

COVID-19 Social Impact Update Report - Spruce Grove

Purpose

COVID-19 will have effects on economic, social, and emotional wellbeing for Spruce Grove residents for years to come. This report is intended to update the municipality on information related to the social impacts of COVID-19 that have emerged since the previous report as well as providing analysis of social policy considerations to support emerging social issues within Spruce Grove.

Background

This report is a continuation of the Social Impacts of COVID-19 Report submitted by Social Planning to EMA on April 14, 2020. The information in the previous report is still current unless updated in this report. Overall, the social issues and uniquely affected demographics have proven to be accurate to what is being demonstrated from new data. Additionally, several social issues such as domestic violence, food security, and social isolation are being exacerbated, and social inequities continue to be highlighted as a result of current stressors from the COVID-19 pandemic.

Key topic areas for this report include:

Unique effects on the following demographics:

- Frontline workers
- Youth (12 - 17 years old) and young adults (18 - 24 years old)
- Indigenous populations
- Non-profit sector

Further exploration of the following social issues:

- Access to technology
- Mental health and addictions
- Community safety
- System gaps
- Recovery

Limitations

This report aims to provide a summary and analysis of currently known information on the social impacts of COVID-19. Current limitations of this report include:

- This issue and the systems that are affected are complex and continually evolving. The total social effects will be discovered and revealed over time.

- There is a lag in, or limited, data availability, especially at the local level. Future analysis and reports will need to be completed as more data is available.
- Local context and analysis can be increased with data sharing across organizations.
- Recommendations are offered utilizing a social lens and provide options for actions at the municipal-level to support vulnerable populations and address specific social issues.

Current Context

Economy

There are several indicators that paint a picture of the economic health of a nation, province, and therefore the local community. March and April saw unparalleled drops in almost all traditional economic indicators.

- Unemployment rate in Alberta reached 15.5% in early June (Alberta Government, 2020a).
- Alberta saw a 5% decline in labour force participation from March 2020 to April 2020.
- The highest decline in payroll employment across Canada was food, accommodation, and retail sectors with a 41% drop. In contrast the public, finance, and insurance sectors remained relatively stable (Statistics Canada, 2020a).
- The consumer price index for Alberta shows drops in all categories with the exception of alcohol, tobacco, and cannabis products which went up in price (Statistics Canada, 2020b).
- The number of home sales in the resale market declined by 48% in April 2020 (Alberta Government, 2020b).
- In Canada, the real gross domestic product (GDP) fell 7.2% in March 2020 and is expected to decline by 11% in April 2020 (Statistics Canada, 2020c).
- Alberta's consumer confidence has increased 9 points in May 2020 to 32 from 21 in April (Alberta Government, 2020c). While consumer confidence has increased, there are still 30% of Albertans that expect their financial situation to deteriorate over the next six months and more than 50% of Albertans hold a negative view on job prospects (Alberta Government, 2020c).
- Canadians' actual hours worked at their main jobs decreased by 15.1% in March 2020 (Statistics Canada, 2020c). Further, the average weekly hours worked in Alberta reduced in March to 29.5 hours, which is the lowest level on record (Statistics Canada, 2020a).

National, Provincial, and local governments responded rapidly with social policy to the economic impacts of COVID-19 by establishing individual benefits, business sector supports, wage subsidies, tax payment deferral options, grant programs, and other social policies such as eviction bans. These have

mitigated immediate impacts, however; as these are time-limited, it could mean elevated social issues when the deferrals or benefits stop including housing, food security, and mental health.

May 2020 is showing marginal improvements in Canadian economic health (Statistics Canada, 2020c). There was a 10.6% recovery of the COVID-19-related employment losses and absences in the previous two months. However, given the significant drop highlighted in March and April, these improvements are still well below levels at the onset of 2020.

Alberta Relaunch

As of June 6, 2020, Alberta has 336 active cases with 76 located in the Edmonton Zone. The City of Spruce Grove, as of June 1, 2020, has zero active cases and 8 cases total, all of which have recovered (Alberta Government, 2020d). Given the success of mitigating the number of cases through strict social distancing measures, the Government of Alberta developed a relaunch strategy which incorporates 4 stages with increasingly less restrictive measures.

