



## **About the CPA**

The Canadian Physiotherapy Association (CPA) represents 15,000 physiotherapists, physiotherapist assistants (PTAs), physical rehabilitation therapists (PRTs) and physiotherapy students across Canada.

The CPA's members are rehabilitation professionals dedicated to the health, mobility and fitness of Canadians. In partnership with provincial and territorial branches and practice divisions, the CPA enables members to learn, share knowledge and enhance practice. The CPA provides resources, education, ideas and advocacy to enable our professional community to better serve Canadians.

There are approximately 22,000 registered physiotherapists working in Canada, in private clinics, general and rehabilitation hospitals, community health centres, residential care, assisted-living facilities and long-term care(LTC) facilities, home visit care agencies, workplaces, and schools. Through evidence-informed practice, physiotherapists prevent, assess, and treat the impacts that injury, pain, disease, and/or disorders have on clients' movement, function, and health status.

Physiotherapists play a vital part in optimizing health system performance through an increased focus on upstream solutions and redirecting patients from costly acute health care and emergency departments toward timely, accessible, and affordable community services.

## **Introduction**

The CPA believes that timely, efficient access to physiotherapy in all healthcare settings supports and safeguards the health of Canadians and the capacity of Canada's health systems. Access to physiotherapy services remains essential as Canadians begin the transition away from the immediate response phase of the COVID-19 outbreak and begin the physical, economic and societal recovery phases.

Physiotherapy will continue to be key in providing support to Canadians during the recovery phase of the COVID-19 pandemic. As healthcare professionals who provide essential care and treatment to Canadians enabling them to stay mobile, healthy and active, physiotherapy professionals will see greater demand for services as Canadians recover from COVID-19 and as the impacts of delayed surgeries/treatments, reduced physical activity due to quarantine, isolation and physical restrictions are realized (Biase et al, 2020).

## **Response to COVID-19**

The CPA would like to thank the Government of Canada for its rapid response to the COVID-19 pandemic, and its commitment to collaboration and coordinated action with the provincial and territorial governments. We appreciate efforts made by Minister of Health Hon. Patty Hajdu and Chief Public Health Officer Dr. Theresa Tam to enhance communications with all Canadians and with stakeholders across the healthcare system throughout this crisis. We also appreciate the unprecedented speed with which the federal government implemented financial support measures for those experiencing economic hardship due to COVID-19. The collective efforts undertaken by all levels of government in responding to this crisis have been significant and the

CPA is encouraged by the ongoing commitment and dedication by Canada's public servants and elected officials.

### **Recommendations to government**

Throughout the COVID-19 pandemic crisis, the CPA has been in weekly communication with our members, leadership from provincial and territorial branches, clinical practice divisions and committee chairs, researchers and other stakeholders across the physiotherapy profession to ensure a broad and complete picture of the latest impacts of the pandemic.

Measures taken to control and reduce the transmission of COVID-19 continue to impact Canadians' ability to access community-based physiotherapy. Many vulnerable populations need physiotherapy services to maintain the health and independence required to keep them from needing more complex and costly care. After ceasing operations due to public health orders and infection control measures, many outpatient clinics have now gradually begun the process of reopening while simultaneously learning to deliver services virtually through telerehabilitation. Combined with implementing novel infection control measures and securing personal protective equipment (PPE) as physiotherapy services and clinics reopen, these new demands are having a compounded impact on both access to and costs associated with providing safe, timely and essential physiotherapy care.

There are several steps the federal government can take to ensure access to essential physiotherapy services is improved and the health of Canadians is supported as communities grapple with the continued impacts of COVID-19.

### **SUMMARY OF RECOMMENDATIONS**

#### **Health of Canadians: Support for Canada's Disproportionately Impacted Populations**

- **Recommendations: Implement the Truth and Reconciliation Commission's (TRC) Calls to Action to improve Indigenous Health Outcomes; Make urgent investments in health services infrastructure needed to ensure access to internet and electronic health technologies in northern, rural and remote communities.**
- **Recommendation: Create an evidence-informed National Strategy to Support Healthy Aging (a National Seniors Strategy), with investments in community and home care services to build healthy, age-friendly communities for the future.**
- **Recommendation: That the Public Health Agency of Canada develop a communications campaign that focuses on safely staying active during the ongoing COVID-19 pandemic.**

