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Blackness and Decay: Black Health Matters, Intersectionality and Gaps in Oral Health, and Tobacco-Related Disparities Research

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Abstract

Black Health Matters is an emerging movement that emphasizes inequalities in health outcomes faced by Black individuals and communities by addressing the layers of discrimination and how this impacts health. This movement is a Black health social justice movement connecting with law, policy, research, and practice. Black populations are often at the forefront of health disparity conversations, as they often suffer the most outstanding health inequities, despite educational attainment and socioeconomic status (SES). The purpose of this study is to explore the Black Health Matters movement theoretically through the lens of intersectionality and oral health and tobacco use because health inequities in Black health are multidimensional and go beyond just race. Health disparity studies usually focus on race or ethnicity, SES, age, and gender differences. Yet, most do not analyze where these categories intersect and how this might affect health outcomes and intervention effectiveness. Black populations are often forgotten (oral health) or specially targeted (tobacco), perpetuating health inequities. It is necessary to acknowledge the existence of intersecting identities and social categories as a step towards understanding and addressing health inequities in a broader context instead of the traditional method of placing individuals and populations in a best-fit box.

Keywords: Black health, oral health, tobacco use, intersectionality, Black Health Matters

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> We must pay attention to gender, but it is difficult to pay attention to gender all by itself. …It emerges differently in women's lives because it hooks onto other markers such as race, class, sexual orientation, and age.
>
> —Sari Knopp Biklen, *School Work: Gender and the Cultural Construction of Teaching*

Black individuals and populations often suffer the most outstanding health inequities in the United States (Negbenebor & Garza, 2018; Office of Minority Health, 2005), despite educational attainment and high social-economic status (SES) (Kuzawa & Gravlee, 2016). Black folx have historically been marginalized in society and many institutions, including the health care system (Bailey et al., 2017; Hardeman et al., 2016; Lillie-Blanton et al., 2000). *Black Health Matters* is a call to action (or movement) to improve health recently derived from the #BlackLivesMatter movement in 2013 (Crossley, 2016). Originally Black Health Matters was created specifically to address the racial injustice of police brutality and the impact on Black health (Negbenebor & Garza, 2018). Since 2013, Black Health Matters has evolved to include the impact of police brutality on health and the impacts of discrimination, racism, sexism, and classism (Crossley, 2016; McCuskey, 2018).

This initiative has sparked the interest of scholars who study discrimination law, Black feminist movements, Black health, and Black identity, to name a few. Galarneau, a scholar of law and Black feminist movements at Harvard, powerfully evoked Rev. Dr. Martin Luther King Jr.'s words to evoke the pressing nature of Black Health Matters: "Of all the forms of inequality, injustice in health care is the most shocking and inhumane" (2018, p. 1). Political activists and Black social justice researchers are also beginning to use this call to action or term of Black Health Matters to promote health equity and human rights for all Black individuals and communities (Crossley, 2016; McCuskey, 2018).

The purpose of this paper is to explore the Black Health Matters movement theoretically through the lens of intersectionality (Crenshaw, 1989), as inequities in Black health are multidimensional and go beyond just race. I argue that Black Health Matters does not explicitly use an intersectional approach similar to other social movements, and this topic warrants further research. This paper triangulates Dr. Kimberlé Crenshaw's work on intersectionality, Dr. Patricia Hill Collins' work on Black feminist thought, and Dr. Lisa Bowleg's scholarship on the intersectionality framework applied to social and behavioral research (i.e., psychology and public health) to argue that an intersectional and more holistic approach is needed in Black health research. The rationale for selecting these scholars is that they are Black women studying intersectionality, and their work is foundational for the study of intersectionality. For instance, when delving deeper into race and gender, recent research has found that mother and child mortality is the highest among Black women (Aizer & Currie, 2014), eliciting a growing urgency to focus on Black mothers. In this paper, I further demonstrate the utility of the intersectional framework in applying it to an understudied aspect of Black health: oral health and tobacco use in Black communities.

Intersectionality Framework

> Cultural patterns of oppression are not only interrelated but are bound together

> and influenced by the intersectional systems of society. Examples of this include race, gender, class, ability, and ethnicity.
>
> —Kimberlé Williams Crenshaw

The underpinnings of intersectionality have been discussed for over a century, dating back to Sojourner Truth's famous speech in 1851, where she challenged sexism, patriarchy, and the white feminists use of generic womens' narratives to collectively represent all women and co-opting the stories of Black women (Brah & Phoenix, 2004; Crenshaw, 1989). This remains an important critique of feminist theory—the sum representation of all women when Black women have vastly different experiences based on their intersecting identities (i.e., sex/gender, race/ethnicity, SES) (Cho et al., 2013; Crenshaw, 1989). Until 1989, this phenomenon lacked the terminology.

