

Home Care Quality Authority

Individual Provider Mail Survey

By: *SESRC – Puget Sound Division*
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May 2007

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Sponsorship

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Acknowledgements

The authors would like to thank the management of the Home Care Quality Authority for their coordination and support. We are also grateful to the Washington State Department of Social and Health Services and the Service Employees International Union for their helpful review of the survey materials. Finally, this project would not have been possible without the valuable insights contributed by the individual providers who participated in the survey.

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EXECUTIVE SUMMARY

Home Care Quality Authority Individual Provider Mail Survey

**By: Candiya Mann & Dave Pavelchek
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May 2007**

The Home Care Quality Authority (HCQA) is a small agency within the Washington State government. It is tasked with improving the quality of state-funded long-term in-home services and encouraging stability in the in-home, individual provider workforce.

Every two to three years, HCQA conducts a mail survey of individual providers and a separate survey of consumer/employers. In 2006, HCQA contracted with Washington State University's Social and Economic Sciences Research Center to conduct the surveys. This report presents the results of the individual provider survey.

The purpose of the individual provider survey was to collect information on a variety of topics, including the following:

- IP demographics and employment background
- Current employment status
- Job satisfaction
- Training
- Referral registry awareness and usage
- Employment benefits
- Paycheck issues

The survey protocol was developed in close collaboration with HCQA managers and with review and input from the Washington State Department of Social and Health Services (DSHS) and the Service Employees International Union (SEIU).

HCQA coordinated with DSHS to randomly select a sample of 3,000 individual providers. On September 18th, 2006, the surveys were mailed, and reminder postcards were sent out two weeks later. The survey closed on October 30th, with 793 returned surveys and a response rate of 26 percent.

IP Employment Background

- **Gender:** The majority of the respondents were female (87%).
- **Ethnicity:** Over two-thirds were Caucasian (68%), and 10 percent were Asian. The other ethnicities accounted for 5 to 7 percent of the respondents.
- **Longevity:** About one-quarter of the respondents (24%) had been an IP for a year or less; about one-quarter (23%) had been an IP for one to three years; 17 percent had been an IP for three to five years; and roughly one-quarter had been an IP for over five years (27%).

Current Employment Status

- **Family Provider Status:** About three-quarters of the IP's were working with a family member (76%), and 14 percent were providing services for a friend or neighbor. Only 14 percent of the IP's did not know their current consumer/employer before they started working with them.
 - Among those with a family member as their consumer/employer, the most common relationships were son/daughter (34%) and parent (31%).
- **Live-In Positions:** Over half of the family providers lived with their consumer/employer (56%), compared to only 19 percent of the non-family providers.
- **Agency Positions:** Non-family providers were twice as likely to combine an IP job with work as an agency caregiver (31%) compared to family providers (14%).
- **DSHS Division:** Forty-two percent of the respondents worked with a consumer/employer whose case manager was from the Division of Developmental Disabilities (DDD). Forty percent were associated with the Area Agency on Aging (AAA). Fifteen percent were associated with Home and Community Services (HCS). Three percent wrote in responses that did not clearly fit into HCS, DDD, or AAA.
- **Number of Paid Hours per Month:** Forty-four percent of the respondents were paid for working up to 85 hours per month. One third of the respondents worked 86 to 150 paid hours per month (33%). Eighteen percent worked 151 to 200 paid hours per month, and 5 percent reported working more than 200 hours per month.
- **Satisfaction with Number of Paid Hours:** Overall, close to half (46%) of the respondents were satisfied with their number of paid hours, and about one-third were working fewer paid hours than they wanted (32%). Only 7 percent were working more hours than they wanted.
 - Family providers were more likely than the non-family providers to be at the extremes of the scale, either working more paid hours than they wanted or fewer. It is unclear if these family providers wanted to work

more hours or wanted to be paid for more of the unpaid hours of care that they were already providing.

- Among those who were working fewer hours than they wanted, close to three-quarters of the non-family providers (71%) and over one-quarter of the family providers (28%) would be willing to work with additional consumer/employer.
- **Professional Motivation:** Almost all of the respondents were initially motivated to become an IP because a friend or family member needed care (92%). A majority of respondents also stated that they were motivated to become an IP because it gives them personal satisfaction (87%) and because they can work a flexible schedule (80%).

The survey asked the respondents who were motivated to join the field by a personal relationship if they would consider working for another consumer/employer when their current consumer/employer no longer required their help. Over half of the non-family providers (61%) and over one-third (37%) of the family providers motivated to join the field because of a personal relationship would consider staying in the field after their friend or family member no longer needed their help.

Job Satisfaction

The survey provided statements regarding job satisfaction and asked to what extent the respondents agreed or disagreed with each.

- **Satisfaction with Scheduling:** In general, respondents agreed with all of the positive statements regarding scheduling. They tended to like their schedules, have enough time with their consumer/employers to do their jobs, and consider that they are given their choice of work hours.
- **Satisfaction with Support:** The responses to the job support questions were slightly less positive than the questions on scheduling. Respondents were least positive about the statements that they have a lot of opportunity to talk about their work-related concerns and that they get a lot of support on the job.
- **Satisfaction with Consumer/Employer Relationship:** In general, respondents indicated that they believe their role is important in maintaining their consumer/employer's independence; they feel respected by their consumer/employer; and they like working for people who are elderly/disabled.
- **Satisfaction with Consumer/Employer Communication:** Respondents strongly agreed with all of the positive statements about communication with their consumer/employer. They tended to be comfortable talking with their consumer/employer about the services they need, understand which tasks are their responsibility as an IP, have a clear understanding of what they're supposed to do, and feel that they have enough input into the consumer/employer's care.

- Family providers tended to agree with the statement that their consumer has needs outside the plan of care, while non-family providers were more neutral.
- Both the family and non-family providers indicated that it is not difficult to meet their consumer/employer's needs and that they do not often have disagreements with their consumer/employer. However, family providers were more positive than non-family providers on these questions.
- **Overall Job Satisfaction:** Respondents agreed with all of the positive statements regarding overall job satisfaction. In general, they agreed that their work is challenging and rewarding, that they gain new skills working at their job, that their job uses their current skills well, and that they were satisfied with their current job.
- **Plans to Leave the Field:** Eight percent of the respondents agreed with the statement, "In the next year, it is likely that I will actively look for a different type of job (not as an individual provider)." Almost two-thirds of the respondents (62%) disagreed with the statement, and the others were either neutral or could not answer the question.
- **Suggestions to Improve Retention:** When asked to name two things that would make them more likely to stay in the field, respondents' most common replies were the following: improved wages, more paid hours, and if another friend or family member needed care.

Training

- **Opinions about Training:** Respondents tended to agree with the statements that their skills are adequate, they have had enough training, they are given enough chances for more training, and the job is what they expected.
- **Completed Training Courses:** The majority of respondents had completed the Safety Training (91%), Caregiver Orientation (89%), and Fundamentals of Caregiving (88%) courses. Over two-thirds of the respondents had completed some continuing education (68%). About one-quarter (24%) had completed the Nurse Delegation course, and thirteen percent completed the Foster Parent Orientation (13%).
- **Degrees and Certifications:** Fifteen percent of the respondents were Certified Nursing Assistants, and 12 percent were Registered Nursing Assistants.
- **Suggested Training:** Thirty percent of the respondents indicated that they would like to receive more training. Respondents expressed interest in a wide variety of training topics, including areas such as social interaction and specific health conditions, such as diabetes. Other respondents identified certifications and degrees that they'd like to achieve.
- **Training as a Barrier to Employment:** Most of the respondents were content with the current amount of mandatory training.

- Fourteen percent of the respondents indicated that the 32 hours of mandatory training were a barrier to their employment.
- Thirteen percent indicated that they believed that the amount of mandatory training should be increased, but on the other hand, a different thirteen percent stated that additional mandatory training requirements would prevent them from continuing to work as an IP.

Referral Registry

Referral and Workforce Resource Centers (RWRC's) have been starting up throughout the state. One of their services is a Referral Registry database. The referral registry helps consumers find an individual provider when they need one. The results of the survey questions about the referral registry are presented below according to how long the referral registry had been available in the respondent's area at the time of the survey: 21 months, 17 months, 9 months, 3 months or 1 month.

- **Awareness of Referral Registry:** Overall, 21 percent of the respondents had heard of the referral registry before taking the survey. In general, awareness was higher in areas with RWRC's that had been open longer.
 - The counties with the highest levels of awareness were Lewis, Thurston, and Mason (61%). It is unclear why the awareness levels were so much higher in these counties than in the rest of the state.
 - Overall, 15 percent of the respondents thought that the referral registry was available to them. The trends followed the same pattern as the previous survey question. Awareness was slightly higher in the RWRC's that had been open longer, and Lewis, Thurston, and Mason counties had awareness levels far higher than the rest of the state (52%).
- **Usage of Referral Registry:** Five percent of the respondents had signed up for the referral registry. Because the survey didn't ask how recently the IP had changed consumer/employers, this statistic was not limited to respondents who looked for a new consumer/employer in the previous year, nor to those who had access to the registry when they were looking for a new consumer/employer.
- **Referral Registry Comments and Suggestions:** Overall, the most common written responses were that the registry seemed like a "good idea" and requests for more information about it.

Employment Benefits

Since the last IP survey, employment benefits have become available to IP's. These include health insurance, worker's compensation insurance, and the ability to accrue paid vacation. One other new service is that IP's can have taxes withheld from their paychecks.

- **Importance of Employment Benefits:** Respondents rated all of the available employment benefits as being important to them: health insurance, worker’s compensation, paid vacation, and having taxes withheld from their paychecks.
 - Non-family providers indicated that the employment benefits were slightly more important than the non-family providers.
 - Respondents disagreed slightly with the statement that their wages were adequate. The non-family providers were slightly less satisfied with their wages than the family providers, who were more neutral in their opinions on wages..
- **Health Insurance:** Almost three-quarters of the respondents (72%) had health insurance at the time of the survey. There were no differences between the family and non-family providers in this question.
 - Among the respondents who had health insurance, one-third (33%) were using the health insurance available through their job as an IP. Non-family providers were slightly more likely to use the health insurance through their job as an IP (34%) compared to family providers (28%).
 - The survey asked the respondents who did not have health insurance through their job as an IP why they elected not to use it. Of the respondents without health insurance, about half did not think they were eligible for it (49%). About one-quarter (27%) did not know that it was available to them. The remainder either had a different reason for not using the insurance (14%) or didn’t know why they weren’t using it (10%).
- **Workplace Injuries and Worker’s Compensation:** Seven percent of the respondents reported that they had been injured on the job in the prior year.
 - Of the respondents who were injured, 94% continued to work while injured.
 - Almost half of the respondents who were injured on the job (45%) had notified their doctor that it was a work-related injury.

Paycheck Issues

- HCQA was interested in exploring whether paycheck problems were widespread among IPs. Seventeen percent of the respondents reported that they have had a problem with their paycheck since they became an IP.
- Over half of the respondents were satisfied with the resolution to their problem (54%). Fifteen percent were neither satisfied nor dissatisfied. About one-third were dissatisfied with the resolution to their problem (31%).

INTRODUCTION

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The Home Care Quality Authority (HCQA) is a small agency within the Washington State government. It is tasked with improving the quality of state-funded long-term in-home services and encouraging stability in the in-home, individual provider workforce.

Every two to three years, HCQA conducts a mail survey of individual providers and a separate survey of consumer/employers. In 2006, HCQA contracted with Washington State University's Social and Economic Sciences Research Center to conduct the surveys. This report presents the results of the individual provider survey.

The purpose of the individual provider (IP) survey was to collect information on a variety of topics, including the following:

- IP demographics and employment background
- Current employment status
- Job satisfaction
- Training
- Awareness and use of the referral Registry
- Employment benefits
- Paycheck issues

This report presents the findings in the order listed above, in separate sections. Key survey topics were also explored by family provider status: whether or not the IP provided services to a family member. The breakdowns of the results are provided at the end of each section.

METHODOLOGY

Survey Protocol Development

While HCQA surveys individual providers every few years, the survey content changes some over time. Compared to the previous survey, some topics have been removed because they were no longer applicable. Some questions were modified to increase clarity, and some new topics of interest were added.

In addition, this version of the survey also included questions incorporated from a nationwide survey of in-home care consumers sponsored by RAND Corporation as part of a national evaluation of federally-funded demonstration projects. In order to avoid confusion and survey fatigue among the Washington state respondents, we coordinated with RAND to incorporate many of their questions in this survey and to share the survey results with them.

The non-RAND portions of the survey protocol was developed in close collaboration with HCQA managers, with review and input from the Washington State Department of Social and Health Services (DSHS) and the Service Employees International Union (SEIU).

Sample Selection and Printing

HCQA coordinated with DSHS to randomly select a sample of 3,000 individual providers. The sample was transferred to the Washington State Department of Printing (DOP), which printed and mailed the surveys. Survey respondents were promised anonymity; therefore, there were no identifying marks on the survey forms.

Survey Administration and Response Rate

On September 18th, 2006, the surveys were mailed, and reminder postcards were sent out two weeks later. The survey closed on October 30th, with 793 returned surveys for a response rate of 26 percent.

RESULTS

DEMOGRAPHICS AND EMPLOYMENT BACKGROUND

The survey collected information on the individual providers' demographics and employment background, including the following topics:

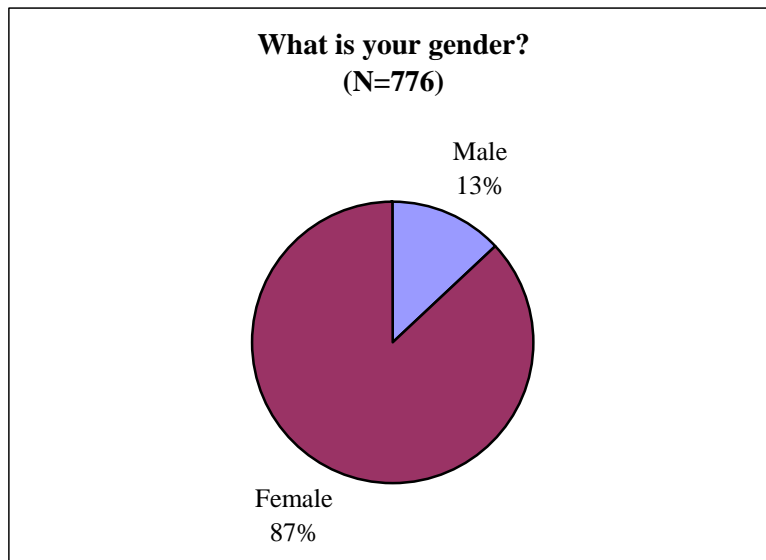
- Gender
- Ethnicity
- Age
- Location (Service Delivery Area)
- Education level
- Length of time in the field
- Breaks in employment

For most surveys, the demographics of the survey respondents can be compared to the demographics of the population as a whole to confirm that the respondents are representative of the population. HCQA has indicated that demographic data is not available on the population of individual providers; therefore, it is not possible to analyze the response for demographic bias.

Gender

The majority of the respondents were female (87%). Thirteen percent were male.

