

# Impact of COVID-19 Protective Measures on People Living with HIV/HCV in Chicago's



## Under-resourced South and West Side Communities

Rachel Anderson BS<sup>2</sup>, Paarul Sinha BA<sup>2</sup>, Hollyn Cetrone MPH<sup>3</sup>, Bijou Hunt MS<sup>1</sup>, Nancy Glick MD<sup>1</sup>  
<sup>1</sup>Mount Sinai Hospital Infectious Disease Center, <sup>2</sup>Chicago Medical School, <sup>3</sup>Northwestern University Feinberg School of Medicine



### Background

#### Context:

- On March 11, 2020 the World Health Organization (WHO) declared a COVID-19 pandemic.<sup>1</sup>
- COVID-19 is a respiratory disease caused by Sars-CoV-2 and can lead to mild disease or serious respiratory failure and death.<sup>2</sup>
- On March 21, 2020, the Illinois governor declared a protective "shelter-in-place" order that directed residents to stay home, non-essential businesses to close, and banned gatherings of more than 10 people.<sup>3</sup>
- Sinai Infectious Disease Center (SIDC) serves patients living with HIV or HCV primarily from communities with lower household income, higher unemployment rates, and higher poverty rates than the Chicago average.<sup>4</sup>

#### Concerns:

- COVID-19 protective measures have the potential to disrupt continuity of care and access to medications, both of which are important for people living with HIV (PLH) to maintain viral suppression and good clinical outcomes.<sup>5</sup>
- Many PLH experienced loneliness due to social stigma and social isolation prior to the rise of COVID-19, so they may be at increased risk of experiencing loneliness due to the "shelter-in-place" order.<sup>6</sup>
- Those in low socioeconomic groups are more likely to live in overcrowded housing and less likely to be able to work from home, therefore decreasing their ability to adhere to physical distancing guidelines and increasing their opportunity to contract COVID-19.<sup>7</sup>

#### Objective:

As patients regularly seen at SIDC are at risk of experiencing negative effects resulting from the "shelter-in-place" order, we aim to understand their experiences in order to best address their needs.

### Methods

#### Design

- We modified the Epidemic-Pandemic Impacts Inventory (EPII)<sup>8</sup>, a survey designed to measure pandemic disease impact over nine domains of life, to assess how COVID-19 affected SIDC outpatients. Telehealth was assessed as a method to maintain access to care.
- Patients were selected by SIDC staff to participate
- From 5/11-29/2020, participants (n=62) completed the survey online or over the phone and received a \$10 grocery gift card.

#### Analysis

- The data was collected in RedCap and analyzed using STATA. A Pearson's chi-square test was used to determine statistically significant differences between groups.

#### Demographics

- 62 participants completed the survey
- Demographic breakdown: 18 Female/44 Male, 32 Non-Hispanic Black/29 Hispanic/1 Asian, 32 25-39yo/30 40-65yo, 56 HIV/6 w HCV

