

Social Determinants of Health and Intersection with National HIV/AIDS Strategy

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National HIV/AIDS Strategy



▪ <https://www.youtube.com/watch?v=Ab5YHHONmEk>

National HIV/AIDS Strategy

NATIONAL HIV/AIDS STRATEGY: UPDATED TO 2020 WHAT YOU NEED TO KNOW

THE VISION

The United States will become a place where new HIV infections are rare, and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance will have unfettered access to high quality, life-extending care, free from stigma and discrimination.

THE GOALS

-  Reducing new HIV infections
-  Improving access to care and health outcomes
-  Reducing HIV-related health disparities
-  Achieving a more coordinated national response

OUR STRATEGY

This is a national Strategy, not just a Federal one. Everyone is needed to put this Strategy into action and end the HIV epidemic. The updated Strategy calls for coordinated efforts from all sectors of society. The many Federal agencies and offices engaged in HIV activities will develop a Federal Action Plan to guide implementation of the Strategy across the U.S. government.

NHAS Right People Right Places

THE UPDATED STRATEGY DETAILS 11 STEPS AND 37 ACTIONS THAT FOCUS ON RIGHT PEOPLE, RIGHT PLACES, RIGHT PRACTICES

RIGHT PEOPLE KEY POPULATIONS

- **Gay, bisexual, and other men who have sex with men of all races and ethnicities** (noting the particularly high burden of HIV among Black gay and bisexual men)
- **Black women and men**
- **Latino men and women**
- **People who inject drugs**
- **Youth aged 13 to 24 years** (noting the particularly high burden of HIV among young Black gay and bisexual men)
- **People in the Southern United States**
- **Transgender women** (noting the particularly high burden of HIV among Black transgender women)

RIGHT PLACES PRIORITY AREAS

- **Major metropolitan areas** have higher rates of HIV than other areas of the country.
- **Southern United States:** more than 1/3 of the population lives in southern states, but the region accounts for more than 1/2 of all HIV diagnoses.



NHAS Right Practices

RIGHT PRACTICES



Widespread HIV testing and linkage to care enabling people living with HIV to access treatment early.



Broad support for people living with HIV to remain engaged in comprehensive care, including support for treatment adherence.



Full access to PrEP services for those whom it is appropriate and desired, with support for medication adherence for those using PrEP.



Universal viral suppression among people living with HIV.

NHAS Progress

NATIONAL HIV/AIDS STRATEGY: UPDATED TO 2020 MONITORING OUR PROGRESS

**GOAL 1:
REDUCING NEW HIV INFECTIONS**

- ✓ Increase knowledge of serostatus
- ✓ Reduce new diagnoses
- ✗ Reduce HIV-risk behaviors among young gay and bisexual males

**GOAL 3:
REDUCING HIV-RELATED DISPARITIES**

Reduce disparities in HIV diagnosis among:

- ✗ Gay and bisexual men
- ✗ Young Black gay and bisexual men
- ✓ Black females
- ✗ Persons living in the Southern US

Increase viral suppression among:

- ✓ Youth
- ✓ Persons who inject drugs

**GOAL 2:
IMPROVING HEALTH OUTCOMES FOR PEOPLE LIVING WITH HIV**

- ✓ Increase linkage to care
- ✗ Increase retention in HIV care
- ✓ Increase viral suppression
- ✗ Reduce homelessness
- ✓ Reduce death rate

DEVELOPMENTAL INDICATORS

- Use of pre-exposure prophylaxis (PrEP)
- HIV stigma
- HIV among transgender persons

✓ ANNUAL TARGET MET
 ✗ ANNUAL TARGET NOT MET (Progress in the expected direction)
 ✗ ANNUAL TARGET NOT MET (Moving in the wrong direction)

Learn more about the National HIV/AIDS Strategy: Updated to 2020 at [AIDS.gov/2020](https://aids.gov/2020) #NHV2020

Missing the Mark

- What are factors that are preventing our progress towards achieving the goals of NHAS?

Social Determinates

SOCIAL DETERMINANTS
FACTORS THAT INFLUENCE YOUR HEALTH

The conditions in which you live, learn, work and age affect your health. Social determinants such as these can influence your lifelong health and well-being.

