# Article information:

Intersectionality, health equity, and EDI: What’s the difference for health researchers? | International Journal for Equity in Health | Full Text
<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-022-01795-1>

# Article summary:

1. Many countries have adopted initiatives to promote equity in higher education and research, resulting in a proliferation of theoretical frameworks including intersectionality, health equity, and EDI.

2. In the context of health research, intersectionality is a methodology that can identify relationships among individual identities and systems of oppression; health equity operationalizes social determinants of health to address disparities at the population level; and EDI initiatives measure progress towards diversity within organizations or teams.

3. Researchers should consider these frameworks when developing research proposals and strive to tangibly move health research towards equity both in the topics studied and in the ways research is conducted.

# Article rating:

Appears moderately imbalanced: The article provides some useful information, but is missing several important points or pieces of evidence that would be required to present the discussed topics in a balanced and reliable way. You are encouraged to seek a more balanced perspective on the presented issues by exploring the provided research topics and looking at different information sources.

# Article analysis:

The article "Intersectionality, health equity, and EDI: What’s the difference for health researchers?" provides a useful overview of three commonly used frameworks in health research: intersectionality, health equity, and equity, diversity and inclusion (EDI). The authors present histories and definitions of each framework and highlight key differences, similarities, and considerations for use. However, the article has some potential biases that need to be addressed.

One potential bias is the focus on high-income countries such as Canada, the United Kingdom, Australia, and the United States of America. While these countries have adopted comprehensive national initiatives to promote equity in higher education with the goal of transforming the culture of research, there are many other countries where such initiatives are lacking or non-existent. Therefore, the article's recommendations may not be applicable to researchers working in low- or middle-income countries.

Another potential bias is the lack of attention given to power dynamics within research teams. While intersectionality is presented as a methodology that can identify relationships among individual identities and systems of oppression, it should also be used internally by research teams to reflect on power dynamics within their own team. This includes acknowledging how different identities intersect with power differentials within the team itself.

The article also does not address how these frameworks can be applied in practice. For example, while health equity is presented as a societal goal that operationalizes social determinants of health to address disparities at the population level, there is no discussion on how this can be achieved through specific interventions or policies.

Furthermore, while EDI initiatives are presented as best suited to inform infrastructure and human resourcing behind-the-scenes of a project, there is no discussion on how these initiatives can be implemented effectively or evaluated for their impact.

Finally, while the article acknowledges growing interest in equity-oriented projects in health research funding calls from major funders such as National Institutes of Health (NIH), it does not address potential risks associated with this trend. For example, there may be pressure on researchers to include an equity component in their proposals even if they lack expertise or experience in this area. This could lead to poorly designed studies that do not adequately address issues related to equity.

In conclusion, while "Intersectionality, health equity, and EDI: What’s the difference for health researchers?" provides a useful overview of three commonly used frameworks in health research and highlights key differences between them; it has some potential biases that need to be addressed. These include a focus on high-income countries; lack of attention given to power dynamics within research teams; lack of practical guidance on applying these frameworks; lack of discussion on implementing EDI initiatives effectively; and failure to acknowledge potential risks associated with growing interest in equity-oriented projects in health research funding calls from major funders such as NIH.

# Topics for further research:

* Strategies for implementing health equity interventions at the population level
* Best practices for implementing and evaluating EDI initiatives in research teams
* Power dynamics and intersectionality within research teams
* Equity-oriented project design and evaluation in health research
* Equity-focused funding opportunities for health research in low- and middle-income countries
* Critiques and limitations of the intersectionality
* health equity
* and EDI frameworks in health research

# Report location:

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