

BC CARMA CHIWOS COLLABORATION

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Impacts of COVID-19 restrictions on access to HIV and other healthcare services among women living with HIV and HIV-negative women participating in the BC CARMA-CHIWOS Collaboration (BCC3) Study: Preliminary Data

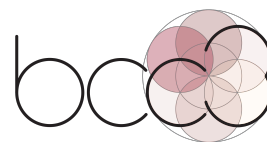
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Background & Study Design

Beginning in March 2020, COVID-19 public health protections required that many healthcare services be offered virtually, alone or combined with in-person care.

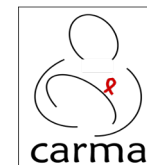
Research suggests that COVID-19 restrictions have affected access and use of sexual and reproductive health services, but the impact among women living with HIV in Canada is unknown.

Purpose: We assessed whether COVID-19 restrictions altered whether and how women living with HIV in British Columbia accessed healthcare care services, compared with HIV-negative women.



**British Columbia CARMA CHIWOS
Collaboration study (BCC3)**

CARMA: Children and Women AntiRetrovirals
Therapy and Markers of Aging (2008-2018)



CHIWOS: Canadian HIV Women's Sexual
and Reproductive Health Cohort Study
(2011-2019)



BCC3 Study Purpose: Holistic analysis of aging and health, incorporating the **biomedical and clinical perspective** of CARMA with the **socio-structural and community-based research strengths** of CHIWOS

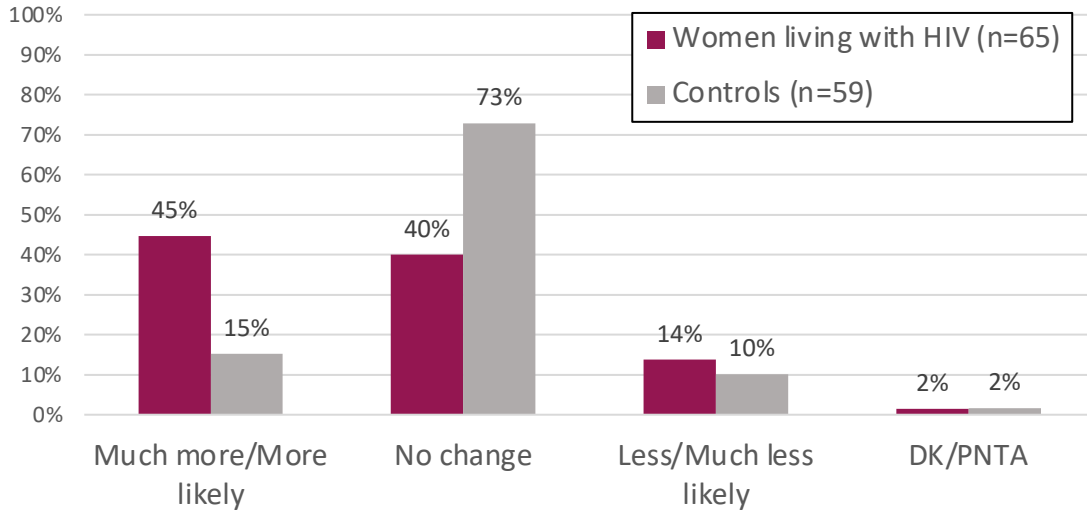
BCC3 Study Participants: Women (cis and trans inclusive) aged 16+ years residing in British Columbia, living with HIV or not living with HIV (controls)

Sample Size & Baseline Characteristics

Used baseline survey data from BCC3 participants who completed the COVID-19 supplementary survey between Dec 1, 2020-Dec 15, 2021 (n=124)