- Pandemic Response (before May 14)
- Stage 1 (May 14)
- Stage 2 (June 12)
- Stage 3 (TBD)

From a social policy perspective, there is a challenging balance between public health and economic health that this relaunch strategy is working to achieve. The Government of Alberta has stated these stages are conditional on the monitoring of several factors including confirmed cases, hospital admissions, and intensive care unit occupancy (Alberta Government, 2020e). Additionally, maintaining social distancing is vital to decrease spread and limit surges in cases (United Nations, 2020; Patrick, Stanbrook, & Laupacis, 2020; Alberta Health Services, 2020; Government of Alberta, 2020f). Studies are indicating that a second wave is not only likely but probable (Warnica, 2020, Glowacki, 2020, Helferty et al., 2010; Szklarski, 2020). Therefore preparing for when restrictions increase again is a necessary component of continuity planning for any businesses, non-profits, or municipalities opening up.

Trust in Government

Catastrophes are not just the result of natural phenomena; they are linked to political, social, and economic factors that create vulnerability to risk. A key social factor is the public's level of trust in government because the way people behave plays a large part in the size and severity of waves (Goldstein & Wiedemann, 2020). During this pandemic, there have been high levels of misinformation,

conspiracy theories, fake news, and rumours related to COVID-19. This information can be counterproductive in the fight against COVID-19 as they cause confusion and doubt (Smith, Ng & Li, 2020). According to Statistics Canada (2020d), 30% of Canadians are getting their information about COVID-19 from government sources (Statistic Canada, 2020d) while over 50% use news outlets. A recent perception survey also shows Canadians are equally split on whether governments are telling the whole truth about COVID-19 or deliberately withholding information (Leger Marketing Inc, 2020).

Studies indicate, there are greater levels of trust in government when a wide range of actors and viewpoints are engaged in processes around decision-making (Davidson, 2020; Fung, 2015). While it is important to learn from experts especially during a crisis, this is not enough to maintain public trust during longer periods of crisis (Davidson, 2020).

