

RESEARCH SUMMARY (Confrance Abs

DISTANCE TO HIV CARE AND TREATMENT ADHERENCE: ADJUSTING FOR SOCIO-DEMOGRAPHIC AND GEOGRAPHICAL HETEROGENEITY



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**FINDINGS**

* Of the 2,969 individuals in the study 71% had over 95% adherence.
* Individuals with good access to their first HIV physician were more likely to have good adherence to treatment.
* Only 67% of individuals travelling more than 18km to their physician had over 95% adherence, compared to 76% in individuals travelling 5-18 km.
* Individuals residing in rural areas had lower HIV treatment adherence compared to individuals residing in urban areas.

**INTRODUCTION**

Distance to health services plays an important role in determining access to care and an individual's health. This study assessed whether distance to physicians who prescribe HIV treatment was related to HIV treatment adherence in British Columbia (BC), Canada. This study also determined if there were geographic clusters of incomplete adherence in BC and whether these potential clusters were related to distance to care.

**PUBLIC HEALTH IMPLICATIONS**

This study showed discrepancies in HIV treatment outcomes, despite the fact that HIV treatment costs are covered directly by the government of British Columbia.

The results also show that those who travelled further to receive HIV treatment were less likely to adhere to ART treatment. In geographic areas where people live far from the physician who prescribes their HIV medicines, telemedicine and mobile pharmacies might be a way to increase HIV medicine adherence.

**METHODS**

This study included people who were on HIV treatment in BC between 2003 and 2013 using data from the Drug Treatment Program of the BC Centre for Excellence in HIV/AIDS.

The primary outcome was adherence to HIV treatment. The primary exposure was distance from the participant’s home address or postal code to the location of the first ever ART prescribing physician.

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