

From **Anita Banerji**:

Great to hear someone speaking so strongly for intersectionality and the importance of equity in research. When we bring in multiple characteristics I find we stop naming the individual issues. I think it's really important to name racism, say, in order to address it. How do we balance intersectionality and concrete discussions?

Jennie's reply:

Rather than occluding any dimension if applied appropriately an intersectional lens makes it much clearer how multiple overlapping social processes reinforce each other and in so doing the lens widens and deepens our understanding of the causes of social and health inequities and provides new insights into the actions needed to address these. Racism is a profound driver of inequity but so too are the other social processes that interact with racism: social classism, sexism/misogyny, disablism, etc. It is at the intersection between for example race, gender and class that the most enduring inequalities are carved out and it is at these intersections that action to reduce these inequalities must be directed. Action on any one dimensions will be inadequate to the challenge.

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From **martin**:

In regard to the HIAT, shouldn't analysis have its own category? This is the area that really seems to lack attention whether research is focused on equity or not – quantitative analysis often lacks LCA or other a person-centered analysis, qualitative analysis often seems to focus on exceptionalism of particular groups.

Involvement of diverse/underserved groups cannot overcome a lack of intersectional analysis?

Jennie's reply:

I agree that a focus on the need for equity sensitive approaches to both qual and quant analysis is a key element of the development of equity sensitive research. We could have given it a separate section of the HIAT and if we ever get the funds to revise FOR EQUITY we can consider doing this. However, I don't agree that the need for equity sensitive approaches to analysis is more neglected than other parts of the research process. In the development

work for FOR EQUITY, we looked at a lot of health-related research and it was clear that in many cases an equity lens was either entirely absent or very thinly applied across the research process. Integrating the lens across the process is also vital – without equity sensitive questions, the decisions about sample and data are unlikely to support equity sensitive analysis. Involving marginalised and racialised groups as partners in research is not intended to overcome the lack of an equity sensitive lens – their involvement can if done well prevent research being designed without an equity lens. Research has demonstrated how involving people with relevant lived experience and policy/practice expertise can enable timely questions to be asked about how equity is to be addressed.

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From **Neil Bendel**:

Interested in the links between equity sensitive research and evidence informed policy making. Is there any evidence that suggests that research which is carried out in an equity sensitive manner is more positively received by policymakers and thereby more likely to inform decision making in a positive manner?

...I don't know the answer to this question ie whether there is any research demonstrating the equity sensitive research is more likely to inform decisions. However, my own experience and the experience of many researchers in the NIHR School for Public Health Research is that policy/practice partners often bemoan the relative absence of research evidence that can help them design more equity sensitive action and really welcome evidence that can do this.

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