Chapter 1

The Pandemic Response

> "We cannot say this loudly enough, or clearly enough, or often enough: all countries can still change the course of this pandemic. If countries detect, test, treat, isolate, trace, and mobilize their people in the response, those with a handful of cases can prevent those cases becoming clusters, and those clusters becoming community transmission."
>
> Dr. Tedros Adhanom Ghebreyesus
> Director-General, World Health Organization
> March 11, 2020[1]

Note to Reader: This report is retrospective in nature, in that it focuses on the earlier days of the COVID-19 pandemic (2020 and 2021), when COVID-19 and related response measures were having a considerable impact on the daily lives of most BC residents, and before the advent of COVID-19 vaccines.

On March 11, 2020, after monitoring the spread of COVID-19[a] since the first cases were reported in December 2019, the World Health Organization (WHO) declared COVID-19 a global pandemic. In his remarks on that day, the WHO's Director-General noted the alarming increase in cases worldwide, which at that point had reached more than 118,000 cases in 114 countries.[1] The WHO's declaration sparked responses from governments everywhere, creating massive shifts in the everyday lives of people around the world. Strategies to minimize the health-related impacts of the COVID-19 pandemic included both voluntary and mandatory response measures such as self-isolation, quarantine, curfews, checkpoints, business closures, and travel restrictions.

> "We've taken a number of unprecedented measures in the last few days and this declaration of an emergency enables me to be faster, more streamlined, and nimble in the things that we need to do right now."
>
> Dr. Bonnie Henry
> BC Provincial Health Officer
> March 17, 2020[2]

On March 17, 2020, in response to the threat posed by COVID-19, BC's Provincial Health Officer (PHO) declared a public health emergency under the province's *Public Health Act*.[b] The following day, the Province of BC declared a state of emergency under the *Emergency Program Act*.[c] At the same time, and continuing for more than two years, the PHO and other officials introduced a series of response measures to protect the

[a] For more information on COVID-19, please see the **COVID-19 (Coronavirus disease)** text box in this chapter or visit http://www.bccdc.ca/health-info/diseases-conditions/covid-19.

[b] The *Public Health Act* provides public health and other officials with important tools and powers, including the ability to put orders and measures in place to respond to public health emergencies. For more information, visit https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/legislation/public-health-act.

[c] *The Emergency Program Act* has since been replaced by the *Emergency and Disaster Management Act*. This legislation supports the provincial government's ability to manage emergencies such as global pandemics, security threats, and weather events linked to climate change. For more information, visit https://www2.gov.bc.ca/gov/content/safety/emergency-management/emergency-management/legislation-and-regulations.

COVID-19 and the Public Health Response

COVID-19 (Coronavirus disease) is an infectious disease caused by the SARS-CoV-2 virus. Most people who get COVID-19 have no symptoms or have mild to moderate respiratory illness. However, some people—especially those who are older, have chronic medical conditions, or have compromised immune systems—may become very ill and need medical attention, possibly including hospitalization and intensive care support. Serious illness, post-COVID syndrome (i.e., long COVID), and death from COVID-19 also occur most often among these populations, although severe outcomes can affect people of any age.[25] In addition to impacting the health of people who contracted COVID-19, the rapid spread of this virus strained the capacity of BC hospitals.[26]

The COVID-19 virus spreads by way of respiratory droplets and aerosols (smaller droplets) that enter the air from an infected person's mouth or nose when they breathe, talk, sing, shout, cough, or sneeze.[27,28] In the early days of the COVID-19 pandemic, before vaccines became available, the simplest and best ways to protect oneself and others from infection were to reduce interpersonal contact (e.g., maintain physical distance, stay home and self-isolate when feeling unwell), wash and sanitize hands frequently, and wear a properly fitted face mask when in public.[d,25]

In BC, COVID-19 response measures in the early part of the pandemic included the following:

- Physical distancing
- Wearing masks
- Restricting in-person gatherings
- First Nations community border closures and checkpoints
- Avoiding non-essential travel
- A shift to working from home
- Temporary suspension of in-class learning in kindergarten to grade 12 and post-secondary schools
- Postponing or deferring non-urgent surgeries
- Temporarily restricting or closing certain businesses, especially those in which people gathered for social purposes (e.g., restaurants, pubs, bars, and nightclubs)
- Limiting visitation in hospitals, long-term care, assisted living, and other residential care settings
- Setting up alternate care sites to increase hospital capacity and other responses within the health system to safely care for COVID-19 patients
- Rapid expansion of virtual health-care options overall (e.g., medical appointments via phone, email, videoconferencing)
- Temporary suspension of routine cancer screening and other non-urgent screening and diagnostic services
- Discharging patients from hospitals where it was safe to do so in order to free up hospital capacity

[d] Once COVID-19 vaccines became available, being vaccinated was added to this list. However, this volume focuses principally on the earlier days of the pandemic when vaccines were still not available.

health of BC residents by slowing the spread of COVID-19. These response measures included limiting gathering sizes, physical distancing, wearing masks, temporarily closing businesses, and suspending in-class learning in schools. First Nations leaders in BC undertook similar and sometimes additional measures (e.g., closing community borders and instituting checkpoints) to safeguard the health of their communities.[3] Métis Nation British Columbia (MNBC) began mobilizing resources to support Métis citizens in BC.

