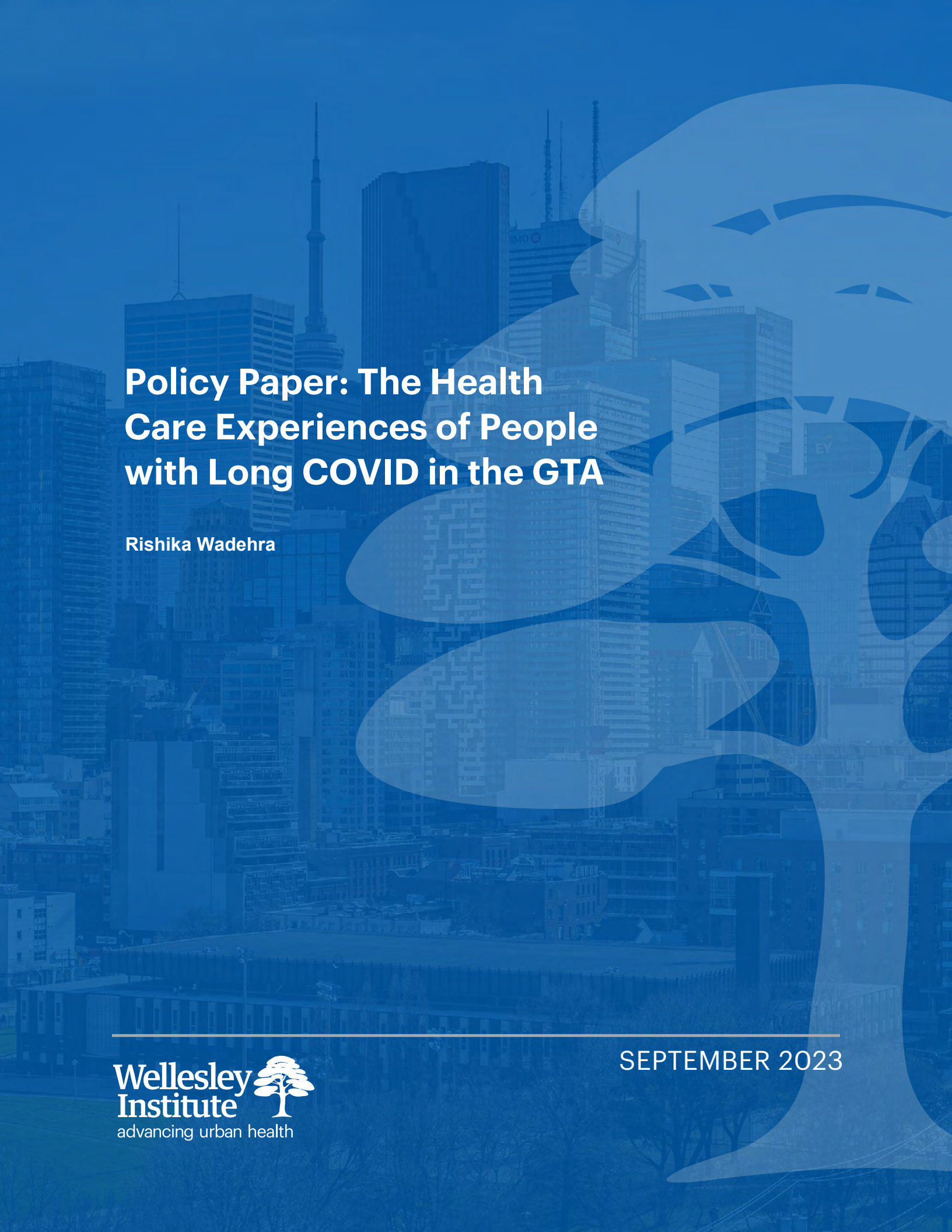

Policy Paper: The Health Care Experiences of People with Long COVID in the GTA

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TABLE OF CONTENTS

EXECUTIVE SUMMARY

There is an urgent need to improve the support of people living with long COVID in the GTA. Initial government action should focus on increasing the capacity of health and social care systems to offer appropriate treatment and support, ensuring equity in access to treatment and outcomes of treatment. For our response to be fair, we need to take action on the social determinants that influence the risk of contracting and recovering from long COVID.

