

MEMORANDUM

Date: March 31, 2020

File: 51500-10

CLIFF: 1059957

To: The Fire Chiefs Association of BC

Re: Provincial Health Officer order regarding notifying first responders

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Page 002 of 220 to/à Page 010 of 220

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COVID-19 Cross-Ministry Coordination Call – April 11

Daily 9:50-10:50AM

2261 Keating Cross Rd, EMBC Kicking Horse Room – s.15; s.17

EMBC: Provincial Overview

- PECC is activated over the Easter Long Weekend
- Yesterday the enhanced self-isolation and screening protocol went into effect at YVR and the four land border crossings
- Temporary foreign worker issue is being raised to the forefront of Agriculture and other ministries, will provide updates in the coming days.
- No call Sunday or Monday, next call is at 0950 on Tuesday, April 14.

HLTH: Public Health Overview

COVID-19 Stats (as of 1500 April 10):

BC Confirmed Cases: 1410 (+40)

BC Confirmed Recovered: 879 (+21)

BC Fatalities: 55 (+5)

Total tested: > 53 000

Updates from last 24 hours:

- Great partnership across BC ministries in the enhanced enforcement of the air and land borders. Remarkable amount of work from many areas of government.
- Additional resources surrounding the mental health impacts of COVID-19 available online at the gov.bc.ca website.
- New PHO guidelines for the hotels sector have been posted to the CDC website

Working Group Reports

Vulnerable Populations Working Group (David C., MAH)

- No updates

Volunteerism Working Group

- Not present

Supply Chain Coordination Working Group

- Not present

Indigenous Agency Coordination Working Group (Cam F., MIRR)

- Limited but growing issue among First Nations surrounding access and security for communities.
- EMBC, TRAN and other agencies are well aware and are looking at the issue, which is very appreciated.
- Much of the concerns are linked to the use of powers and clarity on the use of powers, and on gaining forward motion whether that's through the emergency act, the quarantine act or others.
- Thank you to Stan Bates and TRAN yesterday for work with the Malahat Nation.

Industrial Camps Working Group (Peter)

- Nothing to report

Joint Information Centre Report

- Not present

Ministry Reports

PSEC

- Not present

PSA

- Not present

CITZ

- Not present

LBR and JEDC (Jo)

- No updates

MIRR (Jennifer)

- Trying to secure contingent funding for friendship centres (FC) to provide relief for the increased services provided to Indigenous residents of urban centres.
- Similar work ongoing with Metis Nation BC

EDUC

- Not present

AEST

- Not present

SDPR (Theresa)

- No updates

MCFD

- No updates

MHA (Taryn W.)

- New mental health supports were announced on Thursday
- **Question to MAH:** Has the province issued any communication to municipalities regarding the closing of facilities like public washrooms and the implications this has for vulnerable populations in terms of their access to washrooms and hygiene facilities.
 - **David C. (MAH):** Will look into this.

MAH (David C & Wendy)

- BC Housing updates:
 - Continuing to set up over flow shelters and sites in hotels and motels across the province.
 - Particularly concerned about the concentration of homeless persons in the Vancouver DTES and Pandora St. in Victoria. Actively looking for solutions.
 - Oppenheimer Park in Vancouver is continuing to see great numbers of people camping, up 50 from Wednesday to approximately 230.
 - Increased rates of violence around Oppenheimer and other high concentration areas in province.
 - We have secured over 900 spaces across the province and are working to get people into those.
 - Staffing, PPE and health supports are still the main challenges, and a framework was released on Thursday for promoting a consistent response
 - Concern with upcoming flooding and wildfire season and additional strains on hotels. Working to ensure limited additional burden by shelters.
 - There have been more than 10 000 online applications to the temporary rental support program, and 64 000 hits to the landing page.
 - Staff from across BC Housing have been deployed to assist with applications through the weekend.
 - Development Services team is looking into sourcing hygiene modular units to support vulnerable populations in communities that are closing public facilities

Teresa (SDPR):

- Question raised by CUPE at our social services sector roundtable: *What is the process for accessing spaces for people to isolate, particularly those on the DTES?*

David C:

- We will develop a response and be ready to respond on the next round table.

Cam F. (MIRR):

- Have you had much interface or involvement with FNHA or ISC surrounding isolation policies?

Wendy:

- Yes, we have.
- One area we are looking at is if we can access culturally appropriate and specific spaces for Indigenous people to isolate in.

TAC (David)

- No update.

AGRI (Graham K.)

- Concerns identified during weekly stakeholder outreach:
 - Access to PPE: stocks getting critically low
 - Labour shortages and worker absenteeism
 - Difficulty in continuity in farm operations due to physical distancing
 - Working with Chief Veterinary Officer on understanding/addressing recent announcement of tigers and other animals with COVID in New York state.
 - Some food processing facilities have closed, impacting around 100 employees

Dave P:

- How will the closure of food processing facilities impact overall food security?

Graham:

- Will look into that and get back to you.

TRAN (Ian P.)

- Our Transportation Operations centre is activated and any transportation requests can be directed there via email: transport@yvr.ca
- Thanks to all for coordinated response at YVR and the land crossings
- Road closure for the Malahat FN is a good first aid solution while we get them a lot more signage, cones etc. to help block road access. We will revisit in the next few days to see if efforts have been effective. In discussions with our executive on this piece.
- BC Apparel and Gear association is having trouble getting medical supplies from suppliers in China. Trying to find out if the supply chain group is looking into that. Federal government has taken over the initiative to get regular flights coming out of Shanghai.

Ken C.:

- Will get you in contact with Matt Antwright.

Dave P:

- There were previous and ongoing discussions on the FN access issue among EMBC, MIRR, FLNRORD and others.
- If TRAN is engaging with the executive on this, it would be a good idea for us to reactive the cross-ministry discussion

Taryn W.:

- Are there sufficient number of government workers to staff YVR, or are you still seeking additional volunteers?

Jo:

- Technically they have enough, but there have been scheduling difficulties, if you have any volunteers you can contact Joanne Hanson.

AG/ PSSG (Lisa A.)

- No updates

ENV (Jenn M)

- On Thursday ENV had two oversized vehicles denied access on BC Ferries despite having an assured loading tag.
 - Returning to Victoria with essential workers involved in the snow and flood survey.
 - No space on first sailing, and no preference given to the vehicles, did not get on until the 3rd sailing from Tsawwassen. Most oversized traffic was commercial trucks.
 - Looking for guidance on the process to ensure that we can get emergency government workers prioritized for boarding on ferries.

Ian:

- I will check with Kirk on this, I think that he has talked to BC Ferries to instruct that government vehicles are essential and should have boarding preference.

EMPR

- We will provide report out on our meeting with Kitimat and Haisla Nation; Chief Crystal Smith had followed up with the Minister's office and we are waiting to hear the report out on that.

OGC

- Not present

FLNRORD (Mike)

- No updates.

Question:

- What is happening with the hunting discussion?

Mike:

- Most discussion has surrounded delaying the seasons and delaying the issuing of tickets.
- Getting guidelines out to guide outfitters rather than individuals
- Can get more clear guidance on that.

IGRS

- No updates

FIN

- Not present

EMBC Closing Comments

Ken:

- Would attendees like a call tomorrow? Understanding that work will continue regardless.
- Hearing nothing, we will cancel call tomorrow, next call will be at **0950 on Tuesday, April 14.**

Dave P.:

- For those working over weekend, when you do reach out, cast a wide net and if there is doubt as to whether someone would be interested, send it to them.
- Main value of this group is so that we all know what is going on.

Theresa (SDPR):

- If you have anything for us, contact me directly, Debbie is taking a break over the weekend.

THE COALITION
FOR HEALTHY SCHOOL FOOD



Feeding Students During COVID-19

A Report on the Experiences and
Needs of BC's School Food
Programs

AUTHORS:

Samantha Gambling, Provincial Lead, BC-CHSF, PHABC
Richard Han, Provincial Manager, F2SBC, PHABC
Anshula Chaudhry, Data Analyst, PHABC
Debbie Field, National Coordinator, CHSF
Christina Harding, Project Coordinator, PHABC



Public Health
Association of BC



Released: April 15, 2020

Page 018 of 220 to/à Page 030 of 220

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Unintended Positive and Negative Consequences of COVID19 Interventions

Project Meeting

1-2pm, April 17, 2020

Chair: Dr. Brian Emerson, Acting Deputy Provincial Health Officer

Agenda

Item	Lead
Introduction	Brian (5min)
Background, purposes, and timeline	Brian (5 min)
<u>Monitoring Framework</u>	<u>Brian (10 min)</u>
Roundtable discussion of analyses <u>tracking</u> undergoing and being planned	PHO BCCDC HSIAR (10 min each)
A coordinated way to move forward	All (15min)
Next steps	All (5min)

Unintended Positive and Negative Consequences of COVID19 Interventions

Project Meeting

1-2pm, April 17, 2020

Chair: Dr. Brian Emerson, Acting Deputy Provincial Health Officer

Agenda

Item	Lead
Introduction	Brian (5 min)
Background, purposes, and timeline	Brian (5 min)
Monitoring Framework	Brian (10 min)
Roundtable discussion of tracking undergoing and being planned	PHO BCCDC HSIAR (20 min)
A coordinated way to move forward	All (15min)
Next steps	All (5min)

Food Systems COVID19 Impacts and Response

Capital Region area report from CRFAIR



Weekly Briefing Note - April 16, 2020

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Page 034 of 220 to/à Page 041 of 220

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Page 042 of 220 to/à Page 056 of 220

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BC Govt Survey

From : Sandhu, Jatinder [BCCDC] <jat.sandhu@bccdc.ca>
To: Emerson, Brian [EXT] <Brian.Emerson@gov.bc.ca>, xibiao.ye@gov.bc.ca [EXT] <xibiao.ye@gov.bc.ca>, Emerson, Brian P HLTH:EX, Ye, Xibiao HLTH:EX
Sent: April 27, 2020 9:33:35 AM PDT

Hi Brian and Xibiao,

Are you aware of this survey that PHSA comms just brought to my attention?

https://feedback.engage.gov.bc.ca/525864?lang=en&bcgovtm=20200319_GCPE_AM_COVID_4_NOTIFICATION_BCGOV_BCGOV_EN_BC_NOTIFICATION

Jat

BC COVID Population Survey

From: Sandhu, Jatinder [BCCDC] <jat.sandhu@bccdc.ca>
To: Lysyshyn, Mark [VCH] <Mark.Lysyshyn@vch.ca>, Lavoie, Martin [FH] <martin.lavoie@fraserhealth.ca>, Waters, Shannon [VIHA] <shannon.waters@viha.ca>, Gray, Andrew [NHA] <Andrew.Gray@northernhealth.ca>, Fenton, Carol <Carol.Fenton@interiorhealth.ca>, Wong, Jason [BCCDC] <Jason.Wong@bccdc.ca>, Krajden, Mel [BCCDC] <Mel.Krajden@bccdc.ca>, Emerson, Brian [EXT] <Brian.Emerson@gov.bc.ca>, XT:Lysyshyn, Mark Dr. HLTH:IN, Lavoie, Martin Dr. HLTH:IN, Waters, Shannon Dr. HLTH:IN, Gray, Andrew Dr. HLTH:IN, XT:Krajden, Mel HLTH:IN, Emerson, Brian P HLTH:EX
Cc: Oakey, Megan [BCCDC] <Megan.Oakey1@bccdc.ca>, Demlow, Ellen [VCH] <Ellen.Demlow@vch.ca>
Sent: April 27, 2020 12:19:13 PM PDT
Attachments: BC COVID Pop Health Survey Draft 26Apr20 - Categories.docx

Dear All,

Please find attached a draft of the COVID population survey that is being proposed for your review and feedback by Wednesday 29th April end of day.

A few things to note:

- All the epidemiology leads from the regions, BCCDC and MOH have reviewed and provided input into this version during two meetings last week.
- Validated questions or ones we can benchmark against for comparison purposes were used to develop the survey.
- In this version the survey questions are colour categorised in terms of actionability. Please consider relevance and importance.
- The online format will make the survey shorter and is estimated to take between 10-15mins depending on questions that can be skipped.
- Please provide comments/feedback to Megan and Ellen (copied here) and use track changes where possible.

Thank-you in advance for your feedback and quick turnaround on this.

Best,
Jat

Jat Sandhu MPH MSc PhD MBA

Consultant in Epidemiology & Population Health Management
British Columbia Centre for Disease Control
Provincial Health Services Authority

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Page 059 of 220 to/à Page 075 of 220

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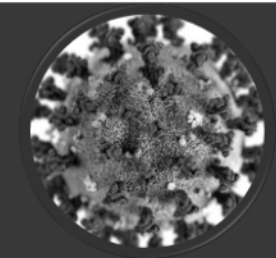
COVID-19 Unintended Consequences Working Group Meeting
Proposed Agenda
April 29, 2020

1. Introductions
2. Approval of Agenda, Notes from Previous Meeting
3. Terms of Reference
4. Draft Organization Chart
5. Draft Table of Consequences
6. Prioritization
7. Other Topics
8. Next Steps
9. Next Meeting - May 6 2020

Page 077 of 220 to/à Page 093 of 220

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BC COVID-19 Population Health Survey

Assessing Current State and Informing Public Health Strategies

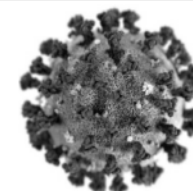
Update for CMHOs and PHOs

30th April 2020



****REMINDER****

Overview and Timeline



1

Population Survey



- Inform ongoing public health measures
- Assess unintended consequences
- Provides a sampling frame for serosurvey and sentinel surveillance

2

Serological Survey



SAMPLE

- Determine population susceptibility and immunity
- Assess risk of spread among subgroups
- Complements current diagnostic testing but may inform surveillance strategies

3

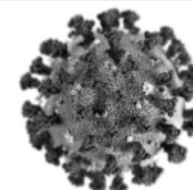
Sentinel Surveillance



SUSCEPTIBLE

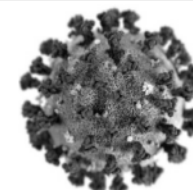
- Earlier detection of community transmission
- Focuses rapid response
- Signal for need to ramp up public health measures

Survey Development

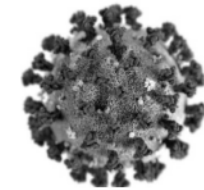


- Validated questions or ones that can be benchmarked against for comparison purposes were used to develop the survey.
- All the epidemiology leads from the RHAs, FNHA, BCCDC and MOH have reviewed and provided input over the past two weeks into survey content and implementation considerations.
- Relevance and importance of questions in terms of actionability were considered:
 - Informs testing strategy
 - Public health management of cases and contacts
 - Measures targeted at individuals
 - Measures targeted at the community
 - Broader policy considerations
 - To support stratification geographic/socioeconomic (equity)
- Draft survey reviewed by CMHOs/PHOs physician designates from each RHA, FNHA, BCCDC and MoH this week – *feedback positive; minor edits*

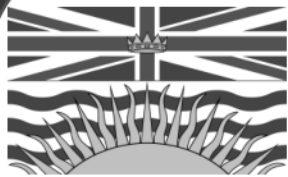
Survey Structure and Content



- Current version comprises 63 items in 12 sections:
 1. **About You** – age, gender, geography
 2. **COVID-19** related illness and exposure (clinical cases)
 3. **COVID-19 prevention** – personal behaviours in risk mitigation
 4. **Your Health** – general health, lifestyle behaviours, medical risk factors
 5. **Your Mental Health** – current mental health, stress, anxiety and resiliency
 6. **Your Care Needs** – access, avoidance, type of service, virtual health
 7. **Your Perception** – physical distancing measures, acceptability, comfort
 8. **Your Household** – dwelling type, household composition
 9. **Your Circumstances** – financial stability, housing affordability, food security
 10. **Your Occupation** – industry, frequency of contacts, physical distancing at work
 11. **Your Socio-demographics** – household income, ethnicity, education
 12. **Your Help** – voluntary disclosure of email, phone, PHN for subsequent phases; willingness to adopt contact tracing app
- Online format is estimated to be 10-15 mins depending on skip patterns



Targeted Population



3.72 Million
Population
Aged 18+
(2016 Census)

Census Data by CHSA



Targets by CHSA
population aged 18+
2% for Urban
4% for Rural/Remote

Quota based sampling



BC target aged
18+ is 86,409
- 46,974 Urban
- 15,404 Semi-Urban
- 24,031 Rural/Remote

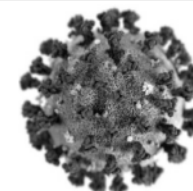
Aggregate by HA



By Regional HA
- 27,847 FHA
- 20,071 VCH
- 16,755 IHA
- 15,350 VIHA
- 6,386 NHA

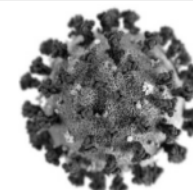
-
- First Nations in community targets to be determined with INAC statistics (*in progress*)
 - Post-collection weighting (age, sex, geography) using 2016 census data to desired reporting level
 - Potential further calibration of sample weights using Health System Matrix (*in discussion*)

Implementation Considerations



- Deployment of UBC instance of Qualtrics (leading online survey tool)
- BCCDC website - main landing page for interested participants
- Time constraint to translation for online respondents
- Dedicated phone number for seniors and ESL (capacity available with current BCCDC phone bank)
- RHAs considering feasibility of outreach to priority hard to reach/vulnerable populations (administer survey via tablet/smartphone)
- Leverage existing community stakeholder engagement in each region for encouraging participation – local governments, school districts, non-profits and other community agencies – via social media and email distribution lists

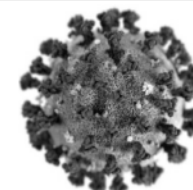
Privacy and Security Considerations



- Collection of personal identifiers – desired but voluntary disclosure at end of survey.
- Qualtrics Survey Tool – UBC Risk Management have conducted Privacy Impact Assessment; VCH has previously reviewed this with PHSA IMITS who recommended acceptance of the UBC assessment.
- UBC Advanced Research Computing completed a Security Threat Risk Assessment earlier this year and no concerns were identified.
- Completed surveys will be extracted from Qualtrics daily and moved to a secure network drive managed by PHSA IMITS. Any provided personal identifiers will be stripped from extracted data and stored separately from survey response data.
- Members of the project team assigned to work with the survey data will adhere to the security policies established by PHSA IMITS.
- Dr Reka Gustafson (Deputy PHO) is the named custodian of the survey data.
- Not seeking institutional research ethics approval as classified as a public health investigation under the declaration of the public health emergency. The other two phases (serosurvey and sentinel surveillance) are not part of current considerations and will have additional consenting process developed.

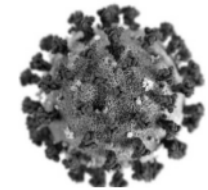
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Communication Considerations



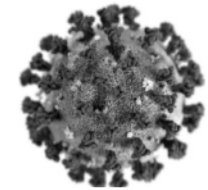
- PHSA Comms leading development of creative brief, key messaging and FAQs
- Message tone - friendly, encouraging but a clear call to action with a sense of urgency
- Campaign principles
 - Choosing speed/efficiency over creativity (developing in-house wherever possible)
 - Leveraging existing channels that the public knows and trusts (no 'new builds')
 - Offering a provincial approach that can be tailored locally (leveraging public goodwill and trust earned by Dr Bonnie Henry)
 - Assuming we have engaged and captive audience no large-scale ad buys (scaling up if needed)
- Survey identity - needs a clear name but follows existing branding guidelines for BCCDC
- Video – very short and simple for the public to clearly understand what is being asked of them and why

Next Steps



- Seek approval for survey implementation from Chief MHOs and PHOs
- Determine launch date and duration of survey period
- Consider key messages for general public to participate
- Develop promotional material and video to encourage participation
- Plan for engagement of community stakeholders for disseminating survey
- Establish monitoring framework for assessing progress towards targets
- Determine desired reporting outputs from a geographic and equity perspective

Who was consulted?



- FNHA – Louise Meilleur
- NHA – Vash Ebbadi, Andrew Gray
- IHA – Gillian Frosst, Carol Fenton
- VIHA – Maritia Gully, Shannon Waters
- VCH – Ellen Demlow, Sara Forsting, Mark Lysyshyn
- BCCDC – Megan Oakey, Venessa Ryan, Hind Sbihi, Mei Chong, Jason Wong, Mel Krajden, Danuta Skowronski
- MoH – Xibiao Ye, Brian Emerson

PHSA EOC COVID-19 SBAR

Title: The Impact of Deferred Cancer Diagnosis in BC from the COVID-19 Pandemic Response
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Page 105 of 220 to/à Page 107 of 220

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B.C. sees a spike in calls to poison control about exposure to household cleaners

April 30, 2020

BCCDC experts remind the public to use cleaners safely when taking steps to prevent COVID-19

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Page 109 of 220 to/à Page 111 of 220

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Page 112 of 220 to/à Page 132 of 220

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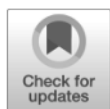
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BMJ Article on Unintended Consequences

From: Wong, Jason [BCCDC] <Jason.Wong@bccdc.ca>
To: Emerson, Brian [EXT] <Brian.Emerson@gov.bc.ca>, Behnsmith, Daniele.
[EXT] <daniele.behnsmith@gov.bc.ca>, Emerson, Brian P HLTH:EX, Behn
Smith, Daniele HLTH:EX
Cc: Bonfonti, Adrienne HLTH:EX <Adrienne.Bonfonti@gov.bc.ca>,
haley.miller@gov.bc.ca [EXT] <haley.miller@gov.bc.ca>,
River.Chandler@gov.bc.ca [EXT] <River.Chandler@gov.bc.ca>, Wong, Elsie
[BCCDC] <Elsie.Wong@bccdc.ca>, Miller, Haley HLTH:EX, Chandler, River
HLTH:EX
Sent: May 21, 2020 10:17:11 AM PDT
Attachments: Douglas 2020 BMJ - Mitigating wide health effects.pdf

In case you may not have seen this, Diana Bark (one of the PHPM residents at BCCDC) shared an article in BMJ with me about unintended consequences that looked very similar to what I think we're trying to achieve. It is broad in that it encompasses "non-health sectors" like the economy (though through a health lens) and they considered equity of the impacts. I do like the way they present the data and may be a model we can look at potentially adapting.

Jason
Jason Wong, BMSc MD CCFP MPH FRCPC
Physician Epidemiologist, Clinical Prevention Services
BC Centre for Disease Control
655 West 12th Avenue
Vancouver, BC V5Z 4R4
Phone: 604-707-5615
Fax: 604-707-5604



ANALYSIS

Mitigating the wider health effects of covid-19 pandemic response



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Page 135 of 220 to/à Page 153 of 220

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GENDER BASED VIOLENCE (GBV) AND COVID-19 WORKING GROUP

May 22, 2020 | 2:30 p.m. – 3:30 p.m.

Traditional Territory of the Lekwungen Peoples, Songhees and Esquimalt Nations

Co-Chairs: Dr. Danièle Behn-Smith and Melanie Stewart

Secretariat: Anika Sparling and Kathlynn “Katie” Ahern

Action Items

Review of Action Items

- **All ADMs** will send to the Secretariat the name of an ED or Director delegate who they want to sit on the ED/Director working group **by end of day Monday May 25, 2020**. The Secretariat has sent out the first meeting placeholder for Tuesday May 26, 2020 3:00-4:00pm. ADMs agreed that there will be a single ED/Director working group that will report up to the ADM working group on GBV during COVID-19.

Membership and Terms of Reference (ToR)

- **DECISION:** The Terms of Reference were approved by consensus. Membership can be changed as needed.
- **Secretariat** will add all members to a Sharepoint and upload meeting materials prior to each meeting.

Draft GBV and COVID-19 Governance Structure

- **Secretariat** will make the following changes to the Draft GBV and COVID-19 Governance Structure:
 - Remove the Provincial Emergency Coordination Centre (PECC) as the top tier of the governance structure and bring forward potential new approval bodies to the next ADM GBV and COVID-19 meeting (the Deputy Minister’s Committee on Emergency Management was suggested by EMBC).
 - Include text outlining urban Indigenous data governance beside the Indicators, Monitoring and Reporting Working Group. **Danièle and Bard Ward-Burkitt** to discuss potential representatives to ensure urban Indigenous governance and data governance throughout the governance structure.

Executive Director (ED) and Director Working Group

- **ADMs** agreed that the ADM GBV and COVID-19 TOR would be used as the baseline for the ED/Director GBV and COVID-19 TOR. Membership for the ED/Director table to be updated once all ADMs have confirmed their ED/Director delegates. **Secretariat** to update the ADM TOR for the ED table as needed.
- **ADMs** agreed that the first task of the ED/Director GBV and COVID-19 table will be to complete a proposal detailing a set of gender-based violence indicators to monitor and report on during the pandemic. This proposal will be submitted ahead of the next ADM GBV and COVID-19 meeting for ADMs review.
- **ADMs** agreed that representatives from First Nations Health Authority (FNHA), Métis Nation BC (MNBC), and urban Indigenous organizations (TBD) be seated at both the ED/Directors GBV and COVID-19 table and the Indicators, Monitoring and Reporting table.
- **ADMs** agreed that once this initial proposal is accepted and enacted the EDs will address:
 - how best to collect disaggregated data on gender based violence moving forward
 - how best to fill any gaps in disaggregated data (e.g. race-based data).

- **Secretariat** to reschedule the June 5, 2020 ADM GBV and COVID-19 meeting to allow the ED and Director table time to complete the indicators, monitoring and reporting proposal.

Federal, Provincial, Territorial GBV Action Plan

- **ADMs** provided Melanie the following edits to the “At a Glance” document, to be brought forward to the FPT table:
 - Include youth in the guiding principles section;
 - Include immigrants and newcomers throughout;
 - Add a general statement that “no jurisdictional boundaries should prevent people experiencing violence from accessing necessary services.”

Next Meeting

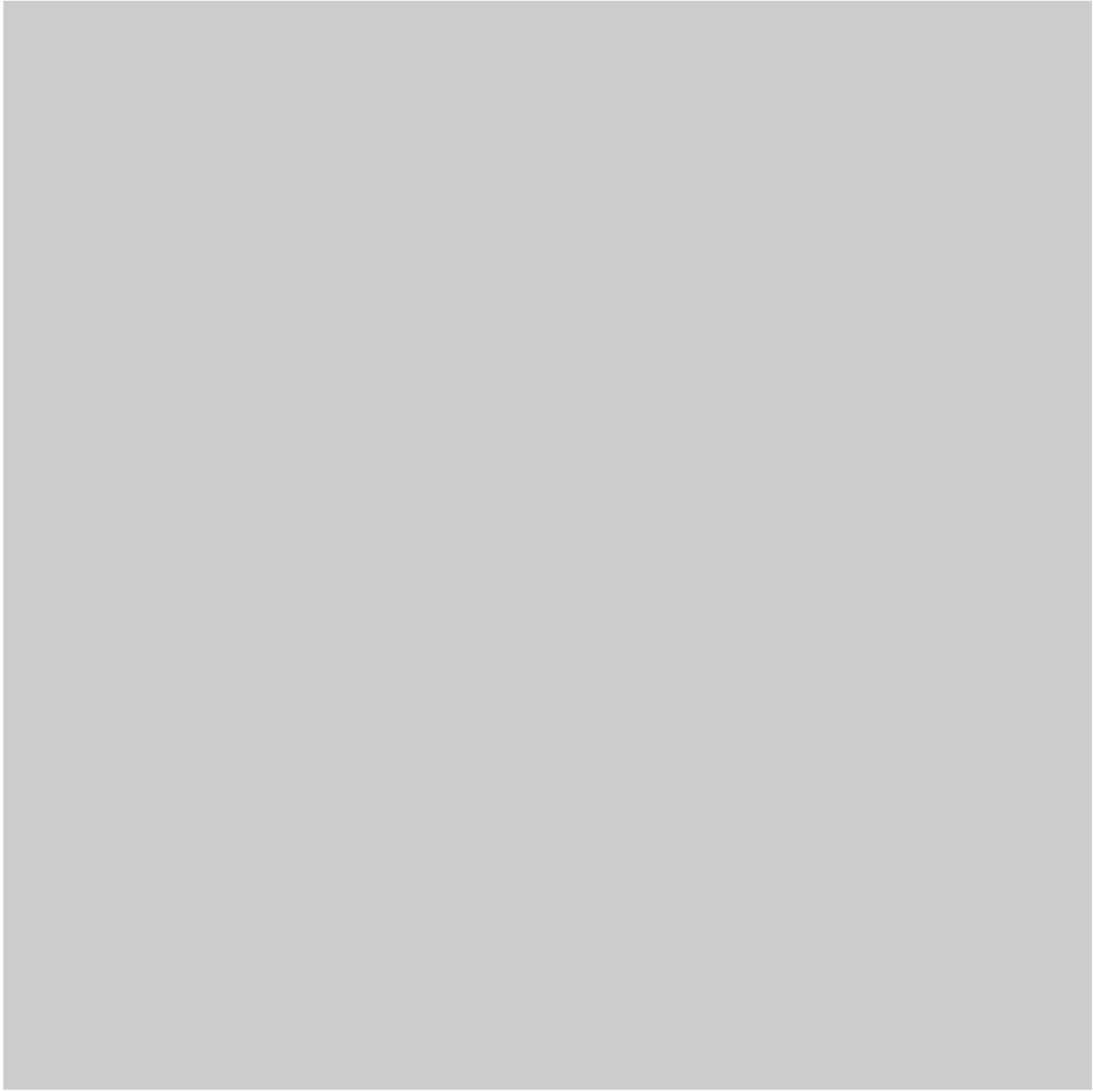
- **Melanie** announced that she will be moving to a new role as ADM at the Ministry of Education. **ADMs** were asked to consider whether they want to co-chair the ADM GBV and COVID-19 table with Danièle.
- **Danièle** will report out at the next ADM meeting how the work of this working group aligns with the work being done by the Unintended Consequences Working Group.

BC's COVID-19 “infodemic” tackled by MSFHR-funded research project

From: Michael Smith Foundation for Health Research <info@msfhr.org>
To: brian.emerson@gov.bc.ca, Emerson, Brian P HLTH:EX
Sent: May 28, 2020 3:09:31 PM PDT

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**BC's COVID-19 “infodemic” tackled by MSFHR-
funded research project**

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Page 158 of 220 to/à Page 162 of 220

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Good afternoon,

Here are our (first post-JIC) EOD report from BC Gov social media channels for Saturday, May 16. Now that JIC has ended, we will include relevant comm shop managers from time to time. If there are others who should be included in these emails, please let me know.

