

Addressing Social Determinants and Reducing HIV-related Health Disparities Through a Community Mobilization Model

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Issue

Reducing HIV/AIDS disparities, primarily those based on social and structural factors, has long been a public health priority in the United States. One of the primary goals of the National HIV/AIDS Strategy for the United States (NHAS) is reducing HIV-related health disparities, particularly among underserved communities. Recent developments led by the World Health Organization (WHO) and the CDC National Center for HIV/AIDS, Viral Hepatitis, STDs, and TB Prevention (NCHHSTP) have advanced the discourse about social determinants and the 'causes of the causes' of health inequities, however underserved communities lack a framework to best address these inequities.

HIV/AIDS in the Context of Social Determinants

HIV is transmitted by specific practices among individuals and groups that occur within a social context (Auerbach, 2011). Historically, HIV prevention has focused on interventions addressing individual risk behaviors, knowledge, attitudes and beliefs. Systematic reviews of existing evidence demonstrate that while individual risk behaviors are certainly important, social environmental factors strongly influence individual practices. A social determinants of health approach articulates that the social, environmental, and economic conditions in which a person grows and lives are equally important to health outcomes as individual risk behaviors. Despite the evidence, few prevention programs address HIV in the context of social determinants of health. The determinants of HIV are multilayered, yet our existing prevention paradigms focus on individual level drivers.



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Adapted from Dahlgren G, Whitehead M.

power, wealth. education, discrimination, ender equity, stigma

health care access, health care quality, **S** housing conditions, job security, working conditions

social support from **C** community networks

sex, gender, sexual orientation Description

In July 2010, in line with the NHAS, the authors began implementing a community mobilization model and framework to facilitate communities in 1) articulating the underlying social determinants influencing HIV risk within their population and 2) in identifying action steps to address these specific determinants and creating sustainable structural change through community coalitions. This model, Connections for Youth, is adapted from Connect to Protect[®], a community research protocol of the Adolescent HIV/AIDS Trials Network.

Community coalition building is one approach to addressing the root causes of HIV transmission and HIV-related disparities. Successful community coalition building centers around four key steps: 1. Bringing together invested community stakeholders 2. Identifying the underlying root causes driving the epidemic in the community

3. Prioritizing solutions to address the underlying root causes 4. Championing the solutions

> Communitybased agencies, researchers, and other stakeholders

Affected community members

Government public health officials



Lessons Learned Community coalitions are well positioned to address social determinants through sustainable structural change. Decisions should be community-driven; however, outside technical assistance is critical. Coalitions also require translation of key concepts around social determinants and other emerging trends in HIV prevention, in order to establish a shared language about how to affect HIV/AIDS disparities in the community context.

The primary impetus for the formation of a community coalition can contribute to its effectiveness by influencing who participates and why. Power is exercised in the process of agenda setting – determining what concerns will be addressed and what are acceptable means of addressing them. Technical assistance should be made available to assist in addressing community readiness for adopting a structural change framework.

Coalition building around structural change frameworks takes time. Structural change objectives are inherently longterm and traditional public health evaluation methods do not accurately capture the effects of structural change on risk for HIV.

Long term impact evaluation methods of structural change objectives achieved by community coalitions require further development.

Recommendations Comprehensive prevention platforms that address social determinants and harness the power of community are critical to advancing efforts around HIV-related health equity.

In order to achieve the NHAS goals, a prevention approach that addresses new technologies within the context of structural and social environmental factors that influence HIV is necessary.



