

A lush forest scene with moss-covered tree trunks and a stream flowing through ferns. The text is overlaid on the image.

Gabriola Beyond Recovery

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On behalf of the Gabriola Health and Wellness Collaborative and Sustainable Gabriola

The authors respectfully acknowledge and recognize the Coast Salish Nations whose territory we live and work on. In particular, we acknowledge and recognize Gabriola Island as the unceded territory of Snuneymuxw First Nation (SFN). We respect the longstanding relationships that Coast Salish and Hul'qumi'num speaking Nations have to this land, as they are the original caretakers. We acknowledge that the Snuneymuxw Treaty of 1854 (Douglas Treaties) was signed with the British Crown and colonial governments and asserts SFN treaty rights and title. We acknowledge and recognize that SFN rights and title is affirmed by section 35 of the Constitution Act, 1982.

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Executive Summary

The Gabriola Beyond Recovery research was carried out between July and September 2020. The purpose of the research was to document Gabriolans' experiences during the first eight months of the 2020 COVID-19 pandemic, and determine how those responses can inform actions going forward. Gabriolans described their experience, well-being, and hopes for the future through a survey (363 respondents), interviews with Food Bank participants, and electronic communication with primary health staff. The demographic data from this study are consistent with Gabriola 2016 Census data and other data findings.

Grateful, Anxious, and Stressed were the top three words used to describe **Gabriolans' experience** and these words were consistent across income, age, gender, employment status and household income. Those considered vulnerable populations, represented by people interviewed at the food bank and those indicating household incomes under \$30,000, indicated similar emotional responses as the rest of the survey respondents. A phrase used by some respondents - *Mixed Feelings* - reflects the range of emotions experienced by Gabriolans during those initial months. Notably workers expressed higher degrees of gratitude, anxiety and stress.

Respondents described changes related to various socio-economic factors such as housing and income as well as reporting what improved and what reduced their sense of **well-being** during to the pandemic period. *Social Connections* were key in people's reported well-being, with 78% of respondents indicating that area of their life had worsened during the initial months of COVID-19 and many describing opportunities for social connections, whether online or outside, as crucial to their well-being. Being outdoors and exercising were two other important factors in improving respondents' well-being, some mentioning the joy of connecting to nature due to fewer planes, boats and cars during the early pandemic months.

Respondents described different **behaviour changes** during the early months of the pandemic. The majority of people took steps to reduce the transmission of COVID-19 such as increased hand-washing/sanitizing, wearing masks, and social distancing, and almost 40% indicated they would continue these activities. There was also an increase in home-based activities (cooking, baking, gardening) with about 25% to 30% indicating they would continue those activities. An emphasis on buying local was also a strong theme with 30% indicating they would continue post-pandemic. Decreased activities included reduced driving and reduced travel. Between 20 and 30% of respondents indicated they would continue these behaviours.

Workers' experiences of changes in their work life provide insight into the challenges they faced, in particular around work modalities and processes. A significant number of people indicated that they worked from home; for some this was a shift from work-site based employment to home-based employment. For many this was identified as a welcome change. A second major change, regardless of the location of employment, was the introduction of increased health protocols (e.g., cleaning, PPE and plexiglass barriers), ongoing access to income supports, and increased training and support. Perhaps the most significant finding for this group was their indication of increased experiences of stress, anxiety, and gratitude.

Perceptions of how various sectors in society had responded were generally positive. Those receiving the highest kudos were community organizations and local businesses. Governments received an approval rating of 70%. Community members received a generally positive response although just over one-third (37%) described their response as mixed and felt frustrated with the divisive behaviour appearing in social media as well as public spaces. While media fared well (53% indicated *Well* or *Very Well*) there were concerns expressed that some media sensationalized the pandemic, creating panic and fear. A broader concern emerged regarding the impact of COVID-19 and responses to it on the fabric of the community. Despite observing some of the negative impacts, Gabriolans also emphasized the values that had guided the community thus far such as individual and community self-reliance, consideration of others, and advocacy on equally important issues like climate change and achievement of a just society.

When **looking to the future**, and potential changes people would like to see arising out of the rethinking that was occurring during the pandemic, over 80% agreed or strongly agreed with 1) improvements for staff and patients in care homes, 2) increased access to locally produced food, and 3) addressing racism, and 4) improved low-emission transportation infrastructure. Over 69% agreed or strongly agreed with 1) increasing mental health and addiction services, 2) implementing Universal Basic Income (UBI), 3) eliminating subsidies for fossil fuels and 4) telephone appointments with service providers.

The six lessons learned through this research include: 1) the importance of social connections, connections with nature and exercise for well-being, 2) the importance of addressing increased anxiety and stress, 3) the magnified impact of the pandemic on workers, 4) the need for adaptation strategies for a vulnerable local health care system, 5) the importance of income stability and consideration of UBI, and 6) the necessity of increasing community resilience through local make, grow and buy initiatives.

Acknowledgements

This report is a work of collaboration extending far beyond the authors. We extend our sincere thanks to Gabriolans Virginia Hayes, Professor Emerita, UVic School of Nursing and Vicky Scott, RN, PhD Clinical Professor, School of Population and Public Health, Faculty of Medicine, University of British Columbia for their content expertise, advice and unwavering encouragement. We thank Steve Earle for contributing his graphic expertise and analysis to the *Behaviour Change* section. Thanks are also due to reviewers from Sustainable Gabriola and the Gabriola Health and Wellness Collaborative who took the time to comment on earlier editions. The final product is a reflection of the input of all those noted above and the exceptional editing skills of Jenni Gehlbach.

Most importantly, we thank the more than 360 Gabriolans who shared their experiences – good and bad – and provided ideas and insights to help us navigate through the second COVID wave and into a desired future. It is our intention that this report will stimulate thinking and discussion to help Gabriolans make the best possible decisions moving forward.

Introduction

We have a great, habitual fear inside ourselves. We're afraid of many things — of our own death, of losing our loved ones, of change, of being alone. . . .compassion, love, fear, sorrow, and despair — are organic in nature.

We don't need to be afraid of any of them, because transformation is always possible.

Thich Nhat Hanh, Buddhist scholar and activist

This work is a joint venture between Gabriola Health and Wellness Collaborative (GHWC) and Sustainable Gabriola (SG). These organizations are networks made up of individuals and representatives of community organizations concerned with the health of our population, environment and economy. This project emerged from a funding request to the Michael Smith Foundation for Health Research developed by four Gabriola researchers, Drs. Dyan Dunsmoor-Farley, Virginia Hayes, Vicky Scott, and Fay Weller to conduct research on the impacts of COVID. The funding application was not successful; however, we heard from many people that doing this work would be critically important for the health of our community, so Weller and Dunsmoor-Farley with the support of Sustainable Gabriola and the Gabriola Health and Wellness Collaborative decided to proceed with the work.

The purpose of the Gabriola Beyond Recovery research was to hear and report Gabriolans' experiences during the first eight months of the 2020 COVID-19 pandemic, to find out what has been learned, and how we can best turn these responses into societal shifts corresponding to the equality and environmental crises of our time. The research is designed to give broad insights into the population as a whole and to provide a deeper understanding of the experiences of essential retail and health workers and our most vulnerable community members. The survey responses will help us, as a community, to build on what works and shift to different behaviours that will continue to serve us well in the months to come and give our community an opportunity to rethink our aspirations and actions taking us into the foreseeable future.

This report is organized in ten sections. The first three sections provide an overview of Gabriola and its response to COVID-19, the research methodology and populations demographics. The next five sections examine Gabriolans' response to the pandemic, the virus's impact on wellbeing, adaptive behaviours, and respondents' perceptions of the effectiveness of community and societal actors' responses to COVID-19. The

last two sections identify local and systemic changes that respondents identified as important to the future health of the community and beyond, and finally, we outline the lessons learned.

About Gabriola

Gabriola Island is one of thirteen major, and more than 450 smaller, islands located in the Strait of Georgia between Vancouver Island and the mainland of British Columbia (Canada). The nearest major city and regional service centre, Nanaimo, is located 6 kilometres away by ferry. While there are numerous sailings each day, the influx of tourists and non-resident property owners in the summer causes frequent overloads. As well, the service does not run after 10:35 pm, resuming at 5:15 am. Vancouver, BC's largest urban centre, is 51 kilometres away—20 minutes by air or two ferries and a travel time of about 2 hours and 20 minutes including wait times. The Island is only accessible by ferry, private boat, or air.

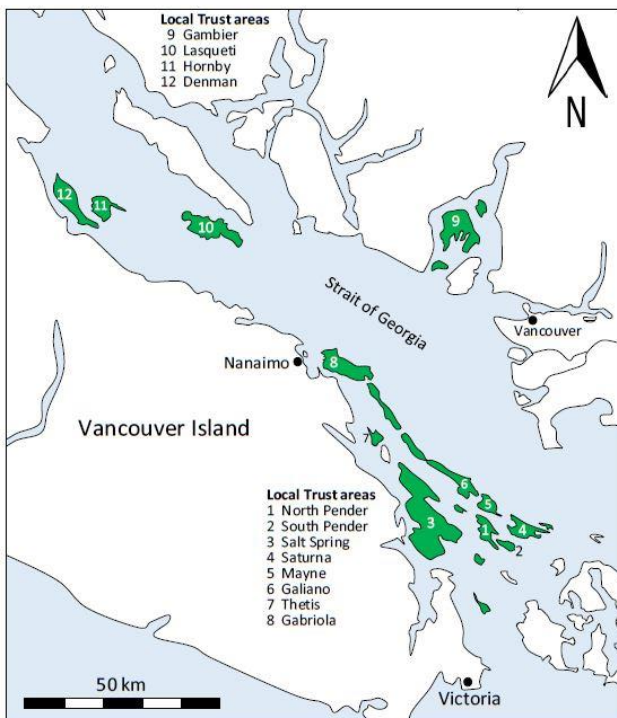


Figure 1: The Islands Trust Area

Adapted from <http://mapfiles.islandstrust.bc.ca/MAPS/IT/ITAreaRegionalContextBCInset.pdf>

Small ferry-dependent communities stretch along the southern coast of British Columbia from Saturna Island in the south to Malcolm Island in the north representing a population of roughly 31,000 residents. These islands and other geographically isolated BC communities share several common features: supply chain vulnerability; limited access to social and health services; and, reliance on distant authorities.

Gabriola is a rural, relatively accessible Island community. It has a uniquely lean form of governance: the Islands Trust Act governs land use planning and the Regional District of Nanaimo provides limited services such as waste management, recreation, park services, and emergency planning. With a population of 4415 residents and a median age of 61, Gabriolans are, on average, older, well-educated and likely to own their own homes. However, the island has a mixed economy of primarily low-paying, service industry jobs; the unemployment rate is slightly above the BC average and residents' median income is lower than that of most British Columbians, as evidenced by a higher proportion of low-income households (25%), a higher percentage of low-income children (39%), and significant proportion of the population who are homeless (1:65) (Gabriola Health and Wellness Collaborative, 2020). Mood and anxiety is the most common diagnosed chronic condition among Gabriola Island residents with depression the most common form of mood and anxiety disorder. Therefore the top five chronic conditions diagnosed among Gabriola Island residents are mood and anxiety disorder (including depression) (25.7%); hypertension (15.0%); osteoarthritis (7.6%); ischemic heart disease (10.2%) and diabetes (8.0%). The latter conditions are typically associated with aging¹ (Provincial Health Services Authority & BC Centre for Disease Control, 2020).

Gabriola's COVID-19 Response

The virus was first identified in China in December 2019; the first Canadian case was identified on January 25, 2020 and the first BC case was identified three days later. It wasn't until March 11, 2020 that the World Health Organization (WHO) declared a pandemic. In late January, the Gabriola Health and Wellness Collaborative was briefed on the implications of the virus for Gabriola's health care services by local physician, Dr. Tracey Thorne. On March 26, a sub-committee of the Collaborative — the Gabriola Emergency Response and Recovery Committee (GERRC) — was convened to coordinate actions on Gabriola. It included doctors from the Gabriola Health Clinic, the Gabriola unit of the BC Emergency Health Services (ambulance), the Gabriola Fire Department, the Gabriola Health Care Foundation, elected representatives (Islands Trust and Regional District of Nanaimo), the local social service agency, People for a Healthy Community (PHC), the Economic Development Officer, Emergency Social Services, RCMP, GERTIE² (the community owned bus service), and the chair of the Ferry Advisory Committee. The committee also included representatives from two small nearby Islands – Mudge and DeCourcy. Given the limited health services available on the Island and the potential for supply chain interruptions, the Committee focused their planning efforts on five key areas: acute care services, transportation, food security, logistics and supplies, and social safety net. The Committee met from late March (initially twice a week) to mid-May. At that point, the work of the committee was integrated back into the Collaborative (Gabriola Emergency Response and Recovery Committee, 2020, Terms of Reference and minutes, 2020).

In the period between the first identified BC case and the end of August, Gabriola, like other communities, adapted to a full lockdown of all but essential services and then to a gradual reopening of some additional services within strict protocols. The GERRC considered the risk to the community to be high, particularly during the summer, a time when the Island generally sees the population increase considerably with the arrival of tourists and non-resident property owners. The Central Island Medical Health Officer, Dr. Sandra Allison has reported that the majority of cases investigated by Island Health up until the end of 2020 continue to be associated with travel and social contact. She notes that “Gabriolans have worked hard to protect themselves and their community from transmission of the virus, implementing public health measures and decreasing social contact which contributes to transmission. To date there have been no lab confirmed cases of coronavirus on Gabriola, proof that the efforts of community have been effective”.

Efforts to limit the spread of the coronavirus may have unintended secondary impacts on community health and well-being that may be felt differently in small rural communities. Using Gabriola Island to represent small, ferry-dependent BC communities, this research examines the secondary impacts (e.g., financial, social, health) on residents, with a focus on vulnerable populations. It explores the strategies community groups, health services and businesses used to reduce negative impacts and promote positive responses to the extent possible. By examining what did and did not work and why, lessons can be learned that may benefit other small rural communities, this research will provide insights into longer-term recovery strategies. Understanding the responses and strategies employed by one ferry-dependent community in response to the pandemic effects will provide knowledge which can be shared with BC communities facing similar challenges.

Methodology

Objective of the study: To understand Gabriolans' experiences during this pandemic, to find out what we have learned, and how we can use these learnings to do things differently going forward.

The methodology focused on hearing from Gabriola Island residents. The data sources included:

¹ Email correspondence with Medical Health Officer, December 23, 2020.

² Gabriola's Environmentally Responsible Trans-Island Express.

- 1) Survey of Gabriola residents regarding their experience and well-being from March through July 2020, and their suggestions regarding potential changes in work processes, local actions and societal shifts. The survey was available on line and paper copies were available at one location on Gabriola Island. There were 363 Respondents.
- 2) Interviews with individuals from historically underserved populations (see further details below)
- 3) Electronic communications with primary health care staff to capture more in-depth detail on their experiences.

The quantitative survey results are accurate $95\% \pm 5\%$, based on the 363 respondents and the Gabriola Island population of 3,615 (20 yrs. and older). Respondents took 13 minutes, on average, to complete the survey. The survey comprised both quantitative (numerical) and qualitative (non-numerical) data. The quantitative data can be generalized to the broader population and the qualitative data allow us deeper insight into the questions asked. Where possible, we compared survey data to the 2016 census data.

The demographic data from this study reflect similar results when compared with Gabriola 2016 Census data and other data sources. There is one caveat. The percentage of women responding to the survey was over-represented (67.0% of survey respondents) relative to women in the general population (52.4%)³. To respond to these over-representations we analyzed the gender comparison for each of the graphs. We identified any difference between male and female, either by graph or by text. While we did not organize the qualitative data by gender, we ensured that comments from all genders were represented in the quotes.

To hear from those people unlikely to fill out the surveys, interviews were carried out with five people who were using the food bank at the time of analysis. This included two people from the homeless population. Corresponding surveys were filled out based on these five interviews. Comments from those interviewed and all survey respondents are italicized and incorporated into the report.

The last question in the survey requested final comments. Out of 143 responses eleven people suggested improvements to the survey or identified gaps in the data collected. These included concerns that we had not specifically asked questions about: disability status, impacts for artists and artisans, questions around negative behaviours (e.g., drug and alcohol use), and religion.

Demographics

Following is a description of the demographic makeup of the 363 people who completed the survey. Where possible, we have compared the distribution of survey respondents to the distribution according to the 2016 Census statistics. This helps us see if those who completed the survey are representative of the broader population. Five categories are examined: age, gender, household size, income, and employment status.

Age

As the chart below shows, there is no significant distortion in the distribution of survey responses when compared to the actual age distribution. And, given that the Census data are almost 5 years old, the distribution shown in the survey responses may be a more accurate reflection of current age distribution.

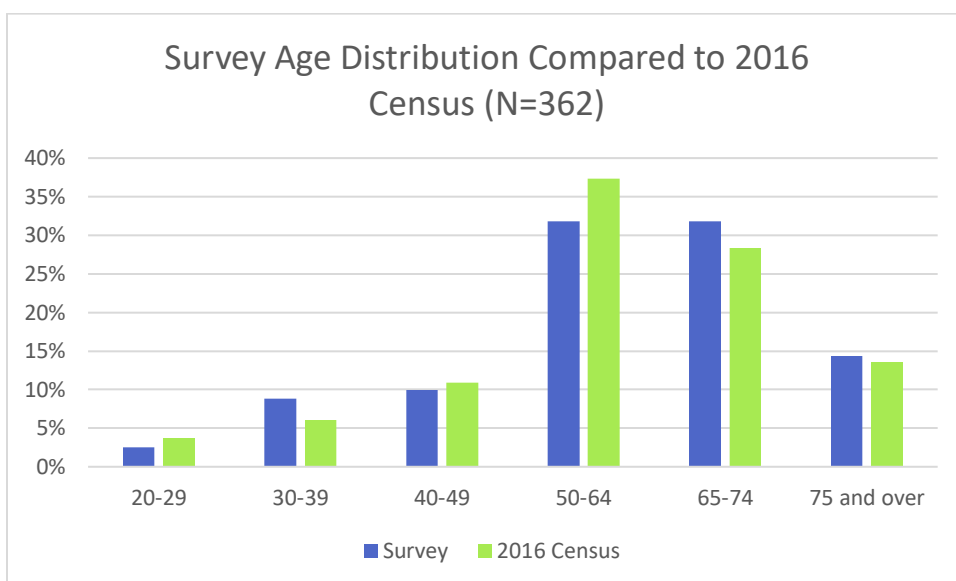


Figure 2: Survey Age Distribution Compared to 2016 Census

³ Multiple researchers have identified the phenomenon of lower male participation in surveys. For more information see William Smith, 2008 (Smith, 2008).

As the chart above shows the majority of respondents were age 50 and over which is consistent with the actual population distribution of Gabriola. Although responses were somewhat lower for the 20 – 29 age group, they were higher for those age 30 – 39 and roughly equal for those age 40 – 49. This suggests that the survey responses accurately reflect the actual Gabriola population distribution.

Gender

Survey respondents were given four options to choose from: Male, Female, Non-binary and Prefer not to Answer. The 2016 Census data only capture binary distinctions of male or female. We felt it important to capture non-binary responses because they represent a small but not insignificant part of our Gabriola population. For the female/male data, it is clear that a much higher proportion of women completed the survey than men. To address this imbalance, we analyzed the quantitative responses by gender and noted differences found in the data. We are aware from other research colleagues that male survey participation is often significantly lower than that of female respondents; the response rate in this survey is typical. While the results may not be statistically robust, we are confident that the opinions expressed cover a range of perspectives and demographic attributes.

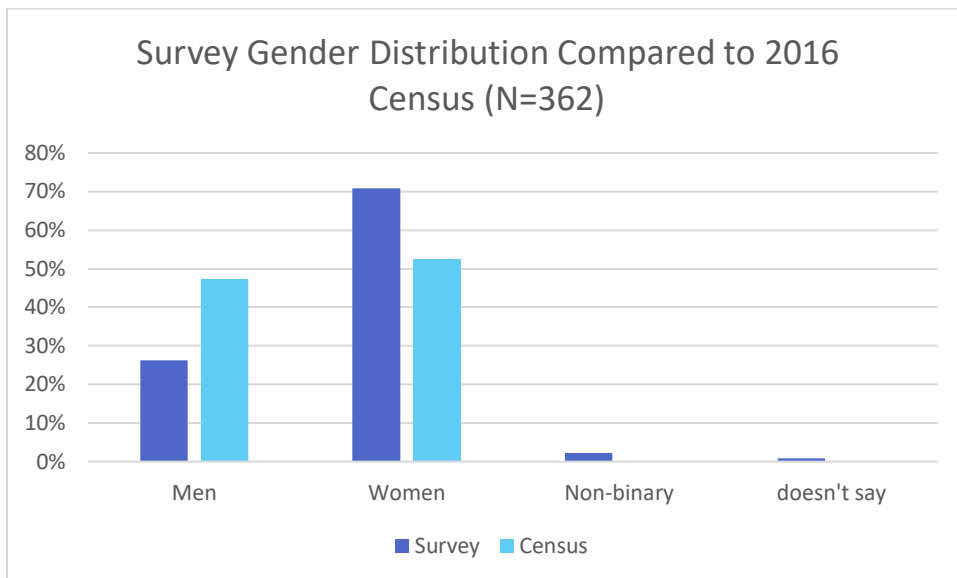


Figure 3: Survey Gender Distribution Compared to 2016 Census

Household Size

Survey respondents were asked to identify the number of people (including themselves) living in their household. As the table below shows, people living alone are under-represented in the survey responses (21% compared to 36% of Gabriolans in the 2016 Census), and two person households are over-represented (60% compared to 49%). For the quantitative data, we have identified the results for each household size in order to address this over and under-representation.

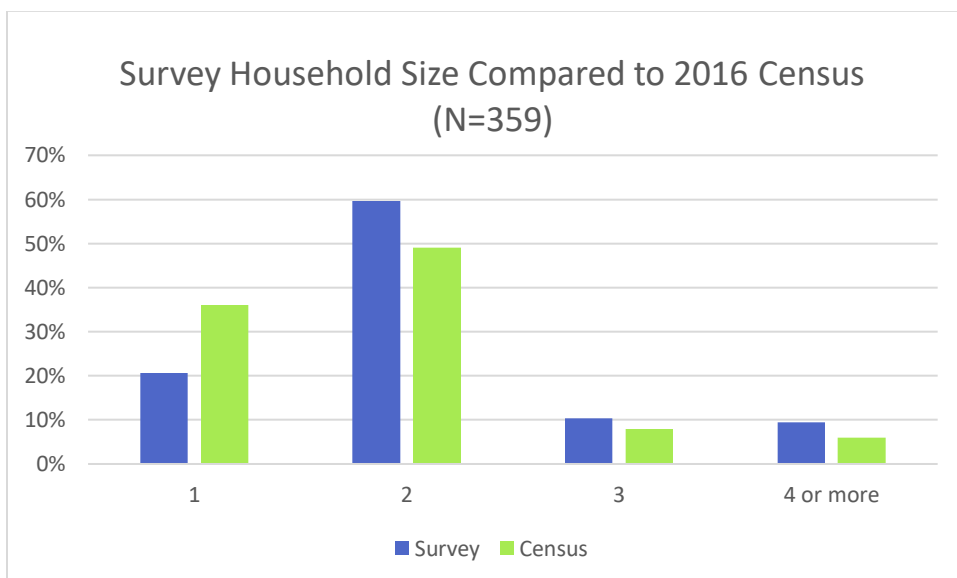


Figure 4: Survey Household Size Compared to 2016 Census

Income⁴

Income data are based on median household income. Those with incomes under \$30,000 and over \$150,000 were under-represented in the survey responses (21% compared to Census responses of 29% for low income earners, and 4% compared to Census responses of 6% for the highest income earners). There was a higher survey response rate for those earning between \$30,000 and \$100,000 per year. We have not made adjustments for these potential over- and under-representations as the differences are not significant and could be attributed to the five year difference in data collection between the Canadian Census and this survey.

