Key Workers

Given the project's assumptions about a severe pandemic, maintaining society's core infrastructures will be challenging. Most of the frameworks propose that groups of workers that have key functions in health care and other critical infrastructures be prioritized to receive scarce health resources. These groups of workers are prioritized because everyone's life depends on these key functions. It is the workers' function in society that is prioritized and not the workers themselves.

However, not all key workers are at highest priority to receive resources. In other words, it's not enough just to be labeled a key worker in order to be prioritized for resources. The recommended frameworks prioritize groups of key workers with additional characteristics, such as disproportionately high occupational exposure or high risk of flu-related mortality/morbidity. It is the combination of these characteristics along with key worker status that allow certain groups to be prioritized. Practically speaking, this means that there will be key workers in the same location, some of whom will be prioritized to receive resources and some who will not. This not only directs resources to those key workers who need them most, but also allows for directing some resources to those in the general public who are at high risk.

In addition, key workers are not prioritized for all resources. The report recommends systematically prioritizing various groups of key workers for preventive resources and for treatment antivirals, but not for mechanical ventilators.

Discussion questions:

1. How should we strike an appropriate and fair balance between protecting key workers and protecting the general public?

2. Do you agree with the general recommendation that not all key workers should be prioritized equally—instead, those key workers who are at higher risk because of their age or health status should be prioritized before other key workers? Why or why not?

3. Assuming that not all key workers with a given job are prioritized at the same level (because some are at greater risk than others), what advice do you have for implementation? In other words, how can the recommended frameworks be implemented?

4. What flexibility will local public health agencies require in order to apply the frameworks? How can/should local and state efforts be coordinated to complement one another?