

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; Lemley et al., 2007; Rajabiun 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

