



**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**

A NATIONAL HIV/AIDS  
STRATEGY FOR THE  
UNITED STATES

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# 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  $\geq 2$  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)

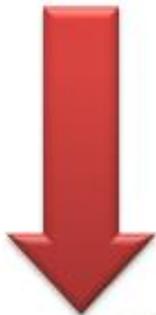
	All participants	Care-Engaged n = 18	Care-Inconsistent n = 9	Care-Detached n = 6
≥50 years of age	17 (51.5%)	8 (44.4%)	6 (66.7%)	3 (50%)
African American	31 (93.9%)	17 (94.4%)	8 (88.9%)	6 (100%)
High School or less	19 (57.6%)	8 (44.4%)	4 (44.4%)	6 (100%)
Divorced/separated	27 (81.8%)	17 (77.8%)	7 (77.8%)	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

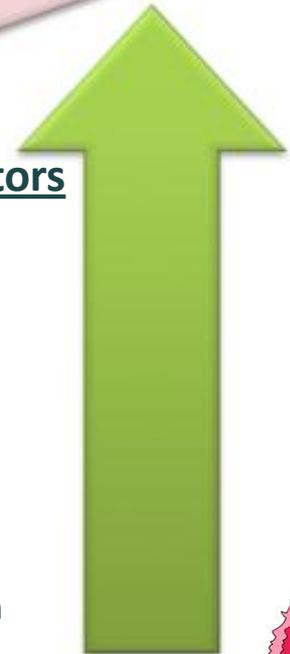
Transportation  
Substance use or abuse



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

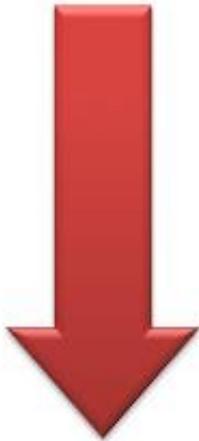
“I quit drinking. I used to drink liquor and beer, but I quit for me to take my medicine.”



# 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

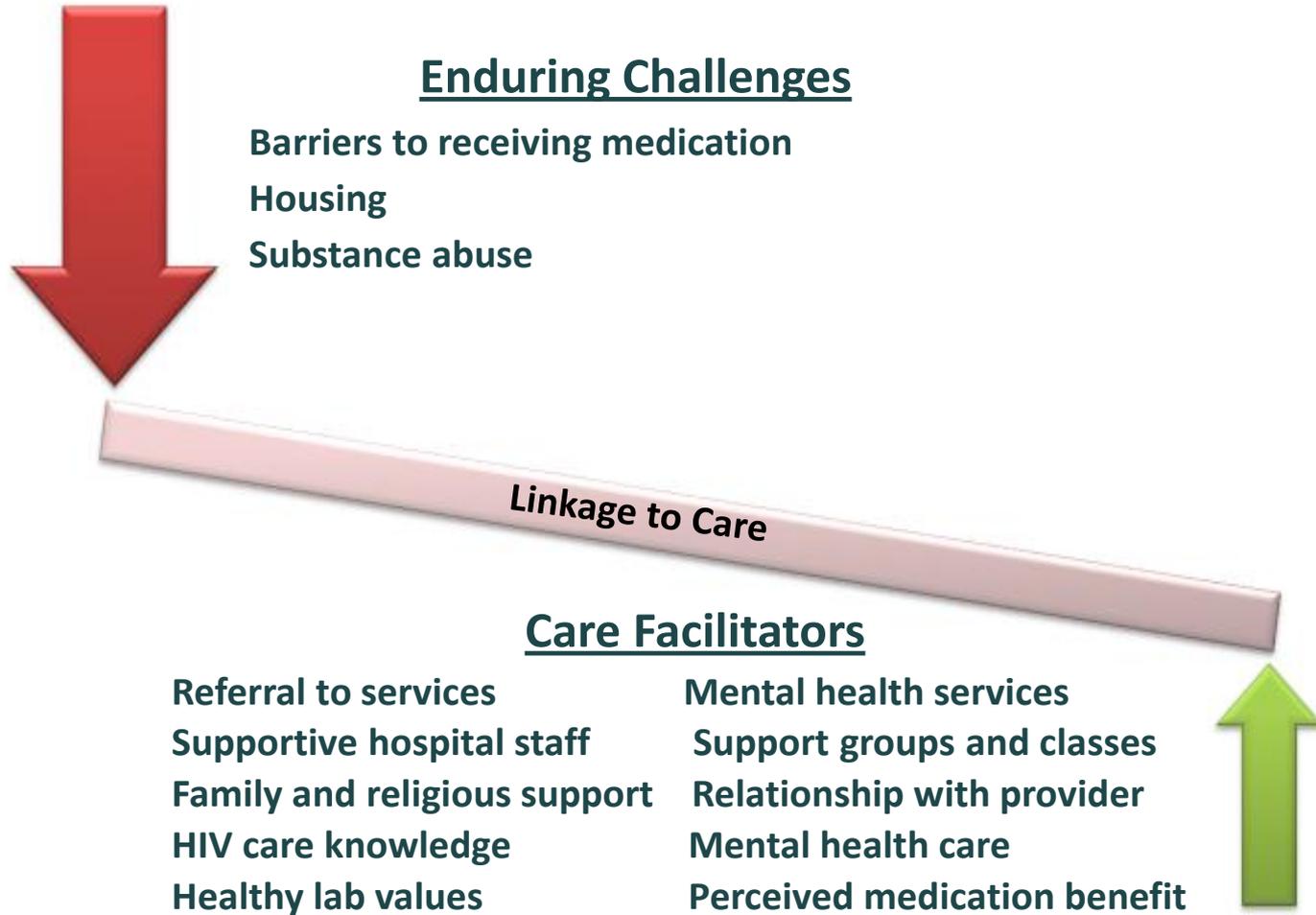
“...make it clear why I can’t take medicine...that make me think ok they ain’t telling me something. Something else is going on and they’re not telling me.”

## 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?

