

EVERY 9 ½ MINUTES

HIV: Social Determinants of Disease

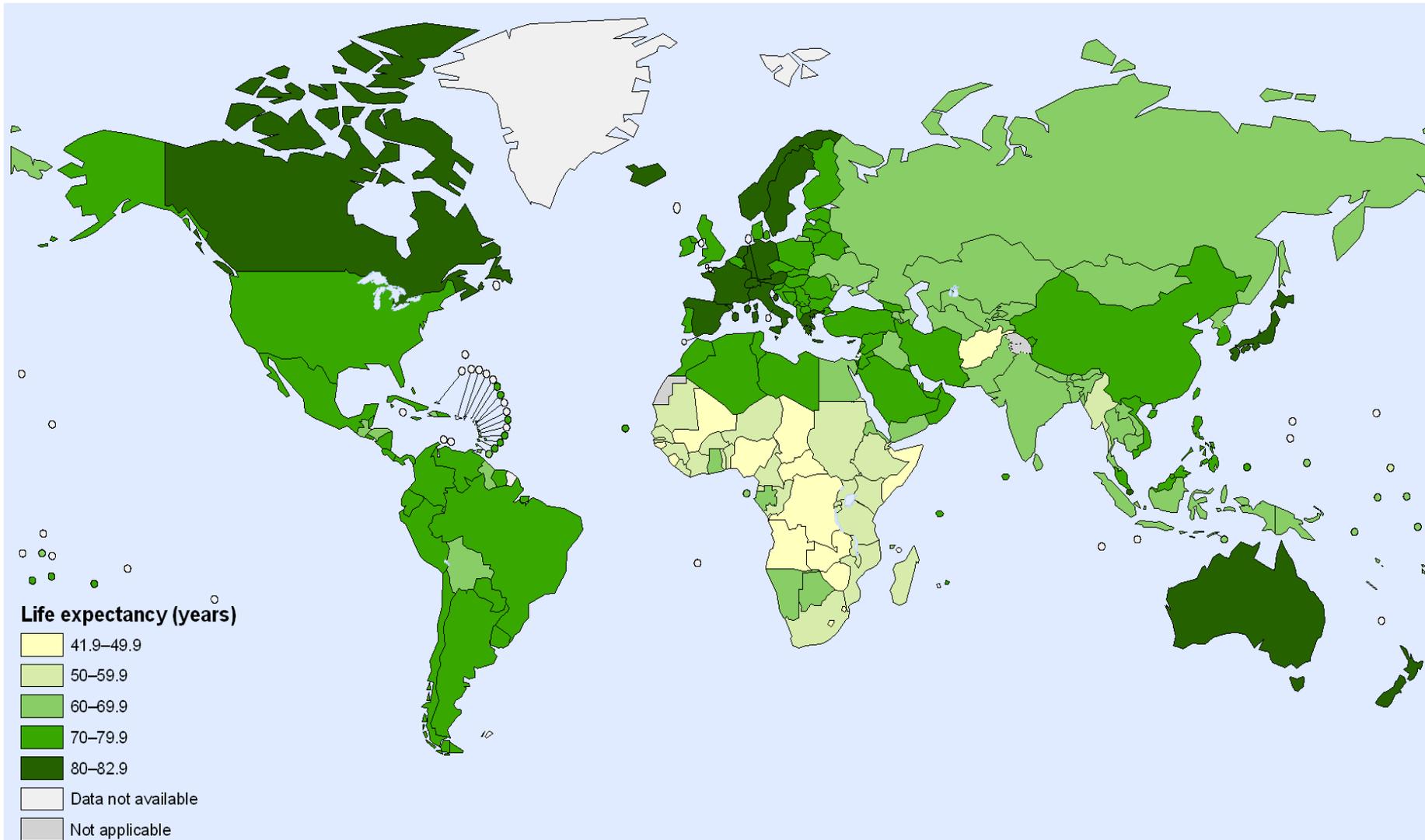
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Originally conceived and created with
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Assistant Dean for Medical Student Education
Principal Investigator, Arizona AIDS Education and Training Center
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AIDS, A Global Picture

Life expectancy at birth, 2008



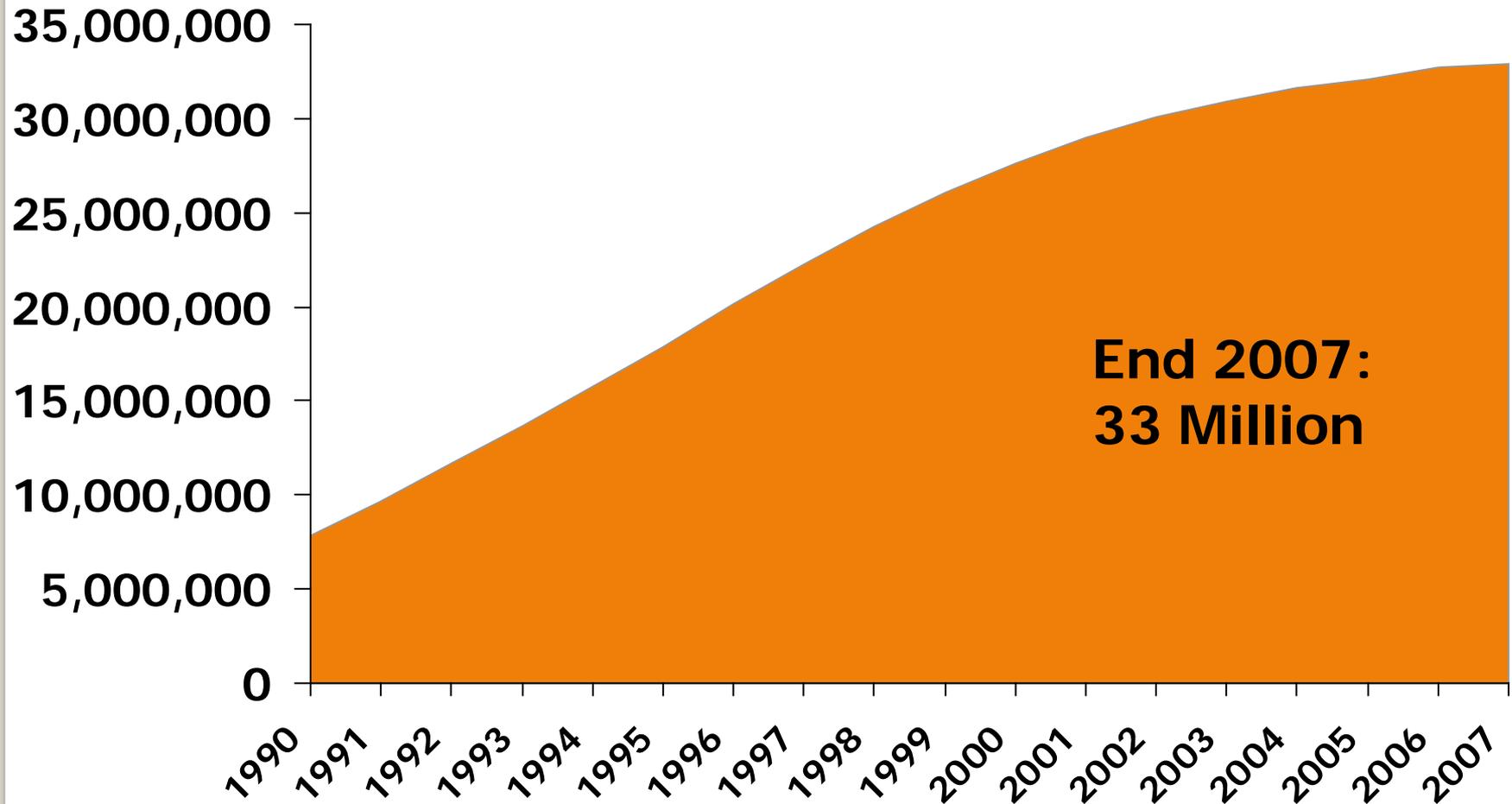
The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: Public Health Information
and Geographic Information Systems (GIS)
World Health Organization



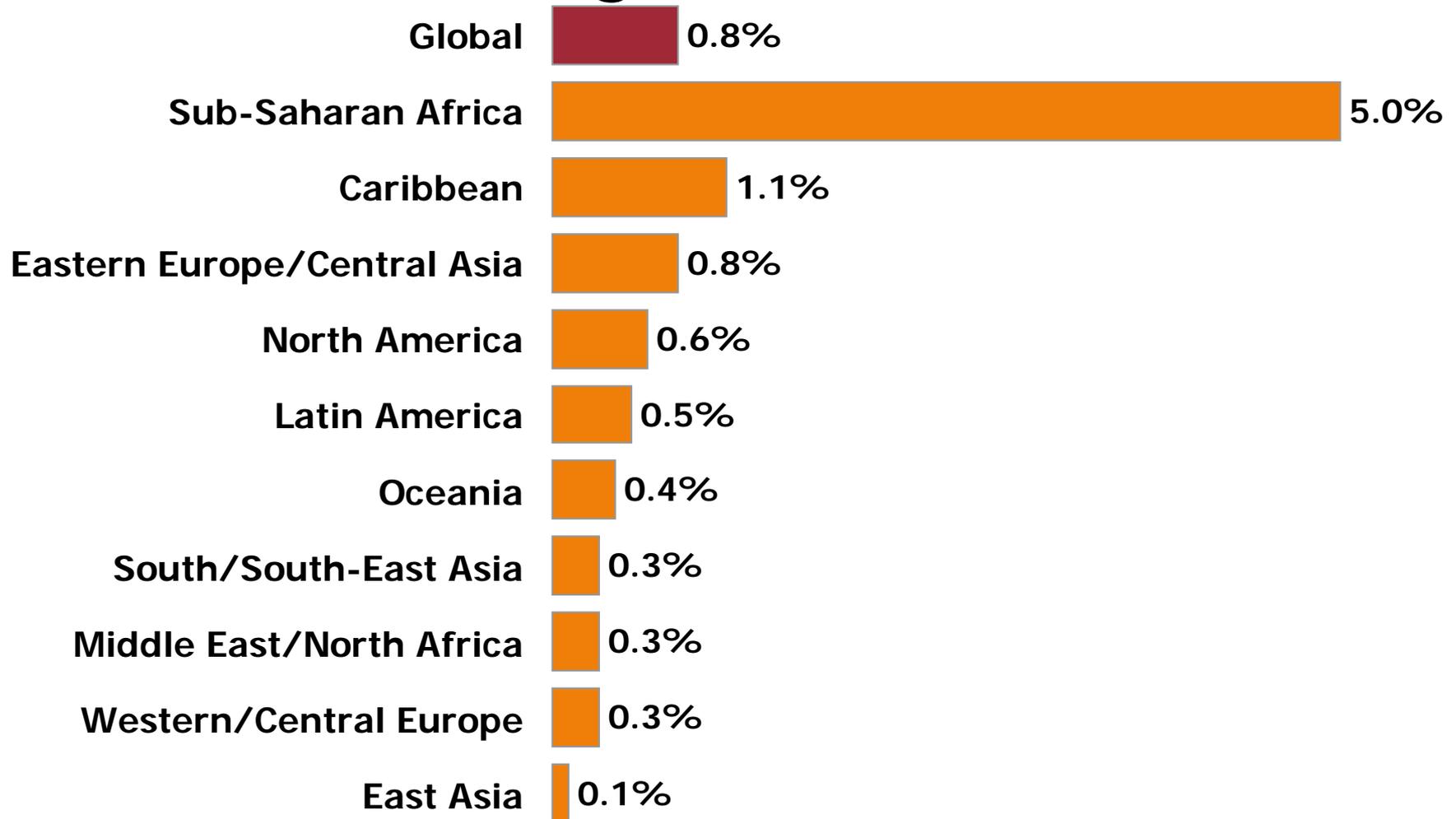
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Global Estimates of People Living with HIV/AIDS, 1990-2007



SOURCE: Kaiser Family Foundation, based on UNAIDS, *2008 Report on the Global AIDS Epidemic*, July 2008 and Special Data Request.

