

LAMBTON PUBLIC HEALTH

COMMUNITY COVID-19 SURVEY

FINAL REPORT

2020-06-25

© 2020 Ipsos. All rights reserved. Contains Ipsos' Confidential and Proprietary information and may not be disclosed or reproduced without the prior written consent of Ipsos.



Table of contents

3	Introduction: objectives and methodology
8	Summary of findings
15	Perceived threat and concern
20	Perceived mental health
24	Preventative measures and challenges
28	Financial impact and employment
32	Healthcare access
35	Accessing information about COVID-19 and trust in gov't
39	Demographics

OBJECTIVES & METHODOLOGY

Objectives



Objectives

Lambton Public Health commissioned Ipsos to conduct a survey among its residents to understand how public health measures have impacted the community and to identify needs within the community. Specifically, the survey includes questions on temporary job loss; the need to change work or work hours to look after children; impacts of social isolation; issues providing care to loved ones; and fear/stigma. In addition, the survey measures awareness and use of public health information and the feeling of being supported by public health.

Context

Just before the launch of the survey, the number of confirmed cases in Ontario had reached over 14,000, with over 800 resulting deaths. Reports indicated that community spread had peaked in the province; however, long-term care cases were continuing to rise.* In Lambton County, there were ~200 confirmed cases, and ~20 deaths. There had been three outbreaks in long-term care and retirement homes.**

During this time, public health measures were in place including physical distancing and non-essential services being temporarily closed. The Ontario government announced stage 1 of easing restrictions on May 14th.

In response to the global COVID-19 outbreak, starting in March, the Canadian government delivered a variety of government measures and emergency benefits to help Canadians facing economic hardship starting, including the Canada Emergency Response Benefit (CERB), among others. The extension to the CERB was announced June 16th, just after the fielding of the survey.

*Public Health Ontario. Epidemiologic Summary: COVID-19 in Ontario – January 15, 2020 to April 25, 2020. Accessed on April 29, 2020: <https://files.ontario.ca/moh-covid-19-report-en-2020-04-26.pdf>.

**Lambton County, Public Health website (last updated on April 28, 2020). Accessed on April 29, 2020: <https://lambtonpublichealth.ca/2019-novel-coronavirus/>.

Methodology



The Lambton Public Health *Community COVID-19 Survey* was administered via a **telephone methodology** that included a **dual frame design**, starting first with cell phone sample to better reach younger residents, and then following with landline sample. This resulted in a final sample of 66% cell phones and 34% landlines. The survey was 16 minutes in length.

A **total of n=800 residents** of Lambton County were surveyed between May 21st and June 10th, 2020. A pre-test was conducted with n=30 (n=15 for each of landline and cell).

The margin of error associated with the total sample size of 800 is +/- 3.5%, 19 times out of 20. Smaller sub-sets of the population will have larger margins of error.

Quota targets were set to obtain a representative sample of residents by gender, age, and geographical areas (urban, semi-urban and rural). The data were weighted to the latest Statistics Canada Census (2016) information to correct for minor deviations on age and gender. The RIM weighting efficiency is 98.0%.

Study limitations:

In a voluntary study, a non-response bias may be present, for example, people who are in poor mental health may be less likely to want to participate in the survey and therefore be underrepresented. It is also important to note that in any telephone survey with an interviewer, there may be a social desirability bias in which respondents tend to provide answers that could be considered socially desirable, for example, they may wish to portray themselves or their communities in a more positive light. However, the effects of both cannot be discerned from the data.

Methodology



The table below provides a breakdown of the proportion of responses (unweighted) from each geographical area within Lambton County as well as the targeted proportions that reflect 2016 Census regional area proportions.

Geographical area	City/town	Area proportion	Actual regional area proportions	Target regional area proportions
Urban	Sarnia	53%	60%	60%
	Bright's Grove (considered part of Sarnia)	5%		
	Point Edward (Village)	2%		
Semi-urban	St Clair (Township)	8%	30%	30%
	Wyoming (Town) or Plympton-Wyoming	9%		
	Petrolia (Town)	9%		
	Lambton Shores (Municipality)	4%		
Rural	Brooke-Alvinston (Municipality)	2%	10%	10%
	Dawn-Euphemia (Township)	1%		
	Warwick (Township)	1%		
	Oil Springs (Village)	1%		
	Enniskillen Township	1%		
	A First Nations reserves in/around Lambton County	2%		
	Another rural area around Lambton County	2%		



Reporting conventions and comparator data



Reporting conventions

Throughout the report, totals may not add to 100% due to rounding, or because the question is a multi-select question where respondents were permitted to choose or provide more than one response.

Questions for which respondents answered “don’t know” or “not applicable”, or refused to answer, are indicated as “DK/NA”.

We ran statistical significance testing using a t-test applied across subgroups, at a confidence level of 95%.

Subgroups with significant differences are pulled out into callout boxes, or are indicated by letters if subgroups are shown in tables. A letter indicates that a result is significantly higher for this group when compared with the others.

Comparator data

Ipsos replicated select questions from two Ipsos syndicated COVID-19 surveys to provide comparator data. This is noted in the report, where applicable.

- **Ipsos Context Advantage:** *Coronavirus Canadian Tracking* – Canada. Data provided for comparison – Ontario and Canada data - is drawn from Wave #13, fielded May 29 to June 1, 2020.
- **Ipsos Essentials:** *Tracking Consumer Attitudes & Behavior through the COVID-19 Pandemic* – Global. Data provided for comparison – Canada data only – is drawn from Wave #15, fielded May 28 to 31, 2020.

SUMMARY OF FINDINGS

Summary



Perceived threat of COVID-19 has stabilized, but residents are bracing for a second wave

Public views around the impact of COVID-19 have stabilized across Canada after seeing a peak around the month of March. At that point, one-third of Canadians saw COVID-19 as a personal threat; it now sits at 24%. Slightly lower than this national figure, two in 10 residents of Lambton County consider COVID-19 a threat to them personally. The perceived threat increases as one gets further from the individual: one-quarter sees it as a threat to their family, followed by local community (35%), their job or business (36%), and then their country (50%).

The proportion of those who have been infected with COVID-19 (<1%) and/or know someone who has been infected is higher in Lambton County than in Ontario overall (29% and 22%, respectively).

While the general sense of threat has diminished, a majority are worried about a second wave with seven in 10 fearing they or a family member will get infected with the virus this year. One-third believe it will affect their health extremely/very seriously if they contract it.

Despite this, many are ready to get back to normal life (76%), and a minority express frustration at the restrictions to their freedom (38%). In fact, the same proportion of four in 10 think the media is exaggerating the extent of the coronavirus outbreak which may mean that adherence to prevention measures may soften over time.

Summary



The majority say they are following preventative measures for COVID-19

Even as some are getting anxious to get back to normal life, the majority are not oblivious to the continuing threat of COVID-19 and are compliant with recommended prevention measures. Nine in ten residents report they are maintaining physical distance from others, being more careful not to touch surfaces in public, and avoiding meeting in groups of 5 or more people. Eight in 10 also say they are avoiding public areas including parks and beaches, as well as non-essential trips out of the home. Many residents are trying to stay active with six in 10 saying they are going outside for walks or exercise (lower among those with poorer mental health). Four in 10 are wearing a mask in public always/most of the time when they go out.

The majority of residents say that COVID-19 has forever changed their behaviours and habits around sanitizing, handwashing, and staying home when sick.

Summary



While overall community mental health remains relatively strong, there has been a decrease in those reporting excellent/very good mental health during this time, with one-quarter saying they are experiencing loneliness

Overall positive mental health within the community has declined slightly: 66% rate their mental health as excellent/very good, down from 70% in 2017 (those who rated their mental health as excellent has declined significantly). This change can likely be attributed to the current environment, as 27% say their mental health has changed for the worse since COVID-19. In fact, other research conducted by Ipsos indicates that half of Ontarians are reporting increased mental health and/or addictions challenges as a result of the pandemic.

Mental health has declined across all segments but women and those under 44 years old, as well as those who report good/fair/poor mental health are disproportionately affected. One-quarter of residents say they are experiencing loneliness, and this is higher among these subgroups.

Social connections remain important in keeping the community mentally healthy. A majority of residents have been able to maintain social interactions (90%), even if not in person, and many say they are happy to be able to spend time with their families (82%).

No doubt, mental health is impacted by financial concerns as one-third are worried about their job or financial security, that they will be able to pay the bills, and will be able to provide for themselves and their families.

Summary

While everyone is feeling the impact of COVID-19, about three in 10 are experiencing greater financial concerns. Those earning less than \$30K and those who are unemployed are disproportionately affected

About one-third of residents say they won't be able to pay their bills in a month's time or provide for themselves or their family; three in 10 are facing challenges getting basic supplies such as food and prescriptions; this is significantly higher among those earning less than \$30K and those unemployed. These groups are particularly vulnerable as they are roughly twice as likely to fear they won't be able to pay their bills or provide for themselves or their family in a month's time.

One in 10 is currently unemployed, the majority of whom experienced job loss since the outbreak started. Of those who lost their jobs during COVID-19, only half expect to get back to work in the next three months. This sub-group is at greater risk of suffering from mental health challenges: 45% rate their mental health as good/fair/poor compared, higher compared to the total population (34%). A similar proportion of the population (13%) earn less than \$30K a year; of these, 49% rate their mental health as good/fair/poor.

In this changed environment, residents who are employed are working under new conditions

Just under half of residents are currently employed: one quarter have had their hours reduced, one in 10 say they are working more, while the rest remain unchanged. Four in 10 are able to work from home. Of those who have children, one-third say they have needed accommodations at work or changed their work hours to look after their children. These working conditions may have an impact on the mental health of parents who are not able to "get off the clock."

Summary



A majority have access to healthcare during the lockdown; however, those who do not have direct access to their primary care provider are more likely to feel anxious and that their health has suffered

Nine in 10 say they could access healthcare easily in their community if they were to suddenly fall ill. Even still, one-third say they would avoid going to the ER because of COVID-19.

The majority of residents have a primary care provider (92%, but lower among men and those 18-34), and many of these had direct access. During lockdown, seven in 10 say their doctor was available for appointments either in-person or virtually, through telephone, email or video.

