Rural Community Responses to COVID-19

Survey Summary

RURAL EVIDENCE REVIEW

BC RURAL HEALTH NETWORK

# Background.

The Rural Evidence Review (RER) - a Centre for Rural Health Research research project - works together with rural patients to provide high-quality and useful evidence for rural health care planning in British Columbia (BC). The project recognizes the importance of rural patient voices in health planning and supports this through research. The RER is jointly funded by the BC SUPPORT Unit and the Rural Coordination Centre of BC.

The RER is built on regular and reciprocal engagement with rural patients across BC. Three Rural Citizen Advisory Committees (RCAC) bring together rural patients to support the project to understand and to action rural health care priorities through research. The Committees were instrumental in conceptualizing the 'Rural Community Responses to COVID-19' survey study, a project done in collaboration with the BC Rural Health Network. During Committee meetings in March 2020, members spoke about their communities' experiences of COVID-19 and identified a gap in available information and knowledge: the experiences of other rural communities across BC during the pandemic.
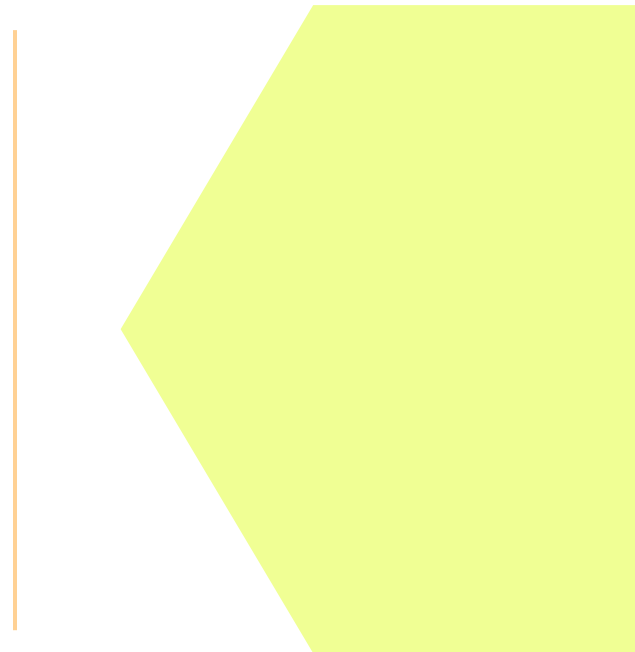
Methods.

To address this knowledge gap, the RER in partnership with the BC Rural Health Network (BCRHN) - a network of rural health care advocates across BC - launched an online survey to learn from rural BC patients and communities about their experiences of and responses to COVID-19. The survey was shared with Rural Practice Subsidiary Agreement(1) communities through local newspapers and radio stations, community-specific Facebook groups, and local elected council and Chambers of Commerce. We heard from 562 patients across 144 communities, between April 17 and June 23, 2020 (i.e., the end of Phase 2 of BC's Restart Plan). The data were analyzed using quantitative and qualitative methods, led by the RER and in collaboration with BCRHN key stakeholders.

(1) The British Columbia Rural Subsidiary Agreement, between the Government of BC, Doctors of BC and the Medical Services Commission, aims to improve the availability and sustainability of physician services in rural and remote areas of BC through targeted funding for recruitment, retention and education. Community eligibility for support under the agreement is measured by their level of isolation (for example, community size, distance to a major medical centre, and number of general practitioners within 35 kilometres).

Demographics.

We had more females (78.7%) respond to the survey than males (19.5%). The median (middle value of a data set) age of respondents was 57.5 years; in comparison, the median age of all residents in BC is 42.2 years(2). The income mode (response that was the most frequent) was $40,000 - $59,999. When comparing the income distributions between age groups - those above and below 42.2 years - it is clear that those below 42.2 years reported higher annual household incomes on average.

Age. 57.5 Years

$ 40,000 - 59,999

Sex. 79% Female

Social Distancing.

Most participants reported that they were either "moderately adhering" or "strongly adhering" to social distancing and other public health protocols during the pandemic. Only 8 (1.4%) participants reported that they were ignoring social distancing measures (strongly, moderately or somewhat). The average response was between "strongly adhering" and "moderately adhering".

When asked to what extent other members of their communities were adhering to social distancing and other public health protocols, most participants reported that they were adhering (strongly, moderately or somewhat). Forty-three (7.8%) respondents reported that other members of their communities were ignoring social distancing and other public health measures. The average response was between "moderately adhering" and "somewhat adhering".

When asked how well their communities were responding to the pandemic, the average response was between "somewhat well" and "moderately well". Thirty-one (5.6%) respondents reported one of "somewhat poorly", "moderately poorly" or "extremely poorly". When asked how easy it was for them to adhere to physical and social distancing, participants replied that, on average, it was easier to do so physically than socially.

