# Intersectionality Policymaking Toolkit

KEY PRINCIPLES FOR AN INTERSECTIONALITY-INFORMED POLICYMAKING PROCESS TO SERVE DIVERSE WOMEN, CHILDREN AND FAMILIES

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## KEY PRINCIPLES FOR AN INTERSECTIONALITY-INFORMED POLICYMAKING PROCESS TO SERVE DIVERSE WOMEN, CHILDREN AND FAMILIES


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** All glossary terms are hyperlinked within the body of the toolkit.*

# Intersectionality: *Why is it important to policymaking?*

Policies and programs can help or inadvertently harm women, children and families who have less power and privilege, or ignore them altogether.

Intersectionality is an important lens to help make policies and programs for women, children and families more inclusive and equitable.

## *This Toolkit can help policymakers:*

- Understand how policies and programs may have a different impact on people at various intersections *(e.g., poor White women vs. higher-socioeconomic status [SES] Black women)*
- Understand the groups of people rendered invisible or ignored by certain policies and programs *(e.g., policies for mothers that ignore the needs of women living with disabilities)*
- Identify existing strengths and assets of the communities that a program/policy aims to serve *(e.g., citizen-led associations, churches)*
- Ensure that policies and programs are focused on and responsive to the experiences and needs of the most vulnerable groups *(i.e. those who have the least power and privilege)* to increase opportunities for success
- Engage with community members throughout the policymaking process *(from start to finish)* to understand their needs and priorities and get community buy-in needed for success

# Intersectionality: *What is it?*

"There is no thing as a single-issue struggle because we do not live single-issue lives."

**- Audre Lorde**

*writer, feminist, womanist, librarian, and civil rights activist*

We all have intersectional positions — multiple demographic characteristics *(e.g., race, ethnicity, gender, sexual identity, religion, SES)* that intersect.

Focusing on one characteristic *(e.g., race)* without its intersection with another *(e.g., gender)* ignores critical information about experiences at multiple intersections *(e.g., race and gender)*.

Intersectionality is an analytical framework that highlights how social justice and inequality vary at different multiple intersections to influence health and well-being.

# Intersectionality: *What is its history?*

Intersectionality is historically rooted in U.S. Black and Latinx feminist social activism and scholarship.

## 1890s

***Ida B. Wells** was a journalist, educator, and early leader in the U.S. Civil Rights Movement. She spoke out against racism in the women's suffrage movement, and about the exclusion of Black women in conversations around racial violence such as lynching.*

## 1953

***Mary McLeod Bethune** founded The National Council of Negro Women to voice and address the concerns of Black women. She believed that Black people's needs were met when Black women's needs were met.*

## 1977


*The **Combahee River Collective**, founded by Black feminists and lesbians, issued a statement that discussed the multiple oppressions – based on race, sex, sexual orientation, and class – that create the conditions of Black women's lives.*

## 1980s

*Lawyer and activist **Kimberlé Crenshaw** was one of the first to use the word "intersectionality" as a way to talk about how the experiences of Black women differ from the experiences of Black men or White women.*

## 1990

*Professor of Sociology, **Patricia Hill Collins**, published Black Feminist Thought. This book advanced knowledge about understanding interlocking systems of oppression based on race, gender, and class, and the importance of highlighting the theories and experiences of marginalized groups.*

## *Intersectionality Today*

*Today there are numerous scholars and researchers doing intersectionality-related work. Many have expanded their focus beyond the intersections of race and gender to also consider intersections such as ethnicity, sexual identity, gender identity, religion, class, and many more.*

# Key Intersectionality Principles:

The following section describes the Key Intersectionality Principles to help guide the policymaking process.

These five principles will aid in the development of policies and programs for women, children and families that are inclusive and equitable and likely to address the needs of those with less power and privilege.

Each principle includes a definition and offers an example of its application to women, children and families' health.

The principles are listed in no particular order, or ranking.


