

## A. COVER PAGE

<b>Project Title:</b> Exploring the Role of Client Death Support in Home Care Workers' Grief, Stress, and Job Satisfaction	
<b>Grant Number:</b> 5K01OH011645-03	<b>Project/Grant Period:</b> 09/01/2019 - 08/31/2022
<b>Reporting Period:</b> 09/01/2021 - 08/31/2022	<b>Requested Budget Period:</b> 09/01/2021 - 08/31/2022
<b>Report Term Frequency:</b> Final	<b>Date Submitted:</b> 11/29/2023
<b>Program Director/Principal Investigator Information:</b> EMMA TSUI , MPH PHD  <b>Phone Number:</b> 646-364-0258 <b>Email:</b> emma.tsui@sph.cuny.edu	<b>Recipient Organization:</b> GRADUATE SCHOOL OF PUBLIC HEALTH AND HEALTH POLICY GRADUATE SCHOOL OF PUBLIC HEALTH AND HEALTH POLICY 55 W 125TH ST, 7TH FL NEW YORK, NY 100274516  <b>DUNS:</b> 079683257 <b>UEI:</b> FWY1FX3THXC5 <b>EIN:</b> 1131988190A1  <b>RECIPIENT ID:</b>
<b>Change of Contact PD/PI:</b> NA	
<b>Administrative Official:</b> MICHELE KIELY 55 West 125th St Room 714 New York, NY 10027  <b>Phone number:</b> 646-364-9775 <b>Email:</b> Michele.Kiely@sph.cuny.edu	<b>Signing Official:</b> MICHELE KIELY 55 West 125th St Room 714 New York, NY 10027  <b>Phone number:</b> 646-364-9775 <b>Email:</b> Michele.Kiely@sph.cuny.edu
<b>Human Subjects:</b> NA	<b>Vertebrate Animals:</b> NA
<b>hESC:</b> No	<b>Inventions/Patents:</b> No

## B. ACCOMPLISHMENTS

### B.1 WHAT ARE THE MAJOR GOALS OF THE PROJECT?

Aim 1: Explore the types and sources of social support used by HCWs who experienced a client death in the last year, prior to and during the COVID-19 pandemic.\*

1.1: Conduct and analyze in-depth interviews with culturally diverse English-speaking HCWs in NYC to explore types and sources of social support drawn upon when dealing with client death and the effectiveness of these forms of support.

1.2: Conduct follow-up interviews with aides participating in Aim 1.1 in order to explore how their experiences of client death, support, and work stress have changed as a result of COVID.\*

Aim 2: Examine the role of client death in aide departures from the workforce before and during the COVID-19 pandemic.\*\*

2.1: Use agency administrative data to explore demographic and other factors associated with aide departure from the workforce after client death for time periods prior to and during the pandemic.\*\*

2.2: Assess whether the departure rate of aides after client death is elevated over that of aides not experiencing client death for time periods prior to and during the pandemic.\*\*

2.3: Conduct and analyze 20-30 semi-structured qualitative interviews with former aides who departed the workforce after client death and not after client death to identify factors leading to workforce departure and the role of client death in these departures.\*\*

Aim 3: Explore ways that home care agencies might strengthen client death support and other forms of support for aides.\*\*

3.1: Conduct semi-structured interviews with home care agency leaders to explore ways that findings from Aims 1.1 and 2 might be incorporated into policies, practices, and programming to support workers, including training and other initiatives.

3.2: Engage stakeholders in a discussion of intervention alternatives for increasing client death support and other forms of support for aides. \*\*

\*Change in this aim approved by Dr. Maria Lioce on June 10, 2020

\*\*Change in this aim approved by Dr. Maria Lioce on February 11, 2021

#### B.1.a Have the major goals changed since the initial competing award or previous report?

Yes

Revised goals:

### B.2 WHAT WAS ACCOMPLISHED UNDER THESE GOALS?

File Uploaded : TsuiK01\_B2Accomplishments.pdf

### B.3 COMPETITIVE REVISIONS/ADMINISTRATIVE SUPPLEMENTS

For this reporting period, is there one or more Revision/Supplement associated with this award for which reporting is required?