#### **Health Infrastructure and Access**

- **Recommendation: Ensure timely and equitable access to appropriate PPE for physiotherapy professionals in all health care settings, including community settings, long-term care, home care and urgent care.**
- **Recommendation: Implement financial supports to offset costs associated with newly imposed infection control measures, including necessary reconfiguration of treatment spaces to ensure infection prevention measures can be established and maintained.**
- **Recommendation: Provide programs/grants to ensure that physiotherapy service providers are equipped and resourced to deliver telerehabilitation (virtual services)**

**where appropriate to client needs, and that service delivery barriers are removed to ensure access, particularly for northern, rural and remote communities.**

- **Recommendation: Permanently remove the prescription requirement for physiotherapy services in Canada under the Public Service Health Care Plan (PSHCP).**

## **Health of Canadians: Support for Canada's Disproportionately Impacted Populations**

### **Introduction**

The COVID-19 pandemic has presented considerable challenges to Canadians, with some populations being disproportionately impacted such that recovery or return to a previous state of health, wellbeing, independence or economic status may not be achievable in the absence of coordinated, integrated supports. The CPA represents the voices of the physiotherapy profession who are regulated health care professionals dedicated to supporting individuals and populations across the continuum of care at all life stages, through health promotion and disease prevention. The CPA calls on the government to recognize these populations and enable supports that will enhance access to healthcare services to improve the health of Canada's vulnerable populations.

### **Indigenous health**

**Recommendations: Implement the Truth and Reconciliation Commission's Calls to Action; Make urgent investments in infrastructure needed to ensure access to internet and electronic health technologies in northern, rural and remote communities.**

For many Indigenous communities, particularly those that are situated in northern, rural and remote areas of Canada, COVID-19 has deepened and magnified existing health inequities faced by Indigenous Peoples in Canada (Erwin et al 2020; Flett and Beavis, 2020). The risk of the spread of COVID-19 in many communities is heightened by people living in close quarters (overcrowded housing), without sufficient access to clean running water for appropriate hand hygiene. The effects of colonialism and systemic racism resulting in poorer social determinants of health and health inequities also increase the risk of transmission of COVID-19 among Indigenous communities.

Many Indigenous communities already facing poor access to health care professionals and services in their regions have had access further reduced by travel restrictions for both community members and health professionals. Other logistical and administrative barriers have also increased during the COVID-19 outbreak, such as the need for health professionals to receive band approval to enter communities and the lack of access to accommodations. The temporary lock-downs further restricted movement of some health care professionals into and out of communities and nursing stations (Flett and Beavis, 2020). In many cases this has resulted in communities being cut off from physiotherapists and other health care providers.

While telerehabilitation has seen a recent surge in use to provide continued access to physiotherapy care during the pandemic throughout urban Canada, poor internet and cellular service in northern, rural and remote communities has prevented telerehabilitation from being a solution (Flett and Beavis, 2020). In many northern and remote communities there is no cellular data available and bandwidth is not sufficient to enable internet video-calling. As well, due to socioeconomic status, not everyone has a computer or device needed to use most virtual care platforms (Flett and Beavis, 2020). Restricted access to infrastructure required to access virtual

services has impacted access to education as well as health care services in many of these communities, representing a further inequity during COVID-19.

The lack of access to health care services and education and a heightened risk of transmission of COVID-19 in many Indigenous northern, rural and remote communities emphasizes the need for Canada to make progress on the Truth and Reconciliation Commission's (TRC) calls to action. The CPA recommends that the committee work with Health Canada, Crown-Indigenous Relations and Northern Affairs Canada, and Indigenous Services Canada to implement the TRC's calls to action and improve access to physiotherapy and other health care services in the new reality of COVID-19. The CPA also encourages the committee to recommend urgent investments in infrastructure needed to support access to internet and electronic health technologies in northern, rural and remote communities.

### **National support for older adults, including residents of Long-Term Care Facilities**

**Recommendation: Create an evidence-informed National Strategy to Support Healthy Aging (a National Seniors Strategy), with investments in community and home care services to build healthy, age-friendly communities for the future.**

The pandemic has tragically exposed the weaknesses and inadequate health supports available to Canada's aging population, particularly for residents of long-term care facilities. Canada's National Institute on Ageing (NIA) reports that almost 80% of all the deaths in Canada since the beginning of the outbreak have been in long term care settings (NIA, 2020). By the year 2035, one in four Canadians will be over the age of 65 (Sinha et al, 2016). Health care needs become more complex, and often more costly, as we age, and older adults are particularly vulnerable to a myriad of ailments that progressively impact quality of life. As part of a comprehensive health care system, physiotherapy is ideally situated to help all Canadians age healthfully. Physiotherapy can support disease prevention and management through exercise and education while maintaining an individual's autonomy, independence and supporting their physical well-being.

