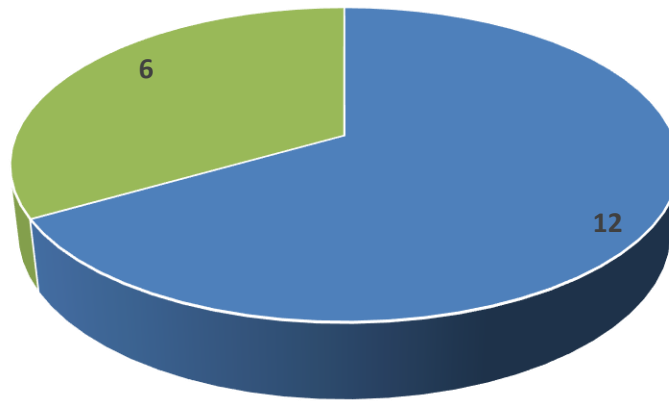


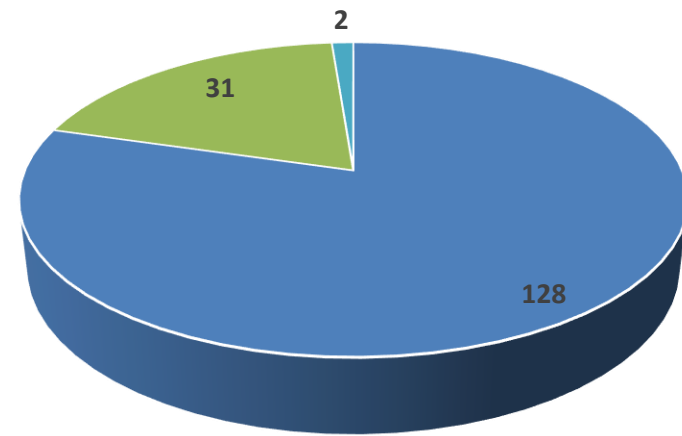
# Who were the Tangata Whenua participants?

