

COVID-19 Impact Insights Paper #3

The wellbeing of rural communities

February 2023

COVID-19 and the wellbeing of rural communities in Aotearoa

This paper is the third in a series of eight short, focused insights reports that will highlight key elements of the wellbeing impacts of the pandemic in Aotearoa. In this paper, we look at how the COVID-19 pandemic has impacted the wellbeing of rural communities in Aotearoa.

Individually, we each have a sense that our wellbeing is made up of a great many factors – some concrete and material, some intangible but no less important. Taken together, as in our He Ara Oranga wellbeing outcomes framework,¹ we know that people need to have their rights, dignity and tino rangatiratanga fully realised, they need to feel safe, valued and connected to their communities and their cultures, and they need resources, skills, resilience, hope and purpose for the future. This understanding of wellbeing has guided the research and presentation of findings in this report.

The Study

This paper lays out the impacts of COVID-19 on the wellbeing of people in rural communities by bringing together:

1. a rapid review of literature from Aotearoa;
2. relevant rural data from large social surveys that act as population wellbeing indicators: the General Social Survey (2018) and Te Kupenga (2018);
3. engagement with community and advocacy groups to ensure that rural communities' voices, views and experiences are included.

For greater detail on the methodology and findings, please see our technical paper.²

¹ <https://mhwc.govt.nz/our-work/he-ara-oranga-wellbeing-outcomes-framework/>

² <https://www.mhwc.govt.nz/our-work/covid-19-insights/>



'Rural' means different things to different people. At times, in Aotearoa, rural is conflated with farming or agriculture, however rural means different things in different contexts. In this report we do not seek to define 'rural', or rural-urban boundaries, but in general focus on those communities and groups who consider themselves rural, and who face common challenges related to geographical isolation.

16.3% of the total population
18% of Māori

lived in rural areas at the last census³

10.0% of the total population
14.7% of Māori

lived in small urban areas

8.4% of the total population

lived in medium urban areas

Content warning

The analysis in this report references topics that some readers may find distressing - please note that on page 5 we reference suicide rates in rural communities.

Findings

In Aotearoa around 16% of the population live in rural areas, and around 35% in total live outside of large urban areas - and these figures are higher for Māori.³ Rural life is core to our material existence and sense of identity, particularly for Māori; ties with the whenua (land) are deep and inextricably linked with whakapapa, community and belonging.

Before the pandemic, people living in rural areas reported particularly high levels of life satisfaction and good wellbeing across a range of indicators: they reported good mental and financial wellbeing, low levels of discrimination, that it was easy to be themselves in Aotearoa, and that life is worthwhile. However, rural communities also face unique wellbeing and mental health challenges through geographical isolation.

³ <https://www.ehinz.ac.nz/indicators/population-vulnerability/urbanrural-profile/>





“The biggest insight of the experience of COVID-19 Lockdown was that it is all about the people, the people, the people. When asked about the positive experiences - it was the connection with people. When asked about what we could do better - it was about the connections with the people that we need to improve. When asked about things that we cannot lose - it was about the newfound sense of connection and working together, as individuals, as whānau, as communities - as people.” (Whanganui District Health Board, 2020).



With the onset of the pandemic, there was recognition of multiple factors that increase the risk to rural communities in comparison to urban communities, including the older average age of rural populations, fewer healthcare options and greater connectivity challenges, such as less internet infrastructure.

Despite the importance of rural communities in Aotearoa, and the recognised challenges they face, there is a lack of published research on the impact of COVID-19 on their wellbeing. Much of the published information that exists is focused on farmers and farming communities, with less focused on other parts of the rural community.

From the evidence that does exist, though, there are common threads to the pandemic experience for both farming and non-farming communities in rural Aotearoa. This paper explores these, as they relate to the particular and interconnected features of rural geographies, economies, and cultures.

For rural Māori, geography, economy and culture affected wellbeing through the pandemic. Additional factors, particularly the relationship between whenua (land) and whakapapa (ancestry), also impacted on the experience of some rural Māori.

Through rural communities, some Māori organisations and Iwi used their allocated customary seafood catch or locally produced food to provide sustenance to the most vulnerable members of their communities. Many others provided online mental health support, food packages, and care packages including hygiene and cleaning products, often prioritising those who were most vulnerable in the community and those who live rurally.

Some hapū and whānau groups drew on their connection with the whenua, as ahi kā (keeping the home fires burning), and the mana they draw from this, to establish checkpoints to protect rural communities, while others saw similar actions as justified by the need to protect their ūkaipō (home, source of sustenance) and their whenua. In this way, this connection was contributing to health outcomes and broader wellbeing, by supporting some Māori to express rangatiratanga. Others report that these expressions of rangatiratanga, in turn, helped support and strengthen their ties to their hapū and whenua.



Online initiatives were launched during the lockdowns to ensure Māori maintained regular contact with community members and karakia, tangihanga, and cultural workshops were conducted online. However, the impact of marae being closed during lockdown was keenly felt and the inability to tangihanga together was particularly hard.

Geography

The isolation or distribution of people and resources in rural Aotearoa is its defining feature, and presented challenges in the pandemic context.

