How has intersectionality been operationalised in health policy analysis? A scoping review protocol

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Introduction

Since the term 'intersectionality' was coined by Crenshaw (1989), it has rapidly diffused across disciplines and geographies (Lewis, 2013; Salem, 2018). Emerged from diverse genealogies (Hancock, 2016) but advanced most prominently by Black feminism and Third World Liberation movements (Collins, 1990; Combahee River Collective, 1977; Crenshaw, 1989, 1991), intersectionality suffers from 'definitional dilemmas': multiple interpretations of what intersectionality *is* – a concept, metaphor, framework, methodology, theory, paradigm or praxis – have proliferated (Collins, 2015). One way to understand intersectionality is as an *emerging* critical social theory (Collins, 2019) that engages in an 'analytic sensibility' (Cho et al., 2013) to examine how systems of domination – such as race, gender and class, and more – interlock and generate complex patterns of social inequities, thereby promoting emancipatory social justice, particularly for those who are multiply marginalised.

The application of intersectionality in health policy has been advocated as a promising approach to tackling health inequity (Hankivsky et al., 2014; Hull et al., 2023; Sen et al., 2009). Unlike conventional 'single-axis' approaches that focus on a unitary dimension of inequity and thus mask heterogeneity therein (e.g., gender-based analysis focusing on gender inequities in health outcomes), intersectionality seeks to illuminate how systems of power overlap and generate intergroup and intragroup differences in (dis)advantages (e.g., intersectional analysis exploring inequities in health outcomes experienced by populations at different intersections of race, gender and migration status). Thus, incorporating intersectionality into health policymaking processes – including agenda-setting, policy formulation, policy implementation and policy evaluation – can lead to a more precise,

inclusive and equitable characterisation of policy problems, design of policy solutions, resource allocation and evaluation of policy effectiveness (Hankivsky & Cormier, 2011). Further, intersectionality can focus policy attention on transforming historically embedded power relations that pattern opportunities for health, avoiding framing individual behaviours as causes of health inequities (Baum & Fisher, 2014). Given its transformative promise, Bowleg (2012) hailed intersectionality as a "critical, unifying, and long overdue theoretical framework for which public health has been waiting" (p. 7).

While the literature on applying intersectionality in health research – qualitatively and quantitatively – has proliferated (Abrams et al., 2020; Bauer et al., 2021; Harari & Lee, 2021; Larson et al., 2016), there remains a need to understand if and how intersectionality can be operationalised in health policymaking through policy analysis. Health policy analysis is "a multi-disciplinary approach…that aims to explain the interaction between institutions, interests and ideas in the policy process [, which is] useful both retrospectively and prospectively, to understand past policy failures and successes and to plan for future policy implementation" (Walt et al., 2008, p. 308). As a 'traveling theory', intersectionality transforms – and is transformed by – the disciplines it encounters (Lewis, 2013; Salem, 2018). This has led to the 'flattening' of intersectionality: its radical edge blunted as power relations are reduced to identities, its transformative purposes institutionalised into issues of diversity management and its significant roots in Black feminism erased in citational practices (Davis, 2020; Lewis, 2013; May, 2015; Salem, 2018). How intersectionality is interpreted and conceptualised in the scholarship of health policy analysis has not been systematically explored. Moreover, since intersectionality does not demand the use of specific methodologies (Collins, 2019; Davis, 2008), policy analysts often face methodological obstacles in conducting intersectional research to influence policymaking (Hankivsky & Cormier, 2011; Manuel, 2007).

Since there is emerging literature examining if and how intersectionality can be incorporated into health policymaking, this presents an opportunity to systematically map this body of scholarship – what theoretical approaches are available, how intersectionality has been conceptualised and empirically applied, and the opportunities and challenges for future development. A variety of intersectionality-informed tools for policymaking and policy analyses have been developed (Hankivsky & Cormier, 2011; UNPRPD & UN Women, 2022), including for health policy, e.g. Intersectionality-based Policy Analysis Framework (Hankivsky et al., 2014) and Intersectionality Policymaking Toolkit (Hull et al., 2023). Empirically, various applications of intersectionality in health policy analysis in different topics and contexts are evident. For instance, a content analysis of maternal, newborn and child health policies in Ethiopia (Rono et al., 2022); an implementation analysis of Mass Drug Administration programmes for Preventive Chemotherapy-Neglected Tropical Diseases in

Cameroon, Ghana, Liberia and Nigeria (Dean et al., 2019); and an analysis of the pre-vaccine COVID-19 policy response of the United States (Humphries et al., 2023).

