

NYC COVID-19 Emergency Response Efforts in Long-term Services and Supports

INDUSTRY BRIEF | SEPTEMBER 2020

Overview of NYACH public-private workgroup and related efforts for the period March 2020 - May 2020



NYACH

INTRODUCTION

WORKGROUP FORMATION

Towards the end of March 2020, it was apparent that there was significant impact of COVID-19 on the long-term services and supports (LTSS) subsector, that coordinated action among industry players and local government would be critically important to the emergency response effort, and that there was no already existing New York City (NYC) government emergency response for this subsector of the healthcare industry (such as the response efforts that were already activated for acute care).

In response to this need, the New York Alliance for Careers in Healthcare (NYACH), which is the healthcare industry partnership at the NYC Department of Small Business Services (NYC SBS),

in partnership with Deputy Mayor J. Phillip Thompson and the Mayor's Office for Workforce Development, convened a workgroup across industry and City government partners to help identify, elevate, and address issues on the ground in this subsector. This workgroup included representatives from NYC government, industry associations, organized labor, training and educational organizations, and a selection of representative employers in the subsector.

The workgroup had its first meeting on Saturday March 28th, 2020 and proceeded to meet weekly through May 12th, at which point the workgroup decided to switch to biweekly meetings and to focus on recovery-oriented activities.

STAKEHOLDERS INVOLVED

Government

- Office of the Deputy Mayor for Strategic Policy Initiatives
- Mayor's Office of Workforce Development
- NYC Office of Emergency Management
- NYC Service
- NYC Department of Health and Mental Hygiene
- Mayor's Office of Immigrant Affairs
- Mayor's Office of Policy and Planning
- Mayor's Office for People with Disabilities
- NYC Department of Small Business Services
- NYC Department for the Aging
- NYC Department of Consumer and Worker Protection
- City University of New York (CUNY)

Non-Government

- 1199SEIU Training and Employment Funds
- 1199SEIU United Healthcare Workers East
- AHRC NYC
- Caring Majority
- Continuing Care Leadership Coalition
- Cooperative Home Care Associates
- LeadingAge New York
- PHI
- RiseBoro Community Partnership
- Southern New York Association
- Sunnyside Community Services
- The New Jewish Home
- The New York Academy of Medicine
- Visiting Nurse Service of New York

INTRODUCTION

WORKGROUP PROCESS FOR EMERGENCY WORK

The workgroup followed a standard process through its work, while continuing to make space at meetings for group members to raise novel concerns and to feel seen within the group.

Process:

1

Form group and confirm logistical aspects of establishment such as membership, meeting frequency, facilitative leadership (in NYACH), etiquette and ground rules for telephonic-based large group work, and basic workgroup tasks

2

Uncover conditions on the ground with LTSS providers and patients that need to be addressed in the emergency

3

Brainstorm potential solutions to these concerns

4

Execute or pilot solutions

5

Evaluate and iterate on solutions based on conditions on the ground with providers or with government (federal, state, and local) policy

Notes:

- The process suggests a linearity that was not present (or recommended) in practice. Other than basic group formation, challenges on the ground continued to be surfaced throughout the course of the workgroup's work; iterative solutioning under emergency conditions necessitates a continuous feedback loop of discovery, problem-solving, and piloting.
- Potential solutions included connecting providers or other group members with information or warm handoffs to representatives of government program management, aggregating and sharing free resources created by group members and across the country, funding or otherwise standing up emergency workforce development programs, and building agreement on joint action by the workgroup itself.

This report begins with an overview of relevant trends in healthcare, basic information about the LTSS subsector, and systemic issues that impacted the LTSS sector before the onset of the pandemic and were then exacerbated by the crisis.

The report then outlines key concerns raised by this workgroup and some solutions that were put in place to address these concerns. This report is intended to be illustrative, rather than exhaustive of the work this emergency response workgroup did together from March to May 2020.

INTRODUCTION

ABOUT NYACH

The New York Alliance for Careers in Healthcare (NYACH) is the healthcare industry partnership at the NYC Department of Small Business Services (SBS). NYACH was formed in 2011 as a public-private partnership between the NYC Workforce Funders and NYC SBS and was highlighted as part of Mayor de Blasio's Career Pathways workforce plan for NYC. NYACH later served as the model for other NYC SBS industry partnerships.

