# THE EFFECT OF THE COVID-19 PANDEMIC

## on Organizations Providing Services for People Living with HIV and Gender and Sexual Minorities IN THE DEEP SOUTH

SAC
SOUTHERN AIDS COALITION

Center for Health Policy & Inequalities Research
AT DUKE UNIVERSITY

January 2022

GILEAD | COMPASS INITIATIVE™

# The Effect of the COVID-19 Pandemic on Organizations Providing Services for People Living with HIV and Gender and Sexual Minorities in the Deep South

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## About the Gilead COMPASS Initiative®

The Gilead COMPASS (COMmitment to Partnership in Addressing HIV/AIDS in Southern States) Initiative® is an unprecedented more than $100 million commitment over 10 years to support organizations working to address the HIV/AIDS epidemic in the Southern United States. In response to the Southern HIV epidemic, COMPASS focuses on providing concentrated investments in the region to reduce HIV-related health disparities, build awareness, advance education, and reduce stigma.

The Gilead COMPASS Initiative® is led by four Coordinating Centers working collaboratively to address the HIV/AIDS epidemic in the Southern region of the United States. Each Coordinating Center is leading the provision of trainings and funding related to one of the four primary focus areas of COMPASS. Community investment around these four focus areas will occur through trainings, grants, and collaborative learning opportunities. Learn more at **www.GileadCOMPASS.com.**

## About the Center for Health Policy & Inequalities Research at Duke University

CHPIR is an instigator and facilitator of a broad range of health policy and health disparities research that address policy relevant issues. Activities focus on population-based and health systems research, and intervention and evaluation research.

## About Southern AIDS Coalition

The Southern AIDS Coalition (SAC) is a non-partisan coalition that brings together government, community advocates, business leaders, and people living with HIV to end the HIV epidemic in the South. Our mission is carried out through public health advocacy; capacity building assistance; PLHIV leadership development; research and evaluation; and strategic grantmaking. To learn more or to join SAC, visit **www.southernaidscoalition.org.**

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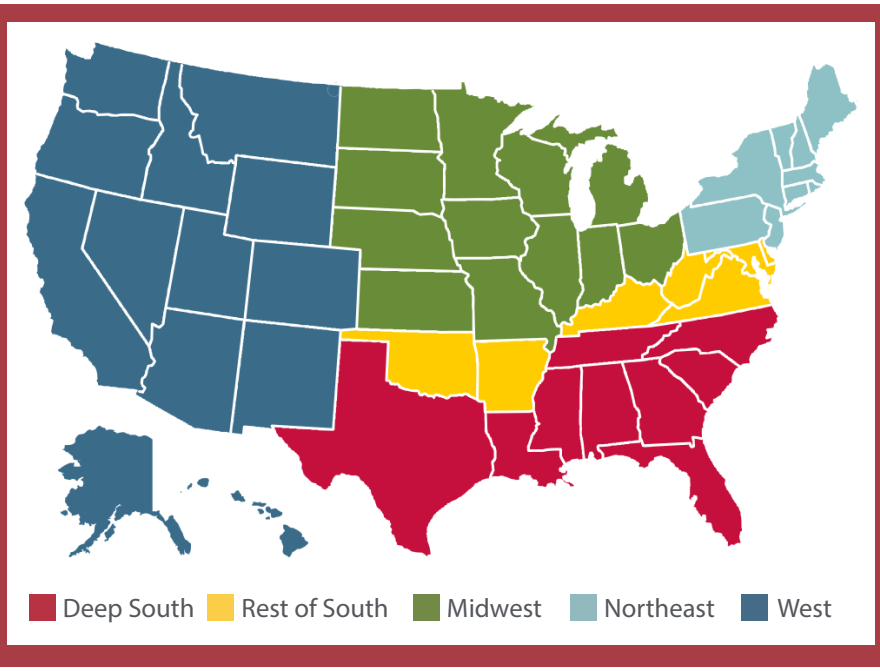
# Introduction

## The Southern US has consistently experienced complex, multidimensional challenges that drive the HIV epidemic in the region.

For more than a decade (2008-2019), the Centers for Disease Control and Prevention (CDC) HIV surveillance data indicated that the region has had the highest HIV diagnosis and death rates & number of individuals diagnosed with HIV of any US region.[1,2] Compared to the rest of the nation, HIV is more prevalent among certain populations in the South. Diagnosis rates are highest among Black/African American (53%) and Hispanic/Latinx (21%) populations in the South.[1] Additionally, Black/African American women account for 67% of new HIV diagnoses among all women in the region.[1] Sexual and gender minorities also experience a greater burden of HIV in the Southern region. For example, among African Americans in the region, Black same gender loving men account for 60% of new HIV diagnoses.[1]




Compared to the rest of the nation, HIV is more prevalent among certain populations in the South. Diagnosis rates are highest among Black/African American (53%) and Hispanic/Latinx (21%) populations in the South.

The Deep South region (AL, FL, GA, LA, MS, NC, SC, TN, TX) has been particularly affected by HIV, having the highest diagnosis and death rates of any region in the US.[1,2] This region has historically had high poverty rates, high levels of STIs and other diseases, and a cultural climate that generates significant HIV-related stigma, all of which contribute to the disproportionate impact of HIV in the Deep South.[1]

COVID-19 has further exacerbated disparities for people across the US, and certain populations and regions have been disproportionately affected. Of the 75 US counties that were identified as HIV/COVID-19 co-existing hotspots, 66% (n=49) are located in the Deep South; 17 (23%) in Florida, 14 (19%) in Georgia, ten (13%) in Louisiana, and eight (11%) in Mississippi.[3] Further, COVID-19 vaccination rates in these states and other Deep South states are some of the lowest in the nation. Of the 15 states with the lowest percentage of their population fully vaccinated, nearly half 47% (n=7) are located in the Deep South.[4]

Showing trends similar to HIV, COVID-19 has thus far been more prevalent among certain demographic groups, disproportionately impacting people of color and the LGBTQ+ community. In addition to greater COVID-19 prevalence among people of color[5], the

pandemic has resulted in even greater levels of disparities across several measures including job loss, difficulty paying for household expenditures, food insecurity, delayed medical care due to the pandemic, and symptoms of depression and/or anxiety compared to White adults.[6,7] Structural inequities related to COVID-19 also exist for people of color across the US. For example, Essential Worker Policies allowed workers in designated essential service sectors, in which people of color are overrepresented, to continue working outside of the home, thus increasing their risk of COVID-19 transmission.[8]

