



Accessibility to Healthcare Services during the COVID-19 Pandemic

Position Paper

2021 - 2022 IPHSA Health Policy Subcommittee

June 2022

Table of Contents

Acknowledgements	3
Background	4
Research Findings	5
Medical Radiation Sciences	5
Medicine	6
Naturopathic Medicine	7
Nursing	8
Occupational Therapy	9
Pharmacy	10
Social Work	11
Speech Language Pathology	12
Recommendations	13
References	14

Acknowledgements

Thank you to the following dedicated healthcare professional students across seven healthcare programs at the University of Toronto, as well as the Canadian College of Naturopathic Medicine, for their involvement in this policy paper.

The creation of this paper wouldn't have been possible by your support and efforts in highlighting this important topic within your respective professions.

Vice Presidents of IPHSA Health Policy Subcommittee (2021-2022)

Meliha Horzum
Sofia Mirzazada

IPHSA Health Policy Subcommittee Members (2021-2022)

Julyana Al-Hussain
Andrea Alves
Jennifer Babic
Denise Batho
Gina Brown
Alex Chandra
Vanessa Fan
Baha Hamzaev
Shannon James
Abiraa Karalasingam
Yiwen Li
Samiha Mohsen
Rawan Nasser
Claire-Marie Peck
Sarah Samuel
Shreya Singh
Madeleine Sommerville
Siddhartha Sood
Kailyn St. Onge
Lana Trolley
Adrianna Uszynska
Kaitlyn Wagner
Xinyue Zhao

Background

Since March 2020, healthcare systems around the world have been impacted by the coronavirus disease (COVID-19). The virus primarily affects the respiratory system but can present differently in individuals based on various factors, such as underlying medical and social conditions. The COVID-19 virus resulted in a global pandemic that continues to have profound repercussions on communities and systems, including our own Canadian healthcare system (CIHI, 2021). In fact, the COVID-19 pandemic has highlighted pre-existing gaps in access to health services and inequalities within the health care systems. Namely, the pandemic has contributed to growing health challenges including mental health conditions, substance abuse, social determinants of health, delayed or missed care, chronic disease assessment and management, cancer screenings, home care assessments, and long-term care conditions (CMA, 2021).

Throughout the COVID-19 pandemic, the public health response and policies were created to satisfy the interests of some, while systematically disadvantageous to others (Ganguli-Mitra et al., 2022). Significant racial, ethnic, socioeconomic, and health disparities have been augmented, previously impacting access to services. For example, higher proportions of individuals who experience perpetual systemic discrimination have lost their lives to COVID-19 and have suffered disproportionately greater economic, social, and health losses as a result of the pandemic (Haynes et al., 2021). This is important to highlight as many of the growing health challenges from the pandemic are due to such gaps and inequalities that often were not of focus or overt.

Overall, the COVID-19 pandemic has impacted the health and wellbeing of individuals and communities around the world in unanticipated ways. From the overwhelm of regional healthcare systems, to the detrimental effects of social isolation on our collective mental and physical health, the pandemic has disrupted our daily lives and the systems that support us in ways that have been unprecedented in our lifetimes. The pre-existing gaps and inequalities in these systems have been amplified by the pandemic, and as a result both patients and health care professionals are realizing their impact and need to adapt to improve access to health services.

The purpose of this position paper is to highlight the effects the COVID-19 pandemic has had on accessing healthcare services. In considering the transition to virtual care or telehealth to support access during the pandemic, this paper highlights the experiences of health care professionals and their patients in adapting to such changes. Each discipline unique to their field experienced similar challenges such as adjusting to new practices, increase in workload, burnout, patient dissatisfaction, and risk of infection. The pre-existing gaps in access to healthcare services made the transition to COVID-19 practices much more challenging. Through highlighting these inequalities, the goal of eliminating these gaps becomes closer and recommendations are brought forward to support adapting to the impacts of COVID-19 and future pandemics on our health care systems.

Research Findings

The following section discusses literature findings of how the COVID-19 pandemic has impacted access to different healthcare services and the future of such professions.

