

**HOME CARE WORKERS
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

Lin Salasberry, Direct Care Worker

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 3½-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 the study is to determine the wage and benefit status of Iowa's home care workers.

METHODOLOGY

Population and sample

- Mail was selected as the methodology for this study.
- The population is home care workers in Iowa.
- There is no state registry of home care workers in Iowa. A current list of home care workers was generated by requesting names and addresses from local agencies that provide home health services through the Iowa Department of Public Health Local Public Health Services contract.
- Additional names and addresses were obtained by contacting other home care agencies in Iowa.
- Surveys were mailed to all 452 persons whose names and addresses were supplied.

The survey

- The survey was mailed on July 26, 2004.
- The returns were collected until August 27, 2004
- Of the 452 surveys mailed, 3 came back in the mail marked “undeliverable.”
- A total of 218 surveys was returned, a 49% response rate.
- The first survey question determined if the respondent is currently working as a home care aide. If not, the respondent skipped to demographic questions at the end of the survey.
- One respondent is not currently working in home care.

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 217 respondents is $\pm 6.6\%$.

Use caution when interpreting these findings

- Because there is no master list of Iowa home care workers, the mailing list for this survey was generated as previously described and does not include the entire population of Iowa home care workers.
- Therefore, readers should **use caution** when interpreting the results of this survey because it is possible that the findings are not representative of all Iowa home care workers.

To obtain questionnaire and/or verbatim responses

- The transcribed verbatim responses to the open-ended questions and the 2004 Home Care 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

How long a home care worker?	Number of respondents	(217)
	Less than 1 year	7%
	More than 1 year, but less than 3 years	19%
	3 - 5 years	12%
	6 - 10 years	22%
	11 - 20 years	29%
	More than 20 years	11%

Total hours of training before starting work in home care	Number of respondents	(217)
	None	3%
	1 to 60 hours	32%
	61 to 75 hours	22%
	76 to 120 hours	25%
	More than 120 hours	16%
	No answer	1%

Age	Number of respondents	(218)
	17 to 20 years	4%
	21 to 30 years	7%
	31 to 40 years	11%
	41 to 50 years	33%
	51 to 60 years	23%
	Over 60 years	23%

Mean age: 48.9 years
Median age: 49 years

Gender		Number of respondents	(218)
	Female		97%
	Male		1%
	No answer		1%

Race/ethnicity		Number of respondents	(218)
	Hispanic/Latino		1%
	White		95%
	Black, African American		1%
	Asian		1%
	Multi-racial		1%
	No answer		2%

Household makeup – Number of adults over 18		Number of respondents	(213)
	One		23%
	Two		59%
	Three		15%
	Four or more		3%

Household makeup – Number of children under 18		Number of respondents	(218)
	None		70%
	One		15%
	Two		11%
	Three		3%
	Four or more		2%

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

	Number of respondents	(212)
One		34%
Two		48%
Three		12%
Four or more		3%

Total household income

	Number of respondents	(218)
Under \$10,000		6%
\$10,000 to \$14,999		8%
\$15,000 to \$17,999		6%
\$18,000 to \$19,999		7%
\$20,000 to \$24,999		14%
\$25,000 to \$29,999		10%
\$30,000 to \$39,000		12%
\$40,000 to \$49,999		12%
\$50,000 or more		16%
No answer		9%

FINDINGS – JOB CHARACTERISTICS

Tenure on current job	Number of respondents	(217)
	Less than one year	10%
	More than one year, but less than three years	21%
	3 to 5 years	13%
	6 to 10 years	21%
	11 to 20 years	27%
	More than 20 years	7%
Job title	Number of respondents	(217)
	Home Health Aide (HHA)	28%
	Home Care Aide (HCA)	72%
	Certified Nursing Assistant (CNA)	15%
	CNA plus CMA	1%
	Personal Care Assistant/Attendant	2%
	Hospice Aide	6%
	Other	7%
Totals more than 100% due to multiple responses		

Job status

	Number of respondents	(217)
Full time		50%
Part time		44%
On call		4%
Pool		0%
Private duty (self employed)		1%

**Job status:
Statistically significant differences**

- Urban home care workers are more likely than rural home care workers to do private duty and pool work.
- Compared to full time workers, part time home care workers are:
 - More likely to be “not at all concerned” about their personal health and safety on the job.
 - More likely to indicate the number of hours they work is not enough.
 - Less likely to have health insurance offered at their main home care job.
 - Less likely to be enrolled if health care insurance is offered.
 - More likely to be age 61 or older.

FINDINGS – WORK PLACE CHARACTERISTICS

Type of employer	Number of respondents	(217)
	Agency, in-home, or hospice care	93%
	Private duty (self employed)	1%
	Pool	1%
	Other	3%
	No answer	3%
If an agency, what type of agency?	Number of respondents	(203)
	Public health agency	60%
	Non profit agency	15%
	For profit agency	5%
	Not sure/don't know	9%
	No answer	11%
Rural/Urban	Number of respondents	(217)
	Rural	60%
	Urban	12%
	No answer	28%

FINDINGS – WORKING CONDITIONS

Number clients assigned per day	Number of respondents	(214)
	One to two clients	9%
	Three to five clients	48%
	Six to eight clients	41%
	Nine or more clients	1%
	Mean: 5.07 clients per day	
	Median: 5 clients per day	

Average total travel time between clients per day	Number of respondents	(209)
	Up to 15 minutes	21%
	16 to 30 minutes	20%
	31 to 45 minutes	13%
	46 to 60 minutes	21%
	61 to 75 minutes	6%
	75 to 90 minutes	12%
	More than 90 minutes	7%
	Mean 49.6 minutes	
	Median 45 minutes	

**Average total travel time between clients per day:
Statistically significant difference**

- The average daily travel time between clients for urban home care workers is significantly longer (64.3 minutes) than for rural home care workers (47.4 minutes).

**Average total miles driven
between clients per day**

	Number of respondents	(204)
Up to 10 miles		18%
11 to 15 miles		12%
16 to 20 miles		13%
21 to 25 miles		12%
25 to 30 miles		12%
31 to 35 miles		5%
36 to 40 miles		8%
41 to 50 miles		10%
More than 40 miles		9%

Mean: 28.4 miles
Median: 25 miles

**Satisfaction with number hours worked
in a typical week**

	Number of respondents	(211)
Too many hours		4%
Just about right		82%
Not enough hours		14%

**Satisfaction with number of hours
worked in a typical week:
Statistically significant difference**

- Part time home care workers are more likely to respond “not enough hours” than are full time home care workers.

Number of hours per week asked to work overtime on main home care job

	Number of respondents	(199)
0 hours		81%
1 to 7 hours		17%
8 hours or more hours		2%
Mean .58 hours		
Median 0 hours		

Number of agency home care jobs held by each worker

	Number of respondents	(217)
None		13%
1 job		80%
2 jobs		6%
3 or more jobs		1%

Number of self employed/ private duty jobs held by each worker

	Number of respondents	(217)
None		89%
1 job		6%
2 jobs		2%
3 or more jobs		2%

Number of pool jobs held by each worker

	Number of respondents	(217)
None		99%
One		1%

Number of hours per week asked to work overtime on additional home care jobs

	Number of respondents	(145)
0 hours		89%
1 to 4 hours		8%
More than 4 hours		3%
Mean: .39 hours		
Median: 0 hours		

Number of additional non-home care jobs

	Number of respondents	(197)
0 jobs		78%
1 job		13%
2 or more jobs		9%

Number of hours in typical week for the following:

Main home care job

	Number of respondents	(207)
0 to 8 hours		7%
9 to 16 hours		6%
17 to 32 hours		38%
33 to 40 hours		45%
More than 40 hours		3%
Mean: 30 hours		
Median: 32 hours		

Additional home care jobs		Number of respondents	(83)
	0 to 8 hours		92%
	9 to 16 hours		6%
	17 to 32 hours		1%
	33 to 40 hours		1%
	More than 40 hours		0%
	Mean: 2.28		
	Median: 0		

Non-home care jobs		Number of respondents	(100)
	0 to 8 hours		74%
	9 to 16 hours		9%
	17 to 32 hours		12%
	33 to 40 hours		5%
	More than 40 hours		0%

Concern for personal health, safety on home care job		Number of respondents	(217)
	Very concerned		20%
	Somewhat concerned		42%
	Not at all concerned		37%

**Concern for personal health, safety on home care job:
Statistically significant differences**

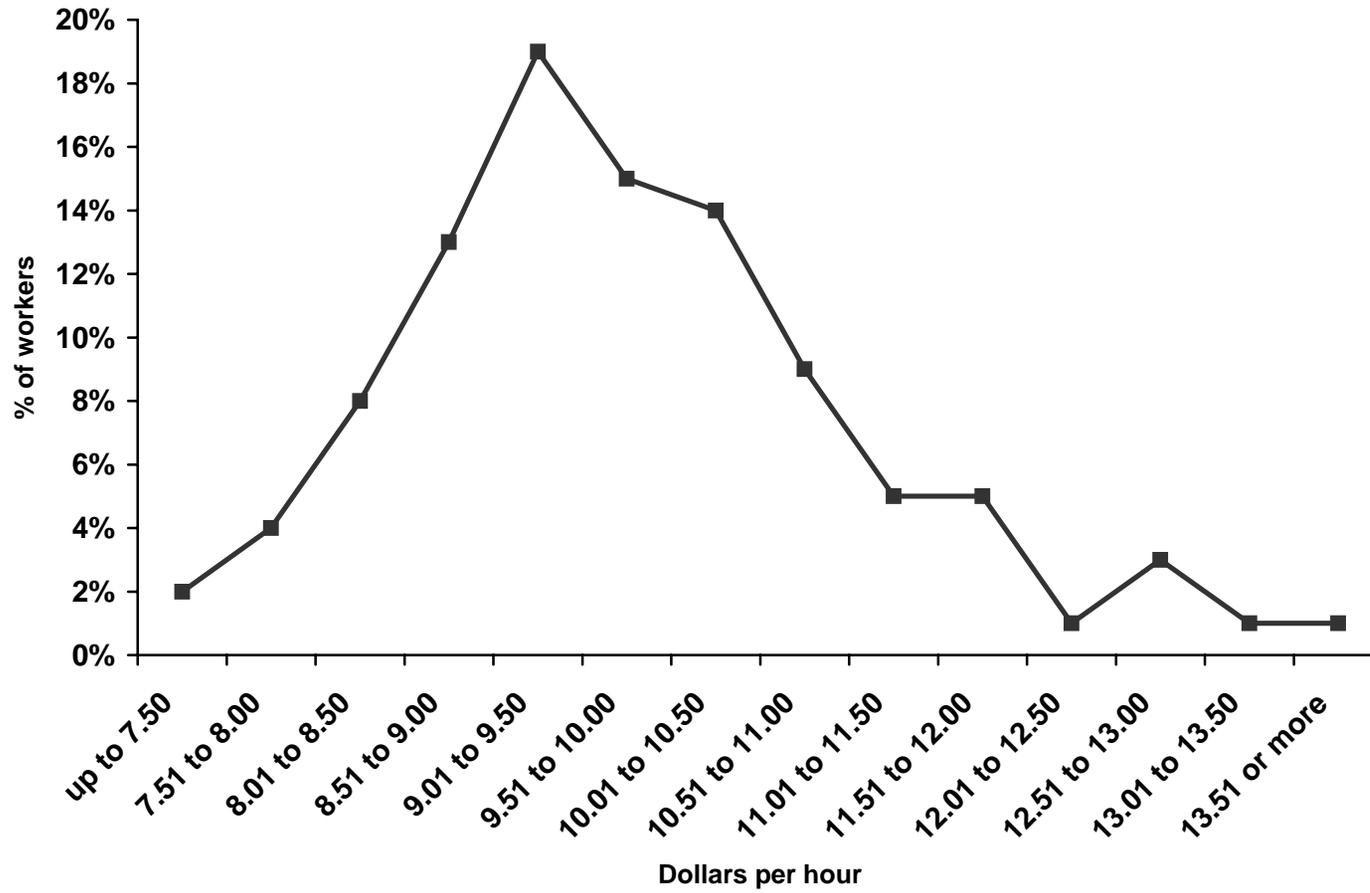
- Part time home care workers are more likely than full time workers to respond “not at all concerned.”
- Home care workers under 40 years of age or 61 years or older are more likely than those ages 41 to 60 to respond, “not at all concerned.”

FINDINGS – WAGES AND BENEFITS

Regular hourly pay main home care job	Number of respondents	(213)
Up to \$7.50		2%
\$7.51 to \$8.00		4%
\$8.01 to \$8.50		8%
\$8.51 to \$9.00		13%
\$9.01 to \$9.50		19%
\$9.51 to \$10.00		15%
\$10.01 to \$10.50		14%
\$10.51 to \$11.00		9%
\$11.01 to \$11.50		5%
\$11.51 to \$12.00		5%
\$12.01 to \$12.50		1%
\$12.51 to \$13.00		3%
\$13.01 to \$13.50		1%
\$13.51 to \$23.00		1%
Mean hourly wage: \$9.94		
Median hourly wage: \$9.65		
56% earn under \$10.00		
92% earn under \$12.00		

The graph on the following page depicts the above pay ranges for home care workers.

Hourly Wage Ranges for Home Care Workers



**Regular hourly pay:
Statistically significant differences**

- As the table below indicates, the mean hourly pay is significantly higher for those who have more tenure as home care workers as well as for those who have more tenure on their current home care job.

Tenure as home care worker	Mean hourly pay
5 years or less	\$9.05
6 to 10 years	\$10.33
11 years or more	\$10.58

Tenure on current home care job	Mean hourly pay
Less than 3 years	\$9.07
3 to 10 years	\$10.09
11 years or more	\$10.59

Overtime hourly pay on main home care job

	Number of respondents
Up to \$10.00	(123) 31%
\$10.01 to \$12.00	6%
\$12.01 to \$14.00	14%
\$14.01 to \$16.00	33%
\$16.01 to \$18.00	10%
Over \$18.00	7%

Mean overtime hourly rate: \$10.94
Median overtime hourly rate: \$13.97

Hourly pay for time traveling between clients

	Number of respondents	(131)
None		4%
Up to \$5.50		11%
\$5.51 to \$8.00		4%
\$8.01 to \$9.00		15%
\$9.01 to \$10.00		27%
\$10.01 to \$11.00		24%
\$11.01 to \$12.00		11%
Over \$12.00		5%
Mean: \$8.99		
Median: \$9.63		

Mileage pay for travel between clients

	Number of respondents	(192)
None		1%
4¢ to 30¢		24%
31¢ to 35¢		49%
36¢ to 39¢		26%
Mean: 32¢		
Median: 33¢		

**Mileage pay:
Statistically significant difference**

- Mean mileage pay is significantly higher for those who work in rural areas (33¢) than for those who work in urban areas (30¢).