Impacts.

The impacts of the pandemic on participating rural communities were physical, emotional, social and financial:

PHYSICAL

Participants described changes to their physical and recreational activities because of pandemic protocols. Several participants reported being upset by the closure of local parks and other recreational areas, while others described expanded opportunities for physical activity, in particular walking.

> "I think all in all it was handled well with one exception. Not allowing people out in the great outdoors is very hard on depression [and the] feeling of isolation. And just generally made the conditions of people worse."

> "I see lots of socially-distant walking for exercise and companionship - and there is plenty of space in our trails and parks to maintain appropriate distancing."

A number of participants expressed an increased interest in gardening as a pastime and to grow their own foods.

> "Yards and gardens are looking beautiful, more people growing food."

EMOTIONAL

Participants expressed fear, stress and frustration at the threat of the virus, and reported feeling lonely and isolated because of public health measures, especially physical and social distancing.

These feelings were heightened by the financial consequences of the pandemic protocols and travel to the rural communities by non-residents who were said to add strain to local supply chains (e.g., food availability at grocery stores) and health care services.

EMOTIONAL

"Fear of virus getting into [the] community as [our] small hospital could not cope."

"There is a lot of fear that tourism will deplete our resources and/or bring the virus to us."

Some participants explained that fear, stress and frustration led to increased depression and other mental illness, suicide and increased domestic violence.

"I think people's mental health is suffering, financial worries have created stress and domestic violence has created an impossible situation for many on this island."

SOCIAL

The emotional impacts of the pandemic were said to have social consequences, both positive and negative. Several participants explained that fear at the threat of the coronavirus led to resentment and hostility toward non-residents.

Respondents regretted the cancellation of local social and cultural events and celebrations, which generate income and contribute to social cohesion among residents. Despite this, a majority of respondents described that the pandemic led to a coming together of their communities through alternative means, to boost morale and to support those in need.

"On the bright side, it has brought many people together in the common cause of supporting each other, front-line workers and the more vulnerable in our community."

FINANCIAL

Respondents emphasized the financial consequences of public health measures, including closure of local, small businesses, loss of tourism and loss of other employment.

"Tourism based economy - devastated."

Participants elaborated that the financial impacts of the pandemic contributed to increased difficulty to pay for food ("food insecurity") among residents, resulting in a greater need for food bank services.

In addition, several participants described food supply shortages at their local grocery stores, which they attributed to "hoarding" or "panic buying".

FINANCIAL

Nearly half (47%) of respondents reported a minor to major impact of the pandemic on their ability to meet their financial obligations. When asked whether they agree that they might lose their main job or self-employment income source because of the COVID-19 pandemic, 131 (24%) respondents agreed (strongly, moderately or somewhat). When asked whether they agree that they already lost their main job or self-employment income source because of the pandemic, 131 (24%) respondents agreed (strongly, moderately or somewhat).

Responses.

Participants offered detailed descriptions of the many activities and innovations that emerged at a local level in response to the pandemic, to support those at risk and to build community spirit. These included, for example:

ADOPT-A-NEIGHBOUR

Whether formally or informally, participants reported checking-in (at a safe distance) and offering support to family, friends and neighbours - in particular those who are elderly - during the pandemic.

"I gather groceries and check in on neighbours, and also manage a neighbourhood Facebook group that offers a place for neighbours to seek and obtain assistance."

PARADES

Vehicle (drive-by) parades to celebrate community birthdays, to show appreciation for essential workers, and to support local seniors and students.

"… we have a group of people who have instigated the Birthday Parade, so when a child has a birthday, people get into their cars and do a scheduled drive by with decorations on their vehicles and everyone singing and honking and it is so positive and special."

CHEERING

Cheering and howling at a set date and time to show appreciation for essential workers.

"7pm church bell-ringing and pot-banging to express support for all essential workers."

HAND SANITIZER

Several local distilleries, wineries and breweries shifted their production to make and distribute hand sanitizer.

"… the distillery is producing hand sanitizer and giving [it] free to [the] community."

MASKS

Local volunteers gathered to make and distribute masks.

"… some of our artists are now making masks for us. That is happening elsewhere as well. It's just easier to organize things in a small community."

PICK-UP AND DELIVERY

Several local businesses that were able to continue to operate (e.g., grocery stores and pharmacies), offered pick-up and delivery services.

"Our co-op store now offers much appreciated only phone in and pick up orders, an excellent adjustment."

RESERVED SHOPPING HOURS

Participants reported a number of instances where local businesses offered designated shopping hours for seniors, those who are immunocompromised and front-line workers.

"There's a free grocery delivery program setup with the request to donate to local charity. Early shopping hours for seniors or people with health issues."

