

# SESRC

SOCIAL & ECONOMIC SCIENCES RESEARCH CENTER  
PUGET SOUND DIVISION  
OLYMPIA, WASHINGTON

## Home Care Quality Authority

## Individual Provider Phone Survey

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**September 2008**

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### ***Acknowledgements***

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## EXECUTIVE SUMMARY

### Home Care Quality Authority Individual Provider Mail Survey

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September 2008

The Washington State Home Care Quality Authority (HCQA) is tasked with improving the quality of state-funded long-term in-home services, and with encouraging stability in the in-home, individual provider (IP) workforce. The IP program uses public funding to allow eligible 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. In 2008, HCQA contracted with Washington State University's Social and Economic Sciences Research Center to update and repeat these surveys, drawing on the previous surveys conducted in 2003 and 2006. This report presents the results of individual provider phone interviews conducted in April and May of 2008.

The individual provider survey collected information on a variety of topics, including the following:

- Individual provider demographics
- Current employment status
- Satisfaction with job and training
- Employment benefits
- Home Care Referral Registry of Washington State:<sup>1</sup> individual providers' awareness, usage, and satisfaction

By the end of the calling period, 603 interviews were completed, included 192 with IP's who had used the Referral Registry and 411 with IP's who had not used it. The response rate was 51.6 percent for the registry users and 50.1 percent for the non-registry users.<sup>2</sup> Thirteen of the interviews were completed in Russian, and seven were in Spanish.

#### Demographics

- **Survey Respondents Compared to All Individual Providers:** The gender and ethnicity composition of the survey respondents generally resembled that of individual providers overall.

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

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



- **Gender:** Eighty-three percent of the respondents were female, and 17 percent were male. Male providers were slightly more likely to provide services for male consumers (43%) than female providers were (38%).
- **Service Delivery Area:** The service delivery areas with the most respondents were Pierce (19%), King (14%), and Spokane (12%).
- **Ethnicity:** Most of the respondents were white (73%). The other ethnicities each consisted of 7 percent or less of the respondents.
- **Age:** The respondents' ages broke down roughly into one-quarter under age 40 (24%), half ages 40 to 59 (53%), and one-quarter age 60 or more (23%).

### **Individual Provider Employment Status**

- **Family Provider Status:** Over two-thirds of the IP's were working with a family member (69%), and 18 percent were providing services for a friend or neighbor. Only 13 percent of the IP's did not know their current consumer before they started working with them.
  - Among those with a family member as their consumer, the most common relationships of the provider to the consumer receiving care were son/daughter (31%) and parent (31%).
- **Live-In Positions:** Sixty-three percent of the family providers lived with their consumer, compared to 22 percent of the non-family providers.
- **IP Employment:** Most of the respondents (87%) had a consumer at the time of the survey. Among the providers currently serving a consumer, 38 percent combined their work as an IP with other paying employment.
  - Of the individual providers who did not have a client at the time of the survey, about half had left the field temporarily; about a quarter had left the field permanently ; 12 percent were looking for a new client; and 12 percent had left the field and didn't know if they would return to working as an IP.
- **Intention to Continue in the Field:** Over three-quarters (76%) of the non-family providers and 45 percent of the family providers planned to continue working as an IP after their current consumer no longer needed their services.
- **Longevity:** Overall, 16 percent of the respondents had been an IP for under a year, and about half (51%) had been working as a paid IP for one to five years. Roughly one-third had worked as an IP for over five years (32%).
- **Length of Time with Consumer:** The length of time IP's had been with their current consumer roughly mirrored the amount of time they had been an IP. Family providers tended to have been with their current client for a longer period of time than the non-family providers.
- **Number of Consumers:** At the time of the survey, the majority of IP's were providing services for a single consumer (86%). Ten percent were working with two consumers, and only 4 percent worked with more than two consumers.

- Family providers were more likely to provide services for only a single consumer (90%) than non-family providers were (76%).
- **DSHS Division:** Forty-two percent of the respondents worked with a consumer whose case manager or social worker was from the Area Agency on Aging (AAA) or Home and Community Services (HCS). Twenty-nine percent were associated with the Division of Developmental Disabilities (DDD) or Children's Administration (CA). Twenty-nine percent did not clearly fit into AAA, HCS, DDD or CA, or they didn't know.
- **Number of Paid Hours:** Roughly one-third (35%) worked fewer than 86 monthly hours, and one-third (33%) worked between 86 and 150 hours. Twenty percent worked 151 to 200 hours per month, and 9 percent reported working more than 200 hours per month.
  - Thirty-five percent of the providers did not work the minimum number of hours (86 hours/mo.) to be eligible for health insurance through their work as an IP
- **Satisfaction with Paid Hours:** More than half of the respondents (55%) were satisfied with their number of paid hours. The remaining respondents were close to evenly split between working more hours (18%) or fewer hours (22%) than they wanted.
  - Among the IP's working fewer hours than they preferred, over two-thirds of the non-family providers (67%) and 42 percent of the family providers indicated that they would be willing to work additional hours with another consumer.
  - It appears that family providers tended to work more paid hours than the non-family IP's. Family providers were also more likely to state that they were working more hours than they preferred (family IP: 20%; non-family IP: 13%).
  - The survey results suggest that the IP's averaged more paid hours per month in 2008 than in 2006. There was also an increase in the proportion of providers indicating that they were working more hours than they preferred.