Difficulties with connective technology impact the wellbeing of rural people. Poor connectivity increases the risk that people will struggle to get help, advice and support; and older people in rural settings are even less likely to be online.

Cost is a barrier in rural settings, and when connectivity becomes a substitute for in-person interaction – be that social, educational, or commercial – that cost translates to poorer outcomes and mental health impacts. Where internet connections are good, telehealth services have been seen to be a valuable contribution through the pandemic, and may be expected to provide ongoing benefits and reduce barriers to care, particularly for people living in remote areas. However, when online support is a key way to access mental or physical health services, health disparities may be worsened.

Access to healthcare services in rural areas of Aotearoa can be uneven, having a significant impact on the wellbeing of rural people. The COVID-19 pandemic has highlighted and exacerbated pre-existing challenges across healthcare services, including mental health services.

A lack of facilities, centralisation of specialist services, and workforce challenges mean there is uneven availability of and access to local health services for rural people. Rural living is associated with higher mortality rates, with poorer access to mental health services, and with higher suicide rates than in the general population. The pandemic, both through COVID-19's increased demand on health services, and its disruption for the people that deliver those services, has exacerbated the existing stresses in rural health systems. Rural communities also have worse access to COVID-19 vaccination services than those living in major cities, and the rate of vaccination in rural communities in late 2021 was 11 per cent lower than urban areas in Aotearoa.



Innovation and transformation, flexibility and collaboration were evident features of rural hospital and health service responses to the pandemic.

Flexibility and broad scope of work are important elements for rural health providers, which poses a challenge for recruitment, but may have been a helpful factor in dealing with the pandemic. Some health services were successfully adapted to meet the needs of rural communities: many health providers were able to divert and access funding to support general practices, implement telehealth screening and consults for patients, and provide services through mobile clinics.

There are a range of initiatives being undertaken by government and non-government agencies to address mental health in rural communities. However, mental health services are considered by many to be inadequate to meet the demand for services, which is perceived as having worsened since the outset of the pandemic. The inability of mental health workers, including nurses, to see people face to face in their communities has made it harder for people needing that support.

Rural housing, transport and other services have been impacted by the COVID-19 pandemic.

As elsewhere, housing and finding somewhere for people to stay during the pandemic was problematic in many rural communities. The pandemic saw additional efforts to find accommodation for people who were homeless, immigrants trapped in Aotearoa with no money and few resources, people in distress and friction with family members, and some who had been subject to family or intimate partner violence.

The closure of places which act as social hubs in rural areas, such as schools and libraries, had large impacts on communities. For example, in one rural community, the library hosted a range of activities including a knitting club, book club and a fall-prevention exercise group, as well as being a safe and warm space for people experiencing distress and homelessness, and providing support with filling out government forms, printing and photocopying. However, during lockdowns these were unavailable and the public wifi that was usually available 24/7 was turned off. People in rural communities who used the library and did not have internet or had limited data or connectivity were very isolated.

“It was awesome to see how quickly we came together and transformed the way we operate with the support of the Hauraki PHO who managed additional staffing, contracts, PPE and flu vaccines ... The red tape seemed to disappear and change management processes were quick and easy.” (Dr Mikaere, of Te Korowai Hauora o Hauraki).



Economy

Primary industries – chiefly farming, forestry and fishing, are considered a key part of rural communities, directly or indirectly providing employment and income to many thousands of people in Aotearoa. Together with tourism, these sectors are vital parts of rural communities, and factors that affect the economy ultimately affect communities too.

Farmers and growers in Aotearoa have been under a huge amount of stress, prior to and during the pandemic.

Stress on farmers and growers stemmed from financial concerns and pressure and uncertainty from a range of related events and factors outside of their control, including major adverse weather events such as droughts and floods, agri-business changes and market instability, government regulatory changes and public perception.

The arrival of COVID-19 in Aotearoa compounded the stress farmers and growers were already experiencing. Although there were high levels of resilience evident in the agricultural systems and the people running them, lockdown presented additional pressure and difficulties.

A significant problem during Level 4 lockdown was the large numbers of additional stock that farms were carrying due to reduction in processing capacity. In this way, lockdown restrictions compounded harsh conditions created by large scale drought across the North Island and upper South Island, the lack of feed, and inability to get stock off farms.

Borders closing meant there was an immediate unavailability of migrant labour and farm workers unable to leave or to enter the country. Farmers adapted by working longer hours along with family members, or calling on local sources of help, which was essentially an unsustainable response creating additional stress.

Public perception of farmers is a source of stress for them. With the arrival of COVID-19 the perception of farmers was seen to dramatically improve, as they were recognised as essential workers and felt a sense of pride in that recognition, however, that was also perceived as short-lived.



Rural advocates emphasised the need for farmers and growers to have hope in the face of current stressors. They highlight a need for preparation before the next crisis, increasing the available government support, and helping with pathways to new ways of generating income. There may be a lack of awareness of the financial difficulties some farms face, in contrast to the recognition and support provided to the tourism sector.