In the early days of the pandemic, SARS-CoV-2 (the virus that causes COVID-19) was an unknown pathogen that spread rapidly and posed a substantial risk to human health. Vaccines and pharmaceutical treatments were not yet available, and public health response measures that focused on modifying public behaviours were therefore the most effective way to address the risk. These public health response measures were implemented to reduce the spread of COVID-19 and related serious outcomes (severe illness, hospitalization, and death), while attempting to minimize social disruption as much as possible.[4,5] The response measures were also meant to ensure that the health-care system had the capacity (i.e., enough staff, beds, medications, and equipment) to treat people in need of urgent and life-saving care—whether related to COVID-19 or other ailments. However, as discussed in this report, the pandemic and associated response measures also contributed to many barriers to health-care access in BC (e.g., reduced availability of in-person services, including mental health and substance use services; longer wait times; supply chain issues).[6,7] These barriers were even greater for many Indigenous Peoples (First Nations, Métis, and Inuit), including the ongoing burden of extensive Indigenous-specific racism in the BC health-care system.[8,9]

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> "We have a very brief opportunity to prevent the spread and the devastating consequences of this disease in our communities. Any gathering where close contact occurs can cause transmission and none of us are immune. I am especially worried about our Elders, young children and those with underlying health issues."
>
> Shannon McDonald
> (former) Chief Medical Officer
> First Nations Health Authority
> March 22, 2020

BC's overall COVID-19 response has often been characterized as effective.[10,11,12,13] For example, one study credited "gaining public trust" as a contributor to BC's "largely successful pandemic response."[14(p.10)] Despite the successes, the effects have been inequitable. This is evidenced by the disproportionate impacts on First Nations[3,15] and other populations in BC.[16,17] Similarly, at the national level, one comparison found that "Canada's record thus far in responding to the COVID-19 pandemic compares favourably to most comparator nations for broad health outcomes, *although adverse economic and social impacts are also apparent*"[18(p.E876)] (emphasis added; for more information, see the text box on **the Oxford COVID-19 Government Response Stringency Index**).

The pandemic and associated response measures have taken a toll on the population, impacting people's physical, mental, emotional, and spiritual health and wellness, the health-care system, the environment, and the economy. In BC, families, communities, and individuals experienced anxiety, tragedy, loss, alienation, racism, and increased violence and substance use during the pandemic.[20,21,22,23,24] While there have been positive impacts—for example, pandemic control measures reportedly contributed to decreases in motor vehicle crashes and influenza-related deaths[20]—many of the response measures that helped prevent the spread of COVID-19 also disrupted the day-to-day lives of people across the province. The following statements from the First Nations Health Authority (FNHA) and MNBC

explore the societal consequences of COVID-19 and associated response measures on the health and wellness of First Nations and Métis people and communities in BC. These statements discuss inequitable impacts experienced during the pandemic as well as how culture and community provided strength and supported health and wellness during this time.

The Oxford COVID-19 Government Response Stringency Index is based on the Oxford COVID-19 Government Response Tracker, which was designed to monitor policy responses to the COVID-19 pandemic. The Stringency Index measured and compared the severity of COVID-19 response measures implemented by governments around the world.

According to an analysis of Canada's COVID-19 response compared to 10 other countries,[e] Canada had lower cumulative per-capita case rates and COVID-19-related death rates than all comparator countries except Japan.[18] At close to 80% in February 2022,[19] Canada also had the highest proportion of people in the total population who had been fully vaccinated.[f,18] However, in terms of the restrictions put in place, Canada was relatively severe compared to its peers. The Stringency Index found that Canada had "among the most sustained stringent policies regarding restrictions on internal movement, cancellation of public events, restrictions on public gatherings, workplace closures, and international travel controls."[18(pp.E871,E873)]

For more information, visit https://www.bsg.ox.ac.uk/research/research-projects/oxford-covid-19-government-response-tracker.

[e] This comparison is based on G10 countries (of which there are 11), which are considered broadly comparable to Canada in terms of economic and political models, per-capita income levels, and population size.

[f] Detailed information on vaccine coverage in Canada, including by age, is available from https://health-infobase.canada.ca/covid-19/vaccination-coverage/.

The First Nations Health Authority's Statement on the Societal Consequences of BC's COVID-19 Response

COVID-19 and the public health measures taken to respond to it have reinforced existing inequities and discrimination present in BC's health and wellness system. First Nations people in BC have been disproportionately affected by COVID-19. Data show that First Nations people in BC have tested positive for COVID-19 at a higher rate than other residents, have had lower median ages of hospitalization, and have higher rates of admission to intensive care units and death from the virus. The impact of COVID-19 on social determinants such as housing, food security, education, and geography has had ripple effects on the health and wellness of First Nations in BC. This is evident in the significant increase in toxic drug deaths during the pandemic and the elevated rates of anxiety, depression, and grief experienced by many First Nations people, which is further layered with intergenerational trauma and loss from past pandemics. Despite these challenges, First Nations people in BC have responded to the pandemic with strength and resilience that is grounded in culture and community. Families have found new ways to connect, support their communities and keep each other well. The First Nations Health Authority (FNHA) has worked quickly to expand virtual services, and proudly served as a partner to First Nations communities in BC to advance community priorities and ensure support and services have been available throughout the pandemic. The FNHA's full statement on the societal consequences of BC's COVID-19 response is attached to this report as Supplement A, and can also be found online at: www.fnha.ca/Documents/FNHA-COVID-19-Statement.pdf.

Métis Nation British Columbia's Statement on the Consequences of COVID-19

The effects of COVID-19 and the public measures to stifle its spread have impacted the lives of many. Métis people have suffered from these impacts disproportionately when compared to the general population. Existing health and wellness disparities and systemic barriers to care have been exacerbated by the closure of schools and businesses, lockdowns, and lack of accessible resources.