### **Individual Provider Satisfaction with Job and Training**

The survey asked the individual providers to what extent they agreed with a series of statements about their job and their training. In general, responses were overwhelmingly positive.

- **Job Satisfaction:** Most of the respondents agreed that they are very satisfied with their current job (89%) and that they have enough input into their consumer's care (92%). The majority also agreed that it is important for others to view in-home care as a profession (91%). Only 16 percent indicated they would actively look for a different type of work during the next year. More than half of the respondents indicated that their consumer has needs outside their plan of care (54%).
- **Training Satisfaction:** Over 90 percent of the respondents agreed that their skills are adequate for the job; nonetheless, three-quarters would take advanced training if it were offered. Eighty-one percent indicated that they have enough chances for more training.

- Family providers were less likely to indicate that they would take advantage of advanced training (family IP: 74%; non-family IP: 84%).
- The reasons for not being interested in advanced training generally fell into two categories: some providers didn't see a need for additional training and others had barriers to attending additional training.

### **Employment Benefits**

The benefits available to individual providers include health insurance, dental insurance, paid vacation, mileage reimbursement, and a pay scale based on length of employment as an IP. Each of these employment benefits has certain eligibility criteria, such as hours worked and length of employment as an IP.

- **Awareness of Availability of Employment Benefits:** Almost all respondents (95%) were aware that paid vacation was available to IP's. The majority of respondents were also aware of the health insurance (87%). Close to two-thirds of the IP's knew that dental insurance was available, and 57 percent were aware that mileage reimbursement was available for taking their consumer to medical appointments or essential shopping.
- **Awareness of Details of Employment Benefits:** Over two-thirds knew that eligibility for health insurance was based on working at least 86 hours per month (71% aware), and that the monthly cost of health insurance was \$17 (68% aware). Roughly half of the respondents (49%) were aware that the pay scale for IP's is based on cumulative hours, with a raise for every 2,000 hours worked.
  - Awareness of the details of the employment benefits was higher among non-family providers, compared to family providers, by roughly 10 percentage points.
  - Most IP's knew that they were represented by the Service Employees International Union (SEIU) (93%) and that IP employment benefits were negotiated between SEIU and the state (82%).
- **Employment Benefits and Retention:** Individual providers were asked which employment benefit was the most important when they considered whether or not to continue working as an IP. Slightly over half of the respondents selected health insurance as the most influential employment benefit, and one-third identified wage increases as the most important benefit.
  - Health insurance and wages were the two most influential employment benefits in the 2006 survey as well.
  - Family providers were more likely to choose health insurance as the largest factor in their decision to continue working as an IP (53%), compared to non-family providers (47%).
- **Suggestions to Improve Retention:** When asked to name two things that would make them more likely to stay in the field, respondents' most common replies were improved wages (29%), more paid hours (9%), and continued availability of health insurance (13%). Other factors mentioned related to finding the right consumer, training, or personal reasons for continuing as an IP.

- **Wages and Recruitment:** Respondents were asked how hourly wages affected their decision to become an individual provider. The most common responses were that the level of wages was a somewhat positive factor for about one-third of the respondents (31%) and not a factor at all for 42 percent of the respondents.
  - Family providers were 8 percentage points more likely to state that wages were not a factor in their decision to become an IP.
- **Health Insurance Coverage:** The majority of respondents reported that they had health insurance (82%). This is an increase from 72% in the 2006 survey.
  - A little over one-third of the individual providers with health insurance (36%) received the coverage through their IP job. This is fairly consistent with the proportion in the 2006 survey receiving insurance from their IP jobs (33%).
  - Other ways that IP's qualified for health insurance were through a family member (26%), a non-IP job (13%), Medicare (6%), or another source (18%).
  - Family providers were more likely to have health insurance (86%), compared to non-family providers (73%). They were six percentage points more likely to have health insurance outside their IP job, due to a higher proportion receiving health insurance coverage through a family member.
  - The most common reasons that providers gave for not purchasing health insurance through their IP job were that they had coverage through another source, were ineligible, were unaware of it, or considered it unaffordable.

### **Home Care Referral Registry**

The Home Care Referral Registry provides a service for matching consumers seeking a provider with individual providers seeking work. Individual providers looking for a consumer can sign up for the Referral Registry, and consumers who need an IP can request lists of available individual providers who match their preferences. The consumers then contact the IP's directly to complete the employment screening process.

- **Referral Registry Awareness:** Roughly half of the IP's had heard of the Referral Registry previously (46%). While there is still room for improvement, awareness has more than doubled since the 2006 survey.
  - Non-family providers were more likely to be aware of the Registry (59%) than family providers (41%). This is to be expected since fewer family providers have sought a consumer.
  - Among providers who were aware of the Registry, about half of them recalled hearing information about it through each of the following methods: a case manager or social worker, word of mouth, and/or a flyer, poster, or pamphlet. Close to one-third had heard of it through the union (SEIU). About one-quarter learned about it through a Referral Registry worker.
- **Referral Registry Usage:** About 17 percent of the IP's who were aware of the Registry had used it. As expected, Registry usage was more common among non-family IP's (33%) than family IP's (8%). The main reason that IP's had not used the

Registry was that they had not needed a new consumer since becoming aware of the Registry.

