

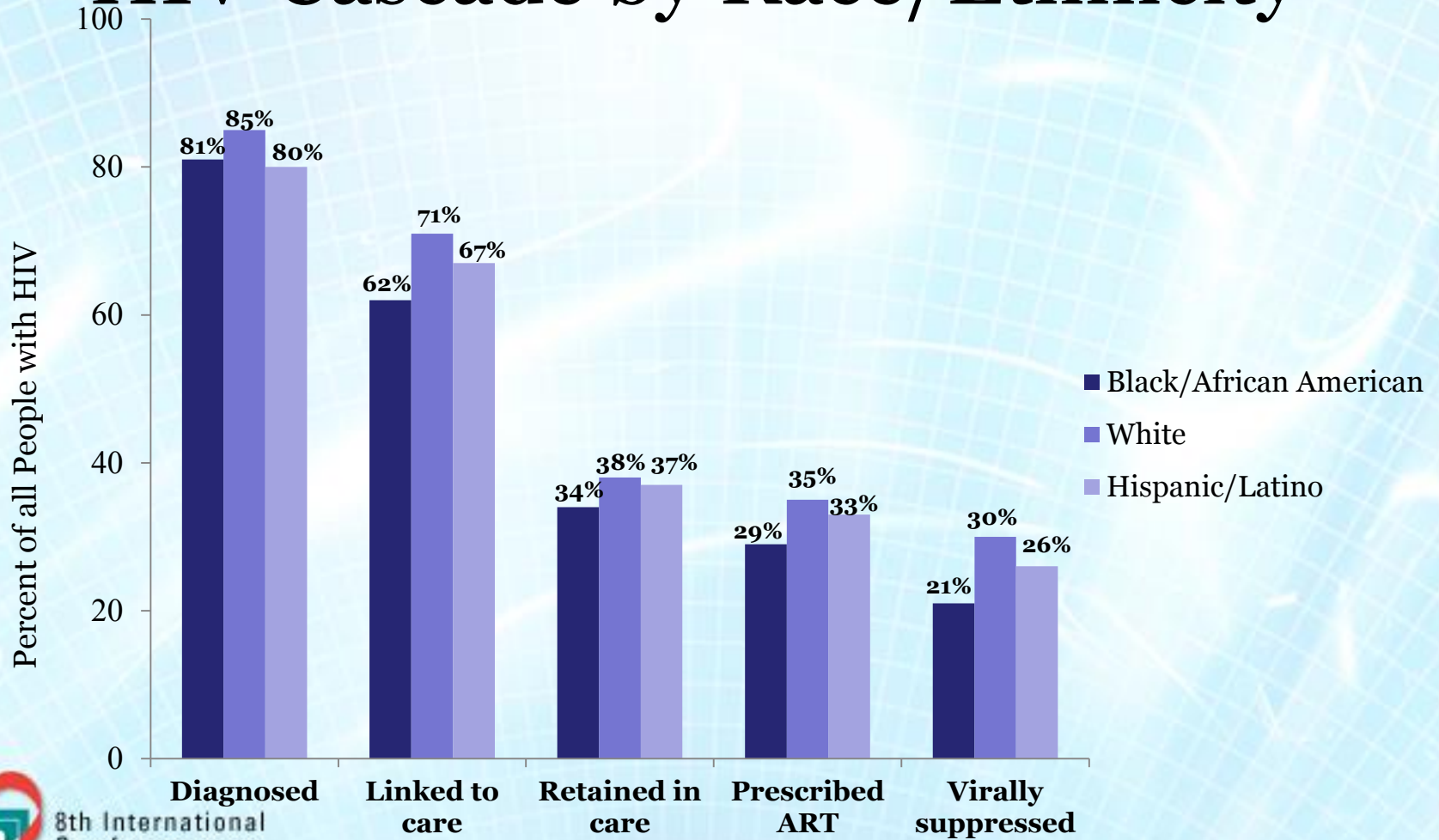
Relationships of HIV- and Race-Based Discrimination to Antiretroviral Treatment Use and Retention in Care among African Americans with HIV