THEMES:

- **Schools:** There is more debate today about the decision to reopen schools to in-class instruction. For the most part, the most vocal people seem to be teachers and staff concerned about having to go back. Parents seem to understand it's their choice. Sample comment (both from school employees): "Can you please address publicly why you are able to expect children as young as 4 years old to be in a building and be safe but you have not yet reopened parliament which is full of adults? So why isn't parliament open on a voluntary basis? That completely dodged my question as to why it's expected that kids can act safe but it's too dangerous for parliament to open? Seems like your using kids as test subjects in order to allow some people to go back to work. I did express my concern and have seen this question asked multiple times in your announcements and it's always either dodged or ignored"; "If a teacher catches COVID at school and its provable through contact tracing does this then become a WorksafeBC worker's compensation claim?"
- **Salons - how can they operate safely when they can't physically distance?:** This issue is not going away, even with WorkBC protocols. People are confused about how we can open up personal services but still preach physical distancing. Sample comment: "Government of British Columbia - It's more than just that 'I am a hairstylist who sees this as completely non-rational and contradictory.' Every time we are mentioned in any of these speeches, it's an afterthought and in a joking manner. I would like our industry to be given the respect it deserves and have it acknowledged that we are, in fact, going against what has been advised and when we are back in the salon, we are putting ourselves at risk. And I work at a salon where we are fortunate to space, access to PPE and have an excellent plan in place to keep everything clean. But it doesn't change the simple fact that in order to do our jobs effectively, we must break with all the guidelines."
- **Confusion about the restart plan:** Where can I find guidance for X industry? Who do I send my plan to? And, without specific lists, people aren't sure what's allowed or not. Sample comment: "Lots of confusion about whether exercise physiologists and kinesiologists are part of phase 2 or 3. These exercise professionals adhere to stringent professional practice standards and can help ensure B.C. stays healthy during challenging times."

Qs without KMs:

- Were current teachers consulted during the development of the school restart plan? Who else was consulted?
- Are you planning to increase mental health support in schools to assist children in adapting to a different school environment?
- Will online schooling be available in September to those who have higher health risks?
- Why are essential workers who return from travel exempt from self-quarantining?
- Why are allergies included in the list of reasons not to go to work? So many people suffer from allergies. Aren't we concerned about the impact on the economy, on people's income, or on businesses that might be forced to pay sick leave for allergies?

- FIN: *This one keeps coming up – so a definitive answer would be hugely appreciated.* Can a spouse trying to sponsor a permanent resident apply for BCEBW? Sample comment: “So Canadian citizens applying for Permanent residence for their spouse is not allowed to apply for the BC 1000 emergency benefit? There are many people wanting to know this answer as we are worried if we apply for it, it would affect our eligibility to sponsor. I will be posting this in a Facebook group as we all would like to know, so a definite answer would be much appreciated.”
- Where can people turn for help if they live with someone who is immune-compromised and they're being told they have to go back to work?
- When will families be allowed to visit people in LTC facilities? Sample comment: “The care facility where my mother lives is allowing student HCA’s in to do their practicum this week. I am having a difficult time understanding why families couldn’t be donning the same PPE and visiting their loved ones. Can you give some insight into this?”



STATS:

3:00 PM

Facebook: 2474 peak live viewers

YouTube: 409 peak concurrent viewers and a total of 1.3k clicks with an average watch time of 10:42.

COMMENTS OF THE DAY:

- I can’t believe the government replies to people’s angry Facebook comments. That’s far beyond what I expected... thank you!
- [Dr. Henry] please start a YouTube channel reading bedtime kids stories please  

Hoping you’re all having a lovely long weekend,
Suzannah

Good evening,

Here are the top themes and Qs without KMs from the BC Gov social media channels for today, Tuesday, May 26:

THEMES:

- **Masks:** Questions are being asked around why masks are not mandatory in certain industries. There are lots of comments that it should be mandatory for servers to wear masks. Example comment: "Food prepared should absolutely be wearing masks as should servers. Why is the government not recommending this? Leaving it up to businesses is not sufficient."
- **BC Parks:** Continued frustration over the lack of available campsites.
- **Schools reopening:** Teachers are frustrated about a perceived lack of accommodations, including accusations that the Ministry told school districts not to sign letters of accommodation.

NEW Qs without KMs:

- MAH: Are bans on evictions in place until the state of emergency is lifted? What recourse is available to landlords?
- EDU: For families with immunity issues, what are their options for schooling in the fall? Will distance/online learning still be an option through their regular school or do those families need to look into a home schooling option?
- SDPR: Is the Accessibility Secretariat involved in WorkplaceBC guidelines? Comment: "I use a wheelchair and do not walk. Sidewalk patios before the virus was always problematic. Now it appears it will be worse. What disability lens are you using?"

STATS:

10 a.m. Gender-based violence funding announcement

Facebook: 283 peak live viewers

YouTube: 29 peak concurrent viewers and 110 clicks to view with average view time of 7:37.

12:30 SDPR / Minister Mark announcement about DTES funding

Facebook: 266 peak live viewers

YouTube: 16 peak concurrent viewers and a modest 51 clicks to view with average view time of 4:30.

3 p.m. (COVID-19 update)

Facebook: 2128 peak live viewers

YouTube: 573 peak concurrent viewers and over 2.8K clicks to view with average view time of 7:48.

G'night,
Suzannah

Good evening,

Thank you for the helpful updates. Yesterday's was particularly helpful. So, in that spirit of back-and-forth, here are the top questions and themes from our BC Gov social media channels for Thursday, May 7:

THEMES:

- **Restart:** That post has been incredibly popular across platforms. In less than a day, it's racked up 1.5K comments and 1K shares on Facebook alone. On Instagram, it's received more than 2.6K likes and 179 comments, which is a *lot* of comments for Instagram. Comments run the gamut. Common ones are about specifics: when will X industry open (date please)? I have X situation in my family – can we get together? My son lives X – can I go visit him? Etc. The most common questions about sectors were for gyms and salons. Concerns were also expressed that we are opening up too early/phases should be postponed/ people feel unsafe to go back to work.
- **Vaccines:** Will they be mandatory? How will they be distributed? And, predictable arguments from anti-vaxers and those disagreeing with them.
- **PPE:** How will businesses acquire PPE? Is there enough to accommodate all businesses?
- **Physical Distancing:** Confusion around expanding your circle., does this number include family members?
- **Transit:** How will we restore the transit systems, why hasn't funding been provided to Translink?
- **LTC Homes:** When will visitors be allowed, will staff work at different care homes, what mitigation tactics are there?
- **Hair Salons:** How can a hairstylist physically distance themselves? Comments that hair salons should not be included in Phase 2, and comments about the exact date people can return.

NEW Qs without KMs:

- Any word yet on when people will be able to start visiting loved ones in hospital more? Similarly, when will visitors be allowed again in LTC?
- We got a comment alleging we're "disallowing and blocking dentist from purchasing PPE." Any truth to it? What systems are in place to help dentists (and other health providers) access PPE?
- How is this different from the flu? (*We get this a lot and don't want to point to third-party sites. Can we get a few choice KMs? The BCCDC site says "The symptoms of COVID-19 are similar to other respiratory illnesses including the flu and common cold."*)
- With the new plan rolling out, will care staff be able to work at different locations?
- When will ICBC start road tests?
- Vaccine questions re mass vaccinations: Does this mean that if someone refuses to get vaccinated b/c of religious beliefs or for any other reasons, they are not allowed to go to church? or a concert? or the store? or to work? or a family gathering? or a gym? etc? Please elaborate.

STATS:

10:30 a.m. (Surgery Renewal)

1. Facebook: 1,490 peak live viewers
2. YouTube: 113 peak concurrent live viewers, with more than 500 live confirmed viewers and an average view time of 9:19.

3 p.m. (COVID-19 Update)

1. Facebook: 2,499 peak live viewers
2. YouTube: 539 peak concurrent live viewers, with more than 9:19 2100 live confirmed viewers and an average view time of 7 minutes.

COMMENT OF THE DAY:

- Minister Dix - you are so much appreciated. You are a wonderful leader, a clear communicator, and a very caring person. You and Dr. Henry are a formidable and powerful team, providing great leadership to the people of BC. Many thanks for all you have done. It has ALL been appropriate, at the right time, and based on science. Thank you!
- BC leadership is doing a commendable job on bringing us back on track. You have done a great job so far in the past months, we have full faith in your plans for the coming months.
- *Chosen for yelling something nice:* ACTUALLY YOUR ALL DOING A GREAT JOB "THANKS"
- *LOL comment of the day:* 33 new cases....7 new people blocked

Thank you,
Suzannah

Good evening, all,

Here are the top questions and themes from our BC Gov social media channels for Friday, May 8:

THEMES:

- **Restart confusion / questions:** When will businesses that were ordered to close like salons and pubs/bars have the guidelines they need to reopen? What's the timeline for X business to re-open? What does X business need to do?
 - Sample Q: My industry is dog shows. Who do I send my proposal to for us to be able to get back to work and make plans for events under 50 people.
- **Schools reopening:** Teachers are nervous about returning to work and whether they will have access to PPE. Parents saw the story out of Quebec about an outbreak in a daycare and are concerned.
- **Vaccines:** Confusion regarding Phase 4 "Conditional on at least one of the following; wide vaccination, "community" immunity, broad successful treatments:" This statement has lead people to believe that the vaccine will be mandatory. *(We have two quotes from DBH we are using to counter this fear.)*
- **Concerns re plan for elective surgeries:** Example of a discussion taking place on Twitter right now: "The BC government is proposing using the pandemic as a Trojan Horse to force nurse anesthesia on us as part of their surgical renewal plan. We need to protect our profession and not allow what has happened in the US."
- **Landlords & tenants** – There are questions around when the eviction ban might be lifted. "When can I evict my horrible tenants?"

NEW Qs without KMs:

- Are there job protections for people who live with immunocompromised people? Sample question: What if the person going to work lives with someone (wife) who is immune compromised? Are they allowed an option to continue to work from home to keep their spouse safe if it possible to do so? Concern that they could bring [the virus] home.
- Thanks for the new answer about the similarities between COVID and the flu. Can we please also get an answer to how they are different? We could use something to counter the this-is-just-the-flu arguments. I'm hoping Dr. Henry might address this in her briefing and say something along the lines of this:
 - While many people globally have built up immunity to seasonal flu strains, COVID-19 is a new virus to which no one has immunity. That means more people are susceptible to infection, and some will suffer severe disease.
 - Globally, the death rate from COVID is higher than the flu.

STATS:

9:15 a.m. (employment numbers)

- Facebook: 701 peak live viewers
- YouTube: 323 viewers clicked to watch. Peak concurrent number was 94 with an average watch time of 5:28 mins.

2:30 p.m. (townhall)

- Facebook: 1873 peak live viewers

- YouTube: 578 peak concurrent viewers and more than 1600 actual clicks to watch on, with an average view time of 14:49.

COMMENTS OF THE DAY:

- Just want to thank all the public servants who are helping stream these live. They make a big difference to me!

Have a lovely weekend!
Suzannah

Good evening, all,

Here are the top questions and themes from our BC Gov social media channels for Monday, May 11:

THEMES:

- **Sunny weather crowds:** Lots of concerns and photos being shared about crowded beaches over the weekend. People speculating there will be a spike in two weeks because of it. *NB: CBC Vancouver did an interesting piece on this tonight comparing long-lens photos with aerial drone shots of the same time, demonstrating that people were physically distancing.*
- **Schools:** Teachers are worried about school reopening. Parents are worried about their kids. Sample comments: "...why are kids going back June 1st but large corporations still closed are u using the kids a ginny pigs"; "Letting kids go to school but they cant play at a playground?"
- **More restart confusion:** Questions about specific sectors and where to find guidance about reopening. Examples include seasonal resorts such as fishing lodges, hair salons and another dog show.
- **Fishing / summer resorts:** Are there guidelines we can get about how to safely reopen? And, from locals, fishing lodges can't protect people / we don't want seasonal staff in our small community - please don't let them reopen.
- **Inter-provincial travel:** There's still a fair amount of anti-Alberta sentiment. Here's a comment on Facebook from this evening: "The Govt of BC 'person' in today's Harvey/Dix press conference said that BC campgrounds would be open to anyone. Alberta, Saskatchewan, and Manitoba are restricting it to provincial residents only. We should do the same thing. Contact your MLA about this --- particularly if you have an MLA who is a Minister." *(Full disclosure – the "Govt of BC 'person'" was me. Here's the answer that was given, taken from the BC Parks FAQ: While intra-provincial travel is not restricted, international travelers may not be permitted to enter Canada due to federal border restrictions. BC Parks encourages those who wish to visit BC from out-of-province to visit us another year.)*
- **Hairstylists:** How will hair stylists safely be within 2 metres? Will that mean we all can be within 2 metres with the same precautions they use? Will the province provide PPE? Can they open on the 19th? Where is the guidance?
- **PPE:** How is the province doing with the PPE procurement? Is more PPE needed? And will masks be provided to non-hospitals/medical stakeholders, such as public services, manufacturing and the public?
- Questions about returning to work, especially from those with compromised immune systems and those living with the immune-compromised and the elderly. People want someone to answer their specific situation.

NEW Qs without KMs:

- Will DBH be issuing any statements about so-called cohort families, as Alberta's PHO has?
- When will non-essential (provincial / Canadian) travel be possible? Phase 3 or phase 4? Can people visit family elsewhere in the province this summer?
- Church / faith-based services: What phase do they fall under? Are they allowed to start up now, provided they stay below 50 people and maintain physical distancing?

CLARIFICATION NEEDED – HAIR SALONS:

- Hair salons / personal services in phase 2 - what exactly does a business owner need to do?
Sample comments: "This announcement has caused nothing but confusion and anxiety for many salon owners and clients." "It would be helpful if they could release the protocols for businesses right now so we can "Think about how we are going to adapt your activities to the new ways of operating" as a salon owner no one in our sector knows exactly what they need to do...ideally info provided before phase two would be better than releasing it at phase two so we have ample time to prepare."
- Some barbers and stylists are petitioning to have their sector removed from Phase 2:
<https://www.change.org/p/government-of-british-columbia-to-the-government-of-british-columbia-do-not-single-out-hairstylists-in-phase-one>

SUGGESTIONS FROM BRITISH COLUMBIANS

- BC should develop a "Covid Risk Warning System", much like the scale we use for defining fire risk. The UK recently implemented such a system, and it looks great.

STATS:

3 p.m. (COVID-19 update)

- Facebook: 3118 peak live viewers
- YouTube: 741 peak live viewers, and more than 3000 viewers who clicked to watch, with an average watch time of almost 11 minutes.

7:15 Townhall

- Facebook: 1454 peak live viewers. By 8:45 it had 17k views and almost a thousand comments.
- YouTube: 296 peak viewers and almost a thousand clicks. The average watch time was more than 18 minutes!

COMMENTS OF THE DAY:

- *From the town hall, which featured MLA Norm Letnick and Minister Dix: "I like that they give straight answers. It's refreshing. Unlike listening to the politicians."*

That's all for tonight,
Suzannah

Hello, all.

Here are the top questions and themes from our BC Gov social media channels for Tuesday, May 12:

THEMES:

- **Confusion around personal services like salons and some health services such as RMTs:** How can we be preaching physical distancing while sending hair dressers back to work? How can it be done safely? What is the plan? Sample comment: "As a Registered Massage Therapist, myself and many other health care practitioners are anxious and eager to return to work. However, many questions have been raised, paramount among them is if the notice from the Provincial Health Office dated April 16th will be rescinded before May 30. I myself have patients already booked for next week, but if I return to practice next week, will I be then subject to action from the Province?"
- **Gratitude:** People were happy to hear there are only 7 new cases. Compliments to DBH, MD, and Nigel also continue to roll in. Today, people also expressed love for nurses.
- **Landlord stress:** "When will rental restrictions be lifted and allow for evictions again?"; "We need better protection of small mom and dad landlords!!"
- **Thrift stores:** This comes up more than you might imagine. Here's a sample question from today: "I am the President of a Hospital Auxiliary and I would like to know, what restrictions if any should we have for donations coming into our thrift store?"
- **Schools:** Parents and teachers are hoping for more information about the plans for this year. Sample comment - "So if we need to learn then why doesn't parliament go back and all you guys go back to work and be around each other before our younger kids do?"

NEW Qs without KMs:

- Does the BCEBW count as social assistance? "My wife just became permanent resident few months back and has been approved for the benefit, was wondering if as a sponsor I have to pay it back."
- How long with the BC Gov continue to support childcare centres? Parents are trying to figure out how long they can hold onto precious spaces.
- If drive-in movie theatres are operating, can Churches have drive-in services?
- Is a pay bump coming for care aids? "Where is the raise you promised care aids in private care homes in BC? We are still working for barely \$20 an hour. You promised a wage match with the gov't homes at \$25 an hour back in March! Grocery store workers got a wage yet we have not seen ONE CENT? Risking our lives in care homes and the lives of our family for \$19 an hour."

STATS:

3 p.m. (COVID-19 update)

- Facebook: 2638 peak live viewers
- YouTube: 558 peak live viewers and 2400+ actual clicks with a average watch time of almost 11 minutes.

COMMENTS OF THE DAY:

- So proud to be part of BC's caring communities. We didn't need a police state to do the right thing and the numbers prove that it WAS the right thing.
- Done the survey 🙏 Thank you for all your hard work to you both
- Get frisky in groups less than 50 ;)

Good afternoon,

Here are the themes and new questions from BC Gov social media channels for Sunday, May 17th. If you're new to this email, you've been added because one of the themes or questions concerns your ministry, so this is an FYI. If you've got a QA or KMs to help, please send them my way so I can share them with the moderation team.

Thank you,
Suzannah

THEMES:

- **"New normal":** People are reacting strongly to the new graphic of the picnic. There are a fair amount of comments along the lines of "not my new normal" and "this is NOT normal."
- **New Normal guideline of 2-6 people:** Larger families are objecting to this number, stating they fear judgement when they go out and that's before they expand their bubble. Here's a sample comment:
 - Government of British Columbia, the repeated use of "groups of 2 to 6 people" is very frustrating for those of us with larger families. I have three children, and all of them are too young to stay home alone. We are wanting to extend our bubble to include the grandparents only, but since my husband and children equals five already, that means we can only see one grandparent at a time. When I asked about this a few weeks ago, you assured me that it was up to individual discretion. But I am worried that there will be intense backlash if large families try to, as you say, "double their bubbles" and go out anywhere.
- **Government overreach:** There are more PLANdemic and other similar posts than normal. While there is consistent push-back against people who say the government is going too far or the pandemic has been overblown, the angry people seem to have been online today.
- **Schools / kids:** People want links to journals that back up this KM: The latest science shows the virus has a very low infection rate in children and that children do not appear to transfer the virus to others.
- **Upset teachers:** Anger is being expressed by teachers and other school employees. Here's a few sample comments:
 - "I'm asking specifically for teachers, since we'll now be exposed (with no PPE or hot water/soap in classroom) to lots of children and many other adults. I have not been in contact with anyone besides my husband and children for nine weeks. my mom is at risk...what if a student is asymptomatic and i pass it to my mother?!?!"
 - "think twice about putting my life and the life of my peers in jeopardy, i'm telling you now sending us back to school is a bad idea and you are seriously going to regret it"
 - "How exactly do you expect 8-12 teachers to be in a classroom while simultaneously delivering online learning? These online classes were scheduled at the same time as their on campus classes. Teachers cannot be doing both at once. This three week action will throw secondary students' learning into chaos. This model seems to be constructed around the logistics of an elementary model, not a secondary one, motivated by the desire to provide socialization and childcare, not by sound educational pedagogy. If parents are being given the respect to choose what is safe for their children, why are teachers not being afforded the same level of respect in regard to their safety and the safety of their families?"

- **LTC / palliative restrictions:** When will they let family members in to the care homes that have been covid free for 2 months and never had any cases and their family member is palliative?

Qs without KMs:

- Are teachers now considered essential workers? As they are returning to work, will their children be allowed to attend schools 5 days a week?
- Citing a story from May 7th on city news
(https://www.citynews1130.com/2020/05/07/solutions-bullying-vancouver-care-facility-resident/?fbclid=IwAR0O3aRm19PPyepHDjSXa811bmAH8mv_gmTfVHYUlgcKFYg3aJEGSHPHd7E)
How many people with drug addiction have been placed in seniors homes where most of the deaths have taken place? Since they are free to roam in and out of the facility, could any of them have possibly brought it into the seniors homes?
- If my child is immune compromised and I follow the BC CDC suggestion to keep them away from gatherings, and this includes school, am I protected by recent amendments to the Employment Standards Act? Can I lose my job for keeping my child home?

COMMENT OF THE DAY:

- DM from April 5th: "PLEASE MODERATE AND RESPOND TO THE COMMENTS UNDER YOUR POSTS. It takes one person to do that job remotely, answer questions and forward any real citizen concerns to the government." Unsolicited message from the same person today: "Thanks, you (or your team) are doing a great job."

Good evening, all,

Apologies for the late email today. Here are the top themes and Qs without KMs from the BC Gov social media channels for today, Tuesday, May 19th:

THEMES:

- **Schools opening to in-class instruction:** People continue to question the decision to reopen schools. The Facebook post from May 15th has reached more than a million people and is, by far, one of our engaged-with posts of the last month, rivaled only by the Restart Plan. As of this evening, there are more than 10,000 comments on it – more than 3,500 of which are on our channel alone and 6,500 from shares. To be fair, more people ‘love’ (465) or ‘like’ (11,531) than are ‘sad’ (242) or ‘angry’ (309), but the angry people seem to be the loudest.
- Here are a few sample comments:
 - This story about a flareup in France is still being shared often:
<https://twitter.com/CTVNews/status/1262480419947249664>
 - “I am a teacher with my own kids at home that will not be returning to school. We have opened our bubble a little this weekend, which has made my teenager very happy. Am I supposed to lock my bubble down again after returning to the classroom?? How much risk am I putting myself in by returning to work? How much risk will I be putting my family in? How do I change my behaviour after schools reopen?” (This one came from the “bubble” post.)
 - “Dr Bonnie... blah blah blah”
 - “If it was safe to open, why has Ontario taken the proper precautions but BC hasn’t? Good luck answering that!”
 - “This is so unfair to the teachers .My daughter's grade 7 teacher is absolutely the best ever.She puts so much into making pkgs. for us to pick up and then goes online and helps with some of the work.I don't care what Dr. Bonnie says (she really is amazing) but it only takes 1 child or adult to have covid_19 with no symptoms to make everyone sick. We have not heard of any testing done in our city yet.It's just unfair to everybody. I understand this is voluntary to send our kids to school but good heavens what's 1 more month of online learning? This is working why fix something that's not broken. I'll definitely be keeping our teachers in my prayers.”
 - On the helpful front, someone shared a study from Australia. Can we share it?
http://www.ncirs.org.au/covid-19-in-schools?fbclid=IwAR0Y93q5tH4UUKYn_PC5wfOgiIVYQdtl3Gtp0R1plwTJdU6V_tjhcfBK-A
- **Pandemic Pay:** Frustration that truck drivers, paramedics, medical office assistants, teachers, wildfire services etc are not eligible. Sample comment:
 - “It's quite a slap in the face that lab staff who have direct patient contact with patients and who are essential to our hospitals and patient care are omitted from this.”- (Twitter)
- **LTC:** Lots of people wondering about visiting loved ones in long term care or the hospital.
- **Travel:** When can we visit our family in different areas of the province/country?

Qs without KMs:

- Where are the changes to essential hospital visits posted? (*What are these changes and were they posted?*)

- What can we do if we get information that a person is intentionally attempting to become infected and offering to infect others on one of the gulf islands with restricted access to local healthcare?
- I am surprised to see some of the many roles that work in schools, and have been mandated back to work, left off the list of eligible services. Education's assistants, clerical, administrators, custodial staff, and more are all at work and providing care to children of essential services workers - can you provide reasoning for their not being included?
- (regarding the wage increase for essential workers) Do the hours I worked during orientation to my unit count? I'm an RN working directly with patients in that time.
- Are kinesiologists in Phase 2 or 3? If 3, why?

STATS:

3:00 PM

Facebook: 2049 peak live viewers

YouTube: 528 peak concurrent viewers and 2.2K clicks with an average watch time of 10:31.

7:15 PM Vancouver Island town hall

The numbers weren't great for this one, with fewer than 500 peak viewers from both channels combined.

Facebook: 383 peak viewers

YouTube: 104 peak concurrent viewers with a modest 358 clicks. The average watch time was 14:16

COMMENTS OF THE DAY:

- I appreciate every thing the Government of British Columbia does for us British Columbians whenever in time of need or just any time or any day ..We British Columbians are very appreciative of you! ..Thank you for being there for us.. especially our most vulnerable..what you do for us British Columbians we will never forget!
- I am so appreciative of the ongoing, clear communication in our province and the extremely long hours these people are all putting in! You are all amazing!

Until tomorrow,
Suzannah

Good evening,

Here are the top themes and Qs without KMs from the BC Gov social media channels for today, Monday, May 25:

THEMES:

- **An overall tone of frustration and even anger:** People are increasingly upset about various issues:
 1. the parks online booking system
 2. a lack of clarity when it comes to phase 2 and sending teachers back but still insisting we have to physically distance
 3. a lack of testing and a perceived slow roll out of serology testing
 4. a lack of guidelines for businesses starting up
 5. ICBC is still closed and has offered no updates
 6. people are angry that other people are being too flippant about phase 2
 7. others are angry that the economy has been impacted for only a small percentage of people infected with COVID
 8. lastly (though this list is not exhaustive), several posts have long comments strings that have degraded rapidly over the last few days to include conspiracy theorists and other folks who think the BC Government is lying to the general public about XYZ. The moderation team is working to hide offensive or inaccurate comments but some of these threads have 100+ sub-comments (e.g: the "new normal" post on Facebook).
- **Confusion about messaging:** There is increasing confusion about contradictory remarks; ranging from children and COVID (our KMs vs this CBC piece from the weekend: <https://www.cbc.ca/news/canada/london/kids-efficient-spreaders-of-covid-19-warns-dr-mackie-1.5580545>) to confusion on our restart messaging as a whole: "So which is it? Stay home or support BC tourism. Mixed messages here."
- And lastly – on a positive note – although the turnout was small, the tone of the Vancouver Coastal Health Authority town hall was positive and the pace refreshing. Dr. Daly did a fabulous job of giving concise, factual and encouraging answers and the moderators got through a lot of them. People expressed gratitude for the forum.

NEW Qs without KMs:

- FIN: When will we receive the pandemic pay top up? Federally-led program, details to come, if eligible will receive directly from employer
- FIN: When will we receive the BCEBW? If eligible, within 10 business days of application
- FIN: Will the RTB COVID rent relief program be extended beyond 3 months? MAH-led
- MCFD: For parents who have had summer camps cancelled by community centres, how are they supposed to return to work?
- HEALTH / FIN: I am nurse who works in long term care homes. Before the Covid-19 pandemic I had 1 part time job and 2 casual jobs. Now since the pandemic I am losing on average \$1000 take home income from my casual positions as I am now only allowed to work at 1 place. I'm curious to know, is there going to be any reimbursement for people who've lost hours because

of the one-facility rule? Without knowing the full sitch, govt can't provide definitive answers. Suggest look into Income Assistance, or CERB. If eligible for CERB, would qualify for BCEBW. Also likely qualifies for topped up wage thru BCNU - Health would know more.

- ENV: Are the outhouses going to be open in all campgrounds? I have been hearing mixed information.
- ENV: I've been told by Discover camping that refunds from their old system have been given to the provincial government to return, as the credit card information wasn't kept on file. I am awaiting nearly \$900 in refunds. Is there a phone number I can contact to find the status of my refund?
- ENV: Government of British Columbia do you know if any of the reservations were done by bots, similar to the problem with Ticketmaster and similar sites? I'm hearing of bookings being resold at a markup. How can this be prevented?
- HEALTH/LABOUR: Are there any official guidelines regarding private outdoor swimming pools, i.e. those in a condo building? *(Dr. Daly did an nice job of answering this one tonight, so I'll see if we can get a transcript and send that answer through for approvals tomorrow.)*
- HEALTH/LABOUR: Is it safe for hairdressers to blow dry hair? *(Same as above.)*
- HEALTH: Are kids allowed to play practice soccer if they are keeping distance?
- BCUC? AG?: When will drivers' tests be running again?

STATS:

3 p.m. (COVID-19 update)

1. Facebook: 2464 peak live viewers
2. YouTube: 695 peak concurrent viewers and over 3200 clicks to view with average view time of 10:39.

7:15 VCH town hall

1. Facebook: 379 peak live viewers
2. YouTube: 148 peak concurrent viewers. We got an 18:48 average watch time for the total 408 people who clicked to view.

COMMENTS OF THE DAY:

- Thank you "Government of BC" for answering everyones question on here!
- *(one of many amusing comments about all the drive-in questions)* It's as if they think by asking the same question repeatedly, the response will change to what they want to hear. Hmmm....

As ever, thanks for any help you can offer in sending answers or pointing us in the right direction.

Gratefully yours,

Suzannah

Good evening,

Here are the top themes and Qs without KMs from the BC Gov social media channels for today, Thursday, May 28:

THEMES:

- Masks/PPE: Questions about why PPE isn't required for employees at restaurants. Concerns about PPE supply for schools.
- ICBC: Continued questions about when road and learning tests will resume.
- Markets: People are confused about the regulations for farmers/flea markets. Example comment: "Can you please clarify whether I heard correctly - can farmers markets now have merchandise vendors?"

NEW Qs without KMs:

- MAH: Are there plans to update the COVID-19 information for strata housing, including outdoor and shared spaces? The last update was on April 17.
<https://www2.gov.bc.ca/gov/content/housing-tenancy/strata-housing/covid-19-and-strata-housing/covid-19-information-for-strata-housing>
- With the easing of restrictions at farmers markets will you permit musical performances which are a much loved tradition at the markets?
- Very mixed messages - on one hand we are being discouraged from "non-essential travel" and on the other hand BC Parks have now opened and there will be many people moving between their homes and the Parks... getting outside as Dr. Henry is encouraged. Which one is it?

STATS:

3 p.m. Dr. Henry and Minister Dix Facebook: 1,662 peak viewers

1. YouTube: 600 peak concurrent viewers, 3.2k clicks, and an average watch time of 9 minutes and 17 seconds.

7:15 p.m. Northern Health townhall

1. Facebook: 330 peak viewers
2. YouTube: There were 88 concurrent viewers and more than 358 people watching in total, averaging 13 mins each.

SUGGESTIONS FROM BRITISH COLUMBIANS:

- Please have a virtual town hall devoted solely to long term care facilities and the families of those in care. Visiting procedures, etc.

COMMENT OF THE DAY:

- Dr. Bonnie Henry can you use your superpowers as an infectious disease specialist and just plain brilliance to help us in Ontario? Not fair that @BCGovNews British Columbia gets to keep you. Help us.

