

Ensuring the Safety of the Home Health Aide Workforce and the Continuation of Essential Patient Care Through Sustainable Pandemic Preparedness

BRIEF OVERVIEW

The purpose of this brief is to help home health care leaders and policy-makers intervene effectively in the cycle of “panic and then forget.” Still enmeshed in the COVID-19 pandemic, they have had limited time and few resources to collectively reflect on their experience, distill lessons learned or examine implications for future communicable disease planning. This brief presents a “roadmap” and set of high priority recommendations to guide pandemic preparedness planning that promotes the health and safety of home health aides and protects the delivery of essential services to home health care patients. To be effective, planning will need to be dynamic, and plans will need to be continuously updated and tested so that they are current and ready to use in the event of a widespread disease outbreak.

COVID-19 will not be the world’s last health emergency and there is urgent need for sustainable health emergency preparedness to deal with the next one. Past crises have shown that once an outbreak is under control, governments and donors tend to turn their attention to other pressing concerns. This cycle of ‘panic then forget’ has prevented the development of effective health emergency preparedness across the globe. The world needs to break this cycle once and for all.

[World Health Organization, October 2020].[1]

KEY TAKEAWAYS

- Home health aides are essential to the health care system. Although they were among the last to receive personal protective equipment at the outset of the pandemic, aides continuously provided care to vulnerable, homebound patients with long-term and post-acute care needs, including many with active infections and those recovering from COVID-19
- Inadequate pandemic planning jeopardized the health and safety of home health aides, created high levels of distress and exacerbated the challenges aides typically face: low status and poor pay, financial insecurity, weak support systems and exposure to unknown risks in patients’ homes
- Effective planning to support and prepare home health aides to preserve continuity of patient care during the peaks and troughs of future pandemics will require action in six main areas:
 - 1) Improving access to and use of personal protective equipment,
 - 2) Promoting additional patient and worker safety practices,
 - 3) Improving access to vaccination and testing and adherence to guidelines,
 - 4) Addressing financial instability and access to work issues,
 - 5) Improving communication and emotional support,
 - 6) Supporting training, recruitment and retention of the workforce

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INTRODUCTION

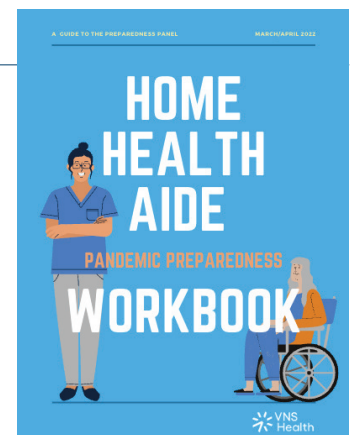
In the United States over 2.4 million direct care workers serve people in their homes (home health aides and personal care aides, hereafter referred to collectively as home health aides).[2] Each year they care for approximately 8.6 million homebound individuals recovering from a hospitalization or managing a chronic disease, disability or advanced illness.[3] They provide assistance with activities of daily living such as eating, dressing, and bathing along with other personal support services depending on scope of practice and plans of care. From the onset of COVID-19 home health aides continuously provided care, often in high-risk communities, to both long-term and post-acute care patients, including patients with active infections and those recovering from COVID-19.[4-5]

Vital to the care of vulnerable individuals in their homes, home health aides themselves are often characterized as vulnerable.[6] They are low wage, low status workers, disproportionately persons of color and residents of communities hard hit by the pandemic. Thirty percent are age 55 or older.[3] Compared to peers in other health care settings, they are significantly more likely to report that they are in fair or poor.[7]

The following sections are in three parts, first a brief description of the methods used to examine the pandemic experiences of home health aides and their employers; second, an overview of main findings; and third, a “roadmap” consisting of foundational principles and action steps necessary to prepare and support home health aides and to preserve continuity of patient care in ongoing and future public health crisis. Links to more detailed reports and action checklists are included.

METHODS

The roadmap and recommendations are derived from varied sources: a survey of New York City (NYC) home health aides fielded in June-August 2020,[8] focus groups and interviews with home health aides and their employers conducted between March and December 2021,[9-11], a “workbook” of home health care preparedness issues and strategic challenges,[12] and the deliberations of a panel of home health care stakeholders convened three times in March and April 2022.



