



May 2009

INDUSTRY GROUP PROFILE

Employment in New York City Home Health Care Services

About this Profile

Home health care services is one of ten industry groups being profiled by the New York City Labor Market Information Service (NYCLMIS) for the public workforce development system in 2009. The NYCLMIS identified the ten groups in an earlier report, *Gauging Employment Prospects in New York City, 2009*. In that report, we found that home health care services compared well with the rest of the local labor market on several measures including employment trends and performance during the two previous recessions in New York City.

This profile is meant to help *account managers* with business development and job placement, *career advisors* with job counseling, and *education and training professionals* plan and refine their curriculum and placement activities in the industry. Jobseekers can also use this information to help make career decisions. Icons appear throughout this profile to highlight findings and recommendations of special interest to these audiences. See page 2 for a guide on **How to Use This Profile**, and an accompanying key to the icons.

Terms and Definitions

The sidebar on this page shows the definition of the home health care industry according to the North American Industrial Classification System (NAICS).

The *home health care services industry group* is found within the *ambulatory health care services subsector* (NAICS 621). Other industry groups in the subsector include doctors', dentists', and chiropractors' offices, outpatient clinics and medical/diagnostic laboratories. Ambulatory health care is one of several subsectors within the larger *health care and social assistance sector* (NAICS 62).

Home health care services includes medical and non-medical caregiving in the home. Medical caregivers receive special training and licensing and include nurses, physical therapists, and occupational therapists. Non-medical caregivers are typically home health aides who help patients live independently by taking care of activities that are essential to daily living (such as bathing, dressing, shopping, paying bills, eating, and walking). Home health care is paid for by Medicare or Medicaid, long-term

North American Industrial Classification System Definition of the Home Health Care Services Industry Group (NAICS 6216)

Employers in this industry group provide skilled nursing services in the home, along with a range of additional services including personal care; homemaker and companion services; physical therapy; medical social services; medications; medical equipment and supplies; counseling; 24-hour home care; occupational and vocational therapy; dietary and nutritional services; speech therapy;

There were 60,417 jobs in home health care in 2008, almost twice as many as there were in the industry group in 2000.

HOW TO USE THIS PROFILE

The table below shows specific ways that *account managers, career advisors, and education and training professionals* can use the information contained in each section of this profile to help them to serve employers and jobseekers.

PROFILE SECTION	THIS SECTION CAN BE USED TO:
Terms & Definitions	<ul style="list-style-type: none"> ■ Speak more knowledgeably with jobseekers and employers about the industry group ■ Identify the top employers in New York City ■ Locate which boroughs have most employer sites
Jobs & Wages	<ul style="list-style-type: none"> ■ Know how many jobs there are and where they are located ■ Understand where job opportunities may be improving or worsening ■ Understand basic wage trends in the industry group
Local Performance	<ul style="list-style-type: none"> ■ Know the degree to which New York City employment in the industry group is or is not concentrated compared to the nation ■ Assess if employment in the industry group grows more in New York City than elsewhere ■ Estimate how stable the industry group is likely to be during this recession by: <ul style="list-style-type: none"> ■ Observing its employment performance during the previous two recessions ■ Identifying job growth/loss trends in 2008
Occupations	<ul style="list-style-type: none"> ■ Identifying promising occupations for jobseekers who do not have a four-year college degree
Current Workforce Facts	<ul style="list-style-type: none"> ■ Know who works in the industry group in New York City: borough of residence, education, and age ■ Compare current workforce figures with employers' needs to identify gaps

WORKFORCE PROFESSIONALS PROFILE USER KEY

-  Career Advisors
-  Account Managers
-  Education and Training Providers
-  All Stakeholders

These icons appear throughout the text to mark findings and recommendations that will be of particular interest to specific workforce stakeholders.

TABLE 1 Home Health Care Services Establishments in New York City by Borough, 2000-2008

	2000	2008	Change
Bronx	21	24	14%
Brooklyn	51	89	75%
Manhattan	51	50	-2%
Queens	39	48	23%
Staten Island	11	12	9%
New York City	173	224	29%

SOURCE | New York State Department of Labor, Quarterly Census of Employment and Wages, 2000-2008 (2Q).

private insurance, or by the patients' own finances.

A recent national survey indicates that just under one and a half million people receive home care in the United States, about 30 percent of whom are under 65 years of age and 70 percent are 65 years or older.¹

NAICS allows users to uniformly identify and classify employers and ensure that people are referring to the same group of firms. The broadest NAICS grouping is the sector: identified by a 2-digit code. The next level is the subsector (3-digit code), followed by the industry group (4-digit code). Workforce providers should identify one or more subsectors or industry groups and then identify the types of employers that are included in their selection. If the selection does not reflect the employers they are interested in, they can expand, reduce, or change the NAICS selection as needed.

AM Account managers need to understand how the health and social assistance sector is organized (as described above) so they can speak more knowledgeably with employers.

