Coping During COVID

Rural Perspectives from the Wimmera Southern Mallee

Prepared by the West Wimmera Health Service Health Promotion Team and La Trobe University

WWHS

LA TROBE UNIVERSITY

JOHN RICHARDS CENTRE for Rural Ageing Research

Acknowledgements

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- Centre For Participation
- Child and Family Services Ballarat
- DHHS Population Health Wimmera
- Edenhope and District Memorial Hospital
- Grampians disAbility Advocacy Association
- Hindmarsh Shire Council
- Horsham Rural City Council
- Rainbow Learning Centre
- Rural Northwest Health
- Unaffiliated community members
- Warracknabeal Neighbourhood House
- West Wimmera Shire Council
- Wimmera Development Association
- Wimmera Health Care Group
- Wimmera Primary Care Partnership
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Executive Summary

The COVID-19 pandemic was an unprecedented crisis and resulted in substantial implications for communities worldwide. Victoria in particular endured some of the strictest and most enduring restrictions in the world. As the full extent of the COVID-19 pandemic became evident, the COVID Connections and Enduring Engagement (CCEE) project was initiated by West Wimmera Health Service's (WWHS) Health Promotion Team with support from La Trobe University. This brief report provides a high-level summary of a survey disseminated as a part of the CCEE project.

A mixed-methodology survey was developed by the CCEE survey working group. The survey included 24 quantitative and qualitative questions which assessed the impacts of COVID-19 on the community, as well as how people were getting information, how they were communicating, and how this varied within the population. The survey was open to the public for 6 weeks starting on the 17th of June.

Of the 581 respondents, to the survey 79% were female, and 96.5% of people spoke English as their main language at home. Mobile phones were the major source of communication (reported by 78% of respondents), followed by video calls and socially distanced face-to-face contact. Older age groups also continued to rely on the use of landline telephones. Television was the most commonly reported key information source (73% of respondents). Online news and social media were also sources of information utilised to a greater amount by younger people. Conversely, older adults identified using print newspaper and radio.

Needing new devices or applications was the most commonly cited requirement for enhancing communication. Aligning with this, receiving assistance to learn new devices or apps was also identified as a key enabler of communication during COVID-19 isolation.

Overall, the average score for coping indicated moderate to high levels of coping during the lockdown period, however scores declined as age decreased, with the youngest age groups exhibiting the lowest average scores for coping.

Based on our findings, several initial and high-level recommendations are made, including:

1. Ensuring communication plans comprise a diverse range of communication mediums for dissemination of information, including television transmission, online or electronic modalities, hard copy and/or traditional print media, and word-of-mouth.
2. Consideration as to how publishing and delivery of print media may be continued to be made available to older age groups should restriction periods or lockdowns be required. Alternatively, support to transition older people in to using more digital technologies could be considered.
3. Development of strategies to provide guidance and support to people who may need to use new technology or applications for communication or accessing information, particularly older adults.
4. Dissemination of messages in a number of different languages to ensure equitable distribution of information throughout the community.
5. Formal communication plans by health services/other providers of information to ensure that reputable, quality information is successfully received by the public.

Difference between

A TYPICAL & ATYPICAL RESPONDENT

Typical VS Atypical

Typical		Atypical
English	LANGUAGE AT HOME	Spanish
55-64	AGE	18-24
Female	GENDER	Male
Nhill	LIVES IN	A small border town
Owned	HOME IS	Provided by employer
10+ years	LIVED IN REGION FOR	8-10 years

PRIOR TO COVID THEY...

- Worked part-time
- Went to pubs and cafes with friends
- Lived with their partner
- Were confident in using online tools to talk and video call family and friends, talk to health professionals, use social media for fun and get news from websites and social media

- Were a stay at home parent / carer
- Attended faith groups
- Lived with parents
- Were semi confident in using online tools to talk and video call family and friends, talk to health professionals, use social media for fun and get news from websites and social media

DURING COVID ISOLATION THEY...

- Coped well during lockdown
- Changed their behaviours based on restrictions
- Used their mobile or video calls to communicate
- Got information from TV or friends and family

- Coped ok during lockdown
- Changed some behaviours based on restrictions
- Used letters or emails to communicate
- Got information from clubs and faith groups

Introduction

The COVID-19 pandemic was an unprecedented crisis and resulted in substantial implications for communities worldwide. Victoria in particular endured some of the strictest and most enduring restrictions in the world. As the full extent of the COVID-19 pandemic became evident, the COVID Connections and Enduring Engagement (CCEE) project was initiated by West Wimmera Health Service's (WWHS) Health Promotion Team with support from La Trobe University's Dr Sean MacDermott. The project was created in recognition of the need for collaborative partnerships to extend thin resources and take on extra-curricular activities in response to COVID. It has brought together a range of representatives from council, health services, neighbourhood houses, as well as representatives from the Department of Health and Human Services, Wimmera PCP, Wimmera Development Association, Grampians disAbility Advocacy Association, Centre for Participation, Children and Family Services and community members. The project has since evolved into a community of practice designed to: share ideas and resources, build cross-disciplinary and intra-organisational relationships, and act as a professional support network.