The LGBTQ+ community has also experienced greater disparity related to economic and health-related outcomes related to the pandemic including higher rates of job loss, more serious financial problems, increased challenges to accessing healthcare, and more significant negative mental health outcomes compared to non-LGBTQ+ communities.[9] Further, research has shown that Black LGBTQ+ adults are less likely to get vaccinated compared to White LGBTQ+ and White non-LGBTQ+ adults due to concerns regarding affordability, side effects, government involvement, and the testing and approval process.10 Researchers found that 29% of Black LGBTQ+ adults said they are "very likely" to get vaccinated compared to 47% of White LGBTQ+ adults and 43% of White non-LGBTQ+ adults.[10]

Researchers have recognized the effects of the COVID-19 pandemic on HIV healthcare utilization and accessibility. For example, a survey of 161 Ryan White providers across 38 states (41% were located in the US South), Washington DC, and Puerto Rico indicated that during the pandemic, HIV service utilization decreased as some patients were harder to reach through telemedicine. However, despite technological disparities among some patients, Ryan White providers also reported that some patients who were lost to follow-up had been reconnected to care because of telemedicine.[11,12] The CDC also reported that during the pandemic there was a decline in HIV testing, viral load monitoring, PrEP initiation, and in current PrEP prescriptions.[11]

A survey of 161 Ryan White providers across 38 states (41% were located in the US South), Washington DC, and Puerto Rico indicated that during the pandemic, HIV service utilization decreased as some patients were harder to reach through telemedicine.

Community-based organizations (CBO)s have been critical in addressing HIV, particularly in the South/Deep South where public resources including the availability of medical care, culturally affirming providers, and support services are often more limited.[13-16] Further, researchers have found that counties with greater numbers of individuals diagnosed with HIV and the most suboptimal geographic access to HIV care were predominantly in the South.[14] CBOs have played an essential role in addressing the HIV epidemic and are vital to engaging PLWH in the Deep South.[17-20] CBOs are also positioned within their communities to address COVID-19, but may suffer from negative financial and capacity effects that COVID-19 has had on nonprofits and other organizations.[21-23] To assess the effects of the COVID-19 pandemic on organizations providing services for PLWH and/or sexual and gender minorities in the Deep South, we conducted a survey of organizations offering these services in the region. To our knowledge, this is the first study to examine the effects of the COVID-19 pandemic on organizations providing services for communities disproportionately affected by both COVID-19 and HIV. This research included a focus on provision of services designed to reduce HIV stigma and its negative health effects[24] and examined how these services were affected by COVID-19. The information gleaned from this manuscript can offer insight into the needs of organizations providing services for PLWH and/or sexual and gender minorities and of their staff and clients, as well as challenges that may emerge due to lasting effects of the COVID-19 pandemic.

# Methods

The Center for Health Policy and Inequalities Research at Duke University in partnership with the Southern AIDS Coalition (SAC) developed and disseminated a survey from January to June, 2021 to organizational representatives providing services for PLWH and/or gender and sexual minorities in the US Deep South. Participants were asked questions regarding the COVID-19 pandemic related to service availability and disruption, organizational changes, staff impact, and needs related to COVID-19. In addition, the survey contained questions related to the impact of COVID-19 on the CBO's clients including social determinants of health such as financial stability, employment, and health care access.

The survey participants were identified through two strategies: 1) using social media and newsletter notices to a cohort of current SAC community organization partners and grantees and 2) through email contact with organizational representatives who had previously completed a survey aimed at identifying organizations offering services for PLWH and/or with sexual and gender minorities across the Deep South that was conducted by Gilead COMPASS (COMmitment to Partnership in Addressing HIV/AIDS in Southern States). COMPASS is a ten-year effort that was launched in 2017 to address HIV in the Southern US.

At the end of the survey, organizational representatives were also able to recommend other organizational contacts whom they felt should be included in the study. We disseminated the survey to approximately 1269 organizations and received 110 unique responses, representing a 9% response rate.

Descriptive statistics were used to examine the data. For open-ended qualitative responses, a thematic framework approach was utilized.

> Participants were asked questions regarding the COVID-19 pandemic related to service availability and disruption, organizational changes, staff impact, and needs related to COVID-19.

# Findings

## *Organization Characteristics*

Survey participants (n=110) were from organizations located in Alabama (n=11), Florida (n=27), Georgia (n=16), Louisiana (n=9), Mississippi (n=3), North Carolina (n=22), South Carolina (n=8), Tennessee (n=4), and Texas (n=10). The majority (58%) of organizations indicated that they were community-based organizations, 36% indicated that they were AIDS service organizations, 18% were "other" organizations (including substance use treatment programs, housing programs, behavioral health programs, and health justice organizations), and 16% were community health centers. More than half of the organizations received funding from private foundations (56%) and Ryan White (52%). The most commonly provided services were HIV prevention programs (76%), HIV testing and counseling (74%), peer support (65%), advocacy (63%), and HIV case management (62%). A majority (60%) of organizations indicated that 75% or more of their clients resided in the county of their organization's primary location, while only 5% indicated that 25% or less of their clients resided in the county where the organization is located.

