

The impact of COVID-19 on the wellbeing of rural communities in Aotearoa New Zealand

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A report issued by Te Hiringa Mahara - the New Zealand Mental Health and Wellbeing Commission.

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Te Hiringa Mahara - the New Zealand Mental Health and Wellbeing Commission - was set up in February 2021 and works under the Mental Health and Wellbeing Commission Act 2020. Our purpose is to contribute to better and equitable mental health and wellbeing outcomes for people in Aotearoa New Zealand.

For more information, please visit our website: <https://www.mhwc.govt.nz/>

The mission statement in our Strategy is “clearing pathways to wellbeing for all.” Te Hiringa Mahara acknowledges the inequities present in how different communities in Aotearoa experience wellbeing and that we must create the space to welcome change and transformation of the systems that support mental health and wellbeing. Transforming the ways people experience wellbeing can only be realised when the voices of those poorly served communities, including Māori and people with lived experience of distress and addiction, substance or gambling harm, are prioritised.

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Introduction

This report presents the findings of a project commissioned by Te Hiringa Mahara to develop a deeper understanding of how the COVID-19 pandemic has impacted the wellbeing of rural communities. A sizeable proportion of the population live rurally in Aotearoa – around 16% of the population live in rural areas, and around 35% in total lives outside of large urban areas – and these figures are higher for Māori¹. Rural life is core to our material existence and sense of identity, particularly for Māori; the ties with the land are deep and inextricably linked with whakapapa, community and belonging.

Pre-COVID, in 2018, people living in rural areas reported particularly high levels of life satisfaction and good wellbeing across most indicators underpinning the He Ara Oranga wellbeing outcomes framework (see Appendix 1) (Kōtātā Insight, 2021). They reported good mental and financial wellbeing, low levels of discrimination, that it was easy to be themselves in Aotearoa New Zealand, and that life is worthwhile. They also reported lower than average levels of face-to-face contact with friends, but this was not reflected in higher-than-average levels of loneliness. However, rural communities also face unique wellbeing and mental health challenges and greater inequities in accessing mental health support, through geographical isolation, which contributes to poor connectivity, workforce challenges and lack of specialist services (Government Inquiry into Mental Health and Addiction, 2018).

There are geographic barriers to accessing healthcare and services generally, including COVID testing and vaccinations. If COVID-19 spread within rural communities there would be greater challenges in accessing care, providing healthcare, and pressure on local health services too.

- Lyndon, 2021²

With the onset of the COVID-19 pandemic, there was recognition of multiple factors that converge to increase the risk to rural communities in comparison to urban communities, including the older average age of rural populations, fewer healthcare options and less internet infrastructure (Hall et al., 2020). Health inequities were revealed and amplified, along with the risk to rural communities of being adversely affected by COVID-19. Improving support for rural mental health was indicated to farming leaders as a priority for the Government in 2022 by the Prime Minister's Office, with the focus of future work to be on supporting the wider rural community,

¹ <https://www.ehinz.ac.nz/indicators/population-vulnerability/urbanrural-profile/>

² <https://www.sciencemediacentre.co.nz/2021/10/14/why-are-rural-communities-more-vulnerable-to-covid-19-expert-qa/>

including the farming sector and people living in remote geographical locations (Information shared by the Ministry of Health and prepared with the Ministry for Primary Industries, 2022).

We have heard repeatedly that the COVID-19 pandemic has compounded pre-existing stressors for many people and consequently impacted wellbeing. Often, people who were doing okay prior to the pandemic are continuing to do okay, whereas those already struggling are struggling more. Knowledge gained from a range of sources has been synthesised to consider the experiences of people living rurally in Aotearoa and to provide insights into what we can learn and what we could do differently to enhance their wellbeing.

Methodology

The overall aim of the project is to gain insights and understanding into the impacts of COVID-19 on the wellbeing of people in rural communities in Aotearoa. To achieve this, the following research questions were addressed:

- What are the key wellbeing impacts, including challenges and positive outcomes, of the COVID-19 pandemic on people in rural communities in Aotearoa?
- How has the COVID-19 pandemic impacted on the wellbeing of rural Māori and those in other Te Hiringa Mahara rural priority populations?
- How has the pandemic experience identified ways of better supporting the wellbeing of rural communities in Aotearoa?

The methodology involved a three-pronged approach (see Appendix 2 for details):

1. Literature review – a rapid review of the literature was undertaken to address the research questions. Electronic database and online searches identified research publications, reports and ‘grey’ literature that met the inclusion criteria. Following a screening process, 28 journal articles and 15 other items from Aotearoa were included in the review. Literature from other jurisdictions was included in the search and has occasionally been referred to in the report for the purpose of highlighting particular points or filling gaps identified in understanding the Aotearoa experience. All references cited in the report are from Aotearoa, unless otherwise specified in the text. A thematic analysis was conducted, whereby the documents were coded and analysed to identify key themes. Details of the methods used to map, code and analyse the literature are included in Appendix 2.
2. National dataset analysis – some analysis of relevant data from large social surveys that act as population wellbeing indicators was included in this report.

Specifically, data from the General Social Survey (2018) and Te Kupenga (2018) were included. Inclusion of data was limited by the lack of availability of recent data for wellbeing indicators for rural areas.

3. Community engagement - a critical component of the report is engagement with community and advocacy groups to ensure that rural people's voices and views are included, and to ground the report in the personal experiences of rural communities in Aotearoa. Information was sourced from notes taken during engagement between Te Hiringa Mahara and rural community groups, along with face-to-face and online meetings, and email communication, with rural community leaders, researchers, advocacy groups and government and non-government advocates.

The themes emerging from these sources were analysed and the final stage involved writing these up in this report. The analysis was informed and underpinned by the principles contained in He Ara Oranga wellbeing outcomes framework (Appendix 1).

Wellbeing is made up of a great many factors - some concrete and material, some intangible but no less important. The He Ara Oranga wellbeing outcomes framework recognises 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.

Content warning

The analysis in this report references topics that some readers may find distressing - please note that on pages 10 and 11 we reference suicide rates in rural communities.

Findings

There is a lack of published research on the impact of COVID-19 on the wellbeing of rural communities in Aotearoa

Very little research, either prior to or following the outset of the COVID-19 pandemic, was identified in the multiple searches conducted or by the advocates and researchers we engaged with. Much of the published information that exists is focused on farmers and farming communities, with less focused on other parts of the rural community. That said, there are common threads to the pandemic experience for both farming and non-farming communities in rural Aotearoa. These can be related to the particular and interconnected features of rural geographies, economies, and cultures. For rural Māori, geography, economy and culture affected wellbeing through the pandemic. However, additional factors, particularly the

relationship between whenua (land) and whakapapa (ancestry), impacted on the experience of some rural Māori.

Large national survey data (such as that generated from the General Social Survey, Household Labour Force Survey, NZ Health Survey and Te Kupenga) include subjective wellbeing indicators such as: sense of purpose, hope for the future, life satisfaction, family wellbeing, ability to be yourself and trust in institutions. However, while these data are currently available by region, there is no differentiation between recent urban and rural data.

