

Powell River COVID-19 Community Survey

Powell River Division of Family Practice | December 2020

ABOUT THE SURVEY

The Powell River COVID-19 Community Survey was administered between November 25 and December 21, 2020. The survey was commissioned by the Powell River Division of Family Practice (PRDFP) and is the second COVID-19 Community Survey conducted in 2020. Its intent is to illustrate how COVID-19 has impacted Powell River and how respondents could be best supported during this time. An online survey link was distributed and paper copies were made available upon request. In total, 647 surveys were completed. All questions were optional, therefore response rates vary by question.

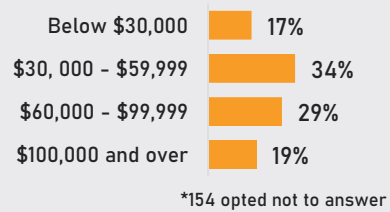
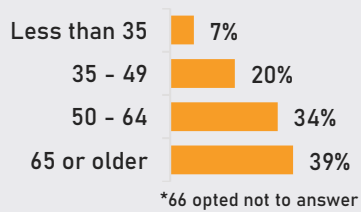
Who responded to the survey?

647
total survey responses

76% female/women (439 of 577)
24% male/men (136 of 577)
0.3% non-binary (2 of 577)
*70 opted not to answer

71% are 50 years old or older (n=581)

65% have a household income between \$30,000 and \$99,999 (n=493)



Sample characteristics

With a sample size of 647 respondents, we can be 95% confident that the results of this survey can be interpreted within a range of +/- 3.7%.

Compared to the results of the 2016 census, the sample skews towards female, older, and wealthier respondents.

How is COVID-19 impacting respondents' daily lives?

Overall respondents report the impact of COVID-19 on their daily lives has slightly worsened compared to results from the 2020 Summer Community Survey.



Respondents were asked to rate how their daily life has been impacted by COVID-19 on a scale from 1 (very negative) to 10 (very positive) and the average rating declined between the Summer and Fall surveys.

Summer 2020 average

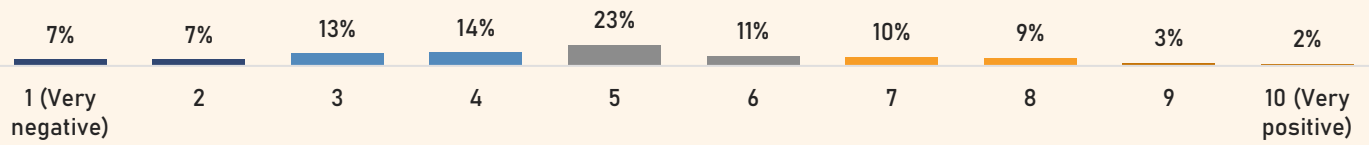
5.6/10
(n=623)



Fall 2020 average

4.9/10
(n=570)

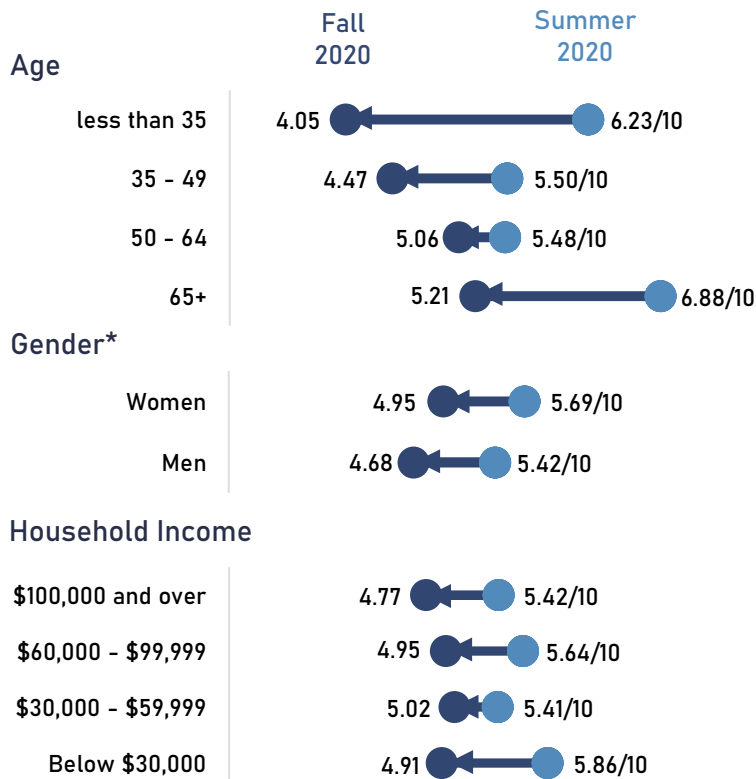
While a larger share of respondents are reporting that COVID-19 has had a negative impact on their daily life compared with the summer, the majority of respondents (58%, 333 of 570) still rated the impact COVID-19 between 4 and 7 indicating COVID-19 is not having a significant negative or positive impact on their daily life so far.