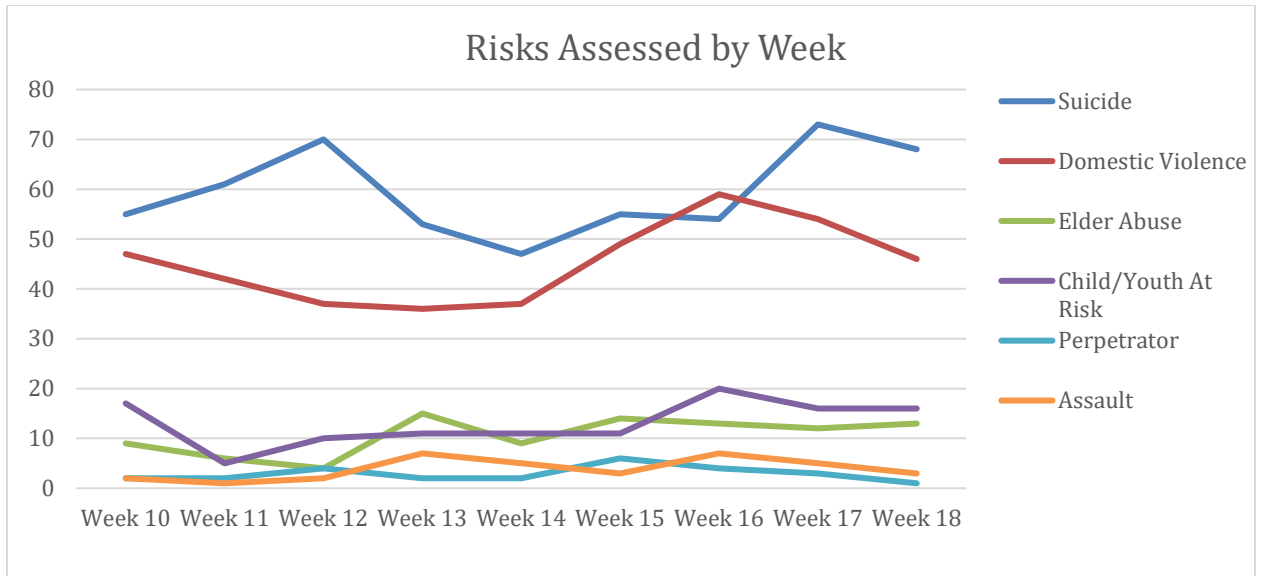
Emerging Local Data

Several tools help to illustrate local trends in social issues and community concerns that emerged throughout April and May within Spruce Grove. The City of Spruce Grove worked with regional partners to launch the Helpseeker App in early April. This app allows for real-time data collection so as more service providers and citizens use the app, the stronger the data collected will become. In May the top searches based on user key words were COVID-19, food, support, suicide, Al-Anon, and AA.

The Canadian Mental Health Association (CMHA) Edmonton Region tracks call volumes and reasons for the call for 211 and the Distress Line. They have put out weekly updates since the first COVID-19 related calls started in early 2020. In the most recent update (May 24 - 20), the top concerns for the distress line during this week were mental health concerns, loneliness, domestic/senior abuse, relationship, 3rd party suicide, and addiction. The following risk assessments were completed:

- Suicide (68)
- Domestic Violence (46)
- Child/ youth at risk (16)
- Elder Abuse (13)
- Assault (3)

Table 1: Distress Line risks assessed by week (CHMA, 2020)



Several service providers are reporting declines in call volume and clients in the month of April and May. Without doing a full analysis, it is hard to determine the exact causes of this. However, it is likely due to a combination of several factors including more groups and organizations providing support, access to new benefits, typical trauma response (withdrawal) after an incident, and barriers in accessing online and phone services.

In April 2020, regional COVID-19 Action Groups were formed around the topics of technology, food security, youth & parenting, social inclusion, vulnerable populations, safety & security, and mental health & addiction which were identified by local groups as emerging issues in the region.

Issue Updates

This section uses social determinants of health as a framework that can be used to highlight the social and economic factors that impact health and wellbeing as well as exacerbate societal inequalities. Social determinants of health are a broad range of factors that affect individual and public health. The Government of Canada highlights the following as key social determinants of health:

1. Income and social status
2. Employment and working conditions
3. Education and literacy
4. Childhood experiences
5. Physical environments

6. Social supports and coping skills
7. Healthy behaviours
8. Access to health services
9. Biology and genetics
10. Gender
11. Culture
12. Race / Racism

These factors interact and intersect in complex ways as outlined in the following examples:

- A predictor of financial vulnerability is the level of education; the lower the education attainment from Canadian recognized institutions, the higher risk of being financially vulnerable (Messacar, & Morissette, 2020).
- During the pandemic, the ability of individuals to work remotely limits their exposure to the virus and mitigates financial hardship. 60% of Canadians who have an educational attainment of bachelor's degrees or higher have the capacity to work remotely while in contrast individuals with less than a high school diploma have 13% capacity (Deng, Morissette, & Messacar, 2020). People working in sectors such as food, accommodation, and retail will also have less ability to work from home (Deng, Morissette, & Messacar, 2020).
- LGBTQ2S+ ¹ individuals experience health disparities as a result of barriers to medical care. The main barrier that LGBTQ2S+ individuals face are discrimination and harassment when accessing health care which leads to delays or avoidance in seeking care when needed (Ithaca College, 2020; Rapid Response Service, 2014; Charles, Haaland, Kulkarni & Webber, n.d.).
- Factors such as past trauma and precarious financial situations can diminish trust in social, health, and government systems (Goldstein & Wiedemann, 2020).

In the social impacts report provided on April 14, 2020 to EMA, Social Planning illustrated how COVID-19 impacts various demographics and groups in unique and disproportionate ways including those experiencing poverty or homelessness, immigrants, women, children, seniors, and the nonprofit sector. This section will update on and highlight the unique impacts of COVID-19 on additional vulnerable

¹ LGBTQ2S+ stands for: Lesbian, Gay, Bisexual, Transgender, Queer/ Questioning, Two-Spirit. The plus (+) is an umbrella symbol reflecting sexual and gender diversity including, but not limited to, individuals that are agender, androgynous, pansexual, asexual, intersex, gender fluid, and allies.

groups including frontline workers, youth and young adults, Indigenous people, and non-profit organizations.