A contributing factor to the lack of data is the complexities involved in defining what is 'rural'. There is no international definition for rural or urban areas, and currently in Aotearoa urban-rural geography "rural areas represent land-based areas outside of urban areas" (StatsNZ, 2021). Defining rural in terms of what it is not (i.e. urban) is also reflected in the tendency to frame rural research, particularly rural healthcare research, within a deficit lens (Jaye et al., 2021). Consequently, rural communities are frequently portrayed in comparison to urban contexts. Further, rural communities are not a homogenous group. Rural Māori face unique challenges, including having the lowest socioeconomic status, poor connectivity, co-morbidities, and institutional racism, which makes it harder to navigate the system (Blattner, 2021).³

The lack of a clear and consistent definition of rural in Aotearoa is problematic for policy development and resource allocation. For example, a significant proportion of young people live in areas that are formally classified as 'urban' yet they depend on rural health services (Ferguson et al., 2019). Recent research suggests that generic rurality classifications have led to an underestimate of rural health need (Whitehead et al., 2022). Whitehead and colleagues have developed a purposively designed Geographic Classification for Health (GCH) which they argue should be used for health analysis and to define rural populations in health policy.

When applied to administrative health datasets, the GCH reveals that previous classifications have underestimated rural health outcomes, including mortality rates by as much as 71% ... in the 15-29 year age group rural Māori amenable mortality rates are 56% higher than for urban Māori. An accurate and reliable rurality classification for health is vital for developing evidence-based rural health policy and meaningful interventions.

- Whitehead, 2022, p.1

³ <https://www.sciencemediacentre.co.nz/2021/10/14/why-are-rural-communities-more-vulnerable-to-covid-19-expert-qa/>

While the definitions of rural and urban in Aotearoa are contestable, a significant proportion of the population live in non-urban areas, particularly Māori. Data from the 2018 census (Environmental Health Intelligence New Zealand, n.d.) indicates that:

- 16.3% of the total population / 18% of the Māori population lived in rural areas
- 10.0% of the total population / 14.7% of the Māori population lived in small urban areas (such as Thames, Stratford and Gore)
- 8.4% lived in medium urban areas (such as Cambridge, Te Awamutu and Rolleston)

‘Rural’ means different things to different people. At times, in Aotearoa, rural is conflated with farming or agriculture, however we recognise that there are other understandings and meanings of rural 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. The lack of national survey data and research publications made our engagement with rural community leaders, researchers, and advocates even more critical. Findings from our analysis point to three features of rural communities that affect wellbeing and have shaped rural experiences of the pandemic: Geography, Economy, and Culture.

The following sections present findings in relation to each of these features. Most sections start with a statement from He Ara Oranga wellbeing outcomes framework (Appendix 1). The framework describes what ideal wellbeing looks like, with the statements grounding the findings in this aspirational vision of wellbeing.

1. Geography

1.1 Environment

Taonga Māori are revitalised and nurtured – the unique relationship and spiritual connection Māori have to te taiao, whenua, whakapapa, and whānau is actively protected, enhanced, and strengthened. (Wairuatanga me te manawaroa, He Ara Oranga wellbeing outcomes framework)

To gain insights into how the COVID-19 pandemic has impacted on the wellbeing of rural Māori people, it is essential to understand the deep, enduring connection that Māori have with the land.

Historically, Māori have always had a strong relationship with land (Papatūānuku, mother Earth) as it shapes the way in which they express their cultural, spiritual, emotional, physical and social wellbeing.

- McIntosh et al., 2021, p.150

Connection to place, and the meaning of the land, is deeply intertwined with identity for Māori

Experiences of identity, community and belonging are inextricably tied to the nexus between whenua (land) and whakapapa (genealogy) (Boulton et al., 2021). Sustenance and nurturing, people and land are inherently connected, with home being the place where identity and culture are grounded, regardless of whether it is occupied. For Māori, connections to the land “allow connection to ancestral ties, strengthen current whānau ties, and imprint their collective identities on place as a reminder for future whānau” (Butcher & Breheby 2016, p.53).

In 2018, more than 80% of Māori said looking after the environment was important or very important, with almost half of rural Māori reported participating in environmental clean-up activities (Stats NZ, 2018). In all, 58% of Māori grew their own food, 41% gathered traditional Māori food and 17% gathered other materials for use in traditional practices.

The connection provides a source of connectedness to community, security of having a home, as well as sustenance through food and culture (Butcher & Breheby 2016; Wiles et al., 2017). In one study, 79% of Māori participants perceived nature and the outdoors as important for their wellbeing (62% said very important and 17% extremely important). For older Māori, the importance of nature and the outdoors, feelings of connectedness with neighbourhoods and communities, and socioeconomic status hold strongest associations with health outcomes, rather than feelings about an individual home or neighbourhood (Wiles et al., 2017).

Connection to the land and environment were tied up in wellbeing and action during the pandemic, for some rural Māori. The connection to the environment, and the wellbeing benefits it brings, was captured by one kuia during the early days of the pandemic:

... being a mokopuna of te Taiao, she reminded me she was never alone ... ‘I’m never alone, the birds sing to me, the sun keeps me warm, the leaves on the trees ... they’re all talking to me.’

- Te Kupenga Net Trust, Te Keeti 2020, p.13

Some hapū and whānau groups drew on their connection with the whenua, as ahi kā, and the mana they draw from this, to establish checkpoints to protect rural communities (Fitzmaurice & Bargh, 2021), while others saw similar actions as justified by the need to protect their ūkaipō and their whenua (ibid.). In this way, this connection was contributing to health outcomes, and broader wellbeing, supporting

some Māori to express rangatiratanga. Others report that these expressions of rangatiratanga helped support and strengthen their ties to their hapū and whenua:

“Standing on the boundaries for your hapū, your ancestral boundaries for your hapū, taking that stand to look after your people and your lands, there’s something quite innate about that. When you physically stand on the front line to look after your mana whenua and your mana motuhake, there’s something quite visceral about it that doesn’t quite leave you. I’ll always remember it for that. I think it really brought people together in an important way as well.” (Tina Ngata, quoted in Fitzmaurice & Bargh, 2021 pp24-25)

While different in nature, advocacy groups also pointed to the connection to the land felt by many rural people, including non-Māori, particularly multi-generational farming families, who consider their role to be one of custodians of the land.

1.2 Isolation and connection

People of all ages have a sense of belonging in families and / or social groups. Where people experience disconnection, reconnecting or forming new positive connections is possible. (Being safe and nurtured, He Ara Oranga wellbeing outcomes framework)

Isolation is a feature of living rurally and can be challenging to wellbeing and mental health

While the uncluttered, wide-open spaces of living rurally are perceived by some as an asset, the constant negotiation of distances to be travelled are also an obstacle to wellbeing (Jaye et al., 2021). Those working on farms, in particular, identify wellbeing concerns related to the geographical isolation. For farming people, the nearest neighbour could be kilometres away, and the potentially long travel times combined with working long hours and an inability to take time away from the farm, can make connecting with people difficult (Federated Farmers of New Zealand, 2022; Jaye et al., 2021; Rural Women New Zealand, 2021). While wellbeing is supported by strong communities, whānau and connections, rural communities have smaller populations, wider geographical spread and greater isolation, which can make accessing community supports more challenging (Information shared by the Ministry of Health and prepared with the Ministry for Primary Industries, 2022).

Given the environmental and geographical features, it seems likely that older people living rurally would also be more socially isolated. However, one study indicates that for most older people, living rurally had a protective effect against loneliness, apart from older Pacific people (Beere et al, 2018). A small qualitative study with older Māori living in an isolated coastal village found that having strong social networks enabled

greater access to the resources necessary to live in remote places, and interestingly emphasised the importance of dependence in identity for older Māori, with this providing security and strengthening relationships between people (Butcher & Breheby 2016).

