

DC APPLESEED



D.C. FRONTLINE AND ESSENTIAL WORKERS' NEEDS DURING COVID-19

REPORT | NOVEMBER 2020

Recommendations on how to best support essential workers who are facing increased health risks and increased hours due to the COVID-19 pandemic, including hospital workers of all kinds, all healthcare workers, and those in the childcare, grocery, transportation, sanitation, and postal delivery sectors.



PREFACE

The coronavirus pandemic is ravaging our country and our city. It has upended all our lives, and has hit the disadvantaged, the underserved, and people of color much harder than others, and has done so with devastating consequences.

Many people and institutions in the District have stepped forward to help battle this ongoing scourge. Among the most important of these are the frontline and essential workers who put themselves at risk every day to serve the rest of us.

In April of this year, the Community Foundation asked DC Appleseed to examine whether sufficient support is being given to these workers and what more might be done to give them what they need to do their jobs. DC Appleseed was glad to undertake this work, not only because these workers deserve all the support we can give them, but also because without them we will not get through this pandemic.

The attached report presents what we have found concerning the circumstances facing these workers and what we recommend be done to better support them. As you will see, the needs of the workers vary greatly and are changing over time. As a result of these variations and changes, what we offer in this report is only a snapshot of the current situation facing these workers. We also offer a description of the resources currently available to meet their needs. Our research reflects conversations with real people on the front lines of this historic pandemic and we have attempted to capture their concerns and aspirations in this report.

Walter A. Smith
Executive Director, DC Appleseed

Because the risk is great that the pandemic will worsen in the coming months, we think it is important that the city be prepared to respond quickly to the frontline workers' potentially growing needs as the pandemic worsens – whether that involves transportation, housing, child care, mental health services, cash support, or other needs.

As described in this report, one tool we think can help meet changing worker needs on a timely basis is a clearinghouse website that details up-to-date resources for meeting those needs and also allows individuals, corporations, philanthropic organizations and others to make donations to help meet those needs. We are grateful to Amazon Web Services for agreeing to help with design of a new website, and we thank the District government, the Community Foundation, the DC Hospital Association and others who have discussed the goals and design of a potential website with us.

We are also grateful to our pro bono partners at Hogan Lovells, Covington & Burling, Weil Gotshal, and DLA Piper who worked with us on this report and to the many knowledgeable people who agreed to be interviewed for the report. We are also grateful to the members of DC Appleseed's Board who have contributed to and supported our work on the report.

Finally, we are grateful to the workers themselves who are the subject of this report. These front-line heroes are often our neighbors who do unglamorous but literally life-saving work. All of us owe them our thanks and support. And all of us have a duty to keep ourselves safe during this pandemic in order to reduce the risk those workers face on our behalf every day.



INTRODUCTION

Through Channing Wickham at the Washington AIDS Partnership, in April of this year DC Appleaseed was asked by the Greater Washington Community Foundation to assess the needs of essential workers here in D.C. during the pandemic and to consider how those needs might best be met. This report presents our findings and recommendations concerning meeting those needs. In this introduction we first summarize how we approached this work, and then describe how the report is organized. After that we report our findings and recommendations.

Our Methodology

Our approach to this work was to begin by conducting extensive background research, including a focus on what other jurisdictions were doing to support essential workers during the COVID-19 pandemic. We also conducted background interviews with D.C. government officials, nonprofit leaders, public health experts, and other stakeholders. Based on the information gathered from those efforts, we developed standardized interview questions for interviewing representatives of several groups: D.C. hospitals, D.C. community health centers, and unions representing essential workers. Finally, we also included data from a separate survey and interviews of D.C. home healthcare workers facilitated by the DC Coalition on Long Term Care (of which DC Appleaseed is a member).

We used the standard questions (attached as Appendix A) to interview nearly every general hospital in the District of Columbia,¹ community health centers, unions, and professional organizations to determine what they thought were the most pressing needs facing hospital workers of all kinds and all healthcare workers. During this process, we realized that we should expand our investigation to include those in the childcare, grocery, transportation, sanitation, and postal delivery sectors and expanded our research and outreach accordingly. We also reviewed existing COVID-19 relief efforts that seemed successful at reaching their intended audiences and connecting those in need with those looking to provide resources. We interviewed the creators of the most successful efforts we identified, from the City of Chicago and the Attorney General's Office of Massachusetts.

Once the initial interviews were completed, we did additional secondary research and interviews to get more information about how the needs identified by that investigation were being met in D.C. and elsewhere, and which interventions looked most promising. Finally, we conducted a review of the public health literature and recently deployed programs, as well as interviews of providers and other experts. This allowed us to

determine what interventions exist that match the needs identified in our inquiries, how successful they've been in similar situations, and what resources might be available right away – possibly with a discount. A list of available resources is attached as Appendix C, and a continuously updated list of resources is available at FrontlineWorkersDC.org.

In the process of conducting research for this report, we realized the importance of broadening our definition of “essential workers.” We had begun by including “hospital and healthcare workers.” That definition included all hospital staff (janitorial, food service, administrative, etc., as well as those directly involved in patient care) and healthcare staff (such as home healthcare aides, staff of community health centers, and others).

As the pandemic wore on, and our interviewees described how they were able to do their own work, we decided that it was necessary to expand our definition to include those without whom hospital and healthcare workers wouldn't be able to meet the needs of the community: those in the childcare, grocery, transportation, sanitation, and postal delivery sectors.

We do not directly address the needs of D.C.'s Metropolitan Police Department (MPD) or Fire and Emergency Medical Services (FEMS) Department workers because they have different kinds of exposure to the virus (close, unplanned physical encounters with strangers in distress and/or who pose a threat) and because our background research indicated that their unions and leadership have been working closely with District government to ensure their needs are met.² However, the work done to identify and meet the needs of MPD and FEMS during this pandemic has informed our research here, and many of the resources we identify are also available to police, fire, and emergency medical services workers.

Organization of this Report

Following this Introduction, we summarize our key findings and recommendations concerning the needs of

our essential workers. After that, we present information explaining and documenting this summary. This includes, first, important background information concerning the workers and the pandemic, the health and economy impact of the pandemic, the federal and local government responses to the pandemic, and the makeup and demographics of the workers.

This is followed by an analysis of each of the various kinds of needs the workers face, what is being done to meet those needs, and what more needs to be done.

We finally describe our work establishing a new clearinghouse website that will provide in real time an opportunity for workers to learn what is available to meet their needs and will also offer an opportunity for residents, business, philanthropists and others to make contributions to meet those needs.

Key Findings and Recommendations

We began examining D.C.'s essential workers' needs in April of this year and issued the first version of this report in August. It was difficult to keep up with the constant changes in those first months. Between August and November, the pandemic and essential workers' needs - as well as what resources are available - changed radically again. These changes make it difficult to say with confidence exactly what the workers' needs will be going forward and what should be done to meet those needs. As a result, what is provided in this report is only a current snapshot.

Even so, based on our research and investigations, we can say with some confidence what the most important categories of needs will be, and that they will include child care, mental health services, transportation, and cash support. We provide in some detail in this report what the current needs are in each of those and other areas, what resources are currently available to meet the needs in each of those areas, and what more might be done to meet those needs.

Although it is difficult to predict precisely whether and how much the needs in these various areas will grow, we think for several reasons it is important that the city prepare for the possibility that those needs will grow significantly.

First, the latest science tells us that the risk is considerable and that the worst is yet to come in the pandemic. The head of the CDC recently stated that "the fall and winter of 2020 and 2021 are probably going to be one of the most difficult times that we've experienced in American public health" and other experts agree.^{3,4} New infections are already trending upward in D.C., regionally,

and nationwide as of mid-November.⁵ In addition, one of the leading modelers of the direction of the pandemic estimates that at current rates deaths in the country will grow from 231,629 as of November 3, 2020 to 756,000 by February 1, 2021.⁶ In late July, another key group of scientists in Philadelphia included DC as a "hot spot" in the pandemic going forward.⁷ As of mid-November, the District of Columbia and every U.S. state except Hawaii is a hotspot.⁸

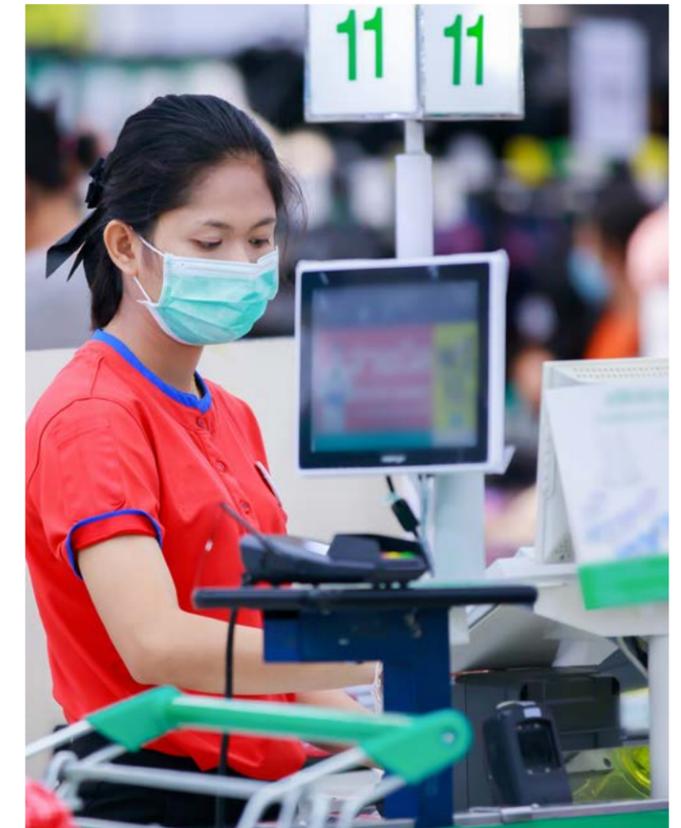
Moreover, the most recent data show that the country continues to face more than 1,000 deaths per day and more than 155,000 new infections per day.⁹ The data also show that infections are growing among children and young people. Furthermore, the data show that the pandemic is disproportionately affecting people of color in the city.

Given these indications, it is critical that the District be prepared for infections and hospitalizations to grow in the coming months and that the District be prepared to support the workers confronting these increases – both for their sake and for the sake of the rest of the District's residents who depend on these workers being there for us.

The District is fortunate that many people and organizations have already stepped forward to support these workers. We hope and believe that these people and organizations will continue to provide that support going forward. We also believe that this report will help identify where that support is most needed.