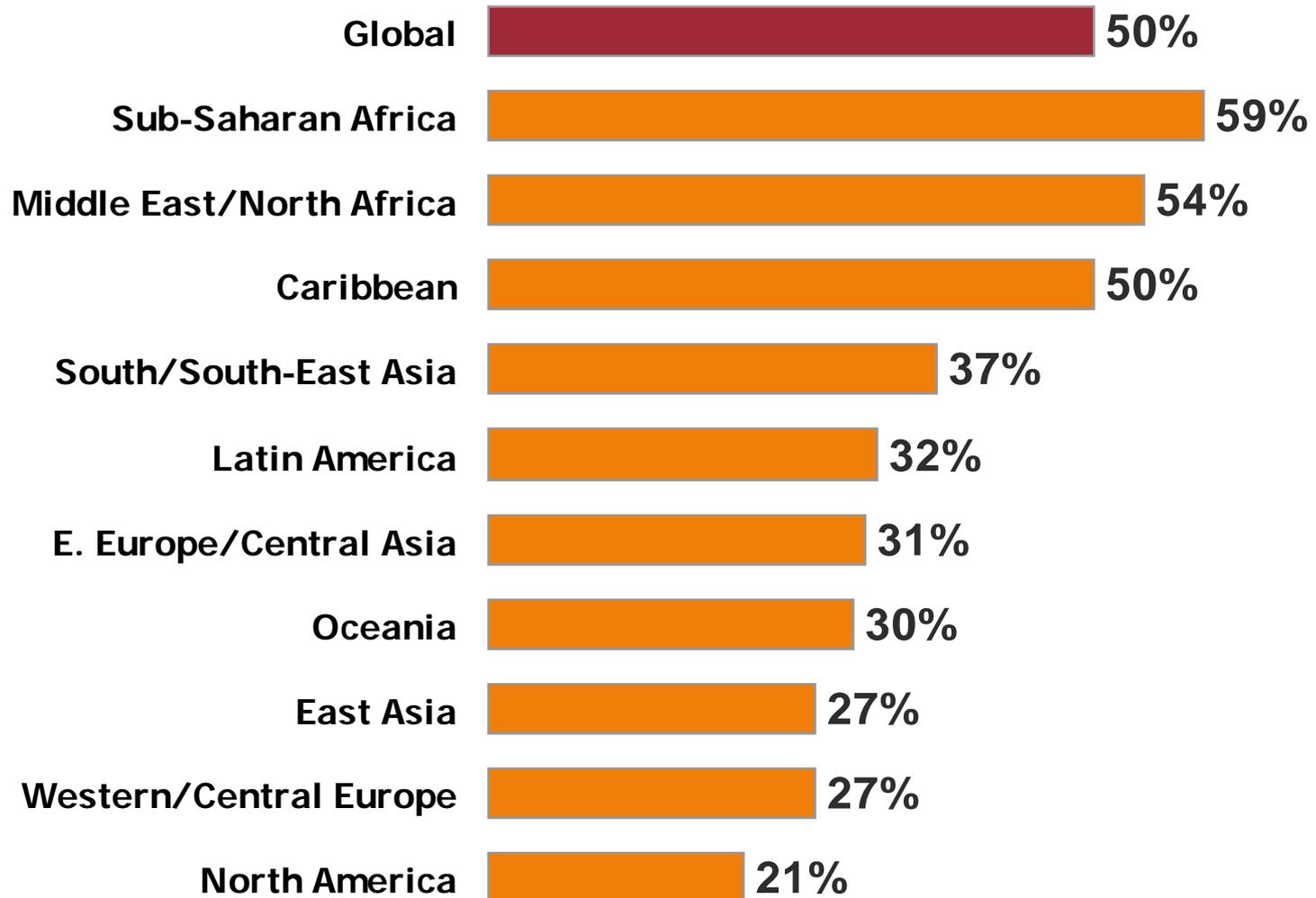
HIV/AIDS Prevalence Rate by Region, 2007



NOTE: Prevalence rate is for those aged 15-49.

SOURCE: Kaiser Family Foundation, based on UNAIDS, *2008 Report on the Global AIDS Epidemic*, July 2008.

Women as Share of People Living with HIV/AIDS by Region, 2007



NOTE: Among adults, aged 15 and older.

SOURCE: Kaiser Family Foundation, based on UNAIDS, *2008 Report on the Global AIDS Epidemic*, July 2008.

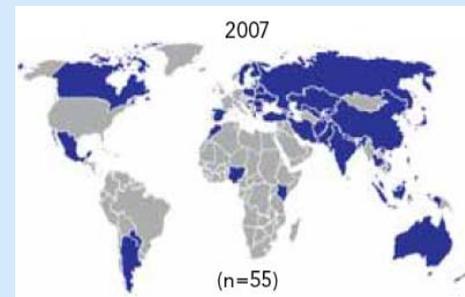
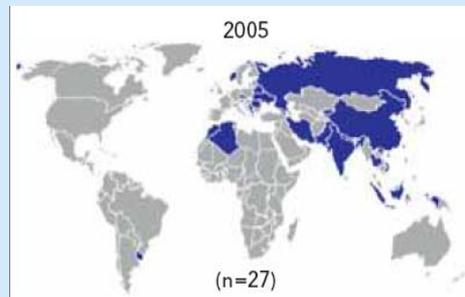
- Men who have sex with men
(Anyone engaged in anal sex)
- Women
- Intravenous drug users
- Sex Workers
- Youth



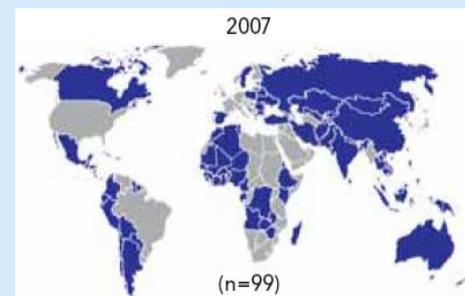
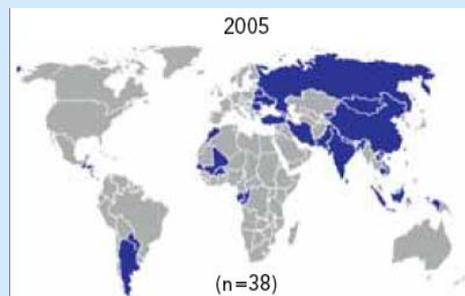
Most Vulnerable Populations

Country reporting on prevention services for populations most at risk, 2005 and 2007

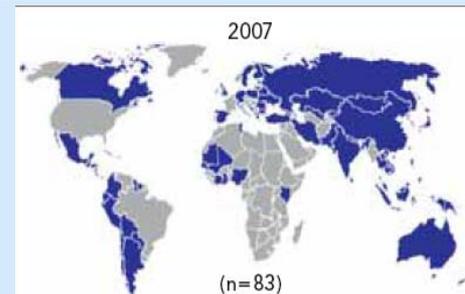
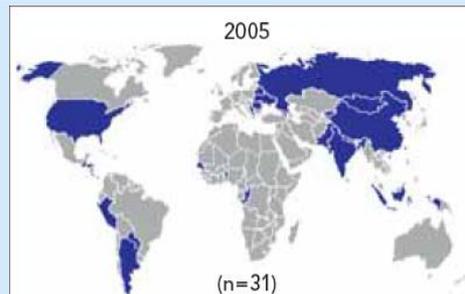
■ Countries reporting on IDUs