As the Healthcare Industry Partnership, NYACH:

- Convenes key players in the healthcare industry including government, industry associations, unions, employers, educational institutions, and community-based organizations to identify and address employer and workforce needs;
- Helps education and training organizations adapt their approach to better meet those needs;
- Builds accessible onramps and community pipelines to ensure low-income and unemployed New Yorkers have access to viable career pathways in healthcare; and
- Serves as an internal healthcare industry and healthcare workforce subject matter expert for NYC SBS and other City stakeholders.

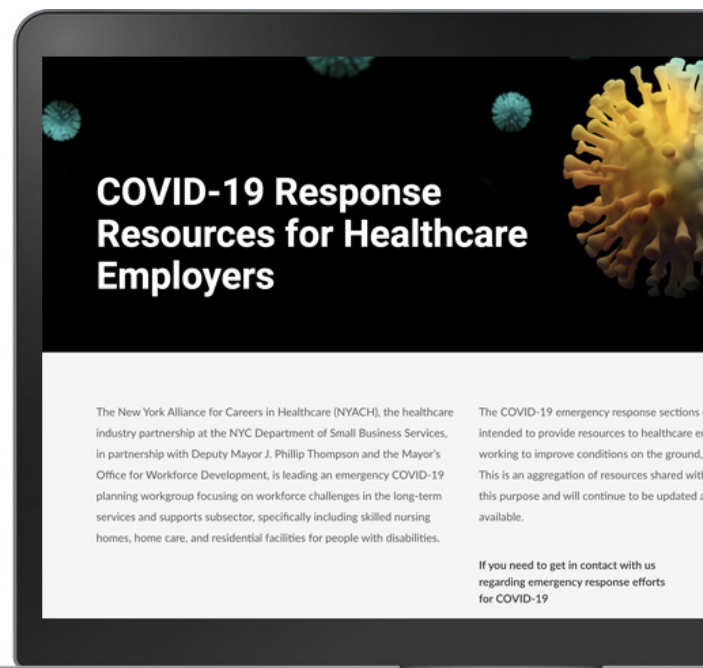
Sharing Resources

One thing that became apparent as the workgroup met and shared information with each other was that it needed a mechanism to share resources in a way was easily accessible. As part of its emergency response efforts and to facilitate the sharing of resources with the industry, NYACH created an emergency response landing page on its website. This page is intended to provide resources to healthcare providers and their partners working to improve conditions on the ground, with a specific focus on the long-term care sector. This page is an aggregation of resources shared with or developed by NYACH in response to this crisis and is continually updated as new resources become available.

The NYACH COVID-19 emergency response webpage can be found at:

nyachnyc.org/covid-19-response-resources-for-healthcare-employers/

1



¹ NYACH COVID-19 Emergency Response Webpage

BACKGROUND

TRENDS IN HEALTHCARE

The LTSS subsector exists in a healthcare landscape shaped by a few key trends in healthcare policy, industry functioning, and demographics in the NYC population, which especially impact economic and workforce development efforts in this subsector.

Underlying Changes

- Healthcare costs have been steadily rising faster than Gross Domestic Product (GDP) and inflation. Before COVID-19, healthcare was ~18% of the United States economy (in comparison to the single digit percentages of other high-income countries). Of note, the United States does not see healthcare quality ratings commensurate with its spending (i.e. we spend more for worse health outcomes).²
- The United States generally, and NYC specifically, have dramatic health disparities across racial and socio-economic segments of the population.
- The United States and NYC have a growing aging population and more people are living longer with chronic diseases (such as diabetes or cardiovascular disease).

Government-led Changes

- There have been numerous changes in federal legislation, policy, and regulation that impact the healthcare sector, and including the LTSS subsector – most important among them the passage of the Affordable Care Act in 2010.

- New York State (NYS) has also contributed to reform, notably through Medicaid redesign (Delivery System Reform Incentive Payment Program (DSRIP) and other programs), which provided the impetus and funding to develop widescale population health infrastructure across the State, including the creation of formalized multi-organization networks and coordinated workforce development.

Industry-led Changes

- Alongside a move to population health has been the development of new financing and business models, which include a dramatic shift in the financial relationship between insurance and healthcare providers away from fee-for-service models towards value-based arrangements.
- There has been a shift from inpatient (hospital) to outpatient (ambulatory) and community-based care with services and workers gradually redeploying across the sector.
- There is an increased focus on patient-centered, culturally competent care as more effective.
- There has been a focus on quality improvement methodologies, and the implementation of new technologies and clinical protocols.