A key supplement to this support that should be added is a new clearinghouse website containing information about what resources are available for workers that is usable by essential workers on the go, meaning: highly visible, up-to-date, comprehensive, easily navigable, and accessible via cell phone.

In addition to being a reliable vehicle informing workers what resources are currently available to them in the various categories of their needs, the website would also provide a vehicle for residents and companies to make donations to support these needs. DC Appleseed is working with Amazon Web Services to establish this clearinghouse website, and will engage the support of the District government, the Community Foundation, the DC Hospital Association and others in making it a successful tool to support the workers. We expect to have the support of our pro bono partners at Hogan Lovells and DLA Piper in maintaining the website going forward. We believe the website can be a critical supplement to the work already being done to support our essential workers.



MEETING THE NEEDS OF FRONTLINE AND ESSENTIAL WORKERS

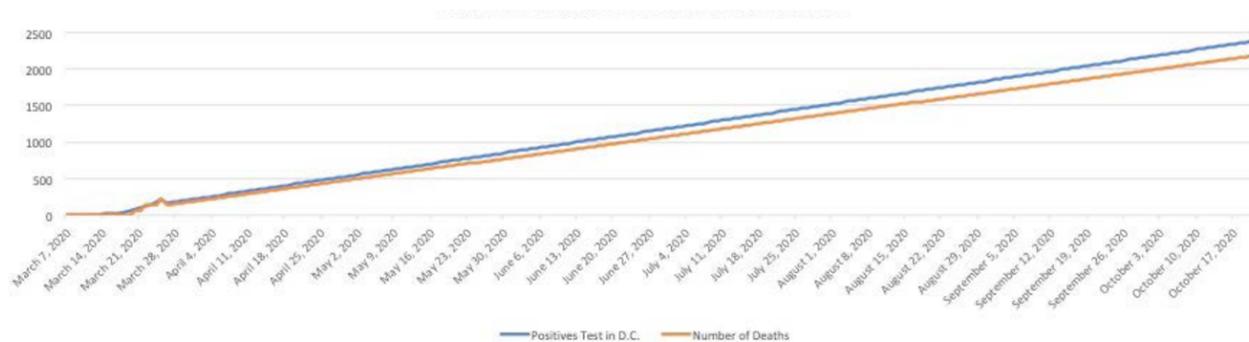
In order to present the details of our findings and recommendations, we first describe background information that provides the context for those findings and recommendations. This includes the health impact of the pandemic, the economic impact of the pandemic, information about infections and deaths in the city, the demographics and other information about the workers, and government interventions to date to address the pandemic. This is followed by our analysis of each of the key needs faced by the workers. Finally, we present our recommendations for steps that need to be taken to meet worker needs going forward. This includes a description of the website we have launched to help meet those needs.

A | Background

The COVID-19 crisis is challenging in multiple ways. The scientific community is still learning about how the virus is spread, how symptoms manifest, and what treatments may be effective. The infection and mortality rates have been unpredictable, and even the most accepted understandings of these patterns may have been confounded by interventions.¹⁰⁻¹¹ The many unknowns surrounding COVID-19 and the long length of the pandemic so far make it difficult to predict what people, hospitals, businesses, and other entities will need – and how they will feel comfortable addressing those needs. Even so, we believe our research and interviews can help identify existing and future needs and likely successful interventions. Doing so requires an understanding of the general impact of the pandemic and how it is affecting the workers we are addressing.

Many D.C. residents and workers have seen hardships during the COVID-19 crisis. While the District of Columbia has a comparatively large proportion of workers who can do their jobs fully remotely and continue to be paid regularly,¹² many groups of workers can't work from home and are facing increased health risks and/or increased hours due to the COVID-19 pandemic, including: 1) hospital workers of all kinds; 2) all healthcare workers; and 3) those in the childcare, grocery, transportation, sanitation, and postal delivery sectors. Those are the workers we are focusing on in this report. To provide an understanding of the environment in which they are working, we present below the health and economic impacts of the pandemic to date, information about the workers and their jobs, and the interventions to date by government to support the workers.

Figure 1 | Cumulative Positive COVID-19 Test and Lives Lost



1 | Health Impacts

The health impacts of COVID-19 have been quite serious, but so far the District of Columbia has reported adequate hospital capacity.¹³ Local hospitals were able to quickly ramp up capacity ahead of a predicted June surge in infections, and that capacity has remained adequate to date. However, it is expected that there will be a much greater demand on hospitals during flu season.¹⁴ Testing has also been expanded, though limitations to the effectiveness of testing, such as false negatives, present ongoing challenges.¹⁵ The District of Columbia government has reported that, as of the 14th of November, 588,620 tests for the virus have been administered in D.C., of which 276,257 were administered to residents. Of the total number, 18,977 were positive. 660 of our neighbors have been lost to COVID-19.¹⁶ Figure 1 shows the cumulative positive tests and lives lost in the District since early March.

2 | Economic Impacts on Workers

Economic impacts have also been significant and are expected to continue for a significant period.¹⁷ This August, private sector jobs in the District of Columbia were down 10.4% and overall employment was down 6.9% compared to August of last year.¹⁸ Year-over-year employment is down by tens of thousands, including in the sectors which encompass childcare, grocery, transportation, sanitation, and postal delivery workers.¹⁹ Figure 2 below shows the change in jobs by sector from August 2019 to August 2020 in the District. Figure 3 shows the weekly unemployment claims filed with the DC Department of Employment Services since the beginning of the pandemic.

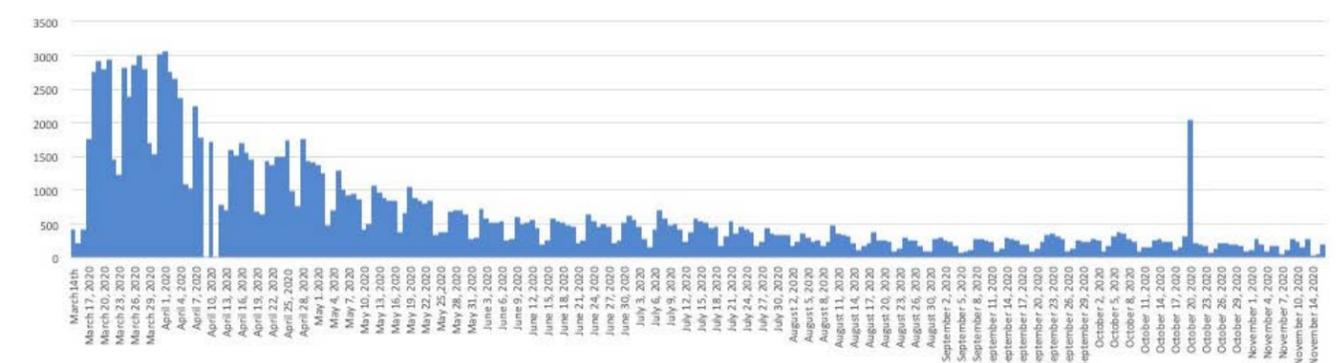
Like COVID-19 itself, the economic effects of the virus disproportionately impact racial minorities. According to an analysis conducted by the Center for Economic Policy Research using the US Census American Community Survey data, Black persons are overrepresented in frontline or essential sectors in D.C.²⁰⁻²¹ Other groups that are present in frontline or essential sectors at higher rates than they are present in the general population include: women and persons with less than a college education, low household incomes, or with children or seniors in their homes.

In designing interventions to support health and economic stability of essential workers during the COVID-19 crisis, government and philanthropy will need to focus on how to support workers who are at greater risk due to exposure to the virus from their employment and who face challenges with childcare, protecting seniors in their homes, their need for cash assistance because they have little or no savings, the unemployment of their household members, and other factors. Table 1 below details the characteristics of workers in frontline industries in DC.

Figure 2 | Change in Industry Sectors from August 2019 to August 2020



Figure 3 | Daily Total of Unemployment Claims



CHARACTERISTICS OF WORKERS IN FRONTLINE INDUSTRIES

WASHINGTON, D.C.

62%

of all Frontline industry
workers in Washington, D.C.
are Black

43%

of all Frontline industry
workers in Washington, D.C.
have a child or a senior (age
65+) to care for at home

60%

over 60% of Frontline industry
workers in Washington, D.C. do
not possess a 4-year college
degree

25%

of all Frontline industry
workers in Washington, D.C.
are below 200% poverty line

3 | Interventions to Support Workers

District, federal, philanthropic, and informal donor interventions have done much to control the economic effects of the virus and virus response on businesses and households, but the need for interventions grows the longer that COVID-19 is active in our communities.

The federal CARES Act, which became law on March 27, 2020, made several key investments. Those include direct interventions, such as Economic Impact Payments of up to \$1,200 per household and \$500 per child, a moratorium on student loan payments, and enhanced unemployment benefits.²² The Paycheck Protection Program offers low-interest forgivable loans to help businesses stay open.²³ The Office of the District of Columbia Auditor issued a report on all federal funds available to the District of Columbia for use in COVID-19 response.²⁴

D.C. lawmakers passed their own legislation as well, including:

- The COVID-19 Response Emergency Amendment Act of 2020 (B23-0718 or Act 23-247), enacted March 17.
- The COVID-19 Response Supplemental Emergency Amendment Act of 2020 (B23-0733 or Act A23-0286), enacted on April 10.
- Mortgage Relief Emergency Amendment Act of 2020 (B23-0735), effective May 4 to August 2.
- The COVID-19 Supplemental Corrections Emergency Amendment Act of 2020 (B23-0735 or Act 23-0299), effective March 11 to August 2.
- An agreement with the Restaurant Association Metropolitan Washington ("RAMW") in the not-to-exceed amount of \$5,000,000.00 to administer a restaurant relief program to support D.C.-based restaurant operators and workers impacted by the COVID-19 pandemic, approved May 14.²⁵
- A Memorandum of Understanding among Events DC, the Executive Office of the Mayor and the Greater Washington Community Foundation in the not-to-exceed amount of \$5.15 million to administer the DC Cares program, which will provide critically need financial assistance to workers in the District of Columbia who have been excluded from federal stimulus efforts and are experiencing financial hardship due to the COVID-19 pandemic, approved June 18.²⁶
- The Real Property Tax Sale COVID-19 Emergency Declaration Resolution of 2020, effective July 28, which cancels real property tax sales for 2020.²⁷
- The Protecting Business and Workers from COVID-19 Emergency Declaration Resolution of 2020, effective July 28, which sets workplace safety standards for the COVID-19 crisis.
- Various portions of the Fiscal Year 2021 budget.
- The Protecting Businesses and Workers from COVID-19 Congressional Review Emergency Amendment Act of 2020 (B23-0980 or Act 23-0483), effective November 16 to February 13.
- The Emergency Rental Assistance Reform Amendment Act of 2020 (B23-0966), effective November 16 to February 13.

