

Powell River COVID-19 Community Survey

Powell River Division of Family Practice | July 2020

ABOUT THE SURVEY

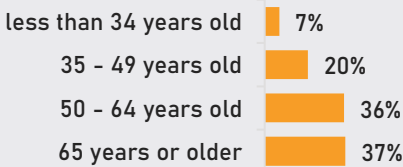
The Powell River COVID-19 Community Survey was administered between June 1st and July 3rd 2020. The survey was commissioned by the Powell River Division of Family Practice (PRDFP). Its intent is to illustrate how COVID-19 has impacted Powell River and how respondents could be best supported during this time. An online survey link was distributed and paper copies were made available upon request. In total, 668 surveys were completed. All questions were optional, therefore response rates vary by question.

Who responded to the survey?

668
total survey responses

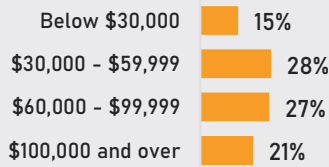
75% female/women (448 of 595)
24% male/men (144 of 595)
1% non-binary (3 of 595)
*73 opted not to answer

73% are 50 years old or older (n=597)



*71 opted not to answer

55% have a household income between \$30,000 and \$59,999 (n=491)



*177 opted not to answer



Sample characteristics

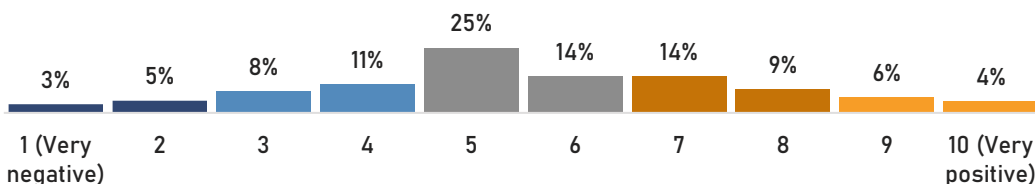
With a sample size of 668 respondents, we can be 95% confident that the results of this survey can be interpreted within a range of +/- 3.7%.

Compared to the results of the 2016 census, the sample skews toward female, older, and wealthier respondents. However, in sub-group analysis we did not find large differences across age, gender or household income for most questions - exceptions are highlighted in the summary where they arose.

How has COVID-19 impacted respondents' daily lives?

Overall respondents report the impact of COVID-19 on daily life has not been significantly negative or positive.

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). Nearly two-thirds (64%, 400 of 623) rated the impact of COVID-19 on their daily life between 4 and 7. This suggests that for the majority of respondents COVID-19 has not had a significantly negative or significantly positive impact on their daily life so far. Ratings did not differ significantly across age, gender or household income.









Average score:

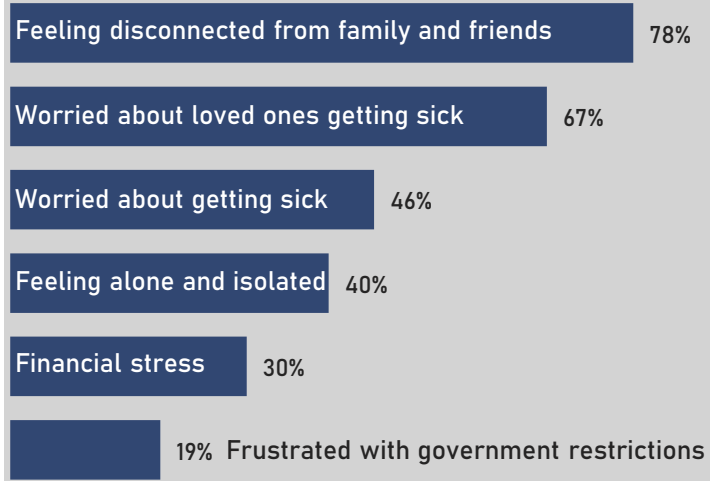
5.6/10

What does the impact of COVID-19 look like?


In their comments, respondents report COVID-19 has had both **positive** and **negative** impacts:

-  Isolation / losing opportunities in the community (57%, 306 of 539)
-  Work challenges and financial stress (30%, 161 of 539)
-  Health challenges and lack of support (27%, 148 of 539)
-  Government restrictions / travel restrictions (20%, 110 of 539)
-  Modifying shopping habits (18%, 97 of 539)
-  Life slowing down (14%, 73 of 539)





Respondents who rated the overall impact of COVID-19 a 4 out of 10 or lower were asked to identify the negatively affected areas of their life. (n=175)



What has been done well?

