Letters

The consequences of neglecting to collect multisectoral data to monitor the COVID-19 pandemic

We can describe the status of the COVID-19 pandemic in our region by daily counts of cases, intensive care unit (ICU) admissions and deaths. Yet we struggle to describe with the same timeliness or precision how the pandemic has affected other aspects of health care or society. We cannot report current wait times for cancer surgery, deaths from suicide or overdose, small business closures, housing evictions, or school absences, for example. The COVID-19 pandemic has affected all aspects of society, but a large gap has developed in public communication about the effects of the pandemic. This is because governments regularly report data on only a small number of easy-to-understand metrics and projections that reflect the direct effects of COVID-19, such as COVID-19 cases, testing, vaccination rates, hospital admissions and deaths. The impact of the pandemic on other domains of health care and other aspects of society are reported less regularly, with little standardization of metrics, low use of timely indicators, and often not by a single, authoritative source.

Policy decisions are becoming increasingly complex as virus variants, combined with variable vaccination rates, contribute to uncertainty about immunity. Moreover, the public are exhausted from the ongoing effects of pandemic measures. Therefore, governments should adopt a broader approach to public communication to inform policy and improve public trust in pandemic management.

A disproportionate focus on the direct health impact of COVID-19 may have negative consequences. For instance, people are less able to understand the full impact of the pandemic on society, affecting their willingness to adhere to recommended public health measures. A shared sense of purpose is needed to galvanize groups

into collective action.¹ Although COVID-19 case counts and death tallies motivate some people, estimating the benefits of virus control on other aspects of society, such as education or the economy, may resonate more strongly with others. If governments do not have access to these data, then obtaining them should be a priority. If they are already using multisectoral data to inform their choices, then this should be shared transparently.

Neglecting the use of a wide range of data hinders policy-making. Unpopular restrictions on economic and social activity require strong justification, and multisectoral evidence may very well reinforce their benefits. Conversely, if governments opt to allow greater economic and social activity, then such decisions require close monitoring and, sometimes, rapid reversal. Polarization and politicization of debates regarding COVID-19 policies is a problem that the transparent sharing of multisectoral data could counter. Without broader data reporting, governments also miss important opportunities to celebrate successes, such as maintaining low crime rates or keeping schools open. Maintaining public morale is, after all, an essential part of a whole-of-society response.

A strategy for broader data reporting should include timely indicators to monitor health system performance in primary care, acute care, mental health care and cancer care, along with select indicators from other sectors. Although it may be challenging to report multisectoral data, governments can leverage the progress made by academics and think tanks toward measuring many of these domains.^{2,3} In many jurisdictions, it would be possible to begin regularly reporting data with the same frequency and emphasis as information related to COVID-19, such as

- Employment: employment rate, unemployment insurance claims, job postings
- Businesses: small businesses open or closed, business bankruptcies, consumer spending

- Education: Schools open, operating virtually, or closed; outbreaks of COVID-19 at schools; student participation in online coursework
 - Public behaviour: Mobility, air travel
- Developing the infrastructure to perform this type of data analysis and reporting would also strengthen policy-making and public communication beyond the pandemic.

Amol A. Verma MD

Physician and scientist, St. Michael's Hospital, Unity Health Toronto, Toronto, Ont.

Arthur S. Slutsky MD

Scientist, St. Michael's Hospital, Unity Health Toronto, Toronto, Ont.

Fahad Razak MD

Physician and scientist, St. Michael's Hospital, Unity Health Toronto, Toronto, Ont.

■ Cite as: *CMAJ* 2021 October 18;193:E1600. doi: 10.1503/cmaj.80136

References

1. Bavel JJV, Baicker K, Boggio PS, et al. Using social and behavioural science to support COVID-19 pandemic response. *Nat Hum Behav* 2020;4: 460-71.
2. COVID-19: The C.D. Howe Institute's complete policy analysis. Toronto: C.D. Howe Institute; 2021. Available: www.cdhowe.org/public-policy-research/covid-19-cd-howe-institute-s-complete-policy-analysis (accessed 2020 Nov. 28).
3. Chetty R, Friedman JN, Hendren N, et al. *The economic impacts of COVID-19: evidence from a new public database built using private sector data*. Cambridge, MA: Opportunity Insights; 2020. Available: https://opportunityinsights.org/wp-content/uploads/2020/05/tracker_paper.pdf (accessed 2021 Aug. 31).

Competing interests: Amol Verma and Fahad Razak are part-time employees of Ontario Health. Fahad Razak and Arthur Slutsky are volunteer members of the Ontario COVID-19 Science Advisory Table.

Content licence: This is an Open Access article distributed in accordance with the terms of the Creative Commons Attribution (CC BY-NC-ND 4.0) licence, which permits use, distribution and reproduction in any medium, provided that the original publication is properly cited, the use is noncommercial (i.e., research or educational use), and no modifications or adaptations are made. See: <https://creativecommons.org/licenses/by-nc-nd/4.0/>