

# Experiences and beliefs relating to healthcare contacts during the COVID-19 pandemic in the UK: findings from a longitudinal population study

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## Introduction

During the pandemic, medical help-seeking delays may have been lengthier in older women and people from poorer socioeconomic backgrounds (1,2)

This study aimed to describe the prevalence and demographic patterning of barriers to medical help-seeking during the COVID-19 pandemic.

## Methods

The COVID-19 Cancer Attitudes and Behaviour Study (CABS) collected quantitative data on the UK public's medical help-seeking behaviour in two survey phases during the COVID-19 pandemic, in collaboration with Cancer Research UK (CRUK) (3).

Phase 1 (P1): August/September 2020  
(n=5667)

Phase 2 (P2): February/March 2021  
(n=3416, followed up from P1)

Cancer Awareness Measure (CAM) 2019  
– pre-pandemic comparison (n=3044)

## Assessment of barriers

Individual survey items reflecting a range of barriers were combined to create a composite measure (no barriers versus one or more barriers).

Each survey iteration had new barrier items added. 13 "shared" barrier items were proposed in all three surveys, and 17 barrier items were asked in both P1 and P2 but not in the CAM-2019 survey.

### Barrier subtypes

Barriers could be broadly grouped into four subtypes based on previous literature relating to medical help-seeking:

- "Emotional" e.g. "I felt embarrassed talking about my symptoms"
- "Practical" e.g. "I was too busy to seek medical attention"
- "Service" e.g. "I worried about wasting health professionals' time"
- "COVID-19" e.g. "I was worried about catching coronavirus"

### Demographic comparisons

Chi-square tests were used to compare barrier reporting by key demographic characteristics:

Age: < 50 years vs ≥ 50 years

Gender: males vs females

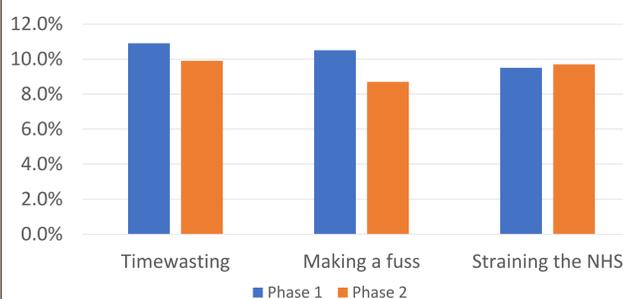
Ethnic background: white vs minority ethnic

## Results

### Prevalence of barriers during Phases 1 and 2

- P1 participants were more likely to report at least one of the 17 shared barriers within CABS (55.5% P1, 48.1% P2)
- A greater proportion of P2 participants explicitly stated that nothing delayed their help-seeking (39.0% P1, 43.8% P2)
- The data were skewed towards lower scores (P1 median = 1, P2 = 0)
- In each phase, the three most frequently-reported barriers were the same (Figure 1)

Figure 1: Percentage reporting of barrier items: top three most frequently-reported items in Phases 1 and 2



### Demographic differences in barriers during Phases 1 and 2

Table 1: P1 and P2 participant demographics by percentage of study population

	Demographic	P1	P2
Gender	Male	48.8%	51.8%
	Female	50.9%	48.1%
	Other/unspecified	0.3%	0.2%
Age	< 50 years	51.4%	39.6%
	≥ 50 years	47.5%	59.8%
	Unspecified	1.1%	0.6%
Ethnic group	White	85.8%	89.3%
	Minority ethnic background	14.2%	10.7%

Participants were *more likely* to report at least one barrier if they were:

**Female (p<0.001 P1 and P2)**

**Aged under 50 years (p<0.001 P1 and P2)**

**From a minority ethnic background (p<0.001 P1, p<0.002 P2)**

### Comparison with CAM-2019 data

- The full CAM-2019 dataset was not available for formal statistical analyses; descriptive statistics were compiled for comparisons
- Participant demographics were broadly similar to the CABS participants:
  - Gender: 49.1% male, 50.3% female
  - Age: 52.9% < 50 years, 46.4% ≥ 50 years
  - Ethnic background: 90.9% white, 9.1% minority ethnic
- Participants reporting at least one of the 13 shared barriers across CAM-2019 and CABS:
  - CAM-2019: 49.5%
  - CABS: 42.0% (P1), 34.4% (P2)
- Most commonly-cited barriers in CAM-2019:
  - Difficulty getting an appointment at a convenient time (13.6%)
  - Worried about wasting professionals' time (12.3%)
  - Not wanting to be seen as making a fuss (11.6%)

## Conclusions

This study found evidence of inequalities in the experience of barriers to medical help-seeking during the pandemic.

This suggests a requirement for culturally sensitive and targeted interventions to address the barriers that are most prevalent among different population groups.

Participants appeared to report fewer help-seeking barriers during the pandemic than before it, but full statistical analyses of the CAM 2019 and CABS/CRUK 2020/2021 data are required to form definitive conclusions.

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