

# Defining Structural Change

This series was developed for HIV service providers and community planners to increase the effectiveness of HIV prevention planning, program development, and policy change efforts, in line with the National HIV/AIDS Strategy for the United States.

**W**ith the publication of the National HIV/AIDS

Strategy for the United States (NHAS), the federal government has acknowledged the importance of addressing social determinants of health.<sup>1</sup> The first publication in the “HIV Prevention at the Structural Level” series defined social determinants of health and discussed their connection to HIV risk and HIV/AIDS inequities.<sup>2</sup> This second publication will provide an accessible definition of structural change that can be applied by communities, policy makers, and other stakeholders to tackle social determinants of health that cause HIV/AIDS health inequities.

## What Is Structural Change?

Structural change is a new or modified practice, program, or policy that can be sustained over time and is logically linkable to preventing the acquisition or transmission of HIV.<sup>3</sup> This definition is inclusive of incremental changes that may lead to larger, more systemic change. It also encompasses structural interventions, which refer to interventions that are designed to create structural changes. A quality that all structural changes share is that they are sustainable, even when the initial champions are no longer involved. This upstream, preventive approach can also have a broad reach and ultimately a pervasive impact on those targeted (see *Intervening Upstream*).

Structural changes are designed to respond to the social determinants of health associated with HIV risk. Social determinants

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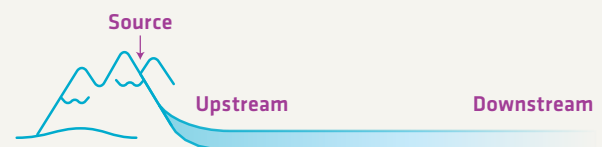
(Adapted from *Connect to Protect*<sup>®</sup>: Partnerships for Youth Prevention Interventions.<sup>3</sup>)

of health are the complex and overlapping community, social, and environmental factors that influence an individual’s risk for HIV.<sup>2</sup> Examples of social determinants of health include social support, housing conditions, and discrimination.

## Breaking Down the Definition of Structural Change: Practice, Program, Policy

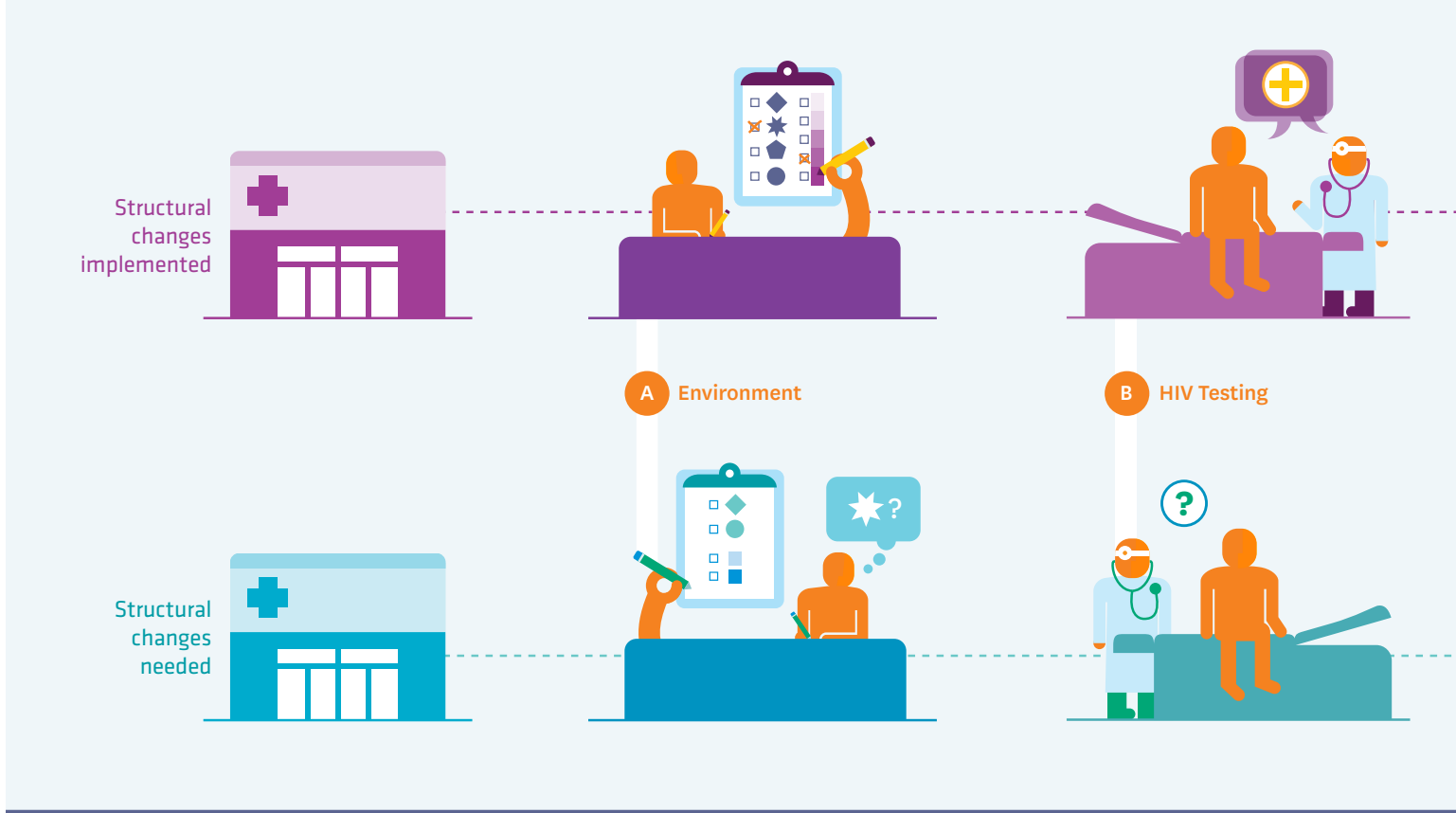
A structural change can be categorized as a practice change, a program change, or a policy change.

