

African American End Stage Renal Disease & Medication Adherence: What are the Effects of Everyday Discrimination?

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Background & Purpose

- Poor medication adherence leads to increased hospitalizations, morbidity, and mortality in end-stage renal disease (ESRD) patients.
- African American ESRD patients have poorer rates of medication adherence when compared to White patients.
- Studies have not investigated the impact of broader social issues such as everyday racism on this racial disparity.
- This is the first study to explore how everyday racism within the healthcare system contributes to this disparity in medication adherence.
- A mixed methods study was conducted to investigate the relationship between everyday racism and medication adherence within the African American ESRD community.

Methods

- Primary data were collected from 46 African American ESRD patients. All participants completed a demographic questionnaire, a medication adherence survey, and an everyday racism in the healthcare setting survey. Additionally, 27 of the total sample (N=46) participated in in-depth interviews which lasted approximately one hour.
- Participants were recruited from attendees at two patient meetings in Greensboro, NC and Nashville, TN.
- Pearson's Correlation was used to analyze quantitative data and Constructivist Grounded Theory was used to identify themes that emerged from interview transcripts.

Findings

A statistically significant negative relationship was found between medication adherence and everyday racism in the healthcare system ($r = -.477, p < .01$). **As everyday racism increased, medication adherence decreased.** This was supported by the qualitative interviews, that revealed 3 themes:

Theme 1: Unfair treatment in healthcare system attributed to Everyday Racism:

- Concern that invasive procedures would be conducted unnecessarily
- Fear of being treated without consent
- Different rules in dialysis clinics for Whites and African Americans

"I have noticed amongst African American men and it's almost like when I go back to look at the roots, most African American men in our clinics have their legs amputated. Most of the White men do not. It's almost like if you have a sore, cut it off. You have a leg, cut it off. You have some issue, cut it off but I've seen that amongst African American men. I don't see that amongst Caucasian men. I don't see that."

"Everybody (African Americans) told me when I started. They were like, 'Don't fall asleep now. You better stay awake and watch,' and everything. And that's what I try to do. I try to stay awake. They (nurses) say, 'why don't you lay back and go to sleep and stuff?' And I'm like, 'No, I have to watch you all.'"

"There was this one girl, a White girl. We didn't know when she came because she was always there whenever she felt like, she came. But if I had an issue, where I'm literally...I'm in the hospital or I'm in the ER, and they've decided not to admit me, I get a problem. This girl comes whenever she wants to."

Theme 2: Unfair treatment in healthcare system attributed to Everyday Racism and related specifically to medication taking

- Concern that medical providers were not knowledgeable about the medications they were prescribing
- Concern that the medication was not safe
- Information about medication and lab results being withheld or given to participants without further consultation

"If I ask you a question about my health and my medication, and you can't tell me, what you're doing to me? You're killing me because you're killing me mentally or physically."

"I mean, it's almost like we are the guinea pigs. We are being used as, 'Well, let's try this (medication),' without consulting, without explaining, without being detailed."

"But sometimes when you (medical provider) go to one of the White patients you'll tell them why. You'll sit and explain it to them, but some of us you're just passing us by giving us a sheet saying, okay da dada and that's it."

Findings

Theme 3: Results of Everyday Racism in healthcare system on medication adherence:

- Participants stated that they took less medication than prescribed or did not take their medication at all.
- Participants explained that they stopped taking their prescribed medication and replaced them with alternative remedies such as herbs and vitamins.
- Participants explicated that they choose a day every week where they do not take medications. Some referred to this a 'vacation from medication'. The rationale of this choice that they would receive less of the negative effects of their medication if they took it fewer times each week.
- Participants replaced or minimized medication intake through self-directed changes in their diets. For example, participants described decreasing their sodium, fat, phosphate, and sugar dietary intake. Thus they felt that they could decrease the amount of medication they took daily without input from medical providers.

Conclusions & Implications

- These findings provide the basis for development of future research concerning the impact of everyday racism on medication adherence in the African American ESRD population.
- Such research could lead to antiracist interventions with dialysis health providers.
- Particularly, more proactive and novel approaches of intervening with health providers while in medical school and nursing school could lead to beneficial results for African American ESRD patients and decrease the medication adherence health disparity.

