

Health Care Access and Use Before and After the COVID-19 Pandemic

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Background

- The COVID-19 pandemic affected healthcare utilisation worldwide, making it difficult for people to access healthcare services.
- The Optimise Study (Optimise) was a longitudinal cohort study, following adults living in Victoria, Australia.
- Optimise participants were recruited from Sep 2020 to Nov 2021 and their baseline surveys (socio-demographics, life before COVID-19 and changes experienced since COVID-19) were completed at the time of recruitment. Thus, the three-month recall period span Jun 2020 to Sep 2021.
- Ease of access to healthcare and changes experienced were measured in different lockdown periods and between lockdowns.

Figure 1: Ease of access to healthcare during COVID-19 (Jun 2020 to Sep 2021)

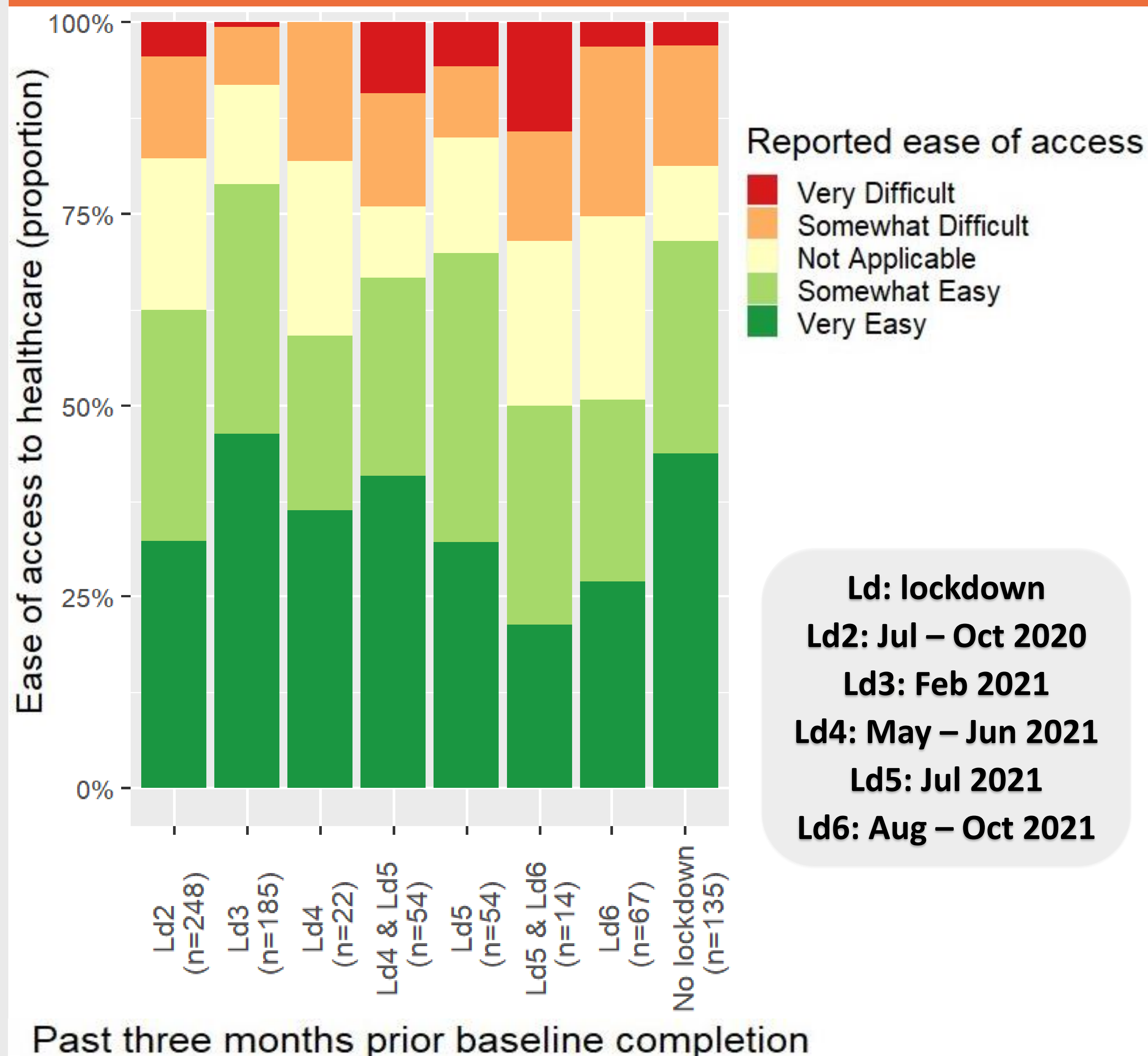


Table 1: Association between difficulty of access to healthcare and socio-demographics