Frontline workers

Front line workers include first responders, healthcare workers, social workers, food supply workers, and essential municipal workers. This group is uniquely affected by COVID-19 as a direct result of the nature and conditions of their employment through increased exposure to COVID-19 and mental health stressors (Wu, Styra, & Gold, 2020; Jain, 2020). During the current pandemic, front line workers have reported increases in depressive symptoms, anxiety, insomnia, and Post-Traumatic Stress Disorder (PTSD) (Jaris, 2020). This aligns with studies from previous pandemics that demonstrate an overrepresentation of front line workers experiencing PTSD (Jain, 2020; Thompson, Lopez, Lee, & Twinn, 2004). There are several factors that contribute to the higher levels of mental health concerns for this group including deferral of processing grief and emotions due to high work demands, isolation from support systems, direct and indirect exposure to trauma, and a lack of access to personal protective equipment (PPE) (Wu, Styra, & Gold, 2020; Jain, 2020).

Urban Indigenous Impacts

First Nation, Metis, and Inuit (FNMI) communities are all unique. Each nation will be impacted by COVID-19 in collective and diverse ways. As the City of Spruce Grove is an urban center, this section focuses specifically on the impacts of COVID-19 on urban Indigenous populations; however, it is important to recognize the effects on the Nations and communities within the Tri-Region and Treaty 6. Income and social status are the most important factors that determine health (Government of Canada, 2019). FNMI people have, and continue to, experience barriers to income and status as a result of colonialism, systemic racism, and intergenerational trauma.

In urban settings, an average of 24% of self-identified FNMI individuals live in poverty using the Market Basket Measure (MBM) and 1 in 3 experience food insecurity (Arriagada, Hahmann, & O'Donnell, 2020). This is an overrepresentation when compared to non-Indigenous populations. When looking at poverty in holistic terms, many FNMI individuals also experience significant factors of social and cultural poverty². For example, there are limited service providers who support in culturally appropriate ways creating unintended barriers to formalized supports. The social distancing requirements and public

² Cultural Poverty: People lack meaning in their lives or connection to a community that sustains them.

Social Poverty: People lack formal and informal support to be resilient in times of crisis and change and the ability to meaningfully participate in the community.

health orders during COVID-19 have increased difficulty to remain connected to culture, ceremonies and traditions such as sweats, round dances and pipe ceremonies (Wright, 2020; Gunn, 2020). Within Spruce Grove there are 2,810 residents of Aboriginal Identity³ according to the 2016 census. Linking to the previous social impacts report, poverty and food insecurity increase the severity of COVID-19 impacts (City of Spruce Grove, 2020) which are disproportionately felt by Indigenous people.

Youth & Young Adults

Early childhood (0-5), childhood (6 - 12), adolescence (12 - 17), and young adulthood (18 - 24) are important developmental milestones in a young person's life. Each age group is uniquely affected as a result of COVID-19. Generally speaking, the school closures, the loss of recreational opportunities, family separation or confinement, disrupted routines, adverse experiences and loss of family income are affecting physical and mental health, education, development, protection, play, family unity and income security of young people and their families (Unicef Canada, 2020). In short, the social policy measures put in place to prevent the spread of COVID-19 are creating effects that will last well into adulthood. This section will focus specifically on youth and young adults.

Until the age of approximately 25, human brains are not fully developed, specifically the prefrontal cortex or rational part of the brain (University of Rochester Medical Center, 2020). This means youth and young adults engage in higher levels of risk-taking, make decisions without fully thinking through consequences, and have less ability to regulate emotions and impulses (Gregory, 2020). Additionally, the need for social acceptance and belonging is prominent during adolescence and young adulthood (The Trevor Project, n.d.; Newman, Lohman, & Newman, 2007). Youth and young adults are at a point in their development where their peer group is significant to their social development and growing independence (Campbell, 2020; MentalHelp.net, 2020). In the context of COVID-19, youth are more concerned about the health of others over their own health (Arim, Findlay & Kohen, 2020). Results from a recent Statistics Canada perception survey show that 87% of youth aged 15-30 years are very or extremely concerned about the impact of COVID-19 on the health of vulnerable people while in contrast 21% are very or extremely concerned about their own health. Between perceived risk and brain development, this group is the least likely to adhere to public health orders.