In addition to these measures, formal and informal giving have moved quickly to mitigate the effects of COVID-19 with their own initiatives. Some formal examples include the Greater Washington Community Foundation's COVID-19 Emergency Response Fund (focused on supporting nonprofits in addressing urgent needs and reaching adversely affected communities),²⁸ the D.C. Childcare Reopening Fund (to help keep childcare centers open),²⁹ and the CareFirst COVID-19 Response and Relief Fund (to aid initiatives that address immediate health, social and economic needs)³⁰. Less formal initiatives have also been formed in response to the COVID-19 crisis, such as mutual aid programs.³¹

There has thus been no shortage of desire in the District to help essential workers, businesses, and communities. However, unemployment and new infections continue. While current efforts are important, and it was critical to move quickly, our research and interviews demonstrate that more should be done to meet essential workers' needs. Below we describe our key general findings about those needs. We thereafter offer an analysis of each of the specific needs that our investigation identified. We then describe our ongoing initiative to establish a clearinghouse website to better meet those specific needs going forward.





B | KEY INSIGHTS FROM BACKGROUND RESEARCH AND INTERVIEWS

The DC Appleseed team, in addition to its pro bono partners, has researched resources available to healthcare and other essential workers during the COVID-19 crisis. While there are some areas in which there are many resources available, others appear insufficient. We have identified resources that would be helpful to best support frontline healthcare workers and essential employees during the COVID-19 crisis based on conversations with healthcare and essential services workers. We also conducted a survey of the activities in several other state and local jurisdictions.

In addition, we conducted various interviews with hospitals, home health agencies, long-term care facilities, unions, and other organizations that represent both healthcare and other essential workers in the District of Columbia and surrounding areas. In this section, we offer the major takeaways from these interviews in order to provide a better understanding of the types of challenges these workers are facing during the COVID-19 pandemic.

In brief overview, the interviews conducted highlight a number of concerns for healthcare and essential workers, including obtaining personal protective equipment (PPE), childcare, transportation, housing accommodations for quarantining, worker accommodations, food, wellness, and access to information concerning the virus and concerning available worker supports. During our interviews of leaders in healthcare institutions and representatives of other essential worker groups, it was apparent that the ongoing issues affecting these workers are varied and highly individualized. Experiences vary based on factors such as whether a spouse of a healthcare worker was employed or working reduced hours, challenges with remote learning for children and childcare, ability to cover monthly housing and utilities expenses, and inadequate PPE and worker safety equipment.

Different challenges also emerged for essential workers based on the degree to which they are currently working. Some workers have faced furloughs or otherwise opted not to work during this time due to personal reasons, such as concerns for their safety or the safety of their families. Other essential workers may have continued working throughout the crisis (in some cases, more hours than usual) and faced obstacles securing PPE or other resources needed outside the work environment in order to enable them to be able to work –such as childcare.

We reached out to hospitals and organizations that represent hospitals and their workers to better understand how they are managing with the pandemic, including (but not limited to) worker engagement, turnover, reduced capacity, equipment and personnel needs and access, mental health, and personal considerations such as housing, food, childcare, and transportation. One hospital noted that early on, its biggest obstacles were dealing with the stress of the unknown surrounding the virus, unexpected patient loads, and determining how best to protect staff.

As the number of COVID-19 cases increased, the hospital had to deal with potential staff exposure, including compensation during isolation or illness. The hospital formed a COVID-19 task force to provide support to staff with the challenges they face at the hospital and outside of work, although they did not provide further detail on what specific support the task force has provided for issues outside the hospital setting. This hospital's task force reported measures such as communications to employees about handwashing and PPE. The hospital has been relying on resources from the Centers for Disease Control and Prevention (CDC), DC's Department of Health (DOH), the Joint Commission of Health, and its own medical staff to stay current on the status of the virus and recommended safety guidelines. Other interviewees did not specify resources being used to stay up to date, beyond attendance of leadership meetings and newsletters.

In summary, it is difficult to generalize across-the-board about ongoing worker needs, given not only that they differ considerably depending on the workplace involved, but also because they changed considerably even during the few months we have been addressing the issue. However, our research and interviews do allow us to examine with some specificity what the key needs are and are likely to be going forward, and we address those specific needs below.

C | SPECIFIC NEEDS OF WORKERS

We identified a number of needs facing frontline and essential workers. As to each need, we describe the nature of the need, the resources available to meet the need, and our listing of good practices and recommendations for providing additional resources. The list of needs we examined includes: childcare and eldercare; transportation; support for physical and mental health; communications and technological support; food availability and security; housing accommodations; separate challenges for home health care; access to resources; and need for cash support.

1 | Childcare and Eldercare

The Need

Lack of access to childcare was a recurring trend among our interviewees. One hospital stressed that some employees have opted to stay home while their daycare facility is closed. This hospital has provided information on childcare options to its staff, but few have pursued this avenue. As a result, the hospital has had to manage with a shortage of staff. The hospital noted that not all of its workers are covered by the Office of the State Superintendent of Education (OSSE) childcare program,³² and for those that do have access, few utilize the program because of distrust of unknown childcare facilities and concerns about exposure to the virus. Another respondent noted that because nurses typically make \$70,000 - \$100,000, most are not eligible for assistance programs and have had issues finding affordable childcare.³³

We also received information from organizations that represent teachers and nurses that work in schools in the D.C. area. The interviews highlighted concerns with the lack of proper medical equipment in schools, which has made teachers and other school workers hesitant to return to school. One interviewee noted concern over a lack of transparency in how D.C. Public Schools (DCPS) is handling the situation, noting that additional funding has not been put aside for janitorial staff or PPE. Concerns were also raised about teachers and students not being equipped for remote learning, as 20% report their students do not have a computer or internet access at home. As of August 1, the District's public schools will operate completely remotely for at least the first term. Private schools are currently permitted to make those decisions individually. Online learning puts an additional burden on essential workers to supervise instruction of their children at home and to make up for services and materials that children would otherwise receive at school, such as meals, computers, and internet access. Remote learning also prevents access to nurses and counselors, and many experts have noted the potential for increased domestic violence incidents.³⁴

Existing Resources

Existing programs do not fully meet workers' childcare needs. In August, when this report was first completed, OSSE had an initiative to support the emergency childcare needs of healthcare professionals employed in the District of Columbia. Clinical and non-clinical staff employed by District businesses involved in health care and public health functions, as defined in an Order by the Mayor, were eligible to receive childcare for children ages 4 to 12 with a licensed childcare provider in the District. This included those employed by hospitals, clinics, and home healthcare and assisted living organizations, as well as first responders, among others. Emergency childcare was offered from 6 am to 8 pm, Monday through Friday, at four locations around the city. That program concluded. We were able to identify one commercial resource offering 30 days of premium access for free for frontline workers from the website Care.com, but the value did not go towards childcare itself. That program has also concluded.

Good Practices and Recommendations

Good practices for childcare and eldercare assistance for essential workers include (1) free or reduced cost childcare programs for all workers' children under the age of 18 years, and (2) free or reduced cost programs for eldercare for workers' dependents. Both of these programs should contemplate arrangements for workers who may work alternative schedules, such as night-shifts, and should provide for short-term arrangements if a worker needs to quarantine.

Childcare and eldercare remain pressing needs of essential workers despite the program created by OSSE to provide free childcare to healthcare workers. As noted, many individuals expressed a reluctance to take advantage of this program since they were unfamiliar with the quality of the selected childcare sites. Parents were also concerned about the child's exposure to COVID-19 in a group childcare setting. Interviewees also expressed concern about potential increases in child abuse and neglect if both parents have to return to work and schools and childcare services remain closed in the fall.

D.C. government and philanthropy could help subsidize both group and individual childcare for essential workers. This would provide greater flexibility for workers who

work evening or nighttime hours. A discount or free voucher program could be established in partnerships with companies such as Care.com. This could both alleviate childcare concerns and provide additional job opportunities for those who have been laid off or furloughed. Additionally, many workers are concerned about how they will both care for and educate their children if virtual education resumes in the fall. Childcare options should have the capacity to support students in their online learning curriculums during the day. Providing laptops and hotspots should be a high priority, since our interviews revealed that many workers lack access to adequate technology and internet for all members of the household to learn and work remotely at the same time.

2 | Transportation

The Need

Most of our interviews highlighted that transportation is a challenge for health care and other essential workers as many who would ordinarily rely on Metrorail or low-cost monthly Metrobus passes are concerned about the risks associated with public transportation. None of the interviewees indicated that Metro's reduced service schedule has impacted their workers' ability to come to work; some interviewees indicated workers who commuted via Metro prior to the pandemic have found alternative modes of transportation to get to work during the pandemic. Many do not own cars and are not able to afford rideshare for an extended period of time.

Existing Resources

While some hospitals and health care agencies are offering free parking to their employees, many do not own a car to take advantage of this. Some workers are utilizing ride sharing options instead, but this also presents additional financial constraints on those who cannot afford to do so for an extended period of time. Some hospitals have partnered with Uber and Lyft to provide free rides during the late evening and early morning hours, when ride sharing options are not as accessible. We heard from interviewees that vouchers are very helpful in alleviating some of the transportation concerns.

Good Practices and Recommendations

Good practices for transportation for essential workers include many measures, such as:

- Providing services for employees to travel for work without causing unnecessary exposure to or from other people – and without charging more than transit, or waiving costs altogether. For example, free rides through rideshare services, taxi services, bikeshare programs, and/or scooter programs.

- Providing accommodations for those workers relying exclusively on public transportation, especially if public transit times and schedules have been altered and/or removed due to the epidemic.
 - For example, provide buses, train cars, or shuttles dedicated solely for healthcare or essential workers; have alternative hours (opening earlier or closing later) specifically for these workers to reflect shifts other than “9 to 5.”
- Providing reduced price or free travel on buses or other public transportation, such as the Metrorail system.
- Providing reduced price or free gas for workers driving to and from work for additional shifts, or when they would otherwise have taken public transit.
- Providing parking (either free or at reduced cost) at locations near and around both workers' place of work and residence.
- Streamlining the process for identifying cars that are allowed to utilize free/reduced cost parking, e.g., allowing self-certification online through the jurisdiction's motor vehicle website.

