

CHALLENGES TO SEEKING HEALTH INFORMATION AND HEALTHCARE AMONG LOW INCOME COMMUNITIES AMID COVID-19

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ABOUT CARE

The Centre for Culture-Centred Approach to Research and Evaluation (CARE) at Massey University, Aotearoa New Zealand, is a global hub for communication research that uses participatory and culture-centred methodologies to develop community-driven communication solutions to health and wellbeing. Through experiments in methods of radical democracy anchored in community ownership and community voice, the Centre collaborates with communities, community organisers, community researchers, advocates and activists to imagine and develop sustainable practices for prevention, health care organising, food and agriculture, worker organising, migrant and refugee rights, indigenous rights, rights of the poor and economic transformation.

Prof Mohan J Dutta is the Director of CARE and author of books such as *Neoliberal Health Organizing*, *Communicating Health*, and *Voices of Resistance*.

This white paper may include images and texts around topics such as sexual violence, physical violence, identity-based discrimination and harassment, and genocide. I encourage you to care for your safety and wellbeing while reading this paper.

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METHOD

The findings reported here are drawn from our advisory group of community members that represent the community in Highbury. The advisory group has been built on the basis of purposive sampling, ensuring that the voices of the “margins of the margins” are represented. The advisory group meets face-to-face as well as on a digital platform. The group is facilitated by two community researchers, recruited from within the advisory group and trained in the fundamentals of interviewbased research.

FINDINGS

Between 21/03/2020, and 25/03/2020, since the announcement of the level 3 procedures, the advisory group has documented the following challenges experienced by community members:

- a) accessing healthcare;
- b) accessing health information.

Accessing healthcare

Our community participants note the difficulty in accessing basic healthcare at the community level when experiencing symptoms. This is exacerbated by the lack of information on what are the symptoms that require health seeking, where to go when in need, and how will the cost be covered.

One of our researchers waited over an hour to speak with a staff at Healthline. This is what the researcher noted:

“If you cannot get an appointment at the Drs, the next option is to go to the Emergency Services at the hospital. Healthline told me that the waiting rooms at Emergency Services nationwide have been set up with COVID-19 in mind (eg. seats are 2 metres apart). Once you see the nurse/ receptionist at the desk, you can say that you feel compromised to wait in the waiting room, give them your cell number and wait in your car. They will then ring you when it is your time to be medically assessed. This applies to everyone - international students too. Hope this helps. The advice to go to the Emergency Services of the hospital bypassed community-based care. With this 4 advice, the Emergency Services are likely to be overwhelmed quickly. In addition, community participants express a sense of being overwhelmed at the suggestion that the way to seek care is to go to the Emergency Services.”

Accessing testing

Participants note a sense of anxiety regarding the unavailability of testing. They note that they do not have information on where to go when experiencing symptoms and where to get testing done. This has resulted in anxiety for a number of participants, especially for those community members that live in large households, with more than five members in a household.

Accessing Healthline

- Healthline is a key challenge expressed by the members of the advisory group in the community. For community members experiencing poverty and preparing for level 4, the long wait time has distracted from getting other essential tasks completed.
- Very long queues, I know an international visitor using a local sim was put on hold for about the same duration, and at the end was not told anything particularly useful or what she didn't already know. They are doing their best, recruiting people to staff the call centre, but the volume of enquiries and the range of kinds of queries is more than Healthline seems to be able to cope with at this moment.

Community participants note that even after waiting for an hour, the response has been uninformative, often asking the caller to stay at home. Participants note that this is the advice that they already have from watching news. The Healthline information does not really offer insight into operationalizing the symptoms and the necessary steps to take.

Anxiety

The lack of clear information, lack of health care in the community, and lack of relevant health information is contributing to a sense of anxiety. Community advisory groups note the importance of communitybased relevant information and care resources that meet individual and household needs.