The pandemic will also have a significant impact on youth and young adult employment and education. In Canada, the overall youth unemployment rate increased to 27.2% in April 2020, the highest on record

³ The term Aboriginal is used to reflect the language in the 2016 Federal Census.

(Trading Economics, 2020). As a result of COVID-19, 67% of current high school and post-secondary students indicate that they are concerned with future job prospects (Community Data Program, 2020). This worry is founded as there is an anticipated 10.3% total earning loss for this age group which equates to an average decrease of \$25,000 in income over the next 5 years per person (Community Data Program, 2020). Prior to COVID-19 and school closures, a significant education gap existed between children with families in the highest and lowest earning quintile⁴ that was equivalent to 4 years of schooling (Haeck & Lefebvre, 2020). Based on previous school disruption research, this education disparity is expected to increase and may affect high school student's educational attainment permanently (Haeck & Lefebvre, 2020).

Education, literacy, income, employment, and childhood experiences are key factors in social determinants of health that are affecting young people in Canada.

Non-Profits

During the pandemic a significant amount of funding has been re-prioritized to support the work of nonprofits in addressing system gaps and emerging social issues as a result of COVID-19. The Community and Social Services Ministry COVID Response Grant awarded over \$215,000 to various organizations in the Tri-Region. Several other COVID response grants have been announced by organizations and government bodies. However, in a recent survey administered by the Alberta Nonprofit Network (ABNN), nonprofit organizations in Alberta identified additional impacts to the sector as a result of COVID-19. The survey was conducted between March 30 and April 5, 2020 and received a total of 474 responses.

Top 3 current impacts identified:

- Challenges with staff & volunteers needing to work remotely (90%)
- Disruption of service to clients and communities (90%)
- Adjusting in-person events to a virtual platform (86%)

Top 3 anticipated impacts identified:

- Concern over low financial reserve (75%)
- Increased demand for supports/services from clients & communities (71%)
- Reduced hours for staff due to budget constraints (69%) (ABNN, 2020)

⁴ An income quintile is a measure of neighbourhood socioeconomic status that divides the population into 5 income groups (from lowest to highest) so that approximately 20% of the population is in each group.

Another survey conducted by Imagine Canada, found that 69% of charities are experiencing a decrease in revenues; declining an average of 30.6% since the onset of the pandemic. Canada's arts and recreation organizations were more likely to report decreased demand, organizational capacity, and revenues which have led to more layoffs and work reductions (Lasby, 2020). There are 159 registered charities and societies located in Spruce Grove (Alberta Government, 2020g).

Emerging Social Issues

Access to Technology

As services, education, work, and the ability to connect to others transitions to virtual and online platforms, access to internet and technological devices has been a common theme and concern. 94% of Canadians have internet access. For those without home internet, reasons were cost (28%), equipment (19%), and the unavailability of internet service (8%). Seniors are increasingly accessing the internet with 71% of seniors reporting internet use (Statistics Canada, 2019). In Canada, 1.2% of households with children do not have access to the internet at home. However, when looking deeper at the data it shows that this is not equally distributed over the population and is mainly concentrated in the lowest income quintile in which 4.2% do not have internet access at home (Frenette, Frank, & Deng, 2020). Further, 24.1% of households in the lowest income quintile report relying only on mobile devices which are not ideal as they are designed to receive rather than produce information. Additionally, 63% have less than one internet-enabled device per member. This may be especially pertinent during the COVID-19 pandemic, as the demand for these devices will be greater in multi-child households and households where parents must now work from home.

