Positive Influences:
Understanding Multilevel Factors Contributing to Women’s Entry, Engagement, and Adherence to HIV Treatment and Care
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A Spectrum of HIV Vulnerabilities

Prevent new HIV infections

Improve linkage to care and treatment

Reduce HIV-related health disparities
Study Purpose

• Improve understanding of intersectional, multilevel factors impacting both successes and challenges in the HIV Care Continuum of women living with HIV (WLWH)
  – Development of “risk” typology
  – Introduce clinical and programmatic efficiencies
  – Improve women’s health and well-being

• Develop interventional approaches for specific groups
Qualitative Methods

• Purposeful sampling
• In-depth interviews with 33 women from the Atlanta WIHS Cohort representative of range of continuum experience (e.g., newly diagnosed/unlinked to care compliant/ARV adherent)
• WIHS quantitative data linkage
Care Continuum Definitions

- **Care-engaged (Group 1):** Active care (attended ≥ 2 provider visits in past year, routinely obtained CD4/VL tests, virally suppressed/ARV adherent)

- **Care-inconsistent (Group 2):** Some care (attended at least one provider visit in past year, obtained at least 1 follow-up CD4/VL test post-diagnosis, VL fluctuation, inconsistent or no ARV use)

- **Care-detached (Group 3):** No routine care (no reported routine provider visits, no routine CD4/VL tests since diagnosis, no ARV use)
Qualitative Methods

- Questions include influences on behaviors along the HIV Care Continuum
  - Structural factors
  - Social support factors
  - Individual factors

- Content Analysis
PRELIMINARY RESULTS
Participant Demographics (n = 33)

<table>
<thead>
<tr>
<th></th>
<th>All participants</th>
<th>Care-Engaged n = 18</th>
<th>Care-Inconsistent n = 9</th>
<th>Care-Detached n = 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥50 years of age</td>
<td>17 (51.5%)</td>
<td>8 (44.4%)</td>
<td>6 (66.7%)</td>
<td>3 (50%)</td>
</tr>
<tr>
<td>African American</td>
<td>31 (93.9%)</td>
<td>17 (94.4%)</td>
<td>8 (88.9%)</td>
<td>6 (100%)</td>
</tr>
<tr>
<td>High School or less</td>
<td>19 (57.6%)</td>
<td>8 (44.4%)</td>
<td>4 (44.4%)</td>
<td>6 (100%)</td>
</tr>
<tr>
<td>Divorced/separated</td>
<td>27 (81.8%)</td>
<td>17 (77.8%)</td>
<td>7 (77.8%)</td>
<td>5 (83.3%)</td>
</tr>
<tr>
<td>Mean monthly Income &lt; $1,000</td>
<td>17 (51.5%)</td>
<td>8 (44.4%)</td>
<td>4 (44.4%)</td>
<td>5 (83.3%)</td>
</tr>
<tr>
<td>Public Insurance</td>
<td>20 (60.6%)</td>
<td>9 (50.0%)</td>
<td>7 (77.8%)</td>
<td>4 (66.7%)</td>
</tr>
<tr>
<td>CD4 &lt;500</td>
<td>17 (51.5%)</td>
<td>10 (55.6%)</td>
<td>4 (44.4%)</td>
<td>2 (33.3%)</td>
</tr>
<tr>
<td>Undetectable Viral Load</td>
<td>14 (63.6%)</td>
<td>8 (66.7%)</td>
<td>5 (71.4%)</td>
<td>1 (33.3%)</td>
</tr>
</tbody>
</table>

*There were no significant differences between the groups*
Group 1: Care-Engaged (55%)

Enduring Challenges
- Transportation
- Substance use or abuse

Retention in Care

Care Facilitators
- Public assistance programs
- Mental health services
- Supportive hospital staff
- Prompt linkage to care*
- Family and religious support
- Safe sex practices
- Relationship with provider
- Positive emotional health
- HIV care knowledge
- Perceived benefit of medication
- Healthy lab values
# Care Engagement Factors

<table>
<thead>
<tr>
<th>Healthcare experience</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I love Dr. ***, he’s the cat’s meow. He has a passion for what he is doing and its infectious.”</td>
<td>“I quit drinking. I used to drink liquor and beer, but I quit for me to take my medicine.”</td>
</tr>
</tbody>
</table>
Group 2: Care-Inconsistent (27%)

Enduring Challenges
- Barriers to receiving medication
- Unfamiliar provider(s)
- Substance use or abuse
- Perceived stigma

Care Facilitators
- Public assistance programs
- Mental health services
- Supportive hospital staff
- Housing
- Relationship with provider
- Healthy lab values
Care-Inconsistency Factors

Healthcare Experience
“...make it clear why I can’t take medicine....that make me think ok they ain’t telling me something. Something else is going on and they’re not telling me.”

Substance Use
“I take Atripla...I been got drunk and forgot to take my medicine.”
Group 3: Care-Detached (18%)

Enduring Challenges
- Barriers to receiving medication
- Housing
- Substance abuse

Care Facilitators
- Referral to services
- Supportive hospital staff
- Family and religious support
- HIV care knowledge
- Healthy lab values
- Mental health services
- Support groups and classes
- Relationship with provider
- Mental health care
- Perceived medication benefit
## Care-Detached Factors

<table>
<thead>
<tr>
<th>Healthcare experience</th>
<th>Substance Abuse</th>
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<tbody>
<tr>
<td>“I don’t know, I don’t know what I’m supposed to do. I don’t know if I’m supposed to take meds....”</td>
<td>“I got my medicine on February 4, 2008 and I started taking it...I kept drinking...I still did drugs, I still smoked crack.”</td>
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Summary and Implications

• Care engaged:
  – have more positive experiences overall and prompt linkage to care with few challenges

• Care inconsistent:
  – More positive experiences and some challenges with negative health care experiences (providers and barriers to medications) and stigma

• Care detached barriers:
  – Fewer positive experiences overall
  – Majority had negative health care experiences (providers, barriers to medications) and housing
Summary and Implications

• WLWH face structural, social, and individual challenges that threaten care engagement.

• Ever present challenge: substance use.

• Fewer positive and more negative experiences (with providers, stigma/discrimination, accessing meds) and housing challenges were more common as women were more detached from care.
Questions?