



Intersectionality

Transformative Strategies for priority populations in HIV care

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June 27, 2024

Vision: Healthy Communities, Healthy People



HRSA's HIV/AIDS Bureau (HRSA HAB) Vision and Mission

Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.



Introduction

- Intricate topic especially when considering approaches to community engagement.
- Has there been a time when your intersecting identities were not valued? How did that make you feel? How long did you feel it?
- Why is this important in HIV care?
- References to priority populations (e.g., Black gay men)

Objectives

- Understand the theory of Intersectionality
- Create an environment that fosters understanding of diversity
- Identify equitable models of care that could facilitate enhanced community engagement for EHE and RWHAP recipients

We should always strive for a better understanding about people who interact with the Ryan White HIV/AIDS Program (RWHAP), and those who need access but are not engaged.



Strategies to End the HIV Epidemic



Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.



Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



Items to Consider

- Who are your priority populations?
- Who are the people that most likely have challenges reaching viral suppression in your jurisdiction?
- What barriers to care have you identified?
- What does your data tell you?
- Does the data remain consistent?

Approach to Community Engagement

- People with HIV are essential to the development and implementation of HIV care programs.
- Has your approach ever been “if **we** build it, they will come?”
- If so, have you asked yourself who are “we” in that statement?
- If they come, will these individuals remain engaged in care?
- Shared responsibility for optimal health outcomes

Intersectionality is a framework for conceptualizing a person, group of people, or social problem as affected by several discriminations and disadvantages. It considers people's overlapping identities and experiences to understand the complexity of prejudices they face.

“Intersectionality is a lens through which you can see where power comes and collides where it interlocks and intersects.”

-Kimberlé Crenshaw, JD



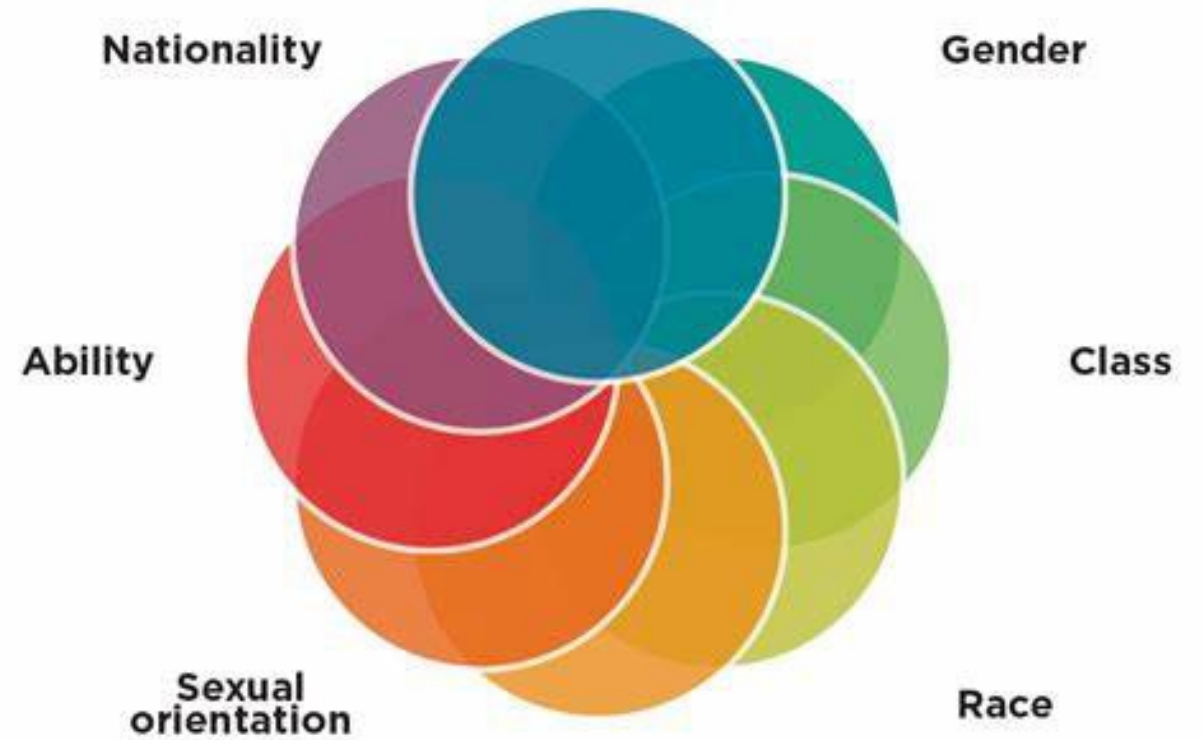
Understanding Individuals, Communities, And Culture

- Cultural norms
- Religious beliefs
- Ethnicity
- Geographic location
- Socio-economic status

- How are the above connected to intersectionality?