COVID-19 has compounded the geographical isolation for some rural people and challenged connection, but not for all

Being able to connect with other people is essential for wellbeing and getting the support needed. Advocacy groups spoke of the importance of being able to connect with others, in light of the challenges posed by geographical and social isolation, which were further compounded by lockdown restrictions during the course of the pandemic. They pointed out that strong connections can help buffer challenges people are going through. Relationships and collectivism were highlighted in research with kāinga Tonga in rural South Canterbury, who derived strength from their children, family and faith to persevere and support each other (Luyten, 2021). Care and concern for others, and collective activation were identified components in navigating hardships.

Advocacy groups and community leaders describe instances of people feeling isolated and struggling as they stayed home in response to COVID-19. Older people were identified as struggling and needing better support networks in some rural communities, particularly those not familiar with technology. Similarly, people who were getting care in their own homes were described by one advocate as ‘incredibly isolated’, as were carers for people who have high and complex needs and were unable to get any respite care during the lockdown periods.

Difficulties with connective technology impact the wellbeing of rural people

The COVID-19 pandemic has been challenging for rural people, not only by being unable to attend in-person events, but also by the lack of connective technology for some people, due to cost and/or geography. While some rural people have satellite connection, the cost of this is not sustainable for everyone, and some are relying on poor internet and landline connection, or have no cell phone coverage. People living rurally and/or those aged 65 years and older are the least likely to have a fibre Internet connection (Lips & Eppel 2021). In one survey, by Rural Women New Zealand, the use of technology was advocated for more by the younger participants, and more commonly dismissed by the older participants as ineffective due to lack of computer training and creating an additional burden of tasks to complete (Rural Women New Zealand, 2021).

Since 2018, Federated Farmers has annually surveyed members about rural connectivity, including mobile coverage, internet and landline connections to the farm. This year the survey was expanded to include questions that focussed on the relationship between connectivity and wellbeing on farm, finding that poor

connectivity was associated with worse wellbeing, with almost 25% of respondents indicating that their connectivity (or lack-there-of) impacted on their mental health and wellbeing (Federated Farmers of New Zealand, 2022). This impact was particularly highlighted for people with poor landline connections (37% indicating that it impacted their mental health). Many of the respondents who indicated their mental health and wellbeing were most impacted were in parts of the country that are either remote or where difficult terrain would limit the connectivity options available to them.

Poor connectivity increases the risk of struggle to get help, advice and support.

This is particularly concerning given the reluctance, described in studies and by advocacy groups, of some males and farmers, to reach out to others when they were struggling. A male participant in one study referred to the “cultural rural value of stoicism or not complaining” (Jaye et al., 2021, p.289). However, 41.2% of respondents in the Rural Connectivity Survey (Federated Farmers of New Zealand, 2022) indicated they would use better connectivity to make greater use of services, opportunities and to improve their mental health and wellbeing.

“Connectivity is an obvious alternative to overcoming the barriers to getting the support needed. This includes making use of online support services, participating in meetings with other people, staying in contact with friends and loved ones, or even making friends with others in similar situations. For example, from a family point of view, improved connectivity provides support for pregnant women on-farm or working mothers to access online maternity services, join maternity or working-mum groups, significantly improving the mental health and wellbeing of the women on farm and their families as a whole.” (Federated Farmers of New Zealand, 2022, p.61)

The connectivity challenges in remote and rural Aotearoa, highlighted during the COVID-19 pandemic were partially addressed by the major telecom providers who lifted data caps (Lips & Eppel 2021). However, this did not always extend to wireless technologies in rural areas, where datacaps were only lifted during the night, which was not helpful for education use during the day.

1.3 Services

People, families, and communities have the resources needed to flourish ... People have the support and resources needed to maintain their health across their life course, and experience equity of health. (Having what is needed, He Ara Oranga wellbeing outcomes framework)

Access to health services in rural areas of Aotearoa can be uneven, with unevenly available services, workforce shortages and recruitment challenges (Information shared by the Ministry of Health and prepared with the Ministry for Primary Industries, 2022; Jaye et al., 2021), which likely has a significant impact on the wellbeing of rural people. Administrative regional rationalism and centralisation has

led to many rural hospitals being closed, and government services withdrawn, including primary health services, along with post offices, primary schools and also bank branches (Jaye et al., 2021). This has resulted in uneven availability of and access to local health services for many people living rurally. People can wait months to get specialist appointments and there are limited non-government organisations or other agencies to refer people to (Stodart, 2014). Research has recently found that rural Māori experience greater mortality rates (both overall deaths and deaths that are amenable or avoidable through appropriate care) than their urban peers, and that for Māori and non-Māori, these ‘all-cause’ and ‘amenable’ mortality rates increased as rurality increased, suggesting that there are additional challenges associated with living rurally (Crengle et al., 2022).

In one small rural community, gaps in community-based health and wellbeing support services were considered an unfortunate, but inevitable part of rural living, and were identified across a range of areas including aged care and support, disability support, post-operative recovery, post-natal and mental health support (Jaye et al., 2021). The gaps in health services and lack of specialist services creates challenges for rural practitioners. There is a shortage of rural GPs, with increased workload and complexity linked to the older rural population (Doolan-Noble, 2021).⁴ Rural nurses are in the frontline and working to the top of their scope of practice – having to navigate the risk and find the course that involves minimum harm (Stodart, 2014).

The COVID-19 pandemic has highlighted and exacerbated pre-existing challenges across healthcare services

Currently, the health workforce is under significant pressure with high vacancies and competition across different government sectors for a range of key health roles (Information shared by the Ministry of Health and prepared with the Ministry for Primary Industries, 2022). Addressing the rural health workforce shortage is challenging, with recruitment hampered by health workers facing relocation to remote locations, sometimes a wider role scope and need for greater flexibility, in some cases a lack of access to digital technology, and often limited support (Marshall & Aileone, 2020; Information shared by the Ministry of Health and prepared with the Ministry for Primary Industries, 2022).

COVID-19 has shone a light on the challenges faced by rural hospitals “operating at the margins of the healthcare system” (Nixon et al., 2021, p.17).

"The cracks have always been there. For those working in rural health they are more visible now. We push forward for the sake of our patients, our rural workforce, our communities, flying the rural

⁴ <https://www.sciencemediacentre.co.nz/2021/10/14/why-are-rural-communities-more-vulnerable-to-covid-19-expert-qa/>

flag as we go. COVID-19 has cracked the system. Hacked it, even..." (Miller et al., 2020, p.109).

In the early pandemic phase, doctors in rural hospitals reported feeling "forgotten" and at the same time overwhelmed by large amounts of contradictory information (Nixon et al., 2021). Following on, pragmatic innovation and transformation, flexibility and collaboration were evident features of rural hospital and health services responses to the pandemic (Miller et al., 2020; Nixon et al., 2021). Although, the experiences varied and were largely determined by the pre-existing relationship between the hospital and the relevant District Health Board (DHB) (Nixon et al., 2021).

"Although seemingly successful, we have not had an optimal medical response in this pandemic, with concerns regarding resource allocation and management. However, I'm also thankful for the collaboration and initiatives in the rural health sector in recent weeks. In such trying times, to see such widespread cooperation, advocacy and adoption of new technological practice in the sector is encouraging and opens many new possibilities for the future of healthcare provision in rural New Zealand." (Miller et al., 2020, p.110).

