

# Challenges experienced by Ryan White Program clients during the height of the COVID-19 Pandemic

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# Potential psychosocial and socioeconomic impacts of COVID-19 Pandemic on people with HIV

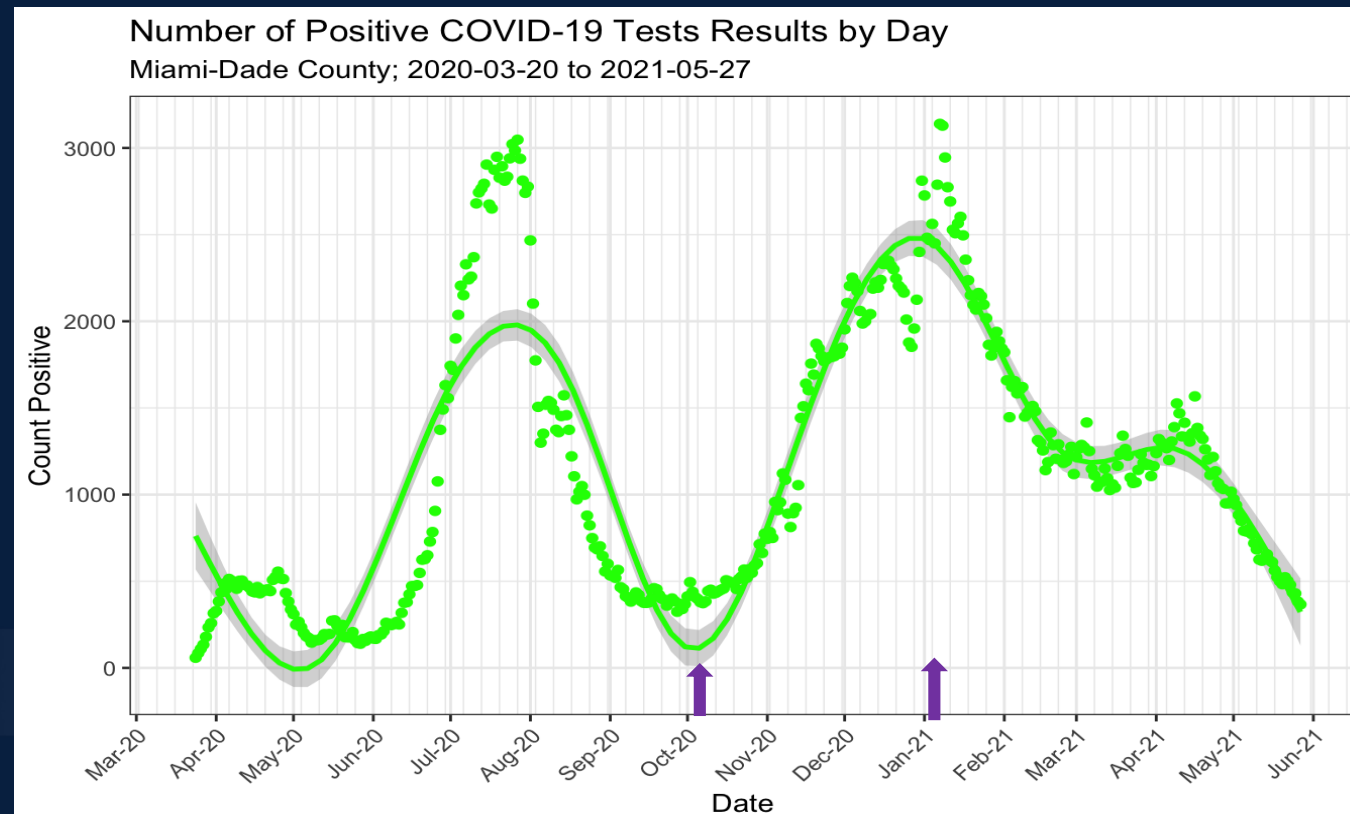
- Parallels between HIV and COVID-19
  - Disproportionately burden people with low socioeconomic status
  - Disproportionately burden racial/ethnic minority groups
  - Stress and anxiety associated with potential exposure to and transmission
- Concern that COVID-19 exacerbates social isolation of some people with HIV
- Precarious socioeconomic status, especially among many Ryan White Program clients, provides few buffers to economic challenges of COVID-19 Pandemic

# Objective

Assess access to HIV care and COVID-19 Pandemic-related hardships among Miami-Dade County Ryan White Program clients

# Context: COVID-19 in Miami-Dade County

- COVID-19 impact in Miami-Dade as of 7/11/2022:
  - Over 1.36 million diagnosed cases (half of the population)
  - Over 11,000 deaths (over 4 out of every 1000 residents)
  - Multiple waves
- COVID status at beginning of survey (10/2020)
  - 170,000 cases (6% of population)
  - 3284 deaths
  - 7809 hospitalizations



# Methods

- Exploratory, descriptive, cross-sectional study of adults with HIV receiving medical case management
- Eligibility criteria
  - 18 or older
  - African American/Black (non-Haitian), Hispanic/Latinx, or Haitian
  - Receiving case management in RWP
- Quota sample: 100 African American, 130 Hispanics, and 70 Haitians; of whom half of each group were women