-  Community cooperation, support and solidarity (32%, 145 of 457)
-  The dissemination of quality information from media and other outlets (22%, 102 of 457)
-  Effective leadership by health professionals and city officials (22%, 99 of 457)
-  Businesses and organizations adapting to serve the public safely (26%, 92 of 457)

What could have been done better?

-  Guidelines and restrictions were unclear, inconsistent and not implemented fast enough (wearing masks, testing, school reopening); frustration with restrictions being too strict (33%, 123 of 375)
-  Information sharing, particularly at local level, clearer information around testing and cases to prevent the spread of rumours / misinformation (27%, 101 of 375)
-  Better access to testing and PPE (7%, 27 of 375)
-  More support for individuals accessing essential services, financial support, and childcare (particularly when isolating, immunocompromised, or out of work) (7%, 27 of 375)

What supports could help manage the impacts of COVID-19?

Respondents were asked what supports they would find helpful if they were experiencing challenges related to COVID-19. Responses included:



Consistent messages from leadership figures (e.g. Prime Minister Trudeau, Dr. Bonnie Henry) and/or regular updates from local leaders (11%, 29 of 267)



Improved access to counselling and mental health support or ensuring that people are available rather than just online resources (10%, 28 of 267)



Support with video communication apps and more opportunities to connect with other people online or over telephone (7%, 18 of 267)



More education around safety measures and guidelines, more accessible testing and proper access to PPE (6%, 15 of 267)



Support accessing healthcare (5%, 14 of 267)



Tax relief or other financial supports for individuals and community organizations (4%, 12 of 267)



Restarting some activities (access to restaurants, public buildings and events safely) (4%, 11 of 267)



Support with shopping - addressing shortages of goods, better online / delivery services (3%, 9 of 267)

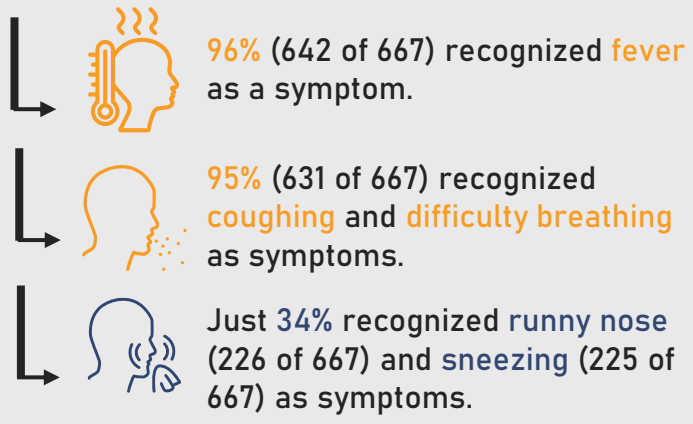


Ensuring safety, support and socializing for seniors and vulnerable populations (3%, 8 of 267)

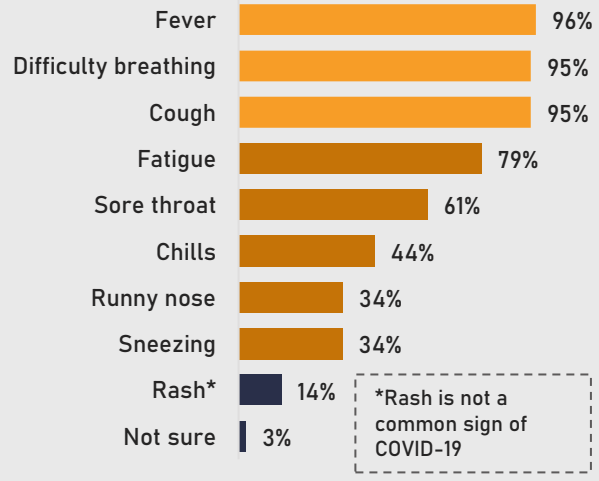
Knowledge of COVID-19 Symptoms & Transmission

Respondents to the survey exhibited higher levels of knowledge about how to prevent transmission of COVID-19 than their knowledge of common symptoms, and what to do when exhibiting symptoms. Generally, knowledge did not vary considerably across household income, gender or age – with one exception around testing.

