Coping During the COVID-19 Pandemic: Experiences of Complex Cancer Survivors

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Low-income individuals and individuals from underrepresented racial or ethnic groups have a higher risk of COVID-19 infection or other negative health outcomes because of comorbidities (van Dorn et al., 2020; Wang & Tang, 2020; Yancy, 2020). For medically marginalized and historically underserved groups, the impact of the COVID-19 pandemic has been devastating (Agyemang et al., 2021; Boserup et al., 2020; Khanijahani et al., 2021; Louis-Jean et al., 2020). Cancer survivors are at greater risk of COVID-19 infection and complications because of immunosuppression and comorbidities (Desai et al., 2021; Kuderer et al., 2020; Ozer et al., 2021), and data on the experience of more than 18 million survivors during the years of the pandemic are emerging (American Cancer Society, 2022). Studies about the COVID-19 pandemic’s effects on cancer survivors are limited (Nekhlyudov et al., 2020).

This study explored the impact of the COVID-19 pandemic on cancer survivors with multiple chronic conditions that put them at higher clinical risk. These survivors were predominantly from underserved racial or ethnic groups, under- or uninsured, and served by a safety net health system. This study aimed to understand patient experiences, factors influencing health and well-being, support needs, and coping strategies to highlight opportunities for care support.

Methods
Sample
The sample consisted of complex cancer survivors, who were defined as survivors who had at least one chronic condition, had low income, were under- or uninsured, and were served by a safety net health system. The sample was derived from Project CONNECT (Lee et al., 2018), a pragmatic clinical trial to improve care coordination for patients with stage I–III breast or colorectal cancer with underlying chronic conditions receiving care at Parkland Health, an integrated safety net health system in Dallas, Texas. Parkland Health cares for a disproportionate share of patients with cancer who are from underrepresented racial or ethnic groups (72%), have low income, are under- or uninsured (70%), and have three or more chronic conditions (more than 60%) requiring coordinated care (Lee et al., 2018).

Design and Data Collection
This study’s mixed-methods approach included a cross-sectional survey and qualitative interview via telephone offered in English or Spanish. Survey