Benefits offered at main home care job

	Number of respondents	(217)
Health insurance		80%
Paid sick time		60%
Paid vacation		76%
Pension/retirement		66%
Dental insurance		34%

Long term disability insurance	30%
Totals more than 100% due to multiple responses	

FINDINGS – HEALTH INSURANCE

Coverage for home care worker or family from any source	Number of respondents	(217)
Single coverage just for home care worker		36%
Single coverage just for worker’s spouse		3%
Family coverage		40%
hawk-i coverage		1%
Medicaid just for children		4%
Medicaid for family		2%
Medicare		10%
Other		12%
No coverage for home care worker		13%
No coverage for rest of family		9%
Totals more than 100% due to multiple responses		
Type of family coverage	Number of respondents	(79)
Home care worker plus spouse plus children		58%
Home care worker plus spouse		39%
Home care worker’s children only		3%

Is health care coverage offered at main job?		Number of respondents	(217)
	Yes		80%
	No		20%

**Health care coverage offered:
Statistically significant difference**

- Full time home care workers are more likely than part time workers to have health care coverage offered at their main job.
- Home care workers who have been in their current jobs for less than 3 years are less likely than those who have longer job tenure to have health care coverage offered at their main job.

If health insurance is offered, do you take it?		Number of respondents	(170)
	Yes		64%
	No		36%

**If health insurance offered, do you take it?:
Statistically significant differences**

- Home care workers who are less likely to be enrolled are:
 - On their current job less than 3 years
 - Part time workers
 - Under age 40 or age 61 or older
 - Earning \$10.00 per hour or less

If no, why not?		Number of respondents	(61)
	Cost/affordability		33%
	Have alternate		46%
	Not eligible		34%
	Dissatisfied with health insurance		3%
	Have another job, enrolled there		5%
	Other reason		13%

If yes, who pays for it?	Number of respondents	(109)
	Home care worker pays for all of it	10%
	Employer pays for all of it	29%
	Home care worker and employer share the cost	58%
	No answer	3%
Percent paid by home care worker	Number of respondents	(74)
	25% or less	27%
	26% to 50%	30%
	More than 50%	10%
	Not sure	33%
Premium cost	Number of respondents	(76)
	Lower than last year	7%
	Same as last year	12%
	Higher than last year	63%
	Don't know	18%
Co-pay required?	Number of respondents	(109)
	Yes	97%
	No	2%
	No answer	1%
Co-pay cost	Number of respondents	(106)
	Lower than last year	6%
	Same as last year	39%
	Higher than last year	43%
	Don't know	12%

Has co-pay cost kept home care worker from seeking health care?

	Number of respondents	(106)
Yes		23%
No		75%
No answer		3%

Has co-pay cost kept home care worker from seeking health care?: Statistically significant difference

- Home care workers who earn between \$9.01 and \$10.00 per hour are more likely than those who earn less or those who earn more to respond affirmatively to this question.

Concern about losing coverage

	Number of respondents	(109)
Very concerned		34%
Somewhat concerned		39%
Not at all concerned		26%
No answer		2%

Level of satisfaction overall with coverage

	Number of respondents	(109)
Very satisfied		22%
Satisfied		55%
Not satisfied		20%
Don't know because never used it		2%
No answer		1%

FINDINGS – ATTITUDES ABOUT WORKING IN HOME CARE

	Number of respondents	(217)
Main reason for choosing to work in home care	Personal relationships/personal satisfaction	56%
	Flexibility/independence	15%
	Prior experience in healthcare/personal care	11%
	Needed a job, work, income	11%
	Change; chance, need to try something new	6%
	Work environment	6%
	Benefits	5%
	Interest in healthcare, to gain experience	5%
	Friend, family member request	4%
	Less physical/stressful job demands	3%
	Pay	3%
	Variety	3%
	Existing relationship with client	3%
	Boss/employer, co-workers	2%
	Proximity/travel	2%
	Fast growing field	2%
Quality care/service	1%	
Other	2%	
No answer	4%	

What do you like most about working in home care?

	Number of respondents	(217)
Personal relationships/personal satisfaction	81%	
Variety	12%	
Flexibility/independence	10%	
Quality care/service	3%	
Boss/employer, co-workers	2%	
Less physical/stressful job demands	1%	
Proximity/travel	1%	
Interest in healthcare, to gain experience	1%	
Other	1%	
No answer	4%	

What do you like least about working in home care?

	Number of respondents	(217)
Driving	18%	
Scheduling, last minute, not enough time w/clients	15%	
Low pay	12%	
Agency/employer, conflicts, paperwork, rules	10%	
Client expectations, complaints, conflicts	8%	
Unsafe, unsanitary, unpleasant work environment	8%	
Not enough hours	7%	
Job requirements e.g. housekeeping	6%	
Client's declining health, death, dying	6%	
Client's suffering/struggles	5%	
Benefits	4%	
Physical/emotional demands of work	3%	
Lack of respect	3%	
Job requirements, personal services provided	2%	

Like least, continued

Sexual harassment	1%
Lack of training, advancement	1%
Lack of support, poor quality of training	1%
Other	4%
Nothing I dislike	7%
No answer	7%

Ideas for improving home care work

	Number of respondents	(217)
Better pay, bonuses		24%
Better benefits		11%
Improved scheduling		9%
Communication with agency, co-workers		7%
More resources/funding for home care		7%
Driving, less travel, better reimbursement		6%
Improved training/opportunity for advancement		6%
Respect/recognition of home care workers		6%
Services provided		4%
Better employees, screening of employees		3%
Better agency management		2%
Client care		2%
Better screening of clients		2%
Expand number/type of clients served		2%
Working conditions, clean, safe, good equipment		1%
Support from managers, supervisors		1%
Other		2%
None/don't know/not sure		4%
No answer		29%

CONCLUSIONS AND RECOMMENDATIONS

Conclusions: Demographics of current work force

- The home care work force consists primarily of women over 40 years of age. Half are between the ages of 41 and 60, and nearly one in four is over 60.
- More than one in ten home care workers is under the age of 30.
- The aging of Iowa's population and the push to provide community based care amplify the need to recruit and retain more home care workers.

Recommendations: Demographics of current work force

- Investigate the opportunity to recruit people under the age of 30 for home care work.
 - 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 work in direct care.
-

Conclusions: Demographics of current work force, continued

- About one in three home care workers has had 60 or fewer hours of training prior to starting home care work.
 - Many home care workers began in the field more than 11 years ago when 60 hours of training was considered adequate. Most likely they have had on the job training since that time.
 - Currently in Iowa, formal training, job titles, and job responsibilities for home care workers vary greatly.
 - Unless they are CNAs, home care workers are not included in the Iowa Direct Care Worker Registry.
-

**Recommendations:
Demographics of current
work force, continued**

- Make the results of this survey and the CNA Wage and Benefit survey available to policy makers, educators, State government, and other stakeholders, as well as the BJBC Education Workgroup.
 - Policy makers, educators, State government, and other stakeholders should consider studying and making recommendations about the minimum formal educational requirements for home care workers.
 - In addition, policy should be developed to include home care workers in the Iowa Direct Care Worker Registry.
-

**Conclusion:
Workplace characteristics,
hours worked**

- Part time home care workers are more likely than full time workers to indicate they do not work enough hours.

**Recommendation:
Workplace characteristics,
hours worked**

- Inform employers of this finding so they can consider ways of increasing hours for part time workers.
-

**Conclusion:
Workplace characteristics,
health and safety on job**

- Nearly two-thirds of home care workers are concerned about their personal health and safety on their home care job.

**Recommendation:
Workplace characteristics,
health and safety on job**

- Further investigate home care workers' 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 home care workers' specific health and safety concerns, implement change strategies, including policy or process changes, mentoring, training, and use of technology.
-

**Conclusion:
Wages**

- More than half of home care workers earn under \$10.00 per hour and nearly all earn under \$12.00 per hour.

**Recommendation:
Wages**

- Inform policy makers, the general public, and other stakeholders about the wages earned by Iowa's home care workers.
-

**Conclusions:
Health care coverage from
any source**

- More than one in ten home care workers has no health insurance coverage for themselves and about the same number has no coverage for the rest of their family.
- Seven percent have coverage for themselves or someone in their family from income-eligible sources (*hawk-i* and Medicaid).

**Recommendations:
Health care 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 health care coverage for home care workers and all Iowans.
-

**Conclusions:
Healthcare coverage at
home care worker's
workplace**

- Eight out of ten home care workers are offered health insurance coverage at work. More than one in three do not enroll in the coverage and of those, nearly one in three cites cost/affordability as the reason.
- The cost of insurance for most of the home care workers who are enrolled where they work is covered at least in part by their employer. Even so, there are home care workers who do not enroll due to the cost of the coverage.
- The cost of the co-pay has kept nearly one in four home care workers from seeking healthcare.
- Nearly three-fourths of home care workers are concerned and one out of three is *very* concerned that they might lose their health care coverage.

**Recommendation:
Healthcare coverage at
home care worker's
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 home care workers without adequate health care coverage. Communicate the importance of providing affordable coverage for home care workers.
-

**Conclusion:
Attitudes about working in
home care**

- Having the opportunity to develop personal relationships with clients, variety in the work, flexibility of scheduling, and the opportunity for independence are the reasons respondents gave for initially choosing and for continuing to work in home care.

**Recommendation:
Attitudes about working in
home care**

- When recruiting and retaining people for home care work emphasize these factors that are important to home care workers.
 - Although this research focused on home care workers, this recommendation indicates how employers of facility-based direct care workers can apply this home care finding to facility work. The recommendation is: encourage facility-based employers to consider ways to make facility work more appealing by making it possible for their employees to develop relationships with patients/clients, have variety and independence in their work, and flexibility in their work schedules.
-

WAGE AND BENEFITS SURVEY
HOME CARE WORKER
VERBATIM RESPONSES



September 2004

2004 Wage & Benefit Survey: Home Care Workers

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Response: Other

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Appendix A
CURRENT JOB TITLE AT MAIN HOME CARE WORKER JOB

Q. 6. What is your current job title at your main home care worker job?

Response: **Other**

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

- Acute care aide (n=2 mentions)
- Home care aide supervisor (n=2)
- Home helper (n=2)
- Respite worker (n=2)
- CHCA
- Home care technician
- Mentor
- RN
- Team care aide

Appendix B
SITE OF MAIN HOME CARE JOB

Q. 8. Is your main home care job (agency in-home or hospice care, private duty patients, pool, other):

Response: **Other**

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

- Homemaking
- North Central home care
- *Did not specify (n=4 mentions)*

Appendix C

OTHER TYPES OF HEALTH INSURANCE COVERAGE YOU/YOUR FAMILY HAVE

Q. 19. 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.

- BC/BS (n=4 mentions)
- AFLAC (n=3)
- Dental and vision (n=2)
- Supplement (n=2)
- Coventry
- Dental
- Employee and child
- Family dental
- Midwest security
- Pay our own mega life and health
- Pays towards insurance
- Pay for our own health insurance
- Private
- Spouse and child
- We get our own insurance and employer reimburses us so much of it
- Wellmark BC
- Wellmark BC/BS supplement
- *Did not specify (n=3)*

Appendix D

REASONS FOR DISSATISFACTION WITH HEALTH INSURANCE OFFERED

Q. 23a. Please check all the reasons you are not enrolled in health insurance through your home care employer?

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

Note: Each volunteered comment represents a single mention.

- Bad experience with insurance claim
- I am not benefited because \$1.75/hour would be taken from my wages to cover insurance, PTO, vacation, etc.—I can't afford it

Appendix E

REASONS NOT ENROLLED IN HEALTH INSURANCE THROUGH HOME CARE EMPLOYER

Q. 23b. Please check all the reasons you are not enrolled in health insurance through your home care employer?

Response: Other

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

- Medicare (n=4 mentions NET)
 - Medicare
 - Medicare and BC
 - Medicare and supplement
 - Receive Medicare and Senior Blue through Wellmark
- Age
- Did not know I was eligible until I had worked 6 months. If I had switched to their policy there would be riders on much of my high blood pressure medications, etc.
- Won't give me full time
- *Did not specify*

Appendix F
REASONS “NOT SATISFIED” WITH HEALTH INSURANCE COVERAGE

**Q. 29. 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:

Code #

- 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#

- 182 You have to meet your deductible first and then you can have prescriptions filled and you only pay 10% for your medicine. It's a lot out-of-pocket first.
- 186 To co-pay on meds depends on the cost of the med. If your med costs \$100 or less your co-pay is \$25. If it's over \$100, it cost you 25%.
- 215 Medication costs.

Category 2: High co-payments, out-of-pocket expenses

Qst. ID#

- 055 Too high of co-pay

- 155 Doesn't seem to pay out much for services needed. Paid out-of-pocket deductible. Keeps climbing hire.
- 171 Only pay for a few chiropractic visits. Have to get referrals for specialists. Larger co-pay.
- 182 You have to meet your deductible first and then you can have prescriptions filled and you only pay 10% for your medicine. It's a lot out-of-pocket first.
- 184 Because the co-payment run in big money, for me it does.
- 186 To co-pay on meds depends on the cost of the med. If your med costs \$100 or less your co-pay is \$25. If it's over \$100, it cost you 25%.
- 188 Too expensive out-of-pocket non-office expenses.
- 189 High premium, high deductible, don't pay much of total vs. trouble getting claim accepted.

Category 3: High cost/premiums

Qst. ID#

- 154 Premiums are so high, I can't afford coverage for my children.
- 156 Too high.
- 179 I can not afford to have family coverage because I work only around 30 hours a week.
- 180 Too high.
- 181 I just don't feel the coverage is all that good and for a Delta plan it is just too costly.
- 188 Too expensive out-of-pocket non-office expenses.
- 189 High premium, high deductible, don't pay much of total vs. trouble getting claim accepted.
- 190 I can't afford the premiums but I need insurance.
- 192 Deductible high to get lower premium.

Category 4: High deductibles

Qst. ID#

- 155 Doesn't seem to pay out much for services needed. Paid out-of-pocket deductible. Keeps climbing hire.
- 182 You have to meet your deductible first and then you can have prescriptions filled and you only pay 10% for your medicine. It's a lot out-of-pocket first.
- 189 High premium, high deductible, don't pay much of total vs. trouble getting claim accepted.
- 192 Deductible high to get lower premium.

Category 5: Increasing, continually rising costs

Qst. ID#

- 155 Doesn't seem to pay out much for services needed. Paid out-of-pocket deductible. Keeps climbing hire.

Category 6: Limited coverage

Qst. ID#

- 171 Only pay for a few chiropractic visits. Have to get referrals for specialists. Larger co-pay.
- 172 So limited in what procedures they will cover and also where they will send the check.
- 181 I just don't feel the coverage is all that good and for a Delta plan it is just too costly.
- 183 Insurance I changed to because cheaper, first of year, doesn't cover as well as more expensive insurance I did have.
- 187 When you go to emergency room they cover hardly nothing. Having 3 boys things come up after business hours.

Category 7: Problems with the insurance provider

Qst. ID#

- 145 When I have used the insurance the claim is never paid for whatever reason they come up with.
- 172 So limited in what procedures they will cover and also where they will send the check.
- 189 High premium, high deductible, don't pay much of total vs. trouble getting claim accepted.
- 191 The way they make you re-qualify over and over for treatment every 30 days.

Category 8: Restricted list of eligible health-care providers

Qst. ID#

- 054 I will lose my insurance age 65. I can't choose my doctors or hospital.
171 Only pay for a few chiropractic visits. Have to get referrals for specialists. Larger co-pay.
187 When you go to emergency room they cover hardly nothing. Having 3 boys things come up after business hours.

Category 9: Other

Qst. ID#

- 054 *I will lose my insurance age 65.* I can't choose my doctors or hospital.
154 Premiums are so high, I *can't afford coverage for my children.*
179 I *can not afford to have family coverage* because I work only around 30 hours a week.