WINDOW DRESSINGS

Households displayed heart and rainbow cut-outs, often with words of encouragement, in their windows for children and families to find while walking or driving in the community.

"Hearts are placed in windows … It was originally done for children, but many adults walk around to find and point out the hearts. New [ones] pop up daily. It is a good morale booster."

LOWER TAXES

There were a handful of cases where Municipalities reduced their taxes in response to the pandemic.

"City reduced taxes marginally for this year."

GRANTS

There were reports of local grant funding opportunities to support the delivery of existing programs and new, socially-distanced events and projects.

"[The] community foundation has small grants projects to help community members come together- short term - with garden share, I'm personally doing an art share with colouring pages and supplies (I create art for colouring) and deliver to isolated people."

COMMUNITY FOOD PROGRAMS

Participants described expanded food bank services and other services to address food insecurity among residents. This involved offering food hamper and meal delivery services, more "food bank days", increased support by local volunteers to meet the increased demand, and increased donations to food banks and other community food programs.

"Weekly food hamper deliveries by community food bank and community food program (prepared frozen meals)."

LIBRARIES

There were several instances where libraries offered virtual book readings and other online services.

"The library has closed but offered free online sign up for e-library cards to access digital resources: ebooks, magazines, newspapers, learning portals like lynda.com, etc. 1-800 help line and email help for those adapting to use of digital devices. Zoom story time for kids."

MUSIC

Virtual and socially-distanced musical performances and events, including for example, live music played outside of local hospitals and long-term care facilities, and online open mic and karaoke events.

"Visiting our seniors at the residential care facilities sorely missed and unique distanced events happen weekly. Local family band play outside in the parking lot and residents can sit out on the patio or inside and hear their beloved music while friends drive by honking or stand in the parking lot."

Local Communications.

Local communications about the pandemic, from the Municipality, Regional District, Chamber of Commerce, local health service and local emergency programs, were described as an important aspect of the local response to minimize the impacts of the pandemic on residents.

Communications took many forms, including information shared to the groups' websites, email bulletins, telephone trees, virtual town hall meetings, local news media (newspapers and radio stations), social media, and more.

"A frequent, as-needed email bulletin was sent out by the [Municipality] and also one by the local doctors, keeping us abreast of local and provincial news items. They were extremely useful."

Facebook in particular was frequently cited by respondents as a common platform for within-community communications. Existing and newly established community-specific Facebook groups were used to share COVID-19-related information, and to ask for and offer assistance.

"Caremongering Facebook page to coordinate information and services to residents."

Health and Social Service Impacts and Innovations.

Respondents described changes in access to health and social services, both as an outcome of and in response to the pandemic. These included:

- Restricted in-person access to health services, including physician offices and hospitals. This was often coupled with increased access to remote (virtual) care services, in particular primary and mental health care.

    "Nearly eliminated in-person appointments unless absolutely necessary. Phone and video appointments have been put in place and have been very successful."

- For some participants, expanded remote care services were viewed as a positive development, reducing their time spent traveling to access care. For others, this was perceived as a loss of access to care.

    "On the upside it is easier to do medical appointments on phone saving a 1.75 hour drive."

    "People have not had the same access to medical care especially cancelled procedures, and appointments by phone rather than in person."

- Several respondents reported increased access to mental health services during the pandemic, including for example, virtual counselling services.

    "One social agency offers free brief counselling to anyone in need during this time."

Participants reported additional steps taken by their local health services to respond to the pandemic, including:

- Secured extra personal protective equipment.

- Clients are screened before entering the local health services.

- Designated COVID-19 areas within the hospitals for the care of COVID-19-positive patients.

- Restricted visitors to the hospitals, long-term and residential care facilities.

- In one community, the local physicians established a COVID-19 task force and a respiratory assessment centre.

"The Physician's Task Force posts encouraging letters to the community, reminding us all to take it seriously, social distance and stay home unless it's essential. They opened a respiratory clinic for possible Covid-19 cases to be tested and examined."

- In another area, a local physician converted available anesthetic machines to ventilators and established a negative pressure isolation unit.

"Local [doctor] took it upon himself and personally rounded up ventilators and converted unused anesthetic machines he found to ensure the hospital had at least some on hand if needed."

Overall, respondents explained that their local health services responded in accordance with provincial guidelines.

Several participants expressed fear at the capacity of their local health service to respond in the case of a local outbreak of the novel coronavirus. This was linked to their limited resources, including fewer care providers, hospital beds, ventilators, and so on compared with larger centres.

When asked 'How well prepared is your local health service to respond to the COVID-19 pandemic?', the average answer was between "somewhat prepared" and "moderately prepared". In total, 62 (11.2%) respondents said that their local health service was unprepared to respond to the COVID-19 pandemic (somewhat, moderately, or extremely).

