

Home Care Quality Authority

Phone Survey of Individual Providers

By: *SESRC – Puget Sound Division*
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April 2007

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Acknowledgements

The authors would like to thank the management of the Home Care Quality Authority for their coordination and support. We are also grateful to the managers at the Washington State Department of Social and Health Services for providing the survey sample and for their input in the review process. Finally, this project would not have been possible without the valuable insights contributed by the individual providers who agreed to participate in the survey.

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EXECUTIVE SUMMARY

Home Care Quality Authority Phone Survey of Individual Providers

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April 2007**

In 2004, the Home Care Quality Authority (HCQA) received funding from the Centers for Medicare & Medicaid Services to improve the recruitment and retention of individual providers in Washington State. HCQA contracted with Washington State University's Social and Economic Sciences Research Center (WSU-SESRC) to conduct the project evaluation.

The prevailing method for public provision of in-home personal care for aged and disabled persons in the US has been through contracts with local home care agencies. Starting in 1983 with Medicaid waiver programs, Washington State has been developing an alternative system in which the recipients of care, or their guardians, contract directly with individual providers, using public funds. The state has standardized many features of the process so that the administrative burden of becoming employers is not excessive.

Like the grant, the evaluation includes multiple components. One component was a telephone survey of individual providers who recently joined the Individual Provider Program. The main purpose of the survey was to determine the role of employment benefits in individual providers' decisions to join the field (recruitment) and to remain in the field (retention). The employment benefits included health insurance, workers' compensation insurance, paid vacation, and the hourly wages. Individual providers were required to meet certain eligibility requirements to qualify for health insurance coverage.

The survey also explored respondents' awareness and participation in referral registries that have been set up in parts of the state to match individual providers with consumers who need services.

The telephone survey focused on individual providers who received their first payment between October 2005 and March 2006. Interviewers contacted 698 individual providers and completed 272 surveys. The response rate was 42 percent, and the cooperation rate was 85 percent.

INDIVIDUAL PROVIDER EMPLOYMENT STATUS & BACKGROUND

- Eighty-four percent of the respondents were providing services to a client at the time of the survey.
- Of the individual providers who did not have a client at the time of the survey, about half had left the field temporarily (49%), over one quarter had left the field permanently (27%), 12 percent were looking for a new client, and 12 percent didn't know if they would return to the field.
- The most common reason for leaving the field permanently was that the individual provider had a prior personal relationship with a particular consumer, and that consumer no longer needed care.
- The reasons why individual providers were taking a temporary break from the field were more varied, including pregnancy or other medical condition, attending school, another job taking precedence, and other family commitments.
- About two-thirds of the respondents (65%) were related to their consumer/employer.^{1 2}
- About one-third of the family providers (36%) and two-thirds of the non-family providers (68%) stated that they would continue to work as an individual provider if their current consumer/employer no longer needed assistance.
- It was not common for individual providers to also work for local home care agencies (family providers: 12%, non-family providers: 19%).
- Respondents indicated that they had been an individual provider for between a few weeks and 48 years, with a median of nine months. This is a much wider range than was expected since the sample was drawn from those receiving their first payment between October 2005 and March 2006. It is likely that providers included time that they had performed the work without being paid, as well as time providing personal care services through other organizations, including home care agencies. Respondents also may have included time that they had been an individual provider outside of Washington State.
- One-third of the respondents had been an individual provider in Washington state for one to six months (33%), one-third had been an individual provider for seven to 12 months (34%), and one-third had been in the field for over one year (33%).

EMPLOYMENT BENEFITS

This survey was intended to test the hypothesis that offering health insurance, workers' compensation insurance, and paid vacation would improve recruitment and retention. Workers' compensation insurance was introduced in October 2004, and health insurance became available a few months later. Accrual of paid vacation began in the summer of

¹ The term "consumer/employer" refers to the person receiving services.

² The individual providers who are related to their consumer/employers will be referred to as "family providers" through the remainder of the report. Those who are not related to their clients will be referred to as "non-family providers".

2006, after the survey was administered. For each employment benefit, the respondent was asked if they were aware of it before joining the field; if so, how much it affected their decision to join the field; and if it would influence them to stay in the field. The survey also explored respondents' opinions on their hourly wages.

Awareness of Employment Benefits

- In order for health insurance or other benefits to affect recruitment, individual providers would have to have been aware of the benefit before joining the field. The survey results showed that most individual providers were not aware of the benefits before becoming an IP. Reported awareness levels ranged from 4 to 16 percent, depending on the benefit.
- Health insurance had the highest level of awareness, followed by workers' compensation insurance. Since accrual of paid vacation began after this survey, it was not surprising that it had the lowest level of awareness.
- Respondents who became individual providers most recently were most likely to be aware of the employment benefits.

Employment Benefits & Recruitment

- Health insurance had the strongest positive recruitment effect of the employment benefits. Of the 16 percent who were aware of the availability of health insurance before joining the field, over one-third (35%) reported that it was a positive influence on their decision.
- Workers' compensation positively influenced about one-quarter (24%) to join the field, out of the 9 percent of respondents who were aware of the benefit before joining.
- Since awareness of paid vacation was so low, it is unclear to what extent it influenced individual providers to join the field.

Employment Benefits & Retention

- About one-third of all the respondents indicated that the availability of health insurance and paid vacation would make them more likely to stay in the field.
- The availability of workers' compensation insurance had a smaller positive effect on retention, at 21 percent.
- The non-family providers reported stronger retention effects for all of the benefits, compared to the family providers. This was especially true for paid vacation (family providers: 26%, non-family providers: 42%).

Usage of Health Insurance

- Nine percent of both the family providers and non-family providers had insurance through their individual provider job.
- About half of the respondents (48%) reported that they did not need the insurance because they were covered elsewhere.

- Of the respondents without health insurance, 43 percent reported that they were not eligible for it. About one-quarter (26%) did not know that health insurance was available to individual providers.

Wages & Recruitment

- In making their decision to join the field, about one-third of the individual providers (32%) said that the level of wages was not a factor at all. Thirteen percent of the respondents reported that the level of wages was a “very positive factor”. About one-third (34%) stated that it was a “somewhat positive factor”. Eleven percent said that it was a “somewhat negative factor”, and 6 percent stated that it was a “very negative factor”.
- Non-family providers were more likely than the family providers to state that the level of wages was a somewhat or very negative factor.

Prioritization of Benefits

- When respondents were asked to select the most important employment benefit, 35 percent cited wages, 26 percent selected health insurance, 6 percent chose paid vacation, 2 percent said workers’ compensation insurance, 5 percent didn’t know, and 26 percent said “something else”.
- The other employment benefits (“something else”) focused on the emotional rewards of helping others or taking care of a loved one.

REFERRAL REGISTRY

- One- quarter of the respondents (25%) had heard of the referral registry before taking part in the survey.
- Awareness of the referral registry system was lowest among respondents who did not have a referral registry available in their area (17%), compared to respondents who lived in an area that had been served by an RWRC for three months (30%), 10 months (44%), or 17 months (25%).
- Among the respondents who had heard of the referral registry, there seemed to be considerable confusion over whether the referral registry was available in their area of the state. In the areas where the registry was available, about half of the respondents who had heard of the registry knew that it was available to them. In the areas where the referral registry was *not* available, 41 percent thought that it *was* available.
- Among the respondents who knew that the registry was available in their area and who would look for another consumer/employer if their current consumer/employer no longer needed their services (N=21), a total of 38 percent had signed up to be on the registry. Non-family providers were much more likely to sign up (55%) than family providers (20%).
- About two-thirds of the respondents (67%) without access to a referral registry said that they would join one if it was available.

INTRODUCTION

INTRODUCTION

In 2004, the Home Care Quality Authority (HCQA) received funding to improve the recruitment and retention of in-home care service providers (individual providers) in Washington State. HCQA contracted with Washington State University's Social and Economic Sciences Research Center (WSU-SESRC) to conduct the project evaluation. The evaluation included multiple components, one of which was a telephone survey of individual providers who were new to the field. This report presents the results of the telephone survey.

The main purpose of the survey was to determine the role of employment benefits in individual providers' decisions to join the field (recruitment) and to remain in the field (retention). The employment benefits included health insurance, workers' compensation insurance, paid vacation, and their hourly wages. The survey also explored respondents' awareness and participation in referral registries that have been set up in parts of the state to match individual providers with consumers who need services.

BACKGROUND

The prevailing method for public provision of in-home personal care for aged and disabled persons in the US has been through state agency contracting with local home care agency. Starting in 1983 with Medicaid waiver programs, Washington State has developed an alternative system in which the recipients of care, or their guardians, contract directly with individual providers, using public funds. The state has standardized many features of the process so that the administrative burden of becoming employers is not excessive.

Starting in February 2005, health insurance coverage became available to all individual providers under a Taft-Hartley Trust established through collective bargaining – the SEIU 775 MultiEmployer Health Benefits Trust (Trust). The Trust is a comprehensive medical plan that includes dental and vision benefits and is funded with state and federal match dollars featuring small enrollee premiums, some patient co-payments and no deductible. To be eligible, the individual provider must have been working for at least three months, must work at least 86 hours per month, and with limited exceptions under the law, must not be eligible for other sources of health insurance.

Several years prior to establishing the Taft-Hartley Trust, some individual providers could qualify for the state's Basic Health Plan (BHP) based upon their income level, but this benefit was not open to all workers. The BHP is a standardized plan developed for low-income persons, which is also funded with a combination of state and federal funds for individual providers. It also features small enrollee monthly premiums, patient co-payments and a modest deductible. The BHP maintains the same eligibility requirements as the Trust plan but also includes a low-income requirement. The BHP does not provide dental and vision benefits, but does offer family coverage. Family coverage is not yet available in the Trust plan.

Through collective bargaining, all individual providers received workers compensation insurance coverage starting October 1, 2004, providing medical and time-loss benefits for on-the-job injuries. Paid leave was negotiated into the bargaining agreement, with accrual of leave credit to start shortly after this survey was conducted.

Although wage increases for individual providers were not explicitly part of the state's package of interventions discussed in the federal grant application, wage levels have been increased during the same period that the other employee benefits have been added. Therefore, it was appropriate to include wage levels in some of the questions about what individual providers perceived as significant incentives.

METHODOLOGY

Description of Population and Sample

A randomly-selected list of 1,102 individual care providers was provided by the Washington State Department of Social and Health Services. The list included only individuals who were issued their first paycheck as an individual provider between October of 2005 and March of 2006 and were still being paid as an individual provider in March of 2006. SESRC then randomly selected 698 providers to participate in the study.

Interview Design & Administration³

The survey was designed in collaboration with HCQA management, incorporating review by the Washington State Department of Social and Health Services (DSHS). The final interview script consisted of 45 questions, including 8 with open-ended responses.⁴ The survey was translated into Spanish and Russian, and one bilingual interviewer of each language was trained on the project.⁵

The interviews were conducted from the Public Opinion Laboratory of SESRC, using a Computer-Assisted Telephone Interviewing system, Voxco Interviewer, which displays survey questions on a computer monitor. The interviewer reads the question to the respondent and enters the response directly into the database.

A pretest of the survey instrument was conducted on June 6, 2006. Interviewers attempted to contact 16 respondents who were randomly drawn from the sample. Two pretest surveys were completed, along with a staged interview with an HCQA staff member. These cases were not included in the final dataset because numerous changes were made to the survey script as a result of the pretest.

³ Please see Appendix H for detailed information on the methodology.

⁴ The survey protocol and frequently asked questions are available in Appendices A and B.

⁵ The Spanish and Russian translations of the survey protocol and frequently asked questions are included in Appendices C, D, E, and F.

Interviews were conducted from June 21 through July 9, 2006. All phone numbers were attempted a minimum of eight times before being retired. These eight attempts occurred on different days and at different times of the day.

Response Rates

A total of 286 surveys were completed: 272 in English, 13 in Spanish, and 1 in Russian. One interview was partially completed. Ten respondents were removed from the sample because they were no longer working as individual providers. The response rate was 42 percent (287/688).

A different measure of survey response is the cooperation rate.⁶ This shows the percentage of individual providers who started or completed the survey out of the individual providers that the interviewers contacted. (For example, the cooperation rate does not include the non-working phone numbers or the phone numbers with no response.) The cooperation rate was 85 percent (287/338).

Sample Error

For a population of 1,102 individual care providers in Washington State during the spring of 2006, the approximate sample error for the survey with 287 completed interviews is plus or minus 5%.⁷

DESCRIPTION OF RESPONDENTS

HCQA has indicated that demographic data is not available on the population of individual providers; therefore, it is not possible to assess demographic bias in the response received.

Demographics of the Respondents (as self-reported to interviewers)

- Gender:
 - 84% female and 16% male
- Ethnicity:
 - 73% White
 - 10% Latino/Hispanic
 - 3% Black/African American
 - 3% American Indian/Alaskan Native
 - 2% Asian
 - 1% Native Hawaiian/Pacific Islander
 - 6% Other
- Access to the Internet/Email
 - 72% have access to the internet
 - 63% have an email address

⁶ The formulas for the cooperation rate and response rate are presented in Appendix G.

⁷ The formula for the sample error is presented in Appendix D.

INDIVIDUAL PROVIDERS' EMPLOYMENT STATUS

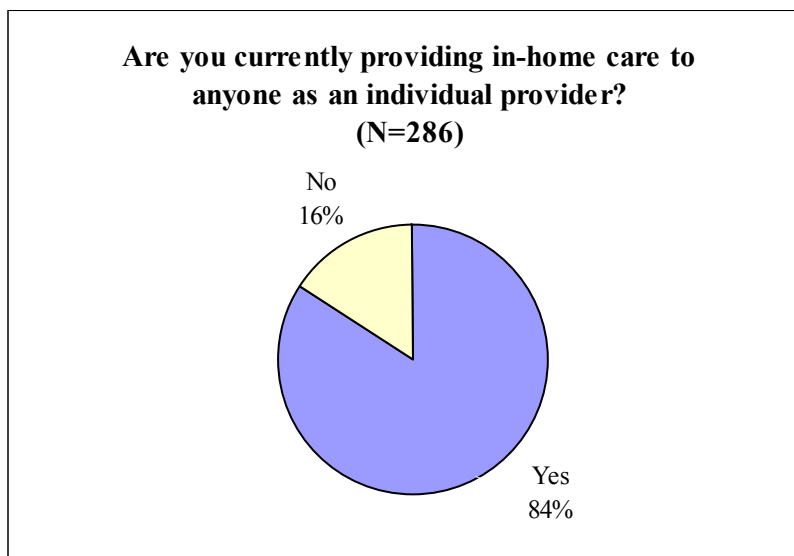
The phone survey began with a series of questions on the individual provider's employment status. Information was collected to on the following topics:

- Did they have a consumer/employer at the time of the survey?
- If not, were they taking a temporary break or permanently leaving the field, and why?
- If they had a consumer/employer, were they related to their consumer/employer?
- If they had a consumer/employer, did they plan to remain in the field if their consumer/employer no longer needed their services?
- In addition to being an individual provider, did they also work for a home care agency?
- How long had they been an individual provider?

EMPLOYMENT STATUS

Eighty-four percent of the individual providers had a consumer/employer at the time of the survey.

