AJPH Podcast—January 2021
Early public health folks talk about why they are captivated by intersectionality
Alfredo Morabia

SJ …so I think there are immense risks, still today, for pushing against the single access analyses, for trying to really grapple with the complexity which a lot of times, as Lisa alluded to, conflict with how we’ve been taught to do research, but I don’t think it’s as risky as it once was when folks were really doing this work before the welcome mat had been laid out and before intersectionality was a buzzword both in the scientific domain and in the public.

JN Just bringing students from diverse backgrounds into the field of public health, that they can be centered, their work matters, their lives matter to public health, and that’s the goal too as well, right? When we teach these methods, that students that come into our classrooms that may be thinking of going into public health can finally say yes this is a field I really want to go into.

LB What social justice has been achieved safely? We’re not going to get there by using the same tools and thinking also as I was listening about Audrey Lord’s essay that the master’s tools will never dismantle the master’s house. And so to think that we’re going to use the same tools to get to health equity—it hasn’t worked for us so far.

[musical interlude]

AM Hello and welcome to the January 2021 podcast of the American Journal of Public Health. In 2020, there has been a public health crisis, an economic crisis, a political crisis, a racial crisis. All these crises were connected to the pandemic and came together in an unprecedented way. These converging crises illustrate the complexity of public health. The pandemic thrived on structural inequities, but it generated resilience. Public health messaging based on evidence were met by mistrust. In already devastated communities, masked masses took to the streets to counter racist violence while unmasked politicians showed a baffling casualness towards the
epidemic. Conventional research frameworks in public health cannot deal with these complexities, but some critical theoretical framework such as intersectionality are premised on the interplay of science and society and on the heterogeneity of people’s lived experience. These frameworks may therefore be ideally suited to address this multi-dimensional crisis. In this podcast with my three guests, we discuss what is intersectionality and why early career public health researchers are attracted by this framework. My guests are Lisa Bowleg, Associate Editor of AJPH who has assembled the special section of the January issue; Skylar Jackson and Jennifer Nazareno. I am honored that KJ Denhert accepted to share a song from her album, Destiny, on the AJPH podcast. I’ll say more in the credits at the end of this podcast.

Hello, everybody! I’m going to start by asking you to introduce yourself.

JN Hi, I’m Jennifer Nazareno. I’m an assistant professor at Brown University School of Public Health in the Department of Behavioral and Social Sciences; and I teach a course called Intersectionality in Health Inequities.

SJ Hi, yes, I’m Dr. Skylar Jackson, Associate Research Scientist at Yale School of Public Health in the Department of Behavioral Sciences and an affiliate of the Yale Center for Interdisciplinary Research on AIDS. It’s a pleasure to be with you all today.

LB Good morning, I’m delighted to be here. I’m Lisa Bowleg. I’m a professor of applied social psychology in the Department of Psychological and Brain Sciences at the George Washington University. I am also a founding director of a new intersectionality training institute at the George Washington University.

AM So, let’s jump right into the core of the topic, and my first question will be for you, Lisa. What is intersectionality? There are so many wrong definitions of the term that are around, so give us the right one.
Intersectionality is this critical theoretical framework. It comes out of black feminist activism, and so it’s relatively new to public health; but community groups, feminist activists have been using this framework forever. And so, in the realm of public health when we’re talking about intersectionality, what it is is about being attentive to health equity and how that’s structured differently for groups that are marginalized at different intersections—typically, we’re talking demographic intersections, but it’s really about a focus on these sort of multiple and interlocking systems of inequality; so, racism and sexism and heterosexism, and you can go on and on, that shape health. That’s pretty much intersectionality in a nutshell.

Yeah, but it’s a little bit more complicated, Lisa, because it’s not like any type of research, I mean, as I understand it, because there is both the conceptualizing of the inequity that’s behind and there’s even something more complicated which I’d like you to explain: How is it a praxis?

Absolutely, so several things: It’s infinitely more complicated because it’s a framework that was not designed for research. It does not come out of the academy; it comes out of activism. And so a lot of the trouble and the complexity that we’re seeing is people trying to take this framework that was not developed for research. So you see people getting twisted into knots about, well, how do you do this with quantitative research and all of that. Or, another way that it’s problematic or problematized in public health is people distilling intersectionality to just multiple identities. That’s not intersectionality. If you’re not talking about power, that’s not intersectionality. But the point that you raise and is one of the most underdeveloped points, as intersectionality is traveling through public health, is this attention to praxis, and by praxis we mean the application of theory
to sort of practice. It’s action, and intersectionality is really about how do we make a world that’s more equitable, and so how do we use this framework to ensure that the policies that we’re developing or how we’re practicing public health is more equitable for people at these sort of historically marginalized intersections? And that’s the piece that is really woefully underdeveloped.