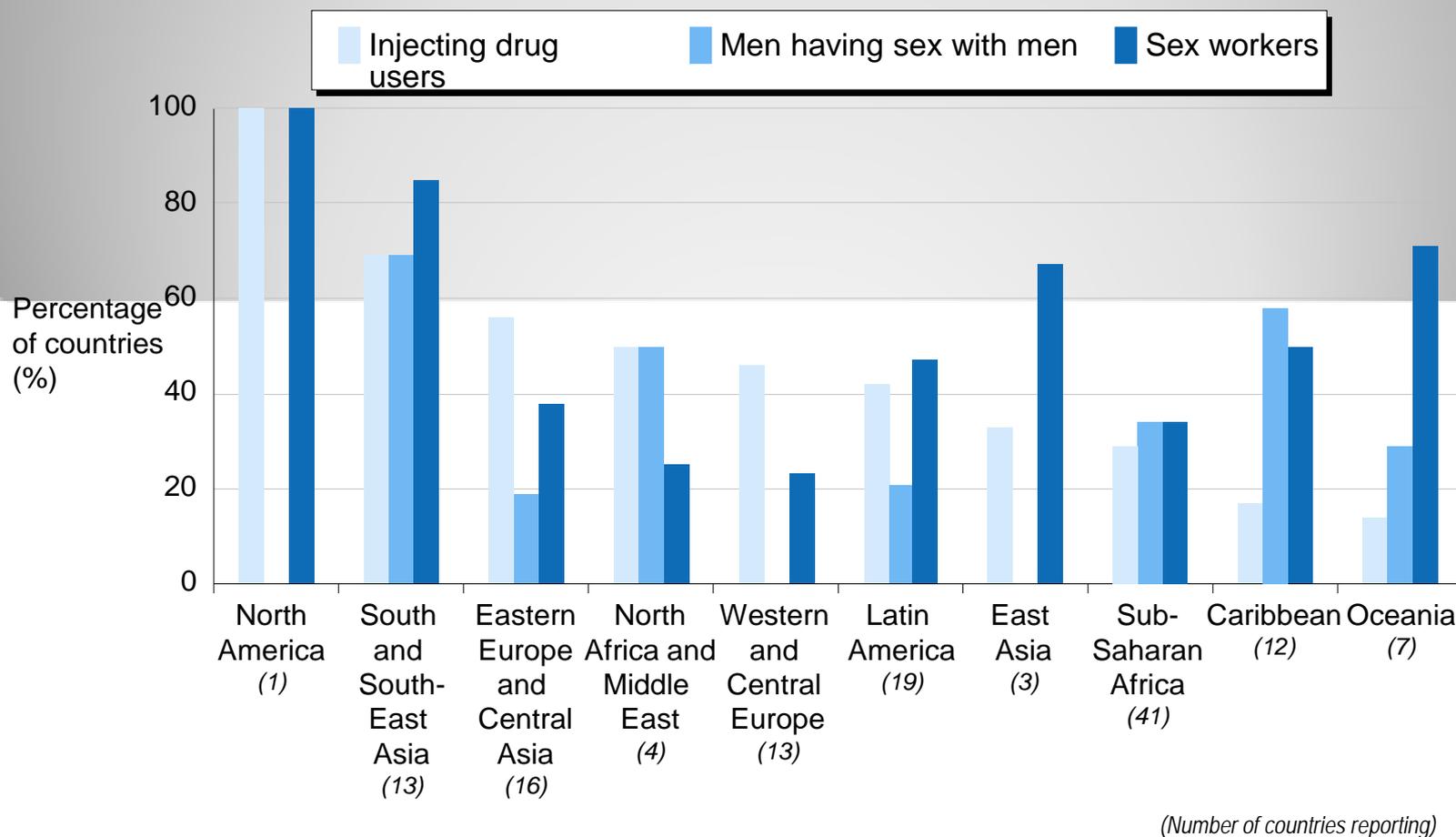
■ Countries reporting on sex workers



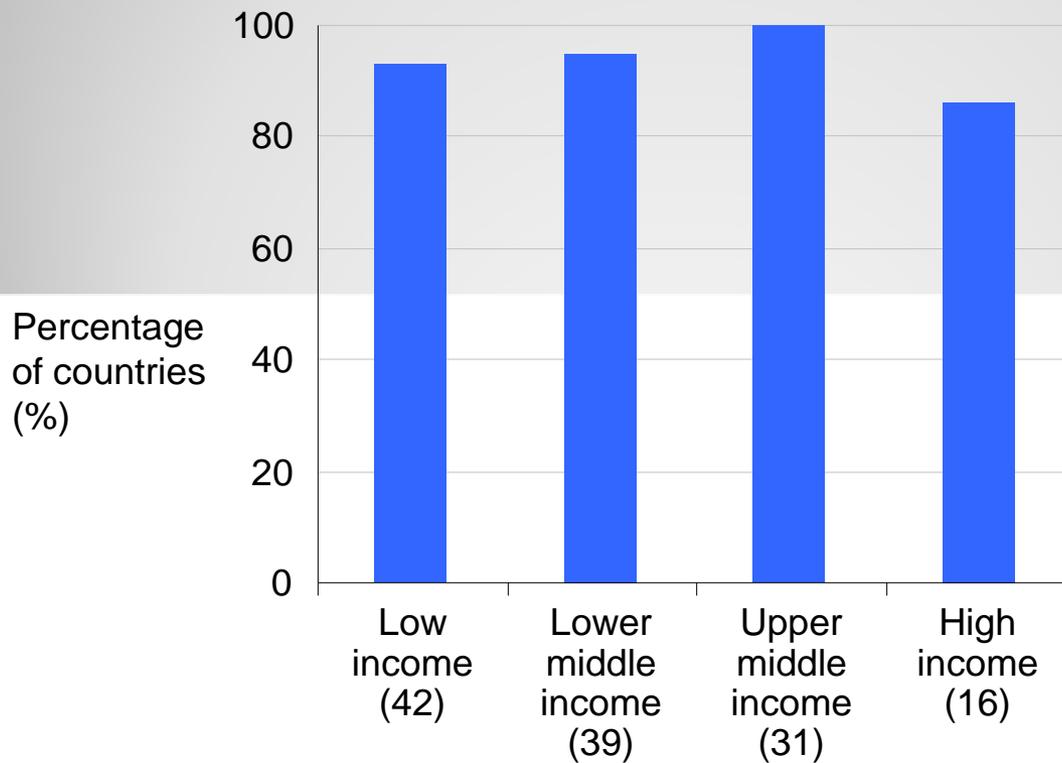
■ Countries reporting on MSM



Percentage of countries reporting laws, regulations or policies that present obstacles to effective HIV services for most-at-risk populations



Percentage of countries by income status reporting a policy of free services for antiretroviral treatment



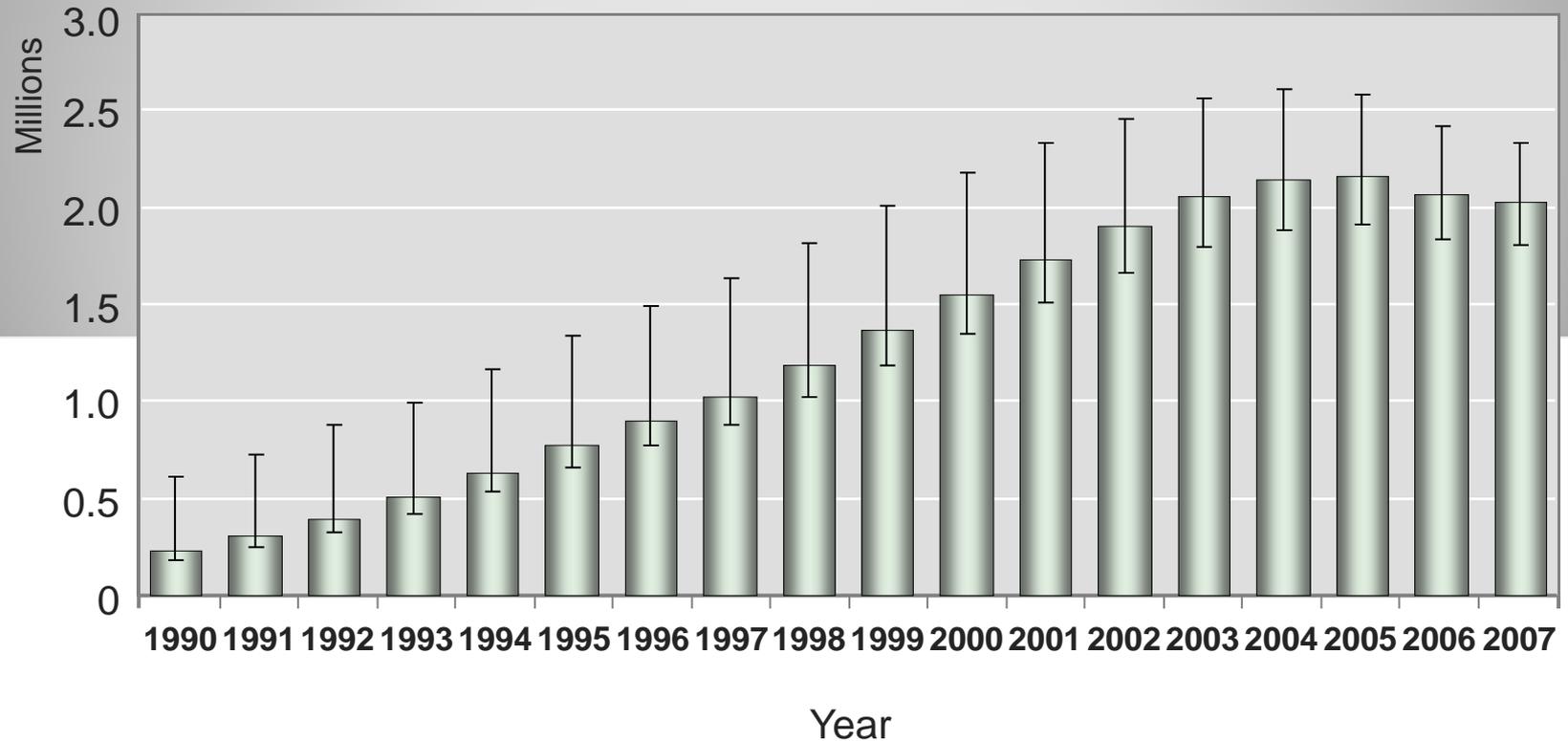
The Cost to Human Capital for Treatment

- Approximately 33 to 43 million people are currently living with HIV
- Only 5 million are receiving anti-retrovirals
- At least 29 million people living with HIV are NOT receiving antiretrovirals

- 1.1 million in the US are positive
- US citizens receive medications
 - Through insurance
 - Medicaid, Medicare
 - Ryan White - RW Comprehensive AIDS Resource Emergency (CARE) Act

