

**CERTIFIED NURSING ASSISTANTS
WAGE AND BENEFIT SURVEY
REPORT OF FINDINGS**



October 2004



IOWA BETTER JOBS BETTER CARE (BJBC) COALITION

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Funded through a 3 ½ -year, \$1.4 million grant from the Robert Wood Johnson Foundation and the Atlantic Philanthropies, The Iowa Better Jobs Better Care Coalition is a group of long-term care providers, workers, consumers, and policy makers that is working to reduce turnover among Iowa's direct care workers. The members of the Iowa BJBC Coalition as of September 2004 are:

Iowa CareGivers Association, Lead Agency

AARP Iowa

Aging Resources of Central Iowa

Alzheimer's Association, Greater Iowa Chapter

Center for Healthy Communities

Des Moines Area Community College

Direct Care Worker Advisory Council

Generations, Incorporated

Iowa Association of Area Agencies on Aging

Iowa Association of Homes and Services for the Aging

Iowa Commission on the Status of Women

Iowa Department of Elder Affairs

Iowa Department of Human Services, Bureau of Protective Services

Iowa Department of Inspections and Appeals, Health Facilities Division

Iowa Department of Public Health

Mid-Iowa Health Foundation

Northwest Iowa Community College

Office of the Long Term Care Ombudsman

Older Iowans Legislature

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Southwestern Community College

University of Iowa College of Nursing Certification Center



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Founded in 1992, the **mission** of the Iowa CareGivers Association is "to enhance the quality of care through dedication to the direct care worker and all caregivers." To accomplish its mission, ICA fosters partnerships between and among workers, advocates, providers, consumers, policy

makers, labor, educators, and others committed to quality care. ICA has three main **goals**: 1) increase access to quality care for those who need it, 2) increase the number of caregivers, and 3) enhance quality of care. ICA's focus is on four core **mission-driven activities**: 1) advocacy, 2) public awareness, 3) education, and 4) research and innovation.



IOWA COMMISSION ON THE STATUS OF WOMEN

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The Iowa Commission on the Status of Women, a division in the Department of Human Rights, is a state agency that promotes the full participation by women in the economic, political, and social life of the state.

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INTRODUCTION

Background

- This study is conducted under the auspices of the Iowa Better Jobs Better Care (BJBC) Coalition through a 3-½ year, \$1.4 million grant sponsored by the Robert Wood Johnson Foundation and Atlantic Philanthropies.
- The Iowa BJBC Coalition is a group of long-term care providers, workers, consumers, and policy makers that is working to reduce turnover among Iowa's direct care workers*.
- The Iowa CareGivers Association (ICA) is the lead agency for the BJBC Coalition.
- This study builds on the 2001 Certified Nursing Assistant (CNA) Wage and Benefits Study conducted by the Iowa Commission on the Status of Woman and the Iowa CareGivers Association.

*Direct care workers are Certified Nursing Assistants (CNAs), Nursing Assistants, Home Care Workers, and Personal Attendants who work in nursing homes, home care agencies, hospices, and hospitals.

Purpose

- The purpose of this study is to determine the wage and benefit status of Iowa's Certified Nursing Assistants (CNAs).

METHODOLOGY

Population and sample

- Mail was selected as the methodology for this study.
- The population is CNAs who are listed on the Iowa Direct Care Worker Registry (formerly known as the State of Iowa Nurse Aide Registry).
- Currently, any nurse assistant who works in a long-term care facility (NF, SNF, and certified long-term care units in hospitals) is required to be active on the Registry.
- From the Registry, a random sample of 4,500 names was drawn. Of the 4,500 names, 1,500 were a sub-set of those in the Registry designated as pool workers.

The survey

- The survey was mailed on July 8, 2004.
- The returns were collected until August 20, 2004
- Of the 4,500 surveys mailed, 956 came back in the mail marked “undeliverable.”
- A total of 808 surveys was returned, which is a 23% response rate.
- The first survey question determined if the respondent is currently working as a CNA. If not, the respondent skipped to demographic and pool worker questions at the end of the survey.

Data analysis

- Frequencies have been calculated for all the questions on the survey.
- Statistical analysis has been done for several key factors related to wage and benefit issues.
- Statistically significant differences among the variables are identified in the report.
- Statistically significant differences are those that are large enough not to be attributable to chance. When differences are not significant, the responses may be considered a “statistical tie.”
- The maximum standard error range at the 95% confidence level for a sample of 808 respondents is $\pm 3.4\%$.

To obtain questionnaire and/or verbatim responses

- The transcribed verbatim responses to the open-ended questions and the 2004 Wage and Benefits questionnaire are posted on the ICA website at www.iowacaregivers.org or are available by contacting the Iowa CareGivers Association at 515-241-8697 or iowacga@aol.com.

FINDINGS - DEMOGRAPHICS

		2001	2004
How long a CNA?	Number of respondents	(744)	(733)
	Less than 1 year	2%	0%
	More than 1 year, but less than 3 years	20%	1%
	3 - 5 years	20%	9%
	6 - 10 years	20%	24%
	11 - 20 years	25%	37%
	More than 20 years	14%	29%
Total hours of CNA training	Number of respondents	(721)	(716)
	60 hours	7%	17%
	75 hours	37%	35%
	120 hours	18%	20%
	More than 120 hours	39%	28%
Age	Number of respondents	(726)	(786)
	17 to 20 years	12%	<1%
	21 to 30 years	25%	16%
	31 to 40 years	20%	18%
	41 to 50 years	21%	24%
	51 to 60 years	16%	23%
	Over 60 years	7%	18%
Mean age 2001: 38.48 years			
Mean age 2004: 46.34 years			
Gender	Number of respondents	(738)	(805)
	Female	94%	96%
	Male	6%	4%
		Not asked	

		in 2001	2004
Race/ethnicity	Number of respondents		(808)
	Hispanic/Latino		2%
	White		93%
	Black, African American		3%
	Asian		1%
	Multi-racial		1%
	No answer		2%
Household makeup – Number of adults over 18		Not asked in 2001	2004
	Number of respondents		(802)
	One		28%
	Two		57%
	Three		11%
	Four or more		5%
Household makeup – Number of children under 18		Not asked in 2001	2004
	Number of respondents		(808)
	None		62%
	One		15%
	Two		13%
	Three		7%
	Four or more		3%
		Not asked in 2001	2004

**Household makeup –
Number of full or part time
job holders**

	Number of respondents	(772)
One		44%
Two		46%
Three		7%
Four or more		3%

Total household income

	Number of respondents	Not asked in 2001	2004 (808)
Under \$10,000			5%
\$10,000 to \$14,999			11%
\$15,000 to \$17,999			7%
\$18,000 to \$19,999			8%
\$20,000 to \$24,999			14%
\$25,000 to \$29,999			10%
\$30,000 to \$39,000			15%
\$40,000 to \$49,999			14%
\$50,000 or more			12%
No answer			5%

FINDINGS – JOB CHARACTERISTICS

Tenure on current job		Number of respondents	2001 (743)	2004 (727)
		Less than one year	19%	8%
		More than one year, but less than three years	29%	14%
		3 to 5 years	19%	16%
		6 to 10 years	14%	20%
		11 to 20 years	14%	28%
		More than 20 years	6%	14%
Job title		Number of respondents	(744)	(733)
		Certified Nursing Assistant (CNA)	68%	60%
		CNA plus CMA (Certified Med Aide)	15%	21%
		Home Health Aide (HHA)	7%	4%
		CNA plus title other than CMA	9%	12%
		Health Care Technician	2%	<1%
		Other	5%	6%
	Totals more than 100% due to multiple responses			
Job status		Number of respondents	(723)	(730)
		Full time	68%	68%
		Part time	23%	24%
		On call	4%	5%
		Pool	3%	2%
		Other	1%	1%

FINDINGS – WORK PLACE CHARACTERISTICS

Site of job		Number of respondents	2001 (720)	2004 (727)
	Nursing home		74%	79%
	Home care		7%	6%
	Hospital		14%	6%
	Assisted living		3%	3%
	Adult day center		0%	0%
	Other		2%	6%
Job at a union facility?		Number of respondents	(729)	(733)
	Yes		8%	7%
	No		91%	93%
If yes, which union?		Number of respondents	(56)	(51)
	AFSCME		27%	51%
	Service Employees International Union		18%	8%
	Teamsters		7%	16%
	Other		5%	2%
	No answer		43%	24%
Rural/Urban facility		Number of respondents	2001 (621)	2004 (802)
	Rural		63%	77%
	Urban		37%	23%
For-profit/Not-for-profit facility (Nursing homes only)		Number of respondents	(515)	(567)
	For-profit		44%	42%
	Not-for-profit		56%	58%

FINDINGS – WORKING CONDITIONS

2001 2004

Number residents/patients assigned per day

	Number of respondents	(498)	(704)
1 to 5 residents/patients		6%	8%
6 to 10 residents/patients		23%	23%
11 to 15 residents/patients		21%	24%
16 to 20 residents/patients		18%	17%
Over 20 residents/patients		33%	28%

2001 Mean: 20.7 residents/patients per day

2001 Median: 16 residents/patients per day

2004: Ranges were used on the questionnaire. It is not possible to calculate the mean or median of a range.

Satisfaction with number hours worked in a typical week

	Number of respondents	(735)	(724)
Too many hours		9%	6%
Just about right		84%	84%
Not enough hours		7%	10%

The following two questions were asked in slightly different ways in 2001 and 2004, so the results are not strictly comparable and are reported separately. (The 2001 survey asked about “days,” and the 2004 asked about “hours.”)

	Number of respondents (508)	
Number of days per week asked to “work over” on main CNA job (2001)	0 days	48%
	1 day	18%
	2 days	17%
	3 days	9%
	4 days	5%
	5 days	2%
	More than 5 days	1%
	2001 Mean: 1.2 days	
	2001 Median: 1 day	

	Number of respondents (618)	
Number of hours per week asked to “work over” on main CNA job (2004)	0 hours	53%
	1-7 hours	23%
	8 hours	10%
	9-15 hours	6%
	16 hours	4%
	More than 16 hours	3%
	2004 Mean: 4.02 hours	
	2004 Median: 0 hours	

Number of CNA jobs worked		Number of respondents	2001 (717)	2004 (727)
	1 job		89%	87%
	2 jobs		9%	9%
	3 or more jobs		3%	4%

The following two questions were asked in slightly different ways in 2001 and 2004, so the results are not strictly comparable and are reported separately. (The 2001 survey asked about “days,” and the 2004 asked about “hours.”)