AM  Great, yeah, but so Skylar and Jennifer, that’s your responsibility? I mean, it’s underdeveloped by the current generation, you’re the next one, and so how do you understand this issue of what is intersectionality and how is it related to a praxis?

SJ  Yeah, for me I think so much about how lots of people start in the right place when thinking about intersectionality but they don’t always go the full distance in putting it to practice in a way that really adheres to what the fundamental tenets are about, right? So, intersectionality rooted in black feminist thought really does suggest something pretty obvious in the beginning, that systems of power and oppression like white supremacy or patriarchy, capitalism, heterosexism—we could go on and on—don’t occur in a vacuum and that they are not isolated. But there’s a step further that’s critically important, and that’s that not only do these systems of subjugation occur at the same time but they influence one another, right? That they interlock and collide and cooperate, push and pull—and so the idea is that something happens in the coming together of these structural forces, and so I think researchers doing this work suggest that to understand that interlocking nature of oppression and its impact on health, it’s best to assess those various forms of stigma in a simultaneous integrated manner. Now, the second question about where people get it wrong, whenever a term becomes popular and popular quickly, it becomes vulnerable to misuse, and we certainly have seen that in the social sciences
regarding intersectionality. I think one of the most common misuses is that tendency to focus on and measure marginalized identities and not grapple with and measure the experiences of oppression that accompany those identities, as Lisa just spoke.

AM  Great, great. Jennifer, what’s your take?

JN  I’m going to take it to a personal level. When I first was introduced to intersectionality framework, it was the first time that I really felt that I could utilize this framework as an undergrad, as a graduate student, to understand the health inequities of immigrant Filipino women, that I for the first time could centralize the stories that have not been told in public health that we could talk about these structural inequities and bring forth the history of imperialism and colonialism that is often not addressed. When we talk about enduring inequities and by using the intersectionality framework, that brings that in, that forces us to no longer neglect and have this historical amnesia of what has happened to a lot of marginal populations in this country. And so that’s first and foremost what I think was really critical to me as a student to really centralize these stories that my history mattered, my family, my relatives, my ancestors’ history mattered and it’s integral to understanding the enduring health inequities that are happening to marginalized groups and particularly in Covid-19. You know, when this notion of it affects us all—it affects us all very differently, disproportionately. Minorities and racial and ethnic minorities are dying disproportionately with Covid-19. And we have to think about that when we’re talking about praxis.

AM  In practice, what does it mean?

JN  So, as we turn to Covid, I’m working with community groups and we’re finding that Filipino nurses are disproportionately dying of Covid-19, but they only make up 4% of
the nursing workforce but are disproportionately dying of it. And so we have to have an intersectionality lens to understand why this is happening. It’s not just accepting that all healthcare workers are at risk. Yeah, but there’s a disproportionate number of them that are from racial and ethnic minority groups and this feminized workforce that is impacted by Covid. So next steps is that we’re working with the National Nurses United Union, the largest professional registered nurses group in the country, and we have to work with the community. This isn’t research isolated in our academic offices. We have to work with the community because if we’re not creating change on the ground, then what is the point of your research, why are you using an intersectionality lens. We have to obviously engage but also be partners with the research and talk to our community partners about what’s happening on the ground, how can we use our research to benefit them and change and shift policy in practice.

AM So, explain to me something: How do you do research and change things at the same time? Because that’s what’s very complex, and so you’re working with unions, so you’re changing the situation and at the same time you’re evaluating your intervention. So how do you combine these things?

JN And that’s why sometimes I would say researchers tend to not want to do this type of work because it’s complicated, and you have to work with the community and it takes a lot longer to sometimes collect this research and data; but it’s an underpinning for intersectionality. We can’t do this work without them, you know. We have to engage constantly. I have a paper that’s under review that one of the community partners is on the paper as a co-author, as she should be because she’s integral to this work. I couldn’t do this work without them. They’re part and parcel to the research, to the research
questions, to collection of data, and to be acknowledged for the hard work they’re doing on the ground.

AM  Skylar, how do you do intersectionality research in practice?