Survey methodology

Members of the CCEE believed that communication resources (infrastructure and messaging content) were a primary response and mitigation mechanism for managing COVID-19 transmission and outbreaks and will also play a major role in the construction of a 'new normal'. It was decided that a survey should be implemented to investigate the impacts of COVID-19 on the community, as well as how people were getting information, how they were communicating and how this varied within the population.

The survey was developed by the CCEE survey development working group which comprised of two representatives from the WWHS Health Promotion team and Dr Sean MacDermott. The working group developed the survey and then distributed to other CCEE members for comment before finalisation and approval by the CCEE members.

The survey comprised a mix of 24 quantitative and qualitative questions, to ensure that the survey responses would be able to provide guidance, particularly in relation to trusted and available sources of information, facilitate ongoing effective communication during the pandemic, and prepare agencies to share strategies and message content related to health and wellbeing.

Survey distribution and completion primarily occurred online, using social media, community newsletters, websites and email to distribute and advertise broadly to the community and appropriate agencies. Neighbourhood houses facilitated access to the survey for those with low literacy and/or digital isolation. Paper based versions of the survey were also distributed directly to Meals on Wheels clients in local government areas, and exercise and social support program members from partner health agencies. Members of the WWHS staff that had work reductions due to COVID restrictions assisted data collection efforts by calling vulnerable groups in the population and doing phone surveys. The survey was open to the public for 6 weeks starting on the 17th of June.

Who Are We?

This section tells us a bit about those that answered the survey.

When asked how well they coped during COVID lockdown on a scale out of 100 the average score was **72**

73.6% of surveys were completed online

78.7% of respondents were female

22 respondents spoke a language other than English at home

109 respondents lived in Nhill which was the most from any one town

80% of respondents owned their home

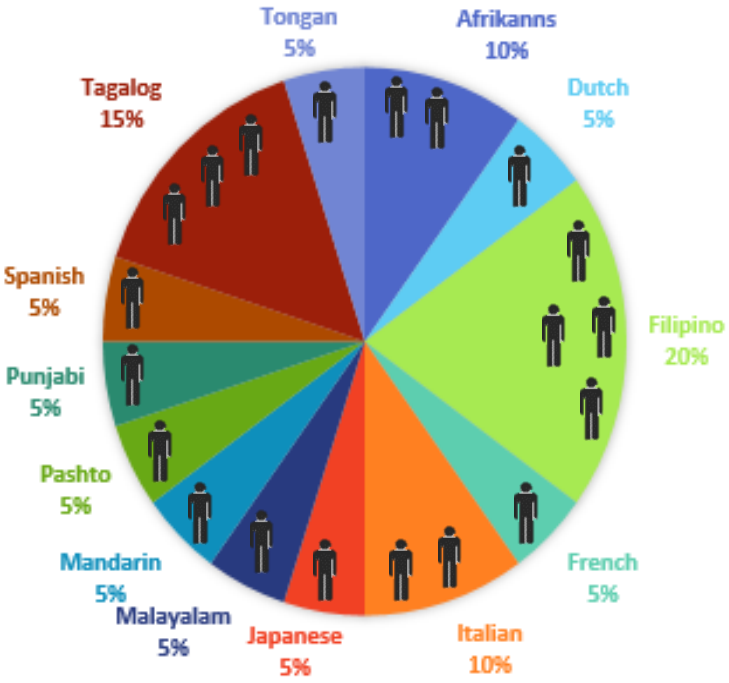
76.4% of respondents have lived in the region for 10 or more years

Who responded?

The survey received 581 responses in total, 154 paper based/phone and 426 online responses, with 86% of these completed in full.

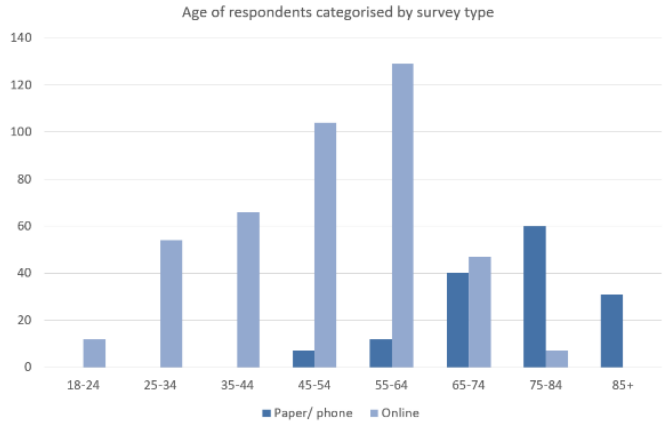
Consistent with most health and well-being related surveys, the majority of respondents were female (79%). Of the males that responded there was a significantly lower proportion aged 35-64 years. Younger men are notoriously difficult to recruit in health research, and as such a lack of participation by men in this age group was not unexpected and the interpretation of the findings of our survey will be done in consideration of this gap.