What does the impact of COVID-19 look like?

Across all the demographic groups surveyed the impact of COVID-19 has worsened compared to the results of the Summer Survey on average.

Average impact of COVID-19 on daily life on a scale from 1 (very negative) to 10 (very positive)



*Results for respondents who identify as non-binary are not shown here because of the small sample size (n=2)

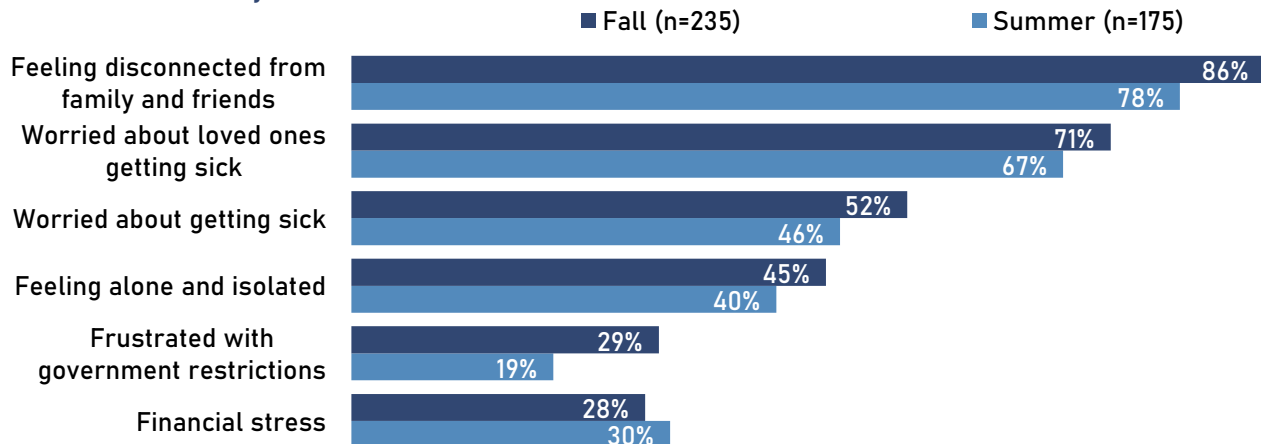
Assessments of COVID-19's impact on daily life vary by age with respondents under 35 (n=43) rating its impact just over one point less than respondents over 65 (n=207) on a 10-point scale.

Respondents less than 35 years old saw the largest decline in how they assess the impact of COVID-19 on their daily life from the Summer (n=40) to the Fall (n=43).

Respondents over 65 also saw a large decline in how they assess COVID-19's impact on their daily between Summer (n=219) and Fall (n=207) though they still have a less negative assessment than the sample overall.

Assessments of COVID-19's impact on daily life varies less across gender or income. The highest and lowest ratings of these categories differ less than half-a-point on a 10-point scale. Of these groups, respondents with household incomes under \$30,000 report the largest change in their assessment compared with the summer.

Respondents who rate the overall impact of COVID-19 on their daily life a 4 out of 10 or lower were asked to identify the areas of their life that are being negatively affected. A larger share of respondents in the Fall Survey identified feeling disconnected from family and friends, worrying about loved ones or themselves getting sick, feeling alone/ isolated, and frustration with government restrictions than in the Summer Survey.



In their comments respondents described other stressors as well:



Cancelled or delayed activities (i.e. children's activities, church, dental operations, travel, physical activities) (n=32)



Frustration and anxiety with people who do not follow the guidelines (i.e. wearing masks, social distancing, spreading false information) (n=22)



Decrease in mental health (i.e. increase in anxiety, cynicism, depression, and worry) (n=29)



Frustration at the government's response (i.e. not listening to people's concerns, unclear guidelines) (n=19)



Restrictions on visiting family and friends (n=24)



Societal concerns (i.e. for business closures, future freedom, economy, human rights, homelessness, violence) (n=9)

How is COVID-19 impacting children?

