

COVID-19 CHECK IN

Brief Interviews with PWH among Tri-County CHAIN Participants

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In response to a pause of all in-person research due to the COVID-19 pandemic, a modified protocol for outreach to Community Health Advisory & Information Network (CHAIN) study participants via telephone or mail was implemented. From January through March 2021, CHAIN research staff conducted brief phone interviews with Tri-County study participants (i.e., those living in Westchester, Putnam, or Rockland Counties) to record their experiences during the COVID-19 pandemic. CHAIN staff interviewed 51 persons with HIV (PWH), representing just over half of the participants who completed full CHAIN interviews in the most recent phase of Tri-County research in 2018-2020. The brief COVID-19 check-in phone interviews asked about current health, information sources, service needs, and contacts with service providers, if any. Interviews were conducted in English and Spanish.

This Brief Report is a descriptive analysis of COVID-19 experiences and concerns during the pandemic in early 2021. New York State was beginning to open up, but there were still many restrictions on business and social gatherings and vaccines were not yet widely available. During the time period covered by this report, early January to the end of March 2021, the region experienced a spike in cases. In Westchester, the number of positive tests reached over 1,000 per day in mid-January 2021, up from 20-40 cases per day during the previous summer months.¹

Research questions we explore: How are CHAIN Tri-County study participants doing with regard to threats, stresses, and restrictions associated with the COVID-19 pandemic? What are their informational, medical, behavioral health, and supportive service needs during COVID-19 social and economic disruptions, restricted access and/or capacity strain of health and essential services? How, if at all, have PWH in the Tri-County connected with service providers during the COVID-19 pandemic?

METHODOLOGY

- Data for analysis were provided by a phone survey with persons with HIV in the Tri-County Region, a subsample of CHAIN study participants (n=51).
- The original CHAIN sample was designed to be representative of the HIV-infected population receiving medical and/or social services in New York City or the Tri-County northern suburban region. https://nyhiv.org/nyhiv-archive/data_chain.html
- This report is based on 51 Tri-County PWH interviewed by phone from the first week in January through end of March 2021. Participants were sampled from those who completed a full interview in 2018-20.
- Study participants answered questions about health status, informational and service needs, experiences and worries due to the COVID-19 pandemic.
- Measures are based on items used in national surveys, found in the Societal Experts Action Network COVID-19 survey compendium, a research resource supported the National Academies and the NSF. <https://covid-19.parc.us.com/client/index>.

¹ NYS DOH. (n.d.). *Percentage positive results by county dashboard*. <https://forward.ny.gov/percentage-positive-results-county-dashboard>

SUMMARY OF FINDINGS

Sample characteristics. The COVID-19 check-in sample is comparable to the full 2018-2020 Tri-County CHAIN cohort, although a slightly greater percentage of respondents reached for the 2021 phone surveys were cisgender women (Table 1). Relatively few participants were under 40 years old and the great majority were Black or Latinx. Approximately one-quarter of interviews were conducted in Spanish.

Risk for COVID-19. Among the COVID-19 check-in subsample, as well as the general CHAIN Tri-County study sample, the majority of study participants report one or more of the CDC listed medical conditions increasing risk for COVID-19 serious illness (62% and 54% respectively). Approximately one in five (20%-18%) are medically at higher risk for COVID-19, indicated by age 55+ years and two or more COVID-19 related health comorbidities: asthma, other respiratory conditions (COPD, emphysema, chronic bronchitis), heart condition, diabetes, cancer, or BMI >40 (Table 1).

Current Health. In spite of the pandemic, at the time of their interview in early 2021, nearly all respondents (90%) described their quality of life, how things had been going for them in the past month, in positive terms. More than three-quarters (78%) confirmed they were in good health (Table 2).

Housing and Living Arrangements. About half were currently living alone (45%) (Table 2). Many respondents noted that they were sheltering in place at the time of their interview, even though the New York State stay-at-home order, limiting movement outside one's home to essential activities, began to lift in May 2020 in the Tri-County region.² One respondent interviewed on March 1, 2021, explained, "I'm still very afraid to go out. I barely leave my house." This caution may be attributed to the spike and somewhat higher number of cases recorded after the holiday season.³ More than half of those interviewed (55%) were somewhat or very worried they or a member of their family would get sick with COVID-19 (Table 4).