Financial stressors and socioeconomic burdens during COVID-19 played a significant role in amplifying the pre-existing inequities that Métis people face. Pre-existing inequities from colonial capitalism, like food insecurity,[g] chronic illness, and the impacts of systemic violence, continued to create lasting effects on the health and wellbeing of Métis people. During the pandemic, many necessities such as food, medication, healthcare, personal protective equipment (PPE), utilities, and housing were unavailable or inaccessible. Reduced access to medical, emotional, and cultural supports also worsened mental wellness and increased isolation in our communities—especially for Métis women, youth, 2SLGBTQQIA+ people, and people living with disabilities. Our Elders and seniors also experienced a marked increase in social isolation as they reduced contact and stayed home in an attempt to keep safe from COVID-19.

Métis culture is built on relationships, connection, and Kaa-wiichihitoyaahk—"we take care of each other." To assist in alleviating the negative consequences of COVID-19, Métis Nation British Columbia (MNBC) supported Communities by piloting various assistance programs such as Elder and senior medical supports, mental health supports, rental and utility subsidies, food security programs, and other financial aid supports. According to the 2021 MNBC annual report, Métis Chartered Community volunteers have been on the front lines of assisting our communities with their immediate needs—including PPE, food and groceries, medicine, providing transportation for community members, technology support, emotional support, mental health first aid, and other financial assistance.

In addition to COVID-19, Métis families and communities were met with the realities of climate change, and the ongoing toxic drug supply crisis. Moreover, the uncovering of unmarked graves further solidified the stories shared by survivors in the Truth and Reconciliation report in 2015, of Indigenous children who never returned home from Residential schools. This uncovering of unmarked graves has further impacted the spiritual, emotional, physical, and mental wellbeing of Indigenous communities—including Métis Chartered Communities throughout COVID-19. The pandemic has compounded already existing issues experienced by the Métis Nation and has given urgency to the prioritization of the wellbeing and healing of our Nation which has been neglected for too long.

"Returning to strength and community is the root that connects us to our ancestors past and present. It is the pathway to our future."

– Louis De Jaeger, Former MNBC Minister of Health and Economic Development, 2022

[g] See also Chapter 6: Métis Food (In)security and Food as Medicine.

This report explores several key societal consequences of the COVID-19 pandemic and related response measures intended to protect public health. Chapters 2 through 14 of this report each summarize a topic identified as a high priority for monitoring population health and guiding public health decision-making during the pandemic.[h] The purpose of this report is to share some of what has been learned so far, to support residents during BC's ongoing recovery from the pandemic, and to inform the response to any future public health emergency.

[h] Each of these chapters initially appeared on the Societal Consequences Project website as a short individual "issue report."