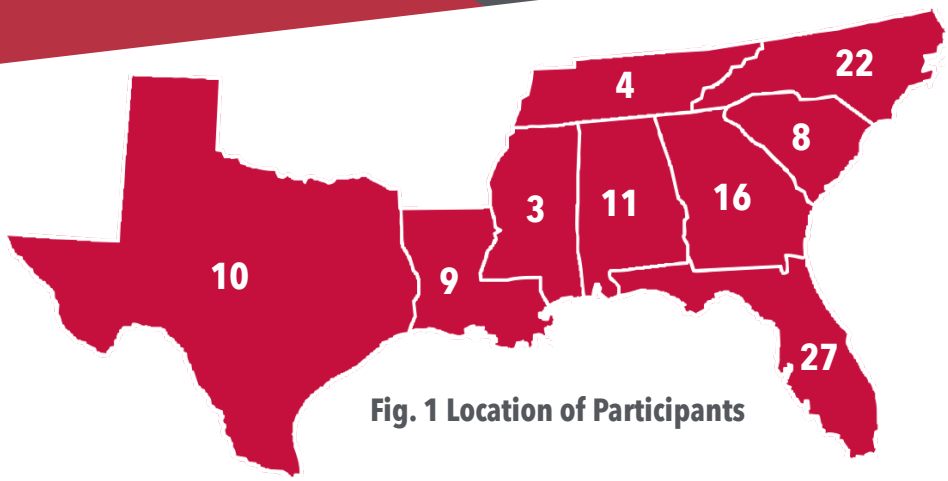



**Fig. 1 Location of Participants**

**Fig. 2. Participants' Organization Type**

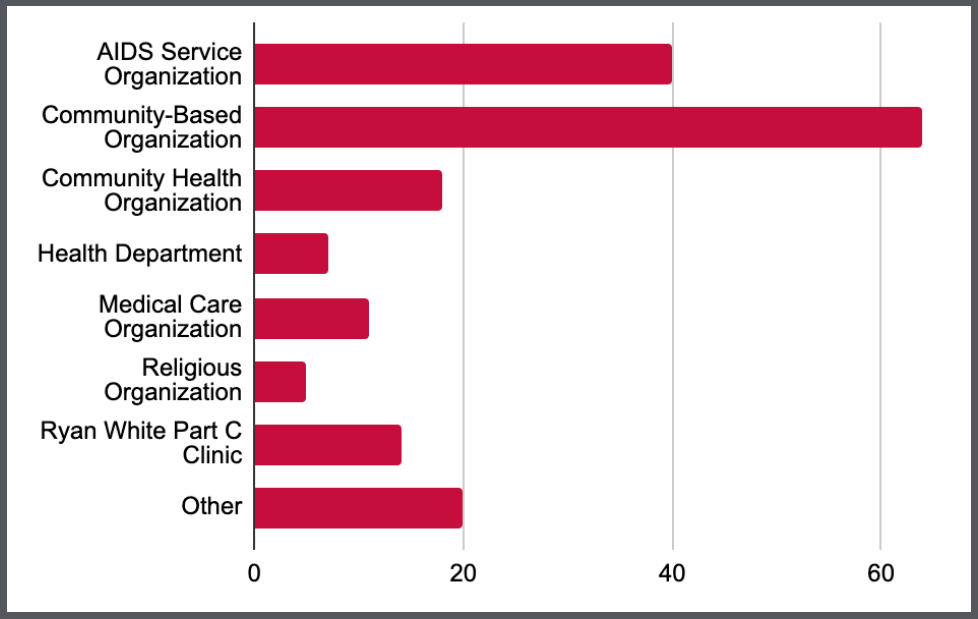
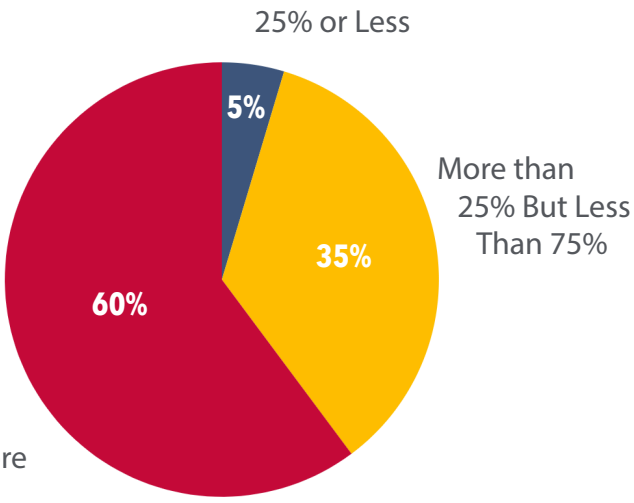



**Fig. 3. Approximately what percentage of your clients reside in the county where your organization is located?**



# COVID-19

## Organizational-Level Effects

To understand organizational changes and needs related to the pandemic, survey participants were asked questions regarding their perceptions of how COVID-19 has affected their organizations. Nearly all (96%) of the participants indicated that their organization had been "moderately" or "strongly" impacted by the pandemic. Forty percent of organizations indicated that all services were still available at their organization, 42% indicated that all services were available, however they were being offered at a reduced capacity, and the remaining 18% indicated that only select services were available during COVID-19. Eighty-seven percent of participants "agreed" or "strongly agreed" that COVID-19 created a greater demand for services at their organizations and more than three-quarters (79%) of the organizations provided additional services to meet the needs that arose from the pandemic. However, nearly half of the organizations indicated that their organization had difficulty maintaining contact with their clients (47%) during COVID-19 and that, despite the greater demand for services, the overall number of clients willing to engage in services was reduced (45%).

Eighty-nine percent of respondents indicated that their organization provided online/virtual services; for the 12 organizations who were not currently offering virtual services, 67% (n=8) were planning to add virtual services in the future. The majority of organizations (84%) indicated that their use of virtual services increased due to COVID-19. Thirty-eight percent of organizations had difficulty switching to online services; the most commonly reported difficulties in switching to online services were needing money for equipment (63%) and lack of proficiency with technology for staff (61%) and clients (93%). Half of the organizations indicated a need for technology-related support and 44% indicated a need for support in transitioning to online services.