Number of days asked to “work over” on additional CNA job (2001)		Number of respondents (60)
	1 day	28%
	2 days	35%
	3 days	18%
	4 or more days	18%

Number of hours asked to “work over” on additional CNA job (2004)		Number of respondents (97)
	0 to 7 hours	43%
	8 hours	30%
	9 to 15 hours	12%
	16 hours	7%
	More than 16 hours	7%

		2001	2004
Number of additional non-CNA jobs			
		Number of respondents	(651) (629)
	0 jobs	77%	77%
	1 job	20%	20%
	2 or more jobs	4%	3%
Number of hours in typical week for the following:			
		Number of respondents	(563) (647)
Main CNA job	0 to 8 hours	7%	3%
	9 to 16 hours	8%	8%
	17 to 32 hours	24%	27%
	33 to 40 hours	51%	53%
	More than 40 hours	10%	9%
		Number of respondents	(65) (71)
Additional CNA jobs	0 to 8 hours	79%	39%
	9 to 16 hours	12%	25%
	17 to 32 hours	8%	27%
	33 to 40 hours	1%	8%
	More than 40 hours	0%	0%

		2001	2004
Non-CNA jobs	Number of respondents	(156)	(138)
	0 to 8 hours	65%	28%
	9 to 16 hours	11%	22%
	17 to 32 hours	14%	28%
	33 to 40 hours	7%	16%
	More than 40 hours	3%	6%

		Not asked in 2001	2004
Concern for personal health, safety on CNA job	Number of respondents		(723)
	Very concerned		36%
	Somewhat concerned		41%
	Not at all concerned		23%

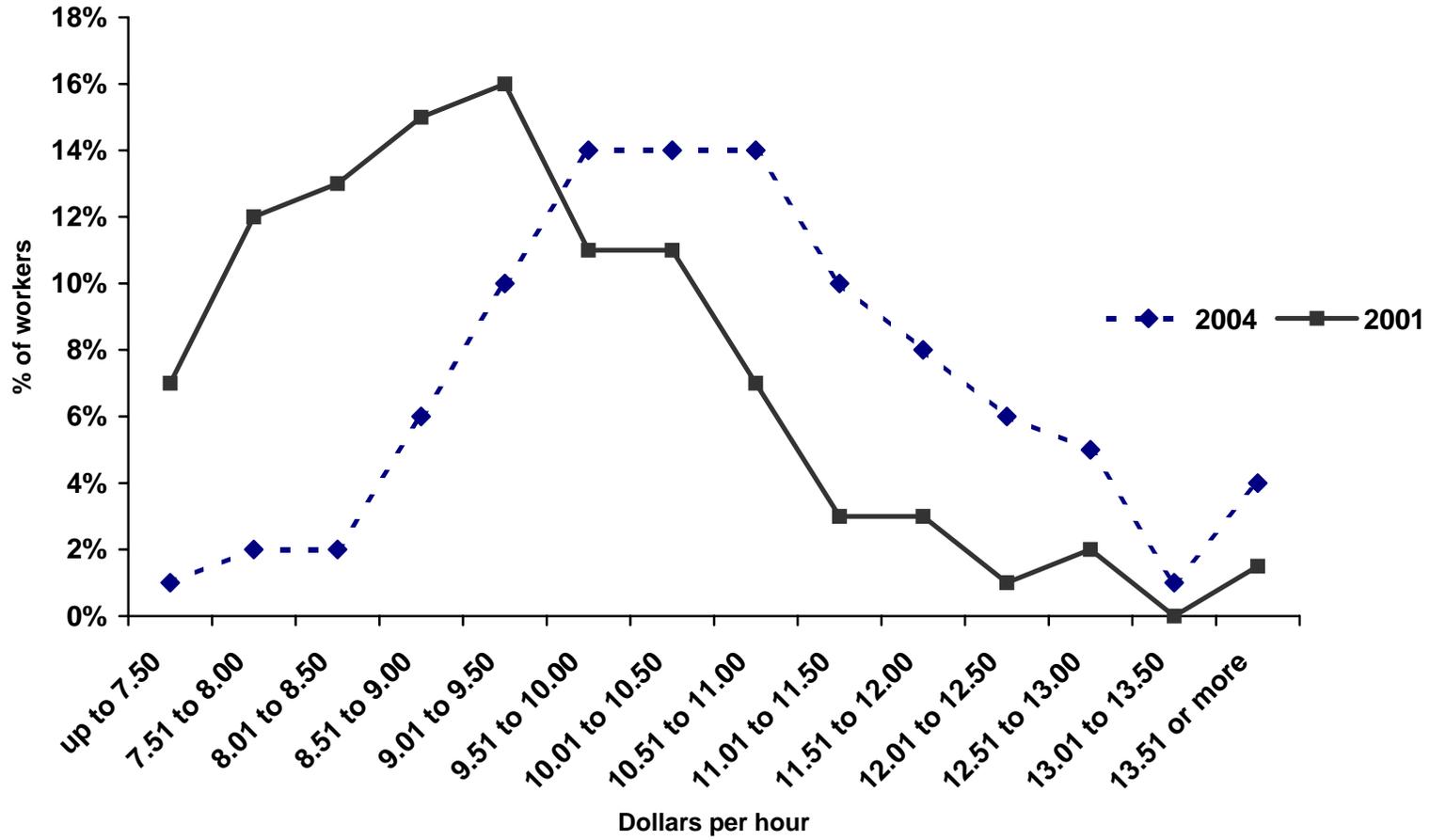
Those who have been CNAs for five years or less are more likely than those whose tenure as a CNA is longer to be very concerned about their personal health and safety on the job.

FINDINGS – WAGES AND BENEFITS

Regular hourly pay: main CNA job		Number of respondents	2001 (700)	2004 (705)
	Up to \$6.50		1%	<1%
	\$6.51 to \$7.00		1%	0%
	\$7.01 to \$7.50		5%	<1%
	\$7.51 to \$8.00		12%	2%
	\$8.01 to \$8.50		13%	2%
	\$8.51 to \$9.00		15%	6%
	\$9.01 to \$9.50		16%	10%
	\$9.51 to \$10.00		11%	14%
	\$10.01 to \$10.50		11%	14%
	\$10.51 to \$11.00		7%	14%
	\$11.01 to \$11.50		3%	10%
	\$11.51 to \$12.00		3%	8%
	\$12.01 to \$12.50		1%	6%
	\$12.51 to \$13.00		2%	5%
	\$13.01 to \$13.50		0%	1%
	\$13.51 to \$14.00		<1%	1%
	\$14.01 to \$14.50		<1%	<1%
	\$14.51 to \$15.00		<1%	<1%
	\$15.01 to \$15.50		<1%	<1%
	\$15.51 to \$18.00		0%	2%

The graph on the following page depicts the above 2001-2004 wage comparison.

Hourly wage ranges for CNAs in 2001 and 2004



Mean and median regular hourly pay: main CNA job 2001-2004 comparisons

2001 Mean hourly wage: \$9.31
 2001 Median hourly wage: \$9.16

2004 Mean hourly wage: \$10.77
 2004 Median hour wage: \$10.55

2001-2004 hourly pay comparisons

2001: 73% earned under \$10.00
 2001: 96% earned under \$12.00

2004: 35% earn under \$10.00
 2004: 82% earn under \$12.00
 2004: 90% earn under \$14.00

Regular hourly pay on main CNA job: 2004 statistically significant differences

- The mean hourly pay is significantly higher for CNAs who work full time (\$10.87) than for those who work part time (\$10.42).
- The mean hourly pay is significantly higher for CNAs whose work is in urban areas (\$11.27) than for those who work in rural areas (\$10.61).
- The mean hourly pay is significantly higher for CNAs who work for not-for-profit nursing homes (\$11.01) than for those who work for for-profit nursing homes (\$10.59).
- As the table below indicates, the mean hourly pay is significantly higher for CNAs who have more tenure as CNAs.

Tenure as CNA	Mean hourly pay
5 years or less	\$10.15
6 to 10 years	\$10.38
11 to 20 years	\$10.84
More than 20 years	\$11.21

		2001	2004
Overtime hourly pay on main CNA job	Number of respondents	(511)	(456)
	Up to \$10.00	11%	9%
	\$10.01 to \$12.00	17%	5%
	\$12.01 to \$14.00	33%	13%
	\$14.01 to \$16.00	26%	34%
	\$16.01 to \$18.00	8%	22%
	Over \$18.00	5%	17%
	2001 Mean hourly rate: \$13.43 2004 Mean hourly rate: \$15.84 2001 Median hourly rate: \$13.42 2004 Median hourly rate: \$15.50		

		2001	2004
Benefits offered at main CNA job	Number of respondents	(744)	(733)
	Health insurance	77%	80%
	Paid sick time	59%	63%
	Paid vacation	82%	85%
	Pension/retirement	32%	46%
	Dental insurance	51%	44%
	Long term disability insurance	31%	28%
	Totals more than 100% due to multiple responses		

FINDINGS – HEALTH INSURANCE

Coverage for CNA or family from any source

	Number of respondents	Not asked in 2001	2004 (733)
Single coverage just for CNA			30%
Single coverage just for CNA's spouse			1%
Family coverage			34%
hawk-i coverage			3%
Medicaid just for children			6%
Medicaid for family			3%
Medicare			8%
Other			7%
No coverage for CNA			25%
No coverage for rest of family			16%
Totals more than 100% due to multiple responses			

Type of family coverage

	Number of respondents	Not asked in 2001	2004 (212)
CNA plus spouse plus children			58%
CNA plus spouse			38%
CNA's children only			4%

		2001	2004
		(744)	(733)
Health insurance offered at main CNA job?	Number of respondents		
	Yes	77%	80%
	No	23%	20%

CNAs in the 2004 survey who work at not-for-profit nursing homes are more likely to be offered health insurance on their jobs than are CNAs who work at for-profit nursing homes.