### Intervening Upstream



Public health professionals frequently use the concept of upstream versus downstream to illustrate the importance of intervening closer to the source of a problem. Structural changes are considered upstream and therefore are responsive to the social determinants of HIV, like homophobia and lack of access to health care. Not only is an upstream change more closely related to the source of a problem, it will reach more people and is more likely to be cost-effective in the long run.

# Making the Connection: Preventing HIV through Structural Change



A **practice** change is a change to the standardized action or manner of doing something. Practice changes are sometimes overlooked as a form of structural change but nevertheless can be an effective way of intervening upstream. If a practice change were to become institutionalized in written guidelines, it would be considered a policy change.

A **program** change is the creation of or change to a set of ongoing, organized activities with a desired outcome. Compared to practices, programs require more of an investment in resources, such as funding and infrastructure.

A **policy** change is the creation of written guidelines that regulate the environment and/or the individuals within the environment. Organizational protocols, local ordinances, and federal laws are examples of different types of policies. Given their wide reach and high degree of sustainability, policies are the ideal type of structural change.

## Breaking Down the Definition of Structural Change: Logically Linkable

Because structural changes are focused upstream, it is important to articulate, or logically link, how the changes will have the desired effect—to prevent the acquisition and transmission of HIV

## Examples of Structural Changes Related to Condom Distribution

### Practice

A community clinic implements a new practice of routinely offering free condoms to clients who utilize primary care services.

### Program

A health department develops a new program that includes free condom distribution at bars and night clubs.