Half of those who do not have direct access to their primary care provider during the lockdown say they are anxious they can't access their doctor when they need it. They are also more likely than those who do have access to say their health has suffered as a result (33% vs. 15% who have access).

Two in 10 residents are caregivers; of these, one-third are facing challenges providing care

The primary challenges to providing care are around limited access to health care services; inability to address their loved one's loneliness, anxiety and mental health issues; inability to leave one's home to see family members; getting groceries done; both working and providing care; and fear of spreading COVID-19.

Summary

There is a high level of trust in the local health care system to manage COVID-19; a majority turn to all three levels of government sites most for credible information, as well as the local hospital and media

Almost nine in 10 feel the local health care system is prepared to manage a community-wide outbreak.

Six in 10 residents turn to each of Lambton Public Health (55% have visited the LPH website), the Ontario government and the federal government sites for credible information about COVID-19. Almost half turn to Bluewater Health. Half listen to the local radio, slightly more than social media posts and local newspapers. Seeing that many doctors' offices are only open virtually, only three in 10 say they ask their doctor for information.

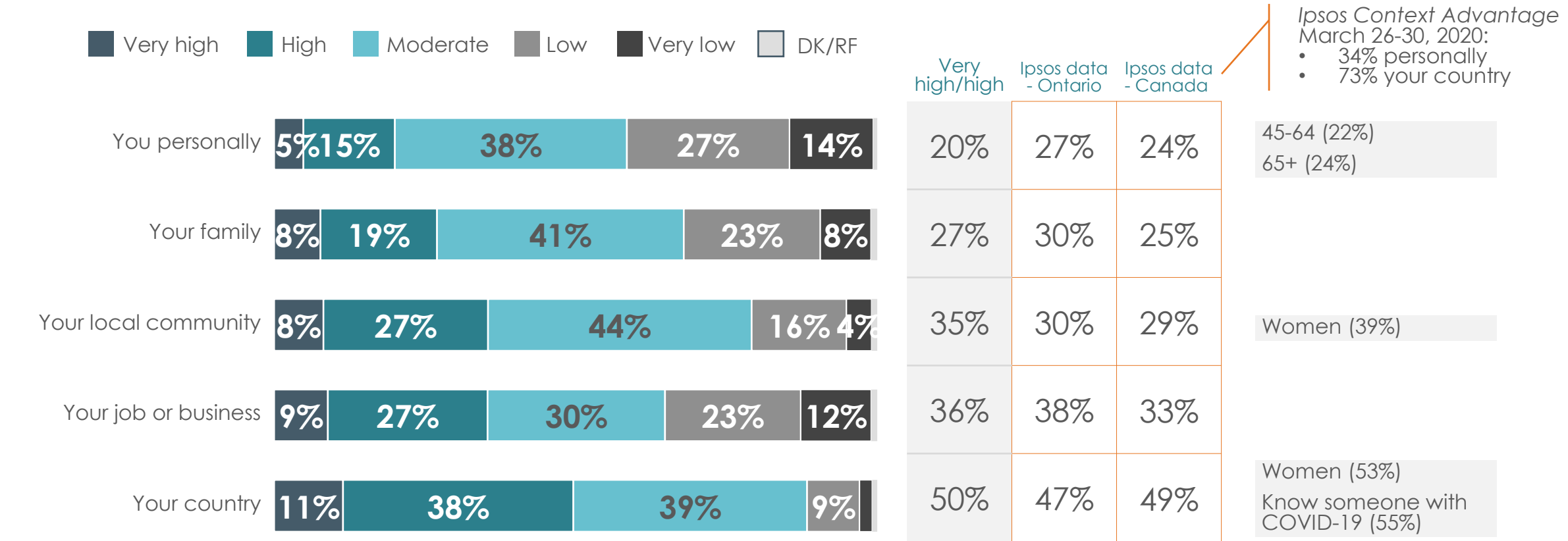
PERCEIVED THREAT AND CONCERN



Level of threat of COVID-19



Slightly lower than national figures, two in 10 Lambton residents consider COVID-19 to be a threat to them personally, and residents aged 45 or older are more likely to express this view. Comparatively, half of residents consider the pandemic to be a threat to the country, higher among those who know someone who tested positive. Compared to Ontarians in general, Lambton residents are more likely to perceive it as a community threat. Between March and May, the percentage of Canadians who perceived COVID as a threat decreased, both to them personally (24% vs. 34%) and to their country (73% vs. 49%).



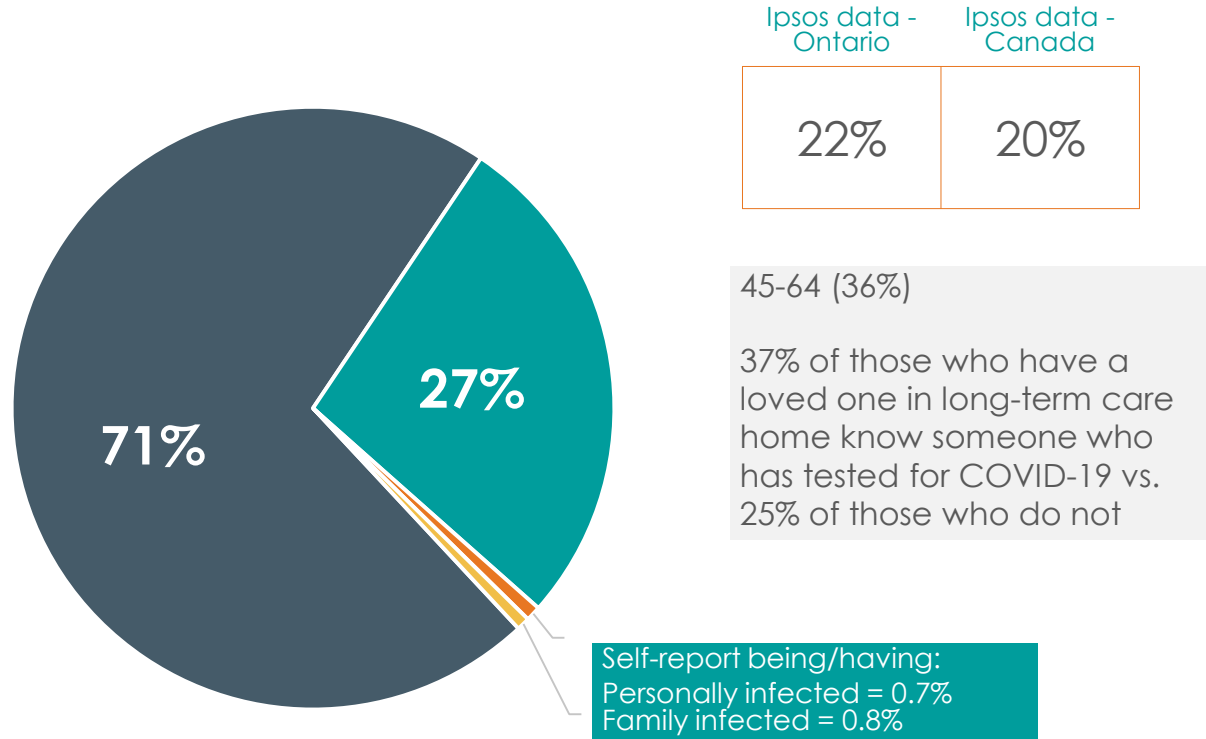
Base: All respondents (n=800) [Your Job or Business] Base: Employed Respondents (n=354)
Q11. What level of threat do you think COVID-19 poses to [INSERT ITEM]? Would you say it is a ...?

Values <3% not labeled in chart.



Know someone / have tested positive with COVID-19

Three in 10 Lambton residents have been infected or personally know someone who has been infected with COVID-19, highest for residents between the ages of 45-64. The proportion of Lambton residents who know someone infected is higher than the national or provincial average (two in ten).



- No, I do not personally know someone who has tested positive with COVID-19
- Yes I personally know someone who has been infected with COVID-19

Base: All respondents (n=800)

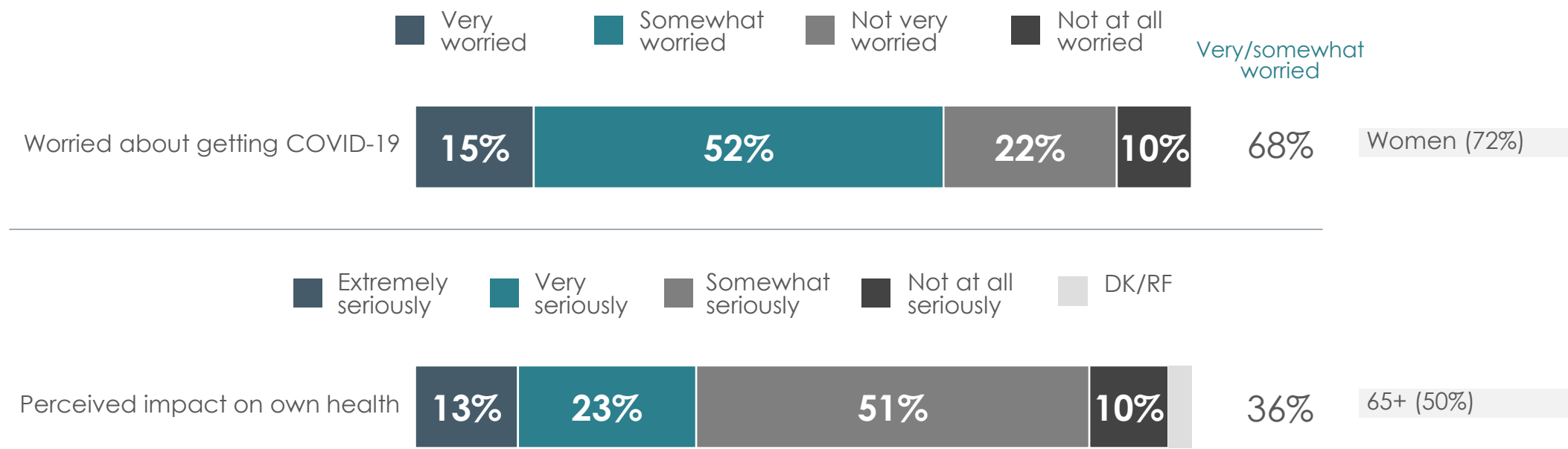
Q12. How worried are you that you or a family member will get infected with COVID-19 this year? Would you say you are ...?