# I. INTERSECTIONAL POSITIONS

Everyone has intersectional positions — multiple demographic positions *(e.g., race, ethnicity, gender, sexual identity, religion, SES)* that intersect. However, some intersectional positions have less power and privilege than others.[1-4]

**Application:**

- Consider the potential impact of the policy/program on women, children and families at different intersectional positions *(e.g., single Black heterosexual women, low-income White lesbian women)*. How do policy/program problems and solutions differ for women, children and families at different intersectional positions within groups *(e.g., low, middle, and high-income Black women)* and across groups *(e.g., low-income Indigenous women compared with low-income White women)* ?

# II. CENTERING

Centering involves ensuring that any policy or program starts from the vantage point of women, children and families at the most marginalized intersections.

To address the needs of women, children and families at the most marginalized intersections — for example, those who are poor and/or face stigma and discrimination on the basis of race, ethnicity, LGBTQIA status, and/or disability — policies/programs must be centered on their experiences,[1] which can be achieved by meaningfully involving them in every step of the policymaking process.

## Application:

- Invite people from diverse intersectional communities to share their experiences with the issues to be addressed by the policy/program and use that information to ensure that the policy/program reflects the needs and experiences of those at the most marginalized intersections. A policy/program centered around the needs of the most marginalized *(e.g., those who lack transportation, do not have health insurance, are undocumented)* is likely to be more effective and have broader impact for communities with more resources and privilege *(e.g., those with cars and health insurance)*.

# III. MULTILEVEL ANALYSIS: INDIVIDUAL AND SOCIAL-STRUCTURAL CONTEXT

Social-structural factors rooted in inequality *(e.g., poverty, intersectional discrimination, residential segregation)* have a negative and disproportionate effect on women, children and families at the most marginalized intersectional positions *(e.g., poor women of color)*.[2-4]

## Application:

- Make a list of all of the social-structural barriers *(e.g., cost, transportation, stigma)* that might prevent the successful uptake or implementation of the policy/program for women, children and families at the most marginalized intersectional positions. What economic, social, and community resources do women, children and families at various intersectional positions need to benefit from the policy/program?

# IV. INTERSECTIONAL INVISIBILITY

People who don't fit the intersectional "norm" may be invisible from key policy/program considerations.[5] For example, as intersectionality scholar Kimberlé Crenshaw highlights, when most people think about victims of police violence, they think about Black boys and men, not Black girls, women, and transgender people who are also likely to be victims.[6]

**Application:**

- Discuss all of the potential types of women, children, and families *(e.g., mothers with physical disabilities, mothers in same-sex relationships, grandmothers raising children)* whose specific needs or concerns the policy/program may ignore.

# V. SOCIAL JUSTICE & EQUITY

Intersectionality is not just about recognizing different experiences for diverse women, children and families, but about the need for policies and programs that are rooted in social justice and are equitable.[7-8]

**Application:**

- Take steps to ensure your policy/program is fair and impartial for groups at different intersectional positions. This means examining your policy/program to make sure that it does not favor groups with more power and privilege and inadvertently harm those with less. Consider whether your program/policy attempts to eliminate biases that can limit equal access to the benefits of the policy/program.[9]

# Intersectionality Principles applied to Three Key Issues in Women, Children, and Families' Health

In order to achieve equity and prosperity for all women, children and families in the United States, policymakers must first understand the key issues that women, children and families face from an intersectionality-informed perspective.

The following section applies the Intersectionality Principles to three key issues in women, children and families' health:

I. Infant Mortality
II. Breastfeeding/Chestfeeding
III. Pregnancy-Related Mortality

# INFANT MORTALITY

***Intersectionality-informed insight:***
*Discrimination based on intersectional positions such as race, ethnicity, SES, and age impact infant mortality rates.*

## How does the infant mortality rate differ for mothers at different intersectional positions?

The infant mortality rate is highest among mothers and birthing people living in poverty compared with those with middle and high incomes.

The infant mortality rate is > 70% higher among infants born to unmarried mothers and birthing people compared with married mothers.

