

Intelligence MEMOS



From: Vivek Goel
To: Canada's Health Policy Planners
Date: August 28, 2020
Re: **A POPULATION HEALTH APPROACH TO COVID-19**

Much of the initial attention, particularly from the media and public, to COVID-19 has been on the disease and its consequences. It is clearly a disease with devastating potential, as seen in Italy and New York in the early months. As a result, in the absence of proven preventive and therapeutic agents, a drastic series of public health measures were taken in order to control spread of the virus globally. These measures have been successful in Canada, but they have come at a tremendous cost.

These costs are most often considered in terms of the economic burden, which is clearly substantial. Canadians' adherence to the public health measures has been helped by generous interventions, such as the CERB. While this has eased impact on individuals, it has resulted in our governments incurring significant debt.

However, there is a much more significant set of costs that appear to be less often discussed and considered in public policy. These are the very significant social and health consequences of the public health measures. Some examples of these consequences include:

- Delayed medical visits and surgical procedures – for example, data is emerging that delays in diagnosis and treatment for cancer patients is leading to worse outcomes.
- Visits to emergency rooms declined – even for the most critical conditions, as shown in data from the Canadian Institute for Health Information.
- Delayed immunization programs – as medical offices and schools closed, children missed scheduled appointments or public health vaccination programs were delayed.
- Domestic violence and child abuse – families were together at home for a prolonged period of time, which was an unsafe condition for many individuals. [Government consultations](#) showed increases in gender-based and domestic violence of 20 to 30 percent in some regions.
- Mental health effects of isolation – survey data shows increased levels of anxiety and depression in the population.
- Delayed early childhood development – the early years are one of the strongest predictors of lifelong health and social outcomes.
- Physical inactivity – lockdowns and closure of gyms has led to [decreased levels of exercise, a strong predictor of health status](#).
- Increased drug and alcohol consumption – for example, opioid deaths are increasing.
- Food insecurity – visits to food banks have increased likely as a result of lost income and [increasing food costs associated with COVID-19 related economic restrictions](#).

And this list is by no means complete. As well, it is important to bear in mind that the economic consequences themselves will result in further health consequences. For example, unemployment has been shown consistently to result in poorer health outcomes and increased mortality.

While we cannot stop our focus on controlling COVID-19, we must do so in a manner that accounts for these adverse consequences. We know much more about the disease and how to control and treat it than we did in March. We have much greater capacity for testing and contact tracing as well as more resiliency in our health system. As we move forward, we need to ensure that critical societal functions such as education are restored. We need to ensure the appropriate precautions are in place so that when the second wave arrives, we can control it without resorting again to lockdowns.

Most significantly, we need to deal with the fear that has developed in Canadians.

In order to obtain compliance with the public health measures, we allowed a level of fear to develop which is inhibiting the [return to activities such as schooling](#). We have to reassure Canadians that the disease is being controlled, and they need to understand the full range of health and social consequences if we do not restore those activities.

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