Medical Radiation Sciences

The unprecedented nature of the COVID-19 pandemic has brought with it a unique set of challenges across all healthcare sectors. Among those impacted is the field of radiation therapy. Cancer patients, as was the case pre-pandemic, make up a very vulnerable population, both due to the nature of their disease and the treatments it entails (Patrick et al., 2020). Worldwide lockdowns, supply chain issues, and high caseloads resulted in overflowing hospitals, stretching various healthcare systems to the brink of collapse. In addition to the changes brought about by staffing and personal protective equipment (PPE) shortages, which resulted in delayed or cancelled treatments, patients found themselves engaging in novel healthcare seeking behaviours. Faced with a unique risk-benefit landscape, many patients delayed cancer-symptom related consultations due to fears of infection in healthcare settings while also trying to overcome a variety of access barriers and policies aimed at keeping healthcare systems from collapsing due to the virus (Tramecere et al., 2021). Such a dramatic shift in healthcare delivery and patient behaviour resulted in poorer prognosis and outcomes for patients (Malagón et al., 2021). Similarly, the radiation therapists treating patients were faced with new problems, ranging from PPE shortages to managing the difficult logistics of isolating patients from their loved ones to limit the spread of the virus. Additional stress across departments was seen with the widespread re-deployment of various healthcare professionals to areas experiencing severe staffing shortages. One survey noted that Canadian radiation therapists (76%) cited fear of transmission of COVID-19 to be their main work-related stressor (Morassaei et al., 2021).

Due to the COVID-19 pandemic, adaptive mechanisms were put in place to protect both the patients and the radiation therapists treating them. Hypofractionation (the increase in dose per fraction in order to decrease the number of fractions needed) was adapted to decrease patient trafficking (Tramacere et al., 2021). Many of the essential in-person services, such as patient education and follow up visits, were conducted through online platforms or phone calls (Tramacere et al., 2021). Cancer support groups and services outside of radiation therapy also shifted to virtual platforms. While allowing for broader healthcare delivery in light of the pandemic-related restrictions, these changes also highlight the potential for miscommunication, depersonalization, and overall, less patient satisfaction. Some patients also face challenges in accessing this new format of healthcare due to lack of access to secure and reliable technology and internet connections, coupled with technological illiteracy, particularly among the elderly population (Alami et al., 2021). Ultimately, the pandemic has highlighted the need for further development of contingency plans and adaptive mechanisms to mitigate the impact of practice changes

under the conditions of severe resource scarcity as was seen in the early stages of the pandemic. The large pool of data pertinent to various practice changes that were implemented over the course of the pandemic will serve an important role in both the evaluation of effectiveness of these practice changes as well as inform future contingency plans.

Medicine

The COVID-19 pandemic has significantly impacted the ability for patients to receive timely care from healthcare teams. One such population that has been disproportionately affected are patients with malignancies requiring surgical care. A study that examined the impacts of the COVID-19 pandemic on cancer surgery accessibility in England found that delays in treatment of 3-6 months led to a decrease in life-years gained for patients after surgery from 18.1 years to 17.1-15.9 years, respectively (Sud et al., 2020). This decrease in life-years gained was higher in resections that require more resources, such as post-operative ICU support (Sud et al., 2020). Similar to cancer patients, patients with disabilities in the UK were found to have higher wait-times for healthcare services (42%) as compared to those without disability (15%) (Kavanagh et al., 2021). In addition, this study found that patients with disabilities required access to providers at a higher rate than those without disabilities, including access to general practitioners at both the inpatient and outpatient level, with many patients having a chronic, long-term health condition as well (Kavanagh et al., 2021). Alongside physical health concerns, patients with disabilities reported high levels of psychosocial distress as a result of the pandemic (Kavanagh et al., 2021). Indigenous patients with long-term health conditions or disabilities are especially vulnerable as, in comparison to non-Indigenous patients, they reported worse health outcomes, an inability to access or afford prescription medications (33%), and poorer mental health status (Statistics Canada, 2020). Furthermore, online resources have imposed barriers to Indigenous people with disabilities that have limited access to technology, thus exacerbating a disparity in health outcomes (Statistics Canada, 2020). Thus, it is evident that access to care is a significant issue for these vulnerable patient groups and a healthcare systems approach may be required in order to improve the surgical backlog and to allow for Indigenous patients and/or patients with disabilities to receive timely and appropriate care.