Jamie Ralph

Good afternoon,

Here are your themes and Qs from our social media channels for Saturday, May 30:

THEMES:

- **Schools reopening:** There continue to be comments about guinea pigs and masks. There are also some new comments looking to September with concern about what that will look like.
Sample comment:
 - "I sure hope they have a plan for schooling in September because the current way it's going to go is absolutely ludicrous!! Middle school and high school is a joke and not attainable for parents that work. How do you suggest we get our kids to school for 1 hr tutorials on all different days, here and there and hold a job down at the same time!! The curriculum is never going to be met! Get back to the drawing board!"
- **Confusion around camping / travelling within BC:** Sample comments:
 - "When it comes to camping, does stay close mean you can go from Vancouver to the gulf islands or Vancouver Island? Or Squamish because you don't take a ferry? All of them are quite close but is that okay? The opening of camping reservations lends itself to thinking its acceptable to go to where the campsites are."
 - (From the 'explore close to home' post) "Cultus is packed people are confused - we need clear info."
 - *FTR, here's what we've been using when appropriate:* "We're not yet at that two incubation periods from when we started [phase 2] but this is a time when we're going to start to slowly move a bit more. Maybe not this weekend, but the next weekend when camping really gets going. I don't know when Transport Canada is planning on easing the restrictions they've imposed upon the capacity limits. I know BC Ferries is increasing the routes and the number of sailings over the coming weeks." - Dr. Henry, May 28

NEW Qs without KMs:

1. MCFD: "Hi, I noticed that reinstating foster parent and family visits are not mentioned in the reopening plan. Do you know when this will be addressed? We're family wanting to visit a little boy in care."
2. MCFD / AVED?: Can ECE students do their practicums in child care centres right now? If not, do we know when those practicums will pick up?
3. AG?: Is the province considering allowing people to drink alcohol at parks and beaches, or outdoor beer gardens?
4. HEALTH: What are the guidelines for healthcare workers who have been exposed to COVID-19? Question: "Why is public health in Under FHA telling workers who have been exposed to a positive patient/client to continue to work until they get symptoms but need to stay away from grocery stores and isolate from family . This is putting vulnerable people at risk"
5. HEALTH: When can we expect to be able to send items into LTC facilities for our parents?
6. HEALTH: Today Dr Bonnie said that the BC 77 people under the age of 19 tested positive was "1%". 1% of what, please? The 2600 BC cases would suggest the 77 should be 3%.
7. HEALTH: Is it possible to have a physically-distanced drive-by grad celebration if the kids are standing two metres apart and the well-wishers drive past? Comment: "Grandmother here working with dry grad trying to do a reverse parade where the grads would line up and people would drive by and honk their horns would this be allowed?"

STATS:

1:00 PM

1. Facebook: 1625 peak live viewers
2. YouTube: 451 peak concurrent viewers and 1.7K clicks for an average viewing time of 7:03.

COMMENTS OF THE DAY:

- In response to this negative comment – “They should spent time tracking where it is coming from and stopping it, instead of punishing us here in the interior because of their incompetence. [sic.] - someone else posted this: “We are doing very well in BC because of our leadership! Great job!” and someone else posted, “the new cases are from long term care homes that already have covid cases. No new outbreaks. They are doing a great job tracking and have got excellent tracking teams. We need to give credit where credit is due. Let’s celebrate how well we are doing as shown by the data. 😊”

Hoping you all enjoy your Saturday evening,
Suzannah

Good evening,

Here are your themes and Qs from our social media channels for Sunday, May 31:

THEMES:

- **Anxiety about people from away:** As parks open up and summer travel begins, those who have been isolating, especially those in smaller towns, are worried about a perceived influx of people.
 - "In the last 24 hours I have seen four (4) vehicles from Ontario in my small community on Vancouver Island. I suspect they are passing through on the way to Long Beach /Tofino. I hope they're not bringing Covid19 with them. Should I be worried about this? I'm high risk and just spent 19 weeks isolating in my house."
- **Confusion around BC Parks reopening for camping:** Among comments about Discover Camping, what constitutes 'local', and concerns about BC Ferries, there was also some misinformation about tour guides mass-booking sites. We cleared it up. (Thanks, Courtney Stewart, for responding on a Sunday.) Here are some sample comments:
 - "Government of British Columbia, I love the information and how you are promoting it. It would really help if there was some more clarity and definition around 'Stay Local. BC is a massive province and there are many BC Parks throughout but many of us aren't quite sure what distance is reasonable to travel. Please provide some guidance!" *This thread got some action. See 'comments of the day' below.*
 - "Why did Mr. Horgan just tell the entire province to go explore the entire province then? That's not staying local. He invited everyone to go take a drive through Quesnel and visit Barkerville?"
- **Schools reopening:** Stories about the Quebec, France, and now South Korea outbreaks continue to be shared. We're using some of what Dr. Henry said on Saturday, when appropriate, to respond. The articles themselves also point out that the outbreaks aren't linked to the schools themselves, that because of the incubation period these outbreaks predated the reopening of schools. *(Can we get a KM to that effect?)*
- **Confusion about when Phase 3 starts:** Does Phase 3 officially start on June 1st or are we still in Phase 2 with Phase 3 starting sometime in June - Sept?
 - *Our answer:* We are in Phase 2. We could begin moving into Phase 3 in June if transmission rates remain low or continue to decline.
- **Outdoor grad celebrations:** Today we got another question about whether people can organize outdoor ways to honour grads.
 - Comment: "What about outdoor graduation gatherings? The grad committee at our school is planning on an outdoor event at the end of June of groups of 45 that we can sign up for a one hour time slot with friends and family. another high school in the area is doing groups of 20. I know there are minimal cases on the Island, but what protocols need to be followed and/or does their plan need to be approved as this is separate from the school district grad ceremony plan."
 - Similar comment, albeit not about grad: "So if we meet outside in bigger spaces and stay 2 meters apart can we have more than 50 people there? Seems so useless to have a ban on max amount of people if they can maintain 2 meters."

NEW Qs without KMs:

- EDUCATION: If school is safe, why not open it up full-time to all students who want it? What about parents who aren't deemed essential but who have to work?
- HEALTH/LABOUR: Are hookah lounges allowed to operate right now? Comment: "How comes some hookah places are open . Like Living Room Hookah Lounge Cafe. To be honest it's redicless that this kind of places open and spread the virus. Please check them out."
- LABOUR: We continue to get questions about thrift stores. Here's one from today: I am the ED for @SSVPVI [St. Vincent de Paul] and we are looking to reopen our thrift stores. Can not find any direction of safety precautions for accepting and sorting all donated goods, which is our only source of stock in the stores. Have talked to WorkSafeBC and Health. Any help or suggestions?"
- HEALTH: Can communities arrange outdoor drive-by celebrations for grad (see above)?
- HEALTH/EDU: We got a couple of comments about a perceived mixed message in light of the recent Order closing summer camps: "Are you putting a limit on how many kids and staff in a school then? If summer camps are crowded it is a mixed message here. It is safe for school but do not have large family gatherings?"
 - *For approval:* Schools have strict guidelines from WorksafeBC. They will operate at reduced capacity and only during the day. Physical distancing will be enforced. At a summer camp, kids share bunkrooms and meals, similar to a home situation. We know that COVID is often spread where people live. When she announced the Order, Dr. Henry also explained, "such camps often have large numbers of children coming from many different areas, campers and counsellors. They often take place in more remote areas. And, physical distancing is very much a challenge in these situations."
- HEALTH: Where are we getting the evidence to support what we're saying about COVID and kids?
 - Comment: " Lack of evidence DOES NOT MEAN evidence that it is safe. Widespread, international school closures have resulted in naturally limited opportunities to study this. I would appreciate it if the PHO and B.C. CDC websites would include a list of references so the public could read the research and evaluate for ourselves if a sufficiently broad, international sampling of the available research has been considered."
 - *Here's how I responded:* Here's a BC CDC document written for health professional about caring for children with COVID-19. It contains some key facts and references: <http://www.bccdc.ca/Health-Professionals-Site/Documents/Caring-for-children.pdf>
- TRAN/ENV: As summer heats up and more people travel to BC Parks, what are you doing to increase ferry capacity for locals?
 - (cut down) Comment: "I am concerned that they are still at 50% capacity and have limited evening/night travel. I was almost left behind on the last ferry last week. ... BC Gov should have not opened camping where ferry travel is required to the Sunshine Coast. Van Island seems to have won out getting better ferry service at the detriment to of the Sunshine Coast and Bowen Island. There will be campers getting on SC ferries and SC residents who are making essential trips not getting on. Dr. Bonnie Henry needs to address what happens when essential travelers are stranded and can't get the last ferry from Horseshoe Bay at 625 pm until the following day 13 hours later at 730 am and need to sleep, eat and stay safe."

COMMENTS OF THE DAY:

- *Re the BC Parks video:* Thank you for mentioning Indigenous communities. #Keepgoing

- *Re schools opening:* My Grandson has been in school the whole time in a class of 4 since moving back to his own school he is in a class of 2. The only thing that's changed is how far his skills have advanced with all the one on one learning. I expect on Monday there will be about 10 kids max in the class, mostly kids who have been in school all along who know the protocols. There hasn't been a single case of Covid not a teacher, aid nor student, all coming from homes of essential workers. I was totally against him going, but I was wrong. He has flourished.
- *In a thread in which I didn't quickly respond with a definition of what "stay local" means:* "To be fair I assume the social media team is limited to the information they can provide. I only hope they take the feedback to the policy makers so that official communication can be delivered. To get this question answered we may need Global BC, CKNW or CTV Vancouver to ask during a daily question period."

Until June, then,
Suzannah

Good evening,

Here are the top themes and Qs without KMs from the BC Gov social media channels for today, Wednesday, May 27. The health care town hall was well-received with a generally polite and grateful tone. The multiculturalism awards were likewise politely received by a smaller audience.

THEMES:

- Mixed Reactions to racism post: Why is this specific to racism against Asian people, what about racism against Indigenous people, and culture x, y, z...
- Pandemic Pay: Continued frustration that firefighters, police officers and EMT's are not eligible.
- Childcare: Concerns around how physical distancing will be maintained between kids and between kids and educators; ECE workers want to be considered for pandemic pay; there's confusion around daycare spots being held and given back for non-essential workers and confusion about the implications of TEF and when parents should plan to get their kids back into care. Sample comment: "We need a timeline for TEF funding to help families."

NEW Qs without KMs:

1. TAC: When will return-to-play guidelines be released? Sample comment: "The focus on professional sports should be a relevant, we should be focussing on getting busy youth and adults back into recreational sports fields instead. We've been waiting two weeks for your sports sector guidelines and still nothing in sight and the residence of BC are suffering for you sitting on your hands."
2. MAH: While the eviction ban is in place during the state of emergency, are any changes considered to help out landlords with trouble tenants? Sample comments: "Renters are not paying rent and can't be evicted. Causing thousands in damages. That income is all the money seniors get. Help them evict bad tenants. This is ridiculous. Some have no money but rental income and can't eat."; "What are you doing to protect the landlords that tenants are refusing to pay anything towards their rent?"
3. HEALTH: Summer camps - why can't they open? Sample comment: "Wondering about the rationale for not allowing overnight camps this summer. If the evidence is that children don't spread the virus to one another or to adults and the chances of spreading it are very unlikely when outside, then why keep sleepover camps closed?"; "What are your thoughts on summer camps for parents who utilize them for childcare in the summer."
4. EDU: VSB has cancelled in-person summer school, a traditional support for children with special needs. Is government increasing SCD for this, especially for 12+?
5. Are we going to do anything to counter the increasing anti-Alberta sentiment in parts of BC? Sample comment: [\[re: this news story about vehicle vandalism\]](#) "I live in Alberta but my mom who's over 80 years old lives just outside of Prince George and had suffered a stroke 3 years ago. She lives alone and if ever an emergency arises that makes our travel there essential, what steps is the BC government going to do to handle this new normal of protectionism from British Columbians?"

STATS:

1:30 PJH

1. Facebook: 1240 peak viewers
2. YouTube: 202 peak concurrent viewers, 1K clicks, and an average watch time of 7 minutes.

3:00 child care town hall

1. Facebook: 1149 peak viewers and almost 500 comments when the stream ended.
2. YouTube: There were almost 900 concurrent viewers and more than 3000 people watching in total, averaging 15 mins each. Our YouTube expert, Herman Thind, points out that this live stream took off around the 3:45pm mark, suggesting people were watching and telling their friends to join.
"Interesting curve on this one. Almost doubled AFTER 3;25pm, while the normal streams at 3pm are almost a regular Isosceles triangle."

5:30 multiculturalism awards

1. Facebook: 306 peak viewers
2. YouTube: 77 peak concurrent viewers, almost 300 clicks, and an average watch time of about 13 minutes.

COMMENT OF THE DAY:

1. [re: 3 p.m. childcare town hall] "Thank you for answering so many questions. There was an overwhelming amount of them and I appreciate the information you were able to clarify."

Thank you,
Suzannah

Good evening,

Here are the top themes and Qs without KMs from the BC Gov social media channels for today, Wednesday, May 20:

THEMES:

- **Schools:** As expected, the town hall was well attended. By the time it was over we had more than 3200 comments, 21K views and more than 600 reactions (about half of which were 'angry'). We had questions about PPE, playgrounds, why teachers are being 'forced' back to work, bus safety, cleaning supplies, why the town hall was booked at the same time as a BCTF one, and a surprising amount of IDL comments. The KMs we received to day were extremely helpful. Thank you again to everyone who worked so quickly to get them to us. We will go back through the stream tomorrow to continue asking questions. There are also a bunch waiting in DMs. The biggest outstanding question is around bubbles – should teachers not expand their personal bubbles if they're seeing others at work? (This is a Q that could be extended to any industry where people aren't working from home, and one that might be worth a response from Dr. Henry.) As a final 'theme' note on this town hall, there was a lot of frustration about how long it took to get to questions. For future town halls, if we can get to people's Qs faster, that could go a long way to setting the tone. Thanks.
- **Pandemic Pay:** This one also came up in the EDU town hall. Throughout the day, in public comments and DMS, we got questions about eligible sectors, workplaces and roles. For example, "why is XYZ left out of the frontline pandemic pay?" (garbage collectors/sanitation workers, grocery store workers, paramedics.) Example comment, "Can you tell me why independent living seniors homes were not included in the pandemic pay program. You have simply divided people with the same training down to where you work."
- **ICBC:** Questions concerning ICBC and when they will reopen for knowledge and road tests. Sample comment, "When will class 5 tests resume, there is no information online."

Qs without KMs:

- After I completed the questionnaire in which I included my agreement to be involved in further research I receives a questionnaire from Stats Canada. This made me feel rather uncomfortable. Is the BC survey connected to the Federal government? Is my information passed on outside the province?
- Are medical clinics considered as primary care centres?
- When do government offices open? *We assume this is a provincial question, and agree it's vague. Are there general public sector guidelines for the reopening of service centres? Thanks.*
- **FIN – Pandemic Pay Questions:**
 - Why aren't other front line medical staff being considered for Pandemic Pay?
 - Please tell us WHY the lump sum is NOT being paid directly to the workers? How are we to know if and when the employer gets this lump sum?
 - [Why aren't you answering?] [There are] other essential workers who mak[e] under \$1600 and [worked through] this crisis. Why [does] BC think that we are not important? (edited for clarity)

STATS:

10:30 AM - Minister Simpson

Facebook: 380 peak live viewers

YouTube: We aired it on YouTube but, apologies, I don't have the stats.

1:30 PM - PJH weekly

Facebook: 1306 peak live viewers

YouTube: 281 peak concurrent viewers and 1.1K clicks with an average watch time of 6:20.

7:15 PM Education town hall

Facebook: 2,495 peak live viewers

YouTube: 2.8 peak concurrent viewers with 6.9 clicks (our most yet). The average watch time was an impressive 26:12.

COMMENTS OF THE DAY:

- Is this LIVE event basically meant to allow public to listen in to Q&A as Premiere answers the Reporter's questions, while we are listening venting our frustrations in our comments? Raising discussion between ourselves with an occasional upbeat helpful response keyed in by someone at Govt of BC.
- Not everyone wants the schools closed - our numbers are low! Look to NZ where the kids are all fully back in school successfully.

Thank you,
Suzannah

Good evening,

Here are the top themes and Qs without KMs from the BC Gov social media channels for today, Thursday, May 21:

THEMES:

- **Gratitude:** The majority of comments in the daily update stream are ones of gratitude for Dr. Henry, Minister Dix, Nigel and how BC is doing. These sometimes get lost in the louder comments and longer threads about other things, but the fact remains most people are grateful. There was a lot of love for Minister Dix' closing comments about perspective and holding the line.
- **Schools:** Questions about the guidelines, PPE, expectations for teachers (accompanying children to the bathroom, for example), and our motivations abound. Today we say more people offering a counter-argument, though.
- **Confusion:** There is confusion about whether playgrounds are safe and about the appearance of mixed messaging. We're asking people to hold the line because the threat is real, while saying it's safe for kids to go to school because physical distancing isn't really necessary for kids. Perhaps some more public clarity about the distinctions between adults and children would help explain why both messages are true.
- **Masks:** There is frustration on the changing stance on masks. Sample "The positional entrenchment is ridiculous. Evidence from numerous countries that made masks mandatory shows they decrease transmission without the economic damage of the lockdown. Masks work! The gov't lied for our own good & because of poor preparations & now can't admit it." Also, masks should be used in and provided for schools - teachers and students. Sample comment: "It also doesn't make any sense with the statements that were made today about how masks are adding a layer of protection when social distancing cannot be respected like in transit, hair dressers, small stores... but it doesn't apply to a classroom which is a small space where proper social distancing is not possible."
- **Transit:** PWDs were frustrated about the return of transit fares. Many more people were curious / worried about the safety of transit and unimpressed with today's announcements. They're not convinced transit will be safe. Sample comment: "It's not my workplace that worries me. Its how to get there safely. I hope they are going to address this. What is translink and the government going to do to ensure rider safety?"
- **Stats:** This isn't new or more prominent today, but we do consistently get requests for a breakdown of case numbers by region. Sample comment: ""I live in Surrey, I should be able to track how the virus is spreading in my city, as Montrealers can because Quebec releases cases by neighbourhood."

Qs without KMs:

- Why aren't home care RNs and PSWs who care for multiple vulnerable people a day routinely tested for COVID-19? We need to keep our medically fragile population safe!...Asking the same thing over here in BC. Also those that do Aerosol Generating Medical Procedures in homes, not wearing recommended PPE and still going from home to home? Why are private home care agencies left to create their own policies on this?
- For people who don't get paid sick days, what do they do? They will keep going to work because 2 weeks unpaid is a lot. Would they be eligible for any sort of financial support?

- Yes I have asked about antibody testing twice during these updates and Govt of BC responds with the BCCDC survey which at the end allows for sign up to be a part of antibody study. I want to know if family physicians can order the test. When will it be available?
- What happens if numbers go up again? Will we go back to Phase 1?
- Do you need to wash your mask every time you come back from being out in public, assuming it's a fabric one?
- Thrift stores. I cannot find any direction of safety precautions for accepting and sorting all donated goods, which is our only source of stock in the stores. Have talked to WorkSafeBC and Health. Any help or suggestions?
- [Re new guidelines and health bullets about COVID transmission in children.] Government of British Columbia, conversely then it could also be said there is no conclusive evidence that children who are asymptomatic DO pose a risk. Also at what age/grade level is social distancing implemented? And if what you say is indeed fact then why have grandparents been separated from their grandchildren for weeks on end?

Suggestions from British Columbians.

- Can you create an official video that demonstrates how to properly don and doff masks. Minnesota, USA did and it is excellent. Most people are visual and that would be helpful. Knowledge is power. If people are shown how to do it properly then the reasons for not wearing masks can be greatly reduced.
- I would greatly appreciate if a directory of some sort, a list of reputable businesses to source masks, hand sanitizer etc. from reliable suppliers, could be made available...I live in a rural community and can not find any of these items when we get into town once a week.

STATS:

10:20 Media Avail with Minister Bains

Facebook: 461 peak live viewers

YouTube: 159 peak concurrent viewers with 811 clicks. The average watch time was 5:38.

3:00

Facebook: 2445 peak live viewers

YouTube: 594 peak concurrent viewers, more than 2600 clicks to view, and an average view time of 10 mins.

7:15 PM town hall

Facebook: 465 peak live viewers

YouTube: 162 peak concurrent viewers and a pretty solid average watch time for the 587 who clicked to watch the live stream: 14:46 mins.

COMMENT OF THE DAY:

- Sing it, Mr Dix!!!

I will be off for the next three days, so you'll get these emails from other fabulous members of the moderation team. I'll be near my cell if needed.

Goodnight,
Suzannah

Good evening,

Here are the top questions and themes from our BC Gov social media channels for Monday, May 4:

THEMES:

- **Gratitude:** While some of the threads / rabbit holes seem to take up much of the oxygen on our channels, if you look for original comments (not repeat posters), the vast majority of comments are still ones of gratitude for our approach, for DBH and MD and for everyone working to keep people safe.
- **May the 4th post:** This post got a lot of love. By EOD, on Twitter alone, it had been re-tweeted almost 625 times and liked more than 1.1K.
- **Opening up:** People are eager to hear from PJH on Wednesday. Some think we should not open up further and others are worried about supports running out before they can get back to work. There are also questions about specific activities: can I do X with Y person? When / how can I expand my circle? People want dates and specifics.
- **Elective procedures / medical procedures:** A couple of articles about people dying were posted multiple times. There is talk of empty hospitals and people needing procedures. Usually someone jumps in to say they were able to get X procedure, but there is a general desire for more details about a timeline for scheduling delayed surgeries.
- **Parks / camping / weekend trips:** Why can't we camp? Vs. Please don't come to our area to camp.
- **Workers from away / interprovincial travel:** Requests to shut down provincial borders and keep seasonal workers away / complaints that said workers are shopping or congregating.
- **Dental services:** Dentists want to know if / how they'll get the PPE they need. People (some in pain) want to know if it's safe to go to a dentist.
- **Seniors:** Usual frustration about lack of additional financial supports for seniors.
- **BCEBW:** Frustration that those on EI don't qualify, and questions from international students about whether they are considered residents.

NEW Qs without KMs:

- What are the PPE requirements for dentist offices?
- Will there be an ability for small businesses who have not been mentioned on the live broadcasts to ask about a reopening plan? How can we ensure that what steps we are taking are sufficient?
- BCEBW and EI – sample comment: “Why is it that you are not eligible for the provincial \$1000 benefit if you are on EI ? My claim was prior to March 15th , yet it has affected me going back to work because of the Covid situation. People on EI are as deserving of this benefit as CERB .. this doesn't make any sense and you guys need to clarify this as i've read 100's of comments regarding this topic.”

STATS:

1:30 DBH modelling update:

- Facebook peak viewers – 3386 peak live viewers.
- YouTube: 829 peak concurrent viewers and over 3500 streamed YouTube live, for an average of 12+mins each, making this the most successful YouTube stream so far.

COMMENTS OF THE DAY:

- Twitter: So @BCGovNews is good at social. Like, really really good. #MayThe4thBeWithYou
- Facebook: "It's in our hands as long as we remember to wash them." A kind glimmer of humour.
Thanks Dr. Henry.

I hope you all enjoy your evening,
Suzannah

Good evening,

Thank you everyone who worked to make today happen. There will be a lot of specific questions in the coming days and we're proud to be a part of the team helping to answer them.

Here are the top questions and themes from our BC Gov social media channels for Wednesday, May 6:

THEMES:

- Concerns about how businesses can access PPE to reopen safely.
- Gyms/Pool/rec fac;oties: When can they open?
- Paid sick days.
- Praise: a few messages of praise on twitter responding to the graph image talking about how B.C. is/has handled COVID. "And we've done this without a lockdown. I'm proud of our leaders and my fellow BC residents"
- Criticism: We haven't tested everyone, how can we be sure this graph is an accurate representation of B.C.

NEW Qs without KMs:

- How can vulnerable populations access medical grade masks (people with compromised immune systems, chronic conditions etc)?

NEW Qs without KMs regarding the restart plan:

- When is phase 2 starting? *NB: This came up a lot. We need a KM that says timing is dependent on stats – on how we do with physical distancing etc. as a province.*
- When / how can X place / industry open? Here are a list of examples that came up often:
 - Gyms
 - Rec centres, playgrounds, tennis courts, water parks, pools etc.
 - Churches
 - Libraries
 - Schools
- Do RMTs fall in with physiotherapists? Will they get to open at the same time?
- Will universities be online or in-person this fall?
- When will seniors separated from family in supportive housing and complex care be allowed to see their loved ones?
- Will PPE be provided to teachers, dentists, seniors who have to go out of the house?
- Will masks be mandated? Small businesses are wondering whether they will have to wear them or whether their customers need to.

STATS:

3:00 PM PJH and DBH:

- Facebook peak viewers – almost 9.5k
 - *NB: Because of technical issues, many people went to other platforms. Global's FB feed had more than 13k viewers.*
- YouTube: Another record day – Peak concurrent viewers equalled 1.4k.

COMMENT OF THE DAY:

- Facebook: This is what I watch if I want to know any info/updates. I know it won't pertain to your state, but Dr. Henry has saved my sanity.

Thank you for everything today,
Suzannah

Hello:

Here are the top questions and themes from our BC Gov social media channels for Friday, May 1:

THEMES:

- **Seniors feel left out:** Frustration over Seniors, CPP-D, and EI being excluded from the benefit, that they don't get any help with increased cost of living. There are also a lot of comments in response pointing out that seniors didn't lose income.
- **BC Emergency Benefit:** frustration that people are falling through the cracks, including people on EI.
- **Hazard pay:** requests for it, questions on when it will be available.
- **Dentists:** Quite a few people talked about needing dental services and suffering with pain. Some people close to the industry said they were working to try to find PPE.
- **Elitism/Classism:** There was a bit more of this today. Example comment: "Wouldn't it be a perfect world if we all had unlimited resources. Some of us aren't part of the elite we need our jobs, businesses, hip and knee operations etc. The repercussions now are going to be irreversible for some people."
- Concerns over perceived government tyranny.
- **Lockdown:** Increased calls to open up, with comments that the lock-down messaging is getting old. Others are expressing the opposite, but the voices to open things up are getting louder.

NEW Qs without KMs:

- What are the residency requirements for the BC Benefit for workers? International student was asking if they are eligible or is it just for permanent residents and Canadian citizens (provided, of course, they lived here on March 15).
- Several other provinces are offering support to people on the front-line that are working excessive hours right now. I haven't seen anything about B.C. doing something similar. Will B.C. be doing this? (This came up several times.)
- Why the increase in number in Interior Health?

STATS:

Noon DBH update - Facebook: 2690 peak live viewers

COMMENTS OF THE DAY:

- My 7-year-old and 4-year-old are watching with me right now. Thank you for addressing them, as well. Self-isolation is not easy for our children. <3 <3 <3
- Dr. Henry is inspiring me to want to volunteer at a hospital and help the hospital staff. I'm just waiting for a call from a the volunteer coordinators from one of the hospitals I applied for :)
- [re Q insinuating DBH intentionally withheld ICU numbers] "There's no dumb questions" last reporter "hold my beer"

Suzannah

Good evening,

Here are the top questions and themes from our BC Gov social media channels for Sunday, May 3:

THEMES:

- **End the shutdown:** Frustration is mounting. Here are a few sample comments:
 1. Originally it was stay home to "flatten the curve" so as to not overwhelm the hospitals. It's been shown there is absolutely no chance of this happening. Now its stay home "stop the spread". So the curves clearly flattened, why are we still shutdown? Now we're just waiting for a vaccine?! THATS the plan!?? A vaccine that's unnecessary and a big chunk of people will want nothing to do with much like the flu vaccine? Are you people nuts!??
 2. Zero supports available to me. But I don't want them, I just want to go to work!
[#EndTheShutdown](#)
 3. Here is what I have learned about the comments. Those that are retired and/or financially secure generally want to stay the course, even though the curve has been flattened. Those that are going bankrupt rightfully want to know when they can return to work. Those of you that are financially secure, try to have a bit of compassion for those that are losing everything.
- **Fear about opening up too quickly:** People also expressed fear about the consequences of better weather and parks reopening and people going out. For long weekend questions, we used a Dr. Henry quote from yesterday about the Easter weekend, but the theme of anxiety in small border / tourist communities continues.
- **Elective procedures:** Criticism, people frustrated with perceived empty hospitals while they are waiting for elective surgeries. Sample comment: "I've been to jubilee hospital and Victoria general hospital in April, only saw two patients on my way from entrance to CT scan, saw no other at all while waiting for 20 minutes. open up. you will lose the election next term, for not taking leadership."
- **Questioning the dangers of COVID:** Curiosity about the number of deaths related to COVID and the number of deaths related to other diseases like Cancer, why has a shutdown like this never occurred before for other diseases? Why does COVID get this level of response. What about the long term impacts of the policies put in place? Some of the consequences are going to be felt far into the future. (Paraphrasing a few comments)
- **Seniors:** More comments today from seniors who feel left out of the financial supports.
- **Food security:** Concerns about food security- BBC put out an article, it's shown up in a couple of our social platform comments: https://www.bbc.com/news/world-52373888?fbclid=IwAR1oNhrwk622MyanAFilVRTep1zgbT4igCeD9Mvf_0_mSCroLsWSg6SOCcM

NEW Qs without KMs:

- *Also included in yesterday's list of Qs:* International students are confused about the BCEBW eligibility criteria: "The eligibility requires 'BC resident' does that mean living in BC or permanent resident or citizen of Canada living in BC?"
- *Technical Flag:* How should you fill out the birth date on the BCEBW application? "The birth date of applicants is indicated as Day Month Year but when you get to the final page it prints it as Month Day Year."

- Pharmacists are not able to provide antibiotics without a prescription from a doctor. Will the government make access to antibiotics easier?

STATS:

No livestreams today.

COMMENTS OF THE DAY:

- "You know the actions have been a success when folks start wondering why all the fuss and if it was over reaction. BC could have so easily faced the challenges of other international destinations. The populous lower mainland might have suffered even more heartbreak than it did. Thank you, people of BC, for your commitment to community and to those you may never know but whom your actions could so easily impact."

Suzannah

Good evening,

Here are the top themes and Qs without KMs from the BC Gov social media channels for today, Saturday, May 23:

THEMES:

- **Schools:** We continue to receive many questions asking how we determined that it is safe for students and teachers to return to school. People are asking for scientific data and evidence. Concerns about the safety of teachers and questions about why PPE isn't required or recommended.
- **Testing:** Questions include: when will you start serology testing? Why aren't you doing more testing? Why not do random testing? *We've been responding with a quote from DBH about random testing leading to false positives and negatives but still get questions.*
- **Masks:** People looking for clarity on masks -- who should wear them? When should we wear them? What's the proper way to wear them? Why aren't they being provided to teachers?
- **Businesses:** Concerns around businesses reopening and not following proper protocols on social distancing and occupancy limits.

NEW Qs without KMs:

- Will there be child care available for health care workers after COVID? We are using temp emergency services (and extremely thankful for it) but fear we will lose all childcare once COVID resolves.
- No BC hydro assistance if your income is tied to COVID court closures. Why should a person have to wait until their account is overdue for some time, when they already know their income is on hold as long as courts are?
- Please provide guidance (and support!) for license-not-required centres. We have been entirely left out of both financial support and guidance for daycares.
- When will Diagnostic Procedures be starting at the hospital?
- Should British Columbians be encouraged to keep daily records of their personal interactions? Would this make contact tracing easier if a person becomes ill?