The provision of some health services were successfully adapted to meet the needs of some Māori rural communities across Aotearoa

An example of this is the agile and flexible health service response to COVID-19 seen in the pandemic plan implemented by Te Korowai Hauora o Hauraki, a rural Iwi-based, not-for profit, incorporated society providing health and wellness services across the Hauraki rohe.⁵ Sustainability funding was provided to Te Korowai Hauora o Hauraki by the Ministry of Health and also by the Hauraki Primary Health Organisation (PHO), which diverted funds for activities that could not take place due to COVID-19, to ensure the four general practices did not fall over. Rural communities were kept updated on the rapidly changing information via Facebook and YouTube. Systems were developed in which patients were screened by phone first, with tele and video consultations available, and a mobile clinic service. While Te Korowai Hauora o Hauraki often run marae-based clinics at the centre of their local communities, the mobile clinic initiative (run in conjunction with the Hauraki Māori Trust Board, Hauraki PHO and Waikato DHB) helped ensure the entire community had equitable access to health services. Experiences in the initial 2020 lockdown, with people who needed health management staying away, meant that in the later August 2021 outbreak, the service knew they needed to check in with older and hard to reach patients sooner, so had the mobile clinic up and running sooner.

⁵ For detail see: <https://gpnz.org.nz/work-of-phos/primary-care-initiatives/rural-health-services-connecting-with-communities-during-covid-disruption/>

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, cited in General Practice NZ online, n.d.

A higher-trust or lower compliance approach was a reported feature of the Government response to the pandemic, along with increased technology capability in marae and other connection points. Government partnered with specialist organisations, such as Whakarongorau Aotearoa, to provide alternative free telehealth services. As a result of the COVID support, 2.7 million people were connected with Whakarongorau services from June 2021 to June 2022. The Māori Pathway, a dedicated virtual support network for Māori, increased its service provision to include rural townships by hiring and training locals to support locals through the telehealth network.

While rural practices were found to be less likely to use alternative consultation methods (rather than face to face), some rural patients benefited from remote consultations, with one participant noting that “My rural patients love not having to leave their farms to come in” (Eggleton et al., 2022b, p.4). Telehealth services can potentially reduce the travel and time burden for some rural people living in remote areas, with remote farmers more likely to have better internet connection types (wireless broadband and satellite broadband) able to support telehealth appointments (Federated Farmers of New Zealand, 2022).

A study in Aotearoa with Māori health professionals and patients showed that telehealth is a viable long-term option that can reduce barriers and support Māori whānau to access healthcare (Wikaire et al., 2022). However, telehealth options are challenged by poor mobile phone coverage, technology difficulties for some older people, and those with poor information technology literacy. This is consistent with international evidence that older patients, those from rural backgrounds, and the socially deprived are less likely to be reached by telehealth services, risking increasing health disparities (Eggleton et al., 2022b).

The rate of vaccination in rural communities in late 2021 was 11% lower than urban areas in Aotearoa.⁶ Rural communities also have worse access to COVID-19 vaccination services than those living in major cities (Whitehead et al., 2022). Spatial accessibility to vaccination services varies across Aotearoa and is not equitably

⁶ <https://www.otago.ac.nz/news/news/releases/otago833708.html>

distributed. Priority populations, with the most pressing need to receive COVID-19 vaccinations (Māori, Pacific people and older people), have the worst access to vaccination services, as do people living in rural areas. (Whitehead et al 2022)

Accessing much-needed mental health services can be challenging in rural areas of Aotearoa

While a high proportion of people living rurally report good mental wellbeing (Kōtātā, 2021), rural communities in Aotearoa have persistently experienced poorer mental health outcomes than the general population, with the Ministry of Health reporting in 2016 that suicide rates were approximately 17% greater in rural than urban communities, although this has decreased over time (Information shared by the Ministry of Health and prepared with the Ministry for Primary Industries, 2022) and rates of self-harm appearing to be higher in a rural town in one study, than in the general population (Ferguson et al., 2019). Most of the people in farm and agriculture related industries who die by suicide in Aotearoa are young male farm labourers, with 25% aged less than 25 years and almost half under 40 years, who often had no contact with health services (Beautrais, 2018). While the risk factors for farming people dying by suicide differ little from risk factors for those in the general population, these are exacerbated by ready access to firearms, which are a necessity on farms.

Alongside worse outcomes there are inequities in access to mental health services for rural communities (Jaye et al., 2021), with greater challenges in accessing specialist care for mental health or additional needs (Information shared by the Ministry of Health and prepared with the Ministry for Primary Industries, 2022). Research in 2018 showed almost everyone living rurally experienced stress or anxiety from time to time (93%), but they were much less likely to consider talking to a health professional about this than people in urban areas (31% vs 54%) (Bayer New Zealand & Country TV, 2018). Half of the respondents in this survey found it difficult to talk about stress and anxiety with others, and nearly half of these people feel that there is a stigma surrounding mental health which would cause them to be judged negatively (47%). 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’.

But it was a “house of cards” keeping going and when I finally did crash – then people were surprised because I am a fairly vivacious and out-there kind of person generally. People didn’t expect it ... The isolation and stress is a real problem and there’s this country thing about coping and not showing anyone you’re down.

- Research participant, cited in Jaye et al., 2021, p.289

Rural health practitioners can be adaptive in response to the challenges of stigma and patient confidentiality in small communities, seeing people in clinics or at home (Stodart, 2014) and using opportunities for engagement, for example, talking with farming men who were neglecting their own health when they were bringing a child in for an appointment (Stodart, 2015).

There are a range of initiatives being undertaken by government and non-government agencies to address mental health in rural communities. A stocktake undertaken by Ministry of Health and Ministry for Primary Industries (2022) shows work underway across all areas of the mental wellbeing continuum from mental health promotion through to community-led initiatives, primary mental health and addiction services, and specialist mental health and addiction services. Examples of this (largely drawn from Ministry of Health and Ministry for Primary Industries, 2022, p.4) include:

- a. Farmstrong – a targeted mental wellbeing promotion initiative for farmers, growers and rural communities across Aotearoa
- b. Rural Support Trusts (farmers supporting farmers), FirstMate (fisheries support charity), Surfing for Farmers (opportunities to connect and surf), industry groups wellbeing initiatives, and targeted initiatives for specific populations such as Māori, young people, and rural mothers (funded through the Ministry for Primary Industries)
- c. Rural Community Hubs which aim to empower isolated rural communities to tackle challenges they face and provide a range of educational, health, social and cultural activities. Hubs take a community-led development approach and are run by local community leaders (supported by the Ministry for Primary Industries)
- d. New and expanded primary mental health and addiction services available in rural areas and accessed through local general practices, as well as targeted kaupapa Māori and youth-specific services through the Access and Choice programme (Ministry of Health)
- e. Telehealth services and digital tools to provide accessible mental wellbeing support for people anywhere in the country (Ministry of Health)
- f. Mental health promotion initiatives occurring primarily through Te Hiringa Hauora/the Health Promotion Agency, (now Te Whatu Ora), which is responsible for leading and supporting health promotion initiatives on topics such as tobacco use, alcohol, immunisation, and wellbeing (Ministry of Health). (Note: These initiatives are not specifically targeted to rural communities, but accessibility to people and the needs of rural communities are considerations within their programmes).

- g. Local initiatives aimed at promoting the wellbeing of rural communities, provided by groups and organisations, for example Agproud, Rural Women New Zealand, Dairy Womens' Network, Agri-Womens' Development Trust, Federated Farmers, New Zealand Young Farmers, Horticulture NZ, and Dairy NZ.