SJ  Yeah, so I’m a psychologist by training—counselling psychologist, specifically—and so I’m really interested in how people’s experiences in the world, their everyday experiences navigating the world, are shaped by various systems of power and how that impacts their mental health and through that, through stress in particular, how that leads to a cascade of different effects, whether it’s various mental health outcomes, HIV risk, or other health-related problems. And so a lot of my research most recently has involved doing experience sampling, daily tracking of individuals’ experience to really get a clearer, sort of micro view of the types of experiences that people are having that embody this intersectional flavor that we talk so much about so that we can begin to better understand points of intervention. And that’s the other layer of what my work has been most recently. So, I do a lot of work with LGBTQ people of color in particular and thinking about the specific stressors they face, and I’ve been working with a team of researchers to develop new intervention that can help to increase stigma coping. So the idea here is that while we’re working to dismantle these systems of oppression, which is the ultimate goal, we need to be giving communities as much armor as possible to be able to understand, push against, and cope with the various challenges that they have, and that that can lead to better mental health outcomes, and we’re finding also sexual health outcomes.

LB  You know, I just want to jump in here about sort of praxis, because you’ve been asking questions about intersectionality in terms of research, but I think if we also just think
about it as a lens that people can use for their action-related work. And so say you’re in a healthcare system, to use the example of Jen’s work, where you have healthcare workers and you want to ensure that they’re safe. An intersectional way of thinking about this is sort of like or as Cho, Crenshaw and McCall write about attention to difference, is okay we have all these nurses and we want them safe. We can’t assume that all of these nurses have the same access to PPE or, and so you would ask questions about what’s your household situation, how might that increase their risk, what about their transportation, right? The person who comes to work in a car rather than the person who taking public transportation to work, they have very different risks. Where do they live? These are the types of questions that you become adept at asking and trying to find out who is intersectionally invisible, who’s falling through the cracks, whose needs have we not accounted for, and so you see this way of thinking that becomes a very useful device for disrupting this notion that one size fits all approach is going to suit the needs of everyone.

AM  But how much qualitative and how much quantitative components are there in this intersectionality research?

LB  You’re asking me like how much—

AM  Skylar says that he wants to get to the bottom of what people are experiencing, so I suppose you have to interview these people in person, so that’s I’d call like more qualitative.

LB  Well yeah, but that’s an epistemological assumption that research is the only way to know something. And intersectionality like critical race theory and a lot of feminist theories come out of this notion of people’s lived experiences, right, and in my talks about intersectionality I always start with Sojourner Truth. Here’s Sojourner Truth, you
know, former enslaved person articulating a theory of intersectionality in her Ain’t I a Woman speech. That’s coming out of her lived experience. She didn’t have to do multivaried analysis to do, articulate that experience. Research is one way, it’s not the only way, to understand people’s experiences intersectionally.

JN So, my team is using a national data set on nurses to compare white nurses to Filipino nurses, and we’re finding that Filipino nurses are disproportionately in the emergency rooms, in the ICUs, in spaces where they’re more likely to be exposed to Covid-19. So it’s in framing your findings, it’s in framing the discussion, right, like these are our findings and it’s not simply just reporting oh they’re disproportionately in ICUs and emergency rooms. It’s like well why are they disproportionately there? Why are they disproportionately in urban settings? Why have they disproportionately been known as a cheaper workforce to be brought here to fill those spaces when there are nursing shortages, right? So, you come with that intersectionality framework and that lens to explain these findings in a much critical way. You can intersect this framework in quantitative research, for sure, and Lisa has done that wonderfully so it can happen in research qual and quant method.

[musical interlude]

AM Skylar, I see you want to say something.

SJ Yeah, I do, of course. You know, for me it’s interesting. Most of my training and background is in quantitative research methods. I have done quite a bit of an increasingly qualitative research, but I think for me both of these ways of researching and other ways of researching are continuously needed including mixed methods approaches, you know, the debate between whether to be quant or qual, I think we can put that to bed and say
that we need all hands on deck to be able to understand the complexity of how these forces are playing out in people’s lives. And as we’re moving forward, I think one of the challenges for our generation with regard to intersectionality is how can we both protect this framework against misuse, from being watered down, from being warped so that it’s being used in a way that has integrity and sophistication while also innovating and figuring out ways to continue to push this forward to not only push this into quantitative traditional measures but also to pull some new ways of doing research as well. And so I think that’s really the tension within the field right now, is like how can we protect this framework that’s become super popular super quickly while also pushing it forward at the same time.

AM  So can I say that you’re primely adding two components to research. One is the why question and explaining and the other one is how can we change it which is the other component. Am I correct by saying that?

LB  Yeah, because as I said, that’s the praxis part. What’s the end goal? What are we doing this for? We’re not doing it just for the sake of knowledge; we’re not doing it for another peer-reviewed publication. We’re doing this like how can this knowledge then inform policy and practice and change things, to transform, to make life more equitable for groups who’ve been historically oppressed and marginalized. That’s really the end goal.

