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College of Public Health
Institute for Public Health Practice



Workforce Mental Health | Town Hall

March 24, 2022

Funded by the Iowa Department of Public Health

Outline

- **How did we get here?**
- **Iowa Public Health Workforce Coalition**
- **The Data**
- **Priorities & Strategy**
- **Practitioner Feedback**
- **Closing**

How did we get here?

Project background and Partnerships

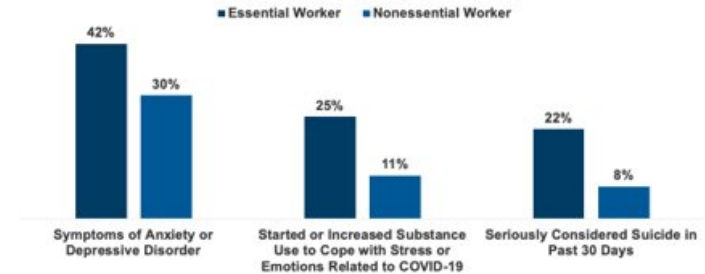
Iowa Public Health Workforce Development Coalition

The Data

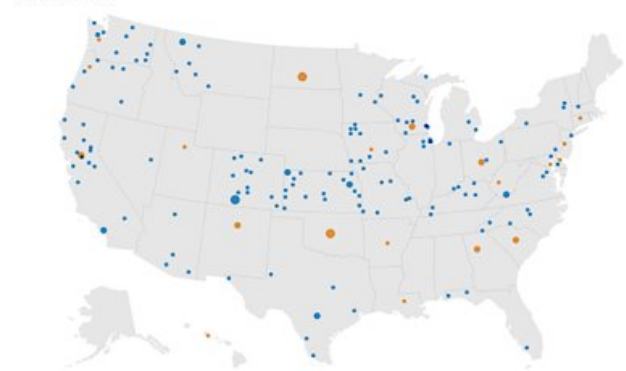
Scope, Study, Priorities, Causes, Action

A critical need to understand the landscape of mental health and wellbeing of the US PHWF

- Anxiety: 41%
- Depression: 29%
- Poor mental health days: 12.4%
- Burnout: 66%
- Intention to leave current organization: 25% in 2014 to 33% in 2017



At least 181 state and local public health department leaders have resigned, retired or been fired during the pandemic



Bryant-Genevier J, Rao CY, Lopes-Cardozo B, et al. Symptoms of Depression, Anxiety, Post-Traumatic Stress Disorder, and Suicidal Ideation Among State, Tribal, Local, and Territorial Public Health Workers During the COVID-19 Pandemic—United States, March–April 2021. *MMWR Morb Mortal Wkly Rep* 2021;70:1680–1685. DOI: <http://dx.doi.org/10.15585/mmwr.mm7048a6>

Stone, K. W., et al (2021). Public health workforce burnout in the COVID-19 response in the US. *International Journal of Environmental Research and Public Health*, 18(8), 4369.

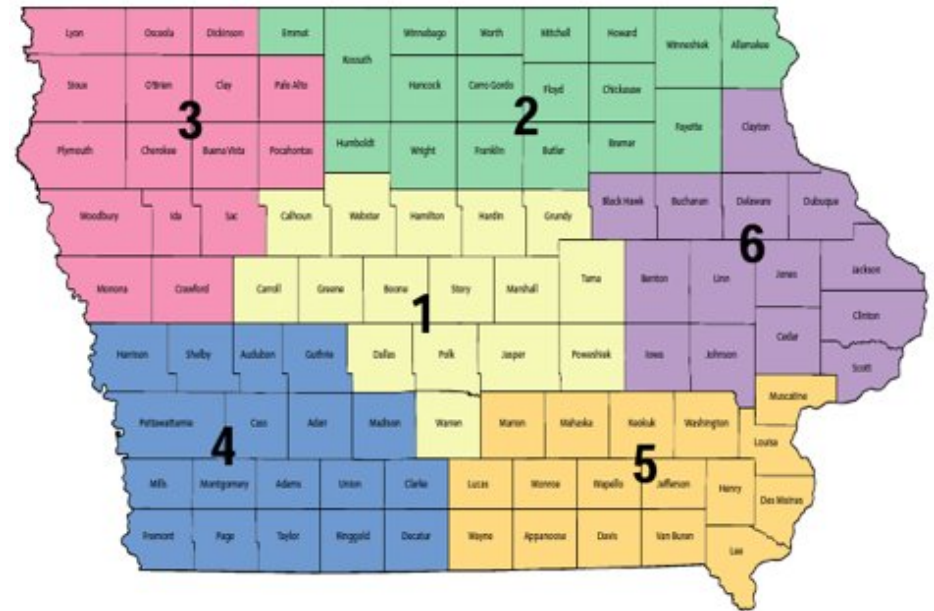
Jackson Preston, P. (2022). We must practice what we preach: a framework to promote well-being and sustainable performance in the public health workforce in the United States. *Journal of Public Health Policy*, 1-9.

