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Home Care Quality Authority

Consumer Mail Survey

By: *SESRC – Puget Sound Division*
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September 2008



World Class. Face to Face.

Home Care Quality Authority Consumer Mail Survey

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EXECUTIVE SUMMARY

Home Care Quality Authority Consumer Mail Survey

**By: Candiya Mann and Dave Pavelchek
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September 2008**

The Home Care Quality Authority (HCQA), an agency within Washington State government, is tasked with improving the quality of state-funded long-term in-home services and encouraging stability in the in-home, individual provider (IP) workforce. The IP program uses public funding to allow persons with disabilities to directly hire individuals to provide in-home personal care services.

Every two to three years, HCQA conducts a mail survey of consumers and a separate survey of individual providers. Previous surveys occurred in 2003 and 2006. HCQA contracted with Washington State University's Social and Economic Sciences Research Center to survey consumers and providers in 2008. This report presents the results of the 2008 consumer survey.

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

- Background and demographics of consumers and their individual providers
- The level of difficulty experienced in finding an individual provider
- Satisfaction with individual provider services and training
- Consumer awareness, use, satisfaction, and suggestions for improvement of the Home Care Referral Registry:¹
- Consumer safety

On April 4th, 2008, 3,000 surveys were mailed to a random sample of consumers, with reminder postcards mailed two weeks later. Another copy of the survey was mailed on April 25th to the consumers who hadn't yet responded. The survey was available in alternative languages upon request, including Spanish, Russian, and Mandarin Chinese. The data collection period closed on May 14th, with 860 returned surveys (response rate of 30%).²

¹ In previous surveys, the Home Care Referral Registry was referred to as the Referral and Workforce Resources Centers.

² Please see the methodology section for more detail on how the response rate was calculated.

Consumer Background

- **Survey Respondents Compared to All Consumers:** Unlike prior surveys, some demographic information was available for the entire population of consumers: gender, age, service delivery area, and authorizing program office. The survey respondents generally resembled the overall population in these characteristics.
- **Gender:** Two-thirds of the respondents were female, and one-third was male.
- **Ethnicity and Primary Language:** Most of the respondents were white (82%). The other ethnicities each consisted of 6 percent or less of the respondents. The most common primary language reported by the consumers was English (83%), followed by Russian (7%) and Spanish (4%). It appears that consumers preferred having an IP of the same ethnic background and language.
- **Family Provider Status:** Over half of the respondents (53%) had had an IP who was a family member. Among the consumers with a family member as their IP, the majority received services from a son/daughter (39%) or a parent (22%).
- **DSHS Authorizing Office:** Three-quarters of the respondents' services were authorized through Area Agencies on Aging and Home and Community Services (75%). One-quarter was authorized by the Division of Developmental Disabilities and Children's Administration (25%).
- **Education:** Roughly one-quarter of the respondents (26%) had attended some high school. Thirty-one percent had attained a GED or high school diploma. Twenty percent attended college without earning a certificate or diploma, and 23 percent earned a college certificate or diploma.
- **Length of Time Receiving In-Home Services:** At the time of the survey, 45 percent of the consumers had been receiving in-home services for three or fewer years, and 40 percent had received services for between four and 10 years. Fifteen percent had received services for over 10 years.
- **Assistance Completing the Survey:** Forty-one percent of the respondents completed the survey with no assistance.³ WSU-SESRC completed the survey over the phone for 2 percent of the respondents. Thirty-nine percent received help from a family member/guardian; 12 percent had help from an IP/home agency worker; and 6 percent received help from a friend. Survey responses were not appreciably different whether the respondent had received help completing the survey or not.

Finding and Hiring an Individual Provider

One of HCQA's missions is to support a strong and stable labor pool of individual providers, in which turnover would be low and consumers would be able to find an IP when they need one. The percentage of consumers hiring a new individual provider in the previous year remained consistent between the 2006 and 2008 surveys, at 31 percent.

³ Throughout the survey, the term "respondents" refers to the consumer receiving services, regardless of whether they received assistance completing the survey.

Compared to the 2006 survey, the 2008 survey suggests that finding a new IP has become considerably easier. In 2006, over half (57%) of the consumers who had changed IP's indicated that finding an IP was difficult. In the 2008 survey, this dropped to about one-third of consumers (34%). Likewise, the proportion of respondents stating that finding an IP was easy rose from about one-quarter (26%) to over half (52%). This improvement applied to both those who hired family and non-family providers.

It is not clear what caused this reduction in the difficulty of finding a new IP. Possibilities include the improved employment benefits and wages offered to IP's, the statewide availability of workers from the Referral Registry, and the worsening labor market between 2006 and 2008 (which may have made the IP field a more attractive option to the workforce).

The difficulty of finding an IP was analyzed by various factors, such as whether the IP was a family member and the consumers' age. In general, finding an IP was easier for consumers who hired a family member (65% "easy") than a non-family member (47% "easy"). Consistent with the 2006 results, the 2008 survey showed that finding an IP became easier as the consumers' age increased, leveling out after 60 years of age.

Consumers reported a variety of reasons for hiring a new IP. Among the options provided on the survey, the most common reasons selected were that the IP quit (22%), that the consumer needed an additional IP (14%), or that the consumer fired the previous IP (12%). Forty-one percent of the respondents provided "other" reasons for needing a new IP. These responses included themes such as consumer dissatisfaction with the IP, changes in services needed by the consumer, and IP health issues and burn-out.

Consumer Satisfaction with Individual Provider Services and Level of Training

Overall, consumers reported high levels of satisfaction with the IP services they receive. The vast majority of consumers rated their IP services as excellent (72%) or good (22%). It was rare for the consumers to mark their services as less than good (6%).

The high level of overall satisfaction with IP services was confirmed in questions about specific aspects of the IP's and the services they provide. Roughly two-thirds to three-quarters of the respondents strongly agreed that their IP is trustworthy, treats them with respect, has a good work ethic, is punctual, meets their personal care needs, and follows their plan of care. Over two-thirds (68%) strongly agreed that they would recommend their IP to another person needing in-home care services.

The survey asked consumers how important it was that their IP have training in their specific health conditions. Most respondents (70%) indicated that it was very important, and close to one-quarter of the respondents (23%) rated this training as somewhat important. Only 4 percent stated that it was not important at all.

It appears that the majority of consumers were able to find IP's with adequate training in the consumer's specific health conditions. Sixty percent of the respondents indicated that their IP

didn't need any additional training in the consumer's conditions, and 21 percent reported that their IP needed a little more training. Only 5 percent stated that their IP needed a lot more training.

Consumers with family IP's were less likely to report that their IP needed more training about their specific health conditions (21%), compared to those with non-family IP's (29%).

Home Care Referral Registry of Washington State

The Home Care Referral Registry helps consumers find an IP when they need one. The 2008 survey included an expanded set of questions regarding the Registry, exploring consumer awareness, usage, and satisfaction with the Registry, as well as suggestions for improvement.

Registry Awareness

The survey results indicated that awareness of the Referral Registry was fairly low. Less than one-third of the responding consumers (27%) had heard of the Referral Registry before taking the survey. The most common methods of learning about the Registry were through a case manager/social worker (57%) or through an IP/caregiver (17%).

Among the consumers who had heard of the Referral Registry, only about half (53%) knew that it was available in their area. A certain amount of confusion on this point is understandable since the Referral Registry had a geographic roll-out in which it became available at a different point-in-time in different regions.

Registry Usage

Overall, 13 percent of the consumers who were aware of the Registry had used it. The most common methods of accessing the Referral Registry were through calling the Registry phone line (55%) or with help from a case manager/social worker (40%). As expected, Registry usage was more common among consumers with non-family IP's (18%) than family IP's (4%).

Consumers more often accessed the Referral Registry to search for permanent IP's than to deal with temporary needs. Suggestions for improvements to the Registry indicate that consumers would like to be able to use the Registry to search for temporary, respite, and emergency care but found administrative hurdles as well as a lack of IP's available for those services.

Upon request, the Referral Registry provides lists of available IP's who match the consumers' preferences. Most of the consumers who requested lists of available IP's went on to interview (78%) and hire (68%) an IP that they found through the Registry. The majority of the consumers who hired an IP through the Registry reported that the IP's performance was "excellent" (38%) or "good" (25%), and 60 percent reported that this IP was still working with them at the time of the survey.

About half of the consumers who hired an IP from the Registry reported that more than two weeks passed between the date they hired the IP and the date that the IP began work. The most common reasons for the delay were DSHS redoing the IP's background check (41%) and

processing the contract (31%). In the past, background checks were performed by DSHS prior to the IP being listed on the Registry and again after the consumer hired the IP. Recently, this process was simplified, and DSHS sent out a management bulletin that confirmed that the background checks performed when the IP's join the Registry are considered valid for a year, eliminating the need for the second background check, in most cases.

Consumers who tried the Registry but did not hire an IP from the Registry identified a variety of contributing reasons, such as the IP's being unresponsive (i.e. not returning phone calls), unavailable for work, not interested in working with the consumer, unavailable for the hours needed by the consumer, or unwilling to drive the distance from their location to the consumer. Other respondents had concerns with the providers' skills, background, and reliability or simply found an IP through another means.

Referral Registry Satisfaction

The Referral Registry users rated a number of different aspects of the Registry on a scale of excellent, good, fair, poor, and very poor. In general, consumers reported a wide range of satisfaction with the performance of the Referral Registry, from scores of "excellent" to "very poor". Nonetheless, over half of the Referral Registry users (54%) rated their overall experience with the Registry as positive (excellent or good). About one-fifth (21%) rated their experience as negative (poor or very poor).

Some specific ratings of the Referral Registry were as follows:

- The telephone customer service of the Registry staff received high marks (87% positive), as did the speed of delivery of the lists of available IP's (74% positive).
- At least half of the respondents gave positive ratings to the accuracy of the IP contact information (59%), the number of IP's on the lists provided by the Registry (58%), the distance between the IP's and consumer's homes (51%), and the responsiveness of the IP's on the Registry lists (50%).
- The most frequent negative ratings were in the following areas: the availability of the IP's on the Registry lists to work (33% negative), the responsiveness of the IP's, such as the IP's returning phone calls (31% negative), and how well the IP's on their Registry lists matched the consumers' preferences (27% negative).

Referral Registry Suggestions for Improvement

The survey asked respondents for their suggestions on how to improve the Referral Registry. The most common suggestions were to ensure that IP contact information is accurate, that the IP is available to work, that there are IP's available who live close to the consumer, that comprehensive background checks are performed, and that the IP speaks fluent English. Respondents also offered suggestions for improved screening, recruitment, Referral Registry administration, and post-match support. Other consumers had positive written comments, such as the following: "Within the last year - HUGE improvement in the registry".

Consumer Safety

Overall, respondents reported high levels of safety. Eighty-seven percent of consumers reported that they had *not* been in a situation where they felt unsafe with their IP in the past year.

The most common reasons for feeling unsafe were that the IP neglected to perform his or her duties (8%), that the IP had poor training (6%), and that the IP insulted/verbally abused the consumer (6%). It was very rare for a consumer to feel threatened by an IP (2%) or friends/family of an IP (2%) or to report being physically assaulted by an IP (0.3%).

Other unsafe situations that consumers described included the following: IP lacking knowledge about the consumer's condition, leaving the consumer alone, ignoring the consumer, driving unsafely, unable to lift/transfer the consumer, or having poor English fluency.

The reported incidence of unsafe situations was very similar in the 2006 and 2008 surveys, though there was a slight increase in 2008. Overall, 10 percent of the consumers in 2006 reported feeling unsafe in the prior year, compared to 13 percent in 2008. The increases were in the areas of IP's neglecting to perform their duties (2% increase) and consumers reporting being insulted/verbally abused (1% increase.)

Consumers with non-family IP's were much more likely to report having been in an unsafe situation in the past year. Nonetheless, the overall incidence of unsafe situations was low, regardless of whether or not the IP was a family member.

INTRODUCTION

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

Every two to three years, HCQA conducts a mail survey of consumers and a separate survey of individual providers. Previous surveys occurred in 2003 and 2006. In 2008, HCQA contracted with Washington State University's Social and Economic Sciences Research Center to conduct the surveys. This report presents the results of the 2008 consumer survey.

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

- Background and demographics of consumers and their individual providers
- The level of difficulty experienced in finding an individual provider
- Satisfaction with individual provider services and training
- Home Care Referral Registry of Washington State:⁴ consumers' awareness, usage, satisfaction, and suggestions for improvement
- Consumer safety

Key survey topics were also analyzed to see if they varied by other factors, including:

- **Family provider status:** whether or not the individual provider was a member of the consumer's family
- **Length of time consumer has received in-home services**
- **Consumer age**

Where available, comparisons between the 2006 and 2008 surveys were included as well.⁵

BACKGROUND

In-Home Care in Washington State

The prevailing method for public provision of in-home personal care for the aged and persons with disabilities in the US has been through state agency contracting with local home care agencies. Starting in 1983 with Medicaid waiver programs, Washington State 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 for care recipients who become employers is not excessive. In

⁴ In previous surveys, the Home Care Referral Registry was referred to as Referral and Workforce Resources Centers.

⁵ Much of the survey content changed between the two surveys so comparisons were not possible for many topics.

Washington State, the individual provider option coexists with a continuation of the traditional agency care model. Recipients of services have both options: they can contract directly with an IP or receive care through an agency which contracts with a state or regional public agency.

Because a relative of a care recipient can serve as an individual provider to that recipient, the individual provider workforce can be viewed as consisting of two separate components: IP's providing services for family members ("family IP's") and IP's providing services for non-family members ("non-family IP's"). Family providers comprise over half of the individual provider workforce.⁶

While HCQA is responsible for managing some aspects of the individual provider program, the state's Office of Financial Management is ultimately responsible for the collective bargaining agreement for IP workers. In addition, the public programs under which IP's are paid are operated by the Department of Social and Health Services (DSHS) through its Aging & Disability Services Administration (ADSA), which includes the Home and Community Services Division (HCS), the Division of Developmental Disabilities (DDD); DSHS' Children's Administration (CA) and the Area Agencies on Aging.

Home Care Referral Registry of Washington State

One of the main focuses of this study is the Home Care Referral Registry of Washington State (hereafter referred to as "Referral Registry"). The Referral Registry provides a service for matching consumers with IP's. It can be accessed via telephone, the internet and walk-in service at the Referral Registry offices. The goal of the Referral Registry is to ease the process of matching IP's with consumers and to facilitate better quality matches that will be long-lasting, positive experiences for both parties. The Referral Registry was implemented through a phased geographic roll-out, from January 2005 to September 2006.

METHODOLOGY

Survey Protocol Development

The 2006 survey protocol was used as a base for developing the 2008 survey. Some items were removed while others were added, according to the changing research priorities.

In particular, survey coverage of the Home Care Referral Registry was significantly expanded. At the time of the 2006 survey, the Referral Registry was a new program, not yet implemented statewide. Few respondents had used the Registry so analysis on that topic was very limited. By the 2008 survey, the Registry had been in use for at least a couple of years, depending on the region, so this survey has a more extensive series of questions about the Registry.

The 2008 survey protocol was developed in close collaboration with HCQA managers, with review and input from DSHS and SEIU Healthcare 775NW.

⁶ Family and non-family providers can differ in their reasons for joining and remaining in the field so they are discussed separately, as appropriate throughout this report.

Sample Selection and Weighting

For the 2008 survey, a sample of 3,000 consumers was drawn by WSU-SESRC, using two separate datasets:

- HCQA provided a database of consumers who used the Home Care Referral Registry between January 2007 and February 2008, and
- DSHS provided a database of consumers who received individual provider services in January 2008.

The sample consisted of 1,000 consumers who had used the Registry (registry-users) and 2,000 who had not (non-registry users).

Since one of the main goals of the survey was to collect information about the Referral Registry, it was important to ensure that a sufficient number of responses was received from consumers who had used the Registry. Therefore, while only about 6 percent of the consumers had used the Registry, they comprised 30 percent of the sample. This “oversampling” of registry-users was successful, and the survey responses included 167 registry-users, a sufficient number to draw conclusions about Referral Registry satisfaction and usage.

To ensure that the survey does not overstate the opinions of the registry users, the results are “weighted”. This procedure changes the proportion of the overall responses that the registry-users comprise. Rather than counting the registry-users as 30 percent of the responses (as they were in the sample), they are counted (“weighted”) as only 6 percent of the responses, so that overall population statistics, such as averages, are correct.

Survey Administration

Layout and Mailing

The survey was administered with two separate mailings. The first mail-out was on April 4th, 2008 and consisted of the following items:

- The survey, printed in booklet format with three double-sided pages
- The cover letter, printed in English on the front and Spanish on the back
- A postcard for the consumer to return to request a translated version of the survey in Spanish, Russian, Mandarin Chinese, Vietnamese, or Tagalog
- A postage-paid return envelope

A reminder postcard was mailed a week later on April 11th, 2008. For the consumers who had not yet returned their surveys, another survey was mailed on April 25th, 2008. The data collection period was closed on May 14th, 2008.

Consumers were offered two options for responding to the survey: completing the paper survey and returning it in the postage-paid envelope or calling the WSU-SESRC toll-free telephone number and completing the survey over the phone.

Translations

It was important to HCQA management to ensure that a broad cross-section of consumers could respond to the survey, regardless of their primary language. Therefore, the survey was translated into Spanish, Russian, and Mandarin Chinese prior to the survey launch. In addition, the cover letter enclosed with the initial survey mailing was printed in English on the front and Spanish on the back.

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, Russian, and Chinese translations are included in Appendices B, C, and D of this report.

Consumers could request the translated survey versions by returning the translation-request postcard included in the initial survey mailing or by calling the toll-free phone number for WSU-SESRC.

The translation-request postcard also offered the survey in Vietnamese and Tagalog. Since Washington State census data suggested that these languages were not very common, they were included in the postcard with the expectation that translation would occur if at least five consumers requested one of these languages.

Anonymity and Response Tracking

This survey administration was unique in that the consumers were promised anonymity regarding *how* they responded to the survey questions, while at the same time, the researchers needed to monitor whether or not the consumer returned the survey so a second survey could be sent, if necessary. These dual goals were accomplished by printing identifying information on the return envelope instead of the survey itself. As the surveys were received, the return envelopes were separated from the surveys, and the survey data was entered into the computer system with a new identifying number for each consumer. In this way, the survey returns were tracked, but the dataset was completely anonymous.

Response Rate

Of the 3,000 surveys mailed out, 845 were completed and returned through the mail, and 15 were completed over the phone when the consumer called WSU-SESRC. One hundred sixty-three were returned due to a bad address. Nineteen consumers called or sent a note refusing to take the survey. Four consumers indicated that they were ineligible to take the survey.

The response rate was 30.4 percent.⁷ This is an improvement from the previous two surveys (2006 survey: 22.4%; 2003 survey: 22.5%). The improved response rate was likely due to

⁷ The response rate was calculated as 860/(3,000-163-4).

mailing a second survey to the consumers who hadn't responded in the first month of data collection. This is the first year that a second survey mailing had been conducted.

In future surveys, the response rate could likely be further improved by limiting the sample to respondents who received services in the time period close to the survey administration. In this survey, roughly half of the 1,000 registry-user consumers in the sample had not received IP services in January 2008. (There are many possibilities for why this may have been the case. For instance, they may have used the Referral Registry then hired a provider through a home care agency or not hired a provider at all.) The survey sample was constructed in this way because receiving feedback on the Registry was a priority in 2008. However, communication with these consumers indicated that many of them thought that the survey did not apply to them because they did not have an IP at the time of the survey.

While the survey was translated into different languages, few respondents requested translated versions. As the table below shows, 22 translated surveys were requested, and only four were returned.

Language⁸	Number Surveys Requested	Number Completed Surveys Returned
Russian	11	3
Spanish	2	1
Mandarin Chinese	0	0
Vietnamese	4	n/a
Tagalog	1	n/a
French	1	n/a
Other (unspecified)	3	n/a

⁸ Please note: The survey was translated into Russian, Spanish, and Mandarin Chinese before the survey launch. Due to cost considerations, the other language translations were scheduled to occur if at least five requests were received.