Intersectionality

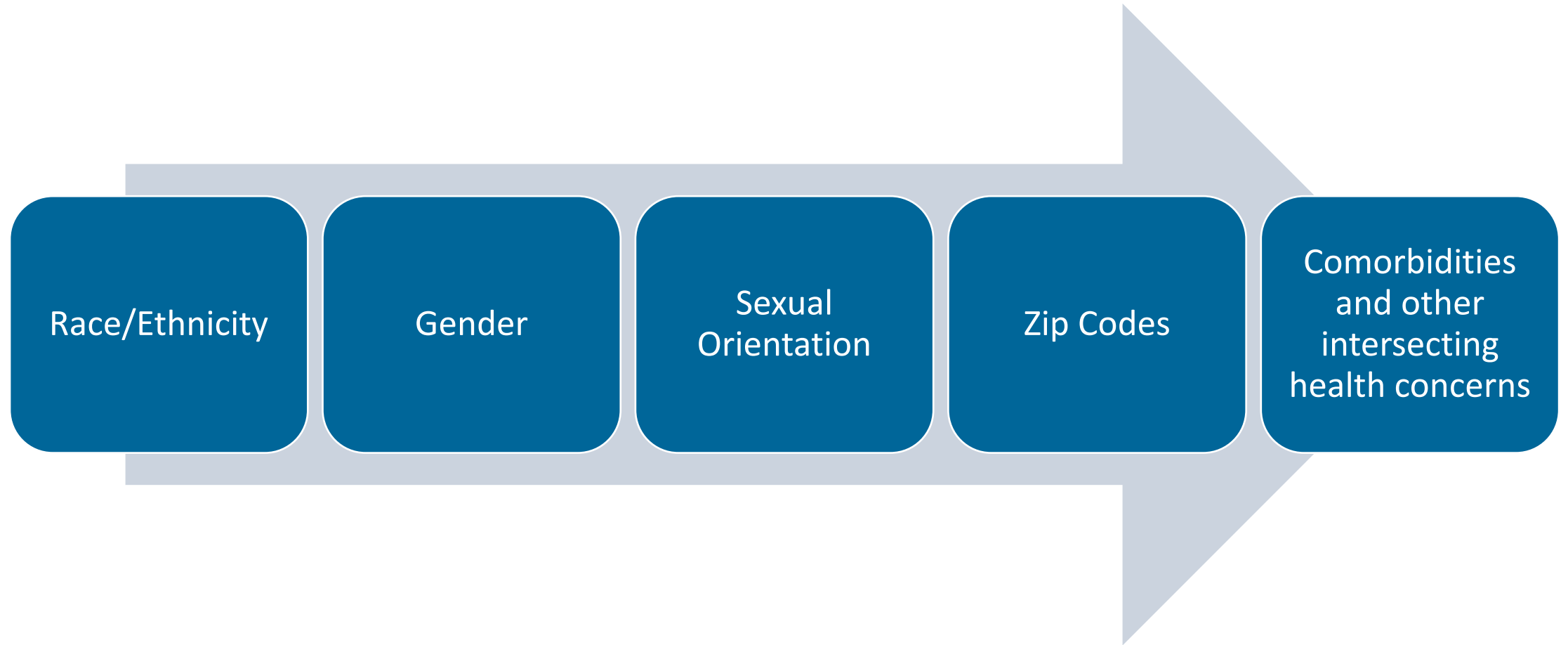
- Appropriate labels are necessary
- Key populations overlap
- Silos do not exist
- Addressing challenges in HIV care should be framed in a social justice context (i.e., access, equity, engagement, diversity, human rights)



Ending the HIV Epidemic

- Is it possible for one provider to know everything about a client?
- Important components in systems of care.
 - Coordinated efforts
 - Client data beyond race, zip code, and risk behavior
 - ✓ Special interests/leveraging strengths
- Ending the HIV Epidemic
 - Creativity in programming
 - HIV treatment is an intervention when intentional care is offered and provided
 - Most important resources might be human connections

Identifying Key Populations



Ending the Epidemic and Health Equity

- Compliance with Ryan White HIV/AIDS Programs include (but not limited to):
 - Legislative requirements
 - Organizational and programmatic infrastructure
 - Budget and fiscal
 - Workplans
 - ✓ Service categories
 - ✓ Engagement of people with HIV
 - ✓ Health Equity
 - What considerations or progress did you make to advance health equity this month?



