

# Using Person-Centered Analysis to Examine Intersectional Identities in FHV

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## Background

- Disaggregation by demographic characteristics (e.g. race) is a common way to examine health disparities, but it does little to represent real people, who have multiple intersecting identities.<sup>1</sup>
- Most data analysis techniques are *variable-centered*, which explain how variables relate to specific outcomes.<sup>2</sup>
- Person-centered* techniques focus on the multiple identities of people and seek to describe the marginalization or privilege that exists at the intersection of those identities.<sup>3</sup>
- Person-centered methods are an interesting way to depict the rich identities of family home visiting (FHV) participants.

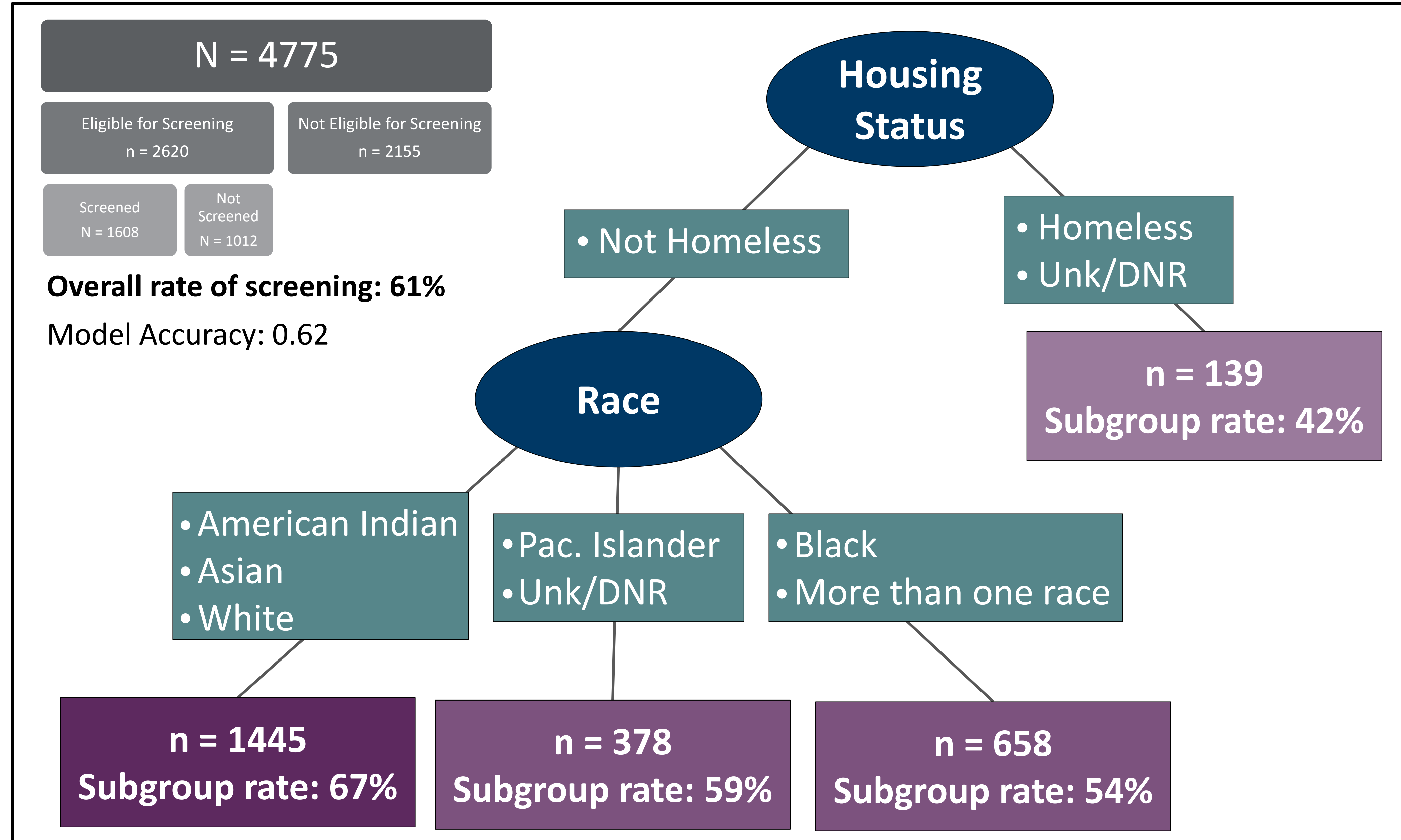
## Purpose

- To examine disparities in caregiver depression and intimate partner violence (IPV) screening using a person-centered method.

