

Frontline Workers: A Global Perspective



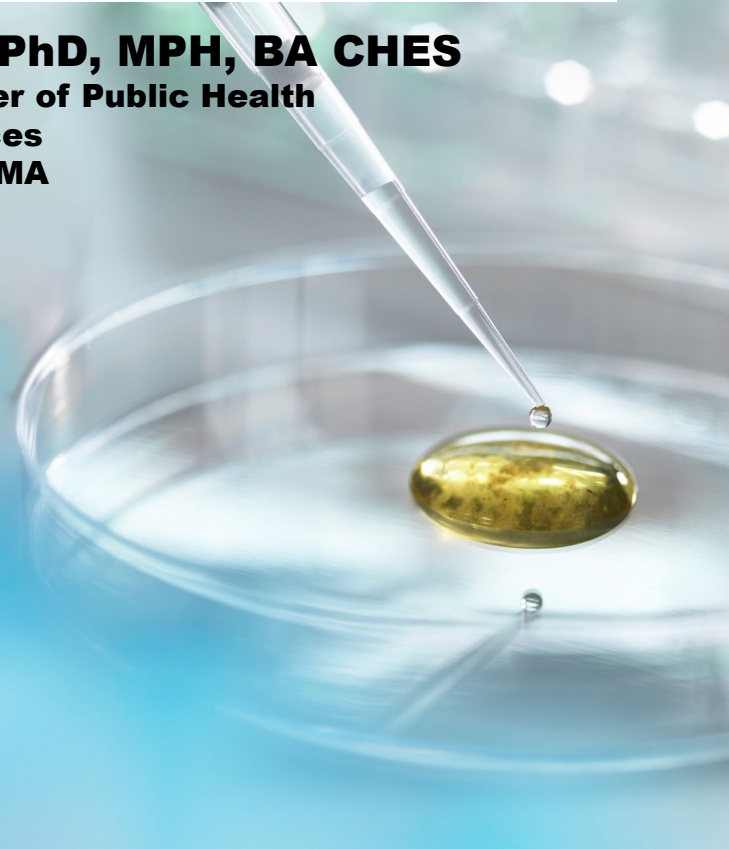
**Frontline Worker Safety
in the Age of COVID-19**
Health Watch USAsm



Webinar Sept. 14th, 2022 - Registration Now Open

<https://healthconference.org>

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IMPACT OF HEALTHCARE DISPARITIES ON FRONTLINE WORKERS

REMEMBERING 9-11

SEPT. 14TH 2022

HOW COVID DEVASTATED MINORITY "FRONTLINE HEALTHCARE WORKERS"



Public Health vs Health Care/Healthcare

- Public health is simply **prevention health** or the science and art of preventing disease, prolonging life and promoting healthy lifestyles through organized or **planned efforts**
- Health Care is the **care** that is provided by trained or licensed professionals to maintain or restore well-being
- Healthcare is the system or business of offering medical services /or medical services that an organization or country provides

INTRODUCTION

- Most people infected with the virus will experience mild to moderate respiratory illness and recover without requiring special treatment. However, some will become seriously ill and require medical attention
- Older people and those with underlying medical conditions like cardiovascular disease, diabetes, chronic respiratory diseases or cancer are more likely to develop serious illness. Anyone can get sick with COVID-19 and become seriously ill or die at any age
- The best way to prevent and slow down transmission is to be well informed about the diseases and how the virus spreads***

Problem Statement : Under-represented frontline healthcare workers face significant challenges when trying to provide care, especially during a global pandemic, because safety precautions, PPE, and planned efforts to protect them are not being implemented with health equity, social determinants of health, and health disparities in mind



TIMELINES OF COVID19 & WHO

- On 31st December 2019, "Viral Pneumonia" was reported in Wuhan, People's Republic of China. WHO Epidemic Intelligence from Open Source (EIOS) swung in action to seek additional information about the reported "Pneumonia of unknown cause" several investigations about the disease were conducted in January 2020 (1st Death recorded in Wuhan, China), and extensive data and information was given to the general public by WHO
- It was later known to be caused by "Novel Coronavirus" on 11th of February 2020, WHO announced that the disease caused by the novel coronavirus will be named "COVID-19"
- The spread was surging globally around March 2020 which resulted in the global-wave/ first-wave. The clamoring for vaccination for health care workers and those at high risk in all countries began in early 2021, vaccines was roll out to many countries in April 2021 for worldwide vaccinations of those at high risk
- More measures/steps were taken to ensures every members of the society all around the world was vaccinated. Another variant known as "Omicron" was detected in January 2022. Vaccines availabilities and usages considered being effective since late 2021, all around the world

6 MILLION COVID-19 DEATHS — A TIMELINE

JANUARY 2020

First death from COVID-19, reported in Wuhan, China.