Definition of Privilege

Estimated number of adult and child deaths due to AIDS globally, 1990–2007



 *This bar indicates the range around the estimate*



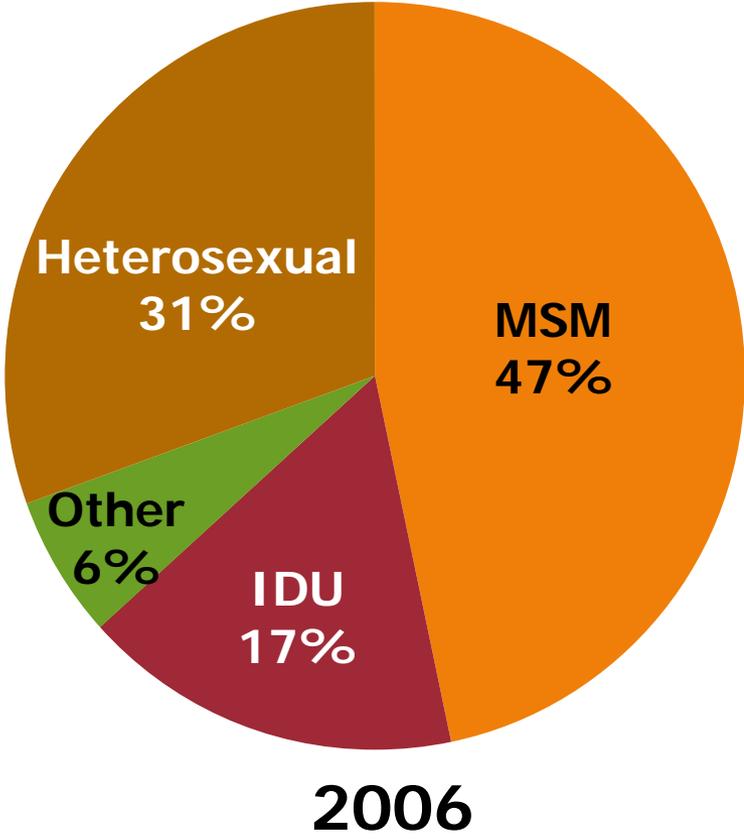
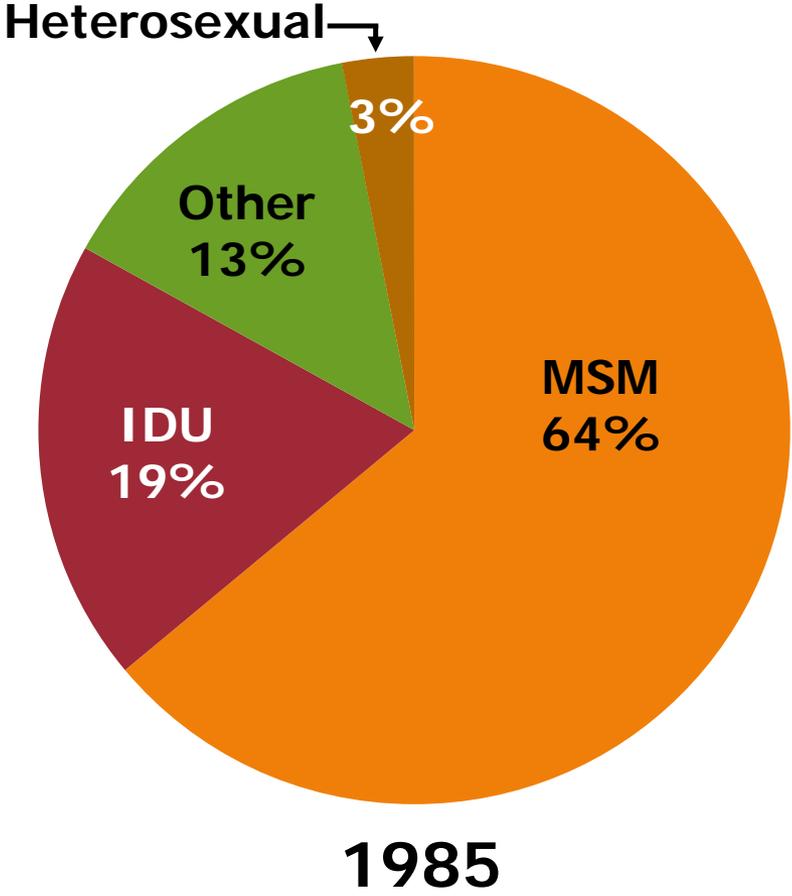
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HIV in the USA

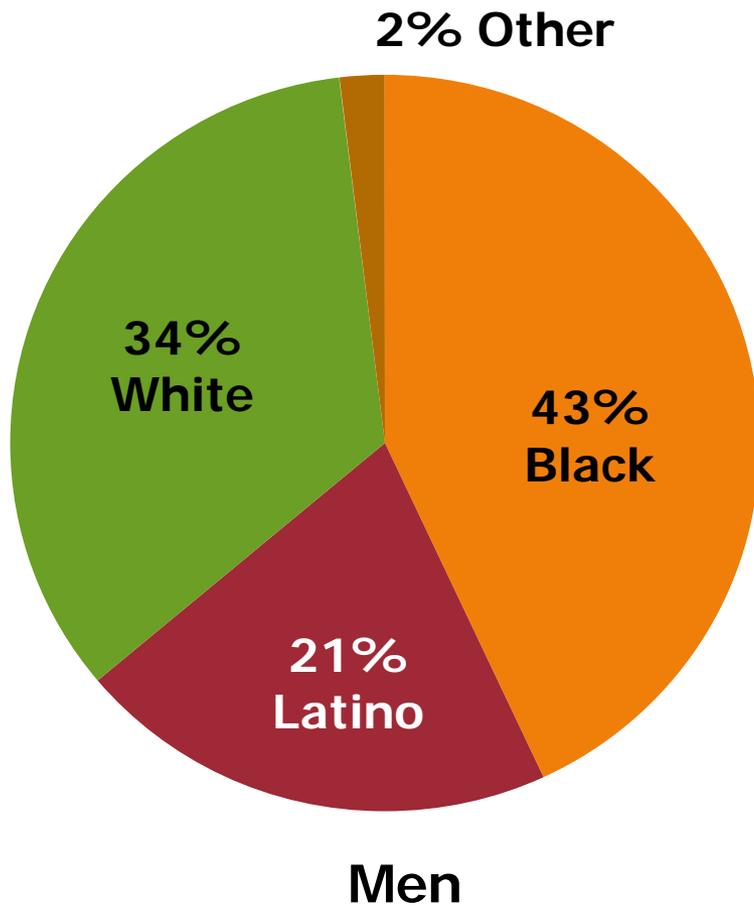
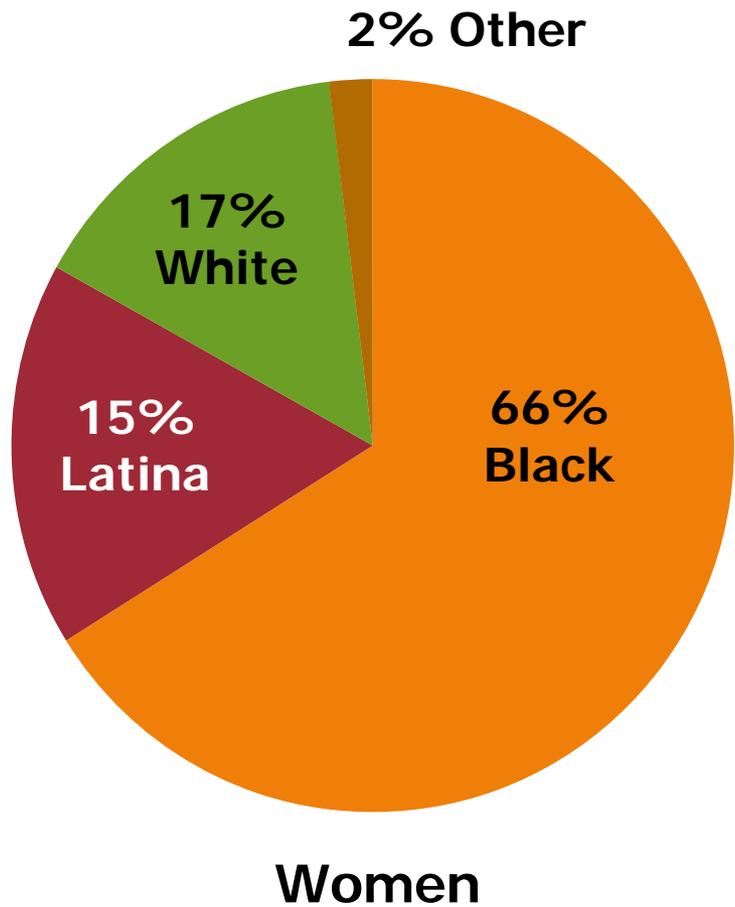
- Estimated 1.1 million people currently living with HIV/AIDS
- Every **9.5 minutes** someone in the US gets infected
- 2006 we had 56,300 new infections in USA
- 21% of those infected DO NOT KNOW they are infected

AIDS Diagnoses by Transmission Category, United States, 1985 & 2007



NOTE: Data are estimates. MSM=Men who have sex with men (gay and bisexual men); IDU=Injection drug use.
SOURCE: Kaiser Family Foundation, based on CDC, Presentation by Dr. Harold Jaffe, "HIV/AIDS in America Today", National HIV Prevention Conference, 2003; CDC, *HIV/AIDS Surveillance Report*, Vol. 19, 2009.

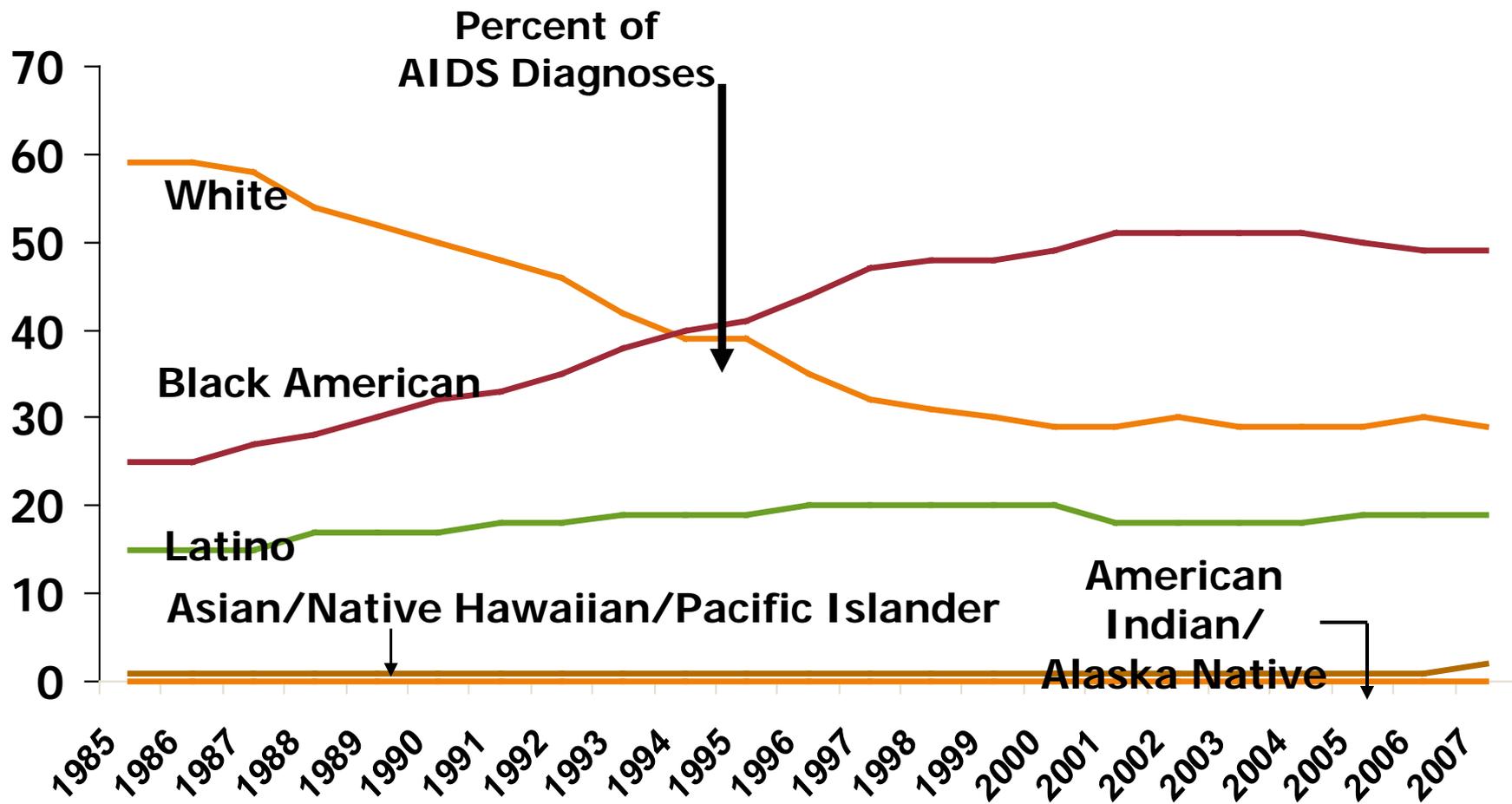
New AIDS Diagnoses by Race/Ethnicity and Sex, United States, 2007



NOTE: Data are estimates for adults/adolescents aged 13 and older and do not include cases from the U.S. dependencies, possessions, and associated nations, and cases of unknown residence. Calculations based only on cases for which rate/ethnicity data were provided.