However, rural community advocacy groups were clear that mental health services are not adequate to manage the current situation, which is perceived as having worsened since the outset of the pandemic. The inability of mental health workers, such as nurses, to see people face to face in their communities has made it harder for people needing that support. There was a sense of frustration expressed by some advocates that communities and whānau were not being listened to and involved in decision-making.

The impact on wellbeing now: not in a good space now. Now it seems even worse. I really believe it's because of the way the system is now. Everything is up in the air, we're all dangling wondering 'what now'? Our mental health system is so broken. Our leaders are lost in terms of our mental health system, they don't know what to do. They're still using the same process but it's not working because they're still putting those walls up and making it harder than it was before.

- Yellow Brick Road

What could be better done to support rural communities: for those with mental health and addictions ... I just wish our mental health services would have the changing of attitudes. Treating people with respect, as a person, as a human being. Work with us as a collective. Take concerns on board, take action straight away. Barriers come from doing the same things they have always done. Listen to whānau and act on it. All our systems would benefit from listening to families. They're the ones who are in it and live it. Through it all, whānau are the ones that know what's happening for their loved ones.

- Yellow Brick Road

Rural housing, transport and other services have been impacted by the COVID-19 pandemic. Rural advocates noted areas other than health which were of concern for rural communities. In rural areas, housing is older and of poorer quality and there are fewer community amenities such as libraries (Jaye et al., 2021). Housing and finding

somewhere for people to stay during the pandemic was problematic. Examples were given of having 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.

Rural community advocates also talked about the closure of places which act as social hubs in rural areas, such as schools and libraries, and the impact this had on communities. For example, in one rural community, the library hosted a range of activities including a knitting club, book club and a Steady As You Go 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.

Participants in a study with older Māori described broader 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 (Butcher & Breheby, 2016). The availability and affordability of transport is an issue in rural communities, which impacts on some people, particularly older people and young people, and their ability to safely maintain engagement and access services (Gee et al., 2021; Ward et al., 2015). The personal relationships developed with service providers overcame some of the inconvenience of living in an isolated rural location with unreliable access to local urban centres and no public transport (Butcher & Breheby 2016)

2. Economy

As well as, and related to, the isolation of rural communities, the reliance on, and inextricable link with, the 'rural economy' has shaped the wellbeing of those communities, before and during the pandemic. Primary industries 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.

Within Aotearoa, some small rural towns are booming, while others are struggling to hold their own as they face structural economic change, population decline, the loss of young people to urban areas and ageing (Nel et al., 2019). Declining or flat populations and economies have been the reality for many small towns for a long time. However, rural Aotearoa is not a homogenous community. While some areas are declining economically and demographically, others are growing, often rapidly,

particularly those in metropolitan commuting belts or in places attractive to retirees and tourists (Nel et al., 2019).

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

A key issue that came up in engagement with rural advocacy groups was the stress that farmers and growers are experiencing. This impacts not only on the farmers and growers, but also their partners and families, who advocacy groups note are often the ones 'holding things together'. As well as working long hours, limited connectivity, and long travel distances which prevented regular socialising and limited access to support groups, there was also pressure from other quarters (Rural Women New Zealand, 2021). Stress impacted farmers and growers from a range of 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 (Cheetham, 2021; Federated Farmers of New Zealand, 2021; Jaye et al., 2021).

A survey by Dairy New Zealand (November 2021) of their members reported that the top three causes of mental health issues for the farming sector are: government regulations (57 percent); public/media perception of dairying (55 percent); and financial concerns (40 percent) (Information shared by the Ministry of Health and prepared with the Ministry for Primary Industries, 2022). Similarly, regulatory pressure was the top cause of stress identified in surveys conducted by Manaaki Whenua Landcare (2021), for 74% of participating commercial rural operators, and Rural Women New Zealand (2021) for 76.5% of participants. This was also evident in the top three concerns reported by respondents in the Federated Farmers Farm Confidence Survey, in January 2022, climate change policy 54.2% of participants, regulation and compliance costs 37.9%, and freshwater policy 26% (Information on Farm Confidence Survey, 2022, provided by Federated Farmers, November 2022). This was further reflected by rural advocacy groups, who pointed to the massive amount of stress farmers are under related to Government regulations and the uncertainty of these, increasing farm costs, interest rates and debt levels, labour shortages and perception of public opinion. The following comments were made by Federated Farmers Provincial Presidents from different regions.

The stress of the uncertainty, in a situation where we could be regulated out of existence if as a collective we can't effect change.

- Federated Farmers, Provincial President

... being seen by some as being environmental vandals, whilst knowing that climate change is having massive effect on the catchment as well.

- Federated Farmers, Provincial President

We are seeing a significant spike in mental stress in rural people. If we have a severe weather event or drought I fear this will trigger some pretty dire consequences for some.

- Federated Farmers, Provincial President

The accumulative impact of these factors is expressed in increasing rural political activism and evident in growing concern around rural people's mental health and wellbeing (Jaye et al, 2021, p.284). On top of this, there is a tendency for farmers to feel uncomfortable speaking about their mental health or focusing on their own wellbeing (Federated Farmers of New Zealand, 2022). "When times are tough, farming men tend to put supporting their family financially and welfare of their animals first and neglect themselves. Dealing with floods, drought and snow (and reduced payout for dairy farmers from Fonterra) was extremely stressful for farmers and could lead to elevated blood pressure, anger, excessive drinking, insomnia and depression." (Stodart, 2015, p.17). The mental health and wellbeing of farmers has been recognised as a concern, because of the nature and location of the job:

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.

- Federated Farmers of New Zealand, 2022, p.60

The arrival of COVID-19 in Aotearoa compounded the stress farmers and growers were already experiencing

Farmers were recognised as essential workers, and all agricultural activities except for fibre production were permitted to continue during lockdowns, but were exposed to the major flow-on effects of movement control. Although there were high levels of resilience evident in the agricultural systems and the people running them (Snow et al., 2021), lockdown presented confusion and difficulties. This included, for example, confusion over haulage and trucks being allowed to drive at a time when feed scarcity was a problem following the Southland floods in January 2020. Respondents to the Federated Farmers 'How are you doing? April 2020' survey indicated that the most significant problem during Level 4 lockdown was the large numbers of additional stock that farms were carrying due to reduction in processing capacity. 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. More than half of the survey respondents (58%) were waiting for three weeks or longer to offload stock (Federated Farmers of New Zealand, 2020).

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. This extended to personal crises, for example, one advocate spoke of the death of a farmer and no one able to go on to the farm to help out.

When we have farmers worried about feeding and watering stock, it is very safe to assume they are not doing ok. Farmer mental health and wellbeing is strongly linked to the wellbeing of their livestock.

- Federated Farmers, personal communication

Further compounding the stress for farmers are challenges with workforce shortages, as the 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 (Edmonds, 2021). Being unable to take time off from the farm is recognised within the sector as a factor impacting wellbeing (Doolan-Noble, 2021).⁷

Advocates were clear that the 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:

One of the good things to come out of Covid was that farming’s not so bad after all. Before that we were getting absolutely slammed. We were the ones that were destroying environment and we were this and we were that and tourism was going to be the way forwards ... And all of a sudden, bam, it basically changed overnight didn’t it?

- Cheetham 2021, p37

However, that was also seen as being short-lived:

Farmers went from heroes to zeros thanks to Government push for major reforms through COVID.

