(Re)Structuring Intersectionality in HIV Prevention and Treatment Research: Challenges and Opportunities

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Intersectionality *is* Structural

Key principles of intersectionality:

1. Racism, sexism, class exploitation and similar **systems of oppression** are interconnected and mutually constituted;
2. Configurations of **social inequalities** take form within intersecting oppressions; and
3. Experiences of social inequalities reflect how social actors are situated within the **power relations** of particular **historical and social contexts**.

Collins PH, Bilge S. *Intersectionality* (pp. 25-30). 2016.
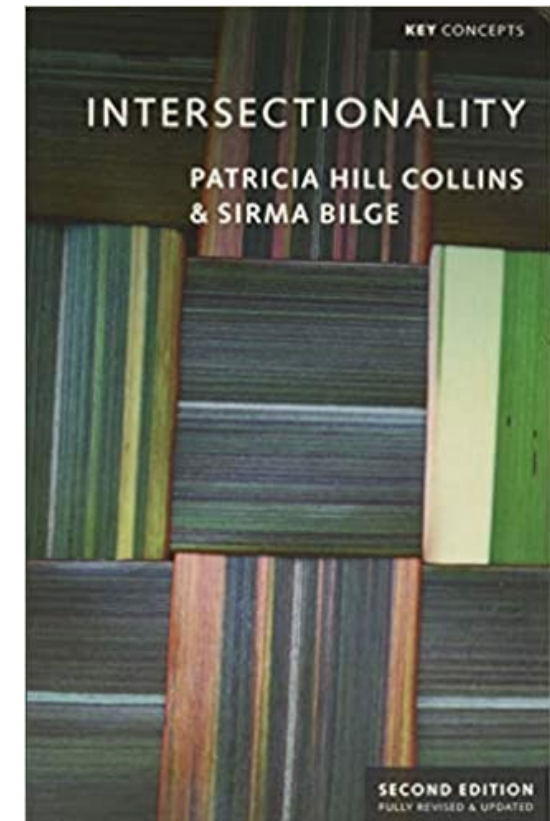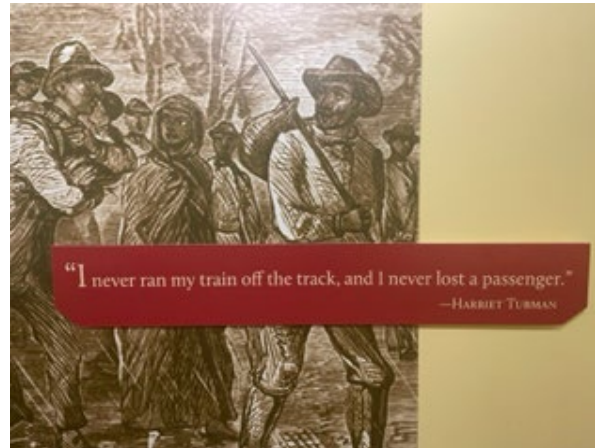
Interlocking Systems of Oppression

"The most general statement of our politics at the present time would be that we are actively committed to struggling against **racial, sexual, heterosexual, and class oppression** and see as our particular task the development of integrated analysis and practice based upon the fact that the **major systems of oppression are interlocking**. The **synthesis** of these oppressions creates the **conditions of our lives**."

