ESSENTIAL *Home Health Aid* WORKERS

BRIEFING BOOK

BUSINESS UNUSUAL

ADDRESSING ESSENTIAL WORKERS' NEEDS DURING & AFTER THE COVID-19 PANDEMIC

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Essential Workers: Home Health Aides

Rose, a 65 year old African American woman from Queens, NY, is a home health aide for an elderly couple living on Long Island. Rose typically lives in her clients' house Sunday through Friday, and then switches off with another home health aide who lives there on the weekends. She helps her clients cook, clean the house, wash themselves, take their medications, go to doctor appointments, and go to the supermarket. Without Rose, her clients would need to live in a nursing home or assisted living center. Amidst the COVID-19 pandemic, her clients' family and the home health care agency determined that it would be best for her clients' and Rose's health for her to move in with her clients for an extended period of time, staying with them without a break for 4 weeks. Rose is scared, her clients are scared, and her clients' family is scared.

Home health aides (HHA) provide care for people in their homes, usually for older adults or people with disabilities, helping them with activities like feeding, bathing, and dressing, as well as housecleaning, managing medications, shopping and meal preparation. Many of the people helped by HHA would, without their help, have to be in skilled nursing facilities or assisted living facilities to obtain the around the clock care they need, or simply not receive the care they need at all. Given the high rate of COVID-19 mortality in nursing homes, keeping people who need care in their homes is not only beneficial to them, but also to nursing homes and to the public health response as a whole.

HHA are facing distinct challenges: continuing to work, but needing to protect themselves and their clients from COVID-19 transmission; being fired because some clients feel it is too risky to have an additional person come into their homes; and being asked to change their work hours or terms (for example, staying with their clients for an extended period to avoid the increased infection risk associated with daily commuting). Due to their low wages, aides often work for multiple agencies or multiple clients, but some are now restricting their work to one client so as to reduce the number of people they come into contact. While this makes precautionary sense, it also reduces their income.

Home health aides are a vital workforce, helping to keep individuals who need care in their homes and out of nursing homes. But they may lack adequate protective gear and adequate protection against COVID-19 infection in the workplace, adequate benefits, and the power to advocate for more.

WHO ARE HOME HEALTH AIDES?

Home Health Aides are low wage workers, with a median wage of $11.52. Many live in poverty or in low-income households, and many rely on public health assistance. For example, in New York "50% of New York City's direct care workers rely on food stamps." Additionally, HHAs are mostly people of color, as 60% of HHAs are Black/African American, Hispanic/Latino, or Asian/Pacific Islander. It is also important to note that 30% of home care workers are over 55 years old, thus placing many HHAs at higher risk of severe COVID-19 illness simply based on age. Also, HHAs' jobs rarely include health insurance or paid sick leave. Specifically, in one survey, about 20% of HHAs reported that they did not have any health insurance.

All in all, HHAs are a vulnerable group of workers at baseline, prior to the COVID-19 pandemic. They are working with one of the populations most at risk of severe COVID-19 illness and mortality: the sick and the elderly. According to CDC data, an overwhelming majority of deaths from COVID-19 have occurred in people aged 65 years old and older.

ON THE JOB RISKS

Due to the nature of the job, home health aides have high risk of contracting COVID-19. HHAs cannot practice social distancing measures with their clients, as sometimes they must physically pick them up, wash them, or feed them. Additionally, because they work inside their clients' homes, they are exposed to various surfaces, and possibly asymptomatic infected individuals (clients' families or visitors). HHAs have little to no control over these exposures.

To make matters worse, personal protective equipment (PPE) for HHAs is scarce. Neither state nor the federal governments have supplied home health care agencies with PPE for their employees. This forces HHAs to either pay out of pocket for their own PPE, reuse PPE, or not use any PPE at all. This puts themselves, their families, their clients, and their clients' families at risk. At this point, without PPE, HHAs are simultaneously the strongest protection and a serious potential source of infection for their clients.

Some home health aides are staying at their clients' homes for longer periods than usual, possibly taking a toll on their mental and physical health. For those who are commuting to/from work as usual, traveling to and from their workplace often includes public transportation or interactions with other individuals; this increases the HHA's risk of COVID-19 infection and those with whom she comes into contact. Other on the job hazards may include violence or abusive behavior from clients and their family members, traveling to unsafe neighborhoods, family arguments and exposure to dangerous domestic animals.

While some physicians and nurses are providing telehealth consultations during the pandemic, HHAs can help facilitate these telehealth consultations with their client's doctors, however, home health aides are unable to provide telehealth consultations due to the nature of their work. Also, even if HHAs could provide some telehealth care, Medicare does not reimburse home care providers for telehealth care.

Fortunately, there are already existing guidelines for infection-control-and-prevention programs specifically for pandemic influenza that instruct HHA to wear PPE, increase ventilation by opening windows, engage in proper hand hygiene, cough etiquette, and social distance. Therefore, this isn't completely unprecedented territory for home health care agencies, as there are protocols that can be articulated to and implemented by HHAs to mitigate possible transmission of COVID-19.

THREATS TO & RESILIENCE OF THIS WORKFORCE

How resilient is the HHA workforce? There are conflicting signs. Almost 90% of clients cancelled at least one of their HHA visits in March 2020. However, as of April 14th, 80% of clients stated that no client or HHA had any COVID-19 symptoms or diagnoses. This could mean that clients and HHAs may not have access to COVID-19 testing and weren't being diagnosed; or it could be a positive outcome of HHAs and their clients remaining in the same house, reducing the likelihood of contracting the virus.

Prior to the pandemic, home healthcare agencies reported shortages of workers, and this could worsen now as people become fearful of the risk of COVID-19 infection. In contrast, one report explains that some agencies have begun hiring recently unemployed food industry workers.

Moreover, this workforce will need to grow in numbers, as new elderly patients are also not being admitted into nursing homes and assisted living facilities. To keep people out of nursing homes and hospitals, the HHA workforce must continue working in adequate numbers.

HOW CAN WE PROTECT THIS WORKFORCE?

Direct measures to reduce the risk of COVID-19 infection of HHAs include PPE for HHAs and their clients and sanitation supplies. More robust training is also necessary to ensure that safety measures are being taken, and all workers have up to date information regarding COVID-19 spread and the nature of the virus in general.

HHAs' low wages are an additional risk factor. Because of low wages, HHAs tend to have multiple clients, which increases their risk of contracting and spreading COVID-19. Higher wages would increase HHA's ability to limit their clients, but would also require the recruitment and training of additional HHA

Paid family and medical leave is also important. If HHA are self-isolating due to possible exposure, they are, at most agencies, not getting paid. Lack of paid sick leave is a financial risk to them and their families or dependents, and a health risk to their clients as it makes it hard for them to stop working even if exposed to COVID-19.

In conjunction with higher wages, and paid family and medical leave, hazard pay, overtime pay, and shift differential pay have also been proposed. Furthermore, if HHA are living with their clients to reduce COVID-19 infection risk, and working nearly 24/7, additional measures are needed. HHAs should be:

- compensated accordingly;
- provided with mental health resources to help address distress and burnout; and
- provided support in accessing and affording prolonged substitute care for their children and other dependents.