² E. C. Schneider, D. O. Sarnak, D. Squires, A. Shah, and M. M. Doty, *Mirror, Mirror 2017: International Comparison Reflects Flaws and Opportunities for Better U.S. Health Care*, The Commonwealth Fund, July 2017.

BACKGROUND

LONG-TERM SERVICES AND SUPPORTS

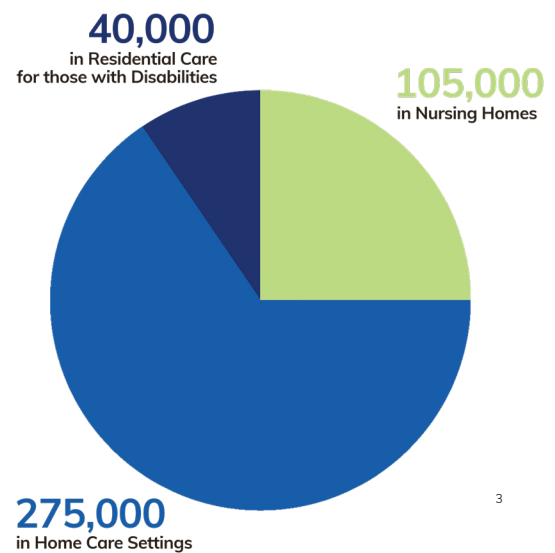
The LTSS subsector was and remains particularly vulnerable to the challenges brought on by COVID-19 due to long-term systemic challenges that have plagued the subsector. These significant challenges include:

- Employers, mostly funded by Medicaid, operate under diminishingly thin margins.
- LTSS relies on an underpaid workforce with significant retention and turnover challenges. This workforce is predominantly comprised for women of color working in minimum wage jobs that are incredibly emotionally and physically demanding with little career mobility.
- LTSS is largely siloed from the rest of healthcare. This shows up in LTSS being frequently felt left out of funding, innovative pilots, and collaborative cross-subsector care.
- LTSS is the fastest growing subsector of healthcare (itself, the fastest growing sector of the economy) and the demand for services and workers is projected to far outpace the labor and funding supply.

Who does LTSS serve?

In NYS we estimate that the direct care workforce cares for over 420,000 people, mostly those who are elderly and/or those with disabilities. Below are some more specific estimates and data:

In NYS, there are an estimated 420,000+ people receiving long-term care services:



What are the types of LTSS businesses and how many are there?

During the COVID-19 crisis, the LTSS community is made up of:

Skilled Nursing Homes
168 in NYC

Licensed Home Care Agencies
Over 900 in NYC

Residential Programs for
People with Disabilities
2158 in NYC

³ Nursing home data as of March 2020 from Southern New York Association, home care data as of 2006 from PHI, residential care for those with intellectual and physical disabilities data as of April 2020 from NYS OPWDD

BACKGROUND

More generally, this subsector also includes the following businesses that have been limited or suspended during this time:

- Support agencies providing day services, employment support, and housing support for people living with disabilities (these generally are the same businesses that provide residential services); and
- Certified Home Health Agencies providing at-home support and rehabilitative services on a temporary basis (such as a nurse that visits a patient for the first three days after a hospital stay).

WHO ARE THE WORKERS?

NYC nursing homes (nursing assistants) and homecare (home health aides and personal care aides)

| SOC CODE | TITLE | TOTAL | % of NYS TOTAL | MEDIAN HOURLY WAGE |
|----------|---------------------|---------|----------------|--------------------|
| 31-1011 | Home Health Aides | 147,150 | 77% | \$13.50 |
| 39-9021 | Personal Care Aides | 109,930 | 55% | \$13.50 |
| 31-1014 | Nursing Assistants | 35,880 | 39% | \$20.64 |

Source: 2019 NYS DOL/BLS

NYC SERVICES FOR PEOPLE WITH DISABILITIES

| SOC CODE | TITLE | TOTAL | % of NYS TOTAL | MEDIAN HOURLY WAGE |
|----------|------------------------------|--------|----------------|--------------------|
| N/A | Direct Support Professionals | 28,000 | 31% | \$13.50 |

Source: Direct support professionals (DSPs) are not included in standard NYS DOL reporting- total employed DSPs in NYC is a rough estimate provided by NYS OPWDD on 4/9/2020; Hourly wage estimate is from payscale.com and is a NYS number – it can be assumed NYC rates are slightly higher and roughly in line with minimum wage.