The CPA encourages the federal government to create a National Seniors Strategy (Sinha et al, 2016), one that includes an expanded primary care role for physiotherapy and sees increased support for integrated community and in-home physiotherapy care. A national strategy would also incorporate measures to decrease financial barriers to accessing physiotherapy services for Canadians as they age, and would leverage physiotherapy and rehabilitation specialists in prevention programming such as funded falls prevention, exercise programs and mobility screening to identify and mitigate risks to declines in mobility and function.

By supporting a community-based national seniors strategy meeting the recommendations identified above, the government can expect:

- Less frequent and shorter duration of hospital stays as the needs of aging Canadians can be proactively identified, addressed and in some cases, prevented;
- Decreased demands for costly hospital and LTC beds because of prevention and proactive management of chronic conditions;
- Fewer hospitalizations required due to investments in falls prevention, which are costly to the healthcare system and can be prevented;

- Less health care spending as the cost of community and in-home physiotherapy services are substantially lower than specialist care and medical treatment in hospital;
- More Canadians aging independently, in their homes and communities, reducing the need to travel longer distances when medical care is required, and
- Reduction of caregiver burden on Canadians as caregivers are supported by rehabilitation specialists and healthcare teams in the communities where they reside.

### **Activity during restrictions: disease prevention and health maintenance**

#### **Recommendation: That the Public Health Agency of Canada develop a communications campaign that focuses on safely staying active during the ongoing COVID-19 pandemic.**

The federal government has a role to play in safely supporting physical activity during the ongoing COVID-19 pandemic. Many jurisdictions imposed restrictions on access to outdoor recreation facilities including sports fields, basketball courts, parks and playgrounds during the initial lockdown phase of COVID-19. These strict measures prevented use of these spaces for any activities other than walking/cycling/jogging through the area during the lockdown and had the effect of severely limiting opportunities for physical activity for many populations.

In late April, the Canadian Academy of Sport and Exercise Medicine (CASEM) released a position statement on Access to Physical Activity during COVID-19, which the CPA's Sport Physiotherapy Division supports. The statement calls on policy makers and public health officials, among others, "to consider policy, guidelines, and infrastructure that will allow for and encourage healthy physical activity with an allowance for physical distancing" (CASEM, 2020). Physical activity and exercise are essential components of mental wellbeing, healthy living, and disease prevention. The CPA supports this call and is pleased to see jurisdictions gradually easing of the prohibitions on use of green and field spaces for the purpose of recreational and physical activity.

Physical distancing and physical activity need not be mutually exclusive. With a targeted educational campaign and a staged approach to maintaining physical distancing and remaining within authorized social bubbles, governments can continue to ease restrictions and respond to future outbreaks in ways that allow the safe access to public spaces for the purpose of staying active. The CPA recommends that the Public Health Agency of Canada develop a clear communications campaign that provides Canadians with the information they need to understand how to safely maintain physical distancing while keeping physically active during the ongoing COVID-19 pandemic. An effective campaign that carefully communicates how to safely use outdoor recreational facilities and green spaces will help prevent the need to implement new closures and restrictions as we continue to live in a world with COVID-19. We encourage the committee to support measures that will result in safe use of some recreational facilities and green spaces.

### **Health Infrastructure and Access**

Physiotherapy services are delivered in a diverse array of settings in Canada, indicative of both the demands for and dynamic nature of the profession. Physiotherapy providers, including PTAs and PRTs, deliver services in hospitals (emergency departments, outpatient clinics and rehabilitation hospitals), in private homes, in clinics, in communities, in LTC and by virtual means – everywhere that Canadians are facing challenges to living healthy, active lives, physiotherapy

professionals meet them. The pandemic has had a drastic impact on the profession's ability to deliver the services that allow Canadians to maintain or return to healthy mobility. Further, where physiotherapy care and services have been deferred or delayed due to clinic closures and public health measures, those with non-COVID-19 conditions have worsened or their status has declined, and they stand to need more care the longer they are without rehabilitation. In a survey of CPA members in April of this year, 468 respondents reported that for the coming year (2021) 51 percent expect an increase in demand for physiotherapy in a public setting as compared to 2019 (CPA, 2020). As well, 42 percent anticipate an increase in virtual care delivery of physiotherapy appointments (CPA, 2020). The federal government can help alleviate some critical access barriers, so that physiotherapy can keep Canadians moving.

