

Influences of Social Determinants of Health on African Americans Living With HIV in the Rural Southeast: A Qualitative Meta-synthesis

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Social determinants of health influence health outcomes and contribute to health disparities in diverse populations. A meta-synthesis was conducted to provide emic perspectives of the experiences of African Americans living with HIV in the rural southeastern United States. Analysis of qualitative literature revealed patterns among social determinants of health as upstream factors contributing to health care barriers, poor health outcomes, decreased quality of life, and health disparities. The purpose of our meta-synthesis was the illumination and synthesis of themes describing characteristics of social determinants of health in selected qualitative articles. The nine themes that emerged included living in poverty, enduring unemployment, missing work, lacking transportation, sustaining stress, feeling socially excluded, needing social support, battling substance use, and lacking adequate health care.

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A multitude of factors affect health for individuals and populations throughout the life course. Risk for acute and chronic diseases can be determined by interactions between social factors that shape health outcomes, such as living conditions, personal choices, life circumstances, and allocation of re-

sources. Social determinants of health contribute to health disparities by influencing the life experiences of diverse groups, including African Americans. The [Healthy People 2020 \(2014\)](#) framework described determinants affecting health such as income, education, and social capital, and provided the context for our qualitative meta-synthesis using a social determinants of health approach. This meta-synthesis promotes understanding of the social determinants of health from the perspectives of those experiencing health disparities. The findings of the qualitative studies included in our meta-synthesis provide illumination about salient social determinants of health through the emic perspectives of African Americans living with HIV in the rural southeastern United States. The purpose of our meta-synthesis was to illuminate and synthesize themes describing characteristics of the social determinants of health in selected qualitative articles.

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Social Determinants of Health

Social determinants often function as barriers to prevention, diagnosis, treatment, and management of communicable and chronic diseases such as HIV. Social determinants of health are defined as the living and social conditions where people are born, live, work, and play that are influenced by political and economic systems, including allocation of resources, health care access, and distribution of power (Bell, Taylor, & Marmot, 2010; World Health Organization, 2013). Factors in social and living environments, such as geography, culture, and individual choices, influence lifestyle, availability of health resources, and exposure to pollutants from early life throughout the lifespan (Braveman, Egerter, & Mockenhaupt, 2011a; Satcher, 2010). Education, social support, economic conditions, environmental factors, social capital, and culture are social determinants that directly and indirectly influence individual and population health outcomes (Healthy People 2020, 2014). In the United States, social gradients of health follow a stepwise pattern associated with better health for individuals advantaged with greater income or education and worse health for adults having lower education and income levels (Braveman, Cubbin, Egerter, Williams, & Pamuk, 2010; Braveman, Egerter, et al., 2011a).

Upstream health determinants are defined as factors within the social, psychological, and physical environments that affect individual health behaviors, disease risk, and health outcomes (Gehlert et al., 2008). Social determinants such as educational achievement and higher socioeconomic status are upstream factors associated with optimal health, increased opportunities and resources, and healthier life choices (Braveman & Gottlieb, 2014; Braveman, Egerter et al., 2011a). In contrast, social and economic disadvantage including poverty, lack of health care access, unhealthy physical environment, and material deprivation are social determinants associated with poor health, lack of opportunity and resources, and health inequity (Braveman & Gottlieb, 2014; Braveman, Kumanyika et al., 2011b). Lower socioeconomic status indirectly triggers poor health by serving as a pathway for deprivation, poor living conditions, and risky behavior choices including smoking, unprotected

sex, and poor diet that increase the likelihood of disease (Adler & Rehkopf, 2008; Braveman, Egerter et al., 2011a; Flaskerund & DeLilly, 2012).

Exposure to social and environmental disadvantage increases health disparities and poor health outcomes for minority groups (Gehlert et al., 2008). Social inequality, low income, and lack of economic opportunity increase HIV risk for minorities who may be disproportionately burdened by socioeconomic disadvantage (Buot et al., 2014). Worse health outcomes for minorities such as African Americans on most health measures can be attributed to social conditions such as lower socioeconomic status, income, and education rather than differences resulting from genetic or racial factors (Braveman, 2012). Analyzing socioeconomic status and race, both independently and jointly, facilitates consideration of socioeconomic determinants that influence health outcomes and decreases overemphasis of biological racial differences as the cause of racial and ethnic health disparities (Adler & Rehkopf, 2008; Braveman, Egerter et al., 2011a; Flaskerund & DeLilly, 2012). Health gradients in individual racial and ethnic groups are statistically apparent when income and socioeconomic status are considered jointly with race (Braveman, Egerter et al., 2011a; Braveman et al., 2010). For example, a step-wise gradient of health can be seen for African Americans with higher education and income levels compared to African Americans having less education and income (Braveman, Egerter et al., 2011a).

Interpersonal factors contribute to poorer health outcomes and health disparities (Gehlert et al., 2008). Populations having lower socioeconomic status are more likely to be discriminated against, marginalized, and excluded from full participation in society (Popay, 2010). Stigma associated with HIV increases the risk for social exclusion and discrimination (Cene et al., 2011). Social exclusion is defined as a state of being withheld from social advantages including employment, money, family relationships, and respect, especially for persons disenfranchised by conditions such as poverty, discrimination, disease, and disability (Popay, 2010). Consequences associated with social exclusion and discrimination can lead to overwhelming stress. Social and psychological stressors contribute to persistent anxiety, low self-esteem, and lack of control, which activate biologic

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