		2001	2004
		(694)	(587)
If health insurance is offered, do you take it?	Number of respondents		
	Yes	42%	50%
	No	58%	50%

		2001	2004
		(402)	(292)
If no, why not?	Number of respondents		
	Cost/affordability	41%	59%
	Have alternate	37%	42%
	Not eligible	13%	14%
	Dissatisfied with health insurance	3%	9%
	Minor	1%	0%
	Medicare	1%	0%
	Have another job, enrolled there	0%	2%
Totals more than 100% due to multiple responses			

2001	2004
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If yes, who pays for it?		Number of respondents	(291)	(295)
		CNA pays for all of it.	26%	24%
		Employer pays for all of it.	10%	9%
		CNA and employer share the cost	64%	67%

Percent paid by CNA		Number of respondents	Not asked in 2001	(200)
		25% or less		17%
		26% to 50%		25%
		More than 50%		7%
		Not sure		44%
		No answer		8%

Premium cost			Not asked in 2001	2004
		Number of respondents		(261)
		Lower than last year		6%
		Same as last year		15%
		Higher than last year		69%
	Don't know		10%	

Co-pay required?		Number of respondents	Not asked in 2001	(290)
	Yes			94%
	No			4%
	Don't know			2%
Co-pay cost		Number of respondents	Not asked in 2001	(273)
	Lower than last year			4%
	Same as last year			33%
	Higher than last year			51%
	Don't know			12%

Has co-pay cost kept CNA from seeking health care?

	Number of respondents	Not asked in 2001	(270)
Yes			36%
No			64%

The co-pay is more likely to be a barrier to seeking health care for CNAs who work in urban areas than for those who work in rural areas.

Concern about losing coverage

	Number of respondents	Not asked in 2001	(286)
Very concerned			34%
Somewhat concerned			39%
Not at all concerned			27%

Level of satisfaction overall with coverage

	Number of respondents	2001 (291)	2004 (295)
Very satisfied		15%	11%
Satisfied		49%	44%
Not satisfied		28%	39%
Don't know		8%	5%

TABLE OF STATISTICALLY SIGNIFICANT DIFFERENCES

For ease of comparison, the following table summarizes some of the key significant differences* for the 2004 survey. The blank cells indicate factors that are not statistically significant.

	For profit/not for profit		Tenure as a CNA				Urban/rural		Full/part time	
	Not-for-profit	For-profit	5 yrs or less	6-10 years	11-20 years	More than 20	Urban	Rural	FT	PT
Yes, health insurance is offered	90%	76%							90%	63%
If health insurance offered, CNA enrolled	55%	35%								
Mean hourly pay	\$11.01	\$10.59	\$10.15	\$10.38	\$10.85	\$11.21	\$11.27	\$10.61	\$10.87	\$10.42
Co-pay is barrier to getting health care							49%	31%		
Mean age (years)	48.23	45.86					44.31	47.07	44.97	51.34

*Statistically significant differences are those that are large enough not to be attributable to chance. When differences are not significant, the responses may be considered a "statistical tie."

CONCLUSIONS AND RECOMMENDATIONS

Conclusions: Demographics of current work force

- The proportion of respondents who have been certified nursing assistants for more than 20 years has doubled from the 2001 survey to the current survey.
- Since 2001, the average age of respondents has increased by eight years.
- Iowa's aging population, the resulting increased need for direct care workers, and the aging direct care work force heighten the need to recruit and retain more direct care workers.
- Direct care work is physically challenging and is becoming even more so because people needing care are more acutely ill and physically larger. A work force with an average age of 46 requires appropriate resources to address this situation.

Recommendations: Demographics of current work force

- Encourage implementation of work place technology that makes it safer for all direct care workers and especially older direct care workers.
 - Compare this survey's demographics to Iowa's demographics to determine if there is a pool of younger Iowans from which to recruit.
 - Consider targeting recruitment efforts toward people age 40 and over, as they seem more likely than younger people to do direct care work.
-

Conclusions:
Workplace characteristics

- The “site of current job” finding is likely skewed toward nursing facilities because individuals who work in nursing facilities are required to be on the Registry from which this sample was drawn whereas individuals working in other sites do not have this requirement.
- More than three-fourths of CNAs indicate they have some concern for their personal health and safety on their jobs. More than one in three is *very* concerned.
- CNAs who have been on the job for five years or less are most likely to be *very* concerned about their personal health and safety on their jobs.

Recommendations:
Workplace characteristics

- Expand the Registry to include additional categories of direct care workers.
 - Further investigate CNAs’ specific concerns about their personal health and safety on the job with the goal of identifying ways to lessen or eliminate these problem areas.
 - Based on additional information about CNAs’ specific health and safety concerns, implement change strategies, including policy or process changes, mentoring, training, and use of technology.
-

**Conclusions:
Wages**

- The average (mean) and median hourly wage for CNAs have increased from 2001 to 2004.
- There are about one in three CNAs earning under \$10.00 per hour in 2004 compared to about seven out of ten in 2001.
- In 2001, almost all CNAs (96%) earned under \$12.00 per hour while in 2004, 82% earn under \$12.00 per hour.
- In 2004, fully 9 of 10 (90%) CNAs earn under \$14.00 per hour.
- The impact of factors affecting wages such as inflation, the increased proportion of CNAs with long work force tenure, and poverty level definition cannot be determined by this research.

**Recommendation:
Wages**

- Further analysis, including examining the impact of the above factors will help determine if the wage increases are real.
-

**Conclusion:
Benefits other than
healthcare coverage**

- In 2001, approximately one in three CNAs was offered pension/retirement benefits. In 2004, approximately half were offered this benefit. This is the largest increase for any benefit in the survey.

**Recommendations:
Benefits other than
healthcare coverage**

- Conduct further research to learn CNAs' opinions regarding the desirability and affordability of various benefits to determine which would have the most impact on recruitment and retention.
 - Share the results with employers of CNAs.
-

**Conclusions:
Healthcare coverage from
any source**

- One in four CNAs has no healthcare insurance coverage for themselves from any source.
- About one in six has no coverage for the rest of their family from any source.
- More than one in ten has coverage for themselves or someone in their family from income-eligible sources (*hawk-i* and Medicaid).

**Recommendations:
Healthcare coverage from
any source**

- Make this information available to the general public, policy makers, and others who are interested in the health care insurance feasibility issue.
 - The information regarding income-eligible sources should be made available to administrators of those programs.
 - Further analysis of this information should include a side-by-side comparison of the healthcare coverage for CNAs and all lowans.
-

**Conclusions:
Healthcare coverage at
CNA's workplace**

- Eight of ten CNAs are offered health insurance coverage at work; half of those offered coverage do not enroll. Of those who do not enroll, nearly six out of ten cite cost/affordability as the reason.
- The cost of health insurance for most of the CNAs who are enrolled where they work is covered at least in part by the CNA's employer. Even so, there are CNAs who do not enroll due to the cost of the coverage.
- The cost of the co-pay has kept more than one-third of CNAs from seeking healthcare.
- Almost three-fourths of CNAs are concerned and one-third are *very* concerned that they might lose their health care coverage

**Recommendations:
Healthcare coverage at
CNAs' workplace**

- This information will be analyzed and included in the Direct Care Worker Health Care Insurance Feasibility Study which will be available on the Iowa CareGivers Association website at www.iowacaregivers.org or in hard copy by contacting the Iowa CareGivers Association at 515-241-8697 or iowacga@aol.com.
- Communicate to the general public and policy makers that co-pay costs and fear of losing coverage magnify the picture of CNAs without adequate health care coverage. Communicate the importance of providing affordable coverage for CNAs.

**Conclusions:
Overall**

- The CNA work force consists primarily of women of middle age and older who are concerned about their personal health and safety on the job and who provide healthcare for others.
- Too many are without adequate affordable healthcare coverage for themselves and their families.

**Recommendation:
Overall**

- Take this message to the general public and policy makers to generate support for change.
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**CERTIFIED NURSING ASSISTANT (CNA)
WAGE AND BENEFITS SURVEY**

VERBATIM RESPONSES



September 2004

2004 Wage & Benefit Survey: CNAs

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Appendix A
CURRENT CNA JOB STATUS

Q. 5. What is the current job status of your main CNA job?

Response: **Other**

Note: Unless otherwise specified, each volunteered comment represents a single mention.

- Feeding assistant
- Per diem
- Private duty
- Seasonal
- Agency work varies with full-time, part-time, and on-call
- On maternity leave
- 32 hours/week

Appendix B
CURRENT JOB TITLE AT MAIN CNA JOB

Q. 6. What is your current job title at your main CNA job?

Response: **Other**

Note: Unless otherwise specified, each volunteered comment represents a single mention.

- Rehabilitation aide (n=5 mentions)
- RA (restorative aide) (n=5)
- CRA/Certified Rehabilitation Assistant (n=2)
- RTW (n=2)
- Certified nurses aide
- CP1 (clinical partner one)
- Community care—universal aide
- Feeding assistant
- Medical records
- MTT
- Oral medical technician
- OMT

- Rehabilitation aide plus CMA
- Resident care technician
- Resident treatment worker
- RNA (restorative nurse's aide)
- EMT-I
- Ward clerk
- *Did not specify (n=2)*
- CHPNA (certified hospital palliative nursing assistant) (n=2 mentions)
- PCT (patient care technician) (n=2)
- RTW (residential treatment worker) (n=2)
- Anesthesia technician
- CP1
- Medical assistant
- MM (med. Manager)
- OSA
- RA (restorative aide)

Appendix C
SITE OF MAIN CNA JOB

Q. 8. Please tell us the site of your main CNA job?

Response: **Other**

Note: Unless otherwise specified, each volunteered comment represents a single mention.

- Iowa Veterans Home (n=7 mentions)
- Residential facility (n=2)
- Alzheimer's
- ICF-MR
- Independent living
- Mental health
- Mentally and physically handicapped
- Retirement home
- *Did not specify (n=2)*
- Agency (n=2 mentions)
- Agency, staffing, nursing homes and hospitals
- Convent
- County home
- Care and rehabilitation center
- Iowa Veterans Home
- Mount Carmel
- Pool
- *Did not specify (n=3)*

Appendix D
OTHER TYPES OF HEALTH INSURANCE COVERAGE YOU/YOUR FAMILY HAVE

Q. 18. Please check all of the following types of health insurance cover you or your family members have from your employer or any other source.

Response: **Other**

Note: Unless otherwise specified, each volunteered comment represents a single mention.

- AFLAC (n=15 mentions)
- Supplement (n=14 net)
 - Supplement (n=5)
 - BC/BS supplement (n=4)
 - Medicare supplement (n=3)
 - American Republic supplement
 - Supplement for myself and child (accident and dental)
- Child's coverage (n=6 mentions net)
 - Child covered by first husband (her father)
 - Child's separate policy
 - Health and dental for daughter
 - Private insurance for children
 - Single policy for daughter
 - Supplement for myself and child (accident and dental)
- Dental (n=2)
- John Deere (n=2)
- AARP
- Accident insurance (health and dental on second job)
- Consec
- Coventry
- Dad has veterans
- Delta Dental

- Flexible benefits (\$2,400 yearly)
- Spouse—VA hospital
- Vision
- Wellmark BC/BS
- *Did not specify*
- Coventry
- Dental
- SISCO (dental)
- Tri Care (military)

Appendix E

REASONS FOR DISSATISFACTION WITH HEALTH INSURANCE OFFERED

Q. 22a. Please check all the reasons you are not enrolled in health insurance through your main CNA job?

Response: I'm dissatisfied with the health insurance offered. Please tell us why you are dissatisfied.