Healthcare outcomes are a significant concern in both inpatient and outpatient settings. A 2020 study conducted in London, England provided evidence that the COVID-19 pandemic has led to worse ICU patient outcomes. Patients in the ICU experienced higher levels of delirium, leading to worse healthcare outcomes, such as cognitive decline, mental health concerns, and death (Kotfis et al., 2020). Since delirium is associated with patient engagement, this is possibly linked to limited patient-family engagement as a result of visitation restrictions. When coupled with reduced ICU resource availability due to an extreme influx of critically ill patients with COVID-19, this can be a severe barrier to essential care (Kotfis et al., 2020). Consideration should be

given to the impacts that public health restrictions, such as limited visitation and resource/staff shortage can have on healthcare services and patient care.

Naturopathic Medicine

While the pandemic emphasized a clear role for many healthcare disciplines in managing those infected with the COVID-19 virus, naturopathic doctors (NDs) have been important in mitigating some of the more silent healthcare crises that have occurred throughout this period. Poor management of underlying chronic disease, feelings of social isolation, exacerbated mental health concerns, and long recovery post-infection have been some of the most encountered conditions NDs have seen in the past two years. This highlights the important role for naturopathic medicine within the existing healthcare architecture (Seifert et. al., 2020). Naturopathic medicine utilizes a variety of interventions aimed at improving outcomes associated with chronic disease, improving overall wellbeing, and optimizing prevention strategies to improve primary and secondary health outcomes overall (Steel et al., 2020). Interventions typically focus on dietary and lifestyle modification, mindfulness and stress reduction techniques, advice on natural health supplements and botanicals, and are rooted in a whole-body approach to wellness (Steel et al., 2020).

In response to pandemic restrictions, many NDs have shifted their practice to include telemedicine appointments and in response, faced a host of challenges in pivoting to virtual care delivery models (White & Whalley, 2021). However, the exposure of such challenges has offered many an opportunity to improve their existing systems, increase accessibility to services, and enhance the patient experience overall (White & Whalley, 2021). While naturopathic medicine offers many in-person treatments, there has been a noticeable increase in dietary and lifestyle concerns as patients try and navigate this new way of life (Steel et al., 2020). NDs have an advantage over other healthcare professions in that they offer longer appointment times, which provide patients a platform to express various concerns and offer detailed information on their health outcomes and goals (Steel et al., 2020). Combined with the decreased availability of general practitioners to see cases of less urgent nature, many NDs have shown versatility in adopting a new delivery model to better serve patient needs and have established a relevant role for complementary and alternative healthcare in promoting the wellbeing of patients despite a global pandemic (Portella et. al, 2020).

While the pandemic has highlighted a role for NDs in offering services to improve the overall wellbeing of patients throughout this time, there has been a missed opportunity to offer support in improving vaccination rates among the Ontario population. As enforced by the College of Naturopaths of Ontario, COVID-19 vaccinations lay outside of the naturopathic scope. However, vaccine-hesitant patients may be more likely to seek out alternative and complementary healthcare providers, who could offer an opportunity for discussion and rationale on the importance of vaccination in preventing serious disease and should be considered in the future.

Nursing

Nursing has played a central role in the battle against COVID-19. Around the world, nurses have been rapidly deployed in frontline positions in hospitals, intensive care units, vaccine clinics, and many other settings in an effort against COVID-19. Many nurses have faced uncertainty regarding formal plans in place to support them or to protect their emotional and physical well-being. There have been constant concerns raised by nurses working on the frontline of the pandemic, including the lack of access to PPE and inequalities in COVID-19-related mortality rates in marginalized populations (Daly et al., 2020). There is clear evidence that inequalities in health among communities have been intensified due to the COVID-19 pandemic (Bastani et al., 2021), resulting in discernible moral distress experienced by nurses. Despite these experiences, the concerns of nurses have rarely been acknowledged or addressed over the course of the pandemic (Daly et al., 2020). However, at no time in recent history has the impact of nurses created such expansive public attention (Daly et al., 2020). The nursing profession plays an integral role in the advocacy of equitable healthcare in light of the disparities highlighted by the COVID-19 pandemic.