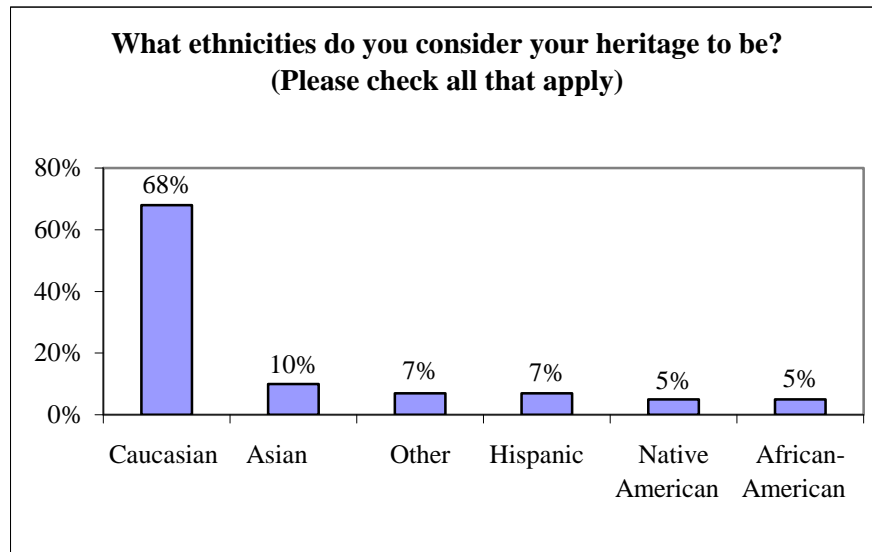
Figure 1



Ethnicity

Over two-thirds of the respondents (68%) were Caucasian. Ten percent were Asian. Seven percent identified themselves as Hispanic or as Other, and 5 percent classified themselves as African-American or Native American. Respondents were allowed to select more than one category of ethnicity.

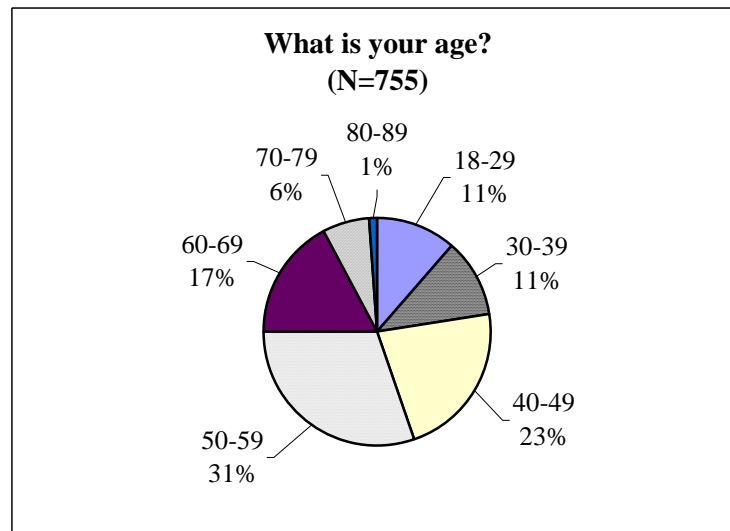
Figure 2



Age

The respondents' ages fit roughly into quarters: one-quarter under age 40 (22%), one-quarter ages 40 to 49 (23%), one-quarter ages 50 to 59 (31%), and one-quarter age 60 or more (24%).

Figure 3



Location

Respondents represented every Service Delivery Area (SDA) in the state. The most populous SDA’s had the largest proportion of respondents: King (20% of the respondents), Pierce (16%), and Spokane (12%).

Table 1

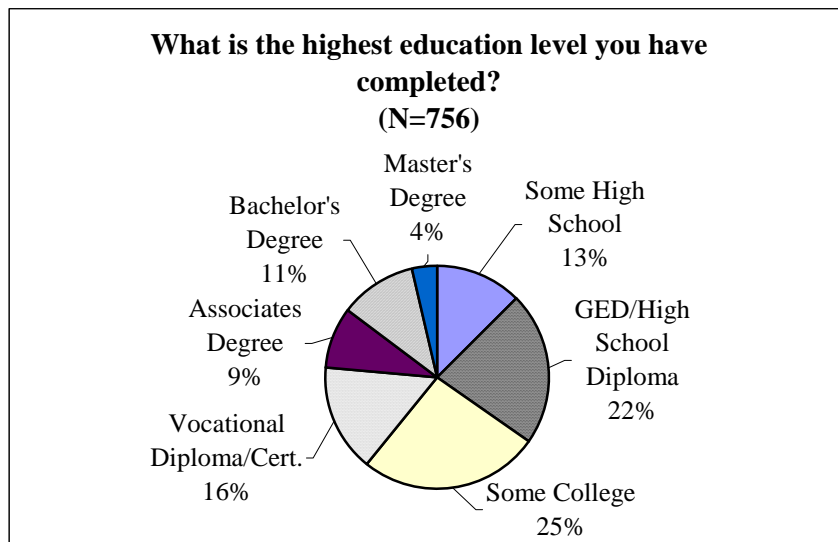
Service Delivery Area	N	Valid Percent
King	143	20%
Pierce	118	16%
Spokane	83	12%
Snohomish	63	9%
Southwest	61	9%
Southeast	48	7%
South Sound	46	6%
Northwest	34	5%
South Central	27	4%
Pacific	28	4%
North Central	22	3%
East Central	21	3%
Northeast	13	2%
Olympic	11	2%
Total	718	100%

Education Level

The majority of providers have not completed a college credential. Thirteen percent of the respondents had not completed high school. Close to one-quarter (22%) had earned a GED or high school diploma as their highest level of education. One-quarter (25%) had completed some college, and one-quarter (25%) had attained a vocational diploma/certificate or an associate’s degree. Thirteen percent had a bachelor’s degree or higher.

Non-family providers were 5 percent more likely to have completed an Associate’s (11%) or Bachelor’s Degree (13%), compared to the family providers (Associate’s: 8%; Bachelor’s: 11%).

Figure 4



Length of Time in the Field

The survey asked respondents about the overall length of time that they had worked in the in-home care field, as well as the length of time that they had been an IP. The responses to the two questions were very similar. About one-quarter (24%) had been an IP for a year or less; about one-quarter (23%) had been an IP for one to three years; 17 percent had been an IP for three to five years; and roughly one-quarter had been an IP for over five years (27%).¹

Figure 5

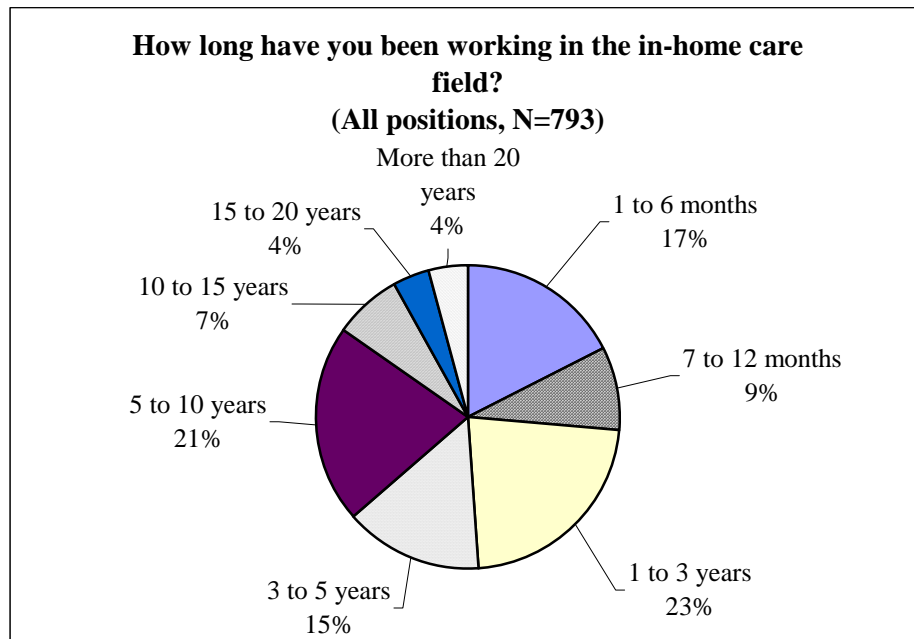
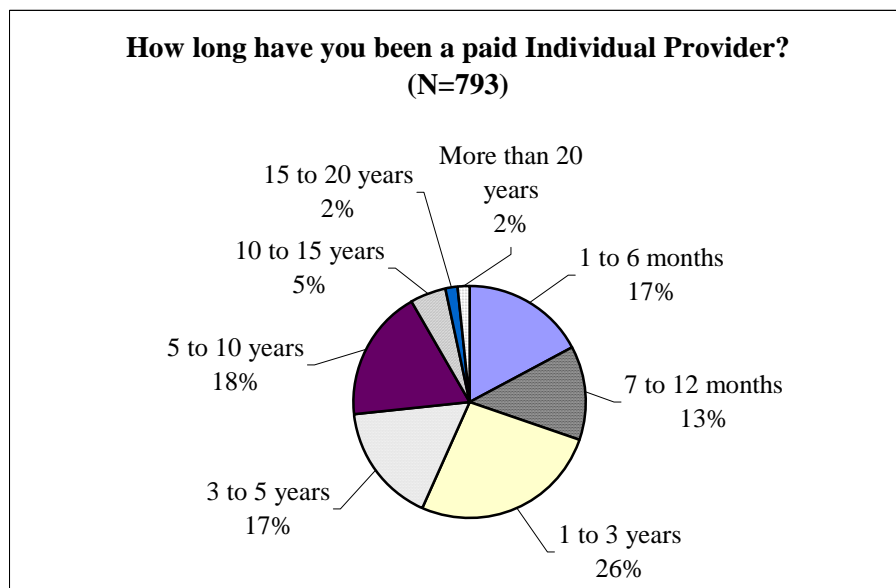


Figure 6



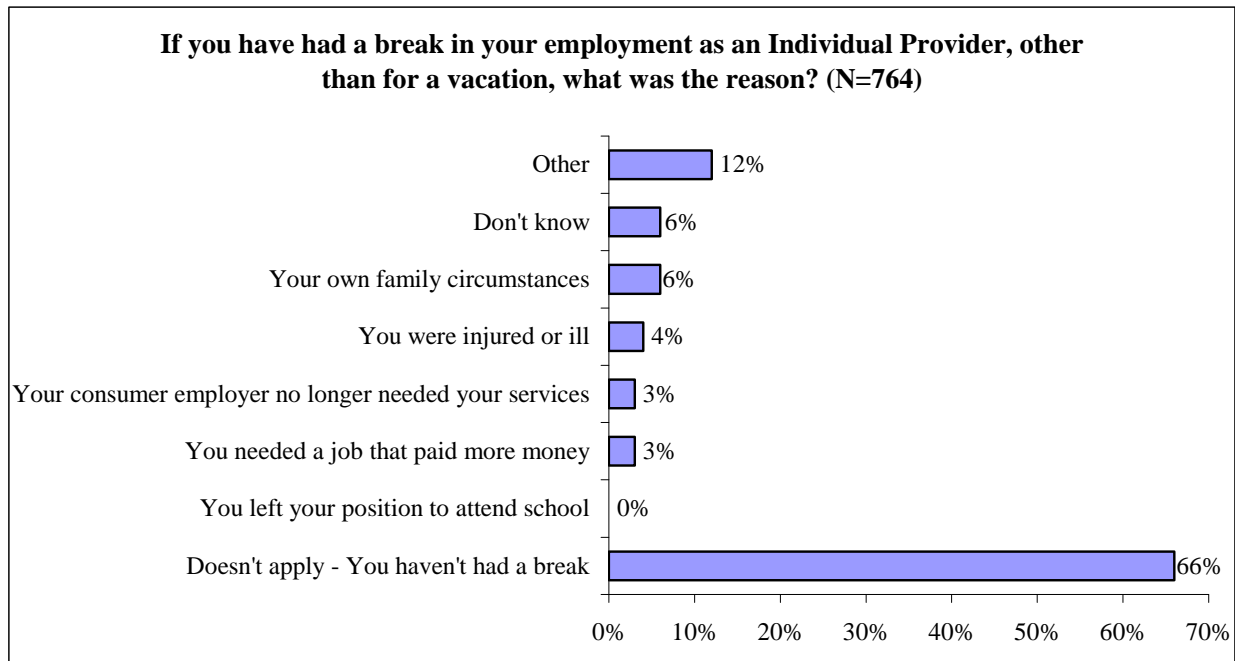
¹ Please note that for ease-of-reading in the graph, the category labels appear to overlap (i.e. 1-3 years and 3-5 years.) The true categories were created by selecting the number of months so that they did not overlap (i.e. 13-24 months and 25-36 months).

Breaks in Employment

Two-thirds of the respondents had not had a break in their employment as an IP, except for a vacation. Of those who had a break in their employment, the most common reasons were their own family circumstances or their illness or injury. Twelve percent indicated that there was an “other” reason that they took a break. These included explanations such as the following:²

- The IP decided to leave the position with the consumer/employer
- The consumer/employer traveled
- The IP moved
- The consumer/employer lost their benefits
- The background check for the IP took a long time

Figure 7



CURRENT EMPLOYMENT STATUS

The survey explored the individual providers’ employment status at the time of the survey, including the following topics:

- Family provider status (if they were providing services to a family member)
- The number of consumer/employers for whom they were providing care
- If they also work for a home health agency
- If they live with their consumer/employer
- The number of IP’s providing care for their consumer/employer
- The DSHS division providing funding for their services
- The number of paid hours they work per month
- Satisfaction with their number of paid hours

² Please note that these examples of “other” responses may have been submitted by a single respondent and do not necessarily represent strong themes in the data.

- If unsatisfied with their paid hours, their willingness to work with another consumer/employer
- Their professional motivation for joining the field
- If motivated by a personal relationship to join the field, their desire to continue in the field beyond their current consumer/employer

For many of these topics, the results differed between the family providers and the non-family providers. These differences are also explored below.

Family Provider Status

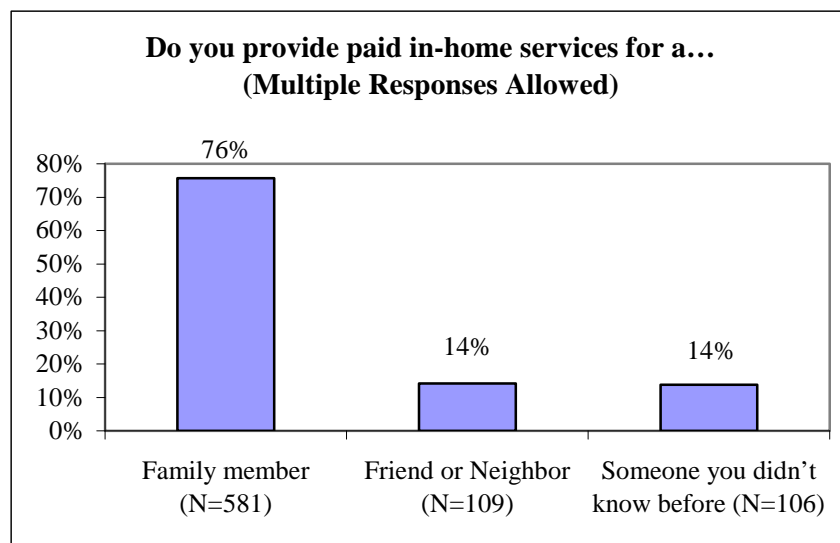
The survey asked whether the IP was providing services for a family member, friend/neighbor, or someone they didn't know before. A follow-up question asked those working with a family member how they were related.

Only 14 percent of the IP's did not know their consumer/employer before they started working with them. About three-quarters were working with a family member (76%) and 14 percent worked with a friend or neighbor.

These findings support the results from a survey of case managers that found that very few consumer/employers tend to search for an IP outside of their network of friends and family.³

With 76 percent of the responses from family providers, the overall survey results may over-represent the viewpoints of the family providers. Other sources of data suggest that the proportion of family providers in the larger population is closer to 60-65 percent, and the 2003 survey of IP's recorded 70 percent of family providers.

