

Access to basic needs services provided by AIDS Service Organizations among participants of the Ontario HIV Treatment Network Cohort Study prior to and during the COVID-19 pandemic

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Background/Methods

Background

- AIDS Service Organizations (ASOs) provide essential services to vulnerable people living with HIV (PLWHIV).
- The provision of ASO services has been impacted by public health measures implemented to curb the COVID-19 pandemic.
- We examined access to *basic needs support services* among participants of the OHTN Cohort Study (OCS) prior to and during the COVID-19 pandemic.

OHTN Cohort Study (OCS)

- A community-governed longitudinal cohort study
- People receiving HIV care in 15 clinics in Ontario
- Over 8,000 participants enrolled since 1995
- Over 5,000 active participants (as of Dec 2021)
- Clinical data collected from medical charts
- Viral load data obtained through linkage with Public Health Ontario Laboratories database
- Data on social determinants of health collected through interviewer-administered annual questionnaire

Methods

- Basic needs support services: defined as one of the following:
 - Food bank
 - Meal delivery
 - Nutritional supplements
 - Help with financial assistance
 - Help with housing and
 - Help getting medications
- Participants were asked if:
 - They accessed basic needs services in the past 12 months and
 - They had unmet basic needs services, i.e., services that they needed, but did not access
- We used data from 3,181 OCS participants who completed the annual questionnaire between Jan 2020 and Oct 2021:
 - Before COVID-19 (Jan 2019 – Mar 2020)
 - During COVID-19 (Mar 2020 - Oct 2021)

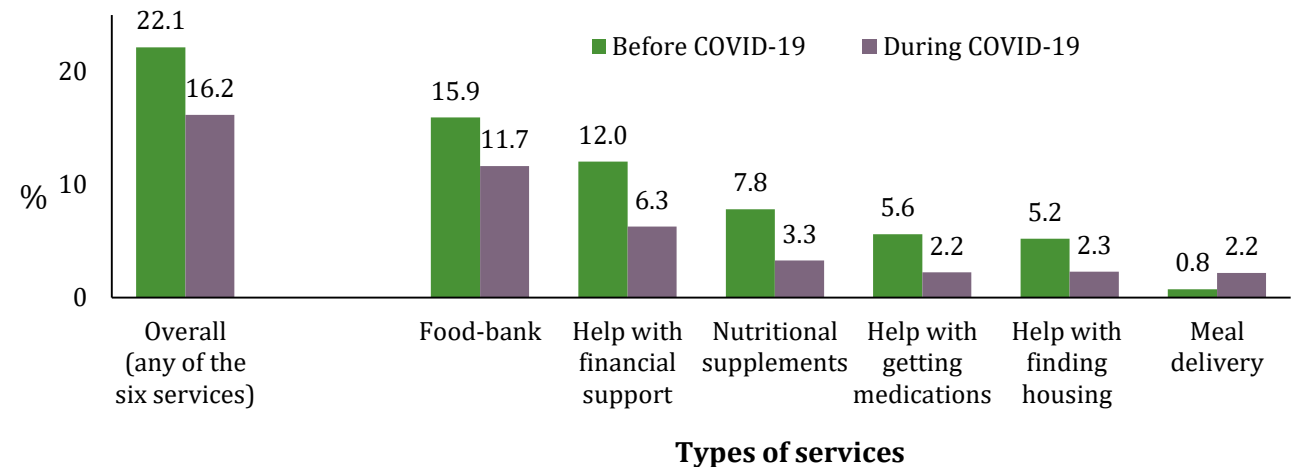




Results

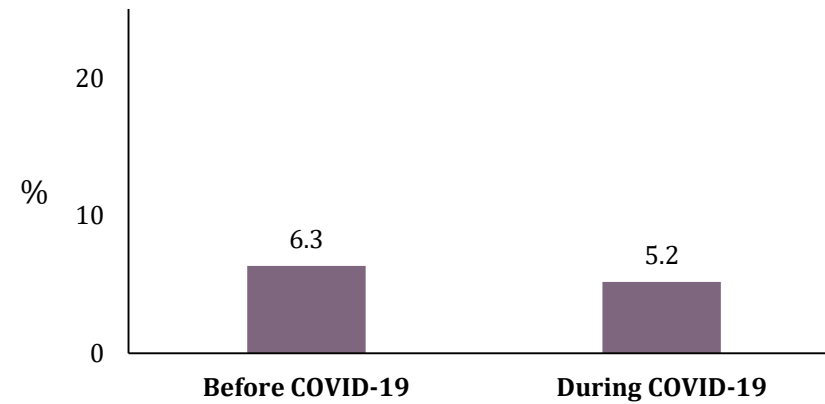
- One in five (22.1%) participants accessed basic needs services before COVID-19 and access declined to 16.2% during COVID-19 pandemic (Figure 1).
- Food bank, help with financial support, and nutritional supplements were the three most common types of services accessed.
- Access to meal delivery service increased slightly during COVID-19, in part due to increased effort by ASOs.