There are 12 specific policy recommendations for government covering three areas: knowledge mobilization, improving the capacity of primary care and multidisciplinary long COVID health services.

Knowledge Mobilization

Significantly increasing knowledge and awareness of COVID-19 prevention practices, the risk of long COVID, and how to access care is critical to improving long COVID outcomes.

1. The Government of Ontario should develop and lead a communications strategy in collaboration with other levels of government to educate the general public about long COVID and ways to access care.
2. The Government of Ontario should build on existing community partnerships and collaborate with municipalities to raise awareness of the risk of long COVID and available health care services among those who are structurally disadvantaged, such as low-income and frontline workers, persons with disabilities and Black and other racialized communities.
3. The Ministry of Health, Ontario Health, regulatory colleges and others should ensure regular dissemination of new resources and clinical standards for assessing and treating long COVID in order to reflect evolving knowledge and needs in different regional contexts.
4. The Ministry of Health and Ontario Health should collaborate with relevant parties to ensure that health-care providers and community groups are given the information they need to connect their patients and/or clients with economic and social supports.

Primary Care

Primary care is the main source of care for long COVID patients worldwide. Improving the capacity of Ontario's overburdened primary care system and ensuring health-care providers can identify and diagnose long COVID is essential to ensuring patients receive appropriate treatment and support.

1. The Government of Ontario should immediately act on the Public Policy Forum's 10-point "to-do list" for improving access to and equity of primary care.
2. The Government of Ontario should implement the recommendations in the report from the federal Task Force on Post COVID-19 Condition, specifically in relation to clinical practice and services to ensure adequate care for those with long COVID, with the additional goal of prioritizing equity in outcomes for low-income, Black and other racialized communities.
3. The Government of Ontario should expand access to care for people with long COVID by improving access to family physicians as well as urgent care centres, mobile clinics and virtual care.
4. The Government of Ontario should work with the federal government to develop a national health data system and work in collaboration with primary care providers to use collected data to improve clinical practice and develop appropriate system responses for long COVID and other chronic conditions.

Multidisciplinary Long COVID Clinics

Most care for long COVID happens in primary care. However, the complex nature of the illness can require specialized multidisciplinary teams. Increasing our capacity to offer health and social care (and equitable access to that care) is vital for adequate treatment and support of those with long COVID.

1. The Government of Ontario should provide increased and ongoing funding for public, not-for-profit long COVID clinics and ensure they are adequately staffed.
2. The Government of Ontario should use existing COVID-19 community partnerships to identify and help populations with higher risk of infection get the care they need, including by allowing for atypical routes to specialized care, such as long COVID clinics in neighbourhoods with higher rates of COVID-19.
3. The Government of Ontario should work with health-care providers, long COVID community groups and those with lived experience to develop a province-wide directive on the requirements for access and referral to long COVID clinics to ensure consistency and coordination.
4. The Government of Ontario, Ministry of Health and Ontario Health should work with service providers, those with lived experience and high-risk populations to develop and evaluate long COVID clinics and care programs to ensure equitable access and appropriate care.

INTRODUCTION

MORE THAN 1.4 MILLION CANADIANS HAVE EXPERIENCED LONG COVID SYMPTOMS.

More than 1.4 million Canadians have experienced long COVID symptoms[1]. The number of people currently living with long COVID, and the increased risk of contracting long COVID with every infection of COVID-19 means that it will be a significant cause of disability moving forward. The impact on individuals and their families, along with broader labour market and economic impacts, makes long COVID an important health and social care issue.

People currently report problems accessing care and support for long COVID, which leads to significant avoidable stress, disability and poorer outcomes. But policy action to remedy these issues has been slow in Canada. The federal government's recent commitment of funds for a long COVID research network and the development of clinical guidelines[2] is a good first step for starting to address the issue. However, much more work still needs to be done.

Wellesley Institute's "Health Care Experiences of Those Living with Long COVID in the GTA" suggests that gaps in the understanding of the condition and insufficient capacity for care have led to an inadequate response from Ontario's health system[3].

