

Measuring the societal impacts of the COVID-19 response in BC

During the first wave of the COVID-19 pandemic, sweeping measures were implemented in BC, such as closing nonessential services and reducing in-classroom learning and child care.¹ These measures were effective in helping slow transmission and preserve hospital resources. However, these measures have also impacted population health and wellness, the health care system, the environment, the economy, and society in general. Recognizing the broad range of effects stemming from the response measures, BC public health leaders established the Unintended Consequences (UniCon) Working Group in April 2020 to measure and monitor the effects in order to guide decision making on how to reduce morbidity and mortality from COVID-19 while minimizing societal disruption (e.g., keeping schools open). The working group is made up of representatives from the Office of the Provincial Health Officer, the Ministry of Health, the Ministry of Mental Health and Addictions, the BCCDC, the regional health authorities, and the First Nations Health Authority.

Because the effects of COVID-19 response measures are not uniform across the population, it's necessary to apply an equity lens when measuring them. COVID-19 response measures are likely to disproportionately impact people with fewer resources, poorer health, and those already experiencing discrimination, marginalization, and social exclusion. Racialized groups, households with lower incomes, and women, for example, are more likely to face financial difficulties, unemployment, food insecurity,

increased violence, and discrimination.^{2,3} These harms can accrue over time, particularly for younger populations.⁴

People who use drugs are a subpopulation acutely affected by COVID-19 response measures. Disruptions to the drug supply chain due to the pandemic response have resulted in growing toxicity and unpredictability of street drugs. As well, recommendations for physical distancing have reduced access to overdose prevention sites and increased the use of drugs without others around. From March to October 2020, there were 1232 illicit overdose deaths in BC compared to 263 deaths due to COVID-19.^{5,6} Resources were developed to mitigate these unintended harms and better support people who use drugs during the pandemic.⁷

Not all COVID-19 response measures have resulted in unintended harms. Virtual health visits were scaled up quickly due to concerns of COVID-19 transmission; anecdotally, this improved access to health care services for people living in rural and remote settings. Evaluation of health outcomes will help inform how to optimize virtual delivery of health care services.

It is important to uphold the rights of Indigenous peoples in BC during the COVID-19 response, and the UniCon Working Group is engaging with urban Indigenous communities and organizations in meaningful partnership, including through formal Indigenous data governance. The goal is to highlight the differential impacts of response measures on Indigenous peoples and help create Indigenous-specific materials, including research, reports, and public-facing information that can point the way forward.

The breadth and inequitable burden of COVID-19 response measures necessitate a multisectoral approach to address. Highlighting the societal impact of COVID-19 response

measures can help identify opportunities for greater collaboration to build a stronger and healthier society. ■

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