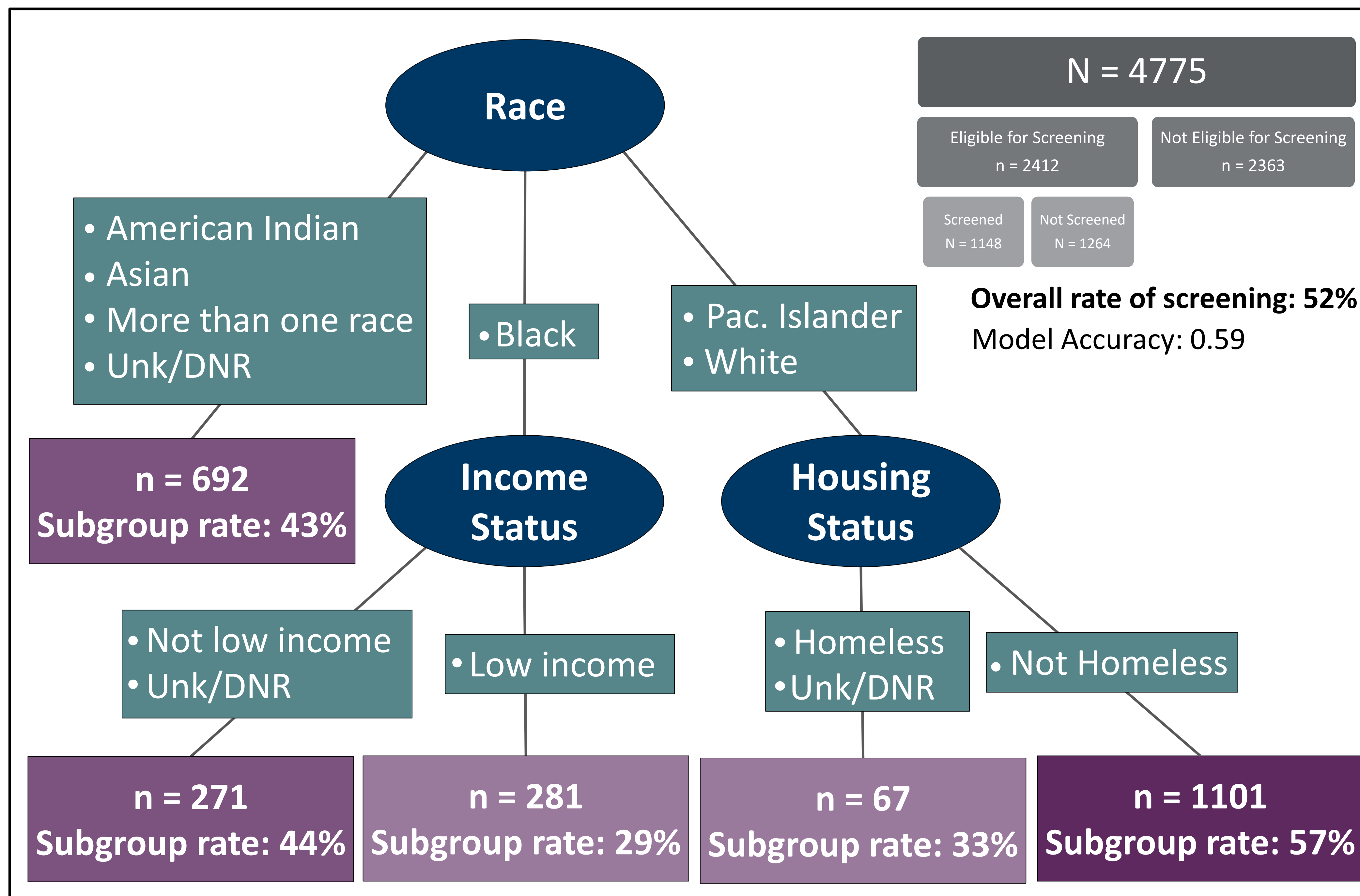
## Methods

- Chi-squared Automatic Interaction Detection (CHAID) is a person-centered method based on the chi-squared statistic that produces a visual “tree”.<sup>4</sup>
- Requirements: Categorical predictors, dichotomous outcome.
- Assumptions: Non-parametric, independent observations, relatively large samples.
- Benefits: Does not require a reference group; retains missing data.
- Sample: 4775 caregivers who participated in MIECHV-funded FHV programs in Minnesota in fiscal years 2022 and 2023.
- We examined two MIECHV Performance Measures relevant to caregivers – screening for depression and IPV.

## Depression Screening Results



## Intimate Partner Violence Screening Results



## Results

- Housing status, race, and income status were the most relevant identities related to disparities in depression and IPV screenings.
- Caregiver ethnicity, insurance status, age, education, and language were not significantly associated with screenings.
- Caregivers who reported they were homeless or did not report housing status had the lowest rate of depression screening (42%), while caregivers who reported that they were not homeless and were American Indian, Asian, or White had the highest rate of depression screening (67%).
- Caregivers who reported they were Black and low income had the lowest rate of IPV screening (29%), while caregivers who reported they were Pacific Islander or White and not homeless had the highest rate of IPV screening (57%).

## Discussion

- These results indicate that new strategies may be needed when working with vulnerable populations to address existing disparities in screenings.
- We are currently recruiting home visitors for a qualitative study to explore barriers and facilitators to completing MIECHV-required depression and IPV screening.

## References

- Bolton, M., Chisaka, T., & Richards, K. (2023). Advancing inclusion and equity: Why intersectional data is key to leaving no one behind. In *Development Dialogue* no. 65. Dag Hammarskjöld Foundation. Intersectionality: Experiences, views and visions for change (p. 151).
- Von Eye, A., & Wiedermann, W. (2015). Person-centered analysis. *Emerging trends in the social and behavioral sciences: An interdisciplinary, searchable, and linkable resource*, 1-18.
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory, and antiracist politics. *University of Chicago Legal Forum*, (1), 139-167. Keaveny, M. E. (1999). Life events and psychological well-being in women sentenced to prison. *Issues in Mental Health Nursing*, 20(1), 73-89.
- Bauer, G. R., Churchill, S. M., Mahendran, M., Walwyn, C., Lizotte, D., & Villa-Rueda, A. A. (2021). Intersectionality in quantitative research: A systematic review of its emergence and applications of theory and methods. *SSM - Population Health*, 14, 100798. <https://doi.org/10.1016/j.ssmph.2021.100798>

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