BACKGROUND

DEMOGRAPHICS OF NYC'S DIRECT CARE WORKFORCE

"Direct care workers" provide long-term care and personal assistance to those who are elderly, living with disabilities, or have chronic health conditions. Most common titles/occupations include home health aides (HHA), personal care aides (PCA), certified nursing assistants (CNA), and direct support professionals



WE ESTIMATE

300-350K

New Yorkers are direct care workers in long-term care settings.

This number doesn't include the many more New Yorkers that work in what's called the gray market, which includes those paid off the books, those in titles not captured by standard reporting, and unpaid caregivers.⁴



APPROXIMATELY

1/3

of the workforce is unionized



OVER

90%

of direct care workers are women⁵



90%

are people of color
75% of workers are Black or LatinX⁵



MEDIAN AGE IS

49

32% ARE OVER⁵

55



\$20,900

Median personal annual earnings



72%

take public transportation to work⁵

SYSTEMIC CHALLENGES

Workforce

Despite their proximity and importance to the City's most vulnerable people, direct care workers have long been undervalued - earning near the bottom of all workers. Most make minimum wage, and with limited enforcement of existing NYS wage parity regulation, often less. Many direct care workers, particularly those in home care, often struggle to find full-time work, as home care agencies cap hours to avoid overtime payments and to remain in accordance with strict caps on insurance-approved care hours.

Even well-meaning employers, cannot make or sustain the investments necessary to improve job quality for this workforce, in large part due to a reliance on constrained funding from Medicaid programs. Without additional funding, changes to labor policy aimed at improving wages, benefits, and working standards strain long-term care providers to the point of near collapse. The result of this is perpetually poor job quality for this workforce, leading to high rates of turnover, workforce shortages, and ongoing threats to continuity of care for those that rely on this workforce.

⁴ Source: 2019 NYS BLS, and 2015 CUNY LMIS analysis

⁵ Source: Analyses conducted by PHI in October 2019; publication forthcoming on <https://phinational.org/>

BACKGROUND

Financial Strain

Most long-term care employers operate on diminishingly thin margins and many struggle to keep their doors open in the best of times. It is impossible for most long-term care providers to invest in better business or care delivery practices or infrastructure without external support.

The large majority of NYC long-term care is funded through Medicaid. Long-term care revenue streams are complicated by and dependent on NYS Medicaid policy, federal funding (including both Medicaid and Medicare), and individual employer's negotiations with insurance plans. Of note, there are significant cuts included in the NYS Medicaid program in FY21, which are discussed later in the document and which place additional strain on the system.

Growing Need

Despite the lack of funding for this subsector, it is the fastest growing in the State. NYS has both a growing aging population, as baby boomers grow into retirement, and a declining family caregiver to senior citizen ratio. As a result of these trends, home health aide is the number one fastest growing occupation in the country, followed close behind by other direct care occupations. Reform is urgently needed to ensure this sector is able to care for our most vulnerable New Yorkers now and in the future.

Home health aide is the number one fastest growing occupation in the country, followed close behind by other direct care occupations

COVID-19

The COVID-19 crisis created an even more challenging climate for the LTSS subsector, as employers grappled with emergency costs and lost revenue and workers felt unseen and unprotected.

As the healthcare industry partnership, NYACH, was uniquely positioned to activate an LTSS emergency workgroup in partnership with Deputy Mayor Thompson's office and the Mayor's Office of Workforce Development, leveraging existing relationships with a diverse set of stakeholders from across government, industry associations, unions, health plans, employers, and advocates, in order to identify and address critical challenges facing the long-term care sector.

WORKSTREAMS

As the Workgroup came together, a number of core concerns were raised and discussed as impacting employers, workers, and the New Yorkers they serve. The workgroup focused on the following five workstreams:

1. Worker Visibility
2. Business Viability & Continuity
3. Availability of Resources for Workers & Clients
4. Filling Emergency Workforce Shortages

WORKER VISIBILITY: ELEVATING THE ROLE OF DIRECT CARE WORKERS

The direct care workforce feels unseen by society in the best of times, and the COVID-19 crisis served to amplify that feeling. Despite taking on immense risk in caring for potentially infected patients and commuting to and from work, the feeling is that much of the public narrative has been around hospital workers, and specifically doctors and nurses. Direct care workers feel undervalued by City officials and the public at large, which contributes to increased absenteeism and attrition. In addition, this lack of visibility manifests in their exclusion from benefits for other essential workers offered by private companies (e.g. transportation, meals) and the City (e.g. care packages with cleaning supplies and early on, subsidized or free hotel lodging).