The contextual reality of the pandemic has led to many non-COVID related services being facilitated through virtual formats, such as telehealth services (Bastani et al., 2021). Telehealth services have emerged as an important service during COVID-19, to facilitate continued access to healthcare, however, the digital divide challenges the equitable adoption of telehealth and telemedicine in North America (Haynes et al., 2021). Broadly, the digital divide refers to the uneven distribution of communication technologies in terms of access and usage of devices and internet across society (Haynes et al., 2021). Factors that influence the digital divide include employment, education level, socioeconomic status (SES), and social network (Haynes et al., 2021). Virtual healthcare services created in response to the COVID-19 pandemic are becoming a permanent fixture of the healthcare service landscape (Haynes et al., 2021). Systemic changes must be made to ensure that these healthcare services are not perpetuating the lack of equitable access to healthcare, as was highlighted during the pandemic. As facilitators and service providers of telehealth, nurses have an important voice in advocating for equitable access to healthcare for marginalized populations. In order to achieve health equity in telehealth; resources, financial incentives, and legislation must be mobilized among hospital systems, insurance companies, and governments (Haynes et al., 2021). If done correctly, an aim to follow a new direction and seek more equitable interventions for marginalized populations' access and utilization of online healthcare services can be a silver lining to the loss and pain many communities have experienced due to the systemic discrimination evident in public health responses to COVID-19.

Occupational Therapy

The impact of COVID-19 on the profession of occupational therapy (OT) has been profound. The adoption of telehealth has significantly changed the way

occupational therapists (OTs) deliver their services and treat clients. A study conducted by Hoel et al. (2021) set out to understand the implications of OT telehealth service provision on a global scale. In this study, 49% of OTs reported using telehealth to conduct OT services (Hoel et al., 2021). The purposes of these visits spanned from consultation purposes (63%), intervention (62%), monitoring (59%), supervision (44%) and evaluation (37%). Thirty-two percent of OTs also reported they utilized an outcome measure to evaluate the effectiveness of their telehealth services. Advantages included feeling safer using telehealth services, as they were less likely to contract COVID-19. Additionally, telehealth has been more convenient and helpful in connecting with clients. OTs have been able to provide services to communities that may not have been able to access traditional OT services beforehand (Hoel et al., 2021). In terms of barriers, clients from lower socioeconomic communities were less likely to access reliable technology, resulting in increased vulnerability to isolation, receiving fewer services, and facing the inherent limitations of technology (i.e., difficulty learning how to use technology, unfamiliarity/skepticism of telehealth, and difficulties engaging in OT online). However, the authors concluded that regardless of the challenges, using telehealth to provide OT services is here to stay and will be beneficial in addressing the global, pre- and post-pandemic gaps of accessing OT services.

OT has also shown its merits and wide-ranging benefits as a profession during the COVID-19 pandemic. In one article, the authors highlighted the social and health inequities faced by clients during the COVID-19 pandemic and how OTs were able to address them (Robinson et al., 2021). Acute care OT leaders used strategies to help provide efficient care, support fellow staff, and adapt with constantly changing practices, policies, and protocols during the pandemic. OT staff, both in inpatient and outpatient settings, also needed to adapt their roles during the pandemic as they were redeployed to other departments and taking on diverse healthcare roles to support client needs. Thus, traditional OT appointments decreased, and OTs needed to take on non-typical roles within the healthcare system, such as care coordinators. The authors noted that the COVID-19 pandemic demonstrated the pliability and flexibility of OT as a profession and the many benefits of using OT frameworks when evaluating and treating novel diseases. The study also highlighted the different lessons learned from the OT front line during the pandemic to support client needs. These lessons include: (1) staying flexible and fluid, (2) thinking broadly and creatively to establish new roles for OTs and support staff by developing strategies to build resiliency, and (3) utilize OT frameworks to guide evaluation and treatment of new and unknown diagnoses like COVID-19. Although this study was based in the United States, these lessons can be applied and adapted to support the needs of the Canadian healthcare system.