An existing systematic review of empirical public policy research integrating intersectionality captured some articles related to health policy (Garcia & Zajicek, 2022). However, several issues were identified: 1) the review did not follow a best-practice evidence synthesis reporting guideline, e.g. the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist (Page et al., 2021); 2) the search strategy included only two terms 'intersectionality' and 'policy', but not their variations (e.g., 'intersectional' or 'action plan'); 3) key bibliographic databases for health-related research, such as MEDLINE, were not included in the search strategy; 4) only articles published after 2006 were included; and 5) the review included empirical work that "discusses intersectionality in the public policy context" (p. 275), which led to the inclusion of articles that do not fit under the scope of health policy analysis, particularly articles generating empirical evidence with the aspiration of influencing health policy but are not policy analyses in and of itself, e.g., Bengiamin et al. (2010) and Malmusi et al. (2014). Additionally, there are two adjacent evidence synthesis articles (Ghasemi et al., 2021; Tinner et al., 2023) on the application of intersectionality in health intervention research, e.g., random-controlled trials and health service evaluation, rather than health policy analysis as previously defined.

To the best of the authors' knowledge, this is the first proposed evidence synthesis to comprehensively map the landscape of empirical literature on the application of intersectionality in health policy analysis. To achieve this, the scoping review methodology is deemed most appropriate as it can "systematically identify and map the breadth of evidence" (Munn et al., 2022, p. 950). In particular, a scoping review can be used to characterise the available evidence on a topic, assess how research has been undertaken, examine characteristics associated with a concept and reveal knowledge gaps (Munn et al., 2018). This proposed scoping review will also address the methodological issues of the review by Garcia and Zajicek (2022).

Aim and objectives

Developed based on the JBI methodology for scoping reviews (Peters et al., 2020), this is a protocol for a scoping review aiming to explore the current state of knowledge regarding the use of intersectionality in health policy analysis. The objectives include:

a) Mapping out the empirical literature on applying intersectionality in health policy analysis;

b) Understanding why and how intersectionality has been operationalised in health policy analysis; and
c) Identifying theoretical and methodological gaps in the literature.

Keywords

Intersectionality; health policy; empirical; theoretical

Methodology

This scoping review will be executed following the JBI methodology for scoping reviews (Peters et al., 2020). The methodology may be iteratively adapted as required during the review process to optimally address the research objectives. This flexibility is a strength of the scoping review methodology (Peters et al., 2020).

Eligibility criteria

Table 1 summarises the inclusion and exclusion criteria for the selection of articles to be included in the scoping review.

Table 1. Inclusion and exclusion criteria.

Inclusion criterion	**Exclusion criterion**
Related to health policies at all levels (e.g., global, national and sub-national), including global health, public health, health planning and management, health services, health workforce and clinical practice	Related to policies that have an impact on health (e.g., climate policy) but the links with health are not explicitly made
Empirical analysis of health policy	Relevant to health policy but do not engage in health policy analysis
Mention the term 'intersectionality' or 'intersectional'	Do not mention the term 'intersectionality' or 'intersectional'
Apply intersectionality in health policy analysis empirically	Advocate for applying intersectionality in health policy analysis without describing an empirical approach
Published in 1989 and later	Published before 1989
Peer-reviewed primary research and evidence synthesis articles (systematic, scoping, rapid, realist, umbrella and mapping reviews)	Non-peer-reviewed publications, grey literature, pre-prints, book chapters, protocols, commentaries, editorials, conference abstracts and conference presentations

In this review, health policy is conceptualised as "courses of action (and inaction) that affect the set of institutions, organisations, staff, services and funding arrangements and beneficiaries of the health and health care system (both public and private)", which is expressed in "practices, statements, regulations and laws[and] may be implicit or explicit, discretionary or statutory" (Buse et al., 2023, p. 7). Therefore, 'policy' is used as an umbrella concept that includes but is not limited to law, legislations, blueprints, strategies, action plans, frameworks and guidelines. Policies made by the public, private and third sectors that are related to global health, public health, health planning and management, health services, health workforce and clinical practice will be included. Policies at all levels, e.g. global, national and sub-national, will be considered. Policies that are external to the health system but can influence the determinants of health (e.g., climate policy and housing policy) will be included if an explicit link with health is made.

In this review, health policy analysis includes research that "aims to explain the interaction between institutions, interests and ideas in the policy process [, which is] useful both retrospectively and prospectively, to understand past policy failures and successes and to plan for future policy implementation" (Walt et al., 2008, p. 308). It includes but is not limited to policy content, process and stakeholder analysis. The review will exclude articles that bear relevance to health policy but do not engage in policy analysis.