Figure 1. Access to basic needs services provided by ASOs



- Unmet basic needs services remained relatively the same during COVID-19 (Figure 2).
- The top three unmet basic needs services were:
 - Help with financial support
 - Help with finding housing
 - Food Bank

Figure 2. Unmet basic needs services





Results

- Access to basic needs services declined with age and was lower during COVID-19 than before COVID-19 across all age groups (Figure 3).
- Women/Transwomen accessed basic needs services more than other PLWHIV and access declined across all gender during COVID-19 (Figure 4).
- Access declined in all race groups during COVID-19 (Figure 5). Indigenous, Black, and Latin American PLWHIV accessed basic needs services more than other race group.

Figure 3. Access to basic needs services by age

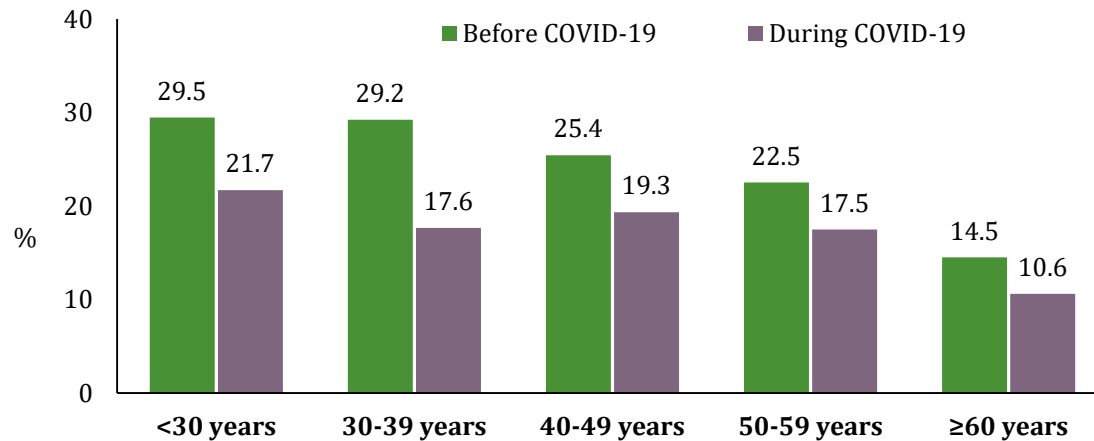


Figure 4. Access to basic needs services by gender

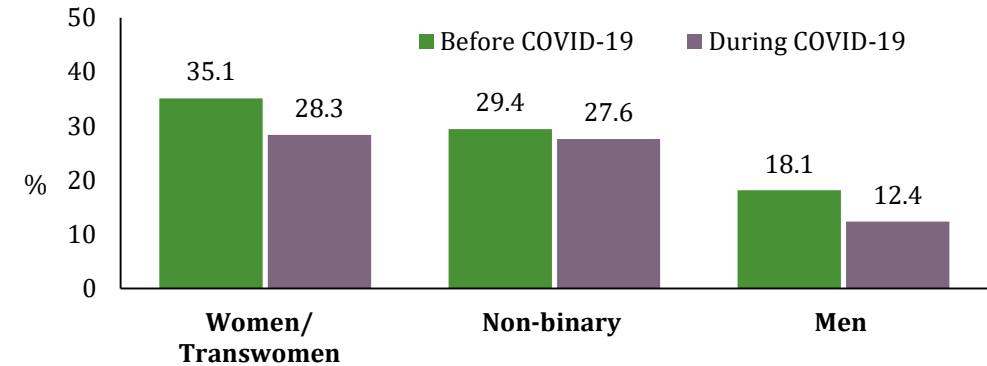
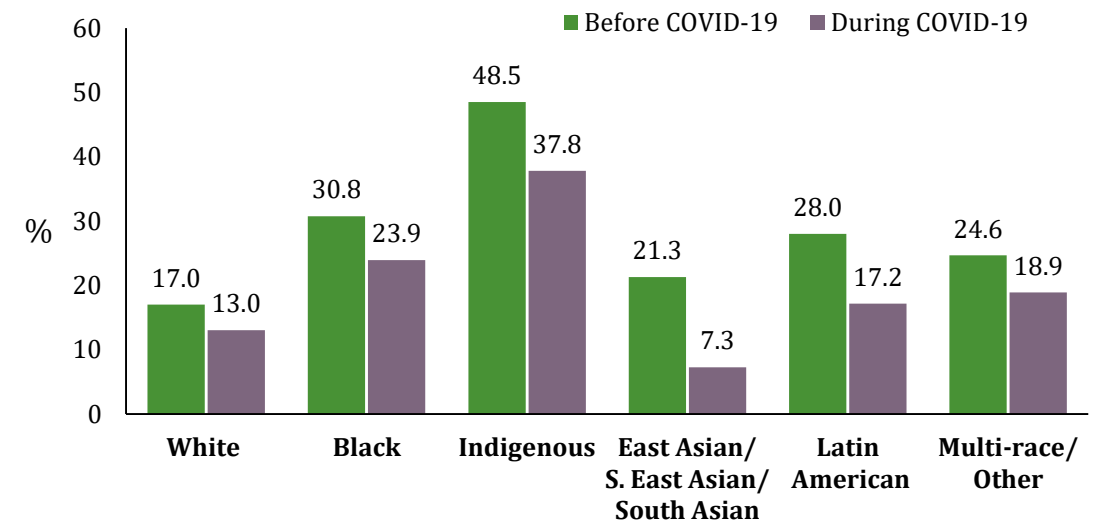


Figure 5. Access to basic needs services by race/ethnicity

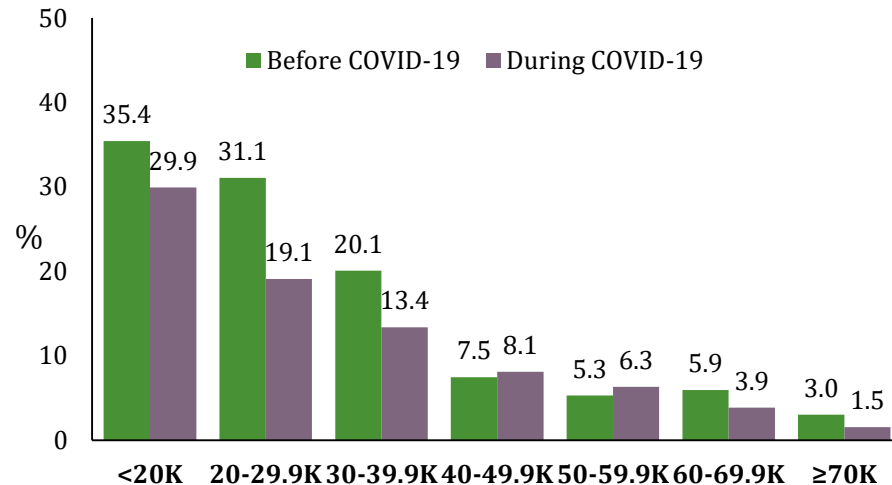




Results/Conclusions

- Access to basic needs services was higher among PLWHIV with lower income (Figure 6).
- Across all income groups, access to services was lower during COVID-19 pandemic compared to pre-pandemic period.

Figure 6. Access to basic needs services by income



Conclusions

- Access to basic needs services declined during COVID-19 across all age groups, race, gender, and sexual orientation.
- Unmet basic needs services during COVID-19 remained relatively the same compared to pre COVID-19 period.
- Food bank, help with financial support, and nutritional supplements were the top three support services accessed, both before and during the COVID-19 pandemic.
- Younger, women, non-White, and PLWHIV with lower income accessed basic needs services more than others.
- Suspension of in-person services by ASOs in the early months of the pandemic may have contributed to the decline in access to services.
- Targeted efforts are needed to enhance access to basic needs services to groups with decline in service access.



OCS
OHTN COHORT STUDY

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