

UPHA Public Health Worker Survey Results

Survey conducted August- September 2020 to assess the needs and experiences of Utah's public health workforce during the COVID crisis. Key findings:

- **Survey respondents overwhelmingly discussed how public health expertise, efforts and experiences have been undervalued or ignored by policymakers and leaders.** Survey respondents note that Utah's public health infrastructure has been underfunded and that the public health field is often misunderstood by state decisionmakers. "Invest in our public health system for the long term."
- **Survey respondents overwhelmingly feel the need for more support in order to take care of themselves, as well as raise workplace issues or concerns.** "... Everyone is burnt out with no relief in sight."

Who Responded?

50 respondents from across the state. 75% work in Salt Lake County, 9% work in Utah County.

Majority worked in the following sectors

- Local Health Departments (30%)
- University-setting (28%)
- State Health Dept (20%)

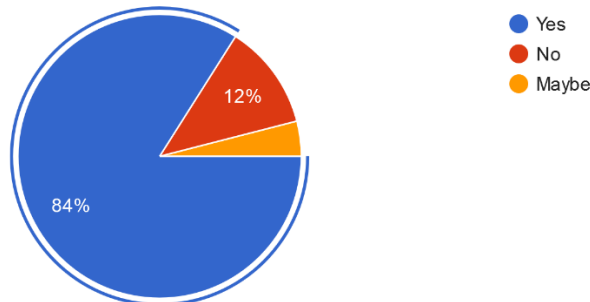
Majority worked in the following fields:

- Health Promotion (46%)
- Healthcare provider (26%)
- Epidemiology (20%)

What are the Needs and Experiences of Our Public Health Workforce During COVID?

Has your job changed as a result of COVID?

50 responses



Job changes ranged from teleworking to full-time reassignment to COVID response.

What do public health workers think is working well?

- Sufficient access to PPE
- Many report being able to do contact tracing and support testing
- Many report feeling safe in their day to day work

What needs improvement?

- More opportunities for personal time off or self-care
- Many reported that they do not have a safe way to speak up or speak out if they have concerns
- A clear definition of success or daily goals
- More supervisory support
- Greater cultural sensitivity or inclusion

“More people and more time. Too many responsibilities put on one person - everyone is burnt out with no relief in sight”

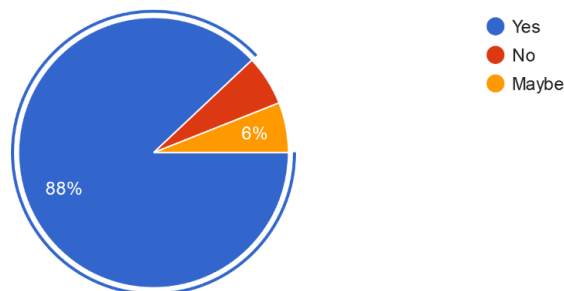
“A back up plan for staffing when staff are quarantined or isolated; a back up plan so staff can take time off/away; more PPE please...”

“More clear plan from upper levels of management and an actual turnover plan so I can go back to my normal work responsibilities”

“Support from management and more concern for the safety of those working. Ability to take personal time off and more effort from management to communicate and listen to the concerns of employees. Access to equipment to make us safer. Management listening to those working on the front lines of what they would want to feel safe and not only instilling measures thought of someone who is working from home”

COVID and Utah’s Public Health System: What is the workforce saying?

Do you support a statewide mask order to reduce the spread of COVID?
50 responses



Successes in Utah's COVID Response:

Overall respondents felt that the workforce had come together to support one another. Many mentioned policies like mask mandates in Salt Lake County as a success. Others mentioned program funding for community health workers as a success. Several respondents noted that contact tracing was improving. Overall, there was a sense that public health workers had “jumped right in” to rapidly respond.

“Incredible efforts of staff learning new skills, working impossible hours, and genuinely caring throughout the process. Continuous improvements in response processes.”

“Community health worker education process; transition to life on Zoom; SL County's mask order”

Gaps in Utah's COVID Response:

Despite these successes, many were frustrated with the lack of support for public health workers, public health infrastructure and the field overall. Many expressed frustration that public health was not “listened to more” and that public health officials lacked the same “teeth” to enforce public health recommendations. Many felt that the response would have been stronger if politicians and state leaders heeded public health officials more.

“... We sent many people in circles because everyone wasn't on the same page of what the process was to get tested. We have no teeth with businesses/schools to ensure compliance with recommendations, and some businesses are requiring doctor's notes/tests for employees to return to work, which is an added burden.”

“Remote work options for staff/consistent messaging to public, no clear avenue for voicing concerns and being heard/addressed, overloaded with duties not related to training background and neglecting contracts, insufficient materials for other cultures (not just translated languages on fliers/documents, but adequate website translation, etc.).”

“Politician not understanding public health and they control the money.”

“People don't listen to public health officials as much as health care workers.”

Recommendations Going Forward:

Respondents called for stronger policies, like mask mandates, as well as more investment in public health overall. In addition, respondents discussed the need for more resources for Spanish-speaking residents and other languages, as well as more communication across agencies and within agencies.

“Invest in our public health system for the long term.”

“More testing for underprivileged and lower SES neighborhoods where numbers are highest. Better supports for those who cannot sustain themselves due to lack of income. Require schools to have all individuals on school property wearing masks. More support to teachers and essential workers.”

“More money. Stop making decisions on the fly and acting like every action is an emergency. Use the right staff, who have the skills to develop proper training and deliver that proper training. Communicate with boots on the ground, we know a lot. We know how things are working and not working.”

For additional information about the Public Health Worker Survey or a full-copy of the survey results or methodology, please contact the UPHA Advocacy Unit Team.