Base: All respondents (n=800)

Q14. Do you personally know someone who has tested positive with COVID-19?

Worried about getting COVID-19 and perceived seriousness

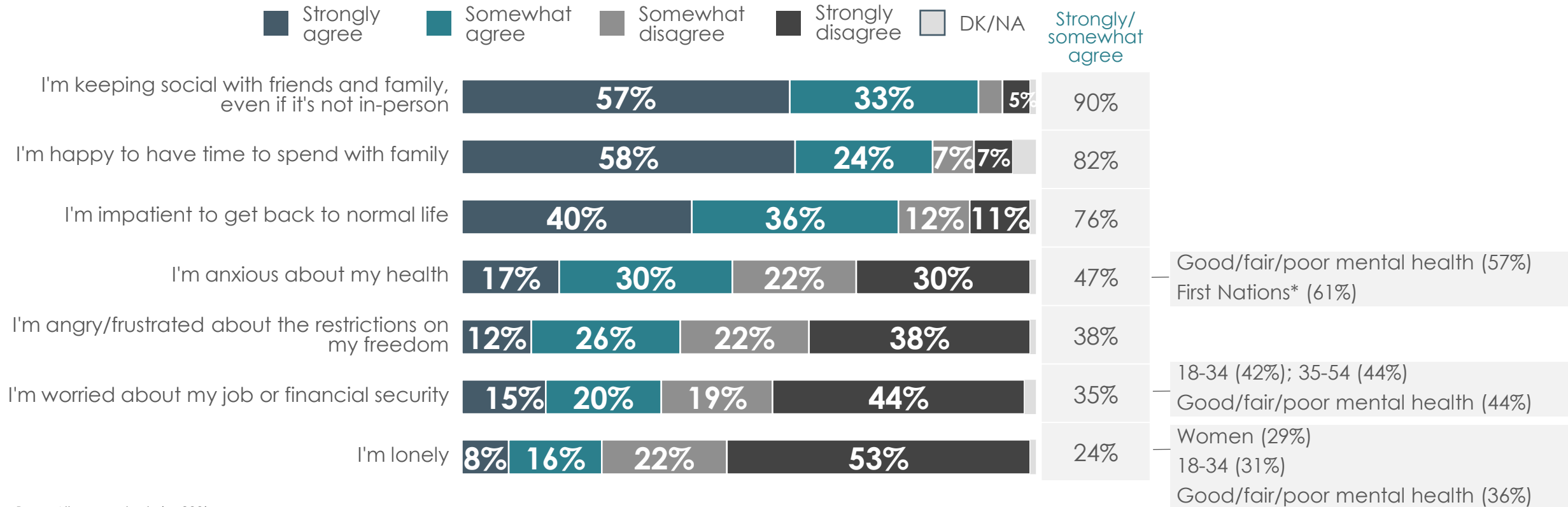
Two-thirds of Lambton residents are worried about getting COVID-19, and this is particularly so for women and those in the lower income brackets. Roughly one third believe COVID-19 would have an extremely/very serious impact on their health if they were to be infected. Understandably, those aged 65+ are most likely to believe it will have a very serious effect.



Base: All respondents (n=800) (<2% who have been infected/have family who have been infected is not shown in chart).
 Q12. How worried are you that you or a family member will get infected with COVID-19 this year? Would you say you are ...?
 Base: Among those who are not infected/do not have family infected with COVID -19 (n=788)
 Q13. If you were infected by COVID-19, would you say it would affect your health ...?
 Values less than 4% not labelled in chart.

Personal impact of COVID-19

Nine in 10 residents report that they are keeping social with friends/family, even if not in person. Eight in ten are happy to have time to spend with family. Despite a majority seeing the upside, three quarters are impatient to get back to normal life. As expected, younger residents are more likely to be worried about job/financial security while those aged 18-34 are most likely to report being lonely. Those reporting good/fair/poor mental health are also more likely to say they are worried about their job or financial security and that they are lonely.



Base: All respondents (n=800)

Q10. I am going to read you a few statements about how some people may be feeling during this time. Please tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each statement.

Values less than 5% not labelled in chart.

19 – © Ipsos

*First Nations – Small base size n=49

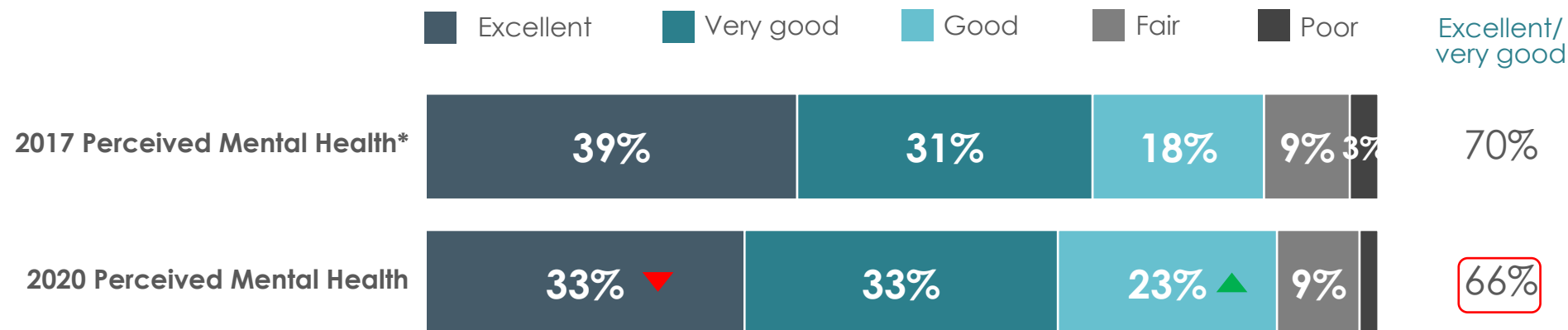
PERCEIVED MENTAL HEALTH



Perceived mental health / Change in mental since COVID-19



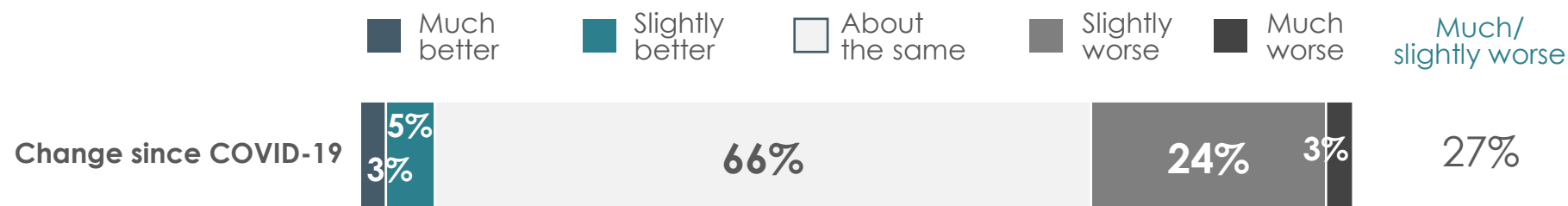
Overall positive mental health within the community has declined since 2017. This change can likely be attributed to the current environment, as 27% say their mental health has changed for the worse since COVID-19.



About half of Canadians (46%) and Ontarians (53%) say they are experiencing increased mental health (depression, anxiety, stress, etc.) and/or addictions challenges as a result of the pandemic. Women and those younger (<54 years) are most impacted.

*Ipsos Context Advantage May 29-June 2020

* Lambton Public Health Community Mental Health Survey (2017)



77% with "excellent/very good" say "stay the same" vs. 44% with good/fair/poor mental health (57%)

First Nations* (61%)

Base: All respondents (n=800)

Q8. In general, would you say your mental health is ...?

Base: All respondents (n=800)

Q9. Compared to before the COVID-19 outbreak, how would you rate your mental health now? Would you say it is ...?

Values less than 3% not labelled in chart



*First Nations – Small base size n=49

Significantly higher or lower than in 2017

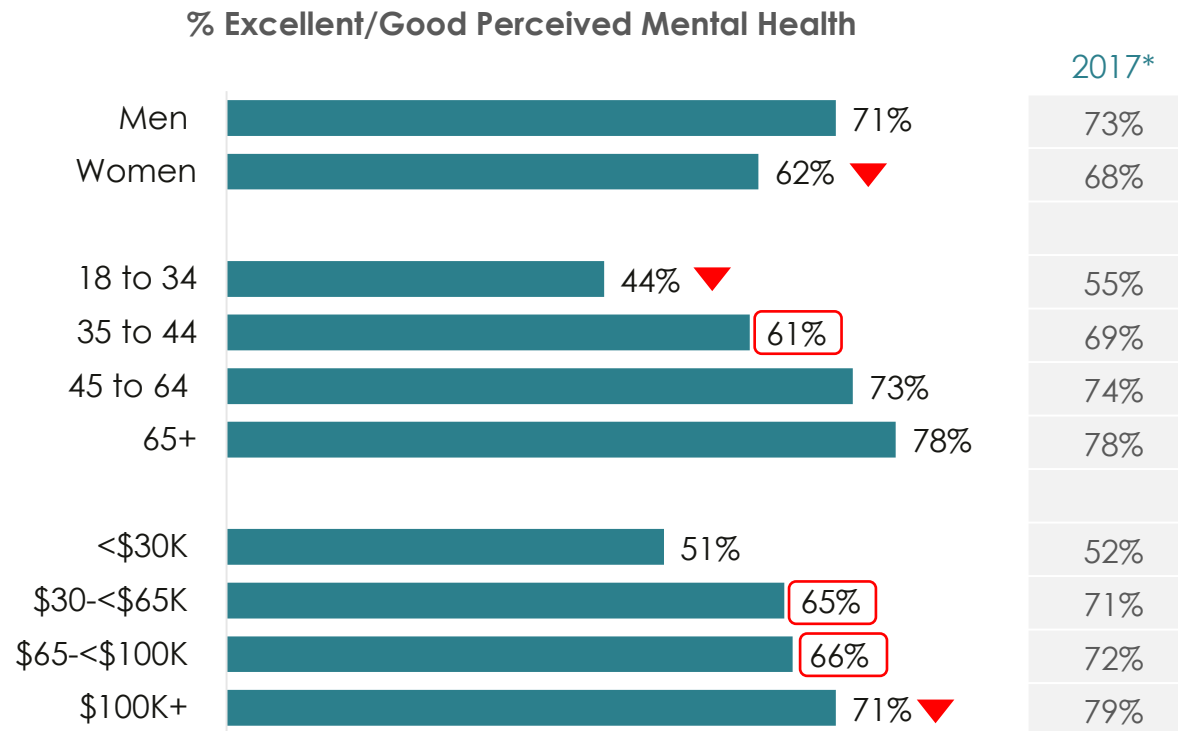
Lower than 2017 but not statistically significant at 95% confidence interval



Perceived mental health: 2017 to 2020 *by gender, age, income*



Since 2017, positively rated mental health has decreased, particularly among certain subgroups, including women and those under the age 45. Self-rated mental health is declining across all income groups, with the exception of those earning <\$30K, a group that already had worse self-rated mental health in 2017.