# Methods

- Survey instrument
  - Demographic questions
  - Questions about HIV care
  - Psychosocial factors
  - Socioeconomic changes
- Questions in relation to Pandemic. Examples:
  - “Compared to before the COVID-19 Pandemic, I have more difficulty paying for housing”
  - “Compared to before the COVID-19 Pandemic, I am more anxious.”
  - Response options:
    - “Yes”/”No”/”Don’t know”
    - “Strongly agree,” “Agree,” “Neither agree nor disagree,” “Disagree,” “Strongly disagree”

# Methods

- Translated into Spanish and Haitian Creole
- Piloted in all three priority racial/ethnic groups for Miami-Dade (African American, Hispanic, and Haitian)
- Conducted October 2020-January 2021
- Fully remote, telephone-administered verbal informed consent and survey by BSR subcontracted interviewers
- Up to 5 phone attempts were made and text messages sent
- FIU Institutional Review Board approval
- Weighted analysis

# Results

- Response rate
  - Of 743 RWP clients in sampling frame, 624 (84%) could not be reached, and 15 (2%) refused.
  - Enrolled 187 from same racial/ethnic groups concurrently participating in annual client experience survey
- 298 enrolled
  - Race/ethnicity
    - 53 (18%) Haitian
    - 129 (43%) Hispanic
    - 116 (39%) African American
  - Gender
    - 148 (50%) Cis-gender women
    - 143 (48%) Cis-gender men
    - 7 (2%) Other

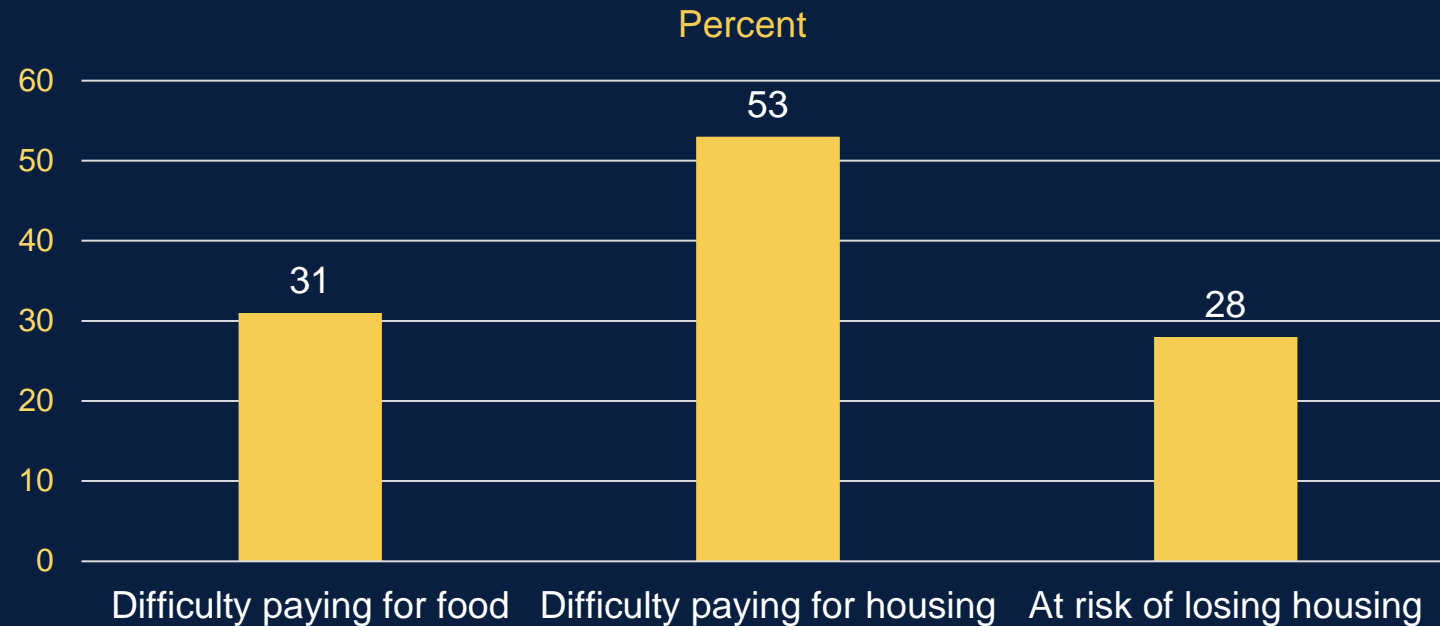


# Demographic characteristics

- 32% aged 55 and older
- 68% not born in US
- 61% preferred language not English
- 39% household < 100% Federal Poverty Level
- 82% employed prior to the Pandemic (full or part time)
- 14% less than 12<sup>th</sup> grade education
- 19% had one or more children in household
- 58% lesbian/gay/bisexual



