Addressing Social Determinants of HIV/AIDS, Viral Hepatitis, STD, and TB

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Overview

- Brief update on the HIV/AIDS epidemic
- Social determinants of health background
- CDC’s strategic approach to promoting health equity in HIV, viral hepatitis, STDs and TB
- How do social determinants of health factor into the National HIV/AIDS Strategy?
Persons with HIV and Awareness of HIV Status, United States

Number HIV infected 1,106,400

Number unaware of their HIV infection 232,700 (21%)

Estimated new infections annually 56,300

Campsmith M et al, MMWR October 2008
Estimated Percentage of New HIV Infections, by Transmission Category, 2006*

- Men who have sex with men, 53%
- Men who have sex with men and inject drugs, 4%
- IDU, 12%
- Heterosexual contact, 31%

N=56,300

Hall et al., JAMA, 2008. *50 States and District of Columbia
Estimated percentage of new HIV Infections, by Race/Ethnicity, 2006*

- Black: 45%
- Hispanic: 17%
- White: 35%
- American Indian/Alaska Native, 1%
- Asian/Pacific Islander, 2%

N=56,300

Source: JAMA. 2008;300:520–529. *50 States and District of Columbia
AIDS Rates, Reported in 2007—United States and Dependent Areas

Rate (per 100,000 population)

- <5.0
- 5.0 – 15.0
- >15.0

States:
- American Samoa: 0.0
- Guam: 0.0
- Northern Mariana Islands: 0.0
- Puerto Rico: 21.5
- U.S. Virgin Islands: 31.4
Age and gender-specific disparities in HIV prevalence, NHANES 1999-2002

McQuillan et al, NCHS: JAIDS April 2006
Social Determinants of Health
Population health outcomes are significantly influenced by complex, integrated and overlapping social structures and economic systems referred to as social determinants of health.

One’s position in a social hierarchy can influence health outcomes:

- Hurricanes Katrina and Rita
- Sir Michael Marmot – The Whitehall Study
Background

- Health disparities in HIV/AIDS, viral hepatitis, sexually transmitted diseases (STDs), and tuberculosis (TB) are inextricably linked to a complex blend of social and economic determinants.

- To reduce health disparities, social determinants of health must be addressed:
  - Identification of common social determinants of health across subpopulations disproportionately affected by HIV/AIDS, viral hepatitis, STDs, TB, so that integrated interventions can be developed to address or mediate them.
Terminology

- **Structural factors**, defined as physical, social, cultural, organizational, community, economic, legal, or policy aspects of the environment that impede or facilitate efforts to avoid HIV infection.

- **Social determinants** are the economic and social conditions that influence the health of people and communities as a whole. SDH include:
  - conditions for early childhood development
  - education, employment, income & job security
  - food security
  - health services and access to services
  - Housing, social exclusion, stigma

(CSDH, 2008; Braveman & Gruskin, 2003; Raphael, 2004)
These social or structural factors help shape a **context of vulnerability** that either contributes to increased individual **risk of exposure** to HIV and other STDs or compromises the ability to **protect oneself** from infection.
WHO Commission on Social Determinants of Health Conceptual Framework

Socioeconomic & political context
- Governance
- Policy (Macroeconomic, Social, Health)
- Cultural and societal norms and values

Social Position
- Education
- Occupation
- Income
- Gender
- Ethnicity/Race

Material circumstances
- Social cohesion
- Psychosocial factors
- Behaviours
- Biological factors

Health Care System

Distribution of health and well-being

Social Determinants of Health and Health Inequities
Examples of Factors in the WHO Model: Society-level influences and HIV

- **Policies** such as providing access to health care, encouraging HIV testing, syringe services programs

- Cultural and **societal norms**, such as stigma, discrimination, women’s status in society, homophobia, resilience of gay community
Social Position Influences:
County-level Socioeconomic Status and Survival After HIV Diagnosis, United States

Purpose:
- To estimate relative survival (RS) after HIV diagnosis, by race/ethnicity and county-level socioeconomic status, using U.S. Census data.

Results:
- Among both sexes, blacks and AI/AN (males) generally had worse 5-year survival than whites, and Hispanics fared as well as or better than whites.
- Socioeconomic differences were consistent among males and females.
- RS was worse for patients living in counties where residents were poorer, experienced more unemployment, had lower median household incomes, and were less educated than their counterparts.