In 2008, there were 224 home health care establishments in New York City, representing a 29 percent increase since 2000 when there were 173. Table 1 shows that home health care establishments are mainly concentrated in Brooklyn and Queens and that the greatest growth in the number of establishments took place in Brooklyn.

An establishment is a location where companies provide materials or services and can also be described as an "employment site." A single firm or company may have many establishments.

TABLE 2 New York City's Largest Home Health Care Services Establishments, 2008

Establishments	Borough	Employment
+New Partners Inc	Manhattan	4,400
+Brookdale Hospital Center	Brooklyn	3,508
+Home Attendant Vendor Agency	Brooklyn	1,500
+Health Acquisition Corp	Queens	1,500
+Kwik Care Ltd	Queens	1,500
+Human Development Association	Brooklyn	1,450
+Metropolitan Jewish Health	Brooklyn	1,400
*Progressive Home Health Svc	Manhattan	1,200
+Rockaway Home Attendant Svcs	Queens	1,200
+Home Health Management Svcs	Manhattan	1,200

SOURCE | +Dun & Bradstreet; *ReferenceUSA Establishment Lists, 2008, Retrieved March 2009.

In 2007, the average annual wage in home health care was 125 percent of the poverty threshold.

TABLE 3 Employment in Home Health Care Services in New York City by Borough, 2000-2008

	2000	2008	Change
Bronx	3,444	5,221	52%
Brooklyn	7,909	19,769	150%
Manhattan	13,127	21,736	66%
Queens	6,525	12,570	93%
Staten Island	665	898	35%
New York City	31,670	60,417	91%

SOURCE | New York State Department of Labor, Quarterly Census of Employment and Wages, 2000-2008 (2Q).

Table 2 is a list of the 10 largest home health care establishments in New York City and the boroughs in which they are located. Four are located in Brooklyn; and three each are located in Manhattan and Queens. Together the 10 largest establishments employ 18,858 or 31 percent of the New York City workforce in NAICS 6216.

AM Account managers should know the largest establishments in home health services and be aware that these establishments employ nearly one third of the home health care services workforce in New York City.

AM To collect establishment names and contact information, account managers should:

- Purchase commercially available lists such as Hoover's, Moody's, Dun & Bradstreet, or ReferenceUSA; or
- Download lists for free from the New York Public Library for Science, Industry and Business (SIBL) on 34th Street and Madison Avenue. Instructions for

downloading establishment lists from SIBL can be found at NYCLMIS' website at www.urbanresearch.org or www.nyc.gov/wib.

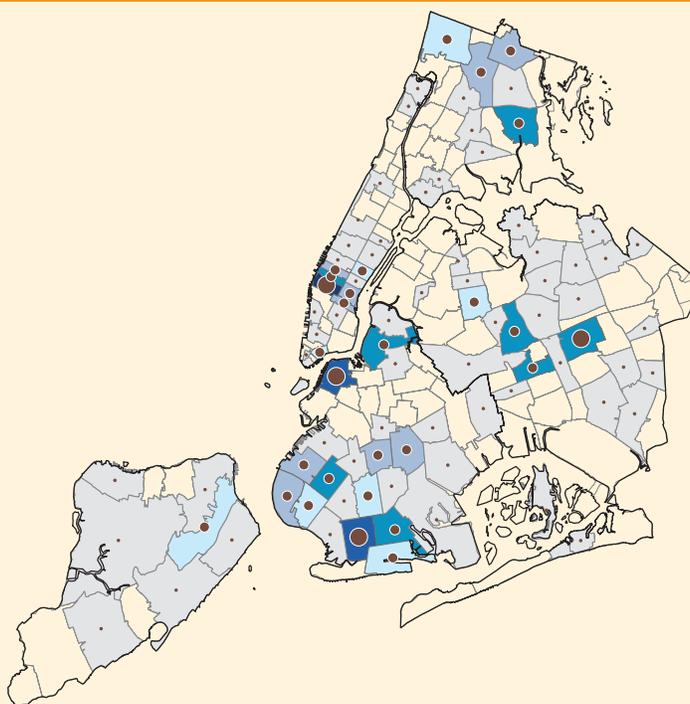
Jobs & Wages

There were 60,417 jobs in the home health care services industry group in New York City in 2008, almost double the 31,670 jobs in 2000 (Table 3). More than one-third of the jobs in the industry group (21,736) were in Manhattan. Jobs and the job growth were also concentrated in Brooklyn: the number of home health care jobs more than doubled during the same time period from just under 8,000 to almost 20,000.

This dramatic growth continues a trend that reaches back to 1990 in New York City. *The New York Times* reported that the number of home health care jobs in Brooklyn quadrupled between 1990 and 2005. Health economists typically attribute job growth in home health care to the decline of manufacturing jobs, the aging population, and an increasing preference by fami-

FIGURE 1 Establishments and Employment in Home Health Care in New York City, 2008

Number of establishments	Number of employees (annual average)
• 1 - 2	■ 43 - 453 ■ 12,436 ■ 506 - 796 ■ Suppressed ■ 1,411 - 2,680 ■ No Data ● 9 - 13 ■ 3,874 - 5,266 ■ No Data



* NOTE: Employee and wage data are suppressed by New York State Department of Labor for any ZIP Code that includes fewer than 3 establishments or contains a single establishment that accounts for 80% or more of the industry's employment.