- IP's tended to either be listed on the Registry for one month (30%) or for five or more months (20%). Over half of the respondents who had used the Registry were active on the Registry at the time of the survey (57%).
  - Individual providers looking for a new consumer maintain an active presence on the Referral Registry by providing current contact information each month. Forty-six percent of the respondents reported that they were contacted each month by Registry staff to confirm their information.
  - Roughly one-quarter of the respondents (23%) were not contacted by any potential consumers through the Registry; about half (47%) were contacted by one to five consumers, 15 percent were contacted by six to ten, and 10 percent were contacted by 11 or more consumers.
  - Among the respondents who had been contacted by one or more potential consumers, over three-quarters (79%) had turned down at least one offer of employment. The reasons for turning them down tended to reflect a mismatch between the consumer and the IP in the number of hours needed, scheduling, distance to the consumer's home, and/or the services needed.
  - Most Registry-using IP's who had been contacted by potential consumers received at least one interview (81%). Among the IP's who had been contacted by one or more potential clients, over two-thirds were offered a position (68%) and over half accepted a position (59%). Forty percent of the respondents who had found a consumer through the Referral Registry were still working with that consumer at the time of the survey.
  - Overall, most of the IP's who found a consumer through the Registry reported that the consumer was an excellent (35%) or good (41%) match to their preferences. Twenty-one percent indicated that the match was fair, and only 3 percent reported that it was very poor.
- **Referral Registry Satisfaction**
- **Customer Service:** Providers rated the customer service of the Referral Registry staff highly, with 45 percent indicating that it was excellent, and 28 percent rating it as good. Seventeen percent gave the customer service a rating of fair, and only 8 percent indicated that the customer service was poor or very poor.
  - **Overall Registry Experience:** Individual providers also rated their overall experience with the Referral Registry highly. Over one-quarter (28%) stated that it was excellent, and 39 percent indicated that it was good. Twenty-two percent rated it as fair. Only 11 percent rated it as poor or very poor.

# INTRODUCTION

## INTRODUCTION

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The Home Care Quality Authority (HCQA), a Washington State government agency, 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. The two previous surveys occurred in 2003 and 2006. HCQA contracted with Washington State University's Social and Economic Sciences Research Center to update and repeat the surveys. This report summarizes the resulting survey of current and/or recent individual providers, conducted in April and May of 2008.

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

- Demographics
- Current employment status: work as individual provider and/or other work
- Satisfaction with job and training
- Employment benefits
- Home Care Referral Registry of Washington State:<sup>3</sup> individual providers' awareness, usage, and satisfaction

This report presents the findings in separate sections in the order listed above. Key survey topics were also explored by family provider status: whether or not the IP provided services to a family member. Where available, comparisons between the 2006 and 2008 surveys were included as well.<sup>4</sup>

## BACKGROUND

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### *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 choose to become employers is not excessive. In 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

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<sup>3</sup> In previous surveys, the Home Care Referral Registry was referred to as Referral and Workforce Resources Centers.

<sup>4</sup> Much of the survey content changed between the two surveys, so comparisons were not possible for many topics.

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.<sup>5</sup>

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 with IP workers. In addition, the public programs under which IP's are paid are operated by several organizations within the Department of Social and Health Services (DSHS): the Home and Community Services Division (HCS), the Division of Developmental Disabilities (DDD), the 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.<sup>6</sup> It can be accessed via telephone, the internet or walk-in service at the Referral Registry offices. The goals of the Referral Registry are 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 through September 2006.

## **METHODOLOGY<sup>7</sup>**

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### ***Survey Protocol Development***

The 2006 mail and phone survey protocols were used as a base for developing the 2008 phone survey. Some items were removed while others were added, according to 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, varying by region, so this survey has a more extensive series of questions about the Registry.

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<sup>5</sup> 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.

<sup>6</sup> Throughout this survey, "consumer" refers to the recipients of in-home care services, and "provider" refers to individual providers.

<sup>7</sup> Please see Appendix A for detailed information on the methodology, case disposition, response rates, and sample error calculation.

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

The final script contained a total of 96 individual questions, including 15 with open-ended responses.

### ***Translations***

It was important to HCQA management to ensure that a broad cross-section of individual providers could respond to the survey, regardless of their primary language. Therefore, the interview script was translated into Spanish, Russian, and Mandarin Chinese, and one bilingual interviewer in each language was trained for the project.

SESRC's policy for creating translated survey scripts includes a thorough back-translation process in which the original English script is first translated into the alternate language by one translator, and then the translated script is given to a second translator who translates it back into English. A conference between both translators and an SESRC supervisor is held in which both English scripts are compared and discrepancies are identified and resolved in the alternate language version. The Spanish, Russian, and Chinese translations are included as Appendices B, C, and D.

### ***Sample Selection and Weighting***

The 2008 phone survey of individual providers used a split sample approach. WSU-SESRC randomly selected 500 individual providers who had used the Home Care Referral Registry ("registry users") and 2,500 individual providers who had not used it ("non-registry users").

These respondents were drawn from two separate datasets:

- HCQA provided a database of individual providers who joined the Home Care Referral Registry between January 2007 and February 2008, and
- DSHS provided a database of individual providers who were paid for providing services in January 2008.

The goal was to complete 200 interviews with registry users and 400 interviews with non-registry users, for a total of 600 completed interviews.

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 individual providers who had used the Registry. Therefore, while only about 9 percent of the IP's had used the Registry, they comprised 30 percent of the completed interviews. This "oversampling" of registry users was successful, and the survey responses included 192 registry users, a sufficient number to draw conclusions about Referral Registry satisfaction and usage.