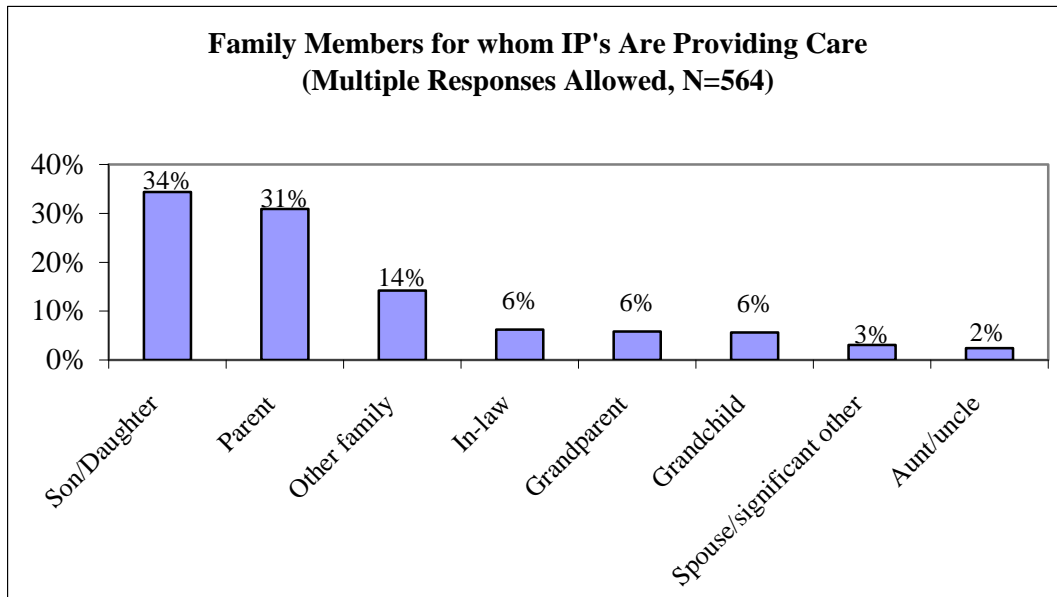
Figure 8



³ Home Care Quality Authority, Case Manager Web Survey Executive Summary, 18 October 2006.

Among those working with family members, the most common relationships were son/daughter (34%) and parent (31%).

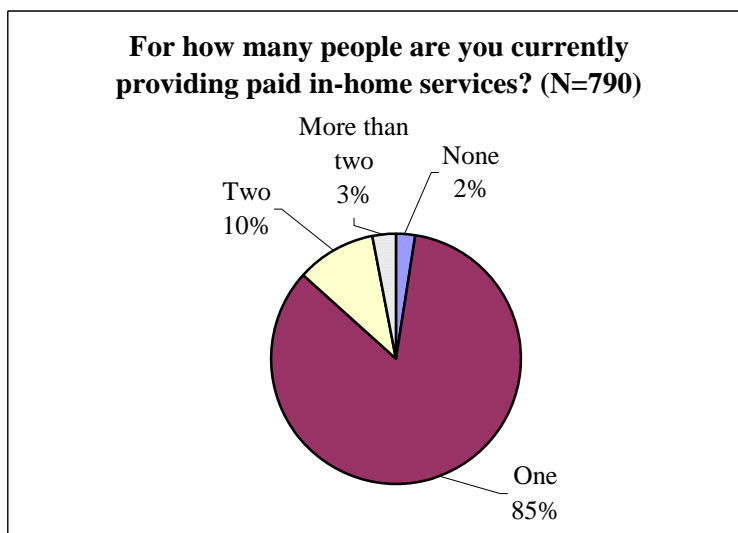
Figure 9



Number of Consumer/Employers

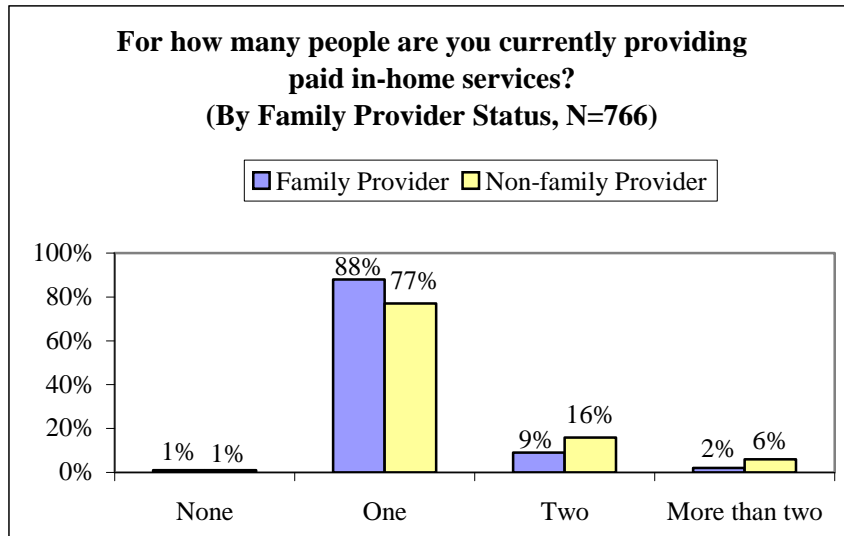
At the time of the survey, the majority of IP's were providing services for one consumer/employer (85%). Ten percent worked with two consumer/employers, and 3 percent provided services for more than two. Two percent did not have a consumer/employer when they completed the survey.

Figure 10



While the majority of the providers worked with only one consumer/employer, non-family providers were more likely to provide services for two or more consumer/employers (family providers: 11%, non-family providers: 22%).

Figure 11



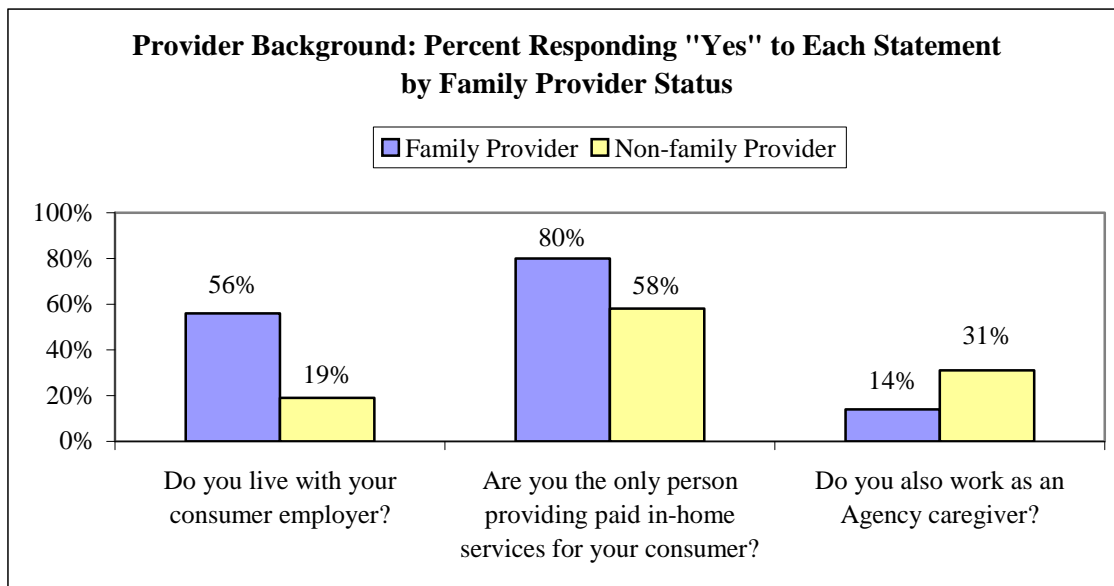
Live-in Positions, Agency Positions, and Multiple IP's per Consumer/Employer

Over half of the family providers lived with their consumer/employer (56%), compared to only 19 percent of the non-family providers.

Family providers were more likely to be the only person providing services to their consumer/employer (80%), compared to non-family providers (58%).

Non-family providers were twice as likely to also work as an agency caregiver (31%) compared to family providers (14%).

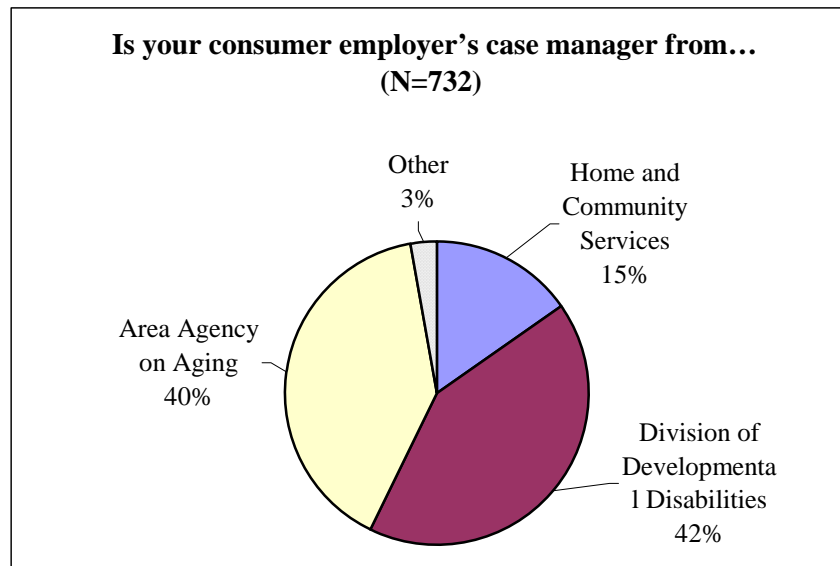
Figure 12



DSHS Division

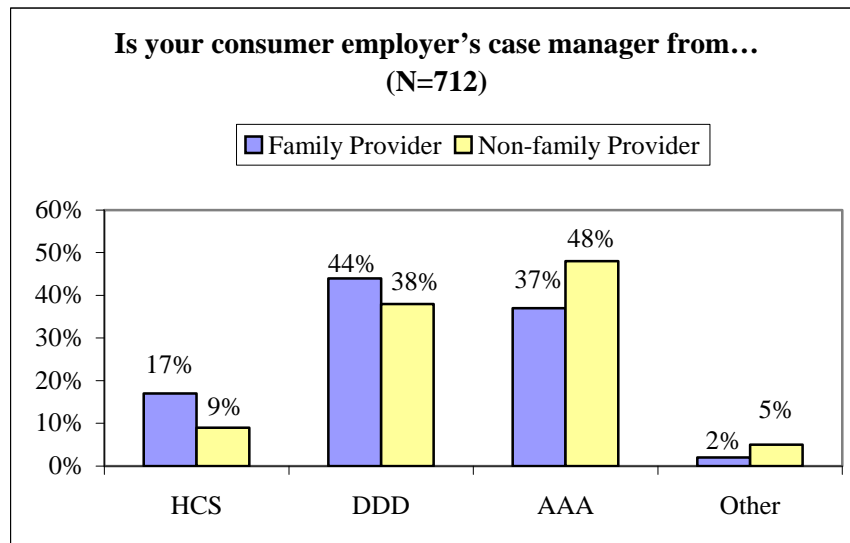
Forty-two percent of the respondents worked with a consumer/employer whose case manager was from the Division of Developmental Disabilities (DDD). Forty percent were associated with the Area Agency on Aging (AAA). Fifteen percent were associated with Home and Community Services (HCS). Three percent of the responses did not clearly fit into HCS, DDD, or AAA.

Figure 13



Family providers were slightly more likely to be associated with HCS and DDD, while non-family providers were more likely to be with AAA.

Figure 14

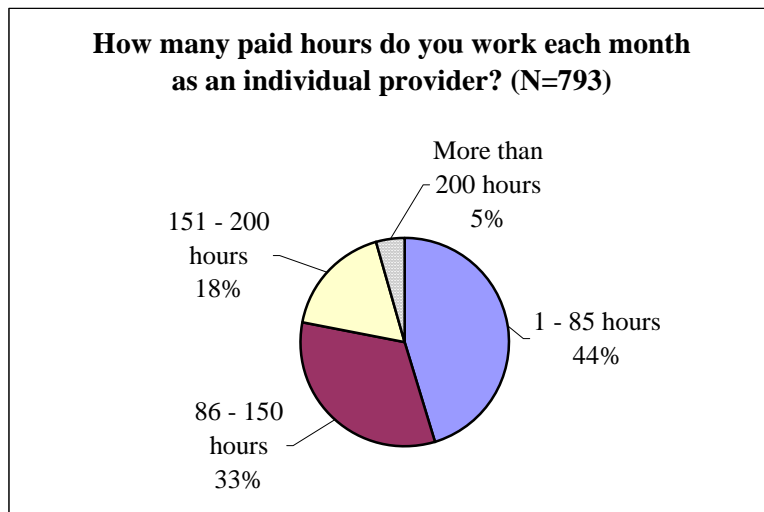


Number of Paid Hours per Month

Forty-four percent of the respondents were paid for working up to 85 hours per month. One of the requirements to be eligible for health insurance through the IP program is to work at least 86 hours per month.

One third of the respondents worked 86 to 150 paid hours per month (33%). Eighteen percent worked 151 to 200 paid hours per month, and 5 percent reported working more than 200 hours per month.

Figure 15

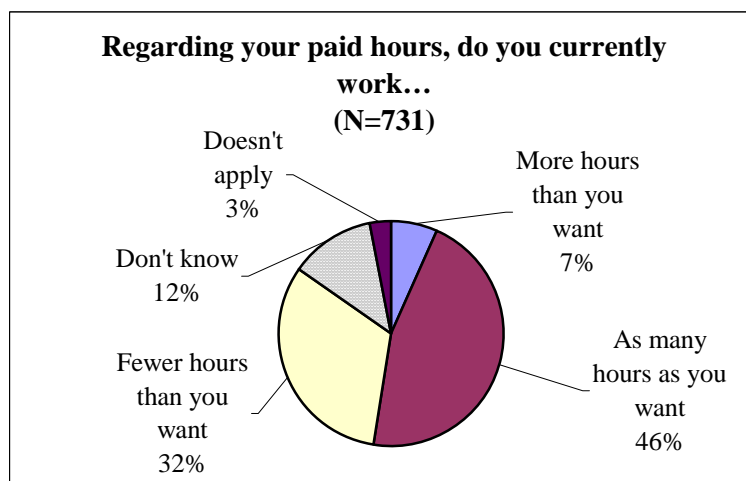


There were few differences in the number of hours worked between the family and non-family providers.

Satisfaction with Number of Paid Hours per Month

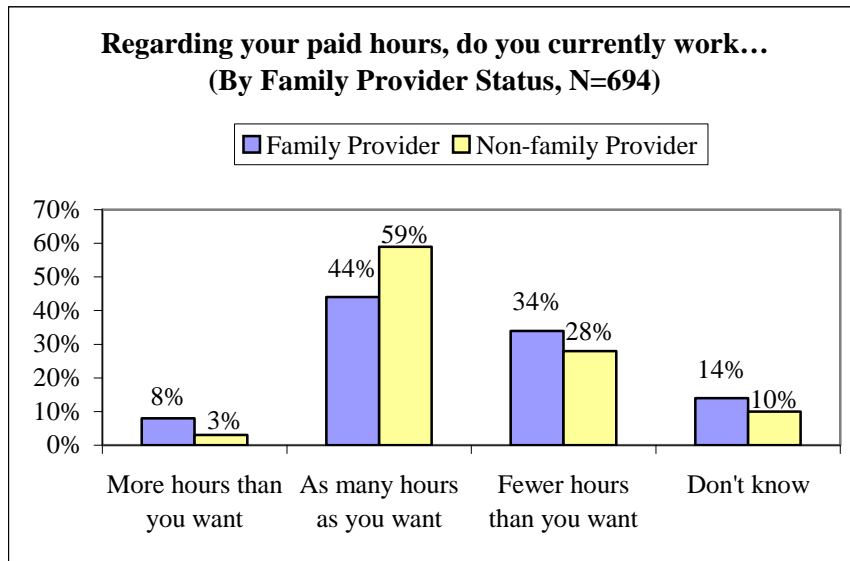
Overall, close to half (46%) of the respondents were satisfied with their number of paid hours, and about one-third were working fewer paid hours than they wanted (32%). Only 7 percent were working more hours than they wanted. As might be expected, as respondents' paid hours increased, they were more likely to indicate that they were working more hours than they preferred.

