HIV/AIDS as a Model: Will We Lead the Way towards Health Equity?

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Overcoming Health Disparities in the Bay Area using HIV/AIDS as a Model
May 23, 2012
San Francisco, CA
July 3, 1981
Rare Cancer Seen in 41 Homosexuals

By LAWRENCE K. ALTMAN

Doctors in New York and California have diagnosed among homosexual men 41 cases of a rare and often rapidly fatal form of cancer. Eight of the victims died less than 24 months after the diagnosis was made.
Stigma

"Go away, we don't want AIDS here."

"You brought shame on our family."

"You're not my son anymore."

"You disgust me."

"Don't you touch my sister."

"I'm not allowed to talk to you."
From Beginning to End

- The San Francisco Model: Community Mobilization
- PLWH/A advocacy
- East Bay hub for social justice: Oakland’s state of emergency highlighting disproportionate impact of AIDS on African American communities
- Progressive gay and transgender politics
- Biomedical/behavioral innovation
Seeking Global Health Equity

The greatest wealth is health.
~ Virgil

HEALTH ≠ HEALTHCARE
Real-World Contexts

2000
2005 keep the promise
2015

Health and the Millennium Development Goals:

- Eradicate extreme poverty and hunger
- Achieve universal primary education
- Promote gender equality
- Reduce child mortality
- Improve maternal health
- Combat HIV/AIDS, malaria and other diseases
- Ensure environmental sustainability
- Develop a global partnership for development
Health Inequities

“Health inequities are differences in health status and mortality rates across population groups that are systemic, avoidable, unfair, and unjust.”

Margaret Whitehead
World Health Organization
Definition – Health Equity*

A desirable goal/standard that entails special efforts to improve the health of those who have experienced social or economic disadvantage.

Health equity is oriented toward achieving the highest level of health possible for all groups.

* Healthy People 2020
HEALTHY PEOPLE
The Surgeon General's Report On Health Promotion And Disease Prevention 1979

Contributors to Ten Leading Causes of Death in 1976

- Behavior: 50%
- Environment: 20%
- Human Biology: 20%
- Inadequate healthcare: 10%
Determinants of Health

Physical Environment

Behavior

Individual

Biological

Social Environment

Access to Quality Healthcare

Policies & Interventions

David Satcher, 2003
How Are the Social and Physical Environment Defined?

- The *social environment* is the aggregate of social, economic, and cultural institutions, norms, patterns, beliefs, and processes that influence the life of an individual or community.
- The *physical environment* comprises the structures and functions of both the natural and built environments that influence the health of individuals or communities.
- “Societal determinants” refers to both the social and the physical environmental realms.
EXAMPLES OF DIFFERENCES IN LIFE EXPECTANCY BY NEIGHBORHOOD

- Bayview/Hunters Point <14 years compared with Russian Hill (City and County of San Francisco)
- Bay Point <11 years compared with Orinda (Contra Costa County)
- West Oakland <14 years compared with the hills (Alameda County)
Cost of Poverty in San Francisco Bay Area

- Every additional $12,500 in household income buys one year of life expectancy
- (Benefit appears to plateau at household incomes above $150,000)
- Similar gradients in Baltimore, NYC, Philadelphia, Hennepin County (Minneapolis St. Paul), Colorado, California, AND Cuyahoga County ($6304/year of life)
EXAMPLES OF INSTITUTIONAL POWERS THAT INFLUENCE NEIGHBORHOOD CONDITIONS

• “BUILT” ENVIRONMENT
  • LAND USE PLANNING
  • TRANSPORTATION
  • ECONOMIC DEVELOPMENT
  • REDEVELOPMENT
  • PORT
• “NATURAL” ENVIRONMENT
  • AIR, WATER, SOIL
• SOCIAL ENVIRONMENT
  • ECONOMIC INVESTMENT, EMPLOYMENT
  • CLASS, RACIAL/ETHNIC COMPOSITION
  • SCHOOLS
A Framework for Health Equity

Socio-Ecological Model

Health Inequities

Health Disparities

- Adapted by ACPHD from the Bay Area Regional Health Inequities Initiative, Spring 2008
Opportunities for Intervention

- Individual
- Community
- Organizations
- Science
- Politics
- Society/Policy
Individual

- Health Literacy
- Access to Care
- Vaccine/PrEP Readiness
- Early Diagnosis
- Support Systems/Holistic Approaches
- Treatment
- Adherence
Community: Asset-Based

- Healthcare Infrastructure in Community
- Partnering with Local Healers
- Education /Training by Local Leaders
- Economic Development – Local Products
- Embrace Multi-Cultural Heritage
Paradigm Shift for Health

- Right to Know
- To Be Counted
- To Contribute
- To Consult
- To Deliberate
- To Demand
Challenges

- Weak and inequitable health systems
- Individual versus structural and upstream strategies
- Self versus community focus
- Inadequate public policies
What Role Do We Play?

- Research
- Clinical/Community Practice
- Policy-Setting/Advocacy
- Trans-disciplinary Approaches
Community-Engaged Research

- meaningful collaboration between researchers and community leaders to help end health disparities in communities

- interdependent, mutually beneficial relationship that requires regular communication and negotiation in pursuit of common goals
What Role Do We Play?

- Clinical Practice
  - Cells and people in context
- Policy-Setting
  - involvement
- Trans-disciplinary Approach
  - Broader lens
  - Cultural experience
Working in the Trenches
Return to Activism
Social Determinants of Health & Futures

- poor schooling, unconscious bias;
- wealth disparities, standardized tests
- schools to prison pipeline;
- old boy network;
- underemployment
- discrimination;
- racial profiling;
- disproportionate lifespan

Privilege, connections, wealth

Yale
Harvard
Creating Change that Matters

Scientific Evidence

Community Evidence
Let’s Lead the Way

HealthEquityInstitute.org