Interviewees



■ Wāhine ■ Tāne

Survey Respondents

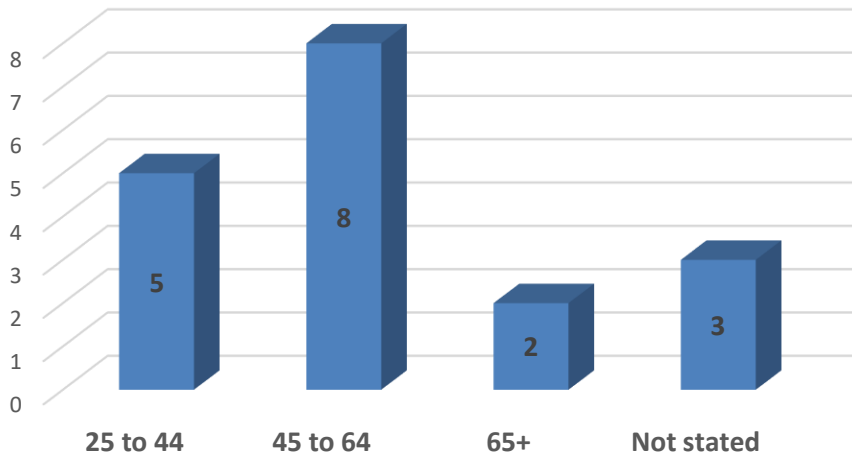


■ Wāhine ■ Tāne ■ Other

Average age of Tangata Whenua interviewees when they contracted COVID-19

49 yrs

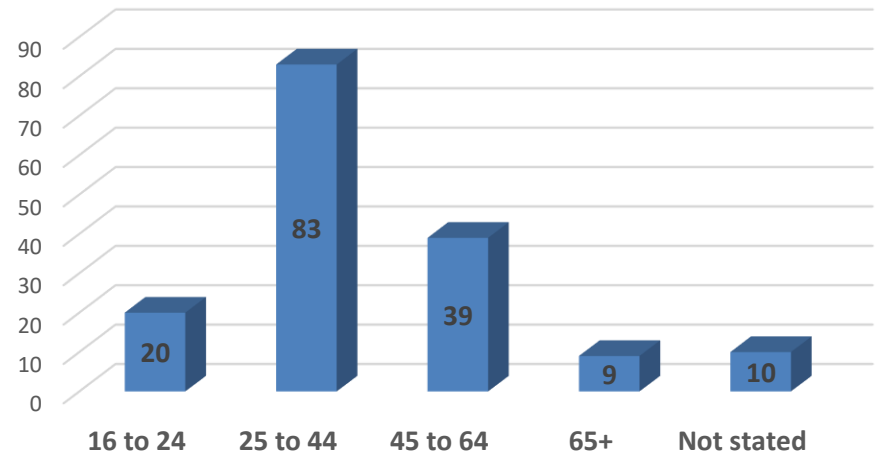
Te Tangata Whenua Interviewees



Average age of Tangata Whenua survey respondents when they contracted COVID-19

40 yrs

Te Tangata Whenua Survey Respondents



## Tangata Whenua Interviewees

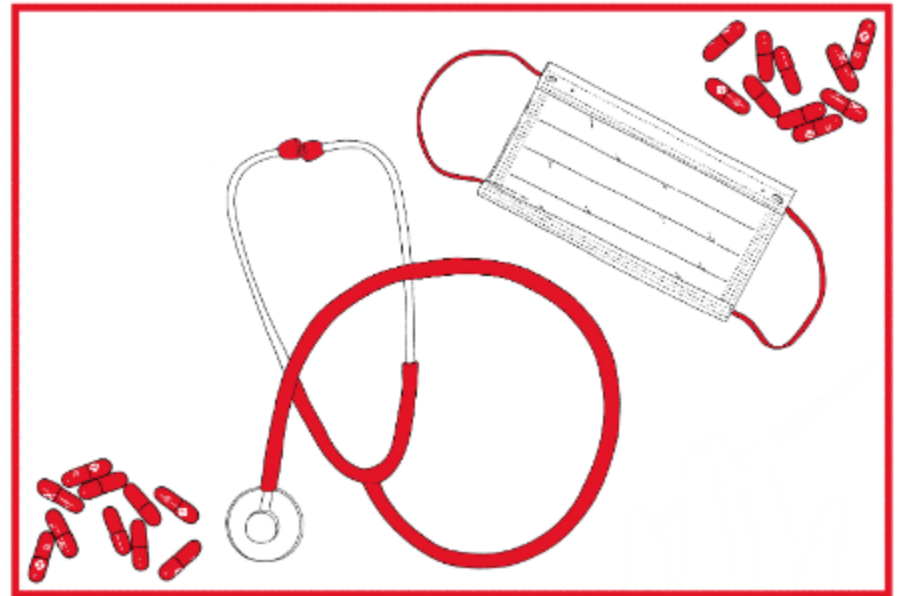
- Half (n=9) infected in early stages of pandemic (Mar/Apr 20); a third (n=6) infected towards end of study period (Oct/Nov 21)
- 2 contracted virus through their workplaces
- 4 spent time in MIQ
- 3 hospitalised with symptoms
- Majority (n=14) had Long COVID symptoms
- 6 Tangata Whaikaha

## Tangata Whenua Survey Respondents

- 55% worked full-time; two thirds earned over \$70k
- Over half had post-school or tertiary quals
- About half lived in households of 5 or more
- Most lived in upper or central North Island; about a quarter in small towns or rurally
- 86% identified their Iwi (25 Ngāpuhi, 16 Tainui, 12 Ngāti Porou)
- 22% Tangata Whaikaha

# What did Tangata Whenua tell us?

- Range of physical symptoms from COVID-19, ranging from minimal to significant illness:
  - most common: fatigue, aches, muscle weakness, headache, shortness of breath, cough, brain fog, fever, sleep difficulties
- Described as the most unwell they had ever felt before
- High prevalence of chronic conditions and earlier onset of disease contributing to higher mortality and morbidity rates
- Time taken to 'recover' varied from days to months



# Significant unmet need in providing mental health support to Tangata Whenua with COVID-19

- Screening questions indicated almost a third had anxiety (29%) or depression (31%)
- When asked whether they were anxious or depressed (rather than relying on the use of screening questions) though, almost three quarters (73%) of Tangata Whenua said they were
- For Tāngata Whaikaha – even higher prevalence (anxiety: 53%; depression: 59%)
- Over a quarter (26%) of Tangata Whenua who did not receive mental health support said it would have been useful