To ensure that the survey does not overemphasize the opinions of the registry users, the results are “weighted” for all questions not specifically about registry use. 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 completed interviews), they are counted (“weighted”) as only 9 percent of the responses, so that overall population statistics, such as averages, are correct.

### ***Survey Administration***

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

A pretest of the survey instrument was conducted on April 2, 2008. Four interviewers attempted to contact 50 respondents who were randomly drawn from the sample. Five pretest surveys were completed. These cases were not included in the final dataset because numerous changes were made to the survey script as a result of the pretest.

Interviews were conducted from April 14 through May 30, 2008. All cases received an average of 10 call attempts over the six week period. These call attempts alternated days of the week and time of the day. If an interviewer called at an inconvenient time for the respondent, the interviewer attempted to schedule a specific time to re-contact the household for an interview. The average interview length for the survey was 14.5 minutes.

### ***Response Rates***

By the end of the calling period, 603 interviews were completed, with 192 completed interviews from the registry users sample and 411 from the non-registry users sample. In addition, there were 4 partially completed interviews from the non-registry users. Thirteen of the interviews were completed in Russian, seven were in Spanish, and none were in Chinese.

For the registry users, the response rate was 51.6 percent (192/372). For the non-registry users, the response rate was 50.1 percent (415/828).<sup>8</sup>

A different measure of survey response is the cooperation rate.<sup>9</sup> This shows the percentage of individual providers who started or completed the survey out of the individual providers that the interviewers contacted. (For example, the cooperation rate does not include the non-working phone numbers or the phone numbers with no response.) The cooperation rate for registry users was 81.4 percent (192/236). For non-registry users, the cooperation rate was 82.2 percent (415/505).

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<sup>8</sup> Please note that while 500 registry users and 2,500 non-registry users were selected to participate in the study, interviewers did not attempt to contact all of them. The response rates are calculated out of the number of individual providers interviewers attempted to contact.

<sup>9</sup> The formulas for the cooperation rate and response rate are presented in Appendix A.

### ***Sample Error***

For the registry users, completed interviews were obtained from 192 out of 2,113 individual care providers currently being paid as an individual; provider by the Washington State Department of Social and Health Services, yielding a margin of error of about +/- 6.9 percent.<sup>10</sup>

For the non-registry users, completed interviews were obtained from 415 out of 20,632 individual care providers currently receiving a paycheck from the Washington State Department of Social and Health Services, yielding a margin of error of about +/- 4.9 percent.

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<sup>10</sup> These sample errors are at the confidence level of 95 percent. The formula for the sample error is presented in Appendix A.

## RESULTS

The survey results are presented below in the following order:

- Demographics of the individual providers, including comparisons of the survey respondents to the entire population of IP's
- Individual providers' employment status at the time of the survey
- Employment benefits: individual providers' awareness and usage as well as the effect of the benefits on recruitment and retention
- Home Care Referral Registry of Washington State: individual providers' awareness, usage, and satisfaction

### INDIVIDUAL PROVIDER DEMOGRAPHICS

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The survey collected information on the demographics and employment background of individual providers, including their gender, ethnicity, service delivery area, and age.

#### *Survey Respondents Compared to All Individual Providers*

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

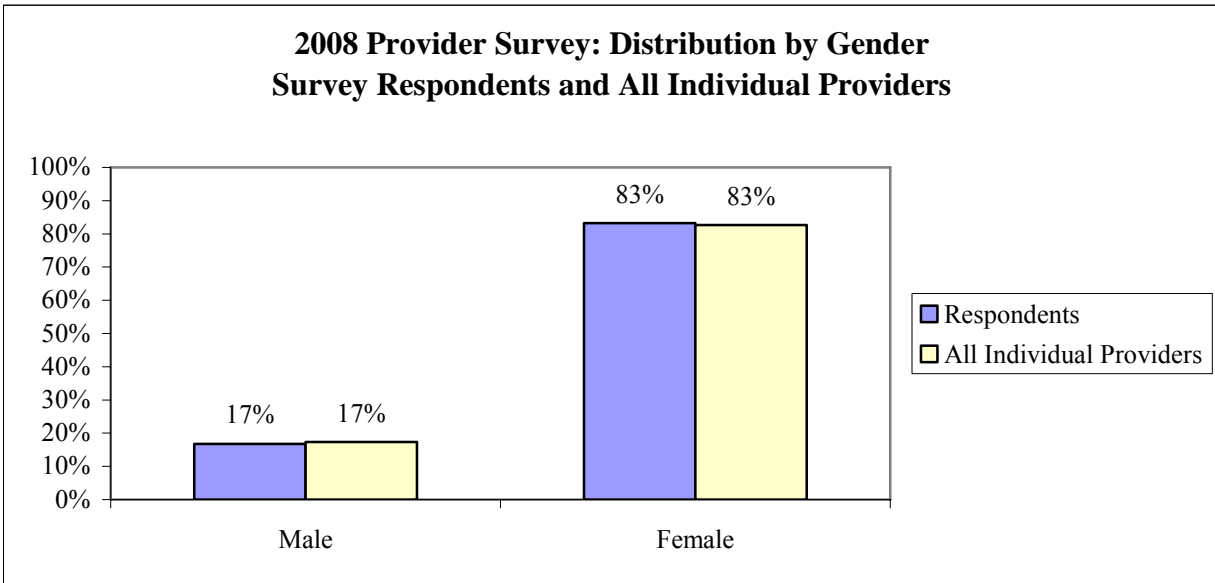
This 2008 survey is the first time that any demographic data has been available for the population of all individual providers. These demographics are estimates created from IP characteristics of current/recent IP's in the dataset used to draw the sample. They are not official population DSHS statistics summarizing the demographics of providers. The data includes service delivery area (based on mailing address zip code) and gender (based on IP first name matched to US Census lists of male and female names).