Nearly all respondents (95.4.5%) spoke English at home, and within the 22 respondents that did not there was a large variance in the languages spoken (see graph). Despite the survey only being available in English, respondents reportedly spoke a number of different languages at home. However, the latest census showed households in the region had predominant 'languages other than English' which were not seen in the survey, including Karen, German, Greek and Telugu. This may suggest greater difficulty in reaching households from these particular cultural or ethnic backgrounds if relying solely on dissemination of information in English, and highlights importance of disseminating messages in a number of different languages in order to equitably distribute information throughout the community.



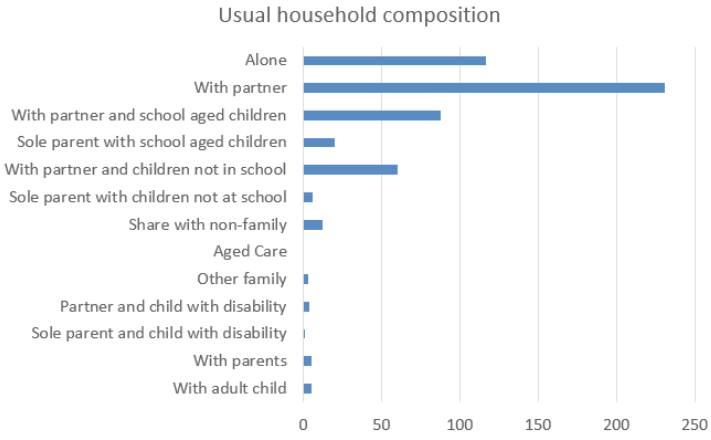
Ninety percent of respondents resided in 'outer regional' areas, and over 76% of people reported having resided in their area for 10 years or longer. The majority of people owned their own home (80%) or rented their accommodation (10%). Having resided in an area for an extended period likely allows for the development of robust social connections and networks which may facilitate better coping during periods of restrictions or isolation and may provide an avenue for effective word-of-mouth dissemination of information within the community.

> 76% of people reported living in the region for 10 years or longer

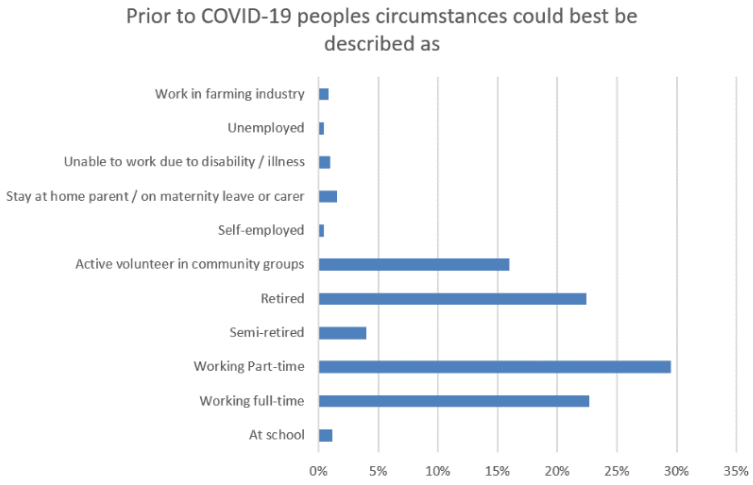


As expected, the older a person was the greater the likelihood that they completed a paper or phone-based survey rather than electing to complete it online. This demonstrates the need for health information and messaging to be adapted for in both hard-copy and electronic or online formats for comprehensive distribution.

The majority of respondents (40%) lived with a partner, followed by 25% who reported living with partners and any children. Twenty-one percent of respondents lived alone. When asked about changes to household composition, 18% reported that their household composition had changed during COVID; much of this related to adult children (particularly university students) moving back home during the lockdown period. This is consistent with the findings of a nationwide survey, which identified younger adults as being more vulnerable to work-related changes during COVID-19, as well as less likely to own their own homes. Thus many younger adults were forced to move back in with older parents due to COVID associated restrictions[1].



Prior to COVID isolation a notable proportion of respondents (62%) worked (full- or part-time). The workplace can be a significant point of connection for information dissemination, and the number of people involved in either part-time or full-time employment highlights the potential to leverage a person's place of employment for the provision of information. This opportunity however was likely lost during COVID isolation, along with many potential other benefits including sense of purpose, social conversations, exercise (incidental movement is often much longer at work or volunteering then it is at home) and more.



Communication

This section shares what we learnt about the way people communicated before and during the COVID isolation period, including what barriers they had and what helped them to communication.

Percentage of respondents that rated themselves as being entirely confident, prior to COVID, in using online digital tools for:

- Talking to friends and family 35.1%
- 26.7% Video calls to friends and family
- Talking to health professionals 20.1%
- 33.2% Using social media for fun
- Getting news from websites or social media 38.2%

78.3%

Used their mobile phone as their main way of communicating with others during COVID isolation.