No

### B.4 WHAT OPPORTUNITIES FOR TRAINING AND PROFESSIONAL DEVELOPMENT HAS THE PROJECT PROVIDED?

File Uploaded : TsuiK01\_B4Training.pdf

**B.5 HOW HAVE THE RESULTS BEEN DISSEMINATED TO COMMUNITIES OF INTEREST?**

I undertook two major efforts to disseminate results to communities of interest. The first took place in the early months of the COVID-19 pandemic and sought to translate our existing knowledge about home care workers' grief and employer support around client death into a widely accessible resource guide with tools that home care agencies and others could immediately use. This resource guide is both a GoogleDoc (<https://docs.google.com/spreadsheets/d/1v7TjdDvsbKPKGlt8Kmtpl4-A9uaHzEoaT6niGBnYr8o/edit#gid=2043039069>) that is publicly available and available as a PDF. I still periodically receive requests from agency staff who have read publications stemming from this K01 project asking for these kinds of tools and I share this resource guide in response.

Our other work to disseminate results to communities of interest was embedded in Aim 3 of the project, and is described above. We consider both reporting back to home care leaders and the ongoing engagement of these leaders through the 6-month Zoom-based aide support working group as outreach to practitioners that has been critical to putting the lessons learned from this K01 research into practice.

**B.6 WHAT DO YOU PLAN TO DO DURING THE NEXT REPORTING PERIOD TO ACCOMPLISH THE GOALS?**

Not Applicable

**B2. What was accomplished under these goals?****Abstract for the full study**

The study explored the interplay of the types and sources of social support that home care workers use to navigate work stress, including workplace- and union-based support. Initially, the study focused on a particular work stressor, client death, because of the unique way in which it can produce both emotional distress and work precarity. Using repeated semi-structured qualitative interviews with home care aides in New York City, we learned that 1) home care workers rely heavily on personal sources of support to navigate work stress, which may impact their personal social networks in a process we call *social accommodation*, and 2) aides may not be aware of or accept a client's end-of-life status, and they may avoid end-of-life care, with important implications for quality of care. In light of these findings, we recommend improved training, support systems, and policy change to enhance aides' contributions to end-of-life care, while protecting aides' health and well-being. Additionally, we explored the role of client death in aides' workforce outcomes prior to the COVID-19 pandemic, using a home care agency administrative dataset that combined data on client deaths, worker characteristics, and workforce outcomes. We found that 1) 5% of aides in this sample experienced client death in the given year, providing one of the first estimates of the prevalence of this stressor, and 2) longer case length ending in client death was associated with a longer period before the aide returned to work, highlighting the importance of case length as a potential flag for poorer workforce outcomes.

As the COVID-19 pandemic unfolded in time alongside this award, we expanded our focus to include support for aides' work stress more broadly, especially their mental health and well-being. We conducted a responsive qualitative case study of weekly pandemic support calls for aides that were hosted by a large home care agency partner. We found that the calls resulted in multidirectional communication between agency staff and aides, an increased sense of empathy among staff, and a greater integration of aides into the agency's overall infrastructure. Finally, we used in-depth interviews with home care agency leaders and industry stakeholders to understand how leaders were supporting (and conceptualizing support for) aides around client death and mental health. We learned that the goal of supporting aides around client death and their mental health became more central in leaders' thinking between 2019 and 2022. Though this was a higher priority in 2022, and several stakeholders took a range of new actions in this domain, they were still limited due to ongoing funding constraints. We shared our findings with home care industry stakeholders, and facilitated a six-month working group as an ongoing opportunity for stakeholders to learn from one another about the provision of additional support to home care aides. Across these efforts, our research underscores the importance of multiple kinds of strategic support, across multiple domains to ensure that home care aides can do their critical work without undue burden to their health and well-being.

