



Stress and Well-being among Community Healthcare Workers and Providers Serving Socially Vulnerable Populations during the COVID-19 Pandemic

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Presenter Disclosures

- The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:
 - No relationships to disclose



State of COVID-19 in Healthcare

- Healthcare workers and providers (HCWPs) have been on the frontlines of the COVID-19 pandemic for **19 months and counting**
 - Infections and hospitalizations continue to rise
 - HCWPs are overworked, overwhelmed, and burnt out
- COVID-19 surges disproportionately affected socially vulnerable communities (e.g., racial/ethnic minority groups, immigrants, etc.)
 - HCWPs that work with vulnerable populations may be especially at high-risk of experiencing adverse mental health consequences during the pandemic



COVID-19 HEALTHCARE WORKER WELLBEING SURVEY

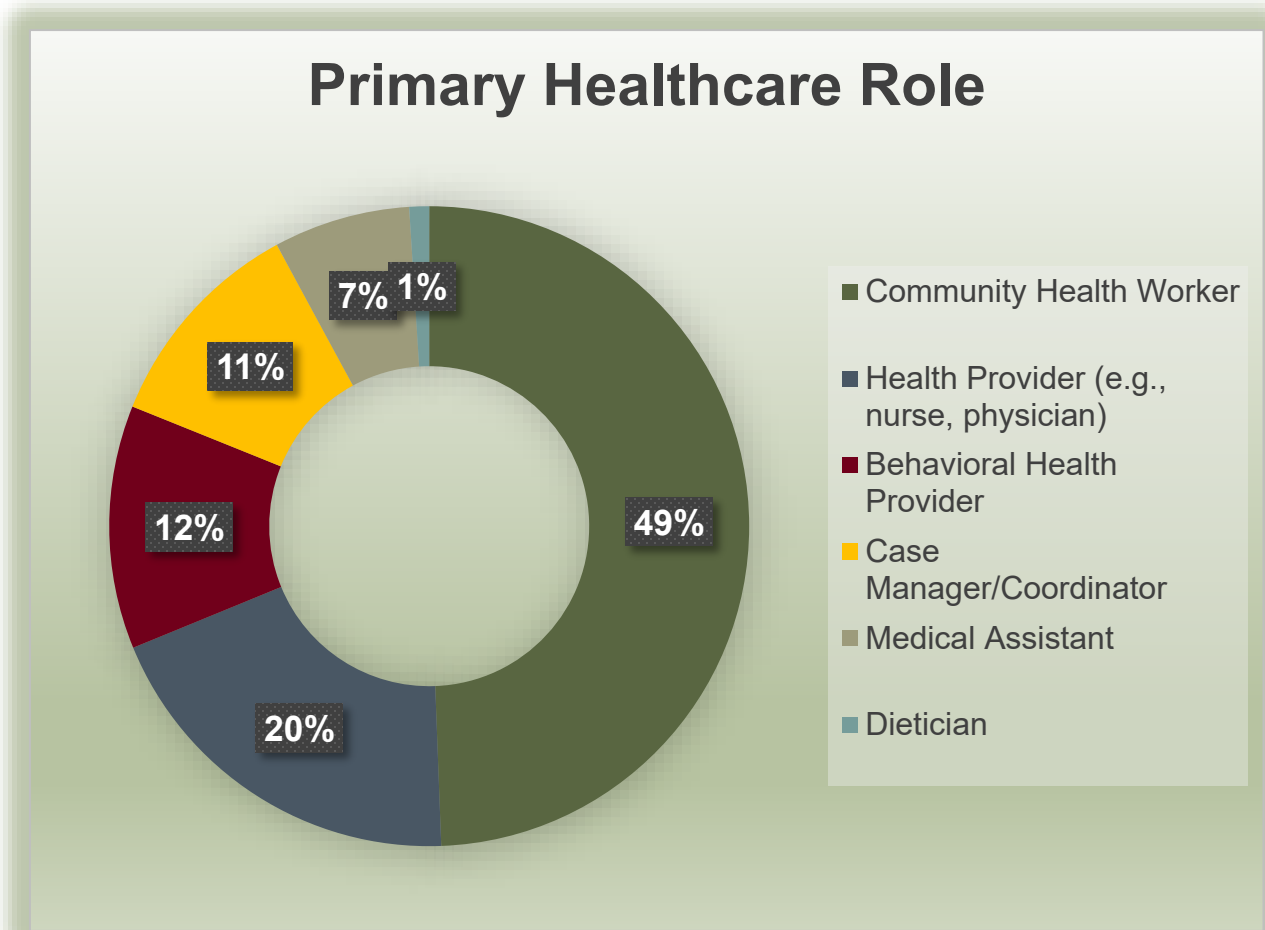


To describe the *occupational and mental health challenges* faced by HCWPs attending to the healthcare needs of vulnerable populations (e.g., refugees, unhoused persons, etc.) in the United States



Study Design and Sample

- Cross-sectional, web-based survey of clinic-based HCWPs ($n = 407$)
- Recruited from 2 national organizations
 - Migrants Clinicians Network
 - National Center for Farmworkers Health
- Worked in a healthcare setting for at least 2 weeks prior to the survey
- Participant Characteristics
 - 86.7% Female
 - 75.4% Latinx
 - $M = 44.4$ years old, $SD = 13.1$
 - 27.5% Undergraduate Degree vs. 40.8% Graduate Degree





Measures

Mental Health and Stress

- Mental Health
 - **Current Self-Rated Health** – physical and mental health
 - **Depression and Anxiety Symptoms** – Patient Health Questionnaire 4 (PHQ-4)
 - **Stress** – Perceived Stress Scale 4 (PSS-4)
 - **Substance Use** – Past 7 day use
- COVID-19 Related Stressors
 - **Personal Stressors** – e.g., insufficient sleep, lack of childcare
 - **Occupational Stressors** – e.g., long work hours, inability to connect patients to services

Coping Strategies

- **Mental health help-seeking behaviors** – virtual, in-person
- **Self-care behaviors** – e.g., meditation, exercise, etc.