In 1989 Dr. Kimberlé Crenshaw coined the term *intersectionality* (Crenshaw, 1989). Crenshaw developed this framework as a critique of feminist theory and anti-racist politics civil rights communities not acknowledging Black women or those in the unprotected margins by continuing to use a single-issue framework for discrimination (Crenshaw, 1989). She described intersectionality as a way of seeing how social problems like racism and sexism overlap, therefore creating multiple levels of social injustice. She illustrates this concept by comparing one's diverse identities with traffic in an intersection (Crenshaw, 1989). She argues that if the frames researchers use do not allow us to see how social problems impact all the members of a targeted group, those in the unprotected margins will continue to be left behind and isolated from our movements and interventions (Crenshaw, 1989).

In Crenshaw's influential article, "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory, and Anti-racist Politic" (1989), she describes several court cases where Black women are left in the margins because their claims of injustice are not one-sided or put another way, they could not claim double discrimination based on race and sex. This neglect to acknowledge Black women is due to using single-issue frameworks, where an act against women of Color can be either racism or sexism but not both. This rhetoric perpetuates the socially constructed narrative that discrimination against white women is the standard for sex discrimination, while discrimination against Black men is the standard for race discrimination, further marginalizing Black women.

In her 1989 article, Crenshaw primarily focused on race and sex when discussing intersectionality and Black women's experiences. Despite briefly addressing other intersecting identities (i.e., age, sexual orientation, able-bodiness) using the *ceiling analogy*—where those facing the most disadvantages are on the bottom and those with the least are at the top—one critique of this article is the limited inclusion of other intersecting identities (Crenshaw, 1989). Since this time, Crenshaw and several other scholars have taken intersectionality further by expanding on the framework and building on this idea of how our intersecting identities impact our outcomes, from experiences in the workforce and higher institutions, down to our health outcomes through the life course (Cho et al., 2013).

As a social activist, Crenshaw's earlier scholarly work focused on intersectionality and addressing injustice. More recently, Dr. Crenshaw actively advocates for the

SayHerName Campaign (2015), which recognizes Black women of all ages (from 7-year-olds to 94-year-olds) who are victims of police violence and anti-Black violence. This intersectional social movement is important. It acknowledges how very few people know the names of Black women killed by police violence, yet many are familiar with the names of Black men (Brown et al., 2017; Williams, 2016). Similar to what Crenshaw describes in her influential article, there are critiques of many anti-racist movements, as Black women are seemingly forgotten. This critique extends to the #BlackLivesMatters movement, as some Black feminists say focuses primarily on police brutality against Black men but not women (McMurtry-Chubb, 2015). Even with some limitations, these recent social movements like #BlackLivesMatter and Black Health Matters are a step closer to spreading awareness that preventable health inequities are social injustices beyond race and sex. The unjust differences in health outcomes are multidimensional, and they involve social, political, environmental, economic, and behavioral factors that are skin deep, not simply surface level (the characteristics you can see).

Dr. Patricia Hill Collins is another noteworthy scholar whose work addresses Black feminism and intersectionality. Like Dr. Kimberlé Crenshaw, Collins' work challenges the traditional framing of issues and delves deeper into intersectionality (Collins, 2002; Crenshaw, 1989). Initially, Collins' work focused on expanding the standpoint theory created by feminist theorist Dr. Sandra Harding, further developed by Sociologist Dr. Dorothy E. Smith (Collins, 1986; Harding, 2004). This concept later became central in the intersectionality framework (Choo & Ferree, 2010; Collins, 2003; Yuval-Davis, 2006). *Standpoint theory* is a method for analyzing inter-subjective discourses and refers to how one's perspectives are shaped by social and political experiences (D. E. Smith, 1974). This analytical approach was foundational for Collin's groundbreaking article, "Learning from the Outsider Within" (1986). This article discusses her standpoint by reflecting on race, gender, and social class status through her journey across and within different institutions (Collins, 1986). She, like Smith, challenged major assumptions in sociology and other fields, acknowledging the role of power in dominant social constructs (Collins, 1986, 1998a; D. E. Smith, 1974). Collins has consistently provided counter narratives to inaccurate framing issues within her discipline, for example the framing of "the Black family" (Collins, 1998b).