Figure 1



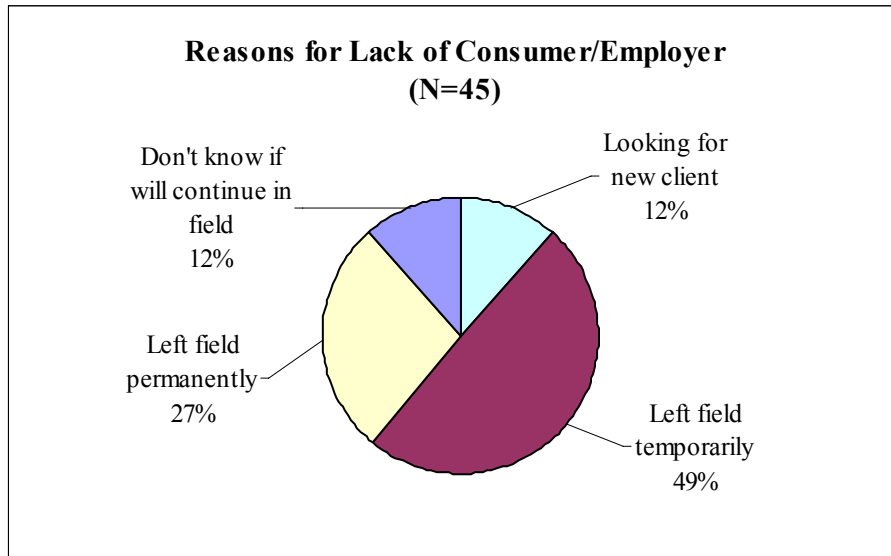
REASONS FOR LACK OF CONSUMER/EMPLOYER

The respondents who did not have a consumer/employer were asked a series of questions to determine if they had left the job entirely, were taking a break in their employment as an individual provider, or were in the process of finding another consumer/employer.

These questions consisted of the following:

1. Do you plan to provide in-home care in the future?
 - a. If not, what is the main reason you have decided not to work as an individual provider in the future?
2. Are you currently looking for a new client?
 - a. If not, what is the main reason you are not looking for a new client?

Figure 2



Of the individual providers who did not have a consumer/employer at the time of the survey, about half had left the field temporarily (49%), over one quarter had left the field permanently (27%), 12 percent were looking for a new consumer/employer, and 12 percent didn't know if they would return to the field.

The most common reason for leaving the field permanently was that the individual provider had a personal relationship with a particular consumer/employer, and that consumer/employer no longer needed care. Other reasons included the following: the individual provider had other scheduling demands and no longer had time for this work, and the individual provider would be graduating from college soon and working in the field he or she had studied.

The reasons that individual providers were taking a break from the field were more varied, including the following:

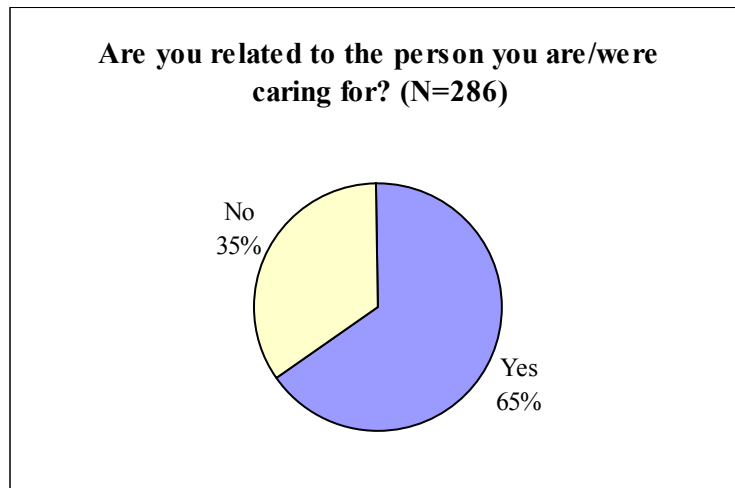
- Pregnancy or other medical condition
- Attending school
- Another job taking precedence
- Busy with other family commitments

FAMILY/NON-FAMILY PROVIDER STATUS

Respondents were asked if they were related to their consumer/employer. Past surveys of this population have shown that individual providers who are related to their consumer/employer (referred to here as “family providers”) differ in both their reasons for joining the field and their plans for staying in the field, compared to individual providers who are not related to their consumer/employers (“non-family providers”). Many of the other questions in this survey are explored by the respondent’s family/non-family provider status.

About two-thirds of the individual providers (65%) were related to their consumer/employer, and one-third (35%) were not. These percentages are comparable to previous surveys of this population.

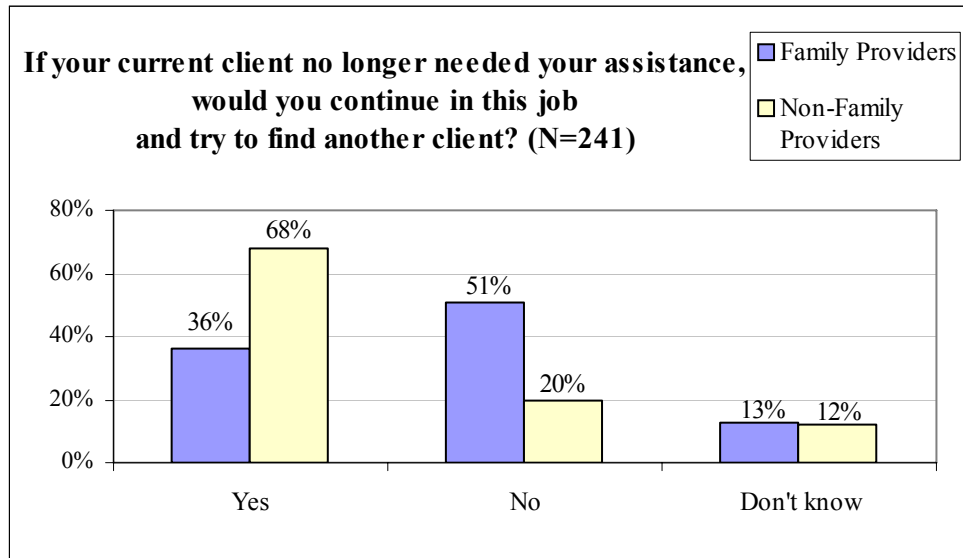
Figure 3



INTENTION TO CONTINUE IN THE FIELD

About two-thirds of the non-family providers (68%) and one-third of the family providers (36%) plan to continue to work as an individual provider beyond their current consumer/employer.

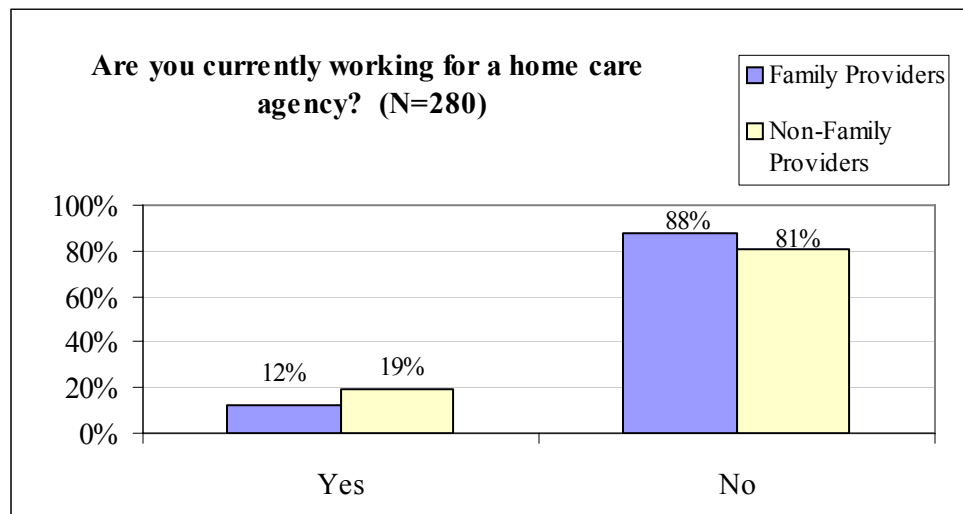
Figure 4



INDIVIDUAL PROVIDER / HOME CARE AGENCY EMPLOYMENT

The survey explored whether individual providers combined home care agency employment with their job as an individual provider. The survey results demonstrated that it is relatively rare for individual providers to also work for a home care agency, among both family providers (12%) and non-family providers (19%).

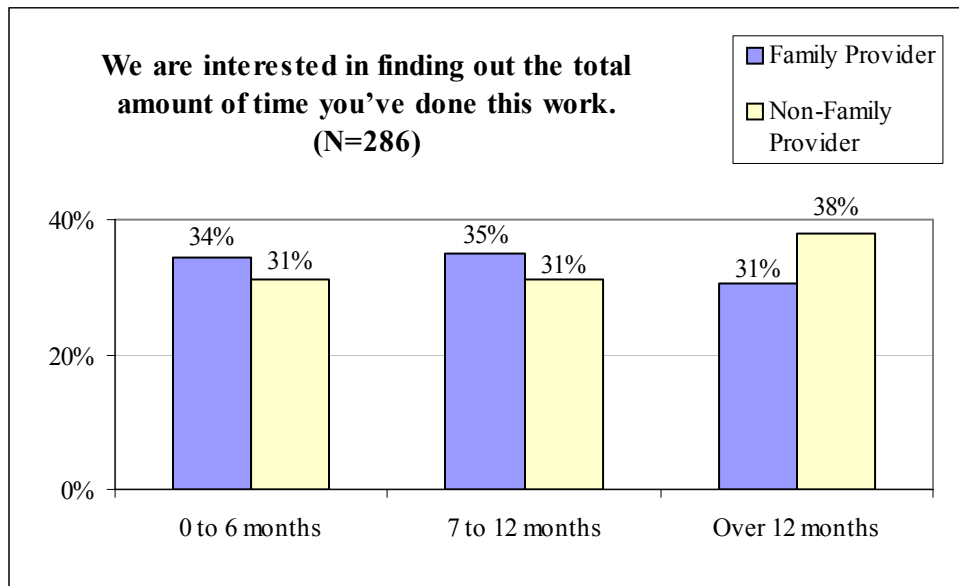
Figure 5



LONGEVITY

The survey responses on the amount of time the respondent had been an individual provider were somewhat difficult to interpret. The sample of individual providers included in the study should have received their first payment as an individual provider in Washington State between October 2005 and March 2006 so the maximum longevity should have been about eight months. Instead, respondents indicated that they had been an individual provider for between a few weeks and 48 years. The median was nine months. It is likely that providers included time that they performed the work without being paid, as well as time providing personal care through other organizations including home care agencies. Respondents also may have included time that they had been an individual provider outside of Washington State.

Figure 6



In general, about one-third of the individual providers had been in the job for one to six months, about one-third had been an individual provider for seven to 12 months, and one-third had been in the position for over one year. There was little difference in the longevity of the family and non-family providers.

EMPLOYMENT BENEFITS

This survey was intended to test the hypothesis that offering health insurance and other benefits would attract new individual providers to the field and encourage them to stay in the field. For each employment benefit, the respondent was asked...

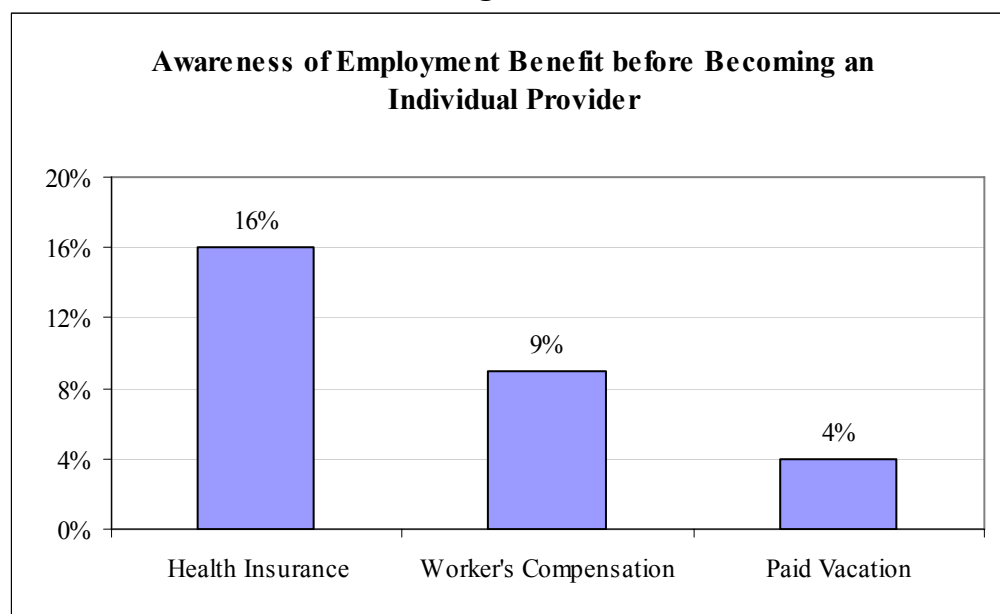
- if they were aware of the benefit before joining the field,
- if so, how much the availability of the benefit affected their decision to join the field, and
- if the availability of the benefit would influence them to stay in the field.

The benefits included in the study were health insurance, workers' compensation insurance, paid vacation, and hourly wages.

Summary of Awareness

Overall, awareness of the benefits was fairly low before respondents started to work as an individual provider, ranging from 4-16 percent depending on the benefit. Health insurance had the highest level of awareness, followed by workers' compensation insurance. Paid vacation was the most recently added benefit, and awareness of this benefit was the lowest. For individual providers who were not aware of the benefits before they decided to join the field, the benefits should have had little, if any, influence on their decision.

Figure 7

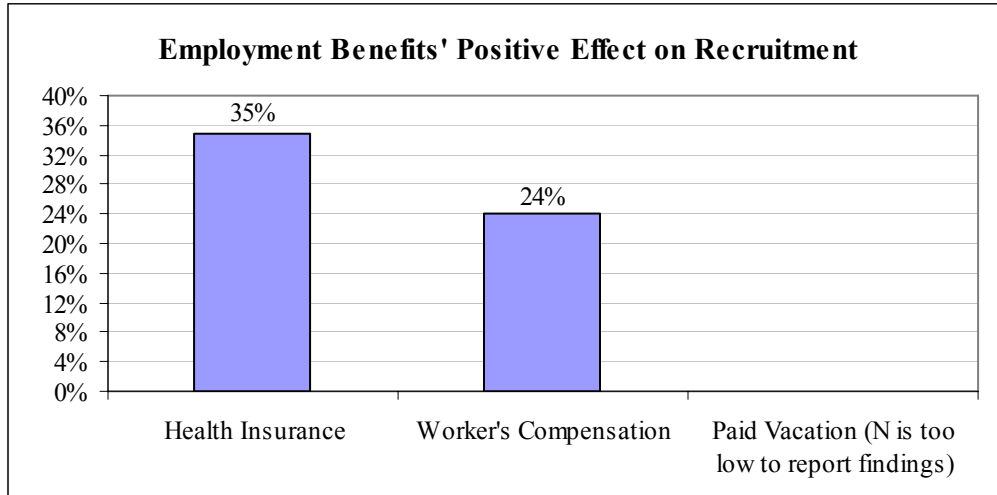


Summary of Recruitment

Of the respondents who were aware of the employment benefits before joining the field, health insurance had the strongest recruitment effect, positively influencing over one-third of the group (35%) in their decision to become an individual provider. Workers' compensation positively influenced one-quarter (24%) of the group. Too few respondents

were aware that paid vacation would become available to them to do any meaningful analysis of the influence on their decision to join the field. There were no strong differences between family and non-family providers in the recruitment effect of the benefits.

