

# Health Center Staff Reflect on Misinformation, Health Equity, and Workplace Well-Being

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## Executive Summary

**SARS-CoV-2 (COVID-19) exacerbated pre-existing primary care clinician shortages, led to widespread misinformation, and laid bare the vulnerabilities of marginalized communities.<sup>1</sup> Yet, the pandemic also demonstrated the agility and dedication of safety net providers, enabling them to quickly establish testing and vaccination programs, rapidly pivot to telehealth and telework, and build trust and camaraderie within their workplaces and communities.**

**Five years since the emergence of COVID-19, health care workers, policymakers, and other stakeholders reflect on the triumphs and challenges experienced throughout the pandemic. Moses/Weitzman Health System conducted interviews with 44 health center personnel on their experiences during the pandemic, identifying seven themes and related policy and organizational recommendations.**

## THEMES

- 1 **Quickly establishing testing and vaccination hubs**
- 2 **Adapting to telework**
- 3 **Establishing patients and staff with telehealth**
- 4 **Misinformation and communication**
- 5 **Magnified disparities**
- 6 **Burnout and stress**
- 7 **Cooperation, resilience, and community**

## Introduction

As we look back on the five years since the emergence of COVID-19, it is evident that the pandemic placed extraordinary demands on health care providers. Research has demonstrated the psychological effects of the pandemic on health care workers across multiple settings, ranging from moral injury and distress to team cohesion and resilience.<sup>2,3</sup> Frontline health care workers serving marginalized populations in outpatient settings faced additional challenges, including balancing familial responsibilities, often without adequate support or resources. Despite these obstacles, health care teams demonstrated remarkable adaptability to unprecedented circumstances, ensuring that vulnerable populations continued to receive essential health services.

Yet, the pandemic has presented an opportunity to learn. In 2022, even as COVID-19 eased, 46% of health workers felt burnout, 13% experienced harassment, and 44% reported looking for a new job, all of which increased compared to 2018.<sup>4</sup> In 2022 alone, over 145,000 health care providers left the industry entirely.<sup>5</sup> Researchers have concluded that, “the pandemic may have long-lasting implications for workers’ willingness to remain in health care jobs.”<sup>6</sup> This has particular implications for the safety net workforce, which comprises the backbone of the U.S. primary care system. For example, as of 2022, federally-supported community health centers delivered over 21 million COVID-19 vaccines and administered 18 million COVID-19 tests, and communities with health centers experienced fewer COVID-19 cases and deaths than areas without health centers.<sup>7</sup>

## Methods

To better understand the impact of the COVID-19 pandemic on health care workers serving vulnerable populations, the Moses/Weitzman Health System conducted in-depth interviews with staff and leaders from Community Health Center Inc. (CHCI), its affiliated federally-supported health center in Connecticut. CHCI provides primary, behavioral health, dental, and specialty care at 19 sites across the state, as well as school-based and mobile sites. Forty-four interviewees represented 24 unique roles within leadership (e.g., CEO, vice president), administration (e.g., operations, facilities, IT), and clinical staff (e.g., nurses, doctors, dental hygienists), ensuring a broad perspective on pandemic-related challenges and successes. Each interview was structured to elicit insights into participants’ experiences, challenges, and adaptations during the pandemic. The interviews also captured perspectives on the organization’s response to the pandemic and recommendations for future improvements.

See [COVID-19 Policy Brief 1: Health Center Staff Reflect on Pandemic Agility and Innovation](#), for a full description of methods.

# Themes and Recommendations

Table 1. Briefs by Theme

Theme		Brief
1	Quickly establishing testing and vaccination hubs	COVID-19 Policy Brief 1: Health Center Staff Reflect on Pandemic Agility and Innovation
2	Telehealth	
3	Telework	
4	Misinformation and communication	COVID-19 Policy Brief 2: Health Center Staff Reflect on Pandemic Misinformation, Health Equity, and Workplace Well-Being
5	Magnified disparities	
6	Burnout and stress	
7	Cooperation, resilience, and community	

For more information on themes 1–3, please see [COVID-19 Policy Brief 1: Health Center Staff Reflect on Pandemic Agility and Innovation](#).

This brief focuses on themes 4–7 identified in Table 1 and ensuing policy recommendations.

Some quotes featured below have been edited for clarity.

