

# Impact of Community Level Factors on HIV Outcomes

July 1, 2014  
9:00 – 10:00 EDT

# **The role of community-level factors across the treatment cascade: A critical review**

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# Roadmap

- Background
- Methodology
- Results
- Implications

# Background

- HIV/AIDS treatment cascade dominated by work at the individual level
- Call from UNAIDS to expand the research agenda and address the role of the community and community systems in all steps of the treatment cascade
- No literature review on the role of community-level factors (CLFs) and HIV previously published
- Better understanding of CLFs could inform the design and implementation of more effective, sustainable interventions

# Two research questions

- What community-level factors promote/inhibit HIV testing, encourage/discourage uptake of appropriate treatment, or support/undermine adherence and care in low- and middle-income countries?
- What CLFs have been addressed by HIV-related interventions? How and with what effect?

# What are community-level factors?

- Contextual measures
  - Only available at the community level, such as number of groups providing care & support
- Compositional measures
  - Aggregated from individual-level data, such as the proportion of the population that has been tested
- In this study, “community” refers to people living in the same geographical area

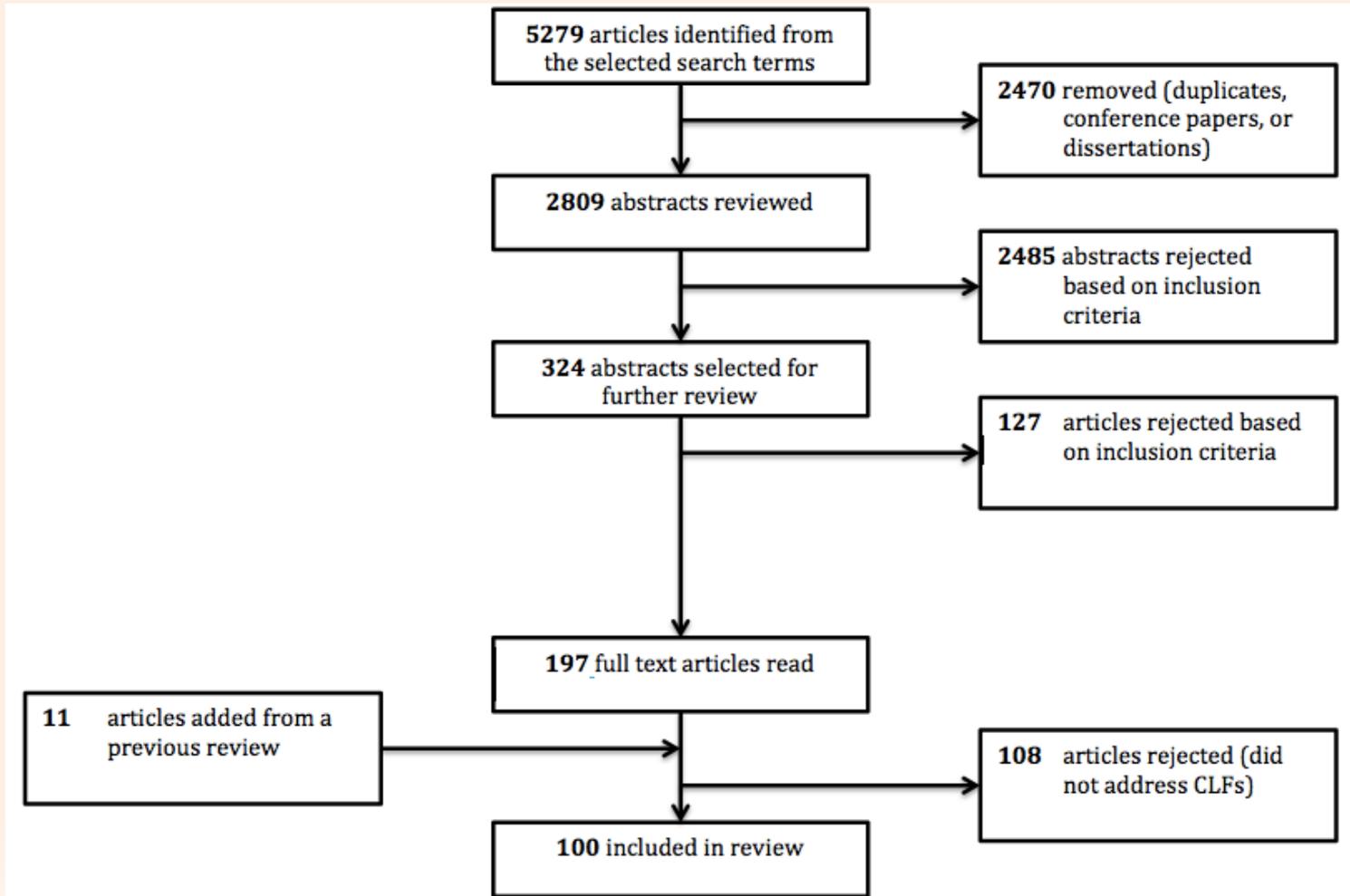
# Methodological approach

- Search string developed and adapted for five databases
  - PubMed, Embase, Scopus, CINAHL, Global Health
- Limited to
  - Studies conducted in low- and middle-income countries and
  - articles published in English, French, or Spanish
- Abstracts were reviewed, and relevant full texts were assessed for inclusion
- Inclusion: 1) CLFs assessed in relation to the treatment cascade, 2) peer-reviewed articles, and 3) studies conducted in low- and middle-income countries