Pharmacy

While the COVID-19 pandemic highlighted the important role of pharmacists within their community, it has brought to light and exacerbated existing challenges within the profession. Pharmacists are well respected within their communities as they

are inarguably, the most accessible healthcare professionals (HCP). They provide their expertise to the community in various ways, such as being medication experts and advocates. Working closely within the community, pharmacists can truly provide patient-centred care that recognizes the unique beliefs and culture of its people. However, this position comes with its own drawbacks. Being the most accessible HCP during a global pandemic has put a strain on pharmacists. The working environment of a pharmacy is fast-paced and stressful, and while this may be expected in such professions, it has been exacerbated with the added stress of the pandemic. During the pandemic, the federal government expanded the scope of practice for pharmacists to allow them to best serve and meet the needs of their communities. This expanded scope of practice included renewing and adapting controlled medication prescriptions and offering services like MedsCheck virtually and over the phone (Bookwalter, 2021). Perhaps the most well-known expansion was that pharmacists began administering COVID-19 vaccines which subsequently helped curb the number of hospitalizations from the disease. The ability of pharmacists to administer vaccinations has also greatly reduced healthcare related costs (Shen & Tan, 2022).

In addition to COVID-19 vaccine administration, pharmacists play a critical role in addressing vaccine hesitancy during the pandemic. Many healthcare workers switched to working online, however, pharmacies remained open and welcomed patients. Many factors contribute to vaccine hesitancy, such as lack of confidence, complacency, and lack of convenience for patients (Shen & Dubey, 2019). Pharmacists establish strong relationships with their patients, and are educated, trusted, and credible sources of information. They can counsel, provide information to patients, answer questions, and guide them to convenient resources (Shen & Tan, 2022). As mentioned previously, pharmacists have greatly increased the accessibility of the population for vaccinations, and more specifically, community pharmacies have removed many barriers to immunization. This is because they are easily accessible, offer walk-in services, and are usually open for longer hours (Poudel et al., 2019).

Social Work

The profession of social work is another field that has been negatively affected by the COVID-19 pandemic as it intersects across all sectors and levels of society. The social work field has had to rapidly transition to incorporate virtual care models to ensure that client needs continue to be met as best as possible. In a broad scale study of nearly 3,000 social workers, Ashcroft et al. (2021) found that there was an overall increase of hours of work, caseloads, and difficulty maintaining self-care and a work-life balance over the course of the pandemic. There are also a multitude of barriers to the use of virtual care for social work services, particularly for marginalized individuals (i.e., low-income, senior, or unhoused individuals without reliable access to virtual platforms or technological fluency). An increase in social isolation, fear, stress, and anxiety has been observed across different race, gender, age, and class lines during the pandemic, and has led to heightened rates of mental illness, suicidality, substance use, and overdoses.

Collective trauma is felt across all populations during this unique and challenging time. The pandemic highlights pre-existing disparities and social issues, such as unrealistic living wages, inequalities in healthcare, and the gendered and racialized imbalances in frontline essential work. For example, one of the populations that experienced higher rates of COVID-19 infections were essential workers making lower wages, with a disproportionate number being women of colour. Such individuals do not have the luxury of working from home, nor the income to take time off from work to protect themselves and their families from COVID-19 exposure. As frontline workers, they are at increased risk of contracting COVID-19 and the most likely to suffer economic hardship if they were to fall sick to the virus (Ashcroft et al., 2021).

Homelessness is another social issue that has been further amplified by the pandemic. Shelters, which were often already hubs for disease transmission due to their close quarters and high numbers of service users, have had to substantially decrease their capacity limits to mitigate against COVID-19 outbreaks. During inclement weather, many unhoused individuals were left “sleeping rough” on the streets due to shelters being at capacity. COVID-19 measures further heightened these numbers, resulting in the hasty adoption of temporary stop-gap measures, such as COVID-19 hotels (Phillips et al., 2022). In addition, as businesses and organizations limited physical spaces in compliance with COVID-19 measures, this created a chasm in services for community members, resulting in the assembly of community-based responses such as mutual aid networks.

The services provided by social workers are essential to societal health and well-being, especially for those most vulnerable in society. Making social work supports available equitably is crucial to the pandemic response. Social work is driven by its code of ethics to address the sociocultural inequities that have grown exponentially due to the pandemic. Walter-McCabe (2020) argues that social work advocacy for those who experience systemic oppressive barriers is essential, during and beyond the pandemic. The structural inequalities that social work was engaged in challenging pre-COVID issues need to be tackled with increased vigour, as they amplify COVID-19 related casualties and hardship across all of society.

