Executive Summary

In March 2020, the World Health Organization declared COVID-19 a global pandemic. Responses to the pandemic resulted in massive societal shifts in virtually every jurisdiction in the world.

In BC, the Provincial Health Officer (PHO) declared a public health emergency and implemented a series of public health orders and guidelines (e.g., physical distancing, wearing masks, limits on gathering sizes). These orders and guidelines—also known as "response measures"—were intended to reduce the spread of COVID-19; minimize related illness, hospitalization, and death; and ensure that sufficient health-care resources remained available to those in need of urgent and life-saving care. However, COVID-19 response measures also had substantial societal impacts, both positive and negative, on individuals and communities across the province and around the globe.

The Office of the Provincial Health Officer (OPHO) and the BC Centre for Disease Control (BCCDC) led efforts to understand how COVID-19 response measures in BC were affecting the population through a project titled ***Examining the Societal Consequences of the COVID-19 Pandemic*** ("Societal Consequences" project). The aim of this work was to identify and monitor the effects of COVID-19 response measures early in the pandemic and use that information to better support people in BC through the pandemic and during recovery afterwards, while also protecting public health. Partners and advisors included the First Nations Health Authority (FNHA), Métis Nation British Columbia (MNBC), and the BC Association of Aboriginal Friendship Centres (BCAAFC), as well as regional health authorities, the Provincial Health Services Authority, and BC government ministries and organizations. A key principle in this work was recognizing and working to uphold the inherent rights of Indigenous Peoples (First Nations, Métis, and Inuit).

The Societal Consequences project has included the development of short issue reports on topics that have been impacted by COVID-19 and related response measures. These topics were selected and prioritized based on urgency and the expected severity of related impacts. Each issue report summarizes the data used to monitor population health and guide public health decision-making on that topic during the pandemic. Issue reports published to date appear as individual chapters (Chapters 2 through 14) in this larger report. In addition to informing the response to COVID-19, these findings will help shape responses to future public health emergencies.

Summary of Key Findings

The issues explored in Chapters 2 through 14 of this report range from overall population health and wellness to health-care service utilization. Because population mental health and wellness emerged as a critical area of concern during the pandemic, many chapter topics focus on, or are linked to, mental health and substance use.

Chapter 2: Anti-Asian Racism, Stigma, and Discrimination

- Targeted anti-Asian racism and discriminatory acts increased in frequency and severity throughout communities in BC and across Canada during COVID-19.

Chapter 3: Gender-based Violence

- The COVID-19 pandemic and response measures to limit the spread of COVID-19 increased the risk, and likely also the prevalence and severity, of gender-based violence (GBV) in BC, while reducing access to related support services.
- The number of calls to the Battered Women's Support Services crisis line in Vancouver significantly increased during the first month of COVID-19.
- Data gaps make it difficult to accurately understand the prevalence of GBV in the BC population, how often it occurs, and the associated short- and long-term impacts on mental, emotional, physical, and spiritual health and wellness.
- GBV disproportionately affects some populations, including gender diverse and non-binary people, those who identify as 2SLGBTQQIA+,[a] immigrants and refugees, people of colour, Indigenous women and girls, individuals living with disabilities, people in rural and remote areas, sex workers, children and youth (especially girls), pregnant people, and new parents.
- The report *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls* confirmed that due to structural racism and impacts of colonization, Indigenous women, girls, and 2SLGBTQQIA+ people are at higher risk of violence. The National Inquiry into Missing and Murdered Indigenous Women and Girls issued 231 Calls for Justice that have yet to be fully addressed by either the Government of Canada or the Government of British Columbia.

Chapter 4: Unemployment and Underemployment

- BC's unemployment rate increased from 5.2% in February 2020 to 13.1% in May 2020, largely because of COVID-19 response measures. Unemployment declined between June and November 2020 with the partial lifting of these measures, but was still higher compared to the same months in 2019.
- Unemployment and underemployment can harm physical and mental health. As well, parental unemployment and underemployment are linked to lower levels of children's educational attainment and well-being.
- Women, temporary workers, informal economy, and non-white racialized workers have been disproportionately affected by COVID-19-related unemployment.