There is a relationship between sociodemographic factors, the risks of long COVID and health outcomes. Low-income, Black and other racialized groups can be at higher risk of long COVID and are more likely to face barriers accessing health care and other supports[4]. The increased risk and burden of long COVID[5,6], is further compounded by other social factors including access to housing and social supports, income and working conditions, racism and other forms of discrimination.

The following paper builds on Wellesley Institute's research and policy work in the area[7] and provides recommendations and next steps for government and other relevant. These include specific actions focused on increasing knowledge and awareness, primary care capacity and interventions, and equitable access to long COVID clinics. The identified initiatives can be implemented immediately and will help reduce inequities in access to health care services if designed and funded properly. To ensure this, the province and other actors must establish publicly available targets and proper data collection for monitoring progress towards achieving those targets.

Prevention and policy action on the social determinants of health are essential for improving outcomes for long COVID patients and their communities.

KNOWLEDGE MOBILIZATION

Many people are unaware of the risk of developing long COVID. This can lead to a lack of concern which has likely been heightened by the lapsing of public health measures aimed at preventing acute COVID-19 infection[8]. Strategies aimed at raising awareness of the risks of long COVID among the general population will be critical to preventing and addressing long COVID. Prioritizing low-income, Black and other racialized and marginalized groups will be particularly important to lessen the disproportionate impact of COVID-19 and long COVID on these groups. Improving knowledge of the health and social care systems will also be key.

MANY PEOPLE ARE UNAWARE OF THE RISK OF DEVELOPING LONG COVID.

As is common with any new illness, knowledge of the best way to diagnose and treat long COVID has changed as more information becomes available. The prognosis is also evolving. Lack of standardization of diagnostic criteria and treatment options interacts with lower levels of awareness of long COVID, which makes it difficult to get appropriate and timely care.

Gaps in knowledge about long COVID are a key feature of people's interactions with health-care providers. The lack of information about how to definitively identify and treat long COVID contributes to health-care providers using varying approaches to diagnose and identify care pathways. The Wellesley Institute study showed that while some providers supported patients by investigating potential options for addressing long COVID symptoms despite limited knowledge, others failed to validate the condition and dismissed symptoms as being psychological. Those with long COVID sometimes face other forms of internalized and enacted stigma[9] from health-care providers and members of the public such as shame of their condition and assumptions the illness is not real due to its often-concealable symptoms. Health-care providers also varied in how they facilitated access to social and economic supports such as paid sick leave, workplace accommodations and income support programs, which could help to improve health and wellbeing outcomes.

Recommendations

Ontario has taken the first steps towards helping physicians better understand and assess long COVID by developing and disseminating clinical guidelines and resources on long COVID for primary care physicians[10].

As our knowledge of long COVID is evolving, these resources should be continually updated and improved to ensure that health-care providers are aware of evolving knowledge and needs in different regional contexts. Ontario Health should develop and then keep current a clinical service standard based on new medical research, expert opinion and patient experiences for the management and treatment of long COVID. This will ensure greater and more standardized quality of care for long COVID patients.

Ontario Health and other relevant parties should prioritize the provision of accurate information about long COVID to health-care providers, with engagement from communities with lived experience and expert providers, to ensure that clinical standards, guidelines and other resources reflect the need for culturally safe care and create an environment that minimizes stigma associated with long COVID. This will help improve patient experiences, including for those who have had invalidating experiences seeking care.

Barriers to accessing care are linked to social determinants of health including housing, employment, racism, immigration status and access to transportation. Primary care providers must be aware of how these factors intersect and influence the risk and burden of long COVID to improve patients' care experience. They can better support patients by asking about their social history[11] and use this to refer or connect them with relevant supports. Policy makers must also consider how specific programs to improve social and economic conditions, such as adequate income benefits for marginalized groups, can reduce long COVID inequities.

Efforts to mobilize knowledge about care pathways for clinicians should focus on increasing awareness about how family physicians and other health- and social-care providers can facilitate access to income supports and other social and economic supports needed by those living with long COVID. Current guidelines could be updated with hyperlinks to support assessment and referrals for those who use digital copies. The Ministry of Health, Ontario Health and the regulatory colleges and representative bodies of relevant actors should develop an outreach strategy to more widely disseminate this information. This may include providing information on facilitating access to paid sick days, disability benefits, legal aid and support services for housing and income assistance. Health-care providers can also work with patient navigators, case managers and others to ensure patients receive ongoing care and support[12]. Some resources in these areas already exist[13].