SOURCE: Kaiser Family Foundation, based on CDC, *HIV/AIDS Surveillance Report*, Vol. 19, 2009.

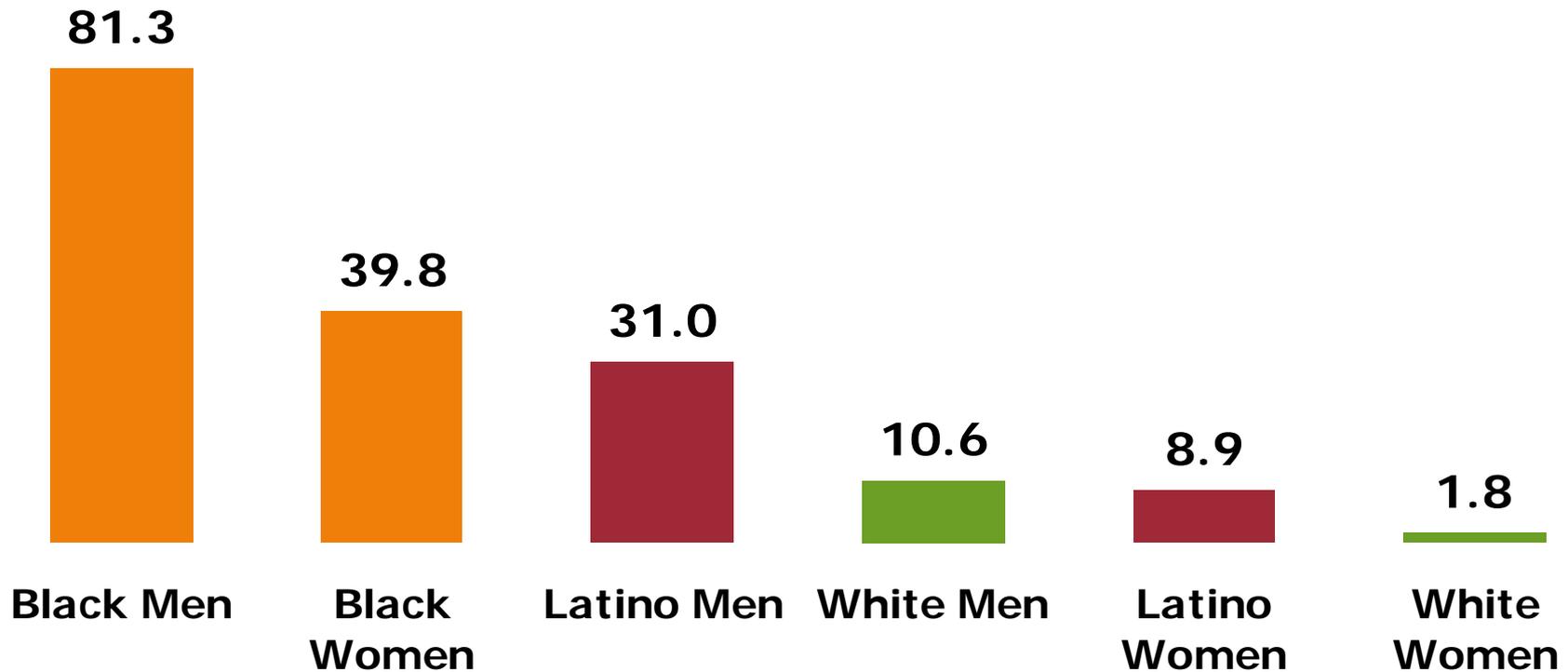
Proportion of AIDS Cases, by Race/Ethnicity, United States, 1985-2007



NOTE: Data are estimates and represent AIDS diagnoses by year.

SOURCE: Kaiser Family Foundation, based on CDC, Data Request, 2006; CDC, *HIV/AIDS Surveillance Report*, Vol. 19, 2009.

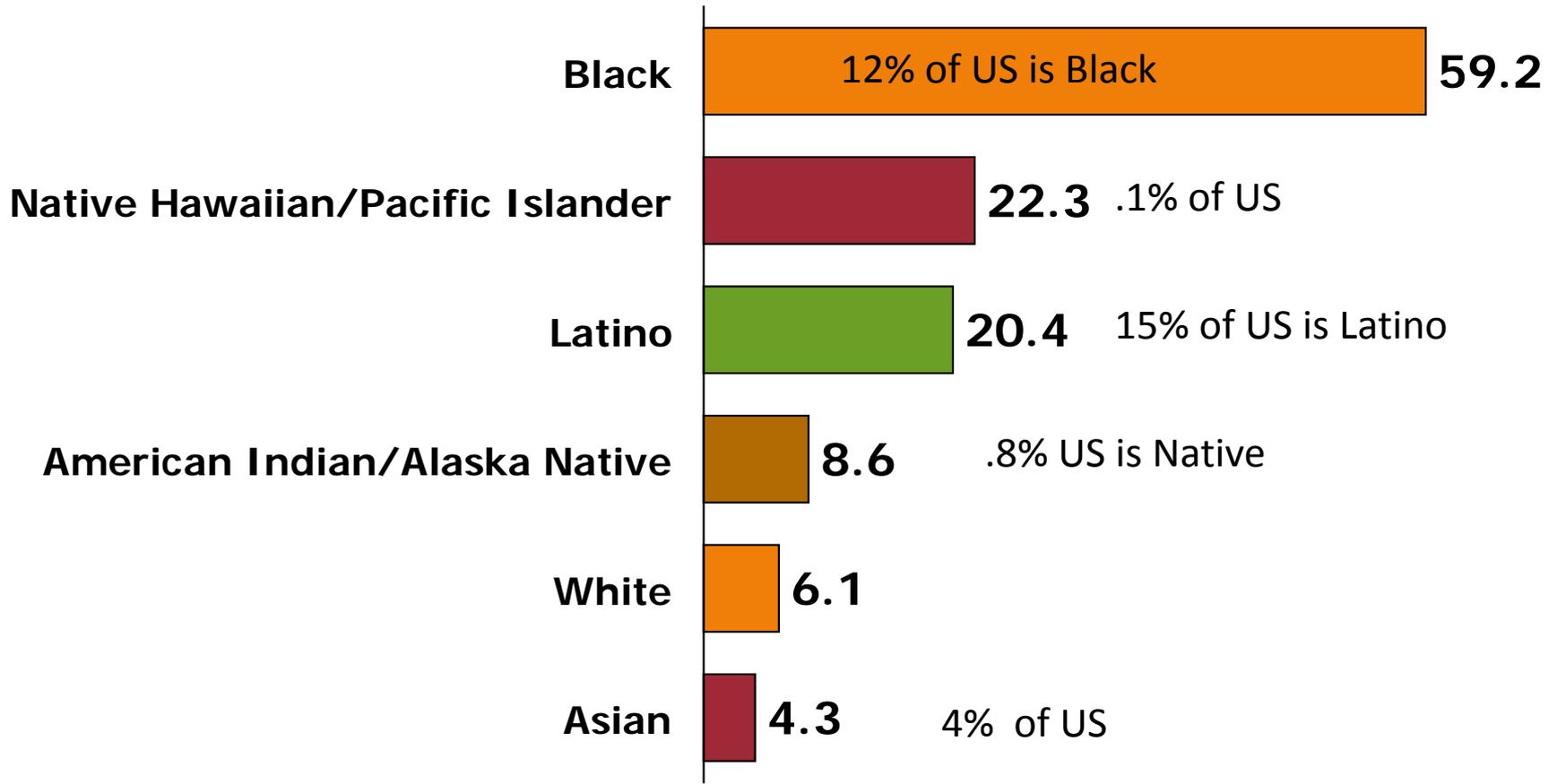
AIDS Case Rate per 100,000 Population by Race/Ethnicity and Sex, 2007



NOTE: Data are estimates for adults/adolescents aged 13 and older and do not include cases from the U.S. dependencies, possessions, and associated nations, and cases of unknown residence.

SOURCE: Kaiser Family Foundation, based on CDC, *HIV/AIDS Surveillance Report*, Vol. 19, 2009.

