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QUALITATIVE EXAMINATION OF THE IMPACT OF THE COVID-19 PANDEMIC ON ACCESS AND ADHERENCE TO PRE-EXPOSURE PROPHYLAXIS (PREP) AMONG SEXUAL AND GENDER MINORITIES

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Abstract

During the COVID-19 pandemic, pre-exposure prophylaxis (PrEP) access and adherence decreased nationwide. This study examined pandemic-related disruptions to PrEP access and adherence among clients of a health center (Center) in Los Angeles, California. Clients ($n = 25$) and Center personnel ($n = 11$) completed qualitative interviews from March to July 2021. Although the Center provided options for remote PrEP care (i.e., telehealth, STI self-testing kits, and prescription delivery), clients experienced difficulty navigating services or lacked equipment for telehealth. More than half ($n = 13$) of clients discontinued PrEP during COVID-19 due to decreased sexual partners, relocation, or insurance status changes. Among those who continued PrEP, the majority reported no change in adherence, while a minority reported worsening adherence due to distractions/forgetting, prescription refill issues, lack of insurance coverage, and fear of completing in-person visits. Findings highlight the challenges of navigating PrEP services during COVID-19 and suggest PrEP services enhancement to adapt to crisis events.

Keywords

COVID-19; pre-exposure prophylaxis (PrEP); adherence; PrEP access; qualitative research

INTRODUCTION

The Ending the HIV Epidemic (EHE) Initiative in the United States (U.S.) aims to prevent 90% of new HIV transmissions by 2030 by implementing and sustaining evidence-based practices, including the use of pre-exposure prophylaxis (PrEP) for HIV prevention (Fauci et al., 2019). Prior to the COVID-19 pandemic, approximately 225,000 people nationwide actively utilized PrEP (Pebody, 2018), with the highest proportion of use among men who have sex with men (MSM; Elion et al., 2019; Fikslin et al., 2022). However, the pandemic drove a significant decrease in PrEP uptake across the county, resulting in a 22% reduction in PrEP prescriptions (Huang et al., 2022). Even before the COVID-19 pandemic, access and adherence to daily oral PrEP were suboptimal, particularly among racial and sexual minority groups (Chen et al., 2021).

Myriad factors influence access to PrEP, including prescription cost, distance to clinics and pharmacies, and health insurance coverage (Fikslin et al., 2022; Patel et al., 2017;

Pérez-Figueroa et al., 2015). The frequency of sexually transmitted infection (STI)/HIV testing requirements for PrEP services can be particularly burdensome for clients and a significant limitation for individuals who cannot regularly attend clinical visits (Centers for Disease Control and Prevention [CDC], 2018b; Fikslin et al., 2022; Siegler et al., 2019). Additionally, many individuals may believe they do not need PrEP due to a low perceived risk for HIV acquisition (Hong et al., 2022; MacKellar et al., 2007) or missed opportunities by health care providers and HIV-testing services to increase awareness of HIV risk (Hong et al., 2022). Upon establishing PrEP access, many clients still report difficulties adhering to daily oral PrEP (CDC, 2018b; Haberer, 2016). Such difficulties have prompted the development of adherence support strategies (e.g., text messaging interventions, PrEP navigators, and brief cognitive-behavioral interventions) (CDC, 2021). Various barriers to PrEP access and adherence had been identified prior to the COVID-19 pandemic (CDC, 2021; Haberer, 2016; Hong et al., 2022; MacKellar et al., 2007; Prvu Bettger et al., 2020; Verhoeven et al., 2020; Wosik et al., 2020). However, barriers specific to the pandemic and their influence on PrEP services and engagement have yet to be elucidated.