Subsistence needs (need for food, housing, general financial assistance, or all of these) were reported by 29% of respondents (Table 3). Respondents who were living with others were more likely to have subsistence needs than those living on their own (data not shown). The most important self-reported needs were for food, groceries, or meals; almost a quarter (24%) reported need for food assistance. Difficulties with food stamps were mentioned repeatedly, while one respondent cited the lack of transportation as a barrier to accessing food pantries.

I am the guardian for my three teenage grandchildren. My grant is not enough money and they even had the nerve to take away some of the food stamps that I needed to feed the kids! ... I have to be careful how I use the food stamps because I have to make them last.

² Beginning on March 22, 2020, all counties in New York State were under a "stay-at-home" order (New York State (NYS) Department of Health (DOH). (n.d.). *New York State on PAUSE*. <https://coronavirus.health.ny.gov/new-york-state-pause/>). Westchester, Rockland, and Putnam counties are part of the Mid-Hudson Region, which began its Phase 1 reopening on May 26, 2020 (WABC. (2020, May 26). *Reopen news: Mid-Hudson region enters phase I of reopening*. <https://abc7ny.com/mid-hudson-reopening-westchester-county-rockland-reopen-dutchess/6212093/>).

³ NYS DOH. (n.d.). *Percentage positive results by county dashboard*. <https://forward.ny.gov/percentage-positive-results-county-dashboard>.

I need to get some food stamps because I don't get them at the moment. I have income but I could use more money because it is very hard at the moment.

I am on SSD, sometimes I don't have enough food. Where I live, they give us a list of where the food pantries are but in order for me to get there, I have to get a taxi and I don't have that kind of money.

When asked a direct question about financial hardship associated with COVID-19, almost half (47%) answered they were experiencing financial hardship due to the pandemic; and 49% of those interviewed were also worried their financial situation would get even worse (Table 4).

I worry that the money that I am getting will not be enough in the future.

Health care needs were raised by relatively few respondents. Combining all available information including qualitative responses, only six respondents (12%) indicated need for medical care, mental health care, or prescriptions. Three of these individuals requested mental health services.

Psychological distress. A standardized measure of event related psychological distress developed specifically for COVID-19 community studies included depression and anxiety symptoms as well as questions about loneliness and feeling hopeful (or not hopeful) about the future. Over one-third of the sample answering the distress questions scored 'high' on the summary measure (Table 4).

Information Needs. Unlike NYC CHAIN respondents interviewed in the early months of the pandemic,⁴ almost all Tri-County respondents (96%) interviewed in 2021 reported they had gotten sufficient information about COVID-19 to protect themselves and their families from infection (Table 4). However, this information was not necessarily received from a doctor or case manager or public health authorities such as the NYC DOHMH.

I read a lot about it from the newspapers, clinic bulletin and I listen to the news.

I did not get any information from my doctor's office nor a case manager, I just got the information from watching TV.

When asked if they had received enough information from their doctor or case manager about how COVID-19 might affect their health or what to do to access services in case offices were closed due to the pandemic, 90% of those interviewed said they had. One respondent who did not understand how COVID-19 would affect their health specified they did not understand the information received from their provider. Another wanted advice from their doctor about the COVID-19 vaccines.

Contact with Service Providers. Nearly all Tri-County respondents (94%) confirmed they had had some contact with a service provider since the coronavirus outbreak (Table 3). Few specified how they had connected with a doctor or case manager. Two individuals reported

⁴ Aidala A, Yomogida M, Harned E (2020). COVID-19 Check-in: Brief Interviews with PLWH in the NYC CHAIN Study Cohort. Community Health Advisory & Information Network Briefing Report 2002-2. https://nyhiv.org/wp-content/uploads/2021/04/CHAIN-Briefing-Report-2020-2_COVID-19-Check-in.pdf

speaking over the phone with a service provider, two met in person, one used texting, and the final, video conferencing.

Resources and Barriers to Telehealth. During the coronavirus pandemic many clinics and service agencies, as well as other institutions, transitioned to a telehealth-focused model of care to maintain patient and provider safety. However, not all PWH have access to telehealth resources. Almost 40% (37%) of Tri-County PWH interviewed were lacking either the technological resources (computer, tablet, or smart phone with internet access in the home) or the knowledge to access digital telehealth resources (Table 5). The most common barrier to telehealth was lack of digital literacy. Even for individuals who reported having an appropriate device and connectivity, they lacked sufficient knowledge about how to use their computer or phone for video conferencing.