SOURCE | New York State Department of Labor, Quarterly Census of Employment and Wages (QCEW), 2Q 2008. ZIP Code boundaries were created with information copyrighted by the New York State Office of Cyber Security and Critical Infrastructure Coordination © 2007.

lies to care for their ill or elderly relatives at home.²

Figure 1 confirms the information in Tables 1 and 3: home health care establishments (indicated by the larger dots) are concentrated mainly in Coney Island/Gravesend, Downtown Brooklyn, Midtown West, and Jamaica, Queens. The largest concentrations of home health care jobs (indicated by the darker shading) are in Midtown, Coney Island, and Downtown Brooklyn.

Table 4 shows the average annual wages in home health care by borough in 2000 and 2007. In 2007 the overall average wage level in home health care was \$26,404 in 2007, or just 125 percent over the poverty threshold

TABLE 4 Average Annual Wages in Home Health Care Services in New York City by Borough, 2000-2007

	2000	2007	Change
Bronx	\$32,581	\$30,407	-7%
Brooklyn	\$21,849	\$27,276	25%
Manhattan	\$31,525	\$26,489	-16%
Queens	\$27,446	\$22,960	-16%
Staten Island	\$28,173	\$30,181	7%
New York City	\$28,242	\$26,404	-7%

* In 2007 constant dollars.
 SOURCE | New York State Department of Labor, Quarterly Census of Employment and Wages, 2000 and 2007.

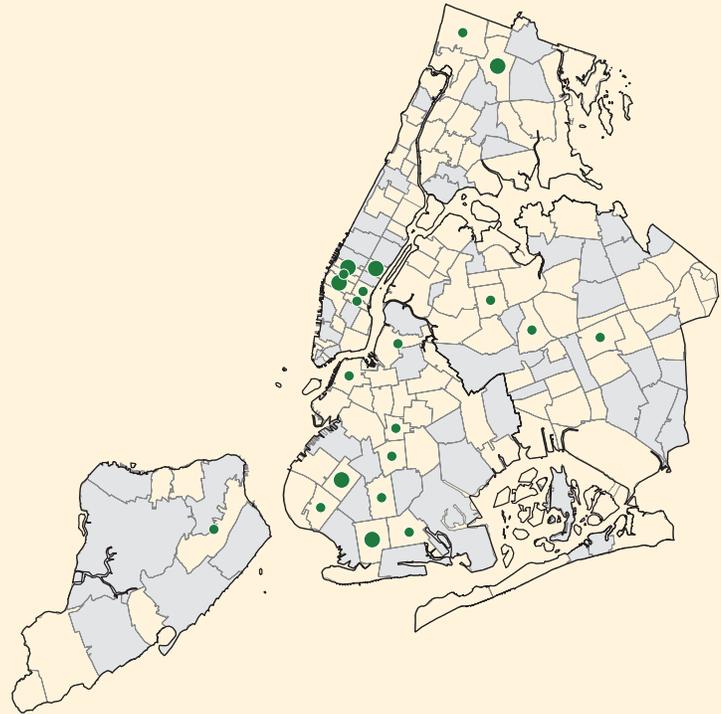
FIGURE 2 Annual Wages in Home Health Care in New York City, 2007

Annual wages — ZIP Code average

- \$11,539 – \$25,000
- \$25,001 – \$36,639

⊕ ZIP Code boundaries

■ Wage data suppressed (one or more establishments)



* NOTE: Employee and wage data are suppressed by New York State Department of Labor for any ZIP Code that includes fewer than 3 establishments or contains a single establishment that accounts for 80% or more of the industry's employment.

SOURCE | New York State Department of Labor, Quarterly Census of Employment and Wages (QCEW), 2007. ZIP Code boundaries were created with information copyrighted by the New York State Office of Cyber Security and Critical Infrastructure Coordination © 2007.

of \$21,027 for a family of four at the time. Bronx workers in home health care earned the highest wages in 2007 on average at \$30,407, followed by Staten Island at \$30,181 (also the boroughs with comparatively fewer jobs).

After adjusting for inflation, the average annual wage of workers in home health care declined by 7 percent. Wages decreased in all of the boroughs except Brooklyn. The steepest wage decreases were in Queens and Manhattan at 16 percent, followed by the Bronx and Staten Island at 7 percent.

