

Measuring Overlapping Systems of Oppression: A Structural Intersectionality Approach to Population Health Research

Patricia Homan
Florida State University

Abstract:

Intersectional perspectives in sociology are rooted in the insight that individuals' experiences are shaped not by a single status hierarchy, but by multiple overlapping systems of oppression. Racism, sexism, capitalism (and other forms of oppression) intersect to shape individuals' lives in complex ways. Intersectional approaches in demography have measured these systems at the individual level by creating categories reflecting various constellations of individual statuses (e.g. low-SES black women vs. high-SES white men) and examining variation in health and life expectancy across these groups. The emerging structural racism and structural sexism literatures in population health, point to promising new ways to measure systems of inequality at a more macro-level. Building on this line of research, the present study: (1) introduces a *structural intersectionality* approach, (2) examines the relationship between macro-level racism, sexism, and income inequality across U.S. states, and (3) explores how these dimensions of structural oppression affect population health.

Extended Abstract:

BACKGROUND

At the core of sociological and demographic research is the recognition that life chances are shaped by a constellation of social factors (Weber 1946[1922]). Thus, it is not surprising that intersectionality has become a foundational concept in contemporary social science research. Theoretical and empirical research on the topic has proliferated in recent years (Davis 2008; Collins and Bilge 2016). A key insight from the literature on intersectionality is that systems of oppression such as racism, sexism, and capitalism are interlocking, mutually constituted and reinforcing (Collins 2000; Crenshaw 1991; Dill and Zambrana 2009). Thus, intersectional perspectives on stratification highlight the utility of examining the joint and potentially synergistic effects of multiple dimensions of inequality (Choo and Ferree 2010; McCall 2005).

Within the field of demography, a large and influential body work has developed using intersectional approaches to make important contributions to our understanding of population health. For example, prior research has shown that effects of racial/ethnic, gender and socioeconomic stratification are interactive, resulting in the greatest racial/ethnic inequalities in health among women and those with higher levels of SES (Cummings and Jackson 2008; Richardson and Brown 2016; Veenstra 2013). Furthermore, higher levels of socioeconomic resources tend to be less protective of the health of nonwhites compared to whites (Brown et al. 2016; Hargrove 2018). A notable example, is that the birth outcomes for black women with a college degree are worse than those for their white counterparts with less than a high school degree (Collins and David 2009). Collectively, this growing body of research illustrates how social hierarchies combine to shape health outcomes.

While intersectionality conceptually reflects overlapping systems of inequality, the measurement of intersectionality has often focused on the individual level. For example, by comparing the health of black women, black men, white women and white men to one another scholars have inferred the effects of larger systemic inequalities on individuals. However, the emerging structural racism and structural sexism literatures in population health point to promising new ways to more directly measure systems of inequality at a macro-level. For example, recent research has found that structural racism — as measured by state-level racial disparities in variables such as political representation, economic conditions, and juridical treatment — is associated with increased risk of myocardial infarction (Lukachko, Hatzenbuehler, and Keyes 2014) and higher infant mortality rates among African Americans in the United States (Chae et al. 2018; Wallace et al. 2017). Similarly, Homan (2018) proposed a theoretical framework for structural sexism and health, and developed state-level structural sexism measures which were then shown to be negatively associated with physical health among both women and men. This new line of research has measured structural racism and sexism separately, but has yet to consider how they may intersect. Thus, developing a structural intersectionality perspective represents a promising next step.

A structural intersectionality approach to population health needs to answer at least three key questions: (1) How do systems of oppression relate to one another at a macro-level? (2) How do these structural inequalities individually and jointly shape the health of the entire population? (3) How might they differentially effect the health of various population groups along race, class, and gender lines?

To address the first question, I explore how measures of structural racism, structural sexism and income inequality intersect in U.S. state-level environments. To what extent do these systems of oppression overlap? Is the degree of oppression across these various measures correlated, and if so, in which direction? To date, no study has measured all three of these key types of structural inequality in U.S. states and investigated how they relate to one another. To address the second and third questions, I combine the state-level inequality measures with individual health and demographic data.

