

Coronavirus Case Study: Individual Write-up #5 – Lizette Romano

1. Question: The use of telehealth for both COVID and non-COVID related health needs has dramatically increased due to the COVID-19 pandemic. Describe one-way telehealth has been used during the COVID-19 pandemic to address the needs of COVID-19 patients and one way it has been used to meet the needs of non-COVID-19 patients. Give an example of a routine/preventative health service that is not able to be addressed through telehealth. How might health care providers be able to adapt to provide this service in the era of COVID-19?

Telehealth has addressed the needs of COVID-19 patients during the pandemic by allowing people who contracted milder forms of COVID-19 to have access to doctor's recommendations at a time when only severe COVID-19 cases were being seen in person. Telehealth has been used to meet the needs of non-COVID-19 patients by allowing them to get prescriptions filled without needing to see a doctor in person. One preventative health service that is not able to be addressed through telehealth are cervical cancer exams since they require physical touch. One way that health care providers could adapt to provide the service in the era of COVID-19 is by asking patients that get their screening done in person to: wear a mask throughout the visit and monitor themselves for any COVID-19 symptoms. Health care providers could also be sure to follow cleaning protocols before patients enter rooms and after they leave.

2. Question: You have been hired as a consultant to improve Los Angeles County's efforts to improve COVID-related access and uptake of COVID-19 vaccines among immigrant communities. Your first assignment is to make a presentation to donors to explain why funds are urgently needed to help improve understanding and access among immigrant communities in Los Angeles. First, explain how COVID-19 has exacerbated existing social and health inequities among immigrant communities. Second, explain the multi-level factors that may be associated with less likelihood of getting the vaccine. Lastly, suggest one intervention that the County can invest in to help immigrants access healthcare improve COVID-19 prevention efforts.

Two of the ways COVID-19 has exacerbated social inequities among immigrant communities are by increasing food insecurity and income instability. Immigrant communities that do not qualify for government assistance such as unemployment or SNAP are left to scramble to find work to pay rent or food costs if they are laid off due to COVID-19. Another way COVID-19 has exacerbated social inequities is through increased racism and xenophobia toward Asian communities. There has been an increase in aggression and violence toward Asian immigrant communities.

COVID-19 has exacerbated existing health inequities among immigrant communities through worse treatment for pre-existing conditions and occupational exposure. Immigrant communities may lack access to healthcare due to their immigration status and financial costs. They may have pre-existing conditions that make them more vulnerable to severe infections. Additionally, immigrant communities typically are not able to work remotely so they are exposed to COVID-19 in their work. Immigrant communities may avoid getting medical care for COVID-19 due to their immigration status and end up with worse health outcomes.

The multi-level factors that may be associated with less likelihood of getting the vaccine for immigrant communities are beliefs, availability of healthcare, government mistrust, and unclear immigration policies. Government mistrust may stem from past negative experiences of the individual or community. Unclear immigration policies may also create a belief that immigrant communities are not eligible for the vaccine or may become a “public charge” if they get the vaccine. Immigrant communities may not regularly have health care available to them and question why the vaccine would be free to them. In addition, there may be fear of side effects especially if they are ineligible

for paid sick leave or do not have a doctor. Lastly, some immigrant communities might have cultural beliefs that promote alternative medicines or stigmatize vaccines.

One intervention that could be used to help immigrants access healthcare is increasing the availability of testing and vaccination sites at immigrant resource centers and immigration law offices. These locations would provide people with familiar faces in a space that they know will not bring retaliation against them. People might feel less hesitant about providing information to get tested or vaccinated. Lastly, having outreach workers explain to immigrants that the information they provide will not be used by the government against them would also encourage people to get obtain services.

3. Question: The Los Angeles County Department of Public Health is implementing a “Public Health Councils” initiative to promote COVID-19 safety at workplaces by forming worker and worker organizations (e.g., unions and CBOs) to be the eyes and ears of the Public Health Department in workplaces, to disseminate communications on best practices, and to develop innovative control strategies tailored to each workplace. As a member of the Public Health Department team tasked with implementing this program, you have been asked to produce a 1-page guidance document for unions and worker training programs that will in turn develop checklists, best practice guidelines and other support materials tailored to different sectors. Your guidance document should address the following: (a) Factors that contribute to increased transmission risk of SARS-CoV-2 (aka COVID-19 virus) in work settings (at least four); (b) Workers’ rights in California regarding COVID safety in workplaces; (c) The value of a “hierarchy of controls” strategy;” (d) Examples of procedures, practices and equipment that can reduce each of the risk factors you listed in part a. Each of these four parts should be about a paragraph. For each part include one or two links for more information.

Work settings may increase the risk of transmission of COVID-19 to workers in several ways. The first factor that may increase transmission are ventilation systems that move air around rooms. These ventilation systems may move the virus along to more people than only those nearby the infected person. The second factor is proximity to other workers required as part of job functions such as workers who are part of factory assembly lines. The third factor is frequency of physical contact with the public. An example of these workers are cashiers who handle money and items touched by the public as part of their job duties. The fourth factor is being exposed to bodily fluids in the workplace. Examples of these jobs include medical and cleaning services staff. For more information on transmission sources:

https://www.niehs.nih.gov/news/events/pastmtg/hazmat/assets/2020/wtp_spring_2020_brosseau_508.pdf.

To reduce the risk of transmission through work settings, the following methods can be used. Ventilation systems can be upgraded so that they do not move air around rooms and air filters can be installed. Workers can be asked to wear their masks while indoors and take meal breaks outdoors. Second, if workers are required to be near other workers, screening for COVID-19 can take place before workers are allowed to enter their work sites. An example of screening could be temperature checks and self-screening of any COVID-19 symptoms. Workers could also be required to wear their mask and eye protection while being next to other people. The third way to reduce transmission would be requiring workers who have high contact with the public to wear masks, eye protections, and gloves when handling items from the public. Barriers such as plexiglass could be installed in these worksites if reducing frequency of public interactions is not viable. The fourth risk reduction method for exposure to bodily fluids would be ensuring that workers wear fitted protective gear such as N-95 masks, eye protection, gloves, and gowns. Members of the public could be asked to use a mask when interacting with staff and when at these worksites. Medical staff could increase telehealth use to reduce contact with the public. For additional guidance on handling protective gear see the following: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>.

A hierarchy of controls strategy is valuable in reducing the ways that COVID-19 exposure can occur. Although it would not be possible to eliminate or substitute COVID-19 exposure since it is a virus present everywhere, other strategies are helpful in reducing workplace exposures. Engineering controls can be helpful to reduce the number of transmissions that occur in the workplace. Administrative controls can help reduce exposures. Lastly, personal protective equipment can prevent workers who unknowingly have the disease from spreading it or from contracting it. For more information: <https://www.cdc.gov/niosh/topics/hierarchy/default.html>.

Workers should be made aware of their rights regarding COVID-19 safety in California work sites. Workers in California have the right to be protected from hazards such as COVID-19, the right to report workplaces that seem unsafe, and the right to refuse working in conditions that do not seem safe (Safer at Work, n.d.). Employers must provide personal protective equipment such as masks and if necessary, gloves, face shields, or other equipment. Workers have the right to paid sick leave, paid testing during work hours, and worker's compensation if exposure occurred at work. To learn more about worker rights: <https://saferatwork.covid19.ca.gov/workers/>

References

Safer at Work. (n.d.) *California COVID-19 Worker Protections & Rights Across Sectors*.

Retrieved from <https://saferatwork.covid19.ca.gov/workers/>