“Give us a Chance”: Recommendations from African American women living with HIV Multimorbidity

Carrie L. Wilbert, MS, CRC; Tiffany Simon, MEd; Eboneé T. Johnson, PhD, CRC
The University of Iowa

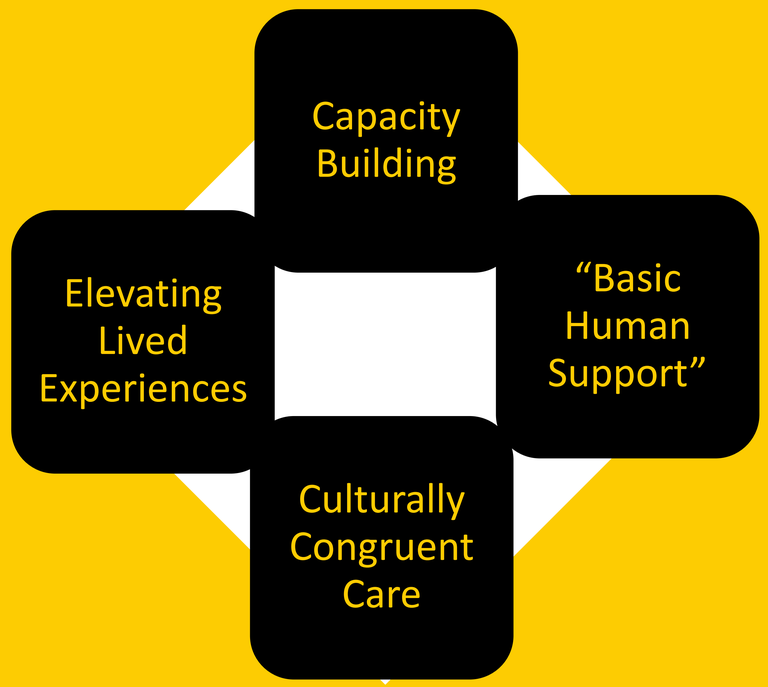
PURPOSE

The purpose of this qualitative study, using a community-based participatory research strategy, is to identify recommendations from African American women living with HIV Multimorbidity to improve services at the micro-, meso- and macro levels.

METHODS

- Semi-structured interviews were conducted with 29 participants meeting the criteria for HIV Multimorbidity (i.e., living with HIV and 2 or more chronic conditions).
- Participants were recruited from an HIV Case Management agency located in a Southern city disproportionately impacted by health disparities in HIV and other chronic health conditions.
- Participants’ ages ranged from 29-65 years (*M* = 47.83; *S.D.* = 10.43). Most participants reported well-controlled HIV with viral suppression, and were living with a range of 2-12 (*M* = 4**S.D.* = 2*) other chronic health conditions.
- The research team transcribed 7 of the 29 interviews and the remaining were transcribed by a professional agency. MAXQDA, a computer assisted qualitative data analysis software, aided in transcription, coding, and analysis. Deductive and inductive approaches (Stuckey, 2015) were used and after independent coding, the team established a codebook. Using the codebook, all interviews were recoded by one team member and re-reviewed by the team for accuracy. Through independent coding, constructing the codebook as a team, and recoding the data based on the codebook, reliability concerns were addressed via discussion and consensus building through intercoder agreement. Codes were then grouped into categories and from categories, four core themes emerged.
- Participants responded to the following question: ***“What should we consider when developing interventions to help Black/African American women manage HIV and multiple chronic health conditions?”***

RESULTS: FOUR CORE THEMES



1. **Elevating Lived Experiences:** *“I’m just tired, my living condition ain’t right. So I look at, what the hell am I going to the doctor for?”* (age 52, Neuropathy, Arthritis, Depression, Substance Use Disorder)

2. **Capacity Building:** “*Knowledge is powerful…the more knowledge you get, the better you’ll be equipped to handle anything.”* (age 64, Hypertension, Enlarged Heart, Anxiety, Respiratory Condition)

3. **Culturally Congruent Care:** ***“…****don't give up on your life. Life goes on. Take it and put it in the hands of the Lord. Give it to the most higher power above us, and that's my heavenly father above me. Put it in his hand and once you put it in his hand leave it be, and keep on living.”* (age 51; Hepatitis C, Arthritis, Depression)

4. **“Basic Human Support”:** *“Just give me a chance. ...And if that’s too much I’m sorry. Cause I don’t think anybody in the right frame of mind want to live like this.”* (age 52; Neuropathy, Arthritis, Depression, Substance Use Disorder)

IMPLICATIONS

Implications for Service Provision:
- Provide customizable, culturally-relevant and -responsive, wraparound services instead of a “one-size-fits-all” approach.
- Include primary stakeholders with implementation only occurring once they agree that it fits their holistic needs.
- Incorporate a nonjudgmental attitude and destigmatize culturally congruent care.
- Address basic needs, as reflected in Maslow’s (1943) hierarchy of needs, if basic needs (e.g., food) are not met, other interventions may not be as impactful.
- Comprehend the Multimorbidity perspective: The combination of HIV and other chronic conditions may pose significant functional limitations, leading to disability that limit societal participation.

Implications for Research:
- Need for Community-based Participatory Framework
- Allow for a deeper understanding of factors that influence health and illness.
- Promote and implement sustainable interventions (Horowitz et al., 2009).

Implications for Policy Makers:
- There is a need for increased public funding at the federal, regional (particularly Southern regions), state, and community levels.
- As certain funds are earmarked for HIV-related care, policy makers should provide more funding to support managing HIV and other chronic health conditions (Fauci et al., 2014).
- Lastly, funding should ensure enough service providers, with manageable caseloads, minimizing wait times for assistance and increasing comprehensive care delivery.

MAJOR REFERENCES

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CONCLUSIONS

African American women living with HIV multimorbidity deserve to have their lived experiences elevated so work towards achieving equity in their health and quality of outcomes can be accomplished.
Support services need to be offered by nonjudgmental providers who are knowledgeable of the health disparities affecting this population beyond HIV, and the connection of those disparities to societal inequity.
Social justice should be centered in service and policy interventions.