## Accomplishments

### **Aim 1: Explore the types and sources of social support used by HCWs who experienced a client death in the last year, prior to and during the COVID-19 pandemic.**

This aim was completed as described in the Year 2 RPPR. The papers described as submitted in that RPPR are now all published. The major findings of the two articles stemming from the Aim 1 qualitative data collection and analysis were that: 1) home care workers rely heavily on personal sources of support to navigate work stress, which may impact their personal social networks in a process we call *social accommodation*, and 2) aides may not be aware of or accept a client's end-of-life status, and they may avoid end-of-life care, with important implications for quality of care. We recommend improved training, support systems, and policy change to enhance aides' contributions to end-of-life care, while protecting aides' health and well-being.

Our findings on support in particular underscore the relevance of models like Total Worker Health to home care aides' health and well-being. We documented aides' extensive reliance on personal sources of support to deal with work stress, and explored the challenges this can create in their lives and work, and, potentially, for their communities. Home care aides' work stress thus emerges as both an occupational health and a community health issue. We argue that, while employers should carry responsibility for preventing and mitigating work stress, moving toward health equity for marginalized careworkers requires investing in policy-level and community-level supports to bolster employer efforts, particularly as the home care industry becomes increasingly fragmented and non-standard.

In the third article published as part of this aim, several members of my K01 mentoring team and I (along with colleagues involved in carework research) analyzed multiple types of carework, including home care, to better understand what healthy carework might look like in light of our learnings during the COVID-19 pandemic period. Our model includes multi-sectoral social policies supporting both worker health and societal health and acknowledges several dimensions of work stress for careworkers that have received insufficient attention. Ultimately, we argue that the effects of reproductive labor on workers and society must be considered jointly, a recognition that offers an urgent vision for repairing and advancing societal health. Finally, my K01 mentor Sherry Baron and I (along with accomplished home care researcher Margaret Quinn) wrote an invited editorial for the *American Journal of Public Health* on the root causes of home care workers' poor health. Our editorial provided critical context for an article showing that home care workers' self-reported health was poorer than that of similar workers in a national sample. We were able to highlight the issue of client death as an example of the complexity of home care workers' work stress in the article.

#### Publications:

- a. Tsui, E., Lamonica, M., Hyder, M., Landsbergis, P., Zelnick, J., Baron, S. (2022). Expanding the conceptualization of support in low-wage carework: The case of home care aides and client death. *International Journal of Environmental Research and Public Health*, 19(1). [https://api.elsevier.com/content/abstract/scopus\\_id/85121878313](https://api.elsevier.com/content/abstract/scopus_id/85121878313)
- b. Tsui, E., Reckrey, J. M., Franzosa, E., LaMonica, M., Gassama, S., Boerner, K. (2022). Awareness, Acceptance, Avoidance: Home Care Aides' Approaches to Death and End-of-Life Care. *Omega*, 302228221078348.
- c. Tsui, E., Franzosa, E., Vignola, E., Cuervo, I., Landsbergis, P., Zelnick, J., Baron, S. (2021). Recognizing careworkers' contributions to improving the social determinants of health: A call for supporting healthy carework. *New Solutions: A Journal of Environmental and Occupational Health Policy*.
- d. Baron, S., Tsui, E., Quinn, M. (2022). Work as a Root Cause of Home Health Workers' Poor Health. *American Journal of Public Health* 112(1):9-11. doi: 10.2105/AJPH.2021.306582

### **Aim 2: Examine the role of client death in aide departures from the workforce before and during the COVID-19 pandemic.**

Given the pressures on our home care agency partners throughout the performance period, we were not able to complete all planned aspects of this aim, which was revised due to complications associated with the COVID-19 pandemic in February 2021. We did, however, complete a unique quantitative analysis of the role of client death

in aide departures from the workforce prior to the COVID-19 pandemic. In order to do this, we used a dataset created for us—with extensive collaboration between myself, my K01 mentors and collaborators, and our agency partner—which combined information on client deaths, worker characteristics, and workforce outcomes. This dataset included samples of aides who did and did not experience a client death during the period, matched on age and race-ethnicity. In terms of major findings, first, this research estimates the prevalence of aides experiencing client death in a given year to be approximately 5%. This estimate is an important step toward understanding the true prevalence of this stressor, which was missing from the literature to our knowledge prior to this publication. Second, we learned that longer case length ending in client death was associated with a longer period before the aide returned to work, highlighting the importance of case length as a potential flag for poorer workforce outcomes.