### Results

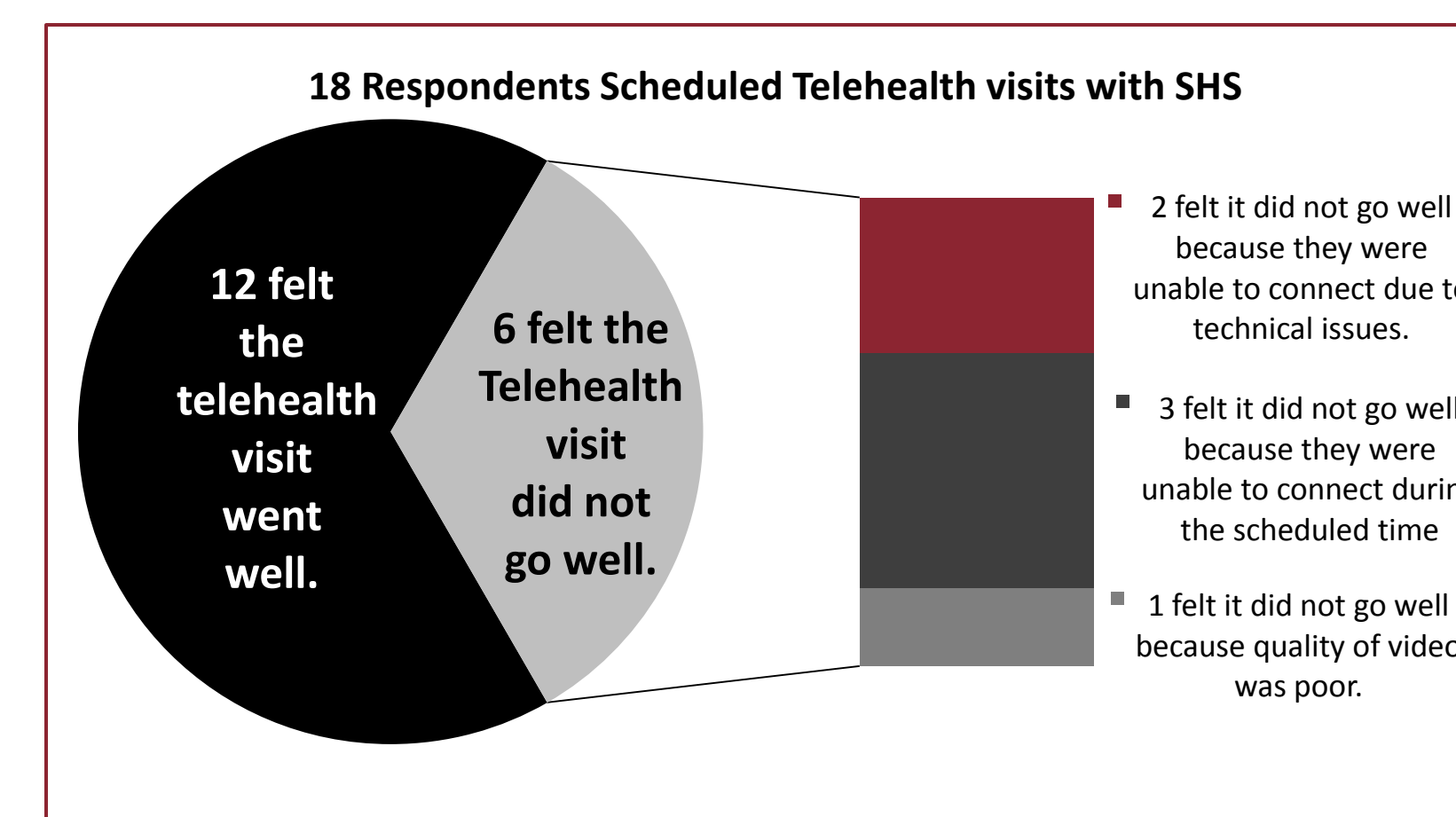