Some of these provisions have been put into place in the District, and we have identified some available transportation resources for essential workers. Spin is providing free 30-minute scooter rides to essential workers who live in the Washington D.C. metro area and work in the healthcare, public transit, or food service industries. Razor Scooter is offering unlimited free trips for healthcare workers, first responders, food retail employees, and pharmacy employees. The D.C. Department of Transportation has reduced parking enforcement generally and worked with specific sites to ensure that healthcare workers can park near their work.

Ideally, free flights would be provided for healthcare or essential personnel traveling to other locations to provide services. Delta has stated that it will fly eligible medical volunteers round-trip for free to Georgia, Louisiana, and Michigan. In addition, Delta will be expanding free flights to other regions in need, including California, New York, and Washington.

Many forms of public transportation have been closed or forced to operate with reduced hours due to COVID-19. This has primarily affected low-wage workers, since most higher-wage workers, such as physicians and registered nurses, have access to cars or rideshare. Many rideshare, scooter, and bike companies have made free rides available to healthcare workers, but low-income essential workers, such as home-health aids, grocery, sanitation,

and construction workers are often overlooked in these agreements. Rideshare vouchers with companies such as Uber or Lyft should be made available for as long as public transportation is limited. Essential workers must be able to get to work safely in order to keep D.C. functioning during the pandemic.

3 | Physical Health

The Need

One overall theme from our interviews was that healthcare and other essential workers are concerned about their physical and mental health and that of their families. In this section we address physical health. Workers are worried about the possibility of getting infected and exposing family members to the virus. Interviewees acknowledged that not enough was being done to support workers with these issues.

A lack of PPE is one of the key problems healthcare workers are facing during COVID-19. Without proper PPE, healthcare workers are afraid of becoming sick themselves and of unknowingly infecting friends and family. Healthcare worker interviews revealed that in the beginning of the COVID-19 pandemic, there was substantial debate surrounding which workers would be provided with PPE. Often, only nurses directly caring for COVID-19 patients were given PPE. This resulted in some nurses, especially at Saint Elizabeth's Hospital, becoming infected with COVID-19. Now, with a District-wide mask mandate, it is clear that a base level of protection is required for all District residents and a higher level of protection should be available for those who have a high risk of exposure.

Many interviewees highlighted challenges involving access to PPE for workers, as well as conducting adequate training to ensure the equipment is used properly. One hospital noted that it has posted visual updates to workers on the importance of wearing masks and washing their hands, and videos on donning and doffing of PPE. The hospital provides gowns, booties, surgical masks, goggles, and face shields to patient-facing staff. They also provide surgical masks, wipes, and gloves as needed to non-patient-facing staff.

One interviewee speaking on behalf of nurses also highlighted challenges involving PPE. The interviewee emphasized that she viewed nurses as the "guinea pigs" for COVID-19 precaution measures and felt that they were expected to sacrifice their own wellbeing to take care of others. For example, initially, safety protocols stated that nurses should only need PPE if a patient showed symptoms of the virus, and the CDC issued guidance that staff could reuse PPE. We heard concerns that these policies might have placed nurses and their

families at risk for exposure to the virus. Interviewees also expressed concerns that a lack of housing accommodations for quarantining could expose nurses' families to the virus. Last, some nurses bring their own PPE to work because they do not believe the equipment provided by their hospital is enough.

Some interviewees noted concerns with changes to hospital staff hours; however, the specifics varied with each hospital. For example, some interviewees reported hospitals furloughing or cutting the hours of cleaning staff, due to the reductions in voluntary procedures. This increased concerns about exposure to the virus for the staff who continued to work. Some interviewees suggested that staff shortages were a result of workers opting not to work entirely, or refusing to work in COVID-dedicated areas to avoid the myriad challenges and stresses with doing so.

COVID-19 cases in the District continue to rise. As a result, non-healthcare frontline workers, such as sanitation, construction, and transportation workers, are also experiencing increased exposure to COVID-19. Unfortunately, these workers often have limited protections. D.C. government and philanthropy should work to ensure that adequate hand sanitizer, disinfectant, and face coverings are made available to essential workers.

Existing Resources

Healthcare workers should be the first priority when distributing PPE. Healthcare worker interviews revealed that there was a severe PPE shortage in the early stages of the pandemic, but currently a lack of PPE does not appear to be a major concern. As of May 15, 2020, FEMA had provided 752,677 N95 respirators, 788,760 gloves, 68,721 face shields, 414,600 surgical masks, and 200 ventilators to the District.³⁵ On March 25, 2020, the Bowser administration directed an additional \$15 million from the District's Contingency Cash Reserve Fund to purchase medical supplies and PPE.³⁶ The administration has spent over \$53.15 million to combat the COVID-19 pandemic in D.C. These efforts are commendable, but the amount of PPE remaining is not publicly available. The District government should ensure that a sufficient PPE stockpile exists to handle a potential fall COVID-19 surge.

One hospital noted that it had received an influx of in-kind donations including food and PPE of various forms, including homemade PPE inappropriate for a healthcare setting. Unfortunately, this hospital noted the challenges of keeping enough physical space to accommodate all of the donations being received, as well as the management/oversight of the donations to ensure utility

and quality. These challenges led to issues with how to distribute and utilize the donations, with many items simply taking up office space.

Connecting essential workers with PPE is an area where there are many national and corporate resources available. For example, Direct Relief is coordinating with public health authorities, nonprofit organizations, and businesses in the U.S. and globally to provide personal protective equipment and essential medical items to healthcare workers responding to coronavirus. In the U.S., Direct Relief is delivering protective masks, exam gloves, isolation gowns, and other protective gear to healthcare organizations across the country. There are many mask donation and collection services, including 100 Million Mask Challenge, Project N95, and Mask Match. There are also some companies that have pledged to create or donate masks, such as Decor8 Interiors and Preppi, or shoes, such as Allbirds and Dr. Scholls.

Good Practices and Recommendations

Good practices for equipment or goods are to solicit donations of, or determine additional sources from which to order, all forms of medical PPE. This includes (but is not limited to) face shields and face masks, including surgical masks; gloves; goggles and glasses; gowns, aprons, and coveralls; head covers; respirators; and shoes and shoe covers. Philanthropy could donate directly to organizations such as the Million Mask Challenge or MedSupplyDrive, which work to provide PPE to those who need it.

It also includes providing lesser levels of protection appropriate for non-healthcare essential workers. Redirecting donations of non-medical grade protection from hospitals, which can't use them, to other essential workers could be one useful resource. The Council of the District of Columbia recently passed the Protecting Businesses and Workers from COVID-19 Emergency Amendment Act,³⁷ which sets workplace safety standards for the COVID-19 crisis and is particularly notable for non-healthcare essential workers.

Essential workers would ideally have access to laundry service and dry cleaning for themselves and their families because it is so important for them to change clothes to avoid spreading COVID-19. Procter & Gamble, through its Tide® brand, offered free laundry services and dry cleaning to the families of frontline responders, but the program was discontinued on June 28, 2020. There is now an unmet need for this service.

4 | Mental Health

The Need

One overall theme from our interviews was that healthcare and other essential workers are concerned about their physical and mental health and that of their families. In this section we address mental health.

Many workers are facing increased stress at work and at home during the COVID-19 Pandemic. Workers facing staffing shortages, longer commutes, and other pressures are worried about potential burnout, PTSD, and their mental health in general. Interviewees acknowledged that not enough was being done to support workers with these mental health issues. Some hospital administrators noted that additional mental health resources for their employees, onsite and offsite, would be beneficial.

Studies of previous high stress situations for essential workers such as 9/11 recommend long-term health monitoring and treatment to prevent chronic mental health consequences, especially for those who are traditionally underserved. This study also emphasized the need to protect non-healthcare frontline workers. After 9/11, non-traditional essential responders, such as construction workers, city employees, and cleanup crews, experienced higher rates of chronic PTSD than uniformed first responders. This is credited to less support targeted towards these groups, a lack of disaster-response training, and being forced to take on tasks outside of the scope of their jobs due to economic necessity.³⁸

Existing Resources

Companies like Ginger, Headspace, and Down Dog are offering free resources on anxiety, isolation, parenting, working from home, financial stress, self-care, mindfulness, and exercise for essential workers. The D.C. Department of Behavioral Health has a 24/7 Access Helpline (1-888-793-4357). But as discussed in the next section, more needs to be offered.

Good Practices Recommendations

To protect the mental health of D.C.'s healthcare workforce, workers should be offered free or discounted individual counseling, support groups, online wellness resources, crisis lines, and mental health first aid. A good practice for wellness is to provide a 24/7 hotline for workers struggling with mental health issues related to the pressures of the COVID-19 crisis. These interventions are evidence-based. One study recommended the rapid deployment of telehealth-based supportive mental health services, especially support groups, individual therapy, and crisis lines.³⁹ A meta-analysis supports cognitive behavior therapy and psychotherapy as

effective treatments for anxiety and depression.⁴⁰ Virtual delivery of these services has also been shown to be as effective as in-person therapy in alleviating anxiety and depression.⁴¹ Furthermore, providing early access to counseling has been shown to be more effective in quickly reducing symptom severity for those with traumatic stress symptoms and PTSD.^{42,43}

These suggestions are not only effective, but healthcare workers have also expressed desire for their implementation. In a survey of New York City hospital employees, more than half of respondents were interested in a potential mental health resource.⁴⁴ The proposed resources with the most interest were self-guided counseling with access to a therapist, individual counseling/therapy, an online clinician support group, and mental wellness videos.

Healthcare workers who do not need a trained counselor to process the trauma of COVID-19 can utilize a resource such as mental health first aid (MHFA), also known as psychological first aid (PFA). Similar to CPR, Mental Health First Aid (MHFA) teaches laypeople how to handle mental health crisis situations.⁴⁵ PFA is not psychotherapy, but a pilot randomized and controlled trial found that PFA is more effective than social acknowledgment in decreasing anxiety thirty minutes after disclosure of a stressful event.⁴⁶ The United States was already experiencing a shortage of mental health professionals before the COVID-19 pandemic began. MHFA is an alternative way to build a surge capacity for mental health needs during times of crisis, such as during COVID-19.⁴⁷

The D.C. Council and philanthropy should consider these interventions to support the mental health of frontline healthcare workers in the District. Teletherapy, support groups, crisis hotlines, MHFA, self-guided online educational videos, and morale-lifting media campaigns have empirical support regarding both their efficacy and necessity. D.C. government and healthcare leaders should promote educational content that has already been developed, such as the CVN Frontline website (<https://www.cohenveteransnetwork.org/frontline/>). Healthcare workers should also be encouraged to utilize the D.C. Department of Behavioral Health 24/7 Access Helpline (1-888-793-4357).

