

INSIGHTS FROM THE FRONT LINE:

UPLIFTING STORIES OF THE COVID-19 PANDEMIC THROUGH THE EYES OF THE PUBLIC HEALTH WORKFORCE IN IOWA

Project Aim

Document and characterize the COVID-19 response in Iowa by uplifting the experiences and stories of public health workers (PHW) at the frontline of the response, and to learn from these experiences to guide future response efforts.

Results

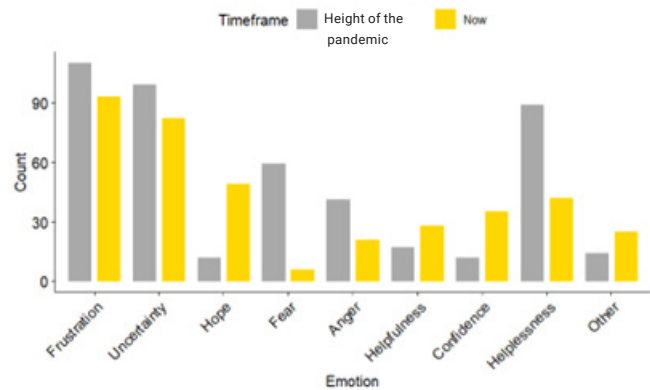
163 stories from PHW were collected from across Iowa. Stories highlighted both barriers and facilitators to an effective response at both a state and local level.

Barriers	Facilitators
Politicization and controversial government response	Strong partnerships and collaboration
Lack of communication	Adaptable approaches and innovative thinking
Changing guidelines and conflicting information	Effective communication
Mental health burden and burnout	Equity in resource allocation and service delivery
Overwhelming workload	



Photo courtesy of Johnson County Public Health

Public health workers described their feelings at the height of the pandemic (winter 2020-spring 2021) versus at the time of the survey (spring-summer 2022). Most common were still frustration (51%) and uncertainty (47%), but hope had increased significantly, and fear had decreased.



“WORKING IN PUBLIC HEALTH DURING THE BEGINNING OF THE PANDEMIC WAS DIFFICULT TO SAY THE LEAST, BUT THE SILVER LINING WAS AN OPPORTUNITY TO BE CREATIVE AND INNOVATIVE IN OUR VARIOUS HEALTH PROGRAMS.”

“I DO NOT THINK THAT THE COVID RESPONSE IN IOWA WAS DONE WELL. IT WAS NOT DONE WITH PUBLIC HEALTH INTERESTS IN MIND BUT POLITICAL AND ECONOMIC INTERESTS THAT CAME BEFORE PEOPLE.”

This one pager was supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a Cooperative Agreement Numbers (U48 DP006389). The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

The University of Iowa prohibits discrimination in employment, educational programs, and activities on the basis of race, creed, color, religion, national origin, age, sex, pregnancy (including childbirth and related conditions), disability, genetic information, status as a U.S. veteran, service in the U.S. military, sexual orientation, gender identity, or associational preferences. The university also affirms its commitment to providing equal opportunities and equal access to university facilities. For additional information on nondiscrimination policies, contact the Director, Office of Institutional Equity, the University of Iowa, 202 Jessup Hall, Iowa City, IA 52242-1316, 319-335-0705, oie-ui@uiowa.edu.

STORY EXCERPTS

Selected to highlight a range of responses and themes from the public health workforce

"We had to pivot constantly, fight misinformation, and were widely outspoken by the "experts." It was a very tough time for public health with many hours uncompensated and unappreciated. We fought through and did what we individually thought was right for our own counties. We lost friends, colleagues, and some credibility. I still worry what will happen the next time we need people to listen to us!"

"We met people where they were, without judgment, to help them holistically through the pandemic. Sometimes we presented at shelters to people experiencing homelessness, other times we joined people in their living rooms, virtually, and teared up with them while they shared about the loved ones or the connections they lost. Each person on our team brought a different expertise"

"The public health response to COVID-19 in Iowa was multi-faceted. Primarily, it could be broken down into three parts, case investigation/contact tracing, vaccine distribution, and communication/education. While these categories may seem fairly clear, they never before had to be completed at such a large scale, simultaneously, and while guidance was continually shifting"

"Our preparedness for Mass Vaccination clinics through Emergency Preparedness initiatives helped us respond to the vaccination effort. We worked with hospitals, nursing homes, pharmacies, schools, senior health sites, and many other community partners throughout this pandemic. We utilized all agency staff in the response efforts; nurses, home care aide, office staff, management staff, family support workers, environmental staff, dental staff, community health program staff. It was a huge team effort. Besides the pandemic our staff was still continuing to do their normal duties."

"The PH response was tricky. We were trying to lead and provide information to the citizens of our county as the information changed rapidly. Often times the community learned information from sources that did not provide accurate data. It felt as though we were fighting a political battle that got in the way of responding to a communicable disease. We were verbally abused on a regular basis when completing phone calls for disease follow-ups and when contacting close contacts for quarantine recommendations. We worked very hard to earn the trust of our county, but rapidly changing information made it very difficult."

"We worked together as a team within our office and collaboratively with other health entities in the county on these strategies. Part of what we did was finding how and where to reach people in our community with current information as it was available. We took into account ways to reach our linguistically and culturally diverse population, and also considered literacy levels. We made contact tracing calls in both English and Spanish, many of them being evening or weekend calls. We created audio and video productions regarding COVID-19 in English, Spanish and Mam (a Guatemalan dialect). Materials were shared with workplaces, churches, businesses, social media, etc."

Next time?

When asked what Public Health should do differently in a new, but equally virulent pandemic, responses highlighted the following: (1) Follow evidence based recommendations and keep an apolitical lens (2) Emphasize communication from the top-down, and (3) Ensure funding, resources and staffing are sufficient to support the needs of the workforce.

CONTACT US

UI-PRC@uiowa.edu

LEARN MORE

<https://iowapha.org/>

<https://prc.public-health.uiowa.edu/>



Learn more