|  |
| --- |
| **More than a buzzword: How intersectional health promotion research can advance our understanding of social inequalities in health** |
| **Background/Objectives**  Intersectionality aims to explicate social inequality by exploring how multiple forces of domination (e.g. sexism, racism, classism) intersect to produce experiences of privilege and oppression for individuals of intersecting identities (e.g. Indigenous women living in poverty). Health promotion research (HPR) is increasingly adopting an intersectional lens to understand how social inequalities in health persist. Much intersectional HPR focuses only on marginalised populations’ experiences, without considering the forces that drive their marginalization and contribute to reproducing social inequalities in health. In this presentation, we address three objectives: 1) how intersectionality is used in HPR; 2) the implications of neglecting factors of domination in intersectional HPR; and 3) how intersectional HPR can be used to advance our understanding of social inequalities in health.  **Methods**  This conceptual presentation will bridge literature from health promotion, public health, sociology, political sciences, and feminist studies. We will ground our theoretical discussion with an example of how intersectionality can be used to better understand how tobacco control policies (TCP) may contribute to experiences of oppression and privilege for populations of intersecting identities and ultimately perpetuate social inequalities in smoking.  **Results**  We argue that to obtain a more comprehensive understanding of social inequalities in health we need to include both an examination of forces of domination and experiences of oppression and/or privilege in intersectional HPR. For example, intersectional HPR aims first to highlight the underlying forces of domination behind a policy such as TCP. This may be done by identifying the assumptions of actors involved in TCP design, taking note of those who are excluded. Second, intersectionality guides HPR to explore experiences from those who have been marginalised and privileged by TCP. These two dimensions of intersectionality allow us to understand how and why social inequalities persist.  **Discussion**  Intersectionality is a novel theoretical addition to HPR. Evidence generated from intersectional HPR, which includes a joint examination of multiple forces of domination and multiple experiences of oppression and/or privilege, can create transformative knowledge that can advocate for and inform policies to promote health equity.  **Keywords**  Intersectionality; Health equity; Health promotion research |