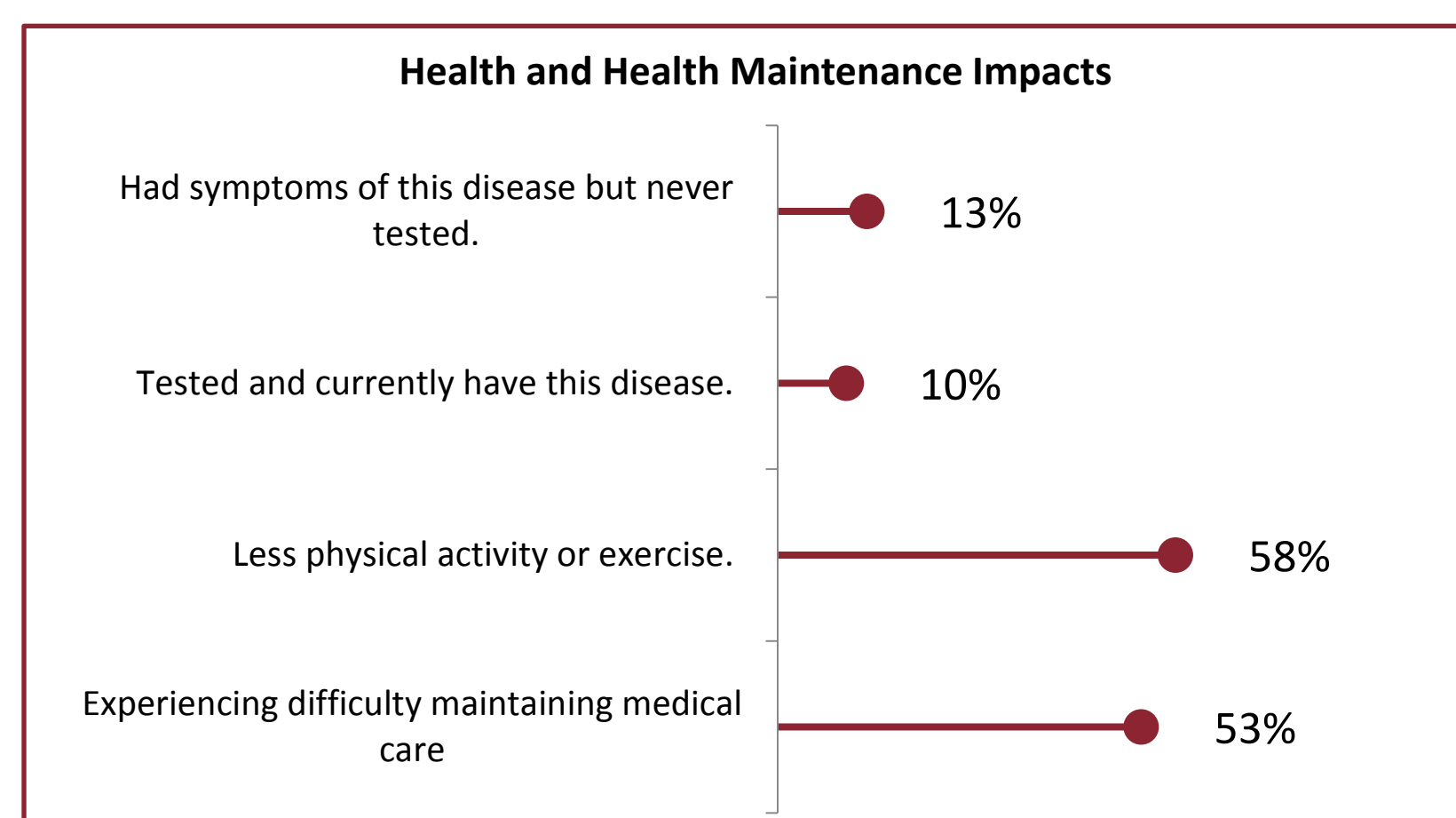
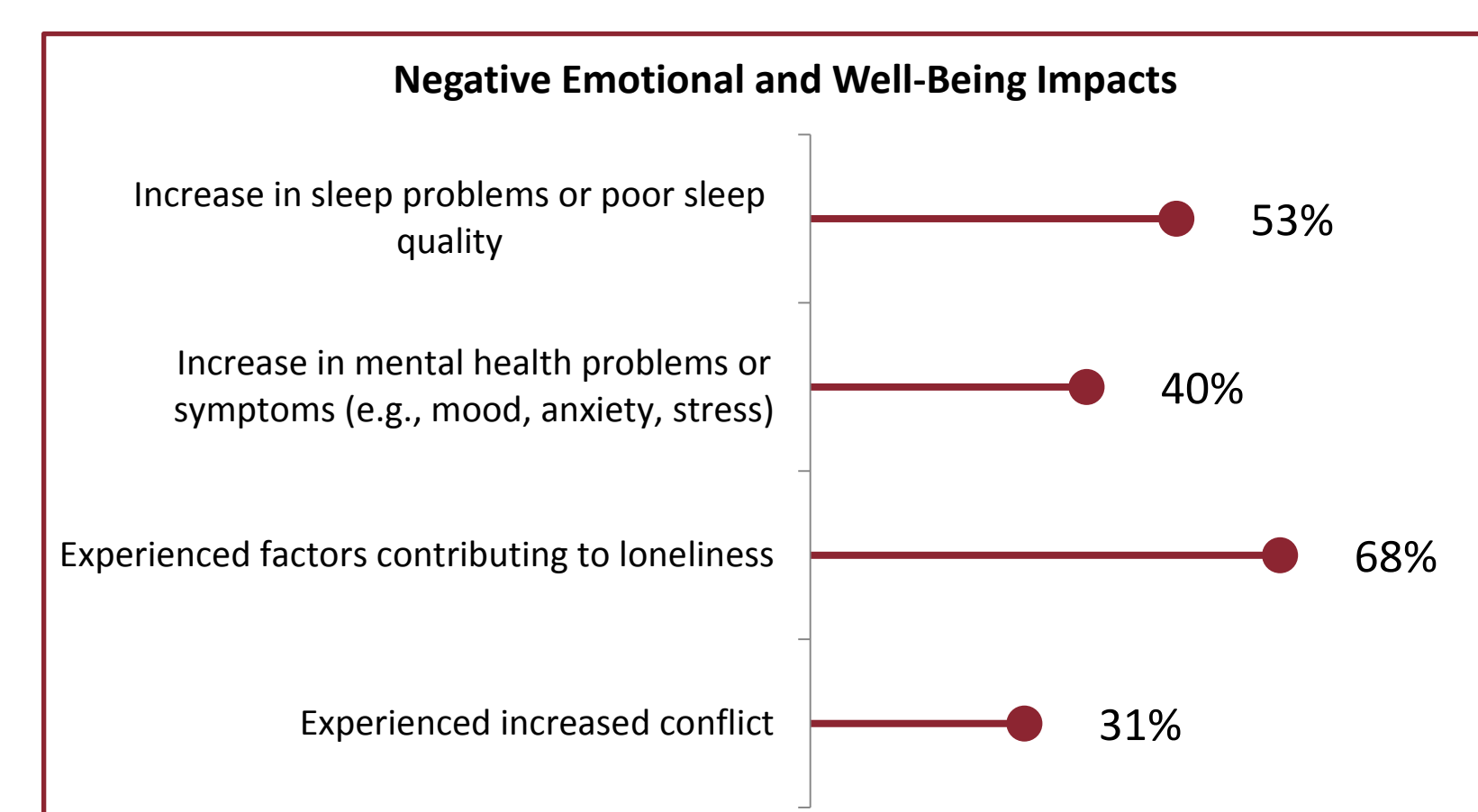