The recent commitment by the federal government to a pan-Canadian research network and the development of new evidence-based clinical practice guidelines is a fundamental step in informing coordinated future responses from the health system[14]. To support this development, the federal government should work on a communications strategy with provincial and territorial governments and people with lived experience to raise awareness and educate the general public about long COVID. Increased awareness may allow individuals to recognize their symptoms and seek medical help as well as promote COVID-19 prevention efforts such as masking and vaccination. This can start with disseminating information to patients through the health care system, with educational materials and resources available in a range of settings like community health centres, family physician offices and hospitals. They can be distributed through other public settings such as libraries, community centres and schools. Materials should be designed in collaboration with patients, researchers, health-care providers and community organizations.

Outreach to target marginalized groups with poorer access to primary care and health services will be important. This can be done through partnerships with local public health units and other existing community networks. In Toronto, Vaccine Engagement Teams have been key to addressing inequities in vaccination coverage by using community members as points of contact across diverse neighbourhoods to build vaccine confidence and amplify public health messaging. This present model could be expanded through increased and ongoing funding to include outreach around long COVID along with acute COVID-19 prevention efforts. The Government of Ontario should work with municipalities through the High Priority Communities Strategy to use evidence-based engagement strategies to partner and co-develop approaches with communities, especially those who are at highest risk for long COVID and those with the least access to care and support.

PRIMARY CARE

MOST PEOPLE WITH LONG COVID FIRST GO TO PRIMARY CARE FOR HELP.

Most people with long COVID first go to primary care for help. Family practices can offer direct assessment, support for patients in self-managing their condition, medication, comorbidity management and referral to other health services such as rehabilitative care. Wellesley Institute research suggests that lack of access to a primary care provider and inadequate knowledge about long COVID by family members and general practitioners contributed to negative experiences. In some instances, this was also a barrier to accessing additional services.

A primary care provider who knows the patient's history and can take a holistic view of their physical, psychological and social needs may be in the best position to coordinate care and implement a recovery plan.

In Ontario there are inequalities in access to primary care based on income and other socioeconomic factors[15].

In addition to barriers to accessing primary care, a lack of capacity of primary care providers to respond to the growing demand for long COVID services has the potential to contribute to inequitable outcomes for those with the condition. Well-publicized difficulties in accessing mental health supports will also compound the problems[16].

Recommendations

Access to comprehensive and high-quality primary care for historically marginalized populations is critical for reducing health disparities[17]. Those facing challenges in accessing primary care may face higher rates of preventable hospitalizations and lower quality of care[18]. The Government of Ontario must ensure it delivers equitable access to primary care for those most in need including Black and other racialized groups, older persons, low-income households and those living in rural and remote communities. While reforms to primary care will require long-term, structural, multi-level actions, many things can be done now to improve equitable access to and outcomes from primary care.

A report by the Public Policy Forum provided an "urgent to-do list" for primary care reform that will address equity gaps in care and improve health outcomes[19]. Actions that can begin to be implemented now include:

- reforming the compensation models of primary care providers to reflect the complexity of their work and the diversity of the populations they serve,
- measuring and publicly reporting on the progress towards universal access to primary care[20], and
- integrating individuals' medical information to ensure patients data at all levels are aggregated and used to identify and address equity gaps in care.

Action on these recommendations will advance health equity within primary care for all, including those with long COVID.

Additional targeted recommendations from the report of the federal Task Force on Post COVID-19 Condition include several that aim for better management of the condition in primary care . These should be taken up by Ontario with the additional goal of prioritizing equity in outcomes, including equitable access to a consistent primary care provider for Black and other racialized and low-income communities and subsequent treatment and referral to specialist services for chronic symptoms or conditions associated with long COVID. Expanding and integrating the roles of community health providers, social service providers and public health units to support primary care teams would allow more people with long COVID to access urgently needed treatments and supports and reduce disparities.