While it is recognised that not all research that takes an intersectional lens uses such terminology, only research that explicitly mentions the term 'intersectional' or 'intersectionality' will be included (see Appendix A). This will ensure a clear and feasible review scope and enable an exploration of how researchers who use intersectionality define and operationalise it. Thus, it follows that a pre-defined definition of intersectionality will not be used as an eligibility criterion.

This review will include empirical health policy analyses that apply intersectionality in their methodologies. Articles that advocate for integrating intersectionality in health policy analysis (e.g., opinion articles) without describing an empirical approach for doing so will be excluded.

Given that the term 'intersectionality' was coined in 1989, only publications published in 1989 and later will be included. No restrictions will be placed on the research population, context and health topic. Only peer-reviewed primary research and evidence synthesis articles (systematic, scoping, rapid, realist, umbrella and mapping reviews) will be included. Non-peer-reviewed publications, grey literature, pre-prints, book chapters, protocols, commentaries, editorials, conference abstracts and conference presentations will be excluded.

Search strategy

The search strategy is informed by the JBI three-step approach (Peters et al., 2020). Firstly, a pilot search was carried out using a combination of keywords – 'intersectionality', 'health' and 'policy' – and their synonyms, adjacent concepts and controlled vocabulary using six electronic bibliographic databases of interest, i.e. MEDLINE (Ovid), Embase (Ovid), Global Health (Ovid), International Bibliography of the Social Sciences (ProQuest), Scopus and Web of Science Core Collection. This combination of databases was selected to ensure good coverage of health and social sciences literature. The search strategy was iteratively refined with inputs from a subject librarian with expertise in systematic bibliographic searching. Next, a comprehensive search strategy was applied to the electronic bibliographic databases to retrieve records (Appendix A). A total of 4,845 records (after de-duplication) were retrieved for title and abstract screening. Finally, backward citation chaining will be conducted for the included records after full-text screening. Google Scholar searches using the keywords will also be used to supplement the search, with the first 300 retrieved records screened (Haddaway et al., 2015). If needed, authors of the included records may be contacted for further information.

Study selection

All retrieved records will be uploaded to Rayyan for screening. An independent dual reviewer approach will be used for both the title and abstract screening and full-text screening processes. It is anticipated that a pilot with 50 articles will be undertaken before title and abstract screening, and 10 before full-text screening. Discrepancies will be resolved through team discussion and consensus. For full-text screening, reasons for exclusions will be recorded. A PRISMA-ScR flow diagram will be used to illustrate the study selection process (Tricco et al., 2018).

Data extraction

Data extraction will be conducted pro forma on Microsoft Excel. To avoid the 'rhetorics of regulation' (Tomlinson, 2013) and 'intersectional originalism' (Nash, 2016), this review will seek to map out how intersectionality has been operationalised, rather than assessing the included articles against a pre-defined 'gold standard' practice of intersectionality (e.g., based on the original texts by Crenshaw).

Ideally, the data extraction process will be conducted using an independent dual reviewer approach. If unfeasible due to resource consideration, at least 20% of the records will be independently extracted by another reviewer. A draft data extraction form is available in Table 2, which will be piloted with approximately 10% of the included records beforehand

and revised as required throughout the data extraction process. Discrepancies will be resolved through team discussion and consensus.

Risk of bias appraisal will not be conducted as it does not correspond to the aim of this work, and it is generally not required in scoping reviews (Peters et al., 2020).

*Table 2. Data extraction form for empirical literature. *N/A if not applicable.*

Heading	**Data***
1) Meta-data	
a. Author (s)	
b. Publication year	
c. Title	
d. Web link	
e. Country of university's affiliation (lead author)	
2) Health policy (Corresponding to Objective 1)	
a. Aim and objectives	
b. Country or geographical region of concern	
c. Year(s) of concern	
d. Health topic	
e. Population	
f. Intervention	
g. Outcome	
h. Mode of analysis (i.e., policy content, policy process or both)	
i. Policy phase (agenda-setting, decision-making, policy formulation, policy implementation or policy evaluation)	
j. Temporality (prospective or retrospective)	
k. Methodology	
l. Qualitative, quantitative, multi-method or mixed methods	
m. Theory, framework or model, if any (apart from intersectionality)	
3) Intersectionality (Corresponding to Objective 2)	
a. Operationalising intersectionality	
i. What definition of intersectionality was used?	
ii. How was intersectionality operationalised (e.g., a framework, theory, lens etc.)?	
iii. What was the justification for using intersectionality?	
iv. What was the intersectionality-informed policy analysis framework used (e.g., SGBA-Plus, Hankivsky's framework)?	
v. Were the authors doing intracetegorical, intercategorical or anti-categorical analysis (McCall, 2005)?	
vi. What were the intersectional axes of inequity of concern (e.g., race and gender, etc.)?	

