

Summary Report of the 2020-2021 Philadelphia EMA COVID-19 Survey

Office of HIV Planning

Background

This survey was conducted by the Office of HIV Planning (OHP) on behalf of the Philadelphia EMA HIV Integrated Planning Council (HIPC). The purpose of this study was to determine common barriers to HIV treatment and care services for the EMA's Ryan White clients during the 2020 Covid-19 pandemic. These findings will be used by the AIDS Activities Coordinating Office (AACO) and the HIPC to appropriately allocate Ryan White Part A funds and make other systemic/programmatic adjustments to ensure equitable access to medication, treatment, and other necessary services for the people living with HIV in the EMA.

Methodology

OHP worked with AACO and the HIPC to design the questionnaire, combining questions from the Medical Monitoring Project (demographics and COVID-19 related questions) and questions developed by the HIPC. The survey was translated into Spanish by a contractor. Both surveys were designed online with Survey Monkey. The survey was anonymous. All survey materials were submitted to the City's IRB and marked exempt because it was an evaluation activity of the RW program. The survey links and social media assets were posted on the OHP website and social media, announcements were made at HIPC meetings and within OHP e-newsletters, and AACO distributed survey information to the EMA's Medical Case Managers. Printable files of the survey were also made available in both English and Spanish. OHP also made printed surveys with self-addressed postage-paid envelopes available to providers by request. The survey was open from October 15, 2020, until January 18, 2021. Thirty-six additional responses were received via mail after January 18, 2021, and were included in the update of this report.

Limitations

This study has a number of limitations including the small sample size, relying on third parties to get the survey to eligible individuals, and possible barriers to care and needed assistance, as some respondents may have limited or no access to the internet to take the survey. Because of the limitations of this study, results should be used with caution and not generalized to the population of people living with HIV within the EMA at-large.

Demographics of Respondents

The respondents to the survey are similar to people living with HIV in the EMA in terms of ethnicity, gender, and sexual orientation. There is some variability by race, with a higher percentage of individuals identifying as White. However, the sample does not match the population in terms of income (the sample has higher income) or health insurance status (more respondents are privately insured than the overall RW client base). You can find some of the demographics of the sample in Table 1. Some results have been redacted if they were less than 5 to protect privacy.

Covid-19 Testing

Respondents were asked if they had ever been tested for the COVID-19 virus. Of those who responded, 40% (34 respondents) reported they had been tested, and 58% (49 respondents) reported they had not

been tested. Of those tested, fewer than five people reported receiving a positive COVID-19 result. Respondents were also asked if they had been in close contact with someone known to be COVID-19 positive: the majority reported they had not (64%), 18% reported they had been in close contact with an infected person, and another 18% reported that they did not know.

Income

Respondents were asked if they had lost wages from work since February 1, 2020, because of COVID-19. A little more than half (56%) indicated that they had not lost income, while 30% indicated they had. Half (50%) of the responses to the question, “have you been worried that you will have a problem paying for basic necessities such as rent, mortgage, food or utilities during the COVID-19 outbreak?” were yes, and 49% were no. There were some open-ended responses related to the impact of lost wages and benefits, concerns about the ability to purchase food, etc.

Engagement with HIV Care and Treatment Services

Respondents were asked if they had missed any HIV medical appointments or skipped laboratory tests due to COVID-19-related shutdowns and social distancing. The majority (71%) did not miss an HIV medical appointment, but 27% missed an appointment since February 1, 2020. A slightly smaller percentage of respondents skipped or delayed necessary laboratory tests due to the pandemic (20%), while 79% received HIV-related laboratory tests. The majority (67%) had used a smartphone, tablet, or other device for a telemedicine visit during the pandemic.

Concerning medication adherence, 7% of respondents reported missing at least one dose of HIV medication since February 1, 2020. Regarding other medications, less than 10% reported missing a dose of a non-HIV medication. Respondents (91%) also reported that they did not have trouble filling prescriptions.

Respondents were asked if they had trouble receiving other services like mental health counseling, support groups, food, or housing assistance during the pandemic, and 72% reported they did not have any trouble getting the services they needed. However, 26% reported having trouble receiving services. Respondents were later asked a question about access to medications, food, and transportation. In that question, the majority (74%) reported no problems receiving those three services. Respondents could select any or all of the three services: 17% reported having trouble accessing food, 10% indicated a problem accessing transportation, and 7% reported challenges with medications. Respondents were asked to explain those challenges. The majority of those responses included challenges with transportation, which included not receiving transit cards in the mail at all or on time, shutdowns and slowdowns of transit in response to needs for social distancing, and not being able to rely on friends and family for rides due to concerns about exposure to the COVID-19 virus. The remaining responses were income-related, such as not receiving benefits in a timely fashion and the impact of the rising costs of rent and gas.