185 Did not specify

Appendix G

OTHER BENEFITS AVAILABLE THROUGH MAIN HOME CARE JOB

Q. 31. Which of the following benefits are available to you through your main home care job? Please check all that apply.

Response: **Other**

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

- None (n=13 mentions)
- Life insurance (n=7 NET)
 - Life (n=5)
 - Life for me and spouse, cafeteria plan, PTO
 - Life and vision
- Paid Time Off (PTO)/Earned time off (n=7 NET)
 - PTB (paid time benefits) (n=3)
 - PTO (paid time off) (n=3)
 - Life for me and spouse, cafeteria plan, PTO

- Vision (n=4 NET)
 - Vision (n=3)
 - Life and vision
- Disability (n= 3 NET)
 - AFLAC (n=2)
 - Short-term disability
- Personal days (2) and family medical (3)
- Funeral leave
- Other mentions (n=8 NET)
 - Don't know/not sure (n=2)
 - Family leave
 - Family sick time
 - Life for me and spouse, cafeteria plan, PTO
 - Personal days (2) and family medical (3)
 - TSA
 - Did not specify (n=3)

Appendix H

MAIN REASON FOR FIRST CHOOSING TO WORK IN HOME CARE

Q. 33. When you first chose to work in home care, what was the main reason you made that choice?

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

- Code #
- 01 Benefits
 - 02 Boss/employer, co-workers
 - 03 Change: chance/need to try something new/different
 - 04 Existing relationship with client, friend, family member, etc.
 - 05 Flexibility/Independence: set own schedule, convenient hours, no weekend/holiday work, etc.
 - 06 Health care: interest in field, to gain experience/training, etc.
 - 07 Job demands: less physical, less stressful, etc.
 - 08 Needed a job, work, income; looking for something to do
 - 09 Personal recommendation/request: friend/family member, etc. asked/suggested it
 - 10 Personal relationships/Personal satisfaction:
Like/enjoy working with people/the elderly; get to better know client/family; work one-on-one; enable clients to remain in home; feel appreciated
 - 11 Prior experience in health/personal care
 - 12 Proximity/travel: close to home, etc.
 - 13 Quality care/services: provide better care, more personal care
 - 14 The pay
 - 15 Variety: different work environments, responsibilities, clients; meet new people
 - 16 Work environment: prefer not to work in nursing home, hospital, office, etc.
 - 17 Fast growing field; high demand
 - 18 Other

Appendix H — Continued

MAIN REASON FOR FIRST CHOOSING TO WORK IN HOME CARE

Category 01: Benefits

Qst. ID#

- 010 Good hours and benefits.
- 013 They offered benefits and a good wage. Plus it was closer to home.
- 042 To help people and the hours and benefits.
- 093 It was a state job. I had good benefits and no weekend work or holiday work.
- 100 I like to help people. Get along with people. Good money and benefits.
- 166 My husband lost his job (he is 10 years older). Got rid of him right before retirement. I needed a job with benefits.
- 167 More one-on-one time with the clients. The benefits were better than my previous job.
- 168 Necessity. I was a widow working in a care center. Home care offered more.
- 193 Health insurance.
- 207 Insurance benefit.
- 218 Health insurance.

Category 02: Boss/employer, co-workers

Qst. ID#

- 043 To work with a really great boss.
- 092 Good employer.
- 093 It was a state job. I had good benefits and no weekend work or holiday work.
- 110 Self-scheduling. Travel, person to person, not stuck in 1 place all day. Pay was good. People at our office are kind, loving and instantly you could feel they were all like family.
- 152 I enjoy helping people and thought working with the county would be a fair employer.

Category 03: Change: chance/need to try something new/different

Qst. ID#

- 015 Needed a change from working in a care center.
- 044 Needed a change in jobs.

- 062 To start something different after many years in a factory.
- 118 Worked in nursing home for 27 years and was ready for change. Where I do the same thing but different atmosphere. See different people, not the same ones over and over everyday. Where you only see 5 or 6 people instead of 15-20 a day.
- 124 Needed a change.
- 134 Try something different.
- 137 Needed to get off a nightshift at a nursing home, something different.
- 138 I had been laid off at my previous job, and was looking for a change. I wanted to do something different.
- 141 It was different then sitting behind a desk all day and not being appreciated, and it was good to help people that needed me.
- 156 Something different, less workload.
- 201 I worked 3-11 at our local hospital—wanted to try something different—still do part-time H.H. and 3-11 for past 10 years. I like the variety between the two jobs.
- 202 I had worked in nursing homes for 28 years and decided to try something new.
- 205 I'm 47 years old and doing a career change and there is such a shortage of health care workers.

Category 04: Existing relationship with client, friend, family member, etc.

Qst. ID#

- 025 I was asked by an individual family to help them out with respite care—I did it as a favor to them.
- 055 I was taking care of mother and really enjoyed it so I pursued it further.
- 080 I know the client I was to work with.
- 129 I was caring for an elderly aunt and uncle in their home and decided I needed home schooling on the care I needed to give them and after the training period there was an opening in the agency so I started serving clients.
- 151 To help my daughter with her son.
- 209 I need a job and I had taken care of my mother when she had cancer and also my husband. I had a doctor tell me I was good in the health care field.

Category 05: Flexibility/Independence: set own schedule, convenient hours, no weekend/holiday work, etc.

Qst. ID#

- 010 Good hours and benefits.
- 031 I liked being on my own and helping people stay in their own homes for as long as possible.
- 036 Flexible hours.

- 042 To help people and the hours and benefits.
- 048 Wanted part-time job in health care.
- 058 I had worked in a nursing home on all three shifts. I had younger children then so I wanted just day hours and NO weekends.
- 061 It worked to add this job to my teacher associate job.
- 067 The hours.
- 073 Better working hours.
- 075 Enjoy the flexible hours, like the clients.
- 076 I wanted a job with a flexible schedule and enjoy older generation.
- 084 I worked nursing home for 18 years. I felt this would be somewhat like it, but not so many weekends.
- 085 Flexible hours would work with other family responsibilities.
- 086 Enjoyed working with people and liked the part-time hours.
- 089 Flexible schedules.
- 093 It was a state job. I had good benefits and no weekend work or holiday work.
- 096 I like working with people—I like the hours (8-4:30, M-F).
- 109 Because I like to work with people who are still in their own homes and flexibility.
- 110 Self-scheduling. Travel, person to person, not stuck in 1 place all day. Pay was good. People at our office are kind, loving and instantly you could feel they were all like family.
- 137 Needed to get off a nightshift at a nursing home, something different.
- 139 Flexibility.
- 144 The hours are flexible.
- 146 I could no longer work in nursing homes. I was qualified for home care. Hours were more flexible with my growing family and I know how to make a difference in someone's quality of life.
- 170 I love working with people. I wanted to be a nurse but life situations and funding did not allow it to happen. The hours are very flexible.
- 178 Flexible hours, I really wanted to help people stay in their home if possible.
- 187 I was working in a nursing home and I loved the work. I just wanted to work from 8-4, M-F. I got the job and love the people I work with plus the clients get to be almost family.

Category 05: Flexibility/Independence: set own schedule, convenient hours, no weekend/holiday work, etc. (continued)

Qst. ID#

- 189 Less stress compared to nursing home due to staff shortage, day hours, ability to give 100% of attention to clients one-on-one.

- 190 No weekends. Can be more one-on-one with patient.
- 198 Flexible when I had young children at home.
- 199 I am going to school to get my LPN then RN. I wanted something part-time in health field but still allow time for me to study.
- 200 A part-time job working the hours I wanted.
- 201 I worked 3-11 at our local hospital—wanted to try something different—still do part-time H.H. and 3-11 for past 10 years. I like the variety between the two jobs.

Category 06: Health care: interest in field, to gain experience/training, etc.

Qst. ID#

- 039 I am presently going to school to be a nurse and thought this would be a good start for my future.
- 048 Wanted part-time job in health care.
- 052 It fit my abilities and was the type I work I wanted to do.
- 056 I wanted to help people in the medical field or become a nurse. I felt that I am too old to start nursing school.
- 079 I am a full-time nursing student at Mercy College and I really enjoy helping others.
- 101 Interested in health care—no nursing degree.
- 129 I was caring for an elderly aunt and uncle in their home and decided I needed home schooling on the care I needed to give them and after the training period there was an opening in the agency so I started serving clients.
- 170 I love working with people. I wanted to be a nurse but life situations and funding did not allow it to happen. The hours are very flexible.
- 186 Slower work pace. To learn new skills.
- 199 I am going to school to get my LPN then RN. I wanted something part-time in health field but still allow time for me to study.

Category 07: Job demands: less physical, less stressful, etc.

Qst. ID#

- 057 No lifting. Being able to go to clients house and spend some quality time with them. Sometimes I am the only person they see each week.
- 156 Something different, less workload.
- 165 Wanted to help the elderly and not have to do a lot of lifting.
- 186 Slower work pace. To learn new skills.
- 189 Less stress compared to nursing home due to staff shortage, day hours, ability to give 100% of attention to clients one-on-one.

- 191 I was working in a nursing home first. I could not make the money I needed so I switched. I also had a lot of lifting in the nursing home.
- 192 Less lifting.

Category 08: Needed a job, work, income; looking for something to do

Qst. ID#

- 011 I just needed a job. Didn't really know the importance of HCA.
- 020 I needed a job and it was available.
- 021 Looking for work.
- 033 I needed a job and it was available.
- 040 Truthfully, I needed a job but didn't want to work in a nursing home or care center.
- 049 Needed some income.
- 068 Just wanted something to do.
- 082 Last job it was the only thing I could find to do that I would have some income coming in.
- 090 I was in college and needed a job very bad.
- 095 Job was available.
- 097 An income. I like to help people.
- 099 I liked aide work—but at the time I was laid-off from my previous employer and I needed a job.
- 108 I had applied for other jobs and was not qualified enough. This job was in my area and I didn't have to travel miles to get to work.
- 113 I was looking for a job.
- 136 I needed a job, didn't want to go back to nursing home if I didn't have to.
- 138 I had been laid off at my previous job, and was looking for a change. I wanted to do something different.
- 158 I needed work.
- 162 I like to care for people and needed a job.
- 166 My husband lost his job (he is 10 years older). Got rid of him right before retirement. I needed a job with benefits.
- 168 Necessity. I was a widow working in a care center. Home care offered more.
- 182 Needed a job. I've always been more comfortable with the older generation. I didn't like working at a nursing home, cause it really didn't seem like you had enough time to give quality time.
- 209 I need a job and I had taken care of my mother when she had cancer and also my husband. I had a doctor tell me I was good in the health care field.
- 213 Farm crisis in 80s. Needed work. I was in my 50s. I could do the job.

Category 09: Personal recommendation/request: friend/family member, etc. asked/suggested it

Qst. ID#

- 018 I was working in the corporate office as a receptionist and a nurse manager needed someone PRN weekends for a case.
- 022 Friend HCA.
- 030 My friend talked me into it.
- 051 I was asked.
- 150 My mother-in-law did same type of work and thought I'd be good at it.
- 181 I was asked by the head nurse of the county to come to work for her. I had been at a job with the mentally and physically handicapped. I met her there when she helped there part-time.
- 209 I need a job and I had taken care of my mother when she had cancer and also my husband. I had a doctor tell me I was good in the health care field.
- 212 A friend talked me into it.
- 217 I had a friend who worked in home care who recommended the job.

Category 10: Personal relationships/Personal satisfaction: like/enjoy working with people/the elderly; get to better know client/family; work one-on-one; enable clients to remain in home; feel appreciated

Qst. ID#

- 008 I wanted to help people.
- 009 I had worked in Omaha years ago for Kelly Home Care. Enjoyed helping individuals remain in their home.
- 012 I liked working with older people. It was something I could do. I was a lot younger when I started so now only work Monday and Thursday.
- 014 I enjoy the elderly.
- 016 I like working with people and helping them stay in their homes.
- 017 I enjoy taking care of the elderly in their homes.
- 019 To help keep people in their homes.
- 023 Enjoy working with older people.
- 024 Enjoy helping and caring for people.
- 027 To care for others to help them stay in their home.
- 028 Had work in nursing home before. Like working with people.
- 029 Compassion to help people.
- 031 I liked being on my own and helping people stay in their own homes for as long as possible.
- 032 I always have enjoyed it.
- 035 Being able to work one-on-one with clients.
- 037 I wanted to help people maintain their homes and stay in their homes.
- 038 To assist with taking care of elderly people.
- 042 To help people and the hours and benefits.
- 045 I like working with special needs people.
- 046 Enjoy working with patients.
- 053 I wanted to help people that needed help to stay in their homes after caring for an ill relative. I enjoy visiting with other people any age. Some of my clients are also younger age.
- 054 To help sick people.
- 057 No lifting. Being able to go to clients house and spend some quality time with them. Sometimes I am the only person they see each week.
- 063 I feel rewarded by helping people.

- 065 I liked the idea you have one on one and can spend more time visiting with them.
- 066 I enjoy working with senior citizens and visiting.
- 069 To keep people in their homes instead of nursing homes. I worked in nursing homes—it isn't like it used to be years ago.
- 070 I enjoy helping people, and working with elderly.
- 071 Like being helpful to the elderly and children.
- 074 I like working with the public.
- 075 Enjoy the flexible hours, like the clients.
- 076 I wanted a job with a flexible schedule and enjoy older generation.
- 078 Get closer to patients.
- 079 I am a full-time nursing student at Mercy College and I really enjoy helping others.
- 081 I feel taking care of people to keep them in their home is very important to their quality of life. That is what being part of humanity is about.
- 083 I can take some time with clients in their home setting versus nursing homes. A few of us girls calculated our time with each client in a home at 8 minutes per client. There were times when I had to be hurried for lack of help and tell client we had no time to spend to properly fix their hair or give them a tub of lipstick. I can do that for them now. They deserve that.
- 086 Enjoyed working with people and liked the part-time hours.
- 087 To help people remain in their homes.
- 091 I love to work with older people—helping them.
- 094 To help clients remain in their own home.
- 096 I like working with people—I like the hours (8-4:30, M-F).
- 097 An income. I like to help people.
- 098 I love the elderly!
- 099 I liked aide work—but at the time I was laid-off from my previous employer and I needed a job.
- 100 I like to help people. Get along with people. Good money and benefits.
- 102 To help the elderly to stay at home.
- 104 I wanted to help people—I have empathy for those in need and I thought I would enjoy this work. I was not disappointed. I wanted to help people lead as normal lives as possible with a little help. I take care of people 65 and older for our county.
- 105 It was something I knew I would be good at and enjoy.
- 106 To help those in need, so they may remain as independent as possible in their own homes.
- 107 To help people to stay in their homes.
- 109 Because I like to work with people who are still in their own homes and flexibility.