Publication:

- a. Tsui, E., Wyka, K., Beato, L., Verkuilen, J., Baron, S. (2023). How client death impacts home care aides' workforce outcomes: an exploratory analysis of return to work and job retention. *Home Health Care Services Quarterly*, Jul-Sep;42(3):230-242. doi: 10.1080/01621424.2023.2175758. Epub 2023 Feb 5.

**Aim 3: Explore ways that home care agencies might strengthen client death support and others forms of support for aides.**

Along with two substantial supplemental activities, we completed this aim as planned by conducting in-depth qualitative interviews with home care leaders in New York, and engaging leaders in a discussion of intervention alternatives for increasing client death support and others forms of support for aides. We learned that the goal of supporting aides around client death and their mental health became more central in leaders' thinking between 2019 and 2022. In many cases, in 2022, agencies saw supporting aides and their mental health as a high priority, and several took a range of new actions in this domain, though they were still limited due to ongoing funding constraints. Their actions included critical steps such as: improving the functioning of coordinators (who are aides' main staff contact) and/or supplementing them to better support aides; improving access to mental health services and other benefits for aides; increasing communication with and support for aides through technology; and developing and reinvigorating peer mentoring programs as a means of support. The paper describing these findings is currently under review.

As a supplement to this work, as mentioned in the Year 2 RPPR, we were indeed able to add to the work of this aim an analysis of weekly pandemic support calls for home care aides that were hosted by a large home care agency partner. To do this, we used a qualitative, single case study design involving semi-structured interviews with call staff and agency leaders (n = 9) and analysis of one year of thematic notes from the calls. We found that the calls resulted in multidirectional communication between agency staff and aides, an increased sense of empathy among staff, and a greater integration of aides into the agency's overall infrastructure. In the article, we explored how these calls might contribute to aide retention, worker voice, and mental health. We also noted the facilitators and barriers to implementing this type of job-based support to help other agencies that may be considering similar models. These findings were published in *Home Health Care Services Quarterly*. Finally, in gathering this data and reporting back to leaders, we found that home care leaders desired ongoing opportunities to learn from one another about the provision of additional support to home care aides. Thus, as a second supplement to the work of this translational aim, we organized several sessions of a Zoom-based working group for these stakeholders over 6 months, from July to December 2022. We led participants through goal-setting activities and group problem-solving efforts. In conjunction with this work, participants launched and supported numerous activities at their agencies related to aide mental health and client death. These ranged from focus groups with staff and sessions to build buy-in, to enhancing the ability of peer mentoring programs to support aide mental health, to targeted changes to aides' benefits. On this last point, one agency that was part of this group recently reported that they had a proposal accepted by their union to cover paid leave for aides to take bereavement days after a client dies. As our earlier research has shown, this is an immensely meaningful step toward recognizing aides' (usually disenfranchised) grief and loss, and supporting their health and ability to continue providing high quality care to clients. To my knowledge, this is a first in New York and possibly in the industry nationally.

Publications:

- a. Tsui, E., LaMonica, M., Hyder, M., Baron, S. (2022). "We want to hear your problems and fix them": A case study of pandemic support calls for home health aides. *Home Health Care Services Quarterly*, 41(2): 124-138. <https://doi.org/10.1080/01621424.2022.2035295>
- b. Under review: Tsui, E., LaMonica, M., Boerner, K., Baron, S. Protecting and promoting the mental health of home care aides: Shifts in home care leaders' thinking during the COVID-19 pandemic.