RESULTS

The survey results are presented below in the following order:

- Background and demographics of consumers and their individual providers, including comparisons of the survey respondents to the entire population of consumers
- The level of difficulty of finding an individual provider, including comparisons to the 2006 survey results, as well as breakdowns by various consumer characteristics
- Satisfaction with individual provider services and training
- Home Care Referral Registry of Washington State: consumers' awareness, usage, satisfaction, and suggestions for improvement
- Consumer safety

CONSUMER BACKGROUND & DEMOGRAPHICS

The survey solicited descriptive information about the background of the consumers, including their gender, ethnicity, age, zip code, primary language, education level, how long they have been receiving in-home services, if their IP was a family member, the DSHS program authorizing their services, and if the respondent received assistance in completing the survey.

Survey Respondents Compared to All Consumers

Ideally, when conducting a survey, the demographics of the respondents would be compared to the entire population of consumers of IP services. If the respondents resemble the population, the survey results can be generalized to the population at large. In previous HCQA consumer surveys, this comparison was not possible because no demographic information was available for the consumer population.

This 2008 consumer survey is the first time that any demographic data has been available for the population of consumers. These demographics are estimates created from consumer characteristics in the dataset used to draw the sample. (They are not official population statistics released by DSHS.) The data includes age (based on date of birth), service delivery area (based on mailing address zip code), DSHS authorizing office, and gender (based on consumer first name matched to US Census lists of male and female names).

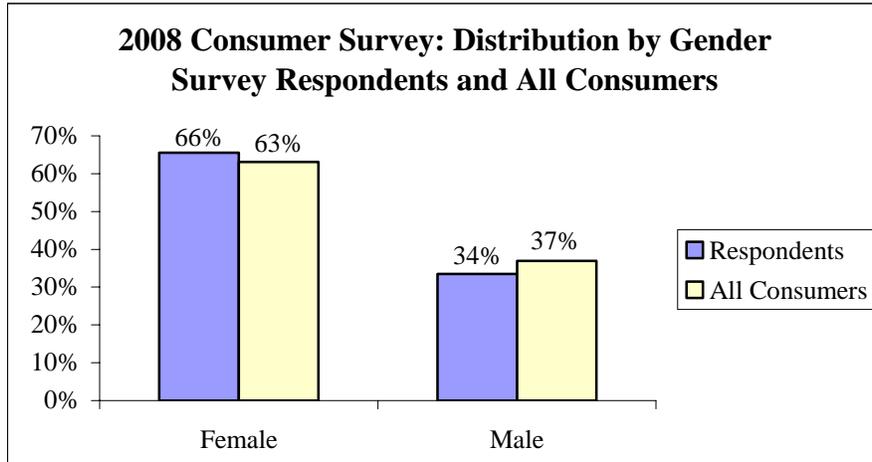
This section of the report compares the population and survey respondents by gender, age, service delivery area, and DSHS office authorizing payment.

Overall, the analysis indicates that the survey results can be generalized to the entire population. The respondents almost exactly match the population in terms of gender and DSHS office. There were slight differences between the population and respondents by age and service delivery area.

Gender

The breakdown of survey respondents by gender was representative of the overall population of consumers. Two-thirds of the respondents (66%) were female, compared to 63 percent of all consumers. (See Figure 1)

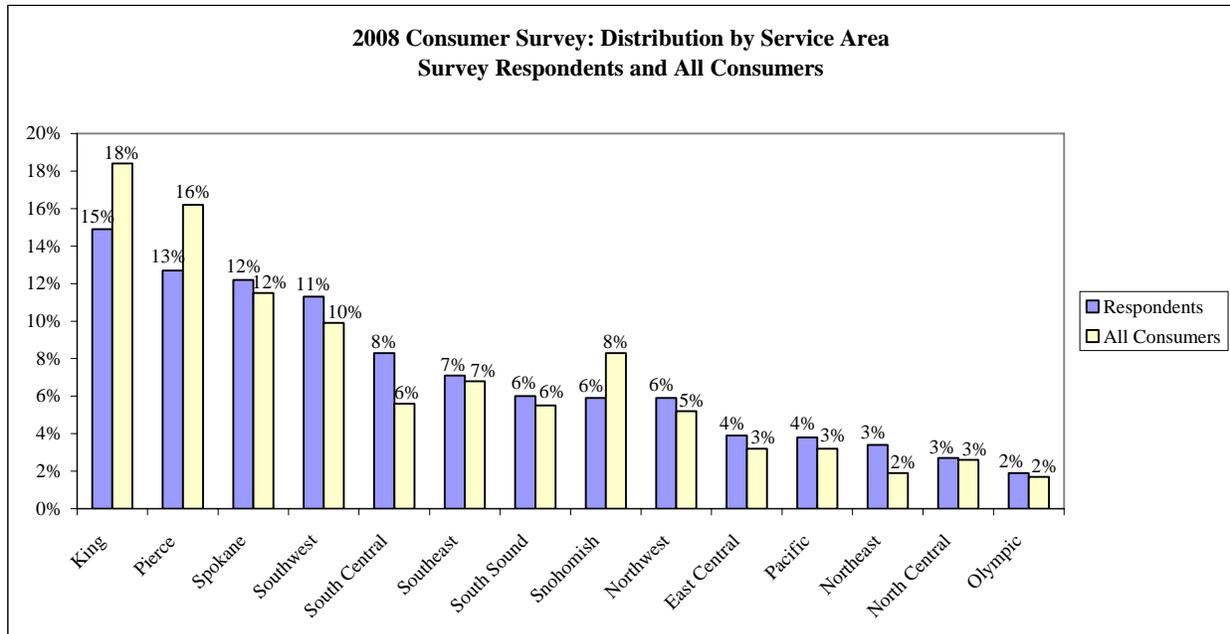
Figure 1



Service Delivery Area

The service delivery areas with the most respondents were King, Pierce, and Spokane. The distribution of respondents was similar to the entire population of consumers; however, there were a few differences. Compared to the population of consumers, the respondents had smaller proportions in King, Pierce, and Snohomish service areas and a larger proportion in other areas, particularly the South Central service area. (See Figure 2)

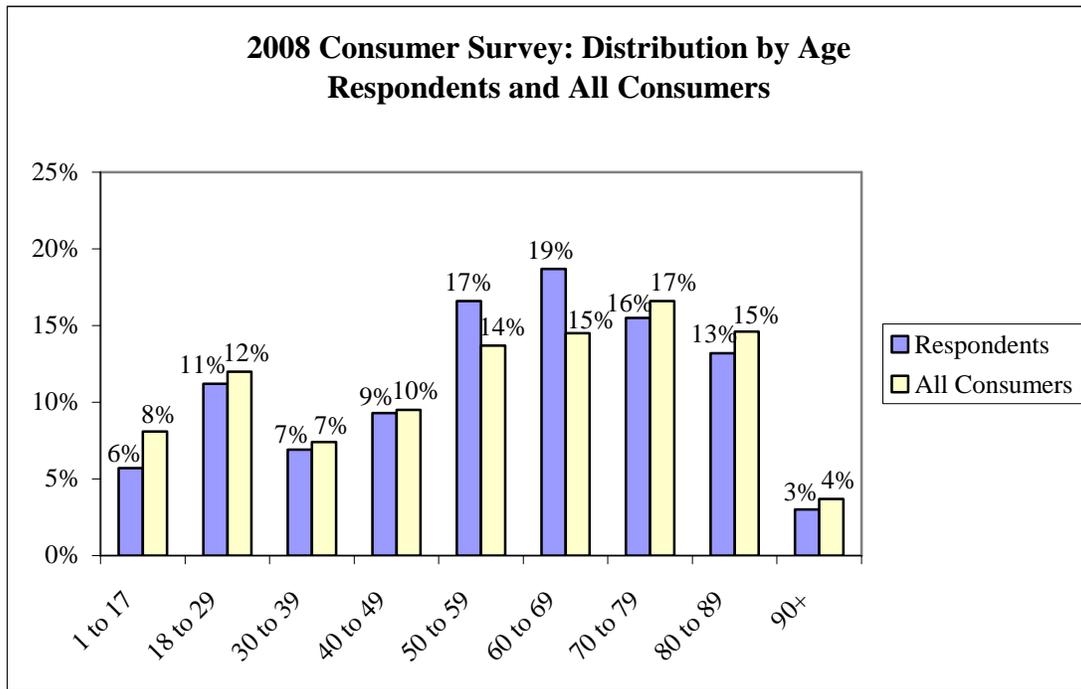
Figure 2



Age

The distribution of the respondents by age follows the same general pattern as the distribution of all consumers. Nonetheless, there were a few differences. The survey responses slightly understate the responses of the consumers under age 18 and slightly overstate the responses of the consumers ages 50 to 69. (See Figure 3)

Figure 3

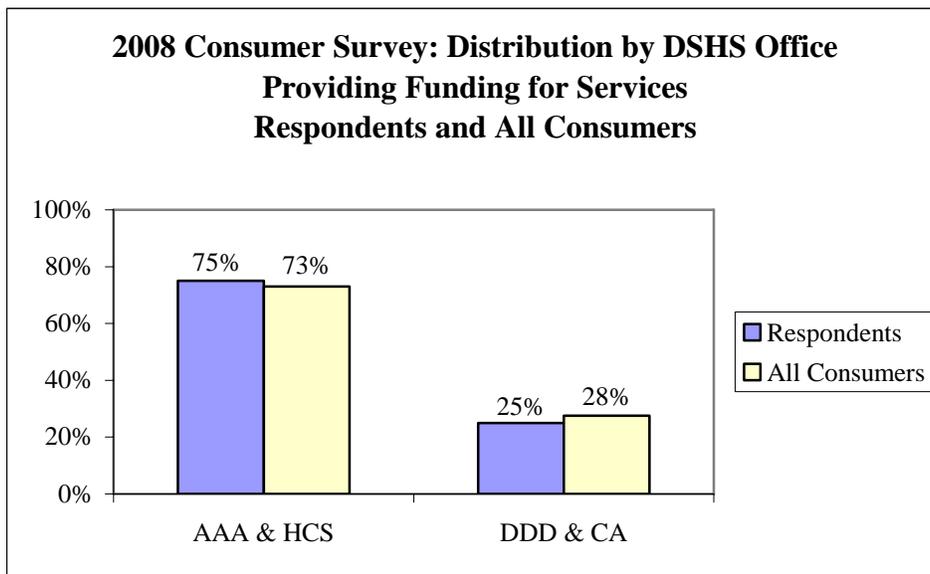


The survey also asked the consumers to estimate their provider's age. The data was analyzed for patterns between the ages of the consumers and their IP's, but none were found.

DSHS Division

In general, both the respondents and population of consumers had a similar distribution when broken down by the DSHS division providing funding for services. Three-quarters were from Area Agencies on Aging and Home and Community Services (75%). One-quarter was from the Division of Developmental Disabilities and Children's Administration (25%).. (See Figure 4)

Figure 4



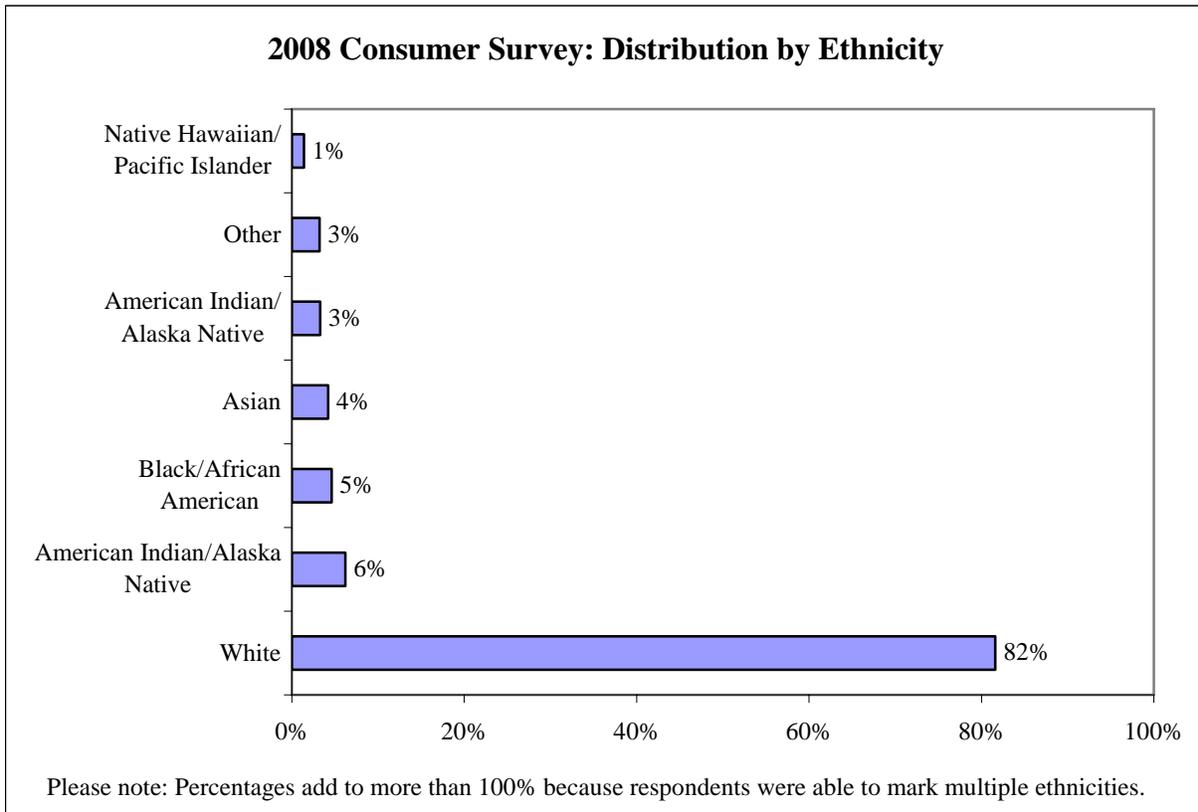
Additional Background/Demographics of Survey Respondents

Beyond the demographic characteristics available for the population, the survey provided additional background about the survey respondents. This data includes the following: ethnicity, primary language, education level, how long they have been receiving in-home services, if their IP was a family member and, if so, how they were related, and if they received assistance completing the survey

Ethnicity

The majority of survey respondents were white (82%), followed by Hispanic/Latino (6%), Black/African American (5%), Asian (4%), American Indian/Alaskan Native (3%), Native American/Pacific Islander (1%), and Other (3%). (See Figure 5)

Figure 5



It appears that most consumers preferred having an IP whose ethnic background matched theirs. At least half of the White (88%), Asian (85%), Black/African American (76%), and Hispanic/Latino (56%) consumers with a non-family provider had an IP with the same ethnic background. Consumers of American Indian/Alaska Native or Native Hawaiian/Pacific Islander background were less likely to have an IP of the same ethnic background. This may be due to a lack of IP's with those backgrounds. (See Figure 6)

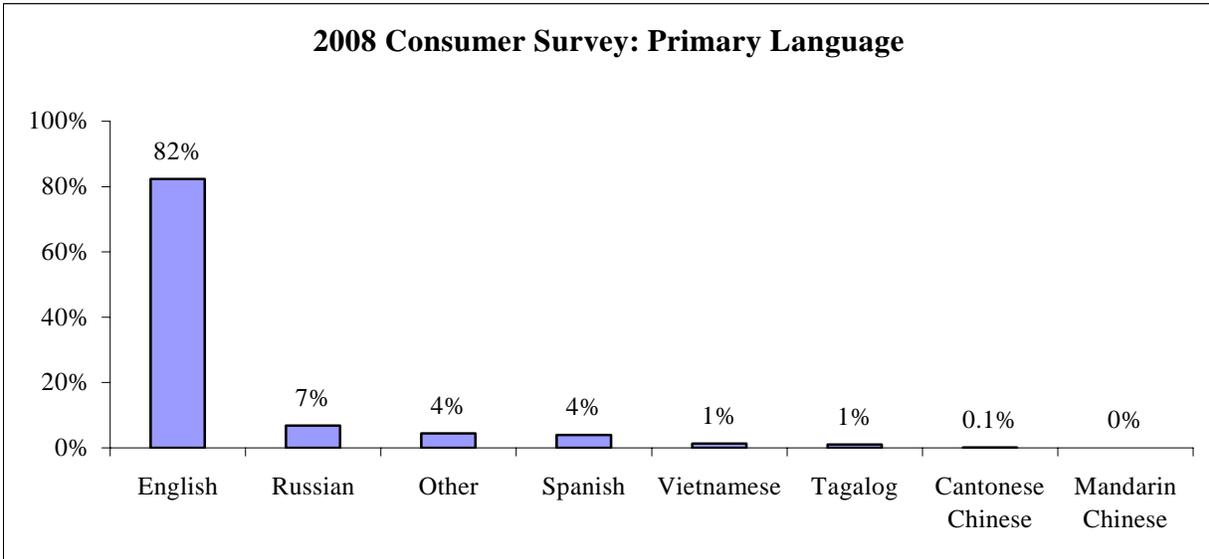
Figure 6

		Consumer Ethnicity						
		White (N=354)	Asian (N=10)	Black/ African American (N=16)	Hispanic/ Latino (N=31)	American Indian/ Alaska Native (N=16)	Native Hawaiian/ Pacific Islander (N=7)	Other (N=13)
IP Ethnicity (as reported by the consumer)	White	88%	27%	24%	32%	96%	64%	54%
	Asian	2%	85%	0%	1%	0%	0%	0%
	Black/African American	2%	0%	76%	4%	11%	0%	0%
	Hispanic/Latino	4%	0%	3%	56%	5%	0%	11%
	American Indian/ Alaska Native	2%	0%	0%	4%	0%	20%	9%
	Native Hawaiian/ Pacific Islander	1%	0%	0%	0%	0%	16%	0%
	Other	4%	0%	7%	0%	7%	0%	17%
	Not sure	1%	0%	0%	8%	0%	0%	9%
	Total	100%	100%	100%	100%	100%	100%	100%

Primary Language

The most common primary language reported by the consumers was English (83%), followed by Russian (7%), Spanish (4%), and Other (4%). Vietnamese, Tagalog and Cantonese Chinese each consisted of 1 percent or less of the respondents. While Mandarin Chinese was a response option, no consumers selected it. (See Figure 7)

Figure 7



The category of “other” included the following written responses:

- American sign language (N=1)
- Amharic (1)
- Arabic (1)
- Armenian (1)
- Bosnian (1)
- Cambodian (1)
- Farsi (1)
- French (1)
- Georgian (2)
- Hindi (2)
- Ilocano (2)
- Khmer (1)
- Korean (1)
- Laotian (3)
- Moldavian (1)
- Oromo (1)
- Telgu (1)
- Thai (1)
- Ukrainian (5)
- Non-verbal (4)

Over the past several years, anecdotal reports have suggested that consumers prefer to hire IP's who speak the same language. This is the first survey in which consumer and provider demographics could be matched and compared. The results confirm the anecdotal reports; most of the consumers with a non-family provider selected an IP who speaks that same language.