Combahee River Collective, 1977
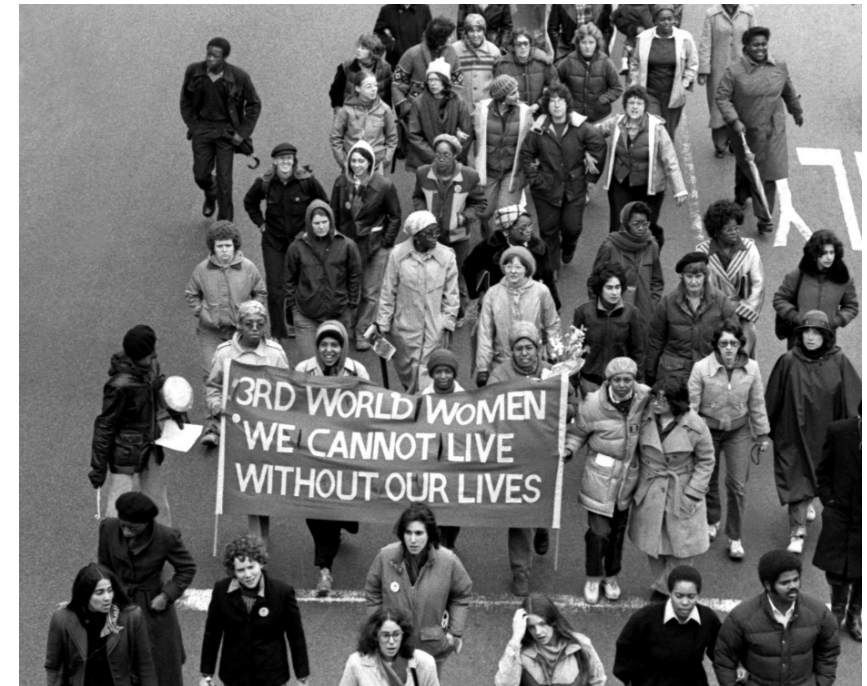
Combahee River Collective March. Boston, MA. 1980. (Photo by Susan Fleischmann)

The Life and Legacy of Harriet Tubman

Harriet Tubman, c. 1860-1875, Courtesy of the Library of Congress.

"I never ran my train off the track, and I never lost a passenger."
—Harriet Tubman

DESCRIPTION OF COMBAHEE RIVER RAID

Challenges to Intersectionality

- **Erasure** of narratives and actions of Black women from history of intersectionality
- **Appropriation** and **depoliticization** of intersectionality within **individualist**, **neoliberal** context of U.S. society
  - Focus on individual founders vs. social movements
  - Focus on individual identities (e.g., race, class, gender) vs. systems of oppression (e.g., racism, sexism, economic exploitation)
  - Focus on theory and technique vs. action and transformation
- Intersectionality requires dealing with **power** in social and historical **context**
  - Focus on decontextualized individual demographic factors
  - Blaming minoritized people for health inequities

Collins PH. The difference than power makes: Intersectionality and participatory democracy. *Investig. Fem (Rev.)* 8(1) 2017: 19-39.

State Laws as Drivers of Health Inequities

▶ State laws reflect and shape the specific social, economic, political, and historical **contexts** and **climates** and social and cultural **norms** of particular states

▶ Discriminatory state laws drive health inequities by shaping inequitable distribution of **social determinants of health** and **criminalizing** and **harming** minoritized groups and individuals

▶ State laws that disproportionately **protect** or **benefit** minoritized people are routinely and systematically **discredited**, **challenged** and **undermined**

Developing State Legal Databases

Developing a Database of Structural Racism–Related State Laws for Health Equity Research and Practice in the United States

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Abstract

Objectives: Although US state laws shape population health and health equity, few studies have examined how state laws affect the health of marginalized racial/ethnic groups (eg, Black, Indigenous, and Latinx populations) and racial/ethnic health inequities. A team of public health researchers and legal scholars with expertise in racial equity used systematic policy surveillance methods to develop a comprehensive database of state laws that are explicitly or implicitly related to structural racism, with the goal of evaluating their effect on health outcomes among marginalized racial/ethnic groups.

Methods: Legal scholars used primary and secondary sources to identify state laws related to structural racism pertaining to 10 legal domains and developed a coding scheme that assigned a numeric code representing a mutually exclusive category for each salient feature of each law using a subset of randomly selected states. Legal scholars systematically applied this coding scheme to laws in all 50 US states and the District of Columbia from 2010 through 2013.

Results: We identified 843 state laws linked to structural racism. Most states had in place laws that disproportionately discriminate against marginalized racial/ethnic groups and had not enacted laws that prevent the unjust treatment of individuals from marginalized racial/ethnic populations from 2010 to 2013.

Conclusions: By providing comprehensive, detailed data on structural racism–related state laws in all 50 states and the District of Columbia over time, our database will provide public health researchers, social scientists, policy makers, and advocates with rigorous evidence to assess states' racial equity climates and evaluate and address their effect on racial/ethnic health inequities in the United States.