"Our emergency department is small. There is no hospital here. The closest is 20 minutes away. I feel neither one will be able to [handle] a large quantity of cases all at once. This is one of my biggest concerns."
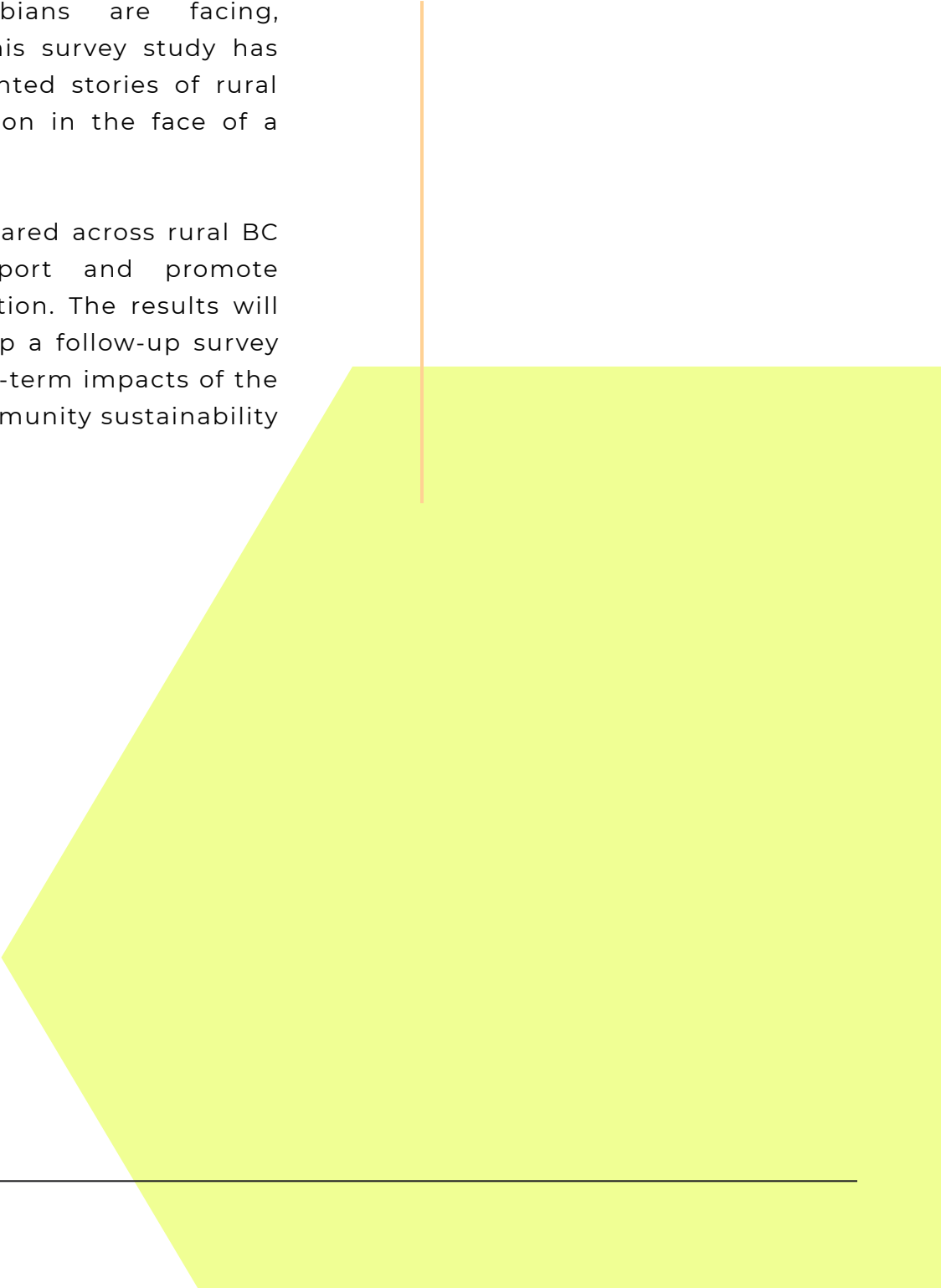
Several respondents expressed concern at a lack of testing for COVID-19, whether due to no local availability or restrictions on who is eligible to be tested.

"We have a lack of tests and a lack of medical services, and because of the testing guidelines very few people qualify to even get a test there are no public testing facilities and nobody is doing tracing …"

What's Next.

We recognize the importance of local ("ground up") solutions to the health care challenges and priorities that rural British Columbians are facing, including COVID-19. This survey study has captured and documented stories of rural resilience and innovation in the face of a global pandemic.

The findings will be shared across rural BC communities to support and promote learning and collaboration. The results will also be used to develop a follow-up survey to understand the long-term impacts of the pandemic on rural community sustainability in British Columbia.

Let's Keep in Touch.

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