Among the consumers who spoke English, 93 percent reported that their IP's primary language was also English. Eighty-five percent of the Spanish-speaking consumers had an IP who spoke Spanish as well. There were very small samples of respondents with non-family providers who spoke Russian (N=6), Vietnamese (N=4), and Tagalog (N=3) so it is difficult to draw definitive conclusions about speakers of these languages; however, all of these respondents selected IP's who spoke the same language as the consumer. (See Figure 8)

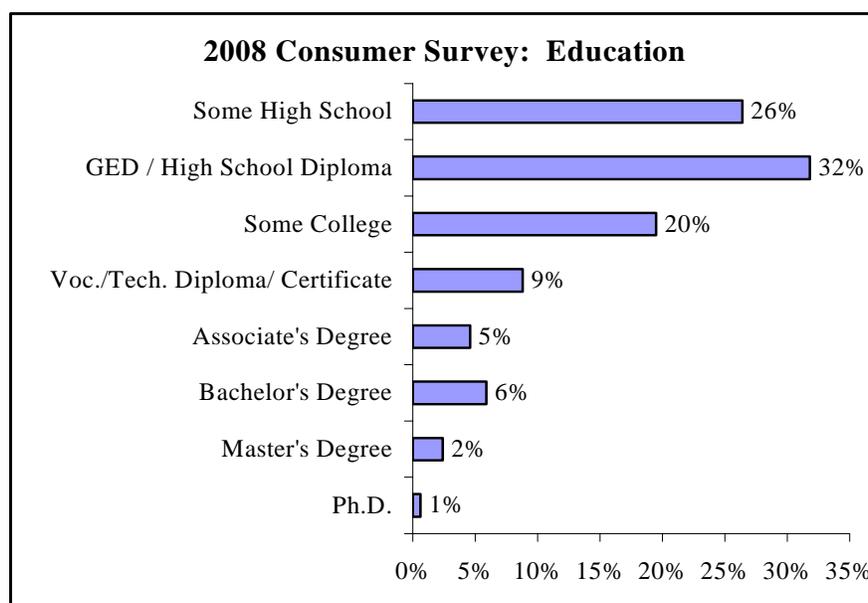
Figure 8

		Consumer Language					
		English (N=373)	Spanish (N=13)	Other (N=11)	Tagalog (N=3)	Vietname se (N=4)	Russian (N=6))
IP Language	English	93%	15%	2%			
	Spanish	2%	85%				
	Other	3%		76%			
	Tagalog				100%		
	Vietnamese					100%	
	Russian	2%					100%
Total		100%	100%	100%	100%	100%	100%

Education Level

Roughly one-quarter of the respondents (26%) attended some high school but did not receive a GED or diploma. Thirty-one percent attained a GED or high school diploma. Twenty percent attended some college, and 9 percent achieved a vocational or technical certificate or diploma, 5 percent received an Associate's degree, 6 percent had a Bachelor's degree, 2 percent had a Master's degree, and 1 percent had a doctorate. (See Figure 9)

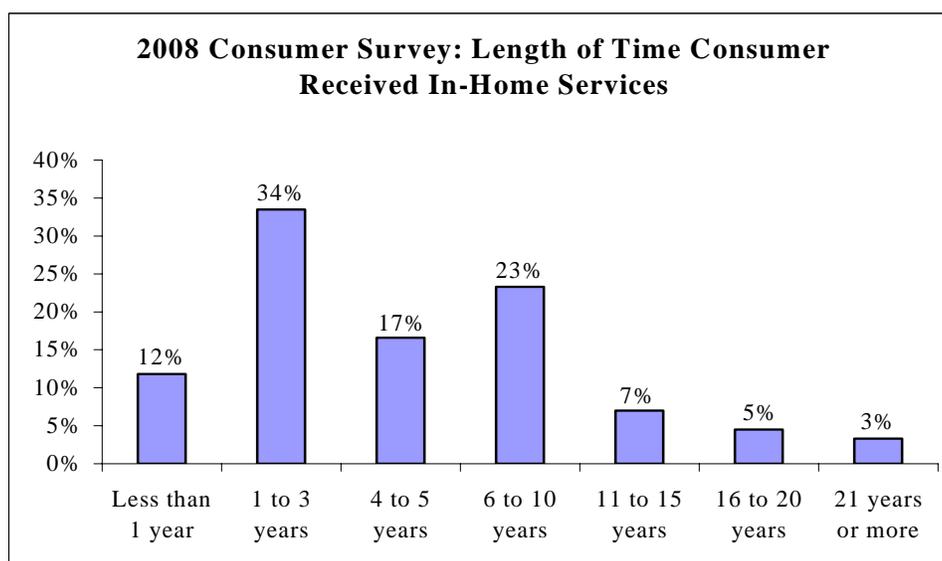
Figure 9



Length of Time Receiving In-Home Services

At the time of the survey, 45 percent of the consumers had been receiving in-home services for three or fewer years, and 40 percent had received services for between four and 10 years. Fifteen percent had received services for over 10 years. (See Figure 10)

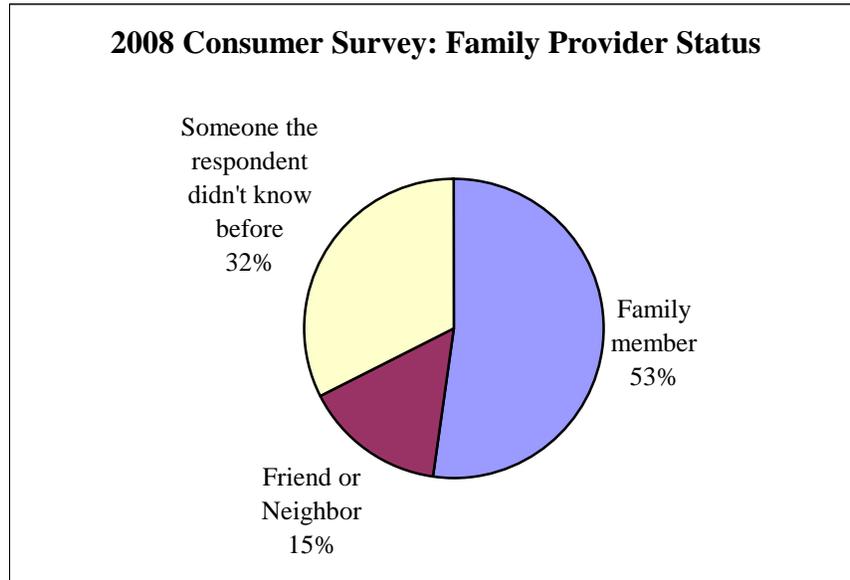
Figure 10



Family/Non-Family Providers

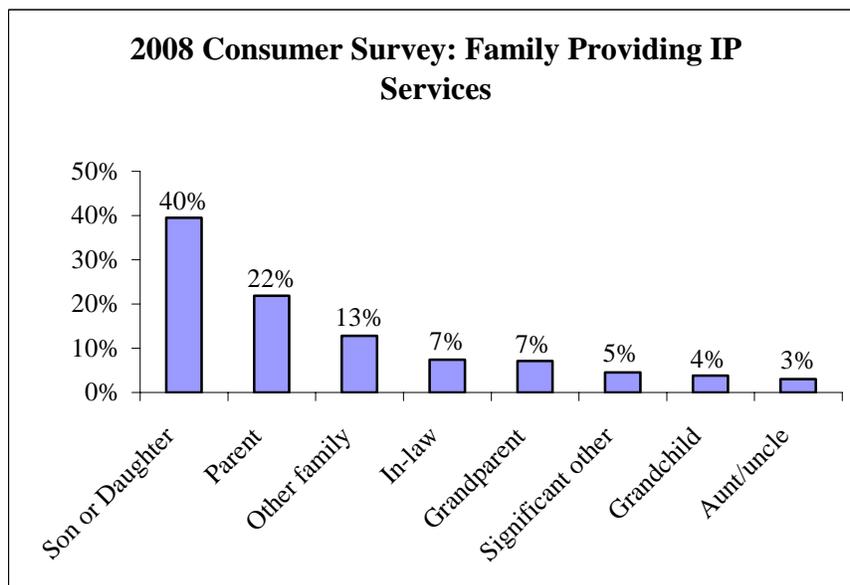
About two-thirds of the respondents knew their provider before they began providing IP services. Among the respondents with an IP at the time of the survey, over half (53%) had an IP who was a family member. Another 15 percent were friends or neighbors with their IP before they started to receive services from them. Roughly one-third (32%) did not know their IP before they started to receive services from them. (See Figure 11)

Figure 11



Among the consumers with a family member as their IP, the majority received services from a son /daughter (39%) or a parent (22%). Grandparents and in-laws accounted for 7 percent apiece. IP services were provided by a significant other for 5 percent of the respondents and a grandchild for 4 percent of the respondents. (See Figure 12)

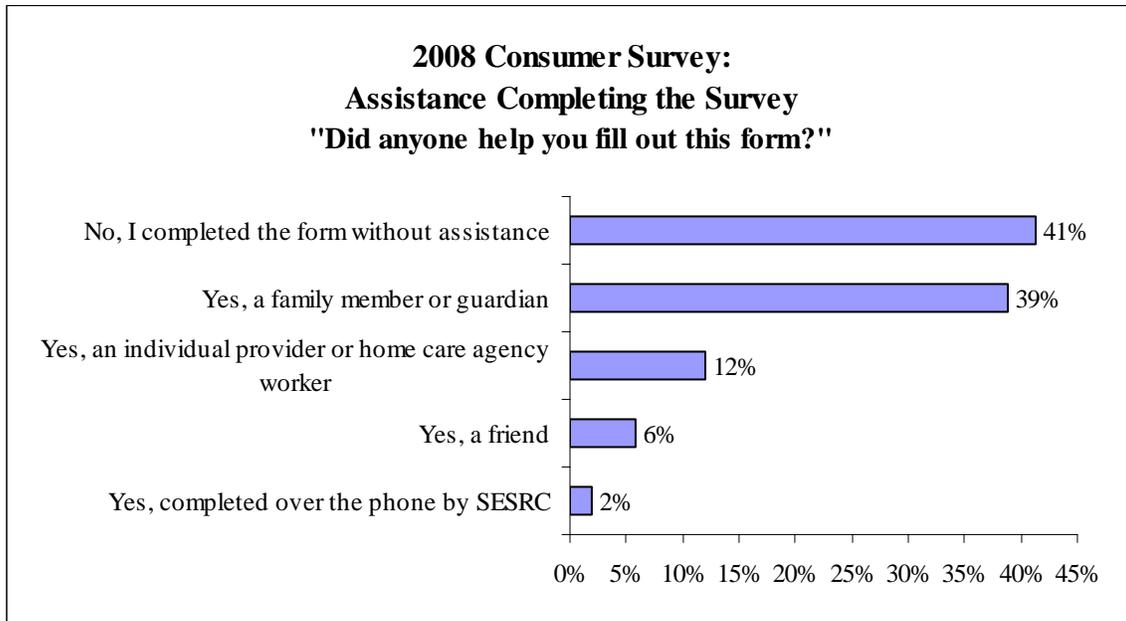
Figure 12



Assistance Completing the Survey

Over half of the respondents received assistance in completing the survey, either from a family member/guardian (39%), IP/home care agency worker (12%), or a friend (6%). Two percent of the respondents called WSU-SESRC and completed the survey over the phone. The high rate of assistance needed to complete this mail survey indicates that a phone survey might be a better method to collect information from this population in the future. (See Figure 13)

Figure 13



FINDING AND HIRING AN INDIVIDUAL PROVIDER

The survey explored the level of difficulty of finding a new IP by asking the following questions:

“Did you hire a new individual provider in the past year?”

“If so, why did you need a new individual provider?”

“How easy or hard was it to find a new individual provider?”

“If you asked your case manager/social worker for help finding a new individual provider, what options did they offer?”

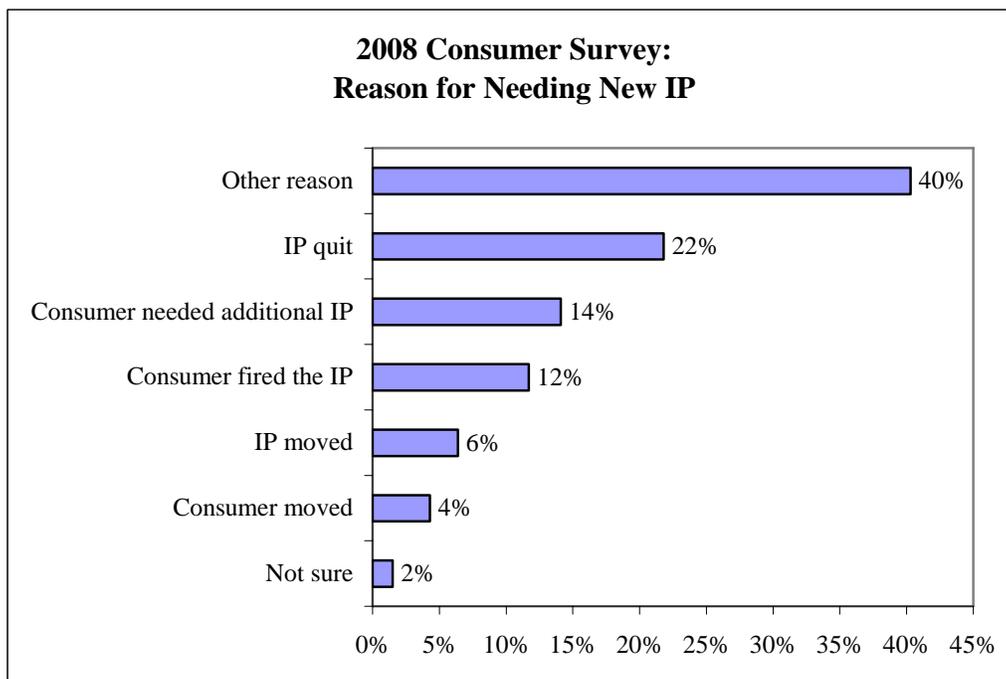
Almost one-third of the consumers had hired a new IP in the prior year (31%). This is consistent with the hiring rate found in the 2006 consumer survey (also 31 percent). As indicated in previous surveys, turnover was much lower among consumers who had a family member as their IP (17% had hired an IP in the previous year), compared to those who had a non-family IP (43% had hired an IP).

The reasons for needing a new IP varied. The most common reasons out of the multiple-choice response options were that the IP quit (22%), the consumer needed an additional IP (14%), or the consumer fired the IP (12%). (See Figure 14)

Forty percent of the consumers marked that there was an “other” reason why they needed a new IP. The written responses for the “other” responses generally fell into the following categories:

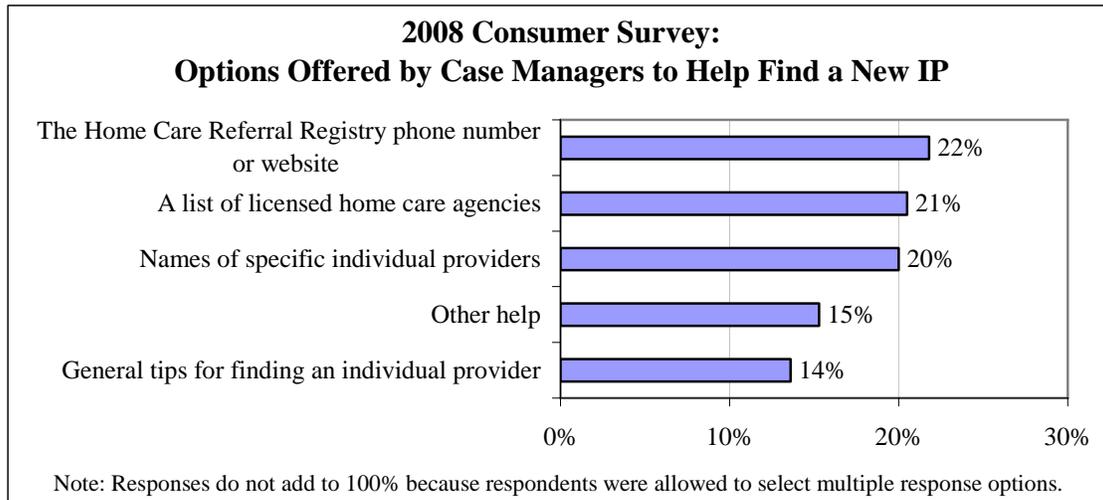
- Consumer dissatisfaction with IP
- Changes in services needed by the consumer
- IP health issues and burn-out

Figure 14



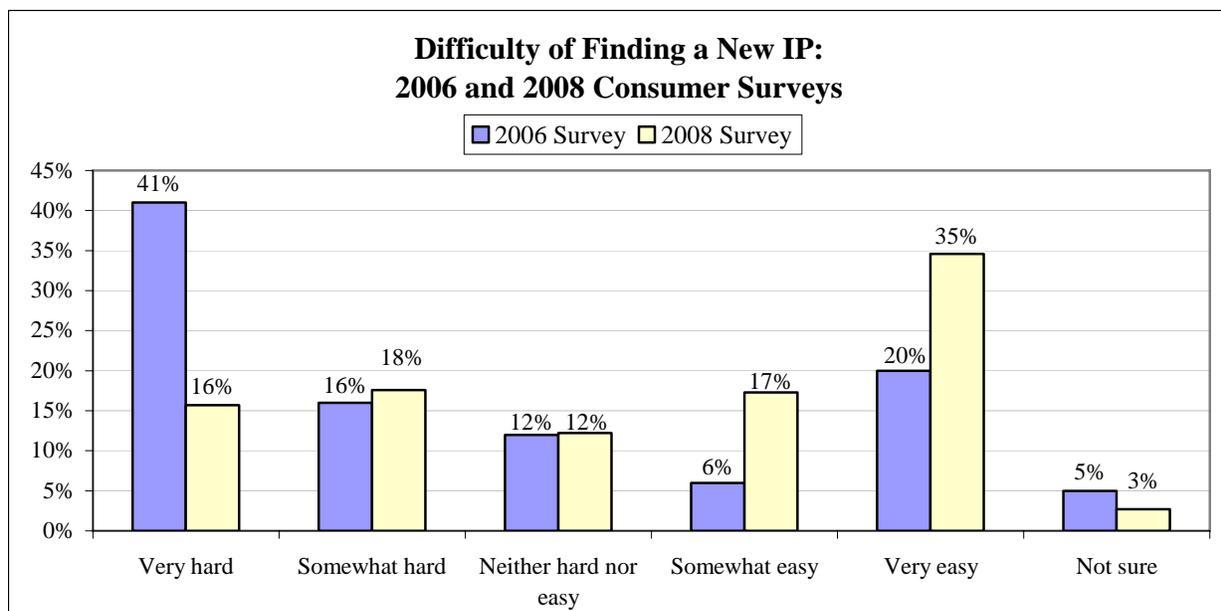
Although consumers are ultimately responsible for selecting and hiring their IP, they often turn to their case manager/social worker for help with the hiring process. Roughly one out of every five consumers indicated that their case manager/social worker offered each of the following options: contact information for the Home Care Referral Registry (22%), a list of licensed home care agencies (21%), and names of specific individual providers (20%).⁹ (See Figure 15)

Figure 15



Compared to the survey responses in 2006, it appears that finding a new IP has become considerably easier. In 2006, over half (57%) of the consumers indicated that finding an IP was “very” or “somewhat” difficult. In the 2008 survey, this dropped to about one-third of the consumers (34%). Likewise, the proportion of respondents stating that finding an IP was “very” or “somewhat” easy rose from about one-quarter (26%) to over half (52%). (See Figure 16)

Figure 16

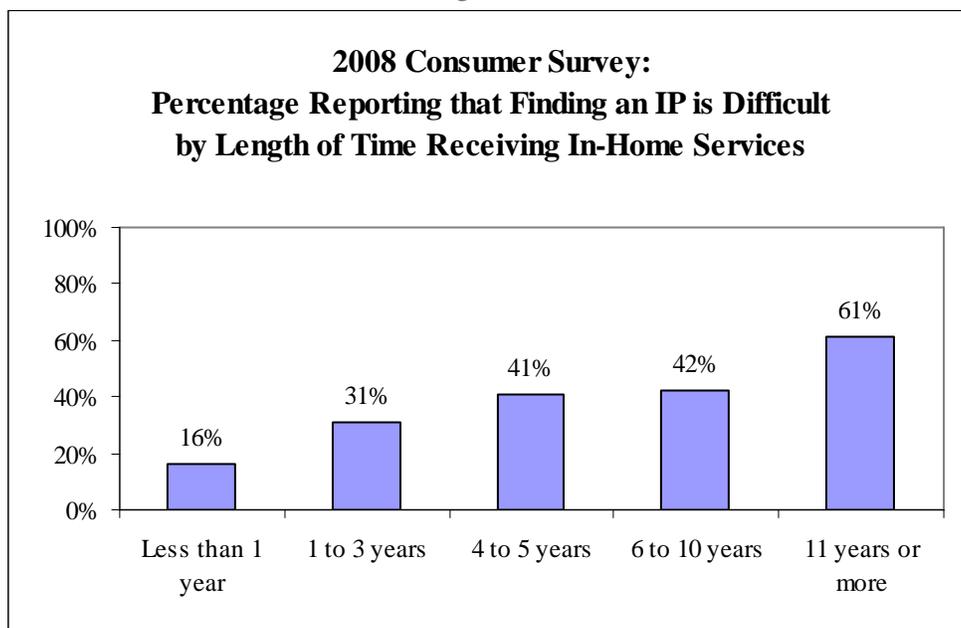


⁹ Please note: Respondents could select more than one option – or none of them.