The recent agreement between the federal and provincial governments to increase health-care funding through the Canada Health Transfer (CHT) could potentially advance these recommendations. However, the agreement currently lacks commitments to prioritize equity in the allocation and implementation of new funding[21,22].

A key step to achieving this is to urgently move forward with developing a national health data system which will require action from all levels of government and health-care service providers. Ensuring the collection of comprehensive, accessible, integrated and comparable disaggregated sociodemographic data is necessary to identify population needs and to develop suitable health system responses for long COVID[23].

These efforts to eliminate larger disparities in access to primary care for those facing significant barriers may take some time. In the interim, the provincial government should consider developing a number of solutions that provide many pathways for people to receive appropriate and quality care, including specific measures to help those with long COVID and other chronic conditions immediately. While getting barrier-free access to primary care should be the priority, to ensure more people are able to be assessed faster, an expansion of Health Connect Ontario is one way to ensure people with long COVID symptoms can be assessed, referred to specialist care where needed, and receive on-going assistance with self-management, treatment and co-morbidity management.

All other solutions must address three major things. First, primary care providers must be supported in increasing their knowledge and understanding of long COVID and the complex and evolving needs of and pathways available to patients. Developing care protocols to ensure proper standard of care is in place will be essential to reduce inequities.

Second, providers should be equipped with the right tools to support those with long COVID. This may include resources on referral pathways and how to access community and social supports.

Lastly, the provincial government should focus solutions on significantly expanding options for care pathways for those without access to primary care. The province should also significantly increase investments in community health centres, urgent care centres and mobile clinics, all of which could provide open door access to those with long COVID. It should also consider how specialized virtual care (which does raise specific questions of digital inequity) could be part of a holistic solution. Ensuring equitable access and equitable treatment regardless of the care pathway will be fundamental in the development of all solutions.

MULTIDISCIPLINARY LONG COVID CLINICS

The establishment of specialized long COVID clinics emerged in some jurisdictions early in the pandemic, including the network of clinics funded by National Health Service (NHS) in England. These referral-based clinics are meant to provide those experiencing symptoms with comprehensive medical assessments and an integrated care pathway led by multidisciplinary teams. However, growing demand for these limited services revealed inequitable access along the lines of socioeconomic status[24].

GROWING DEMAND FOR THESE LIMITED SERVICES REVEALED INEQUITABLE ACCESS

Ontario established some specialized clinics to address long COVID, although very few are publicly funded and some patients pay out-of-pocket for care through private services. Anecdotal evidence from other jurisdictions suggests that patients using long COVID clinic services do not reflect the demographics of those most at risk for the condition[25,26]. Due to lack of availability across the province, there may be long wait times for access and other barriers such as varying requirements and referral processes[27]. Findings from Wellesley Institute's study also indicate a lack of standardized, integrated and organized communication about long COVID clinics, including eligibility for access, referral process and availability of services.

These issues were reflected in Wellesley Institute's study, with some participants noting that long wait times even after receiving a referral to a long COVID clinic meant those who could afford it opted to pay for supplementary private services. This highlights the need for policies to address these barriers to long COVID services and programs to ensure equitable access to treatment.

Recommendations

The Government of Ontario should ensure that those with long COVID are able to get an appropriate level of care such that they are able to have a good quality of life and the impact of long COVID is minimized. One way to do this is by delivering increased and ongoing funding for public, not-for-profit long COVID services and programs, which will build capacity of these services to provide equitable care. The number and capacity of these specialized long COVID clinics should be based on population needs and the provincial health system should work to ensure that those with the greatest level of need are prioritized. The province can use tactics developed during the height of the pandemic to identify which populations are highest risk and prioritize getting them the care they need. This can include allowing for atypical routes to specialized care such as long COVID clinics, specialized care based on needs, or giving extra funding and supports to local community health centres and other primary care providers who work with groups with a higher risk of infection.

Another important step to improve equity in access to long COVID clinics is to ensure greater consistency and coordination in the requirements for access and referral processes for entry into long COVID clinics. To implement this, the Minister of Health can issue a province-wide directive to develop provincial referral standards under the *Local Health System Integration Act, 2006*. Consistency and coordination on requirements and referrals would facilitate better data collection on what services are available, where and to whom, which would allow for an analysis of equity in service access and outcomes.