Speech Language Pathology

Speech-language pathology (SLP) is one of many health services that began heavily utilizing a telepractice delivery model during the COVID-19 pandemic. However, there have been various challenges reported in implementing telehealth services. A study examining the experience of speech language pathologists (SLPs) and speech language pathology assistants (SLPAs) in implementing telehealth in Ontario highlighted key barriers (Kwok et al., 2022). SLP services in Ontario came to an abrupt halt due to the lack of coordination between public health measures and publicly funded clinical services. The abrupt changes in practice were reported to be stressful to clinicians and delayed the readiness to transition to telehealth. Some barriers that

slowed the adoption of telehealth included a lack of knowledge/skills with telehealth and lack of technological support. However, despite the barriers and challenges faced, the clinicians and managers interviewed in the study reported a belief that telehealth was successfully implemented. All clinicians reported that a collaborative team approach was a major facilitator during the transition of healthcare delivery practices. The findings suggest that a better collaboration between public health measures and professional services must be implemented in future emergency situations.

Another study investigating the impact of the COVID-19 pandemic on SLP practices and service deliveries in the United Kingdom reported that referrals and patients receiving SLP treatment significantly reduced during the pandemic (Chadd et al., 2021). In particular, the neurorehabilitation patient group was highlighted to have been most severely affected by the pandemic with regards to receiving services. The study found that the number of SLP referrals for stroke patients reduced substantially during the onset of the pandemic. This reduction is concerning, as early assessment and management by an SLP of stroke-related dysphagia (swallowing disorder) and language difficulties reduces the occurrence of pneumonia, mortality, and aphasia.

Recommendations

Overall, the COVID-19 pandemic has had a consequential impact on the healthcare sector, which in turn has directly affected all levels of society. The Interprofessional Healthcare Students' Association (IPHSA) at the University of Toronto plays a vital role in helping future healthcare professional students adjust to similar changes of this magnitude. Accordingly, IPHSA's Health Policy subcommittee has compiled a list of strategies that can be taken into consideration by healthcare professionals during and post-COVID-19 pandemic, as listed below.

Concern	Potential Policy Examples
Waitlists and Backlogs	<ul style="list-style-type: none"> • Centralize management of waitlist • Improve coordination between primary and secondary care • Prioritize funding of acute and critical care beds and resources • Expand scope-of-practice of certain professions where possible
Unreliable Access to Virtual Services	<ul style="list-style-type: none"> • Expand free public Internet services via libraries and community centres • Offer phone appointments rather than Internet-based appointments where possible • Expand home-based services and community care options
Declining Mental Health Status of Healthcare Workers	<ul style="list-style-type: none"> • Workplaces offering psychological first aid • Short-term mood boosters (free lunches, thank you notes) • Providing and teaching mindfulness practices and stress management workshops

Although COVID-19 has proven itself to be a challenging disease, effective and prompt implementation of appropriate strategies where possible will certainly decrease the current strain on our healthcare system.