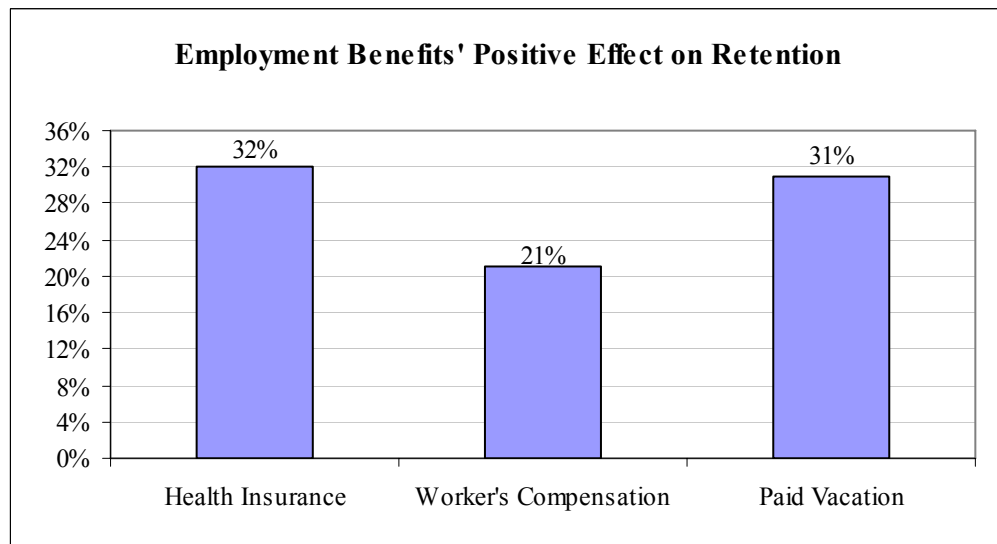
Figure 8



Summary of Retention

About one-third of all the respondents indicated that the availability of health insurance and paid vacation would make them more likely to stay in the field. The availability of workers' compensation insurance had a smaller positive effect on retention, at 21 percent. The non-family providers reported stronger retention effects for all of the benefits, compared to the family providers. The strongest retention effect for family providers was in response to health insurance (29%). The strongest retention effect for non-family providers was paid vacation (42%).

Figure 9



HEALTH INSURANCE

As of February 2005, health insurance coverage has been available to all individual providers through a Taft-Hartley Trust. To be eligible for coverage, the individual provider must have been working for at least three months, must work at least 86 hours per month, and with limited exceptions under the law, must not be eligible for other sources of health insurance.

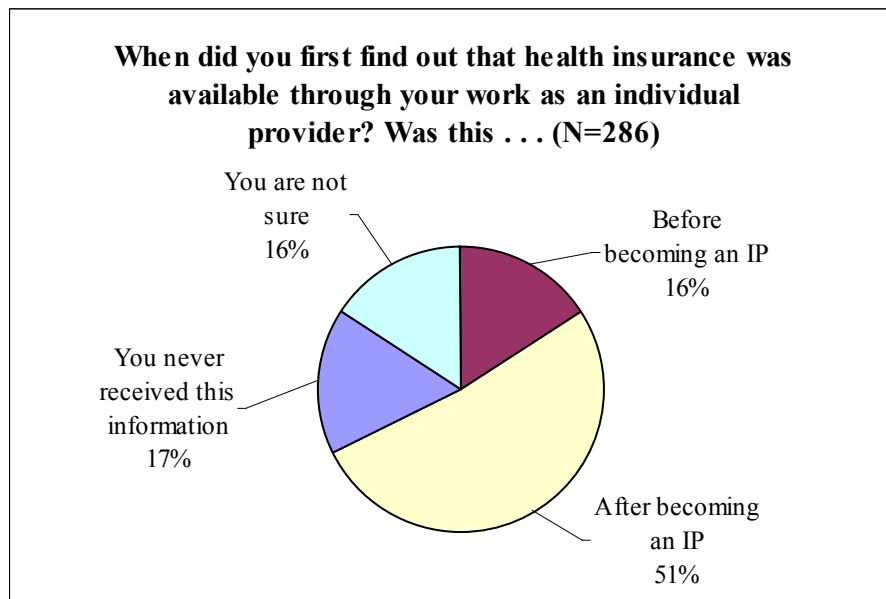
Several years prior to establishing the Taft-Hartley Trust, some individual providers could qualify for the state's Basic Health Plan (BHP) based upon their income level, but this benefit was not open to all workers.⁸

Awareness of the Availability of Health Insurance

Overall, 16 percent of the providers were aware of the availability of health insurance before joining the field. About half found out about the health insurance after joining the field (51%), and 17 percent did not know that health insurance was available through their job before taking this survey. Note that some of those unaware of health insurance availability may have had other health insurance coverage or may not have met the minimum eligibility requirements. Therefore, it is unlikely that all of this 17 percent would have enrolled in the health insurance available through their job as an IP, even if they had been aware of it.

There was little difference in the awareness of the availability of health insurance between the family and non-family providers.

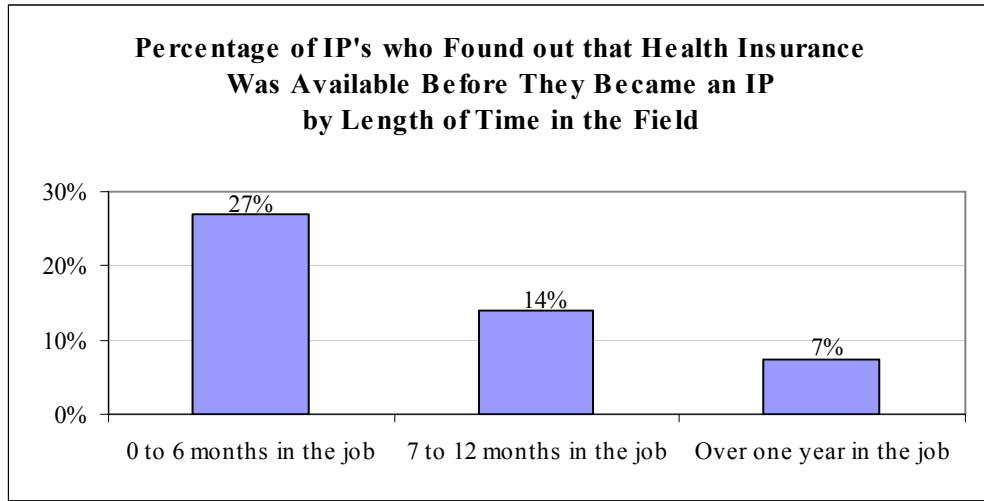
Figure 10



⁸ For more detailed information on the insurance benefits, please see the Background section of the Introduction.

Individual providers who joined the field most recently were the most likely to be aware of the availability of health insurance. It is not clear if this indicates that dissemination of information to new providers has improved over time or if knowledge of the employment benefits faded as time passed since individual providers joined the field. About one-quarter of the providers (27%) who joined the field in the six months prior to the survey were aware of health insurance before they joined; 14 percent of the providers who joined seven to 12 months before the survey were aware of it before joining, and 7 percent of those who joined the field over one year ago were aware before joining.

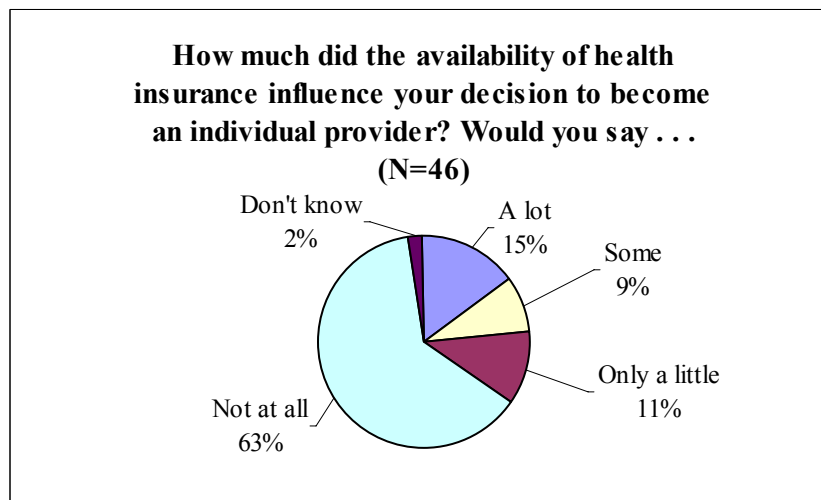
Figure 11



The Influence of Health Insurance Availability on Recruitment

Among the 16 percent of respondents who were aware of the availability of health insurance before joining the field, this benefit positively affected over one-third of the respondents (35%) in their decision to join the field. The availability of health insurance had a stronger positive effect on recruitment than the other employment benefits: workers' compensation and paid vacation.

Figure 12



Fifteen percent reported that the availability of health insurance influenced their decision “a lot”; 9 percent said that it influenced them “some”; 11 percent stated that it influenced them “only a little”, and almost two-thirds indicated that it did not influence them at all (63%).

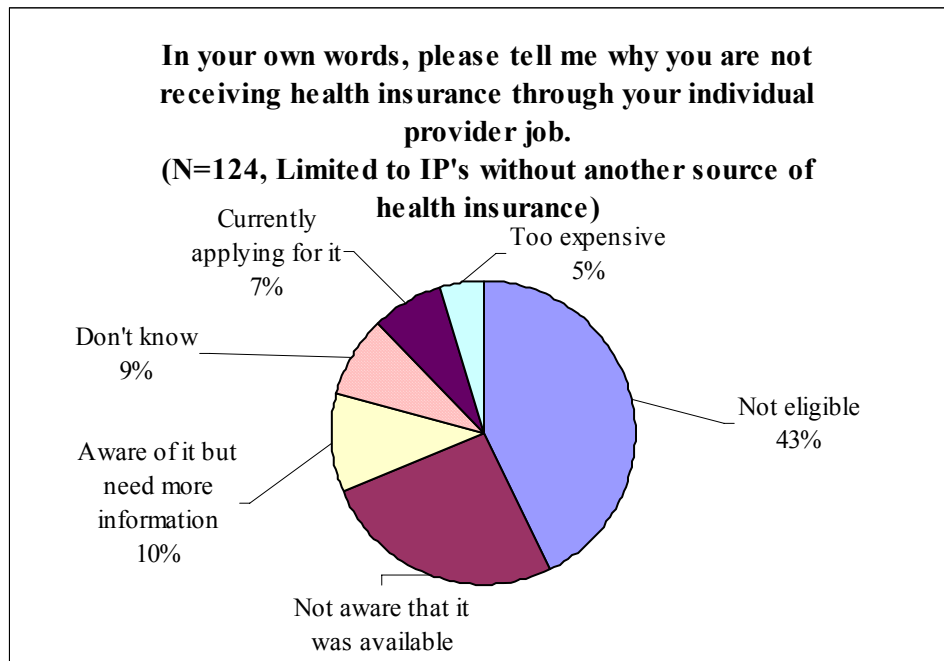
The sample sizes of family and non-family providers were too small in this question to offer any meaningful analysis.

Usage of Health Insurance Benefits

Nine percent of both the family and non-family providers reported that they have enrolled in health insurance through their job as an individual provider.⁹ About half of the respondents (48%) reported that they did not need the insurance because they were covered elsewhere.

The survey asked the respondents who did not have health insurance through their job as an IP why they elected not to use it. Of the respondents without health insurance, 43 percent reported that they were not eligible for it (49%). About one-quarter (26%) did not know that health insurance was available to individual providers. The remaining respondents were in the process of applying for it, needed more information to make an informed decision, thought it was too expensive, or didn’t know why they weren’t using it.

Figure 13

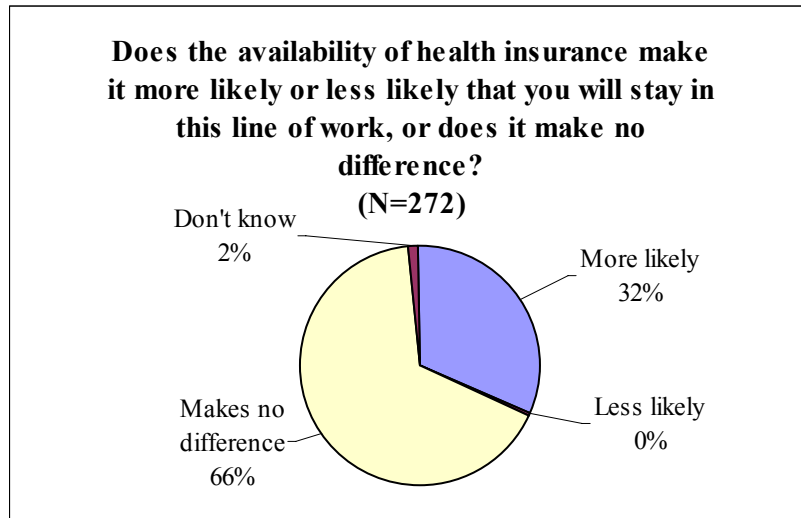


⁹ Other sources of data suggest that roughly 20 percent of all individual providers have enrolled in health insurance through the Taft-Hartley Trust.

The Influence of Health Insurance Availability on Retention

About one-third of the respondents (32%) reported that the availability of health insurance would make them more likely to stay in their line of work. About two-thirds stated that it wouldn't affect their decision to stay in the field.

Figure 14



The availability of health insurance had a stronger positive effect on the retention of non-family providers than family providers. Thirty-seven percent of the non-family providers and 29 percent of the family providers reported that the availability of health insurance would make them more likely to stay in their line of work.

WORKERS' COMPENSATION INSURANCE

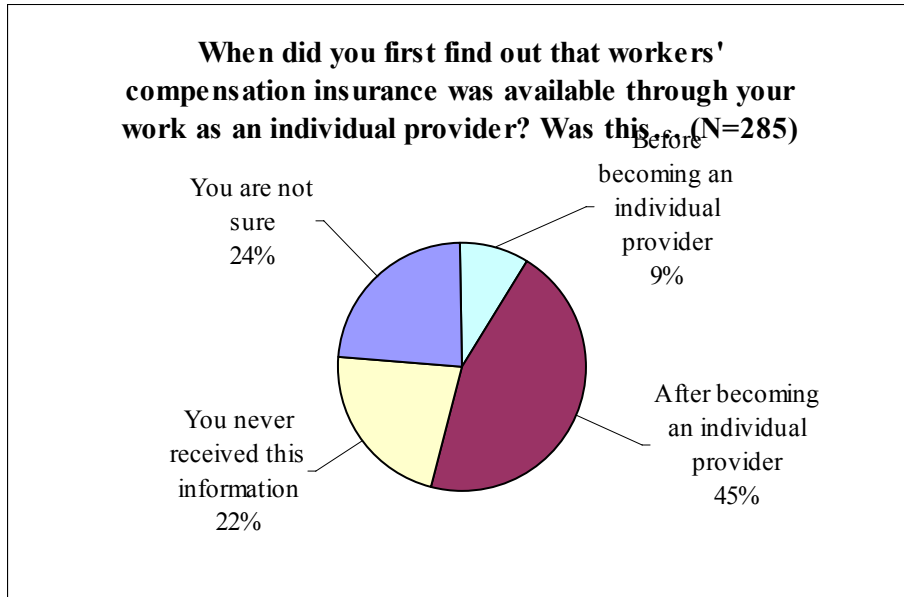
All individual providers received workers compensation insurance coverage from October 1, 2004 on, providing medical and time-loss benefits for on-the-job injuries.

Awareness of the Availability of Workers' Compensation Insurance

Overall, only 9 percent of the respondents were aware that workers' compensation insurance was available before becoming an individual provider. Forty-four percent found out about the workers' compensation insurance after they joined the field. Close to one-quarter (22%) report that they didn't know about the workers' compensation insurance before taking this survey. About one-quarter (24%) were not sure when they found out about this insurance.

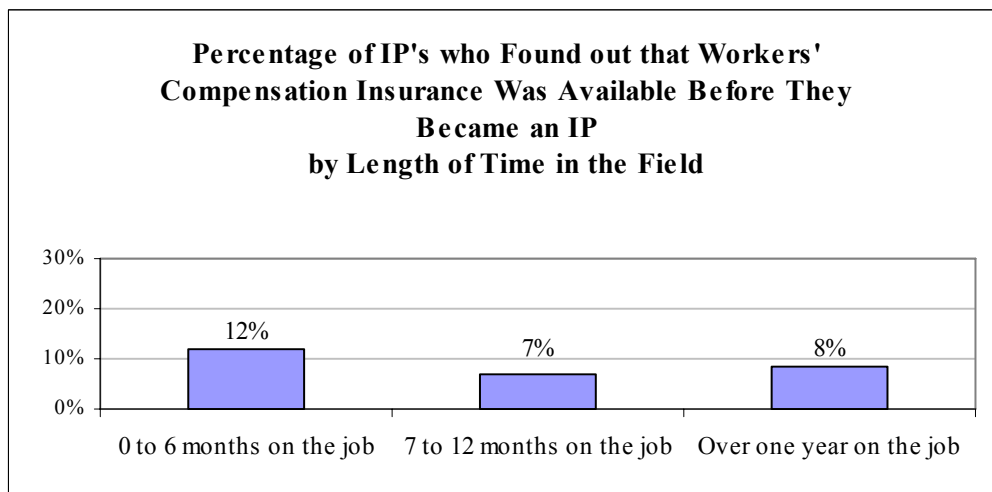
There was little difference in the responses of the family and non-family providers regarding their awareness of workers' compensation insurance.