This section compares the population and survey respondents. 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. There were slight differences between the population and respondents by service delivery area.

## Gender

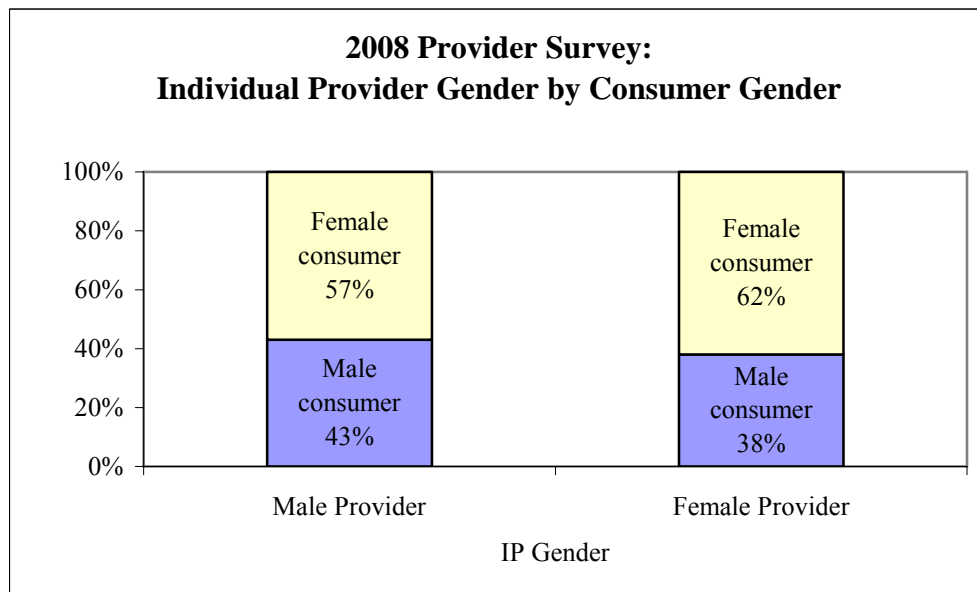
The gender breakdown of survey respondents was representative of the overall population of individual providers. Most individual providers were female, at 83 percent of both the respondents and the population.

**Figure 1**



Since the majority of consumers were female (60%), the majority of all IP's, regardless of gender, worked with female consumers. However, male providers were slightly more likely to provide services for male consumers (43%) than the female providers were (38%).

**Figure 2**



### Service Delivery Area

The service delivery areas with the most respondents were Pierce, King, and Spokane. The distribution of respondents was similar to the entire population of individual providers. The only service delivery area where the respondents were more than a percentage point different than the population was King, where 14 percent of the respondents and 19 percent of the population resided.

**Figure 3: 2008 Provider Survey: Distribution by Service Delivery Area Respondents and All Providers**

	Respondents	All Individual Providers
Pierce	19%	18%
King	14%	19%
Spokane	12%	11%
Southwest	11%	10%
Snohomish	8%	8%
South Sound	8%	6%
Southeast	6%	7%
South Central	6%	6%
Northwest	5%	5%
East Central	4%	3%
Pacific	4%	3%
North Central	2%	2%
Northeast	2%	2%
Olympic	1%	1%
Total	100%	100%

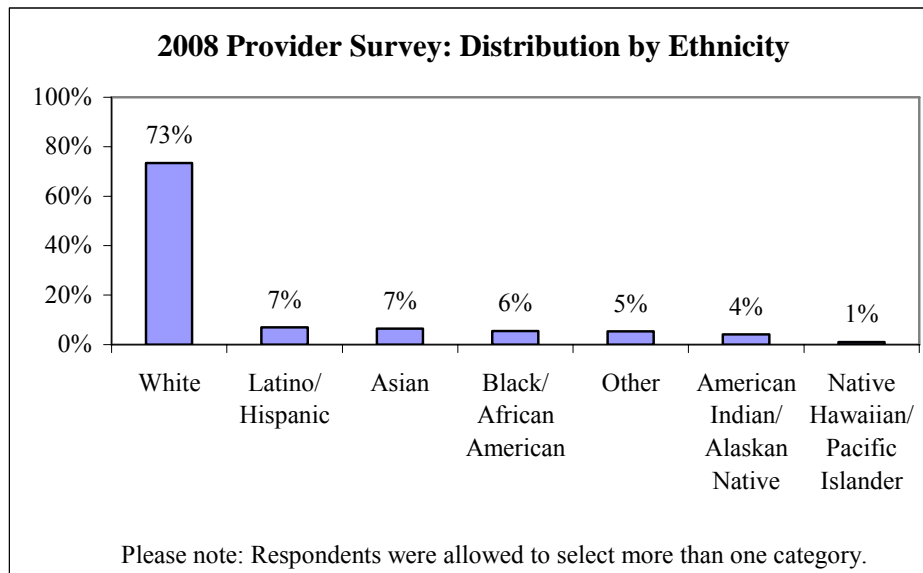
## ***Additional Demographics of Survey Respondents***

Beyond the demographic characteristics available for the population, the survey provided additional background about the survey respondents, including ethnicity and age.

