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March 2023

## Intersectionality, Measurement, Methods, and Translation: Reflections on the 2023 AAHB Conference

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### Recommended Citation

Seal, David; Nguyen, Annie; Benz Scott, Lisa; and Rhodes, Scott (2023) "Intersectionality, Measurement, Methods, and Translation: Reflections on the 2023 AAHB Conference," *Health Behavior Research*: Vol. 6: No. 2. <https://doi.org/10.4148/2572-1836.1212>

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### Abstract

Intersectionality is a critical yet understudied and often misused concept in health behavior research. To address this, the American Academy of Health Behavior organized its 2023 annual scientific conference held on March 12-15<sup>th</sup>, 2023 around issues of intersectionality conceptualization, measurement, and methods (San Francisco, California). The conference, titled “**The science of identities: Measurement & methods for translational health behavior research**,” brought together a diverse group of nearly 170 health behavior researchers from across the United States to highlight current research and challenges facing intersectionality. The conference included two invited keynotes and eight symposium presentations. Here, we highlight some of the research presented and key themes that emerged across presentations.

### Keywords

AAHB Conference

### Authors

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### **Abstract**

Intersectionality is a critical yet understudied and often misused concept in health behavior research. To address this, the American Academy of Health Behavior organized its 2023 annual scientific conference held on March 12-15<sup>th</sup>, 2023 around issues of intersectionality conceptualization, measurement, and methods (San Francisco, California). The conference, titled “**The science of identities: Measurement & methods for translational health behavior research**,” brought together a diverse group of nearly 170 health behavior researchers from across the United States to highlight current research and challenges facing intersectionality. The conference included two invited keynotes and eight symposium presentations. Here, we highlight some of the research presented and key themes that emerged across presentations.

**Keywords:** AAHB Conference

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### **Background on Intersectionality**

The concept of intersectionality offers a framework for exploring the ways in which multiple identities are embedded within inequitable social and structural contexts that influence risk behavior. Intersectional frameworks (Crenshaw, 1981) emerged out of recognition that identities are formed within the context of economic realities and social constraints and opportunities that people and communities from minoritized populations face. Intersectionality is an analytical approach that simultaneously considers the meaning and consequences of multiple categories of identity, difference, and disadvantage (Cole, 2009). Public health has typically developed separate interpretations for each identity concerning its relationship to health, while intersectionality argues that identities are

interdependent, mutually reinforcing, and place individuals into social hierarchies that shape health (Hill-Collins, 1986; 1990). Some identities are protective, some exacerbate risk, and some additively or multiplicatively interact with structural inequalities to promote or impede risk behavior. Wilson (Wilson, 2008) asserted that individuals identify with a social group to share values, ideologies, and norms that are part of their sense of self. He also noted that identity conflicts can result when one or more identities lack congruence, or the levels of stigma associated with one identity are inconsistent with another aspect of identity. For example, the stigmas associated with expressing an open sexual and/or gender minority identity may conflict with one’s racial, ethnic, and/or cultural identities given economic interdependence with family members, taboos, and social norms within

some communities and families. Despite its importance, intersectionality is not well understood by researchers and insufficiently integrated into health behavior research.

The American Academy of Health Behavior (AAHB)s' Board of Directors chose to highlight intersectionality as the theme of the Academy's 2023 annual scientific conference. The board members noted that health behavior research is fundamentally concerned with the actions of people within a given environment. Individuals and environments are highly complex and interactive, and health behavior science must evolve alongside our understanding of these complexities. The 2023 AAHB conference was held in San Francisco, March 12<sup>th</sup>-15<sup>th</sup>. The conference theme was articulated within the title: "**The science of identities: Measurement & methods for translational health behavior research.**" The conference planning committee designed the program to provide presentations and discussions by forward-thinking scholars with expertise in theoretical and conceptual frameworks of intersectionality, challenges, and solutions to measuring the intersectionality of identities across the life course, and meaningful translation of research into sustainable long-term systemic and environmental changes within underserved and minoritized populations. Discussions were guided with a vision towards the development of strategies designed to contribute to health equity. This brief report represents the reflections of the planning committee leadership to summarize some key emergent themes that resonated across the two keynote and the eight symposium presentations (Table 1).

### Summary of Presentations

The speakers focused on a diverse array of issues related to the measurement, application, and translation of

intersectionality within the field of health behavior research. Dr. Sandro Galea delivered the Day One keynote. He emphasized, with compelling epidemiological data, the global and diverse contextual nature of public health challenges, using lessons drawn from the COVID-19 pandemic as an empirical backdrop for the equity-focused discussion. His talk asserted that the foundational principles of prevention may be changing in a post-COVID-19 world. He offered an alternative vision of prevention, grounded in science, where health is seen as a public good and understood to be inextricably linked across individuals. His talk addressed health promotion in the coming decade, including thoughts on responding to future global epidemics, the messages we disseminate to foster and strengthen public trust in science, and approaches to identifying and addressing the fundamental root social causes of disease. He also presented a conceptual framework for organizing health equity.