28.4%

Used a landline phone as their main way of communicating during COVID isolation.

150

respondents stated that downloading new programs / apps helped them to communicate during the lockdown.

8.6%

Said not understanding programs / apps their family and friends wanted them to use / mobile coverage not being reliable in their area was a barrier to communication

8.3%

Stated not wanting to talk to anyone was a barrier to communication

Not wanting to use new devices was a barrier to communications for

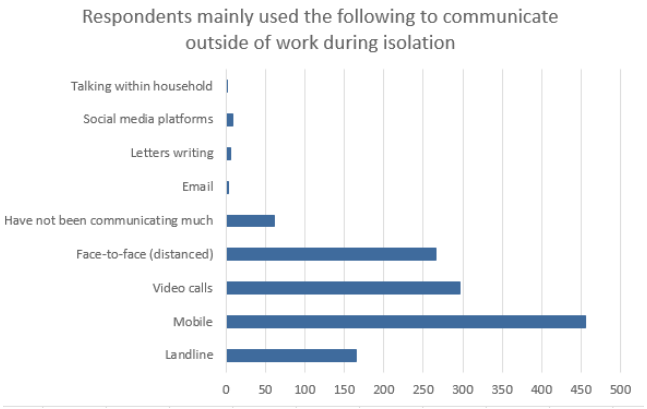
8.6%

How are people communicating?

Table 1 provides a summary of the prevalence of different types of communication people adopted during the COVID-19 lockdown period in Victoria.

Table 1: Types of communication adopted by households during COVID-19 lockdown

Type of communication	N	%
Landline	165	28.4%
Mobile	455	78.3%
Video call	296	50.9%
Face-to-face (distanced)	266	45.8%
Have not been communicating much	61	10.5%



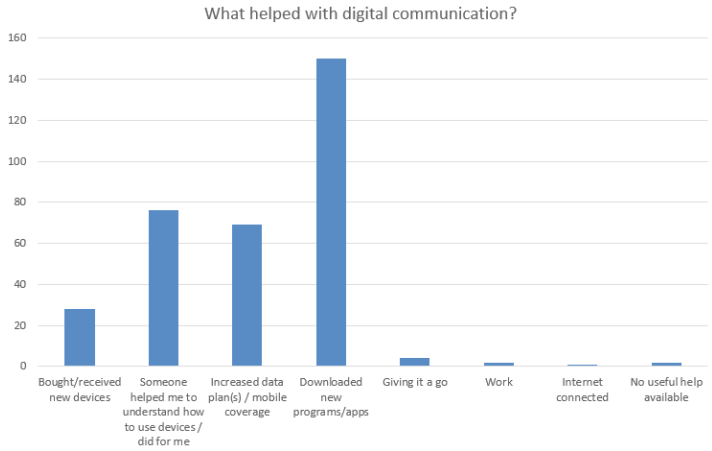
Overwhelmingly the largest percentage of respondents (78%) reported mobile phone as a major source of communication during the COVID-19 lockdown period, followed by video calls (51%) and socially-distanced face-to-face communication (46%). Whilst landline phones were reportedly utilised by a lower proportion of respondents, it is worth noting that a markedly higher proportion of people who had resided in the region for ten years or more used landline telephones (34%) or socially-distanced face-to-face talking (54%) as main sources of communication compared to those who had resided in the region for fewer years (less 20% and less than 40% respectively). Conversely a greater number of those who had resided in the area for less than 3 years used video calling as a primary means of communication. These findings may be reflective of an age-related phenomenon. Indeed higher proportions of people who had resided in the region for less than 6 or 7 years were aged between 25 and 44 years, whilst a greater proportion of people who had resided in the region for 10 or more years were aged between 45 and 75 years. Obvious trends existed whereby the percentage of respondents who utilised landline phones as main sources of communication increased with age. Finally, increased reliance on face-to-face communication (socially distanced during COVID) may reflect more robust social support networks developed over a longer time residing in the region.

Our findings are reflective of those from the VicHealth Coronavirus Victorian Wellbeing impact study[2] (mostly respondents from metropolitan Melbourne) in which phone and videoconferencing were the predominant sources of information during lockdown. Interestingly this survey showed that the prevalence of people relying on voice only phone calls for communication declined during the lockdown period, whilst the proportion of people using videoconferencing simultaneously increased.

Factors that helped facilitate communication are summarised in Table 2.