vii. How did the authors engage in reflexivity to understand the ways their positionalities shape their work?	
viii. What kind of community engagement did the authors engage in for their work (e.g., co-production)?	
ix. Which scholars did authors cite on the topic of intersectionality? Did the authors cite any key Black feminist scholars (e.g., Crenshaw, Collins, Combahee River Collective, Nash etc.)?	
b. Summary of findings	
i. What are the key findings?	
3) Future recommendations (Corresponding to Objective 3)	
a. What are the reported challenges in operationalising intersectionality in health policy analysis?	
b. What are the reported recommendations for operationalising intersectionality in health policy analysis?	
4) Researcher's notes	

Data analysis and presentation

The JBI scoping review guidance for data extraction, analysis and presentation will be followed (Pollock et al., 2023). Descriptive statistical analysis (e.g., frequency counts, percentages and proportions) will be undertaken to map out the extracted results in response to the review objectives. Analyses will be presented narratively and supported by appropriate data visualisation tools (e.g., tables and graphs).

Reporting

This scoping review will be reported following the PRISMA-ScR checklist (Tricco et al., 2018).

Discussion

To the authors' knowledge, this is the first proposed evidence synthesis to systematically explore how intersectionality has been applied in empirical health policy analyses. For rigour and transparency, the proposed review will be undertaken in accordance with the JBI methodology for scoping reviews (Peters et al., 2020) and reported following the PRISMA-ScR checklist (Tricco et al., 2018). This review will also address the methodological limitations of an adjacent review (see introduction; Garcia and Zajicek, 2022). Moreover, the inclusion of six bibliographic databases will offer broad coverage across both health and social sciences literature to reflect the multi-disciplinary nature of the scholarship of intersectionality and health policy analysis.

Notably, only articles that mention the term 'intersectionality' or 'intersectional' will be included to ensure a feasible review scope. It is recognised that this may exclude literature

that does not explicitly engage with intersectionality but may still be classified under the umbrella of intersectionality scholarship (e.g., policy analysis focusing on racialised women, or using adjacent concepts like 'gendered racism'). However, given intersectionality has taken on various meanings in different disciplines and geographies, this strategy will ensure that we capture articles that do engage with intersectionality. By doing so, we will be able to explore the ways in which researchers operationalise intersectionality in health policy analysis.

Given the emerging interest in operationalising intersectionality in health policy analysis to promote health equity, this review will be a novel contribution to the literature as it serves to clarify the current state of development.

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Author roles

AK: Conceptualisation, Methodology, Writing – Original Draft and Writing – Review & Editing. **SD**: Conceptualisation, Methodology and Writing – Review & Editing. **EF**: Methodology and Writing – Review & Editing. **SR**: Conceptualisation, Methodology and Writing – Review & Editing. **AP**: Conceptualisation, Methodology and Writing – Review & Editing.

All authors have reviewed and approved the protocol for publication.

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Conflicts of interest

None to declare.

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Appendix: Search strategy

After de-duplication, the systematic search strategy retrieved 4,845 records (Table A).

Table A. Number of retrieved records.

Database	**Retrieved number of records**
MEDLINE (Ovid)	1,804
Embase (Ovid)	628
Global Health (Ovid)	679
International Bibliography of the Social Sciences (ProQuest)	417
Scopus	3,339
Web of Science Core Collection	3,230
Total	**4845** (10,097 before de-duplication)

MEDLINE (Ovid)

Ovid MEDLINE(R) ALL <1946 to October 14, 2024>

#	Query	Results from 15 Oct 2024
1	intersectional*.ti,ab,kf,kw.	5,750
2	exp intersectional framework/	315
3	(health* or illness* or disease*).ti,ab,kf,kw.	8,435,724
4	exp health/ or exp health status/ or exp health services/ or exp delivery of health care/ or exp health care sector/	3,909,541
5	(govern* or management or planning or reform or law or laws or legislation* or constitution* or act or acts or statute* or decree* or by-law* or bylaw* or regulat* or directive* or rule or rules or mandate* or bill or bills or policy* or policies or policy making or blueprint* or action plan or action plans or operational plan or operational plans or circular* or guideline* or guidance* or standard or standards or program* or agenda-setting or agenda setting or decision-making or decision making or implement*).ti,ab,kf,kw.	8,278,757
6	exp legislation as topic/ or exp government regulation/ or exp policy/ or exp policy making/ or exp health planning/ or exp program evaluation/ or exp guidelines as topic/	903,440
7	(empirical or method* or analy* or explor* or investigat* or assess* or review* or evaluat* or appl* or understand* or identif* or address* or critique* or interpret*).ti,ab,kf,kw.	21,292,262
8	1 or 2	5,752
9	3 or 4	10,642,866
10	5 or 6	8,698,694
11	8 and 9 and 10	1,804