## Misinformation and communication

The pandemic altered the way the interviewees interacted with patients, in many cases leading to stronger, more personal connections. While communication has always been a cornerstone of care delivery, the pandemic illustrated its importance in dispelling misinformation and easing patient fears. Interviewees stressed their drive to educate and empower underserved populations, build trust, and provide accurate health information to all, including those skeptical of vaccination and testing. However, mixed messages and inconsistent guidance from authorities created challenges in public compliance and trust. Interviewees reported that this confusion hindered effective pandemic management and contributed to further spread of misinformation.

The pandemic illustrated the importance of communication in dispelling misinformation and easing patient fears.



Health care workers manage the first CHCI-administered COVID-19 test, April 2020. (Photo: Ryan Curran)

## RECOMMENDATIONS

While understanding the source of some confusion, CHCI staff across all roles were surprised at the politicization of the pandemic. Staff worked to temper the resulting disinformation with trusted scientific explanations and meet patients at their own levels of understanding. The following public and institutional policies can better prepare staff and patients to communicate with empathy and honesty:

- As recent research suggests, patient-facing staff should engage in **honest, transparent communication**, including plain language and easily-understood formats like infographics or videos.<sup>8</sup>

*"Some of them were scared, some of them are misinformed, some of them didn't believe it was actually happening. The patient reactions that I would get was, 'I'm so happy you're here. I enjoy talking to you. I'm coming back for my second dose.' We've just got to continue to educate ourselves, make sure that we're in the loop. Communication is key." (Clinical)*

*"My drive has always really been to try to educate and empower the people that don't have the information... really just trying to support people for making the right decision for themselves. I've always approached it as, I trust science. Many people trust science. A lot of people don't trust science." (Clinical)*

*"The most important thing this pandemic has shown me is the importance of critical thinking. The plague of disinformation was more disheartening to me than the actual plague." (Administrative)*

*"We need to make sure that we temper expectations in something that's new... science is always ever-growing and ever-learning. [We heard] masks may not work, then mask mandates came about. Then vaccines are going to take a few years and then the vaccine was here. The messaging at the beginning... needs to ensure that everybody understands." (Clinical)*

### RECOMMENDATIONS

- Health organizations should **build trust** within their communities served, increasing the acceptability of messaging and education. Outreach in multiple languages, collaborating with community leaders, and using diverse channels (e.g., social media, local radio, community events) increases trust and can broaden the reach of health messages.
- Bring **vaccination and testing resources**, as well as culturally-relevant education and communication, directly to underserved communities.
- **Gather feedback** from patients and providers about their understanding of vaccines and health information and tailor materials accordingly.

### Magnified disparities

Interviewees observed that COVID-19 exposed and intensified deeply rooted health inequalities related to socioeconomic status and race. Moreover, they noted that structural barriers like housing, poverty, and systematic discrimination contributed to heightened vulnerability and poor health outcomes. Interviewees emphasized the ongoing need for advocacy and systemic change to address these inequities, and showed deep levels of empathy for communities experiencing these hardships.



Patient receives a COVID-19 test at a CHCI mobile location in Meriden.  
(Photo: Celso Jimenez)

### RECOMMENDATIONS

In order to address the disparities noted by interviewees, policymakers and organizational leaders should:

- Continue to support and educate patients on **health center enabling services**, which offer non-clinical supports to underserved communities, including housing, food, and transportation assistance.
- Require **evidence-based training** for health care staff on identifying and mitigating biases and their effect on health.
- Support and offer **technologies like telehealth**, which is proven to increase access to care for vulnerable populations, and quantify the impact of these technologies on health outcomes.<sup>9</sup>

*"We have to trust our scientific leaders, our clinical colleagues, our thought leaders in that area. Misinformation is such a problem, and we've got to figure out ways to avoid it, but also how to effectively communicate to distill that misinformation when it does present."* (Leadership)

*"One of the things that the pandemic has illustrated is the fact that we need to have a more scientifically literate society. I don't know how politics got so interwoven into us treating and preventing a virus... try not to let politics get in the way of science."* (Clinical)

COVID-19 exposed and intensified deeply rooted health inequalities related to socioeconomic status and race.

