

HIV PREVENTION AT THE STRUCTURAL LEVEL

The Role of Social Determinants of Health & HIV

This series was developed for HIV service providers and community planners to increase the effectiveness of HIV prevention planning, program development, and policy change efforts, in line with the National HIV/AIDS Strategy for the United States.

Background

Social determinants of health is a concept that is often misunderstood. This publication will define and describe this concept and how social determinants impact HIV risk and HIV/AIDS inequities. Future publications will highlight promising practices for addressing social determinants of health in HIV prevention.

Over the span of the AIDS epidemic, HIV prevention has centered on individual-, group-, and community-level interventions seeking to influence knowledge, attitudes, beliefs, individual behaviors, and social norms. Many of the popular behavioral Evidence-Based Interventions (EBIs)¹ supported

Social determinants of health are the conditions and circumstances into which people are born, grow, live, work, socialize, and form relationships and the systems that are in place to deal with health and wellness.²

by the Centers for Disease Control and Prevention (CDC) are examples of this approach. While these interventions have dominated prevention activities in the past, communities have long understood the importance of addressing the networks, conditions, systems, and stigmas that fuel the HIV epidemic. The National HIV/AIDS Strategy for the United States (NHAS) acknowledges this understanding and calls for a balanced portfolio of

prevention efforts that moves beyond the behaviorally-focused health education and risk reduction models to improve the context of people's lives.³

What are Social Determinants of Health?

Social determinants of health are complex and overlapping community, social, economic, and environmental factors that influence an individual's and a collective community's risk for health inequities. They are the conditions and circumstances into which people are born, grow, live, work, socialize, and form relationships and the systems that are in place to deal with health and wellness.² This term also refers to structural characteristics of our health care and social welfare systems; our technical, disease-specific public health responses; and the ways in which funding streams support members of a community.

Health inequities are the unjust and avoidable differences in health status and health outcomes among groups of people. These inequities arise from inequalities within and among societies. Social determinants of health are the drivers of health inequities.²