**Fig. 4. COVID has created a greater demand for services.**

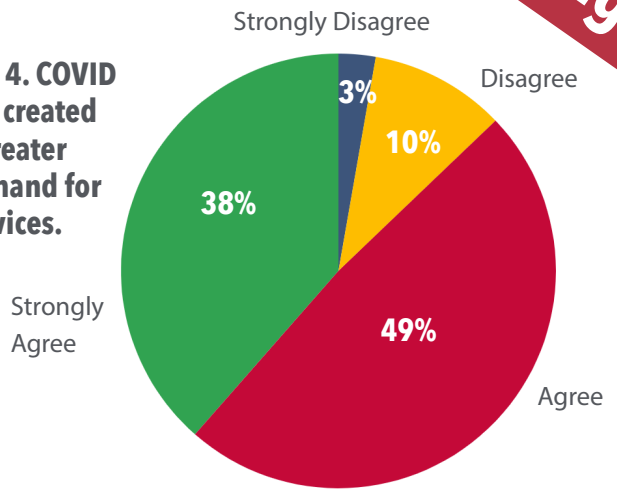



**Fig. 5 Has your organization experienced any of the following?**

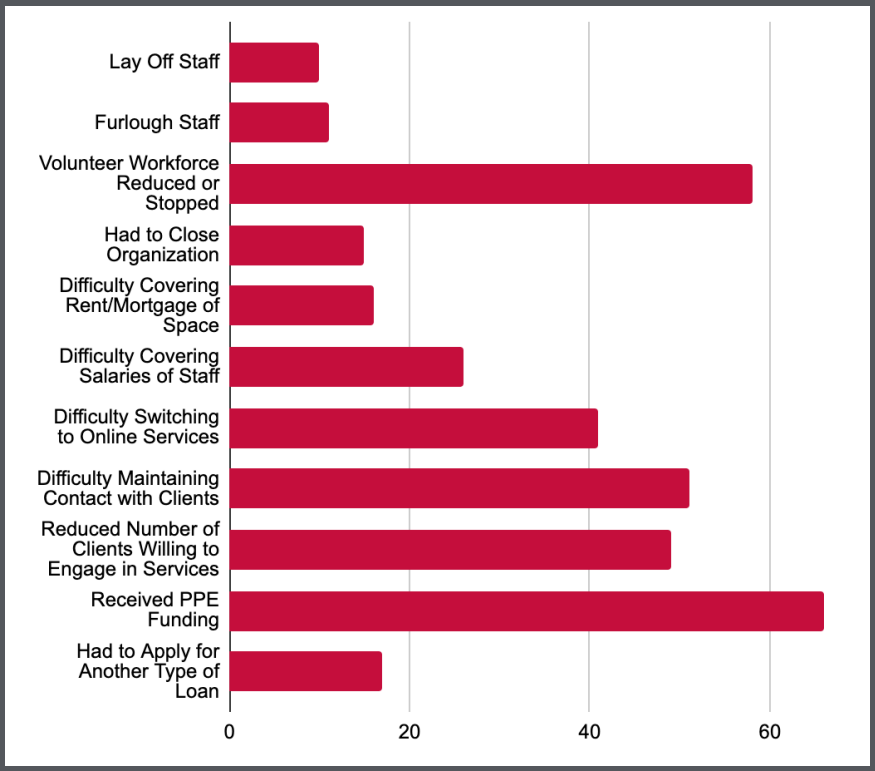



**Fig. 6. What needs does your organization have during COVID-19?**

**51.8%**
Financial Assistance for Overhead

**50.9%**
Financial Assistance to Provide Services

**50.0%**
Technology-Related Support

**43.6%**
Support in Transitioning to Online Services

**11.8%**
Guidance in Reopening

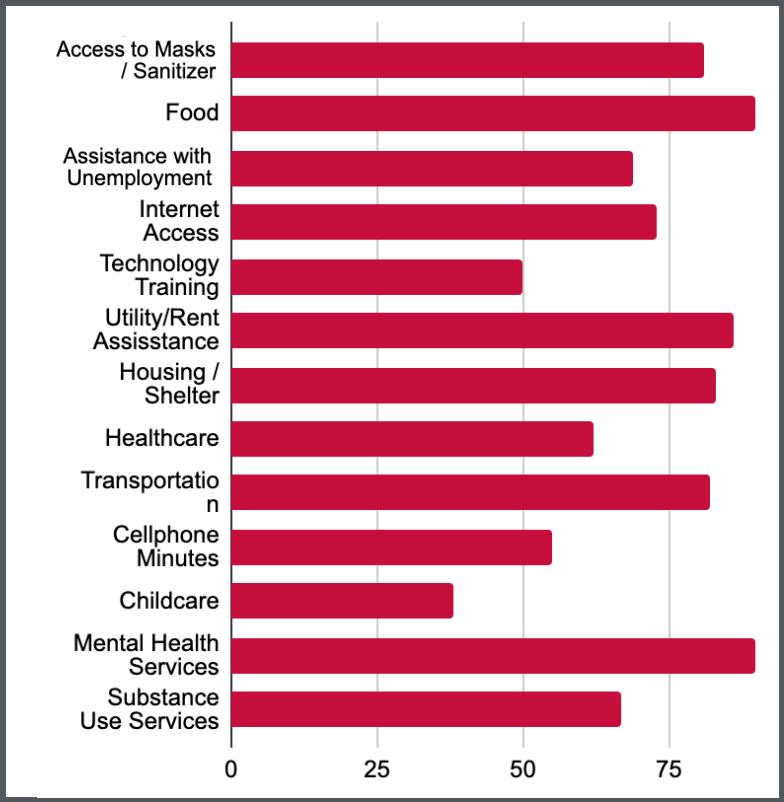
# Findings

Approximately half of the organizations indicated a need for financial assistance including for overhead costs (52%) and for provision of services (51%). Sixty (79%) organizations applied for COVID-19 related grants for CBOs and all organizations received at least one grant that they had applied for (range 1-6+; missing data for one organization). The majority of organizations indicated that they had not laid off (81%) or furloughed (78%) staff, however, more than half (53%) of the organizations indicated that their volunteer workforce had been reduced or halted completely. One in seven of the organizations had closed, 15% had difficulty covering rent/mortgage of office space, and nearly one-quarter (24%) had difficulty covering salaries. However, a majority of organizations indicated that it was "unlikely" or "very unlikely" that the organization would need to lay off or let staff go (83%) or close or reduce services (80%) due to the effects of COVID-19 in the six months following survey completion.

Data regarding the precautionary actions that organizations were employing to prevent the spread of COVID-19 were collected from participants. A majority of participants disclosed that at their organization they enforced masks and/or shields for all staff and clients (94%), provided services virtually (89%), followed CDC guidelines for anyone who had exposure to someone with COVID-19 (89%), followed CDC guidelines for staff who were returning to work after a positive COVID-19 test (86%), and actively encourage sick staff and clients to stay home (84%). Organizational representatives were asked an open-ended question regarding what strategies their organization had used to cope with the challenges of COVID-19. Organizations indicated that they transitioned to virtual services, equipped staff with laptops and printers so staff could work from home, delivered home goods/pantry items to clients' homes, implemented curbside COVID-19 testing, sought out additional funding, and mail ordered condoms and syringes, among other strategies.