- 110 Self-scheduling. Travel, person to person, not stuck in 1 place all day. Pay was good. People at our office are kind, loving and instantly you could feel they were all like family.
- 111 Enjoyed caring for people's home, used to have own cleaning business.
- 112 I like helping people.
- 114 A greater opportunity to spend one-on-one time with the patient. This is not possible in a facility mainly because too busy due to not enough staff.
- 115 To provide quality and sufficient services for elderly, handicapped, and hospice.
- 116 I had worked in hospital in the 70s as an aide and had enjoyed it.
- 117 Wanted to do nursing out of nursing home, wanted to be in home environment with clients to see how different it was from nursing home.
- 119 To help people.
- 120 I enjoyed helping the elderly.
- 122 Like working with older/handicapped clients.
- 123 I enjoy working with elderly people, I enjoy helping people.
- 125 To take care of the elderly in their homes because it's very rewarding.
- 126 I love people and I want to give very good care to them to keep them in their homes as long as possible.
- 127 Enjoy the clients, bask one-to-one attention to each one.
- 128 To help people to have a better life in later years.
- 130 Working with people one-on-one.
- 131 Desire to help people.
- 132 I wanted to help the elderly.
- 133 I enjoy helping people.
- 135 I like people.
- 141 It was different then sitting behind a desk all day and not being appreciated, and it was good to help people that needed me.
- 142 To help people be at home and get all the things they are no longer able to do for themselves. I had medical training too.
- 143 Because I like working with the elderly. I worked in a nursing home for several years and decided I would like going to elderly in their homes.
- 145 I chose home care almost 10-1/2 years ago. This was after having done nursing home, hospital and private duty. After doing private duty I felt that caring for a client in their own home was not only more of a one-on-one, but that the client feels more comfortable in their own home. People feel more in control of their care in their own home.
- 146 I could no longer work in nursing homes. I was qualified for home care. Hours were more flexible with my growing family and I know how to make a difference in someone's quality of life.

147 I had experience of 25 years working with mentally challenged adults—cleaning and aide work. I had my CNA training. I like people and want to feel like I'm helping people who need me.

148 Working with somebody a lot. Meeting people.

152 I enjoy helping people and thought working with the county would be a fair employer.

153 To be able to help those who just can't.

154 Want to help the elderly and mentally ill to be able to stay in their own homes.

155 Had worked in hospitals and nursing homes on the floor. Felt going to residents' homes in their surroundings would be nice.

157 I was 55 years old when I started. I like working with people. Because of a divorce I hadn't worked out.

159 I like to work one-on-one with older clients.

160 The ability to use my skills and to work with elderly people.

161 I wanted to work with people and help them stay in the home. I really enjoy the patients.

162 I like to care for people and needed a job.

163 To help elderly people to stay home where they are happy. I also feel this county doesn't treat their elderly very well.

164 Because I enjoy helping the elderly and I don't believe someone should go to a nursing home just because they can't take a bath per self or cook or clean or make a bed or do laundry.

165 Wanted to help the elderly and not have to do a lot of lifting.

167 More one-on-one time with the clients. The benefits were better than my previous job.

169 Enjoy helping people stay in their home.

170 I love working with people. I wanted to be a nurse but life situations and funding did not allow it to happen. The hours are very flexible.

171 Didn't want to work in an office and didn't require much training. Wanted to help people.

172 To be helpful in keeping people in their own home as long as possible.

173 Had worked in hospital for 30 years. Wanted to continue in patient care.

174 Like helping others.

175 I want to help others and make good money.

176 To help clients.

177 To keep them in their home as long as they can.

178 Flexible hours, I really wanted to help people stay in their home if possible.

180 To help keep people in their own homes.

182 Needed a job. I've always been more comfortable with the older generation. I didn't like working at a nursing home, cause it really didn't seem like you had enough time to give quality time.

- 183 Rewarding assisting others. Met a lot of wonderful people.
- 184 I like helping people, doing what I can to help clients live in their own home.
- 185 Because anyone who is able to stay in their home should be able to with some support.
- 187 I was working in a nursing home and I loved the work. I just wanted to work from 8-4, M-F. I got the job and love the people I work with plus the clients get to be almost family.
- 188 Love of people, feel the elderly are the forgotten Americans.
- 189 Less stress compared to nursing home due to staff shortage, day hours, ability to give 100% of attention to clients one-on-one.
- 190 No weekends. Can be more one-on-one with patient.
- 194 Wanted to help people.
- 195 Wanted to help people and home care was one of the fastest growing fields to be employed for.
- 196 I believe in home care. I feel nursing homes should be last choice. People should be able to stay in homes as long as possible.
- 197 I enjoy working for the elderly.
- 203 I wanted to be able to help people.
- 204 I enjoy the older people. They are so good to be around. They make me feel good to help them. Younger people are also refreshing.
- 206 I like working with the elderly and will do anything for them to spare them from going to a nursing home.
- 208 Work with people in need and make a difference in their quality of care.
- 210 The personal care, one to one time with the clients.
- 211 Desire to help people.

Category 11: Prior experience in health/personal care

Qst. ID#

- 009 I had worked in Omaha years ago for Kelly Home Care. Enjoyed helping individuals remain in their home.
- 028 Had work in nursing home before. Like working with people.
- 052 It fit my abilities and was the type I work I wanted to do.
- 058 I had worked in a nursing home on all three shifts. I had younger children then so I wanted just day hours and NO weekends.
- 060 I was working in a nursing home and felt that I could not give them the proper care. I felt home health would allow me to do the job that I feel each person deserves.
- 077 I enjoy working with the elderly and had worked in nursing homes also. But being able to help the elderly stay in their home made it so much more important and enjoyable.
- 084 I worked nursing home for 18 years. I felt this would be somewhat like it, but not so many weekends.

- 103 Trained and worked in nursing all my work life.
- 111 Enjoyed caring for people's home, used to have own cleaning business.
- 116 I had worked in hospital in the 70s as an aide and had enjoyed it.
- 118 Worked in nursing home for 27 years and was ready for change. Where I do the same thing but different atmosphere. See different people, not the same ones over and over everyday. Where you only see 5 or 6 people instead of 15-20 a day.
- 121 I had experience in housekeeping and child care.
- 140 Because I was able to stay home and care for my husband and 3 children for 26 years. I felt I had lots of experience for this type of work. I enjoyed the years caring for my family and when my last child was gone from home I knew I would enjoy caring and meeting the needs of others.
- 142 To help people be at home and get all the things they are no longer able to do for themselves. I had medical training too.
- 143 Because I like working with the elderly. I worked in a nursing home for several years and decided I would like going to elderly in their homes.
- 145 I chose home care almost 10-1/2 years ago. This was after having done nursing home, hospital and private duty. After doing private duty I felt that caring for a client in their own home was not only more of a one-on-one, but that the client feels more comfortable in their own home. People feel more in control of their care in their own home.
- 147 I had experience of 25 years working with mentally challenged adults—cleaning and aide work. I had my CNA training. I like people and want to feel like I'm helping people who need me.
- 149 Worked for agency already in different sector. Seems more interesting.
- 155 Had worked in hospitals and nursing homes on the floor. Felt going to residents' homes in their surroundings would be nice.
- 173 Had worked in hospital for 30 years. Wanted to continue in patient care.
- 181 I was asked by the head nurse of the county to come to work for her. I had been at a job with the mentally and physically handicapped. I met her there when she helped there part-time.
- 187 I was working in a nursing home and I loved the work. I just wanted to work from 8-4, M-F. I got the job and love the people I work with plus the clients get to be almost family.
- 191 I was working in a nursing home first. I could not make the money I needed so I switched. I also had a lot of lifting in the nursing home.
- 202 I had worked in nursing homes for 28 years and decided to try something new.

Category 12: Proximity/travel: travel, close to home, etc.

Qst. ID#

- 013 They offered benefits and a good wage. Plus it was closer to home.
- 047 Work in my area.
- 108 I had applied for other jobs and was not qualified enough. This job was in my area and I didn't have to travel miles to get to work.

110 Self-scheduling. Travel, person to person, not stuck in 1 place all day. Pay was good. People at our office are kind, loving and instantly you could feel they were all like family.

Category 13: Quality care/services: provide better care, more personal care

Qst. ID#

060 I was working in a nursing home and felt that I could not give them the proper care. I felt home health would allow me to do the job that I feel each person deserves.

189 Less stress compared to nursing home due to staff shortage, day hours, ability to give 100% of attention to clients one-on-one.

Category 14: The pay

Qst. ID#

013 They offered benefits and a good wage. Plus it was closer to home.

041 There was a growing need in that field and pay was better than minimum wage.

100 I like to help people. Get along with people. Good money and benefits.

110 Self-scheduling. Travel, person to person, not stuck in 1 place all day. Pay was good. People at our office are kind, loving and instantly you could feel they were all like family.

168 Necessity. I was a widow working in a care center. Home care offered more.

175 I want to help others and make good money.

191 I was working in a nursing home first. I could not make the money I needed so I switched. I also had a lot of lifting in the nursing home.

Category 15: Variety: different work environments, responsibilities, clients; meet new people

Qst. ID#

- 050 A variety of clients with different needs.
- 088 Variety.
- 110 Self-scheduling. Travel, person to person, not stuck in 1 place all day. Pay was good. People at our office are kind, loving and instantly you could feel they were all like family.
- 118 Worked in nursing home for 27 years and was ready for change. Where I do the same thing but different atmosphere. See different people, not the same ones over and over everyday. Where you only see 5 or 6 people instead of 15-20 a day.
- 179 I like working with a variety of people.
- 201 I worked 3-11 at our local hospital—wanted to try something different—still do part-time H.H. and 3-11 for past 10 years. I like the variety between the two jobs.

Category 16: Work environment: prefer not to work in nursing home, hospital, office, etc.

Qst. ID#

- 015 Needed a change from working in a care center.
- 034 Wanted to get out of the nursing home.
- 040 Truthfully, I needed a job but didn't want to work in a nursing home or care center.
- 064 Not in a nursing home setting and people are more independent.
- 069 To keep people in their homes instead of nursing homes. I worked in nursing homes—it isn't like it used to be years ago.
- 083 I can take some time with clients in their home setting versus nursing homes. A few of us girls calculated our time with each client in a home at 8 minutes per client. There were times when I had to be hurried for lack of help and tell client we had no time to spend to properly fix their hair or give them a tub of lipstick. I can do that for them now. They deserve that.
- 114 A greater opportunity to spend one-on-one time with the patient. This is not possible in a facility mainly because too busy due to not enough staff.
- 117 Wanted to do nursing out of nursing home, wanted to be in home environment with clients to see how different it was from nursing home.
- 118 Worked in nursing home for 27 years and was ready for change. Where I do the same thing but different atmosphere. See different people, not the same ones over and over everyday. Where you only see 5 or 6 people instead of 15-20 a day.
- 136 I needed a job, didn't want to go back to nursing home if I didn't have to.
- 146 I could no longer work in nursing homes. I was qualified for home care. Hours were more flexible with my growing family and I know how to make a difference in someone's quality of life.

- 171 Didn't want to work in an office and didn't require much training. Wanted to help people.
- 182 Needed a job. I've always been more comfortable with the older generation. I didn't like working at a nursing home, cause it really didn't seem like you had enough time to give quality time.

Category 17: Fast growing field; high demand

Qst. ID#

- 026 The service was needed.
- 041 There was a growing need in that field and pay was better than minimum wage.
- 195 Wanted to help people and home care was one of the fastest growing fields to be employed for.
- 205 I'm 47 years old and doing a career change and there is such a shortage of health care workers.

Category 18: Other

Qst. ID#

- 059 It worked and then I liked it.
- 064 Not in a nursing home setting and *people are more independent*.
- 072 Opportunity came up—took the job.
- 171 Didn't want to work in an office and *didn't require much training*. Wanted to help people.

Appendix I
LIKE MOST ABOUT WORKING IN HOME CARE

Q. 34. What do you like most about working in home care?

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

- Code #
- 01 Benefits
 - 02 Boss/employer, co-workers
 - 03 Flexibility/Independence: set own schedule, convenient hours, no weekend/holiday work, etc.
 - 04 Health care: interest in field, to gain experience/training, etc.
 - 05 Job demands: less physical, less stressful, etc.
 - 06 Personal relationships/Personal satisfaction:
Like/enjoy working with people/the elderly; get to better know client/family; work one-on-one; enable clients to remain in home; feel appreciated
 - 07 Proximity/travel: close to home, etc.
 - 08 Quality of care/services: provide better care, more personal care, etc.38
 - 09 The pay
 - 10 Variety: different work environments, responsibilities, clients; meet new people
 - 11 Work environment: prefer not to work in nursing home, hospital, etc.
 - 12 Other

Category 01: Benefits

No responses were offered.

Category 02: Boss/employer, co-workers

Qst. ID#

- 044 The clients and people I work for.
- 168 My clients and co-workers.
- 196 The people. Every day different. A great team—other HCA's nurses and office personal are respected and great to work with.

Category 03: Flexibility/Independence: set own schedule, convenient hours, no weekend/holiday work, etc.

Qst. ID#

- 024 The clients, flexible with family time/emergencies.
- 025 Flexibility.
- 036 Working on my own.
- 043 Boss. Being there for my child. Working for the people.
- 062 Freedom, independence, wonderful people I care for.
- 072 Being able to come/go/get out/move around/meet new people, new challenges.
- 077 Seeing the clients in their home longer. More one-on-one time with the clients. No rushing.
- 086 Part-time hours and pick my own hours to work.
- 093 Personal cares, helping and visiting with people, being on my own at the homes (no boss following every move).
- 099 I love the clients I work with, plus the schedules are very flexible with my children's schedule.
- 114 A greater opportunity to spend one-on-one time with the patient. Plus the work is easier than a facility and able to be outside when driving between clients. I love the histories I hear from patients and family. It also has great hours, few weekends or holidays.
- 123 Flexible schedule. I like the feeling of helping other people and knowing I am making their life a little easier.
- 127 Enjoy being my own boss—I make out the schedule for my people—therefore I know when they like the days and time best suited for them.
- 131 I have some flexibility with my hours. The satisfaction it gives me knowing some appreciate what I do. Making a difference in their day, having me there.
- 139 You're on your own, no co-workers.

- 144 The clients in their own homes. The freedom of the job.
- 149 Working independent. Meeting different people with different needs.
- 158 Wearing what I want within reason.
- 180 Working one-on-one with clients. No weekends.
- 188 Set my own hours, no boss over my shoulder.
- 201 I enjoy the patients, they are very grateful for our care. The one-to-one personal care. I've met a lot of wonderful people—love to hear the “old time” stories—being in my own time and schedule.

Category 04: Health care: interest in field, to gain experience/training, etc.

Qst. ID#

- 051 The things I've learned.

Category 05: Job demands: less physical, less stressful, etc.

Qst. ID#

- 065 It is not as hard as a nursing home when you get older.
- 114 A greater opportunity to spend one-on-one time with the patient. Plus the work is easier than a facility and able to be outside when driving between clients. I love the histories I hear from patients and family. It also has great hours, few weekends or holidays.

Category 06: Personal relationships/Personal satisfaction: like/enjoy working with people/the elderly; get to better know client/family; work one-on-one; enable clients to remain in home; feel appreciated

Qst. ID#

- 010 Older people.
- 011 Working and helping the elderly to help them stay in their home. Gives the family a break in helping with the care of mom and dad.
- 012 The clients are so happy to see me as some don't have any visitors or get out.
- 013 Working and helping all the elderly.
- 014 At the end of a day, I feel good about my day.
- 016 The people.
- 017 The friendliness of the patients and their willingness to let me do for them.
- 018 The client I take care of.
- 020 I love the one-to-one with my clients.
- 021 The people I work with and keeping the clients in their home as long as possible.