Note: Unless otherwise specified, each volunteered comment represents a single mention.

- Change companies too often
- Coverage is not good enough for cost
- Coverage is not that good
- Covers too little
- Covers too little and they have no “set” deductibles when you pay for extra coverage
- Deductible is too high, does not cover certain things, prescriptions too high
- Deductibles high and coverage poor
- Does not come close to covering what my private insurance covers
- Does not cover birth control because it is owned by Catholic church
- Does not cover well
- Does not cover what needs to be covered and does not pay enough on coverage

- Does not offer major medical coverage
- Does not pay much
- I hear what others talk about
- It is minimal insurance. Had it for a year and it never paid any bills sent in to it.
- Low coverage
- No dental or vision
- Not enough coverage
- Not enough coverage for my family
- Poor coverage
- *Did not specify (n=17 mentions)*
- Have a no-benefit package to make \$2 more/hour
- Minimal coverage at very high price
- Nursing home will not pay for any of the policy
- Premium is too high for family and not good drug coverage
- *Did not specify (n=5 mentions)*

Appendix F

REASONS NOT ENROLLED IN HEALTH INSURANCE THROUGH MAIN CNA JOB

Q. 22b. Please check all the reasons you are not enrolled in health insurance through your main CNA job?

Response: **Other**

- Medicare (n=3 mentions)
- Have private insurance (n=2)
- Already have good insurance
- Chose not to enroll
- Cost is too high for amount of coverage you receive
- Does not cover major surgeries or hospitalization (very low coverage)
- Does not pay well for treatment
- Employee has to pay for all of it
- Got a higher wage rate by waving all benefits
- Have federal BC/BS as a retired federal employee
- Have had my own insurance for past 5 years
- Have senior Blue Wellmark on my own and Medicare
- I'm diabetic and no insurance company wants us
- It's just Starbridge—they are looking for new carrier
- Medicare A & B
- Minimal coverage
- No open enrollment. Had to join at hire date, but did not need at that time
- *Did not specify*
- Chose not to enroll
- Medicare
- No open enrollment

Appendix G

REASONS “NOT SATISFIED” WITH HEALTH INSURANCE COVERAGE

Q. 28. How satisfied are you overall with your health insurance coverage? If you are not satisfied, please tell us why not.

Note: Individual responses were reviewed and then assigned to one or more of the following categories:

- 1 Cost or coverage for prescriptions
- 2 High co-payments, out-of-pocket expenses
- 3 High cost/premiums
- 4 High deductibles
- 5 Increasing, continually rising costs
- 6 Limited coverage
- 7 Problems with the insurance provider
- 8 Restricted list of eligible health-care providers
- 9 Other

Category 1: Cost or Coverage for Prescriptions

Qst. ID#

- 084 Too high on co-payment. Co-payment for medications--\$1,000 out of pocket, 75/25.
- 093 The deductible is too high. They are too slow in paying the bills. Want you to call them with a problem, you get the runaround. And meds are too high, even with the co-pay, they keep going up.
- 112 Because of co-pay on medicines is never the same.
- 113 Cost of medicine, hospital.
- 115 Because we have a \$1,000 deductible, then they only pay 70%. Also for pharmacy, the co-pay went from \$15 to \$30. It stinks.
- 123 High cost, very high deductible, high co-pays for office visits and prescription drugs.
- 156 Because it's going up. But they know you need it. The co-pay is up on doc visits and hospital co-pay. Prescription drugs is going up. But not the wages and they're taking more out of your checks.
- 157 Meds still cost me lots.
- 165 Too high, also does not cover my husband's diabetes. Also \$30 co-payment. I pay \$80 for my medicine with insurance.
- 215 They don't always pay for your prescription, or the med that works for you is not covered—so back to running more tests—spend more money for doctor bills. Isn't it easier to stay with one med that works than spend more \$ to find one that will be paid for. Also not all the doctors in the area are on the provider list—my son needed emergency surgery at camp. Insurance did not pay for anything. Everything came out of our pocket. Why have insurance then?
- 248 Cost is too high—out of pocket is high—prescription plan has a \$200 per person co-pay before 2nd co-pay amount.
- 287 Brand names aren't covered, premium is too high.
- 288 I now pay \$200 for my husband and I have to buy prescriptions before we can use our co-pay.
- 290 We have to pay for prescriptions my health care insurance should pay for.
- 721 The cost for every visit is higher, my contraceptives are not covered and the out-of-pocket expense is higher, some meds are not available.
- 726 Less coverage, higher doctor deductibles, higher prescription deductible, higher yearly per person deductible and slightly higher premiums.
- 803 My yearly deductible is \$750 got hospital. My meds all have to be generic or they cost a fortune.
- 805 Doesn't cover some meds.

Response Category 2: High Co-payments, Out-of-Pocket Expenses

Qst. ID#

- 084 Too high on co-payment. Co-payment for medications--\$1,000 out of pocket, 75/25.
- 115 Because we have a \$1,000 deductible, then they only pay 70%. Also for pharmacy, the co-pay went from \$15 to \$30. It stinks.
- 116 I don't understand why after all these years we pay a co-pay. Plus they don't cover all the doctors and procedures I need done. Plus you have a lot of paperwork.
- 118 Health care is getting out of hand. When I had to use the insurance I paid more than the insurance would pay.
- 120 Because everything's going up and can't afford to go when I need to go.
- 123 High cost, very high deductible, high co-pays for office visits and prescription drugs.
- 129 The co-pay is too high and the deductible has doubled to \$1,000 before you can get some things paid for.
- 130 The insurance doesn't pay very well.
- 134 Need lower out of pocket and deductible for the amount I pay.
- 165 Too high, also does not cover my husband's diabetes. Also \$30 co-payment. I pay \$80 for my medicine with insurance.
- 213 Rather than pay out of pocket, at times I skip the expense—I already pay enough for premiums, let alone an extra co-pay.
- 248 Cost is too high—out of pocket is high—prescription plan has a \$200 per person co-pay before 2nd co-pay amount.
- 249 Cost too much, is high. If I go to the doctor I end up paying a lot out of pocket.
- 288 I now pay \$200 for my husband and I have to buy prescriptions before we can use our co-pay.
- 295 Rates went up and we have to pay more co-pay.
- 298 Cost too much and co-pay too high.
- 300 Out of pocket expenses take its toll every year.
- 301 The insurance could pay more of the cost of the bill and the deductible could be way lower than it is.
- 303 The premiums continually get higher. The co-pay is higher. The amount of coverage the insurance company pays is less. Too high priced!
- 721 The cost for every visit is higher, my contraceptives are not covered and the out-of-pocket expense is higher, some meds are not available.
- 825 I work for a hospital—the co-pay and deductibles are too high.
- 899 The premium is higher than last year, along with my co-pay, which is for every visit including checkups.

Response Category 3: High Cost/Premiums

Qst. ID#

- 092 The cost is too much. And it seems to go up a lot.
- 094 Cost of insurance is too high, also deductible cost of \$1,000 is too high also. But what can you do, you have to have health insurance. Also out of pocket expenses have increased 2 times the amount 5 years ago. Some co-workers can't afford it anymore.
- 111 I'm not satisfied because after I pay the high premiums I don't have the money for anything let along the co-pays. So I have bad credit!
- 119 It is too high and the benefits are not nearly as good as they should be.
- 123 High cost, very high deductible, high co-pays for office visits and prescription drugs.
- 124 I wish we could get it cheaper.
- 126 I pay \$300 monthly and it's a lot of money if you hardly go to doctor. Your paycheck is not very much after this is taken out.
- 127 When you pay \$230 a month for health care and \$36 for dental, that is too much.
- 128 If it wasn't that my husband provides some of my living, I could not afford health-care insurance.
- 131 I pay \$100 a month plus co-pay, that's a lot.
- 162 Price.
- 165 Too high, also does not cover my husband's diabetes. Also \$30 co-payment. I pay \$80 for my medicine with insurance.
- 214 Premiums are high and deductibles.
- 216 Costs are too high.
- 248 Cost is too high—out of pocket is high—prescription plan has a \$200 per person co-pay before 2nd co-pay amount.
- 249 Cost too much, is high. If I go to the doctor I end up paying a lot out of pocket.
- 287 Brand names aren't covered, premium is too high.
- 288 I now pay \$200 for my husband and I have to buy prescriptions before we can use our co-pay.
- 289 Cost too much and is not a good plan. I don't want to be without insurance so I have to keep it.
- 291 The insurance company has a lot of wavers if you have any previous problems. The more medical problems the higher the cost to the employees.
- 292 Cost of insurance is too high. Last year my family had no insurance. We didn't go to the doctor when we should have.
- 296 Doesn't cover a whole lot and cost too much.
- 297 It takes most of my check to pay for the insurance. I pay \$175 every 2 weeks for insurance.
- 298 Cost too much and co-pay too high.
- 299 The cost is too high. The deductible is too much.

- 303 The premiums continually get higher. The co-pay is higher. The amount of coverage the insurance company pays is less. Too high priced!
- 726 Less coverage, higher doctor deductibles, higher prescription deductible, higher yearly per person deductible and slightly higher premiums.
- 793 The insurance costs me \$1,200 per year. Max benefits are \$1,000. Crappy stuff. My doctor said it's sh-t and offered me a job with him for REAL insurance.
- 804 It cost way too much.
- 897 Too high, less coverage, selected doctor can see.
- 900 Because I pay about \$45 every 2 weeks for 52 weeks a year and our deductible is \$1,000.
- 901 Too expensive, high deductible

Response Category 4: High Deductibles

Qst. ID#

- 093 The deductible is too high. They are too slow in paying the bills. Want you to call them with a problem, you get the runaround. And meds are too high, even with the co-pay, they keep going up.
- 094 Cost of insurance is too high, also deductible cost of \$1,000 is too high also. But what can you do, you have to have health insurance. Also out of pocket expenses have increased 2 times the amount 5 years ago. Some co-workers can't afford it anymore.
- 115 Because we have a \$1,000 deductible, then they only pay 70%. Also for pharmacy, the co-pay went from \$15 to \$30. It stinks.
- 121 Deductible too high.
- 123 High cost, very high deductible, high co-pays for office visits and prescription drugs.
- 129 The co-pay is too high and the deductible has doubled to \$1,000 before you can get some things paid for.
- 134 Need lower out of pocket and deductible for the amount I pay.
- 214 Premiums are high and deductibles.
- 299 The cost is too high. The deductible is too much.
- 301 The insurance could pay more of the cost of the bill and the deductible could be way lower than it is.
- 304 The deductible is too high.
- 305 There should be a smaller deductible and should help pay for office calls.
- 725 Deductible for major health problems very high.
- 726 Less coverage, higher doctor deductibles, higher prescription deductible, higher yearly per person deductible and slightly higher premiums.
- 802 \$1,000 deductible per person.
- 803 My yearly deductible is \$750 got hospital. My meds all have to be generic or they cost a fortune.
- 825 I work for a hospital—the co-pay and deductibles are too high.

