Intersectionality and Health Equity: Moving from Buzzword to Action

Derrick D. Matthews, PhD, MPH
Department of Health Behavior
Gillings School of Global Public Health

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I have no conflicts of interest to disclose.
Who am I?

- MPH and PhD in Health Behavior
- Postdoc and faculty at University of Pittsburgh Graduate School of Public Health
- Currently faculty at UNC Gillings School of Global Public Health

Why do I study the HIV epidemic among Black men who have sex with men?

Why did I introduce myself this way? Why do I explain why I study what I do? And why does that matter for today?
“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

The Rev. Martin Luther King, Jr., at the Second Annual Convention of the Medical Committee for Human Rights, Chicago, March 25, 1966

Join the movement at www.healthcare-now.org

“We need, in every community, a group of angelic troublemakers.”

—Bayard Rustin
Learning objectives

• Explain the difference between intersectionality and multiple identities

• Apply a historical lens to identify targets for intervention

• Discuss the utility of how intersectionality can be used to achieve health equity
Health equity

• Health disparities?

• What is health equity broadly and how do we achieve it?

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

Intersectionality

• “Intersectionality is a lens through which you can see where power comes and collides, where it interlocks and intersects. It’s not simply that there’s a race problem here, a gender problem here, and a class or LBGTQ problem there. Many times that framework erases what happens to people who are subject to all of these things.”

• “The other issue is that intersectionality can get used as a blanket term to mean, “Well, it’s complicated.” Sometimes, “It’s complicated” is an excuse not to do anything.”

- Kimberlé Crenshaw
“These days, I start with what it’s not, because there has been distortion. It’s not identity politics on steroids. It is not a mechanism to turn white men into the new pariahs.”

(Steinmetz via TIME, 2020)
Intersectionality ≠ multiple identities

And since we’re talking about it:

This is what an intersectional statement looks like

Don Cheadle for ever
Intersectionality ≠ multiple identities

So you had cases where black women would sue a company for racial discrimination and then you'd have the judge say that it was impossible for that to be true, because they currently employed black people. The problem was, the black people were all men.

And you'd have cases where they'd sue the company for being sexist, but they'd say that was impossible because they currently employed several women. The problem being, those women were all white.

And then you'd have cases where black women sued on behalf of themselves and black men for racial discrimination and their experiences were dismissed because their experiences as a woman, don't negate their experiences as men. Black women were unable to represent their own.

So the bones of intersectionality really has to do with the ways in which black women specifically have been ignored and dismissed because of the more mainstream view of what sexism and racism looks like.

So, intersectionality is about viewing discrimination outside of the single axis view of discrimination where individuals are only impacted by singular forms of discrimination (white women by sexism, black men by racism).

It's an acknowledgement that sometimes these things intersect. That sometimes it's racism and sexism, sometimes it's just racism and sometimes it's just sexism. But it's about opening up to the idea that it isn't just one of these things. It can frequently be more than one.

Which is why people often think it's about multiple identities, but really it's about multiple types of discrimination that can frequently inform each other.
Nothing as theoretical as...

- Increasing academic and organizational documentation of how people apply intersectionality to their work

- Its nature defies a broad application, but we can learn from examples
“Those who do not understand history...”

“It is not wrong to go back for that which you have forgotten.”
Historical injustice in health care with queer communities

- Conversion therapy
- Elder abuse
- Visitation rights and medical decision making
- Antipathy and antagonism towards transgender health

“The Past Isn't Dead. It Isn't Even Past”
- William Faulkner

(lgbtmap.org)
Historical injustice in health care and medical mistrust

• Henrietta Lacks

• J. Marion Sims

• Tuskegee syphilis study

• ICE and forced sterilization

ICE is accused of sterilizing detainees. That echoes the U.S.’s long history of forced sterilization.

White people who support such forced sterilizations are paternalistic rather than driven by racial animus, my research suggests.

HIV and intersectionality

• The HIV epidemic has always been bound in identity, social value, and stigma

• GRID

• Ryan White Care act

(National Library of Medicine: Surviving & Thriving: AIDS, Politics, and Culture)
A history of scientific violence

- The 4H disease
- The search for the elusive Black bisexual bridge
- The Down Low
- Sexual networks of Black MSM

(Cohen, 2006; Ford et al., 2007; Malebranche, 2008; Matthews et al., 2016)
A history of HIV/AIDS activism
HIV prevention campaigns

My boo loves to kiss and hold hands in public. I feel safe enough with him to not care about what other people think. We know that it’s not safe for us to do this in all spaces. I know homophobic people are out there but I’m not going to let fear limit how I show my love.

i love my boo.