The rate of
**infant mortality**
for babies born to
**BLACK MOTHERS**
is more **than**
**2X**
the rate of
babies born to
**White Mothers**[10]

# BREASTFEEDING/ CHESTFEEDING

***Intersectionality-informed insight:***
*Support from employers is critical as employees return to work. For example, it is important that all new breastfeeding/chestfeeding employees have access to onsite lactation rooms.*

*Effective March 23, 2010*

## The federal "Break Time for Nursing Mothers" law

*requires employers to provide break time and a place for most hourly wage-earning and some salaried employees (non-exempt workers) to express breast milk at work.*

*Low-income women and single mothers were significantly less likely to have access to break time or private space to express breast milk at work, highlighting systemic inequities in access to workplace accommodations for breastfeeding.*

*In 2018,* ***only***

# 49%

*of employers provided an on-site lactation room.*[11]

# PREGNANCY-RELATED MORTALITY

The pregnancy-related mortality rate for

**BLACK WOMEN & Birthing People**

with *at least a* **college degree** was

**5X** as high as **White Women & Birthing People** with the same education level.[12]

***Intersectionality-informed insight:***

*Intersectionality highlights that privileges associated with intersections such as class — higher SES, for example — are not always protective for groups such as Black women who face structural racism and sexism.*

**Which other populations may be intersectionally invisible in maternal and child health policymaking?**

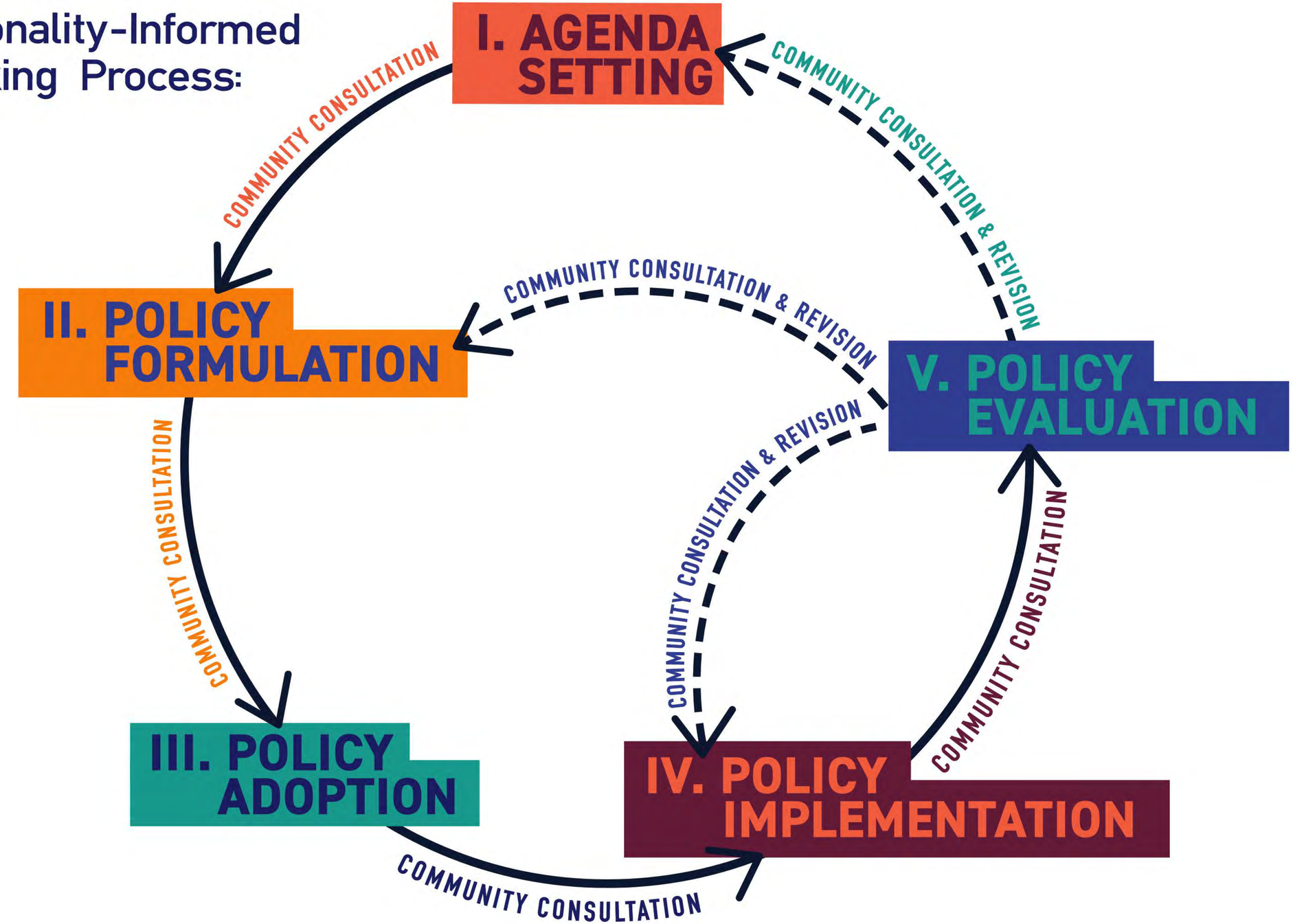
# Intersectionality-Informed Policymaking Process Recommendations:

The following section provides recommendations to help ensure that the *Key Intersectionality Principles* inform the policymaking process. This section is organized according the steps in policymaking.

These guidelines will aid policymakers in developing more inclusive and equitable policies and programs for women, children and families who have less power and privilege.

See page 24 for sample evaluation questions to help assess whether a program/policy is intersectionality-informed.

# Intersectionality-Informed Policymaking Process:



# I. AGENDA SETTING

**1. Invite community members from diverse intersectional groups** (e.g., grandparents responsible for childcare, high and low-income parents, LGBTQIA parents, parents of children with disabilities) **to help:**

a. set the agenda
b. define the "problem"
c. understand community strengths and needs; and
d. devise potential solutions

**2. Use intersectional data, as available, to understand how the policy/program issue differentially affects groups at different intersections.**

**TIP:** See examples of single-axis vs. intersectional data to the right.

**Example of "single-axis" data, or data that highlights a single intersectional position (i.e., age)**

Rates of maternal mortality by age:

| < 20 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | ≥ 40 |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

**Example of "intersectional" data, or data that highlights multiple intersectional positions (i.e., age, race/ethnicity, and level of education)**

Rates of maternal mortality by age, race/ethnicity, and education level:

| | < 20 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | ≥ 40 |
|---|---|---|---|---|---|---|
| *Race/Ethnicity* | | | | | | |
| American Indian/ Alaska Native | | | | | | |
| Asian | | | | | | |
| Black/African American | | | | | | |
| Native Hawaiian/ Other Pacific Islander | | | | | | |
| White | | | | | | |
| Hispanic or Latinx | | | | | | |
| *Education Completed* | | | | | | |
| Less than High School | | | | | | |
| High school | | | | | | |
| Some college | | | | | | |
| College graduate or higher | | | | | | |

## 3. Publicly broadcast the policy/program agenda through outlets that are accessible to various intersectional groups and key stakeholders.

- **Identify the optimal modes of communication for reaching and engaging various intersectional groups**
  *(e.g., social media, newspaper, public radio, TV)* **.**
- **Tap into preexisting conversations.**
  *What platforms do key stakeholders currently use to discuss this policy/program issue?*
- **Keep all communications at a 6th-grade reading level.**
- **When possible, broadcast the agenda in multiple languages.**

## 4. Consult your communities.

- **Proactively seek and provide multiple opportunities and channels for community consultation** *(e.g., community advisory boards, town halls, focus groups, testimonials, phone calls, community group/informal gatherings).*
- **Conduct post-meeting assessments to determine the extent to which community members felt that their time was well spent, that their input was considered and respected, and that their feedback will inform the policymaking process.**
- **Remain accessible to the community!**
  *For example, provide a dedicated email address, social media page and/or phone number where the team working on the policy/program can be reached.*