### **Personal Protective Equipment (PPE)**

**Recommendation: Ensure timely and equitable access to appropriate PPE for physiotherapy professionals in all health care settings, including community settings, long-term care, home care and urgent care.**

Ensuring compliance with infection control measures set out by provincial governments and provincial regulatory bodies, physiotherapy practitioners have delivered care safely and effectively on the front lines of the pandemic response and will continue to do so as clinics and services reopen. One of the keys to protecting both patients and physiotherapy practitioners from the risk of transmission of COVID-19 is timely and equitable access to appropriate PPE. While the federal and provincial/territorial governments have worked collectively to coordinate and enhance access to PPE for use within hospitals, acute care and other institutional settings, this approach does not extend to community-based care. Additional procurement efforts from all levels of government and increased access to PPE supplies are needed as healthcare providers return to providing in-person co-located care in community settings.

Scarcity of supply of PPE is resulting in significant cost mark-ups, lack of availability of preferred PPE, and vendors giving priority to large quantity orders. Under these conditions, access to the PPE required to keep physiotherapy professionals and their patients safe is unsustainable for many smaller clinics, home care workers and sole proprietors working in community settings. Many physiotherapy practices have faced financial hardships throughout the pandemic response and additional costs of PPE under these market conditions represent a further burden.

As healthcare professionals who provide crucial care and treatment to Canadians enabling them to stay mobile, healthy and active, physiotherapists are expecting to see significant increases in demand as our communities recover from COVID-19 and from the impacts of reduced physical activity due to quarantine, isolation and physical restrictions. As elective surgeries and regular treatment plans resume, the demands for rehabilitation will increase, placing additional pressure on physiotherapy services. Ensuring that physiotherapy services are available to support our communities as we begin to recover from the pandemic is essential. Physiotherapists are regulated health professionals who have a fundamental ethical responsibility to take all reasonable steps to protect their patients from harm, and to practice in a safe, competent, accountable and responsible manner during the provision of services. In the context of COVID-19, this means taking all possible steps to reduce the risk of transmission, including the use of appropriate PPE.

## **Additional infection control measures**

**Recommendation: Implement financial supports to offset costs associated with newly imposed infection control measures, including necessary reconfiguration of treatment spaces to ensure infection prevention measures can be established and maintained.**

To ensure that service provision is resumed safely for patients and practitioners, provincial regulatory bodies and provincial governments are requiring compliance with new infection control measures, patient screening and prioritization practices, environmental cleaning practices and in many cases, reconfiguration of treatment spaces to allow for physical distancing measures. The federal government should consider providing financial support to ensure that novel infection control and disinfection standards can be met so that service provision can resume safely and efficiently. This could take the form of tax credits to offset costs of installing plexiglass barriers and wash stations, reconfiguring of waiting rooms and treatment spaces, constructing walls and improving ventilation/air flow, for example.

## **Telerehabilitation and support for access to virtual care**

**Recommendation: Provide programs/grants to ensure that physiotherapy service providers are equipped and resourced to deliver telerehabilitation and virtual services where appropriate to client needs, and that service delivery barriers are removed to ensure access, particularly for rural and remote communities.**

For many Canadians, physiotherapy care is crucial in keeping them mobile, independent, healthy and active, and in preventing the need to access urgent or emergency services in-hospital. Due to provincial emergency orders and other necessary infection control measures such as physical distancing, many physiotherapists had to pause providing co-located care in outpatient settings. In the absence of physiotherapy care, patients faced loss of mobility, strength and ultimately, independence, which stand to have potent negative effects on physical health and psychological well-being during and following isolation conditions (Biase et al, 2020). Diminished independence and loss of function in disabled and older populations could have downstream impacts to an already burdened healthcare system.

Like other healthcare providers, many physiotherapists have adapted by turning to technology to deliver care and treatment during the COVID-19 outbreak. Tele-rehab and virtual health care delivered by physiotherapists helps Canadians regain and maintain mobility, maintain exercise regimens for recovery and manage pain while limiting risk of exposure. Where appropriate to an individual's needs, the use of tele-rehabilitation and virtual visits has greatly increased access to health care services.

Prior to the COVID-19 outbreak, telerehabilitation offerings were becoming more commonplace, with evidence pointing to reduced costs, increased standardization of treatments, high levels of patient satisfaction and comparable quality of clinical outcomes (Keuther et al, 2019).