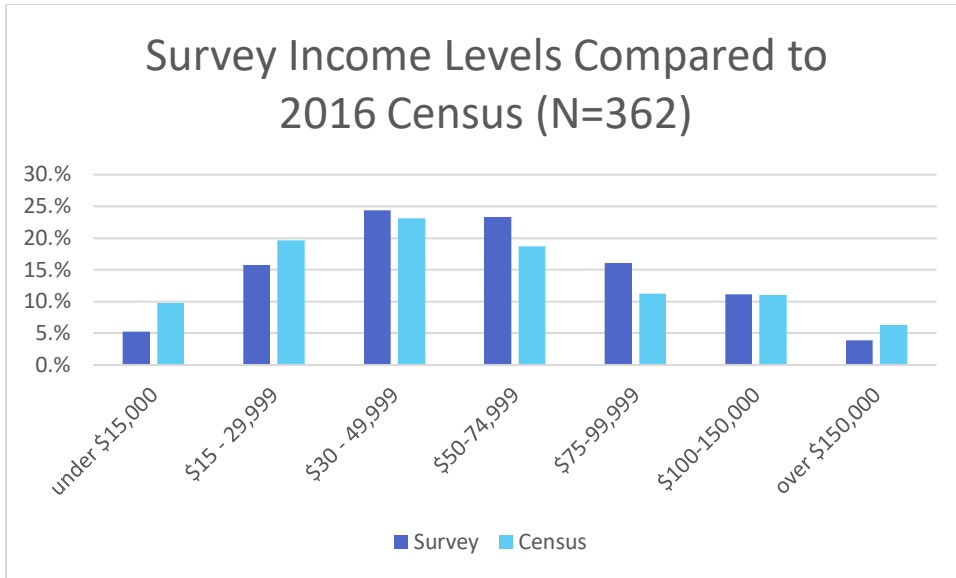


Figure 5: Survey Income Levels Compared to 2016 Census

Primary Income Sources

Respondents were asked to identify their primary income source from the following categories: employment, investment, pension, government transfers, other family members, and student loans.

As the chart below shows, pensions were the main source of income for roughly 45% of survey respondents, followed by employment at 33%. Seven percent of respondents rely on investment and trust income and 5% on government transfers (not including pensions) and 2.5% rely on support from other family members. The categories used in the survey do not correspond to the Census categories except for the measure of employment income. According to the 2016 Census, employment income was the primary source of income for 43.7% of Gabriolans as compared to the survey where 36% of respondents identified employment income as their primary income source.

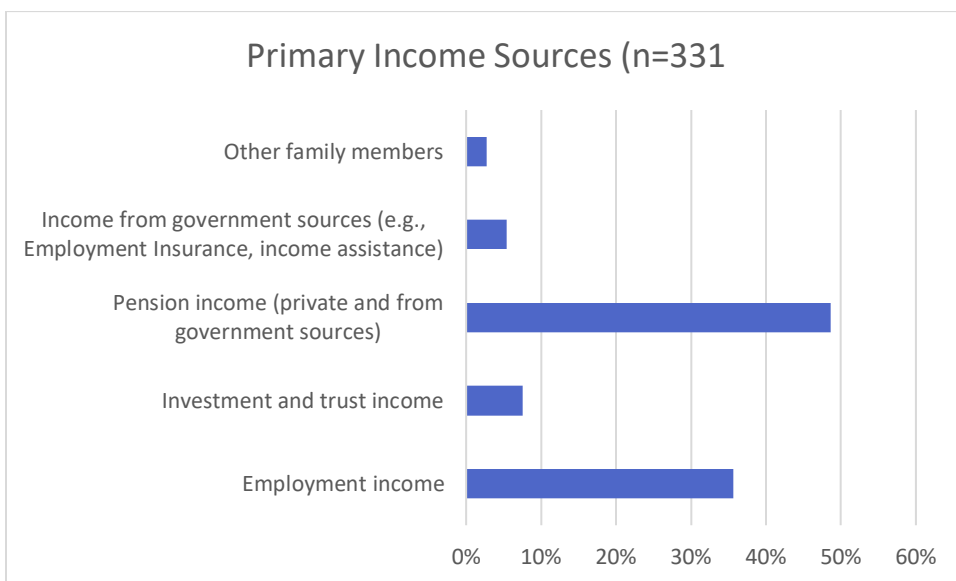


Figure 6: Survey Primary Income Sources

Utilization of Federal, Provincial and Community COVID-related Benefits

All survey respondents were asked to indicate whether they had received any COVID benefits from the federal or provincial governments or from local community organizations. Of the 358 people who responded, almost half indicated they received some form of benefit.

⁴ Adjusted for null responses (i.e., they who preferred not to say).

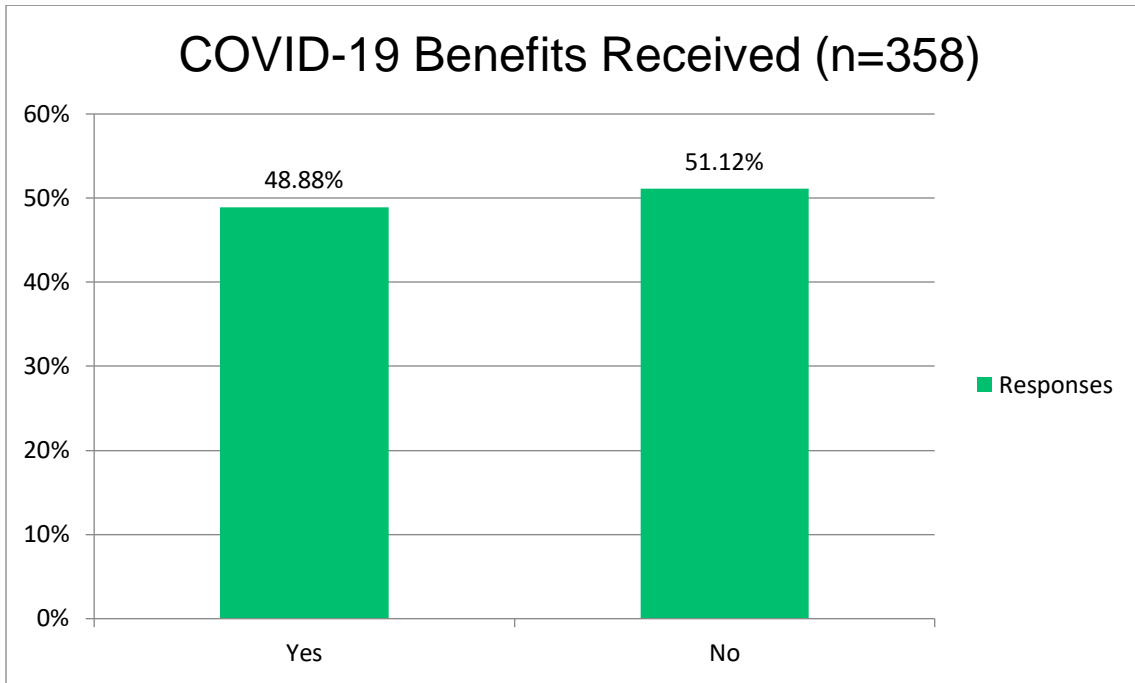


Figure 7: COVID-19 Benefits Received

Between March and the present there were nineteen federal and provincial government COVID-related benefits implemented (see Appendix A for details). Assorted federal and provincial pension supplements and the Canada Emergency Response Benefit (CERB) were the benefits most often identified by the survey respondents.

The question regarding receipt of COVID benefits also generated 156 qualitative responses⁵. These responses give insight into range of benefits available, the types of benefits received and, for some, confusion about the source of benefits received.

Figure 8 below shows the distribution of benefits by type. Forty-seven percent of respondents received additional pension benefits, 18% received the Canada Emergency Response Benefit, and 14% received multiple benefits. The breakdown of the remaining 21% who received a single benefit was: Child Benefit (3%), GST rebate (2%), Canada Emergency Student Benefit (1%), Canada Emergency Work Subsidy (2%), US benefits (2%), other (5%) and unsure (6%). Those in the ‘other’ category included recipients of the CYSN Emergency Relief Support Fund, and support through programs like People for a Healthy Community’s (PHC) *Neighbours Helping Neighbours* initiative, *Farmers Market Coupon Program*, and *Seniors Stepping Up*.

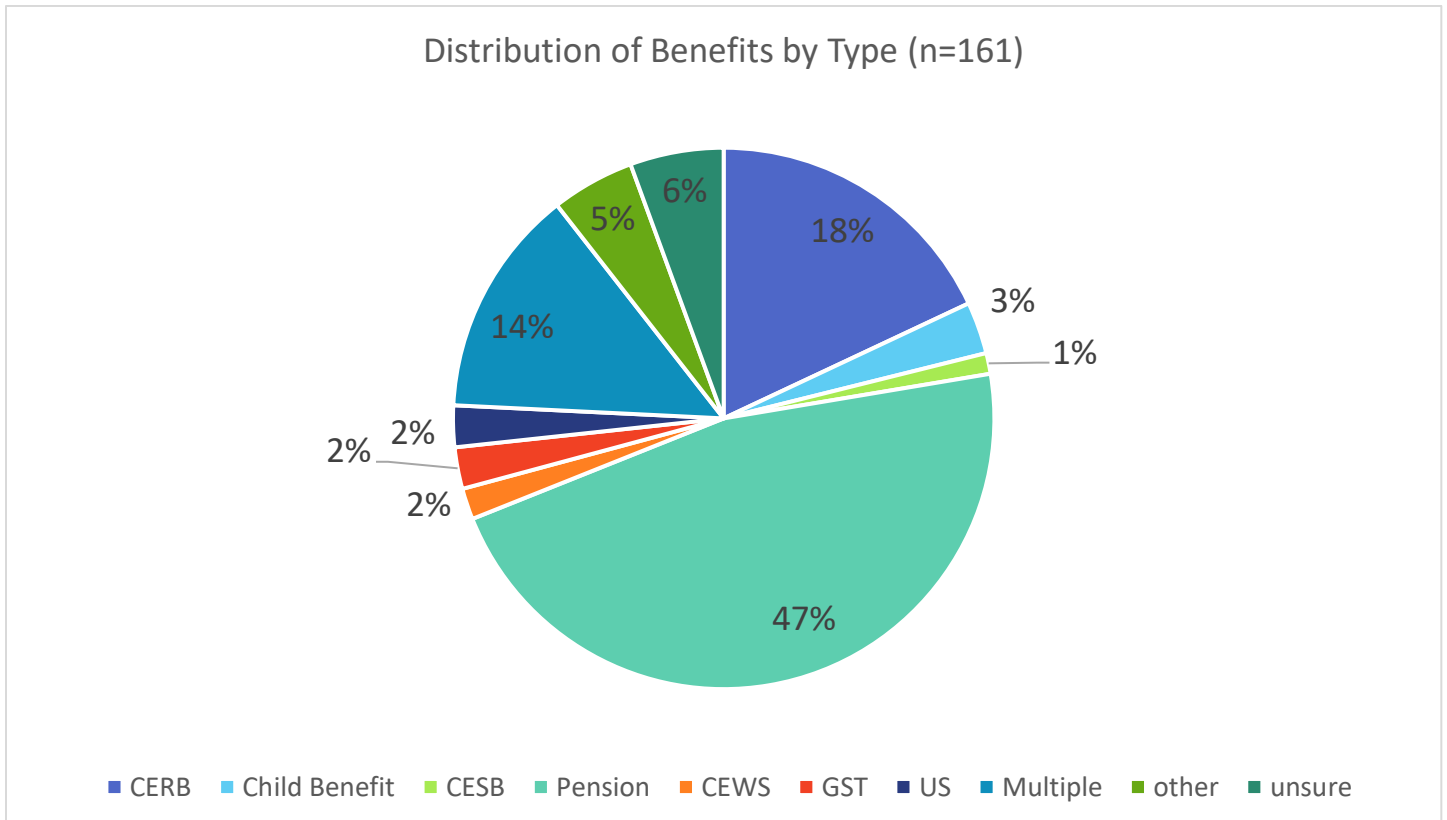


Figure 8: Distribution of Benefits by Type

⁵ 160 qualitative responses received were adjusted to remove null responses.

Those receiving multiple benefits ranged from those who received two benefits (e.g., CERB and the BC Hydro supplement) to individuals reporting receiving benefits from up to seven different programs. Multiple benefits generally included some mix of CERB, BC Hydro, BC Rent Subsidy, BC Emergency Benefit for Workers, Canada Child Benefits, and the BC Climate Action Tax Credit.

The reactions to the benefits ranged from gratitude – “Absolutely wonderful lunches delivered on Wednesdays by the Seniors Stepping Up Group”—to confusion – “I got some kind of tax rebate credit that I still don’t understand, but am taking it on faith that I am supposed to get it”. Several people commented that the OAS/GIS pension top-ups they received were unsolicited but appreciated – “\$300.00 deposit to our bank account helped to meet added expenses for prescriptions drugs” and, in some instances unwanted – “OAP grant – unsolicited and not needed”, and in some instances, redirected – “unrequested \$300.00 [I] will probably donate to PHC”.

Worker Demographics

The following section shines a light on the experiences of those who worked through COVID. The first part includes data on employment status, and worker demographics including age, gender, class of worker, income levels and sources, and access to federal and provincial benefits.

Employment Status

Respondents were asked to describe their employment status as of January 1, 2020 and were invited to check all the categories that applied including employed, self-employed, unemployed, retired, and student. So, for instance, a person could be employed, self-employed and retired. For those 163⁶ who identified as employed (54.8%) or self-employed (49.4%), around 1% had experienced unemployment during the survey period, 6% were retired and less than 1% identified as being students. The employee/self-employed rates for the 2016 Census were roughly similar – 59.5% identifying as employees, and 38.7% identifying as self-employed.

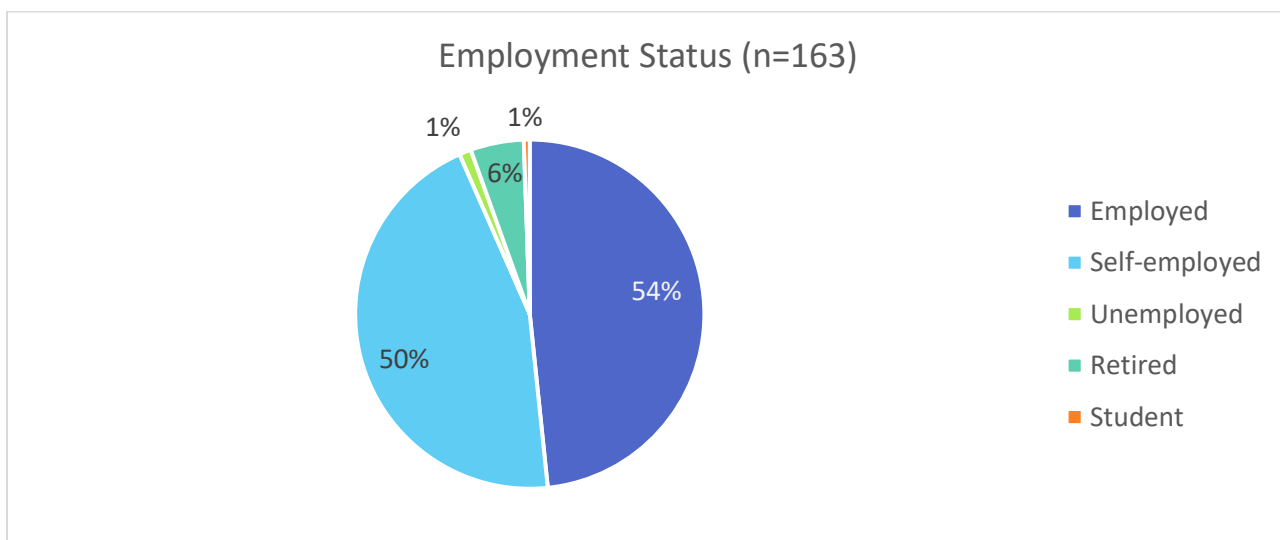


Figure 9: Respondents Employment Status

As the chart in Figure 10 shows, for those employed, self-employed or retired, there was not a significant difference between the survey responses and the 2016 Census data. In the survey, slightly fewer people identified as self-employed, and slightly more as employed. Those identifying as retired were consistent with the Census data.

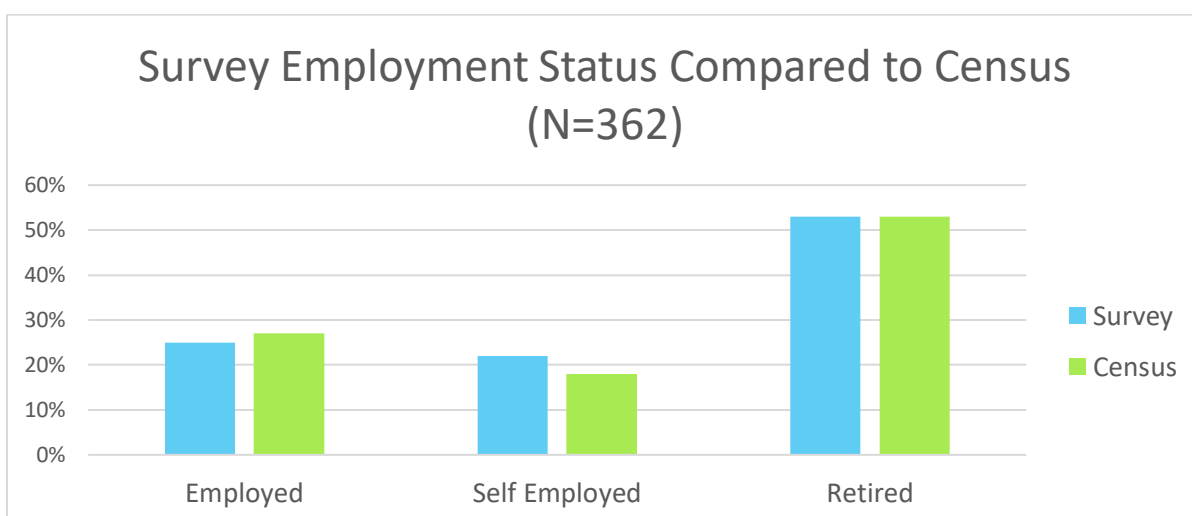


Figure 10: Survey Employment Status Compared to 2016 Census

⁶ Although 163 individuals identified as being employed during the research period, not all of those employed chose to answer all the questions that follow.

Age

The majority of workers (63.5%) were between the ages of 50 to 74⁷. The variation between survey and census data was less than 6% on any individual variable and was not considered statistically significant.

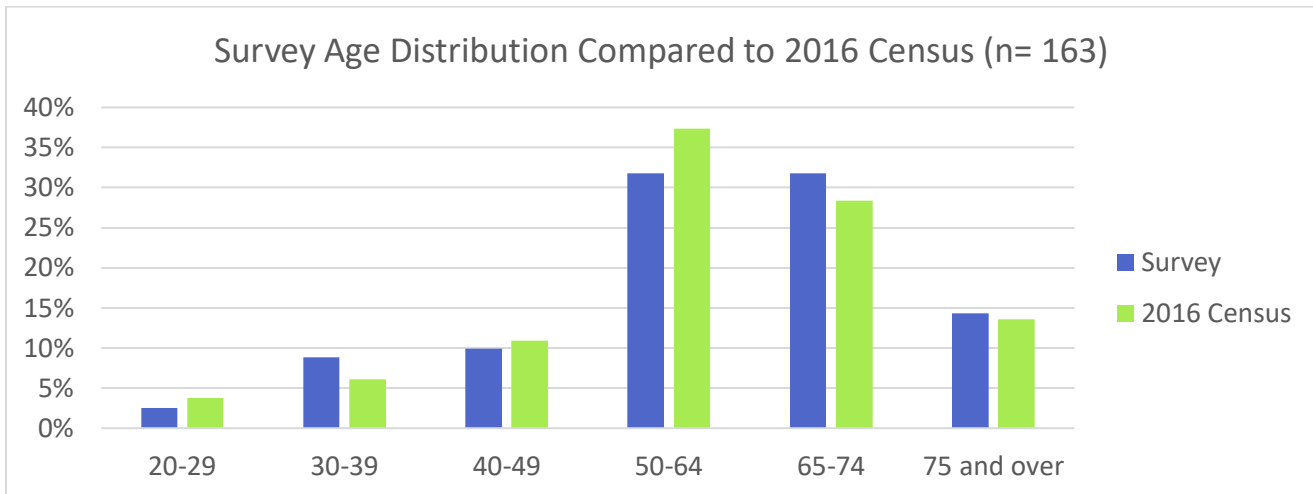


Figure 11: Age Distribution of Workers Compared to 2016 Census

Gender Identity

Of the 163 respondents who identified as employed or self-employed, the majority identified as female (74%), 22% identified as male, and 3.7% identified as non-binary. The higher proportion of female workers is a reflection of the higher percentage of women who completed the survey and is not a reflection of the actual make-up of the Gabriola workforce.

