

Social Determinants of Health & HIV

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Disclosures

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AETC Program National Centers and HIV Curriculum

- **National Coordinating Resource Center** – serves as the central web –based repository for AETC Program training and capacity building resources; its website includes a free virtual library with training and technical assistance materials, a program directory, and a calendar of trainings and other events. Learn more: <https://aidsetc.org/>
- **National Clinical Consultation Center** – provides free, peer-to-peer, expert advice for health professionals on HIV prevention, care, and treatment and related topics. Learn more: <https://nccc/ucsf.edu>
- **National HIV Curriculum** – provides ongoing, up –to-date HIV training and information for health professionals through a free, web –based curriculum; also provides free CME credits, CNE contact hours, CE contact hours, and maintenance of certification credits. Learn more: www.hiv.uw.edu

Learning Objectives

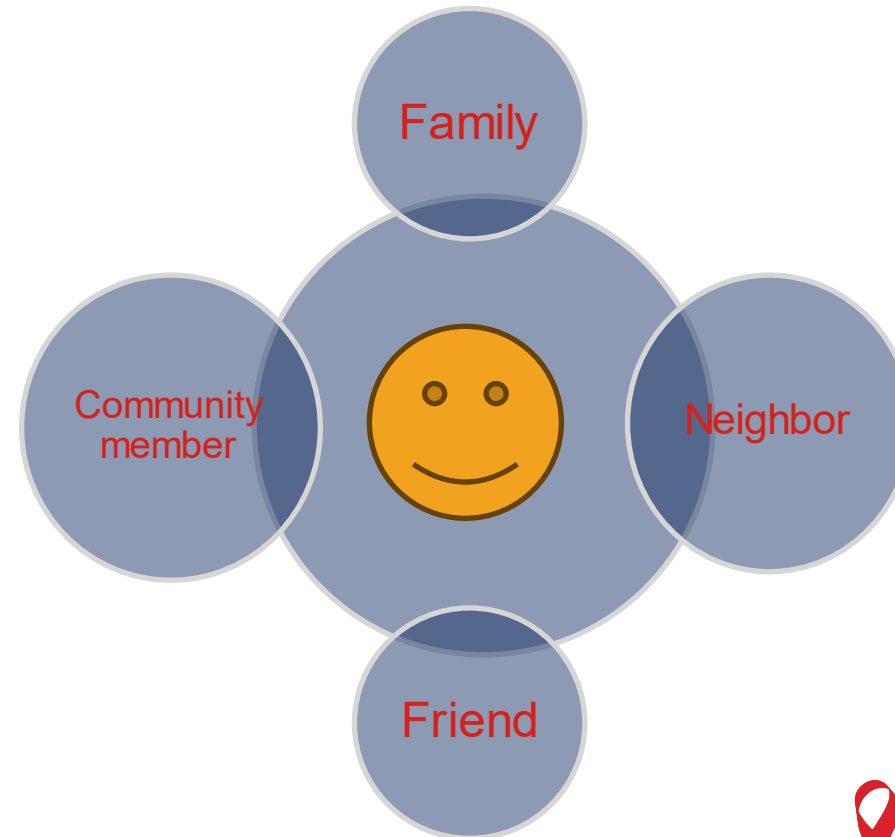
- *After completing this training, participants will:*
 - Increase understanding of the disparities those newly diagnosed with HIV experience
 - Analyze systemic issues in institutions, organizations and clinical settings that impact People with HIV (PWH)
 - Evaluate existing health policies as well as practice creating solutions to addressing the social determinants in their own practice settings.

Survey...

- Who do your clients report as their "support" when managing HIV?
- *Friends?*
- *Caregivers/Medical Team?*
- *Social Groups? (church/ cbo group / social club)*
- *Family?*
- *No Support?*

Social Determinants and the Story...