Drs. Galea and Ramirez-Vallez discussed the importance of examining the advantages and disadvantages of cumulative experiences across the lifespan and how this influences trajectories across the life-course. The life course perspective recognizes that human development is placed within the context of history and time. This includes a need to evaluate health across the lifespan in relation to birth cohorts and major life events each cohort experiences (e.g., COVID-19). Dr. Galea talked about the differential experiences of different age cohorts' experience during COVID-19. Dr. Ramirez-Valdez talked about his own intersecting identities and applied his experiences to the application of life course perspective in the context of gender and sexuality. Dr. Ramirez-Vallez further provided an eloquent graphic illustrating how different life events, changes in law and policy, and other historical events differentially impacted the life course

**Table 1. List of Speakers**

Speaker*	Title of talk
Amani M. Allen, PhD, MPH	Measurement of Racism, Intersectional Identities, and Validity in Health Equity Research
Greta Bauer PhD, MPH	Intersectionality and survey measurement: Beyond identity categories
Walter Bockting, PhD	Identities, intersectionality, and the development of resilience: toward health equity for all
David Chae, ScD, MA	Racism and the Unjust Population-Level Distribution of Disease: Mechanisms of Racial Inequities in Health
Hannah Cooper, ScD	The War on Drugs in Rural Appalachia: Conceptualizing its escalation and analyzing its impacts on Appalachians who use drugs
Shari L. Dworkin, PhD, MS	Intersectionality, Heterosexually-Active Men and HIV: Reflections from the Field
Sandro Galea, MD, MPH, DrPH	Re-imagining prevention, aspiring to global health equity in a post-COVID-19 world
Jesus Ramirez-Valles, PhD, MPH	Queer Aging - At the Intersection of Age, Sexuality, and Racism
Nancy Schoenberg, PhD	Advancing health equity among rural residents through translational health behavior research
Stella Yi, MPH, PhD	Tackling systems change to improve health and data equity for immigrant families and racial/ethnic minorities
*Speakers listed in alphabetical order	

perspective and aging experience of gay men across racialized groups. Both speakers noted a need to better assess the impact of cumulative life experiences, embedded within birth cohort, on mental and physical health.

Drs. Chae, Cooper, and Schoenberg highlighted the need to consider the context of people's lives: life circumstances (e.g.,

poverty), geography, residential neighborhood, and state residency effects. Disparities in mental and physical health, as well as access to quality care, are well documented across states and regions in the U.S. Dr. Chae gave examples of ways to identify social determinants of racial inequities in health and psychobiological pathways through which racism is embodied.

He argued for anti-racist interventions at multiple ecological levels, including policy decisions impacting communities.

Drs. Schoenberg and Cooper further talked about the unique challenges and characteristics of conducting health behavior research in rural regions of Appalachia, much of which is not well resourced and rural. They noted the lack of services and the distance which people often had to travel to access services. Dr. Schoenberg provided insights about the closeness of small communities and lack of lifetime mobility for many residents which could be a source of social support but at the same time could be ostracizing for people engaging in stigmatized health behaviors (e.g., using injection drugs). She stressed the importance of understanding the local context of intervention work and described translational behavioral approaches to mitigate inequities, including community-based interventions. She offered insight into the unique challenges and preferences of people in rural regions. She shared the methodological adaptations that her and her research team used to overcome these barriers. Dr. Cooper emphasized the importance of recognizing and leveraging the assets that exist within every community, rather than focusing on addressing deficits.

Dr. Yi also described the community-based interventions and partnerships that she is engaged in. In particular, she described the formative process behind the development of multi-sector and collaborative healthy nutrition initiatives driven by community preferences, data, and partner input/assets in racial and ethnic minority communities. Dr. Yi emphasized the importance of giving weight to the equivalent role of community members, community partners, alongside government and/or academia to drive forward structural change. She provided illustrative examples of food cooperative initiatives she has been involved in with community members and emphasized the

importance of language justice approaches to programs and materials to ensure inclusion and equity. Finally, she provided methodological examples of how governmental funding decisions and allocations can be biased due to poor measurement of race/ethnicity among minority populations.

Other speakers discussed structural opportunities and barriers, broadly defined. Dr. Chae presented data on the impact of state and local policies in relation to racism and opportunity. He illustrated neighborhood effects on health outcomes, even with the same city. Dr. Cooper discussed the ways that the War on Drugs which emerged in the 1980s and is again escalating in the Appalachian region impacts the health of people who use drugs, including service closures (e.g., syringe service programs, drug treatment centers).