It is unclear what caused this shift in the level of difficulty finding a new IP. Possibilities include the improved employment benefits and wages offered to IP's, the statewide availability of the Referral Registry, and the worsening labor market between 2006 and 2008, which may have made the IP field a more attractive option to the workforce.

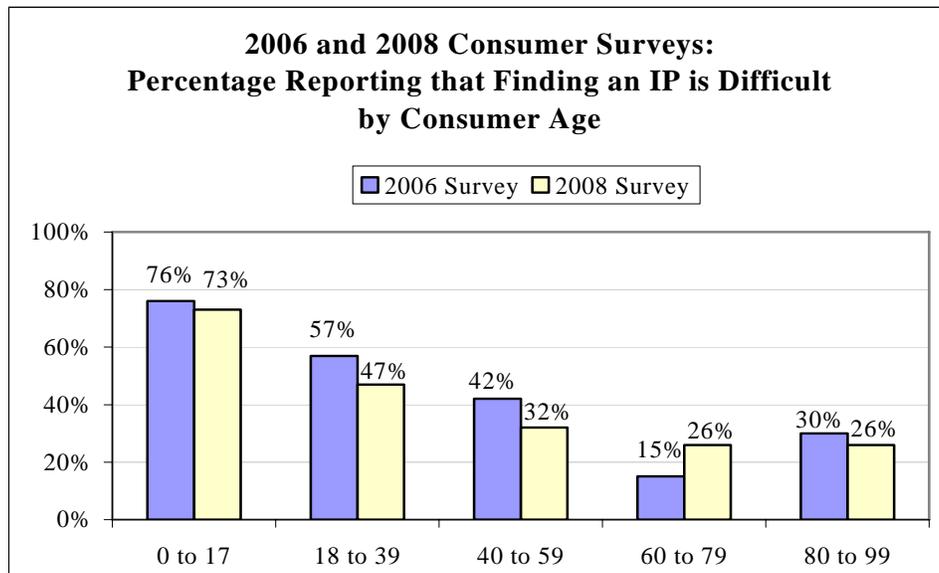
Further survey analysis may offer support for the above conclusion that finding IP's has become easier: The more recently consumers began receiving in-home services, the more likely they were to state that it was easy to find an IP. This may indicate that finding an IP has become easier over the past several years or that new consumers coming into the IP market are receiving improved instructions and support. (See Figure 17)

Figure 17



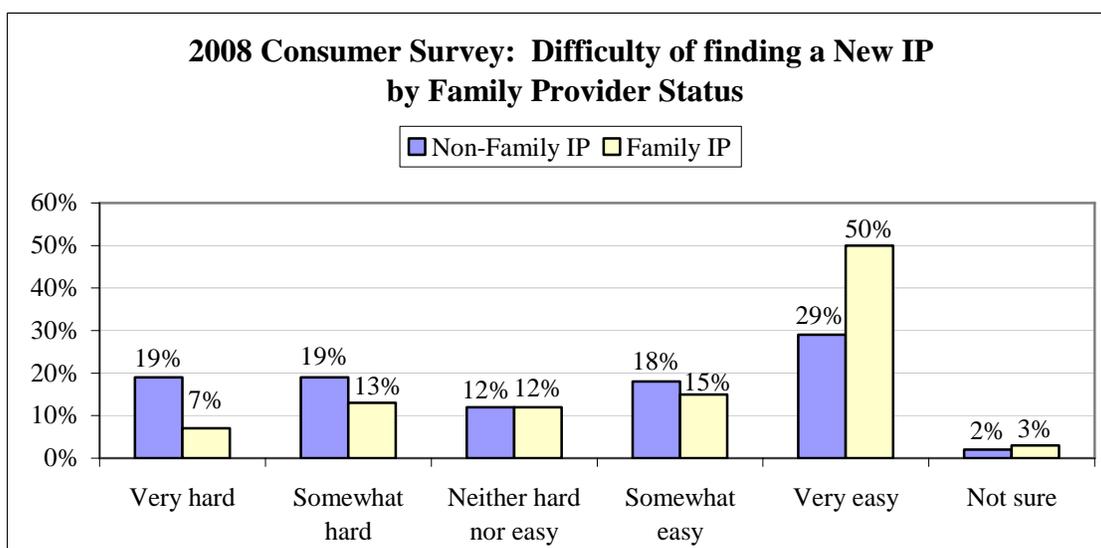
It appears that finding an IP became less difficult between 2006 and 2008 for all age categories except 60 to 79. (See Figure 18) In general, the survey results suggest that finding an IP was more difficult for the younger consumers. This pattern has remained consistent between the 2006 and 2008 surveys. In particular, close to three-quarters (2006: 76%; 2008: 73%) of the parents/guardians completing the survey on behalf of a consumer under age 18 reported that finding an IP was somewhat or very difficult. Anecdotal reports suggest that the parents of young consumers may have difficulty finding an IP, not because of a lack of IP's willing to work with young consumers, but because the parents use highly-rigorous selection criteria.

Figure 18



Almost two-thirds of the consumers who hired a family member to be their IP reported that finding an IP was easy (65%), compared to 47 percent of consumers with a non-family IP. (See Figure 19)

Figure 19



SATISFACTION WITH INDIVIDUAL PROVIDER SERVICES AND TRAINING

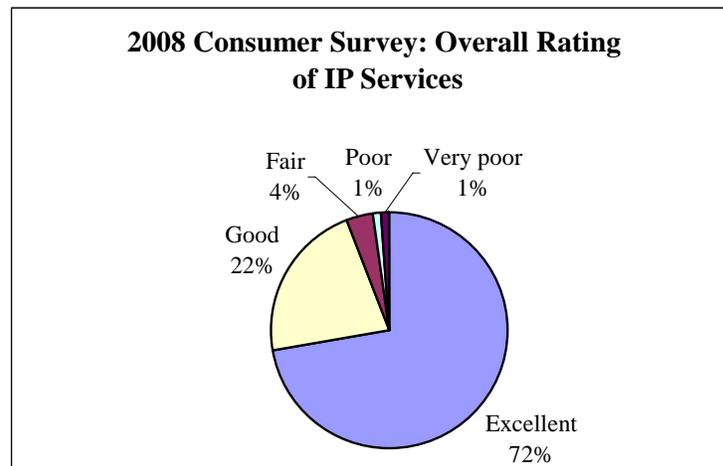
Satisfaction with IP Services

Consumers were given the opportunity to rate their IP services through two different methods:

- 1) A survey question asked consumers to rate their IP services on a scale of excellent, good, fair, poor, or very poor, and
- 2) Consumers were asked the extent to which they agreed with a series of positive statements about their IP's on a scale of strongly agree, agree, feel neutral, disagree, and strongly disagree.

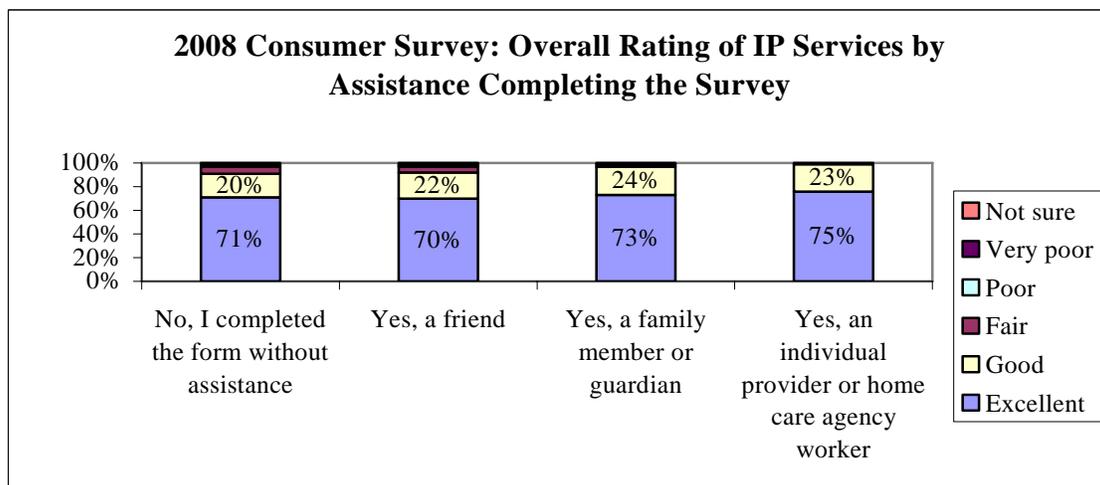
Overall, consumers reported high levels of satisfaction with the IP services they receive. Almost three-quarters of the respondents (72%) indicated that their IP services were excellent, and close to one-quarter (22%) rated their services as good. It was rare for the consumers to mark their services as less than good (6%). (See Figure 20)

Figure 20



The overall ratings of IP services were similar whether the respondent received assistance completing the survey or not. Between 70 and 75 percent of the respondents in all categories rated their IP services as excellent. (See Figure 21)

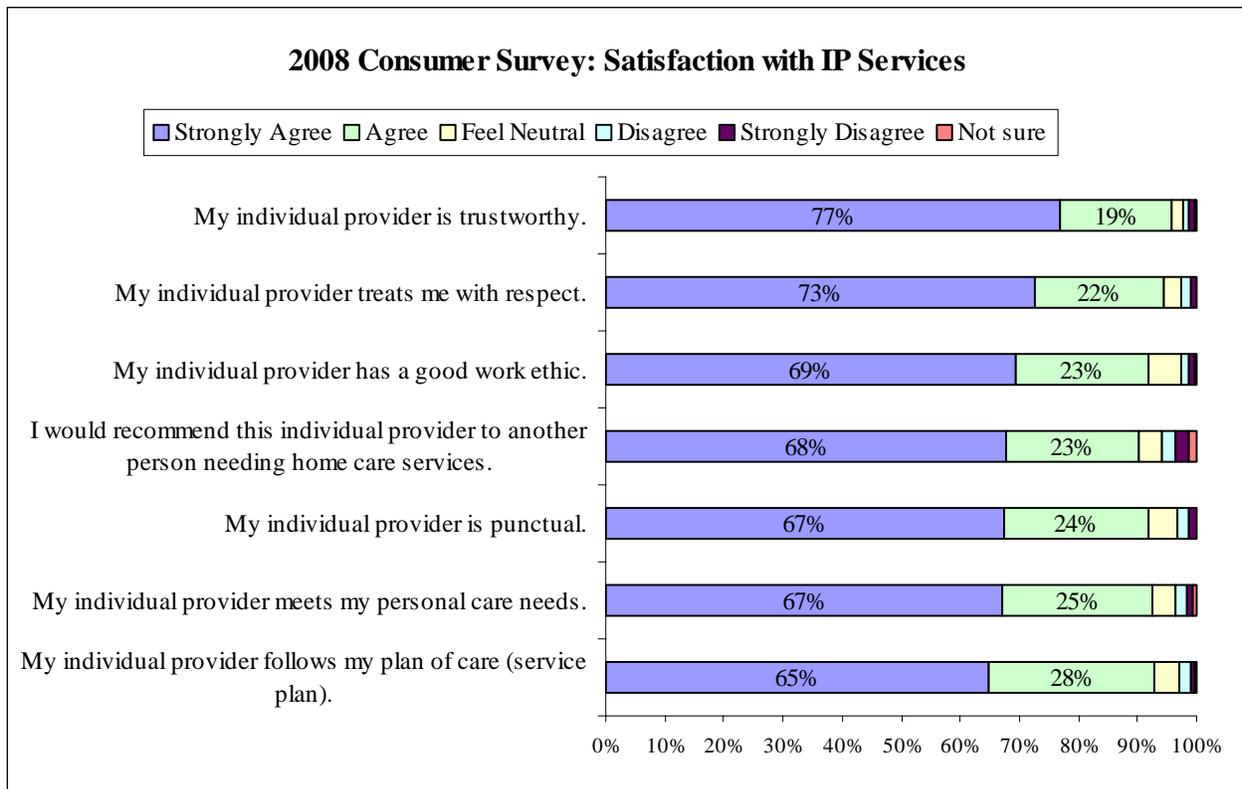
Figure 21



The high level of overall satisfaction with IP services was confirmed through questions asking about specific aspects of the IP's and the services they provide. (See Figure 22) Between about two-thirds and three-quarters of the respondents strongly agreed with each of the following positive statements regarding their IP:

- My individual provider is trustworthy.
- My individual provider treats me with respect.
- My individual provider has a good work ethic.
- My individual provider is punctual.
- My individual provider meets my personal care needs.
- My individual provider follows my plan of care (service plan).
- I would recommend this individual provider to another person needing home care services.

Figure 22



Consumers with family IP's reported slightly higher levels of satisfaction on all measures compared to those with non-family IP's.

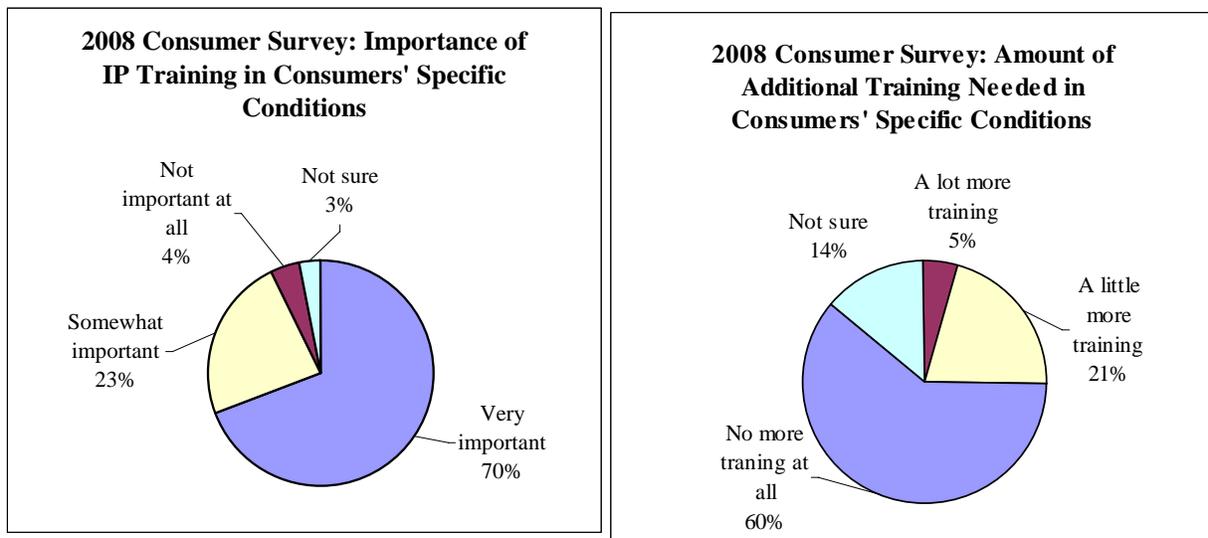
Satisfaction with IP Training

The survey asked consumers how important it was that their IP have training in their specific health conditions. Seventy percent of the respondents indicated that it was very important. Close to one-quarter of the respondents (23%) rated this training as somewhat important, and 4 percent said that it was not important at all. (See Figure 23.1)

It appears that the majority of consumers were able to find IP's with adequate training in the consumer's specific health conditions or needs. Sixty percent of the respondents indicated that their IP didn't need any additional training in the consumer's conditions. Twenty-one percent reported that their IP needed a little more training. Only 5 percent stated that their IP needed a lot more training. Fourteen percent weren't sure if their IP needed additional training for their specific health conditions or needs. (See Figure 23.2)

Consumers with family IP's were less likely to report that their IP needed additional training in their conditions (21%), compared to those with non-family IP's (29%).

Figure 23



HOME CARE REFERRAL REGISTRY OF WASHINGTON STATE

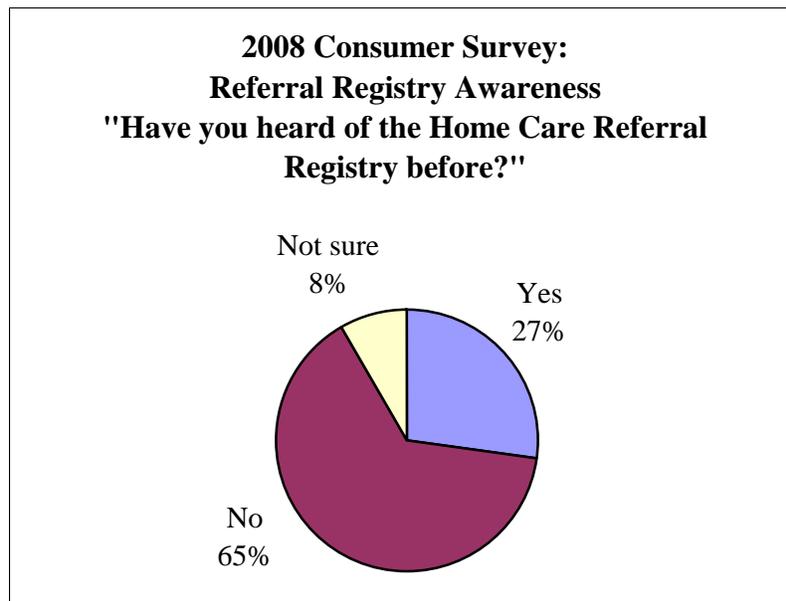
The Home Care Referral Registry helps consumers find an IP when they need one. At the time of the 2006 survey, the Referral Registry was not yet available to the entire state. Very few respondents had used the Registry so conclusions could not be drawn regarding consumer satisfaction or Registry performance.

By the time the 2008 survey was launched, the Referral Registry had been available to the entire state for roughly two years, depending on the region. This survey includes an expanded set of questions regarding the Registry, exploring awareness, usage, and satisfaction with the Registry, as well as suggestions for improvement.

Referral Registry Awareness

The survey results indicated that awareness of the Referral Registry remains fairly low. Less than one-third of the respondents (27%) had heard of the Referral Registry before taking the survey, while about two-thirds (65%) had not heard of it. (See Figure 24)

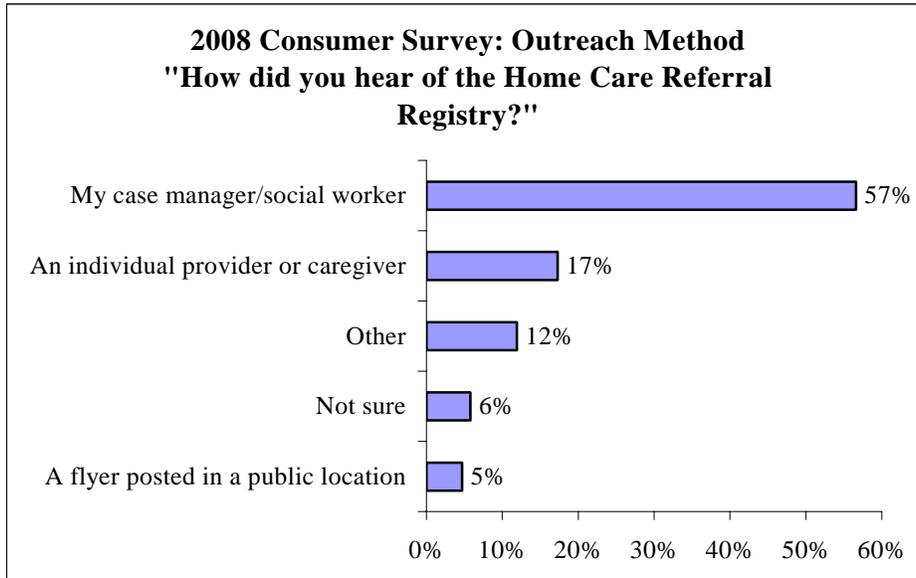
Figure 24



Consumers with family IP's were less likely to have heard of the Registry (family IP's: 23%; non-family IP's: 30%). This is understandable, given the fact that consumers with family IP's had lower turnover rates and, thus, less need for the Registry.