JANUARY 2021

The U.S. continued to top COVID-19 death counts, but experts were hopeful the rollout of vaccines will help reduce mortality numbers.

JULY 2021

India accounted for almost a quarter of COVID-19 deaths during this period, driven by the delta variant. Later analyses said the total number was likely much higher, with one estimate putting the death toll at 3 million.

MARCH 2022

Several countries have started easing COVID-19 restrictions. But WHO officials continue to advise caution. While trends show COVID-19 cases are declining, they warn the pandemic is not yet over.

1

1M

2M

3M

4M

5M

6M

SEPTEMBER 2020

The U.S. topped total COVID-19 deaths during this period, reaching over 200,000.

APRIL 2021

Uneven distribution of vaccines left several low- and middle-income countries with little to no access to doses.

NOVEMBER 2021

Official data showed the African region, excluding Egypt, had less than 150,000 deaths. But deaths in 13 countries had doubled since July, raising calls for more vaccine access as only 3% of the region's population was fully vaccinated.

HEALTHCARE WORKERS EFFORTS

- During the pandemic peak in early January 2021, there was an enormous strain on the healthcare facilities. It was difficult but workers effectively did everything to contain the spread of the disease
- *WHO estimates that between 80 000 and 180 000 health and care workers could have died from COVID-19 in the period between January 2020 to May 2021, converging to a medium scenario of 115 500 deaths¹.*



WHO: 115,000 Health Workers Died From Covid Since Pandemic Began

HEALTHCARE WORKERS

- ❑ Lost On The Frontline: Nearly 600 — And Counting — U.S. Health Workers Have Died Of COVID-19 (this was the title of an article published in June of 2020). In April, 2021 that figure was 3,607 according the Guardian and KHN
- ❑ <https://www.theguardian.com/us-news/ng-interactive/2020/aug/11/lost-on-the-frontline-covid-19-coronavirus-us-healthcare-workers-deaths-database>
- ❑ As of Tuesday, Sept. 6th CDC reports 964,627 cases among health care personnel (HCP) and 2,307 HCP deaths (this is of course off)



EFFECTS OF COVID19 ON THE HEALTH CARE WORKERS

- Globally - Minority Physicians, Nurses, Other Allied Health Professionals, Administrative officers, CNAs, Orderlies, Patient Navigators, etc. (25% of NHS are high risk....)

“Black, Asian and minority ethnic healthcare workers, who make nearly 25 per cent of NHS staff, are at high risk of Covid-19 infection and adverse outcomes. The ongoing mental, physical and occupational impacts of long Covid on healthcare staff and on patient care are as yet unknown. Urgent research is needed to aid the recovery of the healthcare system, and this programme of work will help to support that”

- It is estimated that 30000 Health care workers (HCWs) have been infected with COVID19 in China, and 22 have died according to a report in March 2020, and also 40 HCWs was also reported to have died, which affected the psychological health of other Health Care Workers

SUGGESTIONS FOR IMPROVEMENT ON MINORITY HEALTH CARE WORKERS SAFETY

- The COVID19 pandemic has shown us that government and health care leaders should address the persistent threats to the health and safety of health workers
- 1st (Ensure availability of Personal Protective Equipment (PPE) at all times, as relevant to the roles and tasks performed, and also adequate training on appropriate use of PPE and safety precautions
- Empower vulnerable communities to understand the impact of health inequalities and recognize the complexity of the Social Determinants of Health (SOH)
- Innovation and technology have great impact on improving health outcomes for delivering care
- Global collaboration and health system collaboration are essential

In conclusion

- Ensure adequate environmental services such as water, sanitation and hygiene, disinfection and adequate ventilation at healthcare facilities
- Ensure vaccination of all healthcare workers at risks against all vaccine-preventable infections
- Improve mental health and physiological well-being of the healthcare workers
- Establish policies to ensure appropriate and fair duration of deployments, working hours, rest breaks, and minimizing administrative burden on health workers
- Provide insurance coverage for work-related risk, especially those working in high-risk areas

Cont.

- Provide access to mental well-being and social support services for health workers
- Ensure that more competent health care workers are available in health facilities, to meet the demands of tasks that is available especially during an outbreaks of diseases
- Pay equitable salaries to minority health workers

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