- 892 Because with family we have \$1,000 deductible and there is just my husband and I. When you both are on fixed income it's hard to come up with \$1,000.
- 896 Because the deductible went from \$100 to \$500.
- 900 Because I pay about \$45 every 2 weeks for 52 weeks a year and our deductible is \$1,000.
- 901 Too expensive, high deductible
- 902 I have a \$300 deductible, the insurance pays 80-20 after that it still leaves me a lot to pay.

Response Category 5: Increasing, Continually Rising Costs

Qst. ID#

- 092 The cost is too much. And it seems to go up a lot.
- 093 The deductible is too high. They are too slow in paying the bills. Want you to call them with a problem, you get the runaround. And meds are too high, even with the co-pay, they keep going up.
- 094 Cost of insurance is too high, also deductible cost of \$1,000 is too high also. But what can you do, you have to have health insurance. Also out of pocket expenses have increased 2 times the amount 5 years ago. Some co-workers can't afford it anymore.
- 110 First of all the cost goes up every year, the co-pay went up to \$30 a visit and annual deductible went to \$1,000 and that's just for single coverage. I don't have my husband covered for simple fact everything is double then.
- 120 Because everything's going up and can't afford to go when I need to go.
- 156 Because it's going up. But they know you need it. The co-pay is up on doc visits and hospital co-pay. Prescription drugs is going up. But not the wages and they're taking more out of your checks.
- 180 Cost more and hardly pays anything.
- 303 The premiums continually get higher. The co-pay is higher. The amount of coverage the insurance company pays is less. Too high priced!
- 306 The cost keeps going up and our wages do not go up enough to keep up with the economy and insurance.
- 721 The cost for every visit is higher, my contraceptives are not covered and the out-of-pocket expense is higher, some meds are not available.
- 899 The premium is higher than last year, along with my co-pay, which is for every visit including checkups.

Response Category 6: Limited Coverage

Qst. ID#

- 114 It does not cover everything, physicals and certain doctors. I have money taken out from check and yet there is still some I have to pay.
- 116 I don't understand why after all these years we pay a co-pay. Plus they don't cover all the doctors and procedures I need done. Plus you have a lot of paperwork.
- 119 It is too high and the benefits are not nearly as good as they should be.
- 122 Doesn't cover enough.
- 125 My husband wasn't covered under my insurance as a spouse and he passed away on June 8, 2004.
- 132 X-rays are not covered, even though doctor requested them—it was an illness and needed. The \$ was taken off \$1,000 deductible.
- 133 Says it only pays if you are hurt or sick—but even in these cases it still doesn't pay.
- 165 Too high, also does not cover my husband's diabetes. Also \$30 co-payment. I pay \$80 for my medicine with insurance.
- 180 Cost more and hardly pays anything.
- 247 Doesn't seem to be enough.
- 250 Does not cover much for hospitalization. Is capped out at \$1,000 for the year, so after that amount you pay for everything.
- 286 Need insurance that have a better range for health care services.
- 291 The insurance company has a lot of wavers if you have any previous problems. The more medical problems the higher the cost to the employees.
- 294 Don't cover all women's health concerns.
- 296 Doesn't cover a whole lot and cost too much.
- 302 They don't pay for much. It is supposed to be a hospitalization policy but if it isn't an accident it won't pay!!!
- 305 There should be a smaller deductible and should help pay for office calls.
- 726 Less coverage, higher doctor deductibles, higher prescription deductible, higher yearly per person deductible and slightly higher premiums.
- 744 My insurance doesn't cover labs. Just a tiny % of eye, dental and hearing.
- 793 The insurance costs me \$1,200 per year. Max benefits are \$1,000. Crappy stuff. My doctor said it's sh-t and offered me a job with him for REAL insurance.
- 897 Too high, less coverage, selected doctor can see.

Response Category 7: Problems with the Insurance Provider

Qst. ID#

093 The deductible is too high. They are too slow in paying the bills. Want you to call them with a problem, you get the runaround. And meds are too high, even with the co-pay, they keep going up.

Response Category 8: Restricted List of Eligible Health-Care Providers

Qst. ID#

116 I don't understand why after all these years we pay a co-pay. Plus they don't cover all the doctors and procedures I need done. Plus you have a lot of paperwork.

178 Only certain doctors and places are covered.

215 They don't always pay for your prescription, or the med that works for you is not covered—so back to running more tests—spend more money for doctor bills. Isn't it easier to stay with one med that works than spend more \$ to find one that will be paid for. Also not all the doctors in the area are on the provider list—my son needed emergency surgery at camp. Insurance did not pay for anything. Everything came out of our pocket. Why have insurance then?

293 For 20 years I have had HMO—this year the facility was dropped by HMO so I had no choice but to go to John Deere Health which are all different doctors.

796 Only certain doctors or places are covered.

897 Too high, less coverage, selected doctor can see.

Response Category 9: Other

Qst. ID#

- 113 Cost of medicine, hospital.
- 116 I don't understand why after all these years we pay a co-pay. Plus they don't cover all the doctors and procedures I need done. Plus you have a lot of paperwork.
- 117 Was forced to take health insurance with my employer, because my husband's health insurance changed.
- 724 I think the county should pay the premiums.
- 898 Insurance was changed without my consent.

Appendix H

OTHER BENEFITS AVAILABLE THROUGH MAIN CNA JOB

Q. 30. Which of the following benefits are available to you through your main CNA job? Please check all that apply.

Response: **Other**

- Everything
- Bonus for over 32 hours/week
- Bereavement, enforced leave, union leave
- Cafeteria plan (nursing facility puts \$200/month in this)
- Flex spending
- Prescription card
- Uniform allowance
- Casual time
- Maternity
- Don't know

Appendix I

ADDITIONAL COMMENTS

Q. 39. Please add any comments you have about anything in this survey.

- 001 They should ask how the people in administration act when a person is hurt and down so they can't do their work. The employer at St. Luke aren't very nice. Doctors aid I could have a sit down job but they can't find me a job but if I was hurt in job they can.
- 002 I have my OMT (CMA) license so I do both CNA and CMA work. I help the CNA's when they need help.
- 003 I am still a certified CNA, just go to college and only work once in a while. I have been certified since age 16 though.
- 004 Quit on June 21, 2004. Been a CNA since 1979. Nursing home I lasted worked was on Side B.
- 005 Does the Iowa Commission on the Status of Women have any connections to Iowa Caregivers Association? I will look you up on the Internet.
- 006 I started out as a CNA for 4 years and then took the activity coordinator position. In all I've worked at the same facility 24 years.
- 007 I was working as a CNA for 10 years but due to a ruptured disc in lower back. I can no longer work in this field.
- 008 I just help with the evening meal and snacks after that meal. When I worked full time, insurance very expensive which we paid ourselves although was a group through nursing home.
- 009 You should send our surveys for nurses also, I am current an LPN and would like to fill out some of these questions as an LPN.
- 010 CNA positions are getting better, but the wages are still low and health insurance is too high.
- 011 Need to hire more CNAs so they have more time to spend with the resident. You are to spend time with them and let them take their time and do things for themselves but you don't have time.
- 012 Just retired in May. For what the CNAs do they do not get paid enough and now no health insurance offered of any value.
- 013 Became disabled but not because of job. Could not get insurance or any sick leave or benefits.
- 014 I have my CNA, CMA, but as of 2 years ago I look a full-time position as a staff coordinator so now I have 3 titles.
- 015 Not working as CNA.
- 016 I would go back if less lifting.
- 017 I'm not working anymore, I stop in November 9, 2003. But I am thinking of going back to work. I love my nursing.
- 018 I am a med aide.
- 019 N/A
- 020 I think we should get paid more.
- 021 Nursing home needs more staff to resident—currently I care for 10 residents (just me). I feel it's necessary to get ratio down (example: 1 CNA—5-6 residents). Caring for 10 residents is too much!! They don't get the care they deserve.
- 022 We wish we all have increase living with one raise.
- 023 We are not paid proportionately to the demands, risks of our job. Aides come last on many lists.
- 024 Insurance is only for full-time employees, I work as a PRN CNA.