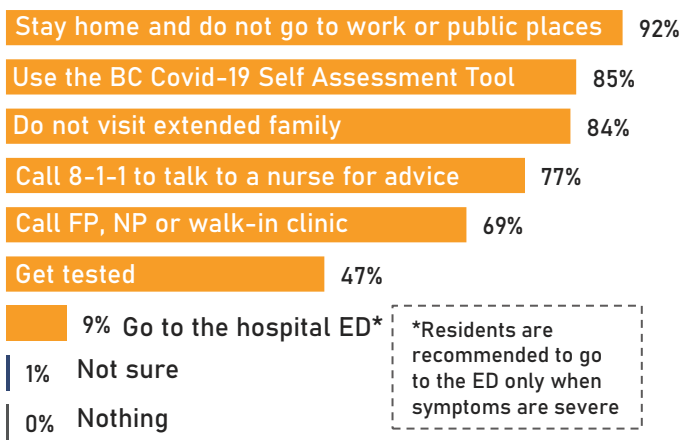
88% (586 of 667) of respondents correctly identified all 3 common COVID-19 symptoms – fever, difficulty breathing and cough.



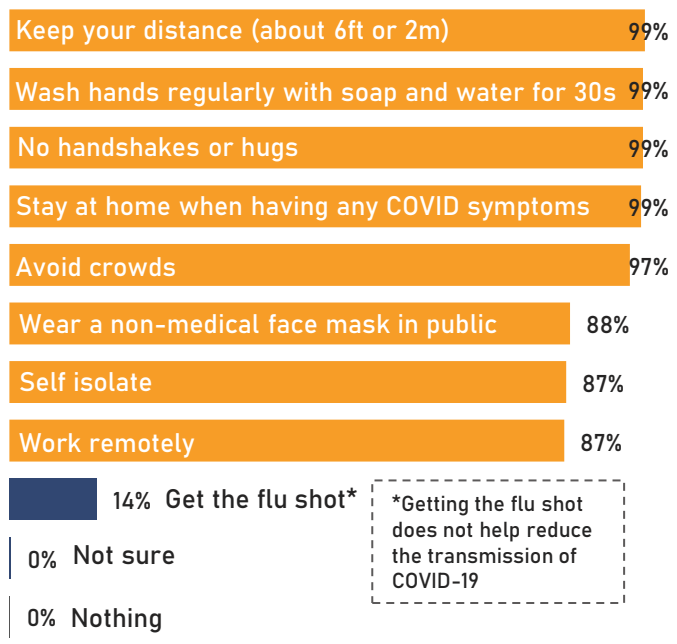
"What are the common signs of COVID-19?" (n=667)



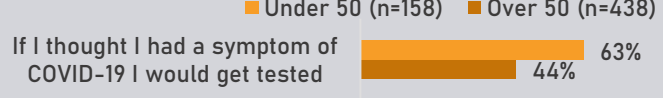
7% (44 of 668) of respondents correctly identified all 7 actions they could take if they were exhibiting symptoms.



69% (458 of 641) of respondents correctly identified all 8 actions to reduce transmission of COVID-19.



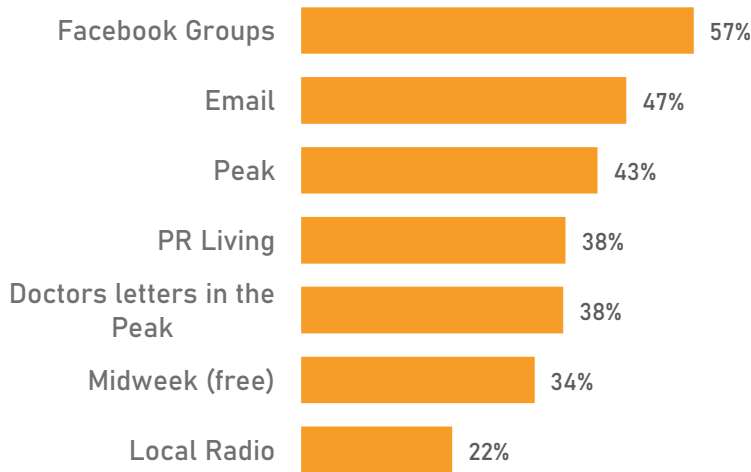
Respondents over 50 were less likely to report they would get tested if they had symptoms of COVID-19. In their comments some respondents over 50 indicated they were concerned about contracting COVID-19 while getting to or at a testing site and this may explain this discrepancy.



What is the best way to share COVID-19 information?

Respondents were asked what the best ways to sharing COVID-19 information were and the top three identified methods were Facebook groups (57%, 343 of 603), email (47%, 284 of 603) and the Peak community newspaper (43%, 259 of 603).