Variables	Adjusted OR (95% CI)	p-value
Chronic illness		
No	Ref.	
Yes	2.15 (1.40,3.30)	P<0.001
Household income		
\$150,000 or more per year	Ref.	
\$100,000-\$149,999 per year	1.21 (0.52,2.81)	0.658
\$50,000-\$99,999 per year	1.25 (0.59,2.72)	0.567
\$1-\$49,999 per year	2.31 (1.14,4.93)	0.024
No income	2.85 (0.76,9.93)	0.105
Main language spoken at home		
English	Ref.	
Language other than English	2.70 (1.38,5.30)	0.004

Demographics

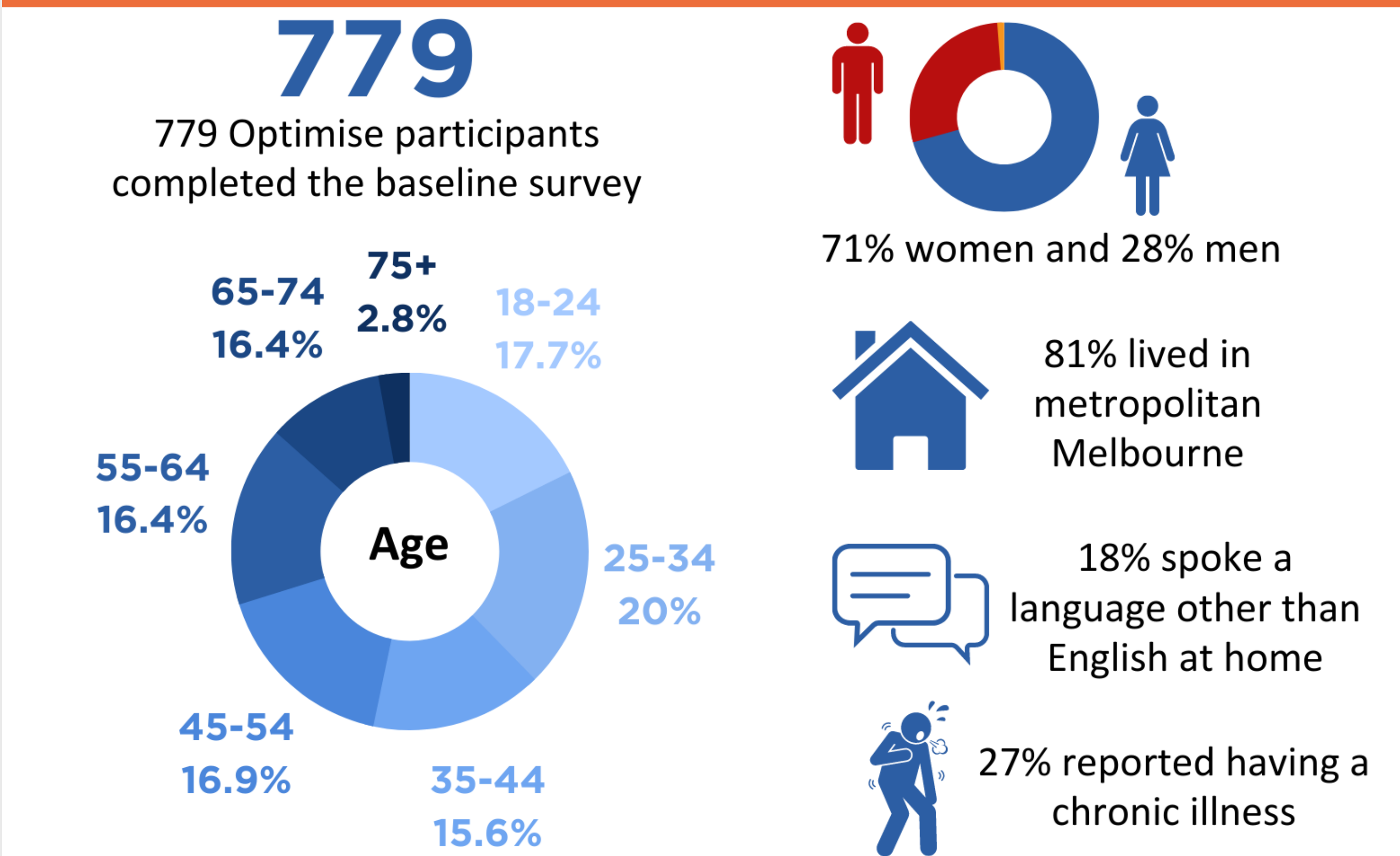
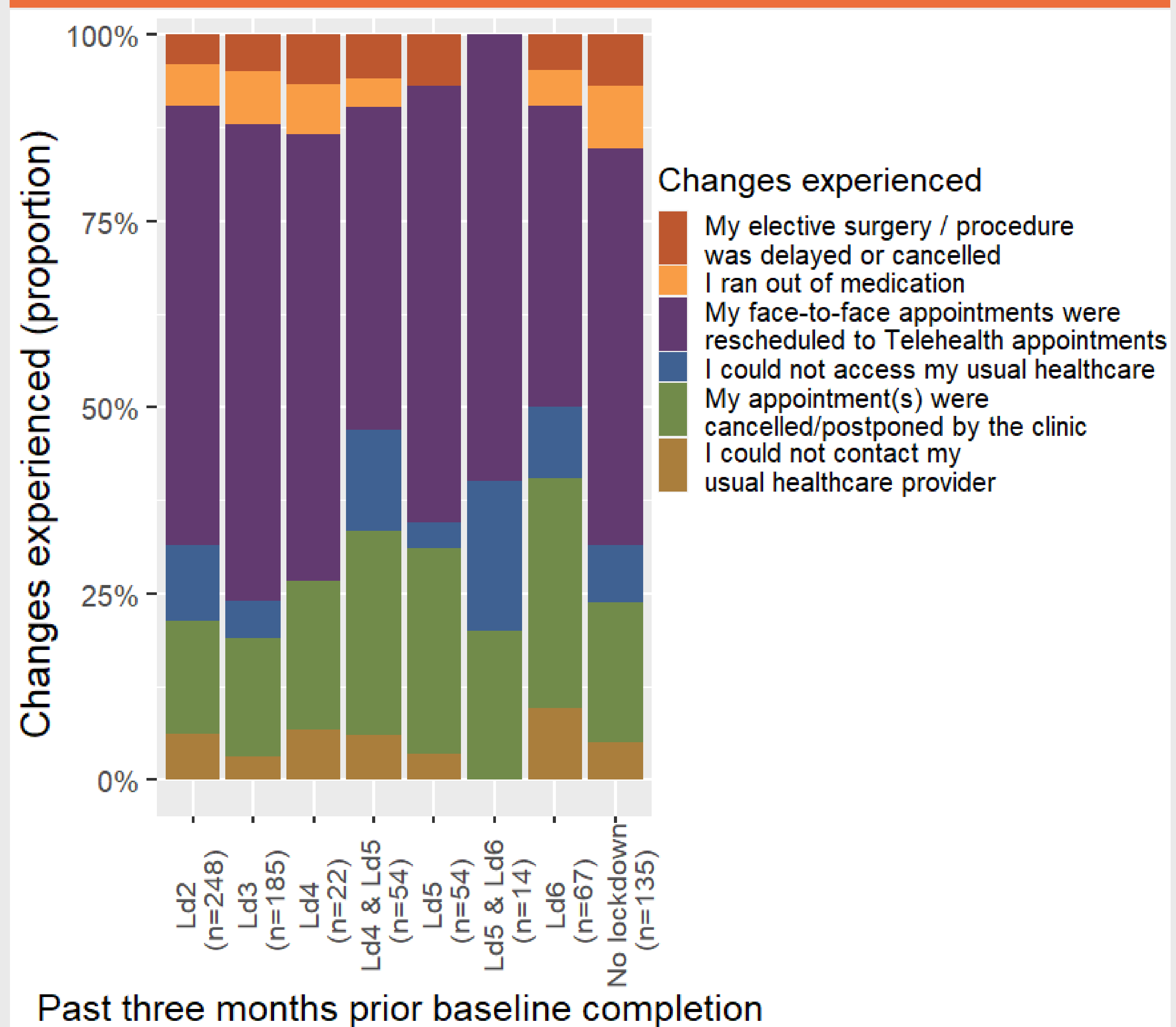


Figure 2: Changes experienced in healthcare access (Jun 2020 to Sep 2021)



Main findings

- People found it **difficult** to access healthcare services especially if they experienced **long lockdown periods**.
- During the pandemic, almost **half** participants experienced changes in healthcare utilisation, of those: **face-to-face appointments were rescheduled to Telehealth (86.3%)** and **appointments were cancelled or postponed (29.9%)** by clinics.
- Individuals who had **chronic illnesses** or **low income** or **spoke a language other than English at home** were more likely to report **difficulty** of access to healthcare services.
- It is important to focus on the **changing patterns** in healthcare services during the pandemic and to inform future preparedness of the healthcare system.