- 025 Why are you doing the survey?
- 026 I think CNAs are overworked and underpaid—the ratio in nursing homes is ridiculously high and good care is hard to come by.
- 027 I filled out the survey but I live in another state.
- 028 No comments.
- 029 Comments on survey: The pay is terrible for the work a CNA has to do. We are responsible for the residents, with the shortage of CNAs we are doing double our work. This is their home and they deserve the best care. I've worked going on 30 years as a CNA, and I am only making \$11.70 an hour.
- 030 I feel CNAs are totally underpaid. I received a 51¢ raise in 2 years (We no-one where I work got a raise at all last year! I work with Alzheimer's and dementia residents and getting paid the same as those CNAs that don't.
- 031 Too much is expected of CNA, for this reason good help is not available. The days of slavery are over.
- 032 I feel that CNAs should get paid a lot more than we do because we are the ones who have hands-on with everyone's grandma and grandpa, mom and dad. We are the ones who spend the most time with them, who know them, not nurses, not CMAs. I bet the CNAs could tell you more about the client than anyone else working.
- 033 I feel \$12.35 is not a fair wage for all the responsibility I have and am expected to do.
- 034 I would like to see the nursing homes at least offer to pay ½ of an employers insurance. My husband and I both work and it would cost us over \$500 every 2 weeks for insurance. That's either his whole check a month or mine. It takes a special person to work in a nursing home and the CNA staff in my home get treated very poorly. If it weren't for the CNA staff there wouldn't be any reasons to keep the doors open to care for our elderly.
- 035 The new hires (CNA's) are being started (wage) within a \$1 of what I currently get after 18 years of service.
- 036 How can I get health insurance through work?
- 037 CNAs don't get enough pay for all the hard work we do. CNAs should get more pay than nurses.
- 038 I have worked at SL Homes for 26 years. I have always enjoyed working with the elderly. A job in the kitchen at the school came open last year. I decided that I wasn't getting any younger and decided I needed a change of scenery. I also have been a nurse aide since May 1975. The day after I graduated I started as an aide in my home town. I still work at the home 5 days a week, 4 hrs a day every day after I am done at the school.
- 039 I wish you would have asked the question "Are you satisfied with your job?" My answer would be "no" because the work is very hard, the pay is low and all the administrator thinks about is making the place "pretty." No concern for the residents or the staff!
- 040 CNAs work long hours and given too many residents to care for!
- 041 It is okay.
- 042 Question 31 (hourly pay rates) is nobody's business.
- 043 In addition to my hourly rate I also make \$1/hr attendance bonus for working 2nd shift.
- 044 I hear a lot of comments about "I couldn't do what you do. The pay isn't good enough for what you do." It seems that an aide has very little rights for what we do. A resident can bite, hit and call names, and you just take it. I wish there was more pay for everything you do. It's

hard on a person's body also. Not just the lifting, but also the mileage you do on cement floors. I will keep doing it for I happen to care what happens to the elderly.

- 045 CNAs are not paid enough, plus it isn't fair for people who have been in a place for years who only make 10¢ - 50¢ more than somebody else.
- 046 You are to always be on call with your phone on all the time, which you don't get paid for.
- 047 Nursing home care is very important to our elderly—the ratio of hired employees to residents does not allow us to give the quality of care they are entitled to. I also feel we are not being recognized for our longevity and the quality of care we do provide.
- 048 CNAs should get more money per hour. We have just as much responsibility as an RN or LPN. We have more one-on-one contact!
- 049 I was badly injured in a fall at work—requiring surgery. I fell because floors in hallways were being waxed while we trying to put residents to bed. Nothing was ever changed to protect others. The “beautification” of the home was put above staff and resident safety—still is to this day.
- 050 Have to put in as many hours as can to make money to pay bills. But don't get to see my kids.
- 051 The nursing homes need better wages for what we do, cause if you didn't have us there would be no nursing homes. Just cause we didn't go to school doesn't mean we don't work for it. Need insurance for our families.
- 052 I don't like the deductible cause I don't know how much longer I will be able to go to doctor and pay for it and the medication. I go to doctor every 3 months.
- 053 My family doesn't have health care, this is a common concern, even if I could work enough hours to qualify, the coverage offered is too expensive and not adequate.
- 054 I now work at nice place. Things were different when I worked at a small nursing home. I would not be able to make it financially as a single parent if I did not have my current job.
- 055 I hope you have some influence with these results to make Iowa a better place to live and work.
- 056 Wages for CNAs ought to be higher. You can go flip burgers for almost the same wage. That's horrible!
- 057 I have to work 10 hour shift (10:00 pm to 8:00 am). The rest of shifts work 8 hours. We have to stay over so all beds are made, ice water and towels are passed and everyone is up. We have to start getting people up at 5:00 am which I think is early for the elderly people.
- 058 I only have one comment and that is CNAs don't get paid enough for all the work we do!
- 059 Nothing.
- 060 My location is not on side A or B. Are you to help us get better pay? What is the survey all about?
- 061 I started working in doctor's office as CMA, moved to Iowa and the nursing home is a block from me. I started 8 years ago and have loved this work. I have few complaints.
- 062 I hope that something can be done about the health insurance.
- 063 I work in the long-term care part of the local hospital.
- 064 CNAs are asked to do too many things and should have more help for safety.

- 065 Working nights is not really covered on the survey about number of people taken care of nor is the problem of working short shift on nights.
- 066 I hear staff complaining about minimal help but the nursing home “financially” can’t afford staff. Yet some CMAs work many overtime hours. But don’t call the “on-call” staff (me) even if on-call, say no it makes more sense to call them before offering overtime.
- 067 CNA are not respected or paid well for the work that we do. CMA benefits, wages do not equal CMA work. Should be more that CNA work. We are not paid that way. CMA only received 1 set amount, it never rises when anniversary so when you receive the Cna wages caught up to CMA you only receive the one amount. Example: if your CNA amount is \$9.55 and your CMA is \$9.50, yes you receive the \$9.55 but you should receive more pay when you do CMA work such as 20¢ more.
- 068 I feel this was a good thing. I have worked at this nursing home for 4 years and only making \$8.00. I started out at \$7.75. We’ve lost many employees because of the pay rate to CNAs. I had to find another job to pay for my college.
- 069 We are always short-staffed and although I personally do not get asked to work extra shifts (they know I can’t) most or all of my co-workers are asked on almost a daily occurrence.
- 070 I wish the workload for CNAs was a little less. About 10 people to a CNA instead of 22 to a CNA. I do enjoy CNA work. I wish the benefits were better and the nursing home appreciated their workers more.
- 071 I stopped working full-time 3 years ago. I was tired of 1) working hard, 2) working short everyday, 3) the low pay, and 4) calling me all the time to work.
- 072 I am called all the time for hours. I’m paid little to work short. Most of the time I can’t even get everyone toileted due to the demand of dealing with over 15 people. I’m considering quitting due to understaffing, overworking, underpaying, hard work, sore back and we can NEVER call in even if we are sick. You may have strep throat but if no one will work you have to go.
- 073 Higher wages would be nice.
- 074 I do love being a nursing assistant. But we are not paid what we deserve. CNAs are the “mechanics of nursing.” Thank you for your questions.
- 075 Not very happy about wages—all the other facilities around pay better.
- 076 We are overworked and underpaid, after working 17 years I only make \$10.60 an hour.

- 077 It's sad premiums go up every year and insurance pays less each year for procedures and office calls. You have to call ahead and get approval for pain medicine. I am double covered and the insurances fight over who is paying and I still end up paying out. I should not be paying anything. If you have insurance they should pay out, not dictate to doctors what can and can't be done. Insurance companies are not doctors. If a person or organization pays out, employees should have to pay medical or part of the medical bills. That's what insurance is for.
- 078 I feel for what we do for a living our pay scale is awful, benefits are unreasonable. We deal with human beings and people that work in a factor that work with material things have excellent wages and benefits. I have worked 20 years for the corporation I work for. They treat and have said nurses aides are a dime a dozen. I think the corporation pads their pockets. I probably sound burnt out. I'm not trying to, I love what I do and I don't mind going to work. I just wish they cared a little about their staff and residents.
- 079 I am a casual employee—no extra benefits are needed.
- 080 CMA and CNA do not make enough money. The place I work almost want me to be a nurse. But I enjoy taking care of the residents. Keep adding responsibility and no pay, need to give people the same day off each week so you can plan doctor's appointment and a life and do not have to use personal day.
- 081 We work very hard. We are underpaid and we don't receive sick days or bereavement pay. I had worked up to 157 hours vacation new owners and I'm back to 120 hours. Nurse A's are under worked and underpaid. I stay because I don't drive far.
- 082 I work with many single mothers who have no insurance for themselves or their kids. I hope this problem can be fixed.
- 083 Easy to read—like the large print.
- 084 I feel if CNA and other health care people were able to get better pay, vacations, and other benefits and be recognized for their job we will have more help. Also a way for advancement in our jobs.
- 085 I think we are underpaid and should be union.
- 086 Job does not pay enough for all the work you do. CNAs are not treated well and rules change everyday.
- 087 Both places I work at pay very good for Jackson County. But sometimes even the pay isn't enough. The DON, ADON, and the owners have no clue what we do, how to do it. 2nd job was told from staff to resident ratio we had 1 staff too many on 2nd shift. There are three girls, 1 nurse (can't really help, she's busy too), there are 20-22 residents. 15 people that you have to tend to heavy cares, heavy lifting. 5 people that don't require help getting up—or ready for bed and they say we're overstaffed—think they would go by how much help the people needed.
- 088 There isn't enough aides for the amount of residents on a floor. You should be able to spend time with these people and listen to their concerns and problems. I always figured that's what I am suppose to be doing, at my job. Thank you for letting me voices my opinions.
- 089 I think it is time for people to realize that CMAs have a very important job of taking care of your loved ones and should be paid wages and benefits same as factory workers.
- 090 Very difficult to determine on income if you're farming.
- 091 Complete.
- 092 I love my job, I think we should be better paid when cost of living goes up our pay doesn't. Thank you.

093 We need health insurance that we all can afford for ourselves, spouse and children.

094 Health care workers do not have enough benefits—health, sick pay, vacation pay, dental, vision, pension or 401K.

095 I have a diabetic daughter in my home, health insurance is something we must have, not something that is optional.

096 I feel that wages should be a lot more in long-term care. Due to the short staffing and the “extra cares” we are put in to do for less pay. I would like to see some form of a union in LTC or nursing career wage management courses offered to LTC facilities even if they’re privately owned.

097 People who have worked in long term care for many years need to have their wages increased because new people hired only make a few dollars less than those of us who have worked for many years at the same facility.

098 You didn’t ask about working short-handed. It happens a lot so you have to work twice as hard for little money. It’s really sad that you can get job killing pigs or bartending and make more money than taking care of someone’s mom, dad, grandma, grandpa. That just doesn’t seem right. Hopefully some day we will be paid for what we are worth.

099 Nursing home is understaffed. Residents don’t get the care they should.

100 It’s about time someone is concerned about CNAs.

101 I think that wages suck!

102 I feel CNAs should be paid better, also better benefits. It’s sad when factory workers make more and have better benefits than CNAs who take care of people.

103 We need better pay and medical benefits and staffing. State inspections need to be on a surprise basis. We know when they are going to arrive!

104 We have a good nursing home but it’s always overtime and we are always short, under stress and wages could be a lot better. Everything goes up but wages.

105 Everyone needs a good insurance benefit even if staff pays half price/company pays other half. Would be much better than having nothing.

106 Our facility pays better to newer help. Us old ones have not been paid fair. It should be one hiring pay, not what they want. Also raises should not be favored.

107 I am rehabilitation aide.

108 Each CNA needs fewer residents per shift. I’ve worked in some nursing homes where one CNA is assigned to 15 to 20 residents per shift—as results, I didn’t stay at these homes.