49%
(65 of 134)

of respondents caring for school-age children report their child/ children's mental health has worsened during the pandemic

↳ 45% (60 of 134) have not seen a significant change in their child/ children's mental health and 5% (7 of 134) have seen an improvement

In their comments respondents explained their child/ children are:



Isolated from their friends and struggling with missed opportunities and cancelled activities (n=29)



More anxious, depressed or less motivated (n=21)



Spending more times indoors and exercising less (n=8)



Experiencing no major impact or benefiting from spending more time at home or out of a school setting (n=6)



Frustrated with or anxious about the COVID-19 guidelines (n=6)



Mentioning school is less enjoyable or missing education opportunities (n=3)

What additional supports do people caring for school-age children want?



Ensuring schools, day-cares, sports and arts programs remain open for children (n=20)



71%
(85 of 133)

of respondents caring for school-age children are confident with the health/ safety plans in place at their child's/ children's school since schools have reopened.



More mental health services, such as counselling, and more resources for parents trying to navigate services (n=12)



Clearer messaging and more consistency around COVID-19 guidelines (n=8)



More online events for children/ youth - especially around physical activity and socializing (n=7)



Smaller class sizes and more curriculum flexibility (n=3)

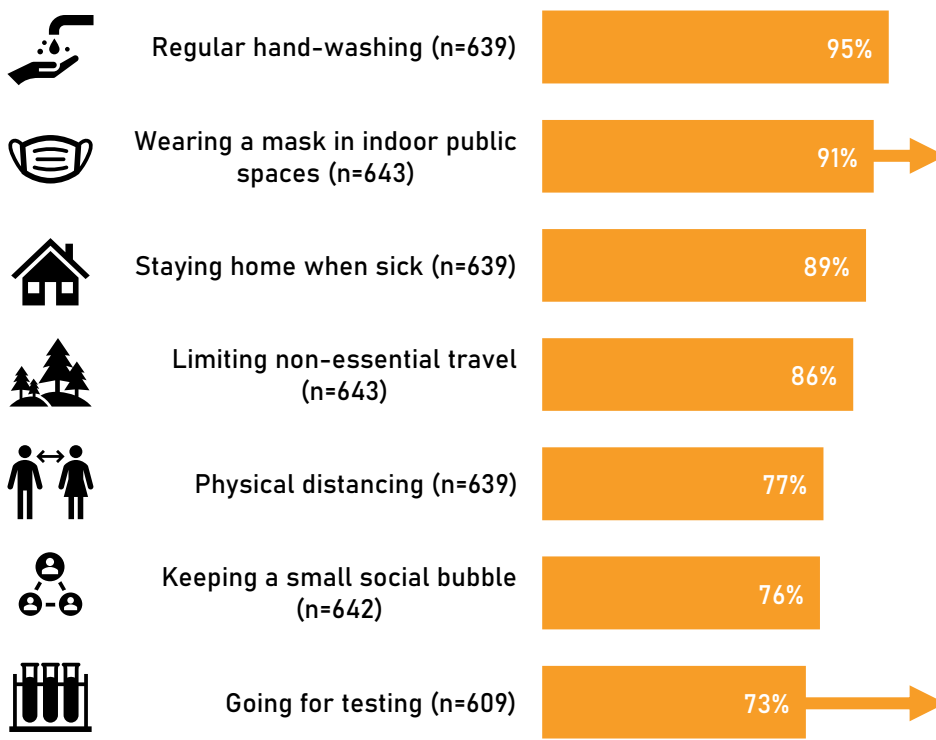


Vaccine access for grandparents and other at-risk caregivers (n=2)

Public Health Recommendations

How easy is it to follow Public Health Recommendations?

% of respondents reporting the following public health recommendations are easy to do.



95% of respondents report they **always** wear a face mask in indoor public settings.
(611 of 645)

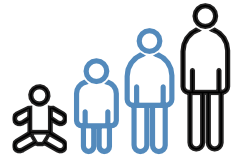
83% of respondents knew about the drive-through COVID-19 testing site.
(506 of 607)
Though **28%** of those respondents (144 of 506) did not know it was open 7 days a week

However, recommendations are harder to follow for some demographics:



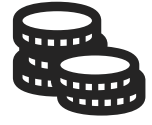
Respondents caring for school-age children reported less ease with

- physical distancing
- keeping a small social bubble
- staying at home when sick
- limiting non-essential travel



Respondents under 35 years of age less ease with:

- physical distancing
- keeping a small social bubble
- staying at home when sick
- limiting non essential travel



Respondents with a household income under \$30,000 reported less ease going for testing.