Figure 15



As with the health insurance awareness, individual providers who joined the field most recently were the most likely to be aware of the availability of workers' compensation insurance. Again, it is not clear if this indicates that dissemination of information to new providers has improved over time or if knowledge of the employment benefits faded as time passed since individual providers joined the field. Respondents who became an individual provider within six months of the survey were the most likely to be aware that it was available before joining the field (12%). Seven percent of the respondents who had been an individual provider for six to 12 months were aware of the workers' compensation insurance, and 8 percent of those with more than one year in the field were aware of it.

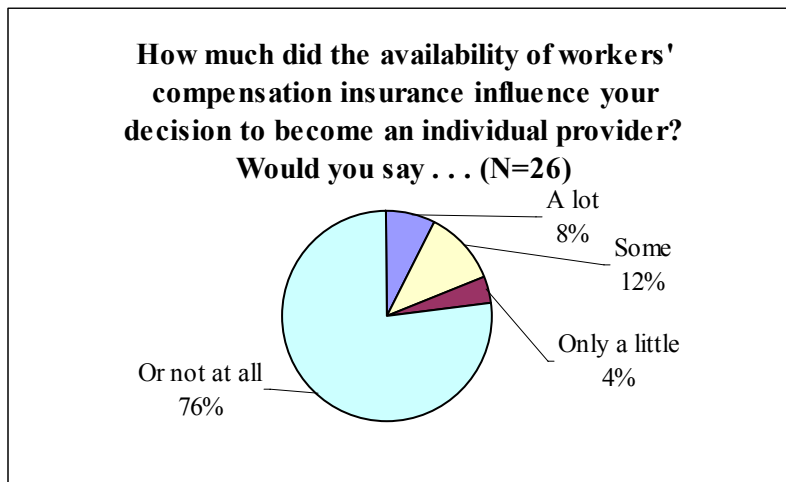
Figure 16



The Influence of Workers' Compensation Insurance Availability on Recruitment

Almost one-quarter (24%) of the respondents reported that the availability of workers' compensation influenced their decision to become an individual provider, and about three-quarters (76%) indicated that it did not have an effect on their decision. The responses to this question were very similar between the family and non-family providers, though the sample sizes for this question were so small that it is difficult to draw any conclusions by family provider status.

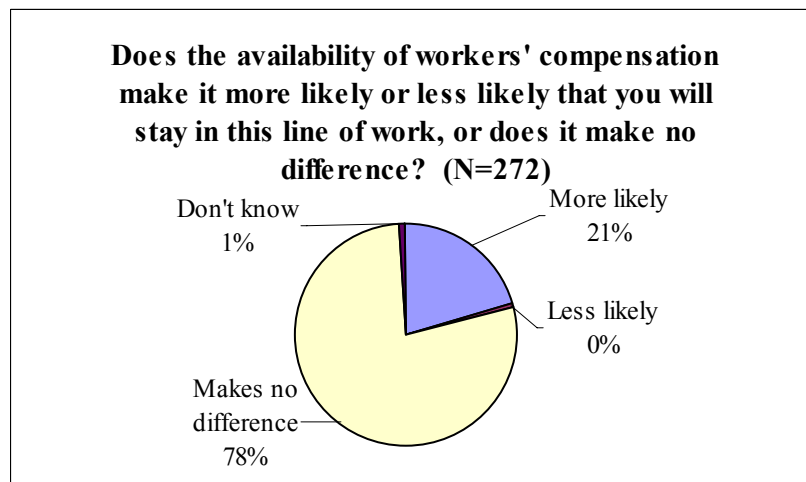
Figure 17



The Influence of Workers' Compensation Insurance Availability on Retention

About one in five respondents (21%) stated that the availability of workers' compensation insurance would influence them to stay in the field. Roughly four out of five respondents indicated that it would not influence their decision to stay in the line of work (78%).

Figure 18



The availability of workers' compensation insurance had a more positive effect on the retention of non-family providers than family providers. About one-quarter (24%) of the non-family providers and 19 percent of the family providers reported that the availability of health insurance would make them more likely to stay in their line of work.

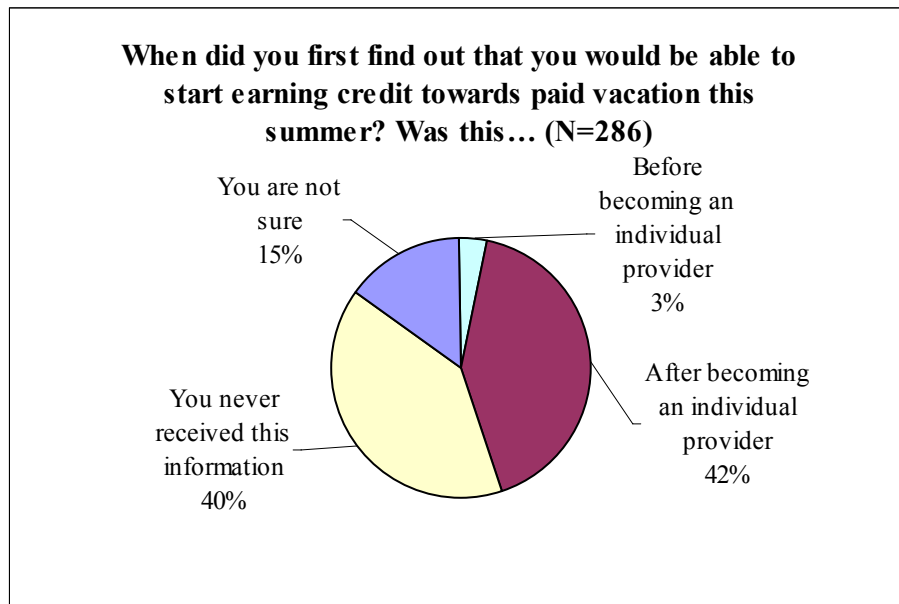
PAID VACATION

Paid leave was made a part of the standard individual provider contract, with accrual of leave credit to start shortly after this survey was conducted.

Awareness of the Availability of Paid Vacation

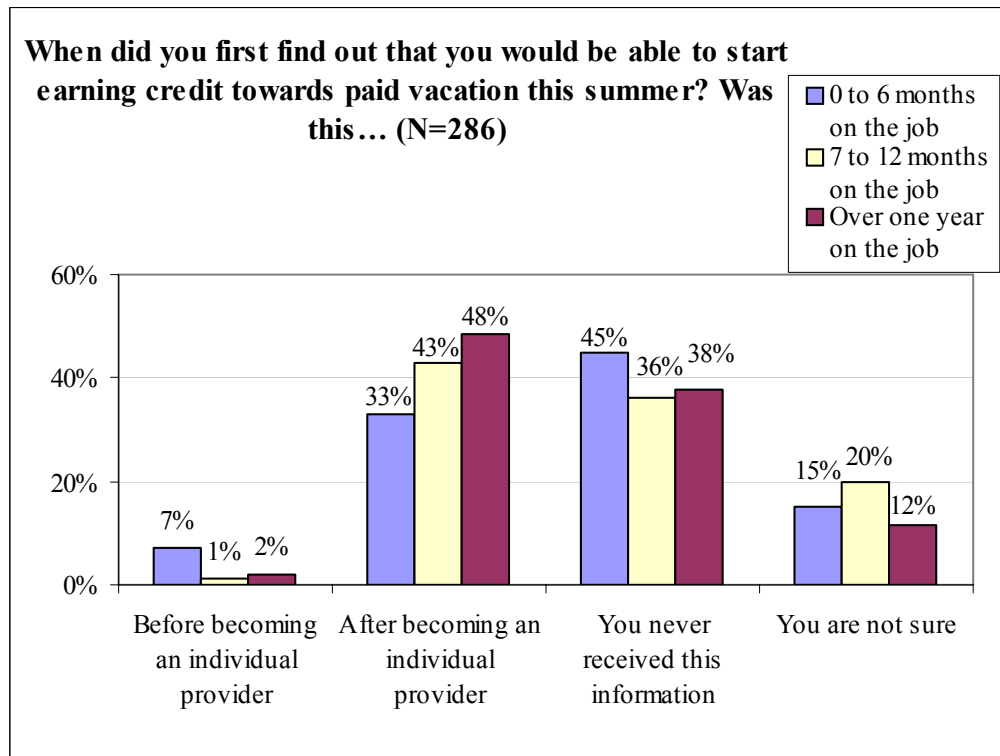
Paid vacation became available starting in the summer of 2006 so it is not surprising that it has the lowest level of awareness of the three employment benefits in the survey. The first month in which paid leave could be accrued was July 2006. Only 4 percent of respondents had known that they could eventually accrue hours of paid vacation before they became individual providers. Individual providers who had joined the field within the six months prior to the survey were the most likely to have known about it before becoming an individual provider.

Figure 19



The responses of family providers were similar to those of non-family providers.

Figure 20



The Influence of Paid Vacation Availability on Recruitment

Only 10 individual providers in the sample were aware of the availability of paid vacation before joining the field. It is difficult to draw any conclusions from this small N, but the responses followed the same pattern as the recruitment effect of the other employment benefits: 30 percent reported that it affected them positively and 70 percent indicated that it did not influence their decision at all.

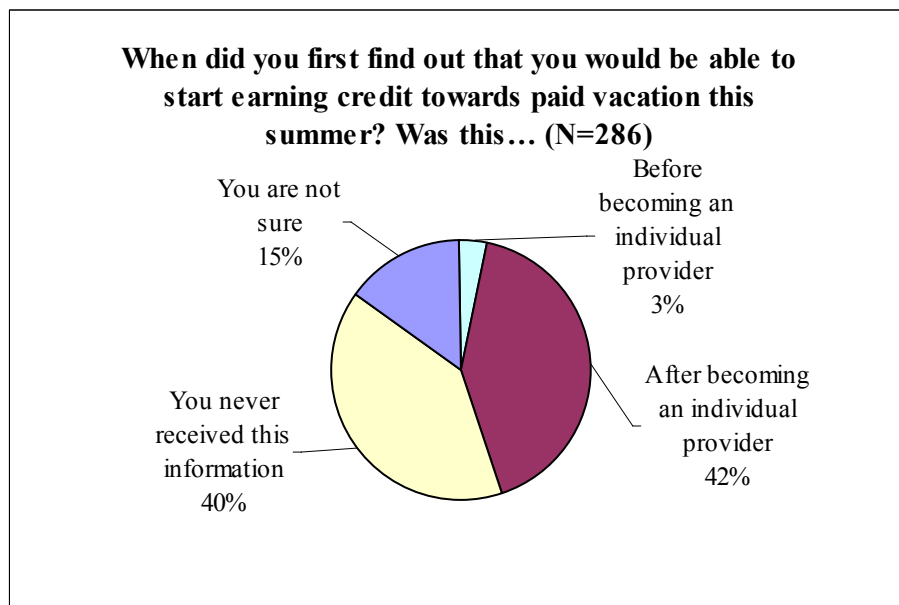
The sample size is too small to explore these results by family provider status.

The Influence of Paid Vacation Availability on Retention

Close to one-third of the respondents (31%) indicated that the availability of paid vacation would make them more likely to stay in the line of work. About two-thirds stated that it would not make a difference in their decision to stay.

Forty-two percent of the non-family providers indicated that paid vacation would make them more likely to stay in the field. In comparison, about one-quarter of the family providers (24%) indicated that availability of paid vacation would influence their decision to stay in the field.

Figure 21



WAGES

Although wage increases for individual providers were not explicitly part of the state’s package of interventions discussed in the federal grant application, hourly wages have increased through collective bargaining during the same time period as the implementation of the other employment benefits. Therefore, hourly wages were included in some questions regarding individual providers’ perceived incentives to join and stay in the field.

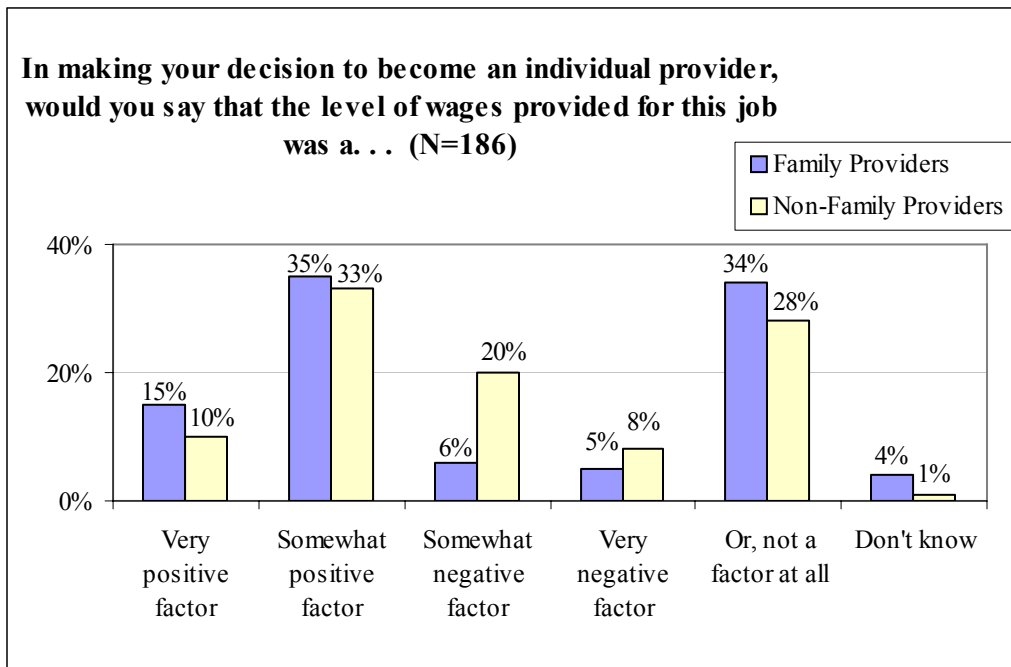
The Influence of the Hourly Wages on Recruitment

Respondents were asked how their hourly wages affected their decision to become an individual provider. The response options were “a very positive factor”, “a somewhat positive factor”, “a somewhat negative factor”, “a very negative factor”, or “not a factor at all”.

The most common responses were that the level of wages was a somewhat positive factor for about one-third of the respondents (34%) and not a factor at all for another third of the respondents (32%).

While the responses of the family and non-family providers followed the same pattern, the family providers were slightly more likely to state that their hourly wages were not a factor in their decision to become an individual provider. The non-family providers were more likely to indicate that their hourly wages were a somewhat negative or very negative factor- though non-family providers still cited wages more often as a positive, rather than negative, factor.

