Relationships of HIV- and Race-Based Discrimination to Antiretroviral Treatment Use and Retention in Care among African Americans with HIV

Laura M. Bogart,1 Glenn J. Wagner,2 Matt G. Mutchler,3 Hank Green,2 Bryce W. McDavitt,3 & David J. Klein1

1Boston Children’s Hospital/Harvard Medical School; 2RAND; 3AIDS Project Los Angeles & California State University-Dominguez Hills
### Background: HIV Cascade by Race/Ethnicity

#### Percent of all People with HIV

<table>
<thead>
<tr>
<th>Stage</th>
<th>Black/African American</th>
<th>White</th>
<th>Hispanic/Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosed</td>
<td>81%</td>
<td>85%</td>
<td>80%</td>
</tr>
<tr>
<td>Linked to care</td>
<td>62%</td>
<td>71%</td>
<td>67%</td>
</tr>
<tr>
<td>Retained in care</td>
<td>34%</td>
<td>38%</td>
<td>37%</td>
</tr>
<tr>
<td>Prescribed ART</td>
<td>29%</td>
<td>35%</td>
<td>33%</td>
</tr>
<tr>
<td>Virally suppressed</td>
<td>21%</td>
<td>30%</td>
<td>26%</td>
</tr>
</tbody>
</table>
Background: Discrimination, HIV, and Health

- Stigma is a major reason for HIV disparities
- Discrimination associated with:
  - Antiretroviral treatment (ART) nonadherence
  - Disease progression
  - Worse mental health
- Results vary by discrimination type
  - Stigma intersectionality (Black, gay, HIV, etc.)

Adherence Percentage by Racial Discrimination Over Time

Bogart et al. *Ann Behav Med* 2010
Methods Overview

- 246 African Americans with HIV in Los Angeles
  - Age 18 or older
- Recruited to examine predictors of ART use/adherence and retention in care
  - Fliers at social service agencies and clinics
  - Local media (e.g., metro & radio ads)
- Audio computer-assisted interviews (ACASI)
Methods: Measures

• ART use
  • Are you currently taking antiretroviral medications for your HIV? (yes/no)

• Retention
  • In the last 6 months, how many times did you receive HIV care at a clinic or medical provider?
    • Defined as >1 healthcare visit in last 6 months
Methods: Measures

- **Multiple Discrimination Scale (20 items)**
- Assessed experiences with 10 different types of discrimination due to HIV-serostatus and race/ethnicity in past year
  - e.g., physically assaulted or beaten up; yes/no
- Sum of each subscale
  - HIV ($\alpha = .86$); race/ethnicity ($\alpha = .86$)

Bogart et al. *AIDS Behav* 2013
Results: Descriptives

- Mean age (SD) = 46.6 (10.0) years
- 75% men, 20% women, 5% transgender
- 62% MSM (identity and/or behavior)
- 68% <$10,000 annual income
- 91% not working
- 23% did not graduate high school
- 28% not in stable housing
Results: Descriptives

- 95% had ever visited an HIV healthcare provider
- 85% on ART
- 80% retained in care (>1 visit in last 6 months)
- 28% of those in care missed a medical appointment in the last 6 months without rescheduling
Results:
Discrimination In Past Year

- HIV Discrimination: 43%
- Racial Discrimination: 40%
Statistical Analysis

• Separate multivariate logistic regressions predicted ART use and retention in care
  • Predictors: both discrimination types
  • Covariates: socio-demographics
    • Age, income, housing status, sexual orientation
### Results: ART Use

- Greater discrimination from HIV-serostatus was related to a lower likelihood to use ART.

<table>
<thead>
<tr>
<th>Discrimination Type</th>
<th>Unadjusted Odds Ratio (95% Confidence Interval)</th>
<th>Adjusted Odds Ratio (95% Confidence Interval)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV-Serostatus</td>
<td>0.83 (0.73-0.95)**</td>
<td>0.83 (0.70-0.99)*</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>0.93 (0.81-1.09)</td>
<td>1.09 (0.90-1.32)</td>
</tr>
</tbody>
</table>

** p < .01 * p < .05
Multivariate Results: Retention in Care

- Greater racial/ethnic discrimination was related to lower retention in care in bivariate and multivariate analyses.
- Greater discrimination from HIV-serostatus was only significant in bivariate analysis.

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<th>Adjusted Odds Ratio (95% Confidence Interval)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV-Serostatus</td>
<td>0.87 (0.77-0.99)*</td>
<td>0.99 (0.83-1.17)</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>0.82 (0.72-0.93)**</td>
<td>0.82 (0.70-0.97)*</td>
</tr>
</tbody>
</table>

**p < .01   * p < .05
Summary

• Discrimination may be contributing to disparities in HIV treatment behaviors

• Different types of discrimination have distinct effects across the cascade
  • Greater perceived discrimination due to HIV-serostatus was related to lack of ART use
  • Greater perceived racial discrimination was associated with lower retention in care
  • In our prior work, greater perceived racial discrimination was associated with nonadherence

Bogart et al. Ann Behav Med 2010
Discussion

• HIV-related discrimination may have consequences for the decision to start ART, which may be affected by disclosure concerns
• Racial discrimination may foster medical mistrust, which has implications for utilization
• Future research should examine relationships longitudinally and with medical records data
Discussion

• Community-level interventions are needed to reduce discrimination and raise awareness about the persistence of discrimination in patients’ everyday lives
• Culturally-tailored interventions should build coping skills for discrimination-related stress among people living with HIV
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