Inequity within ageing populations: Uncovering intersectional forces that shape health

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“Mapping the margins” of who enjoys healthy longevity (and how and why)

Intersectionality as a research lens that can help advance healthy longevity research, policy, and practice for all

- Interlocking systems of oppression/privilege: Colonialism, Racism, Capitalism, Patriarchy, Heterosexism, Nativism, Ableism, Ageism
- Bring to centre social locations that remain invisible
- Consideration given to healthy longevity of people in the margins
- Equity in distribution of resources for oppressed populations

Ageing in the margins – an example

Historical context (in UK & US) for LGBTQ older adults aged 60+ (born before 1960):
• Brought up before the 1969 Stonewall Inn Riots; male homosexuality criminalised; homosexuality classified as mental disorder by WHO until 1992
• De jure and de facto discrimination against women, migrants, racial/ethnic minority people, and transgender people
• Challenges of living and ageing in contexts where racism, sexism, homophobia, biphobia, cis-normativity and transphobia are dominant social forces
• Embodying multiple systems of oppression that shape inequality over the life course (in education, employment, income, housing, social care, neighbourhoods...)

But also:
• Resilience, self-reliance, strong social support networks, and psychosocial adjustment to ageing

Institute of Medicine, 2011; Phillipson, 2015; Cronin and King, 2010; Fredriksen-Goldsen et al., 2019
Ageing in the margins – an example

• Ageism in later life compounds inequalities and other systems of oppression that operate over the lifecourse
• Being out and ageing – not belonging in mainstream services (cisgender, heteronormative settings)
• Going back into the closet in later life
• Families of choice vs kinship networks

Fredriksen-Goldsen et al., 2017; Howard et al., 2019; Calasanti and Giles, 2018; Dannefer and Settersten 2010
Documented inequality in the US

- Increased odds of disability, psychological distress, detrimental health behaviours among (white) LGB older people compared to cisgender heterosexual people.
- Worse physical health among (white) bisexual men and women compared to lesbian and gay men and women.
- Transgender older adults have higher risk of poor physical health, disability, depressive symptomatology and perceived stress in comparison to non-transgender LGB older adults.
- Hispanic LGBT older adults at elevated risk of poor mental health compared to non-Hispanic White peers.
- African American and Hispanic LGBT older adults report higher rates of poverty and lower levels of educational attainment than non-Hispanic White.
- African American transgender respondents faring worse than all others.

Fredriksen-Goldsen et al., 2014; 2019; Howard et al., 2019; Siverskog, 2014.
An intersectional approach to healthy longevity for all:

- Focuses on power dynamics and relationship between oppression and privilege at the individual, community, institutional, and global levels
- Acknowledges that people are characterised by multiple, intertwined social locations (privileged/oppressed)
- Situates research in time and place - social locations are fluid across time, space, and the life course
- Self-reflective

Crenshaw, 1993; Collins, 2000; McCall 2005; Bauer, 2014; Bowleg, 2012; Yuval-Davis, 2016
Research Agenda / Disruptive Actions I: Political Research

Political research driven by social justice

• Focus on structures of power and privilege to understand mechanisms behind health and ageing inequities
  • Make experiences of groups in the margins visible
  • Life course processes
• Interventions must address political and economic determinants of health and interlocking systems of oppression
• Diverse voices represented in agenda-setting mechanisms
Empirical visibility – can’t address intersecting social inequalities without data

- Sufficiently large samples
- Longitudinal data on gender identity, sexuality, nativity, ethnicity, language
- Measures of systems of oppression at individual, community, and institutional level, including intersectional discrimination
  - Understanding mechanisms
- Existing population-based aging and health surveys need questions on sexual and gender identity

Krieger, 2012; Bowleg and Bauer, 2016; Bauer et al., 2019
Transformative change

Ultimate goal – eradicating inequity, dismantling systems of oppression

• Advances in equity and healthy longevity for marginalised communities that have experienced and continue to experience structural inequalities
  • Intersectionality embedded throughout - not addressed as one-off or minority issue
  • Self-determination
  • Representation
  • Distribution of resources according to need
  • Ongoing monitoring and understanding of complex pathways
References

Thank you

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