Suggestions from British Columbians:

- Re: expanded patios -- Can you please provide some accessibility guidelines with these proposals? Often (even with the new line ups outside stores) accessibility suffers. Parking spaces for people with disabilities are commandeered for line ups and outdoor expansions because they are close to business entrances; people with mobility challenges, particularly those who use a walker, wheelchair or have balance issues cannot hop on and off curbs of narrowed sidewalks to maintain distance; people who are blind or have low vision have difficulty navigating ever changing layouts that lack proper cane detectable hazard warnings. Please, don't leave us and our loved ones behind again!

STATS:

1 p.m. (COVID-19 update)

- Facebook: 2,101 peak live viewers
- YouTube: 1,589 views (peak concurrent viewers unavailable)

COMMENT OF THE DAY:

- I hope they did your hair for free!! As a thank you 😊😊😊

Have a great weekend.

Aimée

Good evening,

Here are the top themes and Qs without KMs from the BC Gov social media channels for today, Friday, May 29:

THEMES:

- Landlords: Concerns from landlords feeling unsupported. Reports that some tenants are taking advantage of the state of emergency and choosing not to pay rent despite having the means to.
- Travel within BC: Confusion with Phase 2/3 mixed messaging about travelling close to home when provincial park camping is opening up across BC. Example comment: "But campsites open June 1. I think because people think that Phase 3 starts on June 1. Why are campsites opening on June 1 if we can't travel yet?"

NEW Qs without KMs:

- [On the explore close to home post] "I would appreciate a bit more clarity. Am I being asked to stay in BC? Within 100 km of my home? 50 km of my home? Does this mean that people who live in Chilliwack should not go to Abbotsford or Hope?"
- "Why is Translink allowed to ignore social distance guidelines from the province? They are going to open front door and easing seating restrictions."

STATS:

- No livestream today.

SUGGESTIONS FROM BRITISH COLUMBIANS:

- Would love to see a re-examination of disability supports. The \$300 temporary increase is much appreciated but is still far below the poverty line. Please increase Disability supports and make the income allowance greater and more realistically flexible to account for the fact that some persons with disabilities fluctuate in their ability to work but really, really want to.
- "If government were truly serious about supporting local it would mandate that large chain supermarkets offer 10-15% of food products from a 50 mile radius."

COMMENT OF THE DAY:

- Dr. Bonnie Henry's regular @BCGovNews updates provide information/education about #COVID and #publichealth but also about leadership, empathy, and effective communication ... deep respect #thankyou

Have a great weekend everyone!

Jamie

Good evening, all,

Here are the top questions and themes from our BC Gov social media channels for Sunday, April 12:

THEMES

- Vaping/Smoking: create more restrictions for smoking and vaping as it increases risk of serious respiratory problems
- BC Ferries: Restrict Access To Vancouver Island - Essential Services/Supplies/Residents only
- Provincial travel: Concern around travel in BC during the Easter weekend
- Fire Ban: Too early, especially in northern and rural communities that still have snow.

NEW Qs without KMs

- Not all communities have bylaw enforcement officers, especially small, remote communities where so many unwanted tourists are traveling this weekend!! What should they do, then?

STATS: No live stream today.

Thank you,

Jamie

Good evening,

Here are the top themes and Qs without KMs from the BC Gov social media channels for today, Friday, May 22:

THEMES:

- **BC Emergency Benefit:** Comments that people haven't received their BC Emergency Benefit payment yet. Example comment (one of many): "My husband has been waiting for almost three weeks now, and no one is helping us we really need to get some bills paid, and they just keep telling us wait it's been approved well we've waited and waited, and they say nothing is wrong with the application what is going on?"
- **Masks:** Questions around guidelines for wearing masks in public as well as questions on where masks can be acquired. Example comment: "Why not require (or at least strongly recommend) food preps in restaurants, and also teachers and students use masks?"
- **Schools:** Apprehensions about reopening schools to early. Frustration that it is not optional for teachers to return. Concerns about cleaning procedures and funding. Example comment: "with new outbreaks still happening in Fraser Health area, why are we reopening schools? Other provinces have no new cases and are NOT opening their schools."
- **Interprovincial travel:** People are wondering if we are going to implement border checkpoints. Lots of comments from people about vacationing between Alberta and BC. Example comment: "Can I travel to Quebec, or are there roadblocks?"

NEW Qs without KMs:

- "Will there be measures put in place to assist children who have fallen behind because of COVID 19?"
- "Please can you find out if and when road tests through ICBC will resume? There are no answers anywhere I feel like we are forgotten about."
- "Will schools notify all of their families if a case is identified in a student or staff member?"
- "With the amendment to include 50 vehicles for outdoor drive-in events, is there a ratio of vehicles to surface area of the parking lot? It could be very different densities for different lots. Just trying to plan for a school commencement."

Suggestions from British Columbians:

- Would you consider holding a virtual town hall focused solely on Long Term Care?

STATS:

7:15 PM Fraser Health town hall

Facebook: 368 peak live viewers

YouTube: 214 peak concurrent viewers.

COMMENT OF THE DAY:

- (On our graphics, specifically the "Keeping child care safe" one): "Who does these illustrations they are awesome!"

Best,

Jamie

Good evening, all,

Here are the top questions and themes from our BC Gov social media channels for Wednesday, April 8:

THEMES

1. **Parks:** Qs about which parks are closed and confusion around the distinction between provincial parks, regional parks, municipal parks and national parks; Qs about estuaries remaining open and nature trust properties sites. Concerns about the impact increased number might have on local wildlife in these areas; and, questions about whether crown land is still accessible.
2. **DBH / Gov BC / Dix appreciation**
3. **Alberta border/weekend travel:** Please close it to people travelling from outside of the province. Lots of talk about Alberta plates.
4. **Repatriation:** How are we going to enforce this? Fear over snowbirds bringing back the virus. Questions about what self-isolation means (can I walk my dog?). Complaints about people not following the rules.
5. **Construction sites:** Same themes – people not following guidance. Also, within the guidelines for construction there is nothing clear about the different areas of construction (residential, commercial, industrial) as each are very different in number of people and the scope of work being done.
6. **Benefits:** Various Qs about provincial and federal supports.
7. **Malls:** Why are malls open and parks are closed? Concerns about malls being open and businesses in them still being forced to pay rent. *(This one didn't come up a lot, but it does come up fairly regularly so I added it as an FYI.)*

(Instagram only) – Several people wrote in about a reality show filming in Kelowna. They've recently flown in cast from around the country and are out and about in the town. Later in the day, the show posted that all the cast are in quarantine – but there's uncertainty about what that means and whether the crew is also locked in the house. (Image attached.)

Twitter and Instagram – Props for the Easter Bunny proclamation.

STATS

- 1:15 Media Availability: At our peak, about **2.5K viewers watched live**. By 6:00 PM, the video had been viewed 24K times. There are more than 550 comments and it has been shared 101 times.
- 3 pm Media Availability: At our peak, more than **3K viewers watched live**. By 6:00 PM, the video had been viewed 29K times. There are 750 comments and it has been shared 101 times as well. *(I'll try to be more consistent with the timing of these stat checks.)*

COMMENT OF THE DAY

- Easter Bonnie is an essential service. :)

Thank you,
Suzannah

Good evening,

Here are the top questions and themes from our BC Gov social media channels from today, Monday, April 6, from public comments and direct messages:

THEMES

1. **Masks** – People debated masks, but most answers are accurate and echo what DBH has been saying.
2. **Gratitude** – We're making progress. Thank you to DBH, the government, health workers and those following the rule.
3. **Testing** – Questions about how many tests are being done daily; whether antibody tests will happen; and, other regular Qs about the testing strategy and whether our stats are reliable if we're not testing everyone.
4. **Benefits (both provincial and federal)** – Questions about how to get help.
5. **Close the border with Alberta** – Weather is getting better and small towns are concerned about people coming from Alberta or other parts of BC.
6. **Punjabi themes** – (Thanks to Masha Kaur.) One prominent emerging one I've noticed is 'Lockdown now'. On a positive note, some people are appreciative of the post/information it carries.

No new Qs without KMs for your consideration

- Is the B.C. government going to ban short-term rentals (AirBnB, etc.)?
- How do those arriving from other countries get home from airport. If kids pick them up, do they isolate as well?
- What is the guidance for kids' summer camps? Apparently one company is claiming DBH gave them authority to operate. If the dates of the camps are after the current state of emergency, can they still plan to open?

REQUEST FOR CONFIRMATION

We got the following KM from Health (via Emily – thanks, Emily) on March 31, and are wondering if it is still accurate:

- We are doing more than 3,000 tests a day, more than many other jurisdictions and actually comparable to what we saw with the testing strategy in other countries like Singapore, like South Korea.'

A couple of people went into the BC CDC summary report and are questioning our testing numbers. Here's an example comment: "BC cdc stats for the last month are showing far less than 3000 tests being done. Can you explain the discrepancy between the numbers stated here of tests performed in respect to the BC CDC numbers?" (The source of this question is the chart on p.3 of [the April 3 surveillance summary](#).)

STATS

- 3 pm Media Availability: At our peak, more than **3.8K viewers watched live**. By 6:00 PM, the video had been viewed 38K times. There are almost 1K comments and it has been shared more than 150 times.

COMMENT OF THE DAY

Wow! Way to go B.C.! Isolation is working! Let's keep it up (thumbs up)

Thank you,
Suzannah

Good evening,

Here are the top questions and themes from our BC Gov social media channels for Tuesday, April 7:

THEMES

1. **Elective surgeries:** When they will begin again?; If hospital beds aren't being taken by COVID patients, we should do elective surgeries for things like cancer and transplants.
2. **Alberta border:** Please close it to people travelling from outside of the province.
3. **Energy/gas/construction sites/projects:** Shut them down, people aren't following guidelines.
4. **Testing:** Please test more so we know the true community case count.

No new Qs without KMs for your consideration

- A question about how people are supposed to get home from the airport from repatriation flights came up again today. Are they advised to take taxis? (Not everyone has family in town, and those that do are unsure whether they need to self-isolate if they drive travellers home.)

REQUEST FOR CONFIRMATION

- Following up from yesterday's request for confirmation about the daily testing numbers, we found the following DBH quote to use: "The number of tests has gone down a bit. Our capacity for testing has gone up, but our strategy is about identifying outbreaks in the community, identifying health care workers, and part of the reason why it has gone down is because we've essentially saturated the health care worker testing. ... It's a little bit of a reflection of the situation we're in. If we look at the percentage positive, that has gone up which tells me that we are testing the people who are most at risk. ... We need to make sure that we do have the capacity to respond quickly when we have outbreaks and we need to do lots of testing around a cluster." - Dr. Bonnie Henry

STATS

- 3 pm Media Availability: At our peak, more than **3.7K viewers watched live**. By 9:00 PM, the video had been viewed 34K times. There are almost 850 comments and it has been shared 123 times.

COMMENTS OF THE DAY

- I don't like to miss Dr Henry and the Minister's updates. They're doing a tremendous job, please pass along a 'hug' from a very appreciative 32-year now retired civil servant.
- I think your hair looks fine. 😊

Thank you,
Suzannah

Good morning, all. Apologies for sending this report late. I had technical issues yesterday but have now had a chance to revisit the feeds. Today's report will be sent on time. ~ Suzannah

Here are the top questions and themes from our BC Gov social media channels from yesterday, April 3, from public comments and direct messages:

THEMES

1. **Gratitude** for DBH, MAD, Nigel and efforts in general.
2. **Enforcement:** Why isn't more being done to make people stay home or to enforce distancing on construction sites?
3. **Testing:** More questioning of how tests are conducted and whether the numbers are accurate.
4. **PWD** Non-PWD folks questioning the decision to give PWDs money because "nothing has changed for them."
5. **Seniors support** Concern that there isn't enough funding for low income seniors (who can't apply for the new SDPR supplement)

STATS

3 pm Media Availability: peak almost 3K live viewers and 42K views as of this morning. There are >1K comments (about half of which were about the audio issues off the top) and it has been shared 101 times.

Thank you,
Suzannah

Good afternoon,

Here are the top questions and themes from our BC Gov social media channels from today, Sunday April 5, from public comments and direct messages:


THEMES

1. **Enforcement** – People aren't following the rules and there don't seem to be consequences.
2. **Work camps** -- Indigenous communities are being put at risk
3. **Work camps** -- will tree planters be allowed to come from Ont. and Que.?
4. **Close the border with Alberta**

No new Qs without KMs today, but here are a couple of confirmation requests, please and thank you.

- Regarding post-recovery immunity, does this quote from DBH from last week still stand? "We are learning that people who recover from COVID-19 are immune for some time."
- Can you confirm that DBH's orders remain in place as long as the state of emergency is in place? We're getting Qs about how long her orders stand. Thanks.

COMMENTS OF THE DAY

- I wish as a province we could tell [DBH] how much we appreciate her. She is exemplary in every way. 
- Thank you bc government for communicating with the public in such a calm reasonable manner. I feel our provincial leaders has really stepped up.

Until tomorrow,
Suzannah

Hello:

Here are the top questions and themes from our BC Gov social media channels for today, April 2 from public comments and direct messages:

THEMES

1. **Gratitude** for PWD announcement
2. **Gratitude** for the work everyone is doing: Dr. Henry, Minister Dix, BC Gov workers
3. **Testing**: The numbers aren't reliable because you're not testing everyone vs. tests don't matter because if you're sick, you should stay home
4. **Shut down** man camps, construction sites, construction workers not obeying physical distancing - the general call to lock down has abated considerably
5. **Provide funding/relief** for small businesses and self-employed

NEW Qs without KMs - FYI only

If you'd like us to address any of these, let us know.

1. When seniors in care homes are sick with COVID, do they go to hospital or just stay at the facility?
2. How many tests are being done on healthcare staff and how many on regular people?

STATS

10 am Media Availability: peak 1.3K live viewers, 381 comments, 148 shares

3 pm Media Availability: peak 3.3K live viewers, 784 comments, 110 shares

Please let me know what questions and comments you have.

Cheers,
Erin

Hello:

Here are the top questions and themes from our BC Gov social media channels for today, April 1 from public comments and direct messages:

NEW Qs without KMs

1. Will steps be taken to make internet more affordable as parents try to connect their kids to online learning resources?
2. What about Fortis? Will there be changes there?

THEMES

- Thanks for the Hydro announcement.
- Where is the funding for self-employed individuals
- PWD funding and what are you doing there; we're forgotten
- Testing - test everyone vs. it's not needed
- Shut down construction/man camps
- Truckers - can't access washrooms/hand cleaning/food

COMMENTS FOR CONSIDERATION (not questions, but things we might want to pass up the line)

- None for today

STATS

1:15 pm media avail: peak 1.5K live viewers, 401 comments, 79 shares

3 pm media avail: peak 3K live viewers, 633 comments, 110 shares

Please let me know what questions and comments you have.

Cheers,
Erin

Hello, all.

Here are the top questions and themes from our BC Gov social media channels for Thursday, May 14:

THEMES:

- **School:** Concerns about children going back to school and the disadvantage of those children staying at home. Concerns about teachers and PPE.
- **Travel:** Concerns about travellers from Alberta
- **Immunocompromised:** Should I go back to work?
- **Restart:** What about XX business? When is DBH lifting the order for personal service businesses?

NEW Qs without KMs:

- Are Canadian citizens applying for Permanent residence for their spouse allowed to apply for the BC 1000 emergency benefit? Is the BC Emergency Benefit for Workers considered social assistance?
- Will self employed individuals who are not comfortable returning to work immediately still be able to qualify for and receive CERB or other similar benefits if they choose to wait longer than the recommendations from PHO. Currently to qualify for CERB you cannot voluntarily leave work.

SUGGESTIONS FROM BRITISH COLUMBIANS

- Make BC Parks available only to BC residents

STATS:

3 p.m. (COVID-19 update)

1. Facebook: 2,294
2. YouTube: 642 peak live viewers

COMMENTS OF THE DAY:

1. Thank you Dr Henry and Minister Dix fir your information and guidance. Thanks also to Nigel for always being available and cheerful.
2. You've mentioned PHO twice right there... Now I want a bowl of pho

Best,
Erin

Hello, all.

Here are the top questions and themes from our BC Gov social media channels for Wednesday, May 13:

THEMES:

- **Restart BC:** Personal service businesses want specific details about being phase 2 yet still under order. Example comment, "I am a spa and we have ZERO guidelines for what we need to be able to open. Which would mean if the guidelines aren't released till next week possible it would mean we CANNOT work.. we are also still UNDER ORDER to not work. It expires on May 30th. If that isn't revised by the 19th we legal can't work." Also reports that some plan to open when there's still an order in place.
- **Physical distancing:** people report seeing crowded places/beaches and that people aren't distancing in stores as well as they were before.
- **Cross border travel:** people curious if they can travel from BC to the US. Short-distance trips to owned properties or to see family.
- **Immune compromised:** wonder if it's OK to return to work, includes teachers with underlying health conditions
- **Child Care:** People are looking for more directions on opening up child care centres. "Why is there no recommendation for group size for child care?"
- **PPE:** Concerns how businesses/schools etc will acquire PPE.
- **Recreation:** Questions relating to if it's safe to open pools and/or beaches for swimming and if the virus lives in water
- **BCCDC survey:** Lots of people reporting they took the survey. Some saying they had problems entering various numbers (PHN and postal codes) but most say it worked well and were thankful for the opportunity to complete it.

NEW Qs without KMs:

- Why is funding being cut by 21% to Independent Distributed Learning schools during a pandemic? (some called it distance learning funding otherwise same question)
- There's talk of museums and movie theatres opening in phase 3 and then it talks Mass Large gatherings in phase 4. Some clarification on that? So we are talking going from 50 people to 1000s at a festival, concert etc? What about the gatherings that are in between? A 100-150 person wedding or funeral is in the same category as a music festival with 50,000 people? There has to be some middle ground?
- Why is Worksafe BC in charge of opening personal service establishments and not Environmental Health Officers who are the ones that conduct their inspections?
- When will spouses be allowed into maternity appointments?
- Regards to the survey, how can we find where to go for a test? Or will we be contacted?
- Is it possible for a person to have a reaction to a serology test? Or is it a blood test?
- When camping opens in BC Parks will we be allowed to camp with people in our bubble?

STATS:

1:30 p.m. (Premier update)

- Facebook: 1,107 peak live viewers
- YouTube: 1.2K total

3 p.m. (COVID-19 update)

- Facebook: 2,370 peak live viewers
- YouTube: 664 peak live viewers

COMMENT OF THE DAY:

- "Loving how @governmentofbc is communicating to us about #physicaldistancing" (regarding the [air hugs only graphic](#))

Best,
Erin

Hello:

Here are the top questions and themes from our BC Gov social media channels for Saturday, May 9:

THEMES:

- **Physical distancing:** people are concerned that with the nice weather and news about relaxing restrictions, people are no longer taking physically distancing seriously.
- **Restart:** lots of questions about what about xx and yy business?

NEW Qs without KMs:

- Why are EAs being forced to look after children in school or they don't get paid or cannot go on EI for refusing work, while the teachers all get to stay home and be safe with full pay?
- Will extra help be extended past June to people on provincial disabilities PWD?
- What about trying to hunt close to home? Apparently an adult licensed Hunter can not enter for our area CLOSE to home....My question is why do we have to leave our area CLOSE to home in this year of Covid 19 restrictions?

STATS:

12 p.m. (COVID-19 update)

- Facebook: 1,849 peak live viewers
- YouTube: 258 peak live viewers

Best regards,
Erin

Hello:

Here are the top questions and themes from our BC Gov social media channels for Sunday, May 10:

THEMES:

- **Restart BC:** can a martial arts studio re-open May 19? People typically want clarification about their business, especially if it isn't specifically listed (e.g. acupuncturists wondering if they're a personal service because they're not listed with physio, chiro, etc.); they want more specifics on timelines, to whom to send their info to, and when to send it by.
- **Parks opening:** restrict BC parks to BC residents and keep others from being able to book here
- **Safety for teachers:** Sample comment: "I read the [K-12 school guidance doc] and I saw nothing about the government ensuring safety for teachers. There was information on the importance of safety for students but nothing relating to teachers. This lack of concern for teacher and EA safety troubles me greatly and I am requesting that this be revisited by the powers that be. If there is no consideration given to teacher personal protective equipment, it really does make me, as a teacher feel very used by the system."

NEW Qs without KMs:

- You have provided graphs with percentages for Scenarios With Varying Degrees of Relaxed Distancing. These may mean something to statisticians and very little to nontechnical people. When you said that physical distancing of 2 metres was each of us raising our arms without fingers touching that is something I can easily visualize. What does 40% (60% social distancing) look like? How does this look with a family of four with two young children going back to school (e.g. grades K, 3) and each parent returning to work in retail? Is this one bubble touching a single other or is this much more than 40%? What is a small number of contacts? It seems to me that having one rambunctious child return to a school class that is half full (14 students, one teacher) seems to be 13 bubbles touching.
- Once opened, will BC Parks be open to all for camping or just BC residents?
- Will kids be able to use playground at school?
- Will extra help be extended past June to people on provincial disabilities PWD and will the child tax raise continue to be raised for more months than just May?

COMMENT OF THE DAY:

- "It is pretty easy to 2nd guess everyone on how to reopen everything . But I think we all have to agree that BC government has done a pretty amazing job compared to other places in this world and I have no reason to 2nd guess them now."

Best regards,
Erin

Hello:

Here are the top questions and themes from our BC Gov social media channels for Tuesday, May 5:

THEMES:

- **Re-opening:** campgrounds aren't open but people can be close to each other in Costco and WalMart?
- **Re-opening:** We've flattened the curve, so let's stop flattening the economy.
- **Re-opening:** When will chiro / physio / massage therapists be able to work? Sample comment: "I would never have a haircut again if I could get help with my chronic pain again. This is medical and not a spa trip ... some people are really suffering."
- **Expanding circles:** Can I care for/see my grandchildren now? Can we see family now?
- **Technical issues:** BC Benefit for Workers, people are reporting that they don't receive confirmation numbers, approval notices or if their applications require more information.
- **Masks:** Confusion around mask enforcement. Hearing conflicting messaging from different sources regarding who should wear masks, and when they are mandatory etc.

NEW Qs without KMs:

- What are the rules around declaring a death as COVID-caused?
- A few weeks ago Prime Minister Justin Trudeau mentioned that he would be looking into health care wages, is that something B.C. is considering too?
- When will details about front line worker wage top ups be announced?
- How is this different than the flu? It's just the flu!

A Comment FYI

From yesterday - Really appreciate the amount of work and detail that goes into the modelling and these presentations. Kudos to all those involved! Can we please make sure we are using the correct terminology- sex and gender aren't synonymous.

STATS:

3 p.m. (COVID-19 Update)

- Facebook: 2,676 peak live viewers
- YouTube: 656 peak live viewers

COMMENT OF THE DAY:

- "Wow just 8!" RE: number of new cases today.

Best regards,
Erin

Hello:

Here are the top questions and themes from our BC Gov social media channels for Thursday, April 30:

THEMES:

- **Restart:** calls to restart businesses, reopen parks, schools; calls to keep status quo and keep businesses, parks, schools closed. Lots of questions about what the plan is around this.
- **Surgery/Diagnostics:** When will these resume? What's the plan?
- **Comparisons:** BC/Canada vs. other countries' COVID response (Sweden)
- **Child Care:** What will happen to child care when certain restrictions are lifted
- **BC Hydro:** Issues with eligibility criteria and processing times

NEW Qs without KMs:

- When can Immigrant doctors help?
- Don't essential workers now get hazard pay?
- Why is all the focus on kids of essential services when all kids deserve the same chance to learn?
- Doesn't Section 6 of the Canadian Constitution guarantee the unrestricted travel for Canadians within the existing Canadian borders?
- Is the BC government tracking the numbers of suicide deaths?
- When will previously scheduled and cancelled ultrasounds and other tests, MRIs going to happen?
- How many people have died in Canada due to canceled surgeries?

STATS:

3 p.m. (Daily COVID-19 update)

- Facebook: 2,699 peak live viewers
- YouTube: 541 peak live viewers

COMMENT OF THE DAY:

"You all are making this so much better for all of us then it might have been and the honesty and leadership you and your Team model gives me hope and more confidence that this will not be as bad as it would have been without all of you. Thank you all so much!"

Best regards,
Erin

From: [Erickson, Anders HLTH:EX](#)
To: [Ye, Xibiao HLTH:EX](#)
Subject: air pollution graph
Date: May 15, 2020 3:14:48 PM
Attachments: [pm_no2_oz.png](#)

I posted on MS Teams, let me know if you have any feedback.

Anders Erickson

Epidemiologist, Population Health Surveillance & Epidemiology
Office of the Provincial Health Officer, Ministry of Health
he/him | ph: 236.478.0821

I would like to respectfully acknowledge – with gratitude - that I am working and living on the traditional and current territory of the Lkwungen speaking peoples of Esquimalt and Songhees First Nations.

Warning: This email is intended only for the use of the individual or organization to whom it is addressed. It may contain information that is privileged or confidential. Any distribution, disclosure, copying, or other use by anyone else is strictly prohibited. If you have received this in error, please telephone or e-mail the sender immediately and delete the message.

Year-to-Year Difference in Air Pollutants (Jan.01, 2019/20 - Apr.25, 2019/20)

Copyright

Brown, Stephen R HLTH:EX

From: Byres, David W HLTH:EX
Sent: May 4, 2020 5:28 PM
To: Brown, Stephen R HLTH:EX
Cc: Moulton, Holly HLTH:EX
Subject: FW: Unintended Consequences
Attachments: UniCons Monitoring Table - April 29 2020_JW.DOCX; Draft TOR - Unintended Consequences Working Group - April 29 2020.docx

As discussed last week. Draft TOR / focus I received via Reka Gustafson and team for unintended consequences group. Proposed co-chair from PHO. Missing some linkages (operations) and are building as part of a HECC which I had assumed we would be moving to dismantle and return to our executive leadership structure. I can f/u with them after we review.

David
David.Byres@gov.bc.ca
Associate Deputy Minister
C: 778-678-7264
O: 250 952-1266 |Email: jenifer.sheppard@gov.bc.ca

From: Wong, Jason [BCCDC] <Jason.Wong@bccdc.ca>
Sent: April 30, 2020 2:11 PM
To: Byres, David W HLTH:EX <David.Byres@gov.bc.ca>
Subject: Unintended Consequences

Hi David,

As discussed, please find attached the draft terms of reference (embedded within it are the governance, structure, and membership so far) and draft table of consequences.

We are hoping to have more discussion about these at next week's meeting. If you have some suggestions on either of these, please let me know.

Thanks.