AIDS Case Rate per 100,000 by Race/Ethnicity, United States, 2007



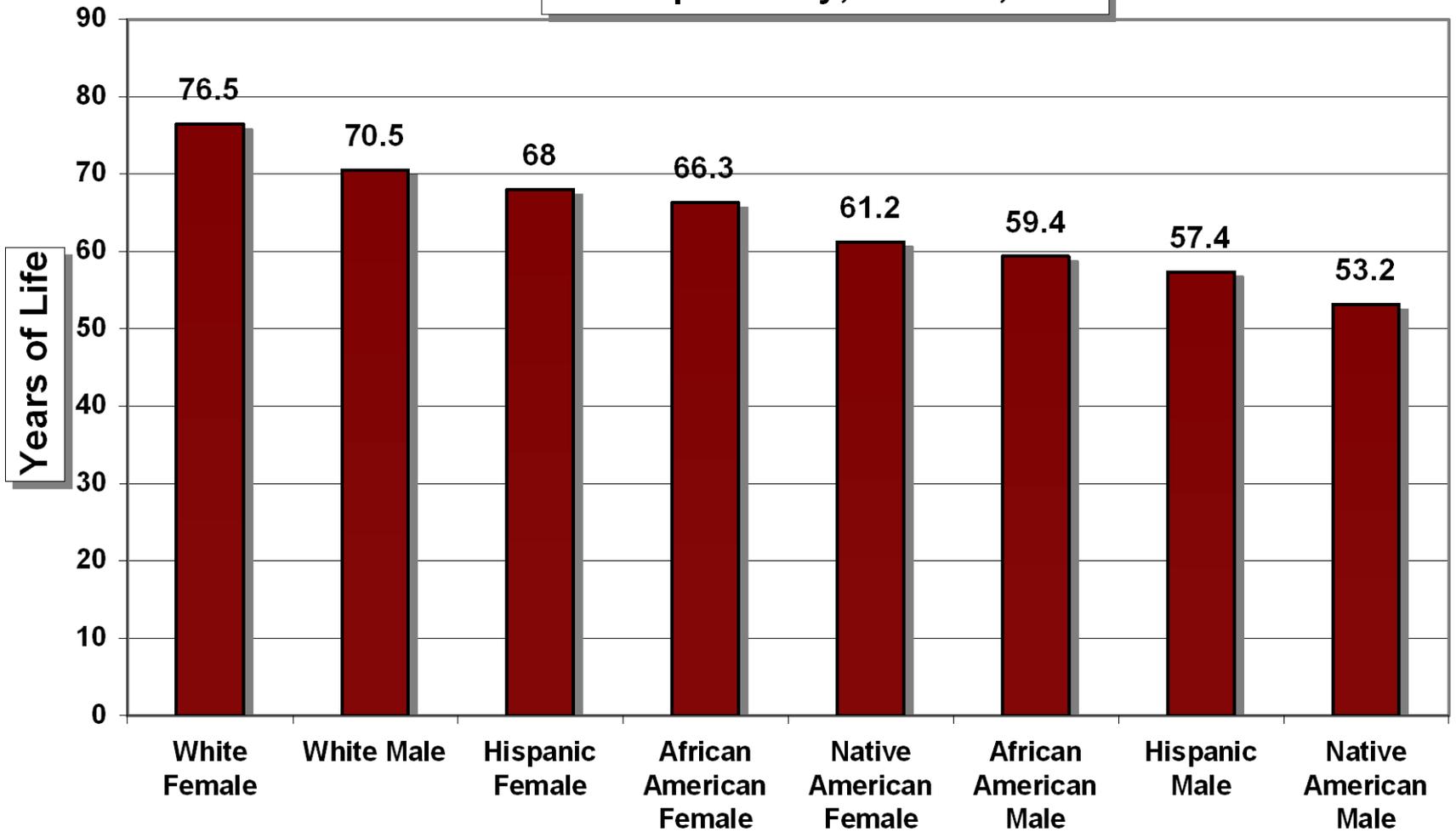
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SOURCE: Kaiser Family Foundation, based on CDC, *HIV/AIDS Surveillance Report*, Vol. 19, 2009.



Arizona's Vulnerable Populations

Life Expectancy; Arizona, 2006



Health Rankings

Number of Times Each Group Ranked Better Than Average, Average, and Worse Than Average on 70 Indicators, Arizona, 2005



Source: Differences in the Health Status by Race/Ethnic Groups. Bureau of Public Health Statistics, ADHS 2005

Mortality Rates for the Five Leading Causes of Death for Both Genders by Race/Ethnicity

Rank	Asian or Pacific Islander	American Indian or Alaska Native	Black or African American	Hispanic or Latino	White non-Hispanic
1	Diseases of heart 94.7	Diseases of heart 129.4	Diseases of heart 231.9	Diseases of heart 149.8	Diseases of heart 168.8
2	Cancer 82.0	Unintentional injury 97.2	Cancer 163.5	Cancer 124.7	Cancer 162.8
3	Unintentional injury 19.8	Cancer 83.1	Stroke 58.2	Unintentional injury 52.4	Chronic lower respiratory diseases 49.2
4	Influenza & pneumonia 21.7	Diabetes 43.9	Unintentional injury 54.8	Diabetes 40.4	Unintentional injury 48.7
5	Stroke 18.4	Chronic liver disease and cirrhosis 43.6	Diabetes 43.9	Stroke 37.3	Alzheimer's disease 34.7

*Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.

Race/Ethnicity	Males		Females	
	Deaths	Death Rate Per 100,000 Per Year	Deaths	Death Rate Per 100,000 Per Year
White non-Hispanic	783	8.91	86	0.95
Black non-Hispanic	131	25.62	39	8.27
Hispanic	288	6.85	37	0.95
A/PI/H ¹ non-Hispanic	4	1.23	0	0.00
AI/AN ² non-Hispanic	54	8.67	13	1.96
MR/ ³ Other non-Hispanic	37	N/A	6	N/A
TOTAL	1297	8.98	85	0.59
Total not Black non-Hispanic	1166	4.11	142	0.50

Source: Arizona HARS 2/1/08; NCHS 1990-2006 Bridged-Race Intercensal Estimates.

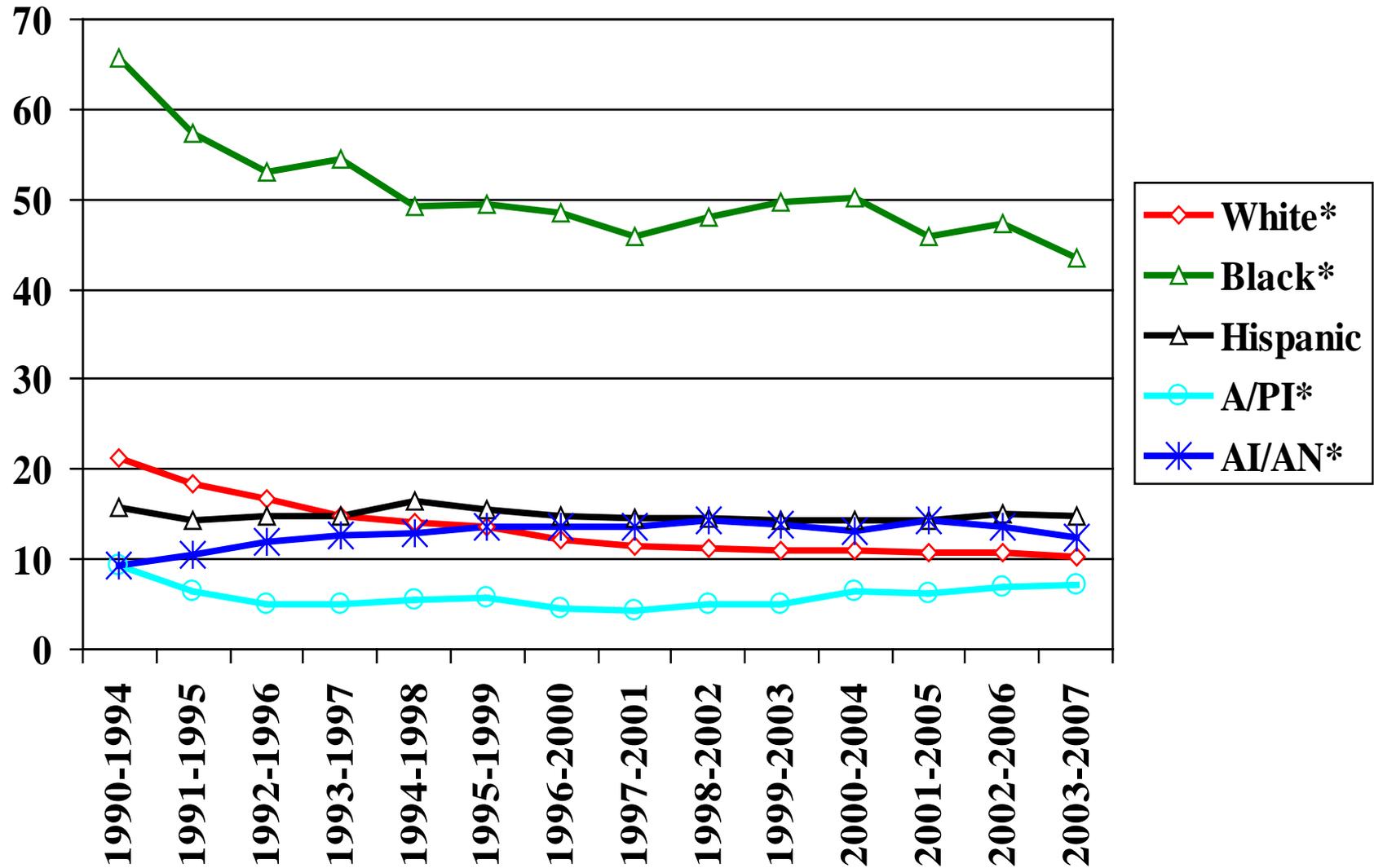
1. Asian / Pacific Islander / Native Hawaiian