- Federated Farmers, Provincial President

⁷ <https://www.sciencemediacentre.co.nz/2021/10/14/why-are-rural-communities-more-vulnerable-to-covid-19-expert-qa/>

Māori agri-businesses are growing, and their involvement in land and water management practices is increasingly important (Stats NZ, 2018). A survey looking at the impact of COVID-19 on Māori businesses found that it hit tourism and forestry the hardest (APEC SOM Steering Committee on Economic and Technical Cooperation, 2021). It led to several businesses expanding their e-commerce potential, out of necessity. Importantly, several Māori businesses said that the pandemic helped strengthen the relationships between businesses and their communities. A key insight was that since the onset of the pandemic, the importance of financial performance has risen, whereas respondents had previously valued cultural, social, and environmental outcomes higher than financial outcomes. This reflected the fact that 40 percent of respondents had been negatively impacted financially by the pandemic (APEC SOM Steering Committee on Economic and Technical Cooperation, 2021)

One report of survey findings suggested there may be a lack of awareness of the financial difficulties some farms face, pointing out that “the tourism sector especially received financial support from the Government during Covid-19, however the farming sector did not receive any help” (Rural Women New Zealand, 2021, p.14). Rural advocates emphasised the need for farmers and growers to have hope in the face of current stressors. There is a need for preparation before the next crisis, for example, increasing the available support from the Ministry for Social Development and the Ministry of Health, and helping with pathways to new ways of generating income.

3. Culture

All people are valued for who they are and are free to express their unique identities. People are connected to communities in ways that feel purposeful and respectful. People are meaningfully connected to their culture, language, beliefs, religion and / or spirituality, and can express important cultural values and norms. People experience connection to the natural world and exercise guardianship of the environment. (Being connected and valued, He Ara Oranga wellbeing outcomes framework)

Being connected and valued means people can find a sense of wellbeing in doing what is important to them. Having a strong, positive sense of identity, being connected to a community, and having a sense of “place, purpose and belonging” can have a powerful effect on wellbeing (Cunningham et al., 2018). Being connected and valued enables people to know and accept who they are and may well act as a protective factor against other elements that challenge their wellbeing. (Te Rau Tira, Mental Health and Wellbeing Commission, 2021, p.29)

Connectedness and belonging are key components of wellbeing that have supported people in rural communities over the COVID-19 pandemic. Attachment to place and a sense of belonging have long been recognised as connected with health and wellbeing, especially for older people (Wiles et al., 2017). Attachment is evident for

some rural people in appreciation of the seasons, enjoyment of the natural beauty of the landscape, and the freedom symbolized by the rural lifestyle (Jaye et al., 2021). It is also evident in the community-focused nature of life in rural Aotearoa (Rural Women New Zealand, 2021). Community advocacy groups described people coming together, checking on older people and supporting each other. This was highlighted in the earlier section on the connection for Māori of whenua and whakapapa, critical for identity and belonging.

Māori exercise authority and make decisions about how to flourish. Tino rangatiratanga is expressed in many self-determined ways. (Tino rangatiratanga me te mana Motuhake, He Ara Oranga wellbeing outcomes framework)

Tangata whenua have told us that expression and recognition of their rights to self-determination are necessary for collective wellbeing. We recognise that the history of Aotearoa, including the legacies of colonialism and lack of recognition of Te Tiriti o Waitangi as a founding document, mean these rights have not been fully upheld. Greater wellbeing for Māori is seen when: Legal, human, cultural and other rights of whānau are protected, privileged and acted on; Rights are in line with Te Tiriti o Waitangi and Te Ao Māori, including the application of tikanga tuku iho; Māori exercise authority and make decisions about how to flourish, Tino rangatiratanga is expressed in many ways; Upholding whānau rights is recognised as beneficial to Aotearoa. (Te Rau Tira, Mental Health and Wellbeing Commission, 2021, p.11)

Community engagement, kinship and connections to the land is evident in Māori responses to COVID-19

These played a crucial role as Māori exercised tino rangatiratanga (self-determination), independent of the Government response (APEC SOM Steering Committee on Economic and Technical Cooperation 2021). Through rural communities, and sometimes with targeted government support, Māori organisations distributed care packages and cultural supports, and almost 50 Iwi roadside checkpoints were set up at entry and exit points into Māori communities around the country to reduce the spread of Covid-19 (Stanley & Bradley, 2021).

Te Pātaka Inc is an example of a group established to provide food and firewood to Māori communities in the South Island facing hardship due to COVID-19 (Te Puni Kōkiri, 2020). Some Iwi used their allocated customary seafood catch to provide sustenance to the most vulnerable members of their communities (APEC SOM Steering Committee on Economic and Technical Cooperation, 2021). Māori organisations and community groups provided online mental health support, food packages, care packages including hygiene and cleaning products, and services to meet the spiritual needs of people, prioritising those who were most vulnerable in the community as well as those who live rurally (Te One & Clifford, 2021).

Marae are the stronghold of rural Māori communities (Te Kupenga Net Trust, 2020). In 2018, almost half of Māori adults said they had visited their ancestral marae in the previous 12 months, with Māori living in rural areas more likely to have been to their marae tīpuna, compared with Māori in urban areas (Stats NZ, 2018). Online initiatives were launched during the lockdowns to ensure Māori maintained regular contact with community members and karakia (prayer), tangihanga (funeral proceedings), and cultural workshops were conducted online (APEC SOM Steering Committee on Economic and Technical Cooperation, 2021). However, the impact of marae being closed during lockdown was keenly felt and the inability to tangihanga together was hard (Te Kupenga Net Trust, 2020).

Marae are the oldest businesses in the land ... first port of call to shelter, protect, offer compassion ... trust Iwi Māori ... talk with us on a plan.

- Te Kupenga Net Trust, 2020, p.17

I was horrified that Māori couldn't hold tangi. Marae should've been supported to stay open, help whānau in need, especially for tangihanga ... Māori know how to deal with crisis.

- Te Kupenga Net Trust, 2020, p.17

Placing laws on Māori re tangihanga was disrespectful to tupapaku ... hard not being able to tangi.

- Te Kupenga Net Trust, 2020, p.17

The resilience and agency of rural communities has been evident through the pandemic

An example of this is the strengths and resilience of rural health practices. Research indicated that rural practices in Aotearoa appeared to experience less strain, during the first year of the pandemic, compared to urban ones (Eggleton et al., 2022). This survey of primary care practices found that rural practices had fewer staff absences, were less likely to use video and telephone consultations, and had possibly lower reductions in patient volumes. Eggleton and colleagues consider the variations may be related to personal characteristics or adaptive models of care in rural practices.

Advocacy groups point to rural people's engagement with a 'just get on with it' attitude. Farmers are perceived as well-practiced at being resilient and adaptable in the face of adversity, with this being an advantage in the times of lockdown (Edmonds, 2021). Advocacy groups also point to the resilience of rural community ecosystems, made up of social services, education and health providers, and voluntary community leaders, who keep these communities thriving.

Rural communities are naturally resilient – Lockdown? What's new? You don't need to go to town.

- Rural Women New Zealand

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

Through the Economic Recovery Fund, Ministry for Primary Industries were able to fund and support the development of rural community hubs during the pandemic, which aim to empower communities. There are 32 hubs as a result of the programme and most of them are 'new' initiatives, with each one having its own aspirations driven by the local community. The Wairamarama Rural Hub provides an example of community agency being exercised to support and protect the community during the pandemic. They approached WheroNet, manager of a local community website, seeking to communicate information about accessible resources and services. The result was a comprehensive and regularly updated resource, which was advertised to the Wairamarama and Onewhero communities <https://www.onewhero.co.nz/covid-19-essentials/>. The community felt less vulnerable and isolated, and were more comfortable asking for help, knowing this was available. Another example was the response to the significant increase in vehicle traffic on rural 'back roads', which connect the Auckland region with the Waikato, during the August-December 2021 lockdown. Community concerns were relayed via the Ministry for Primary Industries to Civil Defence Emergency Management, and on to the Police. Following this, there was an increased Police presence on these roads. In another example, 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.