# The stigma of having COVID-19

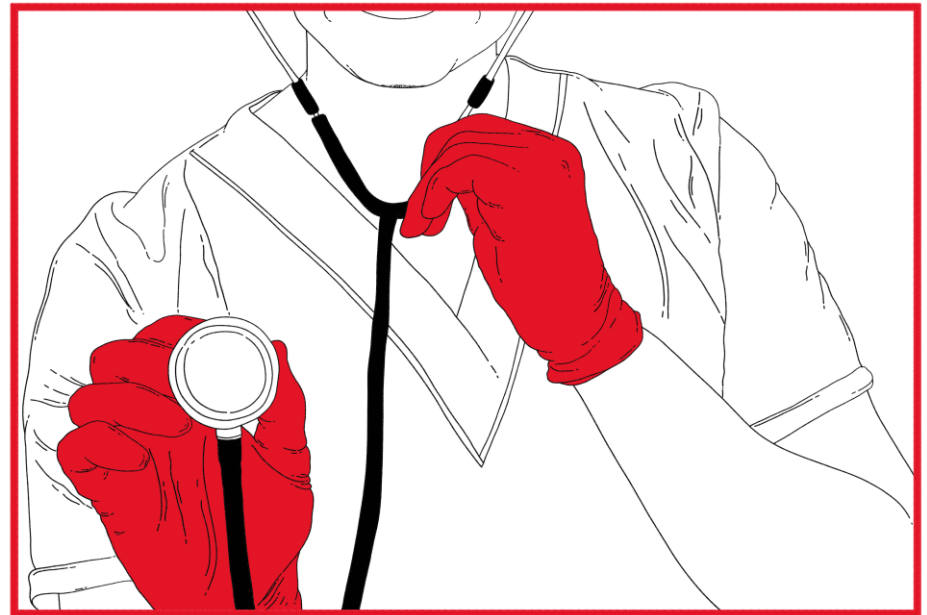
- About a third (n=28, 35%) of Tangata Whenua survey respondents reported they felt they could not tell whānau or friends they had contracted COVID-19, and only told as few people as possible
- For some Tangata Whenua interviewees, the discomfort felt by their colleagues was confronting
- Those that were some of the first in the country to get COVID-19 were especially stigmatised, and traumatised

***“I know it wasn’t my fault. I didn’t bring COVID into the world. I just contracted it ...”***

***“... now, it’s all over the place and its almost the norm. Whereas, for us ... it was kept quite hush-hush ... as its expanded, people are just blasé. That really annoys me ... whereas before ... it really did feel like we were the lepers ...”***

# Where did Tangata Whenua go for help?

- Majority of Tāngata Whenua survey respondents (n=64, 81%) reported receiving help from whānau when they had COVID-19; and a fifth (n=15) from their Iwi
- 60% (n=47) were helped by neighbours and friends; a quarter (n=19) by their community
- Around a third (n=22, 30%) got help from their GP; a quarter (n=19) from Whānau Ora providers; and around a fifth (n=15, 21%) from Māori health and social services providers



# Insufficient health response for Tangata Whenua, with Tāngata Whaikaha facing more barriers to care than non-disabled Tangata Whenua

Most frequently reported barriers to seeing a GP:

- not being able to get an appointment (19%)
- affordability (12%)

*“I feel like they won’t believe me.”*

*“Too afraid of what they will say.”*

*“I gave up going to the GP because I was wasting my money. They never did anything to help.”*

60% of Tāngata Whaikaha (n=6) faced at least one barrier to seeing a GP

90% of Tāngata Whaikaha (n=18) reporting a barrier to getting a COVID-19 test



# Tangata Whenua experiences of home-isolation/quarantine

Difficult for COVID-19-free household members to be in Home-Isolation/Quarantine alongside COVID-19 positive whānau members, often for extended periods

Almost half (49%) of Tangata Whenua survey respondents lived in whare with five or more others, so being able to distance from each other was extremely challenging

*“He slept in a separate room. He kind of wore a mask around ... We had to share a bathroom but we’re not in there at the same time. He just did the best he could and then I did the best I could.”*

*“My daughter she probably took about five days later before she actually tested positive. We tried to keep her away from us, but it was honestly too hard in the house. She couldn’t go anywhere. We couldn’t separate her out. She caught it as well.”*