Figure 22



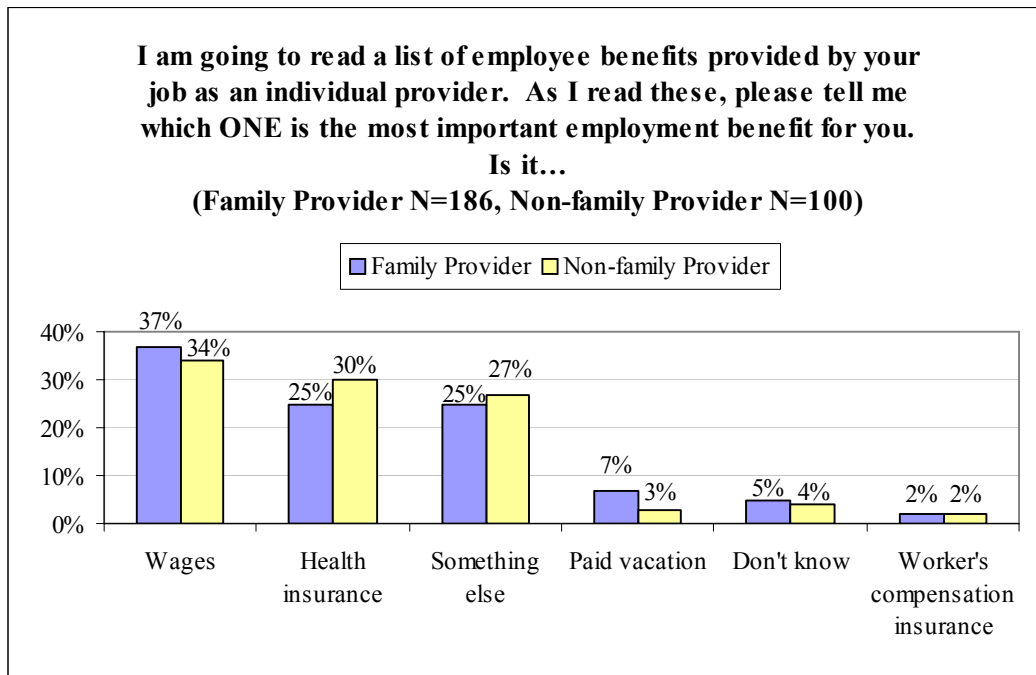
PRIORITIZATION OF EMPLOYMENT BENEFITS

Individual providers were asked to select which employment benefit was the most important out of the following options: wages, health insurance, workers’ compensation insurance, paid vacation, or something else.

The three most popular benefits were wages (35%), health insurance (26%), and “something else” (26%). This was true for both family and non-family providers. However, non-family providers were 5 percent more likely to state that the health insurance was the most important benefit.

Respondents who selected “Something Else” were asked what that other factor was. Responses to that follow-up question primarily involved the emotional rewards of helping others or taking care of a loved one. Respondents named benefits such as “the joy of helping other people”, “being able to help our daughter”, and “to make life a little better for someone else.”

Figure 23



REFERRAL REGISTRY

Referral and Workforce Resource Centers (RWRC's) have been starting up throughout the state.¹⁰ One of their services is a referral registry database. The referral registry provides a service for matching consumer/employers with individual providers. It can be accessed via telephone or the internet. RWRC's also coordinate training and other activities designed to improve both the quality of care and the efficiency of placements in the individual provider "system."

Geographic areas were separated into four categories for analysis based on the local RWRC implementation date. At the time of the survey (May 2006), counties had been served by an RWRC for: 17 months, 10 months, three months, or were not yet served.¹¹

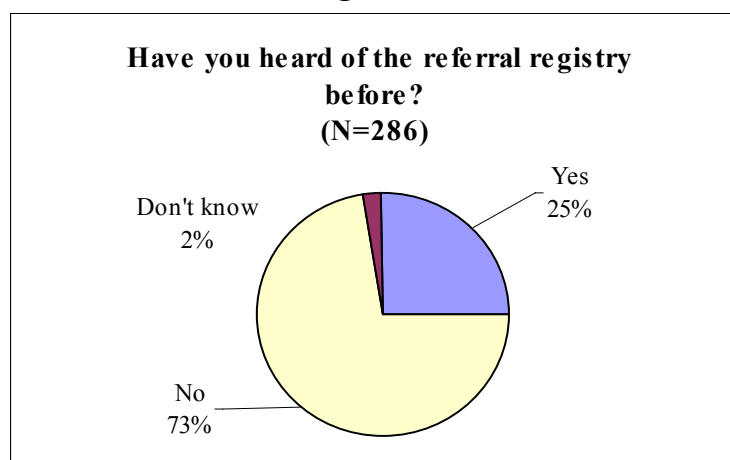
The survey covered the following topics about the referral registry:

- Awareness of the registry and its availability in their location
- If they have joined the registry or would join if it was available to them
- If they have received any work through the registry
- If so, how they would rate their experience with the registry
- How helpful they believe the registry will be for finding their next consumer/employer

AWARENESS OF THE REFERRAL REGISTRY

One-quarter of the respondents (25%) had heard of the referral registry before taking the survey. Awareness of the referral registry was lowest among respondents who did not have a referral registry available in their area (17%), compared to respondents who lived in an area that had been served by an RWRC for three months (30%), 10 months (44%), or 17 months (25%). There was little difference in the awareness level between the family and non-family providers.

Figure 24



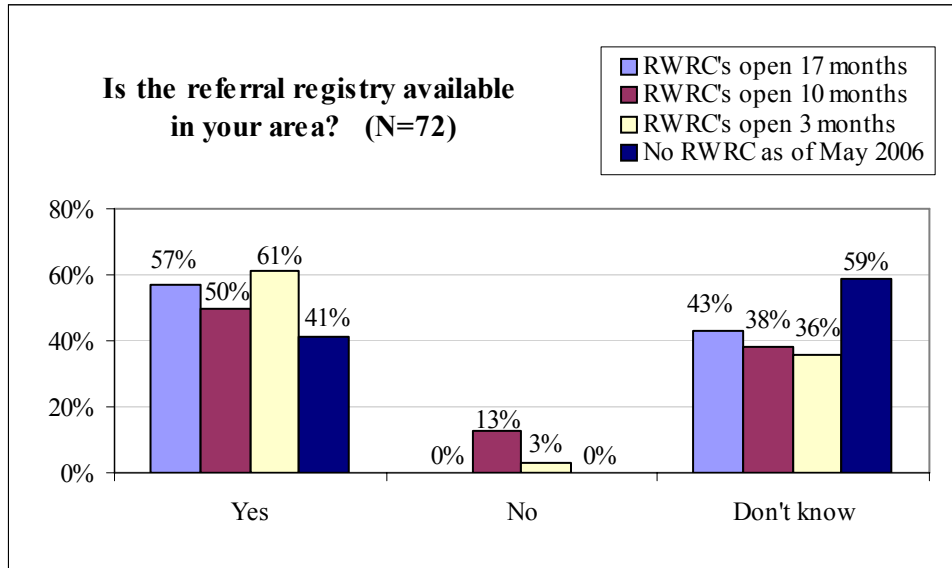
¹⁰ Referral and Workforce Resource Centers are now referred to as the "Home Care Referral Registry of Washington State".

¹¹ Counties served for 17 months included Spokane, Whitman, Stevens, Pend Oreille, Ferry, and Snohomish. Counties served for 10 months included Lewis, Thurston, and Mason. Counties served for three months included Kitsap, Pierce, Island, San Juan, Skagit, Whatcom, Franklin, Benton, Walla Walla, Columbia, Garfield, Asotin, Kittitas, and Yakima. All other counties were flagged as not being served by an RWRC in May of 2006.

PARTICIPATION IN THE REFERRAL REGISTRY

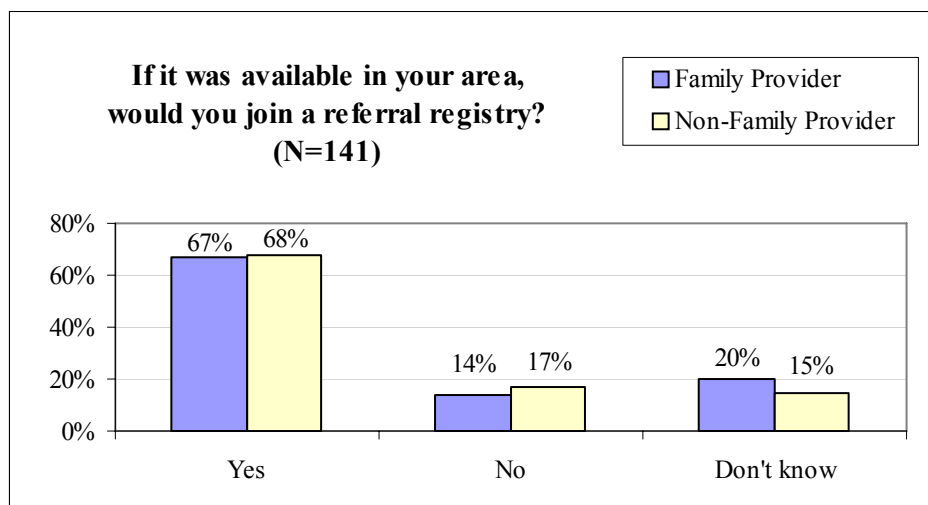
Among the respondents who had heard of the referral registry, there seemed to be considerable confusion over whether the referral registry was available in the respondent's area of the state. In the areas where the registry was available, only about 50-60 percent of the respondents who had heard of the registry knew that it was available to them. In the areas where the referral registry was *not* available, 41 percent thought that it *was* available.

Figure 25



About two-thirds of the respondents (67%) who thought that the referral registry was not available to them said that they would like to sign up for the referral registry. (This was calculated for only those respondents who reported they would look for another consumer/employer if their current consumer/employer no longer needed services.) There were few differences between the family and non-family providers.

Figure 26

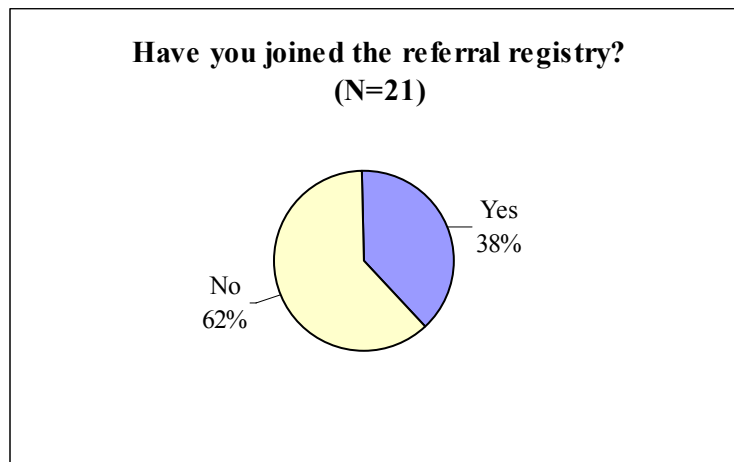


Among the respondents who knew that the registry was available in their area and who would look for another consumer/employer if their current consumer/employer no longer needed their services, a total of 38 percent had signed up to be on the registry. Non-family providers were much more likely to sign up (55%) than family providers (20%).

The reasons that respondents had not signed up for the registry included the following:

- They have not yet needed to find a new consumer/employer since they found out about the referral registry.
- They did not know about the referral registry when they needed to find a new consumer/employer.

Figure 27



SATISFACTION WITH THE REFERRAL REGISTRY

Because only a small number of respondents had joined a registry and far fewer still had found a new customer through a registry, no meaningful statistical analysis is possible for the referral registry satisfaction questions.

Only two respondents had received any work from the referral registry. On a scale of excellent, good, fair, poor and very poor, they both rated their experiences as fair.

Of the ten respondents who had signed up for the registry but not yet received any work through it, four thought that it would be very helpful for finding their next consumer/employer, two thought that it would be somewhat helpful, one thought it would be a little helpful, and three thought that it would not be helpful at all.

APPENDIX A: SURVEY PROTOCOL IN ENGLISH

Telephone Survey Script

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 11: | BEGIN |
| May I please speak to <RNAME> Hello, this is (your name) from Washington State University. I'm calling on behalf of the Home Care Quality Authority. They have asked us to conduct a survey to find out how you made your decision to become an individual provider. This interview should take no more than about 10 minutes. | |
| Speaking to R | 1 => /CONFD |
| R not available / Set callback (GB, CB, HB) | 2 => /INT01 |
| Non contacts (AM, BC, BZ, ED, NA)..... | 3 => /INT02 |
| Refusals (R1, R2, R3, RP)..... | 4 => /F10 |
| Non-working numbers (CC, DS, MP, WN) | 5 => /VERFY |
| Communication barrier (DF, HC, LG)..... | 6 => /INT03 |
| Other codes (DD, DP, IC, OT, RN)..... | 7 => /INT04 |
| Ineligibles (IE)..... | 8 => /INT05 |
| Special project codes () | 9 => /INT99 |
| Web/Mail codes..... | 10 => /WMAIL |

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 18: | CONFD |
| This interview is completely voluntary and has been approved by Washington State University. While parts of this interview may be monitored by my supervisor, your answers will be kept strictly confidential. The interview will take about 10 minutes to complete, and you can opt out at any time. If I come to any question you would prefer not to answer just let me know and I'll skip over it. If you have any questions about this survey, I can tell you how to get more information. (Okay?) | |
| Continue with survey..... | 1 => /QA |
| No - Try refusal prevention | 2 => /F10 |
| Not a good time - Call back later..... | 3 => /INT01 |

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 35: | QA |
| Throughout this interview I'll be asking questions about your work as an Individual Provider. By "individual provider", I mean a person who is contracted with the Washington State Department of Social and Health Services, or DSHS, to provide services to people with disabilities and the elderly. | |
| Enter to continue | 1 |

| | |
|--------------------------------------------------------------------------------|-----------|
| 36: | Q1 |
| According to DSHS, you have worked as an individual provider; is this correct? | |
| Yes..... | 1 => Q3 |
| No..... | 2 |
| Don't know | D |
| Refuse..... | R |

37: **Q2**
 So you have never provided in-home care services as an individual provider or personal assistant?
 Yes, I have..... 1 => Q3
 No, I have not 2 => /INT05
 Don't knowD => Q3
 Refuse.....R => Q3

38: **INT05**
 *** Ineligibles *** "Thank you for your time, however we are only trying to speak with people who have worked as an individual provider. CODE AS IE
 Respondent is not eligible for the surveyIE => /END

39: **Q3**
 Are you currently providing in-home care to anyone as an individual provider?
 Yes..... 1
 No..... 2
 Don't knowD
 Refuse.....R

51: **SKIP1**
 Skip Q3A if Q3 eq 1
 => ALSO
 sinon => Q3A
 si Q3=1

52: **Q3A**
 Do you plan to provide in-home care in the future?
 Yes..... 1
 No..... 2
 Don't knowD
 Refuse.....R

63: **CHECK**
 Check Q3 = 1
 => Q6
 sinon => SKIP2
 si Q3=1

64: **SKIP2**
 => Q3AA
 sinon => Q4
 si Q3A=2

65:

Q3AA

What is the main reason you have decided not to work as an individual provider in the future?

| | | |
|------------------|---|-------|
| Comments..... | 1 | => Q6 |
| No Comments..... | 2 | => Q6 |

66:

Q4

Are you currently looking for a new client?

| | | |
|------------------|---|-------|
| Yes..... | 1 | => Q6 |
| No..... | 2 | |
| Don't know | D | => Q6 |
| Refuse..... | R | => Q6 |

67:

Q5

What is the main reason you are not looking for a new client?

| | | |
|------------------|---|-------|
| Comments..... | 1 | => Q6 |
| No Comments..... | 2 | => Q6 |

68:

Q6

Are you related to the person you <WERE/ARE> caring for?

| | |
|------------------|---|
| Yes..... | 1 |
| No..... | 2 |
| Don't know | D |
| Refuse..... | R |

69:

Q7

If your current client no longer needed your assistance, would you continue in this job and try to find another client?

| |
|----------------------|
| => Q8 si Q3=2 D R |
|----------------------|

| | |
|------------------|---|
| Yes..... | 1 |
| No..... | 2 |
| Don't know | D |
| Refuse..... | R |

70:

Q8

Are you <ALSO> currently working for a home care or home health agency?

| | |
|------------------|---|
| Yes..... | 1 |
| No..... | 2 |
| Don't know | D |
| Refuse..... | R |

72:

Q9A

We are interested in finding out the total amount of time <YOU HAVE DONE THIS WORK, NOT THE AMOUNT OF TIME YOU'VE BEEN WITH YOUR CURRENT CLIENT/YOU DID THIS WORK>. For how many months and years have you worked as an individual provider? Enter number of Months (Range 0-99) (Enter years on next screen)

Don't know D
Refuse.....R

73:

Q9B

(We are interested in finding out the total amount of time <YOU HAVE DONE THIS WORK, NOT THE AMOUNT OF TIME YOU'VE BEEN WITH YOUR CURRENT CLIENT/YOU DID THIS WORK>. For how many months and years have you worked as an individual provider?) Enter number of Years (Range 0-99)

Don't know D
Refuse.....R

74:

Q10

When did you first find out that health insurance was available through your work as an individual provider? Was this . . .