The COVID-19 pandemic resulted in profound societal impacts, including a fundamental shift of the health care system (Wosik et al., 2020). In the immediate months following the pandemic, access to preventative care, primary care, and routine specialty care decreased due to national and state-specific government regulations/closures (Prvu Bettger et al., 2020; Rubin, 2020; Verhoeven et al., 2020). Reductions to in-person sexual health service visits (e.g., HIV testing, STI testing and treatment, sexual health examinations) similarly occurred (Lim et al., 2022; Rogers et al., 2021) with mental health services heavily disrupted, particularly among men living with or at-risk for HIV (Javanbakht et al., 2022). Considering the potential impact of the pandemic on sexual health care, including PrEP, the present study sought to explore pandemic-related disruptions to PrEP access and adherence within a large federally qualified health center in Los Angeles County. We chose Los Angeles as it is a designated EHE hotspot accounting for more than half of all new HIV diagnoses in 2017 (CDC, 2018a). We specifically chose to conduct qualitative interviews to allow for a depth and breadth of informative findings to guide centers in navigating the complex challenges of maintaining PrEP services during the ongoing COVID-19 pandemic.

METHODS

PARTICIPANTS AND ELIGIBILITY

Participant recruitment occurred between March and July 2021. Using purposive sampling, we recruited clients ($n = 25$) and personnel (leaders, providers, and staff, $n = 11$) through direct outreach at a large Los Angeles community-based organization (Los Angeles LGBT Center; hereafter “Center”) consisting of two sites that provide PrEP services to sexual and gender minorities. The Center’s Sexual Health and Education Program annually provides approximately 197 PrEP intakes. Recruitment outreach included telephone calls to clients who had previously consented to be contacted for research opportunities and email invitations for personnel. Participant recruitment focused on enrolling participants of diverse racial/ethnic (i.e., African American and Latinx) and gender identities (transgender and nonbinary). Study inclusion criteria for clients included (1) being HIV-uninfected,

(2) being age 18 years or older, (3) having a current or past prescription for PrEP, and (4) receiving services through the Center. Exclusion criteria for clients were minimal to promote the generalizability of findings. They included being unable to (1) share their thoughts about PrEP services and support and (2) provide consent to participate in research (e.g., due to diminished capacity, active psychosis, or dementia). Study inclusion criteria for Center personnel included (1) being age 18 or older and (2) serving in a leadership, provider, or administrative position with involvement with, or knowledge of, the clinical care of individuals eligible for PrEP. Study exclusion criteria for personnel were identical to exclusion criteria for clients. The University of California San Diego (UCSD) Human Research Protections Program deemed the protocol to be institutional review board (IRB) exempt based upon the Common Rule Exemption #2, which applies to research that “only includes interactions” involving educational tests, surveys, interviews, and observation of public behavior. This interpretation is consistent with the U.S. Department of Health & Human Services, Office for Human Research Protection’s understanding of Exemption #2.

PROCEDURE

Brief Web-Based Survey.—All enrolled clients completed a brief web-based survey regarding their sociodemographic characteristics (i.e., age, sex, gender identity, race/ethnicity, and sexual orientation). Center personnel completed the same brief sociodemographic questionnaire, but were not asked to report their sexual orientation based on feedback from research staff at the Center who did not feel comfortable collecting this information from their work colleagues.

Key-Informant Interviews.—A research team member trained in qualitative analytic approaches administered semistructured key-informant interviews to all clients and eight personnel. Three Center leaders participated in one small group interview as they comprised the team responsible for collaborative decisions regarding Center initiatives and practices. The leadership team also believed a group format would provide better information on Center practices across the various Center sites. A semistructured guide with pre-selected questions informed by the Exploration, Preparation, Implementation, Sustainment (EPIS) framework guided the interviews with a focus on the outer context impact of the pandemic (e.g., COVID-related policy changes, insurance coverage, clientele characteristics) and the inner context of the community-based organization (e.g., Center workflow and telehealth capabilities, sufficient staffing and training, Center leadership support for PrEP adherence strategies; Aarons et al., 2011; Moullin et al., 2019). The interview guide also included questions exploring the feasibility of implementing a text messaging intervention (individual Texting for Adherence Building; iTAB) to enhance PrEP adherence (Moore et al., 2018); however, these questions were not examined in this study.