FIGURE 1.1

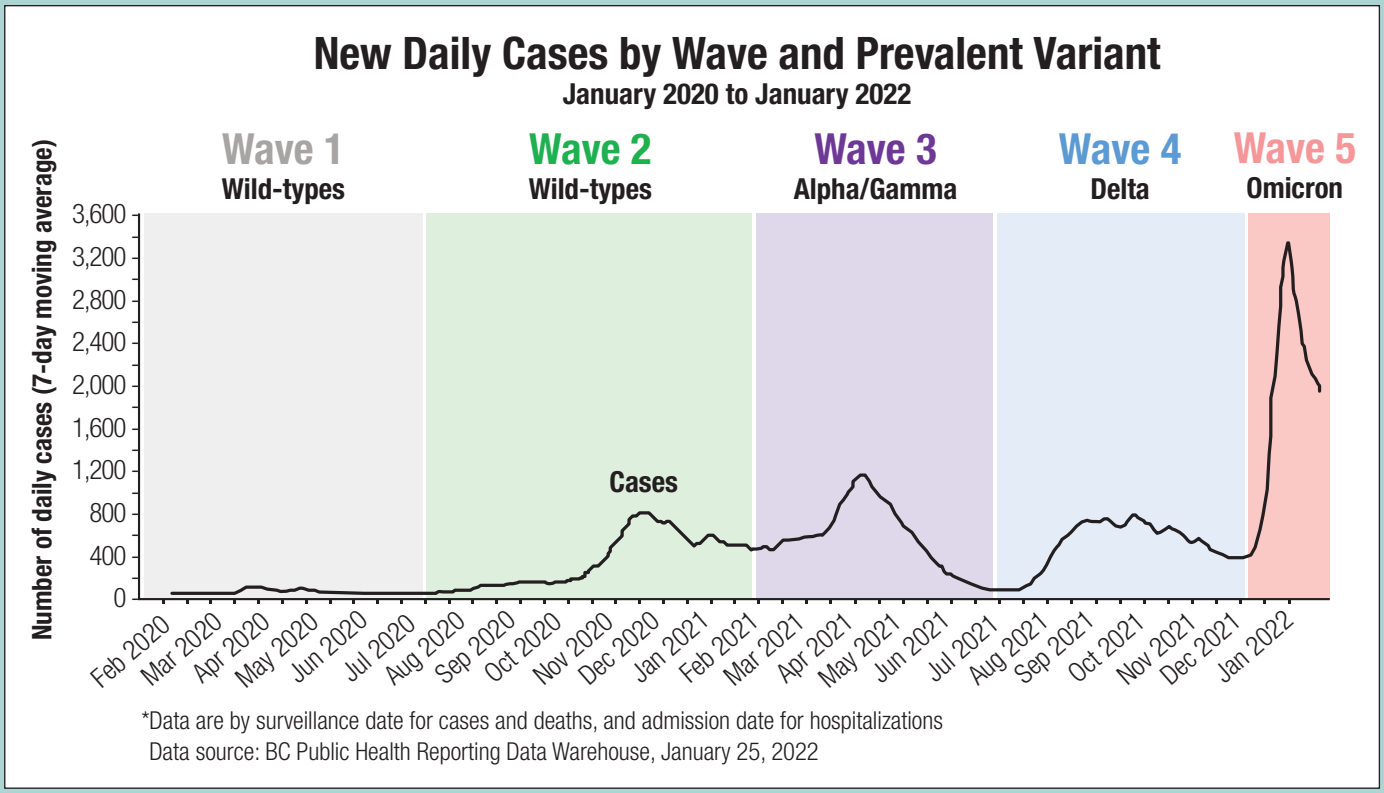


Figure 1.1 shows the number of COVID-19 cases in BC reported each day from January 2020 to January 2022. BC experienced five waves during this period, where each wave represented a substantial increase in COVID-19 cases. Generally, each of these waves was associated with one or more variants of the COVID-19 virus.

Examining the Societal Consequences of the COVID-19 Pandemic

The Office of the Provincial Health Officer (OPHO) and the BC Centre for Disease Control (BCCDC) were leaders in BC in terms of monitoring, responding to, and providing guidance about the COVID-19 pandemic. Similarly, First Nations and Métis leaders in BC worked in partnership with provincial leaders and took action to control the spread of COVID-19 and associated negative impacts in their communities.

The Provincial Health Officer and Public Health Emergencies in BC

The PHO is the senior public health official for BC. Under section 66 of BC's *Public Health Act*, the PHO is required to monitor and report annually on the health status of the population and to provide independent advice on public health issues and the need for related legislation, policies, and practices.

Part 5 of the *Public Health Act* grants the PHO certain emergency powers. These include the power to declare a public health emergency where there is "an immediate and significant risk to public health."[30] Declaring a public health emergency gives the PHO the additional power to make orders to protect public health in BC, including "order[ing] individuals to take preventive measures."[31]

FIGURE 1.2 **Timeline of COVID-19-related Events and Response Measures in BC, January 2020 to January 2022**