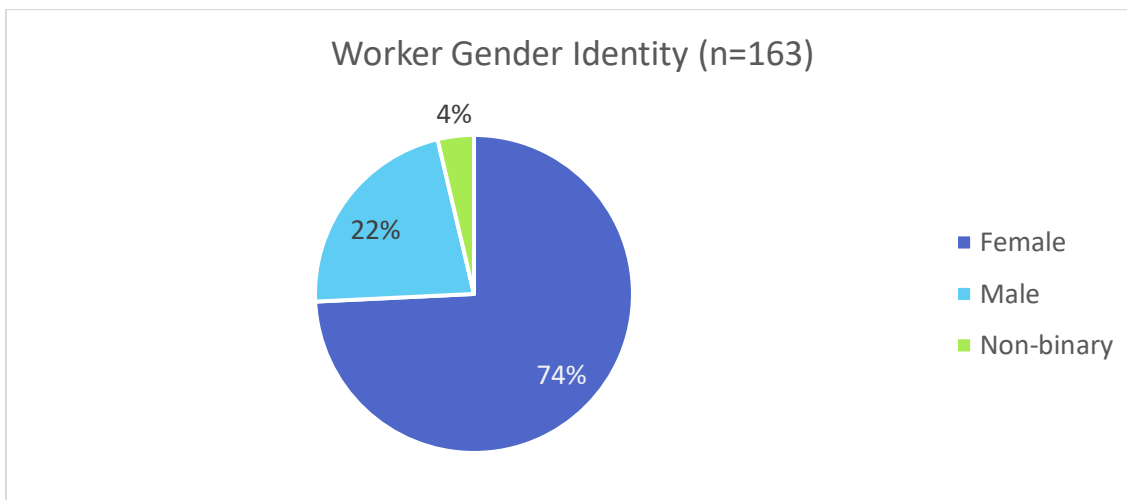


Figure 12: Gender Identity of Workers

As the chart in Figure 13 indicates, drawing on a sample of 163 employed respondents, women were slightly more likely to be employed rather than self-employed (52%) compared to men (48%). This is consistent with the 2016 Census data. Those identifying as non-binary were slightly more likely to be employed but because of the small sample size (6) the numbers are not statistically significant so are not captured in this graph.

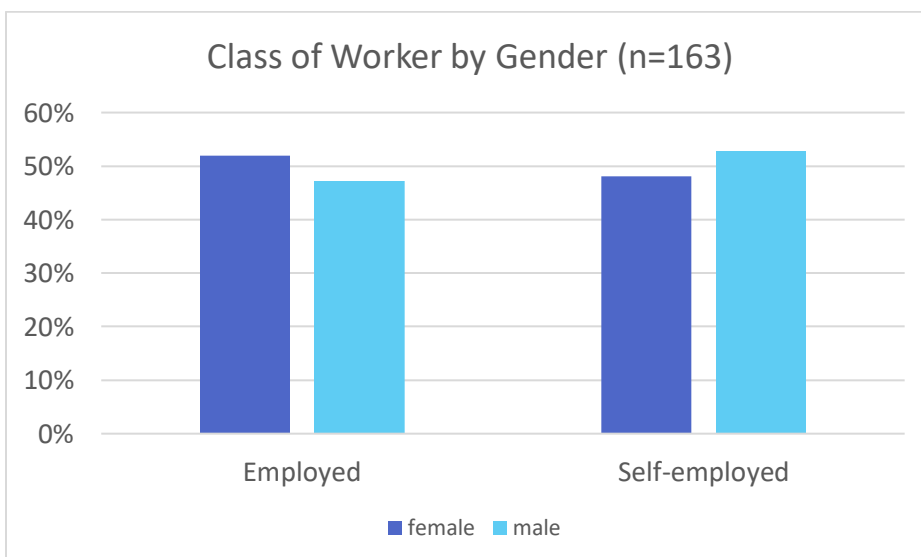


Figure 13: Class of Worker by Gender

⁷ Adjusted for null responses (e.g., those who chose not to answer).

Income Levels and Sources

Survey respondents who identified as employed or self-employed (n=139)⁸ were asked to report their household income level for the preceding year. Roughly 21% reported earning less than \$30,000, while 48% reported earnings between \$30,000 and \$74,999. Approximately 16% earned between \$75,000 and \$99,999 with the remaining 15% earning over \$100,000. While there is some variation between the survey and Census data, the gap is no greater than 7% on any variable.

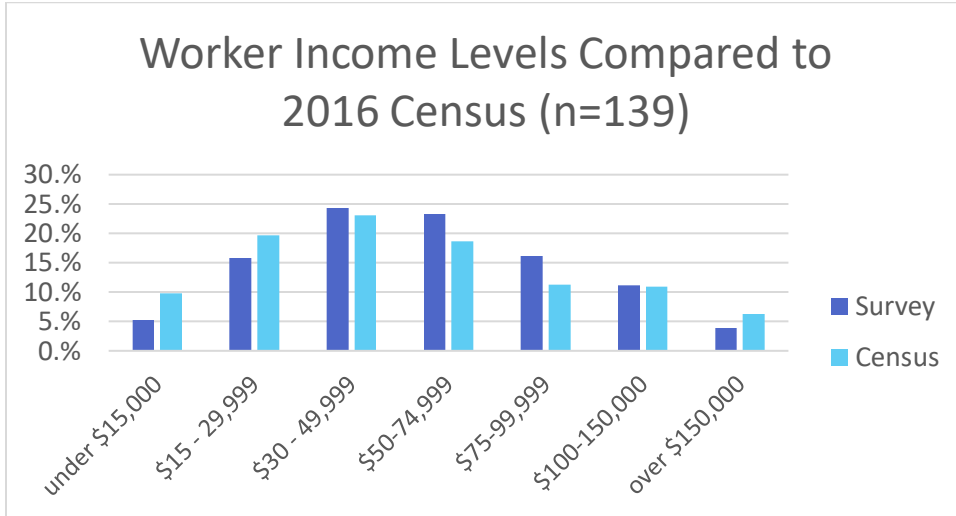


Figure 14: Worker Income Levels Compared to 2016 Census

Employment income was reported as the primary source of income for over 77% of workers surveyed (n=150) who worked during the survey period. However, 16% of respondents reported having pension and/or investment income as their primary income source, while 4% depended on government supports and 2.7% on support from family members. In other words, for 23% of workers, employment income supplemented their primary income.

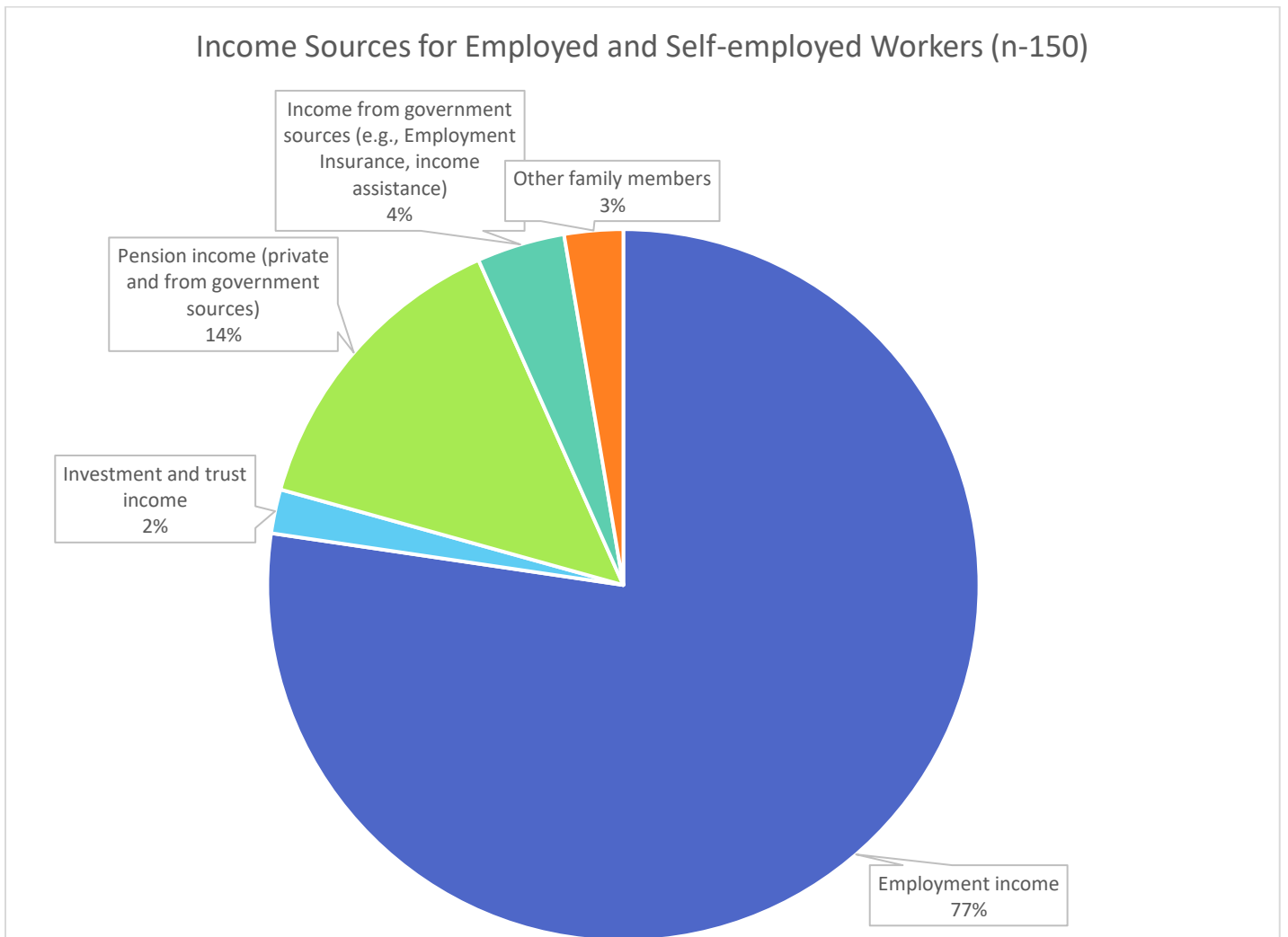


Figure 15: Income Sources for Employed and Self-Employed Workers

⁸ Not all of the 163 individuals who identified as employed provided income information.

Worker Access to Government Benefits

Of those employed or self-employed (n=164), 45% (79) indicated that they received some form of government benefit between January 1st and August 31st, 2020. A slightly higher proportion of self-employed workers reported receiving benefits (53%) compared to 47% for those who identified as employees.

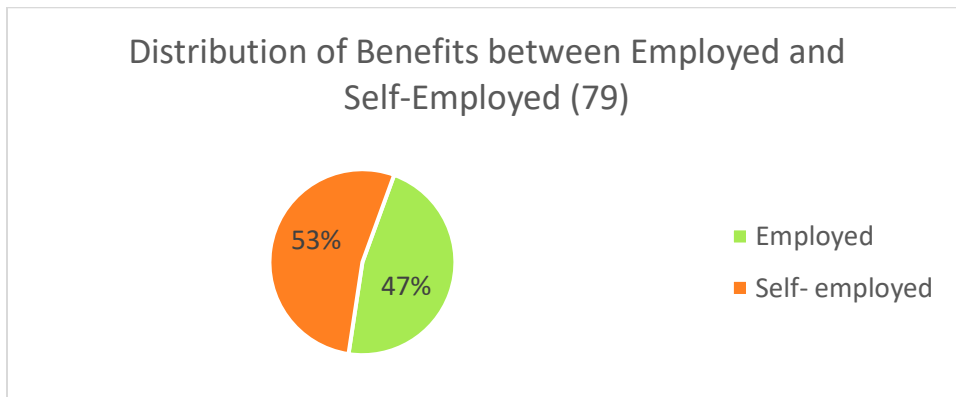


Figure 16: Comparative Distribution of Benefits between Employed and Self-Employed Workers

Summary of Demographic Data

Respondent age distribution was consistent with the 2016 Census with the majority of respondents being 50 and over. Females were significantly over-represented compared to males which resulted in distortion in the representation of female workforce participation compared to males. Household size over-represented those in 2-person households, under-representing those in single person households. Compared to the 2016 Census those earning less than \$30,000 and more than \$150,000 were slightly underrepresented (by 9% and 4% respectively). Almost half of those surveyed reported having received some type of federal or provincial COVID-related benefit with the majority receiving additional pension benefits and the Canadian Emergency Response Benefit, and almost 15% receiving multiple benefits.

Worker responses showed an almost even split between those who were employees and those who were self-employed. The age distribution of workers was relatively consistent with the Census data with the majority of workers being between 50 and 74 years old. Workers' reported household income levels were roughly consistent with household income reported in the 2016 Census with the majority of workers having a household income of less than \$50,000 with 21% of workers with a household income of less than \$30,000. The majority of workers' income came from employment supplemented predominantly by pension income. Access to COVID-related government benefits was relatively evenly distributed between the self-employed (53%) and the employed (47%).

Gabriolans' Responses to COVID

In this section we review how Gabriolans experienced the first five months of the COVID-19 response. We start with the words that respondents used to describe their experiences. We then consider how gender, income, age, household size, and employment status played a role in people's choices of words. Finally, we review additional words and phrases people used to describe their experiences from March through July of 2020.

Feelings in words

Survey respondents were asked to identify up to three words that best described what they had been feeling the most over the past few months (March through July 2020).

Grateful (24%) was the most common word chosen by Gabriolans to express their feeling. **Anxious** and **Stress** were next at 18% and 14% respectively. As the following pie chart demonstrates, a range of experiences were identified by survey respondents. Following the pie chart is an exploration of how people's feelings varied based on their gender, age, income, household size and working status.

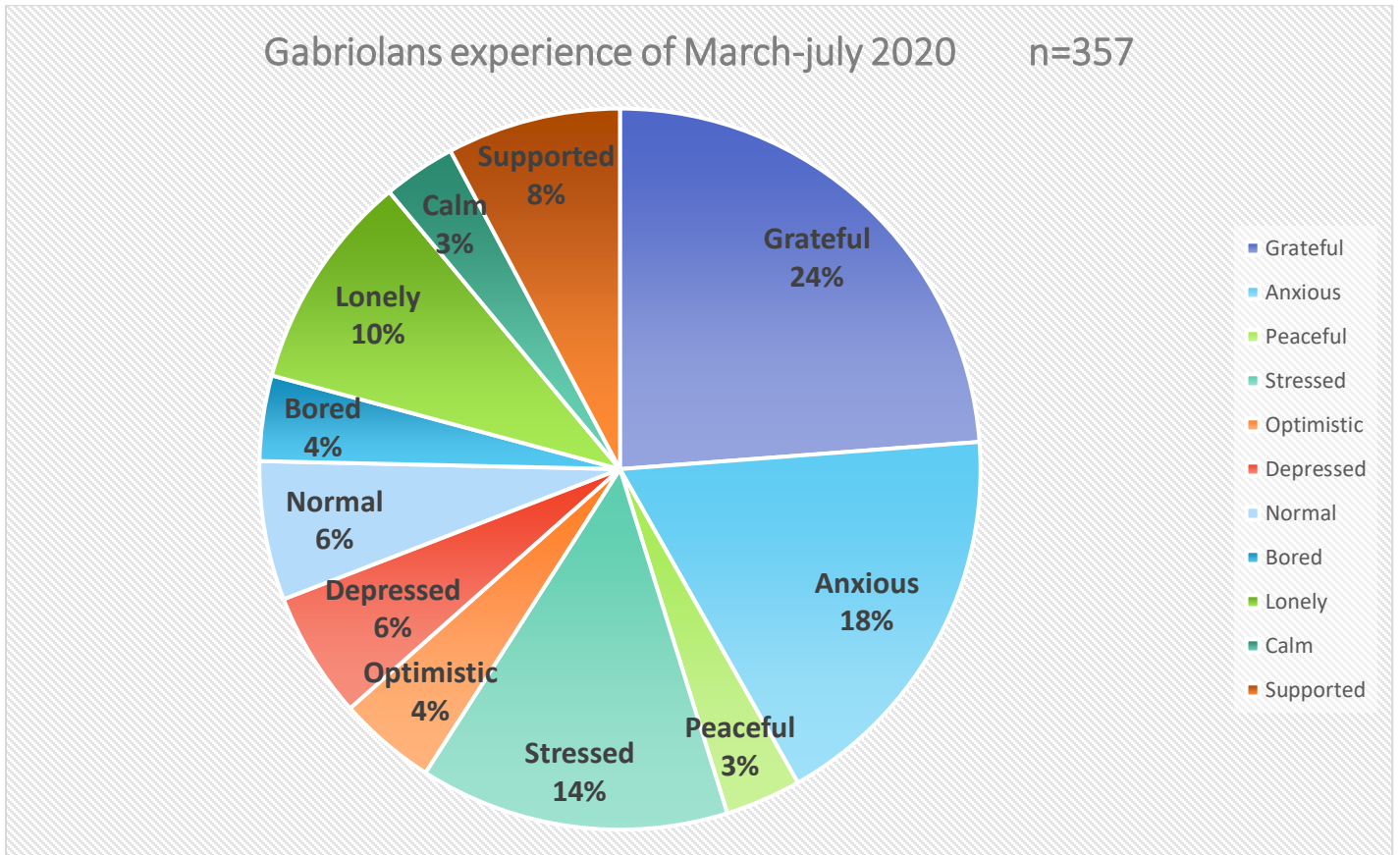


Figure 17: Emotive Responses to COVID-19

Experiences by Gender

Women, men and non-binary respondents all had slightly different choices describing their March through July experiences. Women tended to choose the words *Grateful*, *Anxious*, *Stressed*, *Lonely* and *Supported* more than men did. Men tended to choose *Peaceful*, *Normal*, and *Calm* more than women did. Non-binary respondents chose *Stressed*, *Optimistic*, *Depressed*, *Bored*, *Lonely*, and *Calm* more than both men and women.

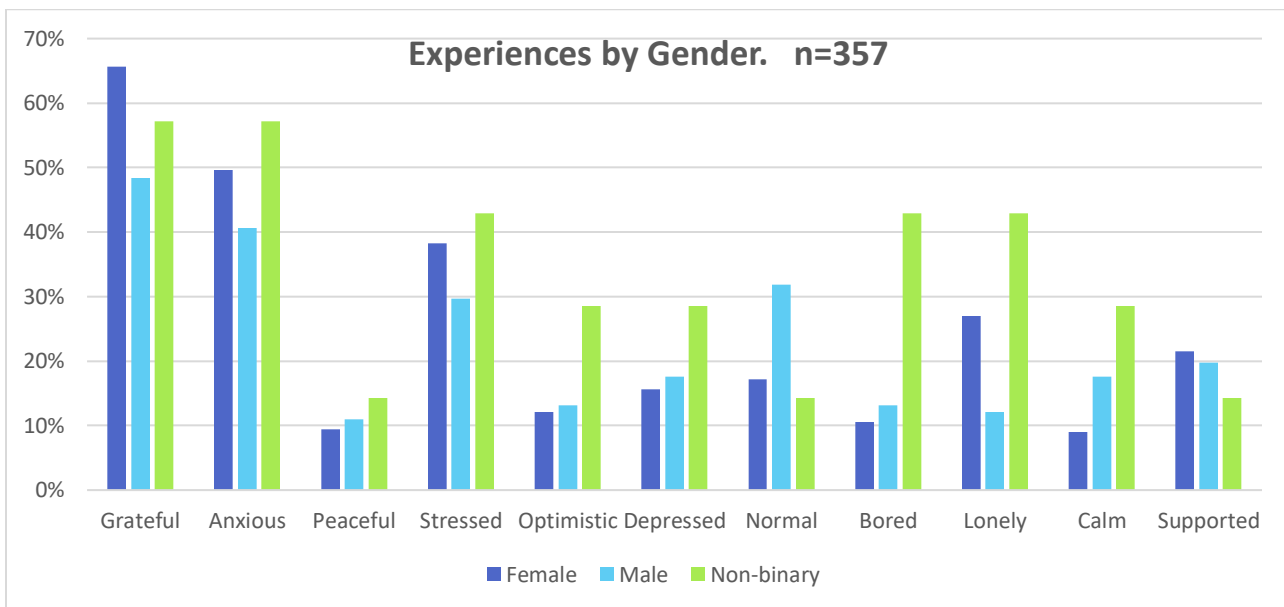


Figure 18: Experiences by Gender

Experiences by Age

There were some slight differences in the survey responses among the three age groups. The 20-39-year old age group chose *Anxious* and *Stressed* at close to the same rate as those in the 40-64 year-old group. Those over 65 were substantially lower for those word choices but higher for *Normal* and *Supported*. All three age groups were close in their choice of the words *Grateful*, *Peaceful*, and *Optimistic*. Those in the 20-39-year-old age group chose *Depressed*, *Lonely* and *Calm* more than those 40 and older.

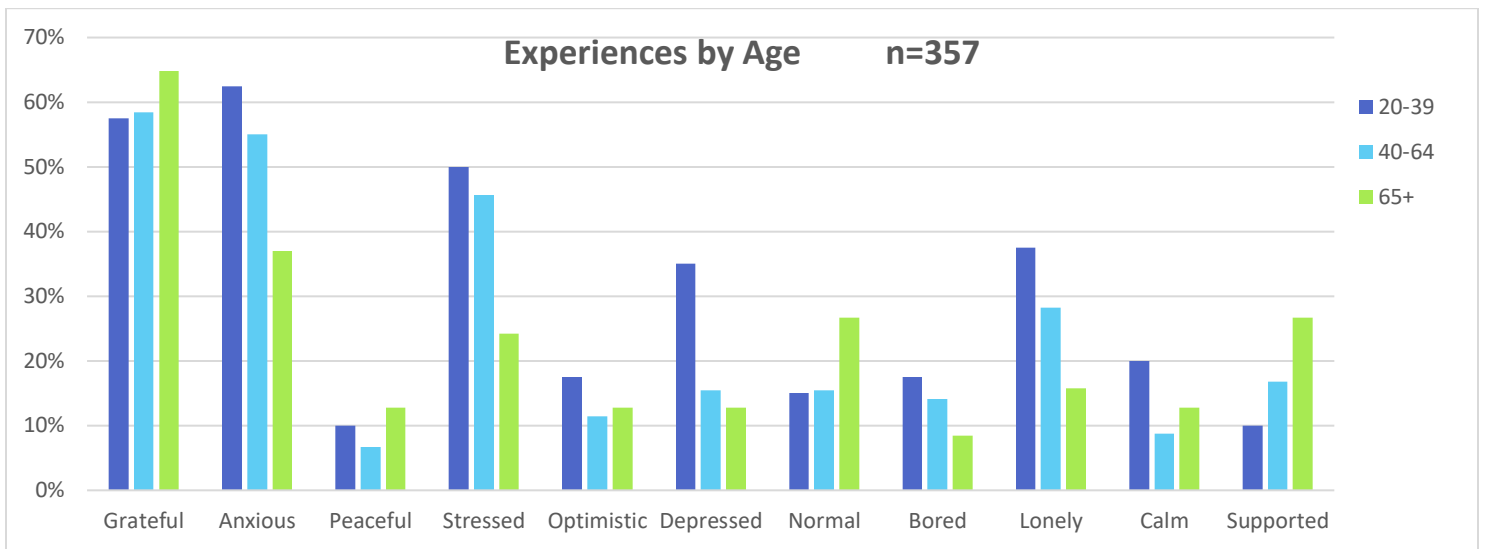


Figure 19: Experiences by Age

Experiences by Household Size

Grateful was chosen more often by those with 2 or 3 in their household compared to those with 1 or 4 or more. Choosing the words *Anxious*, *Stressed*, and *Bored* increased as the number in the household increased. The words *Peaceful* and *Calm* were chosen more often by household sizes of either 1 or 4 or more. *Normal* and *Supported* were chosen more often by household sizes of 1 or 2. *Lonely* was chosen more often by those in 1 or 3 person households, while *Depressed* was chosen more often by those in households with 2 or 4 or more. Three person households were the least likely to choose the word *Optimistic*.