In South Canterbury kāinga Tonga negotiated between Tongan and Western values in the predominantly pākehā ethnic region. Local community-based solutions and cross-cultural provider collaboration, irrespective of ethnicity, was strong and effective in South Canterbury with selective organisations. Participants reflected and demonstrated that Tākanga 'Emau Fohe (together we can make a difference) contributed to overcoming hardships during COVID-19 (Luyten, 2021).

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

What can we learn from the experiences of rural communities?

The COVID-19 pandemic impacted the wellbeing of rural communities in different ways, shining a light on challenges faced across rural communities and highlighting pre-existing inequities that impacted some rural populations more than others. There is a tendency in some public discourses and reflected in some of the literature, for rural to be conflated with farming, but we are keenly aware that this is just one (albeit a significant) part of rural Aotearoa. Rural Māori are a significant community, with Māori more likely to live in rural areas and small towns in Aotearoa. Rural Māori face distinct health challenges, caused by compounding inequities, including socioeconomic deprivation, comorbidities, infrastructure inequalities, poor connectivity, access to healthcare issues and institutional racism impacting on navigating the system (Blattner, 2021; Eggleton, 2021; Lyndon, 2021). The COVID-19 pandemic impacted rural Māori, often exacerbating inequities and impacting on wellbeing as marae closed, along with community health and support services. However, the resilience of rural Māori is evident, grounded in the connection to the whenua, iwi and hapū, and seen in expressions of rangatiratanga, as members of the community protected and supported each other.

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

Rural advocates indicated that the outset of the pandemic was a period of acute stress, but there was something of a buffering effect as the country responded to calls to the 'team of five million', and perceptions of being a cohesive group, 'in the same boat'. They spoke of people doing okay during the first lockdown and better, in fact, than the latter one in August 2021. Farmers were perceived by advocates as being more anxious once the Delta variant arrived in Aotearoa, with the fear that this was going to move rapidly through the community and impact people's ability to work. There were concerns that contracting the virus would mean that farmers would be unable to work and go out on the farm, which could potentially have devastating impacts on stock, crops and livelihoods. Similarly, rural advocates supporting people with distress and addiction, and their families, noted that the first lockdown did not

seem to worry people, but the second one did. Subsequently, there has been a heightened anxiety as people meet obligations and manage things, while dealing with concerns about COVID-19. One community leader noted that, even now, some rural people are still hesitant about coming out and mixing with others. Parents with children, as well as older people, are staying away from previously popular social sites. While most people had some community support in the first lockdown, currently there is more anxiety and worry about 'making ends meet'.

There was a perception that things would go back to where they were before COVID. We were just dealing with the disease, but now there's more ... So many people in New Zealand are really struggling. This is where chronic stress comes in. This isn't going to go away in a hurry, it's long-term. How do we hunker down to support people and specific populations?

- Community advocate

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

1. **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.
2. **Planning and providing services and supports need to reflect the many challenges faced by rural communities, particularly farming communities, which are fundamentally different from those faced by urban Aotearoa, with rural communities involvement in planning and decision-making.** The pandemic shone a light on pre-existing stressors and inequities, further compounding the impact of these on rural people's wellbeing. For many farming people, for example, COVID-19 was just another stressor, on top of already stressful adverse weather events, government regulations, and the ever-present long work hours, isolation and poor connectivity. There is an

urgent need to improve connectivity and digital infrastructure for rural communities, target support for rural healthcare and its workforce, 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 heterogeneous 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 develop and implement accessible wellbeing support options, that are relevant to their community, needs to be prioritised and funded, with existing initiatives that have proven effective strengthened. To this end, rural communities need to be involved in planning and decision-making.

3. **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.

Finally, these guiding words from 'Te Keeti: A Covid Response' (Te Kupenga Trust, 2020, p.34)

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

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Appendix 1 – He Ara Oranga Wellbeing Outcomes Framework



He Ara Oranga wellbeing outcomes framework

Our Vision: “Tū tangata mauri ora, thriving together.”

This will be achieved when tāngata / people, whānau / families and hapori / communities in Aotearoa experience...

Wellbeing from a te ao Māori perspective:

Tino rangatiratanga me te mana motuhake

Legal, human, cultural, and other rights of whānau are protected, privileged, and actioned.

Rights are in line with Te Tiriti o Waitangi and te ao Māori, which includes application of tikanga tuku iho.

Māori exercise authority and make decisions about how to flourish. Tino rangatiratanga is expressed in many self-determined ways.

Upholding whānau rights is recognised as beneficial to Aotearoa.

Whanaungatanga me te arohatanga

Whānau flourish in environments of arohatanga and manaaki.

Kaupapa and whakapapa whānau collectively flourish intergenerationally.

The active expression of strengths-based whakawhanaungatanga supports positive attachment and belonging.

Kotahitanga is realised.

Whakaora, whakatipu kia manawaroa

Whānau are culturally strong and proud – whānau flourish through the practical expression of ritenga Māori, tikanga Māori, and mātauranga Māori.

Māori express connection through awahi mai, awahi atu and the use of te reo me ōna tikanga every day – starting from infancy.

The beauty of Māori culture is celebrated and shared by all people in Aotearoa and globally.

Wairuatanga me te manawaroa

The mauri and wairua of whānau are ever-increasing, intergenerationally.

While whānau are already resilient, whānau skills, capabilities, and strengths continue to grow.

Taonga Māori are revitalised and nurtured – the unique relationship and spiritual connection Māori have to te taiao, whenua, whakapapa, and whānau is actively protected, enhanced, and strengthened.

Whakapuāwaitanga me te pae ora

Thriving whānau and equitable wellbeing is the norm.

Whānau have the resources needed to thrive across the course of their lives – especially mokopuna, who are unique taonga.

Whānau needs are met, and unfair and unjust differences are eliminated.

Whānau live in a state of wai ora, mauri ora, and whānau ora, which enables pae ora.

Tūmanako me te ngākaupai

Whānau are hopeful.

Whānau feel positive about self-defined future goals and aspirations.

Whānau have the resources and capacity needed to determine and action preferred futures.

Wellbeing from a shared perspective:

Being safe and nurtured

People have nurturing relationships that are bound by kindness, respect, and aroha (love and compassion).

People of all ages have a sense of belonging in families and / or social groups. Where people experience disconnection, reconnecting or forming new positive connections is possible.

People feel safe, secure, and are free from harm and trauma.

People live in, learn in, work in, and visit safe and inclusive places.

Healing, growth and being resilient

People and families experience emotional wellbeing.

This includes having the skills, resources, and support needed to navigate life transitions, challenges, and distress in ways that sustain wellbeing and resilience.

People and families can experience and manage a range of emotions – celebrating each other's strengths and practising empathy and compassion – personal and collective.

Where adversity or trauma occurs, people experience support and belief in their capacity to heal and grow.

Having what is needed

People, families, and communities have the resources needed to flourish.

This includes (among other things) enough money, financial security, access to healthy food, healthy and stable homes, safe physical activity, lifelong learning, creative outlets and time for leisure, including play for children.

People have the support and resources needed to maintain their health across their life course, and experience equity of health.