* Lambton Public Health Community Mental Health Survey (2017)

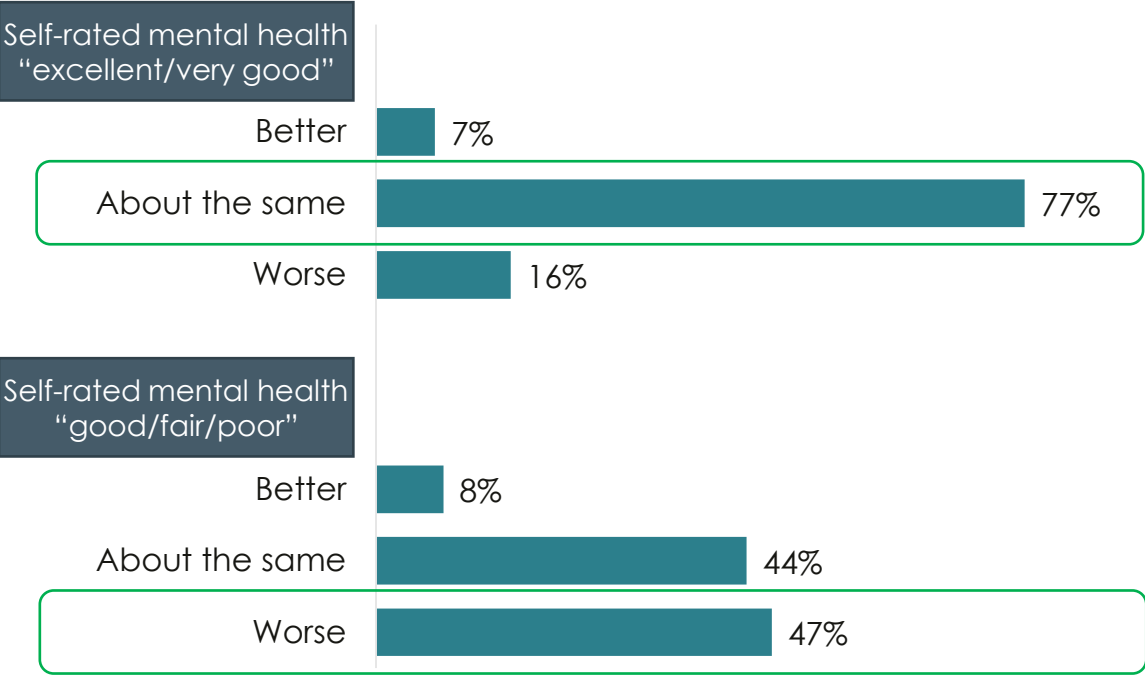
Base: All respondents 2020 (n=800) 2017 (n=802)
Q8. In general, would you say your mental health is ...?

Change in mental health since COVID-19 *by mental health and age*

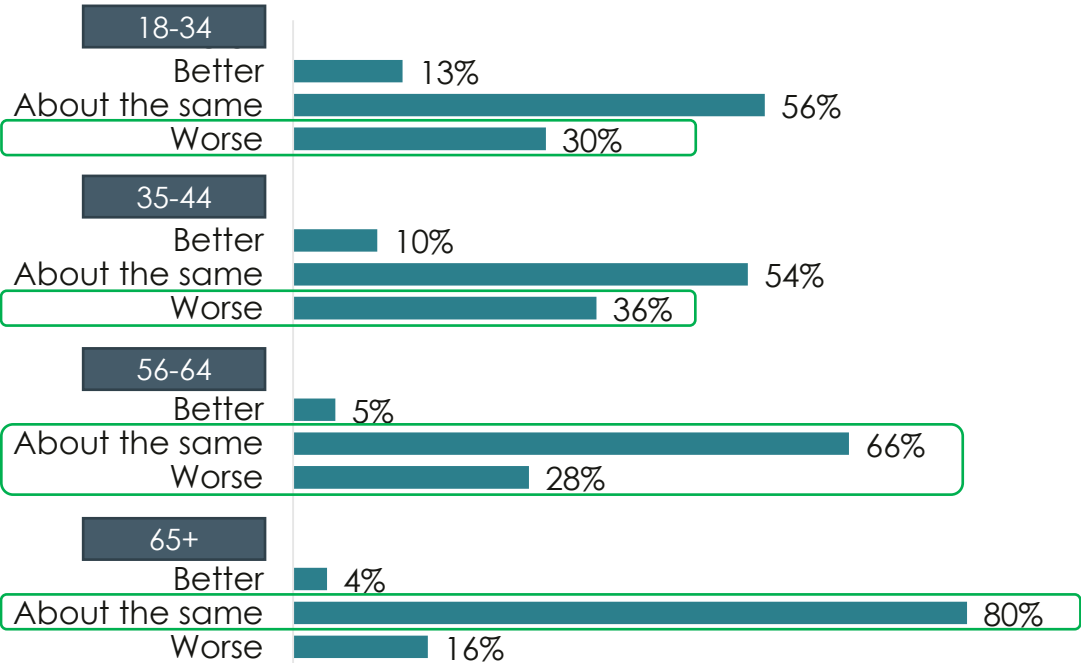


Those with excellent/very good mental health are more likely to say their mental health has stayed the same since COVID-19 (77%), while those with poorer mental health are more likely to experience a worsening state (47%). Larger proportions of younger residents are also more likely to experience deteriorating mental health during COVID-19 (30% of 18-34 and 36% of 35-44 report feeling worse), whereas a majority of older residents report their mental health has stayed the same (80% of 65 and older).

% Change in mental health since COVID-19 *by perceived mental health*



% Change in mental health since COVID-19 *by age*



Base: All respondents (n=800)
Q8. In general, would you say your mental health is ...?
Base: All respondents (n=800)
Q9. Compared to before the COVID-19 outbreak, how would you rate your mental health now? Would you say it is ...?

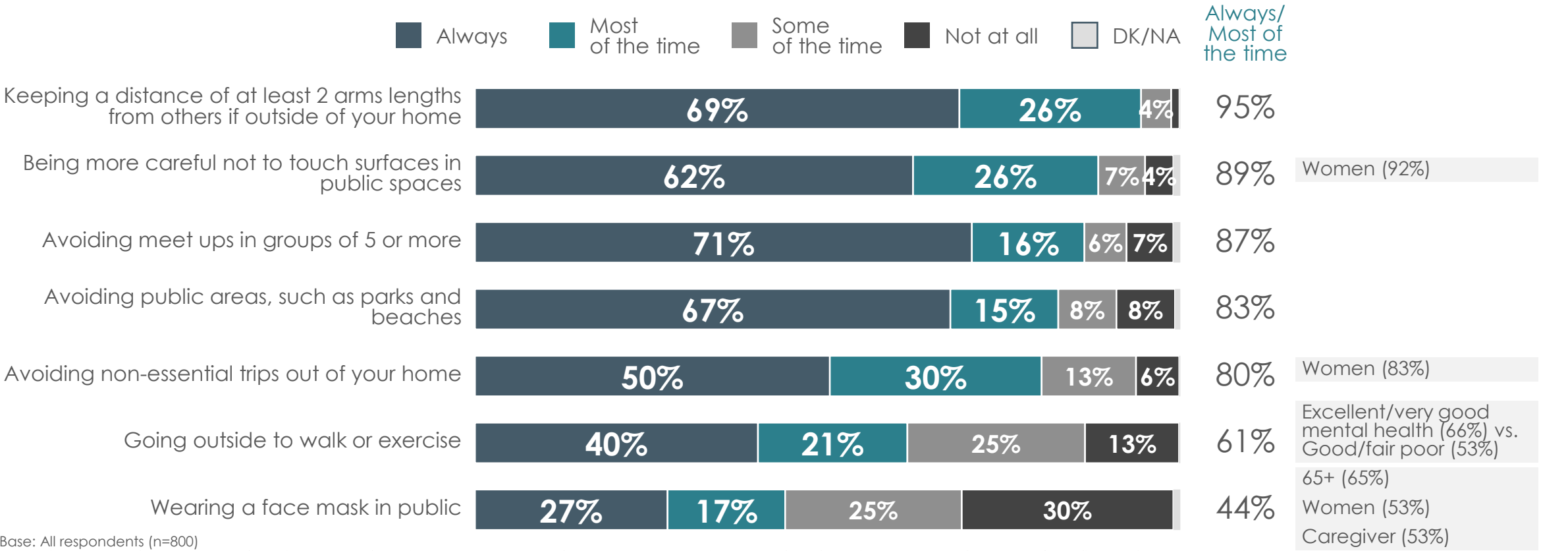


PREVENTATIVE MEASURES AND CHALLENGES



Frequency of taking precautions during COVID-19

Nine in ten residents are maintaining physical distance from others, are being more careful not to touch surfaces in public, and are avoiding meeting in groups of 5+. Six in ten are going outside for walks or exercise (higher among those with better mental health); four in 10 are wearing a mask in public, higher among those aged 65+.