Chapter 5: Food Insecurity

- The COVID-19 pandemic and associated response measures impacted various dimensions of food security, including the availability, accessibility, and affordability of food in BC. Increased unemployment and reduced income during the pandemic substantially contributed to household food insecurity.

[a] The acronym 2SLGBTQQIA+ refers to Indigenous people who identify as Two-Spirit and all people who identify as lesbian, gay, bisexual, transgender, queer, questioning, intersex, and/or asexual, as well as those with non-heterosexual/non-binary sex and gender identities who do not see themselves reflected in this acronym.

- In the early months of the pandemic, 14.6% of people age 18 and older in BC reported worrying that food would run out before they could get money to buy more. This proportion was highest in the Northern Health region (18.5%).
- In BC, as a result of discrimination and deeply entrenched societal inequities, food insecurity during the COVID-19 pandemic disproportionately affected people age 18–29, people with an annual household income of less than $20,000, people without a high school diploma, people with at least one disability, Indigenous Peoples (First Nations, Métis, and Inuit), and people who are racialized.

Chapter 6: Métis Food (In)security and Food as Medicine

Photo © Métis Nation British Columbia

- Due to settler colonialism and other complex socio-economic factors, many Métis people experience food insecurity, which in some cases was made worse by the COVID-19 pandemic and associated response measures such as physical distancing and group size limitations.
- Métis people and communities developed diverse and creative ways to stay connected and provide access to food during the pandemic.
- As a result of multiple intersecting forms of oppression, food insecurity affects certain populations disproportionately, including Indigenous Peoples, women, children, Elders, lone-parent families, 2SLGBTQQIA+ people, people with lower incomes, people with diverse abilities, and those living in rural, remote, isolated, and/or northern communities.
- Métis identity is a source of strength and resilience. Increased risk to Métis people's food security is deeply rooted in historic and ongoing legacies of racism and settler colonialism found across practices, policies, systems, institutions, and norms.
- Upholding Métis people's inherent rights to health and wellness, including food as medicine, must be a key component of any strategy to support Métis food security.

Chapter 7: Missed or Delayed Routine Childhood Immunizations

- Lower percentages of infants and toddlers received their immunizations on time in March 2020, compared to March 2019, in most health regions.
- The percentages of infants and toddlers who received their routine immunizations on time improved between March and July 2020; however, percentages in July 2020 were still lower than July 2019 for most regions.

Chapter 8: Emergency Department Use

- There was a decrease in the number of emergency department visits from March to April 2020, compared to the same period in 2019. The number of emergency department visits returned to close to pre-pandemic numbers by June 2021.
- Among those who accessed emergency department services, the proportion of visits requiring the most urgent level of care increased in 2020, compared to previous years, while the proportion requiring less urgent care decreased.

Chapter 9: Selected Communicable Diseases Other Than COVID-19

- Response measures introduced to reduce transmission of COVID-19 and changes in individuals' behaviour may have also led to the decline in cases of several reportable communicable diseases compared to previous years.
- Decreases in communicable diseases during 2020 may be due to reduced social contacts, travel restrictions, more frequent cleaning (i.e., surfaces and hands), and increased use of personal protective equipment. Decreases in testing may have also contributed to the decline in cases identified.

Chapter 10: Mental Health

- The COVID-19 pandemic and related response measures negatively impacted mental health and may lead to lasting poor mental health and mental illness for some people.
- In a survey conducted by Statistics Canada, over half of respondents age 15+ in BC reported experiencing "somewhat worse" or "much worse" mental health due to COVID-19 and related measures. Females and individuals age 15–24 and 25–44 were more likely to report worsened mental health.
- Experiences of greater stress and worsened mental health were reported more among individuals living with disabilities, people with a pre-existing mental health issue, gender diverse individuals, recent immigrants, and individuals earning lower levels of income. This reflects multiple deeply entrenched and intersecting forms of discrimination, oppression, and inequity throughout society.

Chapter 11: Social Isolation of Residents in Long-term Care and Assisted Living

- Residents of care homes, including long-term care and assisted living residences, are at higher risk of serious illness, complications, and death due to COVID-19.
- Infection prevention measures in long-term care and assisted living residences included restrictions on visitors, social gatherings, and activities. These measures led to increased social isolation and decreased physical health, mental health, and quality of life for residents.
- When limited visits were allowed to resume, 61% of family members reported that their loved ones in care homes seemed worse than when they had last seen them, in terms of reduced cognitive function (58%), mood and emotional well-being (58%), and/or physical function (46%).