<p>HOUSING</p> 	<p>INCARCERATION</p> <p>The incarceration rate in the U.S. grew by more than 220% between 1980 and 2014, though crime rates have fallen.</p>	<p>POVERTY</p> 
<p>HEALTHY FOOD</p> <p>6.5 million children live in low income neighborhoods that are more than a mile from a supermarket.</p>	<p>GRADUATION</p> 	<p>HEALTH COVERAGE</p> 
<p>LITERACY</p> 	<p>ENVIRONMENT</p> 	<p>ACCESS TO CARE</p> <p>More than 89% of U.S. adults had health coverage in 2014. But 33 million Americans still lacked insurance.</p> 

The **NATION'S HEALTH**
A PUBLICATION OF THE AMERICAN PUBLIC HEALTH ASSOCIATION
www.thenationshealth.org/sdoh



Medical Mistrust

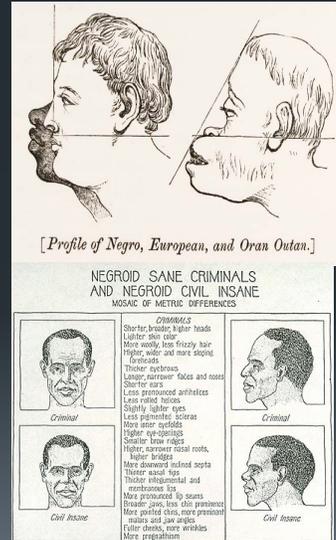
- Yes we are going to talk about

WAIT,
SAY WHAAA...?

What is Medical Racism

Medical Racism: When racial prejudices from larger society impact diagnosis, treatment, and overall health practices; racial discrimination that influences diversity of clinicians and healthcare staff

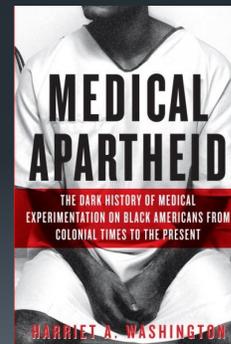
Ex: drapetomania, a condition that certain enslaved people were said to have. The main symptom was a desire to run away.

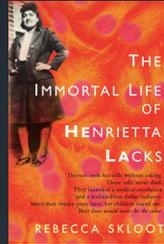


History of Medical Abuses

After Civil War (after 1865)

- Due to systemic racism (Jim Crow) and poverty, Black people continued to receive sub-standard care.
- We have a few examples of outright medical abuses and coercive experimentation
- There are probably more examples that have not yet surfaced.





Henrietta Lacks



Fannie Lou Hamer
"Mississippi Appendectomies"

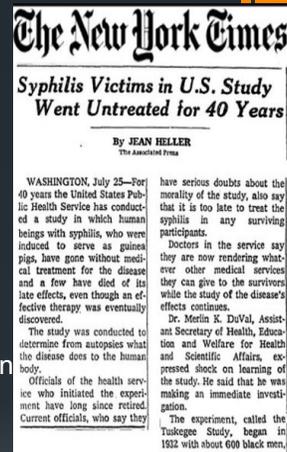
Birth control

"Negroes don't want children they can't take care of, but we are afraid to trust you when your offered help has so often turned out to be exploitation." —

Urelia Brown, a Black social worker speaking on family planning in 1972

Tuskegee Syphilis Study

- Hallmark example of medical abuse of Black people in the US
- Men were lied to and told they were receiving treatment for syphilis, but instead they were prevented from receiving treatment
- 1932-1972 US Public Health Service withheld treatment from 399 poor Black men with syphilis in Macon County, Alabama
 - The HIV epidemic as we know it began 9 years later



HIV/AIDS Myths in the Black Community

- “AIDS was created in a lab by the government”
 - “AIDS was created to kill Black people.”
- “The government and pharmaceutical companies have a cure for AIDS, but are making too much money to release it.”
- “A lot of information about AIDS is being held back from the public.”
 - “Magic Johnson has the cure.”

Tactics for Moving Beyond Medical Mistrust

Community Empowerment:

- *Recruit and educate* “a social movement of Black healthcare and research activists”
- *Include* stakeholders with different perspectives when designing HIV interventions

Community Mobilization:

- *Empower and equip* communities to transform realities, decreasing the perception that other individuals and entities have control over Black health and well-being

Tactics for Moving Medical Mistrust

Cultural Competency:

- *Recognize* that:
 - Fears of genocide and government suspicion are understandable and expected based off experiences of Black Americans
 - Medical mistrust should not be dismissed
- *Address* current discrimination Black people experience
- *Understand* that mistrust might also be tied to other parts of a patient's identity, i.e. Black MSM who have experienced stigma from a provider

Tactics for Moving Beyond Medical Mistrust

Cultural Humility

- *Recognize* that you cannot reach a point at which you are ever finished learning and that cultural competency does not have an endpoint
- *Know* that mistrust and other cultural attitudes are ever-evolving given the political and social climate
- *Understand* that making assumptions about mistrust might actually lead to greater mistrust

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Tactics for Moving Beyond Medical Mistrust

- Provide trainings to staff on Medical Mistrust
- Acknowledge and address medical mistrust in biomedical intervention promotion material
- Include medical mistrust in counseling and behavioral interventions
- Ask CABs for strategies to move beyond mistrust in communities

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Questions?
Thank you!

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