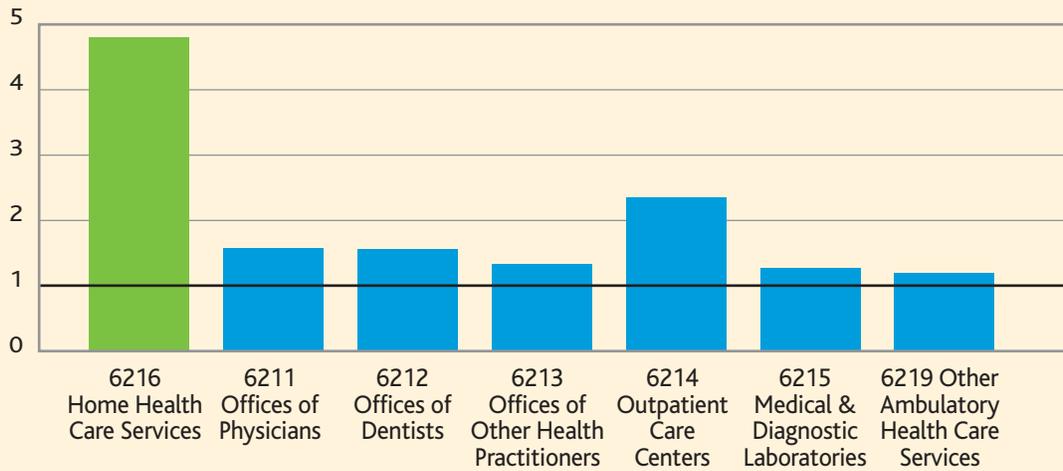
Figure 2 shows the average annual wages earned in home health care services by ZIP code. In the unsuppressed ZIP codes shown in Figure 2, there was relatively little wage varia-

tion in home health care services.³ However, home health care workers working in Central Queens and Staten Island earn lower wages than those working elsewhere.

Employment specialization (also known as "location quotient") measures the degree to which employment in a particular industry group is concentrated in New York City compared to the rest of the nation. Industry groups with high specialization are typically strongly rooted in New York City.

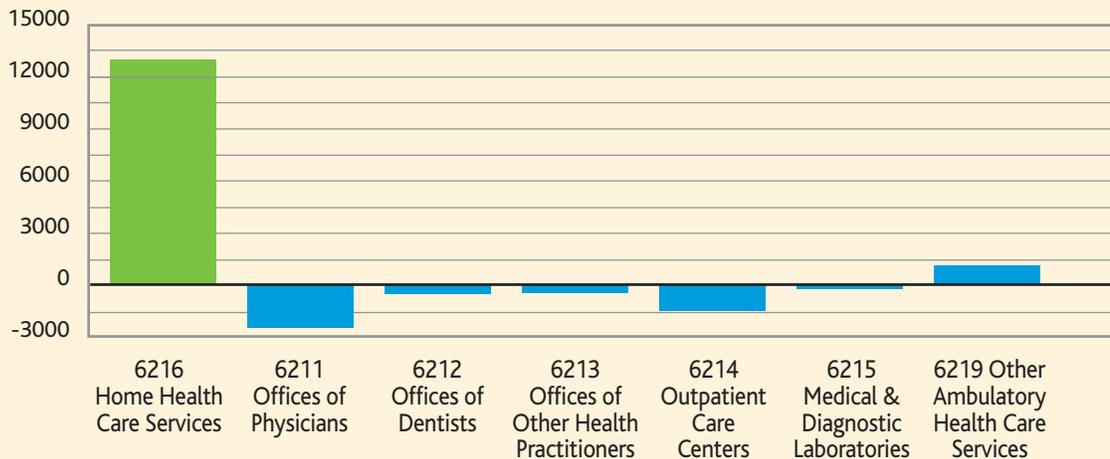
AM Account managers should be aware of how strongly rooted in New York City the industry group they are working with is and the characteristics of the labor market

FIGURE 3 New York City's Employment Specialization* in Ambulatory Health Care Services, 2007



SOURCE | National data from the U.S. Department of Labor, Bureau of Labor Statistics; New York City Data from the New York State Department of Labor, Quarterly Census of Employment and Wages, Annual Average 2007.
 *Values *more* specialized than the nation; *less* specialized; *fully* specialized as the nation.

FIGURE 4 Number of Jobs Added/Lost in New York City's Ambulatory Health Care Services Because of Local (Dis)Advantage, 2000-08



SOURCE | National data from Bureau of Labor Statistics; New York City data from New York State Department of Labor, Quarterly Census of Employment and Wages, 2000-08.

that are important to the employers in that industry group.

Figure 3 compares home health care services with the other industry groups in the ambulatory health care subsector on the degree of employment specialization in New York City.

Employment in home health care is almost five times more specialized in New York City than the rest of the nation and far more specialized in New York City than the other industry groups. The next most specialized is outpatient care (clinics), with employment that is twice as concentrated in New York City as in the rest of the U.S.

Local Performance

In any industry, jobs may grow or decrease for several reasons: the economy is growing in general; the industry group is growing nationally above and beyond the overall economy, or because of unique advantages of a local economy. Figure 4 shows – for home health care and the other industry groups in the subsector – the number of jobs added between 2000 and 2007 because of a unique local advantage.⁴ Of all of the industry groups, home health care and other ambulatory care were the only ones that added jobs since 2000 because of New York City’s advantage. Clearly, home health care enjoyed a much larger advantage, however, adding almost 14,000 jobs that cannot be attributed to either national or industry growth.