Figure 16



Family providers were more likely to be at the extremes of the scale, either working more paid hours than they wanted or fewer. Non-family providers were more likely to be satisfied with the number of hours they were working. It is unclear if the family providers who were unsatisfied with their paid hours wanted to work more hours or wanted to be paid for hours that they were providing care on an unpaid basis.

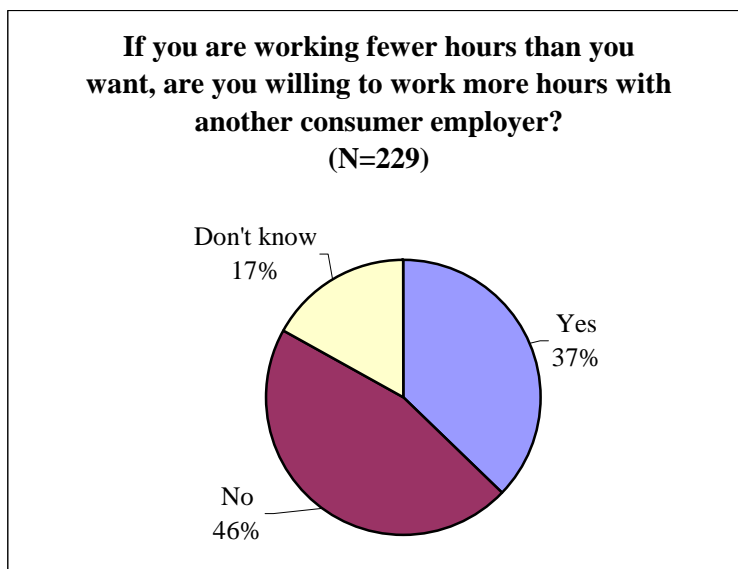
Figure 17



Unsatisfied with Paid Hours: Willingness to Work with another Consumer/Employer

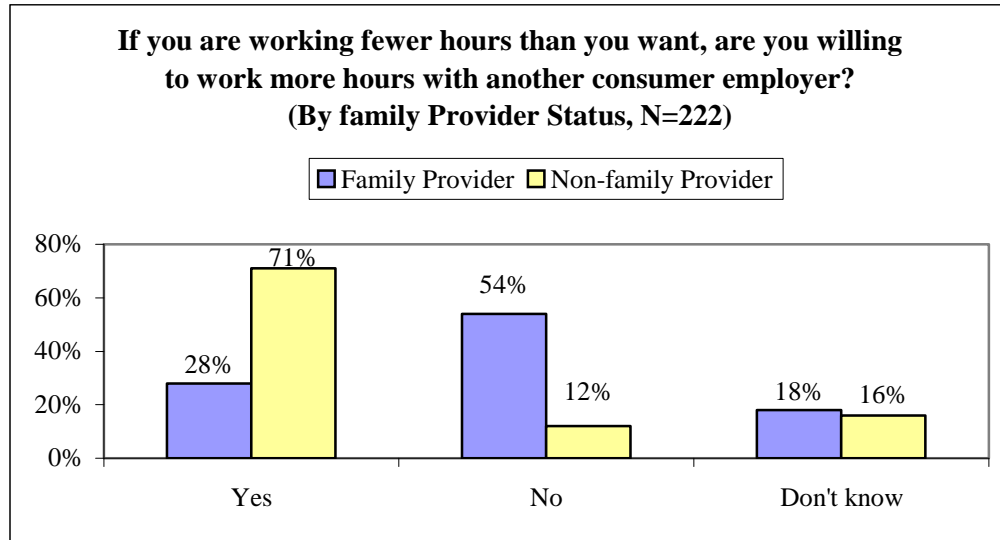
Among the IP's working fewer hours than they wanted, over one-third (37%) would be willing to work more hours with another consumer/employer.

Figure 18



Close to three-quarters of the non-family providers (71%) and over one-quarter of the family providers (28%) who were working fewer hours than they wanted would be willing to work with another consumer/employer.

Figure 19



Professional Motivation

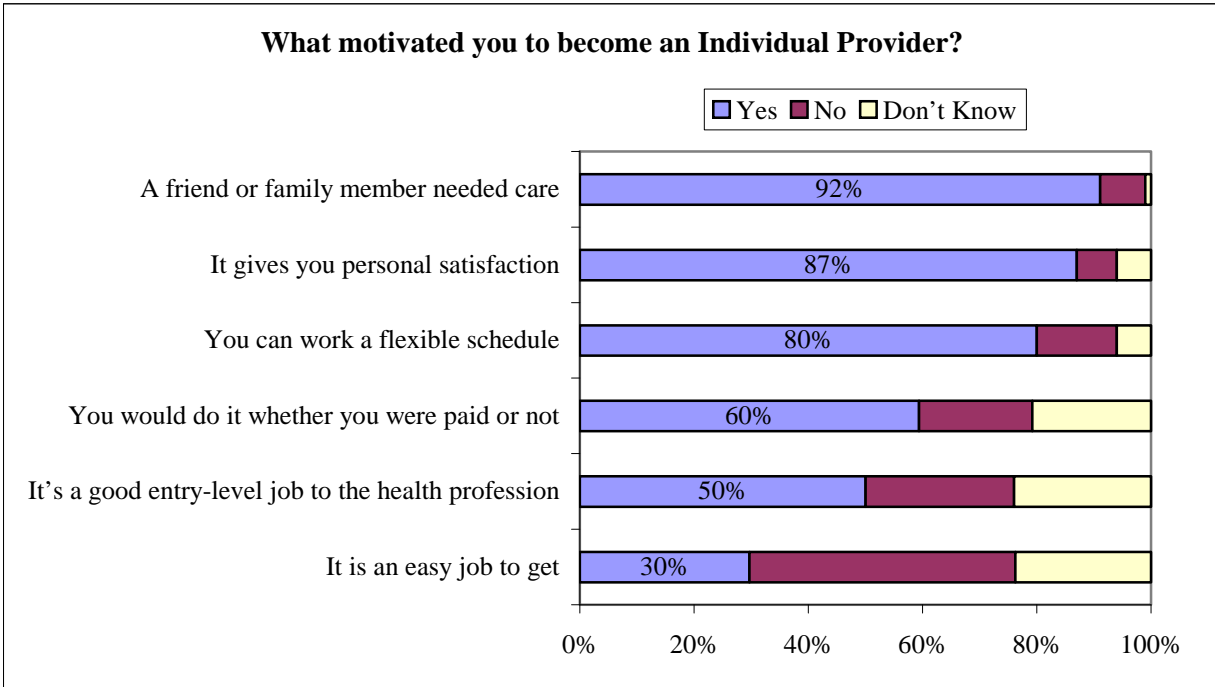
Almost all of the respondents were motivated to become an IP because a friend or family member needed care (92%). This is slightly higher than might be expected, given that 86 percent of the respondents stated that they are currently providing care for a friend or family member. However, this result might suggest that some respondents entered the field to provide care for a friend or family member but by the time of the survey were providing care to a different consumer/employer.

A majority of respondents also stated that they were motivated to become an IP because it gives them personal satisfaction (87%) and because they can work a flexible schedule (80%).

Family providers were more likely to indicate that they joined the field because a friend or family member needed care (family providers: 97%, non-family providers: 77%) or because they would do this work if they were paid for it or not (family providers: 66%, non-family providers: 42%).

Non-family providers were more likely to state that the flexible schedule was a motivating factor (family providers: 87%, non-family providers: 78%). (See figure 20, next page)

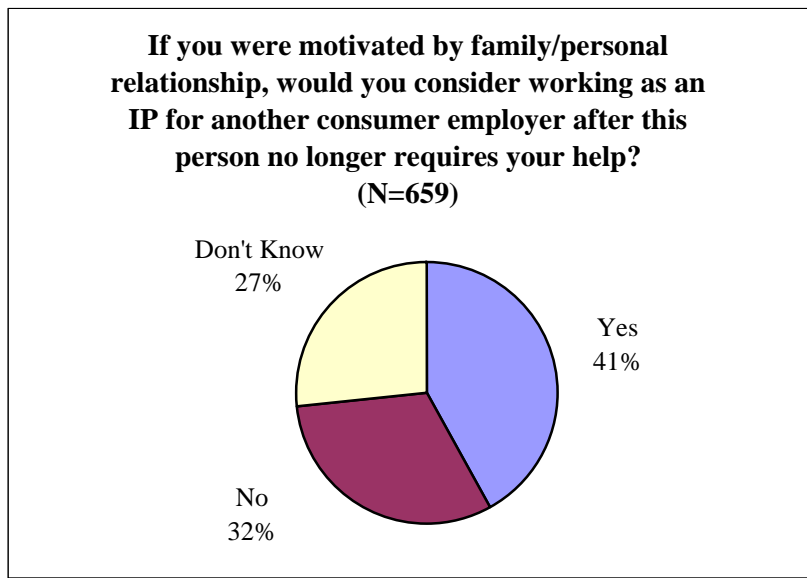
Figure 20



Motivated by a Personal Relationship: Desire to Continue in the Field

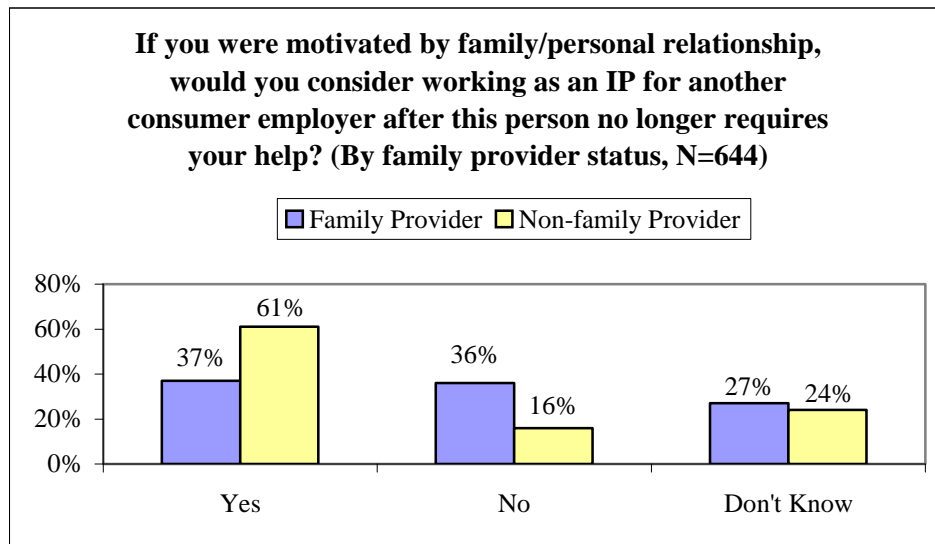
The survey asked the respondents who were motivated to join the field by a personal relationship if they would consider working for another consumer/employer when that person no longer required their help. Overall, 41 percent of the IP's responded in the affirmative.

Figure 21



Over half of the non-family providers (61%) and over one-third (37%) of the family providers motivated to join the field because of a personal relationship would consider staying in the field after their friend or family member no longer needed their help.

Figure 22



JOB SATISFACTION

Respondents were asked about their satisfaction with many different aspects of their jobs, including the following:

- Scheduling and job support
- Consumer/employer relationship
- Consumer/employer communication
- Overall job satisfaction

The satisfaction questions were formatted as statements, and the respondents selected their level of agreement with each: “strongly disagree”, “disagree”, “neither agree nor disagree”, “agree”, or “strongly agree”.

The average (mean) results are presented below in bar charts, with upward bars showing that the respondents on average agreed with the statement (1 = agree, 2 = strongly agree) and downward bars indicating that respondents on average disagreed with the statement (-1 = disagree, -2 = strongly disagree). The height of the bars demonstrates the strength of the response, with the longer bars showing a stronger agreement or disagreement. The neutral responses (neither agree nor disagree) were coded as zeros.

All of the satisfaction statements were explored by family provider status.

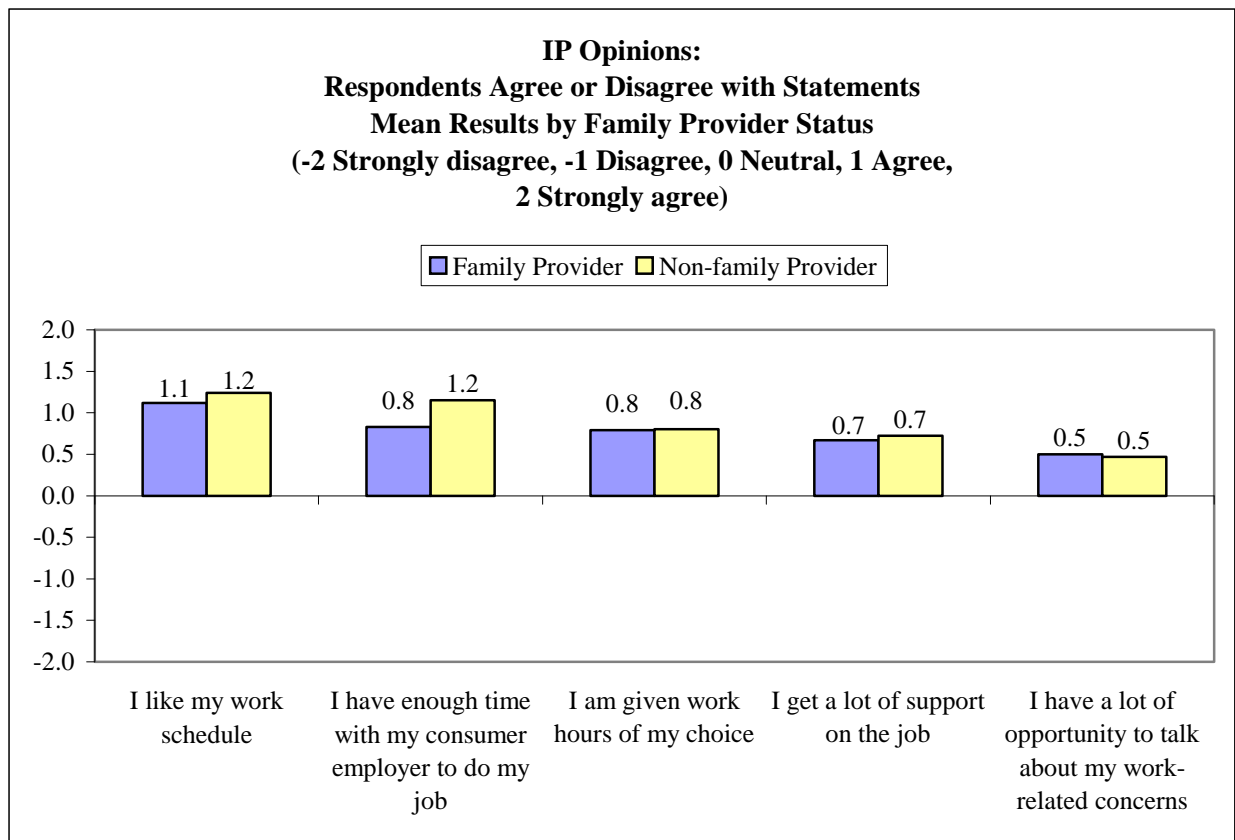
Scheduling and Support

In general, respondents agreed with all of the positive statements regarding scheduling. They tended to like their schedules, have enough time with their consumer/employers to do their jobs, and consider that they are given their choice of work hours.

