

This dissertation explores the racial medication adherence disparity in end-stage renal disease (ESRD) patients. Prior research suggests that there are poor rates of medication adherence in the African American ESRD population. However, the reasons for this racial inequity are not understood beyond identified proximal risk factors. This dissertation explores the impact of racism and everyday racism on medication adherence. To gain an understanding of the possible contribution of everyday racism to medication nonadherence, Critical Race Theory (CRT) was used as the theoretical foundation of the study. The following research questions were explored in a mixed methods study: 1) Do African American ESRD patients experience everyday racism in the healthcare setting? 2) If so, does everyday racism influence their medication adherence? 3) In what way does everyday racism influence their medication adherence? 4) If everyday racism in the healthcare system does not influence their medication adherence, what does? In addition it was hypothesized for the quantitative portion of the study that those with low medication adherence would report higher incidences of everyday discrimination in the healthcare system.

A total of 46 African American ESRD patients participated in the study. Twenty seven patients participated in in-depth interviews. Some participants did explicate that they experienced everyday racism in the healthcare system and such experiences impacted their medication adherence. Additionally, all 46 participants completed a survey regarding self-reported medication adherence and everyday racism in the healthcare setting. There was a statistically significant negative relationship between the two constructs. The results of the Pearson's correlation showed a significant negative relationship ($r = -.477, p < .01$) between medication adherence and everyday racism in the healthcare system.