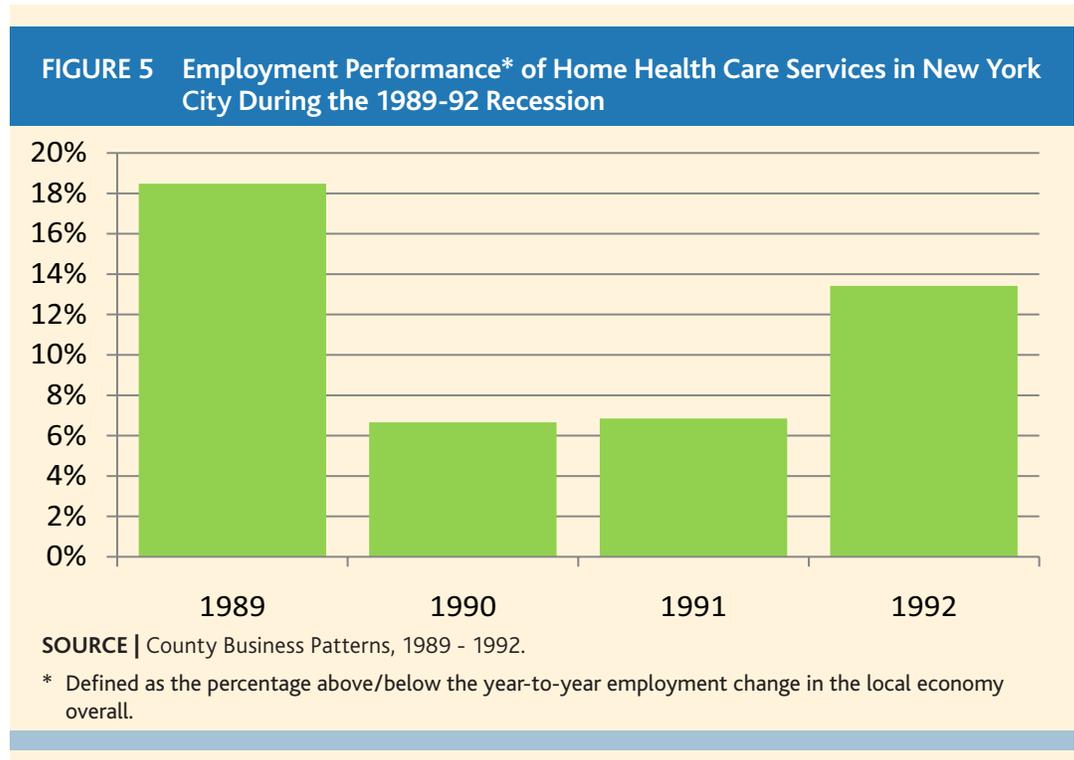
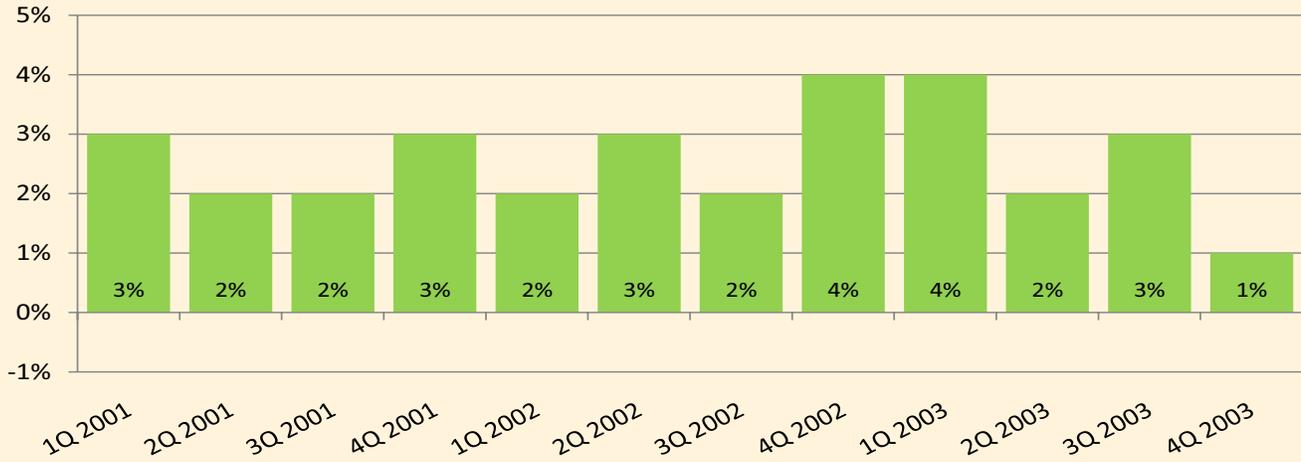