**Stated Goals Not Met**

As discussed under Aim 2, due to the ongoing stress and demands faced by our agency partners which led to a lower priority being placed on research efforts, we were not able to gather data from the period during the COVID-19 pandemic as planned in our February 2021 revision. (It took almost a full year to receive and clean data from our agency partner for the pre-COVID-19 period alone.) For a similar reason (lack of agency partner bandwidth to assist in planning and recruitment for research), we were also not able to conduct qualitative data collection with aides on this topic as planned.

In working to translate the research funded under this K01 into practice as part of Aim 3, we discovered two valuable opportunities for making up for these unmet goals, which are discussed above. Specifically, we were able to add a rigorous case study of a promising practice for supporting aides' mental health that emerged during the COVID-19 pandemic (now published as a peer-reviewed article for the benefit of other agencies), and to facilitate a 6-month working group to help home care agency leaders build their collective abilities to move innovations in employer support for aide mental health forward.

**B.4 What opportunities for training and professional development has the project provided?**

<b>Key Training &amp; Professional Development Activities</b>	<b>Contribution to Research Career Development</b>
Development, use, and monitoring of individual development plan with core K01 mentors	Guiding my progress throughout the course of the K01 grant work and ensuring that I maximized the opportunity of the K01, particularly under the changing conditions of the COVID-19 pandemic.
Presentations and networking at conferences: <ul style="list-style-type: none"> <li>• Work, Stress &amp; Health (2019)</li> <li>• American Public Health Association (2020, 2021)</li> <li>• Gerontological Society of America (2020, 2021)</li> <li>• Ex4OSH Meeting (2021)</li> </ul>	Professional networking; learning about state of the field in work stress and paid care; learning about ethics in occupational health research and practice.
Directed reading sessions: <ul style="list-style-type: none"> <li>• On occupational stress with core K01 mentors (2019)</li> <li>• On intersections of occupational stress and carework with core K01 mentors and fellow carework researchers (2020-21)</li> </ul>	Deepening my knowledge, familiarity, and competence with these topics through reading, discussion, and writing for publication.
Courses taken: <ul style="list-style-type: none"> <li>• Issues in End of Life Care &amp; Bereavement (GERON 651), a doctoral seminar at UMass Boston (2019)</li> <li>• Evaluation Research (EPSY 731), a doctoral seminar at the CUNY Graduate Center, to gain further skills in the development of analytic models for evaluation studies using quantitative data (2020)</li> <li>• Multivariate Analysis, short course at NYU with collaborator Verkuilen (2020)</li> <li>• Administrative data study design tutorial with collaborators Verkuilen and Wyka (2020-2021)</li> </ul>	An array of additional knowledge and particularly methodological skills that served me in the conduct of the K01 research, and will continue to serve me in my future research efforts.

<ul style="list-style-type: none"> <li>• Administrative data analysis practicum with collaborator Wyka (2021-2023)</li> </ul>	
<p>Training completed:</p> <ul style="list-style-type: none"> <li>• National Center for Faculty Diversity and Development's Faculty Success Program (Summer 2022)</li> </ul>	<p>This intensive training program provided invaluable opportunities for refining my career development strategies, networking, being coached around career development moving forward.</p>

## C. PRODUCTS

## C.1 PUBLICATIONS

Are there publications or manuscripts accepted for publication in a journal or other publication (e.g., book, one-time publication, monograph) during the reporting period resulting directly from this award?