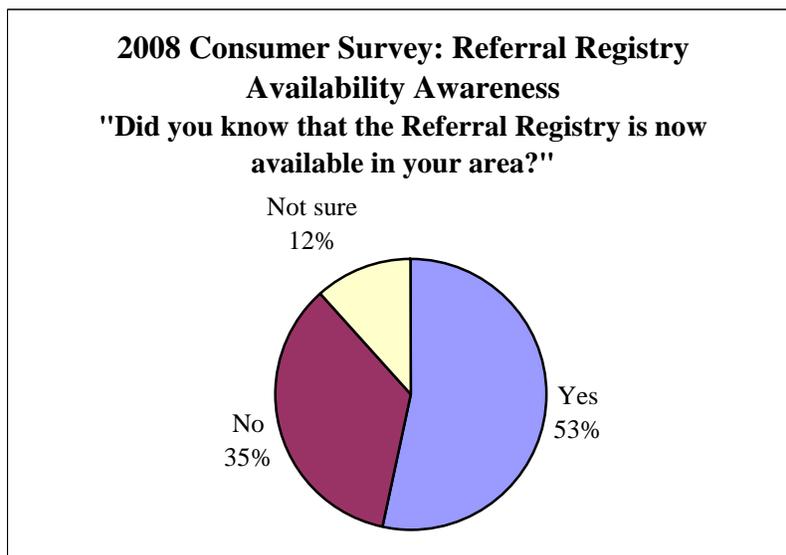
Among the consumers who had heard of the Registry, over half of them had heard of it through their case manager or social worker (57%). Seventeen percent heard of it through an IP or other caregiver, and 5 percent saw a flyer posted in a public location. Six percent weren't sure how they learned of the Referral Registry. Twelve percent indicated that they had heard of the Registry through an "other" method, including friends, family, newspaper advertisements, presentations, and/or they were involved in planning or administering the Registry. (See Figure 25)

Figure 25



Among the 27 percent of consumers who had heard of the Referral Registry, only about half (53%) knew that it was available in their area. Over one-third (35%) didn't know that it was available to them, and 12 percent were not sure. A certain amount of confusion is understandable since the Referral Registry had a geographic roll-out in which the Registry became available at a different point-in-time in different regions. (See Figure 26)

Figure 26



Referral Registry Usage

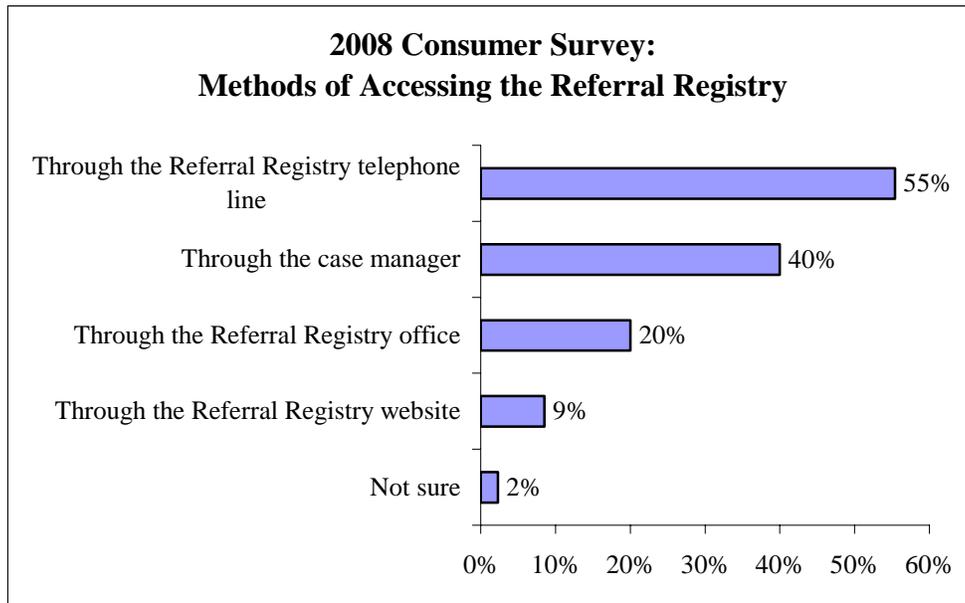
The survey solicited a variety of information how consumers used the Registry, including the following:

- Methods of accessing the Registry
- The type of IP position they were trying to fill through the Registry (such as permanent or temporary and full or part-time)
- The number of lists of potential IP's the consumers requested from the Registry
- Whether the consumers interviewed and/or hired an IP from the Registry

Overall, about 13 percent of the consumers who were aware of the Registry had used it. As expected, Registry usage was more common among consumers with non-family IP's (18%) than family IP's (4%).

Among the Referral Registry users, the most common method of access was through the Referral Registry phone line (55%). Forty percent accessed the Registry with help from their case manager/social worker. Twenty percent accessed it through the Referral Registry office, and 9 percent used the website. (See Figure 27)

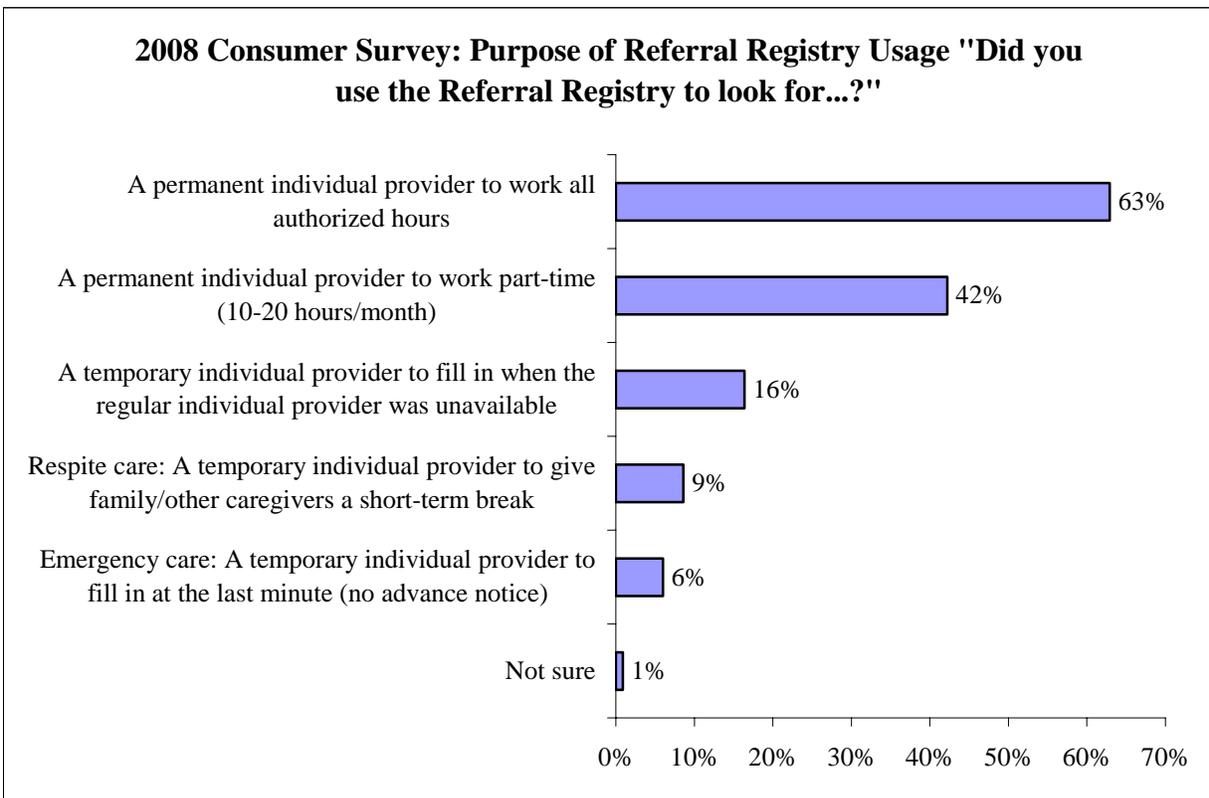
Figure 27



Consumers more often accessed the Referral Registry to search for permanent IP's than to deal with temporary needs. Only 16 percent used the Registry to look for a temporary IP when their regular IP was unavailable. Nine percent searched for an IP for respite care, and 6 percent looked for an IP to provide emergency care (temporary services with no advance notice). (See Figure 28)

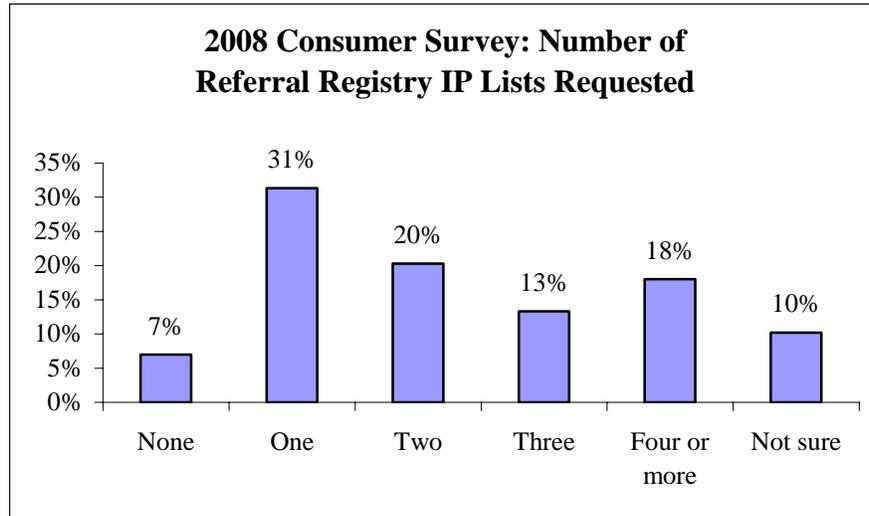
Suggestions for improvements to the Registry indicate that consumers would like to be able to use the Registry to search for temporary, respite, and emergency care but found administrative hurdles (such as delays caused by the processing time for contracts) as well as a lack of IP's available for those services (for instance, IP's willing to work weekends or short-term assignments).

Figure 28



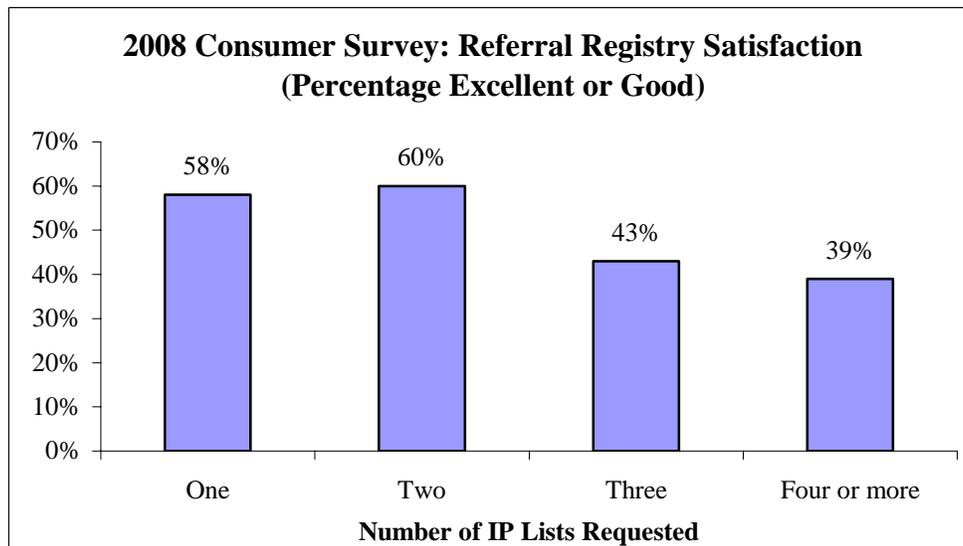
Upon request, the Referral Registry provides lists of available IP's who match the consumers' preferences. Roughly one-third of the Registry users (32%) requested one list; 20 percent requested two; 13 percent requested three, and 18 percent requested four or more lists. (See Figure 29)

Figure 29



As might be expected, the consumers who requested three or more lists of IP's were less satisfied with the Registry (roughly 40% positive rating) than the consumers who requested one or two lists (roughly 60% positive rating). (See Figure 30)

Figure 30



Most of the consumers who requested lists of available IP's went on to interview (78%) and hire (68%) an IP that they found through the Registry. The majority of the consumers who hired an IP through the Registry reported that their performance was "excellent" (38%) or "good" (25%), and 60 percent reported that this IP was still working with them at the time of the survey.

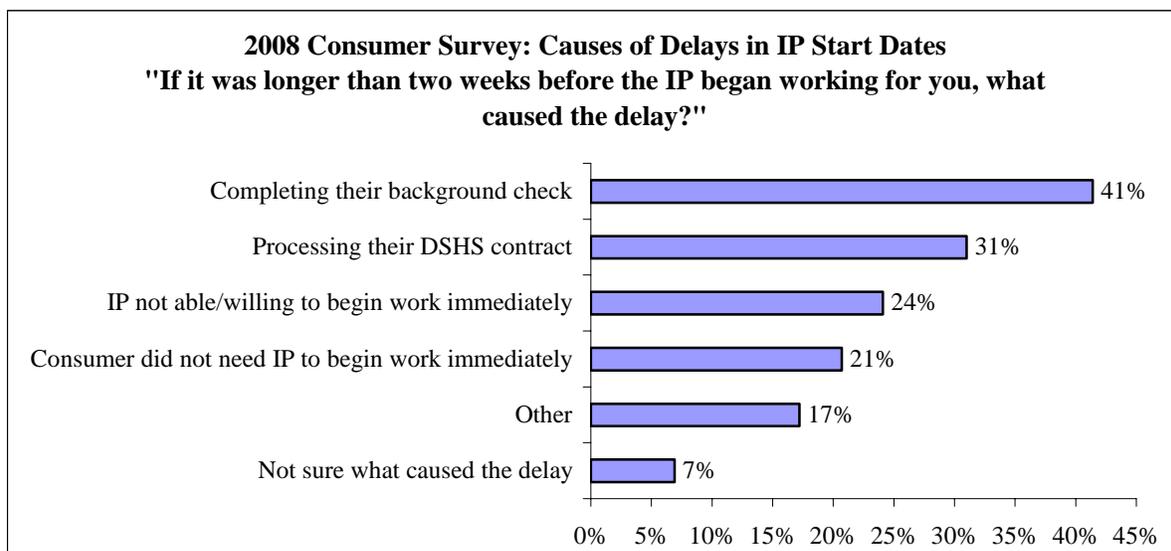
Consumers who did not hire an IP from the Registry lists identified a variety of contributing reasons:

- IP's were unresponsive (i.e. did not return phone calls or show up for interviews)
- IP's were unavailable to work or not interested in working with the consumer
- IP's were unavailable for the hours needed by the consumer
- Contact information for IP's was incorrect (i.e. disconnected phone numbers)
- IP's were located too far from the consumer and were unwilling to drive that distance
- Consumer concerns with IP skills, background, reliability, and trustworthiness
- Consumer found an IP through another means
- December storm made the Referral Registry unavailable for a period of time

About half of the consumers who hired an IP from the Registry (48%), reported that more than two weeks passed between the date that they hired the IP and the date that the IP began work. The most common reasons for the delay were DSHS redoing the IP's background check (41%) and processing the contract (31%). In the past, background checks were performed by DSHS prior to the IP being listed on the Registry and again after the consumer hired the IP. Recently, this process was simplified, and DSHS sent out a management bulletin that confirmed that the background checks performed when the IP's join the Registry are considered valid for a year, eliminating the need for the second background check, in most cases.

Other reasons for the delay included the IP not being able/willing to begin working immediately (24%) and or the consumer did not need the IP immediately (21%). (See Figure 31)

Figure 31



Referral Registry Satisfaction

The Referral Registry users rated a number of different aspects of the Registry on a scale of excellent, good, fair, poor, and very poor. These detailed responses are provided in the figure below. This discussion refers to more general ratings of “positive” (excellent or good) and “negative” (poor or very poor).

Overall, consumers reported a wide range of satisfaction with the performance of the various aspects of the Referral Registry, from scores of “excellent” to “very poor”. Nonetheless, all of the Registry factors reviewed here were rated as more positive (41-87%) than negative (3-33%). (See Figure 32)

Some specific ratings of the Referral Registry were as follows:

- Over half of the Referral Registry users (54%) rated their overall experience with the Registry as positive. About one-fifth (21%) rated their experience as negative.
- The telephone customer service of the Registry staff received high marks (87% positive), as did the speed of delivery of the lists of available IP’s (74% positive).
- At least half of the respondents gave positive ratings to the accuracy of the IP contact information (59%), the number of IP’s on the lists provided by the Registry (58%), the distance between the IP’s and consumer’s homes (51%), and the responsiveness of the IP’s on the Registry lists (50%).
- Most consumers who hired an IP that they found through the Registry reported that they were pleased with the IP (63% positive). In previous surveys, there were indications that early users of the Registry tended to be drawn heavily from consumers already experiencing difficulties in finding satisfactory providers. The 2008 survey suggests that this may no longer be the case.
- The most negative ratings were in the following areas: the availability of the IP’s on the Registry lists to work (33% negative), the responsiveness of the IP’s, such as the IP’s returning phone calls (31% negative), and how well the IP’s on their Registry lists matched the consumers’ preferences (27% negative).

Figure 32

2008 Consumer Survey: Referral Registry Satisfaction
"How would you rate..."



Referral Registry Suggestions for Improvement

The survey asked respondents for their suggestions on how to improve the Referral Registry. The most common suggestions were to ensure that IP contact information is accurate, that the IP is available to work, that there are IP's available who live close to the consumer, that comprehensive background checks are performed, and that the IP speaks fluent English.

Other suggestions and comments from the consumers included the following list. This list should be viewed as a sampling of “the voice of the consumer”, not necessarily an overview of large-scale themes in the written responses. Please note: some participants provided multiple comments in their responses.

- **Screening**
 - Screen backgrounds more thoroughly, including education, credit, criminal, and courts checks
 - Require proof of driver's insurance every 6 months
- **Recruitment:** Recruit more IP's in general...
 - More with Russian language skills
 - More willing to do “the necessary tasks”
 - More who understand consumers' specific illnesses
 - More willing to work weekends
 - More willing to work part-time
 - More who live close to the consumers
 - More who are “licensed DDD”
 - More available for temporary assignments if the consumer's regular IP is unavailable.
 - Have their contract arranged ahead of time so they could start work immediately.
 - Have IP's available on an on-call basis.
 - More who are experienced
 - More who are college students
 - More male IP's
 - More who are dependable and responsible
- **Referral Registry Administration**
 - Provide more IP information
 - Provide IP's town, age, what hours they're looking for, how far they will travel for work, their language skills, if there are any ailments with which they won't

work (i.e. Alzheimer's), their interest/training in working with different populations (i.e. special needs children, personal care, elder care, autism, etc.)

- Provide IP names over the phone or in Braille for vision impaired consumers
- Place entire IP list online so consumers can browse the list for people they already know
- Set up the Registry "more like a dating service" so it would result in a better match
- Provide more IP's on each list
- Ensure accuracy of list. (One consumer reported that an "IP" on her list was actually another consumer looking for a caregiver. Another consumer reported that some IP's were surprised when they were called because they didn't know they were on the Registry.)
- Partner with private, non-profit organizations, such as "FEAT, ASTAR, Arc, etc." to improve the caliber of IP on the Registry and provide continuing education for IP's
- Remove IP's who aren't approved for the COPES program from the list
- Inform the consumers of the information provided by their case manager to the Registry
- Arrange meetings for providers and consumers to meet informally
- **Post match support**
 - Train consumers in interviewing, hiring, scheduling, and/or tracking hours worked
 - Create "some sort of accountability system for providers", including accountability for the hours the provider works
 - Provide consumers with monthly evaluation sheets for IP services (punctuality, quality of services, etc.)
 - Do random walk-ins on IP's to ensure that they are doing their jobs.
 - "Have pay levels for providers who are more qualified for doing transfers, more intensive care, etc. vs. a less qualified provider position"

Other consumers had positive written comments, such as the following: "Within the last year - HUGE improvement in the Registry"¹⁰.