Additionally, the D.C. Council should be encouraged to use its existing social media platform to highlight the sacrifices and victories of the frontline healthcare workers in an effort to boost morale. D.C. government, philanthropy, and healthcare organizations should pursue partnerships with organizations hosting support groups and companies providing teletherapy. Serious

consideration should be given to funding virtual counseling for frontline healthcare workers, since many insurance companies do not cover mental health services.

5 | Communications Services and Technology

The Need

Some healthcare workers are able to telework, which limits their exposure to the virus that causes COVID-19. However, this requires hardware (laptops that can handle telemedicine and other software, phones, strong internet connections, chairs and desks) and software that those employees can access at home. The community-based health clinics we interviewed have been able to provide some, but not all, of those things to employees who can work effectively from home. There is also a need for other essential workers to be reachable outside of regular hours and to be able to conduct personal business (like finding and applying for supports) while away from home. These all impose additional costs.

Existing Resources

Some employers have been able to provide laptops, cell phones, and other basic equipment. Community-based health centers have been able to take advantage of some limited grant programs available at the beginning of the pandemic to defray the cost of those investments, but report that those funds are now gone.

Good Practices and Recommendations

Good practices for communications assistance for essential workers include (1) free or reduced cost service communications (e.g., cell phone, landline, Internet/data), and (2) higher bandwidth or increased service capabilities to account for increased frequency of calling and/or cellular phone usage. We did not find any relevant programs in any specific municipalities. However, two national companies have programs for specific workers. AT&T is providing individual first responders, who sign on to FirstNet and pay for their own service, 50% off monthly rate plan charges for 6 months when activating a new FirstNet Mobile-Responder Unlimited line of service and purchase of a new FirstNet Ready device on a qualified installment agreement. They can obtain a \$200 activation credit for their new device. Nurses and physicians can receive three free months of service for a smartphone or tablet from AT&T. Sprint is offering a discount for its Unlimited Premium plan to qualifying healthcare workers; they will charge the price of their mid-tier Unlimited Plus plan.

6 | Food Availability and Security

The Need

Interviewees noted that food access and security are issues for workers. Many workers are working overtime or double shifts and do not have time to go shopping. Others are suffering from reduced income and/or increased costs related to the pandemic. Many non-healthcare workers have experienced furloughs or reduced hours since the pandemic began, which is sometimes exacerbated by other household members losing income. Many households have become food insecure. The Capital Area Food Bank reported that some areas of the District have seen as much as a 300% increase in need. Further complicating matters, two-thirds of the distribution centers that partnered with the Capital Area Foodbank have closed due to COVID-19, and food donations are down by 75%. Both groups are in need of groceries, particularly fresh produce. There is also a need for prepared meals onsite during shifts.

Existing Resources

A few of the hospitals that we interviewed have taken initiatives to offer financial assistance programs and food pantries for their employees. Hospitals are also relying on donations from the local community to supply their food pantries. One hospital has received over 100,000 donated meals and reported that its food pantry is being widely utilized by staff to obtain a meal to take home after work. Sometimes food donations were not well coordinated among sites, with the result that several organizations would donate to one shift and none to others.

Good Practices and Recommendations

Best practices for food supports meet essential workers where they are, including at healthcare facilities or essential services place of work, workers' homes, and workers' locations if they are staying away from home to avoid exposing their families. Another best practice is to provide maps of free food resources throughout the jurisdiction, including an indication for who is eligible to receive free food at each location.

Resources for free and discounted food are numerous. Many restaurant chains are providing food to frontline workers or taking food directly to hospitals. Other organizations have started donating food to restaurants or hospitals, including Frontline Foods and Pizza vs. Pandemic.

Many resources already exist to provide food to frontline hospital workers, but more attention should be paid to other essential workers. D.C. government and philanthropy should consider monetary donations to the Capital Area Food Bank. Food insecurity is rising in

the District, and food pantries are an important source of food for essential workers, especially those who are ineligible for SNAP benefits.

7 | Lodging/Accommodations/Housing

The Need

As part of our survey, we asked whether any housing accommodations are being provided to workers that need to self-quarantine from family members. The responses indicated that very few accommodations are currently being provided, despite many acknowledging that this is a primary concern for many workers.

Existing Resources

One hospital is providing accommodations through its affiliated university, and notes that staff are aware of discounts available at hotels. One interviewee noted that the D.C. Department of Human Services has leased hotel rooms for people experiencing homelessness who need to isolate due to COVID-19.

Good Practices and Recommendations

Good practices for lodging and accommodations for essential workers provide housing resources to workers who need to stay away from home so as not to expose their families, to potentially exposed workers under self-quarantine, and to workers responding to jurisdictions with requests for additional personnel. There are many resources to help meet this need. The home-sharing website Airbnb has been providing free or reduced-cost stays for healthcare professionals, relief workers, and first responders. Many hotel chains, such as Marriott, Diamond Resorts, Hilton, and OYO Hotels have donated hotel stays for healthcare professionals.

Essential workers need safe accommodations to self-isolate after an exposure to COVID-19. Many workers cannot effectively isolate in their homes and are afraid of exposing high-risk family members to COVID-19. Some hotel discounts have been offered to essential workers, but many low-income individuals still cannot afford a two-week hotel bill even with the discount. Exposed workers need completely free lodging, either through hotels or companies such as Airbnb. This is important for both the wellbeing of workers and D.C.'s efforts to control the spread of the virus.

8 | Challenges in Accessing Available Resources

The Need

Service workers in essential non-healthcare industries such as janitors and custodians are reporting that they have trouble filing forms for assistance, such as unemployment insurance. They're also unable to access forms online because of antiquated websites, and there are limited options to do so by phone. These workers also face challenges in obtaining free COVID-19 tests and PPE for work.

Sanitation workers shared that because they are touching hundreds of waste receptacles each day, they thought they should be provided PPE when going to work. One community organization focused on providing services to immigrants noted that jobs, money, workplace safety, and access to testing and treatment were the biggest needs for their workers. One community organization that we interviewed noted that undocumented service workers are especially in need of services and cash assistance, as they were not provided federal stimulus assistance.

Existing Resources

Hospitals, healthcare centers, professional associations, and unions are providing varying levels and types of information about resources. News outlets, nonprofits, and other entities are sharing lists of resources as well. All of these resources are limited by intended audience, sources, ability to update, and other factors. D.C. does not currently have a central repository for resources for essential workers.

Good Practices and Recommendations

Good practices for donations, volunteers, and corporate partners to help with essential workers include (1) establishing a single website or group where the public or private companies can donate funds, food, volunteer, and/or partner with the jurisdiction in developing more programs, and (2) establishing a comprehensive clearinghouse website with all resources for workers housed in one place to help workers find and access resources available to them. The City of Chicago and State of Massachusetts Attorney General's Office have websites that are good examples of this.^{48 49}

9 | Additional Costs

The Need

As described above, there are many additional costs incurred by essential workers during this COVID-19 crisis related to getting to work, working from home, working different hours, caring for family, and keeping themselves and their families safe from the virus and the stresses it can cause. Interviewees repeatedly requested hazard

pay for frontline healthcare workers, and there has been an active public discourse on the issue.⁵⁰ There have also been calls for hazard pay for other types of essential workers, based on their increased risk compared to non-essential workers.⁵¹ With or without hazard pay, our research and interviews show that many workers are in need of additional cash assistance to support themselves during the pandemic.

Existing Resources

One hospital, Medstar Washington Hospital Center, reported success in implementing a fund to distribute cash directly to hospital employees. A second hospital that started an emergency support fund received over 1,500 applications by the end of May from employees requesting funding. That hospital approved roughly half of the applications and has awarded \$1.7 million dollars so far. Funding was granted to employees based on need (as identified by the employee in the application). The hospital is not collecting information on how the funds are being utilized by employees; however, the fund was cited as a success because it was a highly effective way to get employees funds to address a diverse range of individual issues. This hospital noted that managing cash donations and implementing an application process for employees to receive cash from the fund has been more manageable to oversee than receiving/distributing in-kind donations.

Good Practices and Recommendations

D.C. government and philanthropy should consider providing direct cash assistance to essential workers, especially to excluded workers who are ineligible for unemployment benefits and federal stimulus checks. DC Appleaseed investigated the possibility of creating a donor fund, the Frontline D.C. Fund, which would both collect funds from generous donors and distribute individual grants to essential workers in need. Philanthropy could provide vital support to this effort by donating directly to the fund or providing the resources needed to manage the fund. The District government has already made funding available for cash assistance to essential workers who are excluded from federal assistance and unemployment, though more is needed.⁵² DC Appleaseed supports this effort.

DC Appleaseed conducted best practices research, conversations with operators of existing emergency funds, and interviews with stakeholders. Based on findings from that exploration, it's clear that such a fund would be highly useful. However, the best option available *immediately* is to provide donations to a group of established nonprofits who are willing and able to use them to provide cash assistance to essential workers. DC

Appleaseed has signed a memorandum of understanding with strong nonprofit partners to take that on, and an option to donate to those partners has been included on FrontlineWorkersDC.org.

Many healthcare organizations have run out of federal funds for hazard pay. Many interviewees revealed a labor shortage as low-income workers, such as home health aides, have decided that the low hourly wages are not worth the health risk. The provision of hazard pay would rightfully compensate those who are risking their health to come to work and combat the current labor shortage by encouraging low-wage health workers to return to the workforce. Furthermore, Pennsylvania extended hazard pay to all essential workers, such as grocery and transportation workers, as they risk their wellbeing to keep the U.S. running during the pandemic.⁵³ D.C. should include all essential workers in any discussion about hazard pay in the District.

Some of these resources should be used as funds to cover out-of-pocket costs employees are having to pay in order to go to work, be able to eat, and/or take care of their families. We have heard of some hospitals collecting donations on behalf of their essential workers, establishing food pantries and collecting other in-kind donations such as PPE. We also have heard about other municipalities such as Chicago, Detroit, New York, and Virginia collecting and disbursing funds. Through our research, we also discovered Nurses House, a national fund for nurses in need. Nurses House has established a special grant for registered nurses (RNs) and licensed practical nurses (LPNs) who have been diagnosed with COVID-19, are caring for a family member who has COVID-19, or are on employer-mandated quarantine due to COVID-19 (excluding nurses who are furloughed due to workplace closure). The grant was open to nurses in the U.S. with a valid nursing license through July 31, 2020. This program may be continued as the pandemic continues.