## Basic needs: Compared to before COVID-19, percent “strongly agreeing” or “agreeing” to ...

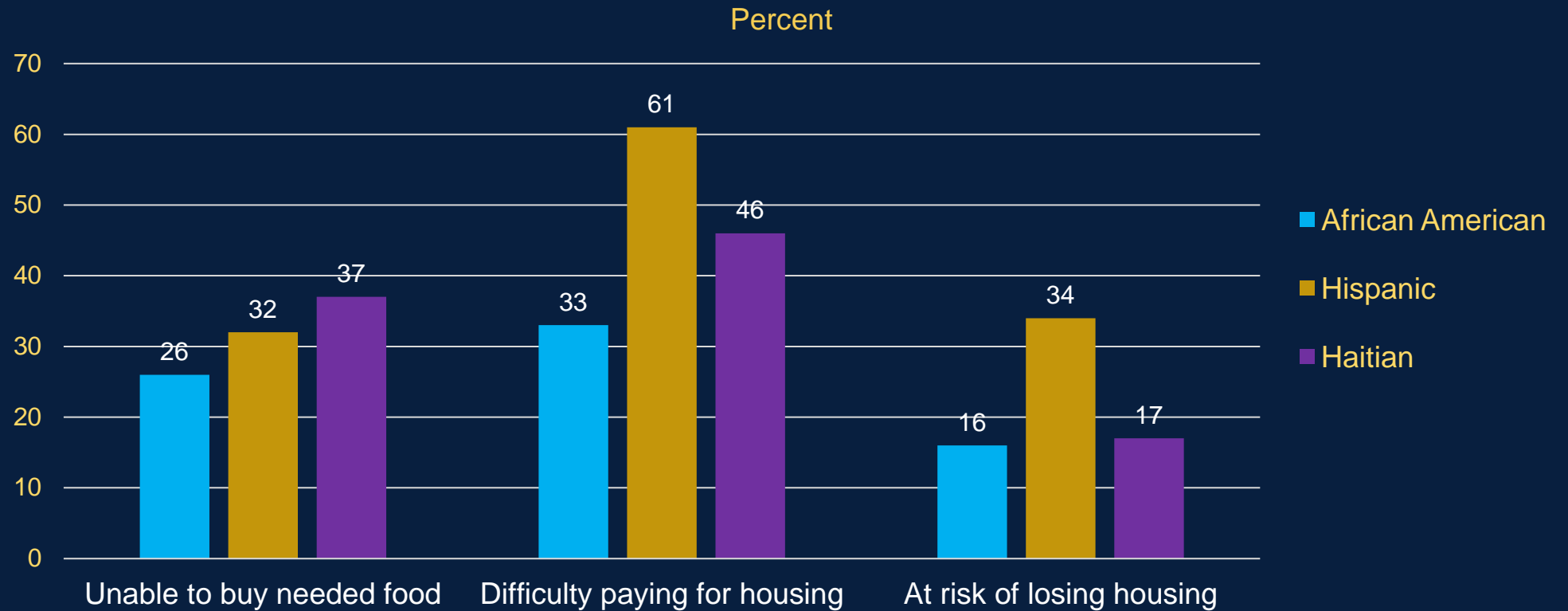


Additionally, 67% reported that their income had decreased, and of those working, 43% reported that they lost their job.

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The percentages above are weighted.

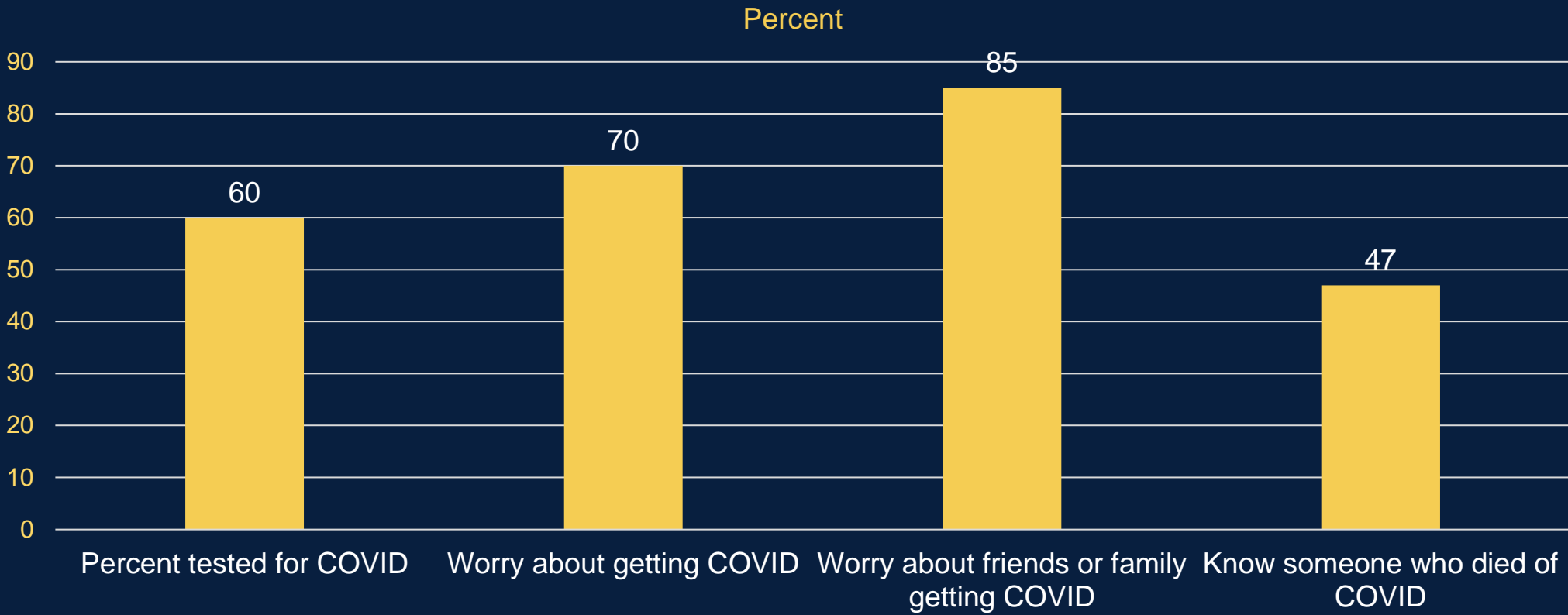
# Basic needs: Compared to before COVID-19, percent “strongly agreeing” or “agreeing” to ... by race/ethnicity



Controlling for age and gender, Hispanics more likely to report all three challenges than African Americans.