*"There are still a lot of people who feel afraid or are dealing with prejudice and racism or social determinants of health that are impacted by their race, by the neighborhood they live in."* (Clinical)

*"People who lived in the poorest areas or had substandard housing or no housing were going to do a lot worse. We started hearing from some of the folks at the farms... how were we going to get out there and do testing?"* (Clinical)

*"I was extremely worried about my patients who are using drugs, who are homeless and can't quarantine or isolate. We knew that up at the farms it is open dorms, shared bathrooms, and everybody was calling to say, 'How do we contain this when we're being told we need to quarantine or to isolate, but we don't have rooms to do that?'"* (Clinical)

*"The COVID-19 pandemic, much like the HIV epidemic... highlighted the intense health disparities that have existed all along in our societies. Hopefully, life is going to change forever moving forward."* (Clinical)

*"We can use our data to identify people that may have fallen out of care, identify groups of patients that we think we really need to outreach to. Make sure that they're getting the care they need."* (Administrative)



## Burnout and stress

Interviewees described significant emotional and psychological challenges that extended beyond the demands of patient care. Feelings of vulnerability, compounded by fear of transmitting the virus to loved ones, created persistent anxiety. Fatigue and burnout became widespread as providers navigated prolonged uncertainty and round-the-clock schedules. Personal loss within the workforce and among patients intensified the pressure, highlighting the need to prioritize mental health. Although providers endured a heavy toll, they reported a profound sense of pride and dedication in serving their communities, which helped them push forward.



CHCI East Hartford Vaccination Village, 2021. (Photo: Amanda Schiessl)

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*"[The pandemic was] overwhelming in terms of wondering and having questions. Would I have everything that I needed to be able to rise to the occasion?... I didn't want to be resilient... I didn't want to get knocked over. I wanted to be prepared..."*  
(Clinical)

*"There were a lot of early mornings, late evenings... more work than I thought was humanly possible... It was starting to look like we needed to be thinking about the mental well-being of our staff... Unfortunately we had already begun to have people who had suffered with losses, even among our staff."* (Clinical)

*"There was so much adrenaline behind [the workload], you just had to... keep it going. Just when you thought that things couldn't get any worse, this is where my sleepless nights were not sleepless just because I was trying to do work. It was sleepless because you just didn't know how you could handle more trauma."*  
(Clinical)

*"I think the most challenging thing... was trying to keep doing the high level of service... while trying to take care of our staff. Some days were just really hard to keep going... It was pretty scary in the beginning not knowing what was going to happen to staff, clients, my own family, and friends."* (Clinical)

*"I think I'm a pretty pleasant, positive, outgoing person and, for the first time, I felt lonely, isolated, and really sad."*  
(Administrative)

## RECOMMENDATIONS

Identifying and addressing the cumulative emotional strain staff endured throughout the pandemic is essential for sustaining staff well-being and improving the quality of patient care. Interviewee experiences validate the need to support the following public and organizational policy options:

- **Support research** that addresses the long-term impact of the COVID-19 pandemic on mental health and workforce retention, with a focus on health care staff working in rural areas or underresourced communities.
- Ensure access to comprehensive **mental health treatment** resources and options, including access to virtual services. This should be accompanied by **clinic-based health promotion campaigns** that encourage staff to utilize available resources.



## Cooperation, resilience, and community

A recurring theme among CHCI interviewees was the profound sense of collective responsibility amid the pandemic's challenges. Despite persistent uncertainty, interviewees expressed deep gratification for being able to help in any capacity. Their inner drive to “do more” led them to take on difficult tasks, including testing and vaccination, regardless of personal discomfort. The shared sense of responsibility and unity within the organization and in partnership with external entities such as the Department of Public Health was crucial to successful efforts like testing, vaccination, and outreach. These collaborations fostered an environment of camaraderie and teamwork, enabling the health care team to effectively address the needs of their community. These community efforts of CHCI workers and volunteers underscored the power of collective action and the profound impact of coordinated community-focused response.



Top: CHCI-led COVID-19 testing near Hammonasset Beach State Park, December 2020 (Photo: Ryan Curran); Bottom: Vehicles await COVID-19 testing at Connecticut Pediatrics @ CHC in Hartford (Photo: Celso Jimenez).

These community efforts of CHCI workers and volunteers underscored the power of collective action and the profound impact of coordinated community-focused response.