METHODS

Building on recent structural racism and structural sexism work (e.g. (Bailey et al. 2017; Lukachko et al. 2014), I have compiled statistics representing each of the 50 state-level environments in the years 2000 and 2010 using publicly available state-level data from a variety of administrative sources including:

- The Census Bureau
- The Bureau of Labor Statistics
- The Bureau of Justice Statistics
- The Institute for Women's Policy Research
- The Center for American Women and Politics

For example, these measures include variables such as a state's ratio of black to white (or female to male): political representation, employment, education, poverty, wages, incarceration, etc. I then standardize and sum the individual indicators to create indices representing a state's overall level of structural racism ($\alpha=.68$) and structural sexism ($\alpha=.58$). State-level economic inequality is measured using the Gini coefficient. Preliminary evidence of the relationships between these state-level variables is presented below.

Next, I combined these state-level measures with health and demographic information for a representative sample of U.S. adults over age 50 using restricted geocode data from the *Health and Retirement Study* (HRS). This allows me to locate each individual within a U.S. state and thereby measure their exposure to state-level structural racism, structural sexism, and income inequality and determine how these exposures may influence their health. The HRS includes a variety of health outcomes such as: chronic conditions, depressive symptoms, functional limitations, disability, etc. The results of analyses investigating the health consequences of overlapping systems of structural inequality will be present at the conference.

PRELIMINARY RESULTS

Figures 1-3 illustrate the variation in structural racism, sexism and income inequality in U.S. States in 2010. Interestingly, the areas with the highest levels of structural racism tend to be different from those with the highest levels of structural sexism.