The percentages above are weighted.

# COVID-19 concerns: Experience with COVID-19 as of fall 2020

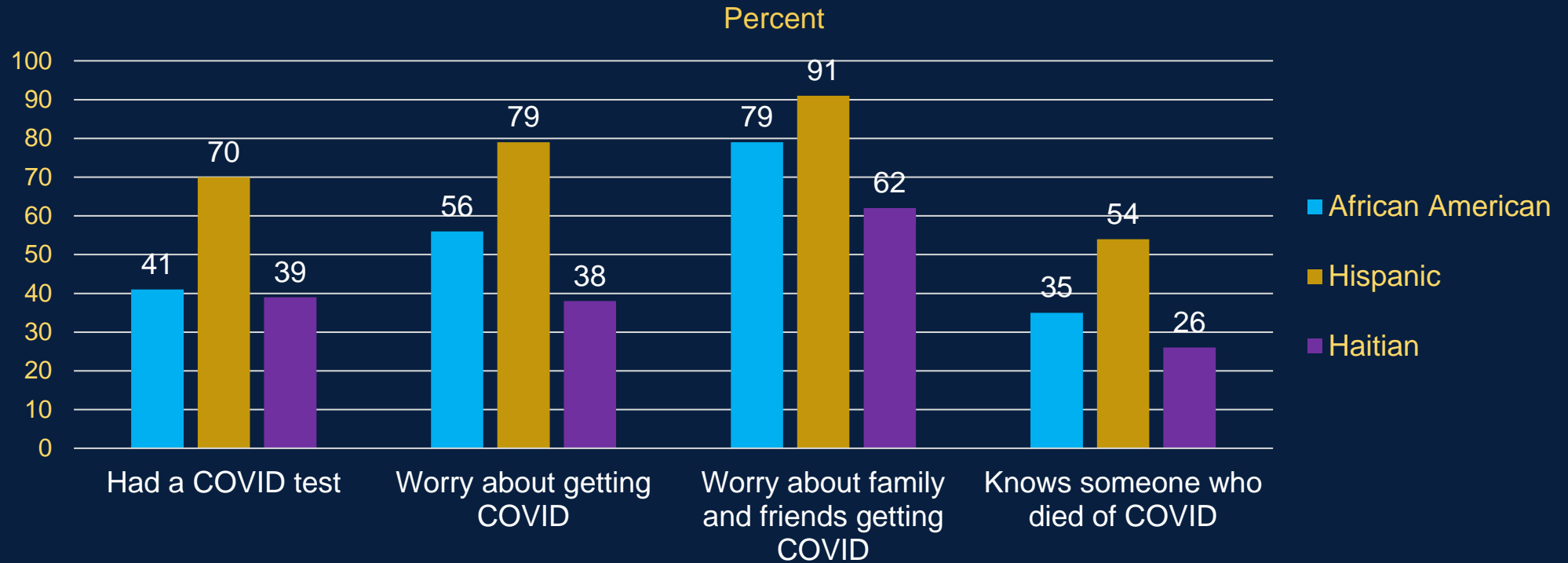


14% tested positive of those tested (8% of all participants)

The percentages above are weighted.