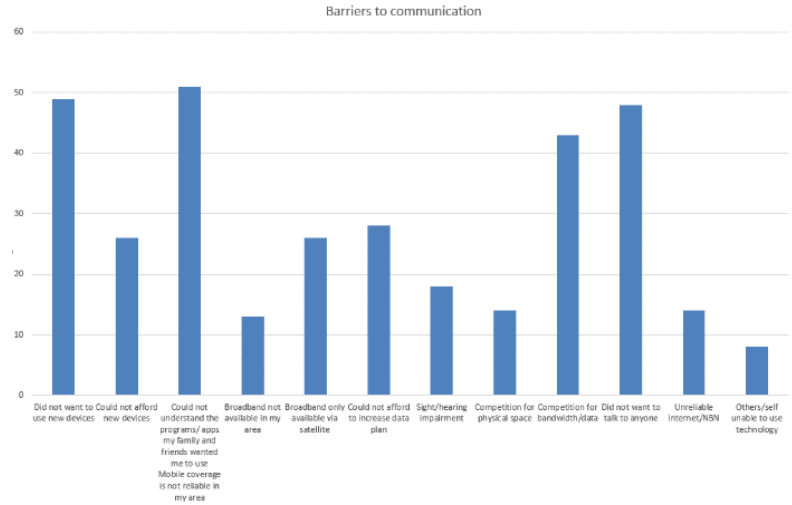
Table 2: Factors facilitating communication

Factors facilitating communication	N	%
Didn't need help	273	47.0
Bought/received new devices	28	4.8
Someone else helped me understand how to use devices	76	13.1
Increased data plan	69	11.9
Downloaded new programs/apps	150	25.9



People largely needed new programs or apps to assist with their communication during COVID isolation. Knowing how to use these after getting them would also imply many had the digital literacy skills to use them. However, a large proportion stated they received help from others in learning to use new apps or devices. Enhancing communication via a range of modalities may require additional support for those using new or unfamiliar technology. This is particularly true for older adults who are less familiar and less confident with technology but are reluctant to ask for assistance. Family members and friends should be encouraged to offer support and assist older adults in learning new technology, with a focus on developing skills as opposed to simply fixing problems as they arise[3].

Overall, the most significant barriers to communication were being unable to understand the programs/mobile coverage in the area was unreliable, respondents not wanting to have to use new devices and competition for bandwidth or data. This notion reinforces the finding that a key barrier to communicating during isolation was unfamiliarity with the technology rather than a lack of technological access.



Not wanting to talk to anyone was also commonly reported, particularly among parents with younger children, single-parents with school-aged children, and people living with other non-family adults.

Connection

This section shares information about how people's social lives changed; what activities did they do before isolation, what moved to being online and how they got information.

The main activities people did prior to COVID isolation were:

329
Respondents said going to the pub or café with friends

232
Respondents said sporting activities

268
Respondents said coffee mornings with friends

What activities moved to being online?

243
Respondents stated accessing medical services.

220
Respondents turned to online shopping.

179
Respondents stated social groups.

424
Respondents stated they got information from TV sources

50.3%
Of respondents stated they got information from online news / social media

13.3%
Of respondents stated the newspaper not being published / delivered was a barrier to gaining information

15.5%
Respondents stated that unreliable mobile coverage was a barrier to gaining information

23.3%
Respondents stated that access to internet / digital technology and skills to use them, helped them access information

18.2%
Respondents stated friends and family connections helped them gain access to information

Where are people getting information from?

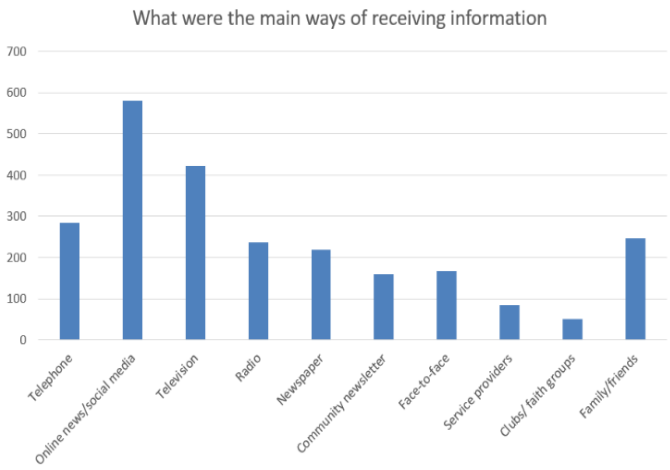
The sources through which people reported receiving information are summarised in Table 3.

Table 3: Reported sources of information during COVID-19 lockdowns

Source of information	N	%
Phone	289	49.7
Online news	292	50.3
Social media	292	50.3
Television	424	73.0
Radio	238	41.0
Newspapers	220	37.9
Newsletters	164	28.2
Face-to-face	170	29.3
Service providers	86	14.8
Clubs/faith groups	51	8.8
Friends or family members	250	43.0
Don't want information	5	0.9