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Background: HIV Cascade by Race/Ethnicity



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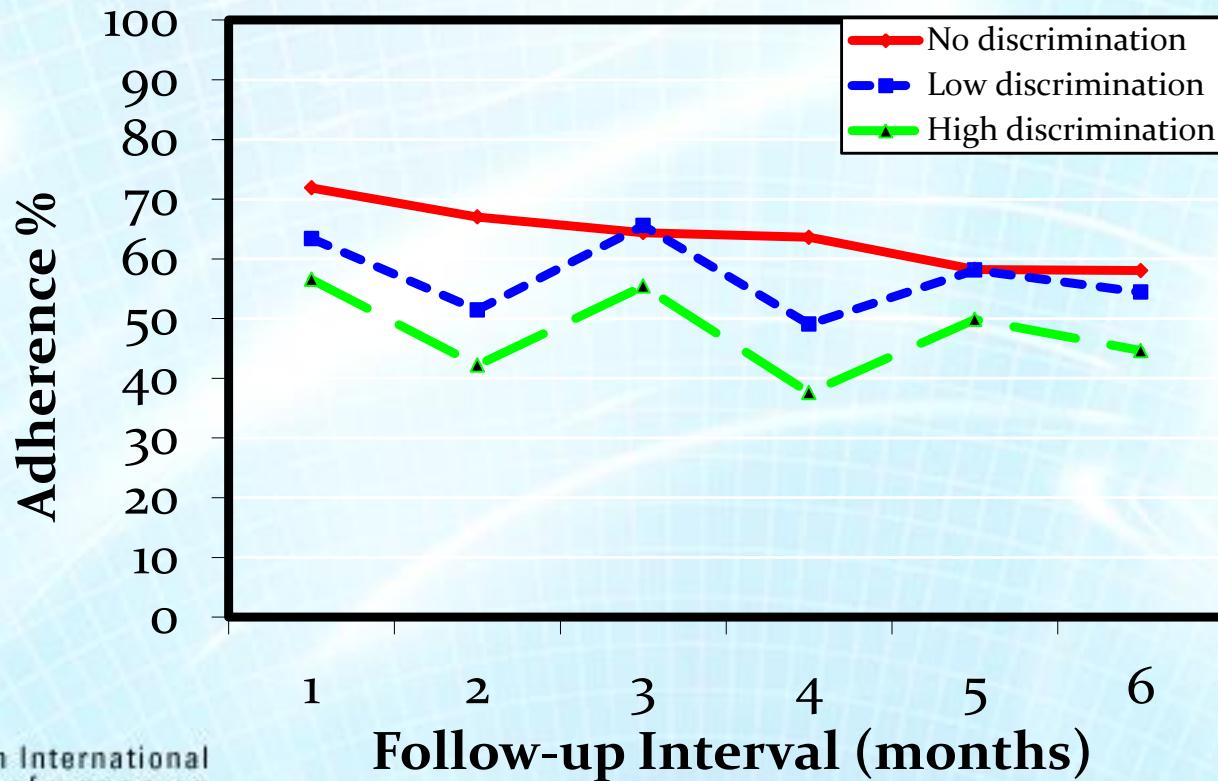
Background: Discrimination, HIV, and Health

- 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.)



Bogart et al. *Ann Behav Med* 2010; Bogart et al. *Cultural Diversity & Ethnic Minority Psychology* 2011; Bogart et al. *AIDS Behav* 2013; Wagner et al. *J Behav Med* 2012

Adherence Percentage by Racial Discrimination Over Time



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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 ($\alpha = .86$)