In 1990 Collins published her award-winning book *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment.* Using an intersectional analysis, Collins shows how oppression operates in various spheres (i.e., political, economic, and ideological) rather than a hierarchical formula (Collins, 2002). The text describes how power (perceived and exerted) and social class may offer protection or resources against oppression (i.e., sexism, racism, ageism). However, middle and upper-class status does not remove an individual from the implications of political, economic, and ideological inequities (Collins, 2002). This same message aligns with preventable, unjust health inequities, specifically among Black women, where regardless of social class and educational attainment, health outcomes are poorer than non-Hispanic white women and Hispanic women (Collins, 2002, 2004). High social class and even being in positions of presumed power do not eliminate social norms, stereotypes, stigma, discrimination,

and other oppressive behaviors like sexism and racism. Collins discusses how intersectional support is needed … [and] it is up to all genders, races, and cultures to realize social justice and Black feminist thought is about social justice (Collins, 2002).

Lastly, Dr. Lisa Bowleg is a professor of applied social psychology who has contributed to applying intersectionality discourse to social and behavioral research, specifically connecting intersectionality to public health. In Lisa Bowleg's article "The Problem with the Phrase Women and Minorites: Intersectionality—An Important Theoretical Framework for Public Health," she critiques the terms "women" and "minorities" used in public health discourse, policy, and research. Her rationale for this critique is that the term implies "mutual exclusivity of these populations," not taking into account that these two categories, women and minorities, intersect in the lives of women of Color (Bowleg, 2012, p. 1267). She writes that even the word "minority" is multi definitional, not just referencing race and ethnicity (Bowleg, 2012). Bowleg illustrates that there are clear limitations even in formal government documents due to how minority characteristics are framed. For example, she highlights how the *HHS Action Plan to Reduce Racial and Ethnic Health Disparities* uses the word "or" when listing minority categories like "race or ethnicity" and "sexual orientation or gender" (Bowleg, 2008, 2012), which implies individuals fit into just one group. The purpose of this important document was to report on minority characteristics that are historically used to exclude individuals or groups and linked to discrimination, which in turn influence health status. The rhetoric of the *HHS Action Plan*, like anti-discrimination law, is problematic and further exemplifies the notion that only a single issue of discrimination or single-characteristic can exist or be claimed (Bowleg, 2012).

Intersectionality and Black Oral Health

> Oral health disparities are profound in the United States. Despite major improvements in oral health for the population as a whole, oral health disparities exist for many racial and ethnic groups by socioeconomic status, gender, age, and geographic location. (Office of Minority Health, CDC, 2018)

Oral health directly links to one's overall health yet is often a neglected health topic. Oral health disparities experienced by Black and African Americans are great in number but discussed much less in research and health care settings than other health-related topics (Allukian, 2008; Fiscella et al., 2000; Lee & Divaris, 2014). Blacks generally have the poorest oral health of all the racial and ethnic groups in the United States (Lee & Divaris, 2014; Sabbah et al., 2009). And, among Black children, caries or cavity prevalence is much higher (Edelstein & Chinn, 2009; Flores & Lin, 2013). Black adults with untreated tooth decay are also greater than most racial-ethnic groups (Allukian, 2008; Edelstein, 2002; Laurence et al., 2006). Periodontal disease is higher in men than women, is greatest among Mexican Americans and non-Hispanic Blacks, and affects those with less than a high school education (Allukian, 2008).

There are several factors that contribute to these disparities, such as insurance status, income or SES, lifestyle behaviors like tobacco use, and dietary choices and preferences (Arora et al., 2017; Lee & Divaris, 2014; Satcher & Nottingham, 2017). These disparities may be even greater based on immigration status (Cote et al.,

2004; Nicol et al., 2014), literacy level, (Geltman et al., 2013; Horowitz & Kleinman, 2008; Jones et al., 2007; Vann et al., 2010) and the level of trust in dentists (Borrell et al., 2004; Haden et al., 2003; Hilton et al., 2007; Kelly et al., 2005).

Few studies address Black oral health, especially Black adult oral health, and even fewer use an intersectional framework (Bradley et al., 2007). This is an issue because oral health is often a neglected and complex topic, as many factors affect oral health outcomes and diseases (e.g., genetics, insurance status, gender; Li et al., 2015). The majority of oral health interventions focus on factors separately (e.g., SES, gender, ability) and do not account for how one's identity and environment overlap and connect (Allukian, 2008).

Intersectionality, Tobacco-Related Disparities, and the Black Community

> African American children and adults are more likely to be exposed to secondhand smoke than any other racial or ethnic group. (Tsai et al., 2018, p. 1342)

Tobacco and tobacco-related health disparities affect Blacks more than any other racial or ethnic group in the United States (Benowitz et al., 1998; Moolchan et al., 2007; Nguyen et al., 2017). The reasons for this are many and are clearly unjust. Historically, Blacks have been targeted by tobacco companies in advertisements and marketing (Moran et al., 2017; Ribisl et al., 2017; Robinson et al., 2018) and the location of tobacco retail stores (Ribisl et al., 2017). For the past five decades, public health departments and communities alike have pushed for banning tobacco sales, marketing, and flavored products, specifically menthol cigarettes, which account for 88.5% of all tobacco sales to Black individuals (Giovino et al., 2015). A recent systematic review exploring gender and menthol use in the United States found that women smokers are most likely to use menthol cigarettes than men (P. H. Smith et al., 2017).