# COVID-19 concerns: Experience with COVID-19 as of fall 2020 by race/ethnicity

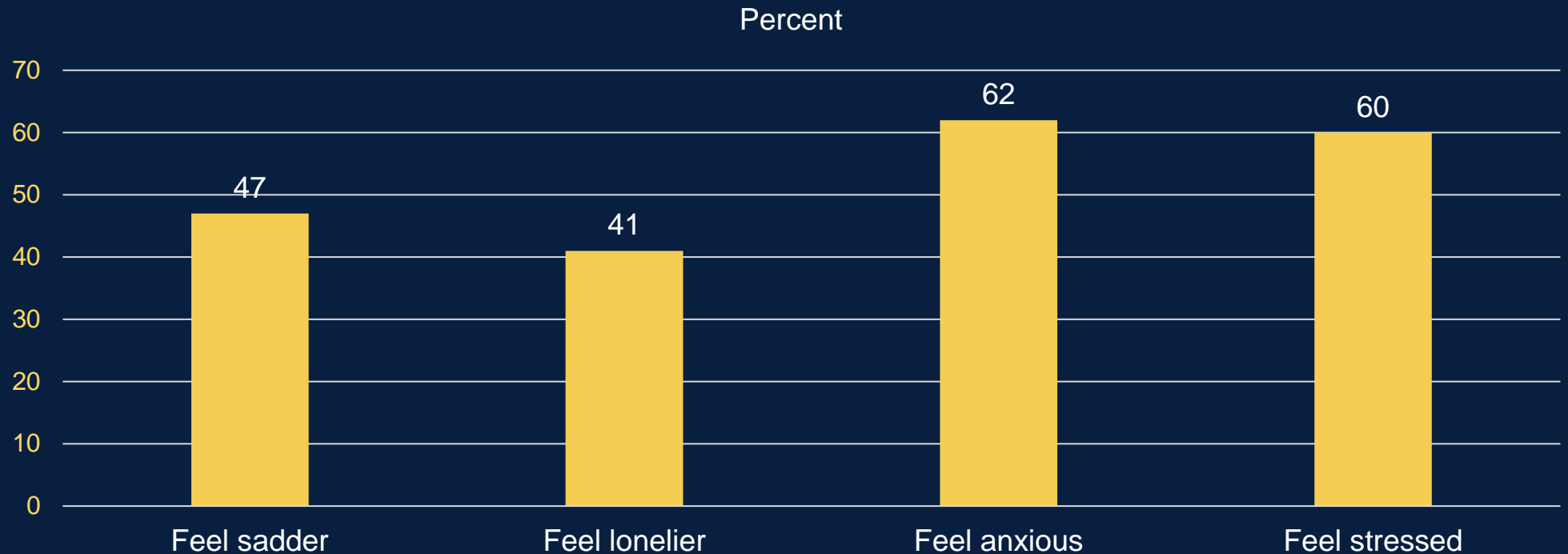


Controlling for age and gender, Hispanics were more likely to report worrying about getting COVID or worrying about family and friends getting COVID than were African Americans.

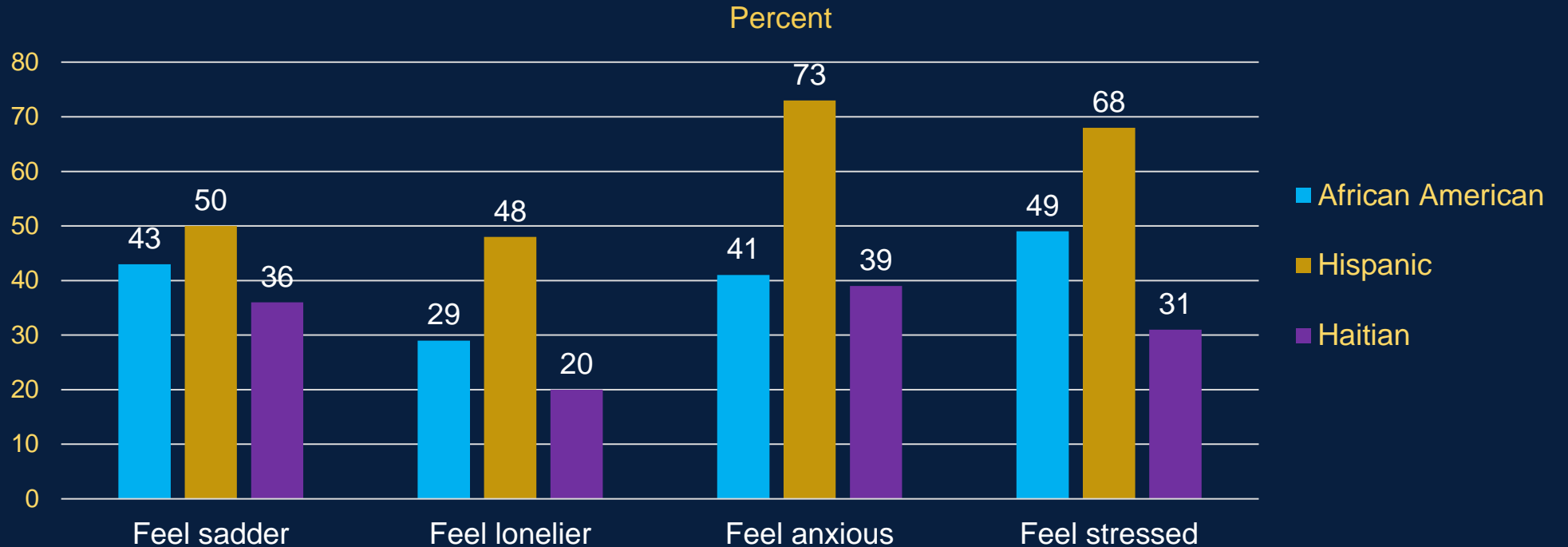
Positive COVID test: 7% African Americans, 9% Hispanics and 6% Haitians.

The percentages above are weighted.