The client-specific questions to assess the effects of the COVID-19 pandemic on PrEP access and adherence were: (1) “How has the COVID-19 pandemic affected you?” (2) “How has the pandemic affected the delivery of your PrEP care?” and (3) “How has the pandemic affected your adherence to PrEP?” The personnel-specific questions were: (1) “How has the pandemic affected the PrEP services that the Center is able to provide?” (2) “How has the pandemic affected the patients of the community-based organization?” and (3) “On a scale

from 1 to 10, with 1 as the lowest priority and 10 as the highest priority, where does support for PrEP adherence rank in terms of priorities for the Center and why did you select that ranking?" Interviews were conducted virtually via video conferencing technology, audio recorded, transcribed without identifiers, and reviewed by the research team.

DATA ANALYSIS

We used a rapid qualitative analytic approach to analyze the interview transcript data, applying a summary template based on a-priori domains drawn from the semistructured interview guide and remaining consistent with the EPIS framework (i.e., the a priori domains represented the outer context impact of the pandemic and inner context of the Center) (Hamilton, 2013). We chose to use a rapid qualitative analytic approach given its capacity to deliver valid and timely findings that are highly similar to traditional, more time-consuming qualitative analyses (Nevedal et al., 2021; Taylor et al., 2018). For rapid qualitative analyses, we used the semistructured interview guide to generate a summary template based on key domains of interest (i.e., impact of COVID-19 on participants' life generally, PrEP adherence, PrEP access, and Center services). Four research team members were trained and supervised by Dr. J. L. Montoya, a qualitative analysis expert, to independently use the developed summary template to code and organize the relevant content from interview transcripts. Any discrepancies in codes were discussed by the research team and Dr. Montoya and resolved once a consensus was reached. Subsequently, key points from the summary templates were placed into a matrix with every participant as an individual row and each key domain as a separate column. This matrix organization allows for analyzing the breadth and depth of information for each domain across the entire sample. Additionally, descriptive statistics were used to analyze participant sociodemographic data.

RESULTS

SAMPLE CHARACTERISTICS

Clients had a mean age of 31.7 years ($SD = 9.4$). Most clients identified as cisgender male (64%) or transgender (20%), gay (56%) or queer/pansexual/questioning (16%) sexual orientation, and were Black/African American (44%), Hispanic/Latinx (28%), or White (20%; see Table 1). Overall, 13 clients reported discontinuing PrEP during the COVID-19 pandemic due to experiencing a change in sexual behaviors (54%, e.g., reducing number of sexual partners due to COVID-19 precautions or developing a monogamous relationship), relocating away from the Center providing PrEP services (15%), a change in insurance status (15%), or other reasons (e.g., preferred condoms;15%). As shown in Table 1, Center personnel had a mean age of 37.8 years ($SD = 7.0$) and primarily identified as male (36%) or female (27%), Hispanic/Latinx (55%), White (27%), or other ethnicity (27%). On average, Center personnel reported 3.71 years ($SD = 0.95$) of experience working with PrEP-related services.

GENERAL IMPACTS OF THE COVID-19 PANDEMIC ON PARTICIPANTS AND CENTER SERVICES

Clients and Center Personnel.—Overall, the ways in which the clients described how the pandemic broadly impacted their lives can be grouped into three categories: (1) negative mental health symptoms, with the majority expressing loneliness, anxiety, and depression; (2) employment/insurance/residency changes with job loss as the most frequently reported negative impact and working virtually from home the only positive employment change; and (3) changes to their social or sexual behaviors as a result of the pandemic with increased social isolation and decreased sexual activity among the most frequently reported changes (see Table 2).

Center Services.—Feedback from providers and administrators about the impact of the pandemic on the Center fell into three categories: (1) implementation of telehealth services; (2) meeting client's basic needs through developing food pantries (e.g., designated days and times when clients can come pick-up pantry food items for free), and helping with emergency access to food and housing; and (3) staffing/burn out challenges due to COVID-19 (see Table 2 for example quotations). Overall, telehealth was described as advantageous to making services more accessible, except for clients without technology or those experiencing homelessness.