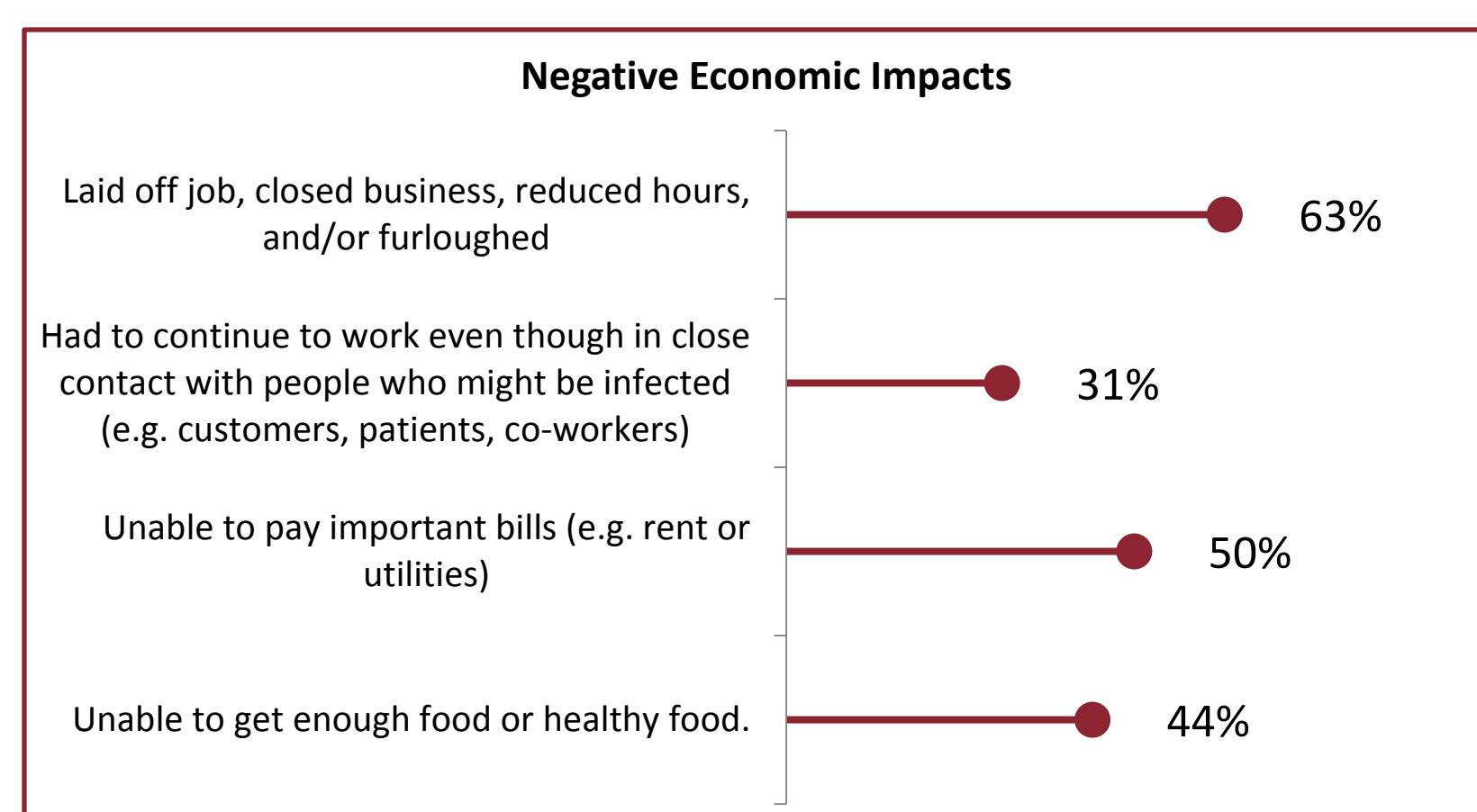