Yes

## Publications Reported for this Reporting Period

Public Access Compliance	Citation
N/A: Not NIH Funded	Tsui EK, LaMonica M, Hyder M, Landsbergis P, Zelnick J, Baron S. Expanding the Conceptualization of Support in Low-Wage Carework: The Case of Home Care Aides and Client Death. International journal of environmental research and public health. 2021 December 30;19(1). PubMed PMID: 35010626; PubMed Central PMCID: PMC8744702; DOI: 10.3390/ijerph19010367.
N/A: Not NIH Funded	Baron SL, Tsui EK, Quinn MM. Work as a Root Cause of Home Health Workers' Poor Health. American journal of public health. 2022 January;112(1):9-11. PubMed PMID: 34936390; PubMed Central PMCID: PMC8713610; DOI: 10.2105/AJPH.2021.306582.
N/A: Not NIH Funded	Tsui EK, Reckrey JM, Franzosa E, LaMonica M, Gassama S, Boerner K. Awareness, Acceptance, Avoidance: Home Care Aides' Approaches to Death and End-of-Life Care. Omega. 2022 March 4:302228221078348. PubMed PMID: 35245148; DOI: 10.1177/00302228221078348.
N/A: Not NIH Funded	Tsui EK, LaMonica M, Hyder M, Baron S. "We want to hear your problems and fix them": A case study of pandemic support calls for home health aides. Home health care services quarterly. 2022 April;41(2):124-138. PubMed PMID: 35212257; DOI: 10.1080/01621424.2022.2035295.
N/A: Not NIH Funded	Tsui EK, Franzosa E, Vignola EF, Cuervo I, Landsbergis P, Zelnick J, Baron S. Recognizing careworkers' contributions to improving the social determinants of health: A call for supporting healthy carework. New solutions : a journal of environmental and occupational health policy : NS. 2022 May;32(1):9-18. PubMed PMID: 34913377; DOI: 10.1177/10482911211066963.
N/A: Not NIH Funded	Tsui EK, Wyka K, Beato L, Verkuilen J, Baron S. How client death impacts home care aides' workforce outcomes: an exploratory analysis of return to work and job retention. Home health care services quarterly. 2023 July;42(3):230-242. PubMed PMID: 36739614; DOI: 10.1080/01621424.2023.2175758.

## Non-compliant Publications Previously Reported for this Project

Public Access Compliance	Citation
N/A: Not NIH Funded	Tsui EK, Franzosa E, Reckrey JM, LaMonica M, Cimarolli VR, Boerner K. Interventions to Reduce the Impact of Client Death on Home Care Aides: Employers' Perspectives. Journal of applied gerontology : the official journal of the Southern Gerontological Society. 2022 February;41(2):332-340. PubMed PMID: 33522367; DOI: 10.1177/0733464821989859.

## C.2 WEBSITE(S) OR OTHER INTERNET SITE(S)

Not Applicable

**C.3 TECHNOLOGIES OR TECHNIQUES**

Not Applicable

**C.4 INVENTIONS, PATENT APPLICATIONS, AND/OR LICENSES**

Have inventions, patent applications and/or licenses resulted from the award during the reporting period? No

If yes, has this information been previously provided to the PHS or to the official responsible for patent matters at the grantee organization? No

**C.5 OTHER PRODUCTS AND RESOURCE SHARING**

NOTHING TO REPORT

## D. PARTICIPANTS

### D.1 WHAT INDIVIDUALS HAVE WORKED ON THE PROJECT?

Commons ID	S/K	Name	Degree(s)	Role	Cal	Aca	Sum	Foreign Org	Country	SS
ETSUI1	Y	Tsui, Emma	MPH,PHD	PD/PI	0.0	3.4	1.8			NA
MARYAMHYDER	N	Hyder, Maryam		Graduate Student (research assistant)	1.0	0.0	0.0			NA
	N	LaMonica, Marita	MPH	Non-Student Research Assistant	3.0	0.0	0.0			NA

**Glossary of acronyms:**

S/K - Senior/Key

Cal - Person Months (Calendar)

Aca - Person Months (Academic)

Sum - Person Months (Summer)