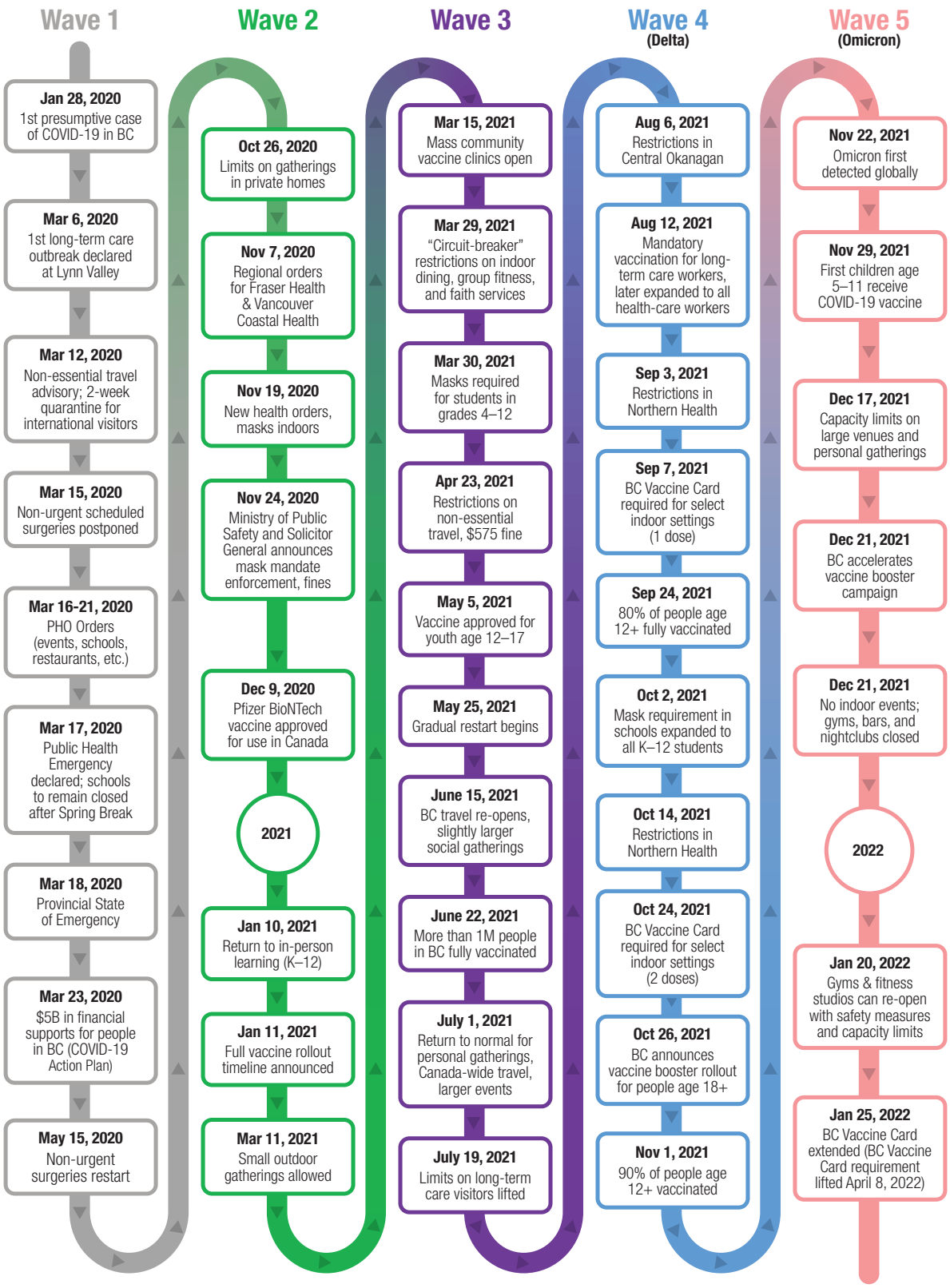


Figure 1.2 shows a timeline of key COVID-19-related public health events and response measures instituted from January 2020 to January 2022, during the same five waves of the pandemic shown in Figure 1.1.

Adapted from: BC Office of the Provincial Health Officer. COVID-19 Update: Two Years of Working Together. Victoria, BC: BC Ministry of Health; 2022 Jan 28.[29] For more information, see https://news.gov.bc.ca/files/1-28-22_COVID-19_Update.pdf.

The BC Centre for Disease Control

The BCCDC, a program of the Provincial Health Services Authority, is the BC public health service providing provincial and national leadership in disease surveillance, detection, prevention, treatment, policy development, and programming to promote and protect the health of the population. BCCDC's Population and Public Health Surveillance Program collects, analyzes, interprets, and shares data about demography, socio-economic status, health status, and chronic diseases, as well as about protective and risk factors among people in BC. BCCDC is committed to integrating anti-racism, quality and safety, and truth and reconciliation with Indigenous Peoples into all aspects of its work.[32]

BCCDC is also the provincial reporting centre for reportable diseases, including COVID-19, and works closely with the OPHO to understand and respond to public health issues.[32] BCCDC's public health monitoring work has included administering the BC COVID-19 Survey on Population Experiences, Action, and Knowledge (SPEAK), which generated much of the data in the following chapters of this report.[i]

In May 2020, recognizing the importance of gaining a better understanding of how the COVID-19 pandemic and related response measures were affecting the health and wellness of individuals and communities across BC, the OPHO and the BCCDC convened a project team and working group to begin exploring these impacts. That work evolved into the *Examining the Societal Consequences of the COVID-19 Pandemic* ("Societal Consequences") project, which is described later in this chapter.

Inherent Rights of Indigenous Peoples

Both the OPHO and BCCDC have obligations and responsibilities to uphold the self-determination and inherent rights of Indigenous Peoples in BC, and have committed to doing so, as outlined in the first pages of this report. This includes a commitment to upholding anti-racist approaches and truth and reconciliation with Indigenous Peoples, as well as foregrounding the inherent rights and title of BC First Nations and the inherent rights of all Indigenous Peoples in the territories now known as British Columbia. For more information, see the text box **Indigenous Peoples: Truth and Reconciliation**.

Commemorating Blueberry River First Nations' initial agreement with the Province of BC, October 7, 2021
Photo © Government of BC

[i] For more information about BC COVID-19 SPEAK, please visit http://www.bccdc.ca/health-info/diseases-conditions/covid-19/covid-19-survey.

Indigenous Peoples: Truth and Reconciliation

Section 35 of the *Constitution Act, 1982*, recognizes and affirms the existing Aboriginal and treaty rights of three distinct Indigenous Peoples in Canada: **First Nations**, **Métis**, and **Inuit**. This and other provincial, federal, and international laws, agreements, treaties, and court rulings set out the obligations of governments and systems to uphold the rights of Indigenous Peoples. The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)[33] creates a framework for action, and Indigenous Peoples have provided detailed instructions through many of the instruments listed below. In response, the Province of British Columbia has made several foundational commitments to reconciliation and relationship-building with Indigenous Peoples in BC, including the following:[j]

- Adopting the Truth and Reconciliation Commission of Canada's 94 Calls to Action (2015): https://www2.gov.bc.ca/gov/content/governments/indigenous-people/new-relationship/truth-and-reconciliation-commission-calls-to-action
- Abiding by the 10 *Draft Principles that Guide the Province of British Columbia's Relationship with Indigenous Peoples* (2018): https://news.gov.bc.ca/files/6118_Reconciliation_Ten_Principles_Final_Draft.pdf
- Responding to the National Inquiry into Missing and Murdered Indigenous Women and Girls' 231 Calls for Justice, which include a focus on gender diverse and 2SLGBTQQIA+ people (2019): https://www2.gov.bc.ca/gov/content/safety/crime-prevention/community-crime-prevention/taking-action-mmiwg
- Acting on the 24 recommendations in *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care* (2020): https://engage.gov.bc.ca/addressingracism/
- Implementing the new BC Cultural Safety and Humility Standard (2022): https://healthstandards.org/standard/cultural-safety-and-humility-standard/
- Implementing the BC *Declaration on the Rights of Indigenous Peoples Act* (DRIPA, 2019) and the 89 actions outlined in the DRIPA Action Plan (2022–2027): https://declaration.gov.bc.ca/
- Maintaining a distinctions-based approach, recognizing that First Nations, Métis, and Inuit are distinct peoples with distinct histories, rights, priorities, interests, and circumstances.