Table 1. COVID-19 impact on SIDC patient households<sup>a</sup>: results by gender, race, ethnicity, and age

Epidemic-Pandemic Impacts Inventory Items	Total (N=62)	Female (N=18)	Male (N=44)	Non-Hispanic Black (N=32)	Hispanic (N=29)	25-39 y.o (N=32)	40-65 y.o (N=30)
<b>Work and Employment</b>							
Laid off from job, closed own business, reduced hours, and/or furloughed	39 (63%)	8 (44%)	31 (70%)	19 (59%)	19 (66%)	22 (69%)	17 (57%)
Continued to work even though in close contact with people who might be infected	19 (31%)	3 (17%)	16 (36%)	8 (25%)	11 (38%)	13 <sup>c</sup> (41%)	6 (20%)
<b>Home Life</b>							
Experienced increased conflict <sup>b</sup>	19 (31%)	7 (39%)	12 (27%)	10 (31%)	9 (31%)	9 (28%)	10 (33%)
<b>Social Activities</b>							
Experienced factors contributing to loneliness <sup>c</sup>	42 (68%)	13 (72%)	29 (66%)	23 (72%)	19 (66%)	21 (66%)	21 (70%)
<b>Economic</b>							
Unable to get enough food or healthy food	27 (44%)	7 (39%)	20 (45%)	16 (50%)	11 (38%)	15 (47%)	12 (40%)
Unable to pay important bills like rent or utilities	31 (50%)	6 (33%)	25 (57%)	18 (56%)	13 (45%)	17 (53%)	14 (47%)
<b>Emotional Health and Well-being</b>							
Increase in mental health problems or symptoms	25 (40%)	8 (44%)	17 (39%)	11 (34%)	14 (48%)	15 (47%)	10 (33%)
Increase in sleep problems or poor sleep quality	33 (53%)	10 (56%)	23 (52%)	15 (47%)	18 (62%)	17 (53%)	16 (53%)
Spent more time on screens and devices	50 (81%)	15 (83%)	35 (80%)	26 (81%)	23 (79%)	28 (88%)	22 (73%)
<b>Physical Health Problems</b>							
Experienced difficulty maintaining medical care	33 (53%)	9 (50%)	24 (55%)	15 (47%)	18 (62%)	18 (56%)	15 (50%)
Less physical activity or exercise	36 (58%)	10 (56%)	26 (59%)	19 (59%)	17 (59%)	20 (63%)	16 (53%)
<b>Physical Distancing and Quarantine</b>							
Entire household was quarantined for a week or longer	25 (40%)	6 (33%)	19 (43%)	12 (38%)	12 (41%)	17 (53%)	8 (27%)
Isolated due to existing health conditions that increase risk of infection	24 (39%)	4 (22%)	20 (45%)	13 (41%)	11 (38%)	15 (47%)	9 (30%)
<b>COVID</b>							
Tested and currently have this disease	6 (10%)	4 <sup>d</sup> (22%)	2 (5%)	4 (13%)	2 (7%)	6 <sup>e</sup> (19%)	0 (0%)
Had symptoms of this disease but never tested	8 (13%)	1 (6%)	7 (16%)	4 (13%)	4 (14%)	7 <sup>e</sup> (22%)	1 (3%)
<b>Positive Change</b>							
More quality time with family/friends in person or from a distance	38 (61%)	11 (61%)	27 (61%)	22 (69%)	15 (52%)	21 (66%)	17 (57%)
More time doing enjoyable activities	38 (61%)	11 (61%)	27 (61%)	22 (69%)	16 (55%)	21 (66%)	17 (57%)
Paid more attention to personal health	48 (77%)	15 (83%)	33 (75%)	26 (81%)	22 (76%)	23 (72%)	25 (83%)
<b>Telehealth</b>							
Scheduled telehealth visit with SHS	18 (30%)	4 (22%)	14 (33%)	16 (52%)	2 (7%)	11 (34%)	7 (24%)
Felt the Telehealth visit went well if scheduled (N=18)	12 (67%)	4 (100%)	8 (57%)	10 (63%)	2 (100%)	7 (64%)	5 (71%)
<b>Felt the Telehealth visit did not go well (N=6) because<sup>f</sup></b>							
Unable to connect due to technical issues	3 (50%)	0 (0%)	3 (50%)	3 (50%)	0 (0%)	2 (50%)	0 (0%)
Unable to connect during scheduled time	3 (50%)	0 (0%)	3 (50%)	3 (50%)	0 (0%)	2 (50%)	1 (50%)
Video quality was poor	1 (17%)	0 (0%)	1 (17%)	1 (17%)	0 (0%)	0 (0%)	1 (50%)