¹⁰ Please note: Emphasis provided in written consumer comment.

SAFETY

The survey explored respondents' perceptions of safety with their IP by asking them if they experienced the following situations in the previous year:¹¹

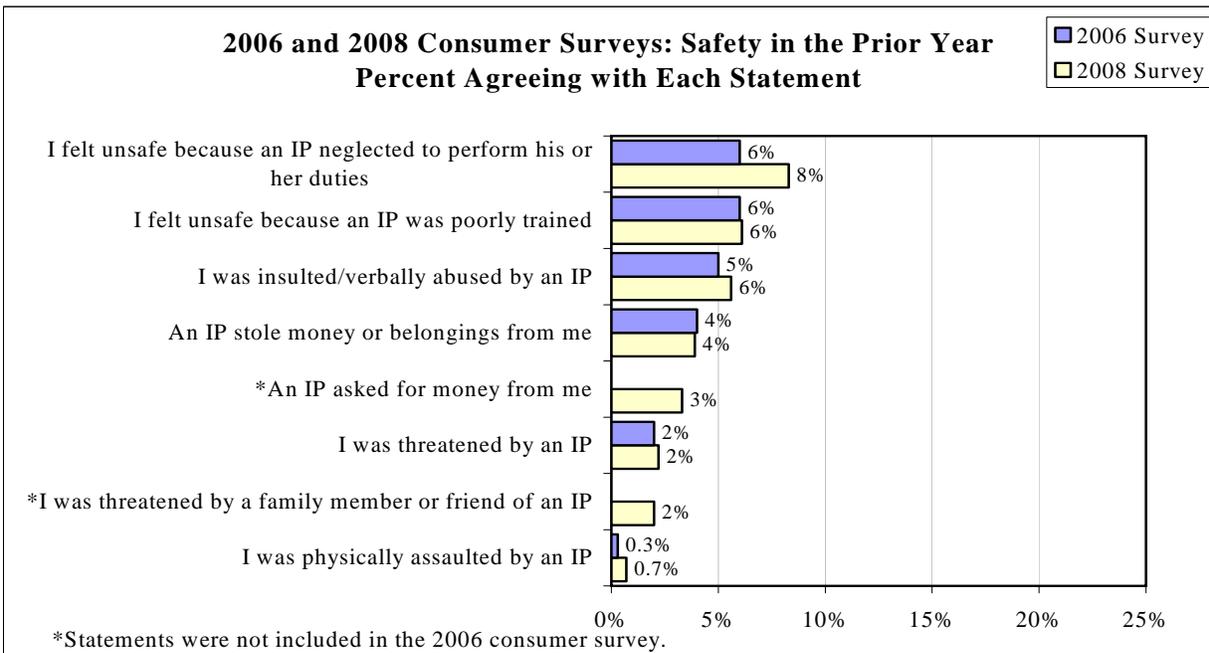
- a. "I felt unsafe because an individual provider was poorly trained"
- b. "I felt unsafe because an individual provider neglected to perform his or her duties"
- c. "An individual provider asked for money from me"
- d. "An individual provider stole money or belongings from me"
- e. "I was insulted/verbally abused by an individual provider"
- f. "I was threatened by an individual provider"
- g. "I was threatened by a family member or friend of an individual provider"
- h. "I was physically assaulted by an individual provider"

There was also space for consumers to write about any other unsafe situations that they had experienced.

Overall, respondents reported high levels of safety. Eighty-seven percent of consumers reported that they had *not* been in a situation where they felt unsafe with their IP in the past year. Among those who reported feeling unsafe, many reported more than one reason for feeling unsafe.

The most common reasons for feeling unsafe were that the IP neglected to perform his or her duties (8%), that the IP had poor training (6%), and that the IP insulted/verbally abused the consumer (6%). It was very rare for a consumer to feel threatened by an IP (2%) or friends/family of an IP (2%) or to report being physically assaulted by an IP (0.3%). (See Figure 33)

Figure 33



¹¹ Please note that the safety questions were asked of all consumers and was not limited to those who used the Registry.

Other unsafe situations that consumers described included the following:

- Reported by more than one respondent
 - IP lacked knowledge about consumer's condition
 - IP left consumer alone while shopping or in the shower
 - IP ignored consumer
 - IP had poor English fluency
 - IP drove unsafely or was in a car accident
 - IP was not able to lift consumer, transfer consumer safely to wheelchair, or help when consumer fell
- Reported by a single respondent
 - IP was angry with the consumer
 - IP was disrespectful of consumer's religion
 - IP used drugs
 - IP walked in front of a consumer who used a walker, rather than beside her
 - IP was fatigued due to lack of respite care
 - IP lost the consumer twice (This was reported on the survey by the consumer's parent.)
 - IP was unreliable (did not show up for work)
 - IP fell asleep
 - IP stole the consumer's medication

The incidence of unsafe situations was very similar between the 2006 and 2008 surveys, though there were slight increases in 2008. Overall, 10 percent of the consumers in 2006 reported feeling unsafe in the prior year, compared to 13 percent in 2008. There were slight increases in the percentage of consumers reporting that they felt unsafe because an IP neglected to perform his or her duties (2% increase) and consumers who reported that they were insulted/verbally abused (1% increase). The percentage of consumers agreeing with all the other safety statements was the same between the two surveys.

As the following figure shows, consumers with non-family IP's were much more likely to report having been in an unsafe situation in the past year. Nonetheless, the overall incidence of unsafe situations was low, regardless of whether the IP was a family member.

Figure 34:2008 Consumer Survey: Percentage Reporting Unsafe Situations by Family Provider Status

In the past year....	Non-Family IP's	Family IP's
a. I felt unsafe because an individual provider was poorly trained	9%	3%
b. I felt unsafe because an individual provider neglected to perform his or her duties	13%	3%
c. An individual provider asked for money from me	5%	1%
d. An individual provider stole money or belongings from me	7%	1%
e. I was insulted/verbally abused by an individual provider	8%	3%
f. I was threatened by an individual provider	4%	1%
g. I was threatened by a family member or friend of an individual provider	3%	1%
h. I was physically assaulted by an individual provider	1%	0%

APPENDIX A: CONSUMER SURVEY PROTOCOL IN ENGLISH



Consumer/Employer Survey

The purpose of this survey is to find out about...

- Your satisfaction with the individual provider home care services you receive
- Your experiences in finding and hiring an individual provider
- Your input on the Home Care Referral Registry

Tips for completing this survey:

- You are welcome to get help to fill out the survey (i.e. from friends, family or an individual provider).
- In this survey, the term “individual provider” refers to the person who provides your authorized home care services. (Individual providers are employed by you, not a home care agency.)
- Please complete the survey from the point-of-view of the person receiving home care services.

A couple of helpful reminders:

- This survey is entirely **voluntary**. It will *not* affect your services. Feel free to skip any question.
- Your survey responses will be held **confidential** by Washington State University (WSU).
- Please call WSU toll-free at 1- 800-833-0867 if you would like to...
 - Complete this survey over the phone
 - Request the survey in another language
- Please return the completed survey in the enclosed prepaid envelope to WSU-SESRC,
PO Box 641801, Pullman, WA 99164-1801.

Thank you so much for your input!

A. Finding and Hiring an Individual Provider

1. Did you hire a new individual provider in the past year?

- Yes
- No → **Please skip to Question 2 on the next page**
- Not sure → **Please skip to Question 2 on the next page**

1a. If so, why did you need a new individual provider?

- I fired my last individual provider.
- My last individual provider quit.
- I moved.
- My last individual provider moved.
- I needed an additional individual provider.
- Other. Please describe: _____
- Not sure
- Doesn't apply – I didn't hire an individual provider in the past year.

1b. How easy or hard was it to find a new individual provider?

- Very hard
- Somewhat hard
- Neither hard nor easy
- Somewhat easy
- Very easy
- Not sure
- Doesn't apply – I didn't hire an individual provider in the past year.

1c. If you asked your case manager/social worker for help finding a new individual provider, what options did they offer? (Please mark all that apply.)

- A list of licensed home care agencies
- The Home Care Referral Registry phone number or website. (*This is a free service that provides lists of available individual providers.*)
- General tips for finding an individual provider
- Names of specific individual providers
- Other: _____
- Doesn't apply

B. Satisfaction with Individual Provider Services and Training

If you have more than one individual provider, please respond regarding the individual provider who provides the most paid hours of service.

2. Please review the statements below and mark the box that best reflects your opinions about your current individual provider.

		Strongly Agree	Agree	Feel Neutral	Disagree	Strongly Disagree	Not sure
a.	My individual provider meets my personal care needs.	<input type="checkbox"/>					
b.	My individual provider follows my plan of care (service plan).	<input type="checkbox"/>					
c.	My individual provider treats me with respect.	<input type="checkbox"/>					
d.	My individual provider is trustworthy.	<input type="checkbox"/>					
e.	My individual provider is punctual.	<input type="checkbox"/>					
f.	My individual provider has a good work ethic.	<input type="checkbox"/>					
g.	I would recommend this individual provider to another person needing home care services.	<input type="checkbox"/>					

3. In general, how would you rate the services you receive from your individual provider?

- Excellent
- Good
- Fair
- Poor
- Very poor
- Not sure

4. How important is it to you for your individual provider to be trained in your specific condition(s)?

- Very important
- Somewhat important
- Not important at all
- Not sure

5. Currently, how much more training does your individual provider need in your specific condition(s)?

- A lot more training
- A little more training
- No more training at all
- Not sure

C. Home Care Referral Registry of Washington State

The Referral Registry helps you find an individual provider by giving you lists of available individual providers who match your preferences.

6. Have you heard of the Home Care Referral Registry before?

- Yes
- No → **Please skip to Question 19**
- Not sure → **Please skip to Question 19**

6a. If so, how did you hear of it? (Please mark all that apply.)

- My case manager/social worker
- An individual provider or caregiver
- A flyer posted in a public location
- Other: _____
- Not sure
- Doesn't apply – I've never heard of the Referral Registry

7. Did you know that the Referral Registry is now available in your area?

- Yes
- No
- Not sure

8. Have you ever used the Referral Registry?

- Yes
- No → **Please skip to Question 19**
- Not sure → **Please skip to Question 19**

9. How recently have you used the Referral Registry? (Estimates are fine.)
_____ (month/year)

10. How have you accessed the Referral Registry? (Please mark all that apply.)

- Through the Referral Registry website
- Through the Referral Registry telephone line
- Through the Referral Registry office
- Through my case manager/social worker
- Not sure

11. How many lists of potential individual providers did you request from the Referral Registry?

- None
- One
- Two
- Three
- Four or more
- Not sure

12. Please rate your satisfaction with your experience using the Referral Registry to request lists of potential individual providers.

How would you rate...		Excellent	Good	Fair	Poor	Very poor	Not sure	Does not apply
a.	The customer service of the Referral Registry staff on the phone?	<input type="checkbox"/>						
b.	The amount of time it took for you to receive your list of individual providers?	<input type="checkbox"/>						
c.	The number of individual providers on your list? (Did you have enough individual providers to choose from?)	<input type="checkbox"/>						
d.	The accuracy of the contact information for the individual providers on your list? (Was their contact information current?)	<input type="checkbox"/>						
e.	The distance between the individual providers' homes and your home? (Did the individual providers on your list live close enough to you?)	<input type="checkbox"/>						
f.	The availability of the individual providers on your list? (Were they still available to work when you contacted them?)	<input type="checkbox"/>						
g.	How well the individual providers on your list matched your preferences?	<input type="checkbox"/>						
h.	The responsiveness of the individual providers on your list? (Did they return phone calls?)	<input type="checkbox"/>						
i.	Your experience using the Referral Registry overall?	<input type="checkbox"/>						
j.	If you hired an individual provider from the list, how would you rate the individual provider?	<input type="checkbox"/>						

13. Did you use the Referral Registry to look for... *(Please mark all that apply.)*

- A permanent individual provider to work all your authorized hours
- A permanent individual provider to work part-time (10-20 hours/month)
- A temporary individual provider to fill in when your regular individual provider was unavailable
- Respite care: A temporary individual provider to give your family/other caregivers a short-term break
- Emergency care: A temporary individual provider to fill in at the last minute (no advance notice)
- Not sure

14. Did you interview any individual providers from your Referral Registry list(s)?

- Yes
- No
- Not sure

15. Did you hire an individual provider from your Referral Registry list(s)?

- Yes
- No → **Please skip to Question 16**
- Not sure → **Please skip to Question 16**

15a. After you selected your individual provider, how long was it before they began working for you?

15b. If it was longer than two weeks before they began working for you, what caused the delay? *(Please mark all that apply.)*

- Completing their background check
- Processing their DSHS contract
- The individual provider was not willing to begin work immediately.
- I did not need them to begin work immediately.
- Other: _____
- Not sure what caused the delay

15c. What month and year did they begin working for you? _____(month/year)

15d. Is the individual provider in the last question (15c) still working with you?

- Yes
- No
- Decline to answer.

16. If you didn't hire an individual provider from your Referral Registry list(s), why not?

17. What would make the Referral Registry more useful to you?

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

D. Safety

19. In the past year, have the following situations happened to you?

In the past year....		Yes	No	Not sure
a.	I felt unsafe because an individual provider was poorly trained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	I felt unsafe because an individual provider neglected to perform his or her duties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	An individual provider asked for money from me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	An individual provider stole money or belongings from me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	I was insulted/verbally abused by an individual provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	I was threatened by an individual provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	I was threatened by a family member or friend of an individual provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	I was physically assaulted by an individual provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

i. Were you in some other situation where you felt unsafe with an individual provider? If so, what was the situation?

E. Demographic Questions about You, the Recipient of In-Home Care

20. How long have you been receiving authorized in-home services?

- Less than one year. → How many months? _____
- One year or more. → How many years? _____
- Not sure

21. What is your zip code? _____ zip code

22. What is your age? _____ years

23. What is your gender? Male Female

24. What is your ethnicity? (Please check all that apply.)

- White
- Asian
- Black/African American
- Hispanic/Latino
- American Indian/Alaska Native
- Native Hawaiian/Pacific Islander
- Other: _____

25. What is your primary language?

- | | | |
|----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Mandarin Chinese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Cantonese Chinese | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Tagalog | |

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Some High School | <input type="checkbox"/> Vocational/Tech.
Diploma/Certificate | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> GED/High School Diploma | <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Some College | | <input type="checkbox"/> Ph.D. |

F. Demographic Questions about your Current Individual Provider

If you currently have more than one individual provider, please respond regarding the person who provides the most paid hours of services.

27. Is your individual provider a...

- Family member
 - Son or Daughter
 - Parent
 - Aunt/uncle
 - Significant other
 - Grandparent
 - Grandchild
 - In-law
 - Other family
- Friend or Neighbor
- Someone I didn't know before
- Doesn't apply – I don't have an individual provider now.

28. What is your individual provider's approximate age? _____ years

29. What is your individual provider's gender? Male Female

30. What is your individual provider's ethnicity? (*Please check all that apply.*)

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> American Indian/Alaska Native | |

31. What is your individual provider's primary language?

- | | | |
|----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Mandarin Chinese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Cantonese Chinese | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Not sure |
-

32. Did anyone help you fill out this form?

- No, I completed the form without assistance
- Yes, a friend
- Yes, a family member or guardian
- Yes, an individual provider or home care agency worker

Thank you for completing the survey!



Encuesta del Consumidor/Patrón

El propósito de esta encuesta es descubrir la calidad del cuidado del hogar que recibe...

- Su satisfacción con el servicio del proveedor individual de cuidado del hogar que usted recibe
- Sus experiencias encontrando y empleando un proveedor individual
- Su entrada en el Registro de Referencia del Cuidado de Hogar

Avisos útiles para completar esta encuesta:

- Usted es bienvenido a recibir ayuda para llenar esta encuesta (i.e. de amistades, familia o un proveedor individual).
- En esta encuesta, el termino “proveedor individual” se refiere a la persona quien proviene sus servicios del hogar autorizados. (Proveedores individuales son empleados por usted, no una agencia de cuidado de hogar.)
- Por favor complete esta encuesta del punto de vista de la persona recibiendo los servicios de cuidado de hogar.

Un par de recordatorios provechosos:

- Esta encuesta es completamente **voluntaria**. No afectara sus servicios. Siéntase libre de saltar cualquier pregunta
- Sus respuestas de la encuesta se mantendrán **confidencial** por la Universidad del Estado de Washington (WSU).
- Por favor llame al número gratis de WSU al 1- 800-833-0867 si gustaría...
 - Completar esta encuesta sobre el teléfono
 - Pedir la encuesta en otro lenguaje
- Por favor devuelva la encuesta terminada en el sobre incluido con seña preimpresa y porte pagado a: WSU-SESRC,
PO Box 641801, Pullman, WA 9916-1801.

¡Muchas gracias por su entrada!

A. Encontrando y Empleando un Proveedor Individual

1. ¿En el último año, a empleado a un proveedor individual nuevo?

- Sí
- No **[Por favor salte a la pregunta número 2 en la siguiente página.]**
- No estoy seguro/a **[Por favor salte a la pregunta número 2 en la siguiente página.]**

1a. ¿Si así es, porque necesito un proveedor individual nuevo?

- Yo despedí a mi último proveedor.
- Mi último proveedor renunció.
- Me mudé.
- Mi último proveedor se mudó.
- Necesitaba un proveedor adicional.
- Otro, por favor describa: _____
- No estoy seguro/a
- No aplica – Yo no empleé a un proveedor individual en el año pasado

1b. ¿Cómo de fácil o difícil fue encontrar un nuevo proveedor?

- Muy difícil
- Algo difícil
- Ni difícil ni fácil
- Algo fácil
- Muy fácil
- No estoy seguro/a
- No aplica – Yo no empleé a un proveedor individual en el año pasado

1c. ¿Si usted le pregunto a su manejador del caso o su trabajador social por ayuda encontrando un proveedor individual nuevo, que opciones le ofrecieron? (Por favor de marcar todos los que apliquen.)

- Una lista de agencias licenciadas de cuidado de hogar
- El número de teléfono o la página de Internet del Registro de Referencia del Cuidado de Hogar.
(Esto es un servicio gratuito que proviene listas de proveedores individuales que están disponibles.)
- Avisos útiles para encontrar un proveedor individual
- Nombres de proveedores individuales específicos
- Otro: _____
- No aplica

B. Satisfacción con el Entrenamiento y Servicios del Proveedor Individual

Si tiene más de un proveedor individual, por favor responda con respecto al proveedor individual quien proporciona las más horas de servicio pagado.

2. Por favor repase las declaraciones abajo y marque la caja que refleje mejor sus opiniones sobre su proveedor individual actual.

	Muy de acuerdo	De acuerdo	Neutral	Desacuerdo	Muy desacuerdo	No estoy seguro/a
a. Mi proveedor individual cubre mis necesidades de cuidado personal.	<input type="checkbox"/>					
b. Mi proveedor individual sigue mi plan de cuidado (plan de servicio)	<input type="checkbox"/>					
c. Mi proveedor individual me trata con respeto.	<input type="checkbox"/>					
d. Mi proveedor individual es digno de confianza.	<input type="checkbox"/>					
e. Mi proveedor individual es puntual.	<input type="checkbox"/>					
f. Mi proveedor individual tiene buenas éticas de trabajo.	<input type="checkbox"/>					
g. Yo recomendaría a este proveedor individual a otras personas quien necesitan servicios de cuidados de hogar.	<input type="checkbox"/>					

3. ¿En general, cómo clasificaría los servicios que recibe de su proveedor individual?

- Excelente
- Bueno
- Justo
- Pobre
- Muy pobre
- No estoy seguro/a

4. ¿Cómo de importante es para usted que su proveedor individual sea entrenado en sus condición(es) específica(s)?

