May 2nd, 12:00 AM

Review of Missing Data Elements for Client Enrollment in the Minority AIDS Initiative for High-Risk Men of NJ

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Introduction

The Minority AIDS Initiative study funded in NMI seeks to enhance healthcare outcomes for underserved individuals. Implementing outreach programs, the initiative provides healthcare and post-treatment follow-up to this demographic. The proposed project, a component of this study, concentrates on individuals with substance abuse disorder, specifically targeting those who have been onboarded but subsequently lost to follow-up. In the United States, approximately 20 million people are diagnosed with substance abuse disorder, yet in 2016, only 3.8 million received treatment. Within this cohort, between 20% and 70% of individuals undergoing residential substance abuse treatment disengage before completion. Various factors hinder the sustained retention of individuals with substance abuse disorder (SUD), encompassing biopsychosocial requirements like stable housing and employment, alongside strategies for long-term abstinence.[1] Additionally, there's a deficiency in incentives for continuous care, both economically and socially, exacerbating challenges for patients lacking robust social support or financial stability.[2] A study by the U.S. Veterans Administration revealed a disparity between the perceived necessity for extended treatment and its implementation, with only 62% attempting to adhere to this recommendation.[3] Particularly in minority communities, like African Americans and Latinos, higher rates of premature treatment discontinuation underscore the imperative for deeper investigations into contributing factors, including the potential influence of untreated co-occurring mental health conditions such as depression and anxiety.[4, 5] Given these complexities, further research is indispensable to comprehensively grasp the reasons behind patient attrition in SUD treatment, necessitating an exploration of various socio-economic elements within this context.

Methods

The approach involved reaching out to 35 individuals who had previously received treatment at the Maryville Treatment Addiction Center in the Rowan Recovery Coach Program to understand why they had stopped substance abuse treatment there. If direct contact was not possible via phone, their primary contacts were contacted. Those reached out to were offered the opportunity to take part in a brief phone survey, provided they agreed to participate. The survey aims to gather comprehensive data on participants' housing, ethnicity, treatment motivations, reasons for discontinuing treatment, substance use, willingness to re-engage in treatment, and factors facilitating treatment engagement. Factors such as housing stability, social support, employment, healthcare access, mental health conditions, and past treatment experiences were also collected. The objective of the survey is to gain insights into individual circumstances to inform strategies for improving treatment retention.

Outcomes	Number of Cases
Inability to establish contact	
- Inactive phone numbers	5
- Erroneous contact information	3
- Contacted and left a voicemail	14
Completed treatment	5
Familial communication barriers	
- Family contacted but no response received from patient	1
- Family contacted but patient is out of touch with family	2
Clients expelled from the program	
- Unspecified reasons	1
- Ongoing legal proceedings	1
Deceased	1
Total	35

Figure 1: Outcomes of Contacted Clients from the Maryville Treatment Addiction Center

Results

Upon contacting clients who discontinued substance abuse treatment at the Maryville addiction center to ascertain reasons for discontinuation of treatment, a variety of factors emerged. Among the 35 individuals, the most common reason cited was the inability to establish contact, either due to inactive phone numbers (5 cases) or erroneous contact information (3 cases). A significant portion of individuals were contacted and left a voicemail (14 cases); however, potential communication gaps were revealed in contacting them. Furthermore, 5 clients successfully completed their treatment, while others were hindered by familial communication barriers, with one instance of failure to reconnect despite family outreach. Additionally, there were instances of clients being expelled from the program, either due to unspecified reasons (1 case) or ongoing legal proceedings (1 case). Tragically, one client was reported deceased. Due to the lack of communication with clients, only 1 survey was able to be administered and completed. These findings underscore the complexity of client retention in addiction treatment programs and highlight the need for tailored approaches to address diverse barriers to ongoing care.

Discussion

The findings from our research highlight the multifaceted challenges associated with retaining individuals in substance abuse disorder (SUD) treatment programs. The research identified several barriers to treatment retention, including difficulties in establishing and maintaining contact with individuals who have discontinued treatment. Communication gaps, such as inactive phone numbers and erroneous contact information, were common challenges encountered during outreach efforts. Additionally, familial communication barriers and legal proceedings were significant factors contributing to treatment discontinuation. The study revealed the complex interplay of socio-economic and psychosocial factors influencing treatment retention. Factors such as housing instability, lack of social support, and financial constraints exacerbate challenges for individuals with SUD. Furthermore, untreated co-occurring mental health conditions, such as depression and anxiety, contribute to premature treatment discontinuation, particularly among minority communities. Our findings underscore the importance of developing tailored intervention strategies to address the diverse barriers to treatment retention in SUD programs. Interventions should focus on improving communication channels, enhancing social support networks, and addressing socio-economic disparities. Culturally sensitive approaches are essential for addressing the unique needs of minority communities and promoting long-term engagement in treatment.

Conclusion

Moving forward, further research is needed to explore innovative approaches for improving treatment retention in SUD programs. Longitudinal studies examining the effectiveness of tailored intervention strategies and their impact on healthcare outcomes are warranted. Additionally, collaboration between healthcare providers, community organizations, and policymakers is essential for implementing holistic approaches to address the complex needs of individuals with SUD.

References