What We Hear and What We Miss

- We need training on...
 - Cultural competency and/or cultural humility
 - Best practices in community engagement
 - Implementation of Interventions
 - Social determinants of health
- What we miss...
 - Connecting social determinants of health and systemic discrimination
 - Strategies to achieve anti-discriminatory and anti-racists practices and organizations

What we've been doing will not change if we don't implement systems-level modifications regardless of the amount of training we have.

Examples...

- ✓ Comprehensive jurisdictional HIV care plans that include strategies to intentionally address social barriers.
- ✓ Implementing standards of care that center people with HIV and their identities.





~~VULNERABLE~~ ~~MARGINALIZED~~ ~~HARD-TO-REACH~~

Consider root causes when implementing EHE and RWHAP.

Inequalities



- Individual's intersecting identities do not contribute to marginalization
- Social positions, privileges, power, and oppression
 - Racism
 - Classism
 - Heterosexism

Understand inequalities and develop strategies to reach health equity.

Mindfulness

Mindfulness acts as a bridge between our knowledge of cultural differences and our responses to them. It helps us to apply our broad awareness of culture to understand unique cultural settings.

Ethical Standard 1.05- Addresses Cultural Awareness and Social Diversity.

BLACK MAN
BLACK MAN + GAY
BLACK MAN + GAY+ ()



Compounded Discrimination

- Racism and/or Racial Microaggressions
 - Removing the Residue: Microaggressions are byproducts of Racism
- Sexual Orientation and Gender Identity
- Health Status
- Even the anticipation of or mental preparation for discrimination, whether discrimination occurs (i.e., felt stigma), has significantly harmful effects on health (Casey et al, 2019; Herek, Hedwig, Cogan, 2015; Seelman et al, 2017).

Separating Identities

- Hoping for welcoming spaces
- Identities do not cause trauma. Therefore, you can not decide which one causes more harm.
- Removing personal experience in healthcare can further harm clients.
- Acknowledge people how they show up.
- Stress and trauma in this context are caused by external factors that create internal negative feelings of oneself.
 - Internalized homophobia
 - Internalized bias against Black men



Psychosocial Stressors (Bailey, 2009)

Responses to Harmful Discrimination and Microaggressions

- Guilt
- Withdrawal
- Fear
- Self-harm
- Loss of self-worth
- Denial
- Shame
- Isolation
- Defensiveness
- Depression

Psychosocial Stressors

- Supported by the Minority Stress Theory
- Examines the ways in which the unique stressors experienced by “minority” individuals may relate to mental health disparities in health (Balsam et al, 2014; Meyer, 2003).
- Black gay men’s stressors
 - Poor mental health

Racial/ethnic identity compounds experiences of discrimination in addition to LGBTQ identity in many areas of life (Casey et al, 2019)

CLAS Standards



- Recipients should remember CLAS Standards...
 - Principal Standard:
 - ✓ Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce

- Advance and sustain organizational leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
 - Recruit and promote people with HIV as leaders
 - ✓ CAB or CC
 - ✓ RWHAP Planning Council
 - ✓ Workforce (not just outreach workers)
 - Internal policies that explicitly name and promote positive health outcomes for people with HIV and support health equity
 - Training and professional development



Engagement, Continuous Improvement and Accountability



- Establish goals, policies, and management accountability. Conduct ongoing assessments of CLAS-related activities.
 - Partner with the community
 - Communicate organization's progress
 - Help community members BETTER understand services and funding structure.
 - ✓ House/Ball engagement: We want to have a ball example



Centering Community in HIV Care

- Saying I don't understand (and doing nothing) is never acceptable
- Strength perspective
 - Social Work, Mental Health, and other Human Services
- FUBU-community-based participatory approach
- Social Justice Context
- Move away from silos
- Lived experience and Subject Matter Experts (regardless of educational attainment)

Communication and Language Assistance

- Beyond language assistance and easy to understand print and multimedia materials
- Make it make sense
- Make sure priority populations are represented
 - Social marketing
 - Brochures and flyers
 - Program recruitment