These instruments and instructions outline a clear path forward for all people in BC and Canada to help build a more just and equitable society—one that promotes truth and reconciliation and honours and respects the inherent rights of Indigenous Peoples. It is our collective responsibility to uphold these foundational obligations in every aspect of our work.

[j] For more information on the Province of British Columbia's approach to reconciliation, please visit https://www2.gov.bc.ca/gov/content/governments/indigenous-people.

The Societal Consequences Project

The purpose of the Societal Consequences project has been to identify and monitor the effects of COVID-19 and related public health response measures on society in BC. This project has engaged with individuals and organizations with expertise in many domains of public health, including mental health and wellness. FNHA, MNBC, and the BC Association of Aboriginal Friendship Centres (BCAAFC) have supported the project by highlighting and integrating the perspectives, experiences, and priorities of Indigenous Peoples in BC.[k] Regional health authorities have assisted in identifying and responding to instances where health and wellness outcomes have been affected by factors such as geography, access to transportation, and other rural/urban differences. The contributions of many other educational, governmental, and community-based researchers and organizations have also been invaluable. Initially, the project's findings were used to understand when and where BC needed to adjust its pandemic response. The findings are now principally used to monitor the ongoing societal impacts of COVID-19 and related response measures, and to adjust and enhance pandemic preparedness plans. While some jurisdictions have taken up similar work, BC is the only province in Canada to have conducted this type of in-depth cross-sectoral examination of societal impacts both during the pandemic and beyond.

The project partners began by identifying the areas of society most likely to be impacted by COVID-19 and related response measures: population health and wellness, mental health and substance use, health-care services, community support systems and the economy, environmental health, and Indigenous health and wellness. The partners then developed a framework for prioritizing report topics in each of these areas, grounded in a population and public health approach and based on the urgency and severity of anticipated consequences in each area. This Priority-setting Framework (attached as Supplement B) was used to determine the order in which these topics were explored.

[k] The project partners are not currently able to provide Inuit-specific data or analyses due to a lack of formal relationships with Inuit living in BC and an absence of BC Inuit data governance protocols. Inuit-focused information and resources are available from Inuit Tapiriit Kanatami (https://www.itk.ca/) and Pauktuutit Inuit Women of Canada (https://pauktuutit.ca/).

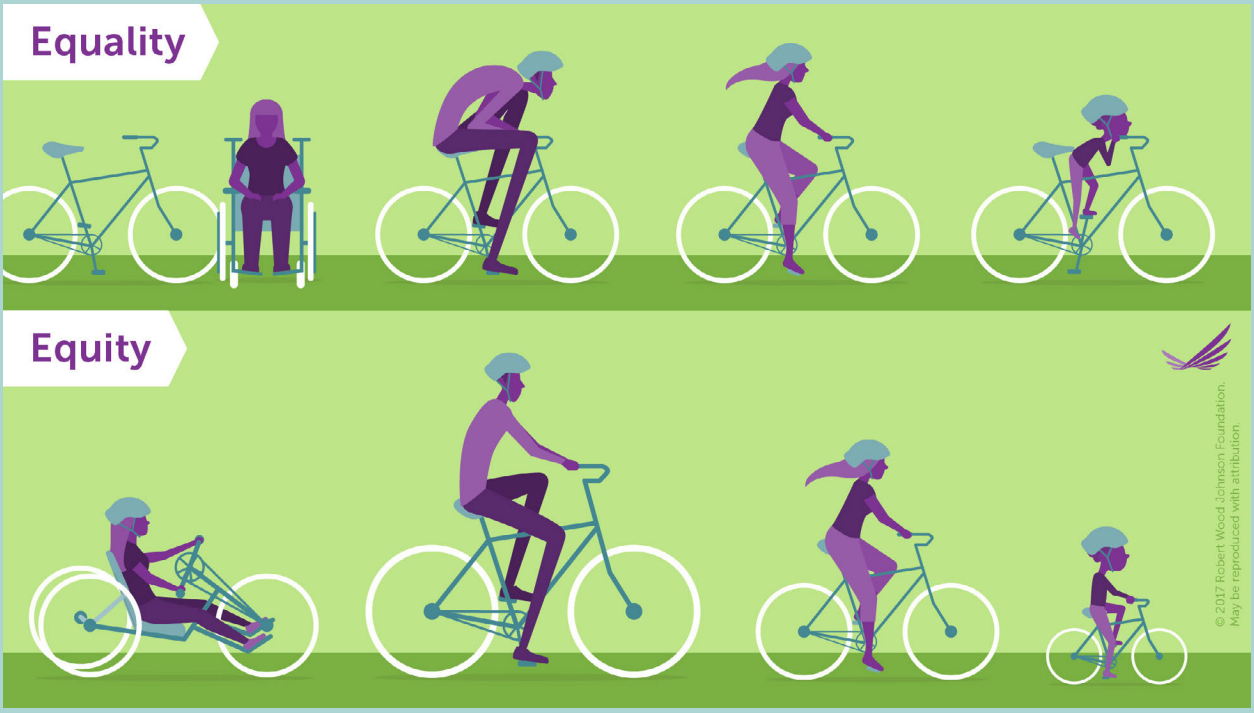
Health Equity and the Social Determinants of Health

COVID-19 has had substantial and widespread impacts on BC residents, and not everyone has experienced these in the same way. The many societal changes arising from the pandemic and associated response measures have affected critical support systems in our communities. As this report demonstrates, during the pandemic there was increased demand for community services and reduced capacity to provide them.