The responses to the job support questions were slightly less positive, especially to the statement, “I have a lot of opportunity to talk about my work-related concerns”.

Compared to the family providers, non-family providers were slightly more likely to indicate that they like their work schedule and that they have enough time with their consumer/employer to do their job.

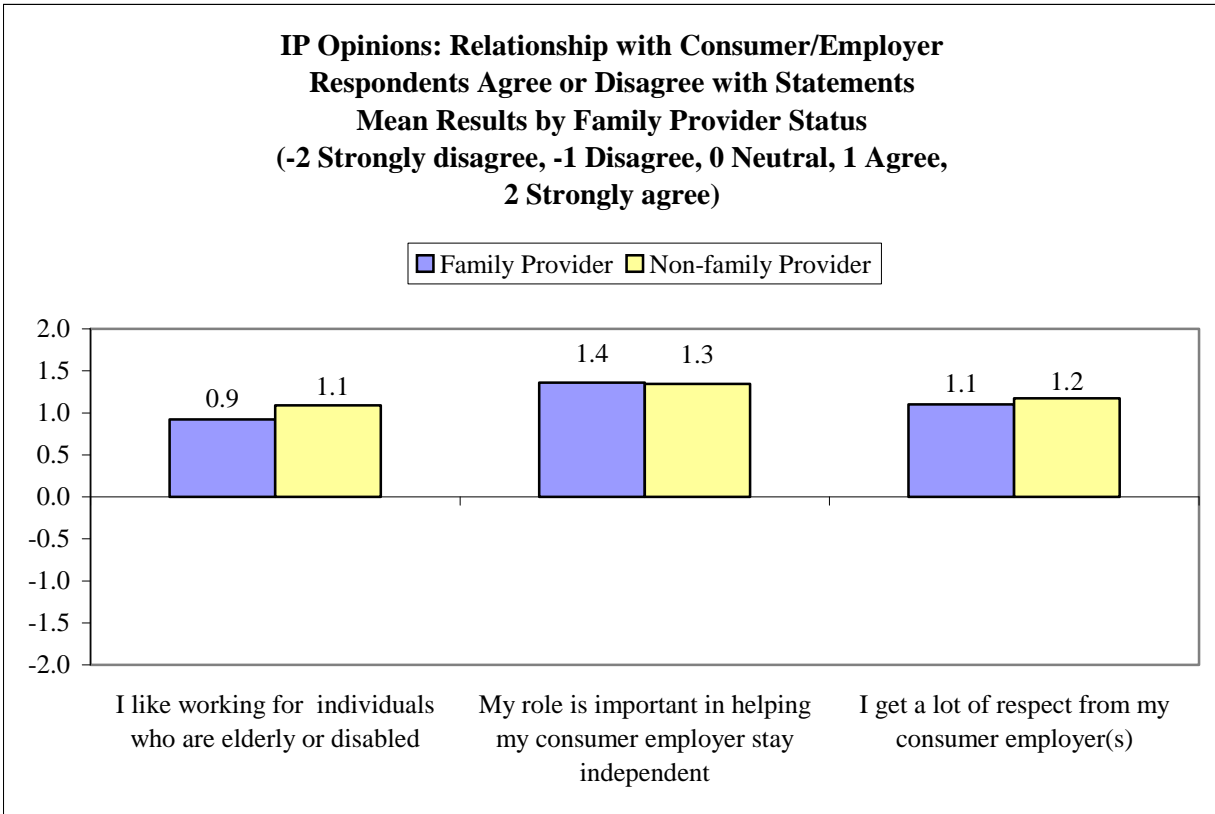
Figure 23



Satisfaction with Consumer/Employer Relationship

Respondents tended to agree with the positive statements regarding their relationship with their consumer/employer. In general, they saw their role as important in maintaining their consumer/employer’s independence; they felt respected by their consumer/employer; and they liked working for people who are elderly or disabled.

Figure 24



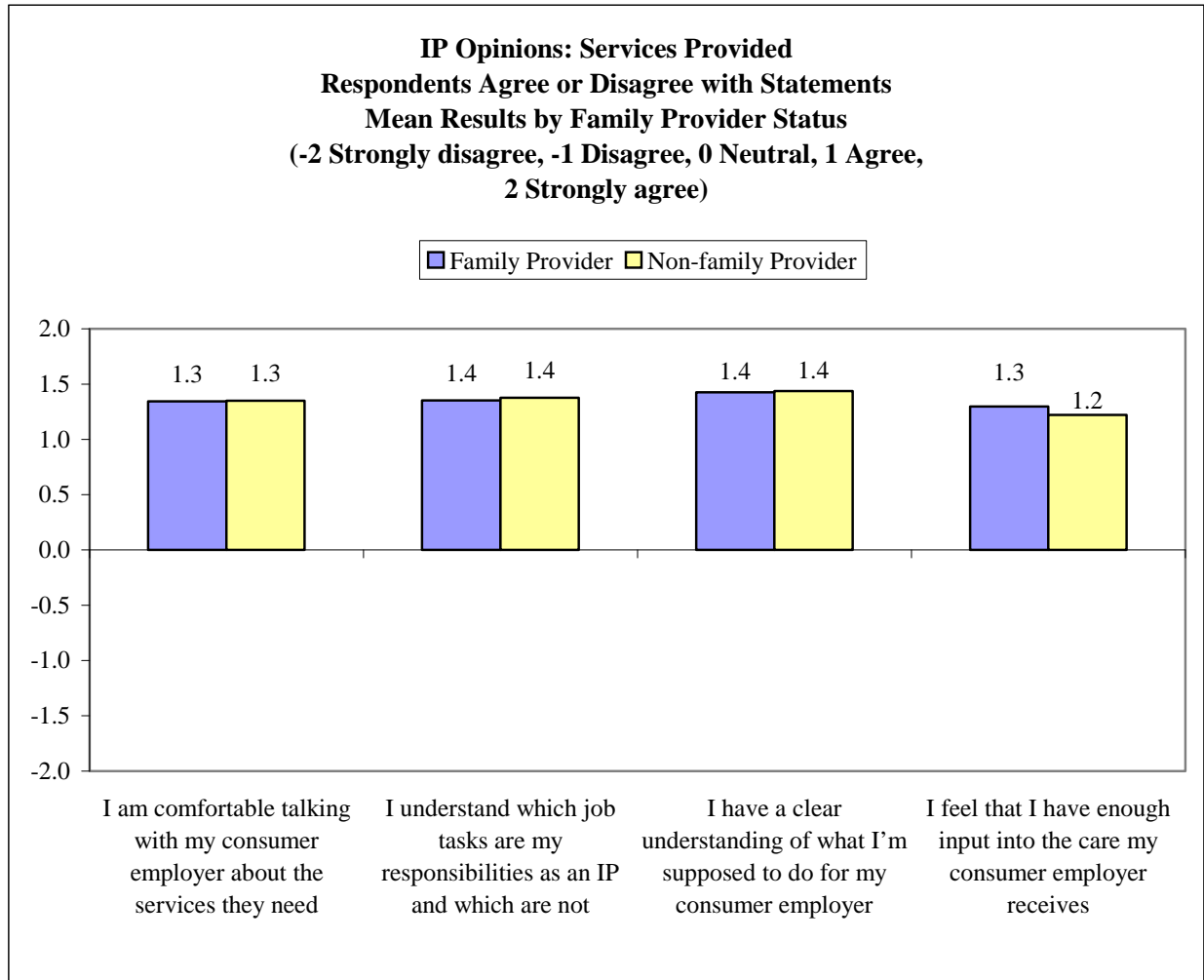
Satisfaction with Consumer/Employer Communication

Respondents strongly agreed with all of the positive statements about communication with their consumer/employer:

- “I am comfortable talking with my consumer employer about the services they need.”
- “I understand which job tasks are my responsibilities as an IP and which are not.”
- “I have a clear understanding of what I’m supposed to do for my consumer employer.”
- “I feel that I have enough input into the care my consumer employer receives.”

The family and non-family providers' responses were very similar to these positive statements.

Figure 25



Responses were more mixed to the following negative statements:

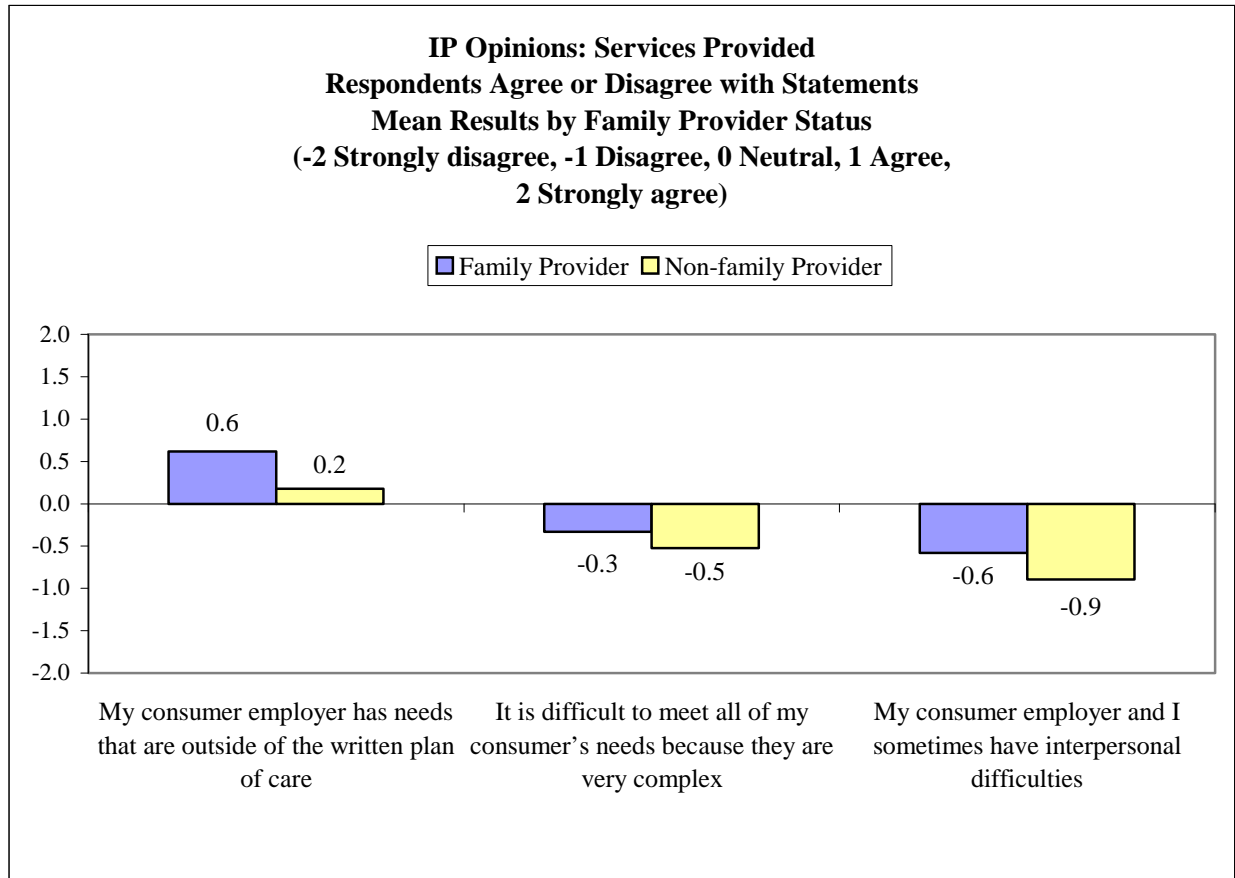
- “My consumer employer has needs that are outside of the written plan of care.”
- “It is difficult to meet all of my consumer’s needs because they are very complex.”
- “My consumer/employer and I sometimes have interpersonal difficulties.”

More family providers tended to agree with the statement that their consumer has needs outside the plan of care, while non-family providers were more neutral.

Both the family and non-family providers *disagreed* with the statements that it is difficult to meet all of the consumer/employer’s needs because they are complex and that they sometimes have interpersonal difficulties with their consumer/employer.

The family providers were slightly more likely to indicate that it is difficult to meet their consumer/employers needs and that they sometimes have disagreements with their consumer/employer.

Figure 26



Overall Job Satisfaction

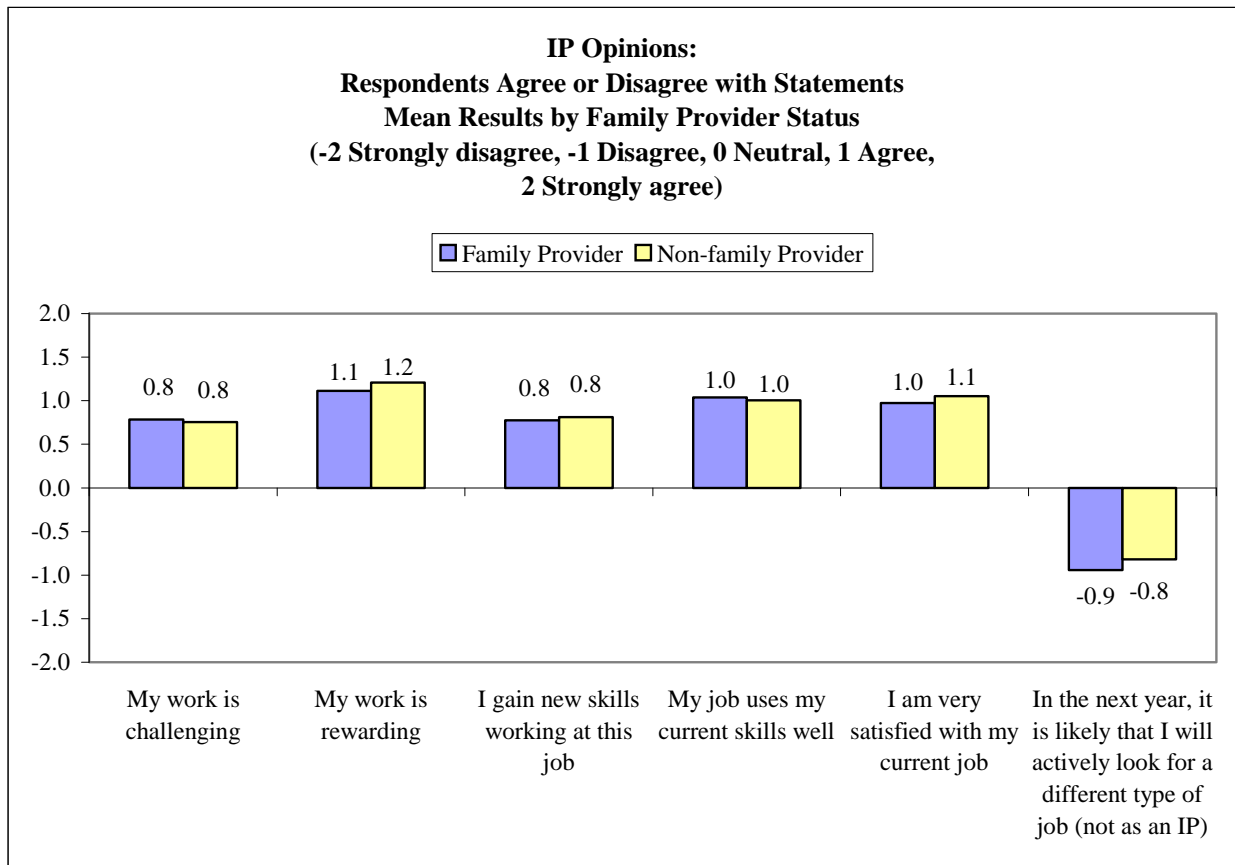
Respondents agreed with all of the positive overall job satisfaction statements:

- “My work is challenging”
- “My work is rewarding”
- “I gain new skills working at this job”
- “My job uses my current skills well”
- “I am very satisfied with my current job”

Overall, 29 percent strongly disagreed that they will look for a different type of job in the next year, 33 percent disagreed, 16 percent neither disagreed nor agreed, 5 percent agreed, 3 percent strongly agreed, and 14 percent were unable to answer the question.