Foreign Org - Foreign Organization Affiliation

SS - Supplement Support

RS - Reentry Supplement

DS - Diversity Supplement

OT - Other

NA - Not Applicable

### D.2 PERSONNEL UPDATES

#### D.2.a Level of Effort

Not Applicable

#### D.2.b New Senior/Key Personnel

Not Applicable

#### D.2.c Changes in Other Support

Not Applicable

#### D.2.d New Other Significant Contributors

Not Applicable

#### D.2.e Multi-PI (MPI) Leadership Plan

Not Applicable

**E. IMPACT****E.1 WHAT IS THE IMPACT ON THE DEVELOPMENT OF HUMAN RESOURCES?**

Not Applicable

**E.2 WHAT IS THE IMPACT ON PHYSICAL, INSTITUTIONAL, OR INFORMATION RESOURCES THAT FORM INFRASTRUCTURE?**

Not Applicable

**E.3 WHAT IS THE IMPACT ON TECHNOLOGY TRANSFER?**

Not Applicable

**E.4 WHAT DOLLAR AMOUNT OF THE AWARD'S BUDGET IS BEING SPENT IN FOREIGN COUNTRY(IES)?**

NOTHING TO REPORT

## G. SPECIAL REPORTING REQUIREMENTS SPECIAL REPORTING REQUIREMENTS

### G.1 SPECIAL NOTICE OF AWARD TERMS AND FUNDING OPPORTUNITIES ANNOUNCEMENT REPORTING REQUIREMENTS

NOTHING TO REPORT

### G.2 RESPONSIBLE CONDUCT OF RESEARCH

File uploaded: TsuiK01\_G2RCR.pdf

### G.3 MENTOR'S REPORT[CDA]

File uploaded: Baron\_MentorLetterK01Closeout\_10.27.23.pdf

### G.4 HUMAN SUBJECTS

#### G.4.a Does the project involve human subjects?

NA

#### G.4.b Inclusion Enrollment Data

File(s) uploaded:  
CumulativeInclusionEnrollmentReport\_Closeout.pdf

#### G.4.c ClinicalTrials.gov

Does this project include one or more applicable clinical trials that must be registered in ClinicalTrials.gov under FDAAA?

### G.5 HUMAN SUBJECTS EDUCATION REQUIREMENT

Are there personnel on this project who are newly involved in the design or conduct of human subjects research?

### G.6 HUMAN EMBRYONIC STEM CELLS (HESCS)

Does this project involve human embryonic stem cells (only hESC lines listed as approved in the NIH Registry may be used in NIH funded research)?

No

### G.7 VERTEBRATE ANIMALS

Does this project involve vertebrate animals?

<b>G.8 PROJECT/PERFORMANCE SITES</b> Not Applicable
<b>G.9 FOREIGN COMPONENT</b> No foreign component
<b>G.10 ESTIMATED UNOBLIGATED BALANCE</b>  <b>G.10.a</b> Is it anticipated that an estimated unobligated balance (including prior year carryover) will be greater than 25% of the current year's total approved budget?
<b>G.11 PROGRAM INCOME</b> Not Applicable
<b>G.12 F&amp;A COSTS</b> Not Applicable

## **G2. Responsible Conduct of Research**

I used the final year of my K01 grant as an opportunity to move beyond training in the responsible conduct of research toward integrating a trauma-informed orientation into my research and teaching. The COVID-19 pandemic has served as an important reminder that people involved in both conducting and participating in research are affected by public health problems in ways that may trigger trauma or other harm. The principles of trauma-informed teaching and learning developed by Janice Carello have been particularly instructive. As a result, I now work intentionally to build strong relationships throughout my research and teaching teams, to check in regularly on how people are doing, to create spaces of psychological safety to the degree possible, to offer choice in the ways that members of my team engage with potentially difficult/sensitive topic, and to respond with supportive services and referrals where needed.

## BARRY COMMONER CENTER for Health & the Environment

October 27, 2023

To Whom It May Concern:

I am writing as primary mentor on Emma Tsui's K01 grant entitled, "Exploring the Role of Client Death Support in Home Care Workers' Grief, Stress, and Job Satisfaction" (1 K01 OH011645-02), and I submit this letter in support of the final RPPR and closeout of her grant.