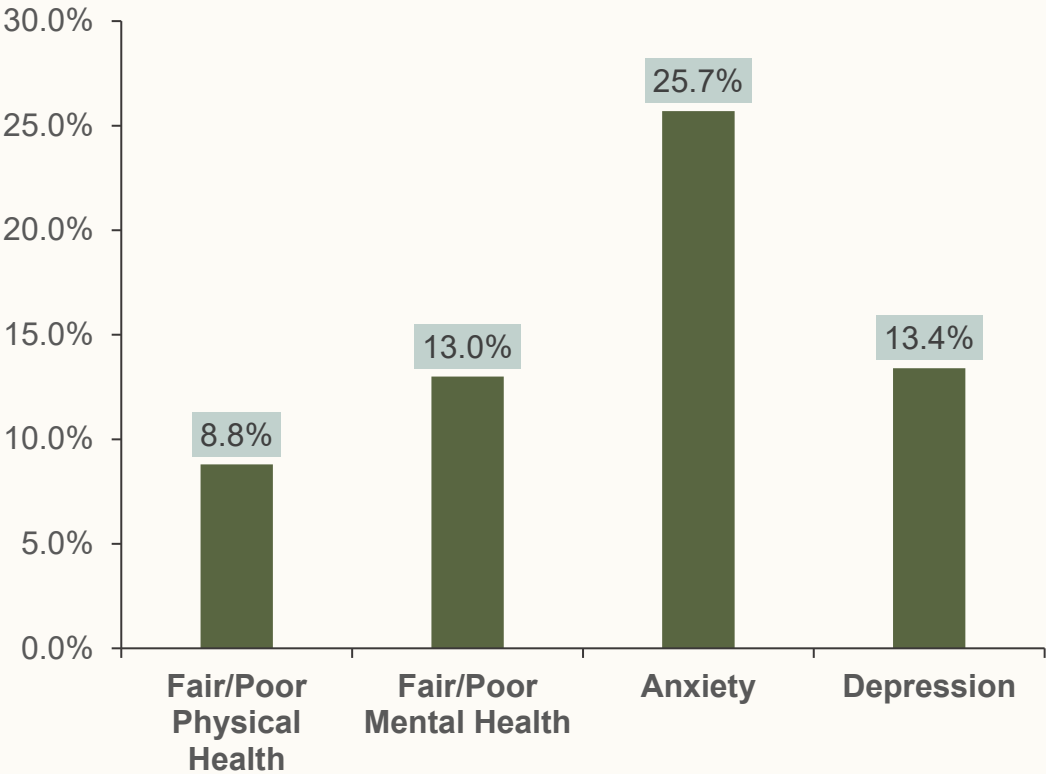


RESULTS



Mental Health

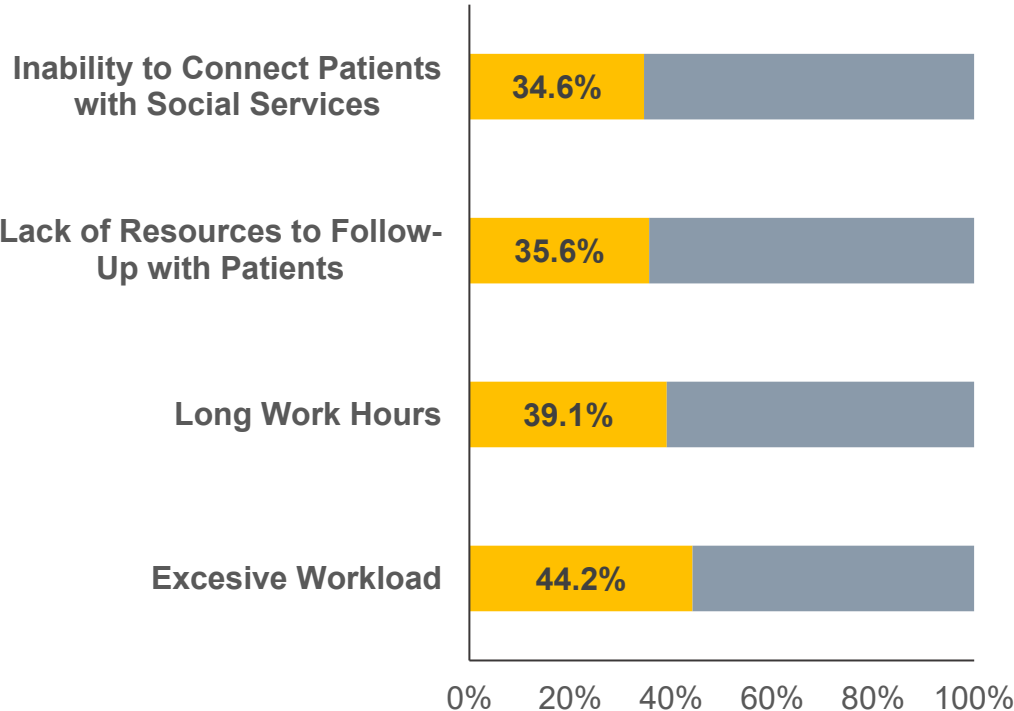
	M (SD)	[95% CI]
SR-PH (1=Excellent to 5=Poor)	2.36 (.09)	[2.28, 2.44]
SR-MH (1=Excellent to 5=Poor)	2.46 (.26)	[2.37, 2.56]
PHQ-4 (Scores: 0 – 6)		
Anxiety	2.01 (.48)	[1.84, 2.17]
Depression	1.35 (.32)	[1.20, 1.49]
Substance Use	0.40 (.05)	[0.34, 0.46]
PSS-4 (Scores: 0 – 16)	5.64 (.40)	[5.37, 5.94]



