Predictors of Retention in the Women's Interagency HIV Study, 2011-2019

1080

Caitlin A. Moran[1], Brittany W. Jacob[2], C. Christina Mehta[1], Anandi N. Sheth[1], Sarah Krier[3], Zenoria Causey Pruitt[4], Deborah Jones Weiss[5], Andrew Edmonds[6], Gypsyamber D'Souza[7], Kathleen M. Weber[8], Jennifer Cohen[9], Lakshmi Goparju[10], Susan Holman[11], Adebola Adedimeji[12], Cecile D. Lahiri[1]

[1]Emory University, Atlanta, GA, USA, [2]Ichan School of Medicine at Mount Sinai, New York, NY, USA, [3]University of Pittsburgh School of Public Health, Pittsburgh, PA, USA, [4]University of Alabama at Birmingham, Birmingham, AL, USA, [5]University of Miami, Miami, FL, USA, [6]University of North Carolina at Chapel Hill, Chapel Hill, NC, USA, [7]Johns Hopkins University Bloomberg School of Public Health, Baltimore, MD, USA, [8]Cook County Health/Hektoen Institute of Medicine, Chicago, IL, USA, [9]University of California San Francisco, San Francisco, CA, USA, [10]Georgetown University, Washington, DC, USA, [11]State University of New York Downstate Health Sciences University, Brooklyn, NY, USA, [12]Albert Einstein College of Medicine, Bronx, NY, USA

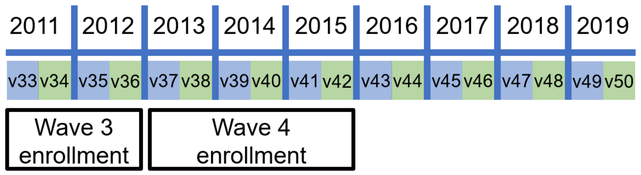
BACKGROUND

- Women of color and women of low socioeconomic status (SES) are underrepresented in HIV research
- Since HIV disproportionately affects marginalized populations, representation of these populations in clinical research is crucial to improving clinical outcomes.
- The Women's Interagency HIV Study (WIHS) is a longitudinal cohort study of women living with HIV (WLWH) and comparable women without HIV in the U.S.

METHODS

- Women enrolled in WIHS between 2011-2015 were followed for up to 10 consecutive semiannual visits through 2019.
- Baseline factors associated with full (100%), partial (71-99%) and low (≤70%) visit attendance were assessed by multivariable ordinal logistic regression.
- Baseline factors associated with early (visits 2-3), intermediate (visits 4-6), and late (visits 7-10) dropout were assessed by chi-square.