109 My title is RA/CNA. I work both jobs in an average day.

110 I think anyone that is in the health care profession should get all insurance paid fully with little co-pay and deductible. Also I have been CNA for over 20 years and I only make \$3 more an hour than someone that’s been an aid for 5 years.

111 We work hard, are in debt, yet we still do it, because it’s who we are. There should be regulations on CNA to patient ratio. Health care should be provided. We take care of people all day but couldn’t afford to be taken care of. God help us.

112 The CNAs are not given enough credit on their care for the residents. Also the pay is too low—and also we do the work for our love of the residents.

113 Raises are terrible, 2% to 3% which is approximately 25¢ a year. No cost of living raise. No bonuses. Need bigger raises.

114 I have been working for 14 years. It sometimes feel as if we are asked to do too much in eight hours. I also think you should consider physical stress an aide faces.

115 CNAs are underpaid for the hard work they do. For what it costs to live in a care center, more of the money should go for CNA wages.

116 I think any employer should assist in helping an employee further their education so they can go further in the job.

117 CNAs in our facility are overworked and are most often working understaffed!!!

118 My personal comments are the place that I work at don't pay the aides very well. Their idea of a good raise is 25¢. There is no reason that aides at any home can't be paid \$12-\$15 an hour. We do all the hard work. I'm getting close to having 20 years in as a CNA. \$9.80 is a slap in the face for pay.

119 I hope it has a positive effect on making pay better in the health care field.

120 One thing we don't get paid enough for what all we have to do, and very seldom get any respect from our big bosses.

121 Don't think you need to know about other members of household.

122 Insurance costs for husband and wife is too expensive so I only cover myself. My spouse has no insurance.

123 Why can't nursing homes in Iowa band together under one group policy for insurance? Something needs to be done to offer employees good insurance at reasonable cost.

124 I have worked for this same nursing home for 30 years. I make \$12.45 an hour and cannot go any higher.

125 I wish we can make more money and also have money to cover our husband for insurance. Sometimes or a good pension when we retired from our work.

126 It would be nice if we could get a cost of living raise at our facility.

127 CNAs are the lowest paid employee in nursing and they do most of the work. They are the backbone in nursing.

128 Benefit package offered is very minimal.

129 I think caregivers should get more wages and there should be so many CNAs for so many residents. It should be demanded more CNAs to cover so many residents.

130 We don't make enough money for all the work we are expected to do.

131 I have to drive 45 minutes every day to make as much as I do.

132 Hard on body and mind! For the work we do and the rate of pay increase some days it just seems like we should find another job.

133 The care center I work at needs better health insurance and the CNAs are not treated very well by office staff.

134 I feel we need more schooling and better wages for what we do.

135 I have worked as a CNA for over 20 years. During that time I have quit and done other things. But I always return to be a CNA because I find it to be very enjoyable and rewarding. CNAs need to be recognized and respected. Most of us choose to do what we do, and in my years of experience it takes a very special person to be a CNA. Being a CNA can be very stressful and demanding. Yet our wages and benefits do not reflect what we choose to do for a living. Iowa has a growing aging population. If something isn't done to encourage CNAs to remain, who will take care of us babyboomers. We need to be considered a precious commodity. Yes we need doctors, nurses and

administrators, but are they the ones who are going to do the hands-on care of our ill and aging population? Yes, health care costs are rising but in the long run increasing CNAs wages and benefits would pay off. The nursing facility I now work at is one of the better facilities I have ever worked or been in. Most of our CNAs have been there 5 to 20 some years. They continue to work at this facility because they do staff with a good ratio. And we have a very dependable staff. But still one of the biggest complaints is not enough pay for what we do in an 8 hour shift. Also no benefits to speak of.

- 136 I like working for nursing home, It has come along way. They need to be more fair on pay scale. We do have good benefits.
- 137 I hope that these surveys are taken seriously. We need to know that they are top-of-the-line workers for the elderly. A pay increase may help to get the best workers.
- 138 Most nursing homes are understaffed, underpaid. Work loads are heavier. Residents are heavier and harder to care for.
- 139 Need both incentives and more compassionate people in control of a nursing home.
- 140 Need more hourly wage and need less strenuous work something to help with heavy patients.
- 141 I think we need better wages!!!
- 142 For everyone that works the overnight shift we would like more raise than just 15¢ differential.
- 143 The need for health insurance is great. Need higher wages. Also a retirement plan is needed.
- 144 They ask good questions but something should be done to help part-time people get something.
- 145 We haven't gotten any decent pay raises for years! It's taken me 9 years to get to my wage. New hires start at \$8.40.
- 146 I think affordable health insurance should be offered. Much needed and it's a job a lot of people won't even think of.
- 147 At the assisted living facility where I work there are 3 CNAs, 2 full-time and 1 part-time. We work a 12 hour shift from 7:00 am to 7:00 pm. There is only 1 CNA on duty each day. Full time is 5 days in 2 week period. Part time is 4 days in 2 weeks. We also do home health for 2 clients about 5 hours weekly.
- 148 I'll be honest—please check about pay scale. Fort Dodge Villa Care.
- 149 Short staff and pay are of concern!
- 150 How do you feel this survey will help CNA. Most of the questions mean nothing to us. It does not bring our wages up to what they should be for the amount of work we do. I left the nursing home field to get away from the stress and always short of help.
- 151 I would love to see higher wages in hospitals, especially county hospitals. County hospitals have a great benefits package but for the work I do I want more. 13 years experience and I get the same pay as someone just certified with no experience.
- 152 CNAs are really worth more than what we get paid and are worth more hours than we get.
- 153 I hope this survey will help to recruit and keep caring staff.
- 154 OMT CNA Nurse in nursing home need more money and better health insurance.
- 155 Assisted living in Marion.
- 156 I have been working at my current job for 24 years. I love working as a CNA. I do think my wages should be higher. It's rewarding. I do think if I work as a CNA at another facility I should get the same or more wages.
- 157 Nursing field needs more income and standard of living going up everyday. I haven't had a raise for 2 years.

158 Working conditions.

160 Prior to working in home care I worked in a nursing home and I was constantly asked to work overtime, paid very high prices for health insurance and had much responsibility due to working constantly short.

161 I wish CNAs would get paid more and nursing homes would have cheaper health insurance for families. I wish nursing homes would use rehabilitation aides more than PT/OT workers. I am also a certified rehab aide.

162 Too much about insurance not my job, etc.

163 CNA wages are low, therefore many places work understaffed, thus creating more opportunity for job-related accidents.

164 I think CNAs should make more money because of all the hard work we do and how important our jobs are.

165 I work hard. I give 110% of my attention to the residents. They're wonderful people. But the nursing home itself hold many lies from the state. These people deserve more.

374 We have forgotten what the main reason we are working at a nursing home "to care for the elderly." It was all turned to paperwork and the workers are spread too thin. Too many chiefs and not enough Indians.

701 I always was very happy with job and pay.

702 I am working as a home health aide for just one particular patient.

703 I have not used my CNA for 4 years due to raising my family.

704 I believe @ the time I worked as a CNA for Guardian Family Care. I think that all employees should be treated equally and with more respect as their worker, and paid with a better rate, all equally.

705 I do not have a CNA job because they do NOT pay well! I would rather work as a CNA but I work in a factory.

706 I like this kind of survey. Wish I could go back to work. I enjoy being a CNA (2 years).

707 When I did work, the insurance was crap and cost way too much. The pay is way too low.

708 Resident-to-worker ratio is too high at many facilities.

709 I worked 4 years, 8-40 hours as a extra aide when they were short. Worked days as activities assistant 10-20 hours week for five years.

710 The place where I work is privately owned by Catholic Charities.

711 Have worked 15 years as home health private duty care for a local hospital. I enjoy going to variety of homes to give medical care.

712 Why does no one ever ask about the injuries and pain that CNAs live with and work anyway?

713 At my job we have been on a wage freeze—just got a small raise for first time in several years.

714 For what work the CNAs and CMAs do, I don't feel we make the wage we should.

715 CNAs are overworked and very underpaid. I wish something could be done for the CNAs that give their all to the jobs.

716 Main job is Sisters of Charity BVM's Infirmary, Dubuque, IA.

717 1) Dental plan is too costly. 2) Not enough sick time. 3) Health insurance too costly. 4) CNA RA deserve more or higher wages.

718 Their resident-to-staff ratio is 18-1. Of the 18, 9 are total care. The residents are getting larger in size, meaning we are at more risk of injury due to the fact that there isn't enough time to go seek assistance from other co-workers to help transfer residents safely.

- 719 For all the hard work CNAs do and the stress, the benefits are not that good. I do this job because I truly love the elderly. I'm continuing my education as an LPN to have better pay. The governor and president need to raise wages to have good help stay and care for your loved ones.
- 720 At Hospice of Siouxland we are very lucky for our administration. I sympathize with many CNAs working so hard in nursing homes with less money and benefits.
- 721 I feel we need more avenues and grants for us CNAs that want to continue our studies to become nurses or PAs. We are underpaid and sometimes under-appreciated.
- 722 We have residents on vents as well but have not the training for this type work. Very low paying for this also because of the special things like vents and tracs.
- 723 I am a CNA in Iowa and Nebraska. I currently work in Nebraska.
- 724 I think CNAs should be paid more than nurses for the reason CNAs do more work than RNs or LPNs. Just go to a nursing home or hospital and see who does more work.
- 725 Since I do home care I have to furnish my own car and pay for maintenance and insurance myself. Very difficult and expensive.
- 726 8 years, 1 job site, start @ \$7.34/hr, now only \$10.90, total of 15 years in home care/ home hospice care experience. It's not paying what it is worth. We are on a daily basis at risk for physical injury.
- 727 I work at the infirmary for retired BVM's, not state run.
- 728 I work at County Line Health Center.
- 729 I think that all the nurses and CNAs and CMAs should have better benefits and better pay raises.
- 730 We don't get paid enough money for all the things we do.
- 731 I work as a companion care. For people in their homes. Since I hurt my back. I worked and love being CNA.
- 732 None.
- 733 The nurses RN and LPNs are paid way too much. All they do is charting and meds, us CNAs are the backbones. We should get what they are paid. We do a lot more. Some nurses don't even know the patients.
- 734 I'm a pool CNA. I travel to different nursing homes.
- 735 I am a full-time nursing student with no insurance coverage. Unfortunately I am not a minority, many health care workers either can't afford health care insurance or are ineligible due to PT status. This needs to change.
- 736 I feel health insurance should be available to CNAs and CNAs should be paid more.
- 737 I work for Ridgecrest Nursing Home but in their Oakwood Assisted Living.
- 738 I currently take care of one lady in the home. I work for PRN. I am also getting a full-time job listed on side A.
- 739 It's good to see something like this survey. There are a lot of things that need to change, especially when it comes to recognizing the aides. We're the eyes and ears.
- 740 I think that we should be paid what pool agencies pay, plus benefits. I would stay in a nursing home if this was made to happen.