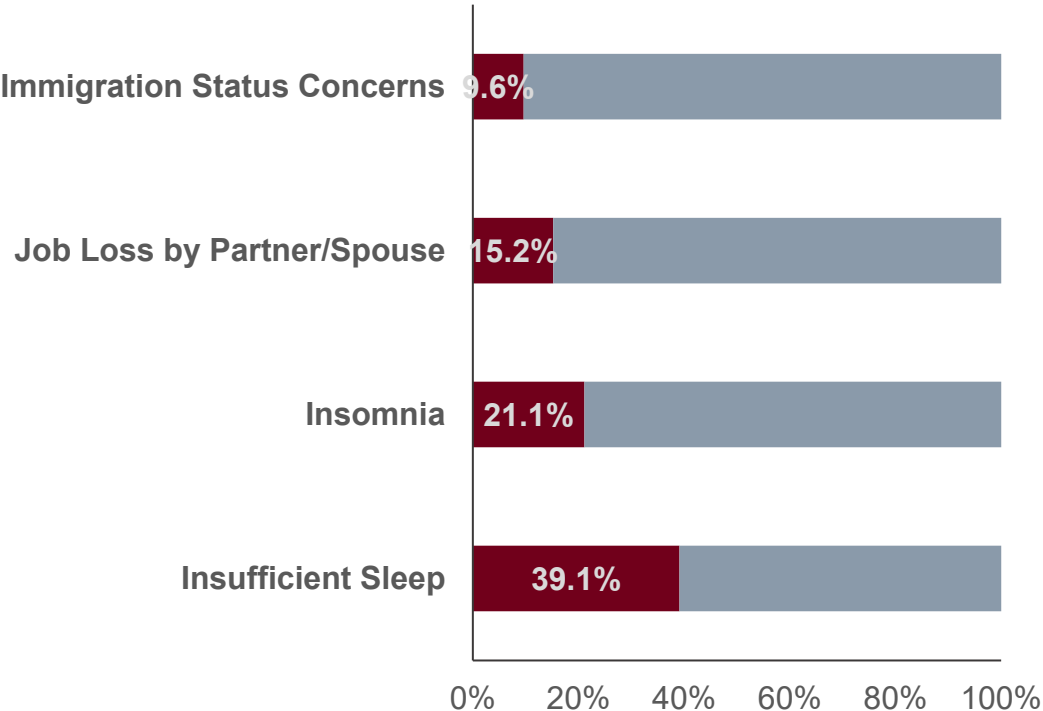


COVID-19 Stressors

Occupational Stressors

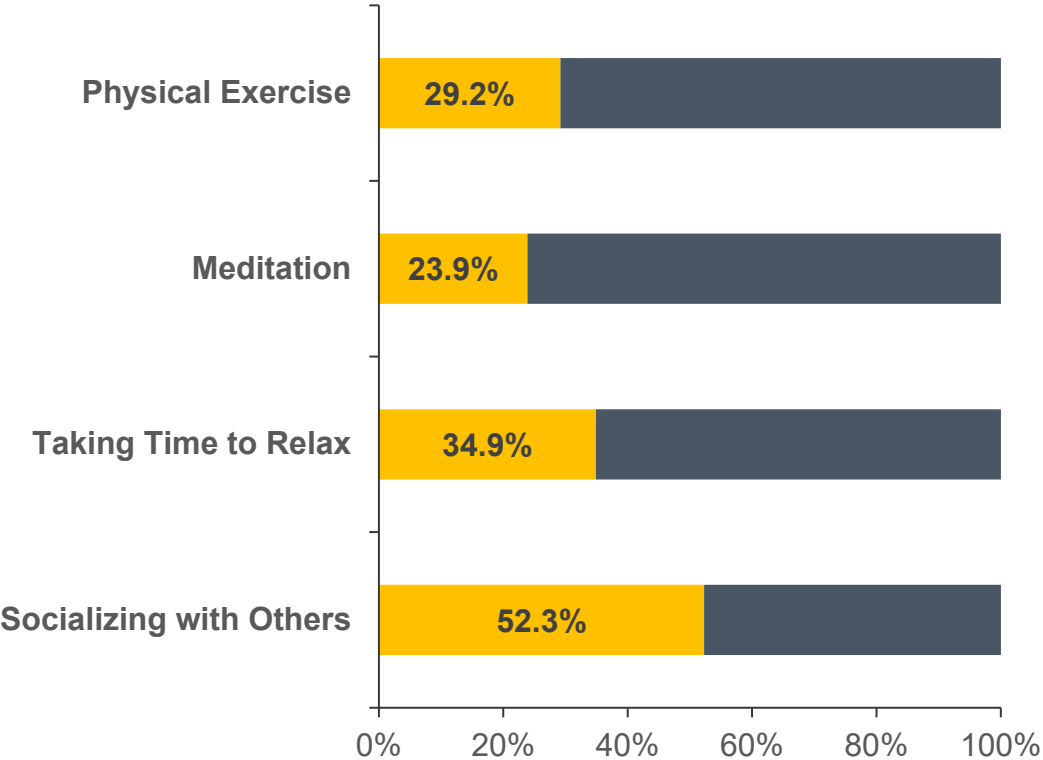
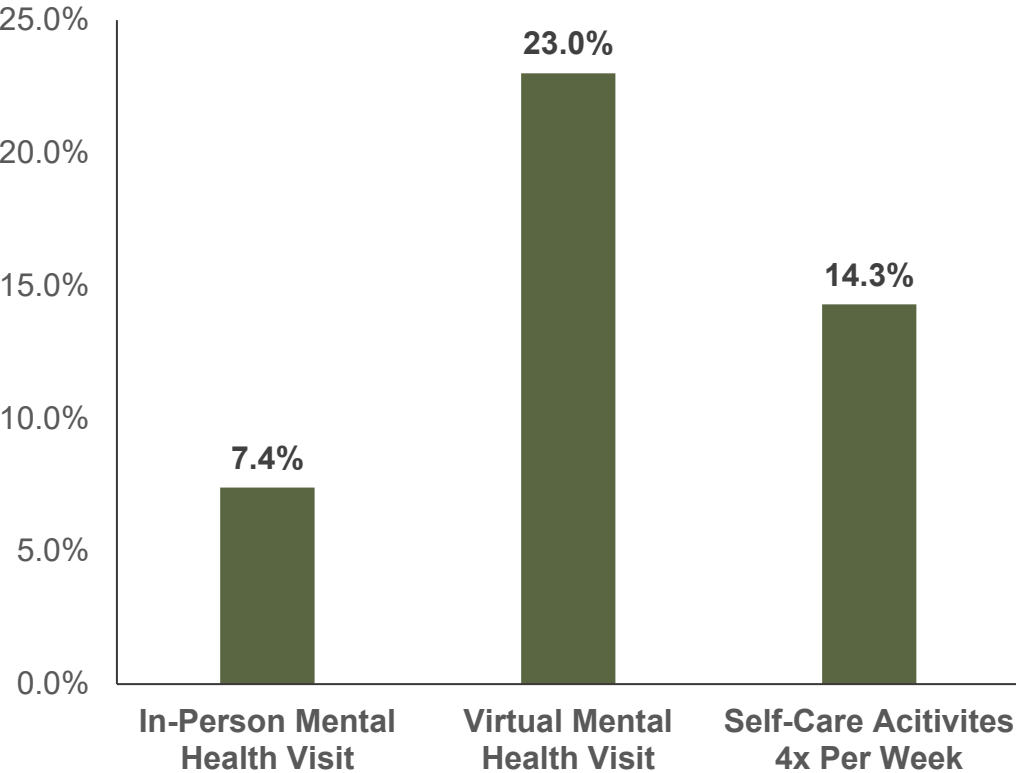


Personal Stressors





Coping Strategies





CONCLUSION



Protecting the mental health of HCWPs is not only a necessary part of providing high quality healthcare, but also a global priority and moral obligation.

(Salgado de Snyder, Villatoro, McDaniel, Garcia, Ocegueda, & Parra-Medina, Under Review).



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The University of Texas at Austin
Latino Research Institute
College of Liberal Arts



Acknowledgements

Latino Research Institute at the University of
Texas at Austin
Migrant Clinicians Network
National Center for Farmworkers Health