I feel so stupid because I don't know how to use the phone to do some of those things.

I don't know too much about these technology things.

I use the Teledoc because I don't know how to do the video conference thing.⁵

I don't know anything about skype or zoom. Not very good at all with the new technologies. ... I just don't know how to use them. The clinic was trying, but I prefer using my telephone to communicate with them.

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⁵ Teledoc telehealth services can connect patients with a medical provider via the phone, web, or mobile-based application. However, this would not necessarily be the individual's regular HIV primary care doctor. See Teledoc. (n.d.). *Get started.* <https://www.teladoc.com/start>.

Table 1. Sample Characteristics

Characteristic	COVID Check In (n=51) ¹		2018-20 Cohort (n=96) ²	
	n	%	n	%
Gender				
<i>Female</i>	31	61%	52	55%
<i>Male</i>	20	39%	43	45%
<i>Transgender</i>	0	0%	0	0%
Gender, MSM				
<i>Female</i>	31	61%	53	55%
<i>Male, non-MSM</i>	13	25%	24	25%
<i>Male, MSM</i>	7	14%	19	20%
<i>Trans</i>	0	0%	0	0%
Age Category				
<i>Under 30 Years</i>	2	4%	4	4%
<i>30-39 Years</i>	4	8%	15	16%
<i>40-54 Years</i>	18	35%	33	34%
<i>55 Years and Above</i>	27	53%	45	46%
Race/Ethnicity				
<i>White, Non-Hispanic</i>	1	2%	2	2%
<i>Black</i>	23	45%	42	44%
<i>Latinx</i>	21	41%	46	48%
<i>Other</i>	6	12%	6	6%
Non-English interview ³	14	27%	21	22%
Medical Comorbidities ⁴	31	62%	51	54%
Household below poverty level ⁵	24	48%	45	47%
Recent homelessness/unstable housing ⁶	1	2%	6	6%
History of problem substance use ⁷	24	47%	46	48%
Low mental health functioning score ⁸	24	49%	40	43%
Ever jail or prison	17	34%	29	31%
Higher risk for serious illness from COVID-19 ⁹	10	20%	17	18%

¹ Phone interviews with sub-sample of Tri-County CHAIN study participants conducted January – March 2021.

² Full Tri-County cross-sectional study sample, interviewed November 2018 - February 2020.

³ All 14 COVID check-in interviews were in Spanish. From the full cohort sample, 19 were Spanish and 2 Creole.

⁴ In addition to HIV infection, any CDC listed medical conditions increasing risk for COVID-19 serious illness: asthma, other respiratory conditions (COPD, emphysema, chronic bronchitis), heart condition, diabetes, cancer, or BMI >40 (n=50 COVID check-in; n=94 full cohort sample).

⁵ Household yearly income < \$11,000 for one person, < \$15,000 for 2 persons (n=50 COVID check-in; n=95 full cohort sample).

⁶ Homeless (on the street or other place not intended for sleeping, in a homeless shelter, limited stay SRO, or welfare hotel); or unstably housed (in a transitional housing program or residential treatment or temporarily doubled up with others in someone else's home) reported at most recent CHAIN study regular interview (n=49 COVID check-in; n=95 full cohort sample).

⁷ Use of heroin, cocaine, crack, or methamphetamine, or problem drinking (CAGE) Ewing JA. Detecting Alcoholism: The CAGE questionnaire. JAMA. 1984; 252: 1905-1907.

⁸ MOS-SF36 Mental Component Summary Score <42.0 indicating clinically significant mental health symptoms (depression, anxiety, impairment) at most recent CHAIN study interview. McHorney CA et al. (1993). The MOS 36-item short-form health survey (SF-36). Medical Care, 31, 247–263. (n=49 COVID check-in; n=93 full cohort sample).

⁹ Age 55+ years and two or more COVID-19 related health comorbidities.