Social Determinants of Health and Health Inequities

Individual Level Influences

Socioeconomic & political context

Governance

Policy (Macroeconomic, Social, Health)

Cultural and societal norms and values

Social Position

Education

Occupation

Income

Gender

Ethnicity/Race

Material circumstances

Social cohesion

Psychosocial factors

Behaviours

Biological factors

Health Care System

Distribution of health and well-being

Social Determinants of Health and Health Inequities
Important Sexual Psychosocial Factors Related to Teen Sexual Behavior

- Knowledge about STD/HIV transmission and method of protection
- Personal values about adolescents having sex
- Attitudes about condoms and contraception
- Perception of peer norms or family values about sex and condoms or contraception
- Self-efficacy to refuse unwanted sex or to insist on condom or contraceptive use
- Skills in communication, decision-making, negotiation, and refusal

Health Care System Influences

Socioeconomic & political context
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- Biological factors

Distribution of health and well-being

Social Determinants of Health and Health Inequities
### Health System Influences/ Barriers:
#### Health Insurance Status, by Race/Ethnicity: Total Nonelderly Population, United States 2007

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Private (Employer and Individual)</th>
<th>Medicaid and Other Public</th>
<th>Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>12%</td>
<td>12%</td>
<td>76%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>24%</td>
<td>27%</td>
<td>42%</td>
</tr>
<tr>
<td>African American</td>
<td>21%</td>
<td>12%</td>
<td>52%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>18%</td>
<td>12%</td>
<td>70%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>30%</td>
<td>28%</td>
<td>42%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>13%</td>
<td>25%</td>
<td>62%</td>
</tr>
</tbody>
</table>

**Nonelderly Population 2007**
- White: 166.7 million
- Hispanic: 43.4 million
- African American: 33.2 million
- Asian/Pacific Islander: 12.3 million
- American Indian/Alaska Native: 1.7 million
- Two or More Races: 4.1 million

**NOTE:** "Other Public" includes Medicare and military-related coverage. All racial groups non-Hispanic.

Social and structural interventions that focus on education, employment and job security, health services, housing, income and social exclusion are needed to comprehensively address root causes of HIV vulnerability.
CDC’s strategic approach to promoting health equity in HIV, viral hepatitis, STDs and TB
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Strategic Map: 2010-2015

A future free of HIV, viral hepatitis, STDs and TB

NCHHSTP’s mission is to eliminate, prevent, and control disease, disability, and early death caused by HIV/AIDS, non-HIV retroviruses, viral hepatitis, other STDs, and TB, nationally and internationally.

Prevention Through Healthcare

- Leverage prevention priorities with HHS Op Divs
- Advance strategic priorities
- Monitor performance and quality of prevention services
- Promote innovative, systems, and health-based approaches

Program Collaboration and Service Integration

- Expand programmatic flexibility for PCSI
- Align surveillance, policies, standards, and procedures for PCSI
- Promote integrated training
- Develop policies and activities to enhance PCSI
- Conduct research and evaluation on PCSI

Health Equity

- Advance science in identifying and eliminating disparities
- Mobilize partners to promote health equity and social determinants of health
- Identify and address key social determinants of health for programs

Global Health Protection and Systems Strengthening

- Maximize contributions to PEPFAR II goals
- Optimize efforts to reduce the impact of focus diseases globally
- Apply CDC strengths to health strengthening
- Train health professionals in epidemiology, lab science, and public health administration
- Conduct operational research and evaluation

Partnerships

- Increase partnership capacity through outreach and communication
- Increase understanding of our goals among partners
- Promote use of multi-level, real-time communication technologies
- Coordinate partnership activities

Workforce Development and Capacity Building

- Attract, and retain a diverse workforce
- Develop staff for effective delivery of programs
- Continuously recognize performance, contributions, and achievements of staff

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
Strategic Approach to Health Equity

- Office of Health Equity established 1993, recent focus on incorporating a social determinants of health approach

- Social Determinants of Health Green Paper (2008)

- CDC External Consultation on the Social Determinants of HIV, Viral Hepatitis, STD, and TB Prevention (Dec 2008)
  - Meeting Report Published (www.cdc.gov/nchhstp)

- Promoting Health Equity- major strategic goal for NCHHSTP and Divisions

- White Paper on Social Determinants of Health forthcoming
Strategic Approach to Health Equity