- Muy importante
- Algo importante
- No es importante
- No estoy seguro/a

5. ¿Actualmente, cuánto más entrenamiento necesita su proveedor individual en su condición(es) específica(s)?

- Mucho más entrenamiento
- Un poco más de entrenamiento
- Nada de entrenamiento

No esta seguro/a

C. Registro de Referencia del Cuidado de Hogar del Estado de Washington

El Registro de Referencias le ayuda a buscar un proveedor individual dándole una lista de proveedores individuales disponibles que comparten sus preferencias.

6. ¿Ha escuchado antes del Registro de Referencia del Cuidado de Hogar?

- Sí
- No **[Si marco “no” por favor salte a la pregunta 19.]**
- No esta seguro/a **[Por favor salte a la pregunta 19.]**

6a. ¿Si así es, como escucho de el? (Por favor marque todas las que apliquen)

- Mi manejador de caso/trabajador social
- Un proveedor individual o cuidador
- Un anuncio puesto en un local publico
- Otro: _____
- No esta seguro
- No aplica – Nunca he escuchado de el Registro de Referencias

7. ¿Sabía usted que el Registro de Referencia esta ahora disponible en su área?

- Sí
- No
- No esta seguro/a

8. ¿En algún tiempo a usted usado el Registro de Referencia?

- Sí
- No **[Si marco “no” por favor salte a la pregunta 19]**
- No esta seguro **[Por favor salte a la pregunta 19]**

9. ¿Qué tan reciente a usado usted el Registro de Referencia (Estimaciones están bien)?

_____ (mes/año)

10. ¿Cómo a usted obtenido acceso a el Registro de Referencia? (Por favor marque todas las que apliquen.)

- Por medio de la pagina de Internet del Registro de Referencia.
- Por medio de la línea telefónica de el Registro de Referencia
- Por medio de la oficina del Registro de Referencia
- Por medio de my manejador de caso/trabajador social
- No esta seguro

11. ¿Cuántas listas de proveedores individuales potenciales pidió usted al Registro de Referencia?

- Ninguno
- Uno
- Dos
- Tres
- Cuatro o mas
- No esta seguro/a

12. Por favor marque su satisfacción con su experiencia usando el Registro de Referencia para pedir una lista de proveedores individuales potenciales.

Como calificaría usted...	Excelente	Bueno	Justo	Pobre	Muy Pobre	No esta seguro	No aplica
a. ¿El servicio de atención al cliente del personal del Registro de Referencia por teléfono?	<input type="checkbox"/>						
b. ¿La cantidad de tiempo que le tomo a usted recibir la lista de proveedores individuales?	<input type="checkbox"/>						
c. ¿El numero de proveedores individuales en su lista? (¿Tenía usted suficientes proveedores individuales para escoger?)	<input type="checkbox"/>						
d. ¿La certeza de información de contacto para el proveedor individual en su lista? (¿Estaba corriente la información de contacto?)	<input type="checkbox"/>						
e. ¿La distancia entre la casa del proveedor individual y su casa? (¿Vivía el proveedor individual en su lista suficientemente cerca a usted?)	<input type="checkbox"/>						
f. ¿La disponibilidad del proveedor individual en su lista? (¿Todavía estaban disponibles para trabajar cuando usted los contactaba?)	<input type="checkbox"/>						
g. ¿Qué tan bien emparejaba sus preferencias el proveedor individual en su lista?	<input type="checkbox"/>						
h. ¿La receptividad del proveedor individual en su lista? (¿Le regresaban las llamadas telefónicas?)	<input type="checkbox"/>						
i. ¿En conjunto su experiencia usando el Registro de Referencia?	<input type="checkbox"/>						
j. ¿Sí usted contrato a un proveedor individual de su lista como lo calificaría al proveedor individual?	<input type="checkbox"/>						

13. ¿Usó usted el Registro de Referencia para buscar...? (Por favor marque todas las que apliquen)
- Un proveedor individual permanente que trabaje todas sus horas autorizadas
 - Un proveedor individual permanente que trabaje tiempo parcial (10-20 horas/mes)
 - Un proveedor individual temporal que sustituya cuando su proveedor individual regular no este disponible
 - Cuidado de Respiro: Un proveedor individual temporal que de a su familia/otro cuidador una quebrada de corto plazo
 - Cuidador de Emergencia: Un proveedor individual temporal que sustituya al ultimo minuto (sin un anuncio avanzado)
 - No esta seguro/a

14. ¿Entrevistó usted a cualquier proveedor individual de su lista(s) de Registro de Referencia?

- Sí
- No
- No esta seguro/a

15. ¿Contrató usted a un proveedor individual de su lista(s) de Registro de Referencia?

- Sí
- No **[Si marco "no" por favor salte a la pregunta 16]**
- No esta seguro/a **[Por favor salte a la pregunta 16]**

15a. ¿Después de que selecciono su proveedor individual, que tanto tiempo más duro antes de que empezara a trabajar para usted?

15b. ¿Si era más de dos semanas de largo antes de que empezara a trabajar para usted, que causo el retraso? (Por favor marque todas las que apliquen)

- Completando su investigación de antecedentes
- Procesando su contrato de DSHS
- El proveedor individual no estaba dispuesto ha empezar a trabajar inmediatamente.
- Yo no necesitaba que ellos empezaran a trabajar inmediatamente
- Otro: _____
- No esta seguro/a que causo el retraso

15c. ¿Qué mes y año empezaron ellos a trabajar para usted? _____ (mes/año)

15d. ¿Está el proveedor individual de la última pregunta (15c) todavía trabajando para usted?

- Sí
- No
- Descenso a contestar

16. ¿Sí usted no contrato a un proveedor individual de su lista(s) de Registro de Referencia, por que no?

17. ¿Qué es lo que haría el Registro de Referencia más útil para uste?

18. ¿Tiene usted algunos otros comentarios o sugerencias sobre el Registro de Referencia?

D. Seguridad

19. ¿En el año pasado, le ha pasado una de las siguientes situaciones a usted?

En el año pasado....			No estoy seguro/a
	Sí	No	
a. Me sentí inseguro porque el proveedor individual estaba mal entrenado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Me sentí inseguro porque el proveedor individual se negaba a realizar sus deberes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Un proveedor individual pidió dinero de mí	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Un proveedor individual me robó dinero o pertenencias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Fui insultado/verbalmente abusado por un proveedor individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Fui amenazado por un proveedor individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Fui amenazado por un familiar o por un miembro de familia o amigo(a) de un proveedor individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Fui físicamente asaltado por un proveedor individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

i. ¿Estaba usted en alguna otra situación donde usted se sentía inseguro con un proveedor individual? ¿Si es ese el caso, cual fue la situación?

E. Cuestiones Demográficas sobre usted, el Recipiente de el Cuidado de Hogar

20. ¿Qué tanto tiempo a usted recibido servicio de cuidado en casa autorizado?

- Menos de un año. → ¿Cuántos meses? _____
- Un año o mas. → ¿Cuántos años? _____
- No esta seguro/a

21. ¿Cuál es su código postal? _____ Código postal

22. ¿Cuál es su edad? _____ Años

23. ¿Cuál es su género? Hombre Mujer

24. ¿Cuál es su etnicidad? (Por favor marque todas los que apliquen)

- Blanco
- Asiático
- Negro/Afro-Americano
- Hispano/Latino
- Indio Americano/Nativo de Alaska
- Nativo Hawaiano/Isleño Pacífico
- Otro: _____

25. ¿Cuál es su lenguaje principal?

- Ingles
- Español
- Ruso
- Chino Mandarín
- Chino Cantonés
- Tagalog

- Vietnamita Otro: _____

26. ¿Cuál es el nivel de educación mas alto que ha completado?

- Algo de Secundaria Vocacional/Tecn. Licenciatura de Bachillerato
 GED/Diploma de Secundaria Diploma/Certificado Licenciatura de Maestría
 Algo de Universidad Licenciatura de dos años Ph.D.

F. Cuestiones Demográficas sobre su corriente proveedor individual

Si usted actualmente tiene más de un proveedor individual, por favor responda considerando la persona quien proporciona más horas pagadas por servicio.

27. Es su proveedor individual un...

- Miembro de familia
 Hijo u Hija Padre Tío/Tía Alguien Significativo
 Abuelo Nieto Suegro/Suegra Otro familiar
 Amigo o Vecino
 Alguien que no conocía antes
 No aplica – No tengo ningún proveedor individual ahora.

28. ¿Cuál es aproximadamente la edad de su proveedor individual? _____ Años

29. ¿Cuál es el genero de su proveedor individual? Hombre Mujer

30. ¿Cuál es la etnicidad de su proveedor individual? (Por favor marque todas las que apliquen)

- Blanco Nativo Hawaiano/ Isleño Pacífico
 Asiático Indio Americano/Nativo de Alaska
 Negro/Afro-Americano Otro: _____
 Hispano/Latino No esta seguro

31. ¿Cuál es el lenguaje principal de su proveedor individual?

- Ingles Chino Mandarín Vietnamita
 Español Chino Cantonés Otro: _____
 Ruso Tagalog No esta seguro
-

32. ¿Le ayudo alguien a llenar esta forma?

- No, yo complete esta forma sin asistencia
 Si, un amigo
 Si, un familiar o guardián
 SI, un proveedor individual o un empleado de la agencia de cuidador de hogar

¡ Gracias por completar esta encuesta !

APPENDIX C: CONSUMER SURVEY PROTOCOL IN RUSSIAN



Опрос потребителей и нанимателей

Цель этого опроса состоит в том, чтобы узнать...

- О вашем удовлетворении с individual provider сервиса домашних услуг и заботы, которые вы получаете
- Как вы нашли и наняли вашего individual provider
- О вашем мнении о Home Care Referral Registry

Советы, чтобы заполнить этот опрос:

- Вы имеете право использовать чью-то помощь при заполнении этого опроса (друзей, семьи, или individual provider).
- В этом опросе “individual provider” значит: человек который обеспечивает вас сервисом домашних услуг и заботы (ваш individual provider нанят вами, а не агентством домашних услуг и заботы.)
- Пожалуйста заполните опрос от точки зрения человека который получает сервис домашних услуг и заботы.

Несколько напоминаний:

- Это **добровольный** опрос и он *не* повлияет на услуги, которые вы получаете. Вы имеете право пропустить любой вопрос.
- Washington State University (WSU) будет держать ваши ответы на этот опрос в **конфиденциальности**.
- Пожалуйста позвоните по WSU бесплатному номеру 1-800-833-867 если вы хотели бы...
 - Пройти через этот опрос по телефону
 - Пройти через этот опрос на другом языке
- Пожалуйста верните заполненный опрос во вложенном, заранее оплаченном конверте, в WSU-SESRC, PO Box 641801, Pullman, WA 99163-1801.

Спасибо большое за вашу информацию и помощь!

A. Находить и Нанимать Individual Provider

1. Вы нанимали нового individual provider в прошлом году?

- Да
- Нет → **Пожалуйста перейдите к вопросу 2 на следующей странице**
- Не уверен(а) → **Пожалуйста перейдите к вопросу 2 на следующей странице**

1a. Если вы ответили “да,” почему вам нужен был новый individual provider?

- Я уволил(а) моего прошлого individual provider.
- Мой прошлый individual provider ушёл с работы.
- Я переехал(а).
- Мой прошлый individual provider переехал.
- Я нуждался(ась) в дополнительном individual provider.
- По другой причине: _____
- Не уверен(а)
- Вопрос ко мне не относится - Я не нанимал(а) individual provider в прошлом году.

1b. Как легко или сложно вам было найти нового individual provider?

- Очень сложно
- Слегка сложно
- Ни сложно ни легко
- Достаточно легко
- Не уверен(а)
- Вопрос ко мне не относится - Я не нанимал(а) individual provider в прошлом году.

1c. Если вы просили вашего case manager/social worker помочь вам найти нового individual provider, что они вам предложили? (Пожалуйста отметьте все ответы, которые к вам относятся.)

- Список лицензионных агентств домашних услуг и заботы
- Номер телефона или вебсайт Home Care Referral Registry. (Это бесплатная служба, которая предлагает списки доступных individual providers.)
- Общий совет как найти individual provider
- Имена конкретных individual providers
- Что-то другое: _____
- Вопрос ко мне не относится

Б. Удовлетворение услугами и обучением Individual Provider

Если у вас больше одного individual provider, пожалуйста отвечайте на вопросы, относительно того individual provider, который обеспечивает наибольшее количество оплаченных часов обслуживания.

2. Пожалуйста прочтите следующие фразы и выберите ответ, который лучше описывает ваше мнение о individual provider, который работает на вас в настоящее время.

		Очень соглашаюсь	Соглашаюсь	Нейтрально чувствую себя	Не соглашюсь	Совсем не соглашюсь	Не уверен(а)
a.	Мой individual provider выполняет мои персональные требования.	<input type="checkbox"/>					
b.	Мой individual provider следует моему плану заботы (плану обслуживания)	<input type="checkbox"/>					
c.	Мой individual provider уважает меня.	<input type="checkbox"/>					
d.	Мой individual provider надёжен.	<input type="checkbox"/>					
e.	Мой individual provider пунктуален.	<input type="checkbox"/>					
f.	Мой individual provider трудолюбивый.	<input type="checkbox"/>					
g.	Я бы рекомендовал(а) этого individual provider другому человеку, которому нужен сервис домашних услуг и заботы.	<input type="checkbox"/>					

3. Вообще, как бы вы оценили сервис услуг вашего individual provider?

- Отлично
- Хорошо
- Неплохо
- Плохо
- Очень плохо
- Не уверен(а)

4. Насколько вам важно, чтобы у вашего individual provider было обучение относительно вашего конкретного положения?

- Очень важно
- Слегка важно
- Не важно
- Не уверен(а)

5. В настоящее время, сколько ещё обучения нужно вашему individual provider, относительно вашего конкретного положения?

- Намного больше
- Немного больше
- Больше не надо
- Не уверен(а)

B. Home Care Referral Registry Штата Вашингтон

The Referral Registry помогает людям найти individual provider предлагая списки доступных individual providers, которые соответствуют их предпочтениям.

6. Слышали ли вы прежде о Home Care Referral Registry?

- Да
- Нет → **Пожалуйста перейдите к вопросу 19**
- Не уверен → **Пожалуйста перейдите к вопросу 19**

6a. Если вы ответили “да”, как вы узнали о нём? (*Пожалуйста отметьте все ответы, которые вам подходят.*)

- От моего case manager/social worker
- От individual provider или caregiver
- Я увидел(а) объявление в общественном месте
- Другим путём: _____
- Не уверен(а)
- Вопрос ко мне не относится– Я никогда не слышал(а) о Referral Registry

7. Знали ли вы что Referral Registry сейчас доступно в вашей области?

- Да
- Нет
- Не уверен(а)

8. Использовали ли вы когда-нибудь Referral Registry?

- Да
- Нет → **Пожалуйста перейдите к вопросу 19**
- Не уверен → **Пожалуйста перейдите к вопросу 19**

9. Как давно вы использовали Referral Registry? (*Можно приблизительно*)

_____ (месяц/год)

10. Каким образом вы вышли на Referral Registry? (*Пожалуйста отметьте все ответы, которые вам подходят.*)

- Через Вебсайт (website) Referral Registry
- Через телефонную линию Referral Registry
- Через офис Referral Registry
- Через моего case manager/social worker
- Не уверен(а)

11. Сколько списков потенциальных individual providers вы попросили у Referral Registry?

- Ни одного
- Один

- Два
- Три

- Больше чем четыре
- Не уверен(а)

12. Пожалуйста оцените ваше удовлетворение с использованием Referral Registry когда вы попросили списки потенциальных individual providers.

Как бы вы оценили...		Отлично	Хорошо	Неплохо	Плохо	Очень Плохо	Не уверен (а)	Вопрос ко мне не относится
			о	о				
a.	Услуги службы Referral Registry по телефону?	<input type="checkbox"/>						
b.	Количество времени которое прошло до получения вашего списка individual providers?	<input type="checkbox"/>						
c.	Количество individual providers в списке? (Было ли достаточно выбора?)	<input type="checkbox"/>						
d.	Точность контактной информации individual providers в вашем списке??	<input type="checkbox"/>						
e.	Расстояние между домом individual provider и вашим домом? (Individual providers в списке жили достаточно близко к вам?)	<input type="checkbox"/>						
f.	Доступность individual providers в вашем списке? (Когда вы связались с ними, были ли они ещё доступны?)	<input type="checkbox"/>						
g.	Насколько хорошо individual providers соответствовали вашим предпочтениям?	<input type="checkbox"/>						
h.	Скорость ответа на ваши звонки? (Они вернули ваши звонки?)	<input type="checkbox"/>						
i.	Ваш опыт с использованием Referral	<input type="checkbox"/>						

Как бы вы оценили...		Отлично	Хорошо	Неплохо	Плохо	Очень Плохо	Не уверен (а)	Вопрос ко мне не относится
a.	Услуги службы Referral Registry по телефону?	<input type="checkbox"/>						
b.	Количество времени которое прошло до получения вашего списка individual providers?	<input type="checkbox"/>						
c.	Количество individual providers в списке? (Было ли достаточно выбора?)	<input type="checkbox"/>						
d.	Точность контактной информации individual providers в вашем списке??	<input type="checkbox"/>						
e.	Расстояние между домом individual provider и вашим домом? (Individual providers в списке жили достаточно близко к вам?)	<input type="checkbox"/>						
f.	Доступность individual providers в вашем списке? (Когда вы связались с ними, были ли они ещё доступны?)	<input type="checkbox"/>						
g.	Насколько хорошо individual providers соответствовали вашим предпочтениям?	<input type="checkbox"/>						
h.	Скорость ответа на ваши звонки? (Они вернули ваши звонки?)	<input type="checkbox"/>						
	Registry?							

Как бы вы оценили...		Отлично	Хорошо	Неплохо	Плохо	Очень Плохо	Не уверен (а)	Вопрос ко мне не относится
a.	Услуги службы Referral Registry по телефону?	<input type="checkbox"/>						
b.	Количество времени которое прошло до получения вашего списка individual providers?	<input type="checkbox"/>						
c.	Количество individual providers в списке? (Было ли достаточно выбора?)	<input type="checkbox"/>						
d.	Точность контактной информации individual providers в вашем списке??	<input type="checkbox"/>						
e.	Расстояние между домом individual provider и вашим домом? (Individual providers в списке жили достаточно близко к вам?)	<input type="checkbox"/>						
f.	Доступность individual providers в вашем списке? (Когда вы связались с ними, были ли они ещё доступны?)	<input type="checkbox"/>						
g.	Насколько хорошо individual providers соответствовали вашим предпочтениям?	<input type="checkbox"/>						
h.	Скорость ответа на ваши звонки? (Они вернули ваши звонки?)	<input type="checkbox"/>						
j.	Если вы нанимали individual provider из списка, как бы вы оценили того individual provider?	<input type="checkbox"/>						

13. Вы использовали Referral Registry чтобы найти...*(Пожалуйста отметьте все ответы, которые вам подходят.)*

- Постоянного individual provider чтобы работал полное время
- Постоянного individual provider чтобы работал половину времени (10-20 часов в месяц)
- Временного individual provider, который мог бы заменять вашего постоянного individual provider, в случае того если он занят
- Respite care: Временный individual provider, который даёт вашей семье /другим caregivers краткосрочный перерыв
- Emergency care: Временный individual provider который мог бы заменить в последнюю минуту (без предварительного уведомления)
- Не уверен(а)

14. Вы проводили интервью с какими-нибудь individual providers из вашего списка от Referral Registry?

- Да
- Нет
- Не уверен(а)

15. Вы нанимали individual provider из вашего списка от Referral Registry?

- Да
- Нет → **Пожалуйста перейдите к вопросу 16**
- Не уверен(а) → **Пожалуйста перейдите к вопросу 16**

15a. После того как вы выбрали вашего individual provider, сколько времени прошло до того как они начали работать? _____

15b. Если прошло более чем две недели до того как они начали работать, что вызвало задержку? *(Пожалуйста отметьте все ответы, которые вам подходят.)*

- Заполнение их background check
- Оформление их DSHS контракта
- Individual provider не хотел сразу начинать работать
- Мне не надо было чтобы они сразу начали работать
- Другая причина: _____
- Не уверен(а) в том что вызвало задержку

15c. В каком месяце и году они начали работать? _____ (Месяц/год)

15d. Работает ли этот individual provider, о котором шла речь в прошлом вопросе (15в.), ещё на вас?