### **Ethnicity**

The majority of individual providers were white (73%), followed by Latino/Hispanic (7%), Asian (7%), Black/African American (6%), Other (5%), American Indian/Alaskan Native (4%), and Native Hawaiian/Pacific Islander (1%).

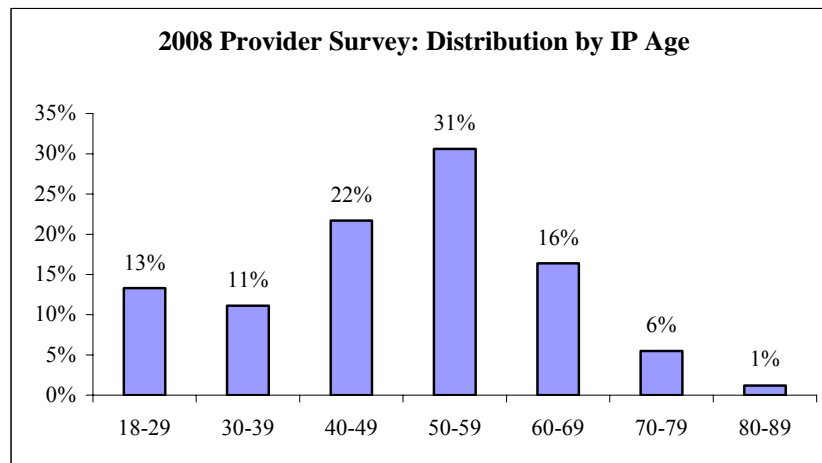
**Figure 4**



### **Age**

The respondents' ages broke down roughly into one-quarter under age 40 (24%), half ages 40 to 59 (53%), and one-quarter age 60 or more (23%).

**Figure 5**



## **EMPLOYMENT STATUS**

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The phone survey explored the individual providers' employment status, including the following topics:

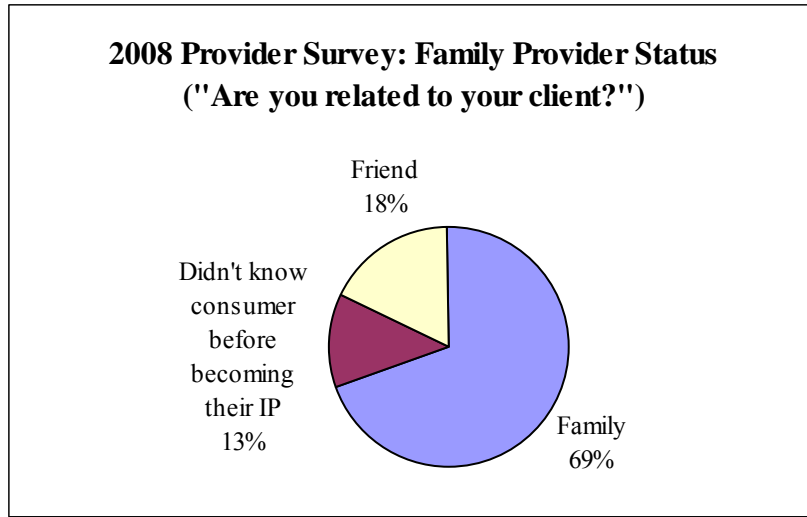
- If they were providing in-home services to a consumer at the time of the survey
- If their consumer was a family member
- If they had paying employment outside of their IP job
- Their intention to remain in the field
- If they lived with their consumer
- The length of time with their current consumer and working as a paid IP
- The number of consumers for whom they were providing care
- The DSHS division providing funding for their services
- The number of monthly paid hours they worked per month and their satisfaction with the number of hours

### ***Family/Non-Family Provider Status***

One of the most important aspects of individual providers' situations is whether or not they are related to their consumer. Past surveys of this population have shown that individual providers who are related to their consumer (referred to here as "family providers") differ from individual providers who are not related to their consumers ("non-family providers") in both their reasons for joining the field and in their plans for staying in the field. This report analyzes many of the other questions in this survey for differences associated with the respondent's family/non-family provider status. Therefore, this data is presented first in the Employment Status section of the report.