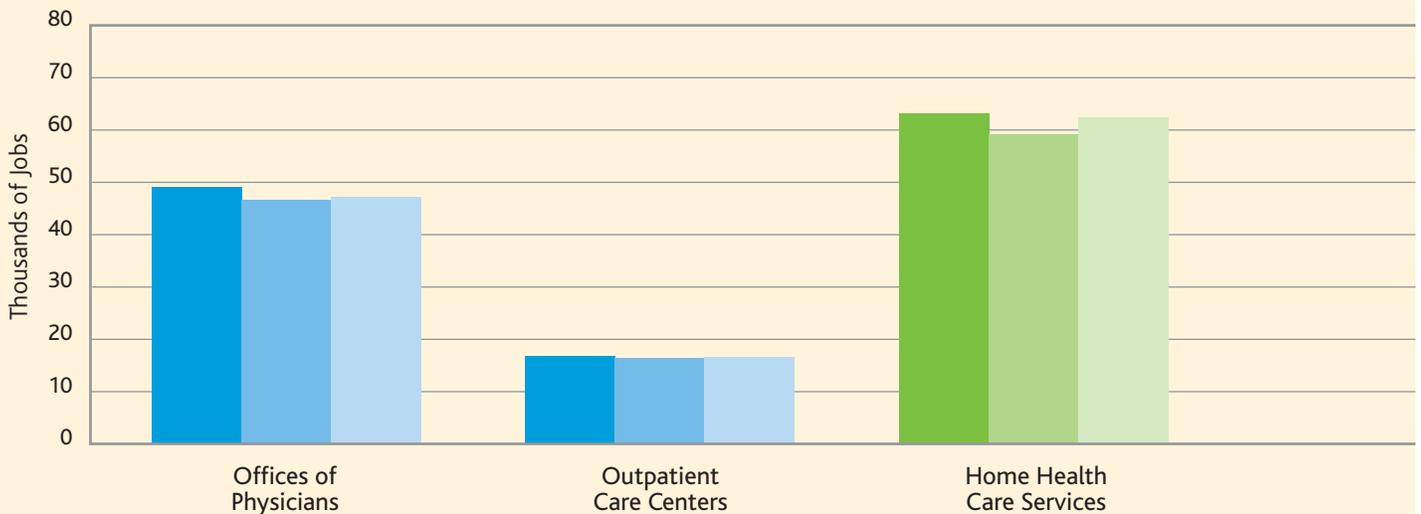
FIGURE 6 Employment Performance* of New York City Ambulatory Health Care Industries During the 2001-03 Recession



SOURCE | New York State Department of Labor, Quarterly Census of Employment and Wages, 2000 - 2003

*Defined as the percentage above/below the quarter-to-quarter employment change in the local economy overall.

FIGURE 7 Employment in New York City Ambulatory Health Care Industries, January 2008-January 2009



SOURCE | New York State Department of Labor, January 2009 Employment by Industry.

Jan 2008 Dec 2008 Jan 2009

Although caution is warranted when making comparisons, the current recession is similar to the 1989-92 recession in several ways. It was preceded by a rapid decline in housing prices, a sharp decrease in the stock market, and entailed the failure of several banking institutions. Although the labor market has changed a great deal since 1992 and other factors underlie the current recession, these similarities remain.

Figure 5 shows the year-to-year employment performance of home health care

services against the economy on average during the recession of 1989-92. Home health care consistently retained a higher percentage of jobs than the local economy on average.

Figure 6 shows how well home health care services retained jobs during the 2001-03 recession. Although the labor market in 2003 was more similar to the current one, the recession was different in cause and magnitude. On a quarter-to-quarter basis, home health care services also retained

TABLE 5 Promising* Occupations in Home Health Care Services in New York City

SOC	Occupation	Hourly Wage			Educational Requirements**
		Entry	Median	Upper	
29-1111	Registered Nurses	\$26.55	\$36.84	\$49.94	AA
11-9051	Food Service Managers	\$15.87	\$26.50	\$41.10	Less than HS
43-1011	First-Line Supervisors/Managers of Office and Administrative Support Workers	\$17.17	\$26.22	\$40.44	HS or GED
43-6010	Secretaries and Administrative Assistants	\$16.00	\$22.96	\$34.82	HS or GED
29-2061	Licensed Practical and Licensed Vocational Nurses	\$16.84	\$22.51	\$28.85	Some college
43-2021	Telephone Operators	\$11.97	\$19.76	\$23.84	HS or GED
43-4161	Human Resources Assistants, Except Payroll and Timekeeping	\$13.11	\$18.56	\$26.55	HS or GED
29-2071	Medical Records and Health Information Technicians	\$13.62	\$18.44	\$26.43	HS or GED
43-9011	Computer Operators	\$10.83	\$17.57	\$28.37	Some college
43-3021	Billing and Posting Clerks and Machine Operators	\$11.65	\$16.91	\$23.72	HS or GED
43-4051	Customer Service Representatives	\$9.92	\$16.00	\$27.09	HS or GED
31-9092	Medical Assistants and Other Healthcare Support Occupations	\$10.97	\$14.87	\$20.91	HS or GED
37-2012	Maids and Housekeeping Cleaners	\$9.21	\$14.81	\$20.74	HS or GED
35-2012	Cooks	\$9.56	\$13.78	\$19.83	HS or GED
43-4171	Receptionists and Information Clerks	\$9.04	\$13.35	\$18.95	HS or GED
43-9021	Data Entry Keyers	\$8.77	\$13.11	\$19.52	HS or GED
43-9061	Office Clerks, General	\$7.55	\$12.96	\$20.02	HS or GED
43-4071	File Clerks	\$7.93	\$12.90	\$19.60	HS or GED

* Refers to the prevailing median wage and availability of the occupation to people with fewer than four years of postsecondary education and not to job growth potential or quality of the job experience.

