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Lessons from the COVID-19 Pandemic

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Lessons from the COVID-19 Pandemic

The COVID-19 pandemic has revealed more than just the strengths and weaknesses of healthcare systems around the world; it has also shown the stark reality of inequality and its link to COVID-19 outcomes. Studies have shown higher income inequality to be correlated to higher COVID-19 deaths in all age categories, and lower vaccination rates have been noted in low-income communities (Davies and Sepulveda). Health is not solely defined by medical procedures and treatments; it is also heavily affected by age, economic stability, education, environmental pollution, housing situations, access to healthcare and nutritious foods, and more (Public Health Ontario). These aspects of our lives that contribute to our health can be summarized as social determinants of health (SDHs). Critical SDHs that must be properly addressed to effectively improve health equity among Canadians, especially during global pandemics such as the COVID-19 pandemic, are access to healthcare and income instability.

Access to healthcare is a crucial facet of improving health equity. Even if a country has the most ideal healthcare system, if the people do not have access to it, the health care would be pointless. Although Canada has a universal healthcare system, accessing healthcare is still an issue for Canadians. Some are forced to wait too long to book an appointment, some have difficulty booking an appointment in the first place, and others face problems accessing healthcare offered in their city because of issues with transportation. Statistics Canada has found that 29% of Canadians reported facing difficulty accessing healthcare services, especially for

specialist care and selected diagnostic tests (Statistics Canada). This means that a considerable percentage of Canadians requiring more advanced medical opinions and complex diagnoses are often being left behind. Certain demographic groups such as women, full-time employees, immigrants, and individuals with poor perceived health had increased chances of facing difficulty accessing health care services. Furthermore, not every health care service is covered by Canada's publicly funded health care system. Services such as dental care, vision care, ambulance services, and prescription drugs for individuals who do not qualify for supplementary coverage must pay out-of-pocket to access these services (Government of Canada).

Income stability may not seem like a relevant SDH for Canadians since Canada has a publicly funded healthcare system, but lacking income stability plays a tremendous role in health equity. As mentioned before, some healthcare services are not covered by Canadian Medicare, but that is not all. Income instability often harms people's health by increasing the prevalence of poverty. Poverty and unstable income are strongly associated with additional stressors related to personal finances and reduces the opportunities for the betterment of health. Income instability affects almost every aspect of daily life, from what types and amount of food one can purchase, how much they must work, what type of neighbourhood they can afford to live in, and the quality of education they receive (Halperin et al.). The more one must work to pay their bills, the less time they have to devote to improving their health, whether that is physical exercise or attending medical appointments. Financial limitations also restrict people's nutritional intake, which plays a vital role in one's health, especially preventative medicine. Breaking the cycle of poverty is famous for its difficulty. Income instability also affects one's method of transportation. Never mind purchasing and maintaining a car, even public transportation requires

a fare for its passengers, which limits financially unstable people from travelling to work or to access healthcare services.

The Canadian healthcare system is not bad, but it can undoubtedly be better to enhance health equity. First and foremost, a policy that requires the presence of a primary healthcare provider within 2km (a 20–25-minute walking distance) of all public housing communities and various shelters should be implemented. This would strengthen health equity among Canadians, especially vulnerable populations that often live in public housing, such as the homeless, domestic violence victims, low-income populations, and more.

Another policy that would improve health equity long-term by addressing SDHs for Canadians is implementing a publicly funded public transportation system. Major cities across Canada such as Vancouver and Montreal have already implemented a free public transit infrastructure and have proven to be successful (Leedham, E.). Free public transportation for Canadians addresses multiple SDHs, including but not limited to, access to healthcare, income inequality, quality of healthcare, mobility among disabled people, and quality of environment. Not requiring the payment of fares can mean better practicing social distancing measures during any other possible pandemics or viral outbreaks in the future as this policy would allow back door boarding. Back door boarding would also decrease the amount of interaction with the bus driver, which would result in less cases of harassment and abuse towards bus driver many have experienced during the COVID-19 pandemic. Ideally, buses would have an accessibility ramp and a bus-lowering mechanism at the front door that would be devoted for seniors and people with injuries or disabilities for these individuals to board the bus without feeling pressured to board quickly along with other people. Increased usage of public transportation would improve road conditions and decrease air pollution from personal vehicles being driven. Free public

transit would allow individuals who are experiencing financial instability to travel to their workplace and attend medical appointments more freely which would certainly decrease income inequality while increasing access to healthcare no matter where they can afford to live. If this policy is being implemented, it would be beneficial to create a bus route that travels from and to major hospitals and healthcare providers in the city.

The COVID-19 pandemic has been an illuminating teaching moment for Canadians regarding SDHs and how much impact they have on the health of people. Efficient and innovative health policies must keep SDHs in mind to address the health of Canadians on all levels and prepare for future pandemics. Establishing more primary healthcare providers near public housing and providing free public transportation would certainly enhance health equity and ultimately improve the health of Canadians.

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