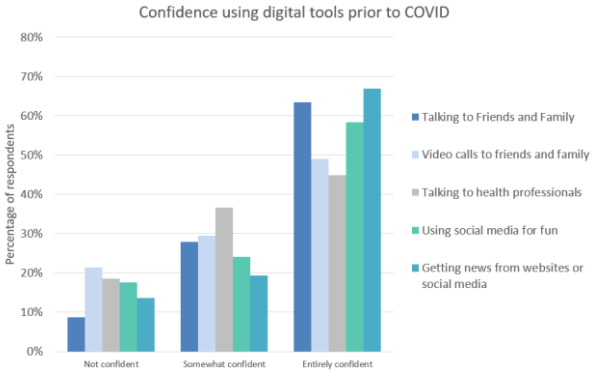
Television was a key source of information for nearly three quarters (73%) of respondents. Additionally, online news and social media were main sources of information for 50% of respondents, and newspapers and radio were key sources for approximately 40% of people. There were notable differences in information sources based on age; the use of social media or online news sources was predominant in younger age groups and consistently declined as age increased. Conversely the use of print newspaper and radio as key sources of information increased as age increased.

Receiving information over the phone was also a key source of information for 50% of respondents, which may coincide with 43% of people reporting friends or family members as sources of information. This imparts a degree of responsibility for health services and other providers of general information to ensure that enough people receive the information they provide, to ensure correct information is passed onto those that rely on other local sources.

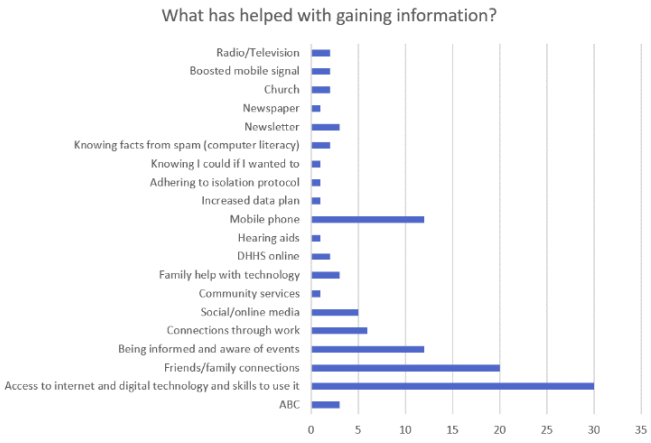


These findings also highlight the need for communication plans that comprise a diverse range of mediums through which information can be disseminated, including television

transmission, online modalities, traditional print media (nearly 40% of respondents cited newspapers as key sources of information) and word-of-mouth. Importantly, the prevalence of social media as a key information source may indicate an avenue for targeted campaigns to convey information to difficult to reach populations, such as young men.



Online modalities were a popular source of information for respondents. From previous research we know that experience with and exposure to technology facilitates better confidence and underpins digital literacy and technology usage. Our findings highlighted that whilst a majority of respondents felt extremely confident in their use of digital technologies, levels of confidence varied depending on the reason for use. People were more confident using technology for accessing services like social media, rather than talking to health professionals or video calling friends and family. This is likely reflective of the widespread use of digital technology for social media and certain types of communication compared to the use of technologies for accessing services such as healthcare. These findings suggest that providing assistance and exposure for people to use technology to complete 'unfamiliar' tasks may assist in improving confidence in using digital technology. As mentioned above, assistance in using devices and apps was identified as a key enabler of communication, and this may also extend to seeking quality information.



Internet access and required skills for use were overwhelmingly identified as key factors contributing to accessing information, consistent with more than 50% of respondents accessing information from online news and/or social media. The CCEE steering group had previously identified the need to be able to identify trustworthy information and where it came from, which is particularly relevant in light of the significant number of respondents utilising online modalities to access information. Further insight is needed into how people assess sources of information for quality. Indeed, a small number of qualitative respondents from people reported confusion regarding mixed or conflicting messages, being unsure which information was accurate, and a perceived lack of one official point summarising government directives as potential barriers to receiving information.

Finally, the lack of a published newspaper and poor mobile coverage were both the most commonly identified barriers to receiving information (reported by 13% and 15% of respondents respectively). This may explain the smaller proportion of people who reported receiving information from newspapers and would likely have disproportionately affected older people.

Disruption

This section relates to how people's lives, homes and communities were disrupted due to COVID-19 restrictions.

Of respondents reported that they significantly changed their behaviour to comply with the COVID-19 restrictions.

102

Respondents felt that their home composition change due to COVID.

29

Respondents stated their children moved home during COVID isolation.

9

Respondents stated household composition changed due to working from home / home-schooling

7

Respondents stated their children moved out of home during COVID isolation.