PANDEMIC IMPACT ON PREP ACCESS

Client Experiences With PrEP Access.—Clients reported some disruption to accessing PrEP related to (1) the Center's decision to suspend walk-in services and require appointments, (2) wait time for scheduling follow-up appointments, and (3) confusion regarding how to request a PrEP prescription refill and delivery options. Six clients received PrEP care via telehealth, while three clients were unsure how to schedule PrEP care appointments. Four clients switched or maintained use of prescription home delivery services, an option made more widely available because of the pandemic. Clients' experience with labs (e.g., routine STI testing) associated with PrEP care was mixed, with two clients reporting a gap in PrEP coverage because they could not establish in-person lab visits. Other clients who were mailed STI testing kits completed their labs without disruption or were temporarily able to receive a PrEP prescription refill without updated lab work. Three clients reported no COVID-related impacts on their PrEP access (see Table 2 for example quotations).

Center Personnel Reports of PrEP Access.—All Center personnel noted a negative influence of the pandemic on access (see Table 2 for example quotations). Notable themes specific to the pandemic included the (1) complications of coordinating insurance policies remotely, (2) difficulty for clients to know which department to directly contact for PrEP, and (3) clients' limited physical access to the Center during the pandemic. Conversely, five Center personnel identified the implementation of telehealth services as beneficial for supporting PrEP access. The salient theme of improved PrEP access surrounded the convenience of telehealth for an array of Center services (e.g., enrolling in PrEP services, obtaining lab results). They also described the Center's priority of clarifying telehealth protocols at the pandemic's beginning as conducive to supporting PrEP access. Of note,

although the Center was widely described as less physically accessible, one provider noted that in-person services were still possible but more difficult to schedule than a telehealth appointment.

PANDEMIC IMPACT ON PREP ADHERENCE AND SUPPORT STRATEGIES

Client PrEP Adherence and Support Strategies.—Of the 12 clients who continued using PrEP during the pandemic, seven reported consistent daily adherence and did not report pandemic-related impacts on their PrEP adherence. Clients who consistently adhered to PrEP reported the following adherence support strategies: pairing PrEP taking with other behaviors, such as taking vitamins, receiving social support, using a phone alarm, using a pillbox, and keeping track of PrEP doses by recording behavior in a journal. Four clients reported suboptimal or worsening PrEP adherence during the pandemic related to (1) forgetting to take PrEP due to distractions associated with the pandemic and disruptions in their daily routines, (2) fear of attending in-person clinic visits, (3) difficulty refilling PrEP prescription, and (4) health insurance coverage changes (see Table 2). Clients with sub-optimal or worsening PrEP adherence reported using the following adherence support strategies: phone alarms, pairing PrEP with taking other medications or vitamins, using a pillbox, and keeping PrEP visible. Using a phone alarm and social support were also identified as adherence support strategies by clients who discontinued PrEP.

Center Priorities on Supporting PrEP Adherence and Support Strategies.—Personnel suggested that one Center site had low prioritization of PrEP adherence because they placed greater importance on other Center services (e.g., securing shelter for clients) or did not have follow-up services with clients once they left the Center. They also suspected site personnel perceived a general difficulty in supporting adherence (see Table 2). Factors contributing to one Center site's high PrEP adherence prioritization included hiring PrEP navigators and a constant site focus on PrEP initiatives, as signified by frequent PrEP meetings. Two Center personnel reported PrEP prioritization fluctuating depending on client subpopulation (e.g., prioritization of PrEP for gay men over members of the trans community) and aspects of PrEP care (e.g., getting PrEP to clients ranked high among Center priorities, but ensuring adherence did not). None of the personnel indicated that the pandemic influenced the importance of supporting PrEP adherence at Center sites. Further, all personnel mentioned the Center's support of PrEP broadly (e.g., messaging at personnel meetings, hiring of PrEP navigators), but only two personnel made direct mention of specific PrEP adherence support strategies (i.e., the Center site providing pillboxes and providing a pill-storage keychain to store an extra PrEP pill in the event a dose is missed and clients cannot readily access their remaining PrEP). No personnel attributed the use of Center-supported strategies (i.e., keychains or pillboxes) as enacted due to the pandemic's influence on PrEP adherence.