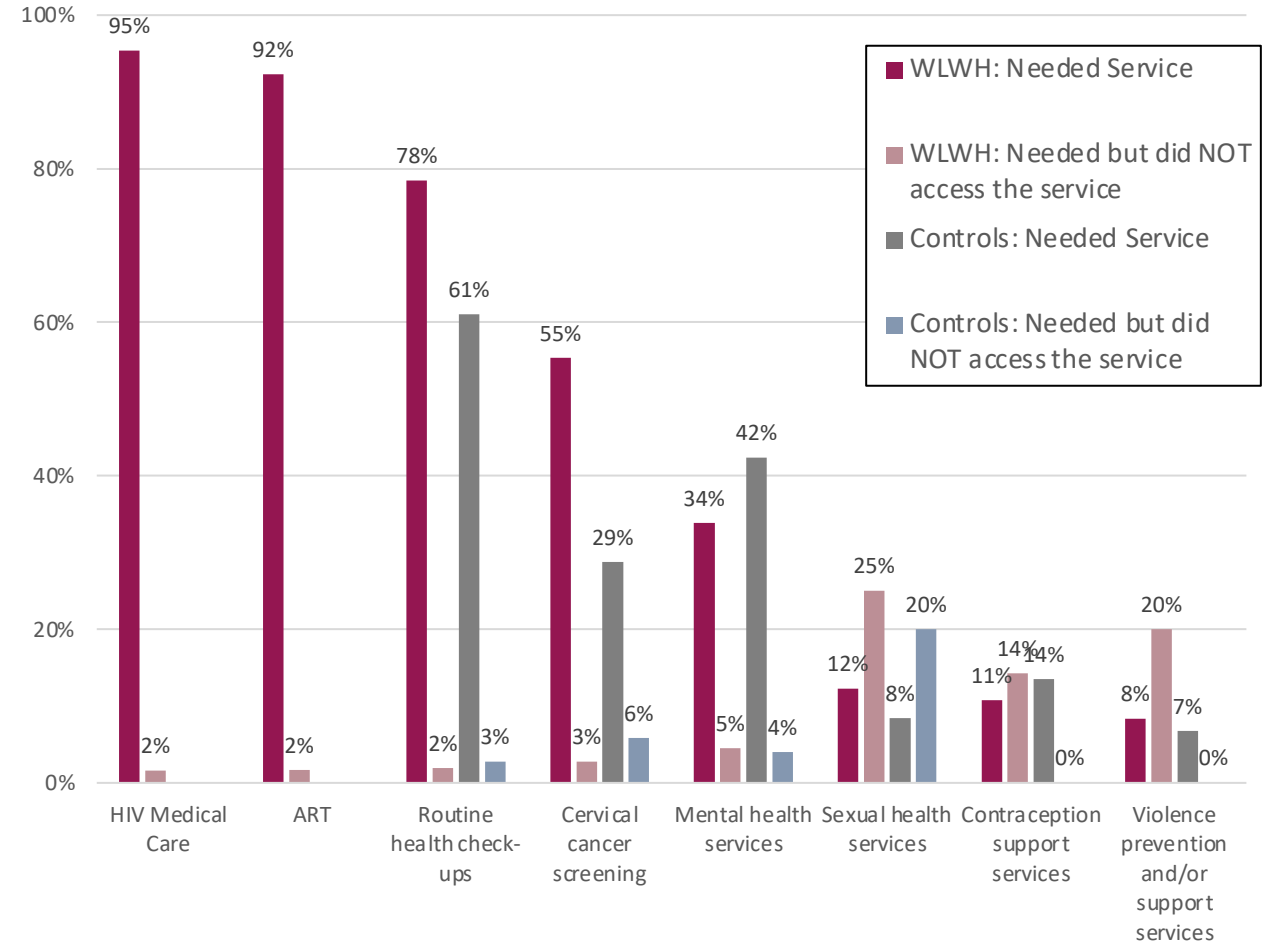
Enrolment: **n=65 women living with HIV** and n=59 controls. Women living with HIV were more likely to be Indigenous (20% vs 6.8%), African, Caribbean, or Black (13.8% vs. 0%), and have an annual household income <\$20K (43% vs. 22%).

Fig 1. Likelihood to consult a healthcare provider now compared to before the COVID-19 protections (03/20)



Women Living with HIV were “much more/more likely” to consult a healthcare provider for medical concerns now compared to before COVID-19 protections (45% vs 15% controls; p=0.002).