WIHS VISIT STRUCTURE

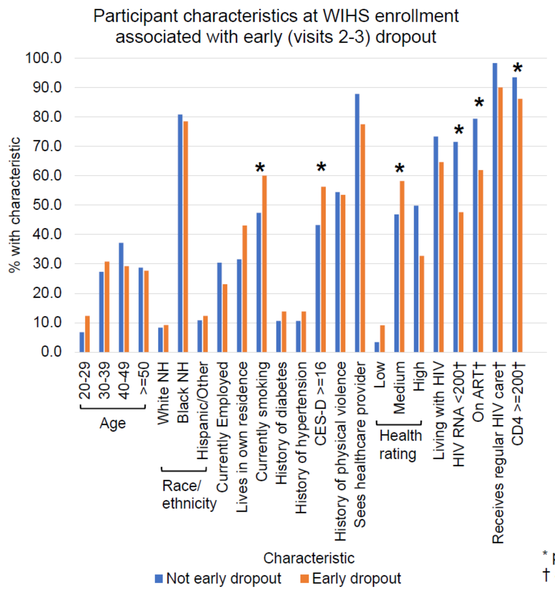


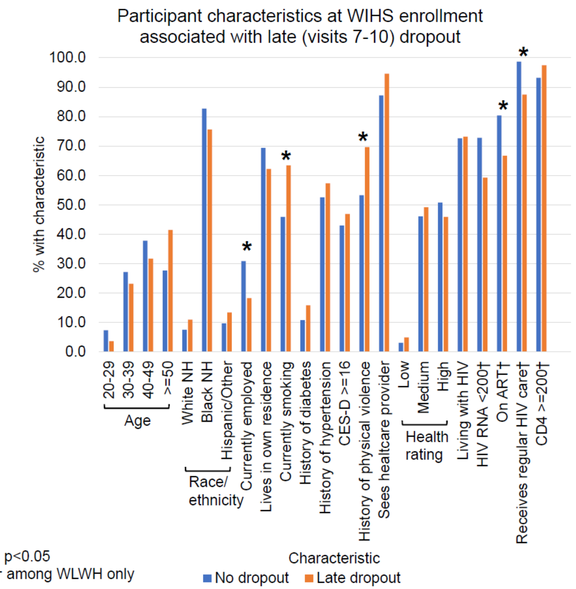
RESULTS

- 1,214 participants (886 WLWH, median age 44 years, 81% Black, 69% from the U.S. South, 59% median income <$12,000/year) were included.
- 76% attended 100% of visits, 14% attended 71-99% of visits, 10% attended ≤70% of visits.
- Black race, older age, living in the South, living in one's own home, history of hypertension, and antiretroviral therapy (ART) use were associated with greater visit attendance.
- Overall retention after 10 visit cycles was 81%.
- 5% of participants dropped out at visits 2-3, 7% dropped out at visits 4-6, and 8% dropped out at visit 7 or later.
- Early dropout was associated with smoking, depression, low health rating, HIV RNA ≥200 cop/mL, no ART, and CD4 <200 at WIHS enrollment.

Visit attendance was *high* in a cohort of predominantly Black and low SES women living with and without HIV in the US.
Characteristics at enrollment differed in those with early vs. late **study dropout.**

RESULTS – STUDY DROPOUT

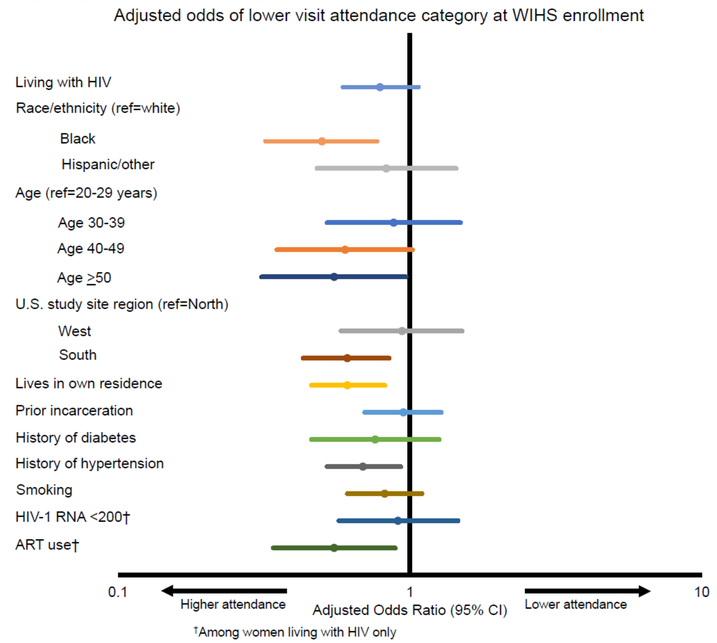




* p<0.05
† among WLWH only

- Late dropout was associated with unemployment, smoking, history of physical violence, no ART, and not receiving regular HIV care at WIHS enrollment.

RESULTS – VISIT ATTENDANCE



CONCLUSIONS

- Visit attendance and retention of predominantly Black, low SES women in WIHS was excellent.
- Different characteristics at study enrollment were associated with different study dropout times, suggesting that different retention strategies may be required over time.
- Additional data are needed to understand factors that influence clinical research participation, particularly among groups that are traditionally underrepresented in research.

ACKNOWLEDGEMENTS

We gratefully acknowledge the contributions of the study participants and dedication of the staff at the MWCCS sites.

Data were collected by the WIHS, now the MACS/WIHS Combined Cohort Study (MWCCS). The MWCCS is funded primarily by the National Heart, Lung, and Blood Institute (NHLBI), with additional co-funding from the *Eunice Kennedy Shriver* National Institute Of Child Health & Human Development (NICHD), National Institute On Aging (NIA), National Institute Of Dental & Craniofacial Research (NIDCR), National Institute Of Allergy And Infectious Diseases (NIAID), National Institute Of Neurological Disorders And Stroke (NINDS), National Institute Of Mental Health (NIMH), National Institute On Drug Abuse (NIDA), National Institute Of Nursing Research (NINR), National Cancer Institute (NCI), National Institute on Alcohol Abuse and Alcoholism (NIAAA), National Institute on Deafness and Other Communication Disorders (NIDCD), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institute on Minority Health and Health Disparities (NIMHD), and in coordination and alignment with the research priorities of the National Institutes of Health, Office of AIDS Research (OAR). MWCCS data collection is also supported by UL1-TR000004 (UCSF CTSA), UL1-TR003098 (JHU ICTR), UL1-TR001881 (UCLA CTSI), P30-AI-050409 (Atlanta CFAR), P30-AI-073961 (Miami CFAR), P30-AI-050410 (UNC CFAR), P30-AI-027767 (UAB CFAR), P30-MH-116867 (Miami CHARM), UL1-TR001409 (DC CTSA), KL2-TR001432 (DC CTSA), and TL1-TR001431 (DC CTSA). C.A.M. is also supported by NHLBI of the NIH (K23HL152903).

caitlin.moran@emory.edu