- SDH white paper release October 2010
  - Purpose to outline strategic vision for reducing health disparities and promoting health equity related to NCHHSTP conditions of interest

- Priority actions for
  - Surveillance and research
  - Health communication and marketing
  - Health policy
  - Capacity building
  - Prevention programs
  - Partnership activities

- Activities in 6 areas for partners to consider
Strategic Approach to Health Equity

- Language on health equity and SDH in all NCHHSTP funding opportunity announcements
- Launched SDH website, host for CDC
- Developed materials to raise awareness and train colleagues
  - SDH guidance for surveillance systems
  - NCHHSTP New Employee training
  - Glossary of Terms, Frequently Asked Questions
- Research on statistical modeling methods to identify SDH that affect disease morbidity
- Publications on SDH
  - *Public Health Reports* Supplements on SDH and HIV, viral hepatitis, STD and TB prevention (2010) and SDH and data systems (2011)
CDC efforts to incorporate social determinants of health approach to HIV prevention

- Five major domains of action to address the social and structural barriers to HIV prevention:
  1. Community Mobilization
  2. Integration of HIV Services
  3. Policy Interventions
  4. Contingency funding
  5. Economic and Educational Interventions
Promoting social and structural approaches: Community Mobilization

- ACT AGAINST AIDS Initiative
  - Launched April 7, 2009
- 5-year national communication and mobilization campaign
  - English and Spanish
- Goal is to reduce HIV incidence
  - Refocusing attention on domestic HIV and AIDS and combating complacency
  - Promoting awareness, targeted behavior change, and HIV testing
  - Strengthening and establishing networks, community leadership and engagement, and other partnerships to extend the reach and credibility of HIV prevention messages
Promoting social and structural approaches: Program Collaboration and Service Integration (PCSI)

- PCSI is a structural intervention aimed at improving synergies between prevention programs and providing more holistic services to clients.

- Priority areas for development include integrated programming, surveillance and training. New funding has been awarded to support local implementation in FY10.

Available at: http://www.cdc.gov/nchhstp/programintegration/default.htm
Promoting social and structural approaches: Contingency funding

- CDC increasingly using **incentive or contingent funding policies**, which make receipt of federal or state funds contingent on implementing laws or policies seen to promote public health.

- Examples include:
  - HIV Early diagnosis Grant Program
  - CDC National HIV Testing Initiative
  - CDC Program Collaboration and Service Integration (PCSI) Initiative
Promoting social and structural approaches:
Economic and Educational Interventions

- CDC has a number of ongoing research studies to examine the impact of economic, housing and educational interventions on HIV risk and vulnerability.

- Examples include:
  - Housing and Health Study (with HUD)
  - Microfinance and African American Women
  - Developing STD Prevention Curricula with HBCUs
How do Social Determinants of Health Factor into the NHAS?
The National HIV/AIDS Strategy

**Purpose:**
Refocus attention on domestic epidemic

**Goals:**
1. Reduce HIV incidence
2. Increase access to care for people living with HIV and optimize health outcomes
3. Reduce HIV-related disparities
The National HIV/AIDS Strategy and SDH

- Reduce HIV incidence
  - Individual and society level approaches

- Increase access to care for people living with HIV
  - Health care system level approaches

- Reduce HIV-related disparities
  - Individual and society level approaches
CDC’s Tiered Approach

- Intensive individual level interventions for most at risk (WHO framework individual level)

- Community level and structural approaches in hardest hit geographic areas and populations (WHO framework society level)
  - Widespread condom availability
  - Syringe access
  - Targeted HIV testing programs
  - Community viral load
  - Social marketing for behavior change and to foster supportive community norms
CDC’s Tiered Approach

- Basic fundamental knowledge for all Americans (WHO framework both individual and society levels)
  - Accurate information about HIV and STI transmission
  - Routine HIV testing
  - Campaigns to increase knowledge and awareness and encourage testing
Summary

- The evolution of the domestic HIV epidemic, and its increasing concentration, require prevention efforts to address the **underlying drivers** of HIV risk and vulnerability.

- One approach involves addressing social determinants through structural interventions that seek to change **social, economic, political, or environmental factors** determining HIV risk and vulnerability.

- Addressing social determinants of health is an important part of CDC’s plan to implement the National HIV/AIDS Strategy and should be **part of a balanced approach**.
Thank you

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www.cdc.gov
www.cdc.gov/socialdeterminants