References

- Alami, H., Lehoux, P., Attieh, R., Fortin, J.-P., Fleet, R., Niang, M., Offredo, K., Rouquet, R., Ag Ahmed, M. A., & Ly, B. A. (2021). A “Not So Quiet” Revolution: Systemic Benefits and Challenges of Telehealth in the Context of COVID-19 in Quebec (Canada). *Frontiers in Digital Health*, 133. <https://doi.org/10.3389/fdgth.2021.721898>
- Ashcroft, R., Sur, D., Greenblatt, A., & Donahue, P. (2022). The impact of the COVID-19 pandemic on social workers at the frontline: A survey of Canadian Social Workers. *The British Journal of Social Work*, 52(3), 1724-1746. <https://doi.org/10.1093/bjsw/bcab158>
- Bastani, P., Mohammadpour, M., Samadbeik, M., Bastani, M., Rossi-Fedele, G., & Balasubramanian, M. (2021). Factors influencing access and utilization of health services among older people during the COVID-19 pandemic: a scoping review. *Archives of Public Health*, 79(1), 1-11. <https://doi.org/10.1186/s13690-021-00719-9>
- Bookwalter, C. M. (2021). Drug shortages amid the COVID-19 pandemic. *Us Pharm*, 46(2), 25-28. <https://www.uspharmacist.com/article/drug-shortages-amid-the-covid19-pandemic>
- Canadian Institute for Health Information (CIHI). (December 9, 2021). Overview: COVID-19's impact on health care systems. <https://www.cihi.ca/en/covid-19-resources/impact-of-covid-19-on-canadas-health-care-systems/the-big-picture>
- Canadian Medical Association (CMA). (November 2021). A struggling system: Understanding the health care impacts of the pandemic [PDF]. <https://www.cma.ca/sites/default/files/pdf/health-advocacy/Deloitte-report-nov2021-EN.pdf>
- Chadd, K., Moyse, K., & Enderby, P. (2021). Impact of COVID-19 on the speech and language therapy profession and their patients. *Frontiers in Neurology*, 12, 629190. <https://doi.org/10.3389/fneur.2021.629190>
- Daly, J., Jackson, D., Anders, R., & Davidson, P. M. (2020). Who speaks for nursing? COVID-19 highlighting gaps in leadership. *Journal of Clinical Nursing*, 29(15-16), 2751-2752. <https://doi.org/10.1111/jocn.15305>
- Ganguli-Mitra, A., Qureshi, K., Curry, G. D., & Meer, N. (2022). Justice and the racial dimensions of health inequalities: A view from COVID-19. *Bioethics*, 36(3), 252-259. <https://doi.org/10.1111/bioe.13010>
- Haynes, N., Ezekwesili, A., Nunes, K., Gumbs, E., Haynes, M., & Swain, J. (2021). “Can you see my screen?” Addressing Racial and Ethnic Disparities in Telehealth. *Current Cardiovascular Risk Reports*, 15(12). <https://doi.org/10.1007/s12170-021-00685-5>

- Hoel, V., von Zweck, C., Ledgerd, R., & World Federation of Occupational Therapists. (2021). Was a global pandemic needed to adopt the use of telehealth in occupational therapy?. *Work*, 68(1), 13-20. <https://doi.org/10.3233/WOR-205268>
- Kavanagh, A., Hatton, C., Stancliffe, R. J., Aitken, Z., King, T., Hastings, R., Totsika, V., Llewellyn, G., & Emerson, E. (2021). Health and healthcare for people with disabilities in the UK during the COVID-19 pandemic. *Disability and health journal*, 15(1), 101171. <https://doi.org/10.1016/j.dhjo.2021.101171>
- Kotfis, K., Williams Roberson, S., Wilson, J. E., Dabrowski, W., Pun, B. T., & Ely, E. (2020). COVID-19: ICU delirium management during SARS-CoV-2 pandemic. *Critical care*, 24(1), 1-9. <https://doi.org/10.1186/s13054-020-02882-x>
- Kwok, E. Y. L., Chiu, J., Rosenbaum, P., & Cunningham, B. J. (2022). The process of telepractice implementation during the COVID-19 pandemic: a narrative inquiry of preschool speech-language pathologists and assistants from one center in Canada. *BMC health services research*, 22(1), 1-9. <https://doi.org/10.1186/s12913-021-07454-5>
- Malagón, T., Yong, J. H., Tope, P., Miller, W. H., & Franco, E. L. (2021). Predicted long-term impact of Covid -19 pandemic-related care delays on cancer mortality in Canada. *International Journal of Cancer*, 150(8), 1244-1254. <https://doi.org/10.1002/ijc.33884>
- Morassaei, S., Di Prospero, L., Ringdalen, E., Olsen, S. S., Korsell, A., Erler, D., Ying, C., Ho Choi, S., Bolderston, A., Middleton, J., & Johansen, S. (2021). A survey to explore the psychological impact of the Covid-19 pandemic on radiation therapists in Norway and Canada: A tale of two countries. *Journal of Medical Radiation Sciences*, 68(4), 407-417. <https://doi.org/10.1002/jmrs.557>
- Patrick, H. M., Hijal, T., Souhami, L., Freeman, C., Parker, W., Joly, L., & Kildea, J. (2020). A Canadian response to the coronavirus disease 2019 (covid-19) pandemic: Is there a silver lining for radiation oncology patients? *Advances in Radiation Oncology*, 5(4), 774-776. <https://doi.org/10.1016/j.adro.2020.06.016>
- Phillips, B., Ngo, D., Harrison, N., Roy, S., & Johnson, K. (2022, June 9). "Sleeping rough" is a problem that needs tailored homelessness solutions. Policy Options. <https://policyoptions.irpp.org/magazines/june-2022/sleeping-rough-solutions/>
- Portella, C. F. S., Ghelman, R., Abdala, C. V. M., & Schweitzer, M. C. (2020). Evidence map on the contributions of traditional, complementary and integrative medicines for health care in times of COVID-19. *Integrative medicine research*, 9(3), 100473. <https://doi.org/10.1016/j.imr.2020.100473>
- Poudel, A., Lau, E. T., Deldot, M., Campbell, C., Waite, N. M., & Nissen, L. M. (2019). Pharmacist role in vaccination: Evidence and challenges. *Vaccine*, 37(40), 5939-5945. <https://doi.org/10.1016/j.vaccine.2019.08.060>