BEFORE BECOMING AN INDIVIDUAL PROVIDER 1
AFTER BECOMING AN INDIVIDUAL PROVIDER 2 => Q12
YOU NEVER RECEIVED THIS INFORMATION 3 => Q12
OR, YOU ARE NOT SURED
Refuse.....R

75:

Q11

How much did the availability of health insurance influence your decision to become an individual provider? Would you say . . .

A LOT 1
SOME..... 2
ONLY A LITTLE 3
OR NOT AT ALL 4
Don't knowD
Refuse.....R

76:

Q12

<NOT INCLUDING ANY WORK FOR A HOME CARE OR HOME HEALTH AGENCY, DO/DO> you currently receive health insurance through your job as an individual provider?

=> Q14
si Q3A=2

Yes..... 1 => Q13
No 2
Don't knowD => Q13
Refuse.....R => Q13

77:

Q12A

In your own words, please tell me why you are not receiving health insurance through your individual provider job:

- Comments..... 1
- No Comments..... 2

78:

Q13

Does the availability of health insurance make it more likely or less likely that you will stay in this line of work, or does it make no difference?

| |
|----------|
| => Q14 |
| si Q3A=2 |

- More likely 1
- Less likely 2
- Makes no difference 3
- Don't know D
- Refuse..... R

79:

Q14

When did you first find out that workers compensation insurance was available through your work as an individual provider? Was this . . . (IWR: Definition: Worker's Compensation - this insurance helps with work- related injuries or illness. Generally it covers medical or therapy costs and may also cover a portion of your wages.)

- BEFORE BECOMING AN INDIVIDUAL PROVIDER 1
- AFTER BECOMING AN INDIVIDUAL PROVIDER 2
- YOU NEVER RECEIVED THIS INFORMATION 3
- OR, YOU ARE NOT SURE D
- Refuse..... R

=> Q16
=> Q16

80:

Q15

How much did the availability of worker's compensation insurance influence your decision to become an individual provider? Would you say . . .

- A LOT 1
- SOME..... 2
- ONLY A LITTLE 3
- OR NOT AT ALL 4
- Don't know D
- Refuse..... R

81:

Q16

Does the availability of workers' compensation make it more likely or less likely that you will stay in this line of work, or does it make no difference?

| |
|----------|
| => Q17 |
| si Q3A=2 |

- More likely 1
- Less likely 2
- Makes no difference 3
- Don't know D
- Refuse..... R

82:

Q17

When did you first find out that <INDIVIDUAL PROVIDERS WILL/YOU'LL>
be able to start earning credit towards paid vacation this summer? Was this . .

- BEFORE BECOMING AN INDIVIDUAL PROVIDER 1
- AFTER BECOMING AN INDIVIDUAL PROVIDER 2 => Q19
- YOU NEVER RECEIVED THIS INFORMATION 3 => Q19
- OR, YOU ARE NOT SURED
- Refuse.....R

83:

Q18

How much did the availability of paid vacation influence your decision to become
a care provider? Would you say . . .

- A LOT 1
- SOME..... 2
- ONLY A LITTLE 3
- OR NOT AT ALL 4
- Don't knowD
- Refuse.....R

84:

Q19

Does the availability of paid vacation make it more likely or less likely that you
will stay in this line of work, or does it make no difference?

| |
|----------|
| => Q20 |
| si Q3A=2 |

- More likely 1
- Less likely 2
- Makes no difference 3
- Don't knowD
- Refuse.....R

85:

Q20

In making your decision to become an individual provider, would you say that the
level of wages provided for this job was a . . .

- VERY POSITIVE FACTOR 1
- SOMEWHAT POSITIVE FACTOR..... 2
- SOMEWHAT NEGATIVE FACTOR 3
- VERY NEGATIVE FACTOR 4
- OR, NOT A FACTOR AT ALL..... 5
- Don't knowD
- Refuse.....R

86:

Q22

I am going to read a list of employee benefits <PROVIDED BY YOUR JOB AS AN INDIVIDUAL PROVIDER>. As I read these, please tell me which ONE <WAS/IS> the most important employment benefit for you <As an individual provider>. <WAS/IS> it . . .

- HEALTH INSURANCE 1 => Q23
- WORKER'S COMPENSATION INSURANCE..... 2 => Q23
- PAID VACATION..... 3 => Q23
- WAGES..... 4 => Q23
- OR SOMETHING ELSE?..... 5
- Don't knowD => Q23
- Refuse.....R => Q23

87:

Q22A

What is the most important benefit?

- Comments..... 1
- No Comments..... 2

88:

Q23

Is there anything else I have not mentioned that attracted you to becoming an individual provider?

- Yes..... 1
- No 2 => Q24
- Don't knowD => Q24
- Refuse.....R => Q24

89:

Q23A

What else attracted you to becoming an individual provider?

- Comments..... 1
- No Comments..... 2

90:

Q24

Referral and Workforce Resource Centers are starting up throughout the state. One of their services is a referral registry database. The referral registry helps clients find an individual provider when they need one. Have you heard of the referral registry before?

- Yes..... 1
- No 2
- Don't knowD
- Refuse.....R

91:

SKIP3

Check the skip pattern If Q3A eq 2 and Q24 eq 2 D or R then Slip to Q32

```
=> Q32
sinon => Q25
si Q3A=#2 AND (Q24= 2 D R)
```

92:

Q25

In some parts of the state, the referral registry is already available. Is it available in your area?

=> Q26
si Q24 = 2 D R

Yes..... 1 => Q27
No..... 2
Don't knowD
Refuse.....R

93:

Q26

If it was available in your area, would you join a referral registry?

=> Q27
si Q7=2 OR Q3A=2

Yes..... 1 => Q32
No..... 2
Don't knowD => Q32
Refuse.....R => Q32

94:

Q26A

In your own words, why do you feel like you would not want to join a referral registry?

Comments..... 1 => Q32
No Comments..... 2 => Q32

95:

Q27

<DID YOU JOIN/HAVE YOU JOINED> the referral registry?

=> Q32
si Q24 = 2 D R

Yes..... 1 => Q28A
No..... 2
Don't knowD => Q32
Refuse.....R => Q32

96:

Q27A

What is the main reason you have not joined the referral registry?

Comments..... 1 => Q32
No Comments..... 2 => Q32

97:

Q28A

When did you join? Enter the month of respondent joined (Range 1-12 1 = January 2 = February 3 = March 4 = April 5 = May 6 = June 7 = July 8 = August 9 = September 10 = October 11 = November 12 = December) (Enter the year of joined on the next screen)

Don't know D
Refuse.....R

98:

Q28B

(When did you join?) Enter the year of respondent joined (Range 1900-2006)
(IWR: Please verify year if only a general answer is given)

Don't know D
Refuse.....R

99:

Q29

<DID YOU RECEIVE/HAVE YOU RECEIVED> any work through the registry
yet?

Yes..... 1
No 2 => Q31
Don't knowD => Q31
Refuse.....R => Q31

100:

Q30

How would you rate your experience with the registry? Would you say your
experience was . . .

EXCELLENT 1
GOOD 2
FAIR..... 3
POOR 4
VERY POOR 5
Don't knowD
Refuse.....R

101:

Q31

How helpful do you think the registry will be for finding your next client? Do you
think it will be. . . .

=> Q32
si Q3A=2

VERY HELPFUL..... 1
SOMEWHAT HELPFUL 2
A LITTLE HELPFUL 3
NOT HELPFUL AT ALL 4
Don't knowD
Refuse.....R

102:

Q32

(IWR: Ask, only if necessary "For survey purpose, I need to ask are you male or
female?")

Male..... 1
Female 2
Other..... 3
Refuse.....R

103:

Q33

What ethnicities do you consider your heritage to be? Are you (IWR
MULTIPLE RESPONSES ARE ALLOWED)

- LATINO OR HISPANIC 1
- BLACK OR AFRICAN AMERICAN 2
- AMERICAN INDIAN OR ALASKAN NATIVE 3
- ASIAN..... 4
- NATIVE HAWAIIAN OR PACIFIC ISLANDER..... 5
- WHITE..... 6
- OR SOME OTHER RACE (PLEASE SPECIFY) 7
- Don't knowD
- Refuse.....R

104:

Q34

Do you have an e-mail address?

- Yes..... 1
- No 2
- Don't knowD
- Refuse.....R

105:

Q35

Do you have access to the Internet?

- Yes..... 1
- No 2
- Don't knowD
- Refuse.....R

106:

THX

That completes our survey. We appreciate your time and cooperation. I want to
thank you for helping us out. Do you have any additional comments or questions
about this survey?

- Yes, comments 1
- No comments..... 2

APPENDIX B: SURVEY FREQUENTLY ASKED QUESTIONS IN ENGLISH

Who is funding the survey?

The survey is being sponsored by the Washington State Home Care Quality Authority – an agency of the Washington State government.

How much time does the questionnaire take to complete?

This survey will take about 10 minutes to complete.

What is the purpose of this study?

To find out how you made your decision to become an individual provider and to better understand awareness of benefits available to providers.

Who is the person responsible for the study?

John Tarnai is the Principal Investigator and Thom Allen is the Study Director for this survey. You can reach either of them at (800) 833-0867

How many people will be participating?

We will be contacting about 200 in-home care providers in Washington State.

Who are you? Who is conducting this interview?

I am a (student/resident of Pullman, Washington) working part-time for the Social and Economic Sciences Research Center at Washington State University. Home Care Quality Authority has contracted with us to conduct the actual interviews to collect necessary information for the study.

How did you get my name?

Your name and phone number were selected from the Washington State Department of Health and Human Services.

Is this survey Voluntary?

Yes, the survey is completely voluntary and confidential. Also, if you choose to continue with the survey, you can just let me know and I will skip any question that you do not wish to answer. The survey has been approved by Washington State University, but if you have questions about your rights as a respondent, I can give you the phone number in order to contact the WSU Institutional Review Board. Their telephone number is: 509-335-9661 and ask for the IRB Coordinator.

How can I be sure this is authentic?

I would be glad to give you our telephone number here at SESRC, and you can call my supervisor to verify my employment and / or the validity of the study. Our phone number is: (800) 833-0867. (IF R ASKS FOR A NAME OF

SUPERVISOR, ADD: My supervisor's name is (Justin Jorgensen, Lyndsey Wilson, or Marion Schultz)

Is this confidential?

Yes, most definitely. After the research is completed, the information we have on your name and your address are removed from your answers. The answers from all survey participants are combined together, so that no individual person can be identified. The only people that have access to your answers are research staff that signed a written oath to maintain the confidentiality of the people surveyed. All information that is released or reported about is presented in a way that individual responses cannot be traced.

Also, maintaining confidentiality is extremely important to the success of our research center, because we conduct many surveys. Therefore, we are very careful to adhere to these policies and protect your privacy.

How will the results be used? What will you do with my answers?

The Home Care Quality Authority recently started a number of projects to improve the working conditions for in-home care providers. They hope that these projects will improve recruitment and retention in the field. The results from these interviews will help HCQA figure out if the projects are working or if they need to try something new.

REFUSAL PREVENTION STATEMENTS

Here are the prevention statements from the F10 key in the CATI.

- (1)

- (2)

- (3)

In addition normal prevention statements should be reworded slightly. For instance:

“I know your time is valuable, and we can call you at your convenience. When is a better time to call you?”.

Would be better for this study as:

“I know you must be very busy, but we can call you at your convenience. When is a better time to call you?”

APPENDIX C: SURVEY PROTOCOL – SPANISH TRANSLATION

BEGIN:

Puedo por favor hablar con <RNAME> Hola, soy (tu nombre) de la Universidad Estatal del Estado de Washington. Estoy llamando departe de Home Care Quality Authority. Ellos nos han pedido conducir esta encuesta para averiguar como usted hizo su decisión de hacerse proveedor individual. Esta entrevista se toma aproximadamente 10 minutos.

CONFD:

Esta entrevista es completamente voluntaria y ha sido aprobada por la Universidad Estatal del Estado de Washington. Mientras que porciones de esta entrevista podrían ser vigiladas por mi supervisor, sus respuestas serán absolutamente confidenciales. Esta entrevista se tomara aproximadamente 10 minutos para completar. Si llego a alguna pregunta que prefiere no contestar solo déjeme saber y la saltaremos. Si tiene algunas preguntas sobre esta encuesta, le puedo decir como recibir más información. (¿Esta Bien?)

QA:

En toda esta entrevista yo le estaré haciendo preguntas acerca de su trabajo como Proveedor Individual. Por “Proveedor Individual “, yo quiero decir una persona que esta contratada por el Departamento de Salud y Servicios Sociales del Estado de Washington o DSHS, con el propósito de proveer servicios para personas deshabilitadas y ancianas.

Q1:

¿Según DSHS, ha trabajado como proveedor individual, es esto correcto?

Q2:

¿Así que nunca ha proveído servicio de cuidado en casa como proveedor individual o asistente personal?

INT05:

"Gracias por su tiempo, pero solamente estamos hablando con personas que han trabajado como proveedor individual."

Q3:

¿Esta actualmente proveyendo cuidado en casa a alguien como proveedor individual?

Q3A:

¿Usted tiene la intención de proveer cuidado en casa en el futuro?

FIL2:

También..... 0

FIL3:

que usted ha hecho este tipo de trabajo, y no el tiempo que ha estado con el cliente actual. 0
que usted hizo este trabajo..... 1

FIL4:

los proveedores individuales 1
usted 0

FIL5:

que su trabajo como proveedor individual ofrece..... 0

FIL6:

fue..... 1
es 0

FIL7:

como proveedor individual..... 1
..... 0

FIL8:

Se hizo usted miembro 1
Es usted miembro 0

Q3AA:

¿Cuál es la razón principal por la cual usted ha decidió no trabajar como proveedor individual en el futuro?

Q4:

¿Esta usted actualmente buscando un nuevo cliente?

Q5:

¿Cuál el la razón principal porque usted no esta buscando un cliente nuevo?

Q6:

¿Es usted pariente de la persona que cuida?

Q7:

¿Si su cliente actual ya no necesitaría de su asistencia, continuaría usted en este trabajo y trataría de encontrar otro cliente?

Q8:

¿Esta usted <FIL2> trabajando para una agencia de cuidado en casa o de salud en casa?

FIL1:

¿Sin incluir el trabajo en una agencia de cuidado en casa o de salud en casa, esta..... 0
¿Esta 1

Q9A:

Estamos interesados en saber la cantidad total de tiempo <FIL3>. ¿Por cuantos meses y años ha trabajado como proveedor individual? ____Meses

Q9B:

(Estamos interesados en saber la cantidad total de tiempo <FIL3>. ¿Por cuantos meses y años ha trabajado como proveedor individual?) ____Años

Q10:

¿Cuál fue la primera vez que se entero usted que había seguro de salud disponible por medio de su trabajo como proveedor individual? Era. . .

ANTES DE SER PROVEEDOR INDIVIDUAL 1
DESPUES DE SER PROVEEDOR INDIVIDUAL.....
USTED NUNCA RECIBIO ESTA INFORMACION 3 => Q12
O, USTED NO ESTA SEGURO.....D

Q11:

¿Cómo cuanto afectó la presencia de seguro de salud en su decisión de ser proveedor individual? Usted diría que.....

MUCHO 1
ALGO..... 2
SOLO UN POCO 3
O NADA 4

Q12:

<FIL1> usted actualmente recibiendo un seguro de salud por medio de su trabajo como proveedor individual?

Q12A:

En sus propias palabras, por favor dígame porque usted no esta recibiendo seguro de salud por medio de su trabajo como proveedor individual:

Q13:

¿Con la presencia del seguro de salud, es más probable o menos probable que usted siga en esta línea de trabajo, o no hay ninguna diferencia?