When we met it was all about the sex. He’s a good man and real sexy. But what really got me was how he came at me with respect. It just made me want to open myself up and love him. The most important thing now is that I know I can count on him.

i love my boo.

(City of Philadelphia, 2006; GMHC, 2019)
Intersectionality: default as privilege

• What are the other “defaults” we may unknowingly be operating from?

• We’re pretty good at accepting when studies tell us that our clinical or public health interventions aren’t working

• We’re not good at accepting when they work in a trial, but fail in the real world - we often look to adherence or behavioral insufficiency
  ▫ But who did we design the intervention for?
  ▫ Did we have unrecognized ideas about what gay men look like? What Latinx people look like?
PrEP: a contemporary case study

• Highly efficacious biomedical prevention tool

• Public health effectiveness is compromised by:
  ▫ Access
  ▫ Individual adherence
  ▫ Population-level uptake
  ▫ Underlying social determinants of health

• The gap between efficacy and effectiveness is not random, but a function of social determinants of health, reflecting and exacerbating health inequities

(Black AIDS Institute, 2016; Roberts & Matthews, 2012)
Michael Johnson and HIV criminalization

• Intersection of racism, homophobia, and HIV stigma
• Relevance of the nickname “Tiger Mandingo”
• Initially sentenced to 30 years in prison
  ▫ Maximum sentence in Missouri for voluntary manslaughter is 15 years

• The selectively deployed narrative of personal responsibility

• Released July 2019

• Who remains disproportionately impacted by HIV criminalization?

(McCullom via The Nation, 2015)
House and ball culture: a cultural responses to intersectional discrimination
How can we apply intersectionality today?

• Individual-level solutions

• Organizational and structural intervention

• Intersectionality directs our gaze to the margins where people are disadvantaged based on powerlessness based on their gender, age, race, sexual orientation, physical ableness...

• Challenge our assumptions about systems: are they broken? Or is the problem that they’re working?
Intersectionality in public health practice and advocacy

- Aligns well with the understanding that social and structural factors beyond the individual are largely responsible for health and redirects framing

- Centers the voices of the marginalized to speak to their own experiences
  - Concern about who interventions work for is built into their development and not a post hoc consideration

- “Shatter the nation’s brutalizing silence on matters of sexual and racial difference.”
  - Marlon Riggs
Intersectionality in clinical practice

• Can help us reach cultural humility through a recognition that aspects of identity you may not be personally familiar with are nevertheless differentially granted access to privilege and power

• Recognition that people enter clinical encounters with history
  ▫ Patient may be unable to fully benefit from that interaction
  ▫ How can health care organizations implement small and structural change to blunt some of that impact before we see patients?

• Applying intersectionality as a framework will always point us to structural problems requiring structural solutions
  ▫ Acknowledge this can be uncomfortable and dispiriting, but can also be transformative within organizations
Intersectionality in public health research

- Data analysis
  - Variable-centered vs. person-centered analysis
  - “Studying identity intersection (Black poor women) will be more informative than studying Blacks, women and poor individuals separately.”

- Measurement
  - Are we asking people about identities contribute to how they navigate and experience the world?
  - How do we ask participants to respond about experiences of discrimination?

- Utility alongside other theory
  - Critical Race Theory

- Boosting the role of effectiveness research alongside efficacy

- Increased meaningful use of qualitative research
  - Not just as a precursor to quantitative

(Kertzner et al., 2009)
Additional considerations

- What are the small and big ways we can interrupt or change systems to improve health?

- What are other “intersections” of importance we need to be mindful of in our work?

- How do we keep intersectionality as a priority and not an ancillary afterthought in our organizations?
We don’t have a choice

• Intersectionality theory isn’t an academic luxury

• People *live* intersectional lives

• A preoccupation with isolating independent causes and effects blinds us to the systemic issues underpinning them all

Cause of death: COVID-19, police violence or racism?
References