The Workgroup raised this critically important need to elevate the role that direct care workers play in NYC's COVID-19 response, and resolved to determine what the coalition could work on individually and together through various communication channels. Direct care workers are essential workers, and while the

needs in long-term care are different than those in hospitals, they are still healthcare workers fighting on the front line against COVID-19 and risking their lives to take care of some of NYC's most vulnerable

Op-ed co-authored by Deputy Mayor Thompson and the president of the New York Academy of Medicine

Deputy Mayor Thompson and New York Academy of Medicine President Judith Salerno co-wrote an op-ed in the Gotham Gazette demanding that direct care workers — including home health aides, personal care aides, direct support professionals, and nursing assistants — get the respect and support they deserve.

The article can be found at:

gothamgazette.com/opinion/9397-thank-all-caregivers-not-just-most-visible-coronavirus-new-york-city



WORKSTREAMS

Social Media Hashtag Campaign

In early April, the Workgroup proposed the creation of a social media hashtag or set of hashtags that can be used for workers to share their own stories, and for employers, government officials, industry associations and unions, and society at large to recognize their hard work publicly.

The hashtags were selected to center around language that would represent the most common roles that the Workgroup has been focusing on, both through a common name and individual titles. The goal was for direct care workers to feel appreciated and seen individually and as part of a larger movement of people in similar roles. In developing the hashtags, it was also important that workers feel comfortable using the hashtags to tell their own stories, that workers who choose to stay home during this time did not feel alienated, and that this traditionally underrecognized workforce was not again lost in a broader category (e.g. “healthcare worker”).

Plan

The grounding hashtag that is used in every communication is: **#ValueDirectCareWorkers**


In order for each role to be recognized specifically or for partners to have a hashtag more specific to their subsector of work, each social media post also includes at least one secondary hashtag.

#ValueDirectCareWorkers

PHI also created a social media toolkit for the coalition to use with both images and sample Facebook and Twitter posts encouraging workers to share their own stories.

Coalition Partners' Efforts

It is also worth highlighting the great work that coalition partners have done either jointly or on their own to share the challenges and heroism of the LTSS sector and its workers during. This includes not only using the hashtags above on social media, but also releasing worker or patient stories, collaborating with the press, issuing reports on important data, and social advocacy.



- #EssentialHomeHealthAides
- #EssentialNurseAssistants
- #EssentialDirectSupportProfessionals
- #EssentialPersonalCareAides

WORKSTREAMS

BUSINESS VIABILITY AND CONTINUITY IN THE HEALTHCARE SECTOR – SPECIFICALLY IN LTSS

Financial strain caused by COVID-19

Emergency circumstances and measures brought about by COVID-19 have posed a harsh challenge to healthcare employers generally, and long-term care providers specifically. **On the next page** is a table of financial impact (both reduced revenue and increased costs) for each of the three employer-types in the LTSS subsector. *[Note: many of these impact categories also apply to other employer types in healthcare (such as hospitals and community clinics), however, NYACH has only surveyed LTSS providers at this time].*

There has also been specific concern voiced by employers, industry associations, and advocacy groups about government mandated hazard pay. While these partners would like to see direct care workers paid more, the group agrees that any mandated hazard pay or other similar worker benefit would need to be accompanied by funding in order for it to be financially viable for providers.

Changes to Medicaid Program in NYS FY21 Budget

NYS entered this year's budget cycle with significant gaps between available funds and projected spending, largely due to increasing healthcare costs. NYS FY21 Medicaid program and funding changes, enacted in the early days of the COVID-19 response effort, are primarily designed to contain existing state healthcare costs and/or contain expected growth in costs. These funding changes, which include a 1-1.5% across the board cut, will have significant impact on long-term care, as they will across all of the state's healthcare sector. These changes are of pressing concern for LTSS business who fear the double impact of the pandemic and reduced ordinary revenue.

Sharing Resources and Guidance

Throughout the crisis, the workgroup shared and discussed available resources for business financing and continuity during meetings, including any clarification or guidance from the federal government that is particularly relevant to healthcare providers about support programs such as the Paycheck Protection Program (PPP). These resources have been placed on the NYACH emergency response webpage.