2. American Indian / Alaska Native

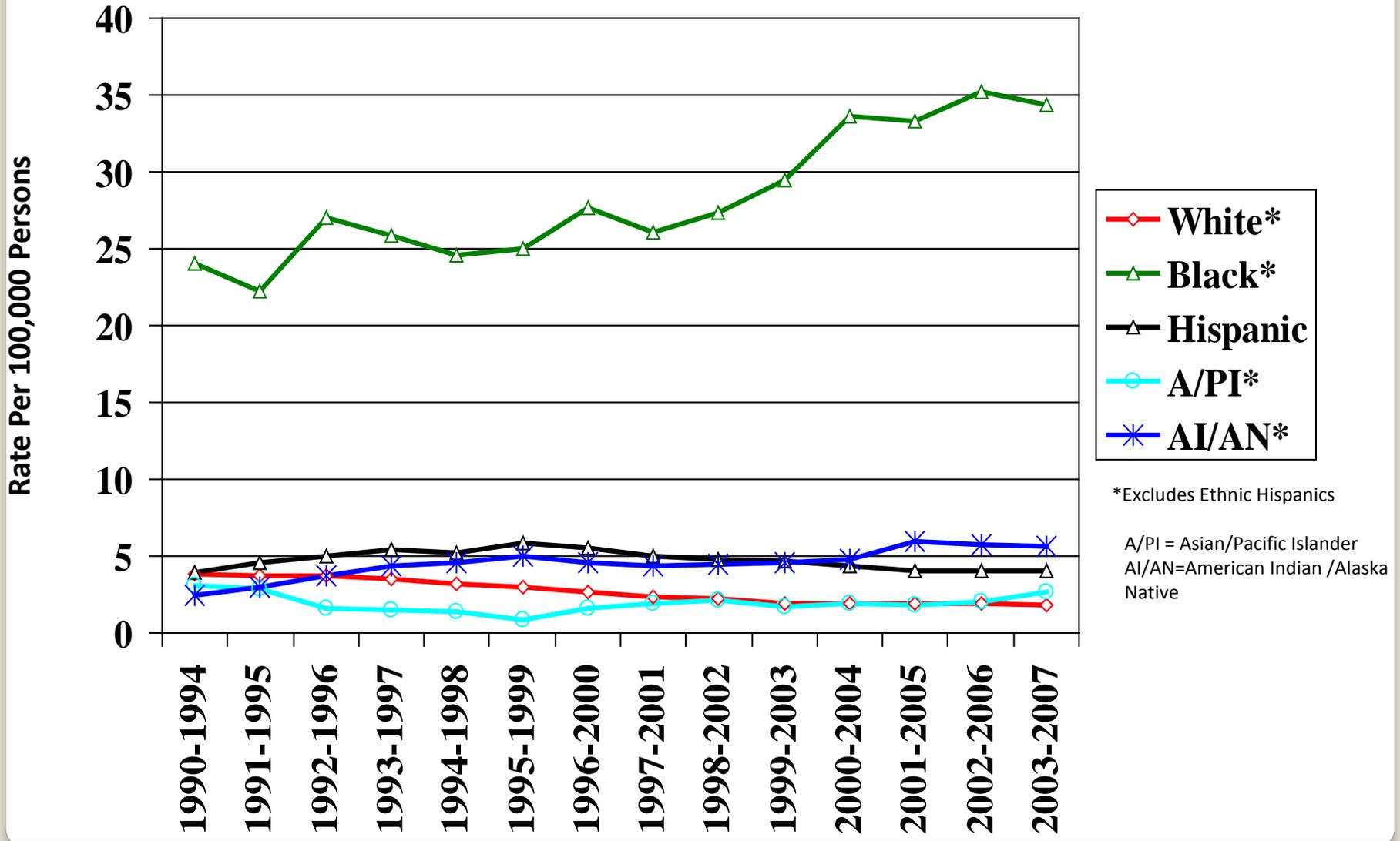
3. Multiple Race / Other

**ARIZONA DEATHS BY RACE/ETHNICITY AMONG
PERSONS REPORTED WITH HIV/AIDS: 2002-2006**

Arizona 5-Year Emergent HIV/AIDS Rates by Race/Ethnicity

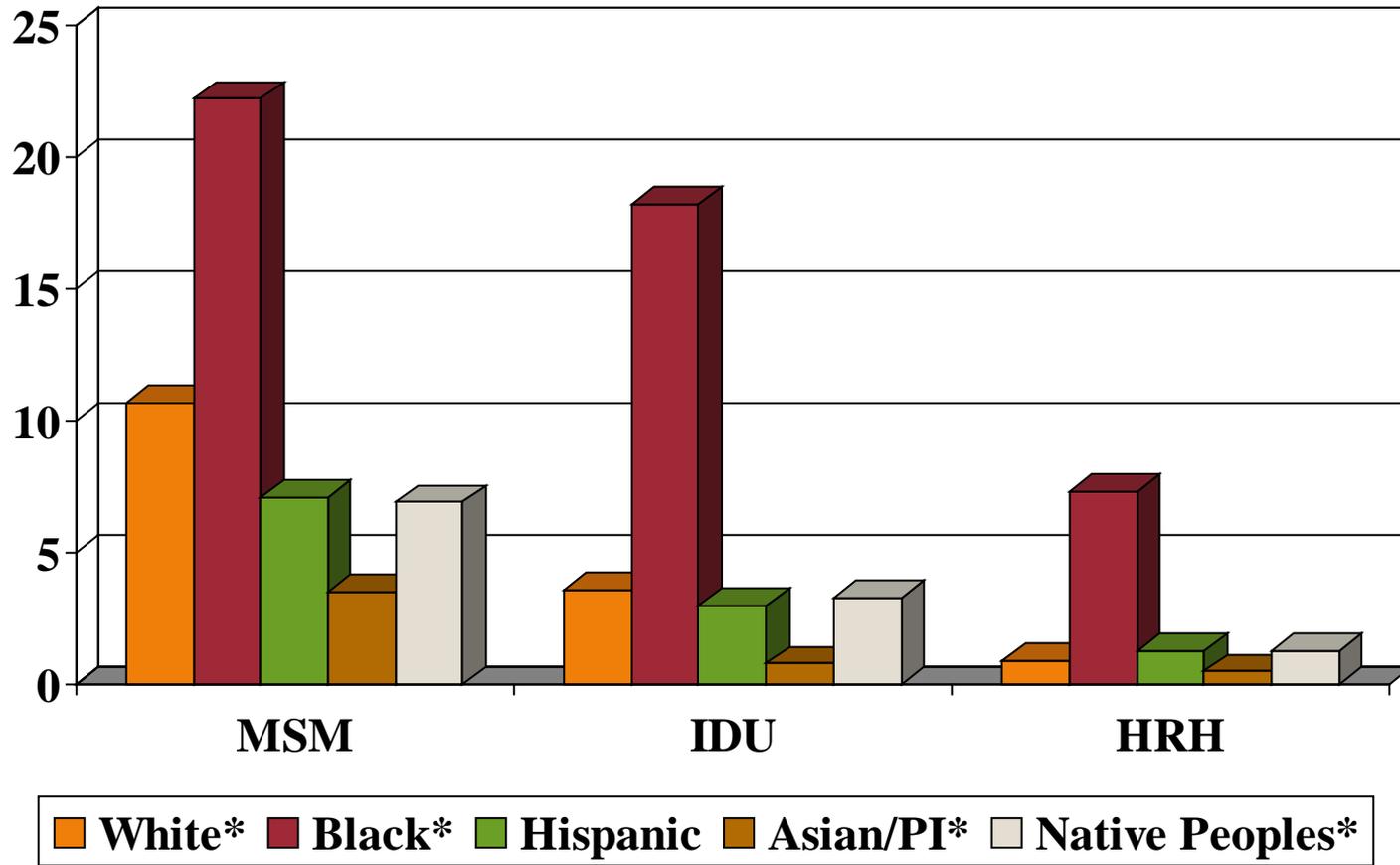


ARIZONA 5-YEAR EMERGENT HIV/AIDS RATE AMONG WOMEN BY RACE/ETHNICITY: 1990-2007



Percent of Estimated Risk Population Living with HIV by Race/Ethnicity

HIV + Percent of Population



•Excludes persons on Hispanic ethnicity

EXAMINING DISPARITIES

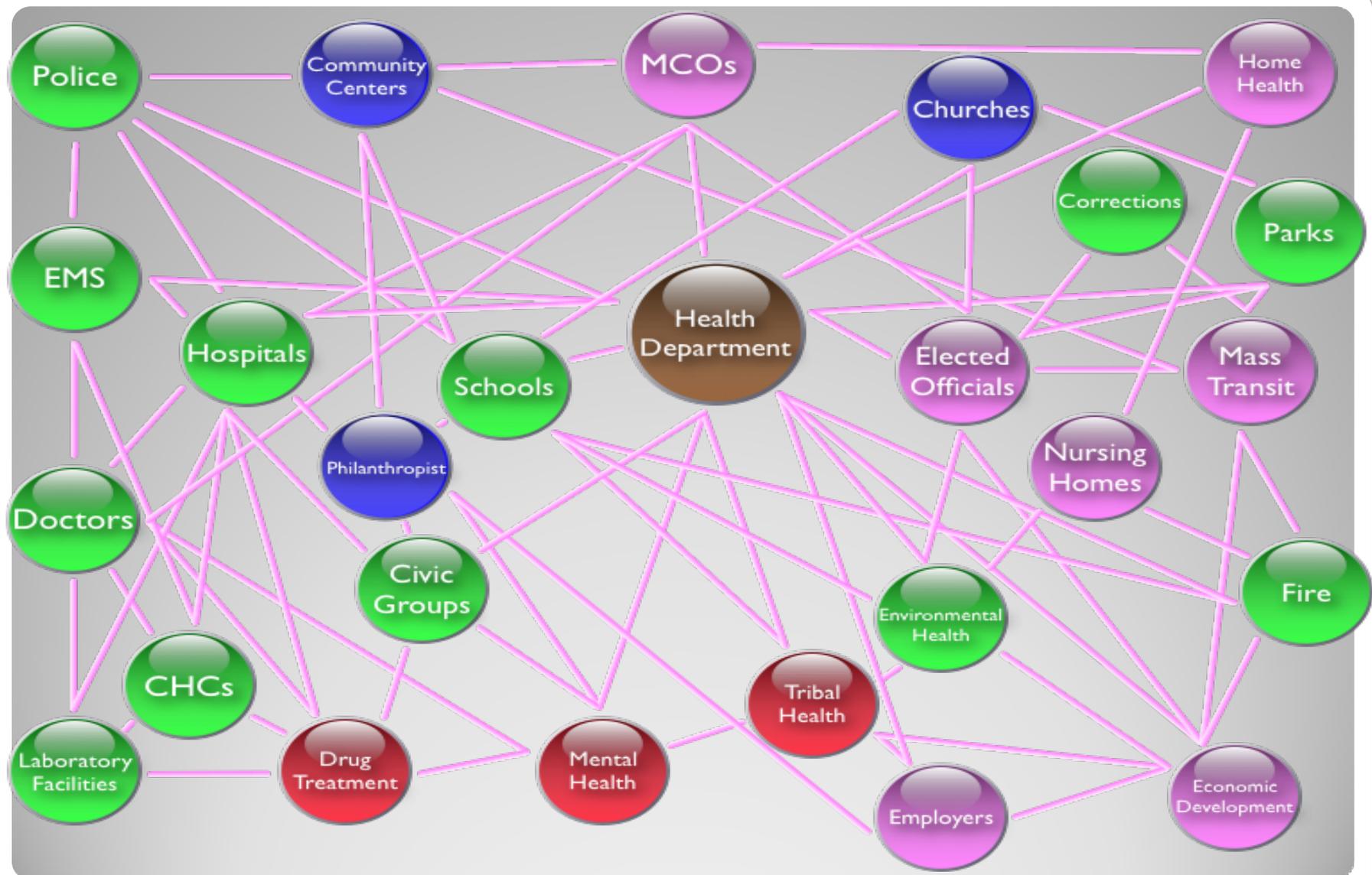


Health/Social/Economic Disparities → Health Inequities

- **Historical Factors**
- **Systems of Care**
- **Social Determinants**

- Historical discrimination
 - Tuskegee
 - American Indian wars
 - Japanese Internment
 - Slavery
 - Jim Crow
 - Civil Rights
 - The Women's movement
 - The LGBT movement
 - African Americans
 - Immigration

Historical Factors



Systems of care

- Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations.