The COVID-19 pandemic challenged all of us to think creatively about how to refine and reformulate ongoing research projects. Emma was faced with multiple challenges regarding the design of her K01 in light of the pandemic during the 2019-2022 period of the grant. She navigated these challenges well, demonstrated independence and strategic thinking, and also engaged her mentoring team and a vibrant network of home care and work stress colleagues that we have built, to come up with the best and most workable strategies possible at the time.

As a result, as you can see from this report, Emma and her colleagues have been successful in distilling the findings of this research and lessons learned from the grant period into six peer-reviewed publications, with another article currently under review, as well as presentations at a range of conference and other venues. To translate research into practice, she has also brought these findings to home care industry leaders in New York, and engaged them in an emerging community of practice to put these findings to use. While there were some pieces of the revised Specific Aims that Emma was not able to complete, given the complications of this time and the difficulties faced by her home care industry collaborators (see discussion of Unmet Goals in the final RPPR), I am delighted by the extensive, creative, and responsive translational work that she completed under Aim 3 to help balance these gaps.

Emma and I are in active conversation about ideal next steps and grant opportunities to build on this work, and I look forward to continuing to collaborate with her and support her continued growth as a researcher, scholar, and practitioner.

Please don't hesitate to contact me if you have any questions about Emma's work during this period.

Sincerely,



Sherry Baron, MD, MPH  
Professor  
Barry Commoner Center for Health and the Environment, Queens College and  
Graduate School of Public Health and Health Policy  
City University of New York

## Cumulative Inclusion Enrollment Report

This report format should NOT be used for collecting data from study participants.

**Study Title:**

**Comments:**

Racial Categories	Ethnic Categories									Total
	Not Hispanic or Latino			Hispanic or Latino			Unknown/Not Reported Ethnicity			
	Female	Male	Unknown/ Not Reported	Female	Male	Unknown/ Not Reported	Female	Male	Unknown/ Not Reported	
American Indian/ Alaska Native										
Asian										
Native Hawaiian or Other Pacific Islander										
Black or African American										
White										
More Than One Race										
Unknown or Not Reported										
Total										

## I. OUTCOMES

### I.1 What were the outcomes of the award?

Project: Understanding Support for Home Care Aides around Client Death and Mental Health

Contact PI: Emma K. Tsui, PhD, MPH

Organization: CUNY Graduate School of Public Health & Health Policy

Home care aides perform work that is critical to the health of older adults and disabled individuals, but studies show that they experience multiple types of stress on the job. This study explored the interplay of the types and sources of social support that home care workers use to navigate work stress, including workplace- and union-based support. We also worked with home care industry partners in New York to reflect and take action on our findings. Initially, the study focused on a particular work stressor, client death. During the COVID-19 pandemic, however, we expanded the project to include support for aides' mental health and well-being as well. We conducted multiple explorations of these topics, using interviews with aides, with home care agency staff, and with home care industry stakeholders, as well as home care agency data, to better understand what kinds of support aides use and need, and what kinds of support agencies grew to provide during the COVID-19 pandemic.

These were some of our main findings:

- Home care aides rely heavily on personal sources of support when facing work stress, which may impact their personal social networks in a process we call social accommodation. We recommend further research to better understand this impact of work stress on aides' home communities, and stronger support for these communities.
- Home care aides may not be aware of or accept a client's end-of-life status, and they may avoid end-of-life care, with important implications for quality of care. These issues might be ameliorated through additional training and support, as well as improved information and communication systems.
- The longer an aide worked with a client before their death, the longer the period before the aide returned to work after the death. When an aide loses a client they have worked with for a longer time, they may need additional support services during their time away following a client's death.
- For home care industry stakeholders, the goal of supporting aides around client death and their mental health became more central between 2019 and 2022. Several stakeholders took a range of new actions to support aides, but leaders reported that these efforts were still limited due to ongoing funding constraints.