



**Humber River  
Hospital  
Foundation**

Lighting New Ways  
in Healthcare™

**Lighting New  
Ways in Research:  
The Effect of  
Long-COVID**

FUNDING PROPOSAL



## The Inequity of COVID-19

Humber has always been proud of the trailblazing spirit that fuels everything we do. But nowhere has this been more evident than during the COVID-19 pandemic. While the coronavirus has thrust healthcare challenges into the limelight, we have always worked to solve these problems at Humber. But even our best solutions are being put to the test today. The over 15 months spent battling COVID-19 has revealed a healthcare system that is siloed and inequitable. COVID-19 infection rates are disproportionately higher among racialized communities. Given high infection rates, it is likely that millions of racialized individuals are dealing with Long-COVID (a term used to describe symptoms that persist in recovered COVID-19 patients). Furthermore, each racialized community may experience a differential symptom profile, differential impact on daily living, and unique barriers to rehabilitation and treatment of Long-COVID.

Humber has cared for more COVID-19 patients than many other hospitals in the GTA given our location in the middle of a COVID hot spot. Because of this, Humber's research teams have big plans to investigate Long-COVID and the effects it will have on our racialized communities. Long-COVID is becoming a large public health concern that must be addressed. In order for Canada to fully recover from the pandemic, culturally-appropriate strategies regarding diagnosis and treatment need to be developed to help treat and manage Long-COVID.

Donor support today will mobilize our team of researchers, physicians, community partners and patients. The information gained from this study will help guide the creation of strategies and policies that are inclusive and equitable, so everyone can receive the care they need in ways that reflect who they are, not who the healthcare system wants them to be.



### The COVID Effect: Race in Canada

Being **Black** and having low income are associated with increased risk of hospitalization from COVID-19

Being **Black** or **South Asian** is associated with increased rate of mortality from COVID-19



Within Toronto, racialized communities (primarily **Black, South Asian, Southeast Asian, Latin American, and Arab**), those with lower household income, and larger household size, have a disproportionate number of COVID-19 cases relative to their representation in the population



## What is Long-COVID?

Long-COVID is the persistence of long-term symptoms following confirmed or suspected COVID-19 infection, lasting months after acute illness. The most commonly reported symptoms of Long-COVID include fatigue (approximately 85%), “brain fog” or cognitive dysfunction, shortness of breath, pain (including chest pain, headache), and loss of taste and smell. Plus, approximately 33% of COVID-19 survivors will develop a neurological or psychiatric condition (predominately mood and anxiety disorders) six months following COVID-19 diagnosis.

Current research shows that Long-COVID primarily affects those of working age, which means one of its most devastating impacts is on employment. Approximately 20% of “long-haulers” are not able to return to work due to prolonged symptoms from COVID-19. Given higher unemployment rates and lower income among visible minorities, inability to return to work due to Long-COVID can place even larger financial and psychological stress on racialized communities.

Functional limitations, including inability to perform activities of daily living (e.g. self-care, childcare and domestic chores) have also been reported in over 60% of individuals living with Long-COVID. These functional limitations may be especially burdensome for racialized communities with low income who may have to carry out multiple roles and responsibilities and have less social support. The functional impact of Long-COVID on racialized communities has yet to be investigated. Generating this knowledge is crucial to informing the development of culturally-specific support programs.

There are currently no established guidelines for treatment of Long-COVID, with primary care currently taking on the largest role. Patients describe difficulty accessing care and navigating services, not being taken seriously, disjointed and siloed care, and feeling let down by doctors. These reports have come from samples that are predominately White with high levels of education. This has not allowed the voices of racialized communities that are at greater risk for acquiring COVID-19 to be heard. Not only are racialized communities at greater risk for more severe illness, and thus greater disability, but racialized communities also often face more barriers to primary care and rehabilitation.



## The Main Aims of the Study

Our passionate research team is ready to tackle these big problems, with the overall goal of the study being to generate crucial information that will guide the development of culturally-appropriate and targeted strategies to improve recovery from Long-COVID. In order to accomplish this goal, the primary aims of this study include:

To describe the **symptoms and functional** impact of living with Long-COVID among racialized (Black, South Asian, Latin American) communities.

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To identify the **specific needs and barriers** related to treatment and rehabilitation for Long-COVID among racialized (Black, South Asian, Latin American) communities.

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A further exploratory aim will be to determine whether there are **differences across racial groups** with regards to symptoms/functional impact and needs/barriers, including a comparison to non-racialized/White persons living with Long-COVID.



### **Make an Impact Today: Donate to COVID-19 Research at Humber River Hospital**



**\$150,000**

Long-COVID is becoming a large public health concern that must be addressed, particularly among marginalized communities that have been disproportionately affected by the COVID-19 pandemic. If we don't intervene now, we are on track for devastating effects on patients' ability to get the care they need, putting further strain on an already fragile healthcare system.

For a truly brighter, post-pandemic future in Canada and beyond, culturally-appropriate strategies regarding diagnosis and treatment need to be developed to help treat and manage Long-COVID. The information gained from this study will help guide the creation of these strategies. Furthermore, it will propel further research efforts on Long-COVID such as the development, piloting and evaluation of community-based rehabilitation and support programs

Donor support today will bring together the brightest minds at Humber and across the GTA and Ontario, with scientists and clinicians from the University of Toronto, Toronto Rehab Institute, North York General Hospital, Toronto Western Hospital and Queen's University. This study will also utilize partnerships with Toronto-based community health organizations committed to reducing the impact of the pandemic on racialized communities. These organizations will be engaged in aspects such as study recruitment, interpretation of findings, and knowledge mobilization strategies. The information gained from this study will provide crucial insight into whether the symptoms and burden of Long-COVID differ across racial communities. It will also help identify barriers to treatment and rehabilitation specific to racialized communities in order to develop and create more culturally-appropriate strategies for treatment and management of Long-COVID across Canada.

Plus, when we're done, we will share what we know with others across Canada. We believe that we can change the hospital where we work, the community where we live, and the world of healthcare beyond our borders. You can make an impact right here at home and beyond as other hospitals see the light and join us on our journey.





Contact me today and let's  
start making impact.



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*The information, statistics and funding priorities included in this document are accurate at time of distribution and are subject to change and verification by Humber River Hospital Foundation.*