Cross et al, 1989

- The incorporation of CLAS (Culturally and Linguistically Appropriate Services) when determining customer service needs

Cultural Competency

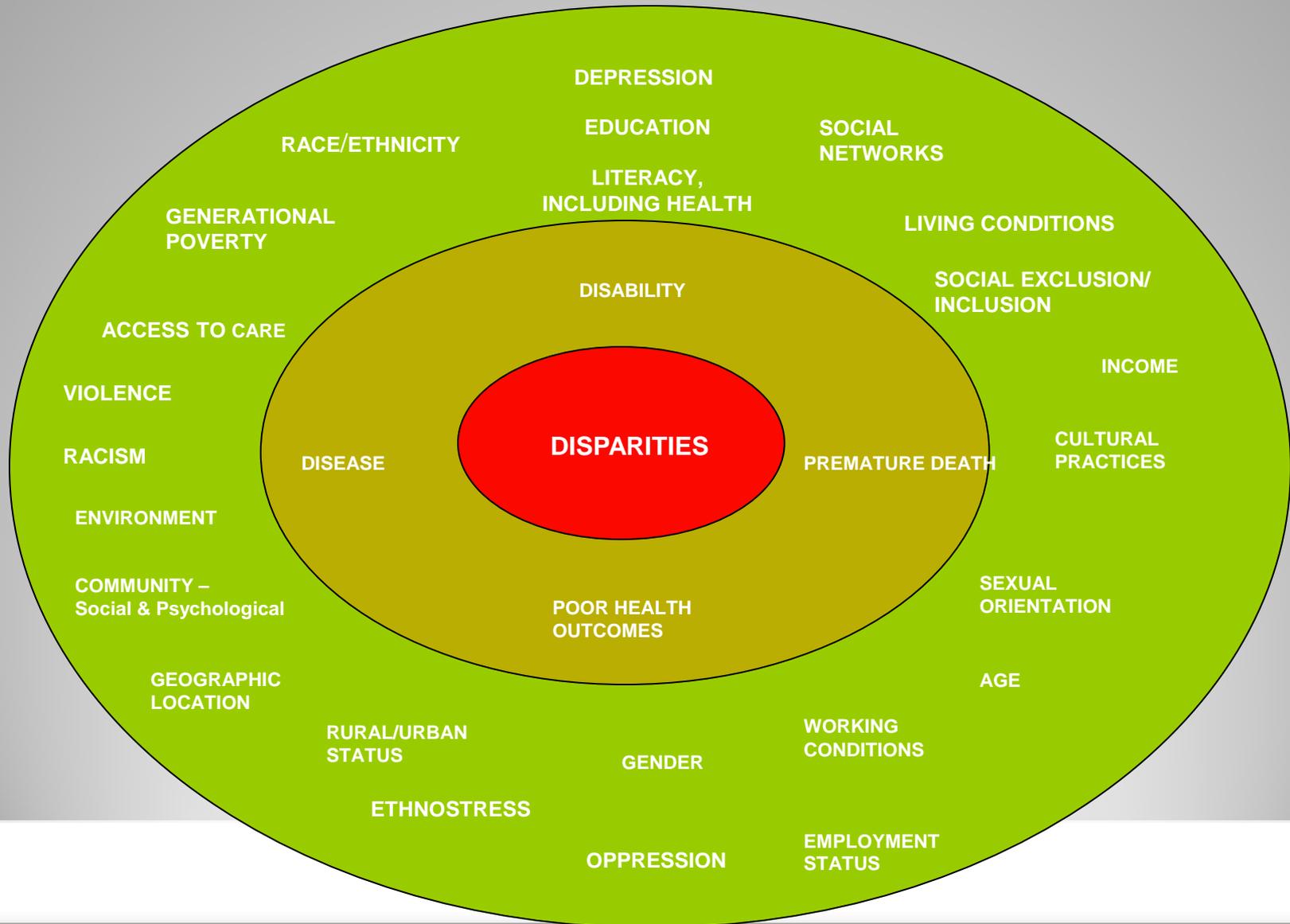
Social Determinants of Health

The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.

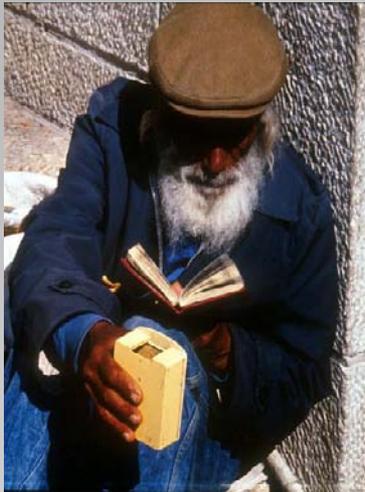
World Health Organization

Social Determinants

Social Determinants



The Faces of Poverty



Poverty

Poverty and race

The US Census declared that in 2008 13.2% of **the general population** lived in poverty:

8.6% of all non-Hispanic White
11.8% of all Asian-American
23.2% of all Hispanic (of any nationality)
24.7% of all African-American.

About half of those living in poverty are non-Hispanic white, but poverty rates are much higher for blacks and other minorities. 57% of all poor rural children are non-Hispanic white, compared with 28% of poor urban children.

o **PewHispanic.org - Wealth is made up of home ownership, financial assets. In 2002, median net worth in US by race:**

- **White/European American - \$88,651**
- **Hispanic/Latino - \$7932**
- **Black/African American- \$5988**
- **No data on American Indians (do not own their land—tribe does)**

o **Renters have 1% of net worth of homeowners**



INCOME IN US, 2007

US CENSUS

AUGUST 26, 2008

- **Men—fulltime = \$45,113**
- **Women—fulltime = \$35,102 (78% of what men make)**
- **Median household (more than one person) income \$50,233**
 - **African Americans- \$33,916**
 - **Hispanic- \$38,679**
 - **Non-Hispanic white- \$54,920**
 - **Asian- \$66,104**
 - Foreign born non citizen = \$37,637**

- In Arizona, 15.4 live below poverty level – only 10 states present higher percentages than Arizona

US Census Bureau 2007

- 20% of all those living below poverty in Arizona are African American

The State of Black
Arizona.org
2009

Arizona's Poverty

Incarceration

- Sexual assault (9-20% report rape)
- Consensual same sex behavior (17-30%)
- Injection drug use---shared equipment
- Tattoo : "home-made" ink and equipment
- Functional illiteracy – 50% of inmates
- Non-English speakers
- Condoms are considered contraband so not available (except city jails in NY, SF and a few others)
- No clean syringes or needle exchange
- No clean tattoo equipment

**Incarcerated people at risk:
Harm reduction not allowed**

- The Official Journal of the American Academy of Pediatrics Study (9th – 12th graders) Mass.
 - Victimization
 - Suicidal
 - Substance Use
 - Sexual Risk Behaviors

Sexual Orientation



An International Response to the Social Determinants of Health

Commission on Social Determinants of Health 2005 - 2008

- SDH will be incorporated into national debates and policy processes in a growing number of countries, particularly in the developing world
 - The opportunities for policy action on SDH, and the costs of not acting, will be widely known and discussed
 - CSDH partner countries will be implementing policies on SDH and sharing results
 - Scientific knowledge on SDH will be consolidated, knowledge gaps clarified, and appropriate directions for ongoing research identified
 - A WHO reference group linked to the commission will have presented detailed recommendations on how to incorporate SDH sustainably at WHO
 - SDH will inform WHO policy dialogue and technical work at a national level
1. Improving living and learning conditions in early childhood
 2. Strengthening social programs to provide fairer employment conditions and access to labor markets, particularly for vulnerable social groups
 3. Policies and interventions to protect people in informal employment – that is, those who work without formal contracts or social protections, often in sectors outside government regulation, such as subsistence farming, household- based enterprises, and street vending
 4. Policies across sectors to improve living conditions in urban slums
 5. Programs to address key determinants of women's health, such as access to education and economic opportunities

What Success Looks Like

Key Action Areas

Improve Daily Living Conditions

Improve the well-being of girls and women and the circumstances in which their children are born, put major emphasis on early child development and education for girls and boys, improve living and working conditions and create social protection policy supportive of all, and create conditions for a flourishing older life.

Policies to achieve these goals will involve civil society, governments, and global institutions.

- Equity from the start
- Healthy Places
Healthy People
- Fair Employment and
Decent Work
- Social Protection
Across the Lifecourse
- Universal Health Care

CSDH Recommendations

In order to address health inequities, and inequitable conditions of daily living, it is necessary to address inequities – such as those between men and women – in the way society is organized. This requires a strong public sector that is committed, capable, and adequately financed. To achieve that requires more than strengthened government – it requires strengthened governance: legitimacy, space and support for civil society, for an accountable private sector, and for people across society to agree public interests and reinvest in the value of collective action. In a globalized world, the need for governance dedicated to equity applies equally from the community level to global institutions.

- Health Equity in All Policies, Systems, and Programs
- Fair Financing
- Market Responsibility
- Gender Equity
- Political Empowerment – Inclusion and Voice
- Good Global Governance

Tackle the Inequitable Distribution of Power, Money, and Resources

Acknowledging that there is a problem, and ensuring that health inequity is measured – within countries and globally – is a vital platform for action. National governments and international organizations, supported by WHO, should set up national and global health equity surveillance systems for routine monitoring of health inequity and the social determinants of health and should evaluate the health equity impact of policy and action. Creating the organizational space and capacity to act effectively on health inequity requires investment in training of policy-makers and health practitioners and public understanding of social determinants of health. It also requires a stronger focus on social determinants in public health research.

- Social Determinants of Health: Monitoring, Training and Research

**Measure and Understand the Problem
and Assess the Impact of Action**



National AIDS Strategy

National AIDS Strategy

- The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.

President Barack Obama

- The Department of Health and Human Services
- White House Office of National AIDS Policy
- The Department of Justice
- The Department of Labor
- The Department of Housing and Urban Development
- The Department of Veteran's Affairs
- The Social Security Administration
- Presidential Advisory Council on HIV/AIDS
- Department of Defense
- Department of State
- Equal Employment Opportunity Commission
- State and local Governments
- Tribal Governments
- Private Advocacy Groups
- Community Based Organizations
- People living with HIV

Partners

- Reduction of New HIV Infections
- Increased access to care and improved health outcomes for People living with HIV
- Reduction in HIV- Related Health Disparities

Strategy Targets for 2015

- New surveillance systems and analysis
- Cost effectiveness models
- Analysis of state and local resource targeting
- Integration of New prevention tools into already existing programs
 - **Pre-exposure prophylaxis.**
 - **Microbicides.**
 - **Intensified HIV testing, combined with early HIV treatment.**
 - **Partner Notification**

Community mobilization

Individual and group ownership

Self directed interventions coupled with already existing evaluation tools

Policy participation, advocacy and leadership

Social Justice must be addressed at all levels of funding, education and implementation of prevention and treatment programming

Direction of available resources

Summary

- Social Determinants are universal
- Collaboration is key to successful strategies and actions
- Social Protections coupled with Universal Healthcare will increase access and enhance the quality of lives everywhere
- Health equity must be at the core of all social/economic development planning and implementation
- The uneven distribution of power, wealth and politics plays a key role in health outcomes and must be addressed in health policy and actions
- All activities must be monitored while research and training continue
- In order to obtain Health Equity, public health and the medical community must incorporate Social Determinants into planning, implementation, treatment, research and monitoring of health outcomes

“Reducing health inequities is, for the Commission on Social Determinants of Health, an ethical imperative.

Social injustice is killing people on a grand scale.”

WHO – Commission on Social Determinants Final Report

We > AIDS

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