

Vulnerable Populations: Identifying the Needs of Aging African American Women with HIV Multimorbidity

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PURPOSE

The purpose of this qualitative study was to identify the unique experiences and needs, via thematic analysis, of aging African American women living with HIV multimorbidity in order to provide recommendations to service providers to improve health and quality of life outcomes.

RATIONALE

African American women are at an increased risk of developing HIV multimorbidity and they report self-management of multimorbidity is more difficult than managing HIV alone (Warren-Jeanpiere et al., 2014). Understanding aging with HIV multimorbidity is necessary in the developing targeted and tailored interventions to reduced functional limitations, further morbidity, and mortality (Hunt, 2015).

METHODS: Participants

Participants: Semi-structured Interviews from 13 women, age ≥ 50, were disaggregated and analyzed from a larger qualitative data set.
Age: Age range for participants was 51-65 ($M = 57.15$, $S.D. = 4.96$).
Managing HIV: HIV was well-controlled in participants as they reported undetectable viral loads, the gold standard for HIV care.
HIV Multimorbidity: Participants reported living with a range of 2-9 ($M = 4^*$, $S.D. = 2^*$) other chronic health conditions.

Common Physical Health Conditions	Common Mental Health Conditions
Hypertension ($n = 7$)	Co-occurring Depression & Anxiety ($n = 2$)
Arthritis ($n = 4$)	Anxiety ($n = 1$)
Hepatitis B/C ($n = 5$)	Depression ($n = 2$)
Neuropathy ($n = 3$)	Co-occurring Depression and Substance Use Disorder ($n = 1$)
Diabetes ($n = 2$)	

METHODS: Data Collection

Interview Protocol: unique challenges managing their health; what works in self-management; life as an African American woman (prompts related to the intersection of race X gender and how gender roles impact self-management); and recommendations for intervention and policy development.

Field Notes: Post-interview, interviewer documented reactions and preliminary interpretations in a field notes diary to enhance triangulation of data. Field notes facilitate preliminary coding and assist in providing context to inform data analysis (Phillippi & Lauderdale, 2018).

METHODS: Data Preparation and Analysis

Transcription: Team members transcribed 6 of the 13 interviews as a method of preliminary analysis because “transcribing is an interpretative act rather simply a technical procedure” (Bailey, 2008; p. 130). The remaining 7 interviews were transcribed professionally by Rev (www.rev.com).

Deductive coding: codes were derived from the interview protocol (e.g., recommendation to improve services as a code based on recommendation interview question).

Inductive coding: codes emerged from the data (e.g., “and thank God he spared me” coded as spirituality).

Intercoder agreement: This process of independent coding, constructing a codebook as a team, and recoding the data based on the codebook maximized the benefits of multiple interpreters while also addressing reliability concerns by establishing intercoder agreement via discussion and consensus building.

Thematic analysis: Via constant comparison between codes and across interviews, codes were then grouped into categories and from categories, themes emerged.

RESULTS: Themes

Symptoms	“Well, I’m managing to live with HIV, but with that gout...you want to cut your foot off. That’s how bad it hurts.”	
Basic Needs/Survival	“We barely can survive”.	
Stigma	“Some of my family...they can’t drink behind me, eat behind me, use the bathroom”.	
Role of mother/grandmother	“keeps me motivated and going” [involvement in granddaughter’s life].	
Healthcare system experience	“they need to listen to people more; understand a person...regardless of what you’ve diagnosed them with”.	
Resiliency	“keep going ahead...never go back”	
Recommendations for service providers	Family involvement	“start talking with families”
	Reducing caseloads	“they try to do their best, but when you got so many clients...don't allow themselves to get a heavy workload”
	Increasing knowledge and addressing stigma among health care providers	“if the medical field would learn; all of them don't know...everybody needs to learn about this virus”
	Addressing overcrowding and wait times in mental health care systems	“it’s always discouraging; it’s just crowded; that’s a big issue...the waiting...and then on top of that you have to go- you have to rush back to work or to your child; then you getting in trouble at work 'cause you missed work”

CONCLUSIONS

Aging African American women living with HIV multimorbidity report complex condition clustering that leads to challenges in managing health. They report difficulties meeting basic needs, dealing with stigma in their communities, and difficulties navigating a complex healthcare system. Despite challenges, these women are resilient. They provided recommendations to health care providers including integrating families in interventions, increasing HIV-related knowledge in service providers, community-level stigma reduction, and addressing access and ease in navigating the complex mental health care system.

IMPLICATIONS

Practice: A multicultural and social justice counseling orientation is critical. Via advocacy efforts, addressing the various social determinants of health can be a primary mechanism for positive change in clients’ lives. HIV may not be as salient in clients’ lives, but other chronic physical and mental health conditions may impact their health-related quality of life and negatively impact their societal participation.
Research: Increasing and valuing the use of community based participatory research strategies allows for a more nuanced understanding of the lived experiences of vulnerable, marginalized communities. This data can inform practice in developing interventions that are culturally tailored and targeted to meet their unique needs and subsequently improve health outcomes.

REFERENCES

Full reference list available upon request.