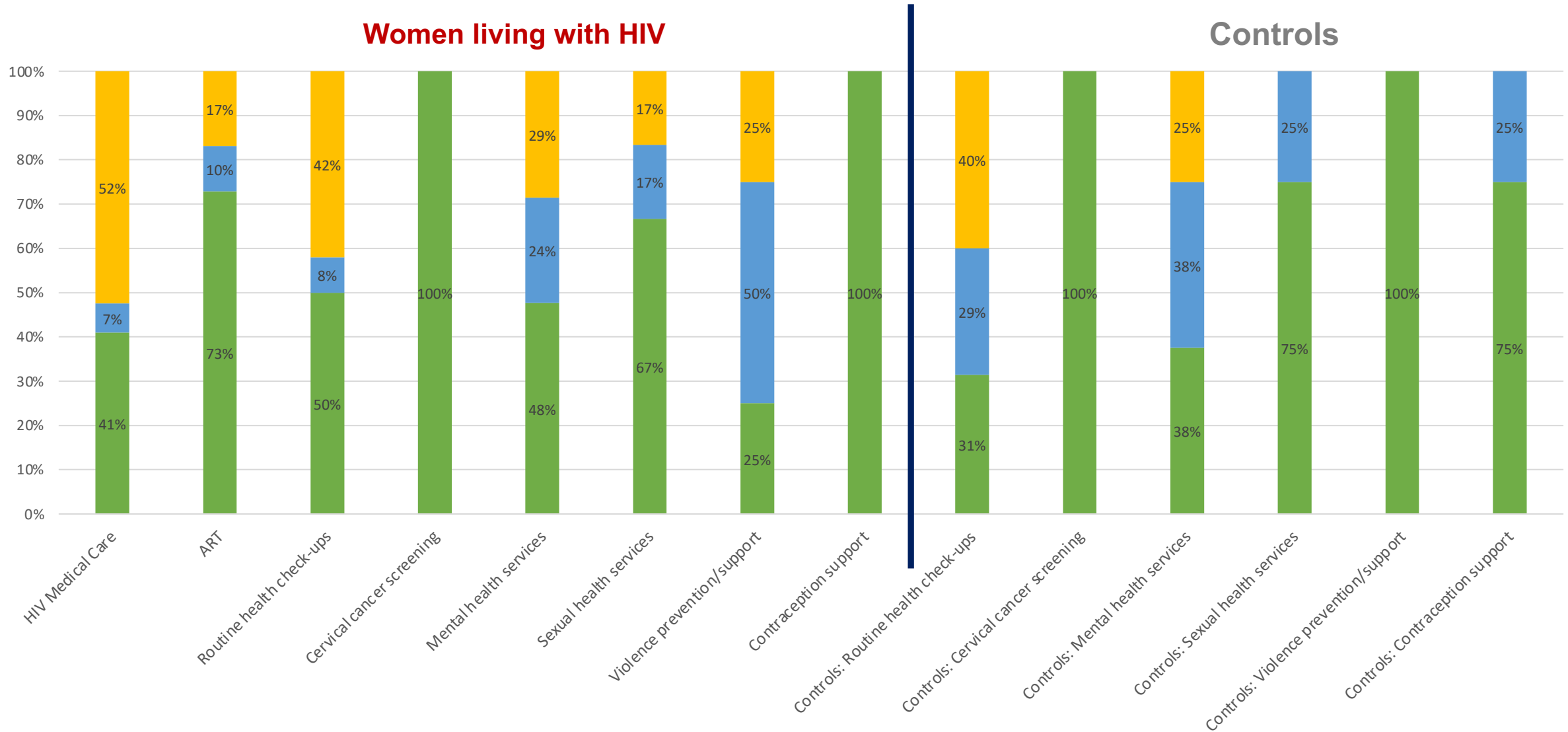
Fig 2. Health services NEEDED since COVID-19 protections (03/20) and % who needed but did NOT access the service, by HIV status



Service access gaps were observed among women who needed sexual health services (25% and 20% among controls) and among **women living with HIV** who needed contraception (14%) and violence services (20%), although numbers were small.

RESULTS

Fig 3. Among those who needed a service, % who accessed the service **in-person**, **virtually**, or a **combination of in-person and virtual**, by HIV status



Results: Satisfaction and Preference for Virtual Care

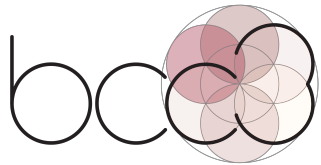
Virtual Care Satisfaction & Preferences

- 78% of participants accessing virtual medical care were 'Very or Somewhat Satisfied' with their care (82% among women living with HIV vs 74% among controls; p=40).
- Of all BCC3 participants, 44% preferred to receive virtual care alone or combined with in-person care (48% among women living with HIV vs 41% controls; p=0.47).

Conclusions

- Women living with HIV were more likely than controls to need healthcare services during COVID-19 protections.
- While women living with HIV were able to access HIV-related care with few difficulties, women experienced challenges accessing other essential services.
- Experience and satisfaction with virtual care offers insights into hybrid care delivery models for women living with HIV.

Acknowledgements



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All women living with HIV



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