Compared to the family providers, it appears that the non-family providers were slightly more likely to indicate that their work was rewarding and that they were very satisfied with their current job. Conversely, they were also slightly more likely to plan on looking for a different type of job in the next year.

Figure 27



Suggestions to Improve Retention

The survey asked the respondents to name two things that would make them more likely to stay in the field: “Can you name two things that would make you more likely to continue working as an individual provider beyond your current client?”

The most common responses included improved wages, more paid hours, and if another friend or family member needed care. Other suggestions of factors that would make them more likely to continue in the field included the following:

- More flexible hours
- Improved respite care availability
- Reimbursement for mileage or having a client close to the IP’s home
- Employment benefits for children/spouse
- Compatible client (personality, religion, etc.)

TRAINING

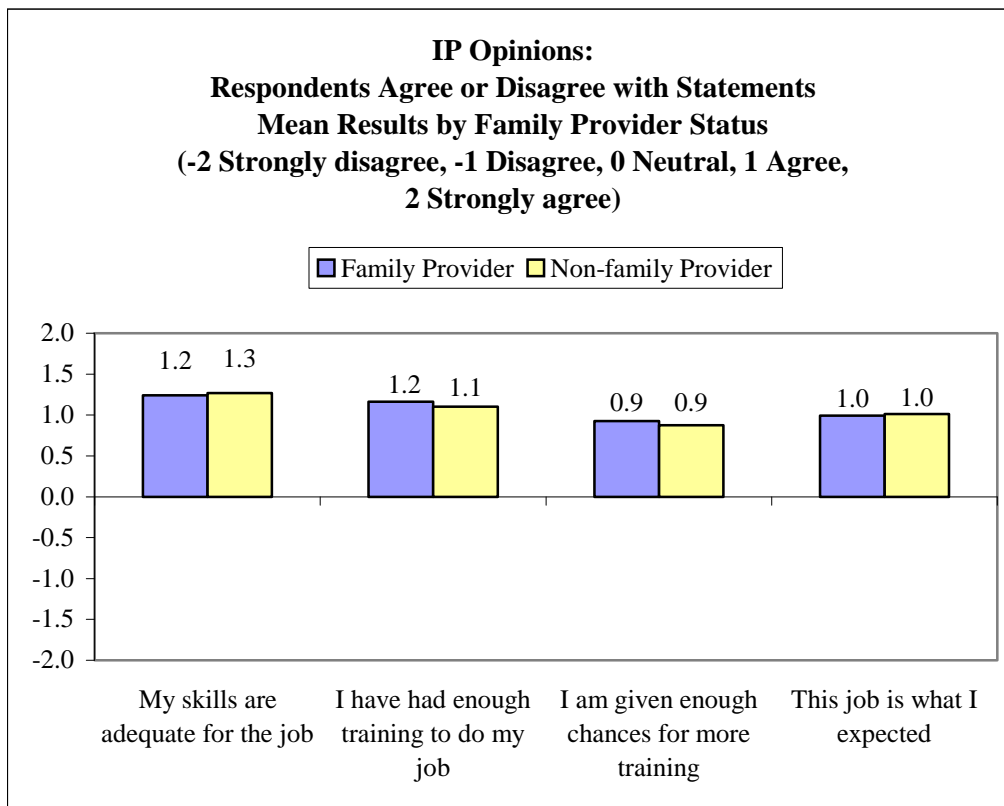
The survey explored the IP training in the following topics:

- IP's opinions about their skills and training
- The courses they have completed
- The certifications/degrees they have attained or are studying
- Topics on which they would like to receive training
- Opinions on whether the mandatory training was a barrier to their employment
- Preferred training methods

Opinions about Training

Respondents tended to agree with the statements that their skills are adequate, they have had enough training, they are given enough chances for more training, and the job is what they expected.

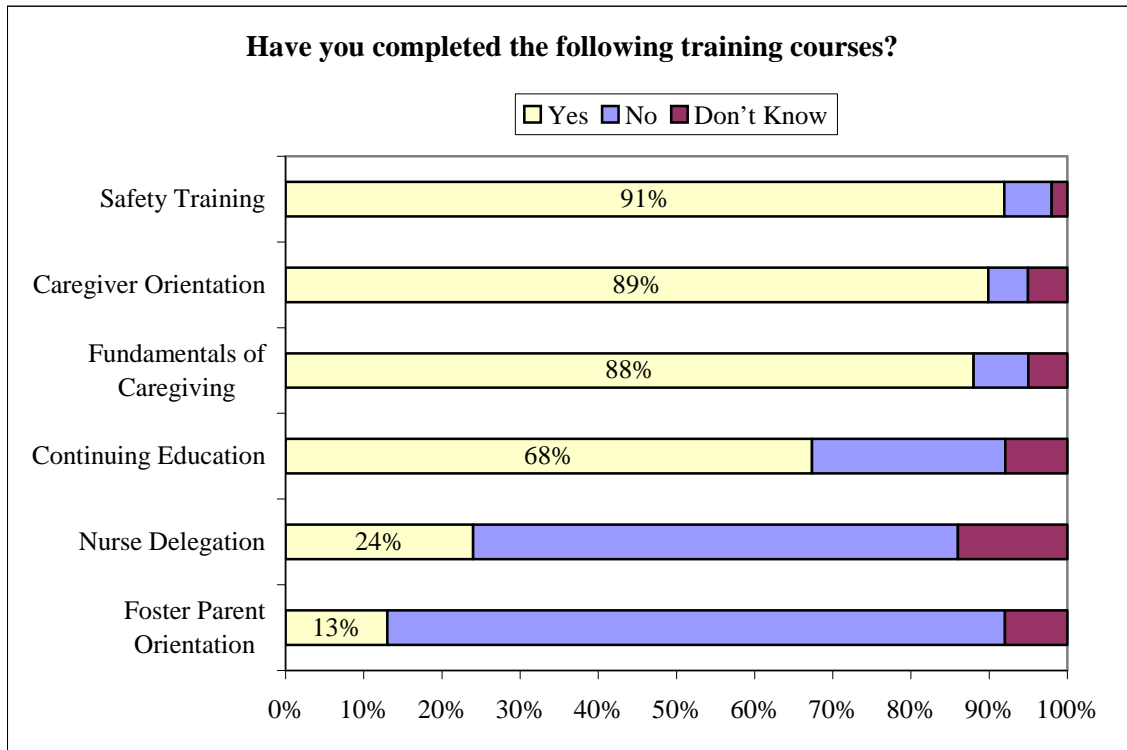
Figure 28



Completed Training Courses

The majority of respondents had completed the Safety Training (91%), Caregiver Orientation (89%), and Fundamentals of Caregiving (88%) courses. Over two-thirds of the respondents had completed some continuing education (68%). About one-quarter (24%) had completed the Nurse Delegation course, and thirteen percent completed the Foster Parent Orientation (13%). (see figure 29, next page)

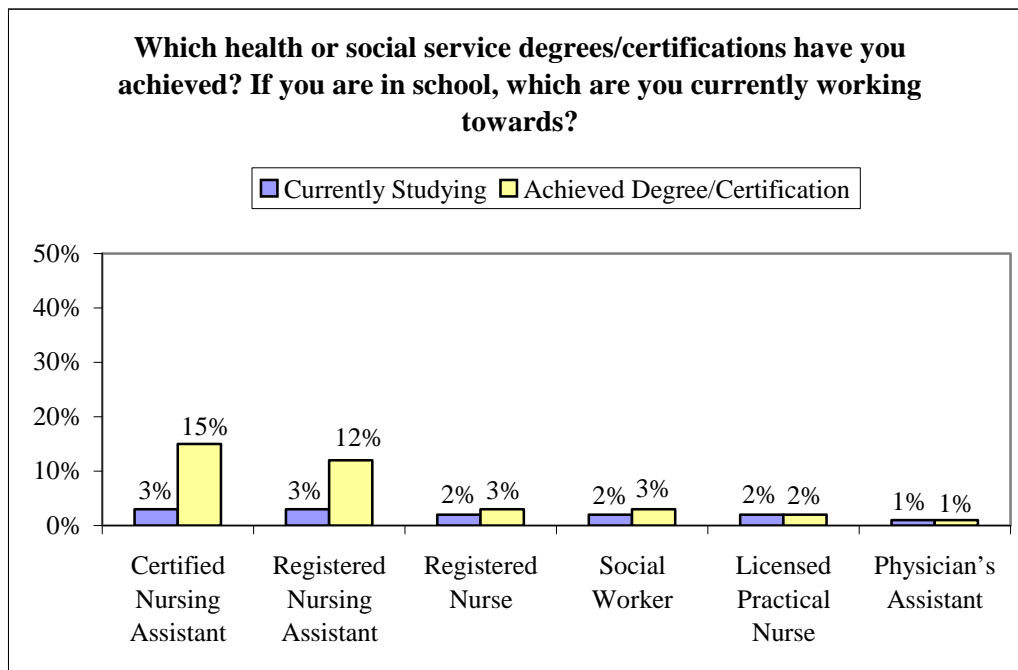
Figure 29



Degrees/Certifications

Fifteen percent of the respondents were Certified Nursing Assistants, and 12 percent were Registered Nursing Assistants. One to three percent of the respondents had either achieved or were working towards the other degrees/certifications.

Figure 30



Suggested Training Topics

The survey asked the respondents if they would like to receive any additional training, and if so in what topics. Thirty percent of the respondents indicated that they would like more training.

Respondents expressed interest in training ranging from certifications and degrees that the respondents would like to achieve to additional information that they would like in areas such as social interaction and appropriate care for specific health conditions, such as diabetes.⁴

Suggested training topics included degrees/certifications/education, personal care fundamentals, general health topics, and specific health topics:

Degrees/Certifications/Education

- CNA
- MA
- Social Worker
- RNA
- Physician's Assistant
- LPN
- NAC Certificate
- Nurse delegation
- Continuing Education
- Pharmacist

Personal Care Fundamentals

- Avoiding burn out
- Working with physicians
- How to better determine consumer/employers' medical needs and improve their ability to communicate their needs
- Medical coding and billing
- Social interaction
- Services available to the client
- Ways to keep the client connected to the community
- Programs in the community: how to make sure the consumer is eligible for discounts
- Nutrition: Cooking for special needs
- Housework

General Health Topics

- First Aid/CPR
- How to check and chart blood numbers
- Basic symptoms and what to do for seizures, heart attack, dizzy spells
- Insights into symptoms of things that could lead to serious medical problems

⁴ In a mail survey of consumer/employers conducted at the same time as this survey, the most common training that the consumer/employers wanted their IP to receive was additional information on the specific conditions affecting them. Training in specific health conditions was also a common request from the IP's in this survey.

- Exercise for senior citizens
- Movement and stretch for consumer/employer
- Massage
- Physical therapy
- Behavior Modification
- Giving injections

Specific Health Topics

- Diabetes
- Dental care
- Dementia
- Alzheimer's
- Rehab counseling
- Assertiveness
- Down's Syndrome
- Autism
- Cancer
- Crohn's Disease
- Epilepsy
- High blood pressure
- Parkinson's
- PTSD
- Death and dying
- Developmental disabilities
- Dialysis
- HIV
- Stroke
- Asperger's Syndrome
- Sign language
- Mental health
- Phlebotomy

Other Training Suggestions

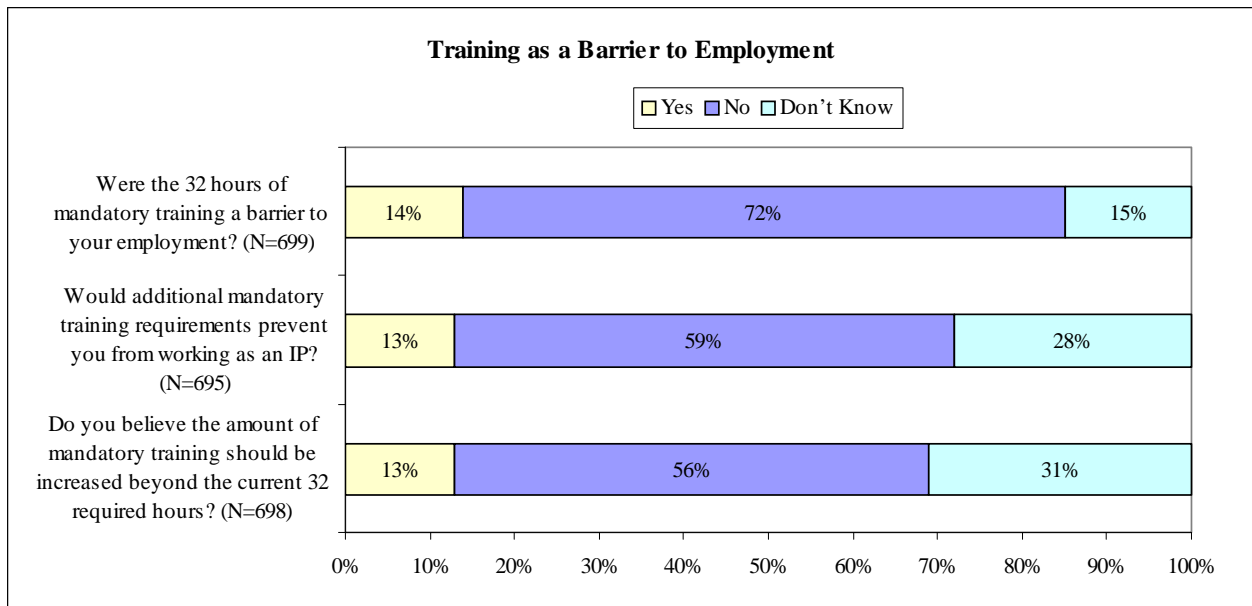
- Diversity training
- Training available in Spanish

Training as a Barrier to Employment

Fourteen percent of the respondents indicated that the mandatory 32 hours of training requirement was a barrier to their employment. It should be noted that the survey sample consisted of IP's who had completed the mandatory training and went on to work in the field. Prospective IP's who found the training to be a barrier and did not complete the training were not included here. Therefore, the total burden of the mandatory training may not be visible in this finding.

Most of the respondents were content with the current amount of mandatory training. Thirteen percent indicated that they believed that the amount of mandatory training should be increased. On the other hand, thirteen percent stated that additional mandatory training requirements would prevent them from continuing to work as an IP.