*“I felt a sense that I was important... I can change something in my world and make myself feel valuable... I value myself more... Whether it's IT or filming a PSA, everyone has a purpose in CHC and in this pandemic.”* (Clinical)

*“It was long days, but I wouldn't change it for anything. It was really an unforgettable experience. It really challenged me and pushed me to grow... I am thankful for my experience, and I am so grateful that I was able to learn and grow and really be part of something that was unprecedented.”* (Administrative)

*“We as health care providers... we're responsible for making a difference in this pandemic for public health, for patient care, for policies, [and] for advocacy... If you're sitting in a medical leadership chair and there's a pandemic, you have some major responsibility.”* (Clinical)

## RECOMMENDATIONS

The experiences of CHCI interviewees illustrated how fundamental peer support and collaboration are during an unprecedented health crisis. The following public and organizational policy options support such collaborations:

- Establish **peer support groups and resilience training programs** for health care staff. These should encompass peer mentorship initiatives and modules tailored to crisis management skills. Additionally, health care staff should participate in future **emergency preparedness planning**, as their expertise and unique perspectives can reinforce organizational strategies while safeguarding their roles and expectations.
- Strengthen **collaborations with local, nonprofit, and/or faith-based organizations**, as well as public health departments, to pool resources, share expertise, and expand outreach during critical moments like those experienced during the COVID-19 pandemic. This approach ensures that essential services **reach vulnerable populations** that might otherwise be overlooked, and can improve communication with at-risk groups while streamlining crisis response.

## Conclusion

This brief highlights health center staff reflections on misinformation, health equity, and workplace well-being during the COVID-19 pandemic. Better understanding the experiences of health care workers during the pandemic allows policymakers and institutional leaders to prepare for future challenges, increase staff satisfaction, and better serve our nation's most vulnerable patients. These recommendations are the first step in such improvements, which address the Triple Aim of improved care experiences, better health outcomes, and reduced costs.

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Also see Moore A, Montero M, Juarez T, McCann J, Curran R, Damian AJ. 2025. [COVID-19 Brief 1: Health Center Staff Reflect on Pandemic Agility and Innovation](#). The Weitzman Institute, Washington, DC.

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## References

1. Grover A, Dill M. New workforce model suggests continued physician shortages in nonprimary care specialties. AAMC Research and Action Institute. <https://www.aamcresearchinstitute.org/news/closer-look/new-workforce-model-suggests> Published Nov. 13, 2024.
2. Goff SL, Wallace K, Putnam N, et al. A qualitative study of health workers' experiences during early surges in the COVID-19 pandemic in the U.S.: Implications for ongoing occupational health challenges. *Frontiers in Public Health*. 2022;10:780711. doi:10.3389/fpubh.2022.780711.
3. Grailey K, Lound A, Brett S. Lived experiences of healthcare workers on the front line during the COVID-19 pandemic: A qualitative interview study. *BMJ Open*. 2021;11(12):e053680. doi:10.1136/bmjopen-2021-053680.
4. Centers for Disease Control and Prevention. Health workers face a mental health crisis. <https://www.cdc.gov/vitalsigns/health-worker-mental-health/index.html#print> Updated Oct. 24, 2023.
5. Vogel S. Healthcare worker exodus continued through 2022, new data shows. Healthcare Dive. <https://www.healthcaredive.com/news/healthcare-worker-exodus-physician-burnout-definitive/696769/> Published Oct. 17, 2023.
6. Shen K, Eddelbuettel JCP, Eisenberg MD. Job flows into and out of health care before and after the COVID-19 pandemic. *JAMA Health Forum*. 2024;5(1):e234964. doi:10.1001/jamahealthforum.2023.4964.
7. National Association of Community Health Centers. COVID-19 pandemic exacted a toll on community health center workforce; nurses account for highest loss for health centers on the frontlines. <https://www.nachc.org/COVID-19-pandemic-exacted-a-toll-on-community-health-center-workforce-nurses-account-for-highest-loss-for-health-centers-on-the-frontlines/> Published Apr. 18, 2022.
8. Oluwatosin G, Aanchal K. Meeting the challenge of vaccine hesitancy. *Cleveland Clinic Journal of Medicine*. 2024;91(9 suppl 1):S50-S56. doi:10.3949/ccjm.91.s1.08.
9. Anawade PA, Sharma D, Gahane S. A comprehensive review on exploring the impact of telemedicine on healthcare accessibility. *Cureus*. 2024;16(3):e55996. doi:10.7759/cureus.55996.

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