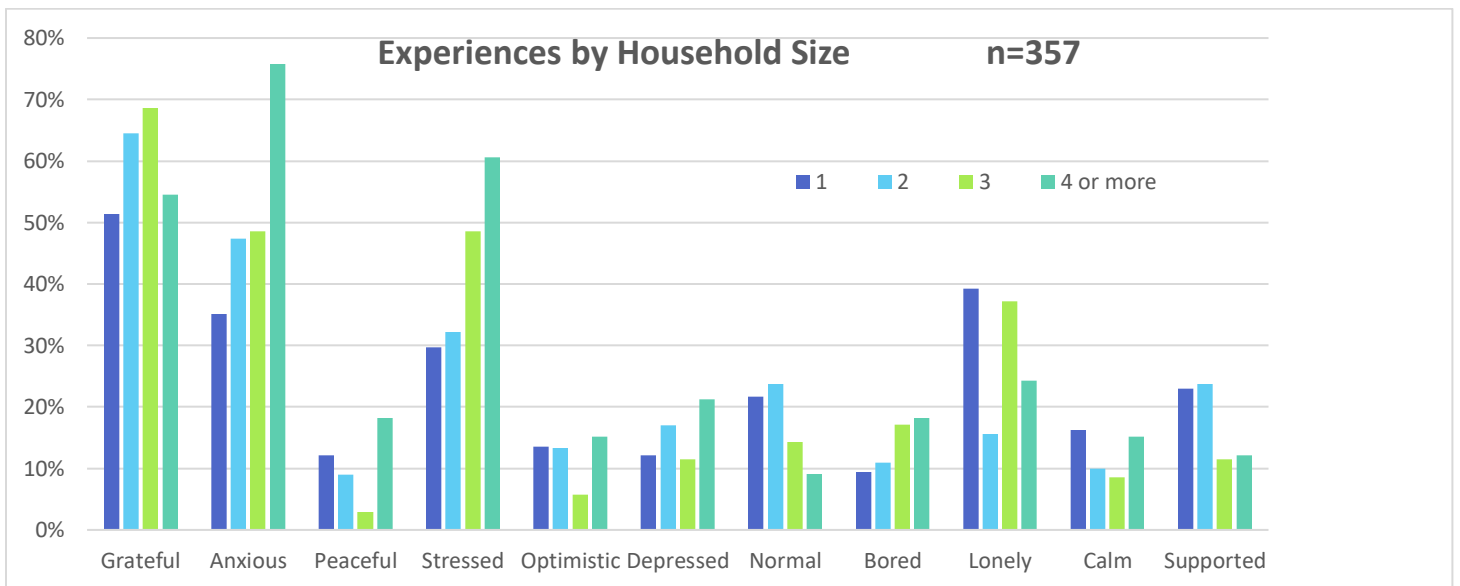


Figure 20: Experiences by Household Size

Experiences by Income

Those in the higher household income level (\$75 K and over) were more likely to choose *Anxiety* and *Stress*, and less likely to choose *Grateful* than the middle- and lower-income levels. Those in the middle income (30K - \$74 K) were more likely to choose *Normal*, *Peaceful*, *Calm*, *Supported*, and *Optimistic*. Those in the 0-29 K income range were more likely to choose *Lonely*, and *Depressed* and least likely to choose *Bored* or *Normal*.

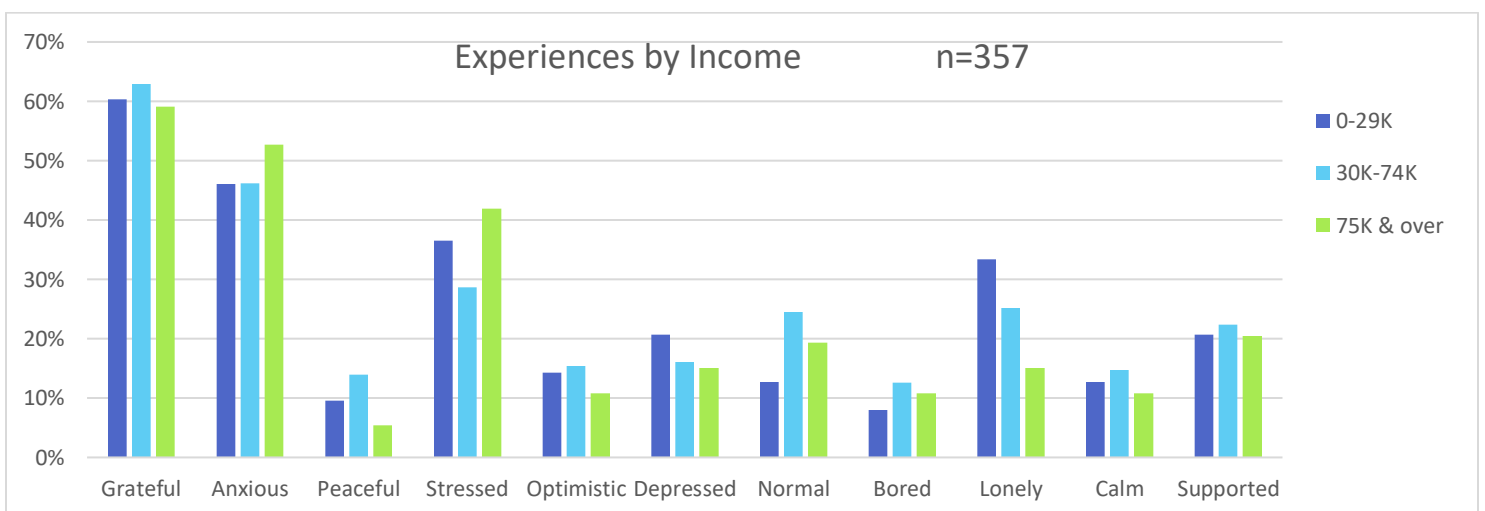


Figure 21: Experiences by Income

Experiences of Workers

Those who were employed or self-employed were most likely to choose *Grateful* (63%), *Anxious* (57%) and *Stressed* (42%). There was no difference experienced between those employed or those self-employed and the results were consistent with the responses of the Gabriola population. However, as the chart below shows, those who worked during COVID experienced higher degrees of gratitude, anxiety, stress, loneliness and depression than those who did not work, and lower degrees of peacefulness, normality, calm and support.

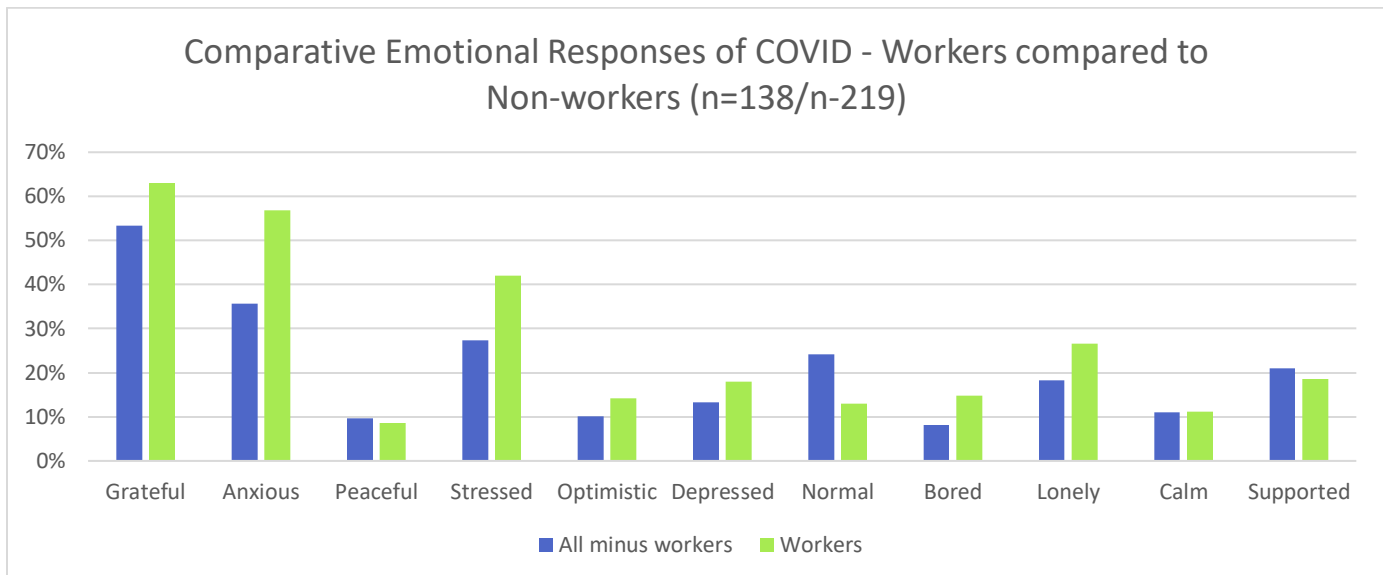


Figure 22: Comparative Emotional Responses between Workers and Non-workers

Other words and descriptions from respondents:

Mixed Feelings: A common theme was the range of emotions individuals experienced, both positive and negative, filled with hope and filled with anxiety, experiencing a sense of peace at the same time as anxious.

Sense of being on hold/discombobulated: Words used included disoriented, unsettled, alienated. There was a sense of waiting and being on hold without knowing what was to come.

Hopeful for Change: A number of people referred to the opportunity for societal change, feeling hopeful that change would happen as a result of the crisis. As one respondent describes:

The future may improve considerably because of what we have learned about ourselves during this time. This may turn out to be a good thing for humankind if we stop yearning for the unnecessary and unaffordable luxuries presented to us in the name of a good “economy.”

Anger and frustration with others: Some identified anger at tourists coming to the Island, where for others it was anger at those that wouldn't take the pandemic seriously. Still others expressed despair at the current state of the world.

Some expanded on why they chose the words Grateful and Calm:

Grateful for the quietness and less rushing around the Island.

Heightened awareness of my privileges, internal and external resources for support, calmness in isolation since I work at home, garden and immerse in nature.

Worried and Concerned: There was concern expressed for others, for our elders, and for those in worse situations, both here and around the world. There was concern about how long the pandemic would last and the impact on themselves and others.

Sad and tired: A general sadness and tiredness was expressed. One respondent was clear that this was not the same as depression but rather a sadness about the situation.

Busy: Some people described being busier, with more people requiring their assistance.

Summary of Gabriolans' Experiences

Grateful, *Anxious*, and *Stressed* were the top three words used to describe Gabriolans' experience and these words were consistent across income, age, gender, employment status and household income. Those considered vulnerable populations, represented by people interviewed at the food bank and those indicating household incomes under \$30,000, indicated similar emotional responses as the rest of the survey respondents. There were some minor differences related to demographics; e.g., women were more likely to choose *Grateful* while men

were more likely to choose *Normal*; those in the 20-39-year-old age group chose *Depressed*, *Lonely* and *Calm* more than those 40 and older; and choosing the words *Anxious*, *Stressed*, and *Bored* increased as the number in the household increased. Workers experienced higher degrees of *Gratitude*, *Anxiety* and *Stress* than the general population. The phrase *Mixed Feelings*, one added by respondents, reflects the range of emotions experienced by Gabriolans during those initial months when everyone was trying to figure out how to respond to COVID-19, and how to live in a changing world that left people feeling on hold.

Well-being

Socioeconomic factors are the roots of health, amongst other factors, income and social status determine health to a great extent. (BC Nurses Union, 2019)

To capture Gabriolans’ well-being during the initial stages of the pandemic, we asked how their lives had improved or worsened in relation to a range of socio-economic factors. We also asked survey respondents what had improved their sense of well-being and what had reduced it during the March through July, 2020 time period.

Socioeconomic Factors

Socioeconomic factors were used to identify the state of Gabriolans’ well-being during the March through July period of the pandemic. We asked people how their well-being was impacted related to various social determinants: Connection to Nature, Physical Activity, Education, Income, Secure Housing, Affordable Food, Supports, Childcare and Social Connections. There were some positive impacts, a key one being an increased connection to nature. There were also some negative impacts, reduced social connections being one that crossed all gender, economic, and age sectors.

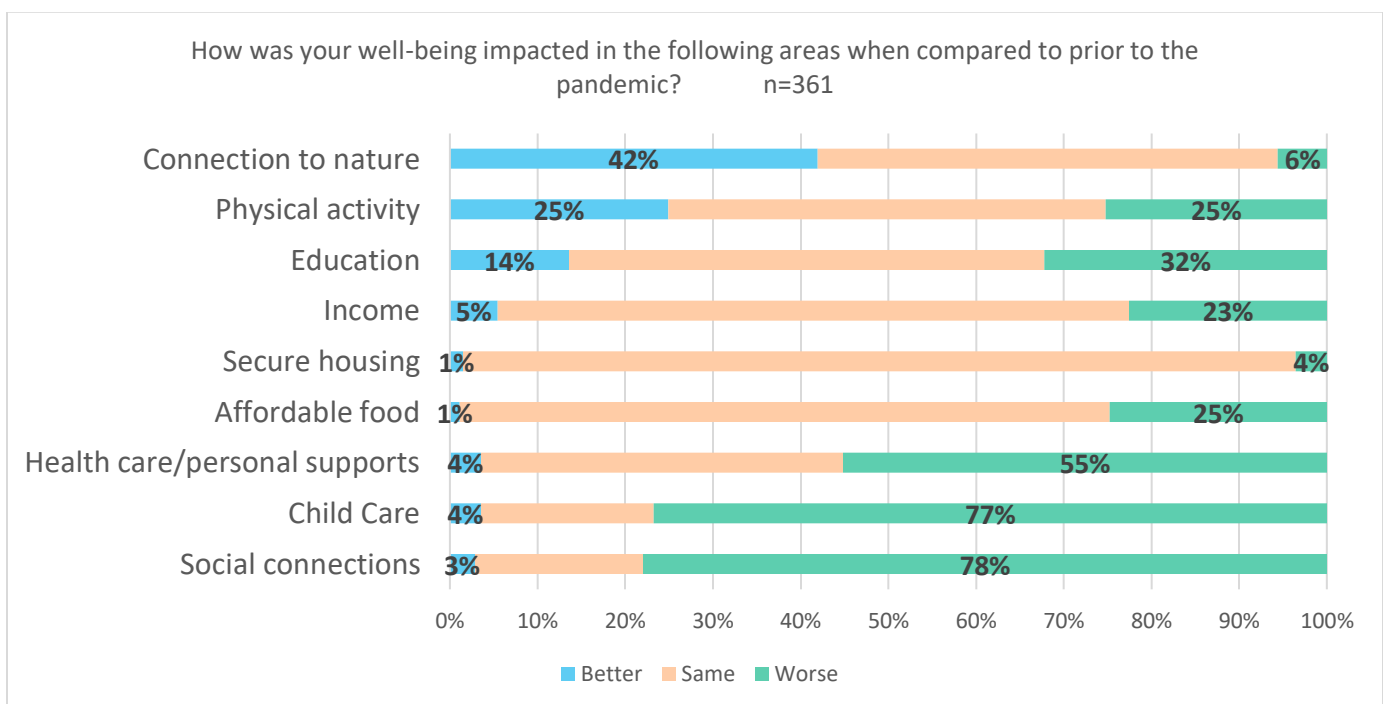


Figure 23: Socioeconomic Impacts

Connection to nature: Forty-two percent of respondents indicated that their connection to nature improved during the March through July period relative to the period prior to the pandemic while 52% indicated that it remained the same. Many described this connection as key to improving their overall well-being during that time: *Grateful for the quietness and less rushing around the Island.*

Physical activity: Twenty-five percent of respondents felt their physical activity improved during this time, 25% felt it was worse and 50% indicated that it remained the same.

Education: About 1/3 of the respondents indicated that education was applicable to them. Of those, fourteen percent indicated that their education opportunities improved while 32% indicated that they were worse off in this area. Females 30-39 were impacted the most, with 71% indicated that education during this period was worse than prior to the pandemic.

Income: The majority of respondents (72%) indicated that their income was the same, while 5% indicated that it had improved and 25% indicated that it had worsened (included all income levels) when compared to prior to the pandemic. Those that disproportionately experienced a decrease in income were self-employed respondents, women, and those under 65.

Secure Housing: The pandemic appeared to have little impact on secure housing. Over 95% of respondents indicated that their situation remained the same, 4% felt that it had worsened and 1% indicated that it was better.

Affordable Food: Approximately three quarters of 358 respondents (74%) indicated no impact on their access to affordable food from March through July. However, it worsened for 25% and improved for 1%. Those most impacted were households with 4 or more people (with 44% of those households indicating access to affordable food was worse).

Health care/Personal supports: Over half (55%) of respondents indicated that access to health care and personal supports worsened during the pandemic, this was felt more strongly by those age 20-39, non-binary and female respondents. Forty-one percent felt this area stayed the same and 4% felt that it improved. The following table provides differences in age, # in household, household income, and gender.

Age	Worse (Health Care/personal supports)
20-39 years old	63%
40-64	54%
65+	48%
Household Size	
2	50%
1, 3, 4 or more	57%
Household Income	
0 - \$29K	58%
Over \$30K	52%
Gender	
Female	55%
Male	41%
Non-binary	63%

Table 1: Health Care and Personal Support Impacts by Age, Household Size, Income and Gender

Child Care: Fifty-five respondents indicated that the requirement for childcare was applicable to them. The following chart indicates that of those 55 people, those most impacted were female and in households of 3 or more. Income did not seem to be a mitigating factor.



Gender	Worse (Child Care)
Female	81%
Male	60%
Non-binary	50%
Household Size	
2	63%
3	88%
4 or more	80%
Household Income	
0 - \$29 K, over 75 K	72%
\$30 K to 74 K	77%

Table 2: Child Care Access by Gender, Household Size and Income

Social Connections: The impact on social connections was the key well-being factor that people identified during the pandemic response from March through July, as noted by 78% of the respondents. As can be seen by the following chart, some experienced this loss more than others. Women felt the loss more than men. The impact increased as household size increased and as age increased. And, income did not seem to mitigate the impact — as the Beatles would say, “Money can’t buy me love”.

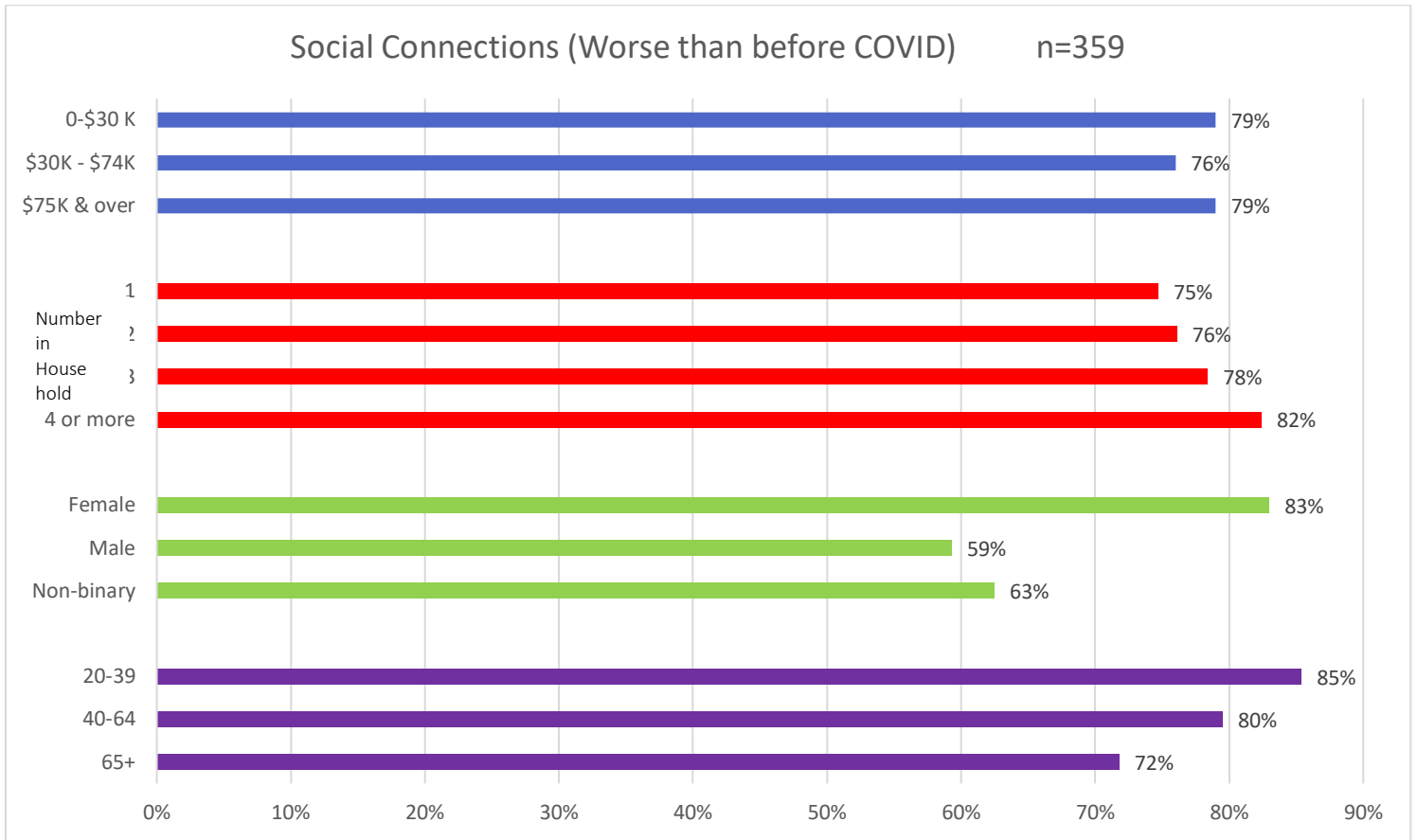


Figure 24: Worsened Social Connections by Income, Household Size, Gender and Age

There were, however, some who experienced the reduced social connections as a positive.

Having fewer social obligations was liberating.

Slower pace of life, less obligation to go somewhere or attend events.

Improved Well-being

We asked what, if anything, improved one's sense of well-being from March through the end of July. Primary mentions were outdoor activities, connecting with others, physical activity, the quiet, and responses to COVID-19.

Respondents identified the importance of connecting with family, friends, their spouse, and pets during the March through July period (116 mentions).