# Examples of search terms

Community-level factors			
<ul style="list-style-type: none"> <li>• Community/neighborhood based factor</li> <li>• Community/neighborhood based variable</li> <li>• Community/neighborhood based assessment</li> <li>• Community/neighborhood based social factor</li> <li>• Community/neighborhood/contextual effect</li> <li>• Community/neighborhood/structural/contextual factor</li> <li>• Community/neighborhood/structural/contextual variable</li> <li>• Community/neighborhood/structural/contextual social factor</li> <li>• Community/neighborhood/structural/contextual characteristic</li> <li>• Community/neighborhood/structural/contextual level</li> <li>• Community/neighborhood/structural/contextual influence</li> <li>• Community/neighborhood/structural/contextual determinant</li> <li>• Community/neighborhood/structural/contextual predictor</li> </ul>	<ul style="list-style-type: none"> <li>• Community/neighborhood support</li> <li>• Community/neighborhood domain</li> <li>• Community/neighborhood resilience</li> <li>• Community/neighborhood efficacy</li> <li>• Community/neighborhood involvement</li> <li>• Community/neighborhood/social structure</li> <li>• Community/neighborhood/social participation</li> <li>• Community/neighborhood/social environment</li> <li>• Community/neighborhood/social network</li> <li>• Community/neighborhood/social care network</li> <li>• Community/neighborhood/social empowerment</li> <li>• Community/neighborhood/social integration</li> <li>• Community/neighborhood/social disintegration</li> </ul>	<ul style="list-style-type: none"> <li>• Social isolation</li> <li>• Social marginalization</li> <li>• Social conformity</li> <li>• Social stigma</li> <li>• Social value</li> <li>• Value orientation</li> <li>• Social distance</li> <li>• Social exclusion</li> <li>• Social cohesion</li> <li>• Social rejection</li> <li>• Social acceptance</li> <li>• Social ecology</li> <li>• Social condition</li> <li>• Social barrier</li> <li>• Social custom</li> <li>• Group membership</li> <li>• Community capacity</li> <li>• Collective efficacy</li> <li>• Health network</li> <li>• Unstable housing</li> <li>• Multilevel influence</li> <li>• Multilevel factor</li> <li>• Multilevel analysis</li> <li>• Residence characteristic</li> </ul>	<ul style="list-style-type: none"> <li>• Social norm</li> <li>• Stigma</li> <li>• Social factor</li> <li>• Cultural factor</li> <li>• Social capital</li> <li>• Cultural capital</li> <li>• Social determinant</li> <li>• Cultural determinant</li> </ul> <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> <li>• Community</li> <li>• Neighborhood</li> </ul>

# Flowchart



# Results

- 208 articles identified for possible inclusion; each article read by 2 randomly assigned readers
- 100 articles were deemed relevant
- 5 articles discussed interventions
- 19 articles analyzed quantitative data
- The majority of articles were focused on 1) HIV counseling and testing (HCT) and 2) ART adherence

# Findings: Major themes across the cascade

- Social support and social networks
- Cultural and gender norms
- Stigma

# Themes discovered: HIV Counseling and Testing

- Community-level HIV knowledge, men employed, primary school completion (+)
- Membership in community organizations (+)
- Community action following a community empowerment intervention (+)
- Low testing and lack of support in communities, fear of social exclusion (-)
- Norms associating HCT with reduced masculinity
- Communities in which women need husband's permission or/and financial resources for HCT (-)
- Perceived and overt stigma (-)

## Themes discovered: Pre-ART

High rates of attrition and loss to follow-up between testing and treatment

- Social support networks (+)
- Collective efficacy, social cohesion and social support (+)
  - Several studies found social cohesion higher in rural areas
- Feminine roles (+), masculine roles (-),
- Fear of losing social support; social rejection and isolation (-)
- Fear of being seen at an ART facility (-)
- Provider stigma (-)

## Themes discovered: Adherence

- Community-level HIV knowledge (+)
- Social support, social networks, including family, friends, teachers, CBO, employer networks (+)
- Community support (+)
- Men's avoidance of AIDS clinics (-)
- Women whose husbands fail to provide financial support for transport, clinic fees (-)
- Discrimination, stigma at school, caregivers' fears of community stigma (-)
- Interestingly, anticipated stigma can motivate adherence to avoid sickly appearance (+)

## Themes discovered: HIV/AIDS care

- Community systems, including community support, community participation in care (+)
- CBO engagement in the community (+)
- Fear of and experiences of discrimination from community members (-)
- Provider stigma (-)

# Conclusions: What next for CLFs?

- Review identified key themes in work on community-level factors to inform HIV work
- Lack of community-level interventions calls for programs that intervene, and **evaluate**, at the community level
- Limited quantitative work measuring community-level factors
  - aggregate available individual-level data
  - greater integration of multilevel methods to assess effects beyond the individual

## Implications for future programs

- Interventions designed to support equitable gender norms, cultural norms to enable appropriate treatment of key populations, and stigma reduction could be potential next steps for targeting community-level factors
- Research that rigorously assesses the role of CLFs is urgently needed as we strive to minimize loss to follow-up across the treatment cascade.

# Thank you!

Questions or comments?

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