Working with service providers that work in the areas of social determinants of health, those with lived experience, and high-risk populations in the co-designing and developing long COVID clinics and care programs is crucial to address service-based inequities. During the height of the pandemic, province and city-built community partnerships were integral in helping public health initiatives reach low-income, Black and other racialized populations. An example of this was Ontario's High Priority Communities Strategy, in which the province funded community agencies and partners in priority neighbourhoods to work in partnership with Ontario Health, public health units and municipalities to deliver key COVID-19 interventions such as outreach, increased testing and wraparound supports[28]. These same groups could be used to help link long COVID clinics to communities and deliver more equitable outcomes. They should also be engaged in the development of community and regional targets for finding and assessing long COVID cases and treatments that could be used by Ontario Health Teams to evaluate and deliver on equity.

CONCLUSION

Wellesley Institute's research on the health-care experiences of those with long COVID demonstrates that urgent policy action is needed to reduce the impact of long COVID, particularly for equity-deserving groups. For better health care, this will require work on multiple levels, including addressing systemic issues of Ontario's overburdened primary care system, knowledge mobilization to increase awareness and access to information on long COVID, and improving access to multidisciplinary long COVID clinics. Commitments to addressing the broader social determinants of health is also needed. As highlighted in this paper, incorporating an equity lens in long COVID policy responses and ensuring there are mechanisms to improve access to healthcare for marginalized communities will be critical to advance health equity.

REFERENCES

[1]Office of the Chief Science Advisor of Canada. (December 2022). Post-COVID-19 Condition in Canada: What We Know, What We Don't Know and a Framework for Action. https://science.gc.ca/site/science/sites/default/files/attachments/2023/Post-Covid-Condition_Report-2022.pdf

[2]Government of Canada. (2023). Government of Canada invests new funding for post COVID-19 condition, in line with recommendations from the Chief Science Advisor's report. https://www.canada.ca/en/public-health/news/2023/03/government-of-canada-invests-new-funding-for-post-covid-19-condition-in-line-with-recommendations-from-the-chief-science-advisors-report.html

[3]Sanford, S. & Roche, B. (April 2023). The Healthcare Experiences of People with Long COVID in the GTA. Wellesley Institute. https://www.wellesleyinstitute.com/wp-content/uploads/2023/04/The-Healthcare-Experiences-of-People-with-Long-COVID-in-the-GTA-1.pdf

[4]Amberber, N., Iveniuk, J., & McKenzie, K. (2021). Inequities over time in COVID-19 infection and COVID-19-related hospitalizations/deaths. Wellesley Institute. https://www.wellesleyinstitute.com/wp-content/uploads/2021/07/Inequities-over-time-in-COVID19-infection-and-related-hospitalizations-and-deaths.pdf

[5]Khullar, D., Zhang, Y., Zang, C. et al. (2023). Racial/Ethnic Disparities in Post-acute Sequelae of SARS-CoV-2 Infection in New York: an EHR-Based Cohort Study from the RECOVER Program. J GEN INTERN MED. https://doi.org/10.1007/s11606-022-07997-1

[6]Davis, H.E., McCorkell, L., Vogel, J.M. et al. (2023). Long COVID: major findings, mechanisms and recommendations. Nat Rev Microbiol. Online first: https://doi.org/10.1038/s41579-022-00846-2

[7]Sanford, S. & Wadehra, R. (2022). Long COVID: Literature Scan to Inform Policy Response in the GTA. Wellesley Institute.

[8]Quinn KL, Katz GM, Bobos P, et al. (September 2022). Understanding the post COVID-19 condition (long COVID) in adults and the expected burden for Ontario. *Science Briefs of the Ontario COVID-19 Science Advisory Table*. 3(65). https://doi.org/10.47326/ocsat.2022.03.65.1.0

[9]Pantelic, M., Ziauddeen, N., Boyes, M., O'Hara, M. E., Hastie, C., & Alwan, N. A. (2022). Long Covid stigma: Estimating burden and validating scale in a UK-based sample. *PloS one*, 17(11), e0277317. https://doi.org/10.1371/journal.pone.0277317