HOME HEALTH AIDE ISSUES & PROBLEMS

Methods for Researching the Experiences of Aides and Agencies During Covid-19

Survey Questionnaires (Aides)

1,316

Aides employed by a large agency in NYC about:

- Health & Well-Being
- Covid Worries & Concerns
- Feelings on Preparedness
- Economic/Practical Impacts
- Feelings on Communication
- Personal & Client Safety

Focus Groups (Aides)

6 focus groups with **17** aides about Covid-19 experiences

Interviews (Aides)

56 interviews with aides to understand attitudes towards Covid-19 vaccines.

Interviews (Agencies & Other Stakeholders)

13 interviews with industry stakeholders, including **11** leaders of licensed home care agencies about:

- Policies & Programs
- Safety Protocols
- Scheduling & Services
- Staff Supports
- Recruitment & Retention

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FINDINGS

Experiences of Home Health Aides and Their Employers During the Pandemic

Five sets of interrelated issues and problems emerged from the data amassed for this project:

- I. Health risks faced by home health aides were compounded by Personal Protective Equipment (PPE) supply issues and the complexity of vaccine decisions.** Home health aides were at heightened risk of infection due to difficulties in accessing PPE for themselves and their patients, for use on the job and traveling between patients. Aides reported concerns about exposure in the uncontrolled environment of a patient's home. Aides weighed the risks of contracting COVID-19 with the benefits and perceived risks of vaccination and felt their concerns were not always adequately addressed. Most aides in NYC complied with the vaccine mandate, but many did so with residual concerns about vaccine development and efficacy. Every home care leader interviewed was acutely aware of the risks to health and life faced by their aides in the field, and PPE was their number one challenge at the outset of the pandemic.
- II. COVID-19 exacerbated the financial and economic instability of the home health aide workforce and their employers and introduced newer concerns about relying on public transportation.** The intermittent nature of aide assignments, significant reductions in hours worked, lack of paid leave, and limited access to hazard pay created financial hardship for aides. In addition, aides, like the rest of the population, faced increased costs for childcare, household supplies and out of pocket expenditures for some PPE. Aides also reported significant issues with public transportation including service reductions, concerns about close proximity to other passengers and exposure to others who were not taking precautions. Organizations faced higher supply costs and lower revenues at the height of the pandemic as patients' fearful of becoming infected, or relying on newly available household members, declined service.

“Essentially aides are putting their lives on the line, risking exposure, for a minimum wage.”

—Administrator

“I still feel like we're in a trial phase of this vaccine and we will be amongst the first so not actually know the long-term effects.”

—Home health aide

“One concern I had is that, if ever I were to come down with COVID... I would be basically knocked out of any work at all which could be a disaster.”

—Home health aide

“A lot of families put their services on hold... because they were fearful and didn't want people in their homes.”

—Administrator

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III. Organizational communications and supervisory relationships were important supports for aides during the COVID-19 pandemic.

Aides reported varied satisfaction with employers' level of communication about COVID-19 and supervisors' accessibility to answer care-related questions or provide emotional support. From the outset, employers faced the challenges of sifting intermittent and inconsistent information from government and private sources, deciding what to communicate to whom and how to transmit information most effectively. Stress levels were high among aides and organization staff, primarily at the beginning of the pandemic, but these stressors continued for months. Aides reported mixed success in accessing formal emotional support programs when offered. Organizations employed a variety of strategies to address communications and support challenges, with more technologically sophisticated organizations able to reach home health aides more readily.

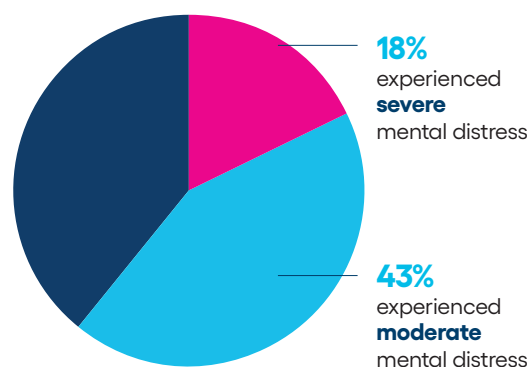


IV. Many aides felt unprepared for COVID-19, while organizations scrambled to strengthen and adapt training, recruitment, and retention methods to respond to pandemic conditions.