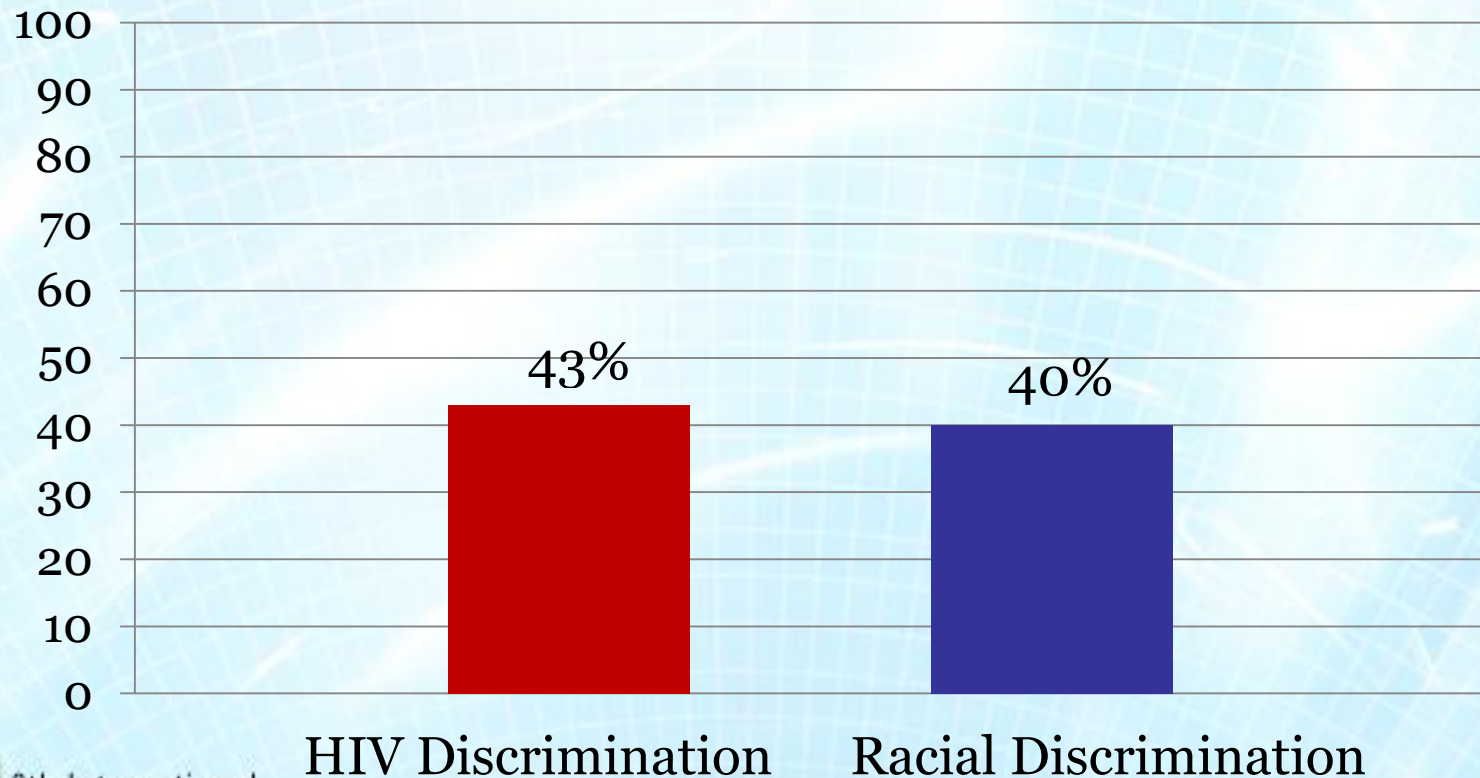
Results: Descriptives

- 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



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.

Discrimination Type	Unadjusted Odds Ratio (95% Confidence Interval)	Adjusted Odds Ratio (95% Confidence Interval)
HIV-Serostatus	0.83 (0.73-0.95)**	0.83 (0.70-0.99)*
Race/Ethnicity	0.93 (0.81-1.09)	1.09 (0.90-1.32)

** 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.

Discrimination Type	Unadjusted Odds Ratio (95% Confidence Interval)	Adjusted Odds Ratio (95% Confidence Interval)
HIV-Serostatus	0.87 (0.77-0.99)*	0.99 (0.83-1.17)
Race/Ethnicity	0.82 (0.72-0.93)**	0.82 (0.70-0.97)*

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

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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