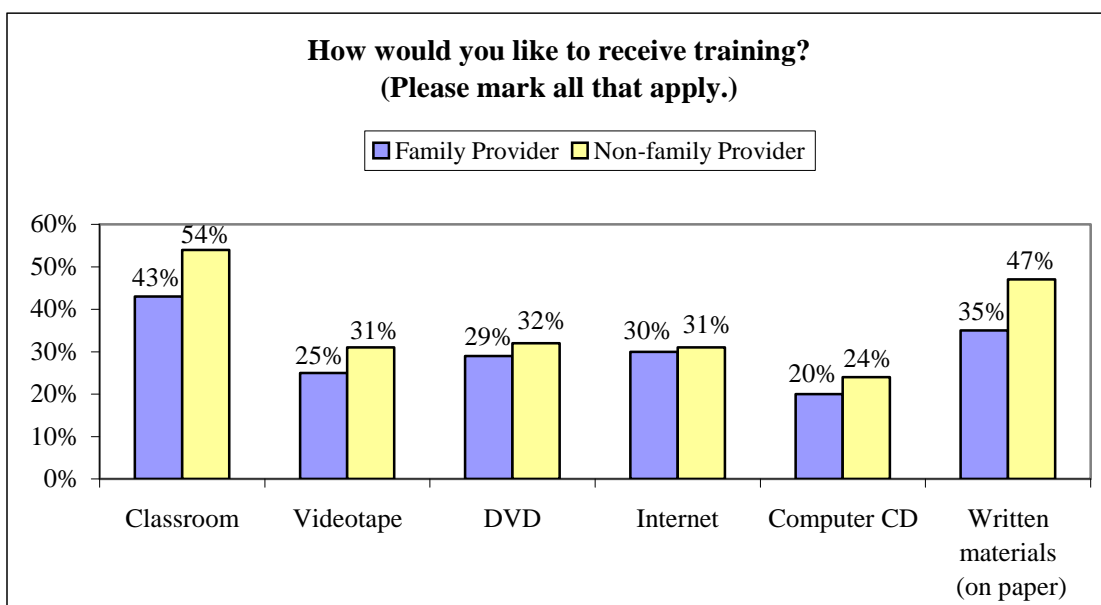
Figure 31



Preferred Training Methods

The most commonly-requested training methods were classroom instruction (45%) and paper training materials (38%). Electronic training methods less popular; these included training via the internet (30%), DVD (30%), videotape (26%), and computer CD (21%).

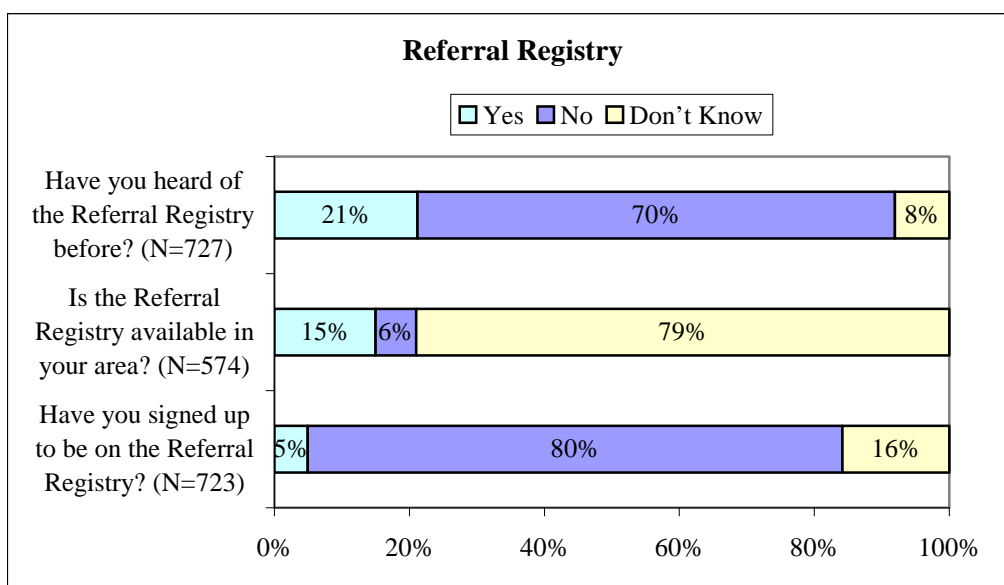
Figure 32



REFERRAL REGISTRY

Referral and Workforce Resource Centers (RWRC's) have been starting up throughout the state. One of their services is a Referral Registry database. The referral registry helps consumers find an individual provider when they need one. The results of the survey questions about the referral registry are presented below according to how long the referral registry had been available in the respondent's area at the time of the survey: 21 months, 17 months, 9 months, 3 months or 1 month.⁵

Figure 33



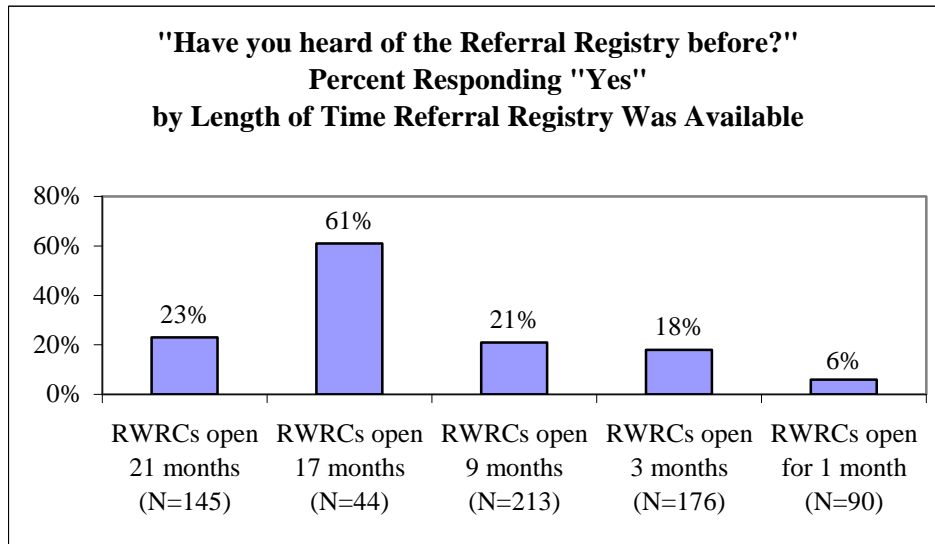
Awareness of Referral Registry

The survey explored awareness of the referral registry in two ways. First the respondent indicated whether they had heard of the referral registry. Second, they stated whether or not they thought that the registry was available to them.

Overall, 21 percent of the respondents had heard of the referral registry before taking the survey. In general, awareness was higher in areas with RWRC's that had been open longer. The counties with the highest levels of awareness were Lewis, Thurston, and Mason (61%). It is unclear why the awareness levels were so much higher in these counties than in the rest of the state.

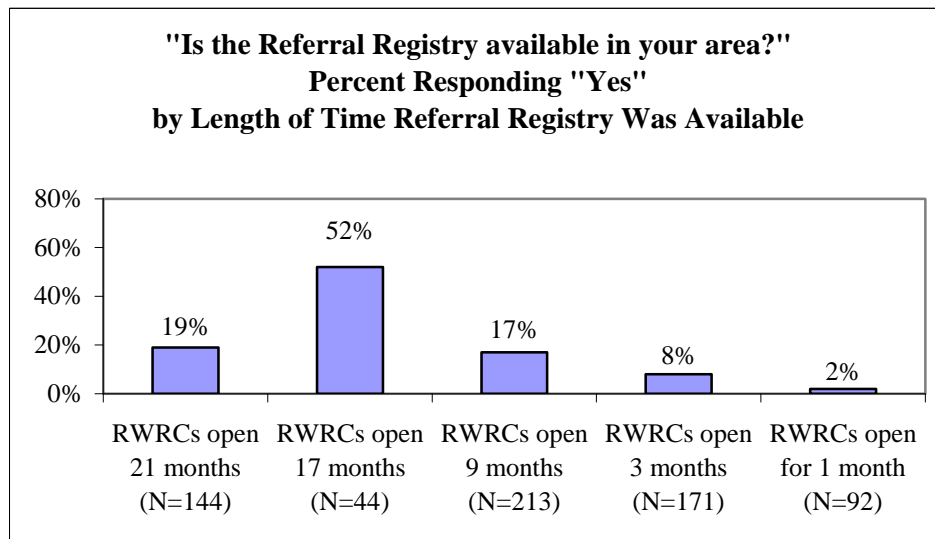
⁵ Counties served by a referral registry for 21 months included Spokane, Whitman, Stevens, Pend Oreille, Ferry, and Snohomish. Counties served for 17 months included Lewis, Thurston, and Mason. Counties served for nine months included Kitsap, Pierce, Island, San Juan, Skagit, Whatcom, Franklin, Benton, Walla Walla, Columbia, Garfield, Asotin, Kittitas, and Yakima. Counties served for three months included King Chelan, Douglas, Okanogan, Grant, Adams and Lincoln. The referral registry for the remaining counties was available for one month.

Figure 34



Overall, 15 percent of the respondents thought that the referral registry was available to them. The trends followed the same pattern as the previous survey question. Awareness was slightly higher in the RWRC's that had been open longer, and Lewis, Thurston, and Mason counties had awareness levels far higher than the rest of the state (52%).

Figure 35



Usage of Referral Registry

Five percent of the total respondents had signed up for the referral registry. Because the survey didn't ask how recently the IP had changed consumer/employers, this statistic was not limited to respondents who looked for a new consumer/employer in the previous year, nor to those who had access to the registry when they were looking for a new consumer/employer.

Referral Registry Comments and Suggestions

The open-ended question for comments and suggestions about the referral registry did not generate a large number of responses. Overall, the most common written responses were that the registry seemed like a “good idea” and requests for more information about it. Two respondents had suggestions for the registry; they recommended allowing IP’s to share additional information about their specialized training and skills and keeping the registry more up-to-date.

EMPLOYMENT BENEFITS

Since the last IP survey, employment benefits have become available to IP’s. These include health insurance, worker’s compensation insurance, and the ability to accrue paid vacation. One other new service is that IP’s can have taxes withheld from their paychecks. HCQA was interested in finding out:

- Opinions on the importance of the employment benefits
- Satisfaction with wage levels
- The need for and usage of health insurance
- IP workplace injuries and usage of worker’s compensation insurance

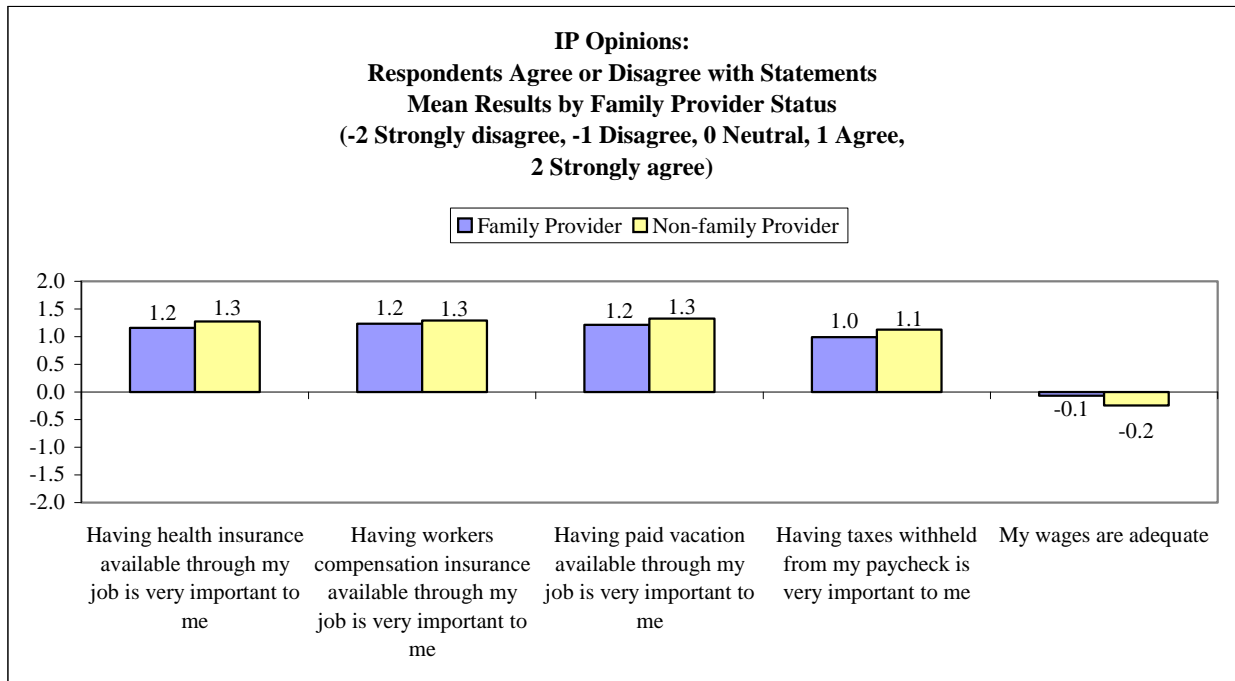
Importance of Employment Benefits

Respondents rated all of the available employment benefits as being important to them: health insurance, worker’s compensation, paid vacation, and having taxes withheld from their paychecks.

Non-family providers indicated that the employment benefits were slightly more important than the non-family providers.

Respondents disagreed slightly with the statement that their wages were adequate. Non-family providers were slightly less satisfied with their wages than the family providers, who were virtually neutral on the question.

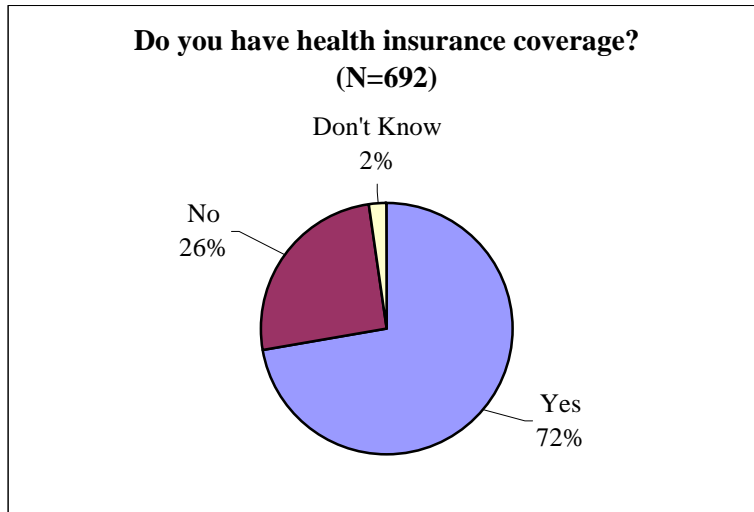
Figure 36



Health Insurance

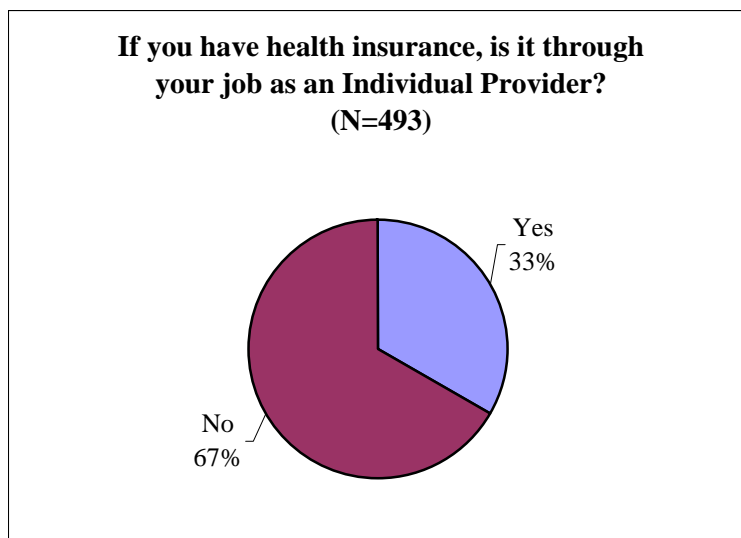
Almost three-quarters of the respondents (72%) had health insurance at the time of the survey. There were no differences between the family and non-family providers in this question.