All people live in communities and environments that enable health and wellbeing.

Being connected and valued

All people are valued for who they are and are free to express their unique identities.

People are connected to communities in ways that feel purposeful and respectful. People are meaningfully connected to their culture, language, beliefs, religion and / or spirituality, and can express important cultural values and norms.

People experience connection to the natural world and exercise guardianship of the environment.

Having one's rights and dignity fully realised

All people have their rights fully realised and are treated with dignity.

People can fully participate in their communities and broader society, and live free from all forms of racism, stigma, and discrimination.

Rights framed by Te Tiriti o Waitangi, other New Zealand law, and international commitments are fully met.

The negative impacts of colonisation and historic breaches of rights are recognised and addressed.

Having hope and purpose

People, families, and communities have a sense of purpose and are hopeful about the future.

There is respect for people's voices, perspectives, and opinions.

People make self-determined decisions about the future and have the resources needed to pursue goals, dreams, and aspirations.

Communities of belonging make their own choices, have resources, and are trusted to develop solutions for themselves.

The 'shared perspective of wellbeing' and 'te ao Māori perspective of wellbeing' should not be read as direct translations. They represent related concepts of wellbeing from different worldviews. The 'shared perspective of wellbeing' may also apply to Māori.

Appendix 2 – Methodology

The overall aim of this research project was to gain insights and understanding into the impacts of COVID-19 on the wellbeing of rural communities in Aotearoa. To achieve this the following questions were addressed:

- What are the key wellbeing impacts, including challenges and positive outcomes, of the COVID-19 pandemic on people in rural communities in Aotearoa?
- How has the COVID-19 pandemic impacted on the wellbeing of rural Māori people and those in other Te Hiringa Mahara rural priority populations?
- How has the pandemic experience identified ways of better supporting the wellbeing of rural communities in Aotearoa?

The methodology involved a three-pronged approach, collecting and analysing evidence from literature, national surveys and community engagement.

Literature review

A rapid review was undertaken to identify and review research literature that was relevant to the questions being addressed in this project and could thereby contribute to the development of evidence-informed actionable insights. The rapid review was conducted over a six-week period (November to December 2022) using the following methods.

1. Literature searching and selection

Literature was selected using the following inclusion criteria:

- Relevant to rural communities AND
- A focus on the impact of the COVID-19 pandemic in regard to wellbeing (as identified in He Ara Oranga wellbeing outcomes framework) AND
- Evidence based studies, reports, briefing papers

A comprehensive search was conducted of electronic databases: Ovid MEDLINE(R) and Epub Ahead of Print, In-Process, In-Data-Review & Other Non-Indexed Citations, Daily and Versions <1946 to November 04, 2022>, adapted for PsycInfo, Scopus, INNZ, NZ Research. The websites Google and Google Scholar were also searched.

Search strategy: Searches were conducted September to November 2022 using combinations of the keywords: ("2019-ncov" or "ncov19" or "ncov-19" or "2019-novel CoV" or "sars-cov2" or "sars-cov-2" or "sarscov2" or "sarscov-2" or "Sars-cORonavirus2" or "Sars-cORonavirus-2" or "SARS-like cORonavirus*" or "cORonavirus-19" or "covid19"

or "covid-19" or "covid 2019" or "novel coronavirus" or pandemic or lockdown*); (rural.mp. or exp Rural Health/ or exp Hospitals, Rural/ or exp Rural Population/ or exp Rural Health Services); (regional* or remote) adj3 ("new zealand" or aotearoa or maori or iwi); (farmer or agricultur* or seasonal) and ("new zealand" or aotearoa or maori or iwi); (regional* or remote) adj3 (communit* or town* or loca* or region*) and ("new zealand" or maori or aotearoa or iwi); (wellbeing or well-being or mental* or psych* or "lonel*" or reslien* or isolat* or suicide* or depress* or anx* or abus* or alcohol* or drinking or self-harm*); (maori or whanau or iwi) adj10 (connect* or importan* or fundamental) adj10 (environment* or natur* or land* or whenua* or place*); (Australia/ or Aboriginal or Torres Strait Islander or Health Services, Indigenous); (Ethnicity/ or Pacific Islander); (Indians, North American/ or or Indigenous Peoples/ or Canada/ or Health Services, Indigenous)

The electronic searches produced 61 results specific to Aotearoa, with a further 37 results from other jurisdictions – a total of 98 references. The search was inclusive of grey literature, with unpublished studies and reports also captured through the electronic search processes. In addition, references from some reference lists were identified and searched for.

2. Screening, mapping and coding

Following the searches, the abstracts were screened according to the selection criteria. The full text of any potentially relevant papers were then retrieved for closer examination. Following screening, 43 papers from Aotearoa were included in the review: 28 journal articles and 15 other reports, briefings etc.

The papers were collated in a comprehensive Excel database, which included mapping information such as title, author, date, type of document (journal article, briefing paper etc), pandemic phase of focus (i.e. mitigation, elimination, containment, endurance phases), methods used in the study, sample description and keywords.

Literature from other jurisdictions was included in the searches, screening and mapping process. This international literature has occasionally been referred to in the report for the purpose of highlighting particular points or filling gaps identified in understanding the Aotearoa experience.

3. Data analysis

A thematic analysis was undertaken which involved a) generating initial codes into a coding framework, by identifying recurring factors, b) recording data (text from the papers) to each code, c) collating codes into potential themes, and d) reviewing and refining themes through iterative analysis.

While the methodology involved a thorough search and analysis, there were several limitations. The searches were limited to documents available in the English language,

published since 2015. While the search process followed a well-defined, structured process there may be relevant documents that have been missed or were not available in the period these were collected.

National dataset analysis

Analysis of relevant data from large social surveys that act as population wellbeing indicators was included in this report. Specifically, data from the General Social Survey (2018) and Te Kupenga (2018) were included. Where survey data included in this report is not from these surveys, the source is identified.

The New Zealand General Social Survey contains information on the wellbeing of New Zealanders aged 15 and over. It covers a wide range of social and economic outcomes and shows how people are faring. The survey provides a view of how wellbeing outcomes are distributed across different population groups.

Te Kupenga is Stats NZ's survey of Māori wellbeing from a Māori perspective. It surveys almost 8,500 adults (aged 15 and over) of Māori ethnicity and/or descent to give an overall picture of the social, cultural and economic wellbeing of Māori.

Inclusion of data was limited by the lack of availability of recent data for wellbeing indicators for rural areas. While some wellbeing data are currently available by region, there is no differentiation between recent urban and rural data. In addition, surveys are not run every year and analysis of recent data, collected since the start of the COVID-19 pandemic, has not been completed and is therefore not available for all wellbeing indicators. This report includes some data that pre-dates the pandemic (2018), to provide context for rural wellbeing in Aotearoa.

Community stakeholder engagement

A critical component of the report is engagement with advocacy groups to ensure that the views and voices of people living in rural communities are included, and to ground the report in lived experience. This was particularly important, given the paucity of published research pertaining to wellbeing of rural communities in Aotearoa. Information was sourced from notes taken during face-to-face engagement between Te Hiringa Mahara and rural community leaders, researchers, advocates and advocacy groups, along with online meetings and email communication.

The final stage of the analysis involved writing up the themes and further considering these in relation to He Ara Oranga wellbeing outcomes. Selected quotations were provided to illustrate the themes and ensure the analysis remains grounded in the words of rural communities, those who advocate for them and researchers who undertook the studies. The quotes provided in the report are therefore intended to be illustrative, rather than representative.