Figure 1: Layers of Determinants of Health

Adapted from Dahlgren G, Whitehead M.⁴

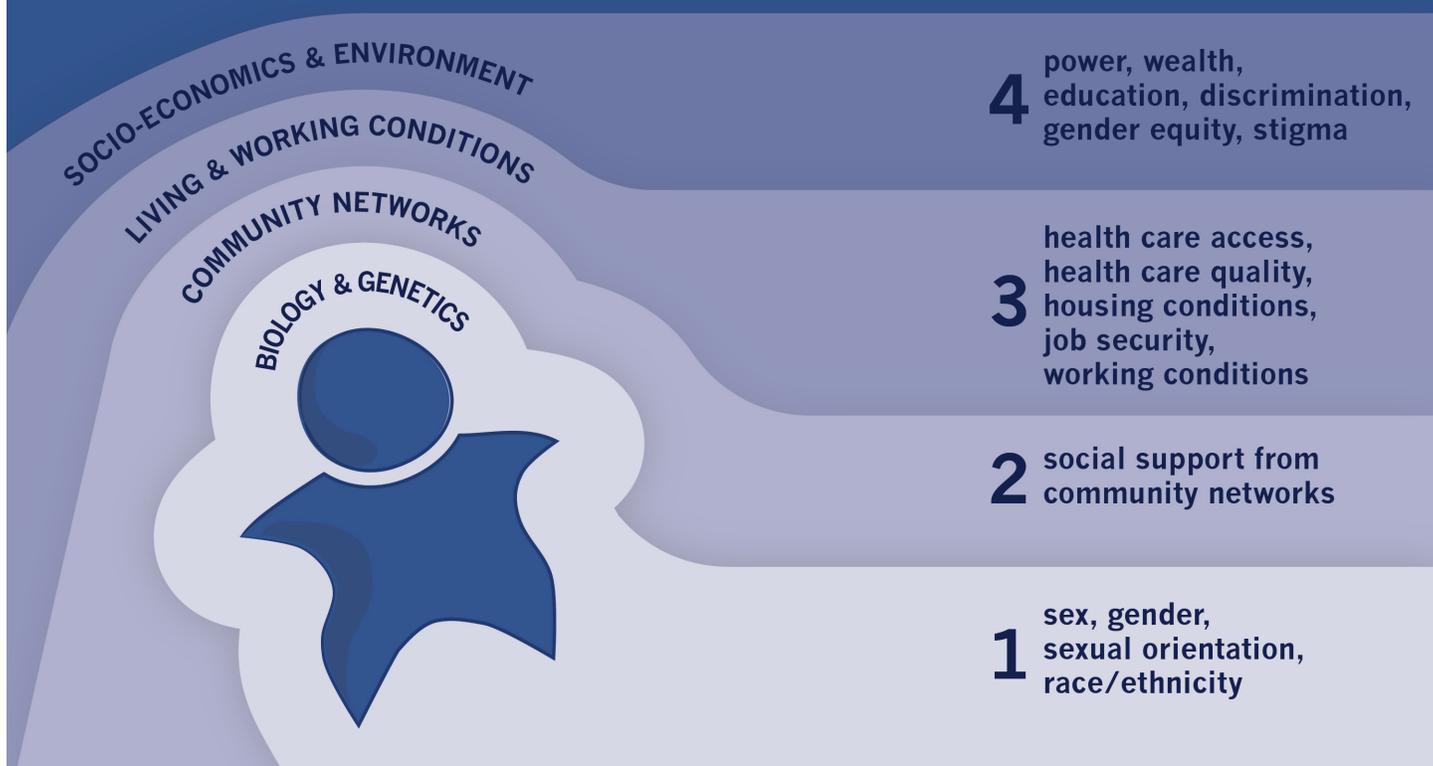


Figure 1 illustrates four layers of determinants of health, which function independently and collectively to impact health outcomes for individuals. Biology and genetics play a role in determining health, but as seen in layer one, these are individual factors, like sex, race, and ethnicity, over which one has little control. The three outer layers, two through four, represent social determinants of health. Layer two, community networks, includes relationships with family, friends, partners, neighbors, and other members of an individual's social and sexual networks. Then there are the daily material conditions, layer three, in which people live and work. These include physical housing conditions; job security; working environment; health care access; health care quality;

and other major systems, such as public transportation. The outermost layer, layer four, includes the major socio-economic and larger environmental conditions. This layer includes the unequal distribution of wealth and power, as well as policies that create and institutionalize discrimination—whether intentionally or not—including classism, racism, sexism, homophobia, and transphobia.

Social determinants of health are not controlled by an individual. They intersect to influence and affect health inequities. For example, when trying to access health care, participants in the National Transgender Discrimination Survey reported a range of discrimination, from disrespect and harassment to violence and outright

denial of service.⁵ Many providers were ignorant about the health needs of transgender and gender non-conforming people, health insurance frequently did not cover transgender-related care, and study participants reported postponing medical care due to discrimination or inability to afford health care services. These examples of discrimination, poor quality health care, and lack of access to health services are all social determinants that contribute to an increased risk of poor health outcomes among the transgender community.

Social Determinants and HIV

Various studies provide evidence linking social determinants of health and HIV risk.⁶⁻¹³ Social determinants of

health can act as a series of interrelated layers that combine to create a context of vulnerability and HIV risk. Recognizing the interrelated components of HIV risk is crucial to determining the most effective HIV prevention response. For example, research has shown that while HIV rates are higher for Black men who have sex with men (MSM) than for MSM of other races, the disproportionate rates are not attributable to a higher frequency of sexual risk behaviors.¹⁴ To appropriately address risk for MSM of different races, it is first necessary to fully understand the context of disease transmission among these populations, in other words, the social determinants of health that are involved, such as access to healthcare.

Until recently, most prevention funding addressed HIV in an isolated manner, as a disease independent of social determinants of health. Hence, a large number of programs have been developed to focus on individual risk behaviors. Understanding social determinants and the role they play in HIV/AIDS inequities gives communities a new perspective on fighting the HIV epidemic. The NHAS provides communities with an opportunity and framework for applying resources towards undoing inequities and addressing social determinants of HIV risk at the local, state, and national levels.

Addressing Social Determinants of HIV Risk

Structural change and structural interventions can impact social determinants of health and HIV risk. They have the potential to be

utilized by HIV service providers and community planners to maximize the successful implementation of the NHAS. Future publications in this series will elaborate on these ideas by defining structural change and

structural interventions, explaining the link between social determinants of health and structural change, and highlighting the importance of community mobilization in HIV prevention at the structural level.

Examples of Layers of Social Determinants and HIV

Community Networks: Family Acceptance Project

In 2009, the Family Acceptance Project, a community research, intervention, education, and policy initiative, established a clear link between specific parental and caregiver rejecting behaviors and negative health outcomes in lesbian, gay, and bisexual (LGB) youth. LGB youth who reported higher levels of family rejection during adolescence were 3.4 times more likely to report having engaged in unprotected sexual intercourse, compared with peers from families with no or low levels of family rejection.¹⁵ This finding highlights the impact of parental/caregiver rejection on the health and wellness of LGB youth.

Living & Working Conditions: HIV & Housing

When comparing the health of homeless people living with HIV versus that of stably housed people living with HIV, research has demonstrated that housing status is more significant than individual characteristics as a predictor of health care access and outcomes.¹⁶ HIV-positive people faced with challenges of meeting basic housing needs are also challenged in maintaining regular care, due to their housing status. Maintaining regular care and adherence to medication are necessary to keep viral loads undetectable, and undetectable viral loads are important to decreasing the spread of HIV between individuals and within communities.³

Socio-Economics & Environment: HIV & Poverty

Of all demographic factors, poverty has been shown to have the greatest negative impact on health outcomes,¹⁷ including HIV. Results from a recent study released by CDC showed that poverty was the single most important demographic factor associated with HIV positivity among heterosexual men and women in poor urban communities.¹⁸ Authors noted that other factors associated with poverty are also likely to contribute to high HIV prevalence in poor urban settings, including substance abuse, which can increase sexual risk behavior, and a high rate of incarceration, which often disrupts the stability of relationships.

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For inquiries about this primer, additional resources, or associated trainings, please contact Kiesha McCurtis at kmccurtis@mednet.ucla.edu or Julia Dudek at sypp@chla.usc.edu. Additional resources may be found at <http://chipts.ucla.edu> or <http://www.chla.org/sypp>.

Recommended citation: Center for HIV Identification, Prevention and Treatment Services and Center for Strengthening Youth Prevention Paradigms. *HIV prevention at the structural level: the role of social determinants of health and HIV*. Los Angeles, CA; 2012.

This project is supported by Cooperative Agreement Number 5U65PS001708-03 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.