**Strengthening the Integration of Intersectionality Theory in Health Inequality Analysis (SIITHIA) checklist**

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| **Study/ Report section** | **Item** | **Promising practice** |  |
| **Introduction** |  |  |  |
| Background/Rationale | 1. | Provide a well-referenced definition of intersectionality theory, which alludes to its central principles\* |  |
|  | 2. | Describe inequalities that are consistently observed between population groups, and that are assumed to be avoidable, as "unjust/unfair" and requiring action. |  |
|  | 3. | Describe the known determinants of the outcome of interest that operate at, and above, the individual level. |  |
|  | 4. | State and describe underlying assumptions underpinning the study, including a reflexivity\* or positionality\* statement from the research team. |  |
|  | 5. | Integrate and summarize evidence developed through research and analysis that involve populations that are affected by the inequalities under study or forms of knowledge that have been under-represented in public health practice. |  |
| Objectives | 6. | Draw on, and describe literature and complementary theoretical frameworks (including those from outside the field of health sciences), as needed, to justify and frame the research questions and objectives. |  |
|  | 7. | Explore one or more objectives relevant to intersectionality theory, including: |  |
|  |  | a) Assessing effect modification or interaction between two or more measures capturing axes of marginalization, in determining health and social outcomes and inequalities. |  |
|  |  | b) Exploring to what extent observed health and social inequalities are explained by a given sub-set of characteristics or factors at the individual, community, or societal level. |  |
|  |  | c) Assessing changes in determinants, outcomes and inequalities therein (i.e., associations between determinants and outcomes), over time and across contexts. |  |
|  | 8. | Engage with people and populations that are affected by the inequalities under study when establishing research questions and objectives. |  |
| **Methods** |  |  |  |
|  | 9. | Engage with populations that are affected by the inequalities under study, when designing the methods. |  |
| Data source(s) |  | Where possible and relevant to the research question: |  |
|  | 10. | Collect or use data that allow a comparison of outcomes across intersecting social positions\*. |  |
|  | 11. | Collect or use data that allow for an assessment of heterogeneity in determinants and outcomes\* across social or spatial units of aggregation (e.g., schools, regions). |  |
|  | 12. | Collect or use data that allow for an assessment of heterogeneity in outcomes across time (including temporal contexts based on calendar time, and inter-generational and lifecourse perspectives). |  |
|  | 13. | Collect or use data that allows for an assessment of independent measures that are hypothetically modifiable, and therefore amenable to intervention. |  |
|  | 14. | Collect or use qualitative data (e.g., using interviews, focus groups, open-ended survey questions, program evaluations, etc.) to complement quantitative data sources, in a mixed-methods research design approach. |  |
| Measures |  | Where relevant to the research question, operationalize independent measures that enable an assessment of outcomes across: |  |
|  | 15. | Two or more axes of marginalization; |  |
|  | 16. | Units of social or spatial aggregation or clustering; |  |
|  | 17. | Temporal contexts (including contexts based on calendar time, and inter-generational and lifecourse perspectives). |  |
|  | 18. | Operationalize and utilize independent measures that are hypothetically modifiable, and therefore amenable to intervention. |  |
|  | 19. | Describe assumptions about the relationship between study measures, including the assumed direction and temporal ordering of associations, using a causal map or Directed Acyclic Graph\*. |  |
|  | 20. | Describe assumptions about the broader social phenomena that measures are assumed to capture or represent. |  |
|  | 21. | Describe and justify selected reference categories. |  |
| Analysis | 22. | Select/design analyses according to study objectives. For example: |  |
|  |  | a) For objective 7a (assessing effect modification between two or more measures) potential analyses could include i) stratified analyses, ii) regression-based analyses with interaction terms, iii) or multilevel analysis of individual heterogeneity and discriminatory accuracy (MAIHDA) analyses |  |
|  |  | b) For objective 7b (exploring determinants of inequalities), potential analyses could include i) causal mediation or ii) decomposition analyses |  |
|  |  | c) For objective 7c (assessing changes across time and place), potential analyses could include i) stratified descriptive analyses based on social, temporal, and/or geographic contexts, ii) multivariate mixed-effects regression analyses |  |
|  | 23. | Assess both absolute and relative inequalities between groups. |  |
|  | 24. | In regression-based analyses, use a parsimonious set of adjustment variables based on the causal map described (Item #19). |  |
|  | 25. | State and test underlying analytic assumptions using sensitivity analyses. |  |
|  | 26. | Where relevant to the research question, analyze qualitative data, using methods most appropriate for the study’s objectives. |  |
| **Results** |  |  |  |
|  | 27. | Present and discuss determinants, outcomes, and inequalities therein, stratified by i) relevant sub-groups, ii) units of space, iii) units of time. |  |
|  | 28. | Present and interpret effect modification results, distinguishing between additive and multiplicative interaction. |  |
|  | 29. | If available and relevant for the research question, present the results of the mixed-methods or qualitative analyses that were performed (Item #26), including key illustrative quotations. |  |
| **Discussion** |  |  |  |
|  | 30. | Engage with populations that are affected by the inequalities under study, for the review and interpretation of findings. |  |
| Findings | 31. | Refer to principles of intersectionality theory when interpreting the plausible mechanisms explaining results. |  |
| Implications | 32. | Describe the implications of the study for public health practice, as well as policy and systems change. |  |
|  | 33. | Describe the implications of the study for the potential population targets of intervention (e.g., universal policy, targeted/proportional universalist policy). |  |
| Limitations | 34. | Describe how key/core principles of intersectionality were or were not integrated in the study. |  |
|  | 35. | Describe any limitations of data sources (including statistical power), measures and analyses, and their implications. |  |
|  | 36. | Include reflexivity about the power invested in (and reproduced by) the methods used. |  |
| \* Please refer to the report’s Glossary section for definitions |

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