The chapters in this volume use a **health equity** framework, which means looking at how different groups of people in BC have been affected by COVID-19 response measures in different ways (see text box for a description and Figure 1.3 for a visual representation of health equity). Even before the COVID-19 pandemic, it was clear that some people in BC had unearned advantages, while others faced inequitable disadvantages and had less access to services, resources, and opportunities due to factors such as historical and present-day colonialism, stigma, discrimination, and systemic racism. Using a health equity framework helps illuminate how some groups may experience greater impacts than others as a result of the pandemic and related response measures.

The chapters in this report also focus on **determinants of health** (see text box and Figure 1.4 for an overview of adverse impacts of COVID-19 on the social determinants of health). For a population to be healthy and well, people must be able to fulfill basic personal needs, such as adequate income, food, and housing; a strong social network; access to health services; being safe in their homes and communities; and living with a stable global climate.[38,39,40] Self-determination, identity, cultural continuity, and

FIGURE 1.3 **Visualizing Health Equity: One Size Does Not Fit All**



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© 2017 Robert Wood Johnson Foundation[37]

Health equity exists when all people have equitable access to the opportunities, resources, and supports needed to achieve and maintain health and wellness. Everyone is therefore able to reach their full health potential, and no one is "disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socio-economic status, or other socially determined circumstance."[36(p.1)]

Conversely, health *inequities* are "health differences between population groups—defined in social, economic, demographic or geographic terms—that are [inherently] unfair and avoidable."[36(p.1)] Although health inequities are systemic and therefore may not be avoidable at the individual level, inequities *can* be addressed at systems and societal levels.

For more information on health equity, please visit http://www.bccdc.ca/health-info/prevention-public-health/health-equity and https://nccdh.ca/learn/lets-talk/.

connection to the land are additional determinants of great significance to many Indigenous Peoples.[41,42,43] These and other determinants of health are foundational in the ways they shape health and wellness, both directly and indirectly. As a result, they are frequently characterized as "upstream"—meaning that they influence everything that happens "downstream," where the immediate health needs of a population can be seen (e.g., serious health events and illnesses, visits to the hospital emergency room).[I,44] Determinants of health are structural and deeply ingrained in society;[44] therefore, addressing them requires broad societal commitment and action. Many are beyond the scope of the health system or require coordination between public health and other sectors.[45]

[I] The upstream/downstream concept of health is based on the story of a bystander who sees someone caught in a river current. After helping the person out of the river, the bystander notices more people struggling in the current, and helps each one out. Finally, the bystander goes upstream to see why people keep falling in the river and to try to stop it from happening. "Upstream" therefore represents public health's focus on prevention and health promotion—the important work of keeping people from falling in the river in the first place.

Determinants of health are factors and influences that shape health and wellness across the lifespan. These include the physical environment, personal characteristics and behaviours, and cultural, environmental, social, and economic factors. One subset of determinants of health, the "social determinants," accounts for as much as half of what makes us healthy and well. Social determinants of health are non-medical factors such as income, education, literacy, employment and working conditions, social environments, housing, food security, social inclusion, connections to culture and language, Indigenous self-determination, freedom from violence and oppression (e.g., due to forces such as settler colonialism, racism, sexism, and ableism), and non-discrimination (i.e., not being discriminated against based on attributes like gender and sexual identity or expression, affectional orientation, race, or place of origin). Individual social determinants of health may support or detract from health and wellness.

For more information about determinants of health, see *Taking the Pulse of the Population: An Update on the Health of British Columbians* (2019) at www.health.gov.bc.ca/pho/reports/annual.

The Societal Consequences project's focus on social justice, health equity, and the social determinants of health is reflected in its attentiveness to markers of identity such as sex, gender, race, and Indigeneity. For example, this project has used tools such as Gender-based Analysis Plus (GBA+)[m] and the "Grandmother Perspective" framework espoused by the Office of the BC Human Rights Commissioner for the collection of disaggregated race-based data.[n] These tools promote a better understanding of how COVID-19 response measures have been experienced differently based on factors such as age, sex and gender identity, socio-economic status, population density (rural/urban), immigration status, race/racialization, and Indigenous identity.

For many Indigenous Peoples, public health restrictions during COVID-19 added to existing stresses and inequities such as intergenerational and colonial trauma, social exclusion, ongoing racism and discrimination, and lack of access to culturally safe health care.[o] In addition, settler-colonial governments and racist policies undermined Indigenous communities' rights to self-determination in responding to COVID-19.[47,48,49] This project recognizes the ongoing impacts of settler colonialism, racism, and discrimination in the health-care system[8] and throughout society, and strives to make progress toward upholding Indigenous self-determination and truth and reconciliation. FNHA, MNBC, and BCAAFC helped guide the development of surveys and reports linked to this project, ensuring that the project was grounded in a strengths-based approach to Indigenous health and wellness and upheld Indigenous data governance standards.[p] Indigenous and non-Indigenous project partners worked together with an intention to disrupt the status quo of population health reporting and support Indigenous self-determination by creating space for First Nations and Métis partners to share their experiences of the pandemic.