## STRATEGIES FOR THE INCLUSION OF DIVERSE INTERSECTIONAL GROUPS

- Use diverse ways to connect with community members, such as town hall meetings, focus groups, and community advisory boards.
- Gather at easily accessible and welcoming locations. Any collaboration with community members should take place in environments that are safe and convenient for them. Consider virtual meetings.
- Gather at different times of day to accommodate different work, school, and child or family care schedules.
- Ensure that facilitators are culturally and intersectionally competent to work with diverse intersectional groups.
- Anticipate barriers that the community may face in attending these meetings and work to overcome these barriers *(e.g., provide transportation, childcare, food, money, other incentives)*.
- Build trust and genuine relationships with the community. Listen to and learn from the perspectives of diverse intersectional groups.

# II. POLICY FORMULATION

**1. Ensure that the policy/program is informed by both community consultation and the intersectional data on community strengths and needs gathered during the agenda setting phase.**

**2. Clearly define the policy/program non-negotiables, or "deal-breakers," for the communities that the policy/program aims to serve. To retain community buy-in:**

- Which aspects of this policy/program must remain intact?
- Whose needs must be addressed by this policy/program?

**3. Identify and collaborate with organizations that are already doing intersectional work.**

**4. Consider potential barriers to the implementation and/or utilization of the policy/program.**

- Create a plan to address any barriers that would prevent certain intersectional groups, especially those who have less power and privilege, from fully benefiting from the policy/program.

**5. Consult your community.**

- **Proactively seek and provide multiple opportunities and channels for community consultation**
  *(e.g., community advisory boards, town halls, focus groups, testimonials, phone calls, community group/informal gatherings).*
- **Conduct post-meeting assessments to determine the extent to which community members felt that their time was well spent, that their input was considered and respected, and that their feedback will inform the policymaking process.**
- **Remain accessible to the community!**
  *For example, provide a dedicated email address, social media page and/or phone number where the team working on the policy/program can be reached.*

# III. POLICY ADOPTION

**1. Work with and educate policy adopters on how different intersectional groups, especially groups who have less power and privilege** (e.g., immigrants, mothers with chronic illnesses, LGBTQIA parents, those without health insurance)**, can take advantage of this policy/program.**

**2. Publish a policy/program notice through outlets that are accessible to various intersectional groups and key stakeholders.**

- **Identify the optimal modes of communication for reaching and engaging various intersectional groups**
  *(e.g., social media, newspaper, public radio, TV).*
- **Tap into preexisting conversations.**
  *What platforms do key stakeholders currently use to discuss this policy/program issue?*
- **Keep all communications at a 6th-grade reading level.**
- **When possible, publish the notice in multiple languages.**

**3. Consult your community.**

- **Proactively seek and provide multiple opportunities and channels for community consultation**
  *(e.g., community advisory boards, town halls, focus groups, testimonials, phone calls, community group/informal gatherings).*
- **Conduct post-meeting assessments to determine the extent to which community members felt that their time was well spent, that their input was considered and respected, and that their feedback will inform the policymaking process.**
- **Remain accessible to the community!**
  *For example, provide a dedicated email address, social media page and/or phone number where the team working on the policy/program can be reached.*

# IV. POLICY IMPLEMENTATION

**1. Budget for enforcement of the policy/program, identify the party (or parties) to handle the enforcement, and define the timeline and procedures for enforcement.**

- If a policy/program is not properly enforced, it may not be implemented as intended, which may inadvertently harm intersectional groups who have less power and privilege (see the policy example in box below).

**2. Identify barriers to the implementation and/or utilization of the policy/program and make any amendments necessary to help mitigate these barriers.**

**3. Consult your community.**

- **Proactively seek and provide multiple opportunities and channels for community consultation** *(e.g., community advisory boards, town halls, focus groups, testimonials, phone calls, community group/informal gatherings).*
- **Conduct post-meeting assessments to determine the extent to which community members felt that their time was well spent, that their input was considered and respected, and that their feedback will inform the policymaking process.**
- **Remain accessible to the community!** *For example, provide a dedicated email address, social media page and/or phone number where the team working on the policy/program can be reached.*

In 2010, the Fair Labor Standards Act was amended to require employers to provide basic accommodations, such as time and space, for breastfeeding mothers at work.

