National HIV/AIDS Strategy Could Be a Model for COVID-19 Response

A study of Black and Latino people living with HIV found high rates of resilience and challenges.

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If COVID-19 is disproportionately impacting Black and brown communities in the same way as HIV does, then the new pandemic needs a national strategy, just like HIV has, according to a study in AIDS and Behavior.

When COVID-19 hit, Marya Gwadz, MSW, of New York University's Silver School of Social Work, and colleagues contacted 96 participants from a larger study of people living with HIV and asked them to fill out a questionnaire about their concerns around COVID-19, who they trusted to provide good information and how they were coping.
Twenty-six participants also sat down for in-depth qualitative interviews on challenges and resilience. The assessment survey and in-depth interviews took place early in the pandemic, between April and August 2020.

The 96 New Yorkers with HIV were primarily Black (75%) and Latino (25%) adults with a median age of 49; slightly more than half (52%) reported sexual or gender minority status. A vast majority of participants (85%) reported going hungry regularly in the last year, and only 52% had stable housing. They had been living with HIV for a mean of 17 years, and most had a detectable HIV viral load.

The researchers found that the participants adopted social distancing recommendations early and that most of those who thought they needed a SARS-CoV-2 test got one (35% of the 41% who perceived a need). One in three of those got their SARS-CoV-2 test from the same place where they received HIV care. Forty percent reported that a friend or family member had been diagnosed with COVID-19.

What's more, the skills people had developed over years of food insecurity meant they were able to "hustle" for food—with people saying they put that skill to work to help others in their lives get the food they needed.

While most HIV care was not disrupted by the pandemic, participants did report that they sometimes canceled appointments due to the risk of attending in person. Many had either a cell phone or internet access but not both and therefore struggled to adapt to telehealth

appointments. The same problem was apparent for people trying to access social services and 12-step meetings.

The researchers also found that participants saw the COVID-19 pandemic in light of their experience with HIV. They “drew a direct line between structural racism and the disproportional adverse effects of COVID-19 on communities of color, to similar racial/ethnic disparities in HIV prevalence and morbidity and mortality associated with the HIV pandemic,” according to a press release about the study.

To that end, Gwadz said the response to COVID-19 can draw upon what has worked—and hasn’t worked—for people with HIV.

“HIV is a pandemic of the poor, and pandemics generally take advantage of the fault lines in society,” wrote Gwadz and colleagues. “COVID-19 may also evolve along these fault lines in the United States to disproportionately adversely impact Black and Latino communities over the long term. The National HIV/AIDS Strategy for the United States can potentially serve as a model for a National COVID-19 Strategy, including as a means of preventing COVID-19 from becoming another entrenched pandemic of the poor.”

Click here to read the study press release.

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http://beta.docker.tusaludmag.com/article/national-hivaids-strategy-model-covid19-response