- My HIV experience
 - Community
 - Conversation
 - Resource

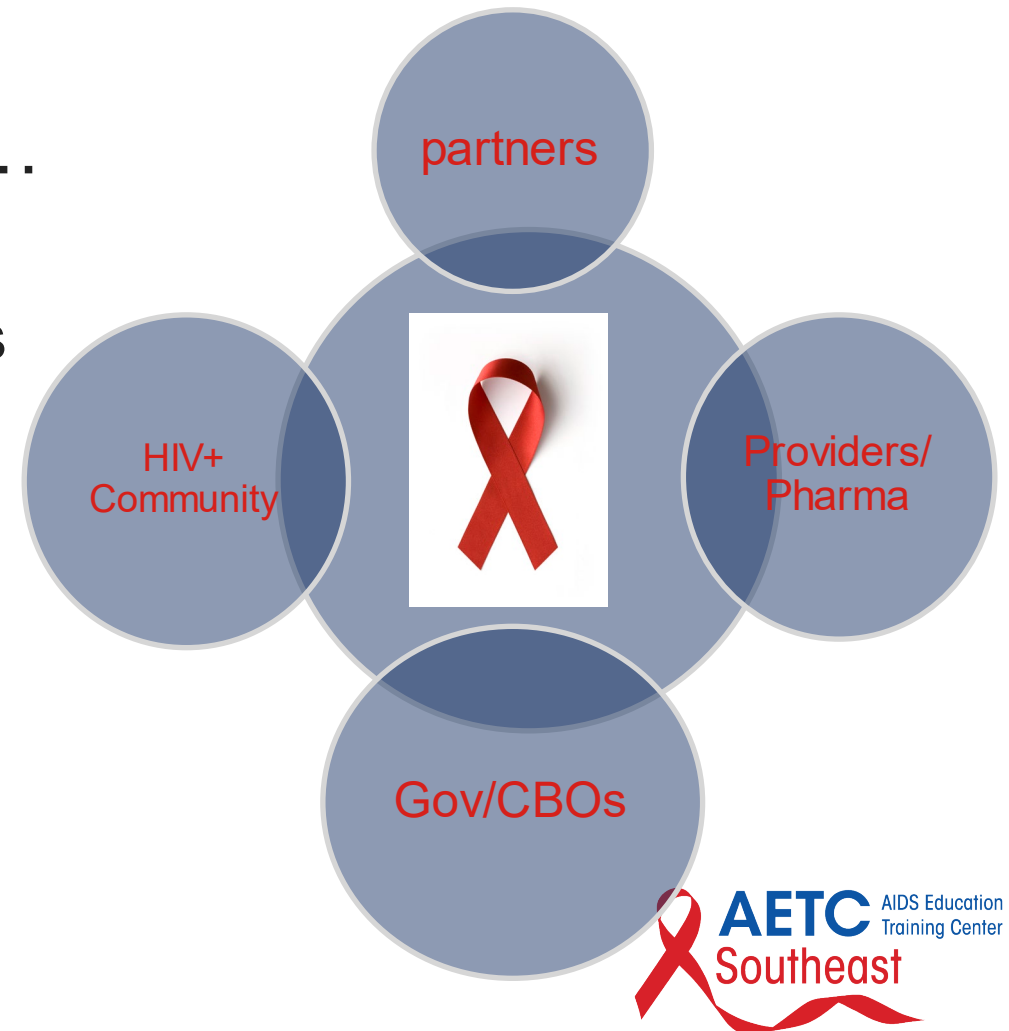


What's Your Story?

- *Take 1 minute to write your 3 line story...*

People with HIV

- Every Person with HIV has a story... and HIV is a new chapter.
 - New Relational Boundaries / guidelines
 - Member of a new community
 - New eyes on their lives: Direct Government Monitoring
 - New care practices: ongoing management /chronic illness



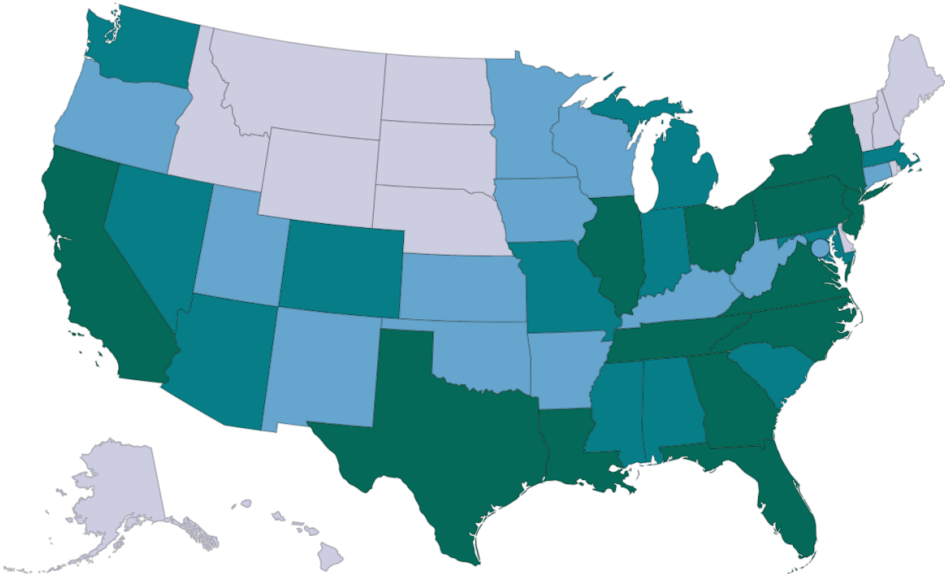
The Bigger Picture

New HIV Diagnoses and People with Diagnosed HIV in the US and Dependent Areas by Area of Residence, 2021*

Make a selection from the filters to change the visualization information.