## Client-Level Effects

**Fig. 7 What needs have your clients reported related to COVID-19?**

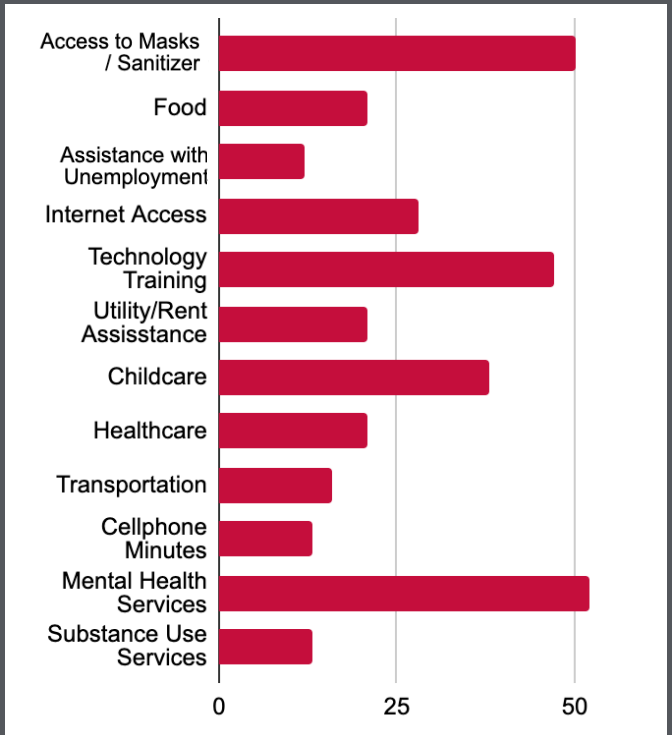



Survey participants were asked questions regarding their perception of the effects of the COVID-19 pandemic on clients receiving services at their organizations. More than half (54%) of survey participants indicated that more than three-quarters and of their clients had been impacted by COVID-19. The majority of participants "moderately" or "very much" agreed that their clients had experienced mental health challenges (93%), increased food insecurity (90%), financial instability (87%), less social support (86%), increased substance use (78%), increased unstable housing (76%), and lack of access to technology to participate in virtual services/telehealth (76%) due to COVID-19. Participants were asked "What needs have your clients reported related to COVID-19?" and the most commonly reported needs were food (82%), mental health services (82%), utility/rent assistance (78%), housing/shelter (75%), transportation (75%), and access to masks, sanitizer, etc. (74%). Since the start of COVID-19, the majority (90%) of organizational representatives agreed that they had encountered a greater need for mental health services among clients and nearly 40% reported that their organization was "very unprepared" or "unprepared" to address the increase in mental health needs among clients.

## Staff-Level Effects

Participants were asked "What needs have your staff reported related to COVID-19" and the most commonly reported needs were mental health services (47%), access to masks, sanitizer, etc. (45%), technology training (43%), and childcare (35%). The majority of participants reported that they had encountered a greater need for mental health services among staff (68%) since the start of COVID-19, and that their organization was "prepared" or "very prepared" to address the increase in mental health needs among staff (63%). However, more than half (56%) of the organizations had not strengthened existing mental health support or introduced new mental health supports (e.g. counseling, support groups) for staff during the pandemic. Organizations that had strengthened mental health support for staff had introduced staff support groups, self-care trainings, group/team meetings with a counselor, and extra PTO/mental health days; strengthened their employee assistance programs (EAP); provided reimbursement for therapy; and sent self-care gifts to their staff.

**Fig. 8 What needs have your staff reported related to COVID-19?**

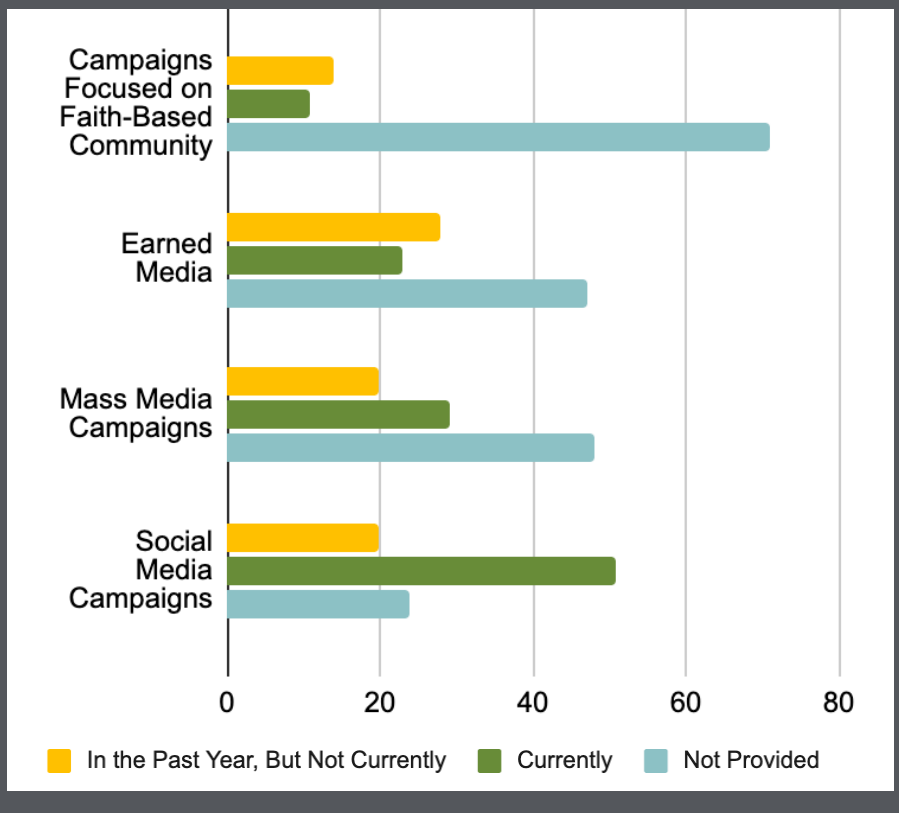



# Stigma Programming

Organizational representatives were asked questions regarding stigma programming available in the one or two counties they primarily served. Slightly more than half (53%) of the participants indicated that their organization provided stigma reduction services for PLWH in a group setting (e.g. educational intervention regarding stigma or a support group) and 53% indicated that their organization provided individual-level stigma services (e.g. individual counseling that addressed HIV-related stigma). The majority of respondents indicated that they "strongly disagreed" or "disagreed" that there were enough programs to reduce stigma for PLWH in a group (81%) or individual (85%) setting for their one/two primary counties served. A little over a quarter (27%) of participants indicated that there were public/social media campaigns in their area to address HIV-related stigma and 31% indicated that while there were not public/social media campaigns targeting HIV-related stigma, there were public/social media campaigns used to raise HIV awareness. Participants were asked if their organizations had provided any publicity campaigns to reduce stigma "currently," "in the past year, but not currently," or "not provided." Social media campaigns were the most common "currently" used campaigns (54%) and earned media (e.g. news articles, editorials, letters to the editor) were the most common campaigns used "in the past year, but not currently" (29%).

Respondents were asked a series of open-ended questions regarding how the COVID-19 pandemic impacted both group and individual-level stigma programming in their organization and other community organizations in their area. Organizational respondents described strategies their organization implemented for group-level programs, which included offering services virtually or if in-person, the organization followed social distancing guidelines and reduced capacity; transitioning group sessions to individual sessions; disseminating a client newsletter to educate clients regarding HIV-stigma; and discontinuing or postponing services. Many participants stressed the difficulty of transitioning to online services due to technological barriers for clients and found less participation from clients. For individual-level stigma programming, participants indicated that their organization transitioned to virtual counseling or provided PPE to clients and followed COVID-19-related precautions. Respondents indicated that group and individual-level stigma programming at other organizations experienced similar changes or that they were unaware of changes in other organizations' stigma-related services.