"What are the best ways to get COVID-19 information to you?" (n=603)



Respondents mentioned other ways of spreading COVID-19 information in their comments:

Traditional media outlets (CTV, CBC, Chek News etc.) -especially TV news (36%, 40 of 110)

Speeches from provincial and local leaders (such as Dr. Henry) (34%, 37 of 110)

Government websites or social media accounts (18%, 20 of 110)

Their workplace or professional organization (7%, 8 of 110)

Posters or paper pamphlets (5%, 6 of 110)

Testing for COVID-19

78%

of respondents did not report experiencing any symptoms of COVID-19 in the 2 weeks before completing the survey (470 of 601).

22%

of respondents (131 of 601) reported they had experienced COVID-19 symptoms.

Just 3%

Of respondents who reported some symptoms (4 of 134) reported they got tested for COVID-19.

The most common reasons for not getting tested were:

54% Did not think they had COVID-19 (68 of 125)

38% Did not think it was needed (48 of 125)

37% It was a known condition (46 of 125)

What could help respondents get tested?



Provide more information about testing - especially where to get tested and the dates/ times when testing is available (15%, 46 of 297).



Ensure testing is convenient and accessible (13%, 39 of 297).



Address safety concerns such as the fear of contracting or spreading COVID-19 at the testing site (6%, 18 of 297).



Use a drive-through model for the testing site (4%, 12 of 297).



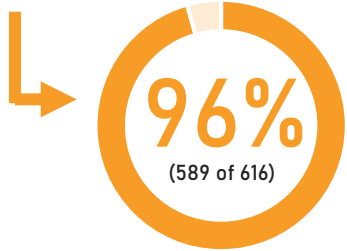
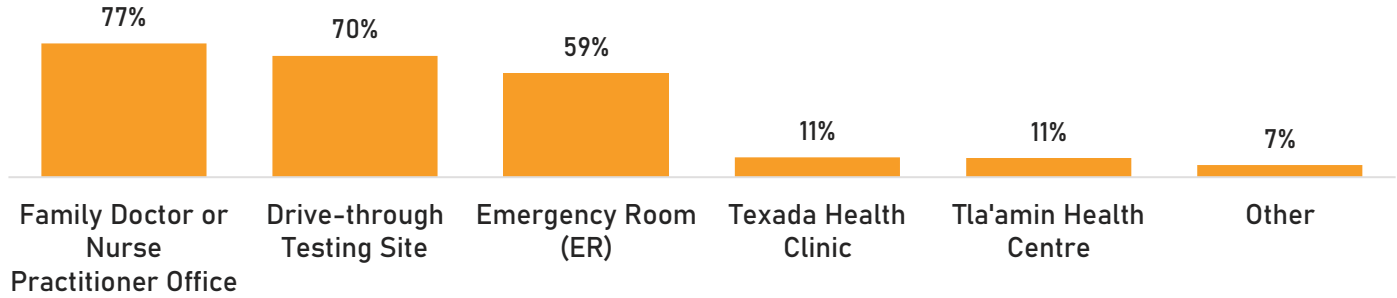
Work to minimize wait-times for getting tested, delays getting results and the duration of the testing procedure (4%, 11 of 297)



Developing capacity to conduct COVID-19 testing in people's homes (3%, 8 of 297).

Where do respondents feel comfortable getting tested?

More than three-quarters of respondents (77%) report they would feel comfortable getting tested in their Family Doctor or Nurse Practitioner's office. 70% of respondents said that they would be comfortable using a drive-through testing site. 59% said they would be comfortable getting testing the in the Emergency Room. (n=636)





of respondents indicated they had a regular family doctor or nurse practitioner.


3%
(18 of 616)
Reported they did not have a family doctor or Nurse Practitioner and were looking for one.


1%
(9 of 616)
indicated they did not have a family doctor or Nurse Practitioner but did not need one.

Respondents who indicated they were not comfortable getting tested at the ER (41%, 258 of 636) were asked to explain why:

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Safety concerns around the ER (contracting COVID or other diseases, indoors, may not be possible to maintain social distancing) (48%, 110 of 231)
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Feeling capacity would be taken up by non-emergency testing, that it isn't the best use of resources (29%, 66 of 231)
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Feeling that the space is often overcrowded and has long wait times (17%, 40 of 231)
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Other issues include feelings that the ER is unfamiliar and previous negative experiences (5%, 12 of 231), a lack of privacy for those respondents who work at the hospital (3%, 6 of 231), and lack of transportation (2%, 4 if 231)