

HEALTH EQUITY IN THE INTERSECTION

HEALTH EQUITY AND HIV¹

Achieving the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, and economic or social condition.² Health equity means everyone has a fair opportunity to be as healthy as possible regardless of their socially determined circumstances.^{3,4} To achieve this, we all need to face and work through institutional and discriminatory barriers within and outside of the healthcare system. These include racism, sexism, poverty and unequal distribution of resources.⁵

THE INTERSECTION

Health equity can be fairly complicated to achieve for some communities, including those living with HIV. Even though HIV is considered a chronic condition,⁶ with the right treatment people with living HIV can live relatively healthy lives for decades. Medications can control the infection and prevent progression.⁷ Nevertheless, there are several indicators of certain communities being disproportionately exposed to the virus and facing bigger obstacles when accessing services. To name a few:

- HIV affects the Black and Latinx communities disproportionately.⁸ Racism has denied Black women adequate access to quality health care,⁹ while nearly 1 in 5 Latinx have avoided medical care due to concern of being discriminated against or treated poorly.¹⁰



- Poor women are more affected by HIV than women and men in the general US population.¹¹
- HIV prevalence is substantially higher for trans women than for cis women.
- Women are less likely to achieve HIV viral suppression than men.^{12,13}
- Violence and fear of violence can worsen health disparities and health outcomes.¹⁴

WHAT WE CAN DO

The best way to achieve health for people living with HIV is for them to have access to quality healthcare, including medications, and continue treatment consistently. If treatment is delayed or no longer working, HIV will harm their immune system and increase the chances for transmitting HIV to others, getting sick, and developing AIDS.¹⁵ However, a person who is facing immediate hardship may not be able to fully utilize the tools available to treat and manage the virus.¹⁶ Below, we include suggestions that can be implemented at different levels to promote health equity. Because equity takes social injustice into account, different needs call for different levels of support and resources¹⁷ and it will be the advocate's and organization's role to determine which ones are needed for each survivor.

Advocates

- Use trauma-informed care that recognizes individual experiences;
- Screen for non-medical factors influencing health for a specific survivor;
- Analyze and work through internal racial bias that might influence your approach towards the needs of specific communities;
- Connect with culturally specific organizations that can provide support and linguistically appropriate services to Black, Indigenous, Latinx LGBTQ+, and non-English speaking survivors;¹⁸ and
- Help your organization work towards health equity by analyzing and working through its internal organizational needs.

Organizations

- Make health equity a strategic priority: make sure the organization's vision, mission, and goals articulate its commitment to equity;

- Build infrastructure to support health equity: include it in job descriptions and workplans; make sure it is represented, valued, and supported by the board of directors, staff, and volunteers. Center the voices of those most marginalized and oppressed and follow their lead at every step in the process. This requires intention and ongoing accountability to Black, Indigenous, and People of Color;
- Address multiple determinants of health: make space for the intersectional nature of survivors' lives and make sure that your messaging and programming reflect your understanding of the ways multiple forms of oppression interconnect;
- Work through racism and other forms of oppression: do the internal work necessary toward becoming an anti-racist organization and committing to racial justice; and
- Partner with the community to improve health equity: meaningful and transformational partnerships are intentional, fair, and beneficial to all involved.^{19,20}

MOVING FORWARD

Achieving health equity is not a simple or straightforward process. Achieving health equity for HIV-positive marginalized survivors of domestic or sexual violence who live within a multiplicity of intersections can create a very complex and challenging scenario for any organization looking to support them. It takes a deliberate and continuous effort to improve service delivery and, by doing so, improve the survivor's chance to achieve the best possible health outcome for themselves. Hopefully, advocates and domestic violence organizations can continue supporting survivors living with HIV by implementing some of the suggestions included above.