- 741 I think CNA need more pay because we're the backbone of the facility and we work more with residents. I think you should receive more money according to the years you work as CNA.
- 742 I think certain agencies that need grant or state funding to function need more support and recognition. I work at one that isn't listed and I know we are small but still important.
- 743 I work part-time for a nursing agency.
- 744 I enjoy nursing. Going to college for RN. It's a very hard job that really doesn't get the credit that it deserves or the people who work these low-scale jobs.
- 745 Don't get hours from the agency so I applied for another job
- 746 Staff shortages have existed in the medical profession for longer than I've worked in it. Why are you now becoming concerned about this problem?
- 747 Questions on pool are when I previously worked for a "pool."
- 748 Most insurance plans that I have been offered in the last 10 years for my family are over \$300 per month, unless it is like the plan my employer pays for now—it covers nothing.
- 749 I've felt that CNAs jobs have been overlooked and misunderstood. I truly believe that it's the hardest job anyone could do.

July 2004

Dear CNA:

The work you do is very important to many people. That's why we're asking you to fill out this **wage and benefits** survey. Your answers will help us make it possible for CNAs to provide the highest possible level of care.

Your answers are **anonymous**, which means when you return your survey, your name will not be on it so we won't know who filled out the survey.

Please take a few minutes to fill out the survey and return it in the enclosed postage-paid envelope as soon as possible or no later than July 21.

Thank you very much.

Sincerely,

Charlotte Nelson
Executive Director

We are sending this important **wage and benefits** survey to you because we want to better understand the work that certified nursing assistants do. Your answers are **anonymous**, which means when you return your survey, we won't be able to tell who you are.

Please complete this survey and help CNAs like you today and in the future.

1. Are you currently working as a CNA?

- Yes (Please continue.)
 No (Please skip to question 32.)

2. How long have you been a CNA?

- Less than 1 year
 More than 1 year, but less than 3 years
 3-5 years
 6-10 years
 11-20 years
 More than 20 years

3. How many total hours of CNA training have you had in your career? (Do not include in-service training hours.)

- 60 hours
 75 hours
 120 hours
 More than 120 hours

4. Some CNAs work CNA jobs for more than one facility, organization, or pool. **How many** facilities, organizations, or pools do you work **CNA jobs** for at this time?

- 1 facility,
organization, or pool
 2 facilities,
organizations, or pools
 3 or more facilities,
organizations, or pools

The following questions have to do with your **main** CNA job. Your **main** CNA job is the CNA job where you work the **most hours** in a typical week.

5. What is your current job status at your **main** CNA job?

- Full time Pool
 Part time Other _____
 On call (PRN)

6. What is your current job title at your **main** CNA job?

- Certified Nursing Assistant (CNA) CNA *plus* title other than CMA
 CNA *plus* CMA (Certified Med Aide) Health Care Technician
 Home Health Aide (HHA) Other _____
 Personal Assistant

7. How long have you been on your **main** CNA job?

- Less than 1 year 6-10 years
 More than 1 year, but less than 3 years 11-20 years
 3-5 years More than 20 years

8. Please tell us the site of your **main** CNA job?

- Nursing home Hospital Adult day center
 Home care Assisted living Private duty (self employed)
 Hospice Other: _____

9. Are you a member of a union at your main job?

- No
 Yes Which union? AFCSME SEIU Teamsters

10. Where is your **main** job located?

10a. Town _____

10b. County _____

11. How many residents/patients are you assigned to care for on an average day on your **main** CNA job?

1 to 5

6 to 10

11 to 15

16 to 20

More than 20

12. How satisfied are you with the number of hours you work in a typical week on your **main** CNA job?

Too many hours Just about right Not enough hours

13. How many hours during a typical week are you asked to “work over”/extra shifts on your **main** CNA job _____

14. If you work **additional** CNA jobs (in addition to your main CNA job), how many hours during a typical week are you asked to “work over”/extra shifts on your **additional CNA** job(s) _____

15. How concerned are you about your personal health and/or safety on your **CNA** job? (Please check one box below.)

I am very
concerned

I am somewhat
concerned

I am not at all
concerned

16. Some people work **non-CNA** jobs in addition to their CNA job(s). How many **non-CNA** jobs, if any, are you working in addition to your CNA job(s)? _____

17. How many hours do you work on the following jobs in a typical week?

17a. **Main** CNA job _____

17b. **Additional** CNA job(s) _____

17c. **Non-CNA** jobs _____

18. Please **check all** of the following types of health insurance coverage you or your family members have from your **employer** or any **other source**.

- Single coverage (for just you)
- Single coverage (for just your spouse)
- Family coverage [Please also answer question 19]
- hawk-i* coverage (for your children)
- Medicaid (Title 19) coverage (for your children only)
- Medicaid (Title 19) coverage (for you and your family)
- Medicare
- Other: _____
- No health insurance coverage for you.
- No health insurance coverage for the rest of your family.

19. If you checked **family coverage** in question 18, which type of coverage is it? (Please check only one.)

- Coverage for the employee **plus** the employee's spouse **plus** the employee's children
- Coverage for the employee **plus** the employee's spouse
- Coverage for **just** the employee's children

20. Is health insurance **offered** to you through your **main** CNA job?

- Yes No Skip to question 30
 Don't know Skip to question 30

21. If your **main** CNA job **offers** health insurance, are you and/or your family enrolled in the health insurance coverage provided by your main CNA job?

- Yes, I am enrolled in health insurance through my main CNA job.
(Skip to question 23)
 No, I am not enrolled in health insurance through my main CNA
job. (Continue with question 22)

22. Please check all the reasons you are **not enrolled** in health insurance through your **main** CNA job:

- The cost is too high I am not eligible
 I am covered under someone else's health insurance I have another job where I have health insurance
 I'm dissatisfied with the health insurance offered. Other reason: _____
Please tell us **why** you are dissatisfied.

Note: If you are **not enrolled** in health insurance through your **main** CNA employer, please skip to question 30 after you have answered question 22 above.

23. If yes, you are enrolled in insurance through your main CNA job, who pays for it? We are asking about the **premium**, the amount you pay so you have health insurance coverage.

- I pay for all of it.
- My employer pays for all of it.
- I pay part, and my employer pays part.
If you pay part, how much do you pay? (check one box)
 - I'm not sure
 - 25% or less
 - 26% to 50%
 - more than 50%

24. If you pay for all or part of your health insurance **premium** (the amount you pay so you have health insurance coverage), is the amount you pay:

- Lower than last year
- The same as last year
- Higher than last year
- Don't know

25. Do you have to pay part of the cost when you **use** your health care insurance to get health care? These payments are called **co-pays**.

- Yes (Please continue with question 26)
- No (Please skip to question 28)
- Don't know (Please skip to question 28)

26. In the past year, is the amount of the **co-pay** (what you pay when you use your health care insurance to get health care):

- Lower than last year
- The same as last year
- Higher than last year
- Don't know

27. Has the amount of the co-pay ever kept you from seeking or getting the health care you need?

- No
- Yes

28. How satisfied are you **overall** with your health insurance coverage?

- Very satisfied
- Satisfied
- Not satisfied
- Don't know because I have never used my health insurance

If you are **not satisfied**, please tell us why not.

29. How concerned are you about **losing** your current health insurance coverage? (Please check one box below.)

- I am very
- I am somewhat
- I am not at all

concerned

concerned

concerned

30. Which of the following benefits are **available** to you through your **main** CNA job? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Paid sick time | <input type="checkbox"/> Dental insurance |
| <input type="checkbox"/> Paid vacation | <input type="checkbox"/> Disability insurance to cover long periods of illness or injury |
| <input type="checkbox"/> Pension/retirement | <input type="checkbox"/> Other _____ |

31. Please tell us your hourly pay rates on your **main** CNA job.

31a. **Regular** hourly pay rate on **main** CNA job _____ per hour

31b. **Overtime** hourly pay rate on **main** CNA job _____ per hour

Please tell us about yourself

32. Your age: _____

33. Female Male

34. Please tell us about your household. Include yourself in the count.

34a. How many adults over age 18 live in your household? _____

34b. How many children under 18 live in your household? _____

34c. How many people in your household have full time or part time jobs? _____

35. Please include the income from all the jobs you listed for question 34c and check the box below that has your

total household income from **all** wage earners.

- | | |
|---|---|
| <input type="checkbox"/> Under \$10,000 | <input type="checkbox"/> \$25,000 to 29,999 |
| <input type="checkbox"/> \$10,000 to \$14,999 | <input type="checkbox"/> \$30,000 to \$39,999 |

- \$15,000 to \$17,499 \$40,000 to \$49,999
 \$17,500 to \$19,999 \$50,000 or more
 \$20,000 to \$24,999

Please answer BOTH question 36 and 37.

36. Are you Hispanic/Latino? Yes No

37. Are you

- Asian
 Black, African American
 Multi-racial
 White

38. If your **main** job site is a **nursing home**, please look at the lists on **both** sides of the **enclosed sheet** and tell us if your **main** CNA job site is listed on **SIDE A** or **SIDE B**.

- My **main** job site is listed on **SIDE A** of the enclosed sheet.
 My **main** job site is on **SIDE B**.
 My **main** job site is **not** a nursing home.

39. Please add any comments you have about anything in this survey.

If you have worked in a **medical personnel pool** or **medical temporary staffing agency** at any time in the past 2 years, please answer questions 40 to 44.

40. When you first chose to work for a **pool**, what was the main reason you made that choice? (If you need more room to write your answer, please continue on the next page.)

41. What do you (or did you) like most about working for a **pool**?

42. What do you (or did you) like least about working for a **pool**?

43. Please give us your ideas for improving pool work.

44. Are you currently working:

- Full time as a pool worker
- Part time as a pool worker
- Not as a pool worker at this time

45. Please tell us if you agree or disagree with the following statement.

I prefer working in a **pool** over any other type of CNA work. Agree strongly Agree somewhat Disagree

Thanks for your help. Please return your survey in the enclosed envelope to Ceretti Research Services at 2734 W Ave., Waukee, IA 50263 within one week if possible.