# Feelings: Compared to pre-Pandemic, “strongly agree” or “agree”



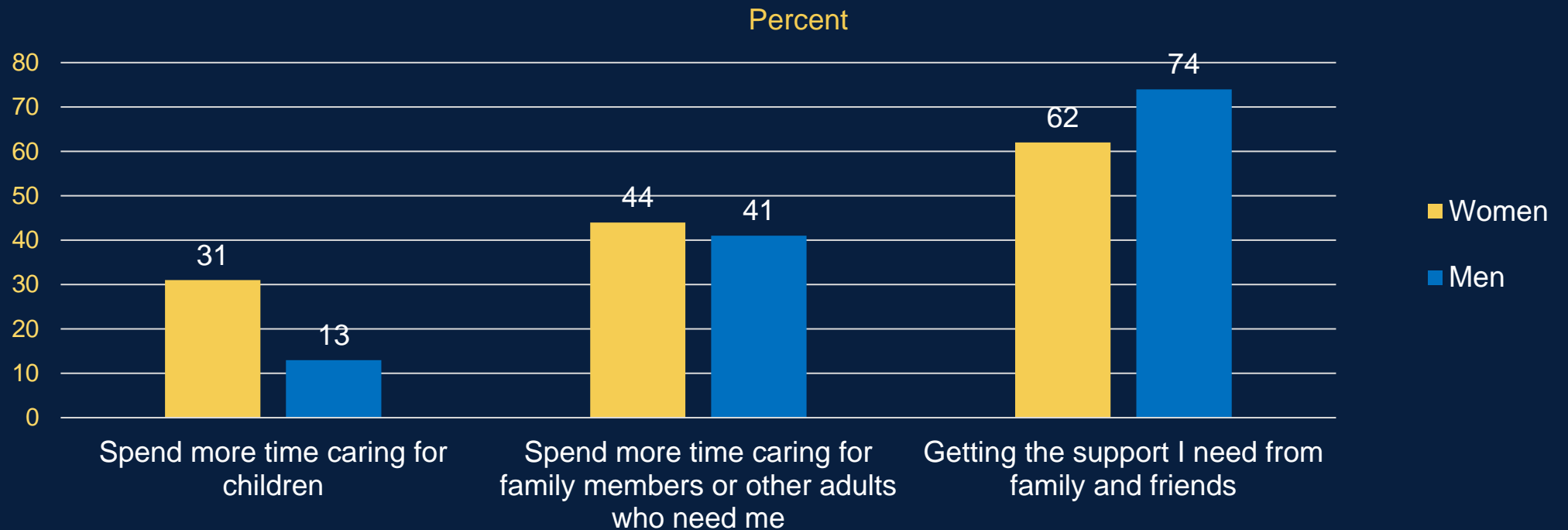
# Feelings: Compared with pre-pandemic, “strongly agree” or “agree” .... by race/ethnicity



Controlling for age and gender, Hispanics were more likely to report feeling lonelier, more anxious and more stressed than African Americans and Haitians.

The percentages above are weighted.

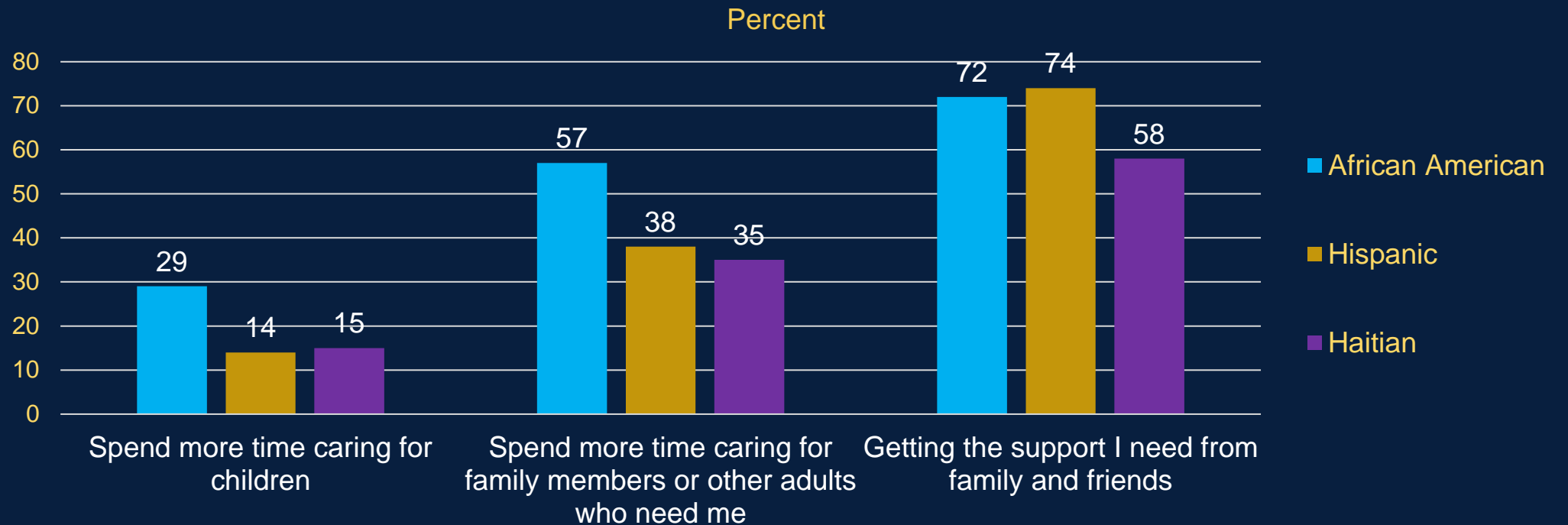
# Family responsibilities: Compared to pre-Pandemic, “strongly agree” or “agree” by gender



Controlling for age and race/ethnicity, women were more likely to report spending more time with children than men.