IMPACT OF COVID-19 ON HOMECARE WORKERS

SURVEY OF HOME HEALTH AGENCIES



of respondents reported that more aides are leaving the workforce or not reporting to work since the public health emergency was declared.



of respondents reported school closures and childcare issues have affected their aides' ability to work.



of respondents noted that the closure of training programs will affect their ability to hire more staff.



of respondents experienced a loss of work due to client cancellations.



Over half of the respondents reported not having enough aides to staff all their clients every shift.



of respondents expressed concerns about their ability to hire enough aides to meet their clients' needs.



DC Applesseed has partnered with the DC Long-Term Care Coalition and conducted a survey of home health agencies to assess the impact of COVID-19 on homecare workers.

10 | Challenges Facing Home Health Agencies *The Need*

Of all front line workers we interviewed, direct care workers whose clients need hands-on assistance in both institutions and home care settings face particularly heightened risks – and yet they have received less attention than other essential workers. These workers perform vital tasks including bathing and house cleaning that are as essential as those of emergency responders yet much less celebrated. Direct care providers who work with the most vulnerable segment of our community experience the ravages of this epidemic directly each day and night they go to work.

The agencies who manage these direct care workers also suffer the consequences of the pandemic intensely. They face staffing shortfalls that combined with low profit margins and that are exacerbated by client cancellations put the entire business at risk of closure. We are adding this section to make special note of their contributions and their overwhelming need for support.

DC Applesseed has partnered with the DC Long-Term Care Coalition and conducted a survey of home health agencies to assess the impact of COVID-19 on homecare workers. The chart on the left displays some of the key takeaways from the responses.

Interviewees emphasized two additional points as well, captured by this direct quote from the survey report:

It is a perfect storm of creating difficulties for community support services. Our industry is a personal contact industry. Our workforce relies on schools and childcare that is no longer available as well as transportation that is reduced and less reliable. For the work force that is able to work, it is worrisome to consider that they are working for multiple clients at multiple agencies that could pose threats of cross contamination if Infection control procedures are not strictly adhered to. Additionally, it is impossible to regulate the foot traffic through beneficiary's homes at this time. Without reliable, and easily available testing it is impossible to tell who may have been infected and is currently asymptomatic and working in the community. Employees are rightfully scared, there is a lack of direction and information, and there is mixed messaging from government and healthcare leadership at the national level. The Public Health Emergency has exacerbated a hiring situation that was already a major challenge.⁵⁴

-Direct quote from survey report

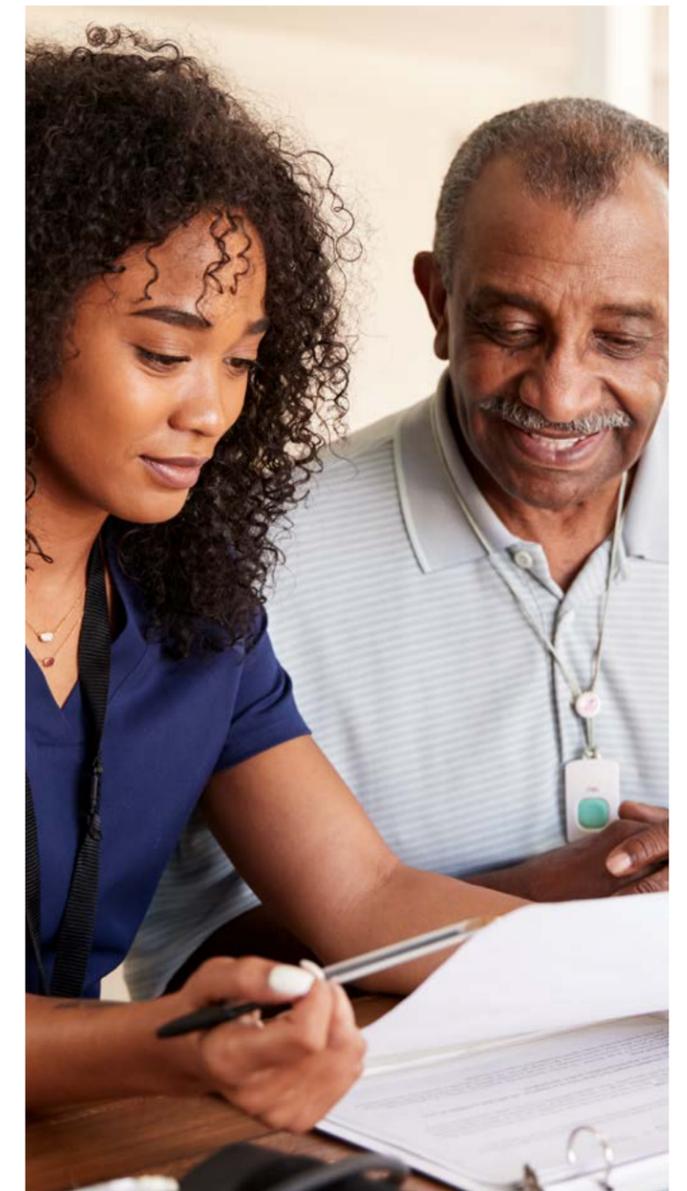
These concerns are similar to those of other healthcare workers. However, like other non-healthcare essential workers, home health aides and their employers have little control over the physical work environment.

Existing Resources

Some of the resources available to other healthcare workers are also available to home health aides. Home Health agencies have reported offering overtime and paid time off, paying for rideshare trips, and reassigning workers to clients who live closer to their homes to ease the burden on their workers.

Good Practices and Recommendations

Interviewees requested resources we to give aides incentives to continue working to cover the risk, particularly childcare and transportation. Increased pay was also highlighted as a way to retain staff, as some don't see the current minimum wage as worth the risk to their and their families' health.



D | ANALYSIS OF NEEDS AND NEXT STEPS

Based on our interviews and research on the status of healthcare and other essential workers throughout the COVID-19 pandemic, both in D.C. and other jurisdictions, we believe those workers will have a number of potentially unmet needs going forward, particularly if the pandemic worsens in the District. We therefore hope this report will be useful by the District government, nonprofits, the philanthropic community and individuals wishing to help address those needs.

In addition, we have determined that to address these workers' needs going forward there needs to be: (1) a dedicated comprehensive online clearinghouse website detailing available resources and programs for healthcare workers and other essential workers; and (2) cash relief for those workers. While some efforts have been made in both areas, there is still a need to expand current resources or create new ones. Here are the next steps we recommend on those two fronts.

1 | Comprehensive Clearinghouse of Available Resources for Healthcare and Other Essential Workers

One of the challenges preparing this report was maintaining current research on the resources and programs that exist to help assist healthcare and other essential workers during the COVID-19 pandemic. Some states, like Massachusetts, launched a dedicated resource website for healthcare workers early on during the pandemic. D.C. lacks a single comprehensive clearinghouse of resources available for healthcare and other essential workers.

We propose establishing a website that can serve as a single access point for all available benefits, programs, and resources that have been made available for healthcare and other essential workers, both from public and private sources.

It is important to acknowledge that a website alone is inadequate, and outreach will be necessary to ensure that healthcare and other essential workers are aware of the website and able to access resources through the website. Based on our interviews with unions representing essential workforces, we understand that there are unique challenges for certain populations, such as undocumented immigrants, in accessing websites or completing applications for benefits online.

2 | Implementation of Cash Relief Fund for Healthcare and Other Essential Workers

Our research revealed that many corporate or in-kind donation programs set up at the beginning of the pandemic were limited in nature and not a source of ongoing support for healthcare and other essential workers. Because of the variability of in-kind donations, whether through donation of tangible items (PPE, food) or services (free rideshare trips), these have not proved to be long-term solutions to the consistent issues workers have faced during the COVID-19 pandemic. In addition, over the course of months as the pandemic

progressed, the day-to-day issues facing essential workers have shifted. Essential workers or their family members who have gone on unemployment face a reduction in benefits, unless Congress acts to restore the enhancement to that program, while many rent freezes and moratoriums on evictions in the D.C. area are time-limited. Childcare arrangements continue to prove challenging due to schools reopening while many other businesses have gradually continued to reopen, adding to childcare needs. Of course, the most pressing concern for many essential workers is their health and the health and safety of their families. Teachers are unsure how they can teach their students safely when limited resources have been provided to enhance the safety of schools during the pandemic in anticipation for the 2020 school year. Some essential workers are working fewer hours during the pandemic due to a slowdown in business; other essential workers face longer hours and overtime due to staffing shortages and illness.

Due to the myriad issues affecting essential workers, and relatively few prospects for long-term comprehensive relief for these workers from the federal level, the most effective way to provide support for essential workers in D.C. would be to establish a cash fund that disperses funds to essential workers directly. Based on conversations with experts, distributing cash to workers would be much easier to manage and implement than creating separate programs for every need, and it is a simple yet flexible approach to solving problems that may continue to change over the coming months.