Testing, Contact Tracing and Isolation

How are respondents thinking about COVID-19 testing?

96%
(109 of 114)

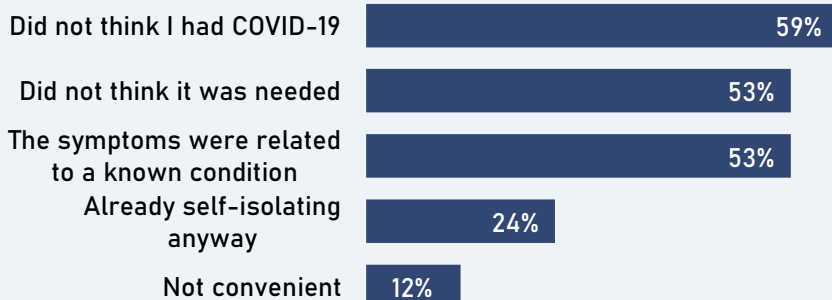
of respondents who have had a COVID-19 test **would recommend COVID testing to a friend or family member displaying symptoms.**



5 people would not recommend testing - 3 respondents indicated that it was because of the pain caused by the test. One respondent doubted the results of their test and government transparency around COVID-19 testing.

3% of respondents from the Fall Survey (17 of 615) report they had experienced symptoms of COVID-19 in the past 2 months but had not gotten tested compared with 22% of respondents from the Summer Survey (130 of 601) who said the same.

In the Fall Survey, the 3% of respondents (17 of 615) who experienced COVID-19 symptoms but did not get tested provided these reasons:

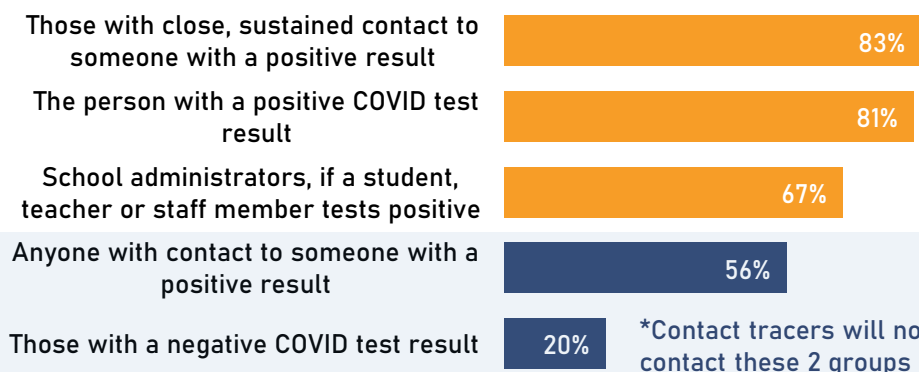


None of these respondents mentioned being unaware that testing was available for them, not knowing where to access testing or fear of the test itself. These were other reasons given by respondents in the Summer Survey when asked the same question.

Do respondents know who contact tracers will contact after a positive test?

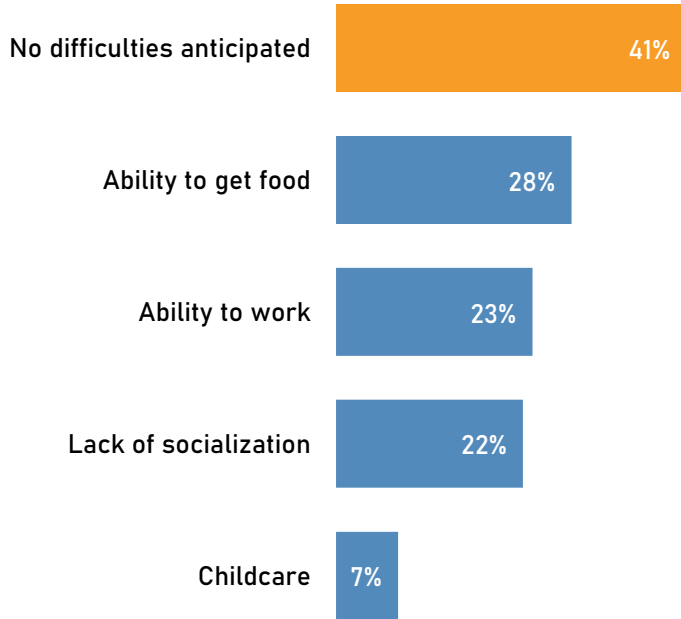
58% of respondents (363 of 621) **correctly identified all 3 groups** contact tracers would contact after someone had a positive test result.

