

## OPINION EDITORIAL

# Recovery in the post-pandemic era: A focus on Ontario

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## Introduction

The COVID-19 pandemic severely impacted three main sectors in Ontario, the healthcare workforce, long-term care (LTC), and vulnerable groups. This paper seeks to highlight the importance of focusing support and recovery efforts on these sectors in the post-pandemic era. This paper also provides recommendations to address the underlying challenges in these sectors and ultimately improve the health of Ontarians.

## Healthcare workforce

Previously, healthcare workers (HWs) have experienced increased levels of burnout, psychological distress, and post-traumatic stress during pandemics [1]. The COVID-19 pandemic had a similar impact on HWs in Ontario [2]. According to Statistics Canada, seven in ten HWs are affected by worsening mental health due to the pandemic [3]. This adversely impacts HWs' performance and, in some cases, causes them to leave their profession altogether. According to a survey conducted in spring of 2020, 30% of nurses and 13% of physicians in Toronto are considering leaving their jobs because of moral distress [4]. This leads to stress on the healthcare system and ultimately impacts the health and well-being of Ontario's population [2].

## *Recommendations*

To enhance the mental health and resilience of HWs in Ontario, interventions at the management level must be implemented. HWs who worked throughout the COVID-19 pandemic express a preferability for safe working conditions and meaningful organizational changes instead of individual counselling or psychological interventions to support

mental health [16]. This is critical for reducing mental distress and burnout as well as increasing confidence [17]. Accordingly, organizations should fulfill HWs' basic needs including access to personal protective equipment (PPE) while at work, access to adequate rest and food during shifts, and readily available on-call support to assist with patient load. Moreover, organizations should promote a safe and positive workplace culture by prioritizing staffs mental health. Organizations should implement preventative measures and dedicated support or referral options. For example, proactive monitoring for mental health concerns amongst staff, reduced stigma around mental health, and convenient access to mental health supports.

## Long-term care

During the pandemic, LTC facilities were the most frequent outbreak setting wherein more than 80% of Canada's pandemic-related deaths occurred [5]. Ontario had a relatively high proportion of COVID-19 cases and deaths in LTC homes (20% and 64% respectively) compared to other provinces and territories [6]. This sparked a huge concern as it demonstrates the government's failure to safeguard LTC residents. Moreover, it leads to mistrust in the LTC system. A survey found that "85% of all Canadians surveyed - and 96% of Canadians aged 65 years and older - say they will do everything they can to avoid moving into a LTC home" [7]. Ontario is a rapidly aging population with the number of seniors (65+) projected to double to 2.5 million by 2046 [8]. To meet the needs of Ontario's aging population, it is vital to consider the underlying problems and structural shortcomings in LTC delivery.

### *Recommendations*

To address weaknesses in the delivery of LTC in Ontario, the Ministry of Health and Long-Term Care (MOHLTC) must collaborate with staff unions and governing bodies. A key cause for negative outcomes within LTC was insufficient Infection Prevention and Control (IPAC) practice and surveillance in LTC homes. An assessment conducted in 2020 across 76 LTC homes in Ontario found 222 deficiencies in IPAC practices including improper use of PPE, lack of cleaning products, and failure to follow hand hygiene best practices [18].

Noncompliance to IPAC practices is attributed to inadequate IPAC expertise in MOHLTC and LTC homes. The MOHLTC, which is mandated to inspect IPAC in LTC homes, only has three staff with IPAC expertise. Meanwhile, staff in hospitals and public health units have ample expertise in infectious disease outbreaks. However, LTC homes in Ontario missed the opportunity to benefit from this expertise because they are so disconnected from the healthcare system. Comparatively, British Columbia which had strong interconnectedness within their healthcare system had improved COVID-19 outcomes. Thus, the MOHLTC, LTC homes, hospitals, and public health units should work together to increase structured collaboration and partnerships with the aim of enhancing IPAC practices [18].

Furthermore, the Ontario Nurses' Association (ONA) and the Ontario Personal Support Workers Association (OPSWA) should enhance IPAC training for staff. Staff receive minimal and inconsistent IPAC training before working in LTC homes. According to an ONA survey (2020), only 47% of respondents felt that their IPAC training fully met their needs to prevent and control infections as an employee in LTC [18].

### **Vulnerable groups**

The COVID-19 pandemic disproportionately impacted groups with unstable and insecure employment. Racialized groups and women are most commonly unemployed or have precarious employment in retail or service jobs with few protections or benefits [9,10].

Accordingly, these individuals faced increased adverse health impacts from the COVID-19 pandemic. For example, in Toronto and Ottawa, COVID-19 cases were 1.5 to five times higher among racialized communities [11]. Moreover, neighbourhoods in Ontario with the highest ethnic diversity rates were reported to have a four times higher hospitalization rate, four times higher intensive care unit admission rate, and two times higher death rate compared to less diverse neighbourhoods [12].

Also, economic vulnerability and financial insecurity arising from COVID-19 was reported to be highest amongst ethnic minorities including Latin American, South Asian, and Black individuals in Canada [13]. These groups reported difficulty providing financial support to family members, decreased capacity to pay rent or mortgage, difficulty meeting financial obligations (e.g., timely bill payments) and an overall decrease in income throughout the pandemic [13]. The COVID-19 pandemic exposed inequities that caused disproportionate impacts of COVID-19 amongst racialized communities. To ensure that these communities do not fall further behind, inequities must be acknowledged and addressed.

### *Recommendations*

To address inequities faced by vulnerable groups that were disproportionately impacted by COVID-19, financial support and enhanced inclusion efforts should be implemented. For example, the provincial government should work with the Ministry of Finance and the federal government to deliver cash transfers that ensure a living income for workers that are unemployed or in precarious jobs. According to an opinion poll, cash transfers would be acceptable to beneficiaries and the public [19]. In Finland, living income was found to improve well-being and financial security [19]. A pilot project to explore the impact of providing living income was conducted in 2018 in Ontario. The essential cost was determined to be \$2000 per month per adult. The federal government can potentially provide the lowest amount needed and provinces and territories can "top up" that amount.

Although this will cost \$85 billion annually in 2022, it will reduce poverty rates by 49% [19].

Moreover, racialized and minority communities should be engaged in decision-making regarding post-pandemic recovery to address equity concerns and build community trust. This can be done through civic engagement and engaging multiple stakeholders which will ensure successful participatory decision-making [20].

## Conclusion

Recovering from the COVID-19 pandemic will be a challenging process requiring Ontario to establish priorities and plans for multiple sectors. The three key areas of focus for recovery efforts in the post-pandemic era should be, the healthcare workforce, LTC, and vulnerable groups. Most importantly, however, the provincial government should coordinate with healthcare organizations to support the mental health and resilience of the healthcare workforce. The unprecedented pressure faced by HWs throughout the pandemic has increased their risk of poor performance and leaving the profession which is a huge threat to Ontario's healthcare system and subsequently population health outcomes.

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