3 | Next Steps/Action Plan

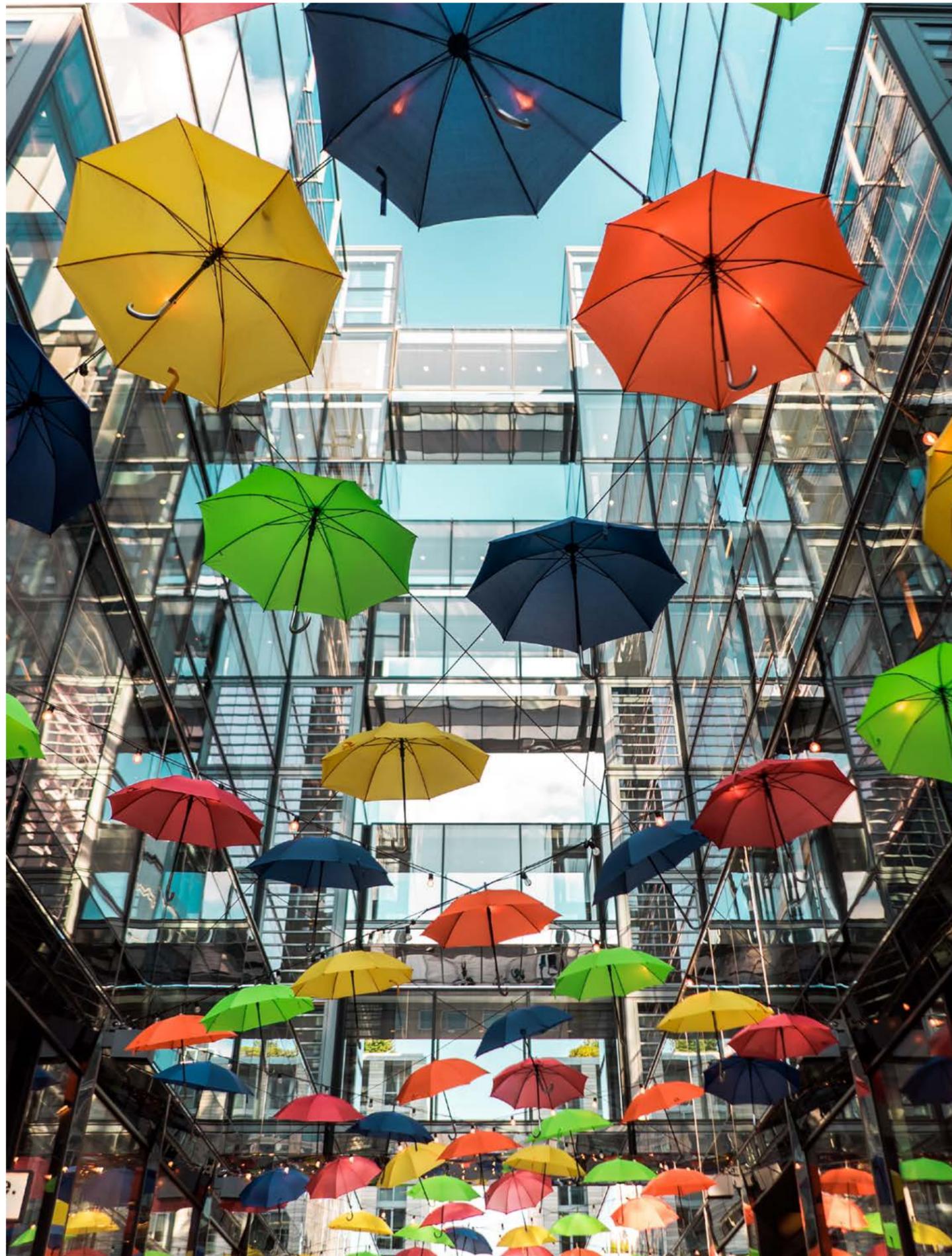
As noted, our research and interviews have made clear that hospital, healthcare, and other essential workers need a dedicated comprehensive online clearinghouse which details resources available to them, in addition to a cash relief fund which they can use to meet needs that vary across households and over time. DC Appleseed has partnered with Amazon Web Services and other

organizations to launch a website that will serve several related purposes, the first of which is to serve as a central clearinghouse for resources available to essential workers. A single highly-visible, up-to-date and comprehensive website accessible at all times of day will reduce the burden placed on workers – whose schedules have become less predictable during this crisis – to find and pursue available relief. The site will also connect potential individual and organizational donors to a single form which they can use to donate to established nonprofits that will provide cash support for essential workers during the fight against COVID-19. In the future, it could house a separate Frontline D.C. Fund that would serve the same purpose with additional capacity to better handle larger donations.

The Frontline D.C. Fund could be administered through, or in a manner similar to, the existing DC Cares program by distributing funds to community-based organizations to disperse to an expanded pool of eligible workers, including hospital workers of all kinds; all healthcare workers; and those in the childcare, grocery, transportation, sanitation, and postal delivery sectors. Existing resources and potential partnerships in the major areas of need (childcare and eldercare, PPE, food, lodging, transportation, and mental health services) should be pursued and advertised well. DC Appleseed would be happy to work with the District government, community-based organizations, and philanthropic organizations to determine the most efficient way to structure the Frontline D.C. Fund, solicit contributions, and disperse funds to eligible workers.

These efforts can and should build upon existing resource aggregation and cash assistance work. For example, our website and the District government's coronavirus.dc.gov/ should intentionally link to and highlight each other. DC Appleseed will continue to update the findings in this report to the best of our ability, by updating our proposed website and by publishing on DCAppleseed.org. We welcome any and all partners to join us in this task.





CONCLUSION

The pandemic is taking a toll on everyone in the District of Columbia. In many ways, that toll is greatest on our frontline and essential workers. Those workers need and deserve our support as they battle the pandemic on our behalf. This report identifies ways to provide that support and we all should do what we can to provide it. We are in this together.

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APPENDICES

Appendix A: Survey questions



Survey Questions: Relief for Healthcare and other Essential Workers During COVID-19 Pandemic

From DC Appleseed Center for Law and Justice

Hello, and thanks so much for your time!

We are working to develop recommendations on how to best support essential workers who are facing increased health risks and increased hours due to the COVID-19 pandemic, including hospital workers of all kinds, all healthcare workers, and those in the childcare, grocery, transportation, sanitation, and postal delivery sectors. This includes an analysis of those workers' needs, supports currently available for them, and additional supports that would be useful going forward. We will share our analysis (not attributed information) with funders at the Community Foundation and with D.C. government to help direct resources to areas of need.

We are also working on a website that would aggregate information about resources and direct potential donors to a relief fund. We would very much appreciate anything you can share to help with our analysis and/or developing the most useful website possible.

Topics our questions cover include: Childcare, Housing, Transportation, Equipment/Goods, Mental Health, and Website along with some general questions.

General Observations

- What are the biggest struggles you/your employees face on a day-to-day basis outside of work?
- In your observation, is there a group or groups of employees with greatest need?
- What are the top three issues you're hearing in regard to the COVID-19 crisis?

Childcare

- Has the Office of the State Superintendent of Education (OSSE) childcare program been accessible?
- Are there still unmet childcare needs for healthcare workers despite this OSSE program?

Housing/Accommodations

- Are employees of your hospital able to self-quarantine from family members?
- Have any accommodations been provided or offered to employees for self-quarantine from family members?
- Are there additional facilities that can be made available for employees to self-quarantine (dorms, offices, other facilities that could be converted to temporary living spaces)?



Transportation

- Are your employees facing any challenges getting to and from work due to reductions in public transit services?
- Are your employees facing unusual problems with parking?
- Would alternative arrangements or discounts for employee trips to and from work (carpools, shuttle service, ride-sharing apps, free parking) help your employees?



Equipment/Goods

- Is there any equipment (protective equipment, uniforms, shoes, etc.) that employees are responsible for securing or cleaning, or are choosing to add on to what is provided by their employer?
- Do healthcare workers need goods/equipment for their time outside of work (cleaners/sanitizers for use at home, groceries, etc.)?
- Have any goods/services, such as meals for health workers, been donated to your employees?
- What kind of outside support would be most useful?



Mental Health

- Are you noticing increased mental health needs related to the COVID-19 crisis?
- What mental health resources are already available to hospital workers and non-hospital healthcare workers?
- What kind of additional mental health service capacity would be useful (on-site providers, vouchers for online mental health providers, etc.)?



Website

- Does this sound helpful?
- What would it be helpful to include or not include?
- Do you think that your hospital and your workers would use this tool?
- Is there a resource from another city or other source that you think is a good example?



May we follow up with you?

If it's alright to follow up with you, what's the best way to reach you?

Thank you!
We appreciate your time.



Appendix B: List of resources available to hospital, healthcare, and other essential resources in D.C. as of June 30, 2020.

Transportation

Resource	Provider	Summary	URL	HealthCare	Grocery/Retail Store	Public Transit	Sanitation Workers	Delivery Drivers	Childcare Providers	Postal Workers
Free Uber Rides	Uber	Uber Health is providing free transportation for frontline healthcare workers, helping them get to and from patients' homes, as well as between healthcare facilities. We're providing free meals on Uber Eats to first responders and healthcare workers in the US and Canada, in coordination with local, state, and provincial governments. While the federal government's emergency declaration is in place, shipments of critical goods in the US will be transported with zero profit pricing by Uber Freight.	URL							
Scooter Rides	Spin	Spin is offering free 30-minute scooter rides and helmets to frontline healthcare workers including nurses, physician assistants, pharmacists, and aides through in Detroit and Washington D.C.	URL							
Discounted Gas	BP and Am	gas stations are offering doctors, nurses, hospital workers and first responders to join BPme Rewards and verify your community status with ID.me to save up to 15¢ off every gallon for 60 days.	URL							
Free rides in DC	Uber	Starting Monday (April 20th), D.C. healthcare workers at the 13 hospitals that are part of the DC Hospital Association will be eligible for free Uber rides, according to a press release from the rideshare company. The hospitals include Children's National, Medstar Georgetown, and George Washington University Hospital. The rides are free up to \$25 and Uber has agreed to provide 20,000 for front-line healthcare workers in the District.	URL							
Free Bike Rides	Capital Bik	Capital Bikeshare is offering a program to give essential workers, including those in the healthcare, food service, and food retailer industries, a free 30-day bikeshare memberships. Essential employers and individual essential workers can sign up to access unlimited 30-minute trips on our bikes for through August 31st, 2020. Reach out to herobikes@lyft.com if you are an essential worker and want to participate in the program.	URL							
Free Scooter Rides	Razor Scoo	unlimited free trips for Healthcare Workers, First Responders, Food Retail Employees, and Pharmacy Employees. Individuals should create a Razor account through the app and email a photograph of their valid credentials and their Razor account's phone number to sharesupport@razorusa.com, with "Essential Workers Program" as the subject	URL							
Free 30 min rides	Spin	Through Summer 2020, Spin is providing free 30-minute rides to essential workers who live in the Washington D.C. metro area and work in the healthcare, public transit, or food service industries	URL							

Mental Health

Resource	Provider	Summary	URL	HealthCare	Grocery/Retail Store	Public Transit	Sanitation Workers	Delivery Drivers	Childcare Providers	Postal Workers
Mental Health	Ginger	Ginger is offering free resources on anxiety, isolation, parenting, working from home, financial stress, and self-care for essential workers.	URL							
Meditation	Headspace	Headspace is providing free access to all libraries for healthcare workers in need of mindfulness to handle the extreme stress in treating patients at this time.	URL							
Yoga	Down Dog	is offering all of its apps - Down Dog, Yoga for Beginners, HIIT, Barre, and 7 Minute Workout - completely free for nurses, doctors, and other healthcare professionals through January 1, 2021.	URL							