CITATIONS

- 1 Acquired immunodeficiency syndrome (AIDS) is a chronic, potentially life-threatening condition caused by the human immunodeficiency virus (HIV). By damaging the immune system, HIV interferes with the body's ability to fight infection and disease. Mayo Clinic. (n.d.) HIV/AIDS Symptoms & Causes. <https://www.mayoclinic.org/diseases-conditions/hiv-aids/symptoms-causes/syc-20373524>
- 2 World Health Organization preamble to the Constitution. (1946, July 22). Approved by the 80th Congress of the United States of America on June 14, 1948. <https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1>
- 3 American Public Health Association. (n.d.) Health Equity. <https://www.apha.org/topics-and-issues/health-equity>
- 4 Centers for Disease Control and Prevention (n.d.) Social Determinants of Health- Health Equity. <https://www.cdc.gov/chronicdisease/healthequity/index.htm>
- 5 Villines, Z., What are the differences between health equity and health equality? (2021, December 15). <https://www.medicalnewstoday.com/articles/health-equity-and-health-equality>
- 6 Mayo Clinic. (n.d.) HIV/AIDS Symptoms & Causes. <https://www.mayoclinic.org/diseases-conditions/hiv-aids/symptoms-causes/syc-20373524>
- 7 Mayo Clinic. (n.d.) HIV/AIDS Symptoms & Causes. <https://www.mayoclinic.org/diseases-conditions/hiv-aids/symptoms-causes/syc-20373524>
- 8 Katella, K., How HIV Became the Virus We Can Treat. (2021, October 12). <https://www.yalemedicine.org/news/hiv-treatable>
- 9 National Resource Center on Domestic Violence. (2021). Back to Basics: Partnering with Survivors and Communities to Promote Health Equity at the Intersections of Sexual and Intimate Partner Violence. <https://www.nsvrc.org/sites/default/files/2021-09/backtobasicsfinal.pdf>
- 10 Robert Wood Johnson Foundation. (n.d.) Discriminating in America. <https://www.rwjf.org/en/library/research/2017/10/discrimination-in-america--experiences-and-views.html>
- 11 Adimora AA, Ramirez C, Poteat T, Archin NM, Averitt D, Auerbach JD, Agwu AL, Currier J, Gandhi M. (2021, March 20). HIV and women in the USA: what we know and where to go from here. <https://pubmed.ncbi.nlm.nih.gov/33617768/>
- 12 Viral suppression means that HIV treatment is working and has made the viral load very low. This usually happens when a person living with HIV is taking the appropriate treatment consistently. Centers for Disease Control and Prevention (Rev. 2022, July 14). Living with HIV- HIV treatment. <https://www.cdc.gov/hiv/basics/livingwithhiv/treatment.html>
- 13 Adimora AA, Ramirez C, Poteat T, Archin NM, Averitt D, Auerbach JD, Agwu AL, Currier J, Gandhi M. (2021, March 20). HIV and women in the USA: what we know and where to go from here. <https://pubmed.ncbi.nlm.nih.gov/33617768/>
- 14 Prevention Institute. (n.d.) Violence and Health Equity Fact Sheet. <https://www.preventioninstitute.org/sites/default/files/publications/Fact%20Sheet--Links%20Between%20Violence%20and%20Health%20Equity.pdf>
- 15 Centers for Disease Control and Prevention (Rev. 2022, July 14). Living with HIV- HIV treatment. <https://www.cdc.gov/hiv/basics/livingwithhiv/treatment.html>
- 16 National Institutes of Health. (2021, February 19). To end HIV epidemic, we must address health disparities. <https://www.nih.gov/news-events/news-releases/end-hiv-epidemic-we-must-address-health-disparities>
- 17 National Resource Center on Domestic Violence. (2021). Back to Basics: Partnering with Survivors and Communities to Promote Health Equity at the Intersections of Sexual and Intimate Partner Violence. <https://www.nsvrc.org/sites/default/files/2021-09/backtobasicsfinal.pdf>
- 18 Robert Wood Johnson Foundation. (n.d.) Achieving Health Equity. <https://www.rwjf.org/en/library/features/achieving-health-equity.html>
- 19 National Resource Center on Domestic Violence. (2021). Back to Basics: Partnering with Survivors and Communities to Promote Health Equity at the Intersections of Sexual and Intimate Partner Violence. <https://www.nsvrc.org/sites/default/files/2021-09/backtobasicsfinal.pdf>
- 20 These strategies can be applied to any organization that wants to build capacity to center health equity as a priority in their work. This information is based on Improving Health Equity: Guidance for Health Care Organizations. (n.d.) Institute for Healthcare Improvement where you can find additional resources <https://www.ihl.org/resources/Pages/Publications/Improving-Health-Equity-Guidance-for-Health-Care-Organizations.aspx>