Culture

Lockdown and staying in 'bubbles' created difficulties for rural communities who were used to pulling together and supporting each other in times of crisis and in the face of adverse events. These measures were very isolating in a rural setting – particularly for older people, those who receive at-home care, and those who provide care for people they live with.

Advocacy groups say it can be harder for people to get help in rural communities, given the stigma, prejudice and discrimination attached to mental distress or mental illness diagnoses, and the nature of small communities where 'everyone knows everyone'.

There is an observed tendency for farmers to feel uncomfortable speaking about their mental health or focusing on their own wellbeing: "There is always another task to do, staff to look after and animals on the farm. Farmers will often do everything they can before giving themselves the breaks they need and seeking any help for stress."

Connectedness and belonging are key components of wellbeing that have supported people in rural communities over the COVID-19 pandemic.

Strong local connections are a source of strength and resilience in rural communities; and this is highlighted in Māori and Pacific rural communities. Community connections, including through churches and marae, provided access to a range of social and material support for people in rural communities. Older Māori have social networks within their communities that enabled them to manage living in a relatively isolated rural area in older age, enabling access to important resources such as food, income, and health care.

“The community networks and community support is what helps ... Communities get sick of waiting for things to happen, so just make it happen.” (Yellow Brick Road).



Ahakoia te reo me te pakeke o te tangata, it was very clear that in a pandemic time, these simple ahuatanga must be at the forefront of any plan or major decisions going forward.

WHAKAPONO: Consult with Whānau, Hapū, Iwi and Marae.

MANAAKI: Loneliness must be circumvented.

AROHA: Compassion feeds the whatumanawa, food feeds the tinana and all these give strength to the hinengaro from 'Te Keeti: A Covid Response' (Te Kupenga Trust, 2020, p.34).

The resilience and agency of rural communities has been evident through the pandemic. For example, rural general practices in Aotearoa appeared to experience less strain, during the first year of the pandemic, compared to urban ones, with fewer staff absences, being less likely to use video and telephone consultations, and had possibly lower reductions in patient volumes. This may be related to personal characteristics of rural as compared to urban practices, or that a rural model of care may be more adaptive compared to the urban one.

By working together, and engaging with government agencies and resources, rural communities took practical action to protect and support themselves. The Ministry for Primary Industries (MPI) supported 32 rural community hubs, like the Wairamarama Rural Hub which worked with locals to create a comprehensive and regularly updated source of information and support'.

MPI also acted as a go-between for that community's concerns about increased backroad traffic during the lockdowns - resulting in an increased Police presence on these roads. During the 2021 lockdown, the Hub collaborated with the Waikato District Council in organising recycling collections, providing an essential service and enabling community members to connect with each other.

What can we learn from the experiences of rural communities?

The nature of the impact of COVID-19 on the wellbeing of rural communities has evolved, and will continue to evolve, over the course of the pandemic - life has not 'returned to normal' and the need for support has not gone away.

Through the course of this project and our engagement with rural community advocates, some recurrent themes have emerged, which point to areas where immediate action is needed to support the wellbeing of rural communities.

Decision-making about responding to crises and supporting rural wellbeing more broadly, must be done in partnership with Māori in accordance with Te Tiriti o Waitangi and inclusive of Māori leadership.

- Future pandemic planning must ensure Māori can meaningfully participate and direct pandemic efforts from the base of their iwi and hapū, guided by tikanga and kawa.



- The relationship of Māori to the land, the centrality of marae in many rural communities, and the inextricable intertwining of whenua and whakapapa, means that mana whenua must be central to political decision-making. The role that Māori played, through their marae, hapū and iwi, supporting individuals, whānau, and their wider communities and economies displays the shared value and benefit that listening to and resourcing rural Māori can provide.

There are many challenges faced by rural communities, particularly farming communities, which are fundamentally different from those faced by urban Aotearoa. Planning and providing services and supports need to reflect this.

- The pandemic shone a light on pre-existing stressors and inequities, further compounding the impact of these on rural people's wellbeing. There is an urgent need to improve connectivity and digital infrastructure for rural communities, target support for rural healthcare, and support mental health and social service providers in wellbeing promotion. In order to address the impact on wellbeing a comprehensive and holistic approach, which takes all the stressors and inequities into account, is essential.
- 'Rural-proofing' policies, to ensure that government action will work for rural communities, needs to be done, and done well. However, rural communities are a heterogenous group and COVID-19 impacts differently on different communities. As the pandemic has evolved in Aotearoa, it is impacting wellbeing differently, influenced by pre-existing inequities and localised responses. Support for rural communities to further develop and deliver supports that are relevant to their community needs to be prioritised and funded. To this end, rural communities need to be involved in planning and decision-making.

Research into rural wellbeing is urgently needed.

- The lack of data and evidence to support wellbeing of rural communities urgently needs to be addressed. It is clear that COVID-19 impacts the wellbeing of different groups of people differently and that pre-existing inequities can be exacerbated. We know that some populations, including Māori and older people, are disproportionately impacted by COVID-19. An intersectional approach to research is needed to better understand the impact, so that efforts can be targeted and effective.