Select data type:
New HIV Diagnoses

Select data format:
Number



Legend

New HIV Diagnoses and People with Diagnosed HIV in the US and Dependent Areas by Area of Residence, 2021*

○ 0	○ 7 - 105
● 124 - 390	● 406 - 781
● 792 - 4,399	

US Dependent Areas AS GU PR VI MP PW



How did we get here?

Multiple factors lead to the persistence of HIV in the US population

- Lack of knowledge around prevention
- Social Stigma around sex and sexual health
- Banning of Sexual Health Education/ "Abstinence Only Sex Ed"
- Inadequate Health Care Systems that are not universally accessible

Health Disparities

- Health disparities are preventable differences in the burden of disease, injury, violence, or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic, and other population groups, and communities (CDC).

Factors in Health Disparities

Identity

- Race
- Stigma
- Intersectionality
- Poverty
- Education

Violence

- Disparities
- Microaggressions
- Anti Blackness
- Medical Bias
- ACEs

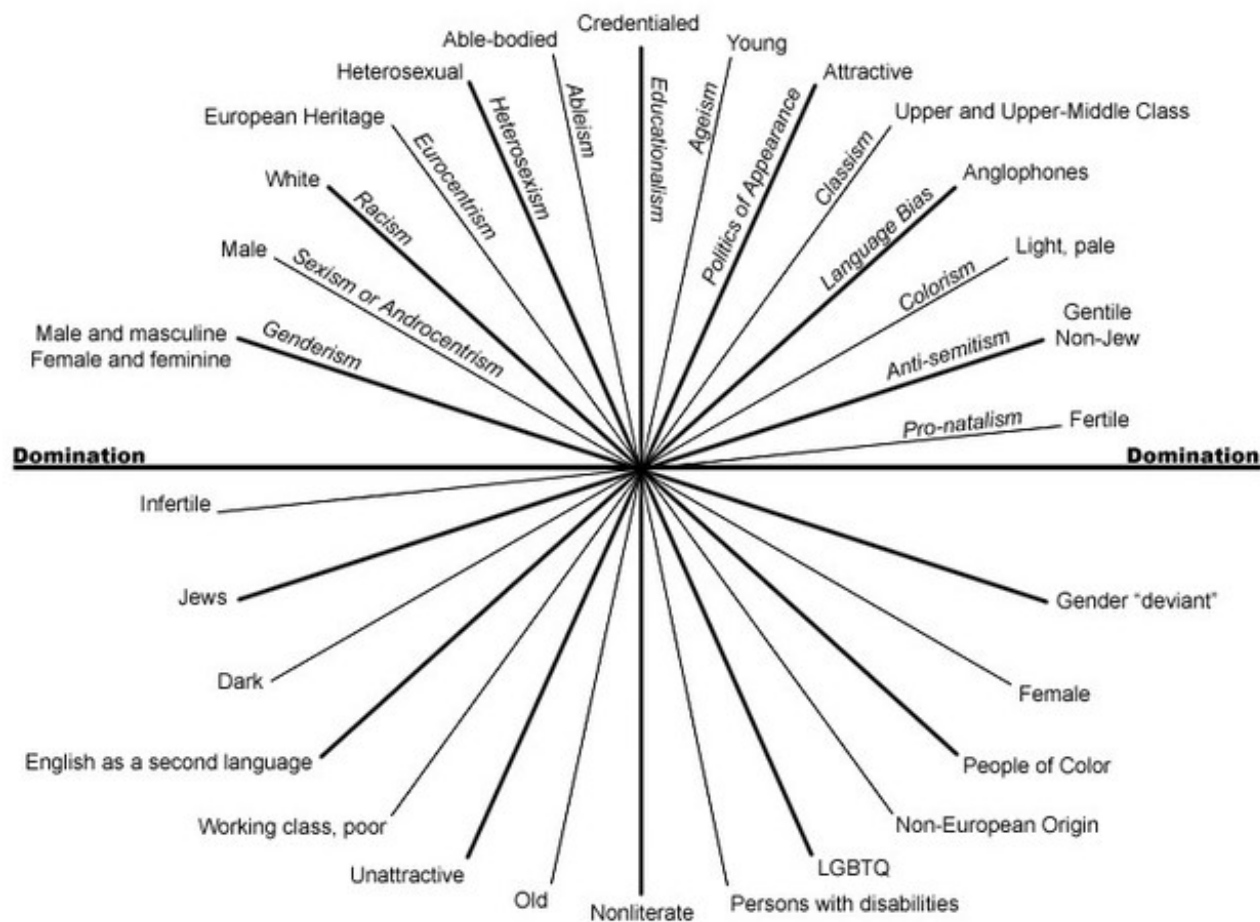
The Isms

- Racism
- Sexism
- Urbanism
- Capitalism

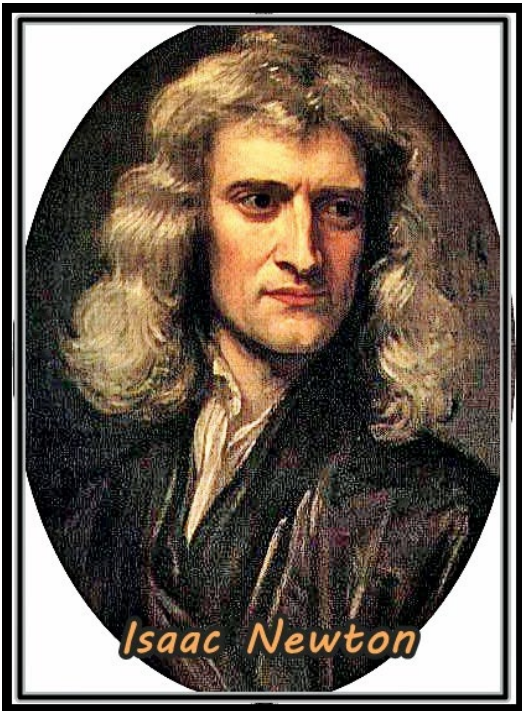
Intersectionality and Health Disparities



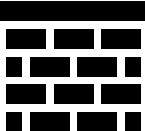

Intersecting Axes of Privilege, Domination, and Opression