WORKSTREAMS

| FINANCIAL IMPACT CATEGORY | HOME CARE | NURSING HOMES | RESIDENTIAL FACILITIES FOR NYERS WITH DISABILITIES |
|---|-----------|-------------------------|--|
| Reduced revenue due to patients reducing services or hours | X | X | X |
| Reduced revenue due to patients rejecting services | X | | X |
| Reduced revenue due to workers unable to work (either in quarantine or in high risk groups) | X | X | X |
| Reduced revenue created by leaving beds open due to lower staffing | | X | X |
| Inflated cost of normal PPE | X | X | X |
| New costs for PPE that provider ordinarily would not need or purchase | X | X | X |
| Additional technology needed to manage COVID-19 related admin or direct services | X | X | X |
| Staff overtime as a result of COVID-19 response (clinical or admin) | X | X | X |
| Use of temp agencies at premium cost | | X | X |
| Paid sick leave or other mandated paid leave | X | X | X |
| Screening workers for COVID-19 | X | X | X |
| Contact tracing exposed workers | X | | X |
| Additional costs for building staff (cleaning, packaging/unpacking supplies, etc.) | X | X | X |
| Deep cleaning costs in facilities with positive COVID-19 cases | | cleaning staff overtime | X |
| Costs associated with setting up isolation units | | increased staffing | X |
| Additional transportation costs (especially now that the subway is closing from 1-5am) | TBD | TBD | X |
| Modest bonus paid to show appreciation of staff working and exposing themselves daily to COVID-19 | | | X |

WORKSTREAMS

AVAILABILITY OF RESOURCES FOR LONG-TERM CARE WORKERS AND CLIENTS

The workgroup identified key issues faced by the long-term care industry during the pandemic and worked to elevate these pressing concerns to relevant government and sector stakeholders.

Transportation

In the beginning months of the crisis, direct care workers did not feel they had safe transport to work. Seventy-two percent of this workforce takes public transportation to work and many expressed that subways and buses were often crowded because of decreased train service and did not allow them to follow social distancing protocols. Many free and subsidized services offered by private companies were not extended to healthcare workers outside the hospital setting. Many home care workers, see multiple patients per day and so were also risking exposing those on public transportation as they travel between patients.

Prepared Food or other Similar Benefits

Many restaurants were preparing and sending meals to essential workers at hospitals, but this had generally not been extended to long-term care settings, where direct care workers also care for patients and are working additional hours, and were trying to avoid close contact with their families upon returning home. Home care workers also did not feel they had opportunities to pick up free meals that are offered to other healthcare workers at healthcare facilities. Given that much of this workforce is low-income, it would have been especially valuable for them to receive subsidized meals during this time.

Visibility

The lack of visibility for this workforce (see earlier section for more detail) resulted in their exclusion from benefits for other essential workers offered by private companies (e.g. transportation, meals) and the City (e.g. care packages with cleaning supplies and, early on, with subsidized or free hotel lodging).

Lodging

Initially, hotel lodging for essential workers was not extended to the direct care workforce. This was necessary to allow workers to protect their families and reduce their commute time on public transit. After some advocacy, including by NYACH, this support was extended to the LTSS workforce.

Personal Protective Equipment (PPE)

There was not sufficient PPE in the long-term care sector. This was, and continues to be a challenge, especially in home care where HHAs go into the homes of potentially COVID-19 positive patients.

WORKSTREAMS

WORKGROUP PROBLEM-SOLVING & PILOT INNOVATIONS

Personal Protective Equipment (PPE)

NYACH took a two-pronged approach:

1

DOHMH - The workgroup and NYACH has supported the NYC Department of Mental Health and Hygiene (DOHMH) in their long-term care PPE distribution efforts, including connecting 1199SEIU and DOHMH so that they can lead some distribution efforts for home care agencies.

2

MaiiC - NYACH has been coordinating with the Manufacturing and Industrial Innovation Council (MaiiC), the manufacturing and industrial industry partnership at NYC Department of Small Business Services, to connect long-term care providers with PPE suppliers. MaiiC led a group of volunteers from the supply chain and manufacturing sector to secure sources at home and abroad of critical medical supplies to protect NYC healthcare workers. A number of workgroup members and other healthcare providers have been connected to PPE through this mechanism.