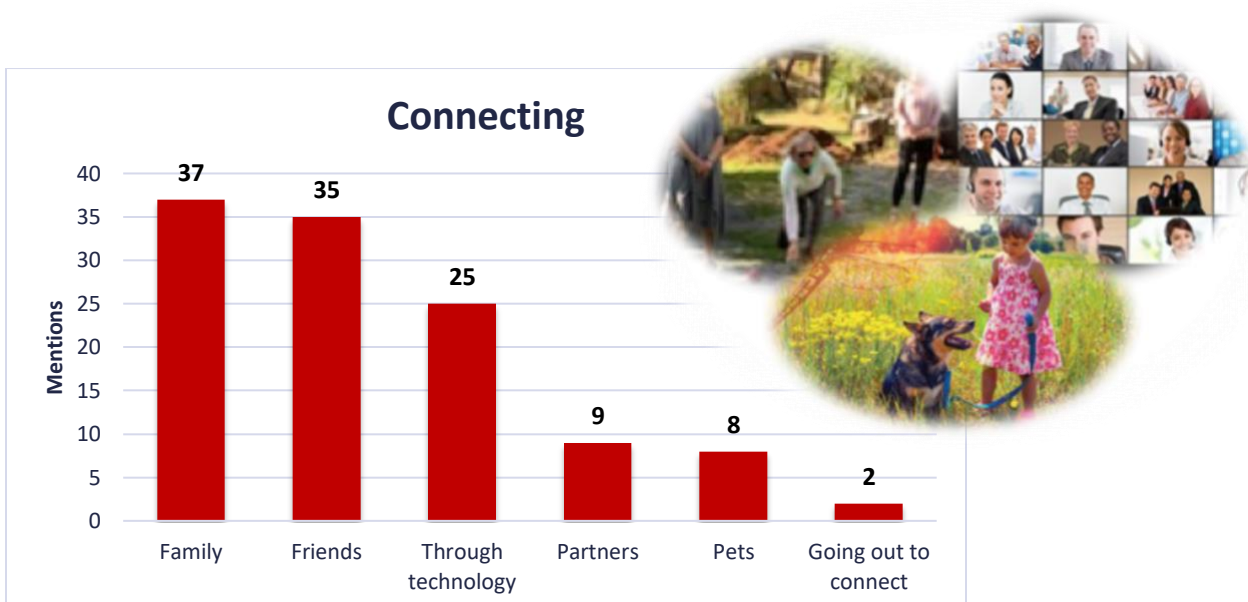


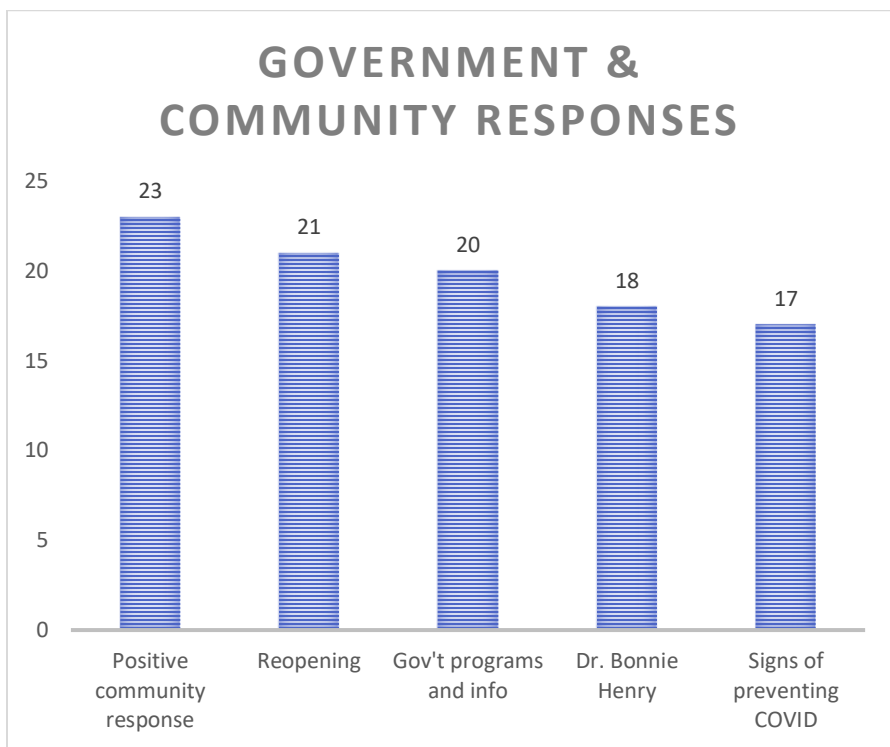
Figure 25: Influences Impacting Social Connections

Respondents described a variety of activities (116 mentions) that improved their well-being from March through July, as depicted in the following graph and word cloud:



Figure 26: Activities Associated with an Improved Sense of Wellbeing

There were 99 mentions of how the response to COVID-19 by governments and community members impacted on respondents’ sense of well-being. The key areas mentioned include the positive response by community members, the re-opening phase, government programs and information, Provincial Health Officer Dr. Bonnie Henry’s briefings, and signs of COVID-19 prevention.



Knowing that there were federal and provincial programs in place to support essential workers and vulnerable people.

Phase 2 and 3 re-openings.

Seeing different parts of the community come together to plan an effective response to COVID-19.

Clear, calm, empathetic, science-based regular briefings from Dr. Bonnie Henry and Minister Adrian Dix.

Knowing we were flattening the curve.

Figure 27: Positive Impacts of Government and Community Responses to COVID

For many the peace and quiet (14 mentions), connection to nature (14 mentions), and slower pace of life (14 mentions) were key to their well-being. The following word clouds created from these comments show the “less” and the “more” sides of that peace:

LESS

MORE



Figure 28: Positive Experiences

Nothing: There were 35 people that indicated there was nothing that improved their sense of well-being during this time. Eleven of the 35 also answered ‘No’ to the question “What reduced your well-being?”, while 13 identified with the word “Normal” as describing their experience and 13 described changes related to the social determinants as primarily the same. These responses indicate that these respondents’ lives changed very little during this time. However, 6 in this category indicated that they were anxious and 3 indicated they were sad or depressed, with little to improve their well-being.

When comparing the responses, men were more likely to indicate ‘No’ to experiencing COVID response impacts than women (56% to 44%), and older respondents more likely than younger respondents (only 5% were under the age of 50).

Reduced Well-being

There were also experiences and events that reduced respondents’ sense of well-being. The following chart provides a depiction of those experiences and the number of times they were mentioned by the respondents. Following the chart is a more detailed analysis of what is included within each of these categories.

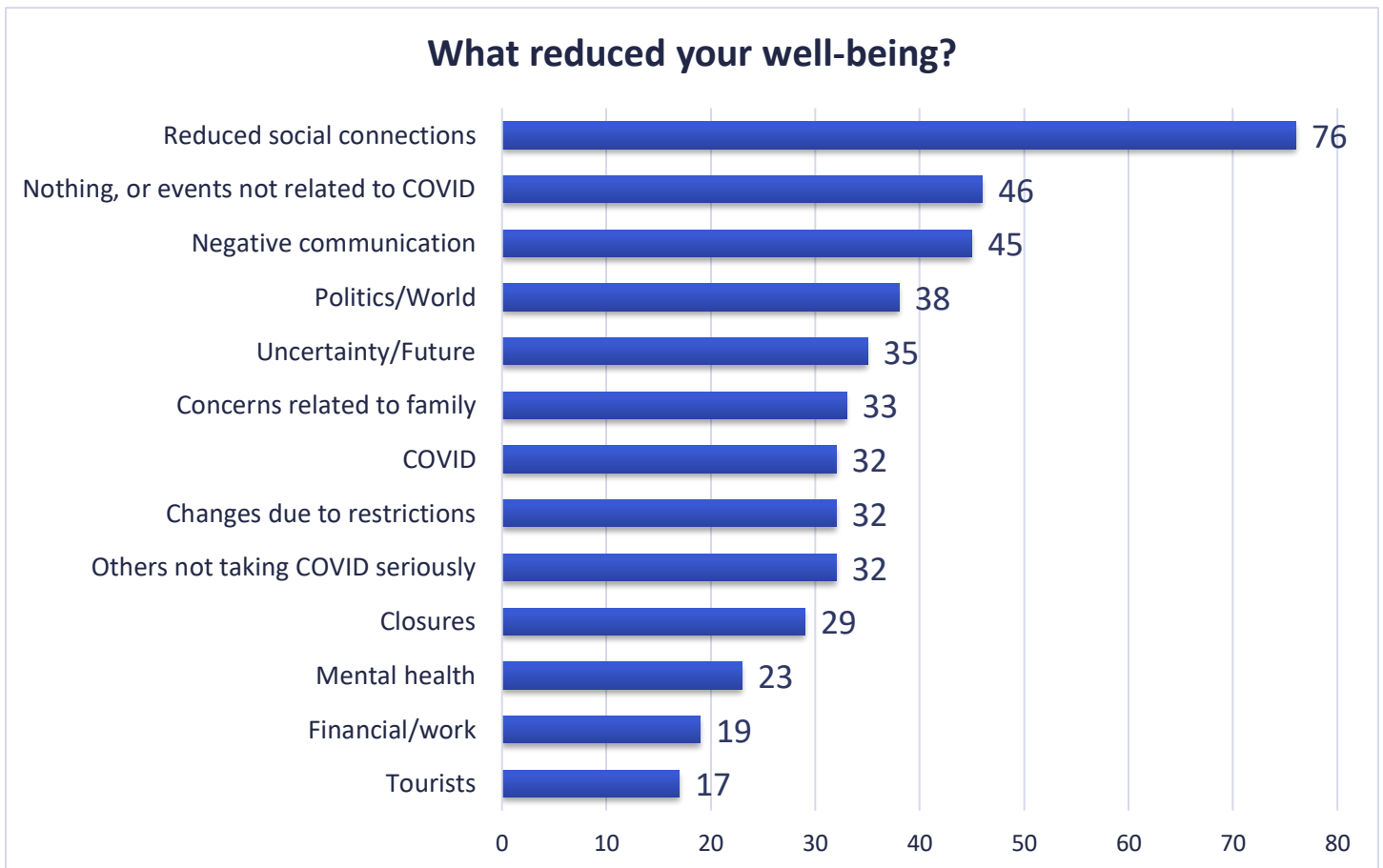


Figure 29: Factors Effecting Individual’s Sense of Wellbeing

Reduced Social Connections (76 mentions): Within this category 43 mentioned missing social connections, 21 described feeling isolated, 9 missed hugs and physical contact, and 3 mentioned loneliness.

Missing friends and getting together with them and family.

Isolation from actual humans.

Not hugging my kids and friends.

Nothing (46): Thirty people indicated there was nothing that reduced their sense of well-being. The majority of these respondents also picked 'Normal' to describe their experience and indicated that there was nothing that improved their sense of well-being during this time. Sixteen people indicated that there was something big in their life that happened during that time period that was not related to COVID.

Nothing.

Unrelated medical issue.

Perhaps, but not related to the pandemic.

Negative Communication (45): Within this category 22 mentioned the onslaught of media panic about the pandemic, 14 mentioned the judgement of others about behaviour related to the pandemic, 7 mentioned social media, and 2 mentioned inaccurate information being spread about the pandemic.

Being incessantly bombarded with negative news about the pandemic and with the news outlets only focusing on negative aspects. No good or positive messages.

People getting nasty and political about Covid.

The ridiculous fear mongering of a steady group of locals posting on social media.

Trying to find data-driven, contextualized information.

Politics/World (38): Despair related to USA politics (16), the state of the world (13), and for politics/politicians in general (9) are included in this category.

Trump's idiotic response to the pandemic.

General state of the world deteriorating.

Politics south of the border and at home, federally and provincially. I don't think we are learning from the pandemic.

Uncertainty/future (35): Concern for the future (18), uncertainty about how COVID will impact lives (11), and concern for others who are and will be negatively impacted by the pandemic (6) were included in this category.

Uncertainty and concern over the course of the pandemic.

Not knowing what comes next has been a source of floating anxiety. The inability to plan and the rate of constant change has been difficult.

Uncertainty of what the future will be for our grandchildren with no jobs available.

Concerns related to family (33): Not being able to see grandchildren, stories of cancelled family reunions, concern for family members struggling due to the pandemic were all noted in the category.

Being isolated from my grandchildren.

Concern for family members health and safety.

Not knowing when or how I would see my family again is stressful.

COVID-19 (32): Ten responded to the question "what reduced your well-being?" with a simple 'COVID' or 'pandemic'. Others described their concerns, fatigue, and hopelessness about COVID-19 (7), or expressed concerns about the increasing numbers (7). There were 4 comments related to lack of clarity regarding COVID-19 protocols and 4 described their concerns about contracting the virus.

Covid #s going up.

Fear of virus contraction with a weaker immune system.

Changes due to restrictions (32): The negative side effects of the restrictions imposed due to COVID were mentioned by respondents. They noted the challenges of shopping (14), changed medical services (7), uncomfortable or weird interactions (7), and childcare (4).

The weirdness of everything having to be done differently, especially around human connections.

Line ups at grocery store

Contacting a physician and having a conversation over the telephone is quite a change--I do not know how doctors feel about this--assessing a patient relies on much more than talk--there is body language to take into account.

People not taking COVID seriously (32): The key concern mentioned in this category was that other people were not taking protective action, such as wearing masks and maintaining recommended physical distances (21). Seven respondents indicated they felt that people were not taking COVID seriously and 4 felt they were not protected from COVID in public spaces.

People in the community being careless with social distancing rules and not enough people wearing masks out in public.

Close friends who are denying there is even a pandemic, insisting it is all a hoax.

Lack of safe public spaces

Closures (29): There were 10 mentions of the general impact of various closures, 5 mentions of exercise facilities being closed, 4 mentions of health services being restricted or closed, 4 mentions of travel restrictions, 2 of choir, 2 of Gabriola Island Recycling Organization (GIRO) and 2 of the Library.

Inability to visit elderly parent in hospital

The parks closing was heartbreaking, unnecessary on Gabriola and huge negative effects.

Lack of live music, Activities & programs cancelled &/or closed

Not able to travel

Mental Health (23): Anxiety and stress (17), increased drinking (4), and mental health (2) were all mentioned by survey respondents.

Too much anxiety and stress and being alone so much of the time

Drinking a lot

No doctor to talk to when you are so depressed

Financial/Work (19): Seven people mentioned personal financial stress during March through July, 9 people mentioned work related stresses, and 3 people expressed concern about the economy.

Not earning any salary

The economic well-being on Gabriola, B.C. Canada USA, the world.

Work demands and changes

Tourists (17): Concern regarding the large number of tourists that arrived on Gabriola this summer (10), frustration that many tourists did not abide by COVID protocols (5), and tourists with a sense of entitlement (2).

Seeing so many people here this summer. Crowded beaches and parks. Bicycles all over the road.

Witnessing influx of tourists many of whom do not wear masks

Entitled tourists who don't seem to care

Summary of Well-being Responses

Social Connections were key influences in people's reported well-being, with 78% of respondents indicating that area of their life had worsened during the initial months of COVID-19 in comparison to prior to the COVID-19 response. Connecting with family, friends, their spouse, and pets was mentioned as key in improving people's sense of well-being during this time. And the reduction in opportunities to connect with others, grandchildren, friends and other family members, was identified as reducing their sense of well-being more than any other factor.

Basic necessities such as *Housing*, *Food* and *Income* remained the same as in the period preceding COVID for most respondents (95%, 74%, and 72% respectively). *Physical Exercise* and *Education* were the same as in the preceding period for 50% and 54% respectively and divided between improved and worsened for the balance of respondents. The feeling that life was much the same was reflected in 46 respondents indicating that the context of COVID had not reduced their sense of well-being during this time.

Connection to Nature improved for 42% and remained the same for 53%. Outdoor activities, such as walking, gardening, biking, connecting with others outdoors, and swimming, were mentioned by survey respondents as many times as social connections for improved well-being. And being in nature, together with the peace

resulting from a reduction in the noise of cars, boats, and airplanes during March to May, provided many respondents with an improved sense of well-being.

Closures and reductions in services impacted many people. *Health and Personal Supports* worsened for 55% of the respondents and *Childcare* worsened for 77% of those requiring childcare services as health supports, exercise programs and schools shut down. Some mentioned the impact of not being able to see their elderly parents who were in care homes.

For some, the response from government, the support programs, the information provided and the thoughtful approach of Dr. Bonnie Henry all provided an improved sense of stability and well-being. For others the media (newspapers, radio and tv) and social media reduced informants’ sense of well-being as messages of fear and panic as well as judgement contributed to a reduction in their sense of well-being.

There were many different opinions expressed by respondents regarding their well-being as they described the changing context of shopping, work, physical distancing, and reduced connections with family and friends and the influences of these changes on their well-being.

The key learning for this section was that the top three contributors to the well-being of respondents during the initial months of the pandemic were:

- 1) Social connections – core to people’s well-being across age, gender and income
- 2) Connecting with nature – many respondents commented on the delight of reduced noise from planes, boats and cars and the opportunity to hear the sounds of nature instead
- 3) Exercise – from walking to biking to workouts

Changed Behaviours

We asked survey respondents what behaviours they changed, or habits they developed during the March through July period. In framing the question, we listed a few potential changes⁹ and provided an opportunity for respondents to add their own examples. We also asked them to indicate if they planned to continue the changed behaviours. Physical distancing, wearing a mask in public and washing hands received the highest percentages of changed behaviours and plans to continue those behaviours. Changes to buying included purchasing more local products (59%), and buying online more (52%). People took up hobbies or increased their time spent on those hobbies including gardening (51%) and cooking or baking (47%). Some people increased their time on social media (37%), while others reduced their time (15%). Some people contacted their family more often (36%), while others decreased that contact (13%). People drove less (77%), traveled to Vancouver Island less (84%) and travelled out of Canada less (91%).

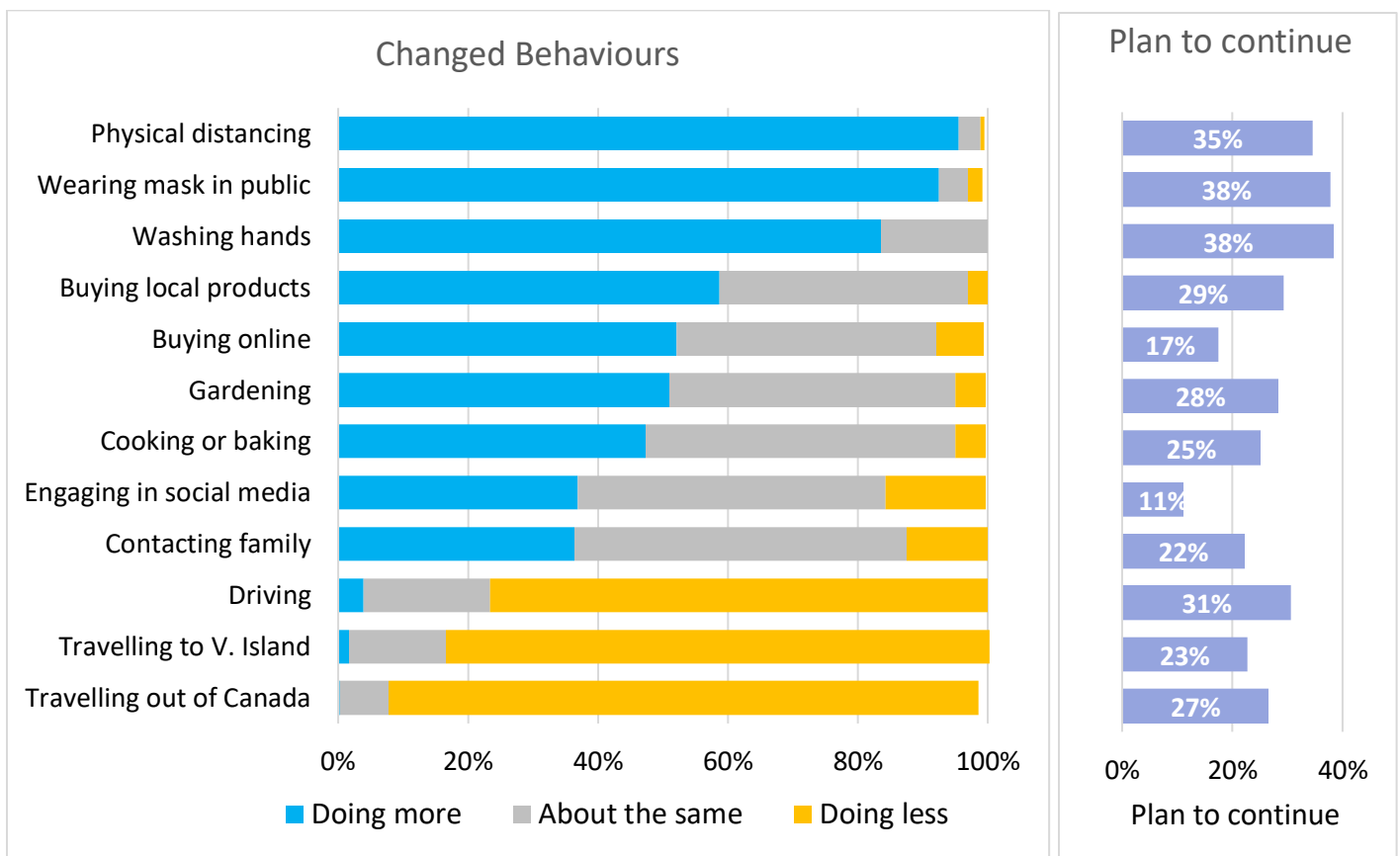


Figure 30: Changed Behaviours Arising from COVID-19

There were both increased behaviours as well as decreased behaviours identified during this time.

⁹ The changes we listed were drawn from media accounts highlighting observed behavioural changes such as reduction in vehicle usage.

Increased:

- As is to be expected, the primary increased behaviour changes were aimed at protecting people from COVID-19 and include physical distancing (96%), wearing masks in public (92%) and washing hands (84%). Thirty-five percent of respondents were planning to continue physical distancing, while 38% were planning to continue wearing masks and washing hands more often.
- The next group of increased behaviour changes was buying habits – 58% of respondents bought more local products and 52% bought more online than prior to the pandemic. Twenty-nine percent planned on continuing the trend to buy local, while 17% planned on continuing online shopping.
- Many respondents increased their time spent gardening (51%) and cooking/ baking (47%) with plans to continue these trends at 28% and 25% respectively.
- Some respondents increased their time on social media (37%), while others reduced their time (15%).
- Contacting family increased for some (36%) while decreasing for others (12%).

Decreased:

- Traveling outside of Canada (91%) as well as to Vancouver Island (84%) decreased during the March through July period with plans to continue this trend indicated by 27% and 23%.
- Seventy-seven percent of respondents drove less than they had prior to the pandemic with 31% planning on continuing this trend.

Buying Local

We asked respondents to describe why they buy local products. They provided a range of responses as depicted in the following chart. Supporting community, the quality of local products, supporting local businesses, and convenience were the top four reasons. The number of times a rationale was mentioned is indicated for each reason.