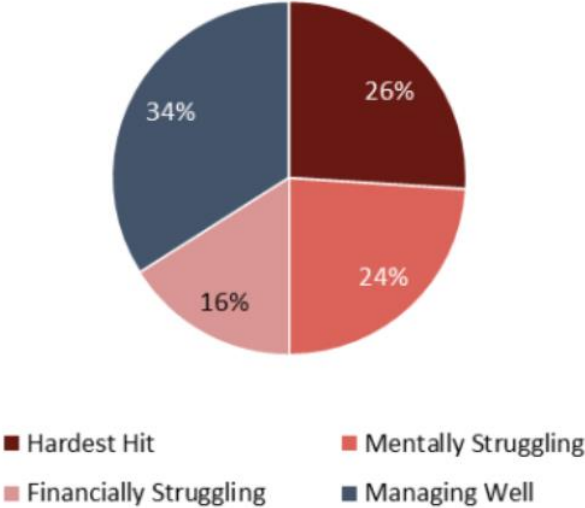
Mental Health and Addiction

Mental health and addictions are highly complex and contextual to each individual and situation taking into account both internal and external factors. One in five Albertans experience an addiction and/or a mental health issue in their lifetime (Alberta Counsel, April 24, 2020). Factors that contribute to poor mental health include experiences of abuse and trauma, lack of access to jobs, education, inadequate housing, social isolation, lack of community belonging, and food insecurity (Public Health Agency of Canada, 2019). Many of these factors have been magnified during COVID-19 leading to anticipated increases in psychological and social service demand during recovery and over the next 5 years (Alberta Counsel, April 24, 2020). Additionally, ease of access to information through technology and transmission of sensational, inaccurate, or false information can increase harmful social reactions such

as anger and aggressive behaviour (Ornell, Schuch, Sordi & Kessler, 2020). Historically, new diseases and other catastrophic events have been known to evoke feelings of mistrust, hatred, fear, and racism (Smith, Ng, and Li, 2020) The mental health implications of COVID-19 will likely last longer and affect a greater percentage of the population than the pandemic (Ornell et al., 2020; Douglas et al., 2009; Kamara et al., 2017).

The COVID-19 pandemic is a traumatic event on a societal and global scale, which can be considered collective trauma (Cherry, 2020). As the threat of the virus has not gone away, it is still considered the active trauma phase. During this phase, individual and collective psychological impacts tend to be underestimated (Ornell et al., 2020). Individuals will have varying reactions and levels of resiliency to the traumatic effects of COVID-19 that are likely to adhere to degrees of privilege. As a result of COVID-19, 50% of Canadians have reported a worsening of their mental health and 10% indicated their mental health “worsened a lot”. The primary feelings reported include worried (44%), anxious (41%) and bored (30%). In contrast, 34% also reported feeling grateful. The study also developed the following COVID-19 Impact Index to highlight financial and mental health challenges.

Table 2: COVID-19 Impact Index (Angus Reid Institute, 2020).



There is a strong link between mental health and addiction. An estimated 50 - 75% of people who experience addiction meet criteria for one or more mental health disorders (Marshall et al, 2020). Additionally, cannabis and alcohol are often used to provide temporary relief of stress and anxiety

(Canadian Centre of Substance use and Addiction (CCSA) 2020; Centre on Addiction, 2017); including coping with changes as a result of the pandemic (Rotermann, 2020). The most commonly abused substance in Alberta is alcohol, with 19.4% having a problematic relationship with this substance (Calgary Dream Centre, 2019). The increase in price of alcohol, cannabis, and tobacco in the recent Consumer Price Index may indicate that these products have increased in demand over the past few months.

A parallel crisis that is important to consider within the context of COVID-19 is the opioid crisis. Experts predict there will be an increase in fentanyl-related deaths in the first quarter of 2020 as a result of COVID-19 due to set-backs of naloxone kit distribution, access to supervised consumption sites, and treatment programs (Government of Alberta, 2020i; Grinspoon, 2020). Social isolation can also increase risk of overdose as individuals use alone (Grinspoon, 2020). In 2019, Alberta had the second highest rate of opioid related deaths next to British Columbia (Government of Canada, 2020). The quarterly report for January - March 2020 is not available for Alberta, however; in BC the data shows a significant spike in opioid-related deaths (BC Coroners Service, 2020).