Tobacco use contributes to the three leading causes of death among Blacks: heart disease, cancer, and stroke (Kochanek et al., 2016). The risk of developing diabetes, the fourth leading cause of disease among Blacks, is also higher for tobacco users than non-users (NCCDPHP, 2014; Kochanek et al., 2016). In addition to firsthand smoking disparities, Black children and adults are more likely to be exposed to secondhand smoke than any other racial or ethnic group (Homa et al., 2015; Jarvie & Malone, 2008), which is commonly attributed to being in low SES neighborhoods. What is disturbing about these disparities, contrary to what it may seem, are (a) Black youth and younger adults have a lower prevalence of smoking cigarettes than Hispanics and whites (Singh et al., 2016), (b) Blacks smoke fewer cigarettes per day than whites (Schoenborn et al., 2013), (c) most Black smokers want to quit smoking and have tried (Babb et al., 2017; NCCDPHP, 2014), and (d) Blacks initiate smoking at a later age compared to whites (Benowitz et al., 1998; Schoenborn et al., 2013), yet (e) Blacks are more likely to die from smoking-related diseases than whites (NCCDPHP, 2014).

Now how does this connect with intersectionality? Most studies on tobacco and smoking-related disparities and health outcome differences focus on race, ethnicity, gender (male vs. female vs. transgender vs. LBGT), and SES, but few explore how these characteristics intersect (Aguirre et al., 2016; Hooper, 2018; P. H. Smith et al., 2017). Current methodologies also limit our

knowledge; numerous studies on this topic are quantitative and do not go beyond explaining the differences and restating the disparity (Aguirre et al., 2016; Douglas, 2014, 2019). These approaches are problematic as they lack meaningful framing to understand the complex nature of tobacco-related diseases.

Discussion

Both oral health and tobacco disparities are prevalent in Black populations and communities. As research indicates, health disparity studies usually focus on race, ethnicity, SES, age, and sometimes gender differences, yet most studies do not analyze or acknowledge where these categories intersect and how this might affect health outcomes and intervention effectiveness. As research suggests, Black populations are either forgotten (oral health) or specially targeted (tobacco), perpetuating health inequities. Limited research on Black health disparities uses an intersectionality framework to date.

Similarly, Black social movements like #BlackLivesMatter have been critiqued for not having an intersectional stance on social justice issues. In contrast, movements like #*SayHerName* and Black Health Matters have been more inclusive of acknowledging the complexities of intersectionality. Although there are some limitations, these movements are closer to acknowledging that injustice and inequalities in health go beyond race and sex. Black Health Matters is an emerging movement that emphasizes inequalities in health outcomes faced by Black individuals and communities by addressing the layers of discrimination and how this impacts health. This movement is a Black health social justice movement connecting with law, policy, research, and practice.

Scholars such as Dr. Kimberlé Crenshaw, Dr. Patricia Hill Collins, and Dr. Lisa Bowleg showcase the importance of intersectionality in research, practice, and social movements. It is necessary to acknowledge the existence of intersecting identifies and social categories as a step towards understanding and addressing health inequities in a broader context, instead of the traditional method of placing individuals and populations in a best-fit box (e.g., female, Black, or lesbian).

Using an intersectional approach at the beginning stages of formulating research questions and developing ideas of how to address health issues in Black communities is crucial to finding effective methods and strategies for improving Black health. Oppression has deep roots in society and the health care system; thus, to create more successful interventions and see decreased disparities, one's identities and how these intersect must be considered. This has proven true and important during this year's COVID-19 pandemic. The inequities in the health care system have made national news, highlighting how those who identify as Black are more likely to contract COVID-19 and less likely to survive (Lopez et al., 2021). There have been explicit examples where Black individuals and families have been turned away from care, even those who work in the health care field. For these reasons and many more, it is necessary to have intersectionality and Black Health Matters at the forefront of our health conversations and communications.

Conclusions and Implications for Black Social Movements and Black Health Research

Preventable and perpetual oral health and tobacco-related disparities are just two of the many health inequities that

significantly impact Blacks. This presents both a challenge and an opportunity for researchers in public health, social and behavioral sciences, policymakers, and social justice advocates. There are notable challenges, but including an intersectional framework in health disparity and health inequity research is important to delve deeper into why these disparities continue to exist and address multiple factors contributing to the inequities. Black Health Matters is a call to action that can be monumental for Black communities if an intersectionality and social justice framework are incorporated.

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