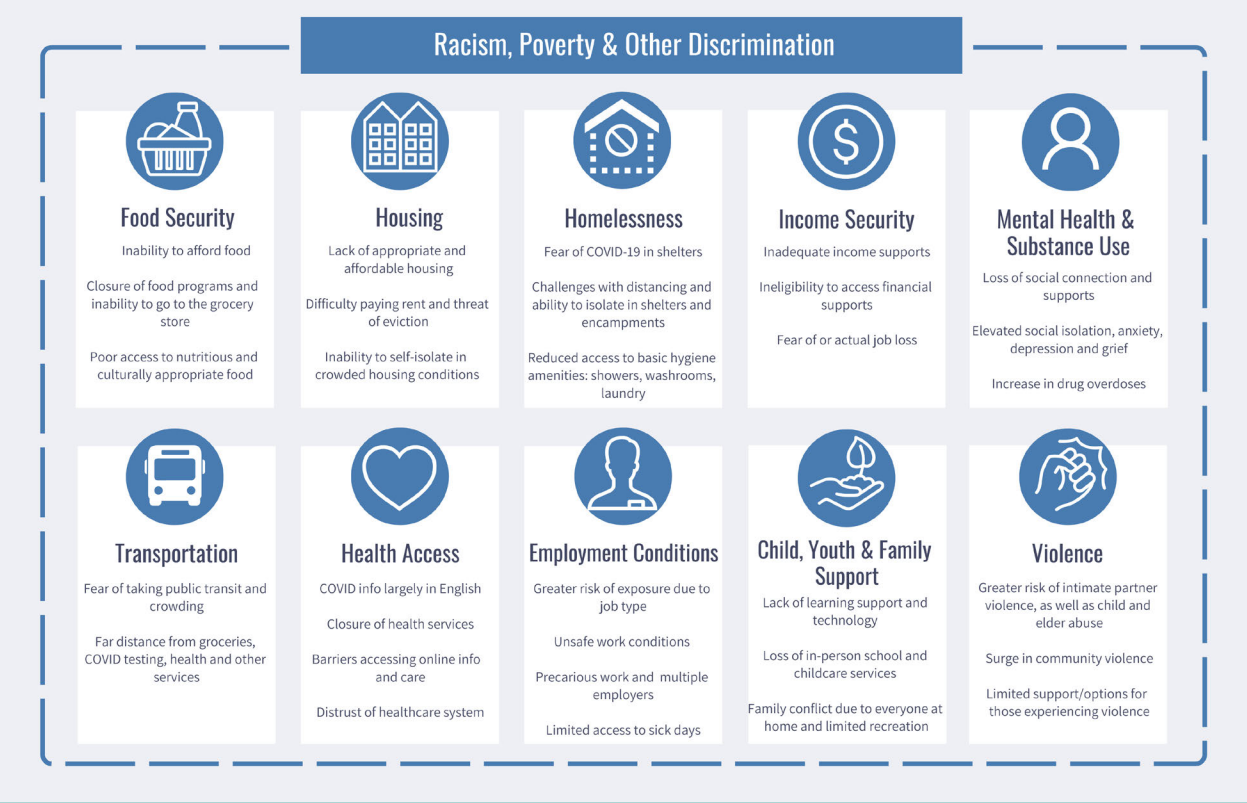
[m] For more information on GBA+, please visit https://women-gender-equality.canada.ca/en/gender-based-analysis-plus/what-gender-based-analysis-plus.html.

[n] For more information on the Grandmother Perspective, please visit https://bchumanrights.ca/publications/datacollection/.

[o] Note that "access" has multiple dimensions, including the existence of a program or service; its availability in terms of location, open hours, and adequate staffing; supports that facilitate access (e.g., transportation, child care); and cultural safety (the degree to which an environment is free of racism and discrimination, where people feel safe when receiving health care).

[p] Indigenous data governance standards include the First Nations principles of OCAP® (ownership, control, access, and possession) and the principles of OCAS (ownership, control, access, and stewardship) embraced by Métis Nation British Columbia. For more information, see the First Nations Information Governance Centre (https://fnigc.ca) and the *Framework for Research Engagement with First Nation, Metis, and Inuit Peoples* from the University of Manitoba Faculty of Health Sciences (https://umanitoba.ca/health-sciences/sites/health-sciences/files/2021-01/framework-research-report-fnmip.pdf).

FIGURE 1.4 **Adverse Impacts of COVID-19 and Related Response Measures on Determinants of Health**



Shared with the permission of Toronto Public Health.[46(p.5)]
For more information, see https://www.toronto.ca/legdocs/mmis/2020/hl/bgrd/backgroundfile-157257.pdf.

Kitsumkalum First Nation, June 2020.
Tara Lynn111/Shutterstock.com

In addition to the FNHA and MNBC statements that appear earlier in this chapter, this has included collaborating on the prioritization of report topics and the creation of Chapter 6 of this report: Métis Food (In)security and Food as Medicine.

Despite collaboration throughout the Societal Consequences project, inequitable resourcing and the need for FNHA, MNBC, and BCAAFC to focus on supporting Indigenous people and communities throughout the pandemic prevented their equal and full participation. These organizations faced a very high burden of pandemic response, as the pandemic layered on to the heavy weight of colonial harms and pre-existing socio-economic and health inequities. The BC PHO and BCCDC leadership therefore raise their hands to these organizations in appreciation of the added hard work they took on throughout the pandemic to support the health and wellness of Indigenous people and communities across BC. Lessons learned from this project have informed internal processes at the OPHO and the BCCDC that support unlearning and undoing systemic white supremacy and Indigenous-specific racism. Continuing this work facilitates anti-racist approaches and can improve future collaboration with Indigenous organizations.

Organization of this Report

Chapters 2 through 14 of this report each explore a particular aspect of the societal consequences of COVID-19 and related response measures in BC. The final chapter discusses key themes and challenges that emerged and makes recommendations for moving forward.

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