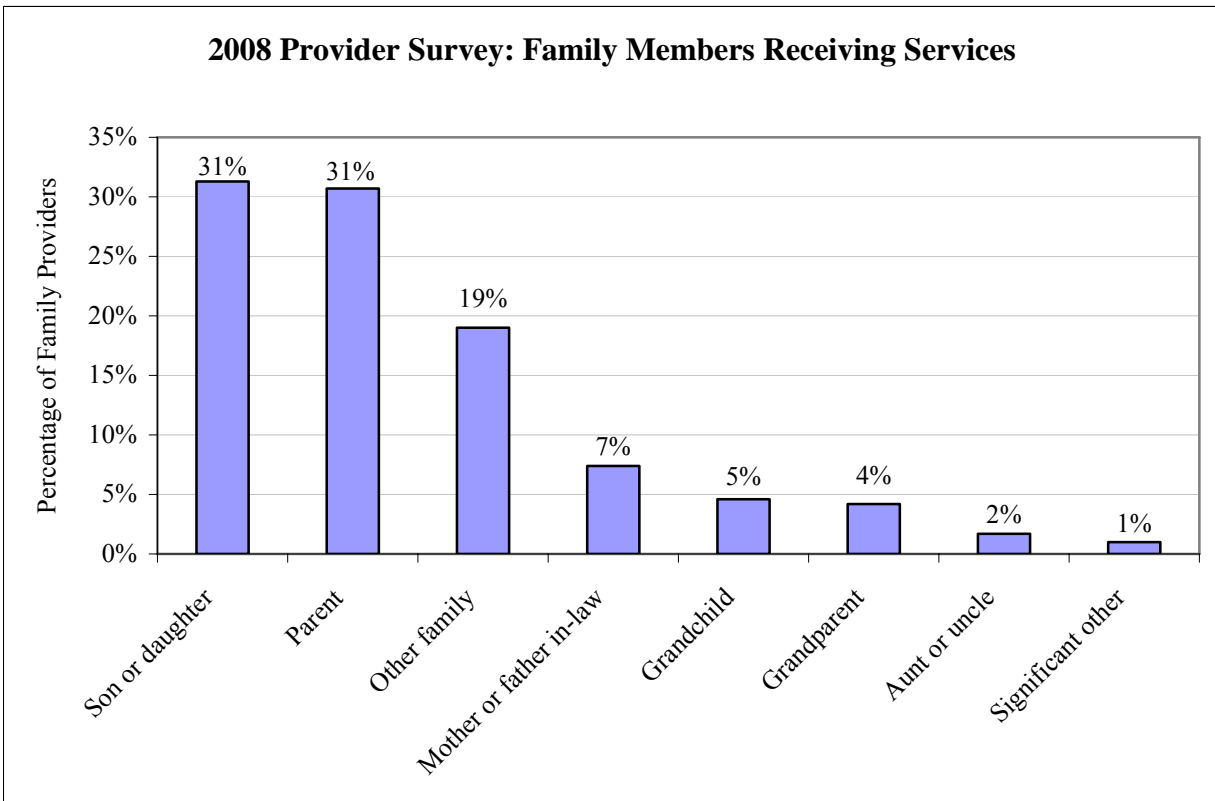
About two-thirds of the individual providers (69%) were related to their consumer. A further 18 percent of the IP's were friends or acquaintances with their consumer before they began providing services to the consumer. Only 13 percent of the IP's did not know their consumer prior to becoming their provider. Previous provider surveys obtained similar responses. (See Figure 6)

Figure 6



Among the family providers, most were working with immediate family members: a parent (31%) or a son or daughter (31%). This is consistent with the 2006 survey results.

Figure 7



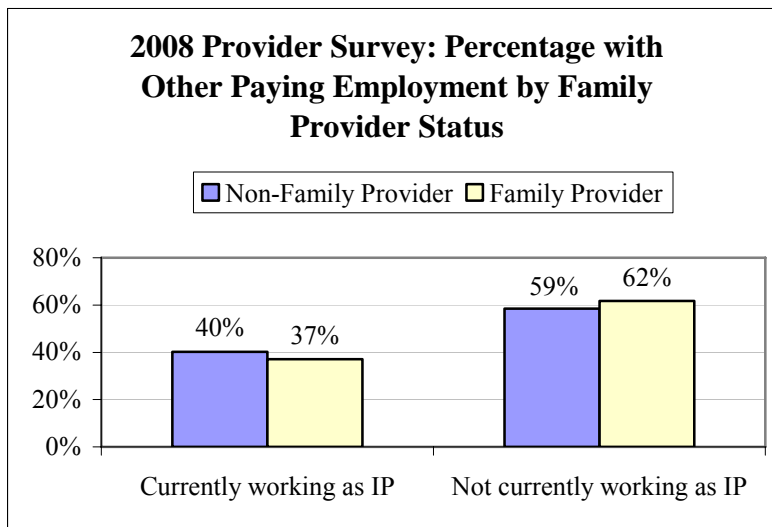


### ***Current Employment Status***

The survey asked respondents if they were providing service to a consumer at the time of the survey and if they had any other paying employment outside of their job as an IP.

Most of the respondents (87%) had a consumer at the time of the survey.<sup>11</sup> Among the respondents with a consumer, 38 percent combined their work as an IP with other paying employment. There were few differences in these results by family provider status. Forty percent of the non-family providers had another paying job; this compares to 37 percent of the family providers.

**Figure 8**



<sup>11</sup> Respondents without a consumer at the time of the survey were asked to respond to the remainder of the Current Employment Status questions by describing their prior client.