Childcare

Resource	Provider	Summary	URL	HealthCare	Grocery/Retail Store	Public Transit	Sanitation Workers	Delivery Drivers	Childcare Providers	Postal Workers
30 Days premium access	Care.com	Care.com is providing one month of free, premium access to its site to support service to the community.	URL							
Childcare	OSSE	Office of the State Superintendent of Education (OSSE) has an initiative to support the emergency child care needs of healthcare professionals employed in the District of Columbia. Clinical and non-clinical staff employed by District businesses involved in health care and public health functions, as defined in the Mayor's Order of March 24th, are eligible to receive child care with a licensed child care provider in the District. This includes those employed by hospitals, clinics, and home health care and assisted living organizations, among others.	URL							

Food Assistance

Resource	Provider	Summary	URL	HealthCare	Grocery/Retail Store	Public Transit	Sanitation Workers	Delivery Drivers	Childcare Providers	Postal Workers
Priority Access	Costco	Costco is allowing healthcare workers to move to the front of any line to enter the warehouse	URL							
Hero Hours	Sam's Club	Healthcare workers can shop with no membership from 8am-10am every Sunday	URL							
Doughnuts	Krispy Kreme	Starting Monday, May 18, healthcare workers can receive a \$1 Original Glazed Dozen with any full priced dozen purchase every Monday until Labor Day, 9/7. This offer is available to those who care for the health of the people in our communities who provide a badge to verify their employment in the industry, including anyone who works at a hospital, as well as physicians, nurses, surgeons, psychologists, dentists, optometrists, pharmacists and their staff. For every full priced dozen purchased, you can get a \$1 Original Glazed Dozen. Limit 4 redemptions per Monday. While Supplies Last.	URL							
Salads	Sweetgreen	delivering free, fresh sg salads + bowls to hospitals in the cities it serves (Washington, DC, Philadelphia, Boston, NYC, San Francisco, Los Angeles, Chicago, Houston).	URL							
Burritos	Chipotle	Chipotle has donated 200,000 Burritos to Healthcare Heroes at 2,607 facilities across the country and launched an E-Gift Card program that donated 10% of digital sales to Direct Relief.	URL							
Pizza	&Pizza	With locations in Washington D.C., Maryland, Virginia, Pennsylvania, New York, and Massachusetts, restaurant chain &pizza will apply 100% of the funds of production and delivery of free pizzas to hospital workers.	URL							
Pizza	Little Caesars Pizza	will be donating and delivering a million pizzas to healthcare workers and first responders in the U.S. in the next few weeks. Starting April 13, customers can also "Pie it Forward" and donate a pizza to their local hospital, police station, or fire station via the Little Caesars app.	URL							
Pizza	Pizza vs. Pandemic	is donating pizzas to hospitals, clinics, shelters and more (current tally at over 4,000 locations). Suggest a care center on their website to be considered for donation	URL							
Snacks	Realgood Foods	offering care packages full of healthy foods for healthcare providers to snack on during their busy shift.	URL							
Pay off Grocery Bill	Dr. Praeger's frozen fo	will pay off grocery bills for the workers that help keep their communities fed. The brand will reimburse grocery workers across the U.S. for their supermarket purchases up to \$200 each until they reach \$20,000. (I cannot find anywhere whether they have reached this maximum yet.) To get reimbursed, Grocery store workers are asked to submit their receipts to grocerybill@drpraegers.com.	URL							
Free Meals	Nando's PERI-PERI	is providing tens of thousands of free meals to American grocery store workers who find themselves on the front lines during the deadly COVID-19 crisis. Nando's will reach out to local supermarkets to provide the company's signature PERI-PERI flame-grilled chicken and PERI chips (aka fries) to entire shifts of cashiers, clerks, baggers and other grocery employees.	URL							

Places to Stay

Resource	Provider	Summary	URL	HealthCare	Grocery/Retail Store	Public Transit	Sanitation Workers	Delivery Drivers	Childcare Providers	Postal Workers
Free Rooms	Hospitality for Hope Initiativ	American Hotels and Lodging Association (AHLA) recently announced a partnership with AHLA's partner state associations to support communities across the country by connecting hotel properties with the health community, struggling to find housing and support as the COVID-19 public health crisis grows. D	URL							
Mattresses/Pillows	ChillPad	U.S.-based healthcare professionals and first responders can receive a new or refurbished chillPAD, a temperature-controlled mattress pad	URL							
Mattresses	Emma Mattress	is offering an additional 10% discount off any order for health care workers, first responders, warehouse workers, transportation workers and grocery store workers. To get the discount, send an email to support@emma-mattress.com and attach any documentation that acts as proof of employment, i.e., badge, paystub, contract, and Emma will process the discount for you. https://www.emma-sleep.com/frontline_discount/	URL							

Supplies and Cash Assistance

Resource	Provider	Summary	URL	HealthCare	Grocery/Retail Store	Public Transit	Sanitation Workers	Delivery Drivers	Childcare Providers	Postal Workers
Shoe Donation	Allbirds	While supplies last, you can purchase a donation for \$60, and we will immediately supply a pair of Wool Runners to a healthcare professional who's already reached out to us.	URL							
Scrubs/PPE	Scrubs/PPE	pledged \$1 million in Cherokee and Dickies scrubs to U.S. hospitals hardest hit by COVID-19. Collaborating with our extensive network of retailers, it fulfilled the pledged commitment of \$1 million in scrubs in less than 10 days.	URL							
Money to Employees	DaVita Kidney Care	offering 10 hours of childcare, counseling services, and overtime pay to employees.	URL							
Funds	Sanitation Workers Support Fund	Support Fund was established by Glad and SWANA to provide financial assistance to front-line solid waste and recycling collection workers impacted by COVID-19. Collection workers qualify if they: 1. Have tested positive for COVID-19, with a demonstrated COVID-19-related inability to work and/or medical bills 2. Were laid off because of COVID-19 and continue to be unemployed 3. If an immediate family member was a solid waste or recycling collection worker and passed away, whether directly, or in combination with other health conditions, by COVID-19.	URL							

Appendix C: List of resources available to hospital, healthcare, and other essential resources in D.C.

Transportation

Provider	Summary	URL	HealthCare	Grocery/Retail Store	Public Transit	Sanitation Workers	Delivery Drivers	Childcare Providers	Postal Workers
Spin	Spin is offering free 30-minute scooter rides and helmets to frontline healthcare workers including nurses, physician assistants, pharmacists, and aides through in Detroit and Washington D.C.	URL							
BP and Amoco	gas stations are offering doctors, nurses, hospital workers and first responders to join BPme Rewards and verify your community status with ID.me to save up to 15¢ off every gallon for 60 days.	URL							
Razor Scooter	unlimited free trips for Healthcare Workers, First Responders, Food Retail Employees, and Pharmacy Employees. Individuals should create a Razor account through the app and email a photograph of their valid credentials and their Razor account's phone number to sharesupport@razorusa.com , with "Essential Workers Program" as the subject	URL							
Spin	Through Summer 2020, Spin is providing free 30-minute rides to essential workers who live in the Washington D.C. metro area and work in the healthcare, public transit, or food service industries	URL							

Mental Health

Resource	Provider	Summary	URL	HealthCare	Grocery/Retail Store	Public Transit	Sanitation Workers	Delivery Drivers	Childcare Providers	Postal Workers
Mental Health Resources	Ginger	Ginger is offering free resources on anxiety, isolation, parenting, working from home, financial stress, and self-care for essential workers.	URL							
Meditation	Headspace	Headspace is providing free access to all libraries for nurses in need of mindfulness to handle the extreme stress in treating patients at this time through end of 2020.	URL							
Yoga	Down Dog	Down Dog is offering all of its apps - Down Dog, Yoga for Beginners, HIIT, Barre, and 7 Minute Workout - completely free for nurses, doctors, and other healthcare professionals through January 1, 2021.	URL							

Childcare

Provider	Summary	URL	HealthCare	Grocery/Retail Store	Public Transit	Sanitation Workers	Delivery Drivers	Childcare Providers	Postal Workers
OSSE	Site now points to assistance being matched to child care, not free child care.	URL							

Food Assistance

Provider	Summary	URL	HealthCare	Grocery/Retail Store	Public Transit	Sanitation Workers	Delivery Drivers	Childcare Providers	Postal Workers
Costco	Costco is allowing healthcare workers to move to the front of any line to enter the warehouse	URL							
Sam's Club	Healthcare workers can shop with no membership from 8am-10am every Sunday	URL							
Pizza vs. Pandemic	Pizza vs. Pandemic is donating pizzas to hospitals, clinics, shelters and more (current tally at over 4,000 locations). Suggest a care center on their website to be considered for donation.	URL							
Realgood Foods	Realgood Foods is offering care packages full of healthy foods for healthcare providers to snack on during their busy shift.	URL							

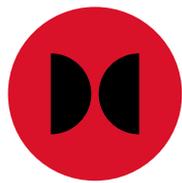
Places to Stay

Resource	Provider	Summary	URL	HealthCare	Grocery/Retail Store	Public Transit	Sanitation Workers	Delivery Drivers	Childcare Providers	Postal Workers
Free Rooms	OYO Hotels and Homes	OYO Hotels and Homes is offering free hotel room stays in the U.S. to nurses, doctors, and other medical first responders fighting against the COVID-19 pandemic. Valid, active medical ID required. Call (+1) 628-213-7020 (code: OYO4FIRSTRESPONDERS) to get a reservation for your nearest OYO.	URL							
Free Rooms	Hospitality for Hope Initiative	American Hotels and Lodging Association (AHLA) recently announced a partnership with AHLA's partner state associations to support communities across the country by connecting hotel properties with the health community, struggling to find housing and support as the COVID-19 public health crisis grows. Links are to outside partners.	URL							
Mattresses/Pillows	ChillPad	U.S.-based healthcare professionals and first responders can receive a new or refurbished chillPAD, a temperature-controlled mattress pad	URL							
Mattresses	Emma Mattress	Emma Mattress is offering an additional 10% discount off any order for healthcare workers, first responders, warehouse workers, transportation workers and grocery store workers. To get the discount, send an email to support@emma-mattress.com and attach any documentation that acts as proof of employment, i.e., badge, paystub, contract, and Emma will process the discount for you. https://www.emma-sleep.com/frontline_discount/	URL							

Supplies and Cash Assistance

Resource	Provider	Summary	URL	HealthCare	Grocery/Retail Store	Public Transit	Sanitation Workers	Delivery Drivers	Childcare Providers	Postal Workers
Open	KIND Foundation	Representatives of frontline and disaster response organization currently providing relief or taking care of an affected community are eligible to request resources to support their frontline workers. Fill out the form to submit a request. Submission is agreement to allow The KIND Foundation and Frontline Impact Project partners to disclose the information provided. This form is not for PPE or medical equipment.	URL							





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