DISCUSSION

Our qualitative findings underscore both facilitators and barriers Center clients and personnel encountered when navigating PrEP services during the COVID-19 pandemic. Broadly, clients expressed multiple negative psychosocial impacts from the COVID-19

pandemic, with frequent reports of experiencing negative mental health symptoms (anxiety, depression, and loneliness), employment loss and changes in insurance coverage, and reduced socialization and sexual encounters. Similarly, Center personnel reported experiencing increased staff burnout, but also noted positive pandemic-related changes at the Center, such as implementing telehealth services and incorporating additional client services to support food and shelter needs. These findings highlight the positive impact that community-based centers can provide for local populations and their ability to adapt to the changing needs of their clientele. The COVID-19 public health emergency sparked those in the outer context (e.g., policymakers, public health officials) to respond with policy changes requiring those in the inner context (e.g., Center organization) to be agile and responsive to changing public health issues and client needs. These corresponding changes within outer and inner contexts were paramount to quickly adapting PrEP services at the Center in response to COVID-19.

Both Center clients and personnel acknowledged that some clients experienced confusion about accessing various PrEP services, including contacting the correct Center department for PrEP, scheduling a telehealth or in-person appointment, and receiving PrEP prescription refills. Although the Center provided several options for remote PrEP care, including telehealth appointments, home STI testing kits, and prescription home-delivery, there appeared to be mixed reports among clients accessing these services possibly due to challenges in navigating the system or lacking the equipment needed for telehealth services. Providing remote alternatives to in-person services has been shown to increase PrEP uptake and adherence, as these options allow clients to select the format that best suits their schedule and needs (Carnevale et al., 2021; Touger & Wood, 2019). The Center and other clinics may increase the utilization of remote service options by enhancing the promotion of these services, potentially through social media platforms favored by clients. Additionally, hiring PrEP navigators can help clients become aware of telehealth options and provide guidance on using available resources.

Additionally, more than half of the clients in this study reported discontinuing PrEP during the COVID-19 pandemic primarily due to changes in sexual behaviors (e.g., decreasing sexual activities or entering a committed relationship), followed by relocating away from the Center or experiencing a change in insurance status. Among those who maintained their PrEP prescription, a minority reported worsening PrEP adherence during the pandemic due to distractions/forgetting, prescription refill issues, lack of insurance coverage, and fear of completing in-person visits. The intersecting epidemics of COVID-19 and loss of insurance coverage in the U.S. (Stephenson, 2020; Woolhandler & Himmelstein, 2020) may have worsened health disparities and increased the risk of HIV acquisition as young LGBTQ+ individuals have been shown to be at higher risk of job and insurance loss during COVID-19 (Martino et al., 2022). Additionally, an inability to complete telehealth appointments, psychosocial barriers and economic stress resulting from COVID-19 may increase the risk for HIV acquisition due to PrEP nonadherence. In order to protect against health disparities, clients who experience PrEP adherence issues may benefit from access to mental health treatment to help them cope with the psychosocial stressors that serve as barriers to their sexual health care. Clients should also be informed about known adherence

support strategies, as listed below, that they can implement to help improve their PrEP adherence.

Clients identified numerous PrEP adherence support strategies, including behavioral pairing (e.g., taking PrEP with other medications/vitamins), phone alarms, social support, and pillbox/tracking methods. These behavioral strategies may be further bolstered with digital health interventions (e.g., mobile apps and text messaging systems) already shown to increase daily PrEP adherence (CDC, 2021; Hoenigl et al., 2018; Moore et al., 2018; Nelson et al., 2020). Of note, clients identified similar adherence support strategies regardless of their level of PrEP adherence or whether they discontinued PrEP. It is possible that clients varied in how consistently they implemented these behavioral support strategies to establish a routine that promoted PrEP adherence. In the Preexposure Prophylaxis Initiative (iPrEX) study, clients noted that once they had established a routine they could maintain strong PrEP adherence and rarely missed doses (Gilmore et al., 2013). Future research may benefit from examining whether the lower success of behavioral support strategies was associated with the implementation and consistency in use of strategies.

Additionally, Center personnel noted that there were sometimes competing demands for clients and that high salience basic needs (e.g., shelter) required immediate attention, which deprioritized focusing on PrEP adherence. Additionally, Center personnel reported difficulty providing PrEP adherence services to clients who don't return to the Center. These findings highlight the multifaceted psychosocial stressors that clients were experiencing during the pandemic, which at times was overwhelming for both clients and Center personnel. Incorporating follow-up services to help Center personnel connect with clients after their initial Center visit may help ease the burden on Center personnel striving to resolve all client issues in a single visit, which can lead to the prioritization of immediate client needs over PrEP care.