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Assessing Variations in Sexual Orientation- and Gender Identity-Related U.S. State Laws for Sexual and Gender Minority Health Research and Action, 1996–2016

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Abstract

Purpose: We developed a multiyear database of sexual orientation- and gender identity-related U.S. state laws to advance sexual and gender minority (SGM) health research and practice and assessed variability in U.S. state laws from 1996 through 2016 across all U.S. states and D.C.

Methods: Between 2014 and 2016, a multidisciplinary group of SGM health researchers and legal experts used secondary and primary legal sources and policy surveillance methods to systematically develop a state-level legal database of 30 sexual orientation- and gender identity-related U.S. state laws in 9 legal domains from 1996 through 2016. We calculated descriptive statistics and created maps to observe the distribution of these laws over both time and space.

Results: Although progress has occurred in some domains, such as same-sex marriage, adoption, and employment discrimination, significant challenges to SGM rights remain, especially with regard to HIV criminalization, transgender rights, and discrimination in health care settings. Further, notable variation exists in the presence of protective lesbian, gay, bisexual, transgender, queer (LGBTQ) state laws across U.S. states and D.C.

Conclusion: Efforts to repeal harmful U.S. state laws are needed, as are new laws, policies, regulations, practices, and norms that advance social justice and health equity for all SGM people.

Policy Surveillance Methods

- **Multidisciplinary team** of public health researchers and legal scholars
- Used **critical theories** (e.g., critical race theory, queer theory) to guide inclusion of legal domains and laws
- Drew on **research** on structural discrimination and health, **books** and **reports** on discrimination in the law, and experience in anti-discrimination **advocacy**
- Developed typology of **legal domains** of cotemporary U.S. state laws explicitly or implicitly related to structural racism, heterosexism, and/or cisgenderism
- Identified (and iteratively refined) specific **U.S. laws** in each legal domain
- Defined **scope** and **features** of each law using primary and secondary sources
- Established **policy surveillance** methods to code the laws
  - Developed codebook and coding protocol
  - Each law reformulated as a question and defined as a categorical variable
  - All 50 U.S. states and D.C. assigned a numerical value for each law in each year

Opportunities for HIV Research

Across and within social groups at diverse intersections of multiple social positions, including multiply minoritized groups:

- **Differential** and **joint** effect of **individual U.S. state law(s)** related to multiple forms of discrimination on HIV prevention and treatment
  - E.g., racial profiling, minimum wage, gender affirming care ban laws

- **Differential** and **joint** effect of **state-level index or latent measure(s)** related to multiple forms of discrimination on HIV prevention and treatment
  - E.g., structural racism, sexism, heterosexism, xenophobia, cisgenderism

- Impact of **integrated state-level index or latent legal measure(s)** of intersectional discrimination on HIV prevention and treatment
  - E.g., structural gendered racism, racialized transphobia

Tackling Structural Racism In Health

By Jaquelyn L. Jahn, Dougie Zubizarreta, Jarvis T. Chen, Belinda L. Needham, Goleen Samari, Alecia J. McGregor, Megan Daugherty Douglas, S. Bryn Austin, and Madina Agénor

Legislating Inequity: Structural Racism In Groups Of State Laws And Associations With Premature Mortality Rates

ABSTRACT Most evaluations of health equity policy have focused on the effects of individual laws. However, multiple laws' combined effects better reflect the crosscutting nature of structurally racist legal regimes. To measure the combined effects of multiple laws, we used latent class analysis, a method for detecting unobserved "subgroups" in a population, to identify clusters of US states based on thirteen structural racism–related legal domains in 2013. We identified three classes of states: one with predominantly harmful laws ($n = 29$), another with predominantly protective laws ($n = 15$), and a third with a mix of both ($n = 7$). Premature mortality rates overall—defined as deaths before age seventy-five per 100,000 population—were highest in states with predominantly harmful laws, which included eighteen states with past Jim Crow laws. This study offers a new method for measuring structural racism on the basis of how groups of laws are associated with premature mortality rates.