Well-being

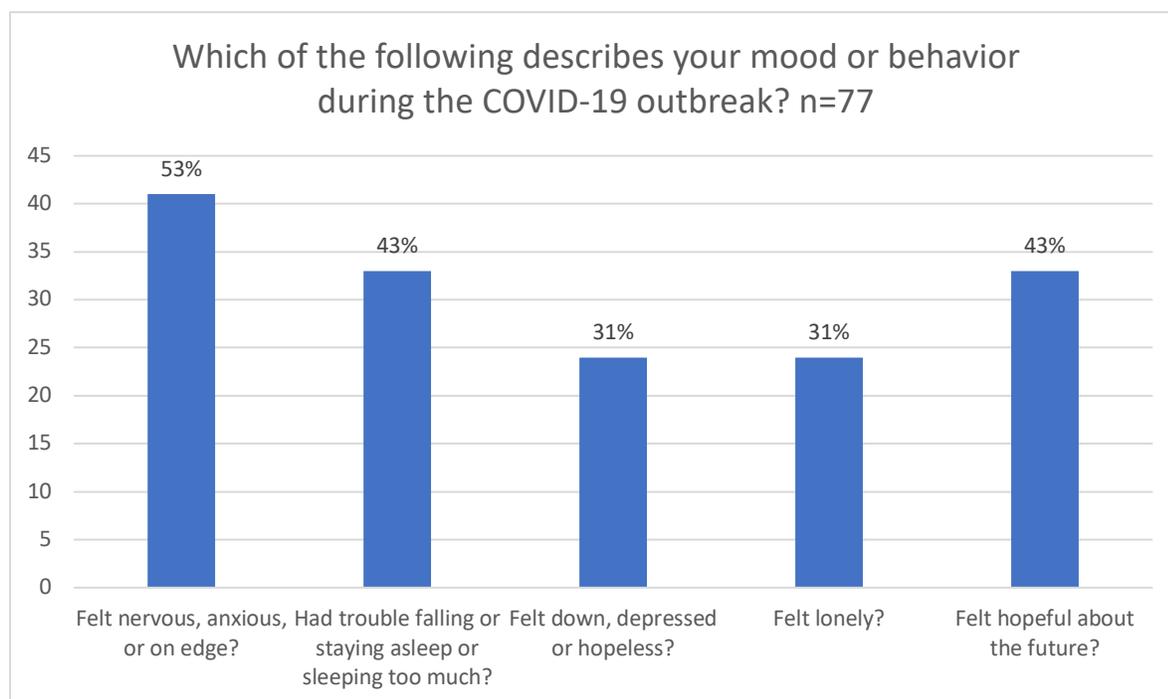
The survey also asked questions regarding mood during social distancing. As you can see in Figure 1, respondents reported feeling lonely, low, and anxious. Respondents could select all answers that applied to them, so the responses will not add up to 100%. 53% reported feeling nervous, anxious, or on edge. Sleep troubles concerned about half (43%). Loneliness was reported by 31% of respondents. Interestingly, the same number of people reported feeling down or depressed (31%), while 43%

Summary results from the survey can be found online at: <https://www.surveymonkey.com/stories/SM-2DKCLRR2/>

reported also feeling hopeful. Respondents were also asked if they had felt lonely during social distancing, and over half (60%) reported they “never” or “rarely” felt lonely while 15% reported feeling lonely “most of the time” or “always”.

Use of online support groups was reported by 22% of respondents, while 32% reported they had not attended an online support group but would like to.. When answering the open-ended question regarding support groups, people's comments ranged from feeling positive about having their regular 12-step meetings online to noting challenges when attempting to connect with others in virtual meetings.

Figure 1: Which of the following describes your mood or behavior during the COVID-19 outbreak? , n=77



Conclusions

Although the results of this survey cannot be used to generalize experiences of most or all people living with HIV in the EMA during the COVID-19 response, some conclusions can be made.

Social distancing has impacted the emotional and mental health of PLWH—therefore, increased efforts are needed to make sure there are appropriate assessments and referrals to mental and behavioral health during and post-COVID-19. The RW system should assess capacity within the system to adequately and appropriately care for RW clients’ mental and behavioral health needs of RW clients.

Transportation challenges and barriers to medical services have been made worse by transit shutdowns, social distancing practices, and mail delays due to the pandemic responses. RW providers must make every effort to ensure clients have appropriate transportation to avoid missed appointments, delays in testing, and lapses in prescriptions and adherence medication.

Considering the few responses to the survey and general difficulty engaging RW consumers during social distancing, more assessment and outreach should be done to understand the barriers to online content and surveys for the EMA’s PLWH. Resources should be directed to ensuring equitable access to telemedicine, online support groups, and other services/resources to close the digital divide.

Table 1: Demographics of COVID-19 Survey Respondents 2020-2021, n=85

Race n=81	N	%
African American/Black	38	47%
White	28	35%
All other races*, including multi-race	9	11%
Prefer not to answer	6	7%
Ethnicity n=79		
Hispanic	11	14%
Non-Hispanic	64	81%
Don't know	*	1%
Prefer not to answer	*	4%
Gender n=79		
Female	20	25%
Male	58	73%
Transgender	*	1%
Sexual Orientation n=78		
Gay and Lesbian	41	53%
Straight	27	35%
Other	*	3%
Don't know	*	1%
Prefer not to answer	5	6%
Age n=78		
18-24	*	1%
25-34	8	10%
35-44	10	13%
45-54	26	33%
55-64	24	31%
65+	9	12%

Table 1: Demographics of COVID-19 Survey Respondents 2020-2021 continued, n=85

Employment n=78		
Employed for wages	33	42%
Out of work	11	14%
Self employed	*	5%
Retired	12	15%
Unable work	13	17%
Prefer not to answer	5	6%
Caregiving n=78		
Care for family member or other	17	22%
No caregiving responsibility	60	77%
Prefer not to answer	*	1%
Income n=76		
< \$14,999	27	36%
\$15,000-24,999	9	12%
\$25,000 - 49,999	12	16%
\$50,000 and up	17	22%
Don't know	5	7%
Prefer not to answer	6	8%
Region n=85		
PA5	40	47%
NJ4	29	34%
No Response	16	19%
* American Indian or Alaskan Native, Asian, Native Hawaiian or Pacific Islander and other		