Figure 1. Structural Racism Index For U.S. States, 2010

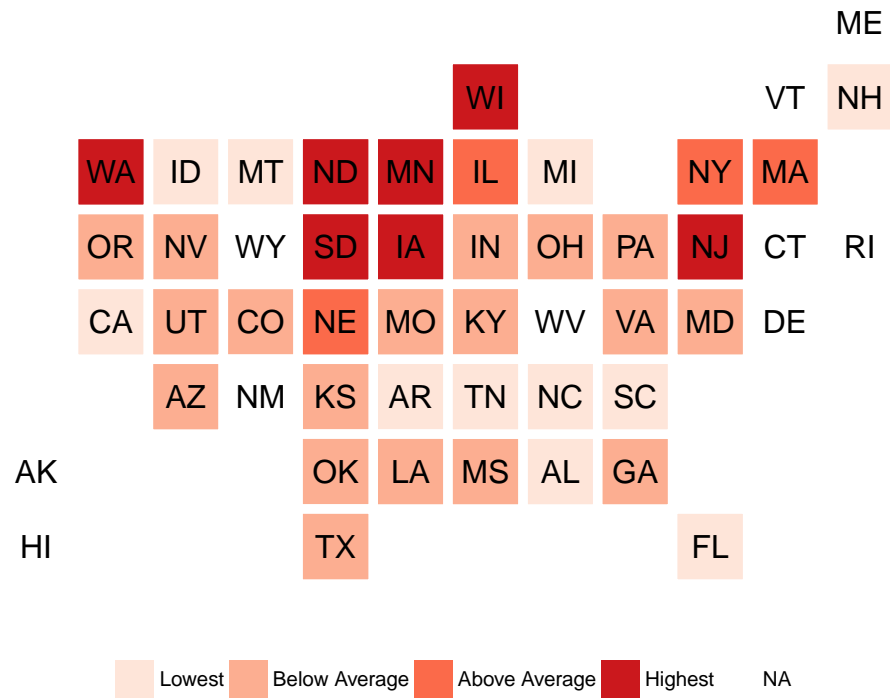


Figure 2. Structural Sexism Index for U.S. States, 2010

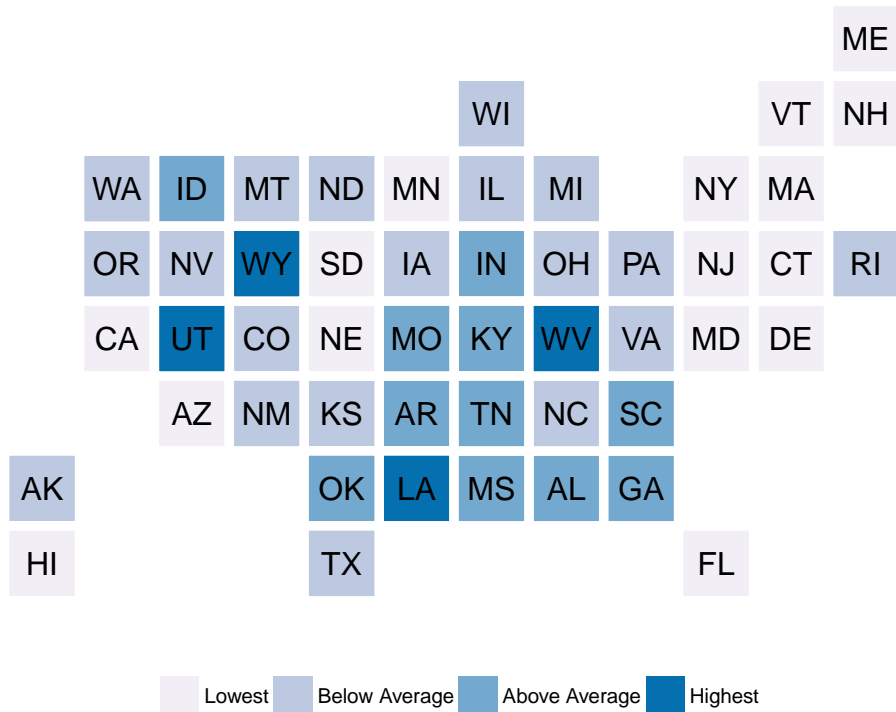


Figure 3. Gini Index For U.S. States, 2010

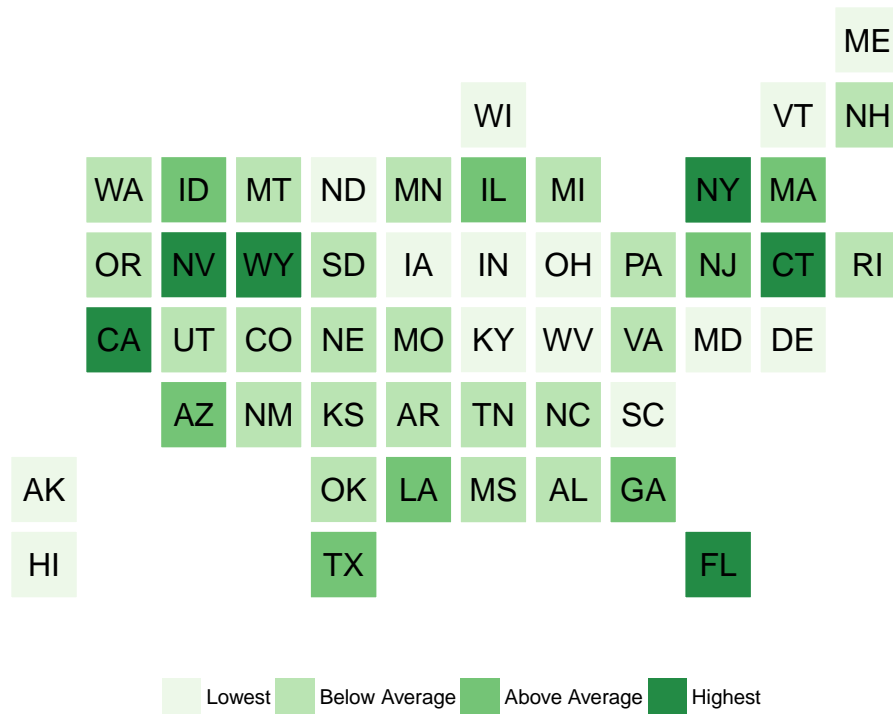


Table 1 Shows the correlations between the structural racism index, structural sexism index and the Gini coefficient. There is a small-to-moderate negative correlation between state-level structural racism and structural sexism. Income inequality also has weak negative correlation with the other two measures.

Table 1. Bivariate Correlations Between State-Level Measures Of Racism, Sexism and Economic Inequality

	Structural Racism	Structural Sexism
Structural Sexism	-0.324	
Income Inequality	-0.1077	-0.0439

Further results and discussion with be presented at the 2019 PAA Annual Meeting.

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