



Addressing Social Determinants of Health and Persons with HIV

Social Determinants of Health (SDH), according to the World Health Organization (WHO), are non-medical factors that influence health outcomes. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems. Addressing SDH requires client, system, and policy interventions.



Social Determinants of Health (SDH) are directly linked to the conditions in which individuals are born, grow, live, learn, work, and age. In 2009, the Centers for Disease Control and Prevention (CDC) described SDH as socioeconomic status; transportation and access to services; housing; discrimination by social grouping; and social or environmental stressors. These findings were later affirmed from the McKinsey 2019 consumer health insights survey which noted that housing, transportation, food security, and personal safety were the four most reported needs among Medicare/Medicaid recipients. For persons with HIV, SDH can negatively impact health outcomes unless interventions are developed to address these challenges. This document aims to explain the impact of SDH, recommend strategies or interventions, and discuss tools to address these barriers.

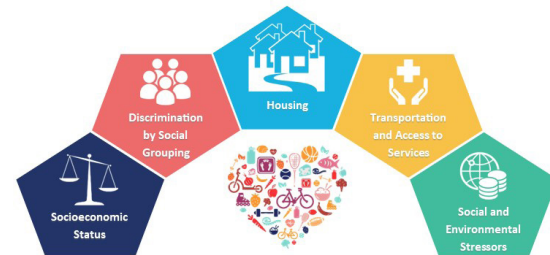
Socioeconomic Status

Socioeconomic status (SES) is a term widely used to describe class standing of an individual or group in a hierarchical social structure. It is measured by several factors that include income, occupation, education, environment, and lived experience. SES is generally categorized as low, middle, or high. According to the American Psychological Association, socioeconomic status is a key factor in determining the quality of life for an individual after they are diagnosed with HIV. By increasing economic opportunities and class standing through employment and education, individuals with HIV will be able to afford comprehensive health benefits, convenient transportation options, and other necessities such as nutritious foods and safe/secure housing.

Socioeconomic Status Interventions:

- Partner with local employment and training programs that offer clients more immediate access to employment via certification programs.
- Refer clients who are willing and able to work to vocational rehabilitation programs for educational and career assessments as well as educational assistance.
- Consider employing consumers/clients within your own organization.
- For clients receiving social security benefits who may be anxious about relinquishing their benefits, consider hosting patient education sessions that inform them how to safely transition to self-sufficiency.
- Additional resources for clients to mitigate SDH can be obtained from Ryan White HIV/AIDS programs in the region.

Social Determinants of Health



Transportation/Access to Services

In a study in which data was analyzed from the National Health Interview survey, administered between 1997 and 2017, 5.8 million persons in the US were found to delay medical care in 2017 due to transportation and that lack of transportation disproportionately affected individuals with very low income and chronic conditions (Wolfe, 2017). Lack of consistent source of transportation also affects access to healthcare, and ability to access goods and services needed to maintain a healthy lifestyle.

Transportation/Access Interventions:

- Providers in urban areas should consider using rideshare services to provide non-emergency medical transportation for clients, which may provide a better customer experience than multi-load transportation providers that pick-up clients hours before scheduled appointments.
- Examine the feasibility of providing home-based services to clients in rural areas.
- Establish a corps of volunteer drivers to transport clients in rural areas.
- Examine the possibility of partnering with internet service providers to ensure clients have access to internet service or hot spots to participate in telehealth for routine visits. Work with states to apply for funding for rural internet service.
- Partner with the state or federal government and other organizations to obtain surplus computer equipment to facilitate remote visits.

Housing

In a fiscal year 2019 report from the US Department of Housing and Urban Development, a survey of all homeless assistance programs based in the United States and its territories was completed. In the survey, 2% of the 567,215 people identified as unstably housed were persons with HIV. The report included individuals in emergency shelters, transitional housing, and those who were unsheltered. Unstable housing contributes to substandard living conditions which have adverse effects on many of the most serious chronic health conditions such as HIV.

Housing Interventions:

- Verify clients' home address at each visit.
- Enroll clients on waiting lists for all federally subsidized housing.
- Maintain frequently updated listings of privately-owned affordable housing options.
- Apply for HOPWA programs for housing assistance for persons with HIV.
- Refer clients having difficulty paying rent to emergency assistance programs.
- Inquire about clients' housing to address unsafe conditions that might contribute to risk of disease or injury.

MIDATLANTIC AIDS EDUCATION AND TRAINING CENTER

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www.maaetc.org Last Modified: May 2021. Please refer to most recent guidelines.

HRSA, HIV/AIDS Bureau, Office of Program Support, Grant No. U10HA29295

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Food Insecurity

Access to healthy, affordable foods contributes to positive health outcomes. Individuals with poor nutritional food choices are at higher risk for high blood pressure, diabetes, and cancer. Barriers to accessing healthy foods include lack of transportation and living in "food deserts" which are areas that do not offer fresh, healthy, affordable foods.

Food Insecurity Interventions:

- Ask the client about access to food and money to buy more.
- Provide list of community resources for food banks, etc.
- Help clients apply for Supplemental Nutrition Assistance Program(SNAP).
- Help clients with children apply for National School Lunch Program (NSLP).
- Connect clients with CBOs that provide meals for persons with HIV.
- Connect clients with agencies that deliver meals to seniors with HIV.

Discrimination by Social Grouping

Social Grouping discrimination leads to events and conditions that limit opportunities and resources for individuals needing care and supportive services. Handel (2021) suggests viewing individuals as part of a specific social grouping creates a narrow perspective and limits a broader and more patient centered approach to care. Being able to connect with the client in an affirming and empathetic manner builds trust and improves outcomes.

Discrimination by Social Grouping Interventions:

- Ensure that staff are representative of the population you serve, inclusive of race, ethnicity, and gender identity.
- Adopt a mindset of "We". Assure that the client is an equal partner in care and treatment, a community member worthy of respect, equitable care, and compassion.
- Integrate cultural sensitivity in staff professional development plans.
- Provide a forum (suggestion box, surveys, focus groups) to engage clients, provide feedback about their experience, and recommend improvements and changes.

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