Studying Medication Adherence for Black People Living With HIV: An Intersectional Lens

1117

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BACKGROUND

This study's focus was to understand the mechanisms and pathways behind the racial gap in HIV medication adherence in the U.S. Midwest.

Research question:

- Are sociodemographic, health status, and social determinants of health variables associated with ART adherence outcomes for Black PWH in a Midwestern state?

Among all racial groups, Black people living with HIV (PWH) are most vulnerable to ART nonadherence compared to their counterparts; statistics show only 62% of Black PWH take their medications as prescribed.

Multi-level factors, such as access to care, patient – provider relationships, and stigma are known barriers to HIV care for Black Americans, however, minimal research investigates the associations between these determinants and ART adherence.

This study investigated racial differences in ART adherence, considering the multiplicative and exacerbating effects of discrimination in healthcare setting and HIV-related stigma on the racial gap.

METHODS

- **Data**: Local surveillance data, years 2018-2021, among adults living with HIV in the Midwest (n=716),

We estimated nested logistic regression models. Models included:

- Unadjusted racial differences
  - Then, the degree the gap is explained away or exacerbated by discrimination and stigma.
- Adjusted models controlling for: age and gender, health status variables social determinants of health sequentially, first the structural indicators, and then the individual experiences. Analyses were conducted by Stata 18.

Overwhelmingly, results show us that individuals who identified as Black had significantly lower odds of optimal ART adherence in all models. These outcomes, when considered with the results from our key variables, align with previous research demonstrating that ***racism and discriminatory experiences have deleterious effects on ART adherence***.

RESULTS

Table 3.3.c: Association of Stigma, Discrimination and Race with Adherence; Controlling for Demographics

	Odds ratio	P>|z|	[95% conf.	interval]
Race/Ethnicity				
Other Races	1.00			
Black PWH	0.56	0.001	0.40	0.78
Discrimination	0.45	0.000	0.32	0.65
Stigma	0.47	0.080	0.20	1.09
Gender				
Male	1.00			
Female	0.73	0.098	0.50	1.06
Age				
19-40	1.00			
41-61	1.37	0.084	0.96	1.97
62 or Older	2.08	0.006	1.23	3.53

CONCLUSIONS

Is it possible that structural racism is the driver of poor ART adherence outcomes?

- Structural racism hinders populations' ability to access resources that support well-being. However, recent a systematic review, found that none of the seventeen included articles examined structural racism's role in HIV outcomes, including ART adherence.

- Racism is a facilitator of social determinants of health, including social and economic disparities, transportation issues, stigma, and discrimination.

- For this population, structural racism undergirds poor adherence outcomes.

LIMITATIONS

• Data are cross-sectional; as such, causal inferences cannot be determined.

• Author did not have access to all the variables in this data. As such, future investigations using this data should include validated mental health and substance abuse-related measures.

• Being limited to a single state impacts the generalization of the findings.

• Statistical power was another potential issue and should be mitigated with access to additional years of data.

• Social desirability bias could have impacted how respondents answered items in the survey. Due to the low response

• Data may be impacted by response bias.

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