GetFoodNYC Home Care Pilot

NYACH in partnership with Get Food NYC launched a pilot in mid-May with two home care agencies, Sunnyside Community Services and Cooperative Home Care Associates, to ensure more COVID-19 vulnerable, food insecure New Yorkers are able to access the City's free meal delivery program. Each agency will have home health aides report eligible patients to designated centralized staff who will act as authorized enrollers in the program. Between these two agencies alone, over 11,000 COVID-19 vulnerable New Yorkers, many of whom are food insecure, will have increased opportunity to access the program. If this model is a success, the hope is to scale it to other home care agencies across NYC.

Other

For hotels, food, and transportation, the workgroup has elevated these challenges to the appropriate staff at City Hall. Hotel benefits have since been extended to this workforce.

FILLING EMERGENCY WORKFORCE SHORTAGES

Identifying Emergency Healthcare Workforce Shortages

There are many critical workforce needs and shortages during this emergency. In addition to prescribing providers (doctors, physician assistants, nurse practitioners) and nursing staff, there is a huge demand for support staff throughout the healthcare sector.

Specifically in the long-term services and supports subsector, NYC is experiencing critical support staff shortages in the following clinical roles:

- Home health aides (home care)
- Certified nurse assistants (nursing homes)
- Personal care aides (home care)
- Direct support professionals (residential facilities for people with disabilities)

In addition, there has been some need for workers in the following non-clinical roles:

- Environmental service workers
- Dietary workers
- Administrative support workers
- Supplies and procurement support workers

WORKSTREAMS

Coordinating Among Job Matching Portals & Efforts

NYACH worked to help coordinate the job-seeker and employer matching services across the City and State. Below is a high-level overview of the large-scale job-matching resources that were activated for use during this emergency:

Workforce1 System

- » Only City mechanism for filling non-clinical healthcare roles; focus on permanent clinical roles for healthcare providers who are interested in hiring candidates directly

Medical Reserve Corps

- » Volunteer portal for licensed healthcare clinicians who are interested in helping during this emergency and are deployed to healthcare providers

OEM Huron Staffing

- » Focus on temporary clinical staff (mostly nursing) funded by the City with the goal of FEMA Public Assistance Reimbursement

NYACH participates on a bi-weekly call with all three organizations to coordinate efforts and monitor workforce asks across the City.

The 1199SEIU Employment Center also has a portal to help connect job-seekers and healthcare employers in their network.

Sharing Public Industry-Created Training Resources

The COVID-19 emergency response page on the NYACH website includes existing training resources as part of the section around filling emergency workforce shortages, including:

Feeding Assistance Training

- » The American Health Care Association created a free, one-hour online training that allows trainees to work as temporary feeding assistants

Safety Measure for EVS Workers

- » 1199SEIU Training and Employment Funds created a free, 11-minute training teaches COVID-19 related safety measures for environmental service workers

Filling a Need for Home Health Aides

In response to the COVID-19 crisis, NYACH and SBS, in partnership with CUNY, developed an emergency virtual home health aide (HHA) training program. The need for HHAs is skyrocketing during this public-health crisis due to 1) increased HHA absenteeism and attrition out of fear of infection; 2) quarantine policies that keep HHAs out of the field after an exposure to COVID-19; and 3) the halt of in-person, employer-based training that typically allows for a steady pipeline of HHAs.

HHAs care for individuals in their homes under the supervision of nursing and medical staff. They provide personal care to patients including supporting them with activities of daily living, such as general housekeeping, meal preparation, bathing, dressing, and grooming. HHAs may also provide routine health tasks, such as checking vital signs, changing bandages and dressing wounds. While HHAs generally work for home care agencies, an executive order allows HHAs to work in nursing homes as nursing assistants during COVID-19 as well.

The program recruits participants from specific NYC neighborhoods, including some that are particularly hard hit by COVID-19, and the HHAs will also serve those neighborhoods through employment at one of three home care agencies, all of which participate in the emergency response workgroup. The training program launched in mid-June.

WORKSTREAMS

Alleviating Administrative Burden in Home Care

One of the key COVID-19 related challenges in long-term care, is a need for additional administrative support to help ease the strain on home care agencies. Home care agencies are experiencing increased staff attrition and absenteeism combined with a need for intensive patient and home health aide tracking and monitoring. At the same time, there are various pools of New Yorkers who newly have capacity to support this crisis remotely.