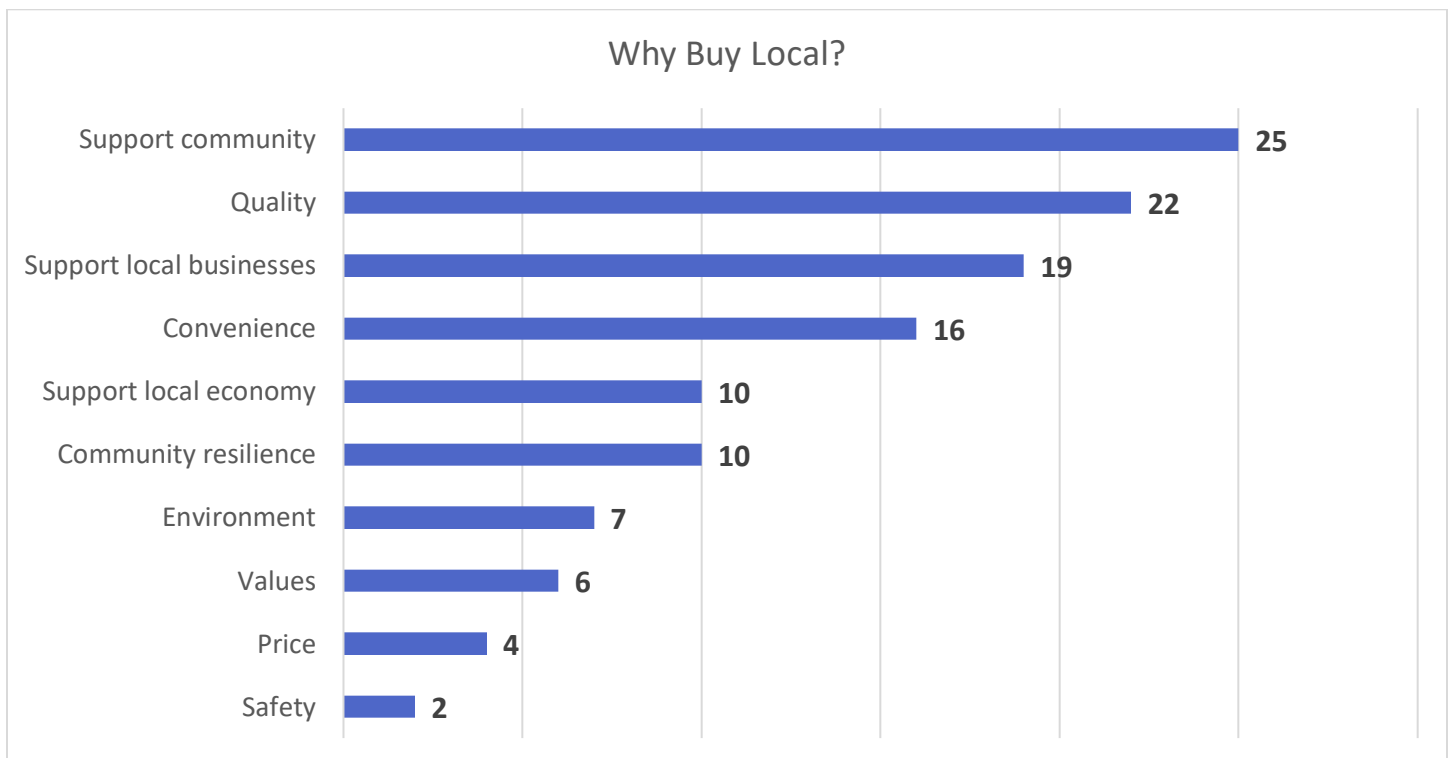


Figure 31: Motivations for Buying Local Products and Services

Additional Behaviours

We asked respondents what additional behaviours they changed or increased and we received a variety of responses as depicted in Figure 32 on the next page. More reading, less physical socializing, more exercising, more kindness, and more on-line socializing received the most mentions.

Summary of Changed Behaviour

The majority of people have taken steps to reduce the transmission of COVID-19 such as increased hand-washing/sanitizing, wearing masks and recommended social distancing and almost 40% indicated they would continue these activities. There was also an increase in home-based activities like cooking and baking and gardening with about 25% to 30% indicating they would continue those activities. An emphasis on buying local was also a strong theme with 30% indicating they would continue post-pandemic.

Decreased activities related primarily to travel, first reducing the amount of driving, and reducing trips to Vancouver Island, and outside of Canada. Between 20 and 30% of respondents indicated they would continue these behaviours.

In terms of self-reported behaviours, between 37% and 47% of people reported reading more, being kinder, getting more exercise, and switching to online socializing. However, 6% of respondents indicated that they were drinking more. Although this is a relatively small percentage, it may be significant for two reasons: we did not explicitly ask about peoples' alcohol consumption and provincial liquor sales data for March 2020 show a 40% higher sales volumes since COVID (Devlin, 2020 <https://dailyhive.com/vancouver/bc-liquor-sales-coronavirus>). This may be an area worth probing in future research.

What additional behaviours have you changed or increased?



Figure 32: Self-Identified Behaviour Changes

Worker Experiences

This section provides a more granular look at the types of work that respondents engaged in, their work patterns, hours and processes, and how they were impacted. We also include a deep look at the impact on health care workers as reported by those working in frontline positions.



Figure 33 and Figure 34:
Ferry Worker (photo by Derek Kilbourn) and Nester’s Supermarket Worker (photo D. Dunsmoor Farley)

Workers by Types of Positions

Those who worked were asked to identify the types of positions they held: an essential health service position, an essential retail/service position, trades or other. As the chart in Figure 35 shows, almost 70% of those working were in the other category. Narrative responses suggest that these positions were primarily in five areas: professional services (e.g., consultants); education; trades (including responses from GERTIE drivers); health and safety (including firefighters); and technology.

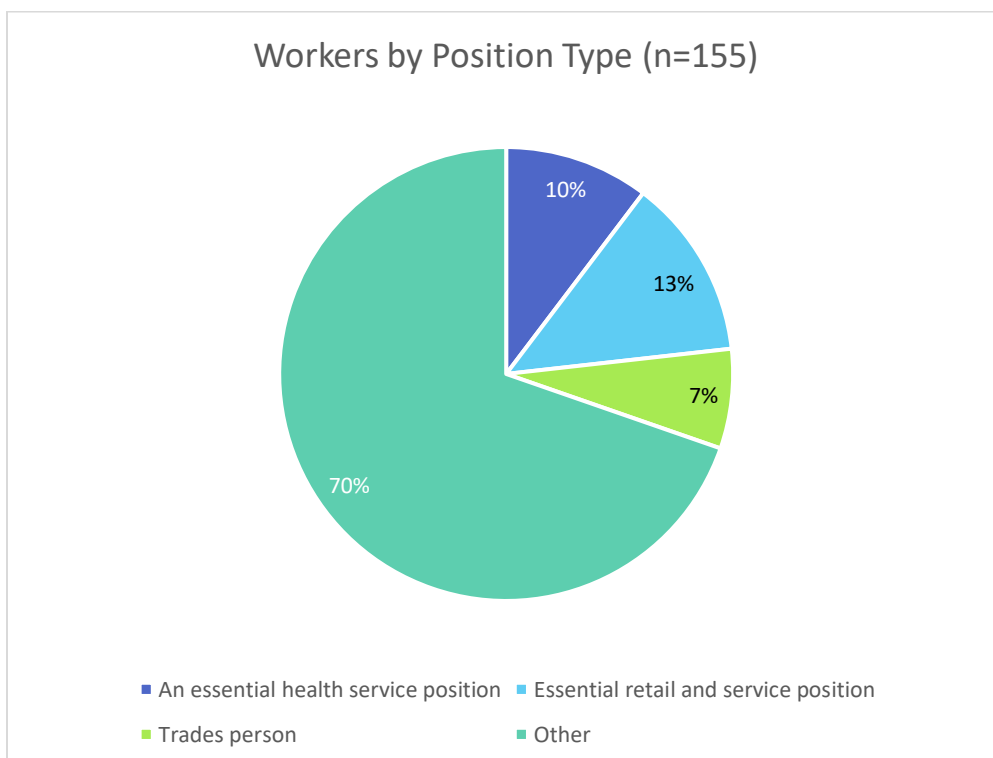


Figure 35: Workers by Type of Position

Figure 36 shows the distribution of ‘essential’ workers such as the ferry worker shown in Figure 33.

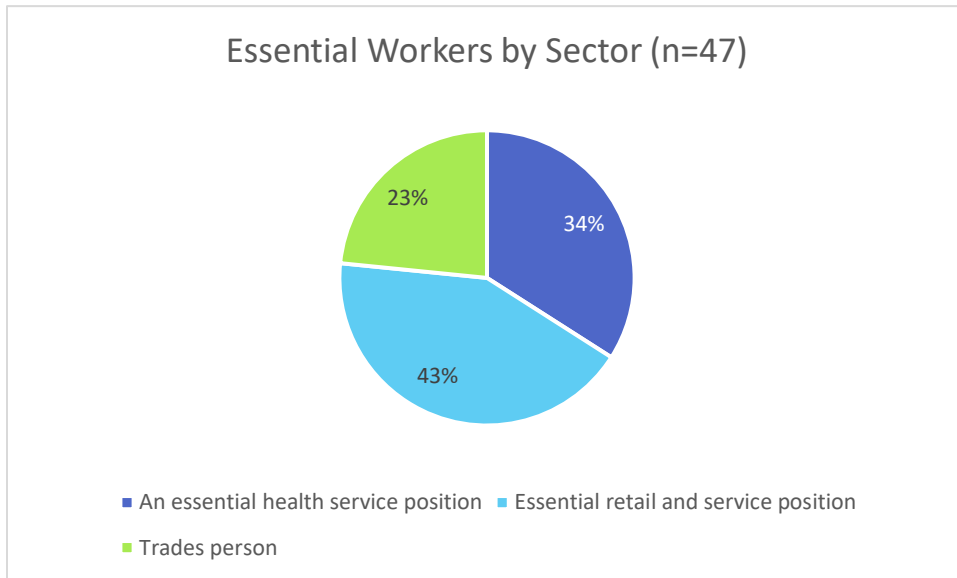


Figure 36: Distribution of Essential Workers by Sector

Essential health services workers include health care workers, first responders, allied health professionals such as home care nursing and home care support. Essential retail positions include those in public-facing positions such as those who work in grocery stores, the gas station, the drug store, hardware store and in food production. We have included trades in the essential service category because some trades provide essential services such as trucking and transportation, and others ensure that people can safely occupy their homes (e.g., construction trades).

The largest proportion of workers were in essential retail sales and service positions (42.5%), followed by essential health services (34%). Trades represented 23.5% of positions. Next to health care workers, many of these workers are in highly vulnerable public-facing jobs ensuring we have the basic goods and services that we rely on.

Work Patterns, Hours and Processes

Of those who worked at any time between January 1, 2020 and the survey closing date August 30th, 59.4% worked regularly starting before the pandemic; 3.5% started work during the pandemic and worked regularly, and 23.1% worked intermittently. Twenty people (13.9%) were laid off during the study period.

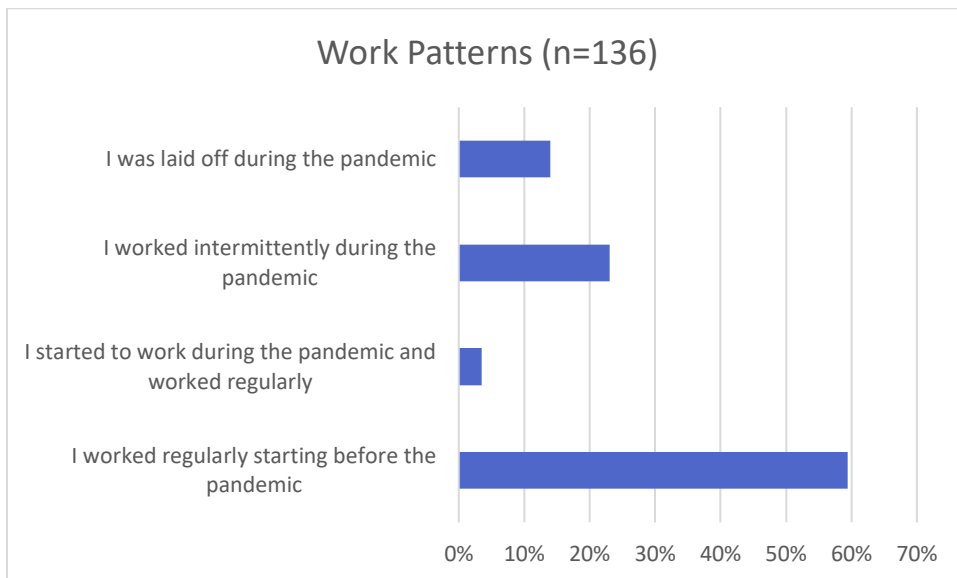


Figure 37: Work Patterns during COVID-19

Hours

As the chart in Figure 38 (next page) shows, just over 40% of respondents maintained the same work hours during the pandemic; however, almost one-third (32%) had a reduction in hours, while just over one-quarter (26%) experienced increased hours.

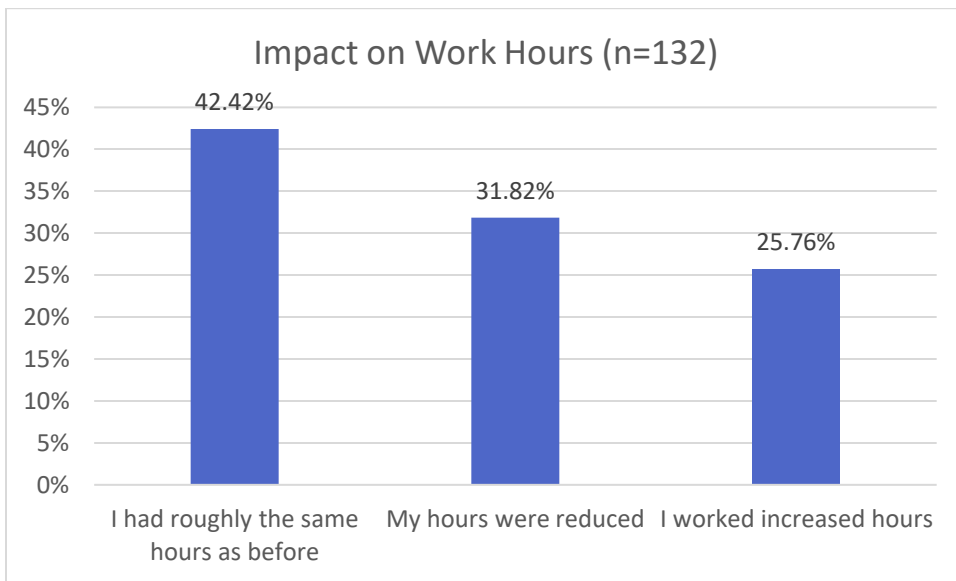


Figure 38: Impact on Work Hours during COVID-19

Processes

One hundred and twenty-two workers described how their work processes had changed as a result of COVID. For about 15% of respondents, the most significant change involved working from home. While some people experienced the shift to home-based work as positive (e.g., no need to commute) others described challenges (e.g., internet connectivity issues).

Forty-eight (48) workers described changes to work processes including increased cleaning (this included those who were primarily working from home), constantly changing policies and procedures, changes in the way that services were delivered, and changes in hours of work. The following quotes show some of the impacts.

Our business required more cleaning between customers, more packaging, and more division between the person handling customers vs doing other tasks.

I have worked online from home for 20+ years. What changed is, everyone else at my company now works online from home. Of course, what also changed is a very large number of my co-workers were laid off due to the huge downturn in business activities worldwide. That may be me by this time next week.

I changed departments entirely for 2½ months straight to help out with the Covid effort in the hospital - my entire professional world was completely changed. Every day a new procedure/policy was added/modified/updated. PPE¹⁰ was constantly changing depending on supplier availability and the latest recommendations. Procedures that normally take about 20 minutes would take hours due to precaution measures.

Increased cleaning, limiting clients through our door, more remote work completed through online meetings or remote document transmissions. Increase of reading through government aid options and trying to figure out what applies without limiting other aid options-and paperwork increase for health and safety communications.

My performance bookings were drastically reduced. I did perform one outdoor show, whereas I would play dozens through the summer. I played 4 live stream concerts. All my private voice lessons were cancelled. I have a few folks coming for distanced lessons outdoors, a fraction of the clients I had previously.

The impacts of working during the pandemic varied depending on informants' circumstances and the type of work. For instance, one person noted:

Lots more work available - people wanting to fix things up and needing someone to do it.

Another noted that their

...self-employment income [was] reduced, but regular job income increased due to working more (because of being short staffed).

One group of people was particularly hard hit: those who just completed training to become community health workers and who had been promised work prior to the pandemic.

¹⁰ Personal protective equipment

I get approx. 2 hours of work per week now having graduated from the community health worker program here — was promised so much more, I will not be able to make ends meet soon if my employment situation doesn't improve, full of anxiety over what was presented to me last year as being a fantastic opportunity for a new career, and now I am barely employed and the CERB funding is over.

Several people described interrupted work patterns including having reduced hours and being laid off for a period of time.

Suggested Changes to Work Processes and Conditions

Eighty-five respondents suggested changes to work processes and conditions in five areas: changes to modes of work, changes to policies and regulations, infrastructure improvements, income supports, and training and supports.

Work Modalities (n=33): the majority of recommendations were for increased opportunities to work from home either full time or in a split work pattern where a certain number of days would be from home and the remainder in a work site. Other suggestions included a reduced work week, more flexible work spaces including redesigned spatial arrangements in offices, and continued use of virtual meeting platforms.

Option for job shares, 4 day work weeks, reduced hours.

More flexibility of work spaces, more working remote if possible, more service via the internet or phone.

Technology has moved away from meetings that kill your day. Virtual meetings should be an option going forward.

For the Govt to enact and support as many people to work from home as possible. Not commuting has been the biggest bonus of COVID for me and I hope to continue to work this way. Much better for our souls and the environment.

This pandemic will change everything about office space and density of people in offices (changes the perspective on downtown towers) and increases the need for more secure and better broadband everywhere.

Protocols and Enforcement (n=27): the most frequent suggestion was that the COVID protocols regarding safe distancing, hand sanitizing and mask-wearing in public space be extended. Several respondents were hoping for clearer expectations about following the protocols and enforcement.

More people trying to respect the new style of doing business and how to stay safe and keep others safe, most folks are doing this, but there are some that are still struggling with how to adapt.

Let's put some signs up in retail spaces like are at the hospital: Uncivil behaviour will not be tolerated. Everyone deserves RESPECT.

Several people commented on the need to address safety protocols in school settings.

PPE for staff and students.. Smaller class groups. More outside facilities for students. Testing regularly for staff.

Schools need to follow same safety precautions as other public institutions, such as social distancing.

Infrastructure (n=12): a range of infrastructure supports were identified including: access to personal protection equipment (PPE), improved internet access, low-cost access to on-line meeting platforms, more plexiglass barriers and upgrades to air systems

Income Supports (n=10): The majority of responses focused on the need for worker benefits, in particular paid sick leave, followed by income measures such as a Universal Basic Income, better pay, and automatic gratuities to increase service industry wages.

Knowledge, Training and Supports (n=5): Suggestions included ensuring up-to-date information on virus transmission and effective responses, providing additional counselling and social supports, increased care for the sick and aging, increased training and supports for remote workers, and more initiatives to get young people into trades.

In the sections below, we examine data specific to those working on the frontline of health care: our doctors, nurses, medical office assistants, and social workers.

Perspectives of Frontline Essential Health Workers

The Gabriola Community Health Centre¹¹ serves as the locus for the provision of a wide range of health services including physicians, visiting specialist services, seniors outreach, public health, mental health and addictions, social work, dentist and a medical lab, as well as Island Health home and community care services.



The Clinic is also home to an Urgent Treatment Facility where patients can be triaged, treated or transferred to appropriate care off island. Currently, the Gabriola Medical Clinic has three physicians serving a population of 4,415 patients. The recommended panel (caseload) for rural physicians is 800 per physician. By this metric, Gabriola should have 5 physicians to be able to provide the appropriate care. Primary care service providers, including ambulance and firefighters, are the vanguard of the COVID-19 response (Gabriola Health and Wellness Collaborative, 2020, p. 18).

Figure 39: Drive-through Flu Clinic (photo: D. Kilbourn)

Although the Health Authority had promised to provide full compensation to physicians for on call services, the doctors currently receive partial funding for on call services – the Health Authority has not yet provided full 24/7 compensation. It should be noted that the Doctors did in fact provide 24/7 on call services in the first wave that they were not compensated for. And, they temporarily opened their practice to serve anyone on Gabriola even if they were not "attached" to clinic physicians adding additional stress and workload. Furthermore, the Health Authority does not provide full funding for the operations of the Urgent Treatment Facility, a cost that must be picked up by the Gabriola Health Care Foundation.

The pandemic resulted in significant changes to services and service delivery modes for the frontline health workers. This included:

- following WorkSafeBC guidelines, installing barriers, changing workflows, going virtual or providing services outside;
- offices were re-designed to support safe workflow, barriers were installed, cleaning stations created;
- COVID testing and assessment capacity was implemented¹²;
- practitioner schedules were continuously modified to meet service delivery requirements including adapting face-to-face interactions and implementing phone or virtual service delivery¹³, where possible and using social media to connect with clients/patients and check in -- clinic staff and practitioners were as creative as possible to continue delivering services safely as situations changed;
- new technology platforms or devices were purchased and implemented, (e.g., Doxy, Zoom, tablets, telehealth, online booking); and,
- COVID education materials were found, shared, and updated regularly for both staff and patients.

The Health Authority took a regional approach to information sharing using public health broadcasts, however, in rural communities patients and the public are more likely to listen to their local doctors. Thus, our clinic doctors used Facebook to ensure more local messages. This too happened over and above the normal workload.

As a result of these changes, staff workloads were reported to have increased by approximately 50% as cleaning and new processes were implemented. Cleaning costs, PPE costs, virtual tools, and new platforms all increased cost of operations and care delivery. PPE became unavailable to purchase through established companies, in response Island Health provided PPE, however the new systems took additional time to navigate but the clinic reported that the supply was adequate. Patients had to schedule services differently which increased anxiety or mental health needs. As patients experienced increased isolation, staff became increasingly fatigued by the extra load and greater complexity of cases. Constant patient/client education was needed regarding pandemic safety and new processes for service access.

In addition, providing essential health care services, including ambulance services, during COVID is dependent on supply chain continuity, which is essential to maintaining local health service. Supplies such as PPE and medical supplies can only arrive on the island, and patients can only be transferred to the hospital in Nanaimo, if the ferry is working. Keeping frontline health care workers safe and ensuring they have access to the resources they need is critical to the health of the community. This highlights the interdependence of health services with transportation services.

¹¹ Several allied health care providers work in the Professional Centre.

¹² The nearest centres for testing and assessment were sites in Nanaimo necessitating patient to travel from Gabriola by ferry.

¹³ Face to face interactions were minimized due to the burden of new safety protocols that had a significant impact on the number of patients that could be seen in a given period of time. Virtual visits increased capacity so that more patients could be attended to.