Chapter 12: Self-harm and Suicide

- COVID-19 response measures increased social isolation and stress and made it harder to access mental health care. These factors may have exacerbated existing mental illness and contributed to heightened risk of self-harm and suicide.
- Self-harm occurs most frequently among young females and non-binary individuals, while the suicide rate is highest among middle-aged males. Populations who have been subject to marginalization, such as trans and non-binary individuals, people with low income, and people with mental illness are disproportionately affected by both. As a result of cultural genocide, intergenerational trauma, and structural racism, Indigenous Peoples are also disproportionately affected by both self-harm and suicide. These patterns applied both before and during the pandemic.
- Self-harm hospitalization and suicide rates in BC both decreased slightly during the initial months of the pandemic, then increased to levels similar to those seen prior to the pandemic. These findings should be interpreted with caution, however, given data limitations and delays in reporting.

Chapter 13: Problematic Alcohol Use

- Population survey and alcohol sales suggest that the COVID-19 pandemic led to increased alcohol consumption among youth and adults in BC.
- After the start of the pandemic, self-reported consumption and alcohol sales across BC increased, but support systems and treatment programs for alcohol use disorders became more difficult to access during COVID-19 due to public health measures to prevent transmission.
- The BC COVID-19 Survey on Population Experiences, Action, and Knowledge (SPEAK) showed alcohol consumption during COVID-19 in BC was much higher than what had been reported nationally. The increase in alcohol consumption in BC showed high rates among those age 18 to 49 and those with higher levels of education and household income.

Chapter 14: Increased Overdose Harms and Deaths

- The COVID-19 pandemic and response measures compounded the pre-existing overdose public health emergency and increased the risk of overdose, illness, and death for people who use drugs. Since late March 2020, fatal and non-fatal overdoses increased in BC and both reached all-time highs during the pandemic.

Project Themes

The chapters in this report explore several societal consequences of the COVID-19 pandemic and public health response measures introduced to reduce the spread and impact of COVID-19 in BC. Lessons learned—including the critical role of health equity and the importance of ongoing work to uphold anti-racist approaches—are discussed in Chapter 15 of this report and reflected in the following three key themes that were highlighted during the course of the Societal Consequences project:

1. The need to uphold inherent Indigenous rights, self-determination, and truth and reconciliation;
2. The profound impacts of racism and discrimination; and
3. The amplification of pre-existing inequities during the pandemic.

These three themes helped inform the development of the following recommendations to better prepare and serve the population of BC now and in the event of future public health emergencies.

Recommendations

1. **Advance Indigenous population health data sovereignty as an important component of self-determination**

   a. Make substantial investments in advancing First Nations, Métis, and Inuit population health data sovereignty, including but not limited to adequate resourcing that enables Indigenous governing bodies to provide services and undertake real-time population health surveillance.

   b. Work to advance Indigenous population health data sovereignty by engaging in meaningful partnership with Indigenous governing bodies and organizations to uphold the inherent rights and title of BC First Nations, and the inherent rights of all Indigenous Peoples (First Nations, Métis, and Inuit) in BC through effective co-governance models.

2. **Advance population and public health surveillance and assessment capacity, collaboration, and coordination**

   Make substantial investments in local, regional, provincial, and Indigenous population and public health surveillance and health assessment capacity to monitor population health status and equity, track burden and trends of diseases and injuries, and identify potential and emerging public health risks. In particular, expand surveillance capacity for determinants of health and non-communicable diseases with a focus on enhancing collaboration and coordination across sectors.

3. **Clarify and communicate the population and public health surveillance and assessment mandate of the BC Centre for Disease Control (BCCDC) and its commitment to Indigenous population health data sovereignty**

   Clarify and raise awareness of BCCDC's mandate as the provincial body for BC population and public health surveillance and assessment, including the determinants of health, communicable and non-communicable diseases, and environmental health. At the same time, reaffirm BCCDC's ongoing commitment to collaborate with Indigenous governing organizations and to honour Indigenous data governance standards in this work.