Conversely, Center personnel identified having PrEP navigators and a consistent site focused on PrEP initiatives as beneficial to promoting high prioritization of PrEP adherence. PrEP navigators are Center staff who help clients navigate the health care system to access PrEP care, make informed decisions about PrEP, and connect clients to available resources such as financial resources to cover PrEP costs (Frank et al., 2022; Koester et al., 2017). PrEP navigators provide an essential follow-up with clients and may facilitate PrEP adherence by suggesting support strategies and connecting clients with available PrEP resources at the Center. In an effort to increase PrEP adherence among clients, PrEP navigators may play a key role in navigating PrEP care options and maximizing utilization of resources.

LIMITATIONS

This study is not without limitations. First, during interviews with Center personnel, it is possible that participants experienced social desirability biases and minimized the negative impact of the COVID-19 pandemic on the Center's PrEP services. However, participants were informed that all information obtained during the interviews would be kept confidential to encourage honest reporting. Second, this study included a group interview among Center leadership, making it possible that "group think" occurred during this session. This concept refers to a phenomenon occurring when a group reaches a consensus without using critical

reasoning skills or considering alternatives. The interview facilitators attempted to reduce group think by providing instructions at the beginning of the discussion to encourage diversity in responses and ensure there was no expectation for the group to reach a consensus. Regardless, this method of gathering data differed from the clients and other personnel, and in an ideal study, the data acquisition method would have been the same. Lastly, the interviews were conducted within a semistructured format, leaving minimal follow-up opportunities to determine why some clients did not utilize remote PrEP services or how consistent they were in using PrEP adherence support strategies.

CONCLUSION

Overall, this study provides an in-depth qualitative examination on how the COVID-19 pandemic impacted both Center clients and personnel on PrEP access and adherence in Los Angeles County, one of the HIV hotspots within the U.S. Our findings highlight the benefit of offering remote PrEP care services (telehealth appointments, at-home STI testing, and prescription home-delivery) as alternative options for clients to support their PrEP accessibility and adherence. More than half of the clients reported discontinuing PrEP during the pandemic. A minority of clients receiving PrEP reported worsening adherence due to forgetfulness, prescription issues, loss of insurance coverage, and fear of completing in-person visits. Clients may benefit from the robust implementation of support strategies to promote PrEP adherence, such as pairing behaviors, phone alarms, social supports, and pillbox/tracking methods. Clinics may also support their clients' PrEP access and adherence through incorporating PrEP navigators who can directly connect clients with available PrEP services and resources for adherence support. PrEP navigators can also become a point-of-contact to reduce client confusion with new installations of PrEP services as centers continue to adapt to the ongoing COVID-19 pandemic.

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TABLE 1.Sample Characteristics ($N=36$)

Demographic Variable	Center clients ($n = 25$) n (%)	Center personnel ($n = 11$) n (%)
Age, mean (SD)	31.7 (9.4)	37.8 (7.0)
Gender identity		
Male	16 (64)	4 (36)
Female	1 (4)	3 (27)
Trans male	2 (8)	1 (9)
Trans female	3 (12)	0 (0)
Genderqueer/gender non-conforming	1 (4)	0 (0)
Decline to state	2 (8)	2 (18)
Sexual orientation		
Straight/heterosexual	2(8)	—
Gay	14 (56)	—
Bisexual	3 (12)	—
Queer/pansexual/questioning	4 (16)	—
Decline to state	2 (8)	—
Race/ethnicity		
Ethnicity: Hispanic or Latino	7 (28)	6 (55)
Black/African American	11 (44)	2 (18)
American Indian/Alaska Native	3 (12)	0 (0)
Asian American/Asian origin	4 (16)	0 (0)
Native Hawaiian/Pacific Islander	1 (4)	0 (0)
White	5 (20)	3 (27)
Other	2 (8)	3 (27)
Decline to state	0 (0)	2 (18)
Client reasons for PrEP discontinuation ($n = 13$)		
Change in sexual behavior	7 (54)	—
Relocation	2 (15)	—
Change in insurance status	2 (15)	—
Other	2 (15)	—
Center personnel PrEP experience		
# of years working with PrEP-related services, mean (SD)	—	3.71 (0.95)

Note. Center personnel were not asked about their sexual orientation.