- 022 Keeping clients at home.
- 023 Working with older people and making a difference.
- 024 The clients, flexible with family time/emergencies.
- 026 Helping people stay in their homes.
- 027 Caring for others—visiting.
- 028 Being able to help the people.
- 029 The ability to help persons remain in their homes and the purpose to give them their dignity during their illnesses and last days.
- 030 The elderly.
- 031 I love to help anyone in need that really appreciates the help. I like meeting new people.
- 032 Satisfaction of helping someone.
- 033 The satisfaction of helping people stay in their homes.
- 034 The clients are fun to visit with and it is more enjoyable.
- 035 The one-on-one.
- 037 The clients and knowing they appreciate the help.
- 038 The people.
- 039 Having the satisfaction of being able to help other people in anyway I can.
- 040 The people (clients) appreciate my help.
- 041 The gratitude I get from clients. Their smiles mean a lot!
- 042 The people who need our help.
- 043 Boss. Being there for my child. Working for the people.
- 044 The clients and people I work for.
- 045 Working one on one with clients.
- 046 The people. Satisfaction.
- 047 My clients are all well liked.
- 048 Interaction with people (clients) and personal care.
- 049 The satisfaction of helping someone, so they can stay in their home and not go to nursing home.
- 050 Having the client tell you are doing a good job and they say thank you.
- 052 The people.
- 054 Working with family.
- 055 Caring of the people and helping them and seeing them smile.

056 The variety of homes and people. I get to visit with daily.

057 My clients, they look very forward for me to come. It is very rewarding to see them.

058 I work with one client at a time. I can give better care.

059 The people.

060 Feeling fulfilled in my job, that I am making a difference in someone's life.

062 Freedom, independence, wonderful people I care for.

063 Getting to know the people and they are so grateful for the help and the company.

064 The clients.

066 Helping people.

067 People.

068 Helping elderly to stay in their own home.

069 The people appreciate us, the one on one relationship. Sometimes we are all the clients have.

071 The nice people there is out there.

073 I enjoy the elderly and it's a rewarding job, most of your clients appreciate everything we do for them.

074 I like the one-on-one care that I can give. You get to know the person better.

076 The people.

077 Seeing the clients in their home longer. More one-on-one time with the clients. No rushing.

078 The one-on-one with each client.

079 The chance to help others in need.

080 Playing games w/client.

081 The clients!

082 Making it possible for clients to remain in home.

084 People are happier to be home and not in a nursing home. They still have some day in their daily lives.

085 Helping clients within their home—so they can stay in their homes as long as possible—visiting with them. Most clients are very appreciative of our services—and always say thank you.

087 The clients.

089 Being with people one-on-one.

090 Working with people.

091 The people and pleasure of doing things for them.

092 The clients, helping them.

093 Personal cares, helping and visiting with people, being on my own at the homes (no boss following every move).
094 Helping others.
095 The clients—knowing that they can remain in their own homes with some help.
097 It gets me up and going in the morning. People are happy to see me. It's a 2-way street. I like people.
098 Taking care of the elderly and keeping them safe, clean, and as healthy as possible.
099 I love the clients I work with, plus the schedules are very flexible with my children's schedule.
100 The people.
101 Working with the elderly, enabling them to stay in their homes.
102 Helping the elderly people.
103 I love to care for and meet people that need me.
104 Helping clients lead as normal life as possible as they can according to their plan of care with dignity and respect.
105 Taking care of people's needs.
106 Helping others.
107 When people tell you thanks for what we do.
108 Getting to know the people of a different generation and their life stories.
110 Satisfaction of being needed and depended upon. Hearing history and background and stories our patients share with us. The close bond you build and the trust.
111 Keeping people in their homes for as long as possible.
112 People.
113 Seeing children and adults with special needs make progress.
114 A greater opportunity to spend one-on-one time with the patient. Plus the work is easier than a facility and able to be outside when driving between clients. I love the histories I hear from patients and family. It also has great hours, few weekends or holidays.
115 The reward of helping others.
116 Meeting and talking to the elderly.
117 More relaxed environment and clients seem to be more happier.
118 The opportunity to meet many different people and help them and still be able to sit and visit with them. We help people anywhere from 4 years old to 98 years old.
119 Things I learn from clients.
120 Knowing that you really made a difference in someone's life.
122 Try to help improve living more healthy environment for clients. Help people stay in their homes longer.
123 Flexible schedule. I like the feeling of helping other people and knowing I am making their life a little easier.

124 I love my job—being able to help people stay in their homes—I love to make their day.
125 The people.
126 My clients.
128 The people or clients.
129 The personal touch you have with the clients and working one-on-one with them.
130 The people, we are family to them.
131 I have some flexibility with my hours. The satisfaction it gives me knowing some appreciate what I do. Making a difference in their day, having me there.
132 Knowing I am keeping someone in their home.
133 One on one with our patients.
134 The smile on the clients face when you walk in and the feeling you get just helping another person to stay in their own home.
135 My clients on a one-to-one basis.
136 The people—helping them stay in their home for as long as possible.
138 Knowing that I make a difference in someone’s lives. Keeping people independent, and ability to stay in their own homes.
140 It’s a gratifying feeling to go into a home and meet the needs of the person or persons there. Giving to the person the support needed to remain in their home and live a quality life.
141 The people. Most are so grateful and happy to see you. And it’s great to be able to help someone feel good and to be able to keep them in their own surrounding.
142 To see someone happy and at home!
143 Meeting many nice people who appreciate everything you do for them. Also to have someone to visit with.
144 The clients in their own homes. The freedom of the job.
145 I truly like helping others in need. Just making it possible for clients to remain in their homes and provide the services needed to do so.
146 The clients.
147 People need me and are so thankful to have help.
148 I have learned so much from people about the past. It’s neat. You get told by clients that you’re doing good every day and how much they like you coming.
150 Most people are very appreciative. There is a lot of job satisfaction.
151 To be able to help with my grandson.
152 When I was employed with the county I enjoyed most of my clients.
153 The people I work with and for.

154 The appreciation from the clients.
155 Being with the folks in their own homes. They are so relaxed. Meeting their families. Being able to follow through with their care.
156 More one-on-one.
157 Being able to help the client. I like working with the different personality.
159 That they are able to stay in their own homes with our help.
160 Meet client's needs.
161 I really enjoy getting to know senior citizens and I feel that I can help them. Most people really appreciate the care you give them and the help with domestic chores.
162 It is fulfilling to me.
163 Helping people and seeing how happy they are being able to stay home and not having to go to a nursing home.
164 I enjoy visiting with the elderly. Some of the clients have no one to talk to or seeing during the weeks.
165 I love my clients and helping them stay in their home.
166 The people we take care of really need us.
168 My clients and co-workers.
169 People, learning how people cope.
170 Making a difference in people's lives. Learning of life experiences of all clients of all ages.
171 Hugs and thank you's. Meeting new clients and getting acquainted.
174 The companionship.
175 The people.
176 Seeing that clients are helped.
178 The patients are great and very appreciative.
179 I love the people.
180 Working one-on-one with clients. No weekends.
181 Everything—the elderly are truly remarkable individuals. I learn so much from them. They just make you feel special and they are so loving and giving. I truly love them all.
182 First of all, the Lord has given me an abundance of joy and caring attitude toward helping people. I feel very rewarded in my life to have a job with the one-on-one care I can give my clients with the home care setting. I love driving and you almost get to love the drive as much as you love the people.
183 Rewarding assisting others. Met a lot of wonderful people.
184 What I like most about working in home care is one-on-one. I get a chance to learn more about care of person that I am taking care of.

- 187 I love the appreciation you get from your clients and their families to being there to help them to stay in their own homes as long as possible.
- 189 Ability to keep clients in their home longer.
- 190 Meeting new people. I care about the elderly.
- 191 The nice people.
- 192 Helping the clients.
- 193 Clients.
- 195 One-on-one care in their homes.
- 196 The people. Every day different. A great team—other HCA's nurses and office personal are respected and great to work with.
- 198 Helping others.
- 199 I am caring and like to help the people that need help with daily living skills.
- 200 Meeting new people, giving back.
- 201 I enjoy the patients, they are very grateful for our care. The one-to-one personal care. I've met a lot of wonderful people—love to hear the “old time” stories—being in my own time and schedule.
- 202 Making people smile and seeing them in their own environment, where they help make the decisions on their care plans.
- 203 Being able to help people stay in their homes. It is a very rewarding job.
- 204 The people that are now my friends.
- 205 The patients and clients.
- 206 Helping people do things they can't do for themselves. Met interesting people.
- 209 Knowing that I am helping people stay in their homes and know they are getting help that you don't get from some others.
- 210 The one-on-one.
- 211 Helping people.
- 212 It keeps the elderly in their home.
- 213 Helping people in need. Like to work and be around people.
- 214 The clients.
- 215 Clients.
- 216 Taking care of people.
- 217 Satisfaction of helping out those that I am able to help.
- 218 The elderly people.

Category 07: Proximity/travel: close to home, etc.

Qst. ID#

- 109 I don't have to be in one place for 8 hours a day and I get to travel.
- 182 First of all, the Lord has given me an abundance of joy and caring attitude toward helping people. I feel very rewarded in my life to have a job with the one-on-one care I can give my clients with the home care setting. I love driving and you almost get to love the drive as much as you love the people.

Category 08: Quality of care/services: provide better care, more personal care, etc.

Qst. ID#

- 048 Interaction with people (clients) and personal care.
- 053 I enjoy doing personal care.
- 058 I work with one client at a time. I can give better care.
- 083 Being able to relax and give the quality of care needed. Which includes respect, TLC.
- 098 Taking care of the elderly and keeping them safe, clean, and as healthy as possible.
- 155 Being with the folks in their own homes. They are so relaxed. Meeting their families. Being able to follow through with their care.
- 172 Variety of people. Personal care.

Category 09: The pay

Qst. ID#

No responses were offered.

Category 10: Variety: different work environments, responsibilities, clients; meet new people

Qst. ID#

- 015 Versatility.
- 056 The variety of homes and people. I get to visit with daily.
- 070 Meeting different people.
- 072 Being able to come/go/get out/move around/meet new people, new challenges.
- 075 Meeting different people.
- 088 The variety of clients.
- 096 The variety of people working with—helping, people.
- 109 I don't have to be in one place for 8 hours a day and I get to travel.

- 118 The opportunity to meet many different people and help them and still be able to sit and visit with them. We help people anywhere from 4 years old to 98 years old.
- 121 The diversity in clients and multi-tasks.
- 137 You're only in a home for an hour—then you move on—different setting in every home, every day is different.
- 149 Working independent. Meeting different people with different needs.
- 167 Meeting different kinds of people. Since I am PRN I get to go all over and fill in for various people.
- 171 Hugs and thank you's. Meeting new clients and getting acquainted.
- 172 Variety of people. Personal care.
- 173 Meeting different and interesting people.
- 177 Different clients.
- 183 Rewarding assisting others. Met a lot of wonderful people.
- 185 Meeting people of all different backgrounds and all having the same purpose. Wanting to stay in the home.
- 186 Working with different types of people.
- 190 Meeting new people. I care about the elderly.
- 194 Getting to meet new people.
- 197 You meet a lot of nice seniors.
- 200 Meeting new people, giving back.
- 207 Diversity. It is rarely boring.
- 208 The variety of ages and types of care we provide (ex: hospice, homemaker, SCL, respite, etc.).

Category 11: Work environment: prefer not to work in nursing home, hospital, etc.

Qst. ID#

No responses were offered.

Category 12: Other

Qst. ID#

- 019 Everything.
- 061 The student I work.

Appendix J
LIKE LEAST ABOUT WORKING IN HOME CARE

Q. 35. What do you like least about working in home care?

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

- | <u>Code #</u> | | |
|---------------|---|----|
| ▪ 01 | Agency/Employer: personality conflicts, paperwork, rules and regulations, etc. | 41 |
| ▪ 02 | Benefits | |
| ▪ 03 | Client expectations/complaints/conflicts | |
| ▪ 04 | Client suffering/struggles: bad living conditions, poor treatment by family members, lack of money, etc. | |
| ▪ 05 | Client's declining health, death or dying | |
| ▪ 06 | Driving: long distances, bad weather, no/low reimbursement, etc. | |
| ▪ 07 | Job requirements/Services provided —personal/health care | |
| ▪ 08 | Job requirements/Services provided—housekeeping | |
| ▪ 09 | Lack of training/advancement | |
| ▪ 10 | Lack of respect | |
| ▪ 11 | Low pay | |
| ▪ 12 | Not enough hours | |
| ▪ 13 | Other health care providers: lack of support, not enough info, poor quality care, etc. | |
| ▪ 14 | Physical/emotional demands of the work | |
| ▪ 15 | Scheduling: last-minute, weekends/evenings, holidays, not enough time to spend w/clients, not seeing the same clients, etc. | |
| ▪ 16 | Sexual harassment | |
| ▪ 17 | Unsafe/unsanitary/unpleasant work environment | |
| ▪ 18 | Other | |
| ▪ 19 | Nothing I dislike; don't know/not sure | |

Category 01: Agency/Employer: personality conflicts, paperwork, rules and regulations, etc.

Qst. ID#

- 018 Traveling and dealing with people in the office.
- 022 Paperwork.
- 030 Paperwork.
- 045 Driving so far. All the paperwork. I don't like not being able to be with friends with client on off-time.
- 046 Hours with paperwork.
- 051 Paperwork.
- 061 Paperwork.
- 066 Charting.
- 069 Being put in homes that are unsafe and very filthy conditions. Like having to wear masks because of cat urine being so bad. Having a boss that does not listen to clients.
- 089 Paperwork.
- 097 Our new system of calling in to record our destination versus old way of documenting our own time and hours.
- 102 Doing the paperwork.
- 105 Paperwork.
- 109 Not enough hours and the agency I work for has some problems and the office people are not the friendliest to work for.
- 140 The paperwork that goes with the job.
- 141 The traveling between, constantly changing the rules. Supervisors that not pick at everything.
- 145 Lack of communication between the office staff and the HCA's in the field.
- 146 The administration and the paperwork stinks! They have no idea what we go through. The way they treat us if we are injured on the job. The fear of losing my job because of an injury. The pay is not enough for all the responsibility we have to take on They hire people without checking thoroughly if they are truly qualified. They talk about you and the clients and the scheduler and the supervisor need to be fired.
- 152 The office staff plays favorites and the scheduling procedures were/are ridiculous. It appeared that office manager didn't want homer helpers only and being a health care aide was too strenuous for some of us so I left.
- 177 My boss!
- 180 Pay. Dealing with the office staff. Scheduling. Other agencies working without supervision in homes. Getting a sub when you're off. Usually make up my own clients that puts me over hours, so don't get to use the time I requested.
- 193 Political BS and paperwork.

Category 02: Benefits

Qst. ID#

- 035 No insurance for part-time.
- 093 1. No health insurance or sick leave. Holiday work. Housecleaning. Never knowing how many hours a week I'll work.
- 126 The pay—wish it could be more plus sick pay and holiday pay—because when sick no pay and no pay in holidays, etc.
- 127 We have no sick pay—well I guess if you are out for 4 or more days they pro-rate it—I'm never sick for that long so I don't get paid if I am sick.
- 130 The benefits.
- 195 No benefits, low pay.
- 206 No benefits and part-time and wage sucks.