Community Safety

Domestic Violence and Child Abuse

In April 2020 there were 56 incidents reported to the RCMP involving spousal abuse in Spruce Grove. When compared to April 2019, there was no increase in reported incidents. While official reporting may be down, other data shows that the stresses related to COVID-19 (job loss, social isolation, school closures, mental health, addictions etc.) are adding pressure and increasing violence and abuse (United Nations, 2020) and the lack of reporting could be linked to isolation and safety risk. A survey completed by Statistics Canada (2020d) shows that almost 1 in 10 Canadians report being concerned about the possibility of violence in the home as a result of COVID-19 and the Canadian Government estimates a 20-30% increase in the rates of gender-based violence and domestic violence. This aligns with domestic violence data emerging from China, France, Argentina, and Singapore (Boserup, McKenney & Elkbuli, 2020).

System Gaps

Financial Vulnerability

Financial vulnerability is the result of resources available to individuals and the life challenges they face such as unemployment or inability to service debts/ pay bills. The Government of Canada launched the Canadian Emergency Response Benefit (CERB) to provide temporary economic assistance to people who stopped work due to COVID-19. A significant gap was identified with this program as many Canadians did not qualify for Employment Insurance (EI) or CERB. In response, the Government of Canada expanded the eligibility of CERB to include:

- seasonal workers,
- individuals who recently ran out of EI,
- individuals making less than \$1,000/month (due to reduced working hours), and
- a wage boost for essential workers making less than \$2,500 per month (Edmonton Social Planning Council, 2020).

Even with this expanded eligibility Canadians are still falling through the cracks (Edmonton Social Planning Council, 2020). Eligibility to access CERB includes that individuals must have earned \$5,000 in 2019 (MacDonald, 2020) which still limits availability and means an estimated 719,000 unemployed Canadians were not receiving EI benefits and are now ineligible for CERB (MacDonald, 2020).

The most common reasons these individuals do not receive EI:

- They hadn't worked in the last year;
- were self-employed (and not contributing to EI);
- were disqualified for quitting without just cause;
- were going to school;
- Did not have enough EI hours to qualify.

Other groups of people unable to access EI or CERB are temporary foreign workers and undocumented workers (Macdonald, 2020). The Government of Canada established the Canada Emergency Student Benefit (CESB) to provide financial support to post-secondary students, recent post-secondary and high school graduates, who are unable to find work due to COVID-19 and do not qualify for the Canada Emergency Response Benefit (CERB) or Employment Insurance (EI).

Canadian household debt to disposable income is also estimated to climb from 176% in 2019 to over 200% by 2021 (Canada Mortgage and Housing Corporation, 2020). Some heavily indebted households

struggling to manage COVID-19 related income loss are likely to fall behind on loan payments despite deferrals and increased borrowing. The longer the income shock lasts, the greater the risk of consumer and business insolvencies (Bank of Canada, 2020).

As more individuals and families experience the impacts of financial vulnerability, the cascading effects on food security, housing, mental health, violence, abuse and addiction, will be felt at the community level and especially by vulnerable people highlighted.

Recovery and Social Policy

Community resilience is the ability of a community to utilize available resources to respond to, withstand, and recover from adverse situations (Lerch, 2015). Community resilience is developed through policies, supports, systems, conditions, and social networks intended to decrease risk factors and increase protective factors that, when present, promote well-being and reduce the risk for negative outcomes.

Recommendations that can support resiliency through the development of protective factors:

- Utilizing equity and social justice to guide decisions and actions to help counteract inequities that exist and support community resiliency and well-being (National Collaborating Centre for Determinants of Health, 2020).
- Take a holistic approach to measuring indicators of economic, social and environmental wellbeing. Several approaches for holistic measurements exist including the human development index (CASSE, n.d.; Sharpe, 1999), quality of life index (Sharpe, 1999), or triple bottom line community audit (Rogers & Ryan, 2001) as a few examples.
- Building and maintaining formal and informal social supports through non-profit development, community development, and community collaboration and empowerment.

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