



Community-based collaborative research, working toward a society in which the wellbeing of women and families is paramount, resulting in their equity, empowerment, and prosperity since 1979.

UPCOMING EVENTS

August 28

Lunchtime Lecture - Juvenile Justice Policies and Practices: Reducing Burden and Increasing Opportunity

925 N. Tyndall Avenue, Room 100

12:30-1:45 p.m.

Dr. Sally Stevens and Tamara Sargus discuss the Juvenile Justice Initiative project, a research, policy and advocacy project addressing barriers facing youth and their families involved in the juvenile justice system.

September 8

Girls Who Code Open House

University of Arizona Main Library, Lower Level Room 112A

10 a.m. - 12 noon

We're on a mission to close the gender gap in tech. 8th-12th grade girls and parents, come see what Girls Who Code is all about! For more information, email Dr. Jill Williams at jillmwilliams@email.arizona.edu or [visit our website](#).

SIROW Examines Medication Adherence Strategies

By Josephine Korchmaros and Stephanie Murphy



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Prevalence of chronic disease is high among low income, diverse patients. Medication adherence is a key component of chronic disease management. Simply put, this means patients take their medication as prescribed by a doctor. The better people adhere to their prescribed medications, the better their health outcomes. For example, if an individual with high cholesterol or diabetes does not take their medication, it is more likely they will have health challenges, crises or face greater morbidity or risk of death. Therefore, it is important to study medication adherence particularly among low-income diverse patients.

SIROW researchers are collaborating on the Medication Adherence, Health Literacy and Cultural Health Beliefs Study to examine individual, cultural, and system factors related to medication adherence. This project, funded by the National Institutes of Health, is led by Susan Shaw of the University of Massachusetts-Amherst partnering with SIROW, the UA College of Pharmacy, and a community health center in Massachusetts.

Using data from this study, we examined medication adherence within 100 male and female Hispanic individuals ages 19-69 with at least one chronic disease. These individuals were patients of a federally-qualified health center serving low income diverse populations. Thirty eight percent had not completed high school, 18.2% were homeless, and 58% had monthly incomes under \$1000. Fifty eight percent of these patients had hypertension; 37% had high cholesterol; 44% had diabetes; 47% had depression; and 22% had anxiety. Many of these illnesses and the experience of poverty and/or homelessness make medication adherence challenging.

Study results indicated that Hispanic individuals with low income and chronic disease are similar to other racial or ethnic groups of individuals with low income and chronic disease. Study results indicated that the Hispanic patients did not, or were not able to, adequately adhere to their prescribed medications, some of which are essential to everyday functioning. Only 54% reported

adhering adequately to their prescribed medications. Furthermore, results indicated that the youngest age group (19-30 years) had the lowest rate of medication adherence, while the oldest age group (61-69 years) had the highest. Only 25% of the Hispanic patients 19-30 years old reported adhering adequately to their prescribed medications, whereas 67% of the patients 61-69 years old reported adequate medication adherence.

To find out more about how people adhere to their medications, we asked the Hispanic patients what strategies they used to remember to take their medications and what strategies helped them ascertain whether they had taken them. They reported using different types of strategies to help them remember to take their medications. The patients relied on memory or reminders (40% of patients), pill organizers (34%), routine (23%), or other people (14%). Six percent relied on body cues to help them remember to take their medications. To confirm whether they had taken their medications, patients relied on memory or reminders (51%), pill organizers (23%), written records (11%), other people (7%), routine (7%), and body cues (3%).

Expectedly, responses varied by age group. Notably, all groups similarly relied on memory or reminders. However, patients 19-30 years old were less likely to use pill organizers (11%) and routine (11%) than older patients. Only 11% of patients 19-30 years old used pill organizers and 11% used routine, whereas 44% of patients 61-69 years old used pill organizers and 33% used routine.

This study demonstrates consistency and variation across age groups in reliance on different types of medication adherence strategies. The use of different strategies and how they are impacted by age-related cognitive strengths and limitations should be considered when healthcare providers counsel patients regarding their medication regimens. Patients might benefit from input from healthcare providers regarding medication adherence strategies that might work best for them. This research demonstrates how patients achieve medication adherence, and provides insight into how medication adherence can be improved with the goal of increasing the overall health of individuals and their communities.

Stephanie Murphy will be presenting these findings of the Medication Adherence, Health Literacy and Cultural Health Beliefs Study at the upcoming International Conference on Aging in the Americas conference, September 18-20, 2018, at the Westward Look Wyndham Grand Resort and Spa, Tucson, AZ. For more information, please contact her at sumurphy@email.arizona.edu.

Visit the Medication Adherence, Health Literacy and Cultural Health Beliefs Study [webpage](#) to learn more.

SIROW Hosts County-Wide Domestic Violence Fatality Review Training

by Claudia Powell



Dr. Neil Websdale

Dr. Neil Websdale, Director of the National Domestic Violence Fatality Review Initiative, recently conducted a training for the Pima County Domestic Violence Fatality Review Team at SIROW's University of Arizona location. The training included the historical origins of domestic violence fatality review, the philosophies that informed its development, team membership and the involvement of community members, the practicalities of reviewing cases, the outcomes of review work and the relationship between our interventions into cases of intimate partner violence and declining rates of intimate partner homicide.

Dr. Websdale's work involves helping establish networks of domestic violence fatality review teams across the United States. His extensive fatality review work has contributed to the National Domestic Violence Fatality Review Initiative receiving the prestigious 2015 Mary Byron Foundation Celebrating Solutions Award. He has also worked on issues related to community policing, full faith and credit, and risk assessment and management in domestic violence cases. Dr. Websdale trained as a sociologist at the University of London, England and currently lives and works in Flagstaff, Arizona.

The Pima County team analyzes incidents of domestic violence related fatalities to better understand the dynamics of such deaths and develop recommendations for associated agencies to help prevent domestic violence and domestic violence related fatalities in the future. The Pima

County Domestic Violence Fatality Review Team strives to cultivate and maintain a membership of multidisciplinary experts who think critically about the ways that systems and agencies impact victims of domestic violence and at times, may impede victim safety. A critical review of domestic violence homicide cases reveals areas where our community response is insufficient and in need of improvement and is committed to follow-up and encouraging agency change where there are deficiencies.

For more information about the Pima County Domestic Violence Fatality Review Team, please contact Claudia Powell, Interim Chair, at claudiap@email.arizona.edu. For more information about the National Domestic Violence Fatality Review Initiative, please visit their website at <https://ndvfri.org/>.



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