Table 2. Current Health and Living Situations

	N	%
Quality of Life		
<i>Good or better</i>	46	90%
<i>Pretty bad or worse</i>	5	10%
Self-Reported Poor Health		
<i>Yes (fair or poor)</i>	11	22%
<i>No (good or better)</i>	40	78%
Current Living Situation		
<i>Own place</i>	48	94%
<i>Temporary doubled up or other living arrangement</i>	3	6%
Household Composition		
<i>Lives alone</i>	23	45%
<i>Lives with one other person</i>	9	18%
<i>3 or more persons in household</i>	19	37%
Currently “sheltering in place”		
<i>You don’t leave your home expect for essential things such as food or medicine</i>	44	88%

N=51. Phone interviews with Tri-County CHAIN study participants conducted January – March 2021.

Table 3. Current Self-Reported Service Needs and Telehealth Barriers and Resources

	N	%
Subsistence Needs¹	15	29%
<i>Food, Groceries, Meals</i>	12	24%
<i>Financial Assistance</i>	9	18%
<i>Housing Assistance, Rent</i>	4	8%
Health Needs²	6	12%
<i>Medical, emotional/psychological, service needs; prescriptions</i>		
Other Needs	10	20%
<i>Transportation</i>	2	4%
<i>Telecommunications</i>	2	4%
<i>Information Needs</i>	2	4%
<i>Other not listed</i>	4	8%
Reported contact with service provider since coronavirus outbreak³		
<i>For information about coronavirus risk, how to get needed medical or social services when offices are closed or received services</i>	48	94%
Lacks Knowledge or Resources for Telehealth Services⁴	19	37%
<i>No computer, tablet, or smartphone with internet access</i>	3	6%
<i>Computer/phone may not allow for video conferencing</i>	6	14%
<i>Don't know how to use computer/phone for video conferencing for medical or other appointment</i>	14	31%

N=51. Phone interviews with Tri-County CHAIN study participants conducted January – March 2021.

¹ Any current need for food, housing, or financial assistance based on answers to specific questions and coding of open-ended questions.

² Any current need for medical care, mental health care, or prescriptions based on answers to specific questions and coding of open-ended questions.

³ Contact by email, patient portal, by phone, or in-person.

⁴ Does not have a computer, tablet, or smartphone, does not have sufficient minutes on phone, does not know if computer or phone has proper application(s) for telehealth, or does not know how to use computer or phone for telehealth based on answers to specific questions and coding of open-ended questions.

Table 4. Pandemic Related Information Needs, Concerns, and Consequences

	N	%
Pandemic Information Needs		
<i>Do not have enough or don't understand information received to protect self and family from COVID-19</i>	2	4%
<i>Did not get enough or don't understand information from doctor or case manager about how COVID-19 might affect your health</i>	5	10%
<i>Did not get enough or don't understand info from doctor or case manager about how to get services when offices closed due to COVID-19</i>	5	10%
Somewhat or very worried...		
<i>You or your family will get sick from COVID-19</i>	28	55%
<i>You will put yourself at risk of COVID-19 because unable to afford to stay home & have to go out to work</i>	17	33%
<i>That financial situation will get even worse</i>	25	49%
Because of COVID-19 outbreak...		
<i>Lost job, laid off, work hours reduced without pay</i>	10	20%
<i>Experienced financial hardship, struggling to make ends meet</i>	24	47%
<i>Unable to get food, groceries, or meals</i>	11	22%
<i>Unable to get cleaning supplies or hand sanitizer</i>	13	25%
<i>Unable to get prescription medications</i>	2	4%
<i>Unable to get medical care not related to COVID-19</i>	2	4%
<i>Increased use of alcohol or drugs</i>	2	3%
Psychological Distress¹		
In the past two weeks, more than half the days or nearly every day...		
<i>Felt nervous, anxious, on edge</i>	14	27%
<i>Felt depressed</i>	11	22%
<i>Felt lonely</i>	12	24%
<i>Felt hopeful about future</i>	22	44%
<i>Had trouble sleeping</i>	17	33%
High psychological distress score	18	36%

Total sample n=51. Phone interviews with Tri-County CHAIN study participants January – March 2021.

¹Psychological Distress Scale comprised of five standard questions adapted from GAD-7, CES-D, and the Impact to Event Scale Revised. NIH PhenX COVID-19 Toolkit; PEW Research Center.