The NYC Volunteer Administrative Home Care Pilot Program matched volunteers with basic administrative experience with home care agencies to support their needs for tasks, including data entry, staff and patient tracking and outreach, and following up on insurance authorizations.

In the first phase of the pilot, Americorps members in need of reassignment are working with Sunnyside Community Services to provide administrative support.



FUTURE OF THE WORKGROUP

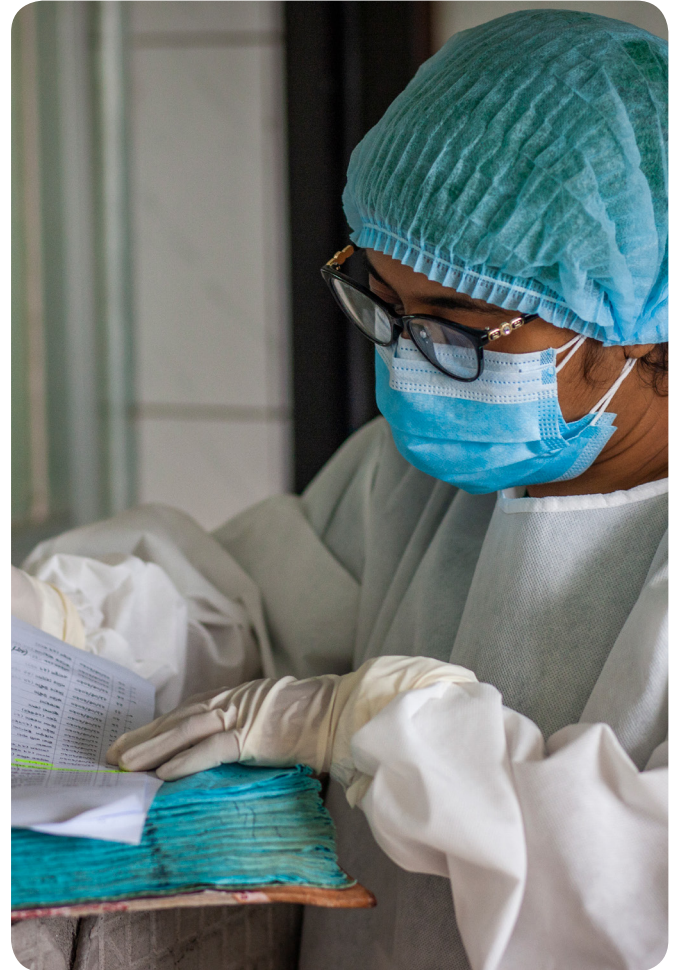
FUTURE OF THE WORKGROUP

As the initial wave of crisis in NYC is brought under control and NYC begins work on community health-centered and equity-based recovery, the workgroup has committed to continuing its work and transition accordingly so that the perspective and needs of long-term care continue to be recognized and addressed.

The group has also agreed on conditions under which it would reactivate emergency intensity.

These conditions include:

- There is a second wave of COVID-19 cases and there is significant risk of NYC long-term care being overwhelmed;
- There are significant workforce shortages that are not being addressed otherwise;
- There is significant economic collapse and potential closures in long-term care; or
- Workgroup members ask to have more frequent meetings to address and emergency topic.



ABOUT THE NEW YORK ALLIANCE FOR CAREERS IN HEALTHCARE

The New York Alliance for Careers in Healthcare (NYACH) is the healthcare industry partnership at the NYC Department of Small Business Services. Founded in 2011, NYACH is a public-private partnership with the NYC Workforce Funders to better inform investments in the fast-changing healthcare sector.

As the healthcare industry partnership, NYACH: convenes stakeholders throughout the sector to identify and address employer and workforce needs; helps education and training organizations adapt their approach to better meet those needs; builds accessible onramps and community pipelines to ensure low-income and unemployed New Yorkers have access to viable career pathways in healthcare; and serves as a healthcare industry subject matter expert for City stakeholders.

NYACHnyc.org

ABOUT THE NYC DEPARTMENT OF SMALL BUSINESS SERVICES

The NYC Department of Small Business Services (SBS) helps unlock economic potential and create economic security for all New Yorkers by connecting New Yorkers to good jobs, creating stronger businesses, and building thriving neighborhoods across the five boroughs.

nyc.gov/sbs



careers
businesses
neighborhoods