<sup>a</sup>Questions asked whether participant or someone in household experienced these impacts. <sup>b</sup>Increased verbal or physical conflict with spouse, children, or any adult in the home. <sup>c</sup>Factors include separation from family or close friends, not having ability or resources to talk to family or friends while separated, limited physical closeness with child or loved one due to concerns of infection, or moved or lived away from family due to a high-risk job. <sup>d</sup>Denotes significant difference between two groups of p-value < 0.05. <sup>e</sup>Includes unable to get needed medications, unable to get mental health treatment or therapy, important medical procedure cancelled, unable to access medical care for a serious condition, or get less medical care than usual. <sup>f</sup>Participants could select more than one reason for a poor quality telehealth visit

### Results Cont'd

Results indicate that COVID-19 protective measures have had a wide variety of impacts on persons living with HIV or HCV in the low-resourced South and West Sides of Chicago .

- 63% experienced a negative change in employment status, such as a lay off, reduced hours, furlough, or the need to close down own business
- 68% had experiences that may lead to increased feelings of loneliness or social isolation
- 53% reported difficulty maintaining medical care, including compromised ability to: get needed medications, get mental health treatment or therapy, or access medical care for a serious condition
- 61% experienced positive life changes, such as more quality time with friends/family and more time for enjoyable activities
- 67% of those who had Telehealth Visits reported satisfaction with the visit

### Conclusions

#### Reflection

- Data highlights ways in which Black and Hispanic individuals with HIV or HCV are affected by this pandemic
- Survey sheds light on potential services that could address individuals' social and economic hardships
- Telehealth services have room for expansion and improvement, but they appear to be positive experience for individuals and can be used to prevent disruption of care due to the pandemic.

#### Recommendations for Future Research

- Further research is indicated to determine if people living with HIV or HCV are experiencing disproportionate hardships due to COVID-19 protective measures when compared with the general population as well as populations with equivalent socioeconomic status

#### Potential Initiatives to Address COVID-19 Hardships

- Build capacity for virtual fitness programs
- Identify opportunities for employment assistance and make appropriate connections
- Advocate for accessible and affordable housing
- Ensure patients are getting appropriate referrals for behavioral health counseling
- Prioritize SIDC community input in design of initiatives

While suggestions above may seem like large scale responses, the COVID-19 Pandemic and its impacts on low-resourced or disproportionately burdened communities will be longstanding, and solutions to these obstacles will likely be most successful when constructed to be sustainable and far reaching.

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