- Robinson, M. R., Koverman, B., Becker, C., Ciancio, K. E., Fisher, G., & Saake, S. (2021). Lessons learned from the COVID-19 pandemic: occupational therapy on the front line. *The American Journal of Occupational Therapy*, 75(2), 1-7. <https://doi.org/10.5014/ajot.2021.047654>
- Seifert, G., Jeitler, M., Stange, R., Michalsen, A., Cramer, H., Brinkhaus, B., Esch, T., Kerckhoff, A., Paul, A., Teut, M., Ghadjar, P., Langhorst, J., Häupl, T., Murthy, V., & Kessler, C. S. (2020). The Relevance of Complementary and Integrative Medicine in the COVID-19 Pandemic: A Qualitative Review of the Literature. *Frontiers in medicine*, 7, 587749. <https://doi.org/10.3389/fmed.2020.587749>
- Shen, A. K., & Tan, A. S. (2022). Trust, influence, and community: Why pharmacists and pharmacies are central for addressing vaccine hesitancy. *Journal of the American Pharmacists Association*, 62(1), 305-308. <https://doi.org/10.1016/j.japh.2021.10.001>
- Shen, S. C., & Dubey, V. (2019). Addressing vaccine hesitancy: Clinical guidance for primary care physicians working with parents. *Canadian family physician*, 65(3), 175-181.
- Statistics Canada. (2020) Changes to health, access to health services, and the ability to meet financial obligations among Indigenous people with long-term conditions or disabilities since the start of the COVID-19 pandemic. <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2021001/article/00006-eng.htm>
- Steel, A., Wardle, J., & Lloyd, I. (2020). The potential contribution of traditional, complementary and integrative treatments in acute viral respiratory tract infections: Rapid Reviews in response to the COVID-19 pandemic. *Advances in integrative medicine*, 7(4), 181-182. <https://doi.org/10.1016/j.aimed.2020.09.001>
- Sud, A., Jones, M. E., Broggio, J., Loveday, C., Torr, B., Garrett, A., Nicol, D. L., Jhanji, S., Boyce, S. A., Gronthoud, F., Ward, P., Handy, J. M., Yousaf, N., Larkin, J., Suh, Y.-E., Scott, S., Pharoah, P. D. P., Swanton, C., Abbosh, C., ... Turnbull, C. (2020). Collateral damage: The impact on outcomes from cancer surgery of the COVID-19 pandemic. *Annals of Oncology*, 31(8), 1065-1074. <https://doi.org/10.1016/j.annonc.2020.05.009>
- Tramacere, F., Asabella, A. N., Portaluri, M., Altini, C., Ferrari, C., Bardoscia, L., & Sardaro, A. (2021). Impact of the COVID-19 pandemic on radiotherapy supply. *Radiology Research and Practice*, 2021, 1-4. <https://doi.org/10.1155/2021/5550536>
- Walter-McCabe. (2020). Coronavirus Pandemic Calls for an Immediate Social Work Response. *Social Work in Public Health*, 35(3), 69-72. <https://doi.org/10.1080/19371918.2020.1751533>
- White, L., & Whalley, J. (2021). Pivoting to Telemedicine in a Naturopathic Undergraduate Educational Setting: Lessons Learned. *CAND Journal*, 28(2), 11-13. <https://doi.org/10.54434/candj.10>