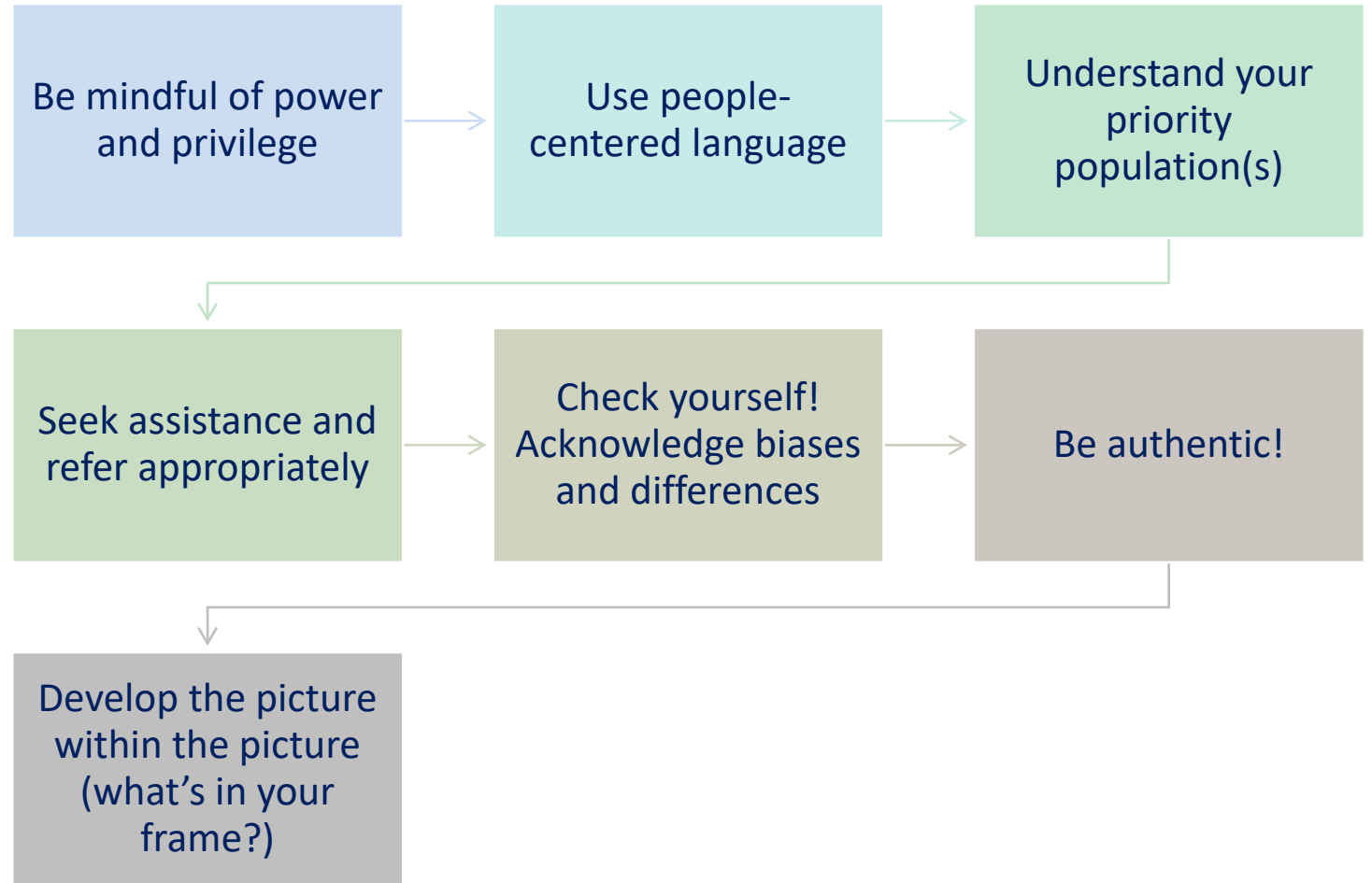
Implications for Providers

Providers have a position of power over their client.

Harm is perpetuated or minimized.

Sometimes providers create barriers to care.

Provider and Patient Interactions



Levels of Change

- Reduce barriers to care by understanding systems of oppression (i.e., racism, homophobia, transphobia, sexism).
- Understand your role in ensuring that priority populations receive the highest quality of care.
- “Levels of change” that professionals and agencies can institute to enhance services to people with HIV.
 - ✓ **Individuals (Your picture frame)**
 - ✓ **Direct Service Level**
 - ✓ **Agency Level**
 - ✓ **Community Level**
 - ✓ **Policy Level**



Equity

- The ability to see the game represents viral suppression
- The boxes represent HIV care services
- What does the fence represent? How do we fix the fence so the person who isn't able to stand (currently not represented) can still see the game? How do we continue to make progress?

Equality



Equity



Justice





Thoughts or Questions?

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