Adapted from Kathryn Pauly Morgan, "Describing the Emperor's New Clothes: Three Myths of Educational (In)Equality," *The Gender Question in Education: Theory, Pedagogy & Politics*, Ann Diller et al., Boulder, CO: Westview, 1996.



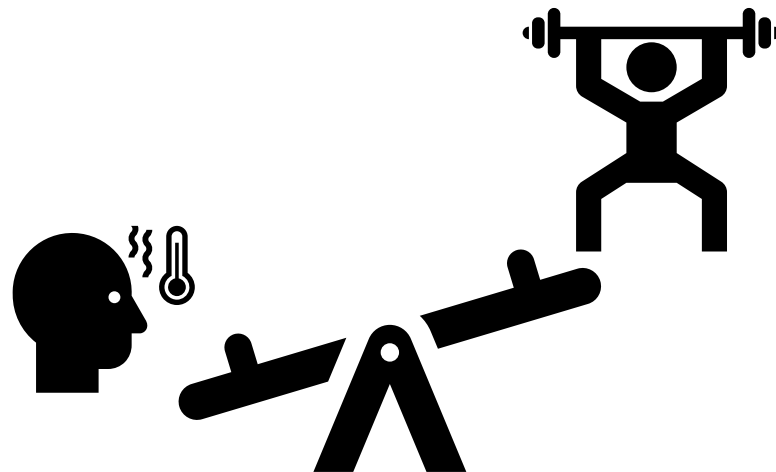
Newton's (modified) Laws of Motion...



- An object at rest remains at rest. 
- An object in motion remains in motion 
- UNLESS...unless acted on by an unbalanced force 
- Similarly...**A person at risk remains at risk** 

From Health Disparities to Social Determinants of Health

- These disparities when applied to the Health Care System form the social determinants of health (SDOH)
- **This concept focuses on the social, economic, and environmental factors that either contribute to an individual's risks of acquiring a disease or incurring poor health—or, conversely, protect an individual from those risks. (HIV.gov)**



Social Determinants of Health and HIV

- Why address Social Determinants of Health?
 - “Addressing Social Determinants of Health makes it possible to measure and identify health differences between populations or geographic areas and can provide insight for identifying populations or areas that may benefit from HIV testing, prevention, and treatment initiatives.” (HIV Surveillance Supplemental Report)