4

Respondents highlighted an increase in household tension due to changed employment and household composition

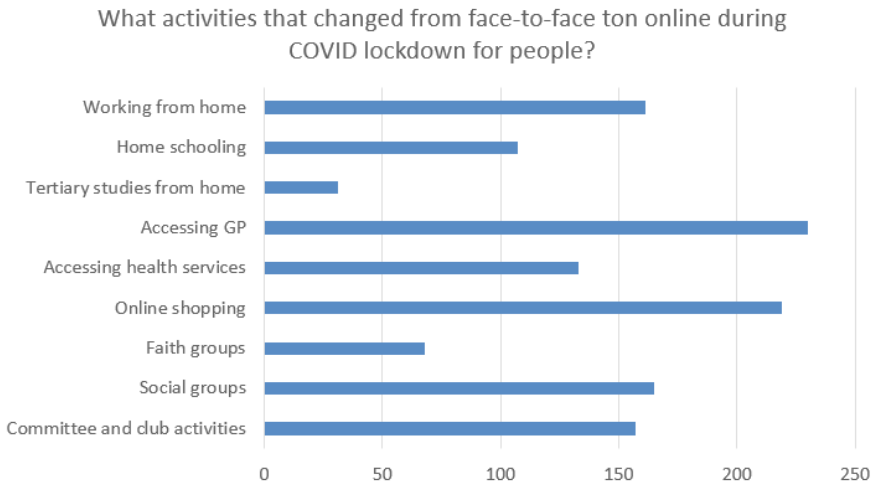
How did people cope?

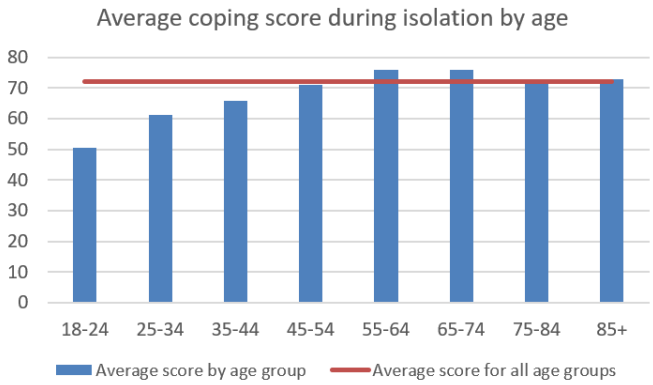
The types of activities people regularly participated in prior to COVID-19 are summarised in Table 4.

Table 4: Activities participated in prior to COVID-19

Pre-COVID activities	N	%
Faith groups	111	19.1
Sport activities	232	39.9
Service clubs	94	16.2
Men's shed	15	2.6
Day activity groups	111	19.1
Lifestyle class	102	17.6
Dancing	21	3.6
Singing group	18	3.1
Band	17	2.9
Playgroup	30	5.2
Coffee with friends	268	46.1
Support groups	33	5.7
Community meeting	172	19.6
Community event	260	44.8
Going to pub/café	329	56.6

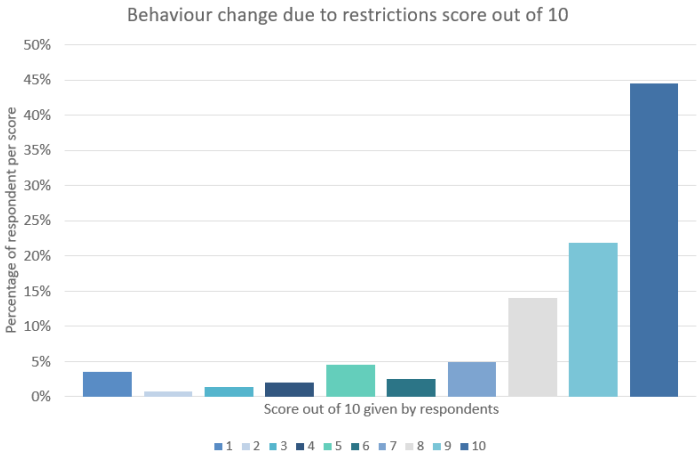
Face-to-face activities were significantly reduced during the COVID isolation period. In particular accessing GPs and/or health services, social groups, work and committee and club activities were reported to have changed from face-to-face to online delivery. Beyond undertaking the activity itself, reductions in these aspects of life may have significant implications such as reduction in social contact, mental health and well-being impacts, reduced opportunity for physical activity, and more.





The average coping score (out of 100) for all respondents was 71.7, indicating a moderate to high level of coping. Whilst the average coping scores for those aged 45 years and older were equal to or above the average for all respondents, average coping scores for those aged 44 years or less fell below the group level average. This was despite assumptions by the CCEE committee that younger people would have coped better with COVID isolation due to their familiarity with the use of digital technologies. In particular the youngest age group (18 – 24 years) exhibited the lowest average score compared to all others. These findings are consistent with those from the VicHealth Coronavirus Victorian Wellbeing impact study[2], in which younger adults in the same age group (mostly residing in metropolitan Melbourne) exhibited high levels of psychological distress and poor subjective well-being during the lockdown period. The constantly changing and seemingly contradictory messages that were conveyed on a daily basis regarding social behaviours and directives for stemming the spread of COVID-19 may have disproportionately affected younger age groups due to their increased social tendencies compared to older age groups, resulting in increased psychological distress[4]. Alternatively, higher stress and/or poorer coping may be reflective of less resilience or coping skills compared to older generations who may have greater experience enduring hardships such as droughts, fires etc. Additionally, as mentioned earlier, a greater proportion of those in older age groups had resided in the region for a longer period of time, and as such may have developed more robust social networks that may have provided support during the COVID-19 lockdown period.