Category 03: Client expectations/complaints/conflicts

Qst. ID#

- 042 Some of the clients we have to serve that won't help themselves.
- 063 Some of the jobs are strenuous on the back. The homes are sometimes hot to work in. Some people are very demanding.
- 068 Working with complainers.
- 071 People that take advantage of you that never think you do all that much. Need more
- 072 People who grope/feel you up try to be sexual with me. And the ones who think I'm superwoman.
- 085 Some clients are not very friendly. There are the hazards of driving on a daily basis—specially when weather is bad.
- 088 Some—very few—clients expect too much (moving furniture, cleaning cupboards, washing windows) for nothing.
- 094 Clients who take advantage of the services.
- 103 Ungrateful clients, complaining we never do enough.
- 116 Some people you can't please no matter how hard you try.
- 120 The complaining clients do.
- 132 Unhappy clients because they don't understand policy of what can/cannot be done.
- 142 Family members who try to take advantage of clients or of the aides. Not using medical skills we have. Most of all I am qualified as Nurse Aide. I do not like Home Care Aide title, it's degrades all my hard work. Lastly nurses that don't listen.
- 169 If working for an agency—time is short and if the client has company it is hard to get done. RNs don't give aides enough information about clients' disabilities. Relatives that come in and boss us around and/or seem to be jealous of the work we do for their loved one.
- 173 Housework and belligerent people.
- 176 Clients that aren't satisfied with things we do for them. Complainers.

- 183 The stress of running from home to home on a schedule with limited time to help. Some clients difficult to help, we can never do enough, but most very appreciative. Having to breathe tobacco smoke some places.
- 196 Negative people.

Category 04: Client suffering/struggles: bad living conditions, poor treatment by family members, lack of money, etc.

Qst. ID#

- 017 Watching patients suffer from their illness.
- 029 Watching some of my clients have to struggle without proper food or medicine—inappropriate housing.
- 082 Family members do not help their parents or family members at all, not knowing what's going on with them at all.
- 092 Seeing how some people have to live.
- 108 The smell in some homes is terrible and how some of their families leave them with hardly any money to live. Also wearing the smocks. I would like them to fit.
- 114 Seeing how financially strapped people are, forcing them to live sometimes in poverty levels. I feel like a millionaire compared to some of my patients.
- 134 Not being able to get any help for the middle class clients even though most of their money goes for medical. To see them struggle over buying medication or groceries and how to pay their other bills is upsetting.
- 163 Seeing the lower middle class struggle making ends meet, having to pay for their medication and trying to pay for home care, every penny they have goes out for all this. That is a shame.
- 179 Having to see my clients going without because of the high price of medicine.
- 188 Way family treats their parents.
- 210 Negative family situations. Attitude some clients have about home care expertise.

Category 05: Client's declining health, death or dying

Qst. ID#

- 031 Hospice is not my favorite. It's so hard not to get attached to client and you know what the outcome is.
- 043 Losing people.
- 050 When a client passes away.
- 055 Losing a client or having a client go to the nursing home.
- 091 You get too attached to people and they leave.
- 170 The lose of a client whether it be death, moving (nursing home, etc.) or lack of funding.
- 178 When a patient's health worsens and they move into a nursing home or pass away.

- 184 When I have a client go into a nursing home, or when they pass away on me, I have gotten attached to them.
- 189 Pay less and losing clients to illness or nursing home.
- 192 Seeing decline in health.
- 199 Working with people day-to-day and then dealing with the client's death.
- 209 When you see someone that get to the point where it is unsafe for them to be able to live alone because of age or ability to get around by themselves.

Category 06: Driving: long distances, bad weather, no/low reimbursement, etc.

Qst. ID#

- 018 Traveling and dealing with people in the office.
- 020 Driving in the winter.
- 021 Driving in winter months.
- 023 Some bad living conditions we go into.
- 024 Winter driving.
- 025 Driving.
- 026 Driving.
- 045 Driving so far. All the paperwork. I don't like not being able to be with friends with client on off-time.
- 046 Hours with paperwork.
- 058 The number of miles that we have to travel. We not only cover our county, we work in several surrounding counties.
- 062 Nothing (some times snow storms!)
- 064 The weather.
- 073 Having to travel in in-climate weather.
- 075 Driving during bad weather.
- 077 Winter driving.
- 085 Some clients are not very friendly. There are the hazards of driving on a daily basis—specially when weather is bad.
- 099 The mileage and wear-and-tear on my vehicle.
- 101 When I first worked for agency, we were paid mileage and regular wage from the time we left our home. No longer that way.
- 107 Winter driving.
- 129 Driving in the winter months when the weather is bad.
- 137 Not guaranteed. And of course snow!!!

- 138 Driving in winter conditions.
- 139 Driving in bad weather (winter).
- 141 The traveling between, constantly changing the rules. Supervisors that not pick at everything.
- 147 Travel in bad weather.
- 148 Don't get paid enough for traveling, don't get paid enough.
- 149 Winter driving, low income, low respect.
- 154 Pay and mileage reimbursement.
- 156 Low pay, low mileage pay.
- 166 Miles.
- 167 The mileage raise I wish it was higher because of the higher gas costs.
- 171 Going to home of smokers. Cleaning up after pets. Driving bad roads. We have to use vacation if we choose not to drive. Not always enough time.
- 174 "Wear and tear" on car.
- 190 When the weather is bad don't like the driving.
- 201 Wear and tear on my vehicle, no matter how much mileage you get, it's not enough.
- 202 Traveling in winter.
- 216 Working weekend—always having to drive everywhere.
- 218 Traveling—early AM and late PM visits.

Category 07: Job requirements/Services provided —personal/health care

Qst. ID#

- 053 Dusting. Doing personal chores for hospice patients in nursing homes.
- 080 Incontinent bowel and bladder.
- 113 Physical therapy—I don't mind doing stretches and exercises with clients but when the cures are high and you use different equipment (ex. Stander) I think the therapist should make more visits and take some of the load off us. They make visits 1 week to once a month and we are expected to be the ones to rehabilitate the clients but they get paid probably 3 times more plus have the education.
- 191 The messes I have to clean up. We do both cleaning and personal care.
- 207 Bedridden and lots of nurse-care clients. If I'd wanted to do nursing I'd go to college and be a nurse.

Category 08: Job requirements/Services provided—housekeeping

Qst. ID#

- 027 The many housekeeping chores.
- 040 Cleaning toilets.
- 049 Run the sweeper.
- 053 Dusting. Doing personal chores for hospice patients in nursing homes.
- 093 1. No health insurance or sick leave. Holiday work. Housecleaning. Never knowing how many hours a week I'll work.
- 112 Housework.
- 121 Cleaning up BM on floors and stools.
- 136 The housekeeping.
- 153 Some of the messes I have to clean up with certain clients.
- 172 Cleaning, cleaning, cleaning—hate with a passion.
- 173 Housework and belligerent people.
- 191 The messes I have to clean up. We do both cleaning and personal care.

Category 09: Lack of training/advancement

Qst. ID#

- 142 Family members who try to take advantage of clients or of the aides. Not using medical skills we have. Most of all I am qualified as Nurse Aide. I do not like Home Care Aide title, it's degrades all my hard work. Lastly nurses that don't listen.
- 186 My company doesn't give me any credit for learning. No pay incentives or job status for learning anything new.

Category 10: Lack of respect

Qst. ID#

- 095 Being considered a "cleaning lady."
- 111 Being made to feel less than equal if not office help.
- 131 Some people call me their "cleaning lady." I remind people I am a home care aide, not a maid. The hours are not steady, can be difficult to try and make a living.
- 149 Winter driving, low income, low respect.
- 161 I've worked in 2 different agencies and one is very relaxed in the way they treat their staff although they have high expectations of their employees. The 2nd has high expectations but treat CNA/HCA like they are only capable of washing and cleaning patients and homes and should always stay in that realm. They do not treat them like they can contribute to anything else.
- 210 Negative family situations. Attitude some clients have about home care expertise.

Category 11: Low pay

Qst. ID#

- 039 The hours change regularly and pay could be better.
- 067 The pay is bad.
- 081 The low pay for such needed services. Any job serving/caring for people, we receive the lowest pay considering we are caring for the most valuable asset to every family/human being.
- 083 Wages. We home care workers have so much responsibilities than nursing home. We teach, wound care, confidant, cook, clean, shop, etc.
- 100 Some smoke and stink. Pay raises were froze so didn't get a raise. Can't get any overtime.
- 104 The low pay.
- 113 Physical therapy—I don't mind doing stretches and exercises with clients but when the cures are high and you use different equipment (ex. Stander) I think the therapist should make more visits and take some of the load off us. They make visits 1 week to

- once a month and we are expected to be the ones to rehabilitate the clients but they get paid probably 3 times more plus have the education.
- 117 The pay.
- 126 The pay—wish it could be more plus sick pay and holiday pay—because when sick no pay and no pay in holidays, etc.
- 146 The administration and the paperwork stinks! They have no idea what we go through. The way they treat us if we are injured on the job. The fear of losing my job because of an injury. The pay is not enough for all the responsibility we have to take on They hire people without checking thoroughly if they are truly qualified. They talk about you and the clients and the scheduler and the supervisor need to be fired.
- 148 Don't get paid enough for traveling, don't get paid enough.
- 149 Winter driving, low income, low respect.
- 154 Pay and mileage reimbursement.
- 156 Low pay, low mileage pay.
- 160 Not enough money per hour.
- 175 The money.
- 180 Pay. Dealing with the office staff. Scheduling. Other agencies working without supervision in homes. Getting a sub when you're off. Usually make up my own clients that puts me over hours, so don't get to use the time I requested.
- 181 Pay.
- 187 I wish our wages would go up some. I know we are paid lower in our agency than some other home care agencies.
- 189 Pay less and losing clients to illness or nursing home.
- 195 No benefits, low pay.
- 197 Not enough pay.
- 205 The amount of money we make, You might clean 2 or 3 hours plus take care of a quadriplegic and give full care. It's very physical at times.
- 206 No benefits and part-time and wage sucks.
- 211 Low pay.

Category 12: Not enough hours

Qst. ID#

- 038 Having open time during the day where I could be seeing somebody.
- 065 They do not have enough hours for you.
- 078 Not always full-time hours.

- 090 The hours.
- 093 1. No health insurance or sick leave. Holiday work. Housecleaning. Never knowing how many hours a week I'll work.
- 100 Some smoke and stink. Pay raises were froze so didn't get a raise. Can't get any overtime.
- 109 Not enough hours and the agency I work for has some problems and the office people are not the friendliest to work for.
- 131 Some people call me their "cleaning lady." I remind people I am a home care aide, not a maid. The hours are not steady, can be difficult to try and make a living.
- 133 When a patient cancels and those hours aren't replaced schedule changes. When I've lost hours I've used PTO hours to fill in my paycheck—I hate having to do this—feel full-time workers need full-time work.
- 137 Not guaranteed. And of course snow!!!
- 155 Some of the homes I got into were really bad. Rodent-infested (mice, rats). You have no one to assist you in emergency. Not guaranteed steady hours. If clients go to hospital or homes you lose hours and pay.
- 157 Shopping for groceries at the time the stores are so busy—clients who are gone and no one calls the office to let you know—if you have the client 5 times a week you lose so many hours.
- 158 Not enough hours.
- 206 No benefits and part-time and wage sucks.

Category 13: Other health care providers: lack of support, not enough info, poor quality care, etc.

Qst. ID#

- 144 Nothing—oh, other aides in our office over 65 years don't do a very good job they don't got the extra mile.
- 169 If working for an agency—time is short and if the client has company it is hard to get done. RNs don't give aides enough information about clients' disabilities. Relatives that come in and boss us around and/or seem to be jealous of the work we do for their loved one.

Category 14: Physical/emotional demands of the work

Qst. ID#

- 016 The hard work.
- 063 Some of the jobs are strenuous on the back. The homes are sometimes hot to work in. Some people are very demanding.
- 096 Some times it can be stressful—getting 2 hours of work in 1 hr. Otherwise I enjoy home care.
- 128 The stress of the job and it is sometimes too much for one person to handle and state needs to help for an extra person in some places.

- 152 The office staff plays favorites and the scheduling procedures were/are ridiculous. It appeared that office manager didn't want homer helpers only and being a health care aide was too strenuous for some of us so I left.
- 162 Burn out.
- 205 The amount of money we make, You might clean 2 or 3 hours plus take care of a quadriplegic and give full care. It's very physical at times.

Category 15: Scheduling: last-minute, weekends/evenings, holidays, not enough time to spend w/clients, not seeing the same clients, etc.

Qst. ID#

- 019 Not having the same clients regularly. It's important to go to the same homes regularly so if there are changes you will notice before someone that isn't there often.
- 028 Changes in the schedule.
- 033 Weekend work.
- 036 Working holidays and weekends.
- 038 Having open time during the day where I could be seeing somebody.
- 039 The hours change regularly and pay could be better.
- 041 Having to work weekends.
- 054 Not always enough time.
- 056 That I don't have enough time with some clients and too much time with some others.
- 057 Not enough time to spend with the clients.
- 074 Weekend work.
- 084 Have a little more time in homes to get a few more things done.
- 086 Working on weekends and holidays.
- 093 1. No health insurance or sick leave. Holiday work. Housecleaning. Never knowing how many hours a week I'll work.
- 118 My least favorite thing is having to go out in the evening to put someone to bed after being home for a while. Also weekends even though we only have to work every 3rd weekend.
- 119 Having to leave home at 5:30 hours on a Saturday or Sunday morning.
- 123 Working on weekends.
- 133 When a patient cancels and those hours aren't replaced schedule changes. When I've lost hours I've used PTO hours to fill in my paycheck—I hate having to do this—feel full-time workers need full-time work.

- 152 The office staff plays favorites and the scheduling procedures were/are ridiculous. It appeared that office manager didn't want homer helpers only and being a health care aide was too strenuous for some of us so I left.
- 157 Shopping for groceries at the time the stories are so busy—clients who are gone and no one calls the office to let you know—if you have the client 5 times a week you lose so many hours.
- 159 The time goes too fast while we are in the homes.
- 169 If working for an agency—time is short and if the client has company it is hard to get done. RNs don't give aides enough information about clients' disabilities. Relatives that come in and boss us around and/or seem to be jealous of the work we do for their loved one.
- 180 Pay. Dealing with the office staff. Scheduling. Other agencies working without supervision in homes. Getting a sub when you're off. Usually make up my own clients that puts me over hours, so don't get to use the time I requested.
- 182 At the present our scheduler isn't the best. A lot of room for improvement. Our agency is 7 days a week. I don't like working all day and then going back out at night to put someone to bed. It's 8:30-10 pm and she has been scheduling 2 nights in a row. I've told supervisor, but scheduler still comes up with excuse. I like days.
- 183 The stress of running from home to home on a schedule with limited time to help. Some clients difficult to help, we can never do enough, but most very appreciative. Having to breathe tobacco smoke some places.
- 198 Late or early hours.
- 200 Not enough time spent with client. Rushing to make next appointment.
- 204 Some early hours during school year.
- 208 Long hours with unpaid layovers and cancellations.
- 215 Not enough time with clients.
- 218 Traveling—early AM and late PM visits.

Category 16: Sexual harassment

Qst. ID#

- 072 People who grope/feel you up try to be sexual with me. And the ones who think I'm superwoman.
- 115 Some of the bad situations of people I take care of put me in. Such as being held captive and sexual advances.
- 135 Giving men baths.

