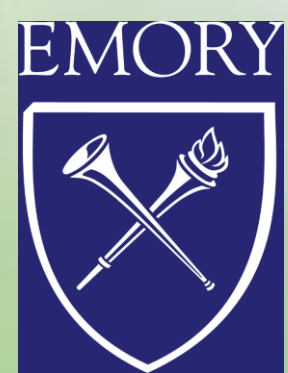




**Positive Influences:
Understanding Multilevel Factors Contributing to
Women's Entry, Engagement, and Adherence to HIV
Treatment and Care**

Marcia M. Holstad, PhD, RN-C, FAANP, FAAN





Paula M. Frew, PhD, MA, MPH, Principal Investigator

Marcia M. Holstad, PhD, RN-C, FNP, FAANP, FAAN

Julie Zuniga, PhD, RN

Nikia Braxton, MPH

Laura Randall, MPH

Eleanor Sarkodie, MPH

Hayley Robinett

Igho Ofotokun, MD

Gina Wingood, ScD, MPH

Emory University Schools of Medicine, Public Health, and
Nursing

Funding: WIHS administrative supplement, U01 Ai10348. The WIHS is funded primarily by the National Institute of Allergy and Infectious Diseases (NIAID), with additional co-funding from the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), the National Cancer Institute (NCI), the National Institute on Drug Abuse (NIDA), and the National Institute on Mental Health (NIMH).



A Spectrum of HIV Vulnerabilities

**Prevent new HIV
infections**

**Improve linkage to
care and treatment**

**Reduce HIV-related
health disparities**

A NATIONAL HIV/AIDS
STRATEGY FOR THE
UNITED STATES

JULY 2010





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

#ADHERENCE2015



PRELIMINARY RESULTS



Participant Demographics (n = 33)

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

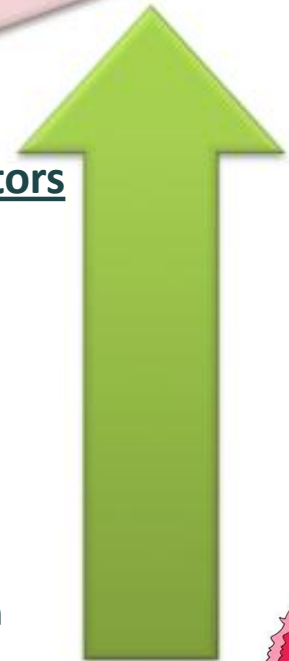
Relationship with provider

Positive emotional health

HIV care knowledge

Perceived benefit of medication

Healthy lab values





Care Engagement Factors

Healthcare experience

“I love Dr ***, he’s the cat’s meow. He has a passion for what he is doing and its infectious.”

Substance Abuse

“I quit drinking. I used to drink liquor and beer, but I quit for me to take my medicine.”



Group 2: Care-Inconsistent (27%)

Enduring Challenges

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



Care Engagement

Care Facilitators

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





Care-Inconsistency Factors

Healthcare Experience

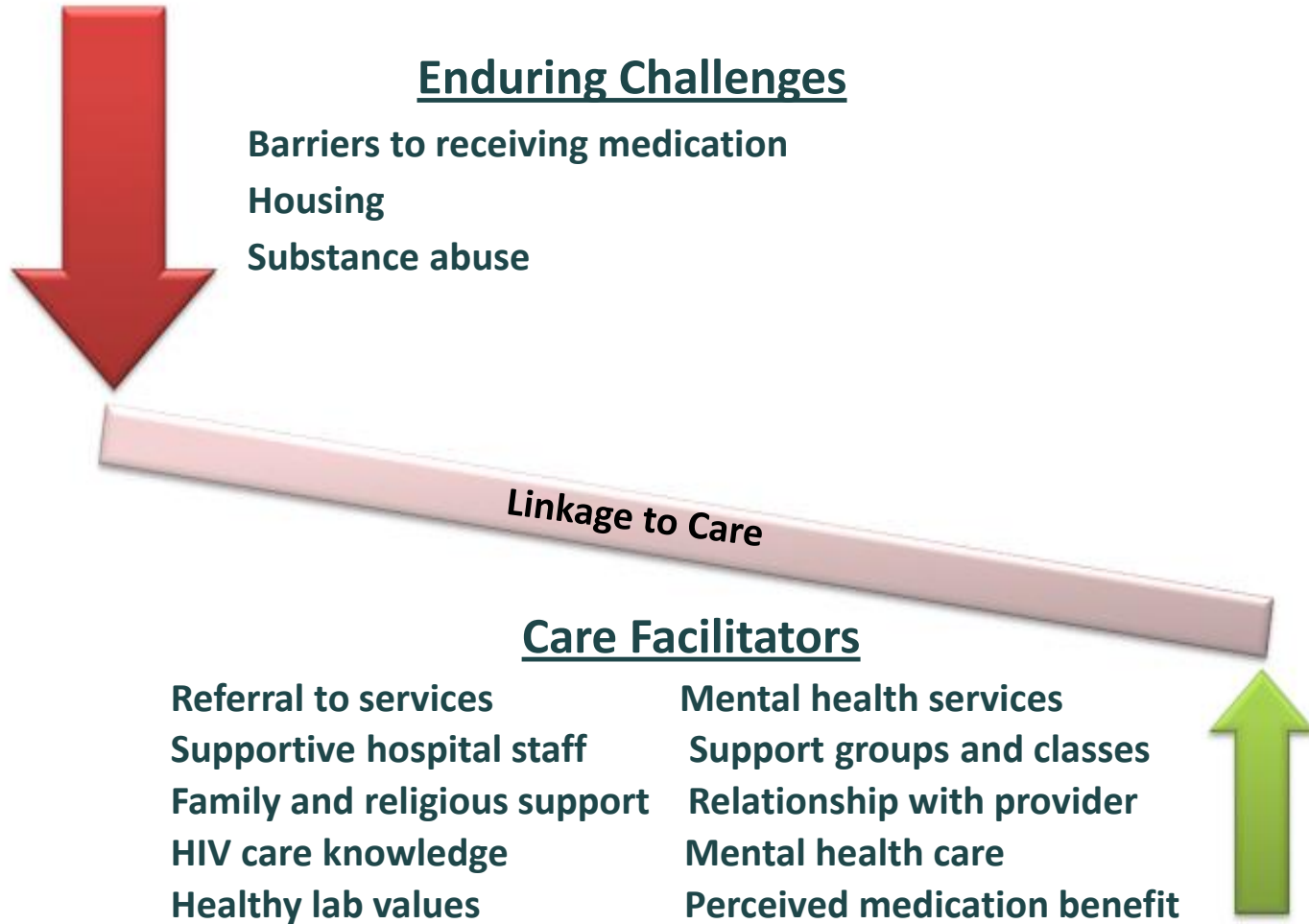
“...make it clear why I can’t take medicine...that make me think ok they ain’t telling me something. Something else is going on and they’re not telling me.”

Substance Use

“I take Atripla...I been got drunk and forgot to take my medicine.”



Group 3: Care-Detached (18%)





Care-Detached Factors

Healthcare experience

“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....”

Substance Abuse

“I got my medicine on February 4, 2008 and I started taking it...I kept drinking...I still did drugs, I still smoked crack.”



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?