## ***Intention to Continue in the Field***

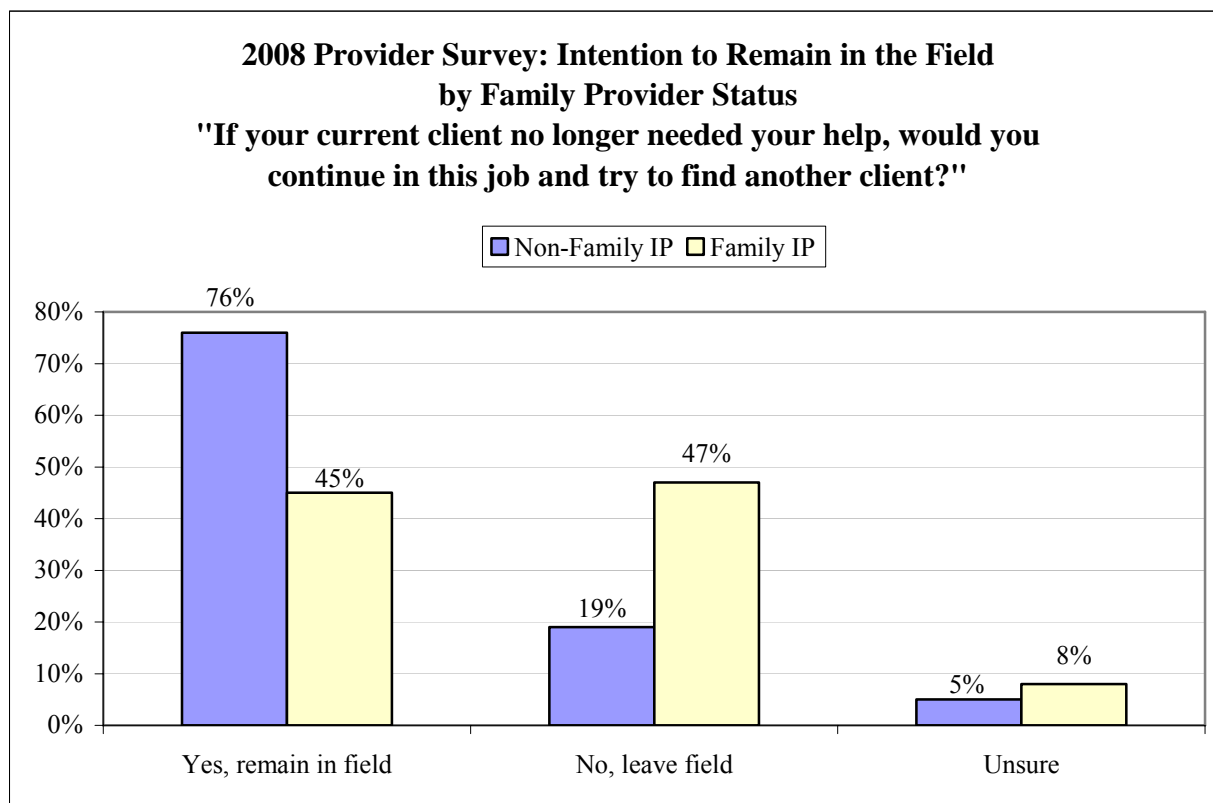
The survey explored individual providers' intentions to remain in the field through two different approaches.

1. Respondents with a consumer were asked if they planned to stay in the field and look for a new consumer when their current consumer no longer needs their services.
2. Respondents without a consumer were asked if they planned to provide in-home care in the future and if they were in the process of looking for a new consumer.

Among the respondents with a consumer, over half (54%) planned to continue in the field beyond their current consumer. Forty percent planned to leave the field entirely after their current consumer, and 7 percent were unsure.

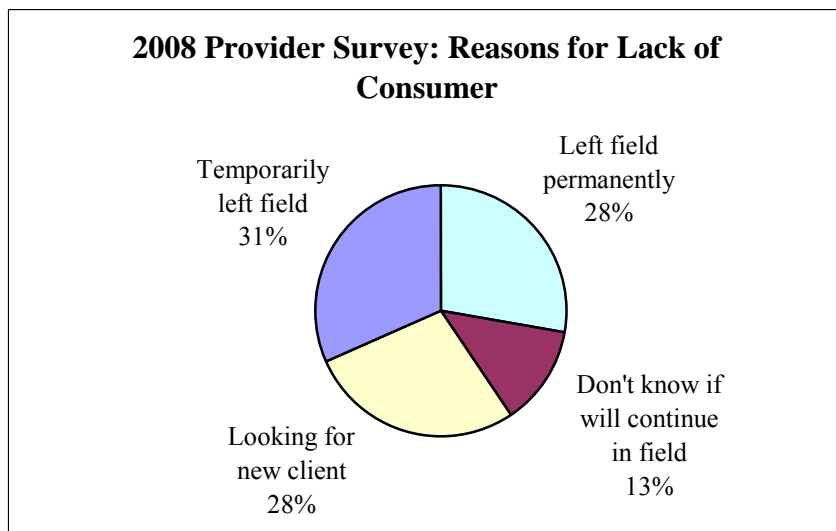
As expected, a larger proportion of the non-family providers than family providers planned to continue in the field after their current consumer no longer needed their services. Slightly over three-quarters of the non-family providers (76%) and 45 percent of the family providers planned to continue to work as an IP.

**Figure 9**



Among the individual providers without a consumer, 28 percent had left the field permanently, and 31 percent had left the field temporarily. Twenty-eight percent were in the process of looking for a new client, and 13 percent were unsure if they would continue working as an IP.

Figure 10



The IP's who had left the field described a variety of reasons for that decision, including the following:

- The provider had health issues and/or a pregnancy
- The work was too physically-demanding or stressful
- The provider found a better paying job elsewhere
- The provider returned to school
- The provider worked with a friend or family member who no longer needed care
- The provider was no longer interested in the work or was busy with other activities

### ***Live-In Positions***

Overall, half of the respondents (50%) lived with their consumer. As expected, a higher proportion of the family providers lived with their consumer (63%). Nevertheless, over one-fifth of the non-family providers also lived with their consumer (22%).

### ***Length of Time Providing Services for Current Consumer & Length of Time as a Paid Individual Provider***

