Title:
Improving HIV Treatment Program Adherence in an Ethnically Diverse Urban Clinic
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References:


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**Abstract Summary:**

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**Content Outline:**

**Background and Significance:** The treatment and containment of HIV/AIDS remain a major Public Health challenge and a burden for society globally. Non-adherence to HIV treatment regimen has been a primary contributor to the debilitating effect experienced by individuals infected with the disease. Antiretroviral treatment (ART) is effective in increasing the life expectancy of individuals beyond the known natural course of the disease. Clients who maintain 95% or better adherence rate to their treatment regimen are more likely to consistently have an undetectable viral load.

**Procedure:**
This descriptive qualitative study used semi-structured interviews. Social cognitive theory and the logic model were the conceptual frameworks used to ascertain the essence of adherence. Three HIV treatment clinics served as the project's resource centers.

The phenomenon of interest in this project that focused high-risk clients in an ethnically diverse urban HIV treatment clinic is treatment adherence. There are two primary research questions; What are the main factors that contribute to non-adherence to HIV treatment regimens? and How can health care providers increase the rate of HIV treatment adherence among people living with HIV/AIDS?

The first phase of the project involved a review of the patient assessment form. The second phase involved the development of topics and interview questions. During the third phase, tape-recorded semi-structured individual interviews were conducted with professionals at the clinics, which took 30 to 45 minutes to complete. Interviews with providers identified the strengths, weaknesses, opportunities, and threats to treatment program adherence. The fourth phase consisted of the analysis of the narrative data. Social cognitive theory (SCT) was used as an overarching theory to categorize and evaluate factors that providers identified in their case management activities as contributing to treatment adherence and continuance of care for high-risk HIV clients. A gap analysis provided information of the interventions at the clinics as well as what additional interventions were used to address adherence.

Main Points: Themes focused on mental health status, homelessness, and stigma related to a positive HIV status as factors contributing to poor treatment adherence. Practitioners placed greater emphasis on client behaviors as affecting adherence rather than barriers relating to the healthcare system.

Conclusion: Future projects should investigate how the dynamics of the healthcare system affect HIV treatment adherence. The effectiveness of assessment tools used to identify clients at high risk for treatment non-adherence should also be evaluated.

First Primary Presenting Author

Primary Presenting Author

Nadine A. Brown Farr, DNP, MPH, FNP-BC
Caring Hearts Global Mission Foundation
President
Irvine CA
USA

Author Summary: Dr. Brown Farr incorporated a non-profit Service Learning Foundation in 2012 and is involved extensively in the community in various outreach and disaster preparedness programs. She serves as Nurse Faculty, Family Nurse Practitioner and also facilitates global service learning trips. She is passionate about the care of people living with HIV and completed training in Voluntary Counseling and Testing for HIV/AIDS and Disease Surveillance. Conference presentations include: APHA 144th Annual National Conference, Denver, CO.