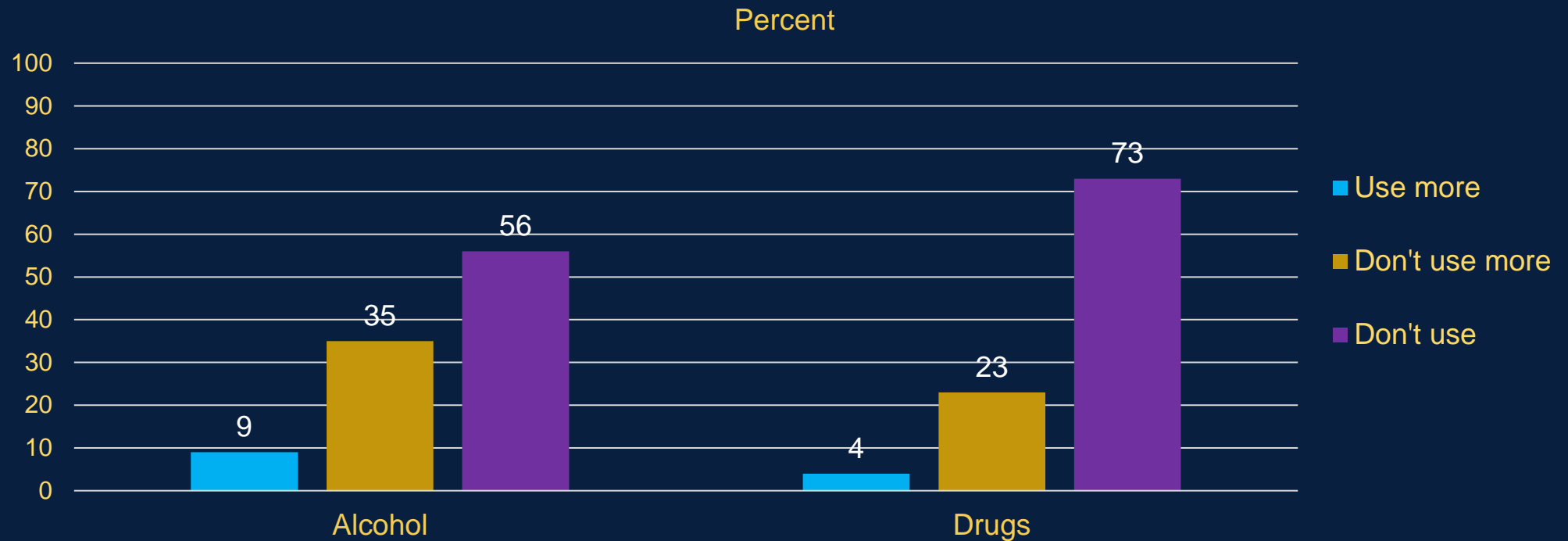


# Family responsibilities: Compared with pre-pandemic, “strongly agree” or “agree” .... by race/ethnicity



Controlling for age and gender, African Americans more likely to report needing more time since the Pandemic began to care for family members and other adults than Hispanics were.