***“... they said if we needed anything, “Just get someone to get it or you can order online.” I thought, ‘Good luck getting someone to deliver when you live where we live’ . . . Yeah, I was a bit worried about my daughter because she is an asthmatic, and she had a few days where she just was a bit lethargic and tired ... But she still had to isolate with baby and that was quite a stressful situation because I couldn’t go and help her in anyway because I’m supposed to be staying at home and not going anywhere ... she lives week to week, and she doesn’t have a credit card [so] she couldn’t order things online. Then her phone broke, and she couldn’t revive it and so nobody could ring to check on baby and all that. Then I ended up going on the WINZ line because. . . they say, if you need any help while you’re isolating. . . that’s what they said to do ... So, I rang on her behalf and then they said they can’t do anything. So, all these places that they suggest you ask for help couldn’t help. Then she couldn’t go out to buy groceries for her and baby and all that kind of thing whereas normally I could drop them off, but I couldn’t. There was a lot of things that people don’t think of. So, they come up with all these bright ideas, “You can just shop online.” No, you can’t. If you don’t have a credit card, or in my case live too rurally, you can’t. Then in her case she had things like a gas bottle for her hot water and the way she gets that is by walking with the pushchair down to the garage to fill the gas bottle up. People don’t understand unless they live like that ... she lives week to week ... Then she’s on prepaid power so the way she would get her power was to go to the dairy and buy a GLOBUG voucher thing. Everything is done manually when you live like that.”***

# Importance of vaccine highlighted alongside informed decision-making

Most Tangata Whenua survey respondents (n=48, 91%) had had at least one dose of a COVID-19 vaccine. All Tāngata Whaikaha (n=10, 100%) had had at least one dose.

***“I want to be around for my grandchildren ...”***

***Whaea (Tainui, Ngāpuhi), contracted COVID-19 in October 2021***

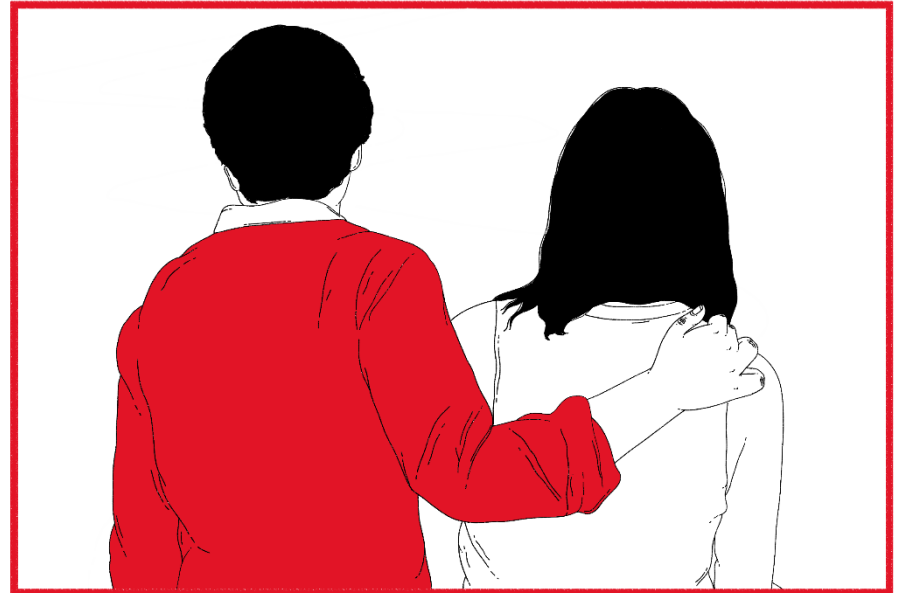
***“I didn’t get vaccinated ... I’m not going to. And was I before I got it? No. It was all about making an informed decision for me. Everything is about that ... And also, how I felt inside. There’s a gut feeling for me as well.”***

# Social support needs of Tangata Whenua

- What would have helped survey respondents when they had COVID-19:
  - COVID-19 information (30%)
  - food parcels (27%)
  - prescriptions collected (27%)
  - help running errands (25%)

***“We didn’t need to have any outside support.”***

- Around two-thirds of survey respondents (64%) had time off from work or study in the first month they had COVID-19; over a third (38%) had more than a month off
- Home schooling was hard – especially if you lived in Tāmaki Makau Rau