Jason
Jason Wong, BMSc MD CCFP MPH FRCPC
Physician Epidemiologist, Clinical Prevention Services
BC Centre for Disease Control
655 West 12th Avenue
Vancouver, BC V5Z 4R4
Phone: 604-707-5615
Fax: 604-707-5604

BC COVID-19 Response - Unintended Consequences Tracking

Draft April 28, 2020

Formatted: Width: 27.94 cm

With analyses where possible, by:

- Sex/gender
- Age
- Rural/remote/urban
- Indigenous identity (First Nations, Metis, Inuit)

Commented [JW1]: Cultural impacts (e.g. not able to follow cultural protocols), land, self-determination

May parallel deep roots of wellness

Table divided into the following categories:

- Health Impacts
 - Health system utilization
 - Population health measures, including food security and food safety
 - Mental health
 - Substance use
 - Reproductive and sexual health
 - Seniors
 - Food safety
 - Other communicable diseases
- Social Impacts
 - Housing
 - Education
 - Food security
 - Community violence
- Economic Impacts
 - Income
- Environmental Impacts
 - Natural environment
 - Built environment

Commented [JW2]: For consideration

Outcome Domains	Potential Unintended Consequences	+/-	Indicators	Data Sources / Limitations	Determinants & Considerations—Proximal/Distal	Tracking Lead
HEALTH IMPACTS						
Health System Utilization	Not accessing GPs for primary care needs	■	Increased severity illnesses/complications (hospitalization rate for ambulatory care sensitive conditions) Decline in visits to GPs, with analysis for different patient disease groupings.	HealthIdeas (outcome); Population Survey (rationale)	Fear of leaving home, going to the hospital, social isolation	Health/HSIAR
	Not accessing ER for urgent care needs	■	Number and rate of admission to ER; including type/reason	HealthIdeas (outcome); Population Survey (rationale)	May have increase rate of hospital admissions from unplanned/urgent ED visits	Health/HSIAR
	Fewer hospital-acquired infections	■	Lower rates of C. diff, MRSA	HealthIdeas (outcome);		Health/HSIAR
	Improved infection control practices	■	Increased/improved handwashing practices	HealthIdeas (outcome); Population Survey (rationale)		Health/HSIAR
	Decline in immunizations	■	Reduced vaccination completion rate Increased vaccination-preventable illness	PANORAMA/PARIS(VCH) HealthIdeas		Health (PPH)/BCCDC
	Health complications/decline in quality of life with delay in elective surgeries	■		HealthIdeas (outcome); Population Survey (quality of life; chronic pain)	Focus on populations requiring chronic condition disease management (e.g. dialysis)	Health/HSIAR
	Health complications/decline in quality of life with inability to access dentist, RMT, physio, chiro, etc				Focus on populations requiring chronic condition disease management and injury or surgery recovery	
	Loss of postpartum visits for new parents/newborns (early ID of complications, referral to supports/services)	■	Increased jaundice; increased SIDS; increased SBS	HealthIdeas (outcome); Population Survey (rationale)		Health/HSIAR
	Loss of well child visits for	■		HealthIdeas (outcome);		Health/HSIAR

	children 6 mo to 18 years (delays in ID of health needs)			Population Survey (rationale)		
	Health sector human resources	■	Staffing/employment rate in health care settings;	Population Survey	Health Human Resource impact? Staff burnout, etc	Health/Div?
	Increased implementation of virtual health options	■		Population Survey		
Population Health Measures	Decreased life expectancy		Life expectancy at birth (years)			Health
	Increased PYLL					Health
	Decline in healthy eating	■	% of residents meeting Canadian food guidelines	Population Survey; analyze by household make-up and income level		Health (PPH)/BCCDC
	Decline in physical activity	■	% of residents meeting national physical activity guidelines	Population Survey	Staying at home, reduced levels of exercising Gyms closed	Health (PPH)/BCCDC
	Increased/decreased unintentional injuries	■ ■	Unintentional injury hospitalization rate	HealthIdeas (outcome); Population Survey (explanation)	Increased: Increased cycling; increased impaired driving; increased speeding; increased occupational injuries; creative activities at home Decreased: Less traffic (less MVCs) and free public transit; Bike crashes Impaired driving	Health/PPH
	Increase/decrease in MVC injuries/fatalities	■ ■	Unintentional mortality rate	HealthIdeas (outcome);		Health/PPH

	Access to safe drinking water	■		TBD Population Survey?		Health/PPH
	Obesity	■	Obesity prevalence	Population Survey		Health/PPH
	High Blood pressure	■	Hypertension prevalence	HealthIdeas		Health/PPH
	Deaths from many/all causes may increase	■	All-cause mortality rate	HealthIdeas		Health/PPH
	Increased rate of Asthma	■				
Mental health	Increased health care practitioner burnout	■	Increased suicide mortality rate; increased suicide thoughts/attempts; increased anxiety and depression prevalence	HealthIdeas Survey Social media data?	Unemployment, economic uncertainty Social isolation	Health/Mental Health and Addictions
	Increased depression and suicide	■		HealthIdeas Population Survey (level/explanation)		Health/Mental Health and Addictions
	Increased population strain/stress/anxiety	■		Note – will need to analyze to pull out some sub-populations, e.g., parents working from home while teleworking, essential services workers, unemployed/underemployed		Health/Mental Health and Addictions
	Increased family connectedness	■		Population Survey (level/explanation)		Health/Mental Health and Addictions
	Increased divorce rate	■		Population Survey (level/explanation)		

	Increased community connectedness			Population Survey (level/explanation)		Health/Mental Health and Addictions
	Decreased sense of safety in community			Population Survey (level/explanation)		Health/ Mental Health and Addictions/ PSSG
	Decreased feeling of safety at work					
	Increase/decrease in overall life satisfaction			Population Survey (level/explanation)		
Substance Use	Increased problematic alcohol use			HealthIdeas; Population Survey (level/explanation) Social media data?; possible expenditure data ex. Per capita spending at liquor stores		Health/Mental Health and Addictions
	Increased smoking/vaping			HealthIdeas; Population Survey (level/explanation) Social media data?		Health/PPH
	Increased illegal/illicit drug use			Population Survey (level/explanation) Social media data?		Health/Mental Health and Addictions
	Increased overdoses		Overdose ER visit/hospitalization/mortality rates	HealthIdeas; Population Survey (level/explanation)	Potential decrease: fear of COVID; desire to distance; interruption of services from China Potential utilization of OPSS and other services; increased stress/anxiety; increased	Health/Mental Health and

					idle time; increased substance use alone	
	Relapses with inability to access AA, NA, and OAT	■		HealthIdeas; Population Survey (level/explanation)		Health/Mental Health and Addictions
Reproductive and sexual health	At-home births complications	■	Pregnancy loss % (miscarriage and abortion) Birth outcomes	HealthIdeas, Perinatal Data Registry	Fear of hospital birth during pandemic	Health/HAs?
	Increased miscarriages	■		HealthIdeas, Perinatal Data Registry	Changes to access to GPs and specialists	Health/HAs?
	Increased abortions	■		HealthIdeas, Perinatal Data Registry; Population Survey (explanation)	Reduced access to contraception; worry re the future	Health/HAs?
	Decreased STIs	■		HealthIdeas, Perinatal Data Registry; Population Survey (explanation)	Reduced access to STI prevention and screening tools/services	Health (PPH)/BCCDC
	Delayed prenatal care	■		HealthIdeas, Perinatal Data Registry; Population Survey (explanation)		Health/HAs?
	Decreased positive birth outcomes	■	Increased preterm births; loss at birth; increased FASD	HealthIdeas, Perinatal Data Registry		Health/HAs?
	Increased infant mortality rate	■	Increased infant mortality	HealthIdeas		Health/PPH
	Increased/decreased birth rate	■	Fertility rate; birth rate	HealthIdeas; Population Survey (explanation)	Reduced access to fertility treatments (IUI/IVF); increased time at home	Health/PPH
Seniors	Increased morbidity	■	Decreased use of medical or social support services.	HealthIdeas	Seniors at highest risk for COVID and complications Less family and social contact; Increased or decreased demand for residential care; Social	Health/Seniors Advocate

					isolation; inability to access virtual health care options; decreased pharmaceutical compliance	
	Increased mortality	■		HealthIdeas		Health/Seniors Advocate
	Increased or decreased institutional care	■	Institutionalization rates	Home/community care data		Health/Seniors Advocate
	Undiagnosed COVID in people dying with underlying conditions, especially at home	■		HealthIdeas?		Health/Seniors Advocate
Food safety	Food poisoning	■	# of calls related to food poisoning ER visit/hospitalization for food poisoning	BC Centre for Poison Information and Control, HealthIdeas	Increased Requiring restaurants to move to take out	Commented [JW4]: Moved
Other Communicable Diseases						

Commented [JW5]: Do we want to include this?
Transmission of other droplet infections has been raised at tables as a potential benefit.
I note STIs is in the above.

SOCIAL IMPACTS

Commented [JW6]: Re-named

Housing	Access to affordable housing	■	Rate of homelessness	Municipalities?		Min Housing/Affairs
	Access to shelters	■	utilization of shelters	BC Housing; Homeless Services Association of BC	Fear of COVID and desire to distance?	
Education	Decreased academic achievement	■	Gr 4, 7, 10 FSA scores; Student Satisfaction Survey ratings	Ministry of Education: Student Satisfaction Survey; FSA scores	Impact of homeschooling	Min of Education
	Decreased graduation rates (short/long term)	■	Gr. 12 6 Yr graduation rate	Ministry of Education	Decreased academic engagement of Gr 12 students; difficulty catching up for Gr 10-11.	Min of Education
	Increased academic disparity	■	Gr 4, 7, 10 FSA scores; Student Satisfaction Survey ratings	Ministry of Education: Student Satisfaction Survey; FSA scores		Min of Education
	Decreased university enrollment/completion	■		Ministry of Advanced Education		Min of Education
Food security	Child malnutrition	■		Food Bank Association of BC, Survey	Closure of school breakfast/lunch programs	?
	Decreased ability to access/afford food	■		Does h	Decrease access to food banks; Higher costs for food; Fewer seasonal workers; Global changes in food supply	Health/PPH
Community Violence	Increased domestic violence	■	demand for crisis services for women, shelters injury hospitalization rate injury mortality rate	HealthIdeas	At-risk women at home full-time with abusers under particularly stressful conditions Access to support services more difficult	Health/PSSG
	Increased child abuse/neglect	■		MCFD	Vulnerable families facing multiple pressures	MCFD

	Increased children coming into care	■	Child apprehension rates	MCFD	Increased stress/anxiety, poverty and substance use; increased people in homes; vulnerable families facing multiple pressures	MCFD
	Increased interpersonal violence in communities	■			Increased stress/anxiety, poverty and substance use Business premises left with few/no people around	
	Increased property crime	■				PSSG
ECONOMIC IMPACTS						
					Commented [JW7]: Renamed	
Economy	Unemployment/underemployment	■		BC Statistics	Mainly essential businesses/services open	Commented [JW8]: Separated into Economy and Income
	Small business closures	■				
	Economic growth	■				
	Decreased tourism	■				
	Reduced workforce available for necessary labour	■			Loss of foreign workers due to travel restrictions	
Income	Poverty; reduced basic income	■				
	Income inequity	■				
ENVIRONMENTAL IMPACTS						
Natural Environment	Reduced air pollution	■	Air quality index rating; Short- and long-term health effects related to air pollution (eg, asthma)	HealthIdeas, BC Air Quality Monitoring Data portal		Health (PPH)/BCCDC/FLNRO?

	Reduced carbon emissions	<input checked="" type="checkbox"/>		MOTI?		FLNRO?/ MOTI
	Increased use of disposables and chemicals	<input checked="" type="checkbox"/>			Widespread populaiton use on non-recyclable/non-compostable materials (e.g., gloves, masks)	Health/FLNRO
	Increased or decreased wildfires	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>			Closures of provincial/federal parks, trails and campgrounds so less wildfires; less responders and PPE reducing ability to fight fires	Min Env/ FLNRO
Built Environment	Increased infrastructure maintenance/improvements	<input checked="" type="checkbox"/>			Road maintenance expedited due to lack of traffic	MOTI

COVID-19 UNINTENDED CONSEQUENCES OF PUBLIC HEALTH INTERVENTIONS

WORKING GROUP TERMS OF REFERENCE

APRIL 29, 2020 DRAFT

BACKGROUND

The response measures for COVID-19 in Canada and around the world are unprecedented and have impacted many sectors of the society. Interest and concerns has been raised about the unintended consequences, negative and positive, of public health measures such as social distancing, self-isolation, school and business closure on individual and population health, society, economy, and environment. Identification and monitoring of the unintended consequences of COVID-19 interventions in BC can inform action to mitigate harms and amplify benefits.

PURPOSE

To track the beneficial and harmful impacts of British Columbia's COVID-19 response-related control measures by:

- Describing the nature, magnitude, distribution, and determinants of unintended consequences, using an equity lens
- Prioritizing issues needing urgent attention
- Monitoring changes in unintended consequences

OBJECTIVES

The deliverables of the Working Group are intended to guide action. Specifically, they should:

- Inform government decision-makers, sectoral partners, and public about the unintended consequences resulting from responses to the pandemic
- Maintain public confidence in the pandemic response
- Generate information to support planning, evaluation, allocation of resources, and trigger action

DELIVERABLES

The Working Group will develop concise reports / web documents (2 – 5 pages with references) of similar look and format that:

- Describe the issues, direction (i.e. positive or negative), and determinants of unintended consequences and their effect on reducing or exacerbating inequities
- Develop and report on indicators, including data sources and limitations
- Prioritize areas for actions.

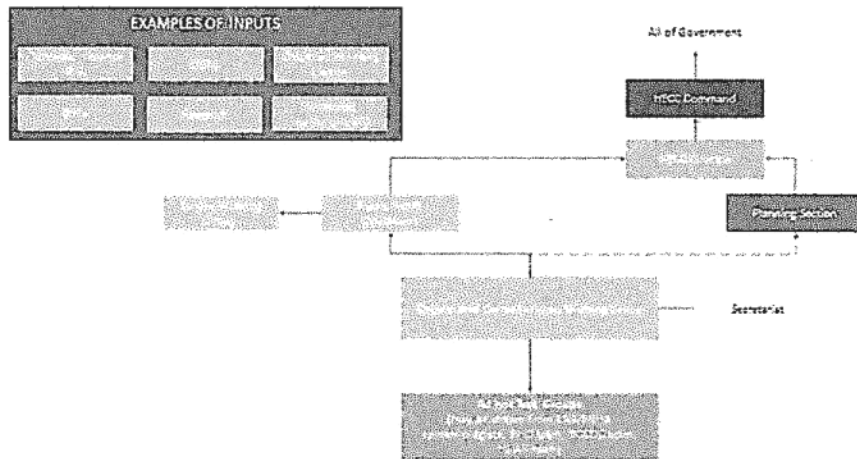
These reports / web documents will be updated regularly as additional data becomes available.

SCOPE

The impact of COVID-19 interventions will be considered in the domains of health, society, economy, and environment.

STRUCTURE AND GOVERNANCE

OVERVIEW



WORKING GROUP

The Working Group is accountable to the Public Health Operations Section of the Health Emergency Response Structure, with outputs shared with the Planning Section.

The Working Group is co-chaired by a provincial (i.e. TBD—Office of Provincial Health Officer or BC Centre for Disease Control) and a regional representative (RHA or Office of PHO and BCCDC—for discussion).

Commented [JW1]: Haley, can I confirm this is what you heard? Or did the RHAs "delegate" that to BCCDC?

Membership is comprised of representatives (with alternates) from each regional health authority, First Nations Health Authority, the BC Centre for Disease Control, Office of the Provincial Health Officer, Health Sector Information, Analysis, and Reporting Division, academia, Yukon, and others as identified by the Working Group.

Commented [JW2]: Need a representative from FHA

Commented [JW3]: Thoughts of who this may be? Some institutions include: UVic, UNBC, SPPH, SFU

Commented [JW4]: MoH Research Unit?

The Working Group liaises with key stakeholders:

- Provincial ministries, via the cross-government liaison
- Regional Emergency Operations Centre (EOCs)
- PHSA Clinical Policy programs (e.g. Child Health BC, Perinatal Services BC, Trans Care BC)

Last updated: April 28, 2020

Page 2 of 4

- Other stakeholders as identified by the Working Group

TASK GROUPS

The Working Group is supported by ad hoc Task Groups to address specific issue and who will coordinate surveillance and analysis of health-related unintended consequences by:

- Working with health partners and other ministries in identifying and tracking health-related unintended consequences
- Tracking, collating and analyzing data
- Reporting issues and trends to the Working Group

Task Groups will be drawn from:

- Regional health authority and First Nations Health Authority epidemiologists
- BC Centre for Disease Control epidemiologists
- Office of the Provincial Health Officer epidemiology branch
- Ministry of Health, Health Sector Information, Analysis, and Reporting Division

OTHER SECTORS

In other sectors, ministries under the BC Pandemic Provincial Coordination Plan can contribute by:

- Identifying and tracking unintended consequences
- Collaborating and sharing input on health-related consequences with the Working Group
- Reviewing reports and indicators on unintended consequences developed by other groups
- Reporting consequence issues and data to the ADM and DM Committees on Emergency Management

MEMBERS

- Co-Chairs - Brian Emerson (Office of the PHO)
- First Nations Health Authority –
- Northern Health – Andrew Gray
- Interior Health – Silvina Mema
- Fraser Health –
- Vancouver Coastal Health – Mark Lysyshyn
- Island Health – Dee Hoyano
- Yukon – Catherine Elliot
- BCCDC – Jason Wong, Jat Sandhu, Noorjean Hassam
- Office of Provincial Health Officer – ~~Brian Emerson~~, Xibiao Ye, Daniele Behn-Smith
- Ministry of Health, Health Sector Information, Analysis and Reporting Division – Heather Richards
- Ministry of Health, Research Unit
- HECC and Cross Government Liaison – Jen Walker
- Academia –

Commented [JW5]: Danielle was on the phone. Should we officially add her?

Commented [JW6]: Question

SECRETARIAT

The Office of the Provincial Health Officer and BC Centre for Disease Control will provide Secretariat support for this initiative:

- Haley Miller (Haley.Miller@gov.bc.ca) – Agenda and Minutes
- Adrienne Bonfonti (Adrienne.Bonfonti@gov.bc.ca) – Table and Report Development
- River Chandler (River.Chandler@gov.bc.ca) – Project Manager (BC Government)
- Elsie Wong (elsie.wong@bccdc.ca) – Project Manager (PHSA, FNHA, RHA)

MEETING FREQUENCY

The Working Group will meet weekly.

MILESTONES

Milestones for the Working Group to achieve the deliverables: The Working Group will strive to:

Commented [JW7]: For your consideration

- Consult with stakeholders and collate the unintended consequences of COVID-19 interventions in the health, social, economic and environmental domains.
- Collate Develop a draft table that describes the unintended consequences and in the health, social, economic, and environmental domains within one month (before June 2020)
- Identify unintended consequences that are priorities for action (i.e. harms that should be mitigated or benefits that should be amplified)
- Select unintended consequences to develop indicators to quantify magnitude and monitor
- Identify priorities to develop indicators within two months (before July 2020)
- Complete reports / web documents summarizing the unintended consequences with select indicators within three months (before August 2020)

Brown, Stephen R HLTH:EX

From: fpt.hsc.secretariat / csss (HC/SC) <hc.fpt.hsc.secretariat-csss.sc@canada.ca>
Sent: May 18, 2020 5:27 PM
Subject: AGENDA & DOCUMENTS May 19 @ 7:00 PM FPT CDM teleconference / L'ORDRE DU JOUR ET LES DOCUMENTS Téléconférence des sous-ministres de la santé FPT le 19 mai à 19 h 00
Attachments: CDM-Agenda - May 19_EN.docx; CDM Virtual Care_draft_05182020_noon.docx; Virtual care_CDM final_May 18_11am.pptx

Good afternoon,

Please be advised that a teleconference of FPT Deputy Ministers of Health has been scheduled for **(tomorrow) Tuesday, May 19, 2020 from 7:00 pm to 8:00 pm (EST)** to discuss COVID-19. Please find enclosed the agenda and documents for the call.

Details for the participants s.15; s.16
TOLL-FREE DIAL-IN NUMBER (CANADA/US):
LOCAL DIAL-IN NUMBER:
PARTICIPANT CODE:

We would ask that you please confirm your participation by responding to hc.fpt.hsc.secretariat-csss.sc@canada.ca

Regards,
FPT Secretariat

Bonjour,

Veuillez prendre note qu'une téléconférence des sous ministres de la santé FPT aura lieu **(demain) le mardi 19 mai 2020 de 19 h 00 à 20 h 00 (HNE)** pour discuter du COVID-19. Veuillez trouver ci-joint l'ordre du jour et les documents pour la téléconférence.

Coordonnées pour les participants: s.15; s.16
NUMÉRO SANS-FRAIS (CANADA/US) :
NUMÉRO LOCAL :
CODE DE PARTICIPANT :

Nous vous demandons de confirmer votre participation par courriel en répondant à hc.fpt.hsc.secretariat-csss.sc@canada.ca

Cordialement,
Le secrétariat FPT

**CONFERENCE OF FEDERAL/PROVINCIAL/TERRITORIAL
DEPUTY MINISTERS OF HEALTH**

MAY 19, 2020
7:00 PM – 8:00 PM ET

TOLL FREE DIAL-IN: s.15; s.16
LOCAL s.15; s.16

PARTICIPANT CODE: s.15; s.16

1. Welcome and Opening Remarks (ON/CAN)	<i>5 min.</i>
2. Canadian Research Initiative on Substance Misuse (CRISM) <ul style="list-style-type: none">- <i>Drs. Julie Bruneau and Samuel Weiss will present CRISM's National guidance documents to address the specific needs of people who use drugs, service providers, and decision makers in relation to the COVID-19 pandemic.</i>	<i>20 min.</i>
3. Virtual Care/Digital Health (CAN) <ul style="list-style-type: none">- <i>DMs will be asked to approve the recommendations of the FPT Virtual Care/Digital Table on shared priorities and an approach to implementation.</i>- <i>Roundtable on Virtual Care initiatives underway</i>- <i><u>Note:</u> Michael Green President and CEO, Canada Health Infoway will join DMs for this discussion.</i>	<i>30 min.</i>
4. Closing Remarks (ON/CAN)	<i>5 min.</i>

Carnegie, Lynn HLTH:EX

From: Hrycuik, Lorie HLTH:EX
Sent: January 14, 2021 12:56 PM
To: Carnegie, Lynn HLTH:EX
Subject: FW: Unintended Consequences Tables
Attachments: Draft Priorities - May 29 2020.docx; UniCon Master Table - May 29 2020.docx

Follow Up Flag: Follow up
Flag Status: Flagged

Lorie Hrycuik
Executive Lead, Population & Public Health Division
Ministry of Health
Phone: (778) 974-3766 | Lorie.Hrycuik@gov.bc.ca

From: Hrycuik, Lorie HLTH:EX
Sent: June 5, 2020 8:52 AM
To: Amyot, Sarah HLTH:EX <Sarah.Amyot@gov.bc.ca>
Cc: West, Jenna HLTH:EX <Jenna.West@gov.bc.ca>
Subject: FW: Unintended Consequences Tables

Sarah, see attached for the document that Brian has requested a PPH member on the working group. There will be one from COVID division, BCCDC, PHO office, and he was requesting one from our division to link with the Guiding framework refresh. I said that I would think about it because of your workload.

Lorie

Lorie Hrycuik
Executive Lead, Population & Public Health Division
Ministry of Health
Phone: (778) 974-3766 | Lorie.Hrycuik@gov.bc.ca

From: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Sent: June 4, 2020 11:37 AM
To: Hrycuik, Lorie HLTH:EX <Lorie.Hrycuik@gov.bc.ca>
Subject: Unintended Consequences Tables

Hi Lorie.

As discussed, attached is the master table, and the summary table with issues prioritized for immediate attention in red.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1
T 250.952.1701 C s.17 F. 250.952. 1713 brian.emerson@gov.bc.ca

TIER 1: Warrants immediate action/response from health sector	TIER 2: Warrants action/response from health sector within 6 months	TIER 3: Warrants action/response from health sector within 6-18 months	TIER 4: Action/response from health sector not required but continued monitoring is necessary	TIER 5: Action/response is needed by another sector; linkage and monitoring required
HARMS	HARMS	HARMS	HARMS	HARMS
<ol style="list-style-type: none"> 1. Missed immunizations 2. Increased problematic substance use (A, legal; B, illegal) 3. Increased domestic violence 4. Deferred cancer diagnoses due to suspension of screening and decreased diagnostic capacity 5. Increased population mental distress (includes strain, stress, anxiety, depression) 6. Increased stigma and intolerance 7. Indigenous peoples: loss of culture 8. Decreased infant health outcomes age 0-2 with loss of postpartum visits for new parents / newborns 9. Increased self harm/suicide 10. Not accessing hospitals for urgent care needs 11. Decline in health sector human resources (health care worker burnout/ illness/ attrition) 12. Increased community violence; decreased sense of safety in community 13. Increased overdose harms and deaths 	<ol style="list-style-type: none"> 1. Not accessing primary care (GP, NP) 2. Decreased use of mental health services due to reduced access (same as #20, tier 1) 3. Decline / increase in physical activity 4. Reduced wildfire capacity 5. Increased exposures to hazardous substances at home 6. Fewer people accessing addiction supportive recovery services 	<ol style="list-style-type: none"> 1. Not accessing sub-specialty out-patient hospital services/clinics 2. Delayed access to development and psychoeducational assessment – SCHOOL AGE (Hearing, vision, dental screenings) 3. Health complications / decline in quality of life due to inability to access health services (e.g., dental, RMT, physio, etc.) 4. Decline / increase in healthy eating 5. Decrease / increase in unintentional injuries 6. Involuntary admissions under the <i>Mental Health Act</i> 7. Increased abortions 8. Increased / Decreased STIs 9. Increases of Hepatitis C 	<ol style="list-style-type: none"> 1. Increase in asthma 2. Increase / decrease in overall life satisfaction 3. Increased / decreased birth rate 4. Increased / decreased access to safe drinking water (TBD?) 5. Increased use of disposables and chemicals 	<ol style="list-style-type: none"> 1. Food security 2. Housing/shelter 3. Education/educational disparities 4. Reduced income/increased poverty 5. Decreased sense of safety at work 6. Increase in problem gambling (or +) 7. Decreased school connectedness 8. Increased demand for family support (school setting) 9. Decreased access to affordable housing 10. Decreased academic achievement 11. Decreased graduation rates 12. Increased academic disparity 13. Decreased enrollment in post-secondary institutions 14. Decreased completion of university graduation 15. Increased child abuse / neglect, and children in care 16. Increased interpersonal violence in communities 17. Increased property crime 18. Increase in motor vehicle crash fatalities

<ul style="list-style-type: none"> 14. Delayed specialized health services (e.g., gender affirming care, fertility care) 15. Decreased food security, incl child malnutrition 16. Reduced connection to culture and cultural activities (non-Indigenous) 17. Health complications / decline in quality of life due to elective surgery delay 18. Increased infant mortality rate 19. Reduced child health/delayed diagnoses due to loss/delayed well child visits 2 to 18 years 20. Community mental health service utilization 				<ul style="list-style-type: none"> 19. Increased systemic unemployment / underemployment 20. Closure of small businesses 21. Reduced economic growth 22. Decreased tourism 23. Reduced workforce available for essential services (non-health workers) 24. Increase in poverty and reduction in basic income 25. Increase in income inequity 26. Increased household unemployment / underemployment
BENEFITS	BENEFITS	BENEFITS	BENEFITS	BENEFITS
<ul style="list-style-type: none"> 1. Improved infection prevention and control practices 2. Reduced droplet transmitted communicable diseases 4. Increased implementation of virtual health options 5. Increased family and community connectedness 	<ul style="list-style-type: none"> 1. Decreased infection in long term care facilities/assisted living (after single site policy) 2. Fewer hospital-acquired infections 3. Decreased number of wildfires 	<ul style="list-style-type: none"> 1. 	<ul style="list-style-type: none"> 1. Reduced air pollution 2. Reduced carbon emissions 3. Improved water quality (TBD?) 	<ul style="list-style-type: none"> 1. Decrease in motor vehicle crash injuries (note increase in fatalities) 2. decrease in problem gambling 3. Increased access to temporary housing 4. Increased infrastructure maintenance/improvements

UNINTENDED CONSEQUENCES OF PUBLIC HEALTH MEASURES
IN THE BC COVID-19 PANDEMIC RESPONSE

Analyses will be completed for each consequence (whenever possible) by:

- Sex / gender
- Age (5 year increments); particular attn to seniors
- Rural / remote / urban populations
- Race / ethnicity
- Indigenous identity (First Nations, Metis, Inuit)
- Socioeconomic status (education, income, employment status)
- Immigration status (un-documented, temporary worker, permanent resident, citizen)

Therefore, consequences have **not been broken into sub-populations** impacted.

Consequences are grouped under the following headings and sub-topics:

Health impacts

- Health care utilization
- Population health surveillance
- Mental health
- Substance use
- Reproductive, sexual, maternal and infant health
- Communicable diseases

Social impacts

- Culture and connectedness
- Housing
- Education
- Violence

Economic Impacts

- Economy
- Income

Environmental Impacts

- Natural environment
- Built environment

HEALTH IMPACTS

Potential Unintended Consequence	Positive or Negative	TIER (1-5)	Indicator(s)	Data Sources / Limitations	Determinants and Considerations – Proximal / Distal	Key Informant / Stakeholder (program area)	Tracking Lead (data access and monitoring)	Notes
HEALTH SYSTEM UTILIZATION								
Not accessing primary care (GP, NP)	x ✓	2	<ul style="list-style-type: none">• Severity of illness / complications• Ambulatory care sensitive conditions (e.g., preventable admissions)• Decline in visits to GP (analysis for different patient disease groupings).	<ul style="list-style-type: none">• Health<i>ideas</i> (MSP)• Population Survey• Health<i>ideas</i> (CDR definition)	<ul style="list-style-type: none">• Fear of leaving home• Fear of going to the hospital• Social isolation		HSIAR BCCDC (survey)	David McVea (BCCDC) noted ~25% reduction in visits by children / elderly

UNINTENDED CONSEQUENCES OF PUBLIC HEALTH MEASURES IN THE BC COVID-19 PANDEMIC RESPONSE

Potential Unintended Consequence	Positive or Negative	TIER (1-5)	Indicator(s)	Data Sources / Limitations	Determinants and Considerations – Proximal / Distal	Key Informant / Stakeholder (program area)	Tracking Lead (data access and monitoring)	Notes
			<ul style="list-style-type: none"> Rate of myocardial infarctions Number of GP visits Increased prevalence of hypertension due to unmanaged high blood pressure 					
Not accessing hospitals for urgent care needs	✖ ✓	1	<ul style="list-style-type: none"> # and rate of admission to ER by type / reason # of hospitalizations by type / reason Triage trends 	<ul style="list-style-type: none"> Health<i>ideas</i> (DAD) Population Survey 	<ul style="list-style-type: none"> Increased rate of admission from unplanned / urgent ED visits People may be avoiding care due to infection concerns who will have elevated care needs when eventually seen 		HSIAR, Health Authorities BCCDC (survey)	HealthIdeas DAD is 3-6 months lag behind Health Authority DADs
Missed immunizations	✖	1	<ul style="list-style-type: none"> Immunization rates 	<ul style="list-style-type: none"> BCCDC PANORAMA and VCH PARIS 	<ul style="list-style-type: none"> 		BCCDC and VCH	
Not accessing sub-specialty out-patient hospital services/clinics	✖ ✓	3	<ul style="list-style-type: none"> Increase in severity illnesses/complications (hospitalizations for ambulatory care sensitive conditions) Decrease in sub-specialty ambulatory visits 	<ul style="list-style-type: none"> Health<i>ideas</i> 	<ul style="list-style-type: none"> 			E.g., asthma/respiratory clinic;
Decreased infection in long term care facilities/assisted living (after single site policy)	✓	2	<ul style="list-style-type: none"> Rates of infection in LTCF / ALR (both staff and residents) incl non-covid illnesses (e.g., flu) 	<ul style="list-style-type: none"> Health<i>ideas</i> 			HSIAR	
Fewer hospital-acquired infections	✓	2	<ul style="list-style-type: none"> Rate of C. Diff Rate of MRSA 	<ul style="list-style-type: none"> Health<i>ideas</i> (DAD) 			HSIAR	
Improved infection prevention and control practices	✓	1	<ul style="list-style-type: none"> Hand washing practices 	<ul style="list-style-type: none"> Population Survey (PICNet) 			HSIAR BCCDC	
Delayed access to development and psychoeducational assessment – SCHOOL AGE (Hearing, vision, dental screenings)	✖	3	<ul style="list-style-type: none"> Rate of assessments 	<ul style="list-style-type: none"> School STARBC 	<ul style="list-style-type: none"> Decreased access or uptake for routine points of contact with primary care and/or Public Health 			
Health complications / decline in quality of life due to inability to access health services (e.g., dental, RMT, physio, etc.)	✖	3	Caries in children	<ul style="list-style-type: none"> Kindergarten Dental Survey (2021/2022 school year) 	<ul style="list-style-type: none"> Focus on populations requiring chronic condition disease management and injury or surgery recovery 		PPH	
Health complications / decline in quality of life due to elective surgery delay	✖	1	% of people reporting excellent/good health	<ul style="list-style-type: none"> Health<i>ideas</i> (multiple data sets) Population Survey 	<ul style="list-style-type: none"> Focus on populations requiring chronic condition disease management (e.g. dialysis) 		HSIAR, BCCDC	
Deferred cancer diagnoses due to suspension of screening and decreased diagnostic capacity	✖	1	<ul style="list-style-type: none"> Rates of advanced cancer Cancer-related mortality 	<ul style="list-style-type: none"> PHSA / BC Cancer Agency 	<ul style="list-style-type: none"> Patients not accessing health care system Suspension of screening services for colorectal and breast cancers Decrease in diagnostic services Suspension of screening services for cervical cancer and HPV vaccinations 	PHSA / BC Cancer Agency	PHSA / BC Cancer Agency	PHSA estimates for every week of suspended screening and diagnostic services ~200 cancer diagnoses will be deferred PHSA estimates for every month of suspended screening and diagnostic services, between 15 and 24 deaths will occur