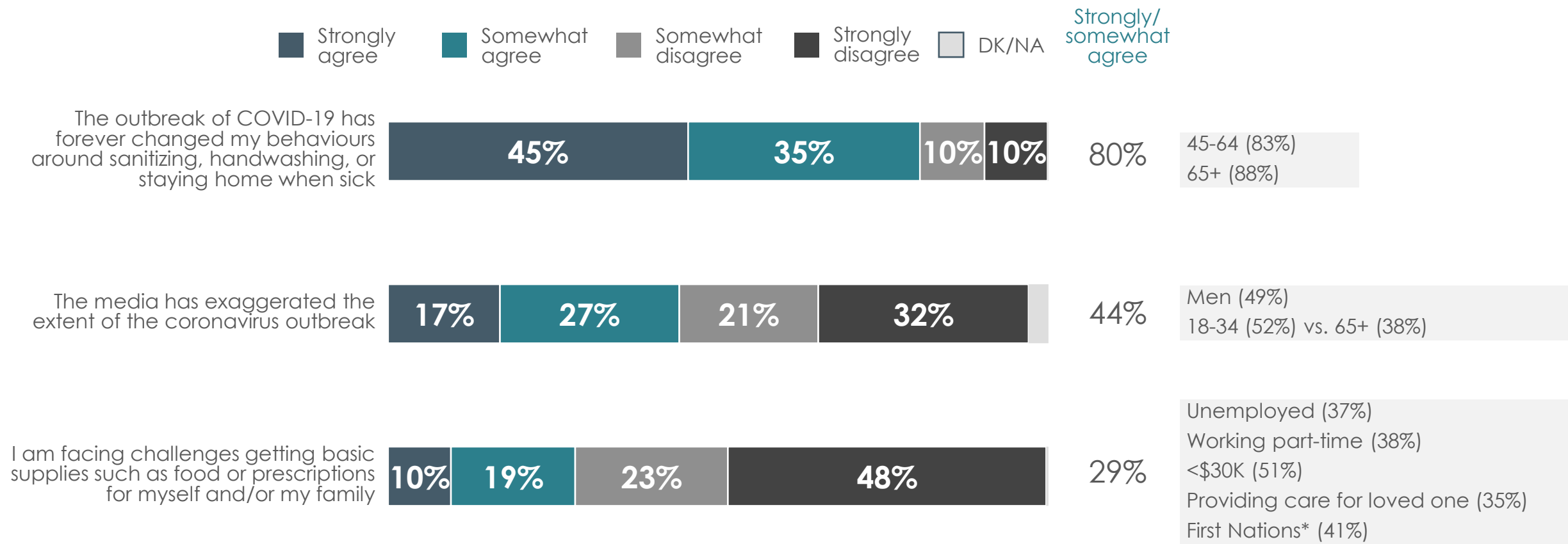
Base: All respondents (n=800)
Q19. Using a scale of always, most of the time, some of the time, or not at all, how frequently are you doing each of the following as a result of COVID-19? The first one is ... Are you doing it ...

Values <3% not labeled in chart.

Impact of COVID-19



A majority agrees that COVID-19 has permanently altered their hygiene related behavior around sanitizing, handwashing, and staying home when sick, with agreement higher among those aged 45+. A minority of four in ten believes the media has exaggerated the extent of the outbreak, and men as well as those younger are more likely to agree. Those more vulnerable are having greater challenges getting basic supplies for themselves/family.



Base: All respondents (n=800)
Q20. Would you say you strongly agree, somewhat agree, somewhat disagree or strongly disagree with each of the following statements?

Values <4% not labeled in chart.



Loved one in long-term care home / providing care for someone



One in five Lambton residents have a loved one living in a long-term home. Another one in five are caregivers, providing care for a loved one who is at higher risk of getting COVID-19.

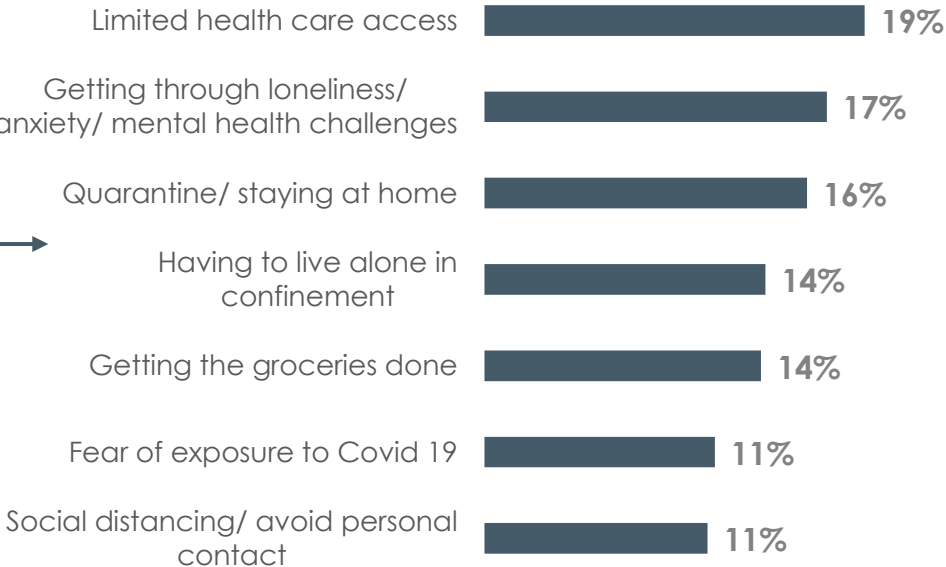
Among caregivers, a third are facing challenges in this role. Top challenges include limited health care access, getting through loneliness and mental health challenges, as well as quarantining at home.

21% YES, have a **loved one living in long-term care/retirement home**



20% YES, **providing care for a loved one** who is at higher risk of getting COVID-19

32% YES, **facing challenges** providing care to loved one among those providing care



Mentions <10% not displayed

Base: All respondents (n=800) Q15. Do you have a loved one who is living in a long-term care home or a retirement home?
Base: All respondents (n=800) Q16. Are you providing care for a loved one who is at higher risk of getting COVID-19 because they are older or have an underlying medical condition?
Base: Respondents who are providing care to a loved one at higher risk (n=164) Q17. Are you facing any challenges providing care to your loved one who is at higher risk?
Base: Respondents who are providing care to a loved one at higher risk AND are facing challenges doing so (n=53) Q17a. What are these challenges?



FINANCIAL IMPACT AND EMPLOYMENT



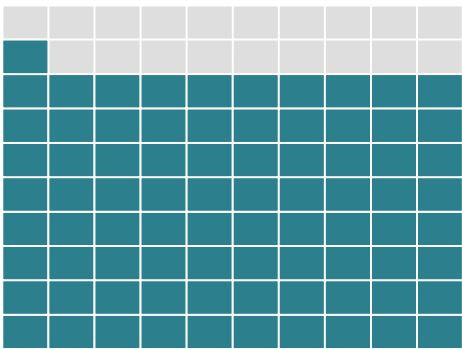
Job Loss Since COVID-19



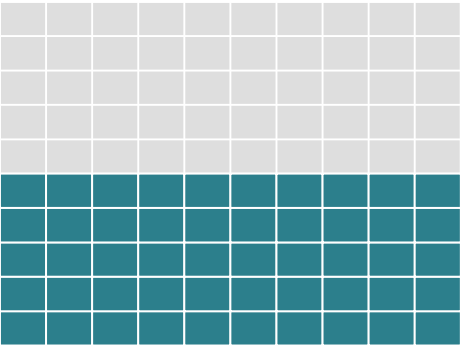
Among the 9% of Lambton residents who are unemployed, eight in ten experienced job loss since the COVID-19 outbreak. Exactly half of those unemployed expect to go back to work within the next three months, while two in ten (19%) do not know, and another three ten (31%) do not expect to return in this time.

9% of Lambton residents are unemployed:

Those unemployed (45%) and those working part-time (42%) are more likely to rate their mental health lower ("good/fair/poor") compared to the total population (34%).



81% of those unemployed
YES, experienced job loss since COVID-19 outbreak started



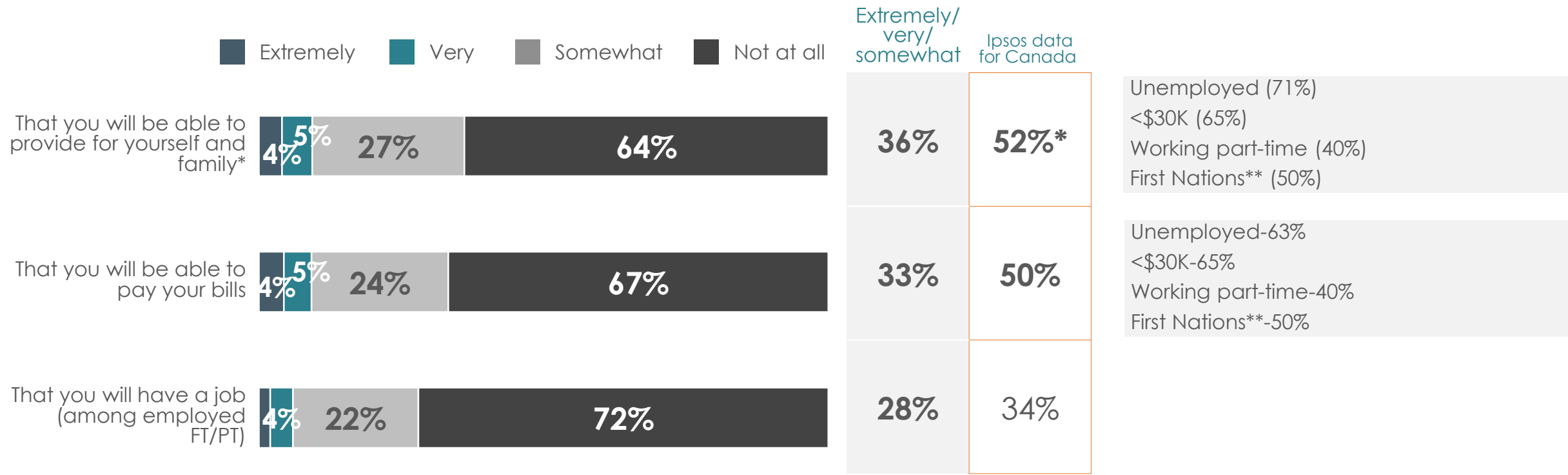
50% of those unemployed
YES, expect to go back to work within the next three months

Base: Currently not employed (n=70) *small base size
Q28. You mentioned earlier you are not currently employed. Have you experienced job loss since the COVID-19 outbreak started?
Base: Currently not employed (n=70) *small base size
Q29. Do you expect to go back to work within the next three months?