- Да
- Нет
- Не хочу отвечать.

16. Если вы не нанимали individual provider из вашего списка Referral Registry, то почему?

17. Что бы помогло сделать Referral Registry более полезным для вас?

18. Есть ли у вас другие комментарии или предложения по поводу Referral Registry?

Г. Безопасность

19. За прошлый год, случились ли следующие ситуации с вами?

За прошлый год....		Да	Нет	Не уверен (а)
a.	Я не чувствовал себя в безопасности потому что individual provider был плохо обучен.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Я не чувствовал себя в безопасности потому что individual provider не захотел выполнять свои обязанности.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Individual provider просил у меня денег.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Individual provider украл у меня деньги или имущество.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Я был устно оскорблён/обруган моим individual provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Individual provider угрожал мне.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Мне угрожали семья или друг individual provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Individual provider физически напал на меня.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

i. Находились ли вы в какой-то другой ситуации когда вы не чувствовали себя в безопасности с individual provider? Если да, то что была ситуация?

Е. Демографические вопросы о вас, получателе In-Home Care

20. Как долго вы получаете authorized in-home services?

Меньше одного года. → Сколько месяцев? _____

- Один год или больше → Сколько лет? _____
- Не уверен(а)

21. Ваш почтовый индекс? _____ индекс

22. Сколько вам лет? _____ лет

23. Ваш пол? Мужчина Женщина

24. К какой этнической группе вы принадлежите? (Пожалуйста отметьте все ответы, которые вам подходят.)

- Белой
- Азиатской
- Чёрной/Афро-американской
- Испанской/Латиноамериканской
- Индейской/Уроженцам Аляски
- Гавайской/Тихоокеанских Островитянинов
- Другой: _____

25. Ваш первый язык?

- Английский
- Испанский
- Русский
- Китайский Мандарина
- Кантонский
- Китайский
- Тагальский
- Вьетнамский
- Другой: _____

26. Самый высший уровень вашего образования?

- Немного средней школы
- GED/Диплом средней школы
- Немного высшего образования
- Диплом/сертификат из профессионально-технической
- школы/техникума/училища
- Степень Associate's
- Степень Бакалавра
- Степень Мастера
- Докторантура

Ё. Демографические вопросы о вашем Individual Provider

Если у вас сейчас больше одного individual provider, пожалуйста отвечайте на вопросы относительно того individual provider, который обеспечивает наибольшее количество оплаченных часов обслуживания.

27. Ваш individual provider...

- Член семьи
 - Сын или дочь
 - Родитель
 - Тётя/Дядя
 - Близкий человек (молодой человек/девушка или супруг/супруга)
 - Дедушка/бабушка
 - Внук/внучка
 - Свёкр/свекровь или тесть/тёща
 - Другой член семьи
- Друг или Сосед
- Кто-то кого я раньше не знал(а)
- Вопрос ко мне не относится – У меня нет individual provider сейчас.

28. Примерно сколько лет вашему individual provider? _____ лет

29. Пол вашего individual provider? Мужчина Женщина

30. К какой этнической группе принадлежит ваш individual provider ? (Пожалуйста отметьте все ответы, которые вам подходят.)

- | | |
|---|--|
| <input type="checkbox"/> Белой | <input type="checkbox"/> Индейской/Уроженцам Аляски |
| <input type="checkbox"/> Азиатской | <input type="checkbox"/> Гавайской/Тихоокеанских
Островитянинов |
| <input type="checkbox"/> Чёрной/Афро-американской | <input type="checkbox"/> Другой: _____ |
| <input type="checkbox"/> Испанской/Латиноамериканской | <input type="checkbox"/> Не уверен(а) |

31. Первый язык вашего individual provider?

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Английский | <input type="checkbox"/> Кантонский | <input type="checkbox"/> Другой: _____ |
| <input type="checkbox"/> Испанский | <input type="checkbox"/> Китайский | <input type="checkbox"/> Не уверен(а) |
| <input type="checkbox"/> Русский | <input type="checkbox"/> Тагальский | |
| <input type="checkbox"/> Китайский Мандарина | <input type="checkbox"/> Вьетнамский | |

.....

32. Помогал ли кто либо вам заполнить эту форму?

- Нет, я сам(а) заполнил(а) эту форму
- Да, мне помог друг
- Да, мне помог член семьи или опекун
- Да, мне помог individual provider или работник из агенства домашних услуг и заботы

Спасибо за завершение этого опроса!

APPENDIX D: CONSUMER SURVEY PROTOCOL IN MANDARIN CHINESE



消費者/僱主問卷

這份問卷的目的是要知道...

- 您對您所收到的個別看護是共同的服務的滿意度
- 您尋找還有雇用一個個別看護是共者的經驗
- 您對家庭看護介紹登記系統的意見

關於回答這份問卷的小提示

- 您可以找任何幫手來幫您填這份問卷 (例如朋友、家人、或是一個個別看護是共者)。
- 在這份問卷中，“個別看護是共者” 這個名詞指的是是共您受僱許可的家庭看護服務 (個別看護是共者是受僱於您而不是一個家庭看護機構)。
- 請由接受個別看護是共的人的角度來完成這份問卷

一些有幫助的提醒

- 這份問卷是完全自主的，不會影響到您的所收到的服務。請自由決定要不要跳過某些問題
- 華盛頓州立大學會對您的回答嚴格保密。
- 請打華盛頓州立大學的免付費電話 1- 800-833-0867 如果您需要...
 - 用電話完成問卷
 - 索取別的語言的問卷
- 請用已付費的回郵信封寄回已經完成的問卷到 WSU-SESRC,
PO Box 641801, Pullman, WA 9916-1801.

非常感謝您的意見

A. 尋找還有雇用一個個別看護是共者

1. 您去年有雇用一個個別看護是共者?

- 是
- 否 → 請繼續回答下一頁的Q2
- 不確定 → 請繼續回答下一頁的Q2

1a. 如果是的話 您為什麼會需要一位新的個別看護是共者?

- 我辭退我的上一位個別看護是共者.
- 我的上一位個別看護是共者辭職了.
- 我搬家了.
- 我的上一位個別看護是共者搬家了.
- 我需要多一位個別看護是共者.
- 其他 請解釋 _____
- 不確定
- 不適用—我去年沒有聘一位新的個別看護是共者.

1b. 尋找一位新的個別看護是共者有多容易或是困難?

- 非常困難
- 有些困難
- 不困難也不容易
- 有些容易
- 非常容易
- 不確定
- 不適用—我去年沒有聘一位新的個別看護是共者

1c. 如果你要您的案件負責人(case manger)或是社工(social worker)幫助尋找一位新的個別看護是共者, 他們會是共什麼選擇? (請選擇所有適用的答案)

- 一個家庭看護機構的名單
- 家庭看護介紹登記系統的電話熱線或是網址 (這是一個是共免費可用的個別看護是共者名單的一個服務)
- 一些找尋個別看護是共者的提示
- 某些特別個別看護是共者的名子
- 其他 _____
- 不適用

B. 對個別看護是共者服務及訓練的滿意度

如果您有超過一位個別看護是共者，請選擇提供最多看護服務小時的個別看護是共者來回答

2. 下面每一項陳述，請選擇最能表現您對您的個別看護是共者的意見的選項

		強烈同意	同意	覺得中立	不同意	強烈不同意	不確定
a.	我的個別看護提供者達到我的個人看護需求.	<input type="checkbox"/>					
b.	我的個別看護提供者遵守我的看護計畫.	<input type="checkbox"/>					
c.	我的個別看護提供者尊敬我.	<input type="checkbox"/>					
d.	我的個別看護提供者值得信任.	<input type="checkbox"/>					
e.	我的個別看護提供者嚴格守時的.	<input type="checkbox"/>					
f.	我的個別看護提供者有良好的工作道德.	<input type="checkbox"/>					
g.	我會推薦這位個別看護提供者給其他需要家庭看護服務的人.	<input type="checkbox"/>					

3. 普遍來說，您會就您所接受到的服務如何給您的個別看護提供者打分數？

- 非常好
- 好
- 可以
- 不好
- 非常不好
- 不確定

4. 對您來說您的個別看護是共者有接受過訓練對您特定狀況的訓練有多重要？

- 非常重要
- 有些重要
- 一點也不重要
- 不確定

5. 目前來說，您的個別看護是共者還需要接受多少訓練對您特定狀況的訓練？

- 很多訓練
- 再多一點訓練
- 不需要任何訓練
- 不確定

C. 華盛頓州家庭看護介紹登記系統

家庭看護介紹登記系統藉由是共您一個可用並符合您需要的家庭看護是共者的名單幫助您找到一個個別看護是共者。

6. 您之前有聽過家庭看護介紹登記系統嗎?

- 有
- 沒有 → **請跳至Q19**
- 不確定 → **請跳至Q19**

6a. 如果有的話 是從何處聽到的? (請選擇所有適用的答案)

- 我的案件負責人/社工
- 一位個別看護是共者
- 一個公共場所展出的傳單
- 其他 _____
- 不確定
- 不適用 – 我從來沒有聽過家庭看護介紹登記系統

7. 您知道家庭看護介紹登記系統現在在您所在的地區也有了嗎?

- 是
- 不是
- 不確定

8. 您曾經有用過家庭看護介紹登記系統?

- 有
- 沒有 → **請跳至Q19**
- 不確定 → **請跳至Q19**

9. 您最近是什麼時候用過家庭看護介紹登記系統? (估計就可以)

_____ (月/年)

10. 您是怎麼使用家庭看護介紹登記系統的? (請選擇所有適用的答案)

- 透過家庭看護介紹登記系統的網站
- 透過家庭看護介紹登記系統的電話
- 透過家庭看護介紹登記系統的辦公室
- 透過我的案件負責人/社工
- 不確定

11. 您從家庭看護介紹登記系統要求多少可能的個別看護是共者名單?

- 沒有
- 一個
- 兩個
- 三個
- 四個或更多
- 不確定

12. 請對您從家庭看護介紹登記系統要求可能的個別看護提供者名單的滿意度打分數

您會如何評分…		非常好	好	普通	不好	非常不好	不確定	不適用
a.	家庭看護介紹登記系統的電話客服?							
b.	等待您要求的個別看護提供者名單的時間?							
c.	名單上個別看護提供者的數量? (您有足夠的個別看護提供者嗎?)							
d.	名單上個別看護提供者的聯絡資料的正確性? (他們的聯絡資料是最新的嗎?)							
e.	個別看護提供者住家離你家的距離? (名單上個別看護提供者住的離你夠近嗎?)							
f.	名單上個別看護提供者的可得性? (當您聯絡他們時他們仍然可以工作嗎?)							
g.	名單上個別看護提供者有很貼近您的喜好嗎?							
h.	名單上個別看護提供者的反應? (他們有沒有回你的電話?)							
i.	您使用看護介紹登記系統的整體感覺?							
j.	如果您已從名單上聘請一位個別看護提供者,您如何替他打分數呢?							

13. 您有沒有用家庭看護介紹登記系統來找...(請選擇所有適用的答案)

- 一個永久的個別看護提供者來替您工作所有的時數
- 一個永久的個別看護提供者來替您工作部份小時 (10-20 小時月)
- 一個暫時的個別看護提供者當您的例行個別看護提供者無法工作時
- 暫時替代照顧 一個暫時的個別看護提供者好讓您的家人或是例行一個暫時的個別看護提供者可以休息一陣
- 緊急照顧 一個臨時的個別看護提供者(之前沒有特別通知的)
- 不確定

14. 您有面試任何家庭看護介紹登記系統名單上的個別看護提供者嗎?

- 有
- 沒有
- 不確定

15. 您有雇用任何家庭看護介紹登記系統名單上的個別看護提供者嗎?

- 有
- 沒有 → 請跳至Q16
- 不確定 → 請跳至Q16

15a. 在您選定您的個別看護提供者距離他開始正式替您服務有多久? _____

15b. 如果是超過兩個星期在他開始正式替您服務, 什麼原因造成延遲的呢? (請選擇所有適用的答案)

- 完成他們的背景調查
- 等待他們DSHS合約的開始
- 個別看護提供者不願意立刻開始工作.
- 我不需要他們立刻開始工作
- 其他 _____
- 不確定什麼造成延遲

15c. 幾年幾月他們開始正式替您工作? _____(月/年)

15d. 這個個別看護提供者(15c)仍然有替您工作嗎?

- 有
- 沒有
- 拒絕回答

16. 如果您沒有聘請任何家庭看護介紹登記系統名單上的個別看護提供者,是什麼原因呢?

17. 怎麼樣家庭看護介紹登記系統可以對您更有幫助?

18. 關於家庭看護介紹登記系統您還有沒有其他的評論或是建議呢?

D. 安全

19. 過去一年當中, 以下的情況有發生在您身上嗎?

過去一年當中...		有	沒有	不確定
a.	我覺得不安全因為個別看護提供者沒有接受良好的訓練.			
b.	我覺得不安全因為個別看護提供者沒有盡到他的責任.			
c.	個別看護提供者跟我要錢.			
d.	個別看護提供者偷我的錢或是所有物.			
e.	我被個別看護提供者攻擊/言語上的虐待.			
f.	我被個別看護提供者威脅.			
g.	我被個別看護提供者的家人或是朋友威脅.			
h.	我被個別看護提供者肢體上攻擊.			

i. 有任何其他的情況讓您覺得在一個個別看護提供者不安全嗎? 有的話是什麼樣的情況?

E. 一些關於您還有接受在家看護服務人的問題

20. 您接受許可的家庭看護服務有多久了?

- 少於一年 → 幾個月? _____
- 一年或超過 → 幾年? _____
- 不確定

21. 您的郵遞區號是什麼? _____ 郵遞區號

22. 您多大年紀? _____ 歲

23. 您的性別是什麼? 男 女

24. 您的種族背景是什麼? (請選擇所有適用的答案)

- 白人 美洲印地安人/阿拉斯加原住民
- 亞洲人 夏威夷原住民/太平洋島民
- 黑人/非裔美人 其他 _____
- 西語裔拉丁裔

25. 您主要的語言是什麼?

- | | | |
|-------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> 英文 | <input type="checkbox"/> 國語/中文/普通話 | <input type="checkbox"/> 越語 |
| <input type="checkbox"/> 西班牙文 | <input type="checkbox"/> 廣東話 | <input type="checkbox"/> 其他 _____ |
| <input type="checkbox"/> 俄文 | <input type="checkbox"/> 塔加拉族語 | |

26. 您所受的最高教育程度是什麼?

- | | | |
|-----------------------------------|---|-------------------------------|
| <input type="checkbox"/> 某些高中 | <input type="checkbox"/> 職業/技術學歷/證照 | <input type="checkbox"/> 碩士學歷 |
| <input type="checkbox"/> GED/高中學位 | <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> 博士 |
| <input type="checkbox"/> 某些學院 | <input type="checkbox"/> 大學學歷 | |

F. 一些關於您現任的個別看護提供者的問題

如果您現在有超過一位個別看護提供者, 請提供最多人服務時的那個個別看護提供者做回答

27. 您的個別看護提供者是...

- 家人
 - 兒子或女兒
 - 父母
 - 阿姨叔叔
 - 重要的另一半
 - 祖父母
 - 孫子女
 - 姻親
 - 其他家人
- 朋友或鄰居
- 我以前不認識的人
- 不適用- 我現在沒有個別看護提供者.

28. 您的個別看護提供者有多大年紀? _____ 歲

29. 您的看護提供者性別為何? 男 女

30. 您的個別看護提供者的種族背景為何? (請選擇所有適用的答案)

- | | |
|----------------------------------|---|
| <input type="checkbox"/> 白人 | <input type="checkbox"/> 美洲印地安人/阿拉斯加原住民 |
| <input type="checkbox"/> 亞洲人 | <input type="checkbox"/> 夏威夷原住民/太平洋島民 |
| <input type="checkbox"/> 黑人/非裔美人 | <input type="checkbox"/> 其他 _____ |
| <input type="checkbox"/> 西語裔拉丁裔 | <input type="checkbox"/> 不確定 |

31. 您的個別看護提供者的主要語言為何?

- | | | |
|-------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> 英文 | <input type="checkbox"/> 國語/中文/普通話 | <input type="checkbox"/> 越語 |
| <input type="checkbox"/> 西班牙文 | <input type="checkbox"/> 廣東話 | <input type="checkbox"/> 其他 _____ |
| <input type="checkbox"/> 俄文 | <input type="checkbox"/> 塔加拉族語 | <input type="checkbox"/> 不確定 |

.....
32. 有人幫您填完表格嗎?

- 沒有, 我自己完成問卷
- 是 一個朋友
- 是 一個家人或是朋友
- 是 一個個別看護提供者或是家庭看護機構的工作員

謝謝您完成這份問卷
AAA]

[DSHS Division Code: DDD, HCS or

APPENDIX E: DETAILED METHODOLOGY & SAMPLE ERROR

Mailing Procedures

The special design for this survey was that the respondent ID number was not included on the questionnaire but was on the business-reply envelope; instead of the respondent ID number, a new ID number was assigned and used when entering the data. The respondent ID number on the return envelope was only to track whether a questionnaire was completed and returned so the reminder mailings and replacement questionnaires could be sent to the non-respondents. The purpose of entering the data using a different ID number was to ensure anonymity of the survey data.

This first questionnaire mailing occurred on April 4th, 2008, via first class mail. It included a questionnaire booklet, a prepaid business reply envelope, a cover letter, and a prepaid postcard for respondents indicating if they prefer the questionnaire in another language version. Cover letters were personalized with the respondent's name and address, were printed on Washington State Home Care Quality Authority letterhead, with scanned signatures of Rick Hall, Bill Moss, and Linda Rolfe printed on the letters

The reminder/thank you postcard was sent to all respondents one week later on April 11th, 2008. This postcard first thanked respondents if they had completed and returned the questionnaire or if they had not, it reminded them to please do so. The third/final reminder mail contact to respondents was sent to non-respondents only on April 25th, 2008 and included a replacement questionnaire. This final mailing also included a cover letter, replacement questionnaire, and prepaid return envelope.

Throughout the data collection period, SESRC sent out two Spanish and 11 Russian questionnaires. Four respondents requested Vietnamese questionnaire, one requested Tagalog, and one requested a French questionnaire and three needed other unknown languages.

The data collection period was held open for approximately five and a half weeks to allow for return of mail questionnaires in response to the three mail contacts. Data collection receipt was closed May 14th, 2008. The final dataset and listing were delivered to Candiya Mann (SESRC Puget Sound) on May 23rd, 2008.

Data Entry and Data Management

The data entry process consists of three main stages: initial data entry, verification (second pass data entry), and the final validation step to ensure all questionnaires have been entered and verified and to correct any errors that may have occurred during the process.

The data entry program consists of the computerized online system that prompts clerical personnel for valid response to every question in the survey. For numeric response, the program

limits the valid range of acceptable numeric values that can be input. When an invalid answer is entered the system provides a warning that indicates an invalid range has been entered. The final verification includes re-entry of all survey responses in a questionnaire by another person. The data entry program automatically compares the current data file being entered to the previous data file with the same ID number. If a variable entry does not match at the time of the second entry the system again warns the verifier to resolve the discrepancy. SESRC performs 100% verification on every completed questionnaire.

A final data validation step occurs at the data management level and consists primarily of accounting for all cases in the project, ensuring that a data record exists for every completed questionnaire received, and reviewing individual cases for errors. If any questionnaire has more than five-percent error, it is re-entered and re-verified. Data records are passed through an SPSS program to ensure that all data fields are readable, and that all responses are read in the format specified for that variable.

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, and this can be used to calculate the sample error for survey results in this report.

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

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 this survey, completed interviews were obtained from 860 of 22,380 consumers who receive in-home care services in Washington State, yielding a margin of error of about +/- 3.3% at the 95 percent confidence level.