Czeisler, M. É., et al. (2020). Mental health, substance use, and suicidal ideation during the COVID-19 pandemic—United States, June 24–30, 2020. *MMWR*, 69(32), 1049. [image]

Recht, H. KHN and AP reporting. [image]

Pandemic-related effects on mental wellbeing of Iowa PHWF

- N=360 public health employees
 - Mostly LHDs
 - Likert scale and open-ended response
- White, heterosexual women
- College / graduate education
- Age 34-55 years
- Not-supervisory positions



Burnout

→ Definition: result of chronic workplace stress that has not been successfully managed

Three Dimensions (WHO Classification of Diseases)	Survey Open-ended Questions
Feelings of energy depletion or exhaustion	<i>“stress, anxiety, burnout, trauma, PTSD, overworked”</i> <i>“difficulty maintaining mental health”</i>
Reduced professional efficacy	<i>“no impact on public, underappreciation from leaders and public, ineffectiveness; don't feel valued or appreciated”</i> <i>“lack of communication from leadership, between organizations, with public; not included in discussion at state”</i>
Increased mental distance or negative / cynical feelings toward one's job	<i>“underpaid; staying only for the benefits; loan forgiveness; ability to use PTO”</i> <i>“overemphasis of politics in public health; cognitive dissonance between politics and science; working in govt public health less desirable”</i>

<https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/129180281>

What factors contributed to burnout?

Stress and trauma

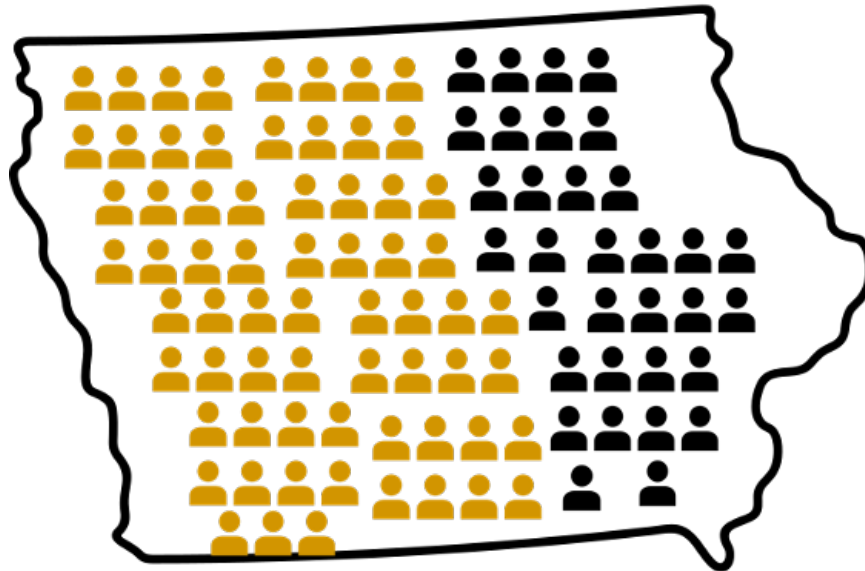
- COVID-19 pandemic: **72%***
- Life-work imbalance: **61%***
- Discrimination: racial (**22%**), gender (**17%***), LGBTQIA+ (**17%***), disability (**20%***)

Lack of support

- Political perception of public health: **73%***
- Public perception of public health: **61%***
- Work environment: **50%***
- Mental health stigma: **31%***

*Percentage of respondents indicating factors listed had 'very or extremely large' impact on feelings of burnout

67% of respondents have re-evaluated their career since the pandemic



n=356

The Full Report

Iowa Mental Health Needs Assessment for the Public Health Workforce

Jonathan Platt, PhD. University of Iowa

Last updated on 23 March, 2022

- 1 Background
- 2 Workplace characteristics
 - 2.1 Workplace type
 - 2.2 Workforce size
 - 2.3 Supervisory status
 - 2.4 Population served
 - 2.5 Region
- 3 Respondent Demographics
 - 3.1 Age
 - 3.2 Education
 - 3.3 Race
 - 3.4 Hispanic ethnicity
 - 3.5 Gender
 - 3.6 LGBTQIA+ status
- 4 Career goals/path
 - 4.1 Considering a change (free responses)
 - 4.2 Not considering a change (free responses)
- 5 Workforce Challenges
 - 5.1 Resilience
 - 5.2 Stressors
 - 5.3 Workplace culture
 - 5.4 Wellness strategies

1 Background

In response to the sustained impact of the pandemic on the workforce on the mental health of public health workers, highlighted in the alarming [CDC report](#), public health practitioners in Iowa were invited to take a survey about the effects of COVID-19 on their overall mental health and well-being. This page presents the results of that survey. This information will be used to understand the challenges faced by the public health workforce in Iowa and to inform efforts to support workers.

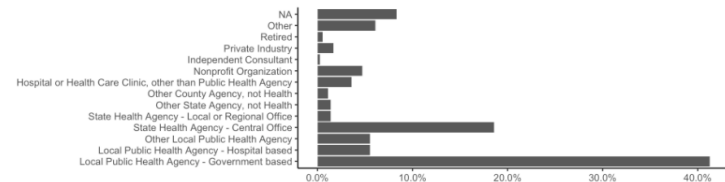
The survey is a collaboration of the Institute for Public Health Practice (IPHP) at the University of Iowa College of Public Health and Iowa Public Health Association (IPHA). Please contact [Kathleen May](#) with any questions.

2 Workplace characteristics

2.1 Workplace type

2.1.1 Figure 2.1.2 Frequencies

Q: "Please specify your work setting"



2.2 Workforce size

2.2.1 Figure 2.2.2 Frequencies 2.2.3 Mean & Median

Q: "How many employees in this work setting are dedicated to public health?"

Priorities & Strategy

Where do we go from here?

Initiative Strategy & Action Steps

Individual and interpersonal

- Mental Health Wellness Series
- Awareness, skill-building

Leadership and organizational

- Learning in Practice cohort
- Encouraging / modeling wellness behaviors (time off, wellness activities and policies)
- Activities to improve interpersonal relationships (team building)

Advocacy and policy

- Workplace policies to encourage life / work balance
- Access to improved and/or additional mental health benefits (EAPs, health insurance parity)

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