# Disconnected focus on self rather than the collective; and confronting social restrictions

*“What I noticed coming out of lockdown maybe October/November last year was how disconnected people were, and how the world had moved from, “Let’s do this! Let’s support each other to get through this. We can do it! How are you doing? What do you need?” to, “I’m looking after me. I don’t care if they say ‘don’t go swimming, don’t go surfing’; I’m gonna. I’m gonna drive up to the coast and do something different. I’m sick of looking at my neighbourhood”.”*

*“... it's ripped people to bits and still is. You've got families saying, “Well, if you haven't been vaccinated you can't come to a wedding, or you can't come to a funeral.” All this sort of thing ...”*

# Disruption to tikanga – or establishing new tikanga

- Almost a quarter (23%) of Tangata Whenua survey respondents missed a tangihanga or funeral of someone they cared over the pandemic
- New tikanga was established to keep whānau safe:
  - strict social distancing rules within whare (between infected and non-infected people) when space was tight/shared
  - vaccinations

***“... if it was going to help save and so that I could see Mum and Dad, then yeah, by all means, we got it ... My wife’s parents live next door to us ... So, we could interact with them ’cause of their age, we were going to get vaccinated.”***

# Other impacts

- Tangata Whenua interview respondents talked about feeling distrusted, particularly during those times when very public breaches of the Act were being reported
- Some talked about not wanting to be a hōhā to whānau when they were sick
- **A significant impact of COVID-19 on Tangata Whenua was being forced to be apart from whānau**



*“Because my husband and I, we never do anything without the other one. We never go anywhere without the other one. And so, that was ten days of living hell, just being away from one another.”*



# Recommendations based on findings of impacts of COVID-19 on Tangata Whenua

1. The ongoing Government COVID-19 response at all levels, and for any future pandemics, be based on Te Tiriti o Waitangi to ensure that all processes, decisions, management and monitoring approaches are responsive to Māori communities' lived realities.
2. Sustainable, long-term funding for providers with track records of supporting Tāngata Whenua with COVID-19 be established and maintained. This will require a transfer of funding and resources to Māori and community based/Iwi providers to ensure locally-embedded, locally-relevant responses from people who know their communities, are supported.
3. Structural barriers to health care and advice are minimised by providing sustainable funding to local community/Iwi networks who understand Tāngata Whenua realities well. These networks can offer culturally-safe, needs-driven support that leverages existing relationships, serves the current realities of whānau – like living in intergenerational homes - and connects people with the specific types of support they need for their particular circumstance.
4. Primary health care, as a key environment for the prevention, early detection and management of COVID-19, must remove all financial barriers, in order to ensure Te Tangata Whenua accessibility to services.
5. Mental health support for Te Tangata Whenua must be a core feature of health service provision in any future pandemics to mitigate feelings of collective loss, loneliness, isolation, and anxiety, especially where self-isolation may be necessary.
6. Public health messaging includes self-help emotional resilience strategies for dealing with common anxieties, like the threat of passing illness on to others, worrying about the health of friends and whānau, or fears of leaving the house again after isolation. Self-help strategies are recommended as a way for whānau/Iwi/communities to empower themselves rather than relying on the public health system where they may encounter the types of well-documented structural barriers that could preclude access to this important support.
7. The significance, magnitude and holistic nature of mental health impacts from navigating COVID-19 is acknowledged by continuing to fund research that will guide the development of COVID-19-specific mental health support tailored for Tāngata Whenua-specific needs, including the lasting impacts of extended lockdowns. Funding for evaluation of mental health initiatives is also recommended so that learning can be shared across different communities/Iwi.
8. Public health advice needs to take collective wellbeing into account, rather than treating COVID-19, and any future pandemics, as an experience that only impacts infected individuals. This includes the provision of public health guidance and information which considers the realities of intergenerational households/relationships so that advice is relevant and realistic.
9. Te Tangata Whenua receive ongoing advice and messaging from trusted health champions in their communities about common symptoms of COVID-19. This can serve to minimise anxiety about what might happen while experiencing COVID-19, particularly for people with serious pre-existing health conditions. It is recommended that advice includes strategies for managing common symptoms, like fatigue, in a realistic way for themselves and their whānau.
10. Mātauranga Māori surrounding wairuatanga is significant to Te Tangata Whenua understandings of and responses to wellbeing and ill-health. Recognising that some Tāngata Whenua draw on a range of knowledge informed by science and public health alongside mātauranga Māori can aid in pandemic planning in terms of the communication of information for Te Tangata Whenua.