Nearly 40% of aides who responded to the 2020 survey did not remember any training related to public health emergencies prior to the COVID-19 outbreak; 20% still felt unprepared 5-6 months into the pandemic. Thirty-five percent said they were very or somewhat likely to leave their job in the coming year, while 30% reported they were more likely to call out after the outbreak of COVID-19 than before. When the pandemic became a reality, home care leaders quickly realized that routine state-required training of home health aides would not be sufficient to address the exigencies of COVID-19. Flexible guidelines from the NYS Department of Health facilitated online training.



Mental distress reported by aides at the outset of the pandemic

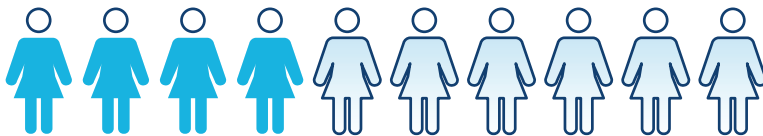


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V. Home Health Care must be recognized as an essential part of the health care system. Despite providing essential care and emotional support to vulnerable, homebound patients, home health aides were not treated like essential workers. Nor were they recognized for their contributions. A majority of aides continued to work throughout the pandemic despite facing substantial health risks from COVID-19. New York State lagged behind other state governments in providing supplemental supports and programs to cover the financial hardships that affected this workforce during the pandemic.

“I’m proud to be a home health care worker...without us I don’t know what people will have done during the pandemic ”
—Home Health Aide

Aides who do not remember any training related to public health emergencies before COVID-19