Latent Class Analysis

▶ **Used latent class analysis (LCA) to identify groups of states with similar combinations of structural racism-related laws**

- Included 50 U.S. states and D.C. (N=51) and 13 legal domains using 2013 legal data

- Compared latent classes with Jim Crow states (maps, percentages)

▶ **Described association between state structural racism legal contexts (latent classes) and premature mortality *across* all and *within* Black and white U.S. adults**

- State-level age-adjusted premature mortality (<75 years) rates (per 100,00) from CDC WONDER (2013)

- Linear modeling: *across* all U.S. adults, *within* Black and White U.S. adults, Black/White ratio

- Weighting for overall and race-specific population size

- No adjustment for socioeconomic or political factors (potential mediators)

Protective and harmful state structural racism–related laws across all 50 US states and Washington, D.C., by latent class, 2013
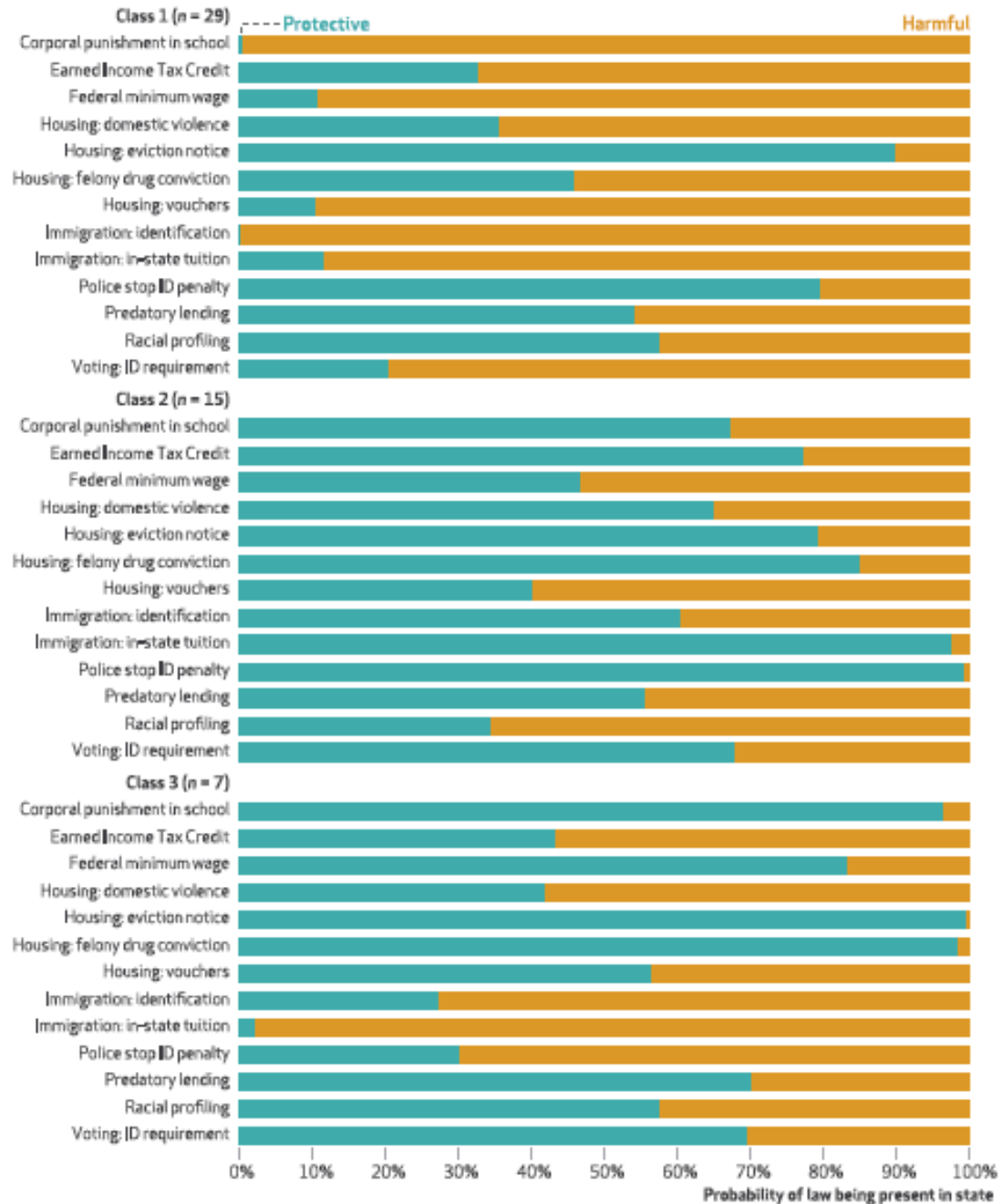
Regional patterning of latent classes of state structural racism–related laws, 2013