In terms of what was helpful, Gabriola Health Clinic staff noted the importance of relationships and communications. The Rural and Remote Division of Family Practice was integral in the clinic response to COVID. Funds did flow from the Ministry of Health to Divisions of Family Practice to support some of the changes needed. However, applying for those funds was very arduous, the processes were complex and not responsive in a timely manner. All COVID planning was done over and above providing service to patients. Communications were enhanced by VIHA information bulletins and physician portal, which proved helpful as protocols and guidance changed, as well as the critical importance of community communications and service coordination.

Clinic workers identified the following actions to support future pandemic response:

- flexible funding to support the changes required in service delivery (program support) and to support service delivery (PPE, facility changes, travel supports, cleaning costs, technology costs);
- funds to support instances when MSP billing is not occurring;
- pandemic pay for staff—Medical Office Assistants should be included in the federal pandemic pay;
- mobile clinics to travel to isolated patients/clients;
- being included in decision making and planning activities; and,
- having a quarantine center available when patients don't have ability to self-isolate.

Mental and Physical Health Impacts on all Workers

Workers were asked to describe the impact of changes to their work environments and processes on their mental and physical health. One hundred and twenty-six (126) workers responded. The dominant impacts were on their mental health, with physical health impacts being relatively minor. But they also described positive health outcomes. And it is important to note that 30 respondents (almost 25%) indicated that they had experienced no health impacts.

Mental Health Impacts (n=57): The predominant mental health impacts were related to increased stress, worry and anxiety; loneliness, depression and sadness; and emotional exhaustion, as the following quotes illuminate.

Major layoffs meant more work for remaining employees, with little acknowledgment of challenging impacts (“you should be grateful you still have a job”). It’s been stressful and anxiety provoking.

Family was supportive but losing daily interactions with more people was hard on the psyche. Continually felt torn between family and work obligations while working from home. It was difficult to separate duties and not have the domestic and work duties completed in the same hours. Felt like I was failing on all fronts.

My mental health has tanked around my feelings about work. I hate having to treat everyone (and being treated) as though we have the plague.

At the time I had no choice but to show up for the community and do my work to the best of my ability. The wave came and I was going to be on it no matter what, so I just had to go along with it. Looking back I see that I was anxious, stressed, trying my best to cope. I would be too exhausted from work to enjoy what normally brings me joy. I actually felt jealous of those who were told they couldn't work and had to stay home, despite knowing how stressful that must have been. I'm still not quite back to my old self, but I'm making progress in the right direction.

Physical health impacts included the impacts of more screen time, less exercise, weight gain, and exhaustion from increased physical workload.

Positive Health Impacts (n=21): Many experienced positive impacts resulting from having greater control over their work and more flexibility in balancing work and personal needs, often associated with working from home. For others the positive benefits accrued from proactive practices of employers.

I was greatly impacted but had habits and an outlook that allowed me to manage the changes. My mantra became: Accept, adapt, appreciate.

My physical health is better as I'm working out at home more regularly. . . My mental health is at least somewhat better as I now view being an extreme introvert on the autism spectrum as my secret super-power rather than the burden it has been most of life.

Improved it, as my employer is going above and beyond to ensure our safety, including permitting working from home whenever possible and guaranteeing paid sick leave.

If anything, it was favorable. I didn't have to commute to Nanaimo, I had a relaxing morning routine of breakfast and tea with my wife before I started my workday, and I got to work on projects that were of particular interest to me

Summary of Workers' Experiences

Workers made up 46% of the responses (166 out of 363). Most workers were between the ages of 50 and 74 and female with roughly half being in an employment relationship and the other half self-employed. Workers' earnings were distributed across all income levels from less than \$20,000 to over \$100,000 consistent with the 2016 Census distribution. Employment income was supplemented by investment income, pensions, government transfers, and support from family members, consistent with other recent research conducted prior to COVID¹⁴. Slightly fewer than half of the workers indicated receiving government COVID benefits. For those that did, three benefits were most often cited: the pension top-up, CERB and the Child Benefit. Workers were distributed across trades (23%), essential health care (34%) and essential retail sales and service (43%). The majority worked regularly, but one-third experienced reduced hours while roughly 70% indicated their hours remained the same (40%) or increased (30%).

Workers' experiences of changes in their work life provide insight into the challenges they faced, in particular around work modalities and processes. A significant number of people indicated that they worked from home; for some this was a shift from work-site based employment to home-based employment. For many this was identified as a welcome change. A second major change, regardless of the location of employment, was the introduction of increased health protocols (e.g., cleaning, PPE and plexiglass barriers), ongoing access to income supports, and increased training and support. Perhaps the most significant finding for this group was the greater degree they indicated they experienced stress, anxiety and gratitude.

Perceptions of Community and Societal Response

This next section is about all respondents' perception of how well various sectors of society did during the pandemic response. We asked survey respondents to tell us how they thought community members, community organizations, local businesses, governments and media did in responding to the pandemic. The following chart provides a picture of their responses:

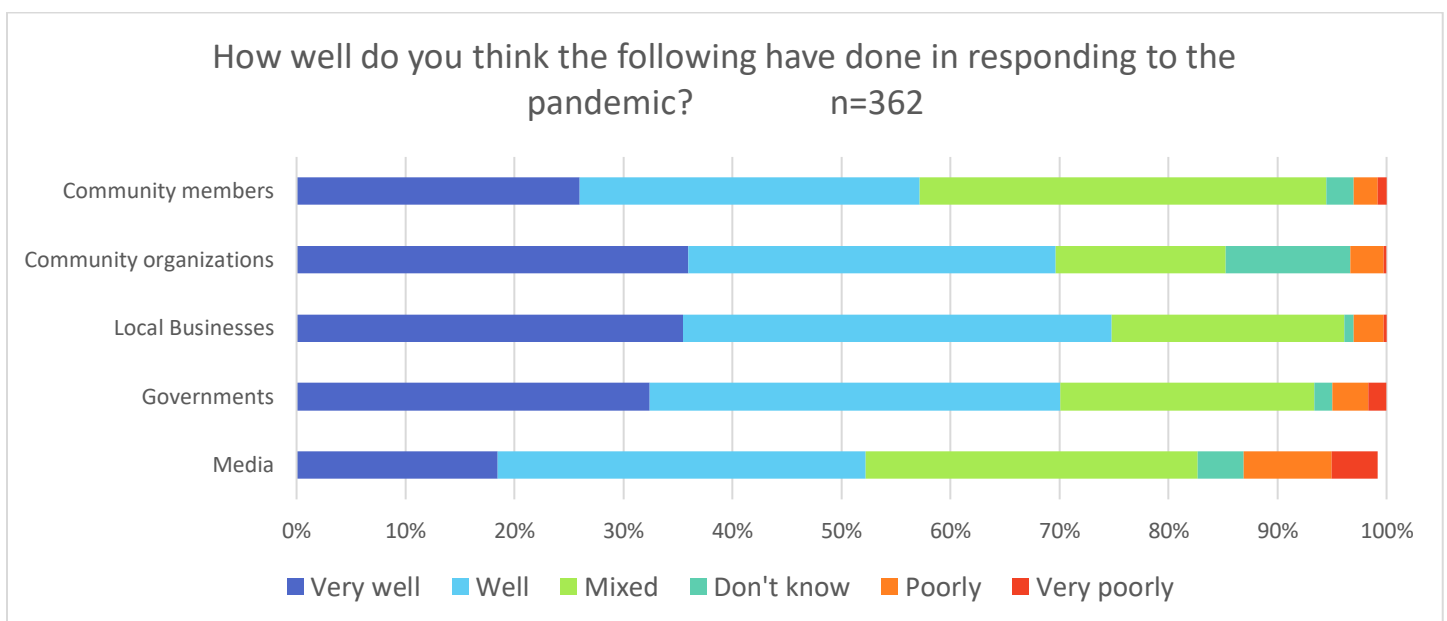


Figure 40: Perceptions of Individual and Community Response to the Pandemic

Community members: Only 3% felt that community members responded *Poorly* or *Very poorly*. Thirty-seven respondents felt that community members' responses to the pandemic were mixed: "Wonderful supportive acts mixed with some attitudes towards those with different opinions about COVID". Thirty-three percent felt that Gabriolans responded *Well* and 26% *Very Well*. Key points made in the comments were the critical comments made about other community members (particularly online) and criticism of those not wearing masks or physical distancing.

Workers did not take quite as rosy a view of how community members responded with 51% as opposed to 59% describing the response as *Very well*, or *Well* and 5% feeling community members had responded *Poorly* or *very Poorly*. This may reflect the reality of their continuous interface with community members, not all of

¹⁴Dunsmoor-Farley, Dyan. *Globalization's Ruptures and Responses: Lessons from Three British Columbia Communities*, August, 2020 <https://dspace.library.uvic.ca//handle/1828/12104>

whom have exercised due care, as noted in respondents comments. Further comments regarding the dynamics in community were made in the final comments and are found at the end of this section.

Community organizations: Community organizations received a positive rating with over 36% of respondents indicating they did *Very Well* and 34% indicating they did *Well*. Sixteen percent indicated that it varied from organization to organization and 3% felt that they did *Poorly*. In addition to kudos for specific organizations, several commented on how they worked together: “*Lots of collaboration among local organizations*”. Again, workers rated community organizations slightly lower than the general population, rating their performance as *Very well, or Well*, at 63%.

Local Businesses: Respondents felt that local businesses did a great job in responding, with 36% indicating they did *Very Well* and 39% indicating they did *Well*. Twenty-one percent felt businesses response was *Mixed* while 3% indicated they did *Poorly*. As one respondent stated, “*Good, creative responses*”, while another indicated gratitude: *I truly appreciate those people who have been working throughout this period, in particular those who could have chosen to do otherwise.*

Workers, despite the fact that many of them work in local businesses, were slightly less positive about how local businesses had done, ranking those doing *Well* or *Very Well* at 68% (compared to a 75% ranking from the general population. This may reflect a deeper exposure to the ways that businesses were responding and also to the efforts of business to keep workers safe.

Governments: Governments also received a positive rating with 32% of respondents rating their response *Very Well* and 38% rating it *Well*. Twenty-three percent of the respondents felt governments provided a mixed response and 5% felt they did *Poorly* or *Very poorly*. Comments included praise and criticism:

It makes me proud to be a Canadian and a British Columbian to see our governments respond so quickly and also for the most part to see all parties working together. Wish it could always be this way.

Forcing rules on people such as masks on ferry - some of us can't wear masks.

Again workers ranked governments' efforts slightly lower than the general population, assigning 66% as doing *Well* or *Very well*.

Media: The media fared the worst in people's perception with 4% rating media's responses as very poor and 8% rating the responses as poor. Thirty percent rated their responses as mixed, with many reflecting the following comment: “*Local media (the Sounder) was great. Too much sensationalism from some other media sources*”. There were 34% of respondents who indicated they felt the media coverage was well done and 18% felt that media outlets had responded *Very Well*. Again workers ranked media's efforts slightly lower than the general population, assigning 42% as doing *Well* or *Very well*.

Perceived Community Impacts

Final comments solicited from respondents showed a strong concern for how COVID had impacted the fabric of the community. Thirty-two people expressed concerns about the impacts on the community and the capacities and values that emerged in the community's responses to the pandemic.

Negative Impacts: Eleven people commented on the negative impacts of COVID-19 for the community. These ranged from concerns that the social fabric of the community had been damaged, disagreement with how the community had responded to the pandemic, personal experiences of stress, and concerns about pressures on the carrying capacity of the island. The following comments highlight these concerns:

I sense a real shattering of community that was manageable at the beginning with people making real efforts to build on-line and other innovative collaborations. The "opening up" coincided with the arrival of swarms of summer people and tourists, overwhelming our efforts to stay connected. I go outside now and never see a single person I know - people are remaining at home more for their different reasons - so the sensation is walking out into a completely different town. It is a feeling that is difficult to manage. As if one was overnight dropped into a different place or time. Rarely someone to say hi to (from afar), the library closed... etc. you know the story. I can't wait for September although I am concerned about families with children who need to deal with education.

The carrying capacity of the island cannot support more tourists and more second home owners. Gated communities? People camping on McConvey Rd cause campground is full. Stop promoting Gabriola then complain[ing] how crazy busy it is.

It is hard during the pandemic to figure out how to be helpful, useful. My regular volunteer activities no longer exist.

The stifling of conversation about this topic on popular message boards on Facebook, and the unceremonious removal of houseless campers from the 707, the uptick in development all make this seem like a community that doesn't care about anything but money. Not why I moved here.

This whole event has impacted us enough and we disagree so strongly about how the Gabriola community has handled this that we are moving at the end of summer to a place where people are not reacting so harshly and with so much judgement toward community members. The shift in this community has been devastating for us. We are saddened by the new version of Gabriola Island.

Values: Eleven people commented on community values that they felt played a role in sustaining the community through the pandemic. This included an appreciation of Gabriola as a “quiet”, “safe haven”¹⁵. Several people commented on the attributes that would be necessary to sustain the community and to ensure resilience going forward, as some of the following comments describe:

We need to be leaders . . . let's be more progressive – for society equity, work/life balance, etc.

Gabriolans (mostly) have shown they see themselves as part of something larger, rather than the isolated ego competing for what they want.

Importance of self-reliance and self-sufficiency at the personal as well as at the community level.

In my experience, this community has demonstrated ongoing kindness and generosity during this difficult time, which is the basis of all the for the strength of its support organized forms of charity and sustainability, for defence of our shared values to protect and preserve our environment and to create a truly just society - I feel blessed to live in this community.

Focus on the positive aspects from what communities had to undergo due to the pandemic but in any return to post pandemic normality, not lose sight of the other issues of environmental degradation, income inequity and consumerist lifestyle arising from the current economic system.

We also need to use our experience and community voice to insist on systemic change at the provincial and national levels! The time is now to advocate strongly for changing the way we support our people/economy so it works for people and not just big business, banking and their lobby efforts of the inner circles of power over these past few decades.

The future: three people spoke about the future, two expressing hopefulness:

*Things will get better!
Fingers crossed for a sweet outcome*

and one wondering about what the future would hold:

Winter time is going to be interesting in regards to the pandemic. Have people made plans for this - mentally? How will people's mental health needs be met at this time? It will be the cold/flu season with high stress levels due to uncertainty if people have a flu/cold or actual virus. Stress due to continued unemployment. It is hard for many to keep to and get back on track.

Summary of Perceptions Section

Those receiving the highest kudos for responding well to the pandemic were community organizations and local businesses. Most respondents felt that these two sectors of the Gabriola community were respectful of community members and the recommended protocols, while at the same time providing as much service as possible. Governments received a very strong approval rating and some people commented on how their perception of government had improved.

Community members received a generally positive response although just over one-third (37%) described their response as mixed and felt frustrated with the divisive behaviour appearing in social media as well as public spaces.

While media fared well (53% indicated *Well* or *Very Well*) there were concerns expressed that some media sensationalized the pandemic, creating panic and fear. As noted in each of the sections above, workers tended to

¹⁵ This is consistent with other research – see Dunsmoor-Farley, Dyan. *Globalization's Ruptures and Responses: Lessons from Three British Columbia Communities*, August, 2020 <https://dspace.library.uvic.ca/handle/1828/12104>

rate all sectors somewhat lower than the total respondents. This can be explained to a large extent by the fact that workers were much more likely to identify responses as *Mixed* and may reflect the tensions between their roles as workers and individual community members.

A broader concern emerged regarding the impact of COVID-19 and responses to it on the fabric of the community. Despite observing some of the negative impacts, Gabriolans also emphasized the values that had guided the community thus far such as individual and community self-reliance, consideration of others, and advocacy on equally important issues like climate change and achievement of a just society.

Looking to the Future

We provided a list of potential changes that might be encouraged as the pandemic causes rethinking of our societal behaviours and policies. These changes came from media commentaries on potential changes that might occur as people rethink how our society operates. Wording was not meant to imply that there were causal links between these changes and the pandemic, but rather a recognition that societal shifts occur during times of crisis as people consider what isn't working in society and what could be changed. We asked people to indicate the degree to which they agreed or disagreed with these suggested changes. We then asked people to identify other changes they would like to see during this time.

We also received comments related to looking forward in response to the 'any final comments' question. Twenty-five people identified a range of policies and priorities that they felt merited attention going forward. These included local policies and initiatives, broader societal policies relating to COVID, the environment, and income, and practices that should be sustained or implemented. We have incorporated them into the following analysis.

Local Shifts

Local shifts include access to locally produced food, transportation infrastructure and access to service providers. The following graph indicates whether respondents agreed or disagree with the specific change listed on the survey. People strongly agreed (60%) or agreed (31%) with increased access to locally produced food, and strongly agreed (51%) or agreed (35%) with improved low emission transportation infrastructure. And while there was general agreement for use of telephone appointments with service providers (27% strongly agreed and 42% agreed), there were caveats including options for in-person service and not having to wait for a long time on the phone.

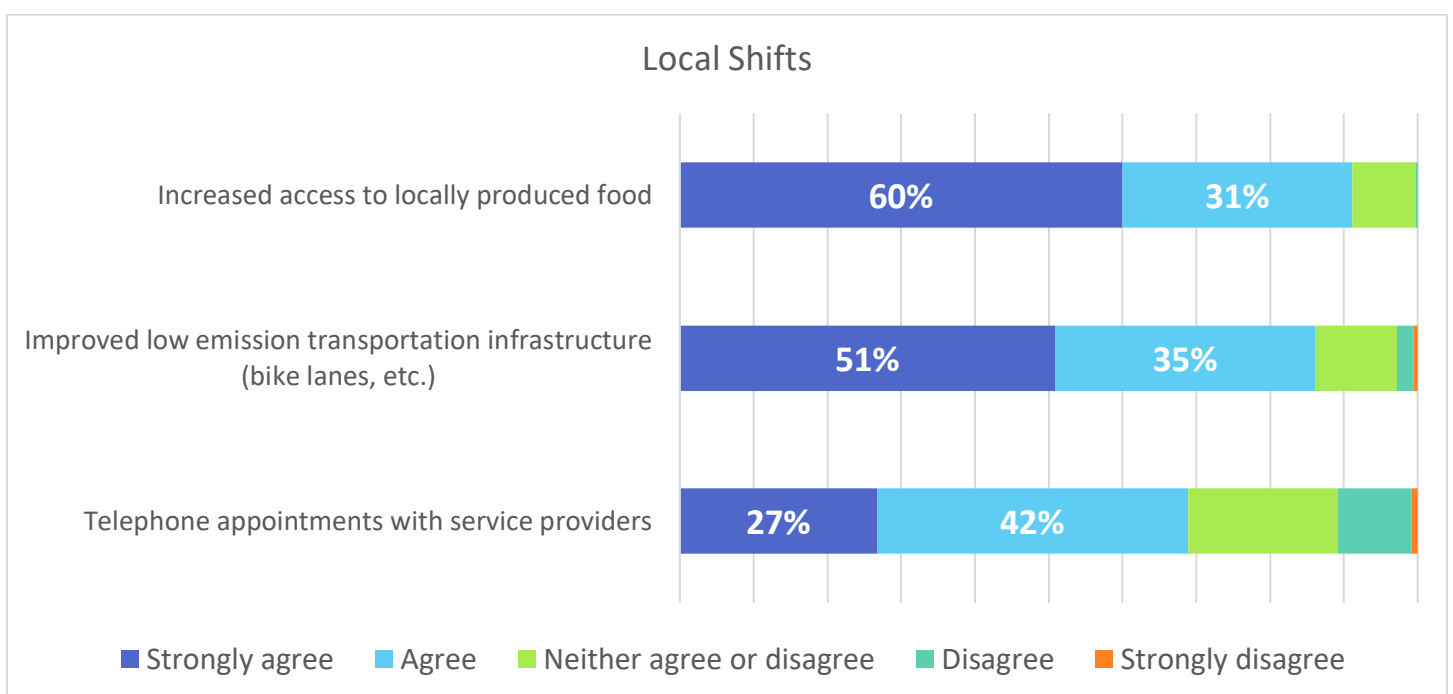


Figure 41: Commitment to Local Shifts in Behaviours, Processes and Policies

Comments related to the above changes include:

Increased access to locally produced food: *Increase farmers' market area and amenities; expand food programs such as the food coupon program with local producers.*

Improved low emission transportation infrastructure: *We need more walking paths to access the village, supportive of alternative transportation but infrastructure must be there.*

Telephone appointments with service providers: *As long as there is an option of going in person as well; as long as I'm not kept on hold for a long time.* (Note: workers showed strong support for telephone interviews (74.5% compared to general pop at 69%).

Other suggestions regarding local actions include (see more details in Appendix B):

Environment: Recycling, reduced consumerism, ban burning, green burial, reduce air travel, cruises and single passenger vehicle trips.

Human Rights: Improved elder care, public laundromat and showers, affordable housing, address systemic racism on Gabriola, welcome refugees.

Employment: Employers' flexibility regarding employees' child care responsibilities, increased options to work from home.

Local Infrastructure and Service Improvements: Recreation centre with hot tub or sauna, improved facilities for the arts and culture, home delivery of food and supplies, improved cell service at south end, getting rid of Airbnb rentals on Island.

Community learning and values: Increased collaboration between community organizations, collaboration between community organizations and businesses, learning about critical thinking in relation to media, valuing kindness, individual attitudes focus of change rather than government efforts.

Pandemic Related: Increased social opportunities within safe guidelines, building changes/adjustments need to be made for lineups outside stores during winter months, keep numbers small in stores, advice on altering or rethinking employment during COVID.

Systemic/Policy Shifts

Systemic/policy shifts included improvements in long-term care, racism, universal basic income, mental health and addiction services and fossil fuel subsidies. The following graph indicates whether respondents agreed or disagreed with the specific change listed in the survey. Seventy percent strongly agreed and 24% agreed that improvements for staff and patients in care homes were needed, and 63% strongly agreed and 25% agreed that we need to address racism. The universal basic income received 50% indicating strong agreement and 25% agreement. Forty-nine percent strongly agreed and 36% agreed with increased mental health and addiction services, and 47% strongly agreed and 25% agree with eliminating fossil fuel subsidies.