Financial concerns one month from now / fear of job loss

Thinking a month in the future, Lambton residents are far less likely than Canadians in general to be worried about being able to provide for themselves/their family or about being able to pay their bills. However, those more vulnerable exhibit significantly higher concern. Among those employed, three in 10 are concerned about having a job a month from now.



Statement 1-2 Base: All respondents (n=800). Statement 3 Base: Employed respondents (n=354)
Q33. Thinking one month from now, how concerned are you ...? Would you say you are ...?

*Question asked differently in Ipsos Essentials – "I will be able to provide for my household"

Values less than 3% not labelled in chart

*First Nations – Small base size n=49

Ipsos Essentials – Global
May 28-30, 2020

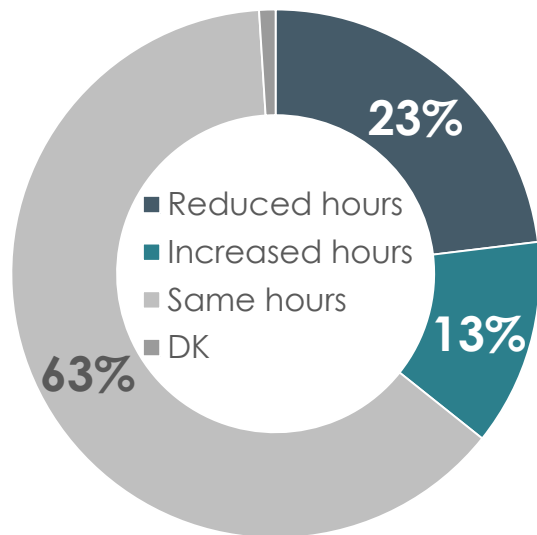
Change in working conditions during COVID-19

Nearly half of Lambton residents are currently employed part time/full time. However, among this group, a quarter is working reduced hours due to COVID-19. A quarter of those employed is working remotely all the time, while six in ten are *not* working remotely at all. A third of employed residents with children have needed accommodations at work or changed work hours to look after their children.

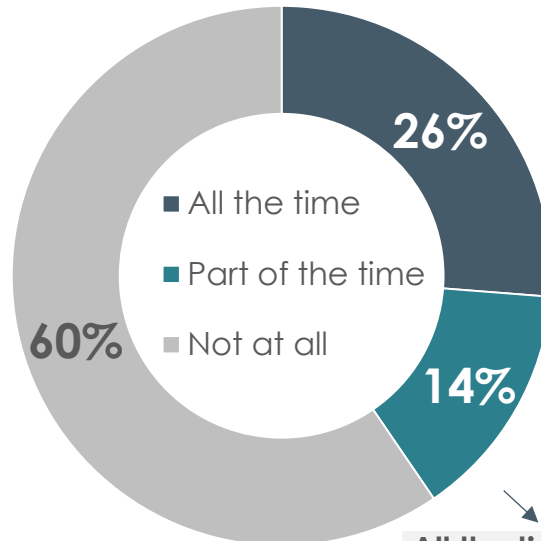
46% of Lambton residents are employed.

Among those employed...:

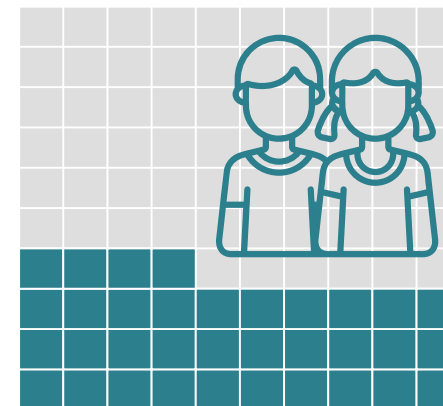
Due to COVID-19, are you working...



Are you working remotely...



Have needed work accommodations?



34%

YES, have needed accommodations at work/changed work hours to look after children during this time

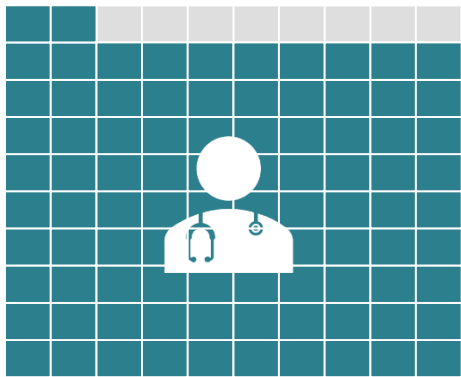
Base: Currently employed (n=354). Q30. You mentioned earlier you are employed. Are you working reduced hours, or increased hours due to COVID-19, or are you working the same number of hours?
 Base: Currently employed (n=354). Q31. Are you working remotely at home all the of time, part of the time, or not at all?
 Base: Currently employed and have children (n=127). Q32. Have you needed accommodations at work or had to change your work hours to look after your children during this time?

All the time: women (33%); 45-64 (30%)
Part-time: 35-44 (21%)
Not at all: men (65%); 18-34 (73%)

HEALTH CARE ACCESS

Health care accessibility during COVID-19

Nearly all Lambton residents have a regular family doctor – however, men and those 18-34 are less likely to have one. Among those who do, nearly seven in ten indicate their doctor is available either in person or virtually during COVID-19. Four in ten residents, particularly women and older residents, have had to cancel or postpone their appointments or procedures since the lockdown began.



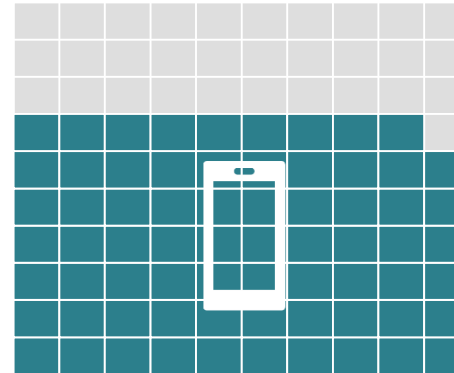
92% all respondents

YES, have a regular family doctor or nurse practitioner

Women (96%) vs. Men 88%

18-34 (81%) vs.
35-44 (94%)
45-64 (95%)
65+ (99%)

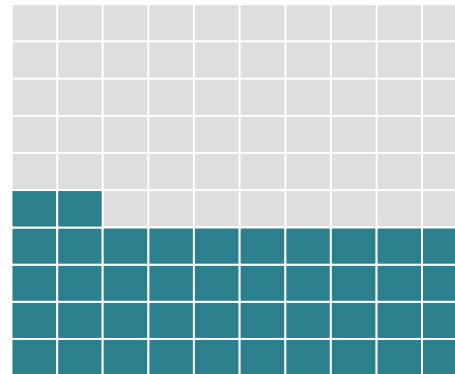
Chronic illness (99%)



69% among those with regular FP

YES, have a doctor that is available for appointments during COVID-19 lockdown restrictions

Chronic illness (76%)
Caregiver (76%)



42% all respondents

YES, have had to cancel or postpone health appointments, procedures or surgeries since start of COVID-19 lockdown

Women (49%)
35-54 (46%)
45-64 (44%)
65+ (52%)
Chronic illness (57%)

Base: All respondents (n=800)

Q21. Do you have a regular family doctor or nurse practitioner?

Base: Have a family doctor/nurse practitioner (n=746)

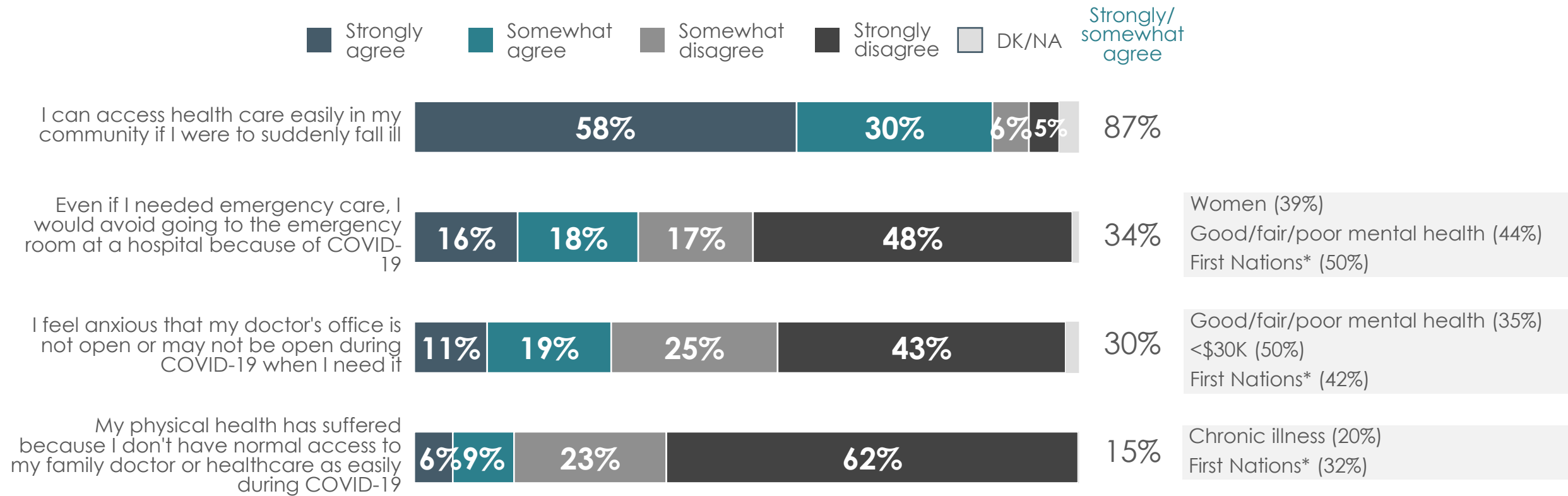
Q22. During the COVID-19 lockdown restrictions, is your doctor available for appointments either in-person or virtually, through telephone, email or video?