One of the initial investments the federal government announced in its pandemic response was \$500 million in funding to the provinces and territories to support critical health care system needs preparedness and mitigation efforts to address the pandemic. This was a welcome step in laying the groundwork for pan-Canadian coordination supported by federal investments to ensure Canada's health care system was and remains able to respond to the pandemic. However, further supports are needed to scale up virtual access to health care providers, including physiotherapists, to ensure

Canadians continue to have access to health care services as our communities operate in a world with COVID-19.

The CPA strongly advocates that all Canadians have access to physiotherapy services they require, both intake assessments and subsequent treatments, via telerehabilitation, or virtual delivery modes. This will allow continued access and prevent service interruption for those who are situated in rural and remote settings, including remotely situated Indigenous peoples and communities, those in quarantine or where physical distancing measures remain enacted or recommended in the future. In order to ensure access to these services is possible, the federal government should scale up investments in broadband and infrastructure required for virtual health care delivery. Funding to support patient access, adoption of new technology and training by health authorities, health care providers and health care service delivery agents, particularly for those serving northern, rural and remote populations, should be made available. Federally administered health benefits programs should cover virtual provision of services.

### **Direct Access to Physiotherapy Services**

#### **Recommendation: Permanently remove the prescription requirement for physiotherapy services in Canada under the Public Service Health Care Plan (PSHCP).**

As provincial orders and infection control measures to contain the spread of COVID-19 were extended across Canada, the federal government temporarily suspended the requirement for a prescription for physiotherapy services under the PSHCP. The CPA appreciates and acknowledges the value of this measure, as it meets the immediate physiotherapy access needs of public servants without placing additional burden on the health care system which is still pressed with urgently responding to the pandemic. The current exemption is slated to remain in place until such a time as “non-critical business is authorized to resume or as indicated otherwise.” To continue to ensure timely access to health services without placing additional burden on the health care system, we recommend that the federal government make direct access to physiotherapy services a permanent benefit under the PSHCP. This measure would also reduce the need for additional and unnecessary doctor’s office visits, therefore limiting exposure to COVID-19 and other prevalent infectious diseases, such as seasonal influenza.

The prescription requirement imposes additional costs and delays access to treatment for physiotherapy services. The CPA is currently working to compile information on the average cost to provincial health care systems for referrals. Costs vary by province and tend to depend on factors such as where services are provided (ie. family doctor’s office vs. emergency room) and the physician model of compensation in place. With more than 600,000 plan members and their dependents under the PSHCP, the removal of the referral requirement represents significant potential savings to provincial health care systems.

Further, the referral requirement is antiquated and does not reflect the current regulatory and legislative frameworks within most provinces. For example, in Ontario, physiotherapists, through the Physiotherapy Act (1991) and the Regulated Health Professions Act (1991), are primary care, first contact practitioners, alongside other primary care professionals (CPA, 2012) including nurses, physicians and dentists. A growing body of evidence indicates that direct access to physiotherapy services does not put patient safety at risk and that it is likely to result in reduced health service costs (Bury and Stokes, 2012). In a study examining unrestricted direct access to a physical therapist when treating patients with a new onset of lower back pain, direct access was found to be associated with lower costs and lower overall healthcare services utilization (Garrity

et al., 2020). In a review of published patient case reports, physiotherapists were found to use effective multifactorial screening strategies for referred and direct-access patients, leading to timely patient referrals to physicians (Boissonnault and Ross, 2012). For patients with musculoskeletal problems, direct access to physiotherapists who specialize in this area of treatment can unburden the workload of general practitioners (Foster, Hartvigsen and Croft, 2012).

Timely access is of importance as many Canadians are still presently unable to access physiotherapy clinics due to physical distancing measures or are unwilling or unable to go to hospitals out of concern of contracting the COVID-19 virus. Timely access is of particular importance for those individuals who, at the start of the pandemic, were at the start of recovery, were in the process of receiving treatment, or have since sustained injuries that are treatable by physiotherapy services. Delays in accessing physiotherapy services can result in chronic impairment, which have downstream impacts to both the healthcare system and for the health of Canada's workforce. We encourage the committee to recommend making direct access to physiotherapy services a permanent benefit under the PSHCP, and for other populations whose health care services are under the authority of the federal government.

## **Conclusion**

The CPA appreciates the efforts that members of the House of Commons Standing Committee on Health have undertaken to consider the government's response to the COVID-19 pandemic. We encourage the federal government to enact these recommendations to ensure our communities have the infrastructure and funding needed to support safe access to high-quality health care across Canada as we operate in a world with COVID-19.

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