Social Determinants of Health and HIV

- Disparities :
- **Poverty** : Poverty places individuals from lower income households at increased risk for HIV due to economic disadvantages that may lead to increased risk behaviors (CDC)
- **This looks like:**
 - **highest HIV diagnosis rates (%s)**
 - **Lowest % of adults linked to care**
 - **Lowest % of adults with Suppressed 6 month viral loads**

Social Determinants of Health and HIV

- Disparities :
- **Education Levels** : Education plays an important role in preventing HIV; increased education reduces the social and economic circumstances that may put someone at increased risk for HIV (CDC)
- **This looks like:**
 - **highest HIV diagnosis rates (%s)**
 - **Lowest % of adults linked to care**
 - **Lowest % of adults with Suppressed 6 month viral loads**

Social Determinants of Health and HIV

- Disparities :
- **Health Insurance Coverage:** Limited access to health insurance and care can increase the risk for HIV and affect health and well-being. (CDC)
- **This looks like:**
 - **highest HIV diagnosis rates (%s)**
 - **Lowest % of adults linked to care**
 - **Lowest % of adults with Suppressed 6 month viral loads**

Social Determinants of Health and HIV

- Disparities :
- **Income Inequality / SES or SEP**: Poor health and income inequality are connected. Income inequality and socioeconomic deprivation are 2 key socioeconomic determinants of HIV diagnosis and care outcomes.
- **This looks like:**
 - **highest HIV diagnosis rates (%s)**
 - **Lowest % of adults linked to care**
 - **Lowest % of adults with Suppressed 6-month viral loads**

Social Determinants of Health and HIV

- Disparities
- **Race & Gender:** There is a disproportionate burden of HIV infection within the lives of women and girls of color as compared to White women.
- This looks like:
 - “Even though new HIV infections among Black women fell by 21% between 2008 and 2011, the diagnosis of HIV infection for Black females was almost 20 times as high as the rate for White females, while it was approximately 4 times as high as the rate for Hispanic/Latino females.”(Edwards & Collins)

Social Determinants of Health and HIV

- Policy
 - **Tennessee : Threats to refuse federal funding that supports HIV testing which was largely done by community-based organizations (CBOs)**
 - **Local jails and state prisons : test for HIV upon entry but refuse condom distribution in jail/prisons**
 - **Southern States (multiple) teach “abstinence only” sex ed or force parents to “opt in” to sex ed for students**
 - **Requires HIV testers and counselors to learn proper protocols, however medical providers MDs/Hospitals are often not trained in counseling, only testing.**
 - **Pharmacies make blanket policies to distribute or not distribute prescribed HIV meds, more Pharmacies are allowing pharmacists personal bias to drive care (ex: Plan B/ Mifepristone).**



Solutions: Remedying Health Disparities

- The Health Equity Framework

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires ongoing societal efforts to:

- Address historical and contemporary injustices;
- Overcome economic, social, and other obstacles to health and health care; and
- Eliminate preventable health disparities. [1,2]

To achieve health equity, we must change the systems and policies that have resulted in the generational injustices that give rise to racial and ethnic health disparities.

(CDC)

The Health Equity Approach to Remedy Health Disparities

- Prioritize Health Equity on a Federal Level
- Investing in Prevention and Public Health
- High quality affordable health care coverage available to everyone
- Structural Interventions : economic interventions, training medical staff
- Addressing Bias in provision and delivery of care/ Prioritizing Cultural Competence
- Addressing Community /Environmental Stressors (using ecological models)
- Implementing Evidence Based Policies (continuous research/data collection)

Solutions: Remedying Health Disparities

- The Reproductive Justice Framework
 - Grounded in the international and universal concept of **Human Rights**, Reproductive Justice sets itself outside of the intellectual, moral and practical applications of Western ideals, and instead focuses on the reality that humans need each other, and therefore have basic rights.
 - Building on **Black Feminist Thought, Standpoint Theory** (Patricia Hill Collins), & **Critical Race Theory** (Kimberlé Crenshaw), Reproductive Justice situates itself firmly on the shoulders of Black /African American Women Scholars and Scholarship.

The RJ Approach to Remedy Health Disparities

- Addresses **environmental** issues of safety and security
- Addresses **economic** issues of housing security, living wages, and childcare
- Addresses **physical** and **mental** health issues of trauma, bodily autonomy, access to care
- Addresses **intellectual** issues of sexual health education/access to information and decision-making power about one's body
- Addresses **social/emotional** issues of abuse, unhealthy/unsafe relationships, state sanctioned violence, incarceration, unjust laws
- Addresses **spiritual** issues of faith practices, liberation theology

References & Resources

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Thank You!

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