Figure 37



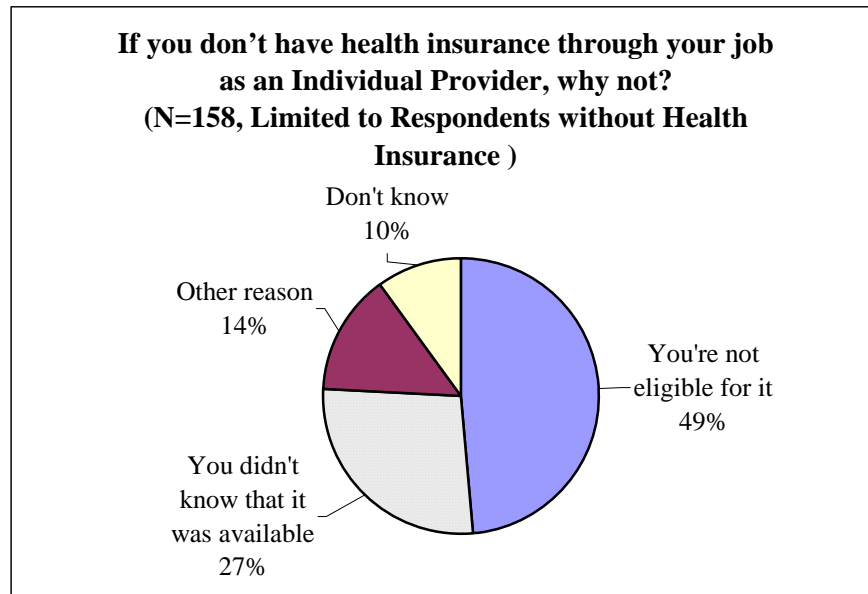
Among the respondents who had health insurance, one-third (33%) were using the health insurance available through their job as an IP. Non-family providers were slightly more likely to use the health insurance through their job as an IP (34%) compared to family providers (28%).

Figure 38



The survey asked the respondents without health insurance why they elected not to use the insurance available through their job as an IP. About half reported that they were not eligible for it (49%). About one-quarter (27%) did not know that it was available to them. The remainder either had a different reason for not using the insurance (14%) or didn't know why they weren't using it (10%).

Figure 39



Family providers were more likely to state that they didn't know health insurance was available to them (29%) than non-family providers (23%). Non-family providers were more likely to indicate that they were not eligible for it (57%), compared with family providers (47%).

Workplace Injuries and Worker's Compensation

Prior to this survey, HCQA had noted that the worker's compensation usage rates were lower than expected. They were interested in exploring whether the low rates were due the following potential explanations:

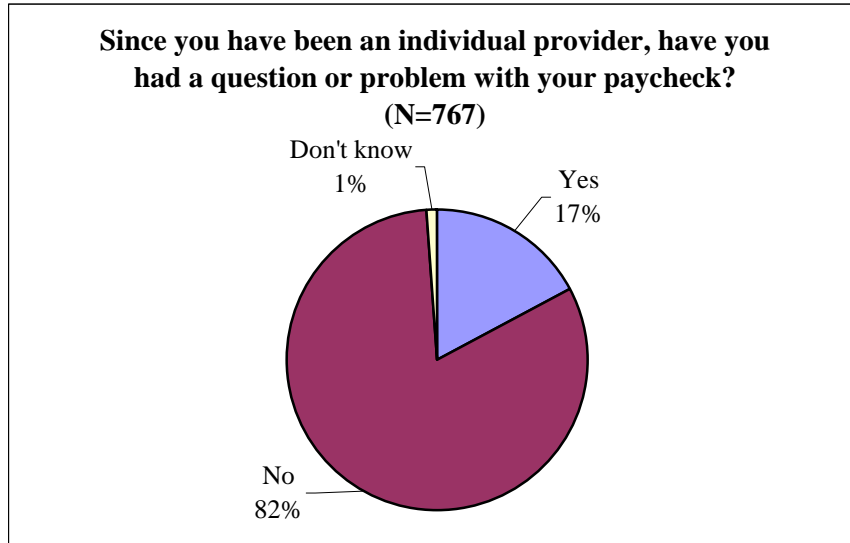
- A lower than expected workplace injury rate
- IP's continuing to work while injured
- IP's not reporting that the injuries were work-related when they sought medical care

Seven percent of the respondents reported that they had been injured on the job in the prior year. Of the respondents who were injured, 94% continued to work while injured. Almost half of the respondents who were injured on the job (45%) had notified their doctor that it was a work-related injury.

PAYCHECK ISSUES

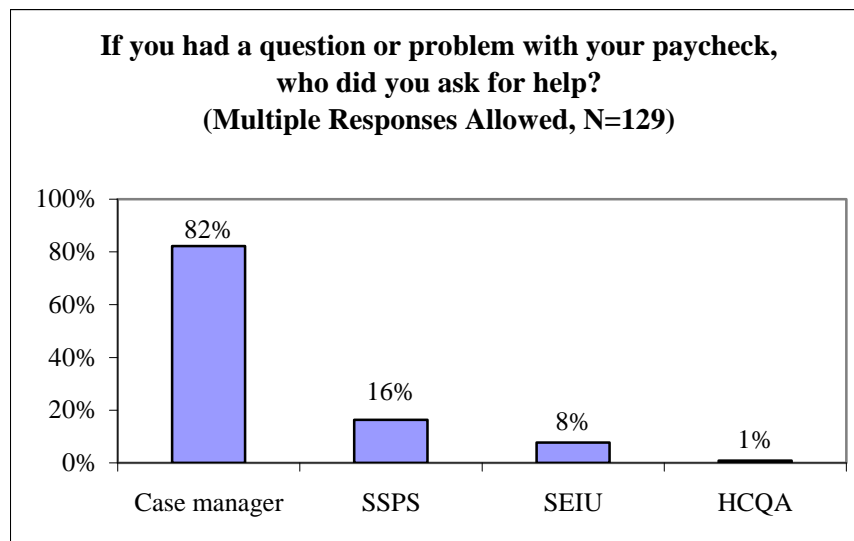
HCQA was interested in exploring whether paycheck problems were widespread among IPs. Seventeen percent of the respondents reported that they have had a problem with their paycheck since they became an IP.

Figure 40



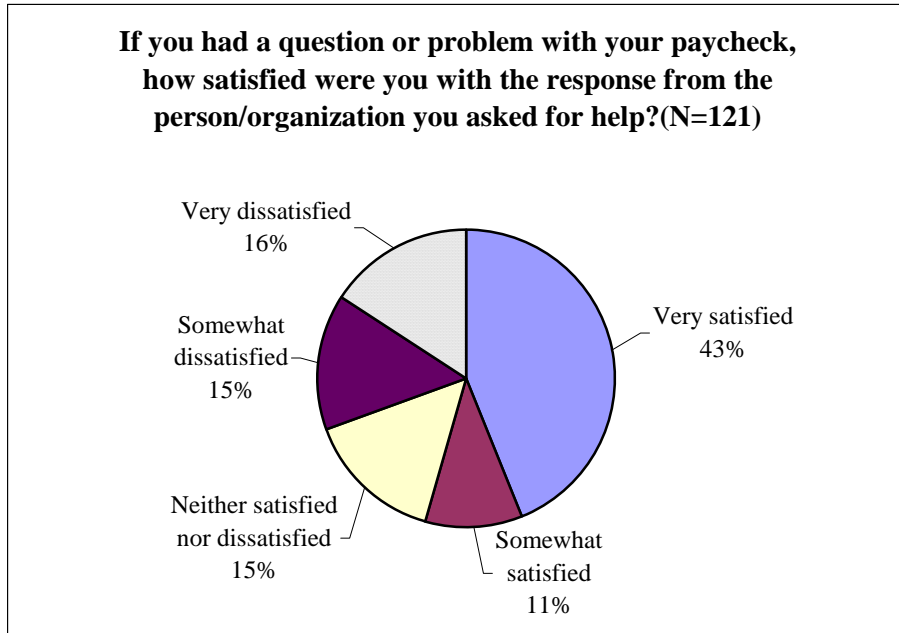
Among the respondents who had had a paycheck problem, the majority turned to their case manager for help (82%). Sixteen percent asked for help from the Social Service Payment System (SSPS), 8 percent turned to the Service Employees International Union, and 1 percent asked for help from HCQA.

Figure 41



Over half of the respondents were satisfied with the resolution to their problem (54%). Fifteen percent were neither satisfied nor dissatisfied. About one-third were dissatisfied with the resolution to their problem (31%).

Figure 42



APPENDIX: SURVEY PROTOCOL

Definitions:

Person receiving services: Consumer employer

Person providing services: Individual Provider

A. Background Information

1. For how many people are you currently providing paid in-home services?

- None
- One
- Two
- More than two
- Don't know

2. Do you provide paid in-home services for a...

- Family member
 - Son or Daughter
 - Grandparent
 - Friend or Neighbor
 - Someone you didn't know before
 - Doesn't apply – You're not providing services now.
- Parent
- Grandchild
- Aunt/uncle
- In-law
- Spouse/significant other
- Other family

	Yes	No	Doesn't Apply
3. Do you live with your consumer employer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you the only person providing paid in-home services for your consumer employer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you also work as an Agency caregiver?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Is your consumer employer's case manager from...

- Home & Community Services
- Division of Developmental Disabilities
- Area Agency on Aging
- Other. Please specify: _____
- Doesn't apply – You're not providing services now.

7. How long have you been a paid Individual Provider? (Specify months/years)

8. How long have you been working in the in-home care field? (all positions)

9. How many paid hours do you work each month as an individual provider?

10. Regarding your paid hours, do you currently work...

- More hours than you want
- As many hours as you want
- Fewer hours than you want
- Don't know
- Doesn't apply – You're not providing services now.

11. If you are working fewer hours than you want, are you willing to work more hours with another consumer employer?

- Yes
- No
- Don't know
- Doesn't apply – You're not working fewer hours than you want.

12. Please review the following statements and mark the box that best reflects your opinion:

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree	Unable to Answer
a. I like my work schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have enough time with my consumer employer to do my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am given work hours of my choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I get a lot of support on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have a lot of opportunity to talk about my work-related concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. What motivated you to become an Individual Provider?

	Yes	No	Don't Know
a. A friend or family member needed care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It gives you personal satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You can work a flexible schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. It is an easy job to get	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. It's a good entry-level job to the health profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. You would do it whether you were paid or not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. If you were motivated by family/personal relationship, would you consider working as an IP for another consumer employer after this person no longer requires your help?

- Yes
- No
- Don't know
- Doesn't apply

15. If you have had a break in your employment as an Individual Provider, other than for a vacation, what was the reason?

- Doesn't apply – You haven't had a break
- You needed a job that paid more money
- You didn't like the work
- You left your position to attend school
- You were injured or ill
- Your own family circumstances
- Your consumer employer no longer needed your services, and you were unable to find another placement.
- Other _____
- Don't know

B. Job Satisfaction

16. Please review the following statements and mark the box that best reflects your opinions about your relationship with your consumer employer(s):

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree	Unable to Answer
a. I like working for individuals who are elderly or disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My role is important in helping my consumer employer stay independent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I get a lot of respect from my consumer employer(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Please review the following statements and mark the box that best reflects your opinion about the services you provide for your consumer employer(s).

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree	Unable to Answer
a. I am comfortable talking with my consumer employer about the services they need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I understand which job tasks are my responsibilities as an IP and which are not.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I have a clear understanding of what I'm supposed to do for my consumer employer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I feel that I have enough input into the care my consumer employer receives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My consumer employer has needs that are outside of the written plan of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. It is difficult to meet all of my consumer's needs because they are very complex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My consumer employer and I sometimes have interpersonal difficulties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Please review the following statements and mark the box that best reflects your opinions about your satisfaction with your job:

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree	Unable to Answer
a. My work is challenging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My work is rewarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I gain new skills working at this job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My job uses my current skills well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I am very satisfied with my current job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. In the next year, it is likely that I will actively look for a different type of job (not as an individual provider)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Can you name two things that would make you more likely to continue working as an individual provider beyond your current client?

1) _____

2) _____

C. Training

20. Please review the following statements and mark the box that best reflects your opinion about your skills and training.

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree	Unable to Answer
a. My skills are adequate for the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have had enough training to do my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am given enough chances for more training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. This job is what I expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Have you completed the following training courses?

	Yes	No	Don't Know
a. Caregiver Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fundamentals of Caregiving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Foster Parent Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Nurse Delegation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Safety Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Continuing Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Which health or social service degrees/certifications have you achieved? If you are in school, which are you currently working towards?

	Currently Studying	Achieved Degree/ Certification	Doesn't Apply
a. Registered Nursing Assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Certified Nursing Assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Licensed Practical Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Registered Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Physician's Assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Social Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other: Please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Would you like to receive any additional training? If so, on what topics/areas?

	Yes	No	Don't Know
24. Were the 32 hours of mandatory training a barrier to your employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Would additional mandatory training requirements prevent you from working as an IP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Do you believe the amount of mandatory training should be increased beyond the current 32 required hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. How would you like to receive training? (Please mark all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Classroom instruction | <input type="checkbox"/> Computer CD |
| <input type="checkbox"/> Videotape | <input type="checkbox"/> Written materials (on paper) |
| <input type="checkbox"/> DVD | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Doesn't apply |

D. Referral Registry

Referral and Workforce Resource Centers are starting up throughout the state. One of their services is a Referral Registry database. The Referral Registry helps consumer employers find an Individual Provider when they need one and helps you find work.

	Yes	No	Don't Know
28. Have you heard of the Referral Registry before?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Is the Referral Registry available in your area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Have you signed up to be on the Referral Registry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. Do you have any comments or suggestions about the Referral Registry?

E. Employment Benefits

32. Please review the following statements and mark the box that best reflects your opinion about your employment benefits through your individual provider job.

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree	Unable to Answer
a. Having health insurance available through my job is very important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Having workers compensation insurance available through my job is very important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Having paid vacation available through my job is very important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Having taxes withheld from my paycheck is very important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My wages are adequate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Do you have health insurance coverage?

- Yes
 No
 Don't know

33. If you have health insurance, is it through your job as an Individual Provider?

- Yes
- No
- Doesn't apply – You don't have health insurance

34. If you don't have health insurance through your job as an Individual Provider, why not?

- You don't need it because you have other health insurance.
- You're not eligible for it.
- You didn't know that it was available to individual providers.
- Other reason: Please explain: _____
- Don't know

35. Since you have been an individual provider, have you had a question or problem with your paycheck?

- Yes
- No
- Don't know

35a. If you had a question or problem with your paycheck, who did you ask for help?

- Case manager
- Social Service Payment System (SSPS)
- Service Employees Int'l Union (SEIU)
- Home Care Quality Authority (HCQA)
- Other: Please specify: _____
- Doesn't apply

35b. If you had a question or problem with your paycheck, how satisfied were you with the response from the person/organization you asked for help?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied
- Doesn't apply

36. In the past year, have the following situations happened to you at your individual provider job?

	Yes	No	Don't Know	Doesn't Apply
a. Were you injured while caring for your consumer employer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If you were injured while caring for your consumer employer, did you continue to work while injured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If you were injured while caring for your consumer employer, did you notify your doctor that this was a work-related injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. Demographic Information about You, the Individual Provider

37. What is your gender? Male Female

38. What ethnicities do you consider your heritage to be? (Please check all that apply)

- Caucasian
- African-American
- Hispanic
- Asian
- Native American
- Other: _____

39. What is your age? _____(years)

40. What is your home zip code? _____(zip code)

41. What is the highest education level you have completed?

- Some High School
- GED/High School Diploma
- Some College
- Vocational Diploma/Certificate
- Associates Degree
- Bachelor's Degree
- Master's Degree