Q14:

¿Cuándo fue la primera vez que usted se entero que había seguro de compensación para los trabajadores disponible por medio de su trabajo como proveedor individual? Era... (IWR: Definición: Compensación del Trabajador –es un seguro que ayuda con heridas o enfermedades relacionadas al trabajo. Generalmente cubre el costo del medico o de la terapia y a veces cubre porciones de su salario.)

- ANTES DE SER PROVEEDOR INDIVIDUAL 1
- DESPUES DE SER PROVEEDOR INDIVIDUAL..... 2
- USTED NUNCA RECIBIO ESTA INFORMACION 3
- O, USTED NO ESTA SEGURO.....D

=> Q16

Q15:

¿Cómo cuanto afecta la presencia del seguro de compensación para los trabajadores en su decisión de ser proveedor individual? Usted diría que....

- MUCHO 1
- ALGO..... 2
- SOLO UN POCO 3
- O NADA 4
- No se.....D

Q16:

¿Con la presencia del seguro de compensación para los trabajadores, es más probable o menos probable que usted siga en esta línea de trabajo, o no hay ninguna diferencia?

Q17:

¿Cuándo fue la primera vez que usted se entero que <FIL4> podrían comenzar a colectar créditos hacia vacaciones pagadas este verano? Era .

- ANTES DE SER PROVEEDOR INDIVIDUAL 1
- DESPUES DE SER PROVEEDOR INDIVIDUAL..... 2
- USTED NUNCA RECIBIO ESTA INFORMACION 3
- O, USTED NO ESTA SEGURO.....D

Q18:

¿Cómo cuanto afectó la presencia de las vacaciones pagadas en su decisión de ser proveedor de cuidado? Usted diría que...

- MUCHO 1
- ALGO..... 2
- SOLO UN POCO 3
- O NADA 4
- No se.....D

Q19:

¿Con la presencia de vacaciones pagadas, es más probable o menos probable que usted siga en esta línea de trabajo, o no hay ninguna diferencia?

Q20:

En haciendo su decisión de ser proveedor individual, diría que el nivel de salario que este trabajo da fue un. . .

- FACTOR MUY POSITIVO..... 1
- FACTOR ALGO POSITIVO 2
- FACTOR ALGO NEGATIVO..... 3
- FACTOR MUY NEGATIVO 4
- O, NINGUN FACTOR..... 5
- No se.....D
- Refuse.....R

Q22:

Voy a leer una lista de beneficios para el empleado <FIL5>. Conforme yo leo por favor dígame CUAL <FIL6> el beneficio de empleo más importante para usted <Fil7>. <FIL6> es. . .

- SEGURO DE SALUD 1 => Q23
- SEGURO DE COMPENSACION PARA EL TRABAJADOR..... 2 => Q23
- VACACIONES PAGADAS 3 => Q23
- SALARIO..... 4 => Q23
- O OTRO? 5
- No se.....D => Q23
- Refuse.....R => Q23

Q22A:

¿Cual es el beneficio más importante?

Q23:

¿Hay algo más que yo no he mencionado que convenció a usted para ser proveedor individual?

Q23A:

¿Qué otra cosa fue importante para usted en hacerse proveedor individual?

Q24:

Referral and Workforce Resource Centers (Los Centros de Recursos de Referencia y Mano de Obra) están empezando por todo el estado. Uno de sus servicios es una base de datos de referencias. El registro de referencias ayuda a los clientes a encontrar un proveedor individual cuando lo necesitan. ¿Ha escuchado usted del registro de referencias antes?

Q25:

En partes del estado, el registro de referencias ya esta disponible. ¿Esta disponible en su área?

Q26:

¿Si estuviera disponible en su área, se haría miembro del registro de referencias?

Q26A:

¿En sus propias palabras, porque siente que no le gustaría hacerse miembro del registro de referencias?

Q27:

<FIL8> del registro de referencias?

Q27A:

¿Cuál es la razón principal que no se hizo miembro del registro de referencias?

Q28A:

¿Cuándo se hizo miembro? ____ Meses

Q28B:

(¿Cuándo se hizo miembro?) ____ Años

Q29:

(Ha recibido usted) trabajo por medio del registro?
(Recibió usted)

Q30:

¿Como valora usted su experiencia con el registro? Diría que su experiencia fue. .
EXCELENTE..... 1
BUENA..... 2
JUSTA 3
MAL..... 4
MUY MAL..... 5
Don't knowD
Refuse.....R

Q31:

¿Qué tan útil piensa usted que el registro va ser para encontrar nuevos clientes?

Piensa que va ser...

| | |
|-------------------|---|
| MUY UTIL..... | 1 |
| ALGO UTIL..... | |
| POCO UTIL..... | |
| NADA DE UTIL..... | 4 |
| Don't know..... | 5 |
| Refuse..... | 6 |

Q32:

(IWR: Pregunta solo si es necesario "Por propósitos de la encuesta necesito preguntar si usted es...")

| | |
|-------------|---|
| Hombre..... | 1 |
| Mujer..... | 2 |
| Otro..... | 3 |
| Refuse..... | R |

Q33:

¿Cuál raza se considera usted? (Es usted....) (IWR VARIAS RESPUESTAS SON PERMITIDAS)

| | |
|----------------------------------------------------|-----|
| Latino o Hispano..... | 1 |
| Africano Americano..... | |
| Nativo Americano o nativo de Alaska..... | 3 |
| Asiático..... | 4 |
| Hawaiano o De las Islas Pacificas..... | 5 |
| Blanco..... | 6 |
| O alguna otra raza (Por favor sea específico)..... | 7 O |
| Don't know..... | D |
| Refuse..... | R |

Q34:

¿Tiene un correo electrónico?

Q35:

¿Tiene acceso al Internet?

APPENDIX D: SURVEY FREQUENTLY ASKED QUESTIONS – SPANISH TRANSLATION

Who is funding the survey?

La encuesta está patrocinada por Washington State Home Care Quality Authority – una agencia del Gobierno del estado de Washington.

How much time does the questionnaire take to complete?

Esta encuesta se toma aproximadamente 10 minutos para completar.

What is the purpose of this study?

Para enterarnos como usted tomo la decisión de ser proveedor individual y para comprender mejor los beneficios disponibles para proveedores.

Who is the person responsible for the study?

John Tarnai es el Investigador Principal y Thom Allen el Director para esta encuesta. Los puede encontrar a los dos llamando al (800) 833-0867

How many people will be participating?

Vamos a contactarnos con aproximadamente 200 proveedores de cuidado en casa por todo el estado de Washington.

Who are you? Who is conducting this interview?

Yo soy (estudiante/residente de Pullman, Washington) trabajando medio tiempo para el Centro de investigaciones de Ciencias Sociales y Económicas de la Universidad estatal del Estado de Washington. Home Care Quality Authority nos ha contratado para conducir las entrevistas y coleccionar la información necesaria para esta encuesta.

How did you get my name?

Su nombre y número de teléfono fue seleccionado del Departamento de Salud y Servicios Humanos del estado de Washington.

Is this survey Voluntary?

Si, esta encuesta es completamente voluntaria y confidencial. También, si usted decide continuar con esta encuesta, podemos saltar cualquier pregunta que usted prefiere no contesta. La encuesta ha sido aprobada por la Universidad estatal del Estado de Washington, pero si usted tiene preguntas acerca de sus derechos como respondiente, le puedo dar el número para contactarse con la Junta de Revisión Institucional de la Universidad estatal del Estado de Washington. El numero de teléfono es: 509-335-9661 y pregunte por el Coordinador de IRB.

How can I be sure this is authentic?

Con mucho gusto le puedo dar el número de aquí de SESRC, y usted puede llamar a mi supervisor para verificar mi empleo y el estudio. Nuestro teléfono es: (800) 833-0867 (IF R ASKS FOR A NAME OF SUPERVISOR, ADD: El nombre de mi supervisor es.... (Justin Jorgensen, Lyndsey Wilson, or Marion Schultz)

Is this confidential?

Si, definitivamente. Después de que el estudio sea terminado, la información que tenemos de su nombre y dirección serán retiradas de sus respuestas. Las respuestas de todas las encuestas participando serán puestas juntas, así que ninguna persona individual podrá ser identificada. Las únicas personas que tienen acceso a sus respuestas son empleados del departamento de investigación y ellos han firmado un juramento de mantener confidencialidad a las personas encuestadas. Toda la información reportada, será presentada de una manera que el participante individual no puede ser identificado.

También, mantener confidencialidad es muy importante para el éxito de nuestro centro de investigación, porque nosotros conducimos muchas encuestas. Así que nosotros somos muy cuidadosos en seguir estas normas y proteger su privacidad.

How will the results be used? What will you do with my answers?

Home Care Quality Authority recientemente comenzó un número de proyectos para mejorar las condiciones del trabajo para proveedores en casa. Ellos esperan que estos proyectos mejoren el reclutamiento y retención en este tipo de trabajo. Los resultados de esta entrevista van a ayudar a HCQA a averiguar si el proyecto está funcionando o si necesitan tratar algo nuevo.

APPENDIX E: SURVEY PROTOCOL – RUSSIAN TRANSLATION

НАЧАЛО:

Набирается номер
Будте добры <ИМЯ РЕСПОНДЕНТА>. Здравствуйте, это (ваше имя) из Вашингтонского Государственного Университета. Я звоню от имени Агентства по качеству обслуживания инвалидов и престарелых на дому в штате Вашингтон. Нас попросили провести опрос, чтобы выяснить как вы приняли решение стать сиделкой на дому. Этот опрос займёт не более 10 минут.

КОНФИДЕНЦИАЛЬНО:

Это интервью совершенно добровольно, оно утверждено Вашингтонским Государственным Университетом. Хотя некоторые части интервью могут быть прослушаны моим начальником, ваши ответы будут конфиденциальны. Интервью займёт примерно 10 минут. Если я задам вам вопрос, на который вы не захотите отвечать, скажите мне об этом и я его пропущу. Если у вас есть вопросы об этом интервью, я объясню как найти на них ответы. (Хорошо?)

ВА:

На протяжении этого интервью я задам вам вопросы о вашей работе Домашней Сиделки. Под «домашней сиделкой» я имею в виду человека, который имеет контракт с Департаментом Социальных и Здравоохранительных Услуг штата Вашингтон (ДСЗУ) на на предоставление услуг инвалидам и престарелым.

В1:

По сведениям ДСЗУ вы работали домашней сиделкой. Это верно?

В2:

Значит вы никогда не работали домашней сиделкой или личным ассистентом?

ИНТ05:

«Спасибо за ваше время, однако мы проводим опрос только тех людей, которые работают или работали в качестве домашних сиделок.»

В3:

Работаете ли вы домашней сиделкой у кого-либо в настоящее время?

В3А:

Собираетесь ли вы работать домашней сиделкой в будущем?

FIL2:

также.....0

FIL3:

Вы выполняете эту работу, но не время проведенное с настоящим клиентом.....0

Вы выполняли эту работу.....1

FIL4:

домашние сиделки смогут1

Вы сможете.....0

FIL5:

предоставленные вами как домашней сиделкой.....0

FIL6:

был/ была/
было.....1
является.....0

FIL7:

как домашней сиделке.....1
.....0

FIL8:

Участвовали ли вы.....1
В результате вашего участия.....0

В3АА:

Какова основная причина того, что Вы решили не работать в качестве домашней сиделки в будущем?

В4:

Подыскиваете ли вы сейчас себе нового клиента?

В5:

Какова основная причина того, что вы не подыскиваете нового клиента?

В6:

Находитесь ли вы в родстве с вашим клиентом в настоящее время?

B7:

Если вашему настоящему клиенту больше не понадобятся ваши услуги, будете ли вы продолжать работать в качестве домашней сиделки и искать нового клиента?

B8:

Работаете ли вы «FIL2» в настоящее время частной домашней сиделкой или по найму агентства?

FIL1:

Не включая работы частной домашней сиделкой или по найму агентства, получаете ли0
Получаете ли.....1

B9A:

Нам интересно узнать, какое количество времени в целом «FIL3». Сколько месяцев и лет вы работаете в качестве домашней сиделки? _____ Месяцев

B9B:

(Нам интересно узнать, какое количество времени в целом «FIL3». Сколько месяцев и лет вы работаете в качестве домашней сиделки?) _____ Лет

B10:

Когда вы узнали впервые о том, что вы имеете право пользоваться медицинской страховкой, работая в качестве домашней сиделки? Это было...
ДО ТОГО КАК ВЫ СТАЛИ ДОМАШНЕЙ СИДЕЛКОЙ.....1
ПОСЛЕ ДО ТОГО КАК ВЫ СТАЛИ ДОМАШНЕЙ СИДЕЛКОЙ.....2
ВЫ НЕ ПОЛУЧАЛИ ИНФОРМАЦИЮ ОБ ЭТОМ.....3
ИЛИ ВЫ НЕ УВЕРЕНЫ.....D
Отказ.....R

B11:

Насколько наличие медицинской страховки повлияло на ваше решение стать домашней сиделкой? Вы бы сказали...

| | |
|-----------------|---|
| СИЛЬНО..... | 1 |
| СКОЛЬКО-ТО..... | 2 |
| НЕМНОГО..... | 3 |
| НИКАК..... | 4 |
| Не знаю..... | D |
| Отказ..... | R |

V12:

«FIL1» Вы в настоящее время медицинскую страховку работая в качестве домашней сиделки?

V12A:

Объясните пожалуйста, своими словами, почему вы не получаете медицинскую страховку работая в качестве домашней сиделки?

V13:

Делает ли наличие медицинской страховки более или менее вероятным останетесь ли вы на этой работе, или это не имеет значения?

V14:

Когда вы впервые узнали, что существует компенсационная страховка для домашних сиделок? Это было...(IWR: Определение: Компенсационная Страховка - эта страховка

Помогает в случае увечья, полученного на работе или заболевания. Обычно она покрывает медицинские расходы и физиотерапию, а также компенсирует часть зарплаты.)

работая в качестве домашней сиделки? Это было...

| | |
|---------------------------------------------------|-------|
| ДО ТОГО КАК ВЫ СТАЛИ ДОМАШНЕЙ СИДЕЛКОЙ..... | 1 |
| ПОСЛЕ ДО ТОГО КАК ВЫ СТАЛИ ДОМАШНЕЙ СИДЕЛКОЙ..... | 2 |
| ВЫ НЕ ПОЛУЧАЛИ ИНФОРМАЦИЮ ОБ ЭТОМ..... | 3⇒V16 |
| ИЛИ ВЫ НЕ УВЕРЕНЫ..... | D |

Отказ.....R

B15:

Насколько наличие компенсационной страховки повлияло на ваше решение стать домашней сиделкой? Вы бы сказали...

СИЛЬНО.....1
СКОЛЬКО-ТО.....2
НЕМНОГО.....3
НИКАК.....4
Не знаю.....D
Отказ.....R

B16:

Делает ли наличие компенсационной страховки более или менее вероятным останетесь ли вы на этой работе, или это не имеет значения?

B17:

Когда вы впервые узнали, что «FIL4» начать зарабатывать кредит на оплачиваемый отпуск этим летом? Это было...

ДО ТОГО КАК ВЫ СТАЛИ ДОМАШНЕЙ СИДЕЛКОЙ.....1
ПОСЛЕ ДО ТОГО КАК ВЫ СТАЛИ ДОМАШНЕЙ СИДЕЛКОЙ.....2
ВЫ НЕ ПОЛУЧАЛИ ИНФОРМАЦИЮ ОБ ЭТОМ.....3
ИЛИ ВЫ НЕ УВЕРЕНЫ.....D
Отказ.....R

B18:

Насколько наличие оплачиваемого отпуска повлияло на ваше решение стать домашней сиделкой? Вы бы сказали...

СИЛЬНО.....1
СКОЛЬКО-ТО.....2
НЕМНОГО.....3
НИКАК.....4
Не знаю.....D
Отказ.....R

B19:

Делает ли наличие оплачиваемого отпуска более или менее вероятным останетесь ли Вы на этой работе, или это не имеет значения?