Aides who reported that they never turned down work during the pandemic

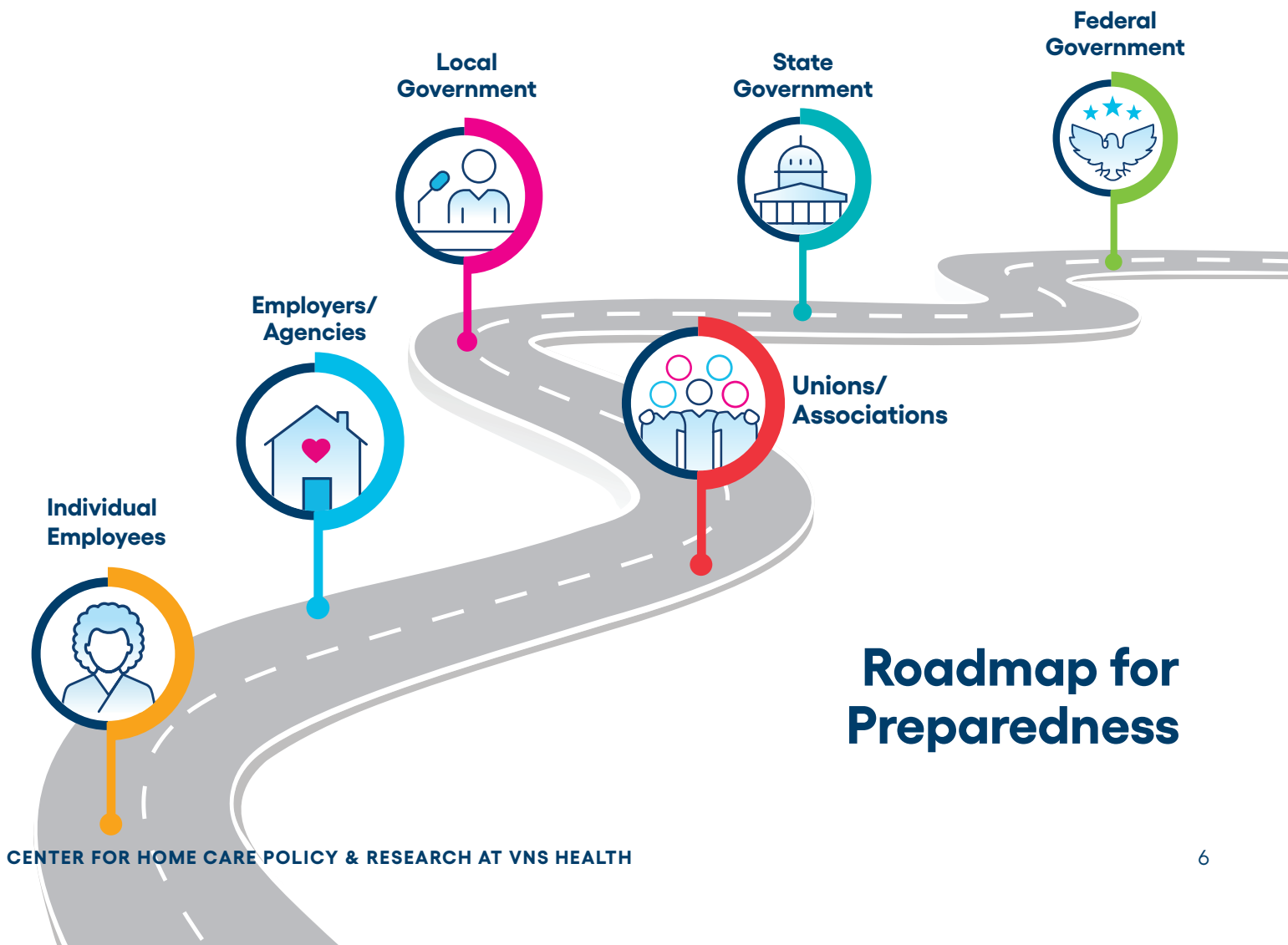


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ROADMAP FOR HOME HEALTH AIDE PANDEMIC PREPAREDNESS: FOUNDATIONAL PRINCIPLES AND ACTION STEPS

The Foundational Principles and Action Checklists presented here provide a roadmap for the varied New York City, New York State and national stakeholders who influence and will continue to influence the circumstances of home health aides in NYC and the delivery of home health care in both “normal” times and pandemic conditions. Each stakeholder will likely enter the road from a different point, and each will bring different resources and perspectives to bear, but each can advance the wellbeing and preparedness of the home health aide workforce by implementing specific actions on the ground.

The roadmap reflects the deliberations of the NYC Home Health Aide Pandemic Preparedness Panel, convened in the Spring of 2022. The panel provided an opportunity for selected nongovernmental stakeholders (home health aides, employers and provider organizations, unions and industry associations) to review the project findings and reflect on their own experiences and those of their home health aide workforce through the ups and downs of COVID-19 through March 2022. A list of panel members/contributors can be found on page 8. Over the course of three meetings, the Panel developed many recommendations for increasing the support and preparing the home health aide workforce for another widespread communicable disease crisis. The Panel’s recommendations were distilled into key “principles” and “action checklists” for key actors – federal, state and local government; union and industry associations; and employers and home health care provider organizations.



Roadmap for Preparedness

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FOUNDATIONAL PRINCIPLES

- Home health care and the home health aide workforce are an essential part of the health care system. Home health aides allow people with long-term needs to remain safely in their homes; they enable safe transitions to home health care for people recovering after a hospital stay; they relieve the burden on hospitals, nursing homes, and family, which is of particular importance during a pandemic
- The home health aide workforce must be well-supported, financially secure, respected, and prepared so that aides can fulfill their critical role of caring for patients in their homes and home health care organizations can more easily retain this vital workforce
- Clear communication from government entities is vital to the effective functioning of home health care organizations, and clear communication from employers to employees is vital to the health, safety, and effectiveness of home health aides
- Communication channels should be well-defined; and national, state, and local entities should work together to coordinate information, guidelines, regulations, and funding opportunities targeted to home health care and the home health aide workforce
- Leaders and representatives of the home health aide workforce must be actively engaged in national, state, and local government emergency planning and pandemic preparedness

TAKING ACTION

Effective planning to protect home health aides and preserve continuity of patient care during the peaks and troughs of future pandemics will require action in six main areas:

- I. Improving access to and use of personal protective equipment
- II. Promoting additional patient and worker safety practices
- III. Improving access to vaccination and testing and adherence to guidelines
- IV. Addressing financial instability and access to work issues
- V. Improving communication and emotional support
- VI. Supporting training, recruitment, and retention of the workforce

Checklists containing specific action recommendations for each of these areas listed above were developed for actors at the federal, state, local, union and provider levels:

[**Federal Government Action Checklist**](#)

[**State Government Action Checklist**](#)

[**Local Government Action Checklist**](#)

[**Union and Industry Association Action Checklist**](#)

[**Provider Organization and Employer Checklist**](#)

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CITATION

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To break the cycle of ‘panic then forget’ will require that stakeholders reflect on lessons learned and take active steps to address the shortfalls identified from the outset of COVID-19. Regularly tested and updated policies and procedures and dedicated resources are necessary for sustainable, effective health emergency preparedness

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