

# INTERSECTIONAL APPROACHES TO MINORITY AGING RESEARCH

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## PURPOSE

Demonstrate the value of intersectionality theory for clarifying health patterns (e.g., the race paradox in mental health, the Latino health paradox) and highlight the ways that intersectionality has been applied to minority aging research

## INTERSECTIONALITY THEORY

Highlights how social structural dynamics and systems of oppression, such as racism, sexism, capitalism, and heteropatriarchy, intersect and reinforce each other to stratify and dominate minoritized groups by shaping the contexts of their lives

*"AN INTERSECTIONALITY APPROACH TO HEALTH AND AGING RECOGNIZES THAT STATUSES LIKE RACE, ETHNICITY, GENDER, AND AGE ARE FUNDAMENTAL DETERMINANTS OF OPPORTUNITY WHOSE EFFECTS ON CANNOT BE TRULY DISAGGREGATED OR UNDERSTOOD INDEPENDENTLY BECAUSE THEY SIMULTANEOUSLY DEFINE EXPOSURE TO HEALTH RISKS AS WELL AS ACCESS TO HEALTH-PROMOTING RESOURCES"*



## HEALTH PATTERNS

### Race Paradox in Mental Health

Rates of major psychiatric disorders (e.g., major depression) are relatively low among Black Americans despite elevated levels of non-specific psychological distress (e.g., depressive symptoms), heightened prevalence of chronic physical health conditions (e.g., hypertension, diabetes, heart diseases), early onset of physical disability, and high rates of premature mortality across the life course

### Latino Health Paradox

The Latinx population fares better than non-Latinx Whites on several indicators of health, such as mortality, longevity, and cardiovascular disease, despite Latinx adults having lower average socioeconomic status, lower likelihood of having health insurance, and greater exposure to psychosocial and physical risk factors than their White counterparts.

# EARLIER EXAMPLES OF INTERSECTION ALITY THEORY

- Configuration approaches: comparison between status groups (i.e. race-gender categories to a single reference group, usually white men)
- Cons:
  - Assumes an additive relationship between statuses, implying they operate independently of one another and that disadvantaged social positions work in equivalent ways to shape health risks and resources
  - Criticism from scholars, arguing that they erroneously assume that disadvantages incurred by Black and Latina women are the sum of those associated with being female and those associated with being a person of color

"MULTIPLICATIVE APPROACHES RECOGNIZE THAT SOCIAL STATUSES ARE INTERDEPENDENT AND OFTEN COMBINE MULTIPLICATIVELY TO MUTUALLY CONSTRUCT THE EXPERIENCE AND CONSEQUENCES OF ONE ANOTHER"

## KEY LESSONS

1. Intersectionality theory illuminates the structural and individual dynamics that produce health inequities across the life course, providing scholars with a framework with which to pinpoint important explanatory mechanisms shaping health and aging among minoritized populations
2. Intersectionality reveals sources of heterogeneity and distinct health determinants among groups.
  - a. Emphasizes nuances among specific populations
3. An intersectional perspective bolsters scholars' ability to emphasize health-promoting assets rather than only deficits among aging minoritized groups
  - a. Scholars can better identifying potentially modifiable factors and informing more effective and culturally appropriate interventions to improve outcomes for aging minoritized populations



For more information about the review, please see the publication:

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