UNINTENDED CONSEQUENCES OF PUBLIC HEALTH MEASURES
IN THE BC COVID-19 PANDEMIC RESPONSE

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Decline in health sector human resources (health care worker burnout/ illness/ attrition)	✖	1	<ul style="list-style-type: none">Staffing / employment rate in health care settingsSuicide mortality rateSuicidal thoughts / attemptsAnxiety prevalenceDepression prevalence	<ul style="list-style-type: none">Population SurveyHealth Sector Compensation Information SystemPHSA employee survey?	<ul style="list-style-type: none">Health human resource impacts (e.g., burnout)UnemploymentEconomic uncertaintySocial isolation		HSCIS OR HSIAR MMHA	
Increased implementation of virtual health options	✓	1	# of virtual care visits/claims	<ul style="list-style-type: none">Population SurveyHealthIdeas (MSP, there is a new code for virtual care)			HSIAR	Increased access to services; decreased waiting rm infections
Decreased use of mental health services due to reduced access and increased wait times for services	✖	2	<ul style="list-style-type: none"># of referralsMinimum Reporting Requirement time to serviceTime between referral and service	<ul style="list-style-type: none">MCFDHealth<i>ideas</i> (multiple data sets)	<ul style="list-style-type: none">		MCFD MMHA HSIAR	All MHSU services provided in community, and MCFD has responsibility (and data) for the child/youth; adult and youth substance use are through HSIAR
Increased overdose harms and deaths due to decreased use of overdose prevention or other harm reduction services/SU treatment	✖	1	<ul style="list-style-type: none">Dispensations of pharmaceutical alternatives under BCCSU guidelinesVisits to OPS/SCSDecline in distribution of harm reduction suppliesIncrease HCV infection in PWIDOAT dispensationsOAT retention	<ul style="list-style-type: none">BCCDC Healthideas (PharmaNet)OAT dispensations – provided by HSIAR to OERC but needs more disaggregationOAT retention – BCCfE HIV/AIDS project	<ul style="list-style-type: none">	MMHA/SSD	BCCDC/MMHA (weekly overdose report) and HSIAR	
Fewer people accessing addiction supportive recovery services	✖ ✓	2	<ul style="list-style-type: none">	<ul style="list-style-type: none">Data source may not exist (private vs. public)	<ul style="list-style-type: none">Access to evidence-based and licensed supportive recovery	SSD	MMHA	
Involuntary admissions under the <i>Mental Health Act</i>		3	<ul style="list-style-type: none"># of admissions to designated facilities	<ul style="list-style-type: none">	<ul style="list-style-type: none">	MMHA/SSD	HSIAR MMHA	
Increase in all-cause mortality	✖	4	<ul style="list-style-type: none">All-cause mortality rate	<ul style="list-style-type: none">Health<i>ideas</i> (<i>Vital Stats</i>)Seniors at highest risk for COVID-19 and complicationsLess family and social contactIncreased or decreased demand for LTCF / ALR careSocial isolationInability to access virtual care optionsDecreased pharmaceutical compliance		<ul style="list-style-type: none">BC Coroners Service	HSIAR	Include analyses of Immunocompromised, and undiagnosed COVID-19 in people dying with underlying conditions at home
Decreased life expectancy	✖	4	<ul style="list-style-type: none">Life expectancy at birth					
Increased PYLL	✖	4						
Decrease increase in motor vehicle crash injuries / increase in motor vehicle crash fatalities	✖ ✓	5	<ul style="list-style-type: none">Unintended injury rate due to motor vehicle crashesUnintended mortality due to motor vehicle crashesAmbulance dispatches for trauma / road accidents	<ul style="list-style-type: none">Health<i>ideas</i> (<i>DAD/NACRS</i>)BC Ambulance ServiceBC Coroners Service (mortality)ICBCTAS	Less traffic on highways and roads, fewer MV crashes Higher rates of speeding resulting in fewer but more severe injuries	<ul style="list-style-type: none">BC Coroners Services (mortality)PHSA / BCEHS (ambulance dispatch)PPH	PHO or HSIAR	David McVea finding ~50% decrease in ambulance dispatches for this issue BC Coroners Service data for 2020 shows a 30-40% decrease in MVI deaths compared to 2019 (same months compared)
Decreased food security, incl child malnutrition	✖	1	<ul style="list-style-type: none">% of population expressing concerns over food security during COVID19Proportion of BC children who were not eating enough because the household could	<ul style="list-style-type: none">Population health surveyCCHS Household Food Security Survey Module. <u>Limitation</u>: HFSSM collected	<ul style="list-style-type: none">Decreased access to food banksHigher costs for foodFewer seasonal workersGlobal changes in food supply		BCCDC	

UNINTENDED CONSEQUENCES OF PUBLIC HEALTH MEASURES
IN THE BC COVID-19 PANDEMIC RESPONSE

Potential Unintended Consequence	Positive or Negative	TIER (1-5)	Indicator(s)	Data Sources / Limitations	Determinants and Considerations – Proximal / Distal	Key Informant / Stakeholder (program area)	Tracking Lead (data access and monitoring)	Notes
			<p>not afford enough food in the last 12 months</p> <p>Proportion of BC children who were ever hungry because the household couldn't afford more food in the last 12 months</p> <ul style="list-style-type: none">• Annual cost of a nutritious food basket in BC as a proportion of family income• Proportion of the BC population that always had enough of the foods they wanted to eat in the last 12 months• Proportion of the BC population that worries food will run out before there is money to buy more.	<p>approx. every 3 years. These questions were last included in 2015/16. HFSSM was not chosen as optional content for 2019/20.</p> <ul style="list-style-type: none">••••••••• Both are indicators for monitoring individual/household food security (Food Security Model Core Program)• Food costing done every two years. <u>Limitation:</u> Should be done in 2020 (last done 2017) but will likely not happen due to COVID (challenges collecting data at RHA level)• Second indicator collected annually as part of CCHS <p>Third indicator collected when as part of CCHS when HFSSM included (last included 2015/16. Will not be included in 2019/20). Was included in Pop Health Survey</p>	<ul style="list-style-type: none">• Closure of school breakfast / lunch programs			
Decline / increase in healthy eating	x ✓	3	<ul style="list-style-type: none">• % of residents meeting Canadian food guidelines• Increase/decrease in consumption of: Fruit and vegetables; whole grains; sugary drinks; foods high in saturated fat/sodium/sugar• Increase/decrease in: eating meals with others; cooking/preparing foods at home; eating food prepared in a restaurant	<ul style="list-style-type: none">• Population Survey	<ul style="list-style-type: none">• Decline: Ability to access/afford healthy food; emotional eating; social isolation		PPH/BCCDC	CDC survey will not provide data to measure this indicator. No existing data source – would require a new population survey
Increase in asthma	x ✓	4	<ul style="list-style-type: none">• # or % of people seeking asthma care during COVID19	<ul style="list-style-type: none">• Health/ideas (MSP)			BCCDC (is doing this already)	Demonstrated from BCCDC Is this a side-effect of covid?
Decline / increase in physical activity; decline/ increase in sedentary behaviour	x ✓	2	<ul style="list-style-type: none">• % of population reporting reduced physical activity during COVID19• % of residents reporting increased body weight or BMI• increased or decreased physical activity minutes and sedentary/sitting minutes per week	<ul style="list-style-type: none">• Population Survey	<ul style="list-style-type: none">• Decline: facilities (gyms, recreation centres) closed; parks and playgrounds closed; sporting events cancelled; decreased active travel to work/ school; social isolation; decreased activities of daily living	PPH	PPH/BCCDC	Especially bc P.A. in winter for wave 2; CDC survey will provide data re if physical activity has increased/decreased but will not be quantified (minutes per week), and does not measure sedentary behaviour

UNINTENDED CONSEQUENCES OF PUBLIC HEALTH MEASURES
IN THE BC COVID-19 PANDEMIC RESPONSE

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					Increase: more outdoor activities (walking/running/ hiking); increase in leisure time			
Increased exposures to hazardous substances at home	✖	2	<ul style="list-style-type: none"># of % of calls related to household chemical exposures	DPIC			BCCDC/DPIC (has released some data already)	
Decrease / increase in unintentional injuries	✖ ✓	3	<ul style="list-style-type: none">Unintentional injury hospitalization rateSelf-reported injuriesED visits	<ul style="list-style-type: none">Health<i>ideas</i> (DAD/NACRS)Population SurveyBC Vital Stats and BC Coroners Service (for deaths)	<ul style="list-style-type: none">Increased cycling and walkingIncreased / decreased impaired drivingIncreased speedingIncreased occupational injuriesIncreased creative activities at homeIncreased and more intense family member interactions at and around home, more paediatric injuries are expected.Less traffic (less MVCs)but higher speedsFree public transit;Increased bike crashes		PHO or HSIAR or health authorities	Increased calls related to exposure to cleaning products; Trump’s public hypothesis about injecting/consuming cleaning products to cure Covid (Apr 30(?)) HealthIdeas DAD and NACRS 3-6 months lag behind health authority data, NACRS incomplete outside the lower mainland.
Decreased access to safe drinking water due to delayed testing	✖ ✓	?					PPH	As per consultation with DWO and FNHA
Increase / decrease in overweight and obesity	✖ ✓	4	<ul style="list-style-type: none">Prevalence of overweight and obesity	<ul style="list-style-type: none">Population SurveyCCHS		PPH	PPH	CDC survey will not provide data required to track increase/decrease in overweight/obesity prevalence. CCHS measures overweight/obesity every 2-years
Increased suicide / self-harm	✖	1	<ul style="list-style-type: none">Suicide mortality rateSuicidal thoughts / attemptsSelf harm attemptsPrevalence of anxiety, depression, bipolar, behaviour disordersPerceived levels of stress (distress)Family discord/abuse# who are children in careSocial isolation /disconnection#/% increase of crisis line calls for suicide and self harm#/% Indigenous	<ul style="list-style-type: none">BC Coroners ServiceSelf-reportedDADNACRSStatistics CanadaBC Vital StatsCall centre statistics	Stress from multiple causes (social isolation, psychological / stage related (adolescents and youth), underlying mental illnesses and premorbid status, stress due to family function, income, employment, social, significant personal loss); history of suicidal thoughts; someone close died by suicide, previous suicide attempts, previous self harm incidents; access to health services; availability of means; substance use; children in care or families receiving social services.		MMHA, MoH BCIRPU,	Many cases are pending for coroners’ investigation
Increased population mental distress (includes strain, stress, anxiety, depression)	✖	1	<ul style="list-style-type: none">Kids Help PhoneCrisis line volumes% of people (18+) experiencing stress/anxiety/depression during COVID19	<ul style="list-style-type: none">Population SurveyPHIS and EMR data on Endinburgh Postpartum Depression Scale	Increased postpartum depression/anxiety due to social isolation	Disruption of normal routines contributes to psychological distress, stress due to financial, employment, family, interpersonal, access to food or shelter,	BCCDC	Will have to analyze sub-populations

UNINTENDED CONSEQUENCES OF PUBLIC HEALTH MEASURES
IN THE BC COVID-19 PANDEMIC RESPONSE

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						premorbid and morbid cases of mental illness, family dysfunction, social isolation/ dysfunction, substance use, which manifests in many ways e.g. increased risky behaviours, increased injury rates, increased risk of self harm and suicide, violence and abuse, substance addictions, unhealthy eating, physical inactivity,		
Increased community connectedness	* ✓	1	% of people reporting a lack of community connection during COVID19	<ul style="list-style-type: none">Population SurveySense of belonging” Community Health SurveyPlanH Community Connectedness Grant stream recipients	<ul style="list-style-type: none">Potential increase in neighbourhood connectedness Potential decrease in broader connectedness via physical distancing		BCCDC	
Increased stigma and intolerance		1		<ul style="list-style-type: none">				Discuss more.... Is this a 5?
Increased community violence, decreased sense of safety in community	*	1	<ul style="list-style-type: none">Injury rates by type of injuryCrime rates (domestic abuse, child abuse, violence, property damage, break ins) Closure of playgrounds and recreation facilities	<ul style="list-style-type: none">Population SurveyBCIRPU DatabasesDADNACRSStatistics Canada, UCRMy Health My Community Survey	General anxiety, loss of personal control, inattention, more motor vehicle speeding, more children and youth unsupervised		MMHA / PSSG BCIRPU	Hate crimes, looting, high tensions, fear/anxiety
Decreased sense of safety at work	*	5		<ul style="list-style-type: none">Population Survey				
Increase / decrease in overall life satisfaction	* ✓	4		<ul style="list-style-type: none">Population Survey				
Increase / decrease in problem gambling	* ✓	5		<ul style="list-style-type: none">Population SurveyBCLC	<ul style="list-style-type: none">Decrease in gambling due to casinos closingIncrease in gambling online		PSSG	
Decreased sense of safety at work				<ul style="list-style-type: none">Injury rates by type of injurySafety Plans prepared by employers per Worksafe BC policies and PHO on COVID	<ul style="list-style-type: none">Population SurveyBCIRPU databasesWorksafe BC claims	<ul style="list-style-type: none">Stress and anxiety about layoffs, closures, or protection for essential workersTime pressures on transportation and distribution re: timely delivery of food and essentials, lack of personal protective gear or adequate workplace Modifications for front line workers or public facing staff		

UNINTENDED CONSEQUENCES OF PUBLIC HEALTH MEASURES
IN THE BC COVID-19 PANDEMIC RESPONSE

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						<ul style="list-style-type: none">Time pressures, stress after construction, manufacturing and other businesses return to normal work loads - to make up for lost down time during COVID phase one and financial pressures, and possibly unsafe work conditions leading to more on site work injuries, MV work accidents,		
SUBSTANCE USE								
Increased problematic substance use (legal; illegal)	×	1	<ul style="list-style-type: none">Alcohol-attributable illness / injury / mortalityAlcohol use among women of reproductive ageEarly onset of alcohol use% of British Columbians who engage in hazardous drinking% Canadians reporting increased alcohol use during COVID (CCSA)Alcohol and cannabis sales before and during COVID19	<ul style="list-style-type: none">Health<i>ideas</i> (multiple datasets)Population SurveyAlcohol sales data			MMHA / MHSU/HSIAR PHO CISUR	
Increased smoking / vaping	×	2	<ul style="list-style-type: none">% of residents smoking/vaping before and during COVID19	<ul style="list-style-type: none">Population Survey		MMHA/PPH	BCCDC	Not directly asked about increase in the survey, but could compare the data to that from CCHS
Increased overdose harms	×	1	<ul style="list-style-type: none">Fatal overdoses (BCCS)Non-fatal overdoses (as reported by the OERC)Overdose mortality rates	<ul style="list-style-type: none">BCCS, BCCDC/OERCBC Coroners Service	<ul style="list-style-type: none">Potential decrease: fear of COVID; desire to distance;Fear of hospital birth during pandemic	OERC, PHO, BCCDC BC Coroners Service	OERC MMHA / BCCDC	Increase of \$300/month for income assistance / disability cheques Unpredictable use Potential increase: less utilization of OPS/SCS and other social services due to decreased hours of operation and/or closure of services; increased stress/anxiety; increased substance use alone due to recommendations for physical distancing and/or fear of COVID infection; increasingly unpredictable and toxic drug supply due to closure of international borders
REPRODUCTIVE, SEXUAL, MATERNAL AND INFANT HEALTH								
Decreased maternal/healthy birth outcomes with delayed/reduced prenatal care	×	1	<ul style="list-style-type: none">% of pregnancy loss (miscarriage and still birth)Rate of preterm birthsRate of FASD	<ul style="list-style-type: none">Health<i>ideas</i> (DAD)Perinatal Data Registry	<ul style="list-style-type: none">	PPH	PHO or HSIAR PHSA	

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IN THE BC COVID-19 PANDEMIC RESPONSE

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			<ul style="list-style-type: none">Increased miscarriagesRate of healthy birth weightsDelayed prenatal care					
Decreased infant health outcomes age 0-2 with loss of postpartum visits for new parents / newborns	×	1	<ul style="list-style-type: none">Rates of jaundiceRates of SIDSRates of shaken baby syndromeReduced breastfeedingEarly food intro	<ul style="list-style-type: none">Health<i>ideas</i> (MSP/DAD/NACRS)Population Survey			HSIAR	
Increased infant mortality rate	×	1	<ul style="list-style-type: none">Infant mortality rate	<ul style="list-style-type: none">Health<i>ideas</i>			HSIAR/PHSA	
Increased abortions	×	3	<ul style="list-style-type: none"># Prescriptions of Mifegymiso dispensedPrevalence of surgical abortions	<ul style="list-style-type: none">Health<i>ideas</i> (multiple)Perinatal Data RegistryPopulation Survey	<ul style="list-style-type: none">Increased access to virtual careReduced access to contraception	PPH/ Pharmaceutical Division / Acute Care	PHO / HSIAR	
Reduced child health/delayed diagnoses due to loss/delayed well child visits 2 to 18 years	×	1	<ul style="list-style-type: none">Average wait time increase for children	<ul style="list-style-type: none">Health<i>ideas</i> (MSP)Population Survey			HSIAR	
Increased / Decreased STIs	× ✓	3		<ul style="list-style-type: none">Health<i>ideas</i>Population Survey		PPH	BCCDC OR HSIAR	
Delayed/insufficient prenatal care			<ul style="list-style-type: none">Gestational age at first prenatal visit# (%) of women receiving at least 8 prenatal visits (WHO recommendation)	<ul style="list-style-type: none">Health<i>ideas</i>Perinatal Data RegistryPopulation Survey	<ul style="list-style-type: none">Decreased in-person assessment, delay early diagnosis of pregnancy complications	PPH		Data sets looking at MSP billings / access to maternity care already in development.
Increase in unintended/unplanned pregnancies			<ul style="list-style-type: none"># of self reported accidental pregnancies	<ul style="list-style-type: none">Qualitative and quantitative sexual and reproductive health survey (TBC)	<ul style="list-style-type: none">Social isolationIncrease violence, reproductive coercion	PPH / Primary Care / Acute Care	PHO or HSIAR/PHSA (PSBC)	
Decreased access to contraception (dispensations and insertions)			<ul style="list-style-type: none"># IUDs dispensedLimited supply of condoms	<ul style="list-style-type: none">Health<i>ideas</i>Unknown. Distribution chains?	<ul style="list-style-type: none">Reduced access to primary care providers for insertion	PPH/ Pharmaceutical Division	HSIAR	Data report already prepared for PPH
Decreased Newborn screening, jaundice checks, congenital heart checks			<ul style="list-style-type: none">Prevalence / proportion of missed newborn screens	<ul style="list-style-type: none">	<ul style="list-style-type: none">Early discharge from hospital	PPH/Acute care, PSBC		
Increased / decreased birth rate	× ✓	4	<ul style="list-style-type: none">Fertility rateBirth rate	<ul style="list-style-type: none">Health<i>ideas</i>Population Survey	<ul style="list-style-type: none">Reduced access to fertility treatmentIncreased time at home	PPH	PHO	
Reduced droplet transmitted communicable diseases	✓	1	<ul style="list-style-type: none">Rates of respiratory communicable diseases	<ul style="list-style-type: none">BCCDC	<ul style="list-style-type: none">Reduced travel / importationIncreased physical distancingFewer diagnoses of mild infections due to people not presenting to health system		PPH / BCCDC	<ul style="list-style-type: none">May be reduced due to other public health measures (e.g., reduced travel / importation, physical distancing)May increase due to missed vaccinations
Increases of Hepatitis C	×	3	<ul style="list-style-type: none">Rate of Hepatitis C among people who inject drugs	<ul style="list-style-type: none">BCCDC	<ul style="list-style-type: none">People may not be able to access harm reduction services and supplies		PPH / BCCDC	

UNINTENDED CONSEQUENCES OF PUBLIC HEALTH MEASURES IN THE BC COVID-19 PANDEMIC RESPONSE

SOCIAL IMPACTS

Potential Unintended Consequence	Positive or Negative	TIER (1-5)	Indicator(s)	Data Sources / Limitations	Determinants and Considerations – Proximal / Distal	Key Informant / Stakeholder (program area)	Tracking Lead (data access and monitoring)	Notes
CONNECTEDNESS								
Indigenous peoples: loss of culture	×	1	• Ability to practice culture	• Population Survey	• Cultural impacts		MMHA/ FNHA	
Reduced connection to culture and cultural activities	×	1	•	• Population Survey	•		MMHA	Incl religious gatherings
Increased / Decreased community connectedness and family connectedness	× ✓	1	• Individuals report feeling increased connectedness with family members & their community • Divorce rate	• Population Survey •	• Impact of COVID 19 on child and youth wellbeing: social relationships-peers; family connectedness-immediate & elders/grandparents • Impacts on cognitive development, physical health/activity/mental health • Inability to gather for social rituals (e.g., wedding, funeral, birthdays, religious and cultural gatherings)		MMHA	
Decreased school connectedness	×	5	•	• McCreary Survey	• Loss of ability to connect with friends and school system as a community with schools closed / moved to online schooling			
Increased demand for family support (school setting)	×	5	•	•	• Decreased access to educational assistant support or modified curriculum • Decreased access for to school for children with significant developmental and behavioural conditions.	MEd MCFD		
HOUSING								
Decreased access to affordable housing	×	5 (roll??)	• Rate of homelessness • Number of affordable housing units • Number of households benefitting from provincial programming	• Municipalities • BC Housing	•	Municipalities	MAH	
Increased access to temporary housing	✓	5	• # shelters shut down but # beds made available	•	• Fear of COVID-19 and desire to distance	• BC Housing • Homeless Services Association of BC	MAH	
Decrease in rental and housing market valuations			•	• CMHC and federal housing partners	•	•		
Increase in mortgage defaults and/or individual bankruptcy claims			•	• CMHC and federal housing watchdogs	•	•		
Increase in applications for dispute resolution between tenants and landlords at the residency board			•	• MAH	•	•		
Increase in evictions of tenants processed by residential tenancy board due to			•	• MAH	•	•		

UNINTENDED CONSEQUENCES OF PUBLIC HEALTH MEASURES
IN THE BC COVID-19 PANDEMIC RESPONSE

inability to pay rent (after removal of state of emergency)								
Decreased academic achievement	×	5	<ul style="list-style-type: none">Grade 4, 7, 10 and 12 FSA scores	<ul style="list-style-type: none">MEd Student Satisfaction Survey	<ul style="list-style-type: none">Impact of homeschooling		MEd	
Decreased graduation rates	×	5	<ul style="list-style-type: none">% of students who complete school within six years of starting Grade 8% of Indigenous students who complete school within six years of starting Grade 8	<ul style="list-style-type: none">MEd	<ul style="list-style-type: none">Decreased academic engagement of Grade 12 studentsDifficulty catching up for Grade 10 and 11 students		MEd	
Increased academic disparity	×	5	<ul style="list-style-type: none">Grade 4, 7, 10 FSA scores	<ul style="list-style-type: none">MEd Student Satisfaction Survey	<ul style="list-style-type: none">		MEd	
Decreased enrollment in post-secondary institutions	×	5	<ul style="list-style-type: none">% of Grade 12 students who report they are satisfied that school is preparing them for a future jobIncrease in international student fees in 1-4 years after COVID-19 pandemic (in response to falling revenues of universities and post secondary education)Decreased intake of international students (and decrease in collection of international student fees)Number of youths formerly in care accessing tuition waivers	<ul style="list-style-type: none">Post Secondary institutions	<ul style="list-style-type: none">		MAEST	
Decreased completion of university graduation	×	5	<ul style="list-style-type: none">	<ul style="list-style-type: none">Ministry of Advanced Education, Skills and Training	<ul style="list-style-type: none">		MAEST	
VIOLENCE								
Increased domestic violence and gender based violence	×	1	<ul style="list-style-type: none">Demand for crisis sheltersInjury hospitalization rateInjury mortality rate% of people concerning about domestic violence during COVID19	<ul style="list-style-type: none">Health<i>ideas</i><i>Population health survey</i>	<ul style="list-style-type: none">At-risk women at home full-time with abusers under particularly stressful conditionsAccess to support services more difficult		PSSG BCCDC	This may be a 5? TBD
Increased child abuse / neglect and children coming into care	×	5	<ul style="list-style-type: none">Injury Emergency visits and hospitalization rates associated with suspected abuse/neglectInjury mortality rate# of calls to MCFDChild apprehension rates	<ul style="list-style-type: none">MCFD	<ul style="list-style-type: none">Vulnerable families facing multiple pressuresIncreased stress / anxiety, poverty, and substance useIncreased people in homesVulnerable families facing multiple pressures		MCFD	
Increased interpersonal violence in communities	×	5	<ul style="list-style-type: none">Violent crime rateProperty crime rateOther crime rateOverall Criminal Code crime rate	<ul style="list-style-type: none">UCR Survey (StatCan)BC Stats	<ul style="list-style-type: none">Increased stress / anxiety, poverty, and substance useBusinesses left with few / no people around		PSSG	
Increased property crime	×	5	<ul style="list-style-type: none">Property crime rate	<ul style="list-style-type: none">UCR SurveyBC Stats	<ul style="list-style-type: none">		PSSG	

UNINTENDED CONSEQUENCES OF PUBLIC HEALTH MEASURES
IN THE BC COVID-19 PANDEMIC RESPONSE

ECONOMIC IMPACTS

Potential Unintended Consequence	Positive or Negative	TIER (1-5)	Indicator(s)	Data Sources / Limitations	Determinants and Considerations – Proximal / Distal	Key Informant / Stakeholder (program area)	Tracking Lead (data access and monitoring)	Notes
ECONOMY								
Increased systemic unemployment / underemployment	×	5	Unemployment %	• Stats Canada and BC Stats			BC Stats	
Closure of small businesses	×	5		Stats Canada and BC Stats			BC Stats	
Reduced economic growth	×	5		Stats Canada and BC Stats			BC Stats	
Decreased tourism	×	5		• Stats Canada and BC Stats			BC Stats	
Reduced workforce available for essential services (non-health workers)	×	5		Stats Canada and BC Stats			BC Stats	If essential workers staying at home due to isolation or kids not in school
INCOME								
Increase in poverty and reduction in basic income	×	5		Stats Canada and BC Stats			BC Stats	
Increase in income inequity	×	5		Stats Canada and BC Stats			BC Stats	Discuss re: CERB disparate access?
Increased household unemployment / underemployment	×	5		Stats Canada and BC Stats			BC Stats	
Increase in shadow economies and risk for human trafficking (immigrants, undocumented peoples, vulnerable peoples)				Local police and RCMP databases (arrests, convictions)				

UNINTENDED CONSEQUENCES OF PUBLIC HEALTH MEASURES
IN THE BC COVID-19 PANDEMIC RESPONSE

ENVIRONMENTAL IMPACTS								
Potential Unintended Consequences	+/-	TIER (1-5)	Indicators	Data Sources / Limitations	Determinants & Considerations– Proximal/Distal	Key Informant/ Stakeholder *Who holds this portfolio/program area?	Tracking Lead *Who has access to the data and can monitor	Notes
NATURAL ENVIRONMENT								
Reduced air pollution	✓	4	Air quality index rating; Short- and long-term health effects related to air pollution (eg, asthma)	HealthIdeas, BC Air Quality Monitoring Data portal	Decreased: Ban on burning, less industrial activity, reduced shipping traffic (e.g. cruise ships) Increased: Residential wood burning (in communities where it is an important source)		PHO Epi - Anders	
Potential Unintended Consequences	+/-	TIER (1-5)	Indicators	Data Sources / Limitations	Determinants & Considerations– Proximal/Distal	Key Informant/ Stakeholder *Who holds this portfolio/program area?	Tracking Lead *Who has access to the data and can monitor	Notes
Potential Unintended Consequences	+/-	TIER (1-5)	Indicators	Data Sources / Limitations	Determinants & Considerations– Proximal/Distal	Key Informant/ Stakeholder *Who holds this portfolio/program area?	Tracking Lead *Who has access to the data and can monitor	Notes
Increased or decreased wildfires	x ✓		Wildfire attributed air pollution level		Use of masks Closures of provincial/federal parks, trails and campgrounds so less wildfires; less responders and PPE reducing ability to fight fires		Min ERV FLNRO/BCCDC	
Improved water quality	✓	5			Less industrial activity, less shipping activity (e.g. cruise ships)			
BUILT ENVIRONMENT								
Increased infrastructure maintenance/improvements	x ✓	5			Road maintenance expedited due to lack of traffic; less funding for it??		MOTI	

OTHER IMPACTS								
Potential Unintended Consequence	Positive or Negative	TIER (1-5)	Indicator(s)	Data Sources / Limitations	Determinants and Considerations – Proximal / Distal	Key Informant / Stakeholder (program area)	Tracking Lead (data access and monitoring)	Notes
Civil Liberties								
Freedom of Expression								
Privacy and Surveillance								
Mobility Rights								

Carnegie, Lynn HLTH:EX

From: Hrycuik, Lorie HLTH:EX
Sent: January 14, 2021 12:56 PM
To: Carnegie, Lynn HLTH:EX
Subject: FW: Unintended Consequences Project
Attachments: Draft TOR - Unintended Consequences Working Group - May 6 2020 .docx

Follow Up Flag: Follow up
Flag Status: Flagged

Lorie Hrycuik
Executive Lead, Population & Public Health Division
Ministry of Health
Phone: (778) 974-3766 | Lorie.Hrycuik@gov.bc.ca

From: Hrycuik, Lorie HLTH:EX
Sent: June 5, 2020 8:53 AM
To: Amyot, Sarah HLTH:EX <Sarah.Amyot@gov.bc.ca>
Subject: FW: Unintended Consequences Project

Here is the TOR

Lorie Hrycuik
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From: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Sent: June 2, 2020 11:07 AM
To: Hrycuik, Lorie HLTH:EX <Lorie.Hrycuik@gov.bc.ca>
Subject: Unintended Consequences Project

Hi Lorie.

Further to the discussion about the unintended consequences with Chief MHOs it would be great to have you or a delegate join the Working Group to represent PPH Division. Perhaps a role for Sarah as seems there will be a logical link to the Guiding Framework renewal.

Meetings are Wednesday 930-1030.

Attached is a draft ToR which is undergoing revision.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1
T 250.952.1701 C^{s.17} F. 250.952. 1713 brian.emerson@gov.bc.ca

COVID-19 UNINTENDED CONSEQUENCES OF PUBLIC HEALTH INTERVENTIONS

WORKING GROUP TERMS OF REFERENCE

MAY 6, 2020 DRAFT

BACKGROUND

The response measures for COVID-19 in Canada and around the world are unprecedented and have impacted many sectors of the society. Interest and concerns have been raised about the unintended consequences, negative and positive, of public health measures such as social distancing, self-isolation, school and business closure on individual and population health, society, economy, and environment. Identification and monitoring of the unintended consequences of COVID-19 interventions in BC can inform action to mitigate harms and amplify benefits.

PURPOSE

To track the beneficial and harmful impacts of British Columbia's COVID-19 response-related control measures by:

- Describing the nature, magnitude, distribution, and determinants of unintended consequences, using an equity lens
- Prioritizing issues needing urgent attention
- Monitoring changes in unintended consequences

OBJECTIVES

The deliverables of the Working Group are intended to guide action. Specifically, they should:

- Inform government decision-makers, sectoral partners, and public about the unintended consequences resulting from responses to the pandemic
- Maintain public confidence in the pandemic response
- Generate information to support planning, evaluation, allocation of resources, and trigger action

DELIVERABLES

The Working Group will develop concise reports / web documents (2 – 5 pages with references) of similar look and format that:

- Describe the issues, direction (i.e. positive or negative), and determinants of unintended consequences and their effect on reducing or exacerbating inequities
- Develop and report on indicators, including data sources and limitations
- Prioritize areas for actions.