TABLE 2.

COVID-19 Pandemic-Related Impacts on General Functioning, PrEP Access, and PrEP Adherence

	Clients	Center Personnel
COVID-19 Impacts on General Functioning	<p>“I lost two jobs, so financially was the major impact. Personally, [COVID] made me a little bit more cautious, very over-cautious, very aware of my surroundings and people and taking care of myself. It’s like fear of death and fear of catching a disease, and it has made me more secluded in a way, reclusive in a way, where I just stay at home.”</p> <p>“It’s a roller coaster in terms of ups and downs, thankfully nothing super traumatic, but I know that along with probably the rest of the entire world, 2020 and even into 2021, it’s a low-key trauma we’re all recording in our psycho-emotional lives.”</p> <p>“[COVID] definitely impacted all levels, in terms of physical emotional, and mental. Learning how to engage with people that isn’t in person and over remote spaces has been a big adjustment. . . . That feelings of not engaging with other people or not going outside, and feeling that isolation, in a way, has definitely been a huge difference.</p>	<p>“It’s been a difficult time and it’s been so hard to be strong to do the work that we do at the center because I was attacked personally. We lost a family member. It was really hard to keep a balance between keep yourself safe and keep providing services and keep interacting with people you know are struggling too.”</p> <p>“COVID has affected the [Center] in a good and negative way. A good way is that we have more means of serving our clients. We have telehealth now, which is super-convenient. . . . Some negative ways is that we’re limited to how many people we can actually serve—we’ve cut our services down a lot and I remember during the first few months [of COVID] our PrEP numbers were really low.”</p>
PrEP Access	<p>“We couldn’t walk into the center anymore. Although we did do things appointment- based before, everything had to be appointment-based. You may have to go through the whole screening process before you’re entering any medical facility, and it was just a lot. You have to plan to leave a little earlier.”</p> <p>“My [insurance approval for PrEP] never happened. I would call the [center] and they would say call your insurance. I would call my insurance and they would say something different and to call back the center. I kept getting ping ponged back and forth.”</p> <p>“I didn’t really wanna go into any health center [during the pandemic], so I didn’t.”</p>	<p>“I think the pandemic also affects our clients in a sense of a lot of people—they don’t want PrEP right now. They’re too busy worried about, ‘Do I take three buses to go get this medication, or do I take three buses to go get this food at the food banks’ sorta thing.”</p> <p>“Ever since the pandemic happened, it just became another barrier for our clients to access PrEP.”</p> <p>“That’s another thing that’s affected me in my job, demoralizing, like I said, is that I see a lotta patients coming in because they need the program because now they don’t have insurance because now they’re unemployed.”</p>
PrEP Adherence	<p>“It’s more of a—it’s really the adherence to PrEP. I would say the pandemic has just spun my mind around, so I’ve not been as sharp as I used to be, I guess you could say.”</p> <p>“I found myself in between prescriptions. I’d missed three days because I’m trying to figure out how to get in, get the phone call and set up prescription.”</p> <p>“I’m not fully compliant, like taking it every day. I take it whenever—I take it most days. There are some days where I won’t remember to take it, like if I’m going to work, and I’m in a rush, or if I travel and sometimes I forget to take the prescription.”</p>	<p>“It felt like there was so much other stuff that was going on that they had prioritized PrEP as really the last thing that was on anybody’s mind.”</p> <p>“You’re worried if you’re having to go to work, what that looks like for you; so you’re worried about if you’re going to lose your job or if you have lost your job. . . . then stability in housing . . . so all your priorities change. . . . When you think of all those things, PrEP and those things tend to start falling down at the priority list of what you’re doing. I think it’s been very hard for clients to prioritize what’s important for them when there’s so much unknown on a day-to-day, especially with people of color and people who have economic challenges.”</p>

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