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 (Ulet 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 regiments
- 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