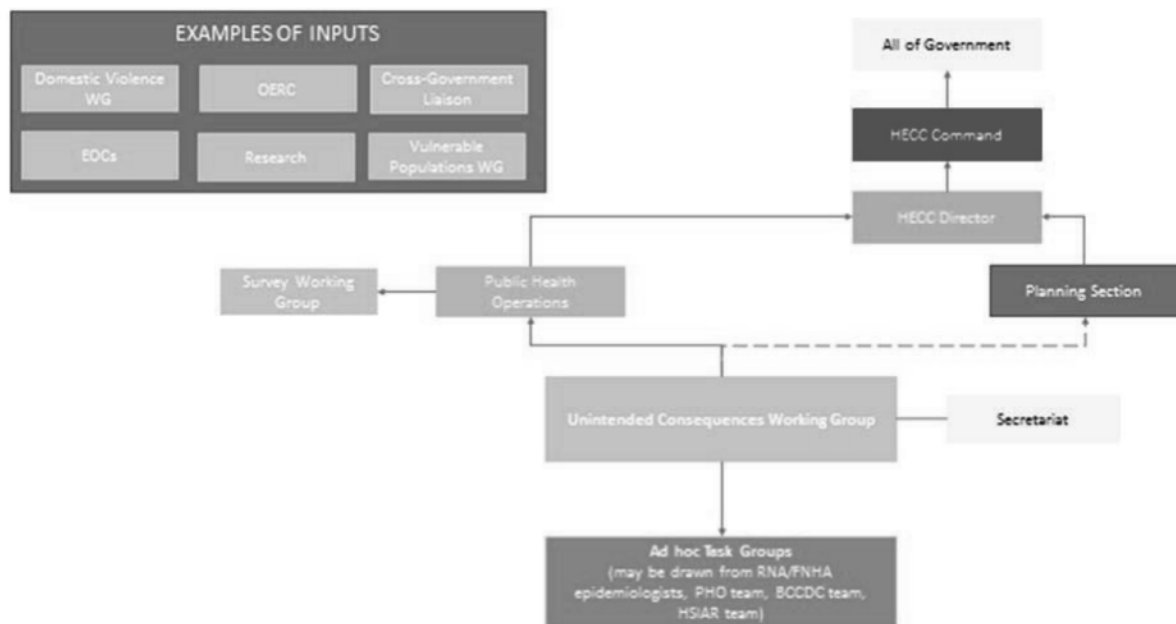
These reports / web documents will be updated regularly as additional data becomes available.

SCOPE

The impact of COVID-19 interventions will be considered in the domains of health, society, economy, and environment.

STRUCTURE AND GOVERNANCE

OVERVIEW



WORKING GROUP

The Working Group is accountable to the Public Health Operations Section of the Health Emergency Response Structure, with outputs shared with the Planning Section.

The Working Group is co-chaired by the Office of the Provincial Health Officer and the BC Centre for Disease Control (on behalf of regional health authorities). A regional representative is welcome to co-chair.

Membership is comprised of representatives (with alternates) from each regional health authority, First Nations Health Authority, the BC Centre for Disease Control, Office of the Provincial Health Officer, Health Sector Information, Analysis, and Reporting Division, Ministry of Mental Health and Addictions, academia, Yukon, and others as identified by the Working Group.

The Working Group liaises with key stakeholders:

- Provincial ministries, via the cross-government liaison
- Regional Emergency Operations Centre (EOCs), and health and social program areas
- PHSA Clinical Policy programs (e.g. Child Health BC, Perinatal Services BC, Trans Care BC)

- Other stakeholders as identified by the Working Group

TASK GROUPS

The Working Group is supported by ad hoc Task Groups to address specific issues and who will coordinate surveillance and analysis of health-related unintended consequences by:

- Working with health partners and other ministries in identifying and tracking health-related unintended consequences
- Tracking, collating and analyzing data
- Reporting issues and trends to the Working Group

Task Groups will be drawn from:

- Regional health authority and First Nations Health Authority epidemiologists
- BC Centre for Disease Control epidemiologists
- Office of the Provincial Health Officer epidemiology branch
- Ministry of Health, Health Sector Information, Analysis, and Reporting Division

OTHER SECTORS

In other sectors, ministries under the [BC Pandemic Provincial Coordination Plan](#) can contribute by:

- Identifying and tracking unintended consequences
- Collaborating and sharing input on health-related consequences with the Working Group
- Reviewing reports and indicators on unintended consequences developed by other groups
- Reporting consequence issues and data to the ADM and DM Committees on Emergency Management

SECRETARIAT

The Office of the Provincial Health Officer and BC Centre for Disease Control will provide Secretariat support for this initiative:

- Haley Miller (Haley.Miller@gov.bc.ca) – Agenda and Minutes
- Adrienne Bonfonti (Adrienne.Bonfonti@gov.bc.ca) – Table and Report Development
- River Chandler (River.Chandler@gov.bc.ca) – Project Manager (BC Government)
- Elsie Wong (elsie.wong@bccdc.ca) – Project Manager (PHSA, FNHA, RHA)

MEETING FREQUENCY

The Working Group will meet weekly.

WORK PLAN – TO BE DEVELOPED

For the Working Group to achieve the deliverables:

- Consult with stakeholders and collate the unintended consequences of COVID-19 interventions in the health, social, economic and environmental domains

- Collate unintended consequences
- Identify unintended consequences that are priorities for action (i.e. harms that should be mitigated or benefits that should be amplified)
- Select unintended consequences to develop indicators to quantify magnitude and monitor
- Complete reports / web documents summarizing the unintended consequences with select indicators

Carnegie, Lynn HLTH:EX

From: Hrycuik, Lorie HLTH:EX
Sent: January 14, 2021 12:55 PM
To: Carnegie, Lynn HLTH:EX
Subject: FW: UniCon - Cross gov table - DM approved

Follow Up Flag: Follow up
Flag Status: Flagged

Lorie Hrycuik
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Phone: (778) 974-3766 | Lorie.Hrycuik@gov.bc.ca

From: Amyot, Sarah HLTH:EX <Sarah.Amyot@gov.bc.ca>
Sent: August 19, 2020 1:11 PM
To: Hrycuik, Lorie HLTH:EX <Lorie.Hrycuik@gov.bc.ca>
Cc: Achampong, Bernard HLTH:EX <Bernard.Achampong@gov.bc.ca>
Subject: UniCon - Cross gov table - DM approved

Hi Lorie,

I just wanted to let you know that the DM has approved the creation of the x-gov ED level table for the Unintended Consequences project. The DM is going to raise it to Don Wright for his blessing. If this goes ahead, I would like us to be involved as it would help seed some relationships across government that would be helpful for the Guiding Framework renewal.

I'll raise with River directly, but could you please also raise it at your level.

Thank you,

Sarah Amyot
Director, Planning and Strategic Initiatives
Population and Public Health
Ministry of Health
P: (250) 952-1367
C: (250) 883-0236

Carnegie, Lynn HLTH:EX

From: Hrycuik, Lorie HLTH:EX
Sent: January 14, 2021 12:56 PM
To: Carnegie, Lynn HLTH:EX
Subject: FW: UniCon Mapping - draft - not for circulation yet.
Attachments: UniCon Mapping to PACs (Initial Draft) v1.2.docx

Follow Up Flag: Follow up
Flag Status: Flagged

Lorie Hrycuik
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From: Amyot, Sarah HLTH:EX <Sarah.Amyot@gov.bc.ca>
Sent: September 25, 2020 11:00 AM
To: Robinson, Jonathan M HLTH:EX <Jonathan.Robinson@gov.bc.ca>; XT:HLTH Fyfe, Murray <murray.fyfe@viha.ca>; Hrycuik, Lorie HLTH:EX <Lorie.Hrycuik@gov.bc.ca>
Cc: Mackenzie, Robyn HLTH:EX <Robyn.Mackenzie@gov.bc.ca>
Subject: UniCon Mapping - draft - not for circulation yet.

Here is the draft for your info

Sarah Amyot
Director, Planning and Strategic Initiatives
Population and Public Health
Ministry of Health
P: (250) 952-1367
C: (250) 883-0236

Policy Advisory Committee Working Groups and Unintended Consequences of Public Health Measures in the BC COVID-19 Pandemic Response

Date: September 22, 2020

Policy Advisory Committee	Working Group	Unintended Consequence
Communicable Disease Policy Advisory Committee	Communicable Disease Policy Advisory Committee	<ul style="list-style-type: none"> #4 Improved infection prevention and control practices #12 Decreased/increased acquired infections in health care sites #13 Decreased/increased infection in long term care facilities/assisted living #22 Reduces droplet transmitted communicable diseases
	BC Enteric Policy WG	
	Harm Reduction Strategies & Services Committee	<ul style="list-style-type: none"> #10 Increased overdose harms and deaths #28 Increased Hepatitis C #36 Increased problematic substance use
	TB Strategic Plan Implementation WG	
	BC Immunization Committee	<ul style="list-style-type: none"> #3 Missed Immunizations
	STI/Blood Borne Infections WG	<ul style="list-style-type: none"> #4 Improved infection prevention and control practices #28 Increased Hepatitis C #42 Increased / decreased STIs
Environmental Health Policy Advisory Committee	Environmental Health Policy Advisory Committee	<ul style="list-style-type: none"> #57 Decreased ability to respond to wildfires #58 Reduced air pollution/reduced carbon emissions #59 Increased use of single use items and chemicals
	Food Safety Leadership Council	
	Drinking Water Leadership Council	
	Regional Directors of Health Protection Leadership Council	
Prevention and Health Promotion Policy Advisory Committee	Prevention and Health Promotion Policy Advisory Committee	<ul style="list-style-type: none"> #11 Not accessing primary care (GP, NP) #30 Increase / decrease in problem gambling
	Injury Prevention Committee	<ul style="list-style-type: none"> #17 Increase in unintentional injuries morbidity/mortality (i.e. being indoors). May be decrease in crashes due to less driving #19 Increased suicide / self-harm #25 Increased exposures to hazardous substances at home #50 Increased gender-based violence
	Maternal-Child Health Committee	<ul style="list-style-type: none"> #6 Deferred/delayed preventative care #18 Food Security #34 Increased / Decreased birth rate #38 Decreased positive perinatal outcomes

Commented [ASH1]: Healthy Eating Leadership Group – not sure if it official but this group is listed with PHPPAC priorities

		<ul style="list-style-type: none"> #39 Decreased infant/maternal health outcomes age 0-2 with loss of postpartum visits for new parents / newborns #40 Reduces child health/delayed diagnoses due to loss/delayed well child visits 2 to 18 years #41 Increased unintended pregnancies #50 Increased gender-based violence #51 Increased child abuse / neglect and children coming into care
	Tobacco and Vapour Product Reduction Council	<ul style="list-style-type: none"> #37 Increased smoking / vaping
	Healthy Schools BC WG	<ul style="list-style-type: none"> #1 School Closures #15 Delayed access to screenings/assessment of developmental and psychoeducational diagnoses #24 Decline / increase in physical activity; decline / increase in sedentary behaviour #46 Decreased school connectedness #48 Educational Disparities #49 Decreased supports in schools for students with special needs
	Healthy Communities WG	<ul style="list-style-type: none"> #11 Not accessing primary care (GP,NP) #16 Health complications/ decline in quality of life due to loss of health promotion/prevention service access #18 Food Security #20 Increased population mental distress (E.g. strain, stress, anxiety, depression) #21 Stress of social isolation among long term care residents #23 Increased stigma intolerance and racism #24 Decline / increase in physical activity; decline / increase in sedentary behaviour #29 Increase / decrease in overweight and obesity #31 Increase in all-cause mortality #35 Increase / decrease in overall life satisfaction #45 Increased / decreased community connectedness and family connectedness #52 Increased community violence; decreased sense of safety in community
	Legal Psychoactive Substances WG	<ul style="list-style-type: none"> #10 Increased overdose harms and deaths
Observatory for Population & Public Health Strategic Advisory Committee	Observatory for Population & Public Health Strategic Advisory Committee	
	Observatory Technical Committee	<ul style="list-style-type: none"> #32 Decreased life expectancy #33 Increased PYLL
Uncategorized UniCons		<ul style="list-style-type: none"> #2 Emergency department visits and hospital admissions; AND Emergency department waiting rooms and triage #5 Delay in non-urgent scheduled surgeries #7 Decline in health human resources (burnout attrition, illness) #9 Reduced community mental health service utilization

Commented [ASH2]: Alcohol? Problematic substance use

- #26 Decreased perception of safety at work
- #27 Increase in asthma
- #43 Indigenous Peoples cultural connectedness/wellness
- #44 Connection to culture and cultural activities
- #47 Housing/Shelter
- #53 Increased property crime
- #54 Increased unemployment / underemployment
- #55 Reduced workforce available for essential services (non-health workers)
- #56 Reduced income/ increased poverty / increased income inequity
- #60 Increased infrastructure maintenance/improvements

Carnegie, Lynn HLTH:EX

From: Hrycuik, Lorie HLTH:EX
Sent: January 14, 2021 12:55 PM
To: Carnegie, Lynn HLTH:EX
Subject: FW: UniCon presentation from last Div Dialogue Sep 23
Attachments: UniCon for PPH Div Dialogue - 2020-09-23.pptx; Priorities - All Tiers 2020 10 19.docx; Priority Setting Framework 2020 10 19.docx; Batches 2002 10 19.docx; Issues Report - UniCon Template - Health sector 2020 09 24.docx

Follow Up Flag: Follow up
Flag Status: Flagged

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From: PPH ADMO HLTH:EX <PPH.ADMO@gov.bc.ca>
Sent: October 20, 2020 2:29 PM
To: HLTH PPH ALL <CSPLALL@Victoria1.gov.bc.ca>
Cc: Chandler, River HLTH:EX <River.Chandler@gov.bc.ca>; Bonfonti, Adrienne HLTH:EX <Adrienne.Bonfonti@gov.bc.ca>
Subject: UniCon presentation from last Div Dialogue Sep 23

Good afternoon everyone,

This is a follow-up to our last Division Dialogue meeting where River Chandler and Adrienne Bonfonti presented to us on the Unintended Consequences of the COVID-19 Response. Attached is the PowerPoint that was presented along with other documents they had mentioned during the presentation. If you have questions regarding this please reach out directly to River or Adrienne.

Thank you,

Lynn Carnegie

Executive Administrative Assistant to Lorie Hrycuik
Population and Public Health Division | Ministry of Health
PO Box 9646 Stn Prov Govt, Victoria BC V8W 9P1
Phone: 250 952-1731

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BC Centre for Disease Control
Provincial Health Services Authority



Office of the
Provincial Health Officer

Unintended Consequences of the COVID-19 Response

River Chandler and Adrienne Bonfonti
On behalf of the Unintended Consequences Working Group
September 23 2020

Outline

1. Background on Unintended Consequences
2. Identification of Unintended Consequences
3. Describing Unintended Consequences
4. Prioritization of Unintended Consequences
5. Plan for Engagement
6. Communications Plan



BC Centre for Disease Control
Provincial Health Services Authority



Office of the
Provincial Health Officer

Background

Background

- Multiple measures were implemented to prevent and slow the spread of COVID-19
 - Physical distancing
 - Suspension of in-class learning
 - Temporary closures of non-essential businesses
 - Limiting gatherings to no more than 50 people
- Measures limited the spread of COVID-19, but these measures had other effects (i.e. unintended consequences)

Unintended Consequences

- Public health and other COVID-19 response measures have had harms (negative unintended consequences)
- Some **positive** consequences or benefits have also emerged and identifying and tracking them will aid in leveraging those benefits now and in the future.
- Recognizing and monitoring the unintended consequences that have occurred and to whom will help inform action to mitigate harms and amplify benefits

Unintended Consequences Project

Goal

- Identify and monitor the unintended consequences of COVID-19 response measures to mitigate harms and amplify benefits by informing the public health response for Wave 2 and beyond.

Objectives

- Describe the nature, magnitude, distribution, and determinants of unintended consequences, using an equity lens
- Prioritize issues needing urgent attention
- Monitor changes in unintended consequences

Unintended Consequences Project

Domains

- Health sector
- Economic sector
- Environment
- Society

Key Deliverables

- List of unintended consequences (ongoing)
- Framework for prioritizing unintended consequences
- Report describing each unintended consequence
- *Out of scope: Recommendations for action*

Unintended Consequences WG

- WG accountable to Public Health Leadership committee
- WG membership includes representatives from:
 - All health authorities (including FNHA and PHSA)
 - Office of the PHO
 - Ministry of Health
 - Ministry of Mental Health and Addictions
 - Yukon
- Driven by a smaller project team (BCCDC, OPHO, FNHA)



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Unintended Consequences

Process for Identification of UniCons

- Initial set of unintended consequences identified by members of the Office of the PHO
- Snowball approach utilized to validate and expand on the set of unintended consequences
 - Potential proximal and distal determinants explored to anticipate directionality
- For example, unintentional injuries may be influenced by:
 - Less traffic on highways and roads leading to fewer MV crashes
 - Higher rates of speeding resulting in fewer but more severe injuries
 - Increased cycling and walking and other forms of active transit
 - Increased activities and interactions at home and indoor settings

Unintended Consequences

59 UniCons identified so far, including:

Mental Health and Substance Use

- Population mental distress
- Community mental health service utilization
- Suicide and self-harm
- Problematic substance use
- Overdose harms and deaths

Child and Maternal Health

- Missed immunizations
- Perinatal outcomes
- Infant/maternal health outcomes with loss of postpartum visits
- Child health – delayed diagnoses
- Child abuse/neglect, children coming into care
- School connectedness
- Educational disparities

Unintended Consequences

59 UniCons identified so far, including:

Social and Community Impacts

- Stress of social isolation among long term care residents
- Gender-based violence
- Stigma, intolerance and racism
- Community violence, sense of safety in community
- Indigenous peoples cultural connectedness/wellness
- Community and family connectedness
- Connection to culture and cultural activities

Healthcare Services

- Implementation of virtual health options
- Delayed/deferred screening and diagnostic services
- Delayed non-urgent surgery
- Emergency site visits for urgent care needs
- Health sector human resources



Unintended Consequences

59 UniCons identified so far, including:

Communicable Diseases	<ul style="list-style-type: none">• Droplet transmitted communicable diseases• Infection prevention and control practices
Economic	<ul style="list-style-type: none">• Unemployment / underemployment• Income / poverty• Workforce for essential services• Food security• Housing / shelter
Health and Wellness	<ul style="list-style-type: none">• Unintentional injuries
Environment	<ul style="list-style-type: none">• Responses to wildfires

Indicators

- Indicators developed for each consequence
 - Based on input from subject matter experts and available data sources
- Indicators stratified where possible by:
 - Sex / gender
 - Age (5 year increments)
 - Rural / remote / urban populations
 - Race / ethnicity
 - Indigenous identity (First Nations, Metis, Inuit)
 - Socioeconomic status (education, income, and employment status)



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Framework for Prioritizing Unintended Consequences

Criteria for Significance of Impact

NEGATIVE / HARMFUL CONSEQUENCE	POSITIVE / BENEFICIAL CONSEQUENCE
#1 – Severity of the harm 1 = inconvenience 5 = moderate health impact (e.g., obesity, diabetes) 10 = death	#1 – Intensity of benefit 1 = superficial 5 = moderate health impact (e.g., increased physical activity) 10 = longer healthier life or remedy of chronic issue
#2 – Size of the population impacted 1 = less than 10 individuals 5 = approximately half of the BC population 10 = entire BC population	

Criteria for Significance of Impact

NEGATIVE / HARMFUL CONSEQUENCE

#3 – Vulnerability of population impacted AND likelihood of increasing inequity for underserved population

- 1 = somewhat vulnerable population with low likelihood of increased disparity
- 5 = population with underserved needs and reasonable likelihood of moderate disparities
- 10 = most underserved population with irreversible widening of multiple disparities

POSITIVE / BENEFICIAL CONSEQUENCE

#3 – Vulnerability of population impacted AND likelihood of reducing inequity for underserved population

- 1 = somewhat vulnerable population with low likelihood of short-term increase in access to services
- 5 = population with underserved needs with increased access to services and improved health outcomes
- 10 = most underserved population having widespread increased access to services

#4 – Anticipated duration of the impact

- 1 = temporary and short-lived
- 5 = moderate-term; aligns with COVID phase 1&2 (Mar 16 to Sep 30)
- 10 = lifelong impact

Process for Prioritising Consequences

- Significance of impact scored independently by seven individuals
 - Reviewers discussed to reach consensus
- Consequences categorized into tiers based on urgency of response

TIER	
1	Requires immediate action
2	Requires action within 6 months
3	Requires action within 6-18 months
4	No action required at this time but will continue to monitor

- Priority consequences validated with the Working Group

UniCons Prioritized as Tier 1 (33/59)

Population Health

- Missed immunizations
- Increased problematic substance use (legal and illicit)
- Increased overdose harms and deaths
- Increased gender-based violence
- Increased population mental distress
- Social Isolation (such as in Long Term Care facilities)
- Increased stigma, intolerance, and racism
- Connection to arts and cultural activities
- Increased family and community connectedness

Health Care System

- Deferred/delayed screening and diagnostic services
- Reduced community mental health service utilization
- Reduced emergency site visits for urgent care needs
- Deferred elective surgery (health complications / decline in quality of life)
- Decreased infant/maternal health outcomes age 0-2 with loss of postpartum visits
- Decline in health sector human resources
- Improved infection prevention and control practices
- Increased implementation of virtual health options

UniCons Prioritized as Tier 1 (33/59)

Other Sectors

- Food security
- Housing/shelter
- Educational disparities
- Reduced income/increased poverty / Increased income inequity
- Increased household unemployment / underemployment
- Decreased school connectedness
- Increased child abuse/ neglect, and children coming into care
- Unintentional injuries morbidity/mortality
- Reduced workforce available for essential services (non-health workers)
- Decreased ability to respond to wildfires



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Approach to Unintended Consequences

Based on SBAR Framework

- Situation
 - How did the consequence result from the COVID-19 response measures?
- Background
 - Is the UniCon an existing issue exacerbated by or a direct result of COVID-19 measures?
 - How did the UniCon result from the COVID-19 response measures?
 - Provide related literature/evidence, including current research underway
- Assessment and key indicators
 - Reasons for its priority
 - Data sources and indicators
- Actions planned or underway, and considerations for further action

Expansion to Include:

- Linkages with key stakeholders
 - Government and non-government partners
- Equity considerations
 - Effect on different populations
 - Contribution to increasing or decreasing existing inequities
- Effect on Indigenous populations
 - First Nations peoples
 - Metis peoples
 - Urban Indigenous peoples



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Plan for Engagement

Purposes of Engagement

Engage with stakeholders and Indigenous rights holders to:

1. Identify additional UniCons
2. Provide input into and feedback on reports of UniCons
3. Assist in identifying and informing actions to mitigate harms and leverage benefits of UniCons

Key Groups

- Ministry of Health and their partners
- Other government ministries and their partners
- Researchers
- Indigenous rights holders



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Communications Plan

Purposes of Communications Plan

- Outline how the unintended consequences project and reports will be shared
 - Target audiences
 - Key messages
 - Channels and methods
- Describe desired outcomes

Communication of UniCon Project

Target Audience	Messages	Methods	Desired Outcome
Policy makers and program managers	COVID-19 has had impacts beyond the disease. These impacts have not been experienced equally by different communities	<ul style="list-style-type: none"> • Routine and/or new tables • Reports 	<ul style="list-style-type: none"> • Increased awareness • Considerations how to mitigate harms and strengthen benefits
Public health practitioners	COVID-19 response measures need to be balanced against the broad range of unintended consequences.	<ul style="list-style-type: none"> • Presentations • Reports • Journal articles 	<ul style="list-style-type: none"> • Increased awareness • Considerations how to improve response
Researchers	COVID-19 response has had a broad range of consequences which require deeper understanding	<ul style="list-style-type: none"> • Reports • Presentations 	<ul style="list-style-type: none"> • Inform priorities for research on UniCons based on data gaps
General public	Public health is aware of impacts of COVID-19 response measures on people's health and wellness	<ul style="list-style-type: none"> • Infographics • Articles and news reports 	<ul style="list-style-type: none"> • Increased awareness • Build confidence in public health

Evaluation of Communications Plan

- Indicators to evaluate reach of Communications Plan
 - BCCDC website visits
 - Social media analytics
 - Academic outputs (e.g. journal articles, conference presentations/posters)
 - Media articles

Summary

- Multiple measures in response to COVID-19, which had a diverse range of unintended consequences
 - COVID-19 has revealed and exacerbated existing inequities
- Unintended consequences are complex, intersectional, and rooted in structural factors
 - Understanding unintended consequences requires collaboration across government and non-government partners
- Need for Indigenous engagement to uphold Indigenous rights



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Questions?

UniCon Priority Tiers

TIER 1: Warrants immediate action/response		TIER 2: Warrants action/response within 6 months		TIER 3: Warrants action/response within 6-18 months		TIER 4: Action/response not required but continued monitoring is necessary	
HEALTH SECTOR: HARMS	OTHER SECTORS: HARMS	HEALTH SECTOR: HARMS	OTHER SECTORS: HARMS	HEALTH SECTOR: HARMS	OTHER SECTORS: HARMS	HEALTH SECTOR: HARMS	OTHER SECTORS: HARMS
Population Health 1. School Closures -- Full cross sector analysis (UniCon # 1) 2. Missed immunizations (UniCon # 3) 3. Increased problematic substance use (legal-alcohol; illegal-methamphetamine and meth/opioid/alcohol use together) (UniCon # 36) 4. Increased overdose harms and deaths (UniCon # 10) 5. Increased gender-based violence (UniCon # 50) 6. Increased population mental distress (includes strain, stress, anxiety, depression, concerns about civil liberties) (UniCon # 20) 7. Increased suicide/self-harm (UniCon # 19) 8. Stress of social isolation among long term care residents (UniCon # 21) 9. Increased stigma, intolerance, and racism (UniCon # 23) 10. Increased community violence; decreased sense of safety in community (UniCon #52)	1. Food security (decreased food security, incl child malnutrition; decreased access to food banks; higher costs for food; food supply chain issues; ability to access/afford healthy food; decline/increase in healthy eating) (UniCon # 18) 2. Housing/shelter (UniCon # 47) 3. Educational disparities (Decreased academic achievement; decreased graduation rates (secondary, post-secondary); decreased enrollment in post-secondary institutions) (UniCon # 48) 4. Reduced income/increased poverty/Increased income inequity (UniCon # 56) 5. Increased household unemployment / underemployment (UniCon # 54) 6. Decreased school connectedness (UniCon # 46) 7. Increased child abuse/neglect, and children coming into care (UniCon # 51) 8. Increase in	Population Health 1. Increased exposures to hazardous substances at home (UniCon # 25) 2. Decline / increase in physical activity; decline/ increase in sedentary behaviour (UniCon # 24) 3. Increased Smoking/Vaping (UniCon # 37) Health Care System 4. Not accessing primary care (GP, NP) (UniCon # 11)	1. Decreased perception of safety at work (UniCon # 26) 2. Decreased supports in schools for students with special needs (education supports, behaviour supports) (UniCon # 49)	Population Health 1. Increased / Decreased STIs (UniCon # 42) 2. Increased Hepatitis C (UniCon # 28) 3. Increase in asthma (UniCon # 27) 4. Increase/decrease in overweight and obesity (UniCon # 29) 5. Increased unintended pregnancies (UniCon # 41) Health Care System 6. Not accessing sub-specialty out-patient hospital services/clinics (UniCon # 14) 7. Health complications / decline in quality of life due to loss of health promotion/prevention service access (UniCon # 16) 8. Delayed access to screenings/ assessment of developmental and psychoeducational diagnoses (UniCon # 15)	1. Increase/decrease in problem gambling (UniCon # 30) 2. Gunshot injuries in children and youth	Population Health 1. Increase / decrease in overall life satisfaction (UniCon # 35) 2. Increased / decreased birth rate (UniCon # 34) 3. Increased use of single use items and chemicals (UniCon # 59) 4. Increase in all-cause mortality (UniCon # 31) 5. Decreased life expectancy (UniCon # 32) 6. Increased PYLL (UniCon # 33)	1. Increased property crime (UniCon # 53)

11. Indigenous Peoples cultural connectedness / wellness (UniCon # 43)

12. Connection to culture and cultural activities (non-Indigenous) (UniCon # 44)

13. Decreased positive perinatal outcomes (UniCon # 38)

Health Care System

14. Deferred/delayed screening and diagnostic services (UniCon # 6)

15. Reduced community mental health service utilization (UniCon # 9)

16. Reduced emergency site visits for urgent care needs (UniCon # 2)

17. Deferred elective surgery (health complications / decline in quality of life) (UniCon # 5)

18. Decreased infant/maternal health outcomes age 0-2 with loss of postpartum visits for new parents / newborns (UniCon # 39)

19. Reduced child health/delayed diagnoses due to loss/delayed well child visits 2 to 18 years (UniCon # 40)

unintentional injuries morbidity/mortality (i.e., being indoors). May be decrease in crashes due to less driving (UniCon # 17)

9. Reduced workforce available for essential services (non-health workers) (UniCon # 55)

10. Decreased ability to respond to wildfires (competing for HR, and PPE, less capacity for surveillance. However, may be fewer wildfires [e.g. less human activity]) (UniCon # 57)

UniCon Priority Tiers

20. Decline in health
sector human
resources
(UniCon # 7)

BENEFITS	BENEFITS	BENEFITS	BENEFITS
Population Health 1. Increased/Decreased family and community connectedness (and decreased) (UniCon # 45) 2. Reduced droplet transmitted communicable diseases (UniCon # 22) Health Care System 3. Improved infection prevention and control practices (UniCon # 4) 4. Increased implementation of virtual health options (UniCon # 8)	Health Care System 5. Decreased/increased infection in long term care facilities/assisted living (UniCon # 13) 6. Decreased/increased acquired infections in health care sites (UniCon # 12)	1. Increased infrastructure maintenance/improvements (UniCon # 60)	1. Reduced air pollution/reduced carbon emissions (UniCon # 58)

Red indicates first set of Issue Reports to be developed. Blue indicates next set of Issue Reports to be developed. Green indicates prioritization in progress.