Class
1: most harmful
2: most protective
3: mixed
Jim Crow laws
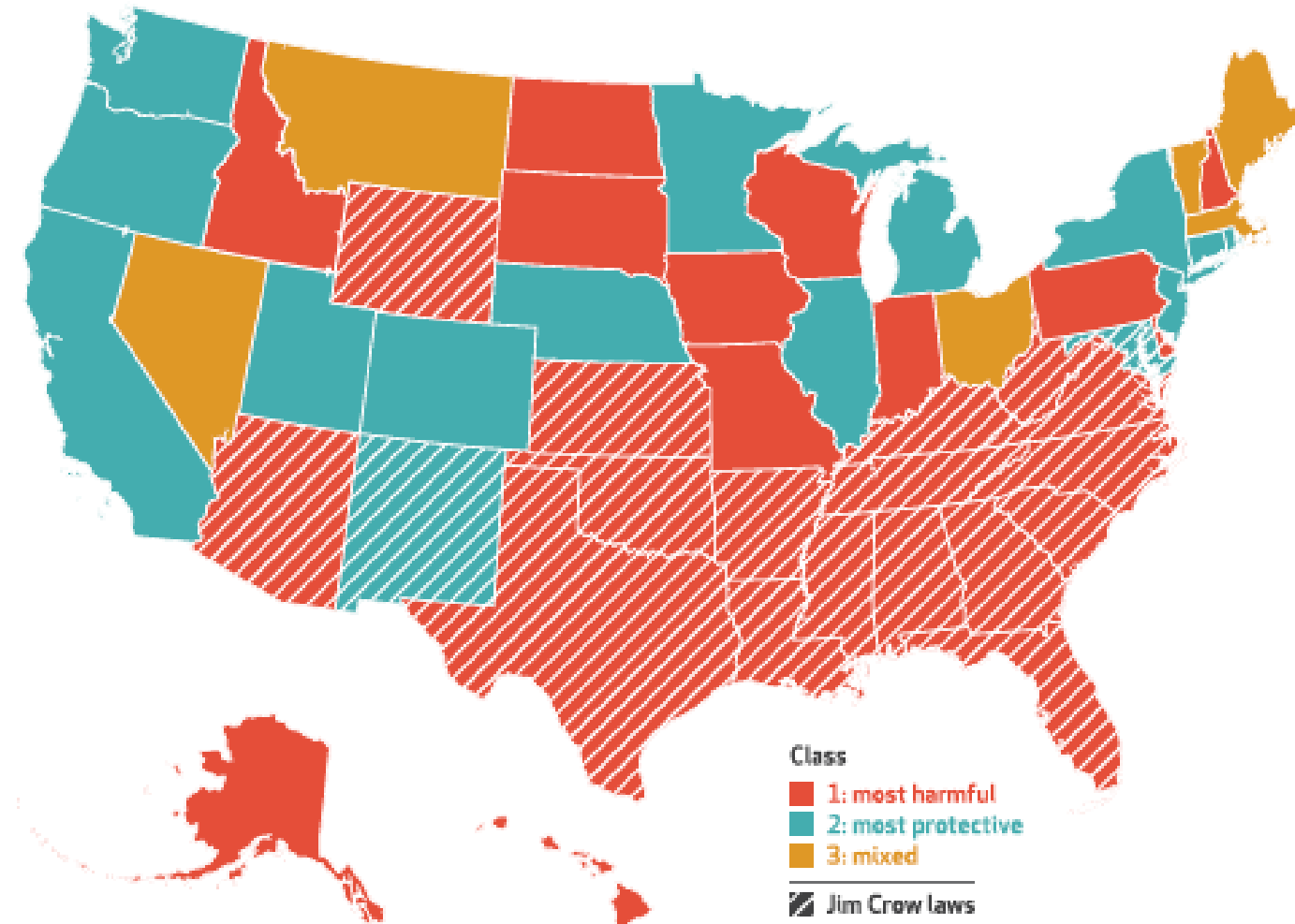
Structural Racism-Related State Laws and Racialized Premature Mortality Rates