**Fig. 9 Has your organization provided any of the following publicity campaigns primarily designed to reduce stigma?**



# Discussion

This study examined the effects of the COVID-19 pandemic on organizations providing services for PLWH and/or sexual and gender minorities in the Southern US. Organizations had experienced varying challenges and needs related to the pandemic. Nearly all (96%) of the organizational representatives across the nine Deep South states indicated that their organization had been "moderately" or "strongly" impacted by the pandemic. Though the majority of organizations had not laid off or furloughed staff or closed the organization, just over half of the organizations recognized a need for financial assistance related to overhead costs and service provision. More than half (54%) of the organizations had received at least one COVID-19 related grant to assist with these needs.

Service delivery at a majority of the organizations had been disrupted, as 42% of respondents indicated that service delivery had been reduced and 18% indicated that only select services were currently being offered at their organization. Most of the organizations were able to transition their services virtually to continue providing care for their clients. However, more than one-third (37%) of the organizational representatives indicated that their organization had experienced difficulties switching to virtual services, and 92% of those organizations indicated that the lack of technological proficiency for clients and staff made switching to virtual services difficult. Due to technological-related disparities for clients receiving services at some organizations, this likely resulted in half of the organizations reporting a need for technology-related support.

Despite an increased demand for services at most of the organizations, nearly half of respondents indicated that the COVID-19 pandemic caused difficulty in maintaining contact with clients and that overall client engagement had declined. Reduced client engagement is likely due in part to the lack of access to technology to participate in virtual services indicated by nearly all of the survey respondents. This finding was consistent with that of the aforementioned study of Ryan White providers that documented technology barriers for use of virtual services during COVID-19.

> Nearly all (96%) of the organizational representatives across the nine Deep South states indicated that their organization had been *moderately* or *strongly* impacted by the pandemic.

The majority of respondents indicated that their clients had been impacted by the pandemic; clients had experienced challenges related to social determinants of health including food, housing, and financial security; social support; mental health; and substance use. These findings are consistent with other studies that detail the exacerbating effects of COVID-19 on social determinants of health and inequities for already marginalized communities.6-10,25 Further, organizational staff were also reported to experience difficulties similar to their clientele related to mental health and technology proficiency. Study findings indicated that there has been a greater demand for mental health services among organizational staff, though more than half (56%) of the organizations had yet to strengthen existing mental health support or introduce new mental health support for their staff.

Stigma programming was available in group and individual settings in the majority of the primary counties served by the organizations, either by their organization or another organization in their community. However, respondents indicated that there were not enough group or individual-level programs in their communities and that this situation had been further complicated in COVID-19, often resulting in less availability or uptake of stigma programming and cessation of some stigma related programming. Strengthening and expanding these services is critical to reducing the negative repercussions of HIV-related stigma on quality of life and health outcomes.

# Limitations

The findings of this study need to be considered in the context of the study limitations. The survey was only disseminated to organizations who were SAC partners and/or grantees or who had completed a previously disseminated survey conducted by COMPASS. There may be other organizations offering services for PLWH and/or gender and sexual minorities that were not included in this analysis because they did not receive the survey, or they opted against participation. Additionally, organizations that experienced even more detrimental COVID-related outcomes may not have responded as their organization may not have had the capacity/staffing to do so, or the organization may have closed completely, leaving no one for correspondence regarding the survey.

# Conclusion

Survey findings describe ongoing financial and structural complications and challenges related to COVID-19 for organizations providing HIV prevention and care services and for the clients and communities they serve. These challenges are unlikely to substantially abate as COVID-19 persists and may cause long lasting negative effects even when the pandemic crisis resolves. It will be critical to address these challenges and the exacerbated disparities resulting from the COVID-19 pandemic to help mitigate long-term repercussions for PLWH and the organizations that provide critical HIV-related services.

Organizations will need to be supported as they navigate the exacerbated mental health challenges of not only their clients, but also of their staff. Further, funding that allows organizations to address the economic disparities that have been intensified during the pandemic will be crucial. Future studies may use the information acquired from this study to identify the effects of COVID-19 on additional organizations offering services to PLWH and gender and sexual minorities in the South/Deep South, investigate the ongoing challenges of organizations post-COVID-19, and to develop strategies to address the widened gaps in health inequities related to COVID-19.

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# Tables

| Table 1: Organization Type, Funding, and Services | | |
|---|---|---|
| **Question and Response** | **N** | **%** |
| **Funding (n=110)** | | |
| Ryan White | 50 | 45.45% |
| Medicaid | 21 | 19.09% |
| 340b | 12 | 10.91% |
| CDC | 28 | 25.45% |
| NIH | 47 | 42.73% |
| Private Foundation | 21 | 19.09% |
| Pharmaceutical Company | 38 | 34.55% |
| Other | 21 | 19.09% |
| **Organization Type (n=110)** | | |
| AIDS Service Organization | 13 | 11.82% |
| CBO | 52 | 47.27% |
| Community Health Center | 13 | 11.82% |
| Health Department | 8 | 7.27% |
| Medical Care Org | 13 | 11.82% |
| Religious Org | 8 | 7.27% |
| Ryan White Part C Clinic | 13 | 11.82% |
| Other | 8 | 7.27% |
| **Services Provided (n=110)** | 13 | 11.82% |
| HIV Medical Care | 8 | 7.27% |
| HIV Case Management | 13 | 11.82% |
| HIV Testing and Counseling | 8 | 7.27% |
| HIV Prevention Programs | 13 | 11.82% |
| Peer Support | 8 | 7.27% |
| Advocacy | 13 | 11.82% |
| Housing | 8 | 7.27% |
| Mental Health Services | 13 | 11.82% |
| Substance Use Treatment | 8 | 7.27% |
| Legal | 13 | 11.82% |
| Transportation | 8 | 7.27% |
| Other | 13 | 11.82% |
| **Approximately what percentage of your clients reside in the county where your organization is located? (n=108)** | | |
| 25% or Less | 13 | 11.82% |
| More Than 25%, But Less Than 75% | 8 | 7.27% |
| 75% Or More | 13 | 11.82% |
| Other | 8 | 7.27% |