"To your knowledge, when someone has a positive COVID-19 test result, who do the Public Health contact tracers contact?" (n=621)



What challenges would respondents face if they had to isolate themselves?

If you were identified as a close contact with someone who has COVID-19 and required to isolate for 14 days, what would be the greatest difficulty for you? (n=613)



In their comments respondents report they would also face challenges:



Caring for family, especially older parents, children and pets (n=39)



Being able to isolate from other household members or people living in the same building (n=23)



Maintaining their mental health (n=6)



Doing basic chores such as pick-up prescriptions (n=5)



Exercising (n=3)

Some demographics were more concerned about certain challenges if they had to isolate:



Respondents who care for school aged children expect greater difficulties in their ability to work.



Respondents under 35 years of age expect greater difficulties with the ability to get food.



Respondents with a household income under \$30,000 expect greater difficulties getting food.

Respondents between 35-49 years of age expect greater difficulties with childcare.





Respondents with a household income over \$100,000 expect greater difficulties in their ability to work.

COVID-19 Information

Do respondents feel confident in the information they receive on COVID-19?

85% of respondents report they have access to reliable and current information on COVID-19.
(521 of 613)

However, some respondents raised concerns about the information available to them:

-  That there were no community level statistics for Powell River and that this was causing confusion and anxiety (n=60)
-  Scepticism about how mainstream media, politicians, health officials and social media is talking about COVID-19 (n=13)
-  That information is not coming out in a timely manner and there have been inconsistencies (n=7)
-  That the explanations of different health measure and rationales for health orders have not been clearly explained (n=4)

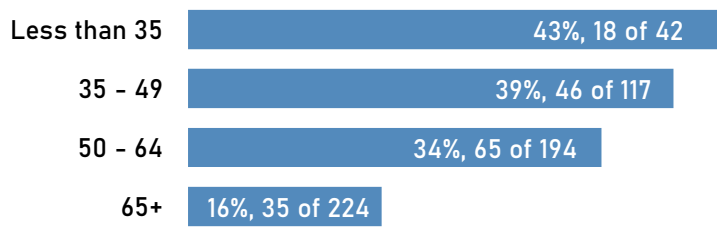
Flu Vaccinations

Are respondents getting this years flu vaccine?

71% of respondents have already gotten vaccinated or are planning to get vaccinated.
(420 of 594)

However, younger people are less likely to report they have gotten or plan to get the flu vaccination.

% of respondents reporting they do not plan to get the flu shot this year.



Respondents have received their vaccinations at:

- Community Pharmacy (Rexall, Shoppers, etc.) (n=195)
- Doctor's Office (incl. Drive Through at Medical Associates) (n=60)
- Public Health Clinic at Evangel Church (n=28)
- Public Health at PRGH (n=26)
- At work (n=23)
- Public Health on Texada (n=16)
- Other locations (n=7)

Of all respondents, 14 reported receiving their flu shot outside of the Powell River area (i.e., Sechelt, Vancouver Island)

How satisfied are respondents with receiving healthcare through virtual appointments?

83% of respondents who recently received care from a family doctor or nurse practitioner through a virtual appointment **report it was an effective way to address their concern.**
(298 of 359)

In their comments respondents valued:



The convenience and efficiency of virtual appointments for patients and physicians (n=39)



That it is especially effective and efficient for certain types of care such as refilling prescriptions (n=13)



That it meant they did not have to spend time in a waiting room or with other sick people (n=7)



That they found it facilitated effective screening of concerns leading to more efficiency (n=4)

However, respondents did have some concerns around virtual care.

Of the respondents who indicated their virtual care appointment was not effective in addressing their concern (17%, 60 of 359), just over half (57%, 35 of 60) report they were not offered a follow-up in-person appointment.

In their comments respondents also mentioned:



Concerns that important information or signs are being missed in virtual appointments (n=15)



That virtual care is not effective for some types of care, for example dermatology or mental health (n=14)



That people are not accessing the care they need because they question the effectiveness of virtual care or struggle to set up an appointment (n=12)



That it can be easier to talk in-person or that in-person appointments give them more peace of mind (n=12)



That virtual care is more effective when there is a strong provider-patient relationship and patients are confident communicating their concerns (n=10)



That virtual appointments were inefficient when an in-person appointment was needed or technical issues arose (n=10)