# Compared with pre-pandemic, “strongly agree” or “agree” that they use more alcohol or drugs





# Alcohol Use and COVID

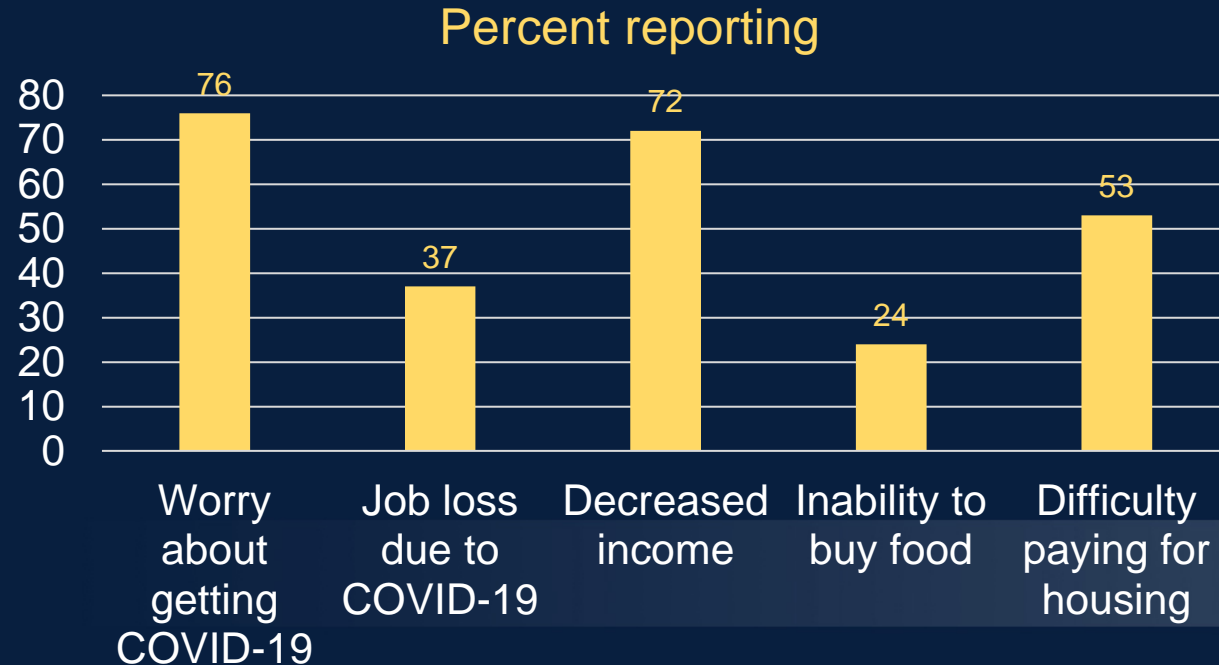
## Lead: Daisy Ramirez-Ortiz

- 139 (47%) of 298 reported any alcohol use
- 29 (20%) reported increased use since Pandemic
  - Age, gender, race/ethnicity, income, and education level were not associated with increased use
  - Lesbian/Gay/Bisexual associated with increased use (29% vs 13% among heterosexuals)
- Controlling for demographic factors, not being able to buy food (reported by 29% of group) and spending more time caring for children (reported by 24% of group) associated with increased alcohol use
- Cannot determine from study if inability to buy food led to increased alcohol use through increased stress or if increased alcohol use led to inability to buy food
- Increased childcare responsibilities due to schools being remote and closure of childcare centers could have increased stress leading to alcohol use.

# Factors associated with increased anxiety and stress during the COVID-19 Pandemic among gay and bisexual men with HIV

## Lead: Diana Sheehan

- 86 (29%) of 298 participants reported that they were gay or bisexual men
- Of this group, 73% reported increased anxiety or stress compared with before the pandemic
- Controlling for age, race, country of birth, and education, the following factors were significantly and strongly associated with increased anxiety or stress:



# Limitations

- Convenience sample
- Participants more likely to be in care than non-participants
  - Viral suppression for entire RWP: 80% during 2020 vs. 93% for participants with viral loads
- Not sure of language equivalence of surveys which may affect differences observed between racial/ethnic groups

# Conclusions

- Findings suggest that there were significant socioeconomic stressors during the first year of the Pandemic including loss of work and decreased income with subsequent difficulties paying for food and housing, particularly for Hispanics
- Anxiety, stress and isolation were increased. In some increase in alcohol and/or drug use.
- Women disproportionately affected by increased childcare responsibilities and as reported last month clients with children more likely to report difficulties accessing care

# How about others in Miami-Dade County?

- United Way surveyed 4855 households in MDC in March 2021
  - Convenience sample of 4855 households
  - 3120 below ALICE threshold households (Asset Limited, Income Constrained, Employed-roughly 3 x FPL)
- Results of ALICE households
  - 45% had someone in household lose a job during pandemic
  - 29% someone household temporarily laid off
  - 59% difficulties paying housing
  - 46% paid more than half of income on housing
  - 39% difficulties meeting food needs
  - 27% without needed medical care
  - Of those looking for work, 29% reported childcare limiting ability to find work. Transportation the second most common limitation at 13%.

# Survey of mixed serostatus cohort from 12 cities, April-June 2020

- MWCCS-Multicenter AIDS Cohort and WIHS Combined Cohort Study
- Telephone interview of 1586 men (788 MLHIV; 798 HIV-negative) and 1825 women (1290 WLHIV; 535 negative)

Social disruption/psychosocial health outcome	MHIV	Men HIV-	WHIV	Women HIV-
Employment disruption	<b>36.4%</b>	<b>30.4%</b>	<b>33.0%</b>	<b>43.1%</b>
Inability to afford basic needs	<b>11.4%</b>	<b>3.7%</b>	17.1%	20.9%
Lost childcare	1.3%	1.0%	<b>10.3%</b>	<b>19.6%</b>
Depressive symptoms (CES-D SF $\geq$ 10)	29.6%	28.5%	<b>34.5%</b>	<b>41.9%</b>
Loneliness (UCLA loneliness brief $\geq$ 6)	28.8%	29.1%	<b>27.7%</b>	<b>34.0%</b>
Anxiety (PROMIS Anxiety $\geq$ 6)	12.4%	8.8%	18.2%	20.0%



Bold = significant difference between people with HIV and HIV. Depressive symptoms 5% higher compared to pre-COVID

Friedman MR, et al. *JAIDS* 2021 Dec;88(5):426-438.



# Conclusions and Recommendations

- Profound psychosocial and socioeconomic effects of COVID-19 Pandemic
- Need to monitor and address ongoing mental health issues and alcohol and drug use
- Need to address basic needs (e.g. housing, food)
- Re-evaluate current approaches used to provide access to resources such as food (e.g., consider providing more sites)
- Integrated HIV plan to End the Epidemic calls for a "holistic" approach to treating people; COVID-19 Pandemic has made this even more critical.

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Fatima Hernandez  
Luis Lucas  
Denize Pascale  
Natalia Perez  
Ruth Jean Pierre  
Maria Selles  
Jimmy Hernandez

# Questions for the group

- 1) Do you think that COVID-19-related stressors have returned to pre-Pandemic levels or are they persisting at a new high?
- 2) What have you been seeing with respect to COVID-19 stressors on your clients?
- 3) What has worked in addressing some of the stressors? Does your organization have any special strategies or programs to address these?
- 4) Have clients with substance use disorders and/or mental health issues experienced disrupted access to support or rehabilitation services? What strategies has your organization implemented to ensure access to these services?
- 5) Are staff caring for people with HIV also still experiencing COVID-related stressors. How are these two interacting and/or affecting care of people with HIV?