Compared to other age groups, young adults reported lower coping scores during the COVID isolation period.



In regard to behaviour change to comply with COVID-19 restrictions, the average score (out of 10) was 8.4, indicating a high degree of compliance with COVID directives. This is of importance given that despite the notable benefits of complying with directives, there may also be unintended adverse effects associated with adherence such as increased levels of stress, confusion, and dermatological issues due to increased hand washing, and the ongoing implications of these on coping.

Before COVID-19 isolation what activities did people regularly attend:

329 Respondents said going to the pub or café with friends

260 Respondents said community events

268 Respondents said coffee mornings with friends

232 Respondents said sporting activities

172 Respondents said community meetings

111 Respondents said going to day activity groups

111 Respondents said faith groups

102 Respondents said lifestyle classes / courses

94 Respondents said service clubs

33 Respondents said support groups

30 Respondents said playgroups

20 Respondents said dancing classes

17 Respondents said band practice

18 Respondents said singing classes

15 Respondents said Men's shed

12 Respondents said exercise

8 Respondents said volunteering

18 Respondents said visiting / travelling

6 Respondents said clubs / community groups

5 Respondents said book clubs / going to the library

3 Respondents said carer for others

3 Respondents said social events

2 Respondents said going to the theatre/ art gallery / cinema

2 Respondents said school events

2 Respondents said camping / shooting / fishing

Where to from here?

This brief report provides high level insight into the characteristics of respondents to the CCEE survey, the main forms of communication and sources of information adopted by people during the COVID-19 lockdowns, and how people fared generally during the restrictions. These findings provide initial direction as to the most effective means of communicating with, and providing information to our community during times of crisis.

Of the 581 respondents to the survey 79% were female, and 96.5% of people spoke English as the main language in their home. Whilst the other 3.5% reported speaking a number of different languages, five of the main 'languages other than English' (as previously identified in the most recent census) were not represented within the current sample, highlighting the need to distribute messages in a variety of languages to ensure equitable dissemination of information.

Mobile phones were the major source of communication (reported by 78% of respondents). Video calls and socially distanced face-to-face contact were also key sources of communication for approximately half of participants. Older age groups specifically also continued to rely on the use of landline telephones. In regard to receiving information, television was the key information source (73% of respondents), regardless of age or gender. Conversely online news and social media were also commonly reported sources of information but were utilised to a greater amount by younger people. Whilst not commonly reported, but well known, there were notably higher proportions of older adults who identified using print newspaper and radio compared to younger age groups.

In order to improve communication, a large number of people reported needing new technology, whether this was a new device or a new application. Aligning with this, receiving assistance to learn new devices or apps was also identified as a key enabler of communication during COVID-19 isolation. Receiving information over the phone was also a key source of information for 50% of respondents, which may coincide with 43% of people reporting friends or family members as sources of information.

Overall, the average score for coping indicated moderate to high levels of coping during the lockdown period, however scores declined with decreasing age, with the youngest age groups exhibiting the lowest average scores for coping.

Based on our findings, several initial and high-level recommendations are made, including:

1. Ensuring communication plans comprise a diverse range of communication mediums for dissemination of information, including television transmission, online or electronic modalities, hard copy and/or traditional print media, and word-of-mouth.
2. Consideration as to how publishing and delivery of print media may be continued to be made available to older age groups should restriction periods or lockdowns be required. Alternatively, support to transition older people in to using more digital technologies could be considered.
3. Development of strategies to provide guidance and support to people who may need to use new technology or applications for communication or accessing information, particularly older adults.

4. Dissemination of messages in a number of different languages to ensure equitable distribution of information throughout the community.
5. Formal communication plans by health services/other providers of information to ensure that reputable, quality information is successfully received by the public.

Further information can be gained from responses to the CCEE survey, and will be the focus of ongoing investigations which will include further unpacking the differences in types of communication and sources of information used by different groups of people, the links between modes of communication, sources of communication and compliance with directives related to stemming the spread of COVID-19, and the relationships between the aforementioned factors and people's self-reported coping during the lockdown period. Finally, we will seek to investigate what people feel are the most significant COVID-related impacts and issues upon families and the community as a whole.

On behalf of the West Wimmera Health Service Health Promotion Team and LaTrobe University we would like to thank:

- **The agencies and individuals that were part of the COVID Connections and Enduring Engagement Group in 2020, who immediately identified the need for this survey and your assistance in building and distributing it.**
- **The 581 respondents to the survey.**

You were integral to the success of the survey. The information collected is an important addition to the rural evidence base.

If you would like more information or to be informed about future academic studies that come from this survey please contact the West Wimmera Health Service Health Promotion team at:

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