UniCon Priority Setting

PRIORITIES FOR ACTION/RESPONSE WILL BE DETERMINED BY FOUR ASSESSMENT CRITERIA:

NEGATIVE/HARMFUL CONSEQUENCES	POSITIVE/BENEFICIAL CONSEQUENCES
A- Severity of the harm (scale from highest=death to lowest= inconvenience) 1 = inconvenience 3 = minor health impact (e.g., sprain/break; stress/anxiety) 5 = moderate health impact (e.g., obesity/diabetes; increased problematic substance use) 7-8 = serious health impact or multiple moderate impacts (e.g., non-fatal overdose; cancer severity) 10 = death	A+ Intensity of the benefit (scale from highest=death to lowest= inconvenience) 1 = superficial benefit 3 = minor health benefit 5 = moderate health impact (e.g., reduced substance use; increased physical activity; increased fam/comm connectedness) 7-8 = serious phys/ment health benefit or multiple moderate benefits 10 = longer healthier life; or remedy of chronic issue
B- / B+ Size of the population impacted 1 = less than 10 2-3 = small groups 5 = Approximately half the BC population 7 = many/most of BC population 8-9 = majority of BC population 10 = entire BC population	
C- Vulnerability of the population impacted, and likelihood of creating increased inequity for underserved sub/populations (3 aspects: how vulnerable is the population, how much wider does the disparity get, how many disparities/issues are included) 1 = somewhat vulnerable sub/population with low likelihood of increased disparity 2-3 = somewhat vulnerable sub/population with likelihood of short-term disparities 5 = sub/population with underserved needs, with reasonable likelihood of moderate disparities 7 = underserved and vulnerable population, with high likelihood of moderate disparities 8-9 = underserved and vulnerable population, with high likelihood widening of disparities 10 = most underserved and vulnerable population with irreversible widening of multiple disparities	C+ Vulnerability of the population impacted, and likelihood of creating increased inequity for underserved sub/populations (3 aspects: is the impacted population a vulnerable one, does it create improved health outcomes, does it create improved access to health/social services) 1 = somewhat vulnerable sub/population with low likelihood of short-term increased access 2-3 = somewhat vulnerable sub/population with some benefits to access 5 = sub/population with underserved needs, with increased access to services and one or more improved health outcomes 7-8 = underserved and vulnerable population, with greater access to several services and improved health outcomes 10 = most underserved and vulnerable population having widespread increased access to services
D- / D+ Anticipated duration of the impact 1 = temporary and short-lived with minimal/one-off 2-3 = short-term (~2 months); aligns with covid phase 1 measures (March 16-May 19, 2020) 5 = moderate-term (~6 months); aligns with covid phase 1 and 2 (March 16- Sept 30, 2020) 7 = longer term (~12-24 months); aligns with covid phase 3 and 4, including post immunization 8 = ~2-10 years 9 = more than 10 years 10 = lifelong impact	

PRIORITIES WILL BE ORDERED INTO 5 TIERS:

- 1) Requires immediate action/response by health sector;
- 2) Requires action/response within 6 months by health sector;
- 3) Requires action/response within 6-18 months by health sector;
- 4) No action/response required by health sector at this time but will continue to be monitored

	Batch 1	Batch 2	Batch 3	Batch 4
1	Missed immunizations (UniCon # 3)	Delayed/Deferred Preventive Care (UniCon # 6)	Increased community violence, decreased sense of safety in community (UniCon #52)	Indigenous Peoples cultural connectedness/ wellness (UniCon # 43)
2	Increased problematic substance use) (UniCon # 36)	Increased child abuse/ neglect, and children coming into care (UniCon # 51)	Decreased positive perinatal outcomes (UniCon # 38)	Reduced child health/delayed diagnoses due to loss/delayed well child visits 2 to 18 years (UniCon # 40)
3	Increased overdose harms and deaths (UniCon # 10) Daphnee – Now	Reduced emergency site visits for urgent care needs – NOTE: split into 2 → (Emerg visits/admissions; wait rooms/triage) (UniCon # 2)	Decreased infant/maternal health outcomes age 0-2 with loss of postpartum visits for new parents / newborns (UniCon # 39)	Increase in unintentional injuries morbidity/mortality (i.e., being indoors). May be decrease in crashes due to less driving (UniCon # 17)
4	Increased gender-based violence (UniCon # 50)	Delay in non-urgent surgery (UniCon # 5)	Improved infection prevention and control practices (UniCon # 4)	Reduced workforce available for essential services (non-health workers) (UniCon # 55)
5	Increased population mental distress (includes strain, stress, anxiety, depression, concerns about civil liberties) (UniCon # 20)	Decline in health sector human resources (UniCon # 7)	Decreased ability to respond to wildfires (UniCon # 57)	Increased implementation of virtual health options (UniCon # 8)
6	Increased suicide /self-harm (UniCon # 19)	Increased / Decreased community connectedness and family connectedness (UniCon # 45)	Housing/shelter (UniCon # 47)	Connection to culture and cultural activities (non-Indigenous) (UniCon # 44)
7	Increased stigma, intolerance, and racism (UniCon # 23)	Reduced droplet transmitted communicable diseases (UniCon # 22)	Reduced income/increased poverty/ Increased income inequity (UniCon # 56)	
8	Stress of social isolation among long term care residents	Food security (decreased food security, including child hunger;	Decreased school connectedness	

	(UniCon # 21)	decreased access to food banks; higher costs for food; food supply chain issues; ability to access/afford healthy food; decline/increase in healthy eating) (UniCon # 18)	(UniCon # 46)	
9	Increased unemployment / underemployment (UniCon # 54)	Educational disparities (Decreased academic achievement; decreased graduation rates (secondary, post-secondary); decreased enrollment in post-secondary institutions) (UniCon # 48)	Reduced community mental health service utilization (UniCon # 9)	

COVID-19 Unintended Consequences (UniCon) Issue Report

UniCon #XX: [Name of the Priority]

Key Findings:

- The submission guidelines for CMAJ say this about the key points: include up to four key points – each in a short sentence – highlighting the article's main message.
<https://www.cmaj.ca/submission-guidelines#analysis>
- Here's a link to an article that includes a key message box as an example:
<https://www.cmaj.ca/content/cmaj/192/35/E1018.full.pdf>

Situation: [~2-3 sentences]

Identify/explain – what is the specific UniCon for this issue report?

How did the consequence result from the COVID-19 response measures?

Background: [~1 parag]

Identify/explain if this is an existing issue exacerbated by COVID-19, or a direct result of COVID-19 measures/orders.

How did the consequence result from the COVID-19 response measures?

Identify current research taking place, if any.

Provide related literature/evidence. Include information forecasting/anticipating a given outcome if based on previous pandemics, literature.

Assessment and Key Indicators: [~1 parag + charts with 1-2 observations per chart]

Identify the priority level and explain why.

Identify if data is available (or not), and from where.

What are the specific results of the data and/or the concern that warrants response.

[Graphs and Charts as appendices]

Include information forecasting/anticipating a given outcome if using current data for BC during COVID-19.

Figure formatting: figure name ("**Figure XX**") should be in a text box with no outline of text box and placed above chart, and both should be grouped as a single image, select Wrap Text>Top and Bottom.

Key Linkages: [~2 short parag (keep separate if appropriate)]

Identify if other ministries/organization(s) has/have responsibility (including both cause and consequence).

Identify mechanism for potential or actual linkage

Equity Considerations: [~1 parag]

Identify if the consequence is creating inequity or is exacerbating existing inequity. Consider and include impacts on vulnerable populations in this section.

Indigenous Populations: [~2 short parag (keep separate if appropriate)]

[Insert content from FNHA re: considerations for First Nations population]

[Insert content from MNBC re: considerations for Métis population]

[Insert content from BCAAFC re: considerations for Urban Indigenous population]

Actions Initiated or Planned to Address Unintended Consequence

[Could include acceleration/augmentation of current actions]

[Insert text re: pertinent and current COVID-19 research in BC from Barbara Smith/Nicolette McGuire SRAC; if more than 2-3 general points, include additional information as an appendix]

Considerations for Action:

Identify/explain considerations and recommendations.

If other ministry/partner has/have a portfolio linked to the consideration, identify/explain the linkage mechanism for how considerations might be implemented.

Appendix A, B, C... (only include title if needed and text within appendix warrants title)

Carnegie, Lynn HLTH:EX

From: Hrycuik, Lorie HLTH:EX
Sent: January 14, 2021 12:54 PM
To: Carnegie, Lynn HLTH:EX
Subject: FW: Unintended Consequences Project Description for Don Wright
Attachments: Unintended Consequences Project Description 2020 10 27 final.docx

Follow Up Flag: Follow up
Flag Status: Flagged

Lorie Hrycuik
Executive Lead, Population & Public Health Division
Ministry of Health
Phone: (778) 974-3766 | Lorie.Hrycuik@gov.bc.ca

From: Amyot, Sarah HLTH:EX <Sarah.Amyot@gov.bc.ca>
Sent: October 28, 2020 8:54 AM
To: Achampong, Bernard HLTH:EX <Bernard.Achampong@gov.bc.ca>; Hrycuik, Lorie HLTH:EX <Lorie.Hrycuik@gov.bc.ca>
Subject: FW: Unintended Consequences Project Description for Don Wright

Hi,
I am sharing as an FYI re: Don Wright's involvement and vision for this group. As you know a ED Task Group is being convened on the UniCon; I am on the planning ctte for this group. Would appreciate a strategic conversation about how best to use this group.

Sarah Amyot
Director, Planning and Strategic Initiatives
Population and Public Health
Ministry of Health
P: (250) 952-1367
C: (250) 883-0236

From: Chandler, River HLTH:EX <River.Chandler@gov.bc.ca>
Sent: October 28, 2020 8:49 AM
To: Therrien, Darlene HLTH:EX <Darlene.Therrien@gov.bc.ca>; Gardner, Gina HLTH:EX <Gina.Gardner@gov.bc.ca>; Amyot, Sarah HLTH:EX <Sarah.Amyot@gov.bc.ca>
Subject: FW: Unintended Consequences Project Description for Don Wright

This is exciting news! Glad to have the clarity.
Attached is the project description that Bonnie will send to Don Wright.
River

River Chandler, MA
Director, COVID-19 Response
Office of the Provincial Health Officer

BC Ministry of Health
Phone: 250-920-8461 (cell)

I gratefully acknowledge that I live, work and play on the traditional territories of the Lekwungen Peoples, and the home of the Métis Chartered Community of Greater Victoria.

From: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>
Sent: October 27, 2020 5:41 PM
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Cc: Chandler, River HLTH:EX <River.Chandler@gov.bc.ca>; Jason Wong <Jason.Wong@bccdc.ca>
Subject: RE: Unintended Consequences Project Description for Don Wright

Thanks, what Don wants is for he and I to convene all the DMs involved and explain the project and what we are doing with the data etc. and how each Ministry should be involved. After that the DM would nominate an ED from their Ministry. Don sees this as an opportunity to perhaps expand the scope and use the framework to support other aspects of pandemic recovery (we talked for example on climate change and economics and that this may be a way to use data to develop policy).

So I think a big opportunity to expand beyond health impacts.
My best,
Bonnie

*Dr Bonnie Henry
Provincial Health Officer
Office of the PHO
Ministry of Health*

s.15; s.19

*Mailing address: PO Box 9648, STN PROV GOVT
Victoria, BC
V8W 9P4
Bonnie.henry@gov.bc.ca*

Phone: s.17; s.19

I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em

Warning: This email is intended only for the use of the individual or organization to whom it is addressed. It may contain information that is privileged or confidential. Any distribution, disclosure, copying, or other use by anyone else is strictly prohibited. If you have received this in error, please telephone or e-mail the sender immediately and delete the message.

From: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Sent: October 27, 2020 5:27 PM
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>
Cc: Chandler, River HLTH:EX <River.Chandler@gov.bc.ca>; Jason Wong <Jason.Wong@bccdc.ca>
Subject: Unintended Consequences Project Description for Don Wright

Hi Bonnie.

Here are 3 items to explain the project – a project description, list of priority UniCons that are being worked on, and the full master table.

We have heard mixed messages about next steps i.e. on one hand the Don wants you and he to chair the first meeting of the Executive Directors task group and on the other hand that he has asked DMs not to send ED names forward yet.

Would be helpful to know from him what he sees as next steps. Perhaps providing him with this information will assist in getting that direction.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1
T 250.952.1701 C^{s.17} F. 250.952. 1713 brian.emerson@gov.bc.ca

Unintended Consequences of Response to COVID-19 Project

British Columbia Office of the Provincial Health Officer

British Columbia Centre for Disease Control

Background

The public health orders and other measures implemented in response to COVID-19 in BC, Canada and around the world are unprecedented and have impacted many sectors of society. Leaders in many sectors and BC citizens have expressed interest in and raised concerns about the negative unintended consequences (UniCons) of public health and other measures such as social/physical distancing, self-isolation, and school and business closures on individual and population health, society, economy, and environment. Some positive consequences or benefits have also emerged and identifying and tracking them will aid in leveraging those benefits now and in the future.

Identification and monitoring of unintended consequences in BC will inform action to mitigate harms and amplify benefits as BC continues to implement the BC Restart Plan and will provide key information for planning a response to potential future waves of infection.

The Unintended Consequences Working Group was established in April 2020 at the request of Dr. Bonnie Henry, Provincial Health Officer (PHO) and the BC Public Health Leadership Committee in order to identify, monitor and report on the direct impacts and secondary consequences of measures implemented in response to the COVID-19 pandemic. The project scope encompasses four areas: health, society, economy and environment. Membership of the group includes staff from the Office of the PHO, BC Centre for Disease Control (BCCDC), First Nations Health Authority, regional health authorities, Ministry of Health and Ministry of Mental Health and Addictions.

In addition to this Working Group, multiple ministries and external organizations are working to develop sector-specific recovery plans. The Working Group has established stakeholder engagement and communication plans to link and work with partners and recovery plans.

Project Goal and Objectives

The Working Group developed a comprehensive plan to identify, monitor and report on the negative and positive unintended consequences of measures undertaken in response to the COVID-19 pandemic. Reports will take two forms: internal reports to inform government planning, and public reports.

Project Goal

The overall goal of this project is to identify and monitor the unintended consequences of COVID-19 response measures on the health and wellness of the population, including health, social, economic and environmental determinants of health.

Project Objectives

1. Identify, monitor and report on the UniCons of COVID-19 interventions in BC using an equity lens.
2. Identify priority issues for response to inform actions, mitigate harms and amplify benefits as BC implements the BC Restart Plan,¹ readies for subsequent wave(s) of infection in BC, and prepares to address longer term impacts.

Monitoring Structure

To inform the COVID-19 response and management of its impacts, a process has been established to identify and track short, medium and long-term consequences, both negative and positive.

The UniCon Data Team (PHO Epidemiology Branch, BCCDC surveillance experts and Health System Information, Analysis and Reporting Division, Ministry of Health) will support coordinated surveillance and analysis of health-related unintended consequences by:

- a. Preparing data analysis and charts for reports
- b. Reporting issues and trends to the Public Health Leadership Committee and the Provincial Health Officer
- c. Supporting health partners and other ministries in identifying and tracking health-related unintended consequences

In other sectors, provincial ministries will contribute by:

- a. Participating on the cross-government ED Task Group
- b. Identifying and monitoring unintended consequences
- c. Collaborating with the project Data Team
- d. Providing input for reports and reviewing reports
- e. Reporting consequence issues and data to cross-government ADM and DM Committees and ministries

Stakeholder Engagement Strategy

The purpose of the stakeholder engagement strategy is to bring together government ministries and Indigenous and other key stakeholders and system partners to identify, monitor and report on the unintended consequences (UniCons) of COVID-19 response measures that impact the health and wellness of the population of BC. This will be implemented through:

Cross-government ED Task Group

The Task Group was created for the purpose of engaging ministries and their internal and external partners to identify and contribute to reporting on UniCons across government. It will be led by the Office of the PHO and the MOH CHREM Division and supported by the UniCon Working Group.

¹ https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support/bc-restart-plan?bcgovtm=20200506_GCPE_AM_COVID_9_NOTIFICATION_BCGOV_BCGOV_EN_BC_NOTIFICATION

Public Health System

Considerable engagement with the public health system already exists through the Public Health Leadership Committee and through the public health members of the UniCon Working Group, who are responsible for engaging widely in their respective organizations to identify UniCons and to provide subject matter expertise for report writing and review. This work will continue throughout the project.

Health Service Delivery System

The COVID Health Response and Emergency Management (CHREM) Division identifies and acts on health system priorities during COVID-19. The division engages across the Ministry of Health and with Ministry health authority service delivery partners to provide subject matter expertise for the project.

Researchers

The Ministry of Health's Partnerships and Innovation Division is currently focused on BC-specific COVID-related research and facilitates communication between researchers and the UniCon Working Group to provide research findings for reports. Additionally, the Division provides linkages to the BC COVID-19 Strategic Research Advisory Committee (SRAC) whose members review reports and provide recommendations. Academic partners in three BC institutions (UBC, UVIC, SFU) provides linkages with current research to inform the UniCon work.

Indigenous Rightsholders

Engagement with Indigenous partners is critical to the success of this project. FNHA is a member of the UniCon Working Group. Relationships with Metis Nation BC and the BC Association of Aboriginal Friendship Centres have been established to provide guidance and input for all reports.

Ministries across government have also established relationships with Indigenous partners. ED Task Group members will draw on these relationships to inform identification and reporting on the impacts of public health responses to COVID-19 on Indigenous peoples.

Communication Strategy

The objectives of the draft communication strategy are to increase the awareness and understanding of the unintended consequences by the general public; to inform policy and program decision makers about the unintended consequences on the health, wellness and other aspects of the lives of people of BC; and to inform future research.

Wording and links around IP and COVID19

Injuries and injury-related deaths continue to occur during the COVID 19 pandemic, despite the many restrictions that are in place across British Columbia communities. They occur in all age groups, and most are preventable. Injuries continue to be due to falls especially among older seniors, related to transportation especially roads, occupations, recreational activities, drowning, asphyxiation, poisoning, burns and heat, electrical, or chemical exposures. They may also involve violence, self-harm or suicide. Fortunately, some types of injuries and deaths are declining in number at this time. For example, with fewer cars on our roads we are witnessing fewer road accident injuries and deaths involving motor vehicles, bikes and other means of active transportation, as well as pedestrians. School closures, cancellation of recreational and competitive sports, business and workplace closures and other actions that help us contain the spread of the virus are also helping to reduce the occurrence of injuries. However, as more people stay at home, whether families with children or other forms of households, many injuries which typically occur at home, are at risk of increasing, including falls among seniors and young children. Having to go to the emergency department actively serving people with COVID19 sickness at this time may inadvertently expose more people to a higher risk of infection. Information on how people are now coping with COVID19 restrictions and what that may mean for injury risks and prevention are discussed by the BC Injury Research and Prevention Unit at BC Children's Hospital on their website. https://www.injuryresearch.bc.ca/adjusting-to-a-new-pace-of-life-during-the-covid-19-pandemic/?utm_source=social&utm_medium=twitter&utm_content=covidtw

From BCIRPU: https://www.injuryresearch.bc.ca/adjusting-to-a-new-pace-of-life-during-the-covid-19-pandemic/?utm_source=social&utm_medium=twitter&utm_content=covidtw

Injuries and injury-related deaths continue to occur during the COVID 19 pandemic, despite the many restrictions that are in place across British Columbia communities to keep people safe from infection. d . They occur in all age groups, and most are preventable. Injuries continue to be due to falls especially among older seniors, related to transportation especially roads, occupations, recreational activities, drowning, asphyxiation, poisoning, burns and heat, electrical, or chemical exposures. They may also involve violence, self-harm or suicide.

Fortunately, we are witnessing declines in some types of injuries and deaths. With fewer cars on our roads there fewer road accident injuries and deaths involving motor vehicles, bikes and pedestrians. School closures, cancellation of recreational and competitive team sports, business and workplace closures and other actions that help contain the spread of the virus are also helping to reduce the occurrence of recreation and some work-related injuries.

As people remain at home under COVID restrictions, however, many types of injuries which commonly occur at home, are on the rise. This not only includes falls among seniors and young children, but also injuries whose risk of occurrence increases with the stress of confinement over long periods of time, being a caregiver of a disabled or infirm relative, having financial pressures, or experiencing family conflict. Increased use of alcohol and other substances makes this worse. A rise in domestic violence and elder abuse is now apparent as significantly more people contact crisis lines to help. Stresses that over time lead to anxiety and depression, or activate underlying mental conditions also elevate the risk for suicide and self harm. While people often deal with stress by engaging in physical activity, with home confinement and closure of recreation centres, pools, parks, and other facilities, people have fewer physical activity options. Some are turning to cycling and walking for exercise as well as for shopping.

With COVID, we are also seeing increases in some work-related injuries for people in essential services, including healthcare workers, police, first responders. In addition to risk of infection, there is higher risk for them to experience psychological injuries from their work, including Post Traumatic Stress Disorder, which is known to raise suicide risks. And for anyone having to visit the emergency department due to an injury, it is worth noting that staff are actively serving people with COVID19 sickness at this time, which may inadvertently expose injured people to a higher risk of infection.

In short, it is important to be mindful of your environment and the people around you, and not just physical distancing. We all need to notice potential risks in our surroundings, and take simple, precautionary actions to prevent injury. Keeping poisonous substances locked up, putting barriers around swimming pools to prevent toddlers from falling in the water, closing window latches so children do not fall out of windows, wearing a helmet when cycling – are examples. It is important as well to talk to your children about COVID in an authentic way that fosters building resilience and lessens fears and anxieties, and to teens about how difficult but important it is to not see friends. This is important for maintaining mental health and preventing increased risk of self harm and suicide. For everyone, especially families with children, building and maintaining relationships, reducing stress, keeping positive and calmly resolving tensions and discord are especially important at this time of confinement and social distancing. Identifying and dealing with our stress helps us keep attentive, aware of risks, and in that way prevents injuries for people of all ages.

The BC Injury Research and Prevention Unit at BC Children's Hospital discusses more about this on their website. https://www.injuryresearch.bc.ca/adjusting-to-a-new-pace-of-life-during-the-covid-19-pandemic/?utm_source=social&utm_medium=twitter&utm_content=covidtw

Injury Prevention COVID-19 Mitigation Strategies

Healthy Living & Health Promotion, PPH Division

March 2020

Actions being taken to mitigate/ respond to COVID-19 in our work:

1. Communicating out and providing flexibility to our partners, stakeholders in health authorities and organizations to take on priorities, as needed, to respond to COVID-19.
 - a. BC Falls Community of Practice meeting likely not occurring this month due to lack of availability of Health Authority staff
 - b.
2. Danielle Berg volunteering for the Health Emergency Coordination Centre (HECC), so Seniors Falls Prevention portfolio will be put on hold- emailed Megan Oakey and Denise Beaton Mar 30

January 22, 2021

Leonard, Christopher J HLTH:EX

From: Milliken, Rachel (PHAC/ASPC) <rachel.milliken@canada.ca>
Sent: April 14, 2020 7:32 AM
To: Judy Brownoff; tonya_huck@gov.nt.ca; Signi Frederickson; Berg, Danielle HLTH:EX; Carol Ching; Laura Forsyth; Jesse Houston; Ramona Furkert; Holly Schick; Miller, Phaedra (HSAL); ccnewman@shaw.ca; Latha Levitt; Anjali.Wimpenny@ontario.ca; Jean-Philippe Lessard-Beaupré; Suzanne Garon; Mary Driscoll; Peter Holman (AIF); Marcy Bouchie; Jacqueline Campbell; Feltham, Dana; Meadus, Christie; Leo Bonnell; Glenn Miller; Wilson, Amy (CIHR/IRSC); Aria Adel; Mario Paris; Jane Tsai; Anderson3, Kerry (PHAC/ASPC); Tittone1, Emma (PHAC/ASPC); Powell, Simone (PHAC/ASPC); Young2, Sharon (PHAC/ASPC); brancacl@providencecare.ca; Ka, Khady (PHAC/ASPC); Eve, Doni HLTH:EX; Kielley, Henry; Wallman, Heather TR HLTH:EX; Jean-Philippe Lessard-Beaupré; jane.breckenridge@gnb.ca; Sangha, Amandeep (PHAC/ASPC); Judy Brownoff; tina.bunce@gov.yk.ca; Wilson, Erin (SD/DS); Lee, Clarabelle (PHAC/ASPC); Dallas Alderson; pversteer@uwo.ca; jean.barclay@innisfail.ca; rmiyashiro@lethseniors.com; Lane, Ginny HE0; Patricia Latendresse; Cotton, Carrie HLTH:EX; Gu, Chunli (PHAC/ASPC); Erin.Dunn@cihr-irsc.gc.ca
Subject: Pan-Canadian AFC Reference Group: AFC and COVID-19
Follow Up Flag: Flag for follow up
Flag Status: Completed

Dear Reference Group members,

We hope you're all doing well and staying healthy during these challenging times. As you all know, COVID-19 poses a greater risk to older adults and those with underlying medical conditions. A number of measures are being put in place across Canada to reduce the risk of older adults being exposed to the virus, however they can also result in limited access to services, healthcare, opportunities for social inclusion, etc.

In this light, the World Health Organization's Global Network for Age-friendly cities and communities and its affiliated partners (including PHAC) are developing a process to gather information on age-friendly responses to COVID-19. We will follow up with you on this request shortly, once more information is available.

In the interim, please find below a few resources, webinars and a funding opportunity related to COVID-19 for your information:

1. COVID-19 announcements and resources

- The Government of Canada will contribute \$9 million through United Way Canada for local organizations to support practical services to Canadian seniors. These services could include the delivery of groceries, medications, or other needed items, or personal outreach to assess individuals' needs and connect them to community supports.
- Infection Prevention and Control for COVID-19: Interim Guidance for Long Term Care Homes / Prévention et contrôle de la maladie COVID-19 : Lignes directrices provisoires pour les établissements de soins de longue durée
 - EN- <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevent-control-covid-19-long-term-care-homes.html>
 - FR- <https://www.canada.ca/fr/sante-publique/services/maladies/2019-nouveau-coronavirus/professionnels-sante/prevention-controle-covid-19-foyers-soins-longue-duree.html>
- Resources for vulnerable populations (including older adults) and how to support them / Les populations vulnérables et le COVID-19
 - EN- <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/vulnerable-populations-covid-19.html>

- FR- <https://www.canada.ca/fr/sante-publique/services/publications/maladies-et-affections/populations-vulnerables-covid-19.html>
- General information on COVID-19 in Canada / Maladie à coronavirus (COVID-19)
 - EN- <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html>
 - FR - <https://www.canada.ca/fr/sante-publique/services/maladies/maladie-coronavirus-covid-19.html>
- COVID-19 Frauds and Scams: How to Recognize, Reject and Report. Webinar by Elder Abuse Prevention Ontario in partnership with the Ontario Securities Commission, Canadian Anti-Fraud Centre and Ontario Provincial Police. Information on how to recognize and respond, how vulnerable older adults can be protected, and some of the current COVID-19 related and usual scams taking advantage of vulnerability of people during the pandemic. Link: <http://www.eapon.ca/training-education/training/webinars/>

2. Webinars/Town Halls

- Ontario Age-Friendly Communities (AFC) Outreach Program: Older Adults, Physical Distancing and Social Isolation During the COVID-19 Pandemic – What Can Communities Do NOW?
 - Thursday, April 16, 2020 2:00 - 3:00 pm EST
 - Link: <https://sagelink.us13.list-manage.com/track/click?u=fa3447764d8d1381928e407da&id=8215a26dec&e=18bd2b9d92>
- IFA Virtual Town Hall Series | COVID-19 and Older People: The Urgency in Low and Middle-Income Countries
 - Friday, April 17, 2020 6:00-7:00 am EST
 - Link: https://sagelink.ca/IFA_townhall_april_17_2020

3. Funding opportunities

- The Canadian Frailty Network (CFN) is looking to fund proposals aimed at investigating the interaction between frailty and COVID-19. Proposals must be submitted as a single PDF document by 8 pm EST **Friday April 17, 2020**. Proposals must be submitted via email to research@cfm-nce.ca. A total maximum of \$300,000 is available for this entire RFP competition. More information can be found here: <https://www.cfm-nce.ca/research/request-for-proposals-frailty-and-covid-19/>

The April 23rd Reference Group meeting will go ahead as planned. We look forward to speaking with you all then.

Thank you,

Rachel

Leonard, Christopher J HLTH:EX

From: Walker, Jennifer HLTH:EX
Sent: February 28, 2020 5:38 PM
To: Miller, Haley HLTH:EX; Henry, Bonnie HLTH:EX; XT:Patrick, David HLTH:IN; Massey, Keren L HLTH:EX; Sagar, Brian HLTH:EX; Gerry Delorme; Everett, Kirsten F HLTH:EX; reka.gustafson@phsa.ca; XT:HLTH Galanis, Eleni; Crabtree, Alexis [BCCDC]; Kancir, Jesse M HLTH:EX; Li, Jessica P HLTH:EX; Bhatnagar, Himani HLTH:EX; Billing, Sukhmani HLTH:EX; XT:Lavery, John HLTH:IN; Behn Smith, Daniele HLTH:EX; Katie Fenn
Cc: David Hutton; Sinclair, Carolyn
Subject: RE: FYI - Article on impacts of quarantine on psychological health

Many thanks Haley,

In a similar spirit, our colleagues at the Red Cross have recently shared the below:

New IFRC guidelines on "[*Mental Health and Psychosocial Support for Staff, Volunteers and Communities in an Outbreak of Novel Coronavirus*](#)" Note that its available in simplified Chinese as well.

Jen

From: Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>
Sent: February 28, 2020 9:06 AM
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; XT:Patrick, David HLTH:IN <david.patrick@bccdc.ca>; Walker, Jennifer HLTH:EX <Jennifer.7.Walker@gov.bc.ca>; Massey, Keren L HLTH:EX <Keren.Massey@gov.bc.ca>; Sagar, Brian HLTH:EX <Brian.Sagar@gov.bc.ca>; Gerry Delorme <Gerry.Delorme@viha.ca>; Everett, Kirsten F HLTH:EX <Kirsten.Everett@gov.bc.ca>; reka.gustafson@phsa.ca; XT:HLTH Galanis, Eleni <eleni.galanis@bccdc.ca>; Crabtree, Alexis [BCCDC] <Alexis.Crabtree@bccdc.ca>; Kancir, Jesse M HLTH:EX <Jesse.Kancir@gov.bc.ca>; Li, Jessica P HLTH:EX <Jessica.P.Li@gov.bc.ca>; Bhatnagar, Himani HLTH:EX <Himani.Bhatnagar@gov.bc.ca>; Billing, Sukhmani HLTH:EX <Sukhmani.Billing@gov.bc.ca>; XT:Lavery, John HLTH:IN <john.lavery@phsa.ca>; Behn Smith, Daniele HLTH:EX <Daniele.BehnSmith@gov.bc.ca>; Katie Fenn <Katie.Fenn@phsa.ca>
Cc: David Hutton <David.Hutton@phsa.ca>; Sinclair, Carolyn <Carolyn.Sinclair@phsa.ca>
Subject: FYI - Article on impacts of quarantine on psychological health

Good morning,

Sharing an article with the team on the impacts of quarantine on psychological health (COVID-19 specific).

Haley

Haley Miller

Senior Policy Analyst | Office of the Provincial Health Officer
BC Ministry of Health

I respectfully acknowledge and recognize that I live and work in the traditional territory of the Lekwungen peoples, today represented by the Songhees and Xwsepsum (Esquimalt) Nations.