| Table 2: COVID-19 Impact | | |
|---|---|---|
| **Question and Response** | **N** | **%** |
| **How impacted has your organization been by COVID-19? (n=109)** | | |
| Not at all | 0 | 0.00% |
| Slightly | 4 | 3.67% |
| Moderately | 51 | 46.79% |
| Strongly | 54 | 49.54% |
| **What is your organization's current level of service availability? (n=110)** | | |
| All services are available | 44 | 40.00% |
| All services are available but at a reduced capacity | 46 | 41.82% |
| Only select services are available | 20 | 18.18% |
| Organization is closed, no services are available | 0 | 0.00% |
| **COVID-19 has created a greater demand for services (n=109)** | | |
| Strongly disagree | 3 | 2.75% |
| Disagree | 11 | 10.09% |
| Agree | 53 | 48.62% |
| Strongly agree | 42 | 38.53% |
| **Does your organization currently provide online/virtual services? (n=109)** | | |
| Yes | 97 | 88.99% |
| No | 12 | 11.01% |
| **Has your organization experienced any of the following organizational changes since COVID-19 began to spread widely in March 2020?** | | |
| **Lay off staff (n=107)** | | |
| Yes | 10 | 9.35% |
| No | 87 | 81.31% |
| Unsure | 1 | 0.93% |
| Not applicable | 9 | 8.41% |
| **Furlough staff (n=108)** | | |
| Yes | 11 | 10.19% |
| No | 84 | 77.78% |
| Unsure | 2 | 1.85% |
| Not applicable | 11 | 10.19% |
| **Volunteer workforce has been reduced or stopped completely (n=109)** | | |
| Yes | 58 | 53.21% |
| No | 35 | 32.11% |
| Unsure | 3 | 2.75% |
| Not applicable | 13 | 11.93% |
| **Had to close the organization (n=108)** | | |
| Yes | 15 | 13.89% |
| No | 86 | 79.63% |
| Unsure | 2 | 1.85% |
| Not applicable | 5 | 4.63% |
| **Difficulty covering rent/mortgage of office space or space used for your organization's services (n=107)** | | |
| Yes | 16 | 14.95% |
| No | 83 | 77.57% |
| Unsure | 4 | 3.74% |
| Not applicable | 4 | 3.74% |

| | | |
|---|---|---|
| **Difficulty covering salaries of staff (n=108)** | | |
| Yes | 26 | 24.07% |
| No | 75 | 69.44% |
| Unsure | 4 | 3.70% |
| Not applicable | 3 | 2.78% |
| **Difficulty switching to online services (n=109)** | | |
| Yes | 41 | 37.61% |
| No | 62 | 56.88% |
| Unsure | 2 | 1.83% |
| Not applicable | 4 | 3.67% |
| **Difficulty maintaining contact with clients (n=109)** | | |
| Yes | 51 | 46.79% |
| No | 53 | 48.62% |
| Unsure | 4 | 3.67% |
| Not applicable | 1 | 0.92% |
| **Reduced number of clients willing to engage in services (n=109)** | | |
| Yes | 49 | 44.95% |
| No | 54 | 49.54% |
| Unsure | 5 | 4.59% |
| Not applicable | 1 | 0.92% |
| **Reduced the number or frequency of services provided (n=108)** | | |
| Yes | 57 | 52.78% |
| No | 49 | 45.37% |
| Unsure | 1 | 0.93% |
| Not applicable | 1 | 0.93% |
| **Additional services provided because of needs related to COVID-19 (n=108)** | | |
| Yes | 85 | 78.70% |
| No | 21 | 19.44% |
| Unsure | 2 | 1.85% |
| Not applicable | 0 | 0.00% |
| **Applied for bankruptcy (n=108)** | | |
| Yes | 0 | 0.00% |
| No | 105 | 97.22% |
| Unsure | 1 | 0.93% |
| Not applicable | 2 | 1.85% |
| **Received PPE funding (n=109)** | | |
| Yes | 66 | 60.55% |
| No | 35 | 32.11% |
| Unsure | 6 | 5.50% |
| Not applicable | 2 | 1.83% |
| **Had to apply for another type of loan (non-PPE) (n=106)** | | |
| Yes | 17 | 16.04% |
| No | 79 | 74.53% |
| Unsure | 9 | 8.49% |
| Not applicable | 1 | 0.94% |
| **Other (n=59)** | | |
| Yes | 9 | 15.25% |
| No | 19 | 32.20% |
| Unsure | 9 | 15.25% |
| Not applicable | 22 | 37.29% |

| Table 3: Organization COVID-19 Prevention Measures | | |
|---|---|---|
| **Question and Response** | **N** | **%** |
| **What is your organization currently doing to prevent the spread of COVID-19? (n=110)** | | |
| Conduct daily in-person or virtual health checks (e.g. symptom and temperature screening) with STAFF | 62 | 56.36% |
| Conduct daily in-person or virtual health checks (e.g. symptom and temperature screening) with CLIENTS | 65 | 59.09% |
| Actively encourage sick staff and clients to stay home | 92 | 83.64% |
| Enforce social distancing (6 feet distance) among staff and clients | 84 | 76.36% |
| Provide physical barriers, such as a glass or plastic window or partition | 57 | 51.82% |
| Enforce masks and/or shields for all staff and clients | 103 | 93.64% |
| Limit the number of people in the organization at a time | 84 | 76.36% |
| Follow CDC guidelines for anyone who has had exposure to someone who has COVID-19 | 98 | 89.09% |
| Follow CDC guidelines for returning to work after a positive COVID-19 test for STAFF | 95 | 86.36% |
| Follow CDC guidelines for returning to the organization for services after a positive COVID-19 test for CLIENTS | 85 | 77.27% |
| Closed organization | 89 | 80.91% |
| Other | 1 | 0.91% |
| None of the Above | 9 | 8.18% |

| Table 4: COVID-19 Client Impact | | |
|---|---|---|
| **Question and Response** | **N** | **%** |
| **How impacted have your clients been by the following since COVID-19 started in March 2020?** | | |
| **Increased unstable housing (n=102)** | | |
| Not at all | 1 | 1% |
| Slightly | 23 | 23% |
| Moderately | 33 | 32% |
| Very much | 45 | 44% |
| **Increased food insecurity (n=103)** | | |
| Not at all | 0 | 0% |
| Slightly | 10 | 10% |
| Moderately | 41 | 40% |
| Very much | 52 | 50% |
| **Difficulty obtaining medications (n=102)** | | |
| Not at all | 24 | 24% |
| Slightly | 33 | 32% |
| Moderately | 31 | 30% |
| Very much | 14 | 14% |
| **Difficulty obtaining medical care (n=103)** | | |
| Not at all | 19 | 18% |
| Slightly | 37 | 36% |
| Moderately | 26 | 25% |
| Very much | 21 | 20% |

