

UNMEASURABLE OUTCOMES IN CONDUCTING HOME-BASED INTERVENTIONS WITH HIV+ AFRICAN AMERICAN MOTHERS

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Purpose: The rate of HIV infection continues to rise among rural, African American women, many of whom are mothers. These women already faced with many health disparities do not easily access health care services for HIV treatment. Distance, cost, caregiving responsibilities, difficulty facing the diagnosis, limited understanding of HIV as a chronic illness, and stigma are some of the barriers to care. In order to reduce the health discrepancies related to inadequate care, we developed a home-based self-care intervention to help African American mothers cope with their diagnosis and learn about self-care and health care important to prolong their lives. One limitation of the outcomes measured was inadequacy in capturing idiosyncratic outcomes unique to each woman. This paper uses a person-centered approach to examine outcomes identified by the nurses providing the intervention. **Method:** In six home visits, nurses helped the 59 mothers randomized into the intervention to process their responses to HIV, learn about how HIV affects their body, and teach them about self-care behaviors such as identifying, preventing, and managing symptoms and seeking regular health care. Field notes recorded after each contact contain rich information about changes made by individual participants that were idiosyncratic to her situation, desires, and capabilities. Content analysis was used to extract and summarize themes related to these person-centered outcomes using the data from the 37 mothers who received at least 5 home visits. **Findings:** Three themes emerged: (a) increased understanding of how HIV affects their body which enabled them to put information about HIV into daily practice including making life style changes such as exercising, quitting smoking, and improved nutrition to improve health, adherence to medications, and seeking health care more regularly for HIV and related symptoms, (b) understanding and “labeling,” mental health problems, particularly depressive symptoms, and seeking mental health care when needed, and (c) making major life changes such as completing their GED, attending college, getting a job, or purchasing a care because of a changed view of HIV as a fatal disease to a manageable chronic illness. **Discussion.** These outcomes of the intervention were idiosyncratic to the individual woman and, thus, the same outcomes were not common across mothers. Furthermore, broad-based questionnaires used as outcomes did not measure most of them and mean scores on variables did not show significance since the outcomes were diverse across the sample. Future research needs to use a more person-centered approach for analysis in which changes in the individual are tracked and studied rather than changes in variables for groups of individuals. Outcome measures that are more closely tied to the intervention and culturally relevant also needed.