

## **Incorporating Gender and an Intersectional Lens: Implications for Research on Racial/Ethnic Inequities in Hypertension**

Developed in Women, Gender and Health 207:  
Advanced Topics in Women, Gender, and Health  
Harvard T.H. Chan School of Public Health, Spring 2019

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### Appropriate HSPH Courses:

The Harvard T.H. Chan School of Public Health core course in which this teaching example could be used is SBS 207: Race, Ethnicity, and Health (Professor: David Williams).

This teaching example is designed to be delivered during the third session of SBS 207, which focuses on racial/ethnic disparities in health. In this session, students 1) learn about the persistence and severity of racial inequities in numerous health outcomes across the lifespan and generations, both in the U.S. and internationally and 2) examine methodological issues related to how racial/ethnic health disparities are assessed. Dr. Williams then introduces the weathering hypothesis as one way of understanding how racial/ethnic inequities in health are produced, linking this hypothesis to evidence that racial/ethnic minorities often experience earlier age at onset of disease than non-Hispanic White persons.

### Students' Prior Knowledge:

As part of the existing syllabus for this SBS 207 course session, students are expected to have read an empirical article describing the burden of cardiovascular disease among Hispanics/Latinos in the U.S. and a book chapter on the developmental origins of U.S. racial disparities in cardiovascular health. This chapter focuses on the epigenetics and transgenerational embodiment of social disadvantage via maternal health.

To streamline its integration into existing coursework on cardiovascular health, this teaching example focuses on the implications of incorporating gender and an intersectional lens for research on racial/ethnic inequities in hypertension. Students are expected to have read 1) Geronimus' (1992) original article proposing the weathering hypothesis, 2) Hertz et al.'s (2005) article examining racial disparities in hypertension prevalence, which does not take an intersectional approach or incorporate gender, and 3) Richardson & Brown's (2016) article using intersectionality to examine the joint influence of gender, race/ethnicity, and age on the risk of hypertension. 1–3 Students are also provided with key questions to keep in mind as they read these articles (see Supplementary Materials).

### Rationale and Background:

The Weathering Hypothesis was proposed by Arline Geronimus (1992). This hypothesis attempted to explain novel observations that infant mortality rates tended to increase among Black mothers, whereas the inverse was true among White mothers. Geronimus proposed that these distinct patterns may reflect the ways Black mothers experience the health-damaging

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effects of both racism and sexism cumulatively across their lifetimes. More broadly, the weathering hypothesis, which has since been applied to other health outcomes, emphasizes how dimensions of social inequity (e.g., racism, sexism) may affect different population groups differently and how these differences may compound with age.

For students learning how to study and conceptualize racial/ethnic inequities in health, an introduction to the key concepts and contributions of work on weathering hypothesis may encourage the question: what might be the implications of incorporating a focus on gender for research on racial/ethnic inequities in other health outcomes? This is the generative question with which this teaching example engages.

#### Learning Objectives for Students:

- To understand the key concepts of the weathering hypothesis, as one potential explanation for inequities in cardiovascular disease burden by race/ethnicity.
- To understand and anticipate the implications of incorporating a focus on gender into research on racial/ethnic health inequities in hypertension.
- To further understand and anticipate the implications of taking an intersectional approach that incorporates gender and race/ethnicity for research on racial health inequities in hypertension.

#### Teaching Methods: Illustrative vignette for use during lecture.

This example contrasts two empirical articles on racial/ethnic disparities in hypertension in the U.S. to illustrate the implications of incorporating gender and an intersectional approach for research on racial/ethnic inequities in health. The first, Hertz et al. (2005), is a highly cited article on the burden of hypertension in the U.S. by race which does not employ an intersectional framework or gender-based analysis. In the second article, Richardson and Brown (2016) explicitly engage with intersectionality and incorporate gender to address the questions: how do gender and race/ethnicity combine to produce disparities in hypertension risk across the lifetime? Is that interaction additive or multiplicative? They also cite the weathering hypothesis as one potential explanation for the unexplained differences in hypertension risk between Blacks and Whites that they observe.

Using the PowerPoint slides attached in the supplementary materials, the lecturer first emphasizes the key concepts of the weathering hypothesis, building on existing SBS 207 material. The lecturer frames Geronimus' (1992) work on infant mortality as an informative example of what can be gained from incorporating race/ethnicity and gender, along with age, in research on health inequities.

The lecturer then transitions to examining the two aforementioned articles on inequities in hypertension, one which takes an intersectional approach incorporating both gender and race/ethnicity and one which does not. The lecturer first defines intersectionality. Using quotes and results from both articles, the lecturer then highlights how both sets of authors 1) define their research question/aim, 2) conceptualize variables (i.e., race/ethnicity, gender), 3) conduct statistical analyses, and 4) report and interpret results. This illustrative vignette focuses not only on what is missing from an analysis that does not engage with gender or consider its intersection

with race, but also on what is gained by taking an intersectional, gender-based approach: the detection of novel, complex patterns of health by race/ethnicity and gender that have implications for future research and policy to promote health equity. The PowerPoint slides attached in the supplementary materials provide detailed slide notes for a 7-minute presentation of this teaching example.

#### References:

1. Geronimus AT. The weathering hypothesis and the health of African-American women and infants: evidence and speculations. *Ethn Dis*. 1992;2(3):207-221.
2. Richardson LJ, Brown TH. (En)gendering racial disparities in health trajectories: A life course and intersectional analysis. *SSM - Popul Health*. 2016;2:425. doi:10.1016/j.ssmph.2016.04.011
3. Hertz RP, Unger AN, Cornell JA, Saunders E. Racial Disparities in Hypertension Prevalence, Awareness, and Management. *Arch Intern Med*. 2005;165(18):2098-2104. doi:10.1001/archinte.165.18.2098

#### Key Questions to be Kept in Mind When Doing the Reading:

*These questions should be circulated to students via Canvas after Session 2 of SBS 207.*

As you read the three articles assigned for next week's class session, please keep in mind the following questions:

- How do Richardson & Brown (2016) define intersectionality?
- What are some key features of an intersectional approach to studying inequities in hypertension risk, as described by Richardson & Brown (2016)?
- What similarities and/or differences do you notice between these two research articles (Hertz et al. 2005 and Richardson & Brown 2016) in terms of their:
  - Research question/aims,
  - Definitions of key variables,
  - Statistical analyses, and
  - Results?
- What kinds of interventions might a policy maker reading each of these articles decide to take to reduce inequities in hypertension prevalence?