Base: All respondents (n=800)

Q24. Have you had to cancel or postpone any health appointments, procedures, or surgeries since the start of the COVID-19 lockdown?

Health care accessibility during COVID-19

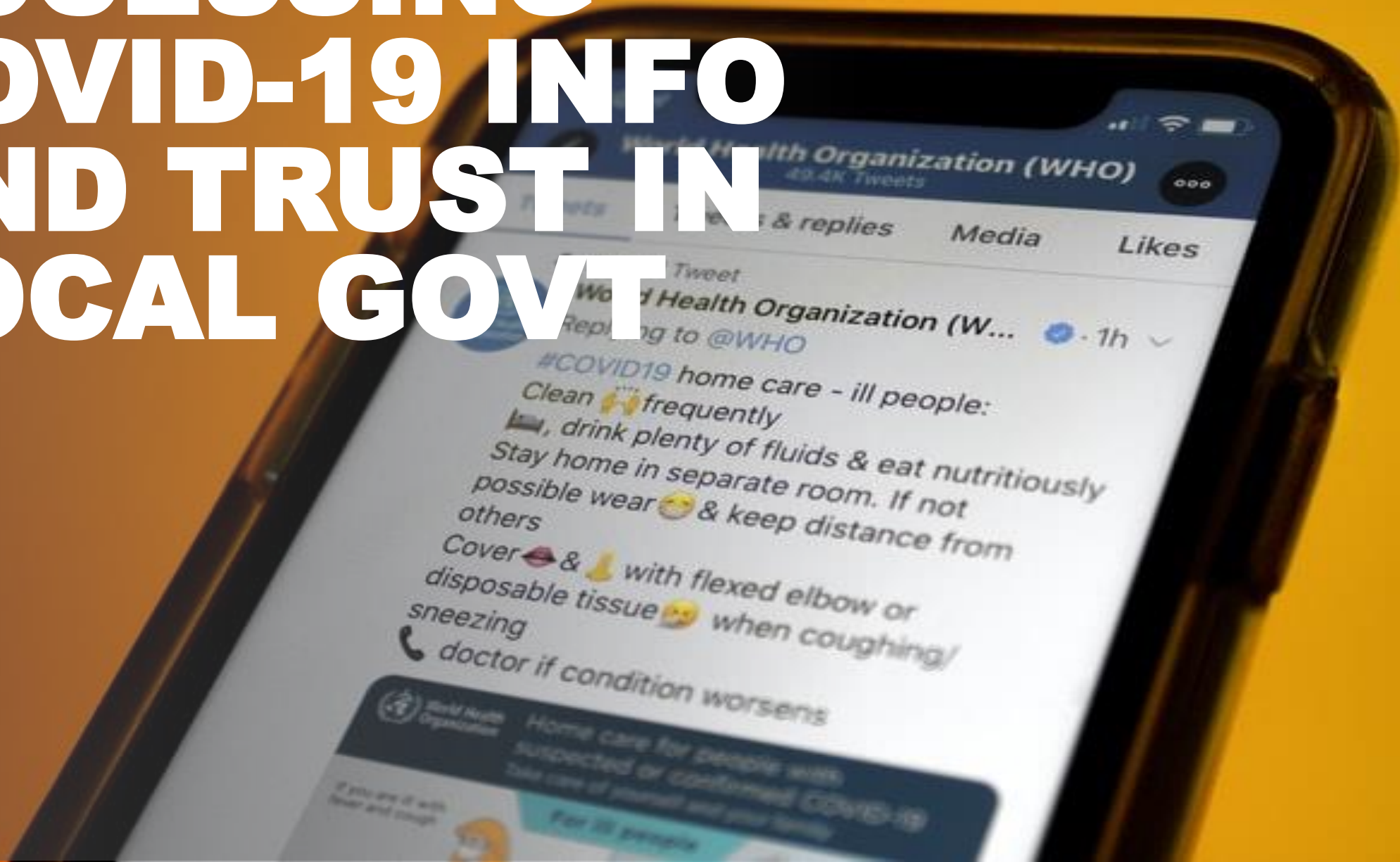
Nine in ten residents indicate they can easily access health care in their community in the event of sudden illness. However, a third of residents would currently avoid an emergency room due to COVID-19, and women as well those with poorer mental health are more likely to avoid it. Another three in 10 feel anxious that their doctor's office is not or may not be open during COVID-19 when they need it, and anxiety is higher among those with poorer mental health and those earning a very low income.



Base: All respondents (n=800)
Q25. Would you say you strongly agree, somewhat agree, somewhat disagree or strongly disagree with each of the following statements?

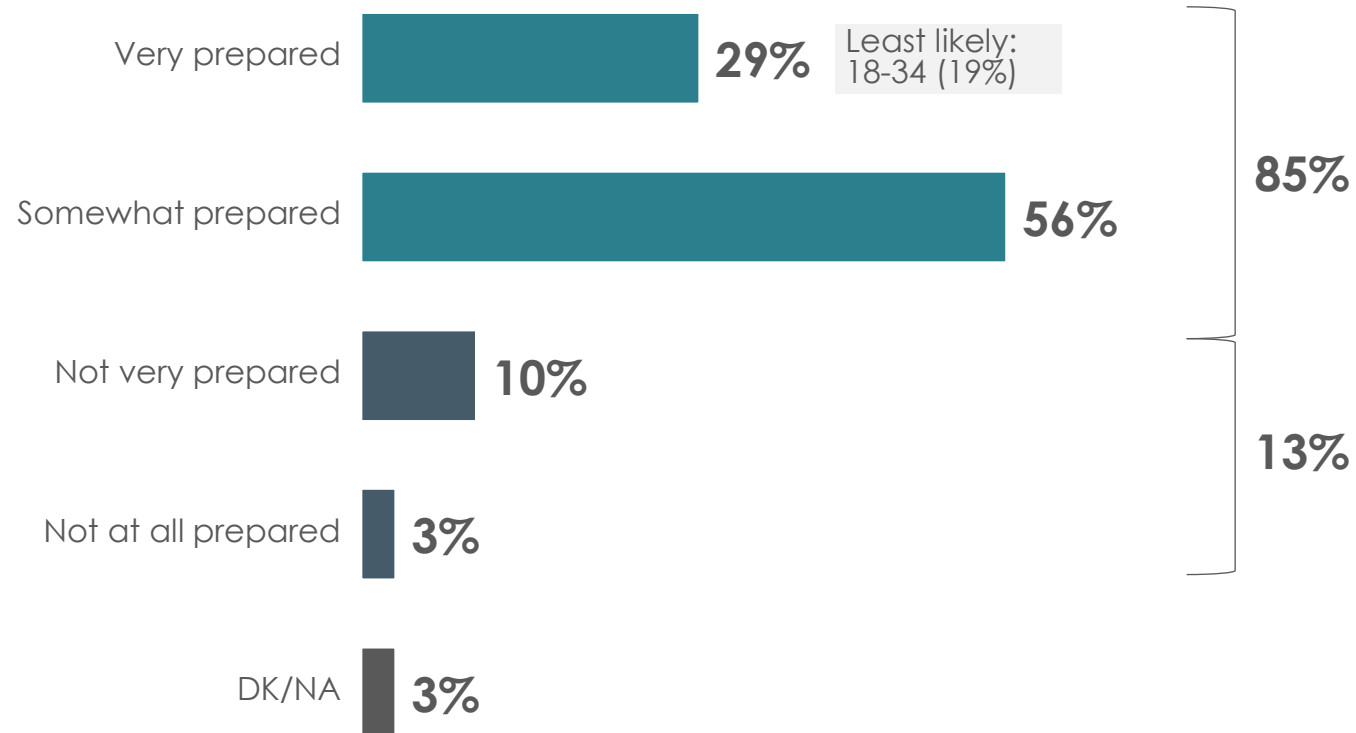
Values <4% not labeled in chart.

ACCESSING COVID-19 INFO AND TRUST IN LOCAL GOVT



Preparedness of local health care system

Nearly nine in 10 residents feel that the local health care system is prepared, in the case of a community wide outbreak in Lambton county. However, those aged 18 to 34 are the least likely to believe that the local system is very prepared.