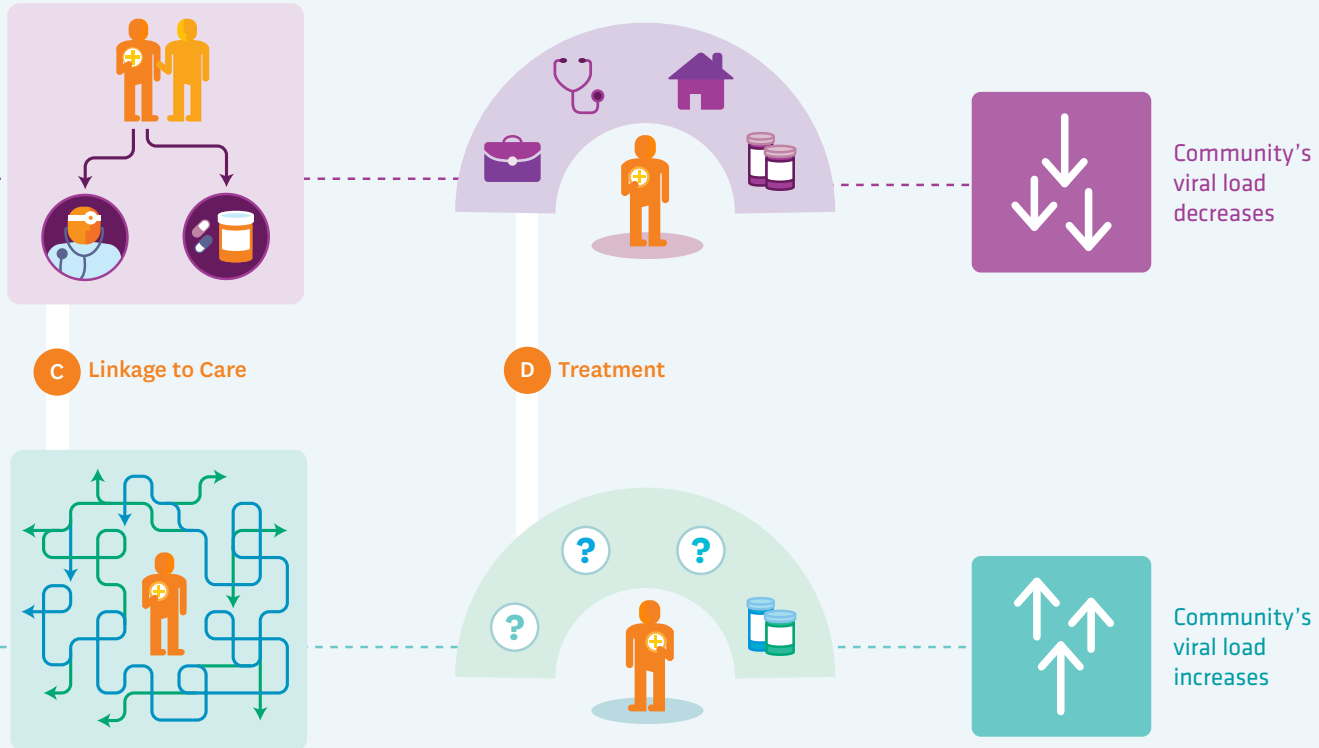
### Policy

A board of education changes its policy to allow condoms to be available in high schools.

among individuals. The rationale behind a structural change must be grounded in research and/or best practice.

There are many ways to prevent HIV from being acquired by HIV-negative individuals, such as condom use, prevention of other sexually transmitted infections (STIs), and not sharing injection paraphernalia. But that is half the picture. Helping HIV-positive individuals to not transmit the virus is equally important. For

Two different community clinics—one where structural changes have been implemented and one where structural changes are needed.



example, increasing HIV testing to identify people living with HIV, getting those living with HIV engaged and retained in care, and lowering their viral load with medication will contribute to decreasing transmission of the virus.<sup>4,5</sup> Lowering the rate of acquisition and transmission in a particular population or community can help lower the community viral load, which is an indicator of HIV transmission potential and the quality of HIV care and treatment for a geographic area or population.<sup>6</sup>

Central to the link between structural changes and the prevention of HIV acquisition and transmission are social determinants of health. By influencing social determinants of health that are related to HIV risk, structural changes can ultimately reduce HIV rates. This is illustrated in the information graphic above, where structural changes affecting one social determinant—health care access and quality—are able to decrease a community's viral load.

### Structural changes implemented

### Structural changes needed

A

#### Environment

Intake forms are changed to include questions about a spectrum of identities and experiences.

Form revisions: Intake forms that do not include a spectrum of identities and experiences create potential barriers to engagement.

B

#### HIV Testing

New guidelines require staff to offer an HIV test to all patients, increasing the number of people who know their status.

Testing protocol: HIV tests are not offered routinely, resulting in missed opportunities for people to know their status.

C

#### Linkage to Care

New linkage to care program connects HIV-positive individuals to care.

Linkage to care program: HIV-positive individuals are not linked to care.

D

#### Treatment

New programs provide essential services, such as housing, job training, and mental health therapy that support medication adherence.

Comprehensive services: Clients are given medications but face other challenges such as housing and employment that affect medication adherence.

## Why Is Structural Change Important?

Unlike more traditional public health interventions, all structural changes are designed to last for the long term. By having a broad reach and being sustained over time, structural changes are cost-effective. In addition, they respond to underlying causes of the HIV epidemic, such as social determinants of health, which can be challenging to change.

While structural change offers an innovative approach to combating HIV, it is not meant to replace other types of interventions. In fact, structural change is an important piece of the combination of interventions needed to fight the HIV epidemic and HIV-related health inequities, or the unjust and avoidable difference in health status and outcomes among groups of people.<sup>2</sup> These inequities can be minimized through structural changes targeted to communities and populations most disproportionately impacted by HIV/AIDS.

### Summary

This resource has defined structural change for HIV prevention and highlighted its importance in confronting social determinants of health that drive HIV-related health inequities.

The next publication in this series will describe how HIV service providers and communities can mobilize to create structural changes with the goal of reducing HIV/AIDS. When HIV service providers and communities are involved, structural changes can truly have a lasting impact. ■

## Discussion

Here are some starting points for discussing structural change with others in your organization or community:

- What part of the definition of structural change resonates most with you?
- Can you identify a structural change (practice, program, or policy) that has impacted the population that you serve?
- What structural changes would you like to see in your organization or community?

SYPP Center at Children's Hospital Los Angeles provides trainings and technical assistance for communities seeking to create structural changes and incorporate this approach into their HIV prevention efforts. For more information or to develop a tailored capacity building assistance plan, contact SYPP Center at [sypp@chla.usc.edu](mailto:sypp@chla.usc.edu).

## References

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For inquiries about this publication, please contact SYPP Center at [sypp@chla.usc.edu](mailto:sypp@chla.usc.edu). Additional resources are available at <http://www.chla.org/sypp>.

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