

# How Do Social Determinants of Health Contribute to Increase Rates of HIV in African American Women with Substance Disorders



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## Background

The African American population has a disproportionately higher rate of HIV cases than any other racial group. According to the CDC, African Americans account for nearly 42% of new HIV diagnoses in 2018 [1]. In addition to this, 63 out of 100 African Americans receive treatment for their condition [1]. With high rates of infections and mortality, HIV is a prominent health issue to address within the community. A qualitative study was conducted to interview 5 African American women living with HIV and substance disorder. The study looked at their spirituality and how it has impacted their experience. During the study there were common themes related to their environment that raised more questions regarding the women's socioeconomic background. This secondary research project was started to look into these questions regarding their social determinants of health.

## Objectives

Analyze common themes in the experiences of 5 African American women living with HIV and substance abuse.

Identify how social determinants of health (SDOH) impacted their experience.

## Methods

Secondary data was used composed of a pilot study that analyzed qualitative interviews of 5 AAW dealing with stigma related to HIV in their community. After analyzing the data each interviewee addressed issues related to Social Determinants of Health (SDOH) that contributed to increased rates of HIV and substance disorder. After looking at the interviews we found consistent themes with each interview to shed light on this phenomenon. The results found are not generalizable however it does provide an initial problem that requires further research. While secondary data does not require IRB approval in order to further research this topic IRB approval is essential if additional interviews are conducted.

## SDOH Topics for Analysis

The analysis will be based on five social determinants of health: Education, healthcare, social community, economic stability, and neighborhood environment.

### Education

The process of learning and obtaining knowledge and skills that prepares one for a successful career and better quality of life. A good education helps individuals to move up the ladder of opportunity and attain an improved level of affluence and status. The Older African American Women (OAAW) that live in poverty in this study often did not graduate from high school, did not attend college or a trade school to find agreeable employment to take care of themselves and their families. A lack of education tends to hurt not only the individual but also affects their families, their communities and contributes to a poor economic strength of citizens who live in society. (Education – CDC.gov 2020)

### Healthcare

The maintenance of health and health standards through proper prevention, treatment and health education. When there is lack of healthcare and access to healthcare, poor health and health outcomes arise. Individuals with lack of healthcare is due to financial limitations (lack of insurance), poor education and inability to effectively communicate with healthcare practitioners (doctors that do not communicate with patients and patients that don't converse with providers), personal limitations (lack of transportation and providers located long distance from patients) that prevent proper visit and consistent care of self. Without consistent knowledge of proper healthcare standards such as practicing safe sex or abstinence, healthy eating, exercising and general knowledge when to see a doctor, one is at an increased risk of having poor health. (Healthcare standards CDC.gov 2020)

### Social Community

The community we are born in and live in contribute a vast amount of who we are as individuals. Research states that poor, crime infested communities negatively affect one's mental and physical body. Furthermore, poor living standards such as increased pollution, unsanitary living conditions, poor housing and infrastructure, lack of healthy markets and necessary healthcare facilities contribute to increased risk of various diseases, lack of educational attainment and higher wage salaries, and the inability to attain a better quality of life.

### Neighborhood and Environment

Much like the social community is essential but is often overlooked. Neighborhoods that are established next to an influx of freeways, factories, refineries, and power stations have an increased risk of air pollution, more carcinogenic materials in the land and water and contribute to vast array of preventable diseases. The women in the sample population all came from similar communities and neighborhoods which contributed to poor living and health and well-being standards. (Scientific America – Cheryl Katz, 2012).

### Economic Stability

Allows an individual the ability to afford resources that are import in life. Such essentials as a quality career that earns a well-established income, quality housing, well established foods and food markets free from food deserts that exist in poorer communities. When area do not cultivate the people of the neighborhood it will often lead to lower living standards of its members. Economic stability is a reciprocal system in that individual of the community must be economically stable as well as the town must also be economically stable. One without the other does not constitute a stable living condition. Health People.gov SDOH

## Themes for Analysis

Themes – Some consistent themes that were found were:

- All the women came from a poor socioeconomic background in which drug disorder was displayed in some way in their home or neighborhood. This contributed to poor social community standards.
- All women used some form of drugs including alcohol, smoking nicotine, marijuana and crack cocaine, as well as some of the women becoming addicted to heroine. This contributed to poor social community standards.
- All the women had poor educational attainment. Only 2 out of the 5 women graduated from high school and none of the women attended college or trade school. This contributed to poor educational standards.
- All of the women had a lack of knowledge what HIV was prior to infection. 3/5 of the women knew what condoms were but didn't realize the importance of using them each time to prevent infection. This led to poor health education standards.
- 4 out of the 5 women lived in housing provided by county services such as section 8. Many of the women expressed an inability to work due to ongoing HIV issues and other comorbidities related to other health factors. This led to poor healthcare standards as well as poor neighborhood environments.
- 3 out of the 5 women lived in neighbors where the infrastructure was less than standard. Some expressed living near a power plant and other reported living near a factory.
- 2 out of 5 women did not know if there were facilities such as a library in their community.
- 2 out of 5 women stated they did not have a local hospital nearby where they lived. This leads to poor economic stability.
- 4 out of the 5 women feel they cannot talk to their healthcare provider about sexual habits and whether they practice safe sex currently.
- 2 out of the 5 stated their doctor does not ask them specifically if they are having sex. This leads to poor healthcare standards.

## Conclusion/Next Steps

This research is an initial study about some of the contributing risk factors of HIV and substance disorder in OAAW. There is a gap in the literature pertaining to this phenomenon and further research is needed to learn ways to manage sobriety, and prevent further OAAW from contracted the disease. This knowledge could help guide healthcare practitioners who to address this population when seen in the clinical setting.