Category 17: Unsafe/unsanitary/unpleasant work environment

Qst. ID#

- 032 Dirty homes.
- 052 Going into extremely dirty homes.
- 063 Some of the jobs are strenuous on the back. The homes are sometimes hot to work in. Some people are very demanding.
- 069 Being put in homes that are unsafe and very filthy conditions. Like having to wear masks because of cat urine being so bad. Having a boss that does not listen to clients.
- 070 Working in unsanitary environments which require extra precautions.
- 076 Poor living conditions which we enter of job requirements.
- 087 Some homes are not always the cleanest.
- 100 Some smoke and stink. Pay raises were froze so didn't get a raise. Can't get any overtime.
- 106 Not always the most comfortable working conditions.
- 108 The smell in some homes is terrible and how some of their families leave them with hardly any money to live. Also wearing the smocks. I would like them to fit.
- 150 Some working conditions are pretty bad, depending on the client's condition of their home.
- 155 Some of the homes I got into were really bad. Rodent-infested (mice, rats). You have no one to assist you in emergency. Not guaranteed steady hours. If clients go to hospital or homes you lose hours and pay.
- 164 Going to homes of families that don't really care and have dirty homes with dogs and cats with pet hair all over and dishes in the sink for all week.
- 165 Going into some homes that are very dirty.
- 171 Going to home of smokers. Cleaning up after pets. Driving bad roads. We have to use vacation if we choose not to drive. Not always enough time.
- 183 The stress of running from home to home on a schedule with limited time to help. Some clients difficult to help, we can never do enough, but most very appreciative. Having to breathe tobacco smoke some places.
- 203 Going to homes that are very dirty.
- 217 Some of the living conditions of some clients are horrible.

Category 18: Other

Qst. ID#

- 059 If you get sick @ a clients there isn't much you can do immediately.
- 079 The way people can just not get help and the agency leaves it at that.
- 098 *There are way too many people that use this system. Middle age—think everybody owes them and they are just plan lazy.*
- 108 The smell in some homes is terrible and how some of their families leave them with hardly any money to live. *Also wearing the smocks. I would like them to fit.*
- 122 People do not try to improve their conditions.
- 155 Some of the homes I got into were really bad. Rodent-infested (mice, rats). *You have no one to assist you in emergency. Not guaranteed steady hours. If clients go to hospital or homes you lose hours and pay.*
- 170 The lose of a client whether it be death, moving (nursing home, etc.) or *lack of funding.*
- 185 Budget cuts and ability for all people to receive the care they prefer.

Category 19: Nothing I dislike; don't know/not sure

Qst. ID#

- 034 Haven't thought of any yet.
- 044 Nothing.
- 048 Can't think of any.
- 060 N/A
- 062 Nothing (some times snow storms!)
- 110 I have not 1 bad thing to say.
- 124 Nothing.
- 125 Nothing.
- 143 I don't have anything that I don't like.
- 144 Nothing—oh, other aides in our office over 65 years don't do a very good job they don't got the extra mile.
- 151 None
- 168 I love my work.
- 194 Nothing, have no complaints.

Appendix K

SUGGESTIONS FOR IMPROVING HOME CARE WORK

Q. 36. Please give us your ideas for how home care work could be improved?

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

- Code #
- 01 Better agency management
 - 02 Better benefits
 - 03 Better employees, screening of employees
 - 04 Better pay, bonuses, etc.
 - 05 Better screening of clients
 - 06 Client care
 - 07 Communication w/agency, co-workers, nurses, etc.
 - 08 Driving/transportation: less travel, better reimbursement, allowances for bad weather, etc.
 - 09 Expand number/type of clients served
 - 10 Improved training/opportunity for advancement
 - 11 More resources/funding directed to home care
 - 12 Respect/recognition of home care worker
 - 13 Scheduling: guaranteed number of hours, more consistent hours, fewer cancellations, less last-minute scheduling, more time with clients, etc.
 - 14 Services provided
 - 15 Support from managers/supervisors
 - 16 Working conditions: safe, clean, tools/equipment to make job easier
 - 17 Other
 - 18 None/Don't know/Not sure

Appendix K — Continued

SUGGESTIONS FOR IMPROVEMENTS TO HOW HOME CARE WORKS

Category 01: Better agency management

Qst. ID#

- 072 1) Background checks. 2) Posting of unethical individuals or agencies. 3) Specified job descriptions.
- 123 Funding always seems to be a problem agencies deal with, good management.
- 148 Paperwork, funding.
- 172 1) Allow for more personal days off to reduce burnout. 2) Meeting monthly to show our frustration and concern—in smaller groups.
3) Reports from B.O.D. on status and stability of agency.
- 207 I wish office management would have to spend a few days/year doing our job! Often their expectations are unrealistic. They don't seem to understand every client and everyday are different. They are also condescending and dismissive of HCA input.

Category 02: Better benefits

Qst. ID#

- 064 More benefits for home care aides.
- 067 Benefits, pay.
- 069 Ever though you may be part-time but put in close to 40 hours and you still should get health care benefits. No one should have to go without insurance. Bosses should not be able to treat workers without respect. Someone should oversee outside the agency. I work hard for my \$8 an hour and have over 16 years experience. I should make more and be able to get benefits.
- 093 Getting health insurance and better mileage.
- 099 I feel that HC could be improved by giving more benefits to the aides that bust their butts to help keep clients in their homes.
- 102 Increase in mileage. Pay raise each year. Medical insurance for part-time employees and family. Have county supervisor realize that nurses and HHA are underpaid.
- 109 I think the pay could be better and that the insurance could have better rates and better coverage and plans.
- 126 Better pay—sick pay—holiday pay for part-time worker, for workers that have work for HHCA as long or longer than 5 years—please help us with this.
- 127 1) Offer sick pay—say 1 day a month. 2) Longer vacation days to get. I've been there 16 years and still only get 2 weeks vacation.
- 130 They need sick pay, funeral pay, snow days.
- 133 Retirement plans.
- 138 Better benefits and higher wages.
- 141 Better pay. Better long-term insurance coverage. Hire people that will stay in the job and not quit after a couple of months.
- 146 They always tell us how important we are to the agency but don't back it up with higher pay. We need to be paid properly for the importance of our work. Every one needs benefits, insurance and a vacation. We are overworked, underpaid, and unappreciated. We need a union.

- 172 1) Allow for more personal days off to reduce burnout. 2) Meeting monthly to show our frustration and concern—in smaller groups. 3) Reports from B.O.D. on status and stability of agency.
- 174 Higher pay. Disability/retirement benefits.
- 175 Having more time and better benefits.
- 177 Offer or give insurance to part-time help and better pay.
- 180 Higher pay. Better training before starting. More training on the job. Better health insurance premiums.
- 195 Try to keep the loyal workers by better pay and benefits—also some can't pay for service so need to keep grants, etc., available.
- 197 Paid vacation and insurance that doesn't cost a lot. And sick time. No matter how many hours you work.
- 199 I don't like that most positions are part-time so the hospital doesn't have to provide benefits like paid sick leave, health insurance, paid vacation, IPERS.
- 211 Better pay and better benefits.

Category 03: Better employees, screening of employees

Qst. ID#

- 072 1) Background checks. 2) Posting of unethical individuals or agencies. 3) Specified job descriptions.
- 079 Find more reliable employees.
- 141 Better pay. Better long-term insurance coverage. Hire people that will stay in the job and not quit after a couple of months.
- 144 Higher standards of the aides qualifications.
- 168 Getting younger people employed and involved with home care—also more supervision of some caregivers who only pretend to do their jobs—clients are afraid to tell for fear of losing all help.
- 173 More thorough background check on applicants. Reasonable pay and hours for new hires.
- 212 Some need checkup, some times they don't do what they are supposed to do.

Category 04: Better pay, bonuses, etc.

Qst. ID#

- 062 Pay what we deserve for all our hard work—the county should pay us the hours we deserve to make sure ¼ hour am and pm breaks are scheduled—we can't have them now and this is breaking the law.
- 069 Ever though you may be part-time but put in close to 40 hours and you still should get health care benefits. No one should have to go without insurance. Bosses should not be able to treat workers without respect. Someone should oversee outside the agency. I work hard for my \$8 an hour and have over 16 years experience. I should make more and be able to get benefits.
- 074 Not as much traveling. Lot of wear and tear on my car. More pay. I feel after being there for 13 years I should have better pay.

- 075 Better wages, respect for us from employer.
- 083 Recognized us. We do work hard physically and mentally. It is very hard to work a 40-hour week. It is exhausting, wages should compensate.
- 086 Paid higher wages.
- 087 More pay for HCAs. We do more work than nursing homes do and we are paid less.
- 088 Of course, #1 would be more pay.
- 090 Better pay for the harder clients to take care of.
- 092 More training. Better screener. When hiring better pay.
- 098 Pay needs to increase—is a very difficult job. Need to get the user out and get them a job. Make more \$ available for those who really do need the help!!!
- 101 Better wages.
- 102 Increase in mileage. Pay raise each year. Medical insurance for part-time employees and family. Have county supervisor realize that nurses and HHA are underpaid.
- 104 The pay could be improved. We do wound care, change colostomy bags, catheter bag and deal with clients' families---have skills and talents that we use. We are alone in homes and have much responsibilities—doing errands.
- 109 I think the pay could be better and that the insurance could have better rates and better coverage and plans.
- 116 More pay and better mileage. A job well done is nice to hear too. An ear to listen to our concerns and needs.
- 118 Allow agencies to pay more so we can get more, better help. Cell phones for all or pagers so able to be in contact with office when they need you or you need them.
- 124 More pay.
- 125 Better pay rate.
- 126 Better pay—sick pay—holiday pay for part-time worker, for workers that have work for HHCA as long or longer than 5 years—please help us with this.
- 128 More money for home care. You can go to a care center and make more money. So why didn't we make more or as much because we do more than just putting them in a wheelchair.
- 134 Better pay so we can keep the home care workers on the job. More education so the younger people would like to do this type of work. More programs to help the older middle class people.
- 137 Better pay. Good communication from support staff.
- 138 Better benefits and higher wages.
- 139 Higher wages.
- 141 Better pay. Better long-term insurance coverage. Hire people that will stay in the job and not quit after a couple of months.

- 146 They always tell us how important we are to the agency but don't back it up with higher pay. We need to be paid properly for the importance of our work. Every one needs benefits, insurance and a vacation. We are overworked, underpaid, and unappreciated. We need a union.
- 149 Better pay and more positive view in public (not just the Molly Maid).
- 156 Pay us what we are worth and entitled to.
- 157 The pay for traveling time should be the same as hourly wage—to get 40 hours a week—hours vary so much if someone goes to the hospital or gone you got there you are paid for 15 minutes and then are just out if it a 2-hour client you have lost 1 hour and 45 minutes pay.
- 158 Pay rate needs to be higher for all that aides do, the pay needs to be more competitive.
- 160 Pay us all more per hour.
- 162 Better pay.
- 163 Better pay for aides, we work very hard and we are very caring people. We are rare.
- 164 I believe the wages should be much higher, you are a social worker, friend, helper, psychologist, cleaner, nurse, cook.
- 167 Better pay, higher mileage rates.
- 170 Education of the public as to who we are and what we do. Of course a more appealing starting salary as well as a salary increase for seasoned HCAs.
- 173 More thorough background check on applicants. Reasonable pay and hours for new hires.
- 174 Higher pay. Disability/retirement benefits.
- 176 Let home care workers have weekends off. We rotate every 4th weekend. I only work on-call now so don't have to do weekends. Also overtime pay when we go over 40 hours.
- 177 Offer or give insurance to part-time help and better pay.
- 180 Higher pay. Better training before starting. More training on the job. Better health insurance premiums.
- 181 Just a better pay scale to get and keep reliable workers. For our entire county we have only 3 full-time and 3 part-time and one off with injuries.
- 183 More time if needed for some individuals. Better pay, better mileage. More in-service time for aides as our own support group. A lot of stress some days. Rushing so much hard on health and upsets some clients also.
- 189 More recognition through pay wages. We save the state, insurance company, Medicare a lot of money by being able to keep clients in their home, yet our wages do not reflect the importance of this position within the medical community.
- 195 Try to keep the loyal workers by better pay and benefits—also some can't pay for service so need to keep grants, etc., available.
- 205 I think it would be an incentive to at least get paid \$12 or \$13 per hour.
- 211 Better pay and better benefits.
- 213 Salary increase. I've worked over 19 years and I am now making \$9.55 an hour.

216 Better pay—because of the hard work and stress.

Category 05: Better screening of clients

Qst. ID#

- 092 More training. Better screener. When hiring better pay.
- 094 Better screening of the clients and their homes to help insure the health and safety of home care workers.
- 100 Some clients are being seen and don't need services. Family members are at home.
- 113 I know the ideas is to keep the client at home as long as possible but we have clients that are definitely ready for the nursing home that would get 24-hour care.

Category 06: Client care

Qst. ID#

- 078 Make client first priority not just little things.
- 119 Care plans could be reviewed more often by the RN.
- 131 We should be in the home to provide personal care, first and foremost, many clients all they want us for is the cleaning, a cheap way, sliding fee schedule, some don't pay anything, some pay full fee. Cleaning home after home during the day just wears a person out.
- 187 I feel like the time you spend in the homes is very important to the clients and I feel like your agency needs to have every employee to treat them with the utmost respect. I have seen aides that go in and just do their job and just do not have the heart in the job.
- 193 Aides need to be able to trim finger and toe nails for most clients.

Category 07: Communication w/agency, co-workers, nurses, etc.

Qst. ID#

- 085 Communication between aides and nurses should be improved.
- 105 If we could get a chance to get to know our teammate. Maybe idea on how they deal with difficult client or tasks.
- 111 Being able to express concerns and have help with a problem.
- 114 1) Allow Medicare patients to have more freedoms while they are receiving services. 2) More awareness to all that is available for help to those who qualify.
- 116 More pay and better mileage. A job well done is nice to hear too. An ear to listen to our concerns and needs.
- 118 Allow agencies to pay more so we can get more, better help. Cell phones for all or pagers so able to be in contact with office when they need you or you need them.
- 120 Better details of clients illness's or handicaps.

- 137 Better pay. Good communication from support staff.
- 142 Case by case conference quarterly with their nurse. We see sometimes daily, nurses 1 time every 2 weeks or monthly. We see and hear more problems, especially with family and meds.
- 145 Better communication between office staff and home care aides. HCAs are the eyes and ears for their agencies and need to be listened to.
- 150 Better communication between client's family and agency. Able to have family members more involved with the parents or whoever the client may be.
- 169 Need more confidentiality and communication and honesty. I need more information on what client is or isn't able to do. Some really put on a good show and I hesitate to expect more than they might be able safely to do.
- 172 1) Allow for more personal days off to reduce burnout. 2) Meeting monthly to show our frustration and concern—in smaller groups. 3) Reports from B.O.D. on status and stability of agency.
- 210 More information to clients about home care expectations.

Category 08: Driving/transportation: less travel, better reimbursement, allowances for bad weather, etc.

Qst. ID#

- 073 More understanding and concerns when it comes to our winter weather and driving in ice and wind!!
- 074 Not as much traveling. Lot of wear and tear on my car. More pay. I feel after being there for 13 years I should have better pay.
- 093 Getting health insurance and better mileage.
- 102 Increase in mileage. Pay raise each year. Medical insurance for part-time employees and family. Have county supervisor realize that nurses and HHA are underpaid.
- 106 Paid for travel time.
- 116 More pay and better mileage. A job well done is nice to hear too. An ear to listen to our concerns and needs.
- 129 There is a need for transportation to doctor appointments for the clients that do not drive anymore and who do not have access to family members or friends who can transport them.
- 157 The pay for traveling time should be the same as hourly wage—to get 40 hours a week—hours vary so much if someone goes to the hospital or gone you got there you are paid for 15 minutes and then are just out if it a 2-hour client you have lost 1 hour and 45 minutes pay.
- 167 Better pay, higher mileage rates.
- 182 1) Hire people to go out at night for these people. 2) Round trip mileage from HCA's home and then maybe the scheduler would be more disciplined into scheduling aide in their own areas.
- 183 More time if needed for some individuals. Better pay, better mileage. More in-service time for aides as our own support group. A lot of stress some days. Rushing so much hard on health and upsets some clients also.

