Predictors of Non-Adherence to Medical Follow-Up Care Among African Americans with HIV/AIDS

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Abstract
Persons living with Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) who do not adhere to their medical follow-up appointments tend to have poorer health outcomes compared to HIV/AIDS patients who adhere to their medical follow-up appointments (Lima et al., 2009). This study examined factors that influence non-adherence of African-Americans with HIV/AIDS to medical follow-up appointments.

Problem
• HIV/AIDS is a growing epidemic in the African American community (CDC, 2013)
• African Americans are disproportionately affected by HIV/AIDS when compared to other racial/ethnic groups
• HIV/AIDS patients who do not adhere to their medical follow-up appointments are unable to adhere to a prescribed medical regimen, and have poorer health outcomes from the disease
• African Americans have higher rates of non-adherence to HIV/AIDS treatment regimen (Lemly et al., 2007; Mugavero et al., 2009)

Purpose
• African Americans have been found to have poorer adherence to medical treatment and follow-up care for HIV/AIDS.
• The purpose of this study was to examine predictors of perceived barriers (predisposing, enabling, and environmental factors) on adherence to medical regimen and follow-up care among African Americans living with HIV/AIDS.

Relevant Literature
• African Americans represent almost half (44%) of those living with HIV in the United States (CDC, 2013)
• Medical regimen for the treatment of HIV/AIDS patients has improved over the years; however, reports indicate that non-adherence to HIV/AIDS medical regimen is more common with African American patients than any other ethnic/racial group (Mugavero et al., 2009)
• Missed appointments for HIV/AIDS care can lead to adverse clinical and economic outcomes
• An adapted version of the Andersen Behavioral Model of Health Services Utilization was used to guide this study (Ulett et al., 2009)
• Factors contributing to non-adherence (Bradford et al., 2007; Grindley et al., 2008; Lemly et al., 2007; Rajabian et al., 2007):
  • Sociodemographic
  • Sociopsychological
  • Socioeconomic
  • Environmental causes
  • Clinical outcomes
  • Drug and alcohol dependence
  • Antiretroviral prescriptions
  • Stigma
  • Employment status
  • Organizational factors
  • Health beliefs
  • Health care utilization characteristics

Research Questions
1. What health care environmental and personal factors are barriers to medical appointments for African Americans with HIV/AIDS?
2. Which predisposing, enabling, and environmental factors among African Americans with HIV/AIDS at an outpatient infectious disease clinic will best explain non-adherence to outpatient medical follow-up appointments?
3. For African Americans with HIV/AIDS at an outpatient infectious disease clinic, is there a difference in predisposing, enabling, and environmental factors for those who adhere to their outpatient medical follow-up appointments and those who do not adhere to their outpatient medical follow-up appointments?

Procedures
• IRB approval was obtained to conduct this study
• A descriptive predictive correlational design was used
• Nonprobability convenience sampling technique
• Quantitative and qualitative data collection methods were used
• Electronic medical chart reviews were conducted at an infectious disease clinic in the southeastern United States
• A retrospective chart review was used to identify factors related to patients’ non-adherence to outpatient infectious disease appointments (N = 82)
• Participants (N = 20) who attended medical follow-up appointments at outpatient clinic completed a survey and the Engagement with Health Care Provider Tool
• Surveys explored specific barriers, obstacles, and difficulties the patients experienced adhering to their scheduled medical follow-up appointment

Data Analysis
• 82 retrospective electronic medical record reviews were completed
  • 54.9% Males
  • 45.1% Females
• 20 African Americans completed surveys face-to-face with researcher
  • 55% Males
  • 45% Females
• Quantitative data:
  • Descriptive statistics, Pearson chi-square, and Logistic regression analysis were used
  • Qualitative data: Descriptive statistics and content analysis were used

Findings
• Quantitative: Predisposing factors were related to the number of scheduled visits and HAART medications initiated.
• Multivariate findings indicated that only predisposing factor of increased number of visits scheduled was significantly related to increased non-adherence
• Qualitative: Barriers/obstacles/difficulties with adhering to medical follow up appointment: work, school, transportation, lack of support, scheduling conflict, emergency, and experienced stigma

Limitations
• Setting, sample size, and data collection procedures
  • Small sample size that would benefit with a future study with a larger sample
  • Used one site (setting)
• Rigor could have improved by developing random selection process of the available records
• Study was limited to only African Americans with HIV/AIDS

Conclusions
• It is critical for health care providers to develop culturally appropriate strategies that will engage African Americans with HIV/AIDS adherence to their medical follow-up appointments and treatment regimens
• The model supported examination of predisposing factors towards non-adherence of follow up

Social Change Implications
• Community resources and wrap around services are needed to support African Americans living with HIV/AIDS to increase adherence in follow up care, and promote quality health outcomes
• This study demonstrates that policies are needed to guide the coordination of comprehensive care services for African American patients living with HIV/AIDS
• Culturally appropriate/sensitive interventions are needed to address barriers to adhering to medical follow up care among African Americans living with HIV/AIDS