Data from the Listening to Mothers III 2012 national survey found that only 40% of new mothers had access to both break time and private space for breastfeeding at their workplace. Low-income women and single mothers were significantly less likely to have access to either break time or private space to express breast milk at work, highlighting systematic inequities in access to workplace accommodations for breastfeeding.[15]

*How could proper enforcement improve the implementation of this policy?*

# V. POLICY EVALUATION

**1. Bring in an independent, external evaluator to determine whether the policy achieved its intended outcomes/impact and compile a report that details the findings to be made publicly available.**

- **Collect intersectional data about the policy/program impact.**
  *See Agenda Setting (Page 17) for an example of intersectional data.*
- **Conduct a follow-up community needs assessment.**

**2. Consult your community.**

- **Proactively seek and provide multiple opportunities and channels for community consultation** *(e.g., community advisory boards, town halls, focus groups, testimonials, phone calls, community group/informal gatherings)*.
- **Conduct post-meeting assessments to determine the extent to which community members felt that their time was well spent, that their input was considered and respected, and that their feedback will inform the policymaking process.**
- **Remain accessible to the community!**
  *For example, provide a dedicated email address, social media page and/or phone number where the team working on the policy/program can be reached.*
- **Present evaluation findings to key stakeholders**
  *(i.e., community members, community advocates, subject matter experts).*
  *Do their experiences with the policy/program align with the evaluation findings?*

"For me personally and politically, there's no separating my womanness, my blackness, my transness from my me-ness."

**- Janet Mock**

*writer, television host, director, producer and transgender rights activist*

# Glossary

**Birthing People:**
Gender inclusive language that holds space for transgender, gender nonconforming, and non-binary identified people.

**Chestfeeding:**
is used to refer to transmasculine or gender non-conforming individuals and the act of feeding a baby or child at the chest with or without a supplementing tube.

**Equity/Equitable:**
The absence of differences among groups of people that are avoidable, unfair, and/or fixable.

**Intersectional Discrimination:**
Discrimination that takes place on the basis on several social identities or positions that are inseparable (e.g., discrimination based on nationality, religion, and race/ethnicity).

**Intersectional Invisibility:**
Individuals experience intersectional invisibility when they are not considered to be "prototypical" members of any of their groups. For instance, a differently abled Latina transgender woman has three subordinate-groups (i.e., non-prototypical) identities based on ability, ethnicity, and gender identity.

**Intersectionality:**
A theoretical or analytical framework that highlights that people have multiple social identities or positions that intersect (e.g., race, class, gender, and sexual identity) and that people's power and privilege differ based on their specific intersections.

**Intersectional Position:**
A socially constructed category (e.g., race, gender, ethnicity, sexual identity) which affects how people self-identify and/or are perceived by others.

**Marginalization/Marginalized:**
The process of making a group of people less important or relegated to a secondary position and preventing individuals within this group from fully participating in social, economic, and political life.

**Power:**
Ability to act or produce an effect. Also, the possession of control, authority, or influence over others.

**Privilege:**
Access to societal institutions and opportunities that provide certain groups of people with social, economic, and political advantages denied to other groups of people. For example, in the U.S., White middle and upper-class heterosexual cisgender people have historically had more power and privilege compared with people of color who are poor and LGBTQIA.

**Racism:**
One racial group having the power to carry out systemic discrimination against another racial group through institutional policies and practices and by shaping cultural beliefs and values that support those discriminatory policies and practices.

**Single-Axis:**
A single-axis framework treats race and gender as mutually exclusive categories of experience. In so doing, such a framework implicitly privileges the perspective of the most privileged members of oppressed groups — sex or class-privileged blacks in race discrimination cases; race or class-privileged women in sex discrimination cases. Thus, a single-axis framework distorts the experiences of black women, who are simultaneously subject to multiple and intersecting forms of subordination.