- 200 Getting organized better. So there is less traveling. Making recertification class readily available or getting videos to do the recertification that are not so expensive for the county. Loan them, not ask for purchasing.
- 201 Mileage increase due to rising fuel costs.

Category 09: Expand number/type of clients served

Qst. ID#

- 076 I have personally been upset when clients who still need care and have little or no access to it get dismissed because they do not meet guidelines mandated.
- 103 More elderly—that's where we're needed most. More money to provide for those that have worked hard all their lives. We now need to care for their final years to make things better for them.
- 134 Better pay so we can keep the home care workers on the job. More education so the younger people would like to do this type of work. More programs to help the older middle class people.
- 196 All seniors could get the help they need. More opportunities for further training—help with college.

Category 10: Improved training/opportunity for advancement

Qst. ID#

- 092 More training. Better screener. When hiring better pay.
- 134 Better pay so we can keep the home care workers on the job. More education so the younger people would like to do this type of work. More programs to help the older middle class people.
- 143 I'm an older home care worker. We need to teach younger people to be more caring, polite and sensitive to the needs of the elderly. Also to have patience and respect for them.
- 155 Being allowed to do more for clients. So many restraints. Not being forced to do CPR—should be only if you feel you want to take. Have community colleges offer more training for our area of work.
- 166 I think we need more training and maybe offer an incentive to be an LPN.
- 171 More training.
- 180 Higher pay. Better training before starting. More training on the job. Better health insurance premiums.
- 183 More time if needed for some individuals. Better pay, better mileage. More in-service time for aides as our own support group. A lot of stress some days. Rushing so much hard on health and upsets some clients also.
- 186 We have to take CEU's on medical things, but we're unable to use them or tell clients about it.
- 190 Some people need to be trained how to clean houses and give baths.
- 191 They could have all the workers trained one-on-one by another worker. Some workers do not have the knowledge needed on organizing their time.
- 196 All seniors could get the help they need. More opportunities for further training—help with college.
- 200 Getting organized better. So there is less traveling. Making recertification class readily available or getting videos to do the recertification that are not so expensive for the county. Loan them, not ask for purchasing.

Category 11: More resources/funding directed to home care

Qst. ID#

- 082 There should be more programs for these needs, not cut-backs.
- 096 More state and federal funding.
- 098 Pay needs to increase—is a very difficult job. Need to get the user out and get them a job. Make more \$ available for those who really do need the help!!!
- 103 More elderly—that's where we're needed most. More money to provide for those that have worked hard all their lives. We now need to care for their final years to make things better for them.

- 122 Limited time to be in home. People don't use it cause they feel they can't afford.
- 123 Funding always seems to be a problem agencies deal with, good management.
- 136 I think more people would utilize the program if more funding was out there to help the poor. Keeping people in their homes is cheaper than nursing homes or assisted living.
- 148 Paperwork, funding.
- 178 More financial assistance to people who are in need.
- 185 More funding.
- 188 Make it more affordable.
- 198 Making sure funds are in the county to get good workers and making sure funds are there to help all that need help.
- 206 Have more government funding so the elderly can get supplies and the help they need in their homes.
- 209 A lot of your clients think they can do it themselves and refuse some of the cares we offer to them because federal and state have cut cost that they use to pay for their help.

Category 12: Respect/recognition of home care worker

Qst. ID#

- 069 Ever though you may be part-time but put in close to 40 hours and you still should get health care benefits. No one should have to go without insurance. Bosses should not be able to treat workers without respect. Someone should oversee outside the agency. I work hard for my \$8 an hour and have over 16 years experience. I should make more and be able to get benefits.
- 075 Better wages, respect for us from employer.
- 077 Better appreciation from those in higher positions.
- 083 Recognized us. We do work hard physically and mentally. It is very hard to work a 40-hour week. It is exhausting, wages should compensate.
- 095 More acknowledgement what we do is important.
- 116 More pay and better mileage. A job well done is nice to hear too. An ear to listen to our concerns and needs.
- 132 Nurses treating CNAs better. We know more about clients than they do. Clients trust us over nurses.
- 140 Have more awareness of what home care services do and where they are located. I feel the home care aide that finds this type of work rewarding and senses the work as a service rather than a job, will be blessed, not only for herself but for her agency, her town and her community.
- 149 Better pay and more positive view in public (not just the Molly Maid).
- 170 Education of the public as to who we are and what we do. Of course a more appealing starting salary as well as a salary increase for seasoned HCAs.

- 189 More recognition through pay wages. We save the state, insurance company, Medicare a lot of money by being able to keep clients in their home, yet our wages do not reflect the importance of this position within the medical community.
- 207 I wish office management would have to spend a few days/year doing our job! Often their expectations are unrealistic. They don't seem to understand every client and everyday are different. They are also condescending and dismissive of HCA input.

Category 13: Scheduling: guaranteed number of hours, more consistent hours, fewer cancellations, less last-minute scheduling, more time with clients, etc.

Qst. ID#

- 060 Being able to stay with the same people as often as possible. They feel more comfortable knowing the person coming knows them and what they need.
- 062 Pay what we deserve for all our hard work—the county should pay us the hours we deserve to make sure ¼ hour am and pm breaks are scheduled—we can't have them now and this is breaking the law.
- 065 Give more hours to the client so you can go in and clean and do what they want done.
- 070 Giving a little more time in some homes without feeling rushed to get to another, would be able to help some people more.
- 071 With some clients we are there very little time, when we should be there more.
- 084 Having a little more time in homes to get a few more things done.
- 089 Allow non-smoking aides to work only non-smoking clients.
- 097 My thinking has always been to rotate HCA workers. Thereby not getting too attached to each other. Quite often a client gets to thinking no one can do the work as good as so & so and I feel guilty in going on vacation or whatever because they do not want help. The client needs to realize that you have a life too and the next person can do as good. I do not like this possessed feeling although flattering.
- 108 In Rock Rapids it would be nice to have another person to work part-time so we could have a day off during the week when we work the weekends.
- 121 Putting 2 aides at a time into a home that is extremely difficult. We have done this and it helps tremendously.
- 122 Limited time to be in home. People don't use it cause they feel they can't afford.
- 135 More social time with clients. Some of them feel like we can't be friends with them.
- 147 Making sure enough employees are hired to cover the workload.
- 152 The office manager and scheduler should take the time to know what client needs and does not need so the proper time with that client would be met.
- 175 Having more time and better benefits.
- 176 Let home care workers have weekends off. We rotate every 4th weekend. I only work on-call now so don't have to do weekends. Also overtime pay when we go over 40 hours.

- 182 1) Hire people to go out at night for these people. 2) Round trip mileage from HCA's home and then maybe the scheduler would be more disciplined into scheduling aide in their own areas.
- 183 More time if needed for some individuals. Better pay, better mileage. More in-service time for aides as our own support group. A lot of stress some days. Rushing so much hard on health and upsets some clients also.
- 184 I would like to spend more time with clients some time we don't have enough time.
- 203 It seems like some people are not given enough hours for homemaker services and others have more than they can even use in a month.

Category 14: Services provided

Qst. ID#

- 080 HHA should be able to do activities outside of home with permission.
- 081 A little more flexibility in company policies regarding what we can and cannot do for the client.
- 112 More personal care, less housework.
- 114 1) Allow Medicare patients to have more freedoms while they are receiving services. 2) More awareness to all that is available for help to those who qualify.
- 131 We should be in the home to provide personal care, first and foremost, many clients all they want us for is the cleaning, a cheap way, sliding fee schedule, some don't pay anything, some pay full fee. Cleaning home after home during the day just wears a person out.
- 155 Being allowed to do more for clients. So many restraints. Not being forced to do CPR—should be only if you feel you want to take. Have community colleges offer more training for our area of work.
- 159 I wish we could take clients to the grocery store.
- 179 The only way would be to find a way to involve some of my clients' families in some of the needed help that we cannot get done or not allowed to do.

Category 15: Support from managers/supervisors

Qst. ID#

- 063 When there are problems and the home care workers report to their superiors, they should listen and do something to improve the situation.
- 168 Getting younger people employed and involved with home care—also more supervision of some caregivers who only pretend to do their jobs—clients are afraid to tell for fear of losing all help.

Category 16: Working conditions: safe, clean, tools/equipment to make job easier

Qst. ID#

- 107 If we could have better set up in home for bath (getting them in and out of tub).
- 110 Something we could do to give us stronger backs when it comes to transferring patients and the lifting and lugging them in and out of tubs and showers.
- 153 Give us more tools as to helping us help the clients better, to be able to succeed on their own (where able).

Category 17: Other

Qst. ID#

- 068 I work with a wonderful agency and a group of nice girls. I think we are tops in total care.
- 192 Keep implementing excellence in all departments.
- 202 I work through Mahaska Health Partnership Community Health, and they are always giving us surveys, etc., to ask how we can improve. I think just letting people know you truly care about them is the best thing you can improve on.
- 204 More consideration should be given to the patients and less worry about rules.

Category 18: None/Don't know/Not sure

Qst. ID#

- 061 ?
- 066 I have no ideas at this time.
- 091 Not sure.
- 117 None at this time.
- 151 I have no ideas.
- 154 ?
- 165 Can't think of any.
- 194 No ideas.
- 208 Unsure.

July 2004

Dear Home Care Worker:

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 home care workers 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 stamped envelope as soon as possible.

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 home care workers 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 home care workers like you today and in the future.

1. Are you currently working as a home care worker?

- Yes (Please continue.)
- No (Please skip to question 37.)

2. How long have you been a home care worker?

- 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 hours of training for home care work did you have before you started to work in home care?

- none
- 1 to 60 hours
- 61 to 75 hours
- 76 to 120 hours
- More than 120 hours

4. Some home care workers work home care jobs for more than one employer. **How many** of the following do you work **home care jobs** for **at this time**?

Please answer **all three** questions (4a to 4c).

- 4a. Do you do home care or hospice work for an agency? No Yes How many agencies do you work for at this time? _____

4b. Are you self employed and do home care work for private duty patients (who pay you directly)? No Yes How many private duty patients do you work for at this time? _____

4c. Do you do home care work for any pools? No Yes How many pools do you work for at this time? _____

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

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

- | | |
|--|---|
| <input type="checkbox"/> Full time | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Part time | <input type="checkbox"/> Private duty (self employed) |
| <input type="checkbox"/> On call (PRN) | <input type="checkbox"/> Other _____ |

6. What is your current job title at your **main** home care worker job?

- | | |
|---|--|
| <input type="checkbox"/> Home Health Aide (HHA) | <input type="checkbox"/> Personal Care Assistant/Attendant |
| <input type="checkbox"/> Home Care Aide (HCA) | <input type="checkbox"/> Hospice Aide |
| <input type="checkbox"/> Certified Nursing Assistant (CNA) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> CNA <i>plus</i> CMA (Certified Med Aide) | |

7. How long have you been on your **main** home care worker job?

- | | |
|--|---|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 6-10 years |
| <input type="checkbox"/> More than 1 year, but less than 3 years | <input type="checkbox"/> 11-20 years |
| <input type="checkbox"/> 3-5 years | <input type="checkbox"/> More than 20 years |

8. Is your **main** home care job: (Please check only **one**)

- | | |
|--|--|
| <input type="checkbox"/> Agency in-home or hospice care
(Please answer 8a) | <input type="checkbox"/> Pool
(Go to question 9) |
| <input type="checkbox"/> Private duty patients (self employed)
(Go to question 9) | <input type="checkbox"/> Other _____
(Go to question 9) |

8a. If your **main** home care job is with an agency, what type of agency is it?

- | | |
|---|--|
| <input type="checkbox"/> Public health agency | <input type="checkbox"/> For profit agency |
| <input type="checkbox"/> Non profit agency | <input type="checkbox"/> I'm not sure/don't know |

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

9a. Town _____

9b. County _____

10. How many clients are you assigned to care for on an average day on your **main** home care job?

11. About how much **total time** do you spend on an average day traveling between clients? _____

12. About how many **total miles** do you drive in an average day traveling between clients? _____

13. How satisfied are you with the number of hours you work in an average week on your **main** home care job?

- Too many hours Just about right Not enough hours

14. For how many hours during an average week are you asked to work overtime on your **main** home care job?

15. If you work **additional** home care jobs, for how many hours during a typical week are you asked to work overtime on your **additional** home care job(s)? _____

16. How concerned are you about your personal health and/or safety on your home care job? (Please check one box below.)

I am very concerned

I am somewhat concerned

I am not at all concerned

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

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

18a. **Main** home care job _____

18b. **Additional** home care job(s) _____

18c. **Non-home care** jobs _____

19. 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 20]

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.

20. If you checked **family coverage** in question 19, 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

21. Is health insurance **offered** to you through your **main** home care job?

- Yes
- No Skip to question 31
- Don't know Skip to question 31

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

- Yes, I am enrolled in health insurance through my home care employer. (Skip to question 24)
- No, I am not enrolled in health insurance through my home care employer. (Continue with question 23)

23. Please check all the reasons you are **not enrolled** in health insurance through your home care employer:

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

Note: If you are **not enrolled** in health insurance through your **main** CNA employer, please skip to question 31 after you have answered question 23 above.

24. If yes, you are enrolled insurance through your home care employer, 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%

25. 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

26. 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 27)
- No (Please skip to question 29)
- Don't know (Please skip to question 29)

27. 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

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

- No
- Yes

29. 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:

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

I am very concerned

I am somewhat concerned

I am not at all concerned

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

Paid sick time

Paid vacation

Pension/retirement

Dental insurance

Disability insurance to cover long periods of illness or injury

Other _____

32. Please tell us your hourly pay rates on your **main** home care job.

32a. **Regular** hourly pay rate on **main** home care job _____ per hour

32b. **Overtime** hourly pay rate on **main** home care job _____ per hour

32c. **If** you are paid for your travel **time** when you travel between clients, what is your hourly pay rate for **travel** time? _____ per hour

32d. **If** you are paid **mileage** when you travel between clients, at what **mileage rate** are you paid? _____ per mile.

33. When you first chose to work in home care, what was the main reason you made that choice?

34. What do you like **most** about working in home care?

35. What do you like **least** about working in home care?

36. Please give us your ideas for how home care work could be improved.

Please tell us about yourself

37. Your age: _____

38. Female Male

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

39a. How many adults over age 18 live in your household? _____

39b. How many children under 18 live in your household? _____

39c. How many people in your household have full time or part time jobs? _____

40. Please include the income from all the jobs you listed for question 39c 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 |
| <input type="checkbox"/> \$15,000 to \$17,499 | <input type="checkbox"/> \$40,000 to \$49,999 |
| <input type="checkbox"/> \$17,500 to \$19,999 | <input type="checkbox"/> \$50,000 or more |
| <input type="checkbox"/> \$20,000 to \$24,999 | |

Please answer BOTH question 41 and 42.

41. Are you Hispanic/Latino? Yes No

42. Are you

- Asian
- Black, African American
- Multi-racial
- White

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.