SJ  That’s right and to make sure that these groups—so many of the groups that are hurting the most, get these interventions the latest, and it’s one of the biggest problems that I see is that we tend to, because it’s more scientific, because it’s incremental, because it’s simpler and feels right, we start with these single axis analyses. We start with one group in isolation of another, and then we figure out what’s going on and what can we do about
it, then we say oh wait but there are some intersections within that so now let’s add in one more and think about that. And the groups that are waiting for these interventions don’t have the time to wait, and so intersectionality says that we don’t need to go down that path. We can start by thinking more complexly from the start, and I argue that the knowledge that’s generated there actually has implications that can help everybody. If we’re able to hold the door open for low-income black trans women, then the door gets held open for a lot of groups all at the same time, right. And so beginning to think about intersectionality not as an inconvenience or it’s too complex but actually as efficient and true I think is the way that we’ve got to move forward with this.

LB  Your point, Jen, about community-based groups, I think intersectionality also shows researchers, those of us particularly those of us in the academy, we don’t have all the answers and that we really need to partner with grassroots groups and activists and community groups who are on the ground and that they have a lot of the solutions too and that we really need to work together to get to where we’re trying to go in terms of more equitable health for everyone. That’s where we’re going.

JN  And just bringing students from diverse backgrounds into the field of public health, that they can be centered, their work matters, their lives matter too to public health, and that’s the goal too as well, right? When we teach these methods, that students that come into our classrooms that may be thinking of going into public health can finally say yes this is a field I really want to go into, I want to do this work, I want to do intersectionality work and do the work of praxis as well.

SJ  I think it’s an understated point so much. We do so much research on how these disparities impact communities but not realizing that those same barriers have actually
kept students out of the field from doing this work. And I think so much about the increase in what we’re seeing with junior scholars doing this work is not just because junior scholars are suddenly interested, but different junior scholars are being allowed into academia. We’ve got a long way to go, but there’s just more people for whom this reflects their own existence and experience. There’s more black women, there’s more queer and trans people of color, more immigrants, more people with HIV and there’s more social-justice-oriented students, and so this, what we’re seeing about this kind of catching fire among early career professionals is about the way that’s been paved but also about who we’re starting to let in the door. And we have to see more of that if we really want to be creating research that meets the community where they’re at.

LB I might cry!

JN And yeah, just having this platform, it just teaching these courses, these aren’t just optional courses. These courses need to be required, I think. These courses need to be taught, it needs to be centered so that public health practitioners and scholars have this knowledge base because I feel like that has been often missing, like it’s always been an option versus an actual research academic course that is necessary to the tenets of public health.

[musical interlude]

AM Alright. For my guests, complexity is not the target of their work. It is a premise to their work, and their approach challenges the core of the scientific framework that emerged primarily in the United Kingdom, France, and the Netherlands in the 17th century. Before that, extremely complex wholistic theories had dominated science in all civilizations since the antiquity. The framework that made western science so successful, including in
medicine and public health, was largely related to its rejection of complexity. The so-called three cartesian principals from the French philosopher, Rene Descartes, essentially said simplify, consider one factor at a time, and ignore complexity. When studying the human organs, for example, study the heart, the lungs, the kidneys, and then put everything together as you would do with the parts of a machine. What brings life to the simplify machine is beyond science. This framework still dominates today. We isolate a factor while controlling for the others. We know that these factors are not independent, that they interact, but our methods are still effective to explore complex models. Now, intersectionality goes beyond the traditional frameworks. It contextualizes the research in its social and environmental dimensions, and it incorporates the research in the dynamics of society, linking it to activism in practice. I can see why at the end of 2020, embracing a framework that acknowledges the inherent complexity of public health can captivate young researchers.

[musical background]

AM I’m grateful to all the members of the panel for their time and willingness to share their ideas. I also thank Emily D’Agostino and Michael Costanza for comments and edits on an earlier version of the podcast; Anthony Bansie is the student producer who prepares and composes the podcast; the song, So the Story Goes, is composed and interpreted here by KJ Denhert. She’s a songwriter, guitar player, vocalist, band leader, a legend in urban folk and jazz, and, if I may say, an intersectional artist. This is Alfredo Morabia at AJPH. If you want to read the research on how intersectionality approaches emerging complex problems such as Covid-19, police brutality, HIV/AIDS, uncharted fields such as epigenetics and artificial intelligence, and the conceptual and methodological challenges
of intersectionality research from the perspective of a group at the National Institute of Health, take a look in the January 2021 issue of the American Journal of Public Health.

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[musical postlude]