Base: All respondents (n=800)

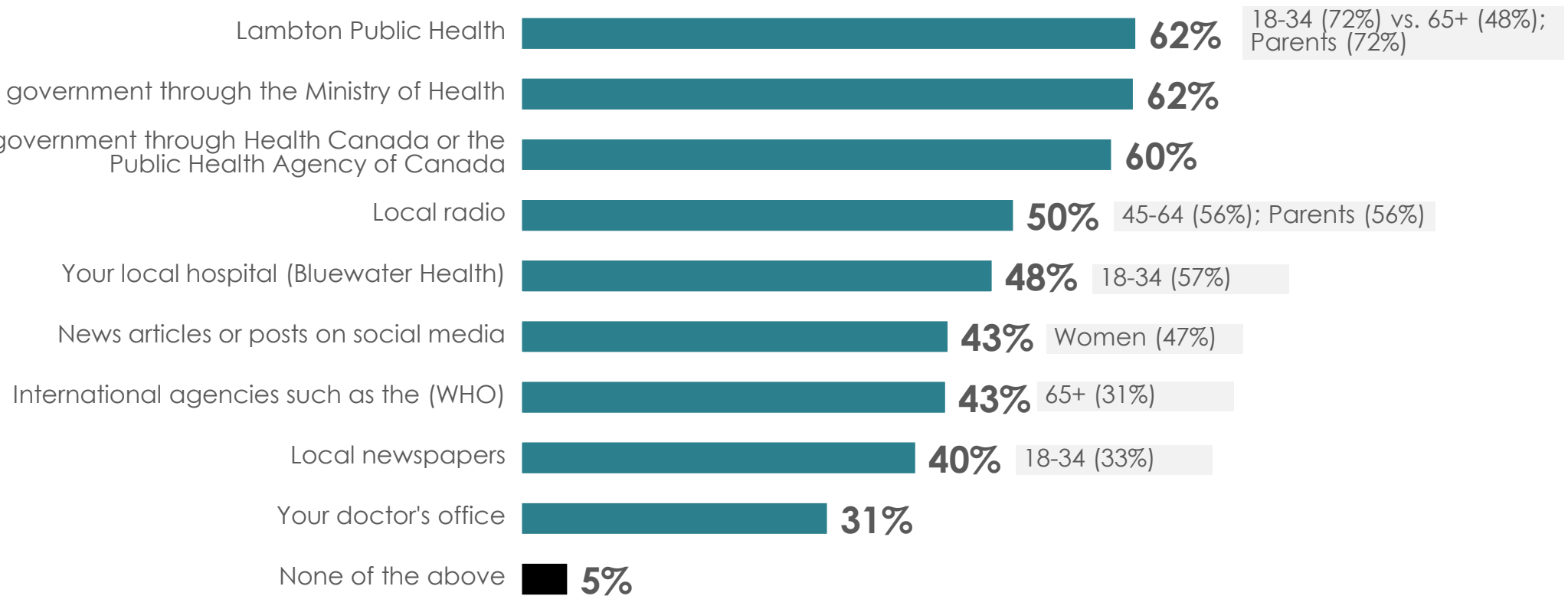
Q34. If there were to be a community-wide COVID-19 outbreak in Lambton County, how prepared do you feel your local health care system is to manage it?

COVID-19 Information Sources



The top credible sources of information about COVID-19 that are accessed by Lambton residents are all governmental sources: Lambton Public Health, the provincial government (Ministry of Health), and the federal government (Health Canada or Public Health Agency of Canada). Half also cite local radio (more than local newspapers) and the local hospital, while only three in 10 say that they are turning to their doctor's office for credible information.

Younger residents under the age of 65 are more likely to turn to Lambton Public Health or international agencies such as WHO for information about COVID-19. Those aged 18 to 34 are more likely to turn to the local hospital, Bluewater Health.



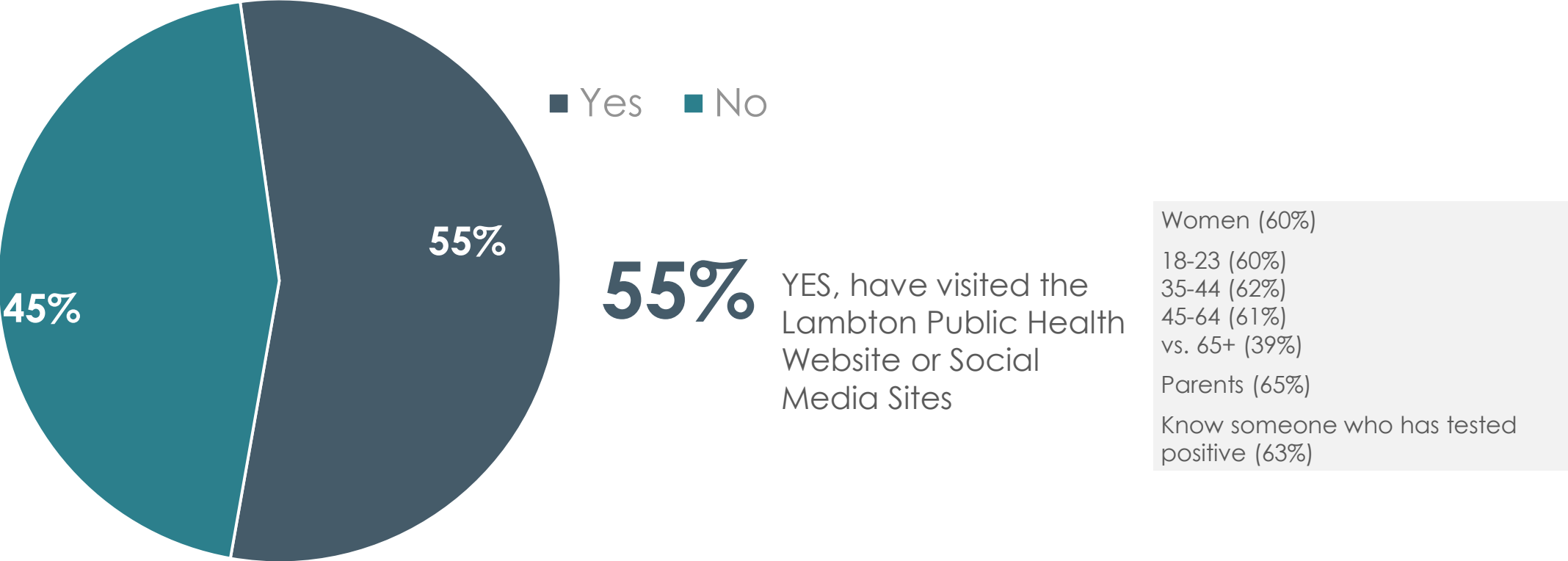
Base: All respondents (n=800)

Q35. Which of the following sources do you turn to for credible information about COVID-19?

Visited Lambton Public Health Website/Social Media for Info



More than half of Lambton residents have visited the local public health website or social media for information about COVID-19. Women and those who know someone who has tested positive with COVID-19 are more likely to have visited these sites while seniors are least likely to have used this source.



Base: All respondents (n=800)
Q36. Have you visited the Lambton Public Health website or social media sites for information about COVID-19?





DEMOGRAPHICS

DEMOGRAPHIC PROFILE by gender and age



		Unweighted base						
		Total (n=800)	Male (n=362)	Female (n=381)	18-34 (n=155)	35-44 (n=115)	45-64 (n=292)	65+ (n=238)
			A	B	C	D	E	F
GENDER	Male	49%	-	-	51%	49%	48%	46%
	Female	52%	-	-	49%	51%	52%	54%
AGE	18 to 34	24%	25%	23%	-	-	-	-
	35 to 44	13%	13%	13%	-	-	-	-
	45 to 64	37%	37%	37%	-	-	-	-
	65 and older	27%	25%	28%	-	-	-	-
IDENTIFY INDIGENOUS		6%	4%	8% A	5%	6%	6%	7%
IMMIGRANT		11%	12%	10%	10%	9%	8%	17% DE
MARITAL STATUS	Single/Divorced/Widowed	38%	37%	39%	64% DEF	27%	25%	37% E
	Married or Common-law	62%	63%	61%	35%	71% C	75% CF	62% C
PARENTS	Parents – yes	26%	24%	28%	34% EF	80% CEF	19% F	2%
REGIONAL AREA	Urban	60%	62%	58%	68% EF	61%	57%	57%
	Semi Urban	30%	28%	32%	27%	28%	32%	31%
	Rural	10%	10%	10%	6%	11%	10%	13% C
CAREGIVERS		20%	16%	25% A	19%	20%	24% F	16%

REPORTING CONVENTION NOTE: When comparing data between sub-groups, a letter indicates that a result is significantly higher for this group when compared with the others.

DEMOGRAPHIC PROFILE by gender and age



Unweighted base

		Total (n=800)	Male (n=362)	Female (n=381)	18-34 (n=155)	35-44 (n=115)	45-64 (n=292)	65+ (n=238)
			A	B	C	D	E	F
EDUCATION	HS<	23%	25%	22%	19%	13%	21%	35% CDE
	Some college to some uni	51%	54%	48%	56% F	57% F	55% F	37%
	Uni +	25%	21%	29% A	24%	29%	24%	25%
EMPLOYMENT	Employed (FT/PT)	46%	55% B	38%	57% F	67% F	60% F	8%
	Others	54%	45%	61% A	44%	33%	40%	91% CDE
INCOME	<\$30K	13%	11%	15%	19% E	13% E	6%	15% E
	\$30K-<\$65K	24%	24%	23%	25%	17%	23%	27% D
	\$65K-<\$100K	20%	21%	19%	20%	17%	20%	20%
	\$100K+	29%	33% B	26%	28% F	47% CEF	35% F	13%
	Average income (excluding DK/REF)	\$85,774	\$89,677 B	\$81,831	\$78,883 F	\$101,151 CF	\$95,988 CF	\$68,027
HAVE CHRONIC PHYSICAL ILLNESS		31%	26%	36% A	18%	23%	33% CD	43% CDE

About Ipsos

Ipsos is the third largest market research company in the world, present in 90 markets and employing more than 18,000 people.

Our research professionals, analysts and scientists have built unique multi-specialist capabilities that provide powerful insights into the actions, opinions and motivations of citizens, consumers, patients, customers or employees. Our 75 business solutions are based on primary data coming from our surveys, social media monitoring, and qualitative or observational techniques.

“Game Changers” – our tagline – summarises our ambition to help our 5,000 clients to navigate more easily our deeply changing world.

Founded in France in 1975, Ipsos is listed on the Euronext Paris since July 1st, 1999. The company is part of the SBF 120 and the Mid-60 index and is eligible for the Deferred Settlement Service (SRD).

ISIN code FR0000073298, Reuters ISOS.PA, Bloomberg IPS:FP
www.ipsos.com

Game Changers

In our world of rapid change, the need for reliable information to make confident decisions has never been greater.

At Ipsos we believe our clients need more than a data supplier, they need a partner who can produce accurate and relevant information and turn it into actionable truth.

This is why our passionately curious experts not only provide the most precise measurement, but shape it to provide True Understanding of Society, Markets and People.

To do this we use the best of science, technology and know-how and apply the principles of security, simplicity, speed and substance to everything we do.

So that our clients can act faster, smarter and bolder. Ultimately, success comes down to a simple truth:

You act better when you are sure.



Contacts



Grace Tong
Director

grace.tong@ipsos.com



Shanze Khan
Account Manager

shanze.khan@ipsos.com