Speakers emphasized the importance of examining traditional identity constructs (race/ethnicity, cultural, gender, sexual) not only singularly, but more importantly, through an intersectional lens that views these constructs as interlocked and cannot be separated from one another. For example, racial or ethnic minority status or sexual or gender minority status do not simply have separate or even additive effects on health. Rather, multiple identities interact holistically to differentially impact health outcomes. Dr. Walter Bockting, the Day Two Keynote speaker, talked about definitions of intersectionality and provided examples of the impact of intersectionality on health and health behavior. He described how identity and identity development are embedded in social context, including in intersecting oppressions and stigmas. Dr. Dworkin talked about the application of intersectionality as a framework for understanding the health behavior of heterosexually active men in the HIV/AIDS pandemic in the African region. She also shared innovations that an

intersectional analysis provided across other domestic and global HIV studies. Finally, she emphasized that discussion of the impact of identities on behavior and health must recognize its intersection with social structures which may require multi-level interventions.

Drs. Ramirez-Vallez and Bockting introduced the concept of minority stress and how it can lead to health disparities among sexual and gender minorities as a result of oppression and discrimination, as well as negative health outcomes and behaviors when individuals try to cope within those systems of oppression. However, while recognizing that structural interventions are required to alter unbalanced systems of power, they also discussed the role of resilience in promoting individual health outcomes. For example, minority stress can be buffered by positive social support, resilience, and self-growth over the lifespan. Dr. Bockting gave illustrations of how different components of resilience can protect against harmful effects of minority stress. It was also illustrated that different components of identities can have opposite effects. For example, a person's cisgender identity may offer protective effects within social or family structures that adhere to normative values, but their identity as a racial or ethnic minority could result in exposure to stressors such as racism.

Drs. Allen and Bauer opened the symposiums by offering insights into the analysis of multi-layered intersectionality. Dr. Allen provided insight about the ways that intersectionality effected the measurement of racism, particularly with examples of ways in which racism is a gendered phenomenon. She described racism as a multilevel construct and the opportunities and challenges associated with an ecological assessment of racism for studying health and social behavior. Finally, she discussed the pros and cons of within-

group versus comparison studies for validity in epidemiologic studies, particularly those focused on health inequities. Dr. Bauer's talk focused on understanding social identity as just one component of a multidimensional construct and addressed validity issues when using identity as a proxy measure. She also discussed the meaning of adding intersectionality into the science of identities. Both speakers provided illustrative data examples to support their assertions. For example, Dr. Bauer provided an example of how sex and gender are measured can lead to very different epidemiological differences in the incidence of uterine cancer which can result in a failure to identify critical disparities.

The aforementioned speakers also addressed the funding practicalities that impede funding of intersectionality research. However, researchers can be creative in preparing applications in ways that allow for flexibility of intersectional analyses if funded. For example, be sure to include assessment items you may want for intersectional analyses even if you do not describe these analyses in the proposal. Or, per Dr. Bauer, one can conduct traditional analyses, but then layer other identities into the analyses to see if an intersectional analytic approach leads to different conclusions.

### **Commentary**

Multiple speakers reflected on positionality in research and asserted that constant reflection of one's position in relationship to the topic, participants, and research processes are critical to being a sensitive, compassionate researcher and practitioner. Reflexivity involves questioning one's own assumptions, confronting one's positionality, and critically examining the effect of one's interactions with the research situation and participants. Though the

concept originated in qualitative research, it can be applied to all types of research: quantitative, intervention, biomedical, and behavioral. As researchers and practitioners, it is critical that we always question the rationale of our motives for working with populations with disproportionate adverse health outcomes. Whenever we say, “population X has a problem with health issue Y and we as researchers feel a need to intervene,” regardless of epidemiology, we have created a value statement that population X needs our intervention to improve their health, lifestyle, social conditions, and beyond. Science is not value-free, and researchers must practice reflexivity and continuously cultivate insight into understanding their own biases, motivations, and power and how these impact the research and the populations and communities they work with.

### Final Thoughts

The 2023 AAHB conference featured a diverse group of researchers with expertise related to the conference theme: “**The science of identities: Measurement & methods for translational health behavior research.**” Although the presenters had common themes across their talks, they also provided their own unique insights and illustrative examples of the ways in which intersectionality impacts health and health behavior. The presentations, along with the audience generated discussion, resulted in an informative and thought-provoking exploration of intersectionality in health behavior research.

### Conflict of Interest

The authors have no conflicts of interest with this editorial. We acknowledge that all authors served in uncompensated voluntary roles on the core conference program

committee. Dr. Rhodes served as the Conference Planning Chair. Dr. Nguyen was the presiding President of the conference. Dr. Seal and Dr. Nguyen serve on AAHB’s Board of Directors. Dr. Benz Scott is a member of AAHB and assisted with planning the conference agenda and inviting speakers.

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