Embase (Ovid)

Embase <1974 to 2024 October 14>

#	Query	Results from 15 Oct 2024
1	intersectional*.ti,ab,kf,kw.	5,974
2	exp intersectionality/	1,503
3	(health* or illness* or disease*).ti,ab,kf,kw.	11,171,863
4	exp health/ or exp health service/	7,982,749
5	(govern* or management or planning or reform or law or laws or legislation* or constitution* or act or acts or statute* or decree* or by-law* or bylaw* or regulat* or directive* or rule or rules or mandate* or bill or bills or policy* or policies or policy making or blueprint* or action plan or action plans or operational plan or operational plans or circular* or guideline* or guidance* or standard or standards or program* or agenda-setting or agenda setting or decision-making or decision making or implement*).ti,ab,kf,kw.	10,725,382
6	exp law/ or exp government regulation/ or exp health program/ or exp evaluation study/ or exp practice guideline/ or exp health care planning/ or exp policy/ or exp policy making/	2,947,757
7	1 or 2	6,251
8	3 or 4	15,647,210
9	5 or 6	12,220,540
10	7 and 8 and 9	2,192
11	limit 10 to "remove medline records"	628

Global Health (Ovid)

Global Health <1910 to 2024 Week 42>

#	Query	Results from 15 Oct 2024
1	intersectional*.ti,ab,hw.	1,350
2	(health* or illness* or disease*).ti,ab,hw.	3,462,699
3	(govern* or management or planning or reform or law or laws or legislation* or constitution* or act or acts or statute* or decree* or by-law* or bylaw* or regulat* or directive* or rule or rules or mandate* or bill or bills or policy* or policies or policy making or blueprint* or action plan or action plans or operational plan or operational plans or circular* or guideline* or guidance* or standard or standards or program* or agenda-setting or agenda setting or decision-making or decision making or implement*).ti,ab,hw.	1,454,955
4	1 and 2 and 3	679

International Bibliography of the Social Sciences (ProQuest)

summary(intersectional*) AND summary(health* OR illness* OR disease*) AND summary(govern* OR management OR planning OR reform OR law OR laws OR legislation* OR constitution* OR act OR acts OR statute* OR decree* OR by-law* OR bylaw* OR regulat* OR directive* OR rule OR rules OR mandate* OR bill OR bills OR policy* OR policies OR "policy making" OR blueprint* OR "action plan" OR "action plans" OR "operational plan" OR "operational plans" OR circular* OR guideline* OR guidance* OR standard OR standards OR program* OR agenda-setting OR "agenda setting" OR decision-making OR "decision making" OR implement* OR evaluation)

Scopus

(TITLE-ABS-KEY (intersectional*) AND TITLE-ABS-KEY (health* OR illness* OR disease*) AND TITLE-ABS-KEY (govern* OR management OR planning OR reform OR law OR laws OR legislation* OR constitution* OR act OR acts OR statute* OR decree* OR by-law* OR bylaw* OR regulat* OR directive* OR rule OR rules OR mandate* OR bill OR bills OR policy* OR policies OR "policy making" OR blueprint* OR "action plan" OR "action plans" OR "operational plan" OR "operational plans" OR circular* OR guideline* OR guidance* OR standard OR standards OR program* OR agenda-setting OR "agenda setting" OR decision-making OR "decision making" OR implement* OR evaluation))

Web of Science Core Collection

((TS=(intersectional*)) AND TS=(health* OR illness* OR disease*)) AND TS=(govern* OR management OR planning OR reform OR law OR laws OR legislation* OR constitution* OR act OR acts OR statute* OR decree* OR by-law* OR bylaw* OR regulat* OR directive* OR rule OR rules OR mandate* OR bill OR bills OR policy* OR policies OR "policy making" OR blueprint* OR "action plan" OR "action plans" OR "operational plan" OR "operational plans" OR circular* OR guideline* OR guidance* OR standard OR standards OR program* OR agenda-setting OR "agenda setting" OR decision-making OR "decision making" OR implement* OR evaluation)