** Indicates the level of education attained by most individuals in this occupation according to a national survey of employers. Some New York City employers may require fewer or more years of education. Additional requirements such as drug, criminal screening, entry examinations, certification, and licensing may also apply.

SOURCE | Occupational employment estimates: U.S. Bureau of the Census, American Community Survey, 2005-07 combined samples, place of work is New York City. Typical wages: Bureau of Labor Statistics, Occupational Employment Statistics, Metropolitan New York City, 2007. Educational requirements: U.S. Department of Labor, Employment and Training Administration, O*NET 13.0 Production database.

more jobs than the economy as a whole throughout the last recession.

Figure 7 shows the latest information released by the New York State Department of Labor on the job gains/losses in home health care and other ambulatory care services since the current recession began in January 2008. Despite the “recession resistance” evident in Figures 5 and 6, Figure 7 indicates that there was some job loss in home health care in 2008. By December 2008, there were 59,100 home health care jobs, down six percent since the peak of 63,200 in January of that year. Note, however, that there were some job gains from December 2008 to January 2009. This recent gain recovered most of the jobs that were lost the previous year, resulting in a net loss of 800 jobs.

AM Account managers should stay up to date on month to month employment figures issued by the New York State Department of Labor to assess whether job losses in the industry group are accelerating, stabilizing, or reversing.

Occupational Opportunities

Up until this point in this profile, we have examined employment and wages within the home health care *industry group* and home health care services compares with other industry groups in the ambulatory health care subsector. In this section we look at the *occupations* that are available in home health care and the degree to which they offer opportunities for earnings and advancement. In our working definition, a “promising” occupation:

- Employs a substantial number of people in New York City;
- Pays \$12.00 an hour or more to at least half of the people who hold the position; and
- Employs individuals who do not hold four-year college degrees.

Table 5 lists the 18 promising occupations in home health care in descending order by median hourly wage (i.e., the wage earned by half of the individuals in the occupation in the Metropolitan New York City region).

The occupations that are missing from Table 5 are as notable as the ones that are in it. A vast majority – more than 50,000 – of the positions in home health care are as home health or personal care aides. However, individuals in these occupations earn \$11.00/hour or less at the median.

CA Career advisors should know that home health care offers entry-level opportunities for people without postsecondary educational experience. Experience in health care and additional training is needed to move into many of the middle-level occupations, however.

Although these occupations do not qualify as “promising” according to our definition, they employ many individuals in New York City who are just gaining a foothold in the local labor market, including new immigrants and other entry-level workers. In these occupations, individuals can obtain the requisite health care skill set (e.g., sanitation, team work, and medical procedures) to become a Medical or Nursing Assistant, and with further education and licensing,

A vast majority – more than 50,000 – of the positions in home health care are as home health or personal care aides.

TABLE 6 Characteristics of New York City’s Home Health Care Services Employees,* 2005-2007

Percent of employees:	
Not New York City residents	4%
New York City residents	96%
Bronx	22%
Brooklyn	44%
Manhattan	10%
Queens	16%
Staten Island	3%
Male	7%
Female	93%
Asian	8%
Black	40%
Hispanic	34%
Other	2%
White	16%
Age 16-24	2%
25-34	12%
35-44	26%
45-54	35%
55+	25%
Less than HS or GED	28%
HS or GED	38%
Some College	17%
Bachelor’s	12%
Graduate or Professional Degree	5%

SOURCE | American Community Survey, Public Use Microdata Samples, 2005-07.
 *Full-time wage earners working in New York City in NAICS 6216.

a Licensed Practical Nurse (LPN). LPNs must obtain professional training (offered at many community colleges) and pass a national licensing exam. With additional training and licensing, including at least a two-year college degree, LPNs may advance to become Registered Nurses (RNs). Table 5 shows the median pay increases associated with each of these career advancements.

ET Education and training providers should assess the extent to which their current offerings reach and assist individuals in entry-level occupations in home health care to move to more highly-skilled and better paying positions.

LU The labor union that represents home health care aides, SEIU 1199, is a promising source for identifying needs, reaching, and assisting home health care workers to climb the career ladder.