**Social-Structural Context:**
A perspective that highlights how both social factors (e.g., attitudes, beliefs, interpersonal discrimination) and structural factors (e.g., laws and policies, institutionalized discrimination by educational, economic and government agencies) interact to produce, or otherwise affect, the relative power and privilege that individuals and groups experience.

# Example Evaluation Questions

The following section is adapted from the Centers for Disease Control and Prevention's questions to ask when evaluating community engagement[16].
Use this at the end of each phase to evaluate your efforts in that step in the process.

# Example Evaluation Questions

## Centers for Disease Control and Prevention's questions to ask when evaluating community engagement[16]:

- **Are the right community members at the table? Note: This is a question that needs to be reassessed throughout the policymaking process because the "right community members" might change over time or during different phases of the policymaking process.**
    - Are diverse intersectional groups represented?
    - Are the most marginalized intersectional groups represented?

- **Does the process and structure of meetings allow for all voices to be heard and equally valued?**
    - For example, where do meetings take place, at what time of day or night, and who leads the meetings?
    - What is the mechanism for decision-making or coming to consensus; how are conflicts handled?
    - Are services/resources (e.g., childcare, transportation) provided to help community members overcome barriers to attending these meetings?
        - *For instance, Ithaca, New York began offering childcare at all city council and commission meetings in 2019.*[17]

- **How are community members involved in developing the policy/program?**
    - Did they help set the policy/program agenda?
    - Were they consulted during policy formulation?
    - How did community members help assure that the policy/program is culturally sensitive?

- **How are community members involved in implementing the policy/program?**

- **How are community members involved in policy/program evaluation? Did they help interpret or synthesize conclusions?**

- **What kind of learning has occurred – for both the community and the policymakers?**
    - Have community members learned about the policymaking process?
    - Have policymakers learned about the community health issues?
    - Are there examples of co-learning?

**Note:** We have modified these questions to be more applicable to the policymaking process. Several intersectionality-specific questions have been added.

## Notes:

## Agenda Setting

- **Which intersectional groups are most likely to be impacted by the problem that the policy/program is aiming to solve?**
    - Have these groups been consulted?
- **Which intersectional groups might have been missed or overlooked in setting the policy/program agenda (e.g., families with parents or children who are deaf/hard of hearing)?**
- **Was the agenda setting both community-informed and data-driven?**
- **Does the agenda adequately reflect the needs of the community, especially those at the most marginalized intersectional positions?**
- **Is there community buy-in?**

## Policy Formulation

- **Does the policy/program align with the priorities identified by the community during the agenda setting phase?**
- **Does the policy/program address the needs of people at the most marginalized intersections (e.g., women and families who are racial/ethnic minority, poor, speak English as a second language, and lack access to transportation)?**
- **How does the policy/program leverage the strengths of people at the most marginalized intersections?**
- **Does the policy/program sufficiently address and mitigate potential barriers to implementation and/or utilization, especially those that may be experienced by the most marginalized intersectional groups?**

## Policy Adoption

- **Have you generated buy-in across diverse stakeholders?**
- **Does the community feel that the policy/program continues to align with their needs?**

## Notes:

## Policy Implementation

- **Was the policy/program implemented as intended?**
  - Was it accessible and helpful to even the most marginalized intersectional groups?
- **Did you link policy adopters with the resources they need to overcome implementation barriers?**
- **Did you amend the policy in a way that adequately addresses the utilization barriers experienced by the communities who are most in need of the policy/program?**

## Policy Evaluation

- **Is the policy/program serving diverse intersectional groups?**
- **Does the policy/program reduce existing inequities?**
- **Is the policy/program, even unintentionally, stigmatizing and/or harming certain intersectional groups?**
  - Are health inequities increasing as a result of the policy/program?
  - For instance, contemporary scholars and activists have invoked the term the "new Jane Crow" to describe the discriminatory practices in eviction and "foster care as punishment" that disproportionately affect low-income Black and Latina women and their families.[18-19]
- **In what ways were the policy/program successful in addressing community members' concerns?**
- **Do the evaluation findings align with the experiences/knowledge of the key stakeholders?**

## Notes:

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