B20:

Принимая решение стать домашней сиделкой, сказали бы вы, что уровень зарплаты за эту работу был...

| | |
|------------------------------------------|---|
| ОЧЕНЬ ПОЛОЖИТЕЛЬНЫМ ФАКТОРОМ..... | 1 |
| НЕСКОЛЬКО ПОЛОЖИТЕЛЬНЫМ ФАКТОРОМ..... | 2 |
| НЕСКОЛЬКО ПОЛОЖИТЕЛЬНЫМ ФАКТОРОМ..... | 3 |
| ОЧЕНЬ ПОЛОЖИТЕЛЬНЫМ ФАКТОРОМ..... | 4 |
| ИЛИ НЕ ФАКТОРОМ ВООБЩЕ..... | 5 |
| Не знаю..... | D |
| Отказ..... | R |

B22:

Я прочту перечень льгот для работников «FIL5». По мере моего чтения пожалуйста скажите мне какая льгота «FIL6» наиболее важна для Вас «FIL7».

«FIL6» это...

| | |
|-----------------------------------|-------|
| МЕДИЦИНСКАЯ СТРАХОВКА..... | 1⇒B23 |
| КОМПЕНСАЦИОННАЯ СТРАХОВКА..... | 2⇒B23 |
| ОПЛАЧИВАЕМЫЙ ОТПУСК..... | 3⇒B23 |
| ЗАРПЛАТА..... | 4 |
| ⇒B23 | |
| ИЛИ ЧТО-ТО ИНОЕ..... | 5 |
| Не знаю..... | D |
| Отказ..... | R |

B22A:

Какая льгота наиболее важна

B23:

Существует что-либо ещё, что я не упомянул из того, что вас привлекло в работе домашней сиделки?

B23A:

Что ещё привлекло вас в работе домашней сиделки?

B24:

В штате начали открывать Центры по трудоустройству. Одной из их услуг является база данных по регистрации лиц, желающих работать домашней сиделкой. Такая регистрация помогает клиентам найти домашнюю сиделку, когда она им нужна. Вы когда-либо слышали о такой регистрации?

B25:

В некоторых частях штата такие центры уже открыты. Существует ли хоть один в вашем районе?

B26:

Если бы такая регистрация существовала в вашем районе, зарегистрировались бы вы?

B26A:

Объясните пожалуйста, своими словами,, почему бы вы не зарегистрировались?

B27:

«FIL8» в регистрации лиц, желающих работать домашней сиделкой?

B27A:

Какова основная причина того, что вы не зарегистрировались?

B28A:

Когда вы зарегистрировались? _____ Месяц

B28Б:

(Когда вы зарегистрировались?) _____ Год

B29:

«FIL8» получили ли вы уже работу через регистрацию?

B30:

Как бы Вы оценили ваш опыт регистрации? Вы бы сказали он был...

| | |
|-------------------|---|
| ОТЛИЧНЫЙ..... | 1 |
| ХОРОШИЙ..... | 2 |
| НОРМАЛЬНЫЙ..... | 3 |
| ПЛОХОЙ..... | 4 |
| ОЧЕНЬ ПЛОХОЙ..... | 5 |
| Не знаю..... | D |
| Отказ..... | R |

B31:

Насколько регистрация поможет вам найти вашего следующего клиента? Вы думаете...

| | |
|------------------------|---|
| ОЧЕНЬ ПОМОЖЕТ..... | 1 |
| НЕМНОГО ПОМОЖЕТ..... | 2 |
| МАЛО ПОМОЖЕТ..... | 3 |
| НЕ ПОМОЖЕТ СОВСЕМ..... | 4 |
| Не знаю..... | D |
| Отказ..... | R |

В32:

(IWR: спросить только если необходимо « В целях опроса мне надо спросить...»)

| | |
|--------------|---|
| Мужчина..... | 1 |
| Женщина..... | 2 |
| Другой..... | 3 |
| Отказ..... | R |

В33:

Каково по вашему мнению ваше этническое происхождение? Вы...(IWR: разрешается несколько ответов)

| | |
|-------------------------------------------------|---|
| Латино или испанец..... | 1 |
| Чёрный или афро-американец..... | 2 |
| Американский индеец или уроженец Аляски..... | 3 |
| Азиат..... | 4 |
| Уроженец Гаваев или тихоокеанских островов..... | 5 |
| Белый..... | 6 |
| Или другая раса (определите)..... | 7 |
| Не знаю..... | D |
| Отказ..... | R |

В34:

Есть ли у вас адрес электронной почты?

В35:

Есть ли у вас доступ к интернету?

APPENDIX F: SURVEY FREQUENTLY ASKED QUESTIONS – RUSSIAN TRANSLATION

- Кто оплачивает опрос?

Опрос спонсируется Агентством по качеству обслуживания инвалидов и престарелых на дому- частью правительства штата Вашингтон.

- На какое время рассчитан этот опрос?

Опрос займёт примерно 10 минут.

- Какова цель опроса?

Выяснить как вы приняли решение стать сиделкой и понять насколько сиделки осведомлены о существующих для них льготах.

- Кто отвечает за это исследование?

Джон Гарнаи является главным исследователем. Том Аллен –директор этого опроса. Их телефон:(800) 833-0867.

- Каков охват опроса?

Мы проведём опрос среди примерно 200 домашних сиделок в штате Вашингтон.

- Кто Вы? Кто именно проводит интервью?

Я (студент/ка житель/ница Пулман штат Вашингтон), работающий/ая в Социально-экономическом Научно-исследовательском центре при Вашингтонском Государственном Университете. У нас заключён контракт с Агентством по качеству обслуживания инвалидов и престарелых на дому в штате Вашингтон на проведение интервью для того, чтобы собрать необходимую информацию для исследования.

- Как Вы узнали моё имя?

Ваше имя и номер телефона были выборочно взяты из Департамента Социальных и Здравоохранительных Услуг штата Вашингтон.

- Это добровольный опрос?

Да, опрос совершенно добровольный и конфиденциальный. Кроме того, если вы сочтёте нежелательным отвечать на какие-то вопросы, я их пропущу и мы сможем

продолжать интервью. Этот вопросник был одобрен Вашингтонским Государственным Университетом, но если у вас возникнут вопросы о ваших правах респондента, я могу вам дать номер телефона смотровой комиссии ВГУ. Их номер: 509-335-9661, спросить координатора комиссии.

- Что гарантирует достоверие этого опроса?

Я с удовольствием дам вам наш номер телефона Социально-экономического Научно-исследовательского центра. Вы можете позвонить моему начальнику и проверить, действительно ли я здесь работаю и/или действительно ли проводится данное исследование. Наш телефон: (800)833-0867. (ЕСЛИ РЕСПОНДЕНТ ЗАХОЧЕТ УЗНАТЬ ИМЯ НАЧАЛЬНИКА, ДОБАВЬТЕ: имя моего начальника...(Джастин Джоргенсен, Линдси Уилсон или Марион Шульц)

- Этот опрос конфиденциален?

Да, будьте уверены. По завершению исследования Ваше имя и адрес будут удалены из ваших ответов. Затем все ответы всех участников будут объединены с тем чтобы было невозможно определить отдельных участников. К Вашим ответам будут иметь доступ только те люди, которые являются официальными опрашивающими, которые подписали клятву содержать строго конфиденциальность данных опроса. Вся информация, которая будет задокументирована будет представлена в такой форме, что будет невозможно проследить кто был её источником.

Необходимо также отметить, что конфиденциальность чрезвычайно важна для успешной деятельности нашего научно-исследовательского центра, т.к. мы проводим множество опросов. Следовательно мы тщательно придерживаемся всем правилам и директивам и оберегаем вашу конфиденциальность.

- Как будут использованы результаты? Что вы будете делать с моими ответами?

Агентство по качеству обслуживания инвалидов и престарелых на дому в штате Вашингтон недавно начало ряд проектов по улучшению условий труда для сиделок на дому. Есть надежда, что эти проекты будут способствовать пополнению и уменьшению текучести кадров. Результаты этих интервью помогут агентству выяснить уровень эффективности этих проектов или необходимость в поиске новых проектов.

Фразы по предотвращению отказа

Вот несколько фраз от F-10 в CATI (Компьютерезированное телефонное интервью)

(1)

(2)

(3)

Стандартные фразы по предотвращению отказа могут быть перефразированы.
Например:

«Я знаю, что ваше время дорого и мы можем позвонить в более удобное для вас время. Когда будет лучше вам перезвонить?»

Для этого исследования лучший вариант следующий:

«Я знаю, что вы назвзяря очень заняты, но мы можем перезвонить в более удобное для вас время. Когда лучше перезвонить?»

APPENDIX G: FORMULAS FOR COOPERATION RATE, RESPONSE RATE & SAMPLE ERROR

The **cooperation rate** is the ratio of completed and partially completed interviews to the number of completed, partially completed and those who refused to complete the survey. The formula for cooperation rate is:

$$\frac{(CM + PC)}{[(CM+PC) + RF]}$$

where CM = number of completed interviews
PC= number of partially completed interviews
CI = number completed screening questions
RF = number of refusals

The cooperation rate for this survey is **85.0%**

The **response rate** is the ratio of completed and partially completed interviews to the total eligible sample. This formula is considered one of the industry standards for calculating response rates and complies with AAPOR Standard Definitions (American Association for Public Opinion Research) Response Rate. This calculation removes all ineligible cases from the formula. The formula is:

$$\frac{(CM + PC)}{[(CM+PC) + RF + UI + UR]}$$

where CM = number of completed interviews
PC= number of partially completed interviews
RF = number of refusals
UI, UR = number unable to interview, unable to reach

The response rate for this survey is **42.0%**

SAMPLE ERROR

Sample error is a measure of the degree to which a randomly selected sample of respondents represents the population from which it is drawn. Sample error also is the basis upon which tests of statistical significance are calculated. One formula for calculating the sample error for a proportion at the 95% confidence level is presented below.

$$SE = 2 \sqrt{\frac{pq}{(n-1)} \left(\frac{N-n}{N} \right)}$$

Where: SE= sample error

p = proportion of “yes” responses for a specific question

q = proportion of “no” responses for a specific question

n = sample size = number of completed interviews for a specific questions

N = population size for the survey

For a population of 1,102 individual care providers in Washington State during the spring of 2006, the approximate sample error for the survey with 287 completed interviews is plus or minus 5%.

APPENDIX H: DETAILED METHODOLOGY

Interview Design

SESRC worked in collaboration with HCQA management and stakeholders to produce the final interview script of 45 questions, including 8 with open-ended responses. The survey script took an average of 8 minutes and 35 seconds to complete.

Telephone Survey CATI System

All interviews were conducted from the Public Opinion Laboratory (POL) of SESRC, using a Computer-Assisted Telephone Interviewing (CATI) system, Voxco Interviewer. The CATI system displays survey questions on a computer monitor from which the interviewer can read the question to the respondent and then enter the response directly into the CATI database for storage on the server computer. Data files were collected at the conclusion of the survey and archived for permanent storage at SESRC. Initial programming of the CATI for this project was completed on June 6, 2006.

Pretest of Survey Instrument

A pretest of the survey instrument was conducted on June 6, 2006. Sixteen names from the individual care providers sample were randomly drawn for the pretest. All sixteen cases were called once in an attempt to complete a survey with the respondent. Four interviewers were trained to conduct the pretest which lasted approximately two hours. By the end of the evening, two completed interviews were logged, and one staged interview was completed with a staff member from the Home Care Quality Authority. These cases were not included in the final dataset as numerous changes were made to the survey script as a result of the pretest.

Interviewer Training

The project training for interviewers was held on June 21, 2006. All five interviewers selected to work on this project received a minimum of eight hours of basic interview training and an additional half-hour of project specific training. The project training included background information, purposes of the study, definitions, questions and content of this survey. In addition, interviewers practiced a minimum of fifteen minutes on the CATI questionnaire before calling on the actual study. At all times during the course of training and project calling, one or more supervisors were available to provide quality control and to respond to interviewers' needs and questions. Calling continued through July 9, 2006.

Call Schedule

All sample numbers were attempted a minimum of eight times before being retired. These eight attempts occurred on different days and at different times of the day. Before retiring a case, calling attempts had to be made at least once in the morning, once in the

afternoon, once each at the 5:00 p.m., 6:00 p.m., 7:00 p.m. and 8:00 p.m. hours as well as at least once on a weekend. This calling strategy ensured that cases were tried at all reasonable times of the day and days of the week in order to maximize response rates with a minimum of calling attempts.

If an interviewer called at an inconvenient time for the respondent, the interviewer would attempt to schedule a specific time to re-contact the household for an interview. If a respondent had to break off an interview in the middle of the survey, calls were made at later dates to try to complete the survey with that respondent.

Translations

It was anticipated that some of the respondents in the sample pool may have not been able to comfortably complete the interview in English. Therefore, both a Spanish and Russian translation of the survey was made available, and one bilingual interviewer of each language was also trained on the project. SESRC's policy for creating translated survey scripts includes a thorough back-translation process in which the original English script is first translated into the alternate language by one translator, and then the translated script is given to a second translator who translates it back into English. A conference between both translators and an SESRC supervisor is held in which both English scripts are compared and discrepancies are identified and resolved in the alternate language version. The Spanish and Russian translations are included in Appendix B and Appendix C of this report.

Interviewer Monitoring

To maintain data quality and continuity in the telephone data collection process, interviewer performance was regularly monitored and measured. SESRC's current standard is to monitor at least 5 percent of all completed interviews and to monitor all interviewers at least once a week during a day or night shift. One of the main purposes of monitoring is to minimize interviewer effect. Interviewers are scored on specific factors that measure proper interviewing techniques. The two principles that guide the training and scoring of interviews are: (1) respondents should receive information that is delivered by the interviewer in an unbiased manner; and (2) every respondent should receive the same stimulus from each interviewer. These principles translate into six basic interviewing rules that are used as factors by the monitor for scoring an interview:

- Rule 1:** The reading of each question is exactly as it is written and in the order in which it appears in the questionnaire.
- Rule 2:** Never skip a question.
- Rule 3:** Accurate recording of all responses.
- Rule 4:** Standard neutral feedback phrases such as "Thank you. That's important information" or "I see" are given as acceptable responses.
- Rule 5:** Standard neutral cues or probes such as "Could you tell me more about that" or "Which would be closer to the way you feel?" are given to the respondent to help him/her give more complete answers to questions.
- Rule 6:** Accurately record the outcome of each call.

Response Rates

SESRC is providing two statistical indicators for this study: the cooperation rate and the response rate.

The cooperation rate is the ratio of completed and partially completed interviews to the number of completed, partially completed and those who refused to complete the survey. The cooperation rate for this survey is 85 percent.

The response rate is the ratio of completed and partially completed interviews to the total eligible sample. This formula is considered one of the industry standards for calculating response rates and complies with AAPOR Standard Definitions (American Association for Public Opinion Research) Response Rate. This calculation removes all ineligible cases from the formula. The response rate for this survey is 42 percent.

Table 1

| | # | % |
|----------------------------------------------|--------------|--------------|
| (A) Completed Interviews (English) | 272 | 39.0% |
| (B) Completed Interviews (Spanish) | 13 | 1.9% |
| (C) Completed Interviews (Russian) | 1 | 0.1% |
| (D) Partial Completes | 1 | 0.1% |
| (E) Refusals | 51 | 7.3% |
| (F) Non-Response | 237 | 28.0% |
| (G) Non-Working Numbers | 108 | 34.0% |
| (H) Cannot Complete – language | 5 | 0.7% |
| Subtotal 1 (included) | 688 | 98.6% |
| (I) Ineligible – no longer working as IP | 10 | 1.4% |
| Subtotal 2 (excluded) | 10 | 1.4% |
| Total Sample | 698 | 100% |
| Cooperation Rate: $(A+B+C+D)/(A+B+C+D+E)$ | 85.0% | |
| Response Rate: $(A+B+C+D)/(A+B+C+D+E+F+G+H)$ | 42.0% | |