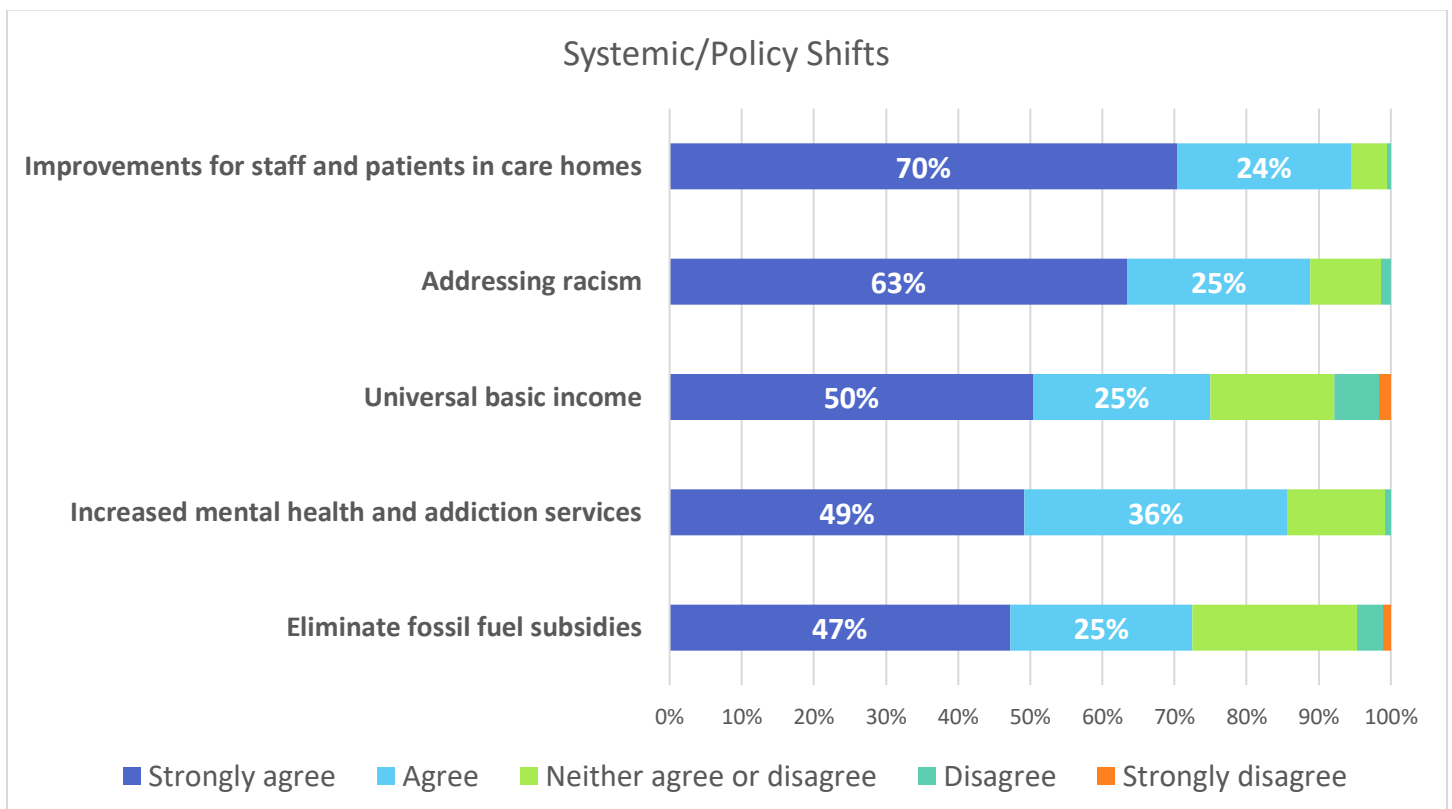


Figure 42: Support for Systemic Policy Shifts

Comments related to the above changes include:

Improvements for staff and patients in care homes:

- Care home standards need to be improved,

- *It is shameful that our elders in care homes are dying by themselves without their families. This situation shows a lack of compassion and dignity at the end of a loved one's life,*
- 4 more similar comments.

Addressing racism:

- *Racism has always been present and should be addressed at all times,*
- *We need to reduce racism but current actions are not really doing that,*
- *The recent focus is on systemic racism, which I believe must be addressed. This is the time to address it.*
- 4 more similar comments

Universal basic income (UBI):

- *We have such an opportunity now to reset the economy and we could do this easily now having been through the rough part by enabling universal basic income*
- 4 more comments strongly supporting UBI.
- *CERB was a good & necessary fix - and I do believe that everyone should receive \$\$ help, when necessary - but also believe that people should work when they can.*

Increased mental health and addiction services:

- *Paying attention to the poverty, isolation and other factors that many face due to living in a rural remote community like Gabriola. WE NEED MORE quality, trauma-informed accessible MENTAL HEALTH SUPPORTS!*
- *Responding to overdose crises,*
- *Defund the police,*
- *Mental health, addiction, crime and homelessness are inextricably linked and the root causes.*

Eliminate fossil fuel subsidies:

- *Having government become more accountable for decisions made to subsidize fossil fuels industries.*
- *What about equally reducing green fuel subsidies?*
- *They have to come to realize that subsidizing any luxury item industry is not sustainable. Runaway economy is very bad for a nation because it eventually must collapse.*

Other systemic/policy change suggestions and related comments included:

Housing: Eight respondents mentioned housing emphasizing the need to support affordable housing, homes for the homeless first – treatment and care after.

Wealth redistribution: Four respondents outlined paid sick leave, increased taxes for the rich, increased support for artists and general wealth redistribution to ensure wealth equity.

Education: The importance of education was mentioned by four people with one focused on community education and three focused on improved public education for all children.

Climate Change: Four respondents spoke of the need to respond to the Climate Change crisis.

Gender Issues: Women's equality and violence against women were mentioned by three respondents and a fourth identified the need to ensure basic human rights for LGBTQSS.

Indigenous Rights and Reconciliation: Three respondents felt there should be justice for Indigenous people and that settlers need to be better informed about how the treaty process will unfold.

Conservation: Three respondents emphasized the needs to preserve natural areas and protect wildlife.

Government changes: Two respondents described the need for the government to be more collaborative and responsive and four described the need for better services (daycare, ferry service, improved EI, and supports for families were all mentioned).

[Summary: Looking to the Future](#)

There was strong support for the following initiatives (over 80% strongly agreed). The percentage in brackets represents those that agreed or strongly agreed:

- ✓ Improvements for staff and patients in care homes (94%)
- ✓ Increased access to locally produced food (91%)
- ✓ Addressing racism (88%)
- ✓ Improved low emission transportation infrastructure (86%)

There was support for the following initiatives (over 69% agreed or strongly agreed). The percentage in brackets represents those that agreed or strongly agreed:

- ✓ Increasing mental health and addiction services (85%)
- ✓ Universal Basic Income (75%)
- ✓ Eliminating subsidies for fossil fuels (70%)
- ✓ Telephone appointments with service providers (69% support with caveats¹⁶)

There was also a range of other potential shifts and initiatives, some require personal and/or collaborative action at the local level and some require legislative and policy changes for provincial and federal governments. Others require societal relearning of how we live and interact with others. Many of the initiatives described in this section are already in process and these suggestions can provide support for collaborative efforts to achieve the desired shifts.

Conclusions

This research produced a wealth of data which we have only just begun to explore. This report represents our preliminary analysis. We feel it is important to share this now so that community members have the opportunity to reflect on where we have been, how it has impacted the community and where we might consider going over the next year while the vaccine is being rolled out. It is important to remember that this pandemic is only unique in its breadth of impact: we have already lived through the AIDS pandemic, SARS and epidemics like polio. This is the time for all of us as community members to think about the changes we need to make as individuals and as organizations to ensure our readiness for whatever comes our way in the future. The following lessons reflect some of the key findings of the research that can guide us going forward:

Lesson One – The importance of social connections, connections with nature and exercise for well-being

As mentioned in the section on well-being the top three contributors to the well-being of respondents were social connections, connecting with nature, and exercise. These responses crossed age, gender and income and point to the kind of actions that would improve well-being both through the pandemic time as well as once the pandemic is over.

Access to online connecting provided respondents with a needed link to family, friends and co-workers. When in-person connection is not possible then ensuring everyone has access to online connecting appears to be key to improved well-being.

There is an imperative to ensure opportunities for people to be outside in nature, connecting with others and exercising; one respondent emphasized the importance of keeping the parks open. A clear action forward is the promotion of physical activity and linking it to the desire for improved zero carbon transportation – more walking and biking – and more trails and infrastructure to support these modes of travel.

Lesson Two – People experienced increased anxiety and stress during the pandemic

Despite expressing a high degree of gratitude, respondents also expressed high levels of stress and anxiety. Perhaps that should not be surprising given the high incidence of mood and anxiety disorders and depression in the general population. And while there are no causal links, the emergence of the pandemic alongside a deepening awareness of the climate crisis is a backdrop to be considered. Respondents identified a reduced sense of well-being emanating from reduced social connections, but negative communication, politics and world events, and present and future uncertainty also played a large role. While the impacts were similar across income levels, they were experienced to a greater degree by larger households, women, and working age people. Notably those aged 20 to 39 were impacted the most. These findings need to be considered alongside the limited mental health services and supports available on the island.

These data, combined with reports from health professionals describing increased anxiety and mental health challenges seen in patients during the first wave of the pandemic, suggest the need to increase access to mental health and addiction services, as supported by the majority of respondents. Given the intersections of low income, lack of affordable housing and limited services, a cross-sectoral social determinants of health approach needs to be employed.

Lesson Three – the challenges of the COVID response were magnified for workers

Whether on the front lines or working remotely, workers were more grateful, anxious and stressed than the general population. Public-facing essential retail workers played a critical role in sustaining the health of Gabriolans during the pandemic by ensuring access to basic goods and services. Like the broader Gabriola population, Gabriola's workers are older – most are over 50. The majority of work is part-time and/or part year

¹⁶ Telephone appointments were more strongly supported by workers.

resulting in an average median family income 26% lower than the BC median average family income. In addition, many Gabriolans rely on multiple sources of income.

Three major changes occurred during the first wave of COVID: worksites had to implement enhanced health protocols; many workers were no longer able to work from their normal worksite instead working from home; and an array of government benefits were introduced some of which ensured businesses could stay open and others that provided workers with an adequate wage and supports. A significant number of those surveyed worked from home; for some this was a shift from work-site based employment to home-based employment. For many this was identified as a welcome change. Secondly, the government benefits in particular CERB and pension supplements were critical to sustaining the workforce.

These findings suggest the need for policies, programs and infrastructure supporting different work modes, and ongoing provision of local, provincial and federal benefits and supports to ensure workforce sustainability.

Lesson Four – COVID placed increased stress on an under-resourced local health service system

Doctors, nurses, paramedics and allied health care professionals are critical to the ongoing health of the community. Frontline health care workers had to shift and adapt to COVID quickly despite existing limitations in the local service system. While Gabriola is fortunate to have a health care centre providing multidisciplinary team-based care including urgent and emergency treatment, the clinic only has three of the five physicians it needs, does not receive adequate call-out funding or full funding for the Urgent Treatment Facility. And access to PPE, medical supports and specialized services are challenged by the supply chain vulnerability of a ferry-dependent community.

With the complexity of COVID, work processes changed including implementation of enhanced safety precautions, increased telephone appointments, ongoing consultation with the health authority, and coordination across local services. Health professionals reported increased mental health challenges for their patients and clients. Many patients experiencing increased anxiety requiring patient/client education and counselling regarding pandemic safety and new processes for service access. A large older population and corresponding high proportion of complex cases combined with new COVID safety processes resulted in exhausted staff. All frontline health care workers showed their dedication from the outset when there was little knowledge of the risks and PPE was in short supply; as with public-facing essential retail workers, they were willing to put themselves and their families at risk to serve the public.

These findings suggest the need for collaborative relationships and communications both locally and externally to be sustained and enhanced. Funding support for local coordination, a local emergency response centre, mobile outreach clinic, and quarantine centre is required for effective, responsive service delivery. Most pressing, the funding gap for physician compensation and urgent treatment needs to be addressed along with the recruitment of two more physicians and/or nurse practitioners.

Lesson Five – income stability had a positive effect on wellbeing

COVID benefit programs were important in reducing stress and anxiety at the personal level for those who identified a minimal impact or positive impact of the early pandemic period on their income (75% of respondents). Those indicating a decrease in income were more likely to choose the words stressed or anxious. Income stability was also key at the local business level, increasing the stability of small businesses resulting in increased community resilience.

As seen in the results in the *Looking to the Future* section there was strong support by respondents for a Universal Basic Income program. Given the lower median income and higher child poverty numbers on Gabriola relative to the BC average, the need for basic income stability is particularly relevant. Some respondents talked about the relief that the benefits ensured income stability for their children and grandchildren. Others talked about the need to ensure more equitable wealth redistribution. These findings point to the importance of advocating for the implementation of a basic income security policy .

Lesson Six – Increased local growing, making and buying required to increase community resilience.

Through this research, we learned the importance of increasing the resilience of Gabriola through growing, making and buying local. *Supporting community* topped respondents' rationale for buying local, with references to *community resilience*, *support for local businesses* as well as *quality* and *convenience*. There is a growing recognition on Gabriola that our current food security is precarious, relying on the ferry and effective distribution from locations outside of our control. Potential reduction in ferry service during the pandemic highlighted our reliance on outside sources for supplies as 90% to 95% of Gabriolan's food supply comes from off Gabriola (Kazmierowski, 2010, p. 18).

The findings also indicated that respondents had increased local buying during the pandemic and plan to continue that trend after COVID. When asked about support for increased access to local food and products

91% indicated they strongly agreed or agreed. These findings indicate community support for buying local, which underlines the importance of strategies to increase local making and growing.

The Final Word

I am grateful, not in order that my neighbour, provoked by the earlier act of kindness, may be more ready to benefit me, but simply in order that I may perform a most pleasant and beautiful act,” —Seneca (c. 65 AD)

Survey respondents were given an opportunity to tell us anything else that they thought was important. Substantive comments related to community impacts, policies and priorities and survey improvements were integrated into appropriate parts of the report. One hundred and forty-six people responded, minus the null responses (i.e., “no”) there were 108 qualitative responses.

The largest percentage of respondents (48) expressed gratitude to those who designed and implemented the survey. It appears from the number of responses expressing thanks that the survey met a need for Gabriolans to tell their stories – how the pandemic had affected them, their families and friends, how COVID responses affected them, and what strategies and policies they hoped would be implemented in the future. The quotes below capture some of the perspectives shared:

Thank you for taking the time to reach out to the community. It is important to understand ourselves.

Thank you for your support for Gabriola community members.

Thank you for doing this survey. Of the several we have filled out, this is the only one that actually touched on topics that, at least to us, matter. Well done!

Thanks for doing this work. Hopefully it will translate into meaningful systems-level change for all of us.

Thanks for turning the pandemic into an opportunity for community reflection and planning for the future.

Smart you to collect info on this now!

Appendix A – Federal and Provincial Benefits for Individuals

Canada Emergency Wage Subsidy

As a Canadian employer who has seen a drop in revenue due to COVID-19, you may be eligible for a subsidy to cover part of your employee wages, retroactive to March 15. This subsidy will enable you to re-hire workers, help prevent further job losses, and ease you back into normal operations. <https://www.canada.ca/en/revenue-agency/services/subsidy/emergency-wage-subsidy.html>

BC Emergency Benefit for Workers

The B.C. Emergency Benefit for Workers is now available to eligible B.C. residents who stopped working because of reasons related to COVID-19 between March 1 and 14, 2020. A one-time, tax-free \$1000 payment. <https://www2.gov.bc.ca/gov/content/employment-business/covid-19-financial-supports/emergency-benefit-workers>.

GST/HST special GST/HST credit payment

As of April 9, 2020, a special GST/HST credit payment for low- and modest-income families was made: \$400 for individuals, and close to \$600 for couples

BC Climate Action Tax Credit

In July 2020, eligible families of four automatically received a combined B.C. Climate Action Tax payment up to \$564, and eligible individuals will received a combined B.C. Climate Action Tax payment up to \$218.

The enhanced BC Climate Action Tax Credit was combined with the federal GST/HST credit payment.

BC Hydro payment relief

BC Hydro rates will be reduced by 1% on April 1, 2020.

Some of the supports that have been offered through BC Hydro include:

- Halted all service disconnections because of non-payment during COVID-19
- Residential customers who are not working because of COVID-19 received credits to cover electricity bills – three times their average monthly bill over the past year at their home. The credit does not have to be repaid
- Customers were able to defer bill payments or arrange for flexible payment plans with no penalty
- Customers who are dealing with job loss, illness or loss of wages due to COVID-19 can use BC Hydro's Customer Crisis Fund grant program for up to \$600

CYSN Emergency Relief Support Fund

A final round of the short-term Emergency Relief Support fund for children and youth with special needs and their families will provide a direct payment of \$225 per month for up to three months to assist eligible families.

This will be available from July 1 to September 30, 2020.

[Review eligibility and access the Emergency Relief Support Fund](#)

Child care for essential service workers

At the end of March 2020, the Province began matching essential service workers with child care in their communities. This work was done through Child Care Resource Referral Centres in 38 B.C. communities.

Canada Child Benefit

A temporary increase to the Canada Child Benefit (CCB) provided up to an extra \$300 per child. [See more details about the Canada Child Benefit](#)

Canada Recovery Benefit

The Canada Recovery Benefit (CRB) provides \$500 per week for up to 26 weeks to workers who are self-employed or are not eligible for EI and who still require income support. This benefit supports people who have stopped working due to COVID-19 or whose income has dropped by 50% or more.

Canada Recovery Caregiving Benefit

The Canada Recovery Caregiving Benefit (CRCB) provides \$500 per week for up to 26 weeks per household for eligible people unable to work because they must care for a child under 12 years old or other family member requiring supervised care, who is unable to attend their school or regular care facility due to COVID-19.

Canada Recovery Sickness Benefit

The Canada Recovery Sickness Benefit (CRSB) provides \$500 per week for up to two weeks, for workers who are sick or must self-isolate for reasons related to COVID-19, or have underlying conditions that would make them more susceptible to COVID-19.

Canada Emergency Response Benefit

For people who had lost income because of COVID-19, the Canada Emergency Response Benefit (CERB) provides a taxable benefit of \$2,000 every 4 weeks.

The CERB transitioned to a simplified Employment Insurance (EI) program, effective September 27, 2020, to provide income support to those who remain unable to work and are eligible, and introducing a new suite of temporary and taxable recovery benefits to further support workers.

B.C. Emergency Benefit for Workers

B.C. Emergency Benefit for Workers provided a one-time, tax-free payment of \$1,000 to B.C. residents whose ability to work has been affected by COVID-19.

One-time \$600 payment to recipients of federal disability benefits

Individuals receiving federal disability benefits including Canada Pension Plan benefits, disability supports provided by Veterans Affairs Canada and disability tax credit certificate holders are eligible. This federal benefit payment will be fully exempt for people currently receiving provincial assistance. This one-time payment is in addition to the previously announced exemptions for people on income and disability assistance who may be receiving the Canada Emergency Response Benefit or Canada Emergency Student Benefit. The exemptions remain in effect for the duration of these federal programs.

COVID-19 crisis supplement

Everyone receiving Income Assistance (IA) and Disability Assistance (DA) who is not receiving Employment Insurance (EI) or the emergency federal support program will automatically receive a \$300 COVID-19 crisis supplement on their cheques starting in April 2020. This includes people receiving the B.C. Senior's Supplement. Those who receive IA or DA who are eligible for EI or the new Canada Emergency Response Benefit will automatically receive a \$300 COVID-19 crisis supplement in April 2020. Earnings received through federal EI, including the \$2,000 Canada Emergency Response Benefit, are exempt for the duration of the CERB program. This supplement will also continue to be provided to low-income seniors receiving the B.C. Senior's Supplement and income assistance and disability recipients residing in special care facilities.

Mortgage payment deferral

Homeowners can contact their bank to apply for six months of mortgage payment deferral.

Temporary Rental Supplement

The Temporary Rental Supplement (TRS) provided up to \$500 per month for eligible households with dependents and up to \$300 per month for eligible households with no dependents.

Renters in some parts of B.C. can receive emergency help for rent payments and one-time interest-free loans through the [BC Rent Bank](#).

One-Time Tax-Free Payment of the Old Age Security pension and the Guaranteed Income Supplement

A one-time tax-free payment of \$300 for seniors eligible for the Old Age Security (OAS) pension, with an additional \$200 for seniors eligible for the Guaranteed Income Supplement (GIS) was issued the first week of July 2020. Allowance recipients also received \$500.

Guaranteed Income Supplement (GIS) and allowance payments extension

Temporarily extension of GIS and allowance payments if seniors' 2019 income information has not been assessed.

BC Senior's Crisis Supplement

A \$300 supplement for April, May, June, July, August, September, October, November and December 2020 for eligible seniors.

Canada Emergency Student Benefit

Provides emergency financial relief to students and recent graduates who are unable to work, or unable to find work, due to reasons related to COVID-19. The benefit will provide \$1,250 a month for eligible students or \$2,000 a month for eligible students with dependents or disabilities from May to August 2020. It is also available for those who are working but not making more than \$1,000 (before taxes) over the four-week period for which they are applying.

B.C. COVID-19 temporary pandemic pay

Temporary pandemic pay supports health, social services and corrections employees delivering in-person, front-line care during the COVID-19 pandemic.

Appendix B: Local Actions Proposed by Respondents

We asked people to identify changes, other than those we listed, that they would like to see acted upon during this time of rethinking. The following details correspond to the broad categories found in the *Looking to the Future Local Shifts* section.

Environment

	Personal Action	Collective Action	Policy changes
<i>Being able to use one's own containers for bulk and Deli food</i>	√	√	
<i>Focus on ending consumerism in favour of making better use of what we have</i>	√	√	
<i>Ban burning that creates air particulate pollution</i>	√		√
<i>Green Burial</i>	√	√	√
<i>Reduce air travel and cruises</i>	√		
<i>Reduce single passenger vehicle trips</i>	√		
<i>Building infrastructure that doesn't require individuals to buy a car</i>		√	√

Human Rights

	Personal Action	Collective Action	Policy changes
<i>Improved elder care to include hospice and respite</i>		√	√
<i>Public laundromat and showers</i>		√	√
<i>Accelerate the creation of affordable housing</i>		√	√
<i>Address systemic racism in our own communities</i>	√	√	√
<i>Welcome refugees</i>	√	√	
<i>Protect egalitarian nature of Gabriola through zoning</i>			√
<i>Reduce homophobia</i>	√	√	

Employment

	Personal Action	Collective Action	Policy changes
<i>Increased flexibility regarding childcare arrangements by employers</i>	Action by employers	√	
<i>Employers support for working from home whenever possible</i>	Action by employers	√	

Infrastructure and service improvements

	Personal Action	Collective Action	Policy changes
<i>Recreation centre with hot tub or sauna</i>		√	
<i>Improved facilities for the arts and culture</i>		√	
<i>Home delivery of food and supplies</i>		√	
<i>Improved cell service at south end</i>		√	
<i>Getting rid of Air BNBs on island</i>	√		√

Community learning and values

	Personal Action	Collective Action	Policy changes
<i>Collaboration between community organizations</i>		√	
<i>Collaboration between community orgs & businesses</i>		√	
<i>Increased learning about critical thinking in relation to media messages</i>	√	√	
<i>Valuing kindness</i>	√	√	
<i>Individual attitudes focus of change rather than government efforts</i>	√		

Pandemic related

	Personal Action	Collective Action	Policy changes
<i>Increased social opportunities within safe guidelines</i>	√	√	
<i>Building changes/adjustments need to be made for lineups outside stores during winter months</i>	Action by businesses		
<i>Keep numbers small in stores</i>	√	√	
<i>Advice on pivoting or rethinking employment during COVID</i>	√	√	

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