Age-adjusted premature mortality rates per 100,000 people, by racialized population group and latent class of states, 2013

Outcomes	Class 1 Predicted rate	Class 1 95% CI	Class 2 Predicted rate	Class 2 95% CI	Class 3 Predicted rate	Class 3 95% CI
Premature mortality rate						
Overall	368.35	347.89, 388.80	277.46	262.41, 292.52	296.84	280.15, 313.53
Black	461.43	419.97, 502.88	427.17	392.86, 461.48	393.07	257.82, 533.32
White	362.52	344.62, 380.42	292.35	281.38, 303.31	326.86	293.04, 360.67
Black-to-White ratio in premature mortality	1.34	1.28, 1.39	1.51	1.41, 1.62	1.53	1.41, 1.64

Jahn JL, Zubizaretta D, Chen JT, Samari G, McGregor AJ, Douglas MD, Austin SB, Agénor M. Legislating inequity: Structural racism in groups of state laws and associations with premature mortality rates. *Health Affairs* 2023.

Next Steps

▶ Latent classes or indices of state laws reflecting multiple **overlapping** systems of oppression (e.g., gendered racism) in relation to SRH

▶ Incorporate **lived experience** of minoritized people into development and content of measures

- Tailored measures for specific social groups and contexts
- Participatory process
- Critical qualitative research (mixed-methods approach)

▶ Include **historical context** into legal measures (archives, collaboration)

▶ Center **community** conceptualizations, priorities, and leadership

- Which might mean we move away from laws and towards other ways of knowing and acting (e.g., arts, mutual aid, social movements)

Limitations

▶ Enactment ≠ **implementation** and **enforcement** of laws

▶ Law **not** designed to protect minoritized groups
  ▪ Maintain white supremacy, free/cheap labor, land ownership, private property, heteropatriarchy
  ▪ Black codes, American Indian treaties, immigrant exclusion laws, Jim Crow laws
  ▪ Protective laws (e.g., Reconstruction, voting rights, living wage) not passed/enforced or repealed
  ▪ Legal reforms have not ended discrimination (self-preservation of discriminatory systems)

▶ Reliance on positivist **paradigm** of quantitative and legal research vs. constructivist approach of intersectionality as lived experience in social context
  ▪ Can—and should—we measure intersectionality? What gets reified? What gets lost?

▶ Not just about fighting *against* discrimination but *for* **justice** and **liberation**
  ▪ Will require repealing and preventing passage of harmful laws
  ▪ **But** will require more than passing "good laws" to bring structural change

"YOU HAVE TO ACT AS IF IT WERE POSSIBLE TO RADICALLY TRANSFORM THE WORLD AND YOU HAVE TO DO IT ALL THE TIME."

—Angela Davis

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"CHANGING EVERYTHING MIGHT SOUND DAUNTING, BUT IT ALSO MEANS THERE ARE MANY PLACES TO START, INFINITE OPPORTUNITIES TO COLLABORATE, AND ENDLESS IMAGINATIVE INTERVENTIONS AND EXPERIMENTS TO CREATE."

MARIAME KABA

Black Teacher Project quoting Miriam Kaba (mariamekaba.com)

Acknowledgments

Questions for Further Reflection

1. How have you incorporated **intersectionality** into your work thus far?

   - Is it structural? Why or why not?

2. How can you incorporate **structural roots** of intersectionality into your work moving forward?

Thank you!

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