| | | |
|---|---|---|
| **Less social support (n=99)** | | |
| Not at all | 0 | 0% |
| Slightly | 15 | 15% |
| Moderately | 26 | 26% |
| Very much | 59 | 60% |
| **Mental health challenges (n=100)** | | |
| Not at all | 0 | 0% |
| Slightly | 7 | 7% |
| Moderately | 29 | 29% |
| Very much | 64 | 64% |
| **Increased substance use (n=98)** | | |
| Not at all | 3 | 3% |
| Slightly | 19 | 19% |
| Moderately | 35 | 36% |
| Very much | 41 | 42% |
| **Increased violence in the home (n=92)** | | |
| Not at all | 19 | 21% |
| Slightly | 39 | 42% |
| Moderately | 22 | 24% |
| Very much | 12 | 13% |
| **Required to work in unsafe environments (n=97)** | | |
| Not at all | 18 | 19% |
| Slightly | 32 | 33% |
| Moderately | 30 | 31% |
| Very much | 17 | 18% |
| **Fired/reduced work hours (n=99)** | | |
| Not at all | 8 | 8% |
| Slightly | 14 | 14% |
| Moderately | 36 | 36% |
| Very much | 41 | 41% |
| **Financial instability (n=101)** | | |
| Not at all | 4 | 4% |
| Slightly | 9 | 9% |
| Moderately | 31 | 31% |
| Very much | 57 | 56% |
| **Lack of access to technology to participate in virtual services/telehealth (n=101)** | | |
| Not at all | 3 | 3% |
| Slightly | 21 | 21% |
| Moderately | 35 | 35% |
| Very much | 42 | 42% |
| **Other (n=16)** | | |
| Not at all | 8 | 50% |
| Slightly | 2 | 13% |
| Moderately | 2 | 13% |
| Very much | 4 | 25% |

| What percentage of your clients have been impacted by COVID-19? (n=97) | | |
|---|---|---|
| 0-25% | 10 | 10% |
| 26-50% | 17 | 18% |
| 51-75% | 18 | 19% |
| 76-100% | 52 | 54% |
| **What needs have your clients reported related to COVID-19? (n=110)** | | |
| Access to masks/sanitizer, etc. | 81 | 74% |
| Food | 90 | 82% |
| Assistance with unemployment | 69 | 63% |
| Internet access | 73 | 66% |
| Technology training | 50 | 45% |
| Utility/rent assistance | 86 | 78% |
| Housing/Shelter | 83 | 75% |
| Healthcare | 62 | 56% |
| Transportation | 82 | 75% |
| Cellphone minutes | 55 | 50% |
| Childcare | 38 | 35% |
| Mental health services | 90 | 82% |
| Substance use services | 67 | 61% |
| Other | 6 | 5% |

**Table 5: Staff Needs**

| Question and Response | N | % |
|---|---|---|
| **What needs have your staff reported related to COVID-19? (n=110)** | | |
| Access to masks/sanitizer, etc. | 50 | 45.45% |
| Food | 21 | 19.09% |
| Assistance with unemployment | 12 | 10.91% |
| Internet access | 28 | 25.45% |
| Technology training | 47 | 42.73% |
| Utility/rent assistance | 21 | 19.09% |
| Childcare | 38 | 34.55% |
| Healthcare | 21 | 19.09% |
| Transportation | 16 | 14.55% |
| Cellphone minutes | 13 | 11.82% |
| Mental health services | 52 | 47.27% |
| Substance use services | 13 | 11.82% |
| Other | 8 | 7.27% |

| Table 6: Stigma | | |
|---|---|---|
| **Question and Response** | **N** | **%** |
| **Are there organizations in the one or two primary counties you serve that provide programs to reduce stigma for people living with HIV in a GROUP setting such as an educational intervention regarding stigma or a support group to assist individuals' ability to cope with stigma? (Check all that apply) (n=112)** | | |
| My organization provides | 58 | 52.73% |
| Another organization provides | 36 | 32.73% |
| Not aware that any organization provides | 26 | 23.64% |
| **Are there organizations in the one or two primary counties you serve that provide programs to reduce stigma for individuals living with HIV in an INDIVIDUAL setting such as individual counseling or an individual level stigma reduction program? (Check all that apply) (n=112)** | | |
| My organization provides | 58 | 52.73% |
| Another organization provides | 38 | 34.55% |
| Not aware that any organization provides | 19 | 17.27% |
| **There are enough programs to reduce stigma for people living with HIV in a group setting in the one or two primary counties my organization serves. (n=99)** | | |
| Strongly disagree | 31 | 31.31% |
| Disagree | 49 | 49.49% |
| Agree | 14 | 14.14% |
| Strongly agree | 5 | 5.05% |
| **There are enough programs to reduce stigma for people living with HIV in an individual setting in the one or two primary counties my organization serves. (n=98)** | | |
| Strongly disagree | 32 | 32.65% |
| Disagree | 51 | 52.04% |
| Agree | 12 | 12.24% |
| Strongly agree | 3 | 3.06% |
| **Are there public/social media campaigns in your area that address HIV-related stigma? (n=99)** | | |
| Yes | 27 | 27.27% |
| No, but there are social media campaigns that aim to raise awareness about HIV | 31 | 31.31% |
| No | 24 | 24.24% |
| Unsure | 17 | 17.17% |
| **Has your org provided any of the following publicity campaigns primarily designed to reduce stigma? (n=96)** | | |
| **Campaigns focused on faith-based community** | | |
| In the past year, but not currently | 14 | 14.58% |
| Currently | 11 | 11.46% |
| Not provided | 71 | 73.96% |
| **Earned media (news articles, editorials, letters to the editor) (n=96)** | | |
| In the past year, but not currently | 28 | 28.57% |
| Currently | 23 | 23.47% |
| Not provided | 47 | 47.96% |
| **Mass media campaigns (billboards, TB, radio, print) (n=97)** | | |
| In the past year, but not currently | 20 | 20.62% |
| Currently | 29 | 29.90% |
| Not provided | 48 | 49.48% |
| **Social media campaigns (n=95)** | | |
| In the past year, but not currently | 20 | 21.05% |
| Currently | 51 | 53.68% |
| Not provided | 24 | 25.26% |
| **Other (n=19)** | | |
| In the past year, but not currently | 1 | 5.26% |
| Currently | 1 | 5.26% |
| Not provided | 17 | 89.47% |


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