CA Ex-offenders may be prohibited from working for home health agencies, particularly in positions of responsibility for the safety or well-being of the elderly or people with disabilities. Contact the Legal Action Center (www.lac.org), Re-entry Net/NY (www.reentry.net/ny), or the H.I.R.E. Network (www.hirenetwork.org) for more information about employment restrictions, and rights and appeal procedures.

TR For a complete list of approved training providers in New York City – searchable by sector, occupation, and borough – go to www.nyc.gov/trainingguide. The

NYC Training Guide offers course and contact information, job placement rates, and student reviews of courses, costs, and eligibility for individual training grant (ITG) vouchers through the Workforce1 Career Centers or the New York City Department of Human Resources Administration.

In addition, home health care services employs many occupations in traditional office support roles, such as filing and office clerks, receptionists and telephone operators, secretaries, and data entry keyers, and human resource assistants. Individuals in these roles may advance to management and supervisory roles in home health services or move into one of numerous other industries that require similar skills.

AM Despite recent job growth and stable employment performance during previous recessions, most of the jobs in the home health care services industry group pay wages just above the minimum wage. In addition, wages have decreased in home health care, even as the number of jobs has increased. Account managers should work with employers and relevant employer associations to encourage the development of advancement pathways for individuals in these low-wage positions.

Current Workforce Facts

In 2005-2007, 96 percent of the individuals working in home health care services in New York City were New York City residents (Table 6) and 44 percent were Brooklyn residents. Females predominate the industry making up 93 percent of the home health services workforce. Three out of four

home health care workers were Black or Hispanic; and a majority were 45 years of age or older. Although the largest occupations in home health care services do not require educational experience beyond a high school diploma or GED, 34 percent of the people in the industry group in New York City have attended at least some college.

Endnotes

1. Centers for Disease Control, National Center for Health Statistics – National Home and Hospice Care Survey, *Current Home Health Care Patients*, February 2004.
2. McGeehan, P. "For New York, Big Job Growth in Home Care," *New York Times*, May 25, 2007. <http://www.census.gov/hhes/www/poverty/threshld/thresh07.html>
3. See notes on data suppression in Figure 2.
4. Figure 4 includes the results of a "shift-share" analysis. Shift-share is a method used to measure the competitiveness of a region's industries. The method divides local job growth into three different types. Local share is the portion of growth (or decline) that cannot be attributed to national or industry growth.

Youth and young adults are under-represented in the home health care services workforce.

Home Health Care Services: Industry Group Profile Findings at a Glance

About the Industry Group

Sector: Health care and social assistance	(NAICS 62)
Subsector: Ambulatory health care services	(NAICS 621)
Industry Group: Home health care services	(NAICS 6216)
Establishments in New York City:	224

Jobs and Wages

Employment:	60,417
Employment since 2000:	+91%
Average annual wage:	\$26,404
Wages since 2000:	-7%

Local Performance

1989-92 Recession:	Better than city average
2001-03 Recession:	Better than city average
NYC Employment Specialization:	5 times greater than nation's
Local Advantage:	+14,000 jobs added since 2000
January 2008 - January 2009 Job Losses/Gains:	-800

Occupations

Major occupation(s):	Home health aide, pays lower than \$12.00 at the median.
Advancement:	Access to mid-level health care jobs with additional education and licensing
Other opportunities:	Several traditional office support jobs for people without a 4-year degree that pay above \$12.00 at the median

Current Workforce

Residence:	96% in New York City
Gender:	93% female
Race/ethnicity:	74% Black or Hispanic
Age:	60% 45 years of age or older
Education:	66% have high school diploma, GED or fewer years

About the NYCLMIS

The New York City Labor Market Information Service (NYCLMIS) provides labor market analysis for the public workforce system. The service is a joint endeavor of the New York City Workforce Investment Board (WIB) and the Center for Urban Research at The Graduate Center of the City University of New York. The NYCLMIS' objectives are to:

- Develop action-oriented research and information tools that will be used by workforce development service providers and policy makers to improve their practice.
- Be the portal for cutting-edge and timely labor market data about New York City.

The NYCLMIS primarily serves the program and policy needs of the public workforce system. The NYCLMIS creates research and associated products that are of service to the broader practitioner and policy communities in their day-to-day and strategic decision-making. These products help distill, frame, and synthesize the volumes of data available for the practical use of the public workforce system's partners and stakeholders, with the overall goal of raising public awareness of the importance of workforce development in New York City.

About the WIB

The New York City Workforce Investment Board (WIB) administers the federal Workforce Investment Act funds in New York City and oversees the public workforce system run by the Department of Small Business Services and the Department of Youth and Community Development. The WIB is made up of over 40 volunteer members, appointed by the Mayor, representing local businesses, educational institutions, labor unions, community-based organizations, and other government agencies.

About the Center for Urban Research

Working with the City University of New York Graduate Center's faculty and students, the Center for Urban Research organizes basic research on the critical issues that face New York and other large cities in the U.S. and abroad; collaborates on applied research with public agencies, non-profit organizations, and other partners; and holds forums for the media, foundations, community organizations and others about urban research at The Graduate Center of the City University of New York.





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