[10]Ontario Health. (December 2021). Post COVID-19 Condition: Guidance for Primary Care. https://www.ontariohealth.ca/sites/ontariohealth/files/2021-12/PostCovidConditionsClinicalGuidance_EN.pdf

[11]Andermann, A., & CLEAR Collaboration (2016). Taking action on the social determinants of health in clinical practice: a framework for health professionals. *CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne, 188*(17-18), E474–E483. https://doi.org/10.1503/cmaj.160177

[12]Andermann, A., Bloch, G., Goel, R., Brcic, V., Salvalaggio, G., Twan, S., Kendall, C. E., Ponka, D., & Pottie, K. (2020). Caring for patients with lived experience of homelessness. *Canadian family physician Medecin de famille canadien, 66*(8), 563–570.

[13]Ontario Family Physicians. (2022). Post-COVID Condition (Long COVID) Resources. https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/long-covid

[14]Government of Canada, 2023.

[15]Ivers, N, Newbery, S, Eissa, A, et al. (October 2022). Brief on Primary Care Part 3: Lessons learned for strengthened primary care in the next phase of the COVID-19 pandemic. *Science Briefs of the Ontario COVID-19 Science Advisory Table*. 3(69). https://doi.org/10.47326/ocsat.2022.03.69.1.0

[16]Canadian Mental Health Association. (2015). Addressing mental health and addictions needs through primary care. https://ontario.cmha.ca/documents/addressing-mental-health-and-addictions-needs-in-primary-care/

[17]Association of Family Health Teams of Ontario. (August 2011). *Strengthening Primary Care Access. Report of the Working Group to the Primary Healthcare Planning Group*. https://www.afhto.ca/wp-content/uploads/2.-PHPG_Access-WG-Report_Final.pdf

[18]Premji, K., Ryan, B. L., Hogg, et al. (March 2018). Patients' perceptions of access to primary care. *Analysis of the QUALICOPC Patient Experiences Survey*, 64(3), 212-220. https://www.cfp.ca/content/cfp/64/3/212.full.pdf

[19]Martin D, Bell. B., Black, G., et al. (2023). Primary Care for Everyone: An Urgent To-Do List for Reform. Public Policy Form. https://ppforum.ca/wp-content/uploads/2023/04/PrimaryCareForEveryone-PPF-April2023-EN.pdf

[20]Office of the Chief Science Advisor of Canada. (December 2022). Post-COVID-19 Condition in Canada: What We Know, What We Don't Know and a Framework for Action.

[21]Government of Canada. (February 2023). The Government of Canada and Ontario reach agreement in principle to improve health services for Canadians. https://www.canada.ca/en/health-canada/news/2023/02/the-government-of-canada-and-ontario-reach-agreement-in-principle-to-improve-health-services-for-canadians.html

[22]Association of Family Health Teams of Ontario. (August 2011). Strengthening Primary Care Access. *Report of the Working Group to the Primary Healthcare Planning Group*. https://www.afhto.ca/wp-content/uploads/2.-PHPG_Access-WG-Report_Final.pdf

[23]Wellesley Institute. (February 2023). Moving forward on a national health data system. https://www.wellesleyinstitute.com/publications/moving-forward-on-a-national-health-data-system/

[24]Sanford, S. & Wadehra, R., 2022. Long COVID: Literature Scan to Inform Policy Response in the GTA.

[25]Root, T. (October 14, 2022). Long Covid is said to affect white middle-aged women more – but data suggests otherwise. *The Guardian*. https://www.theguardian.com/society/2022/oct/14/long-covid-care-access?CMP=Share_iOSApp_Other

[26]Cooney, E. (May 2021). Researchers fear people of color may be disproportionately affected by long Covid. StatNews. https://www.statnews.com/2021/05/10/with-long-covid-history-may-be-repeating-itself-among-people-of-color/

[27]Lam, P. (June 2022). Specialized clinics to treat long COVID are in demand and physicians say they can't keep up. CBC. https://www.cbc.ca/news/health/long-covid-clinics-wait-times-1.6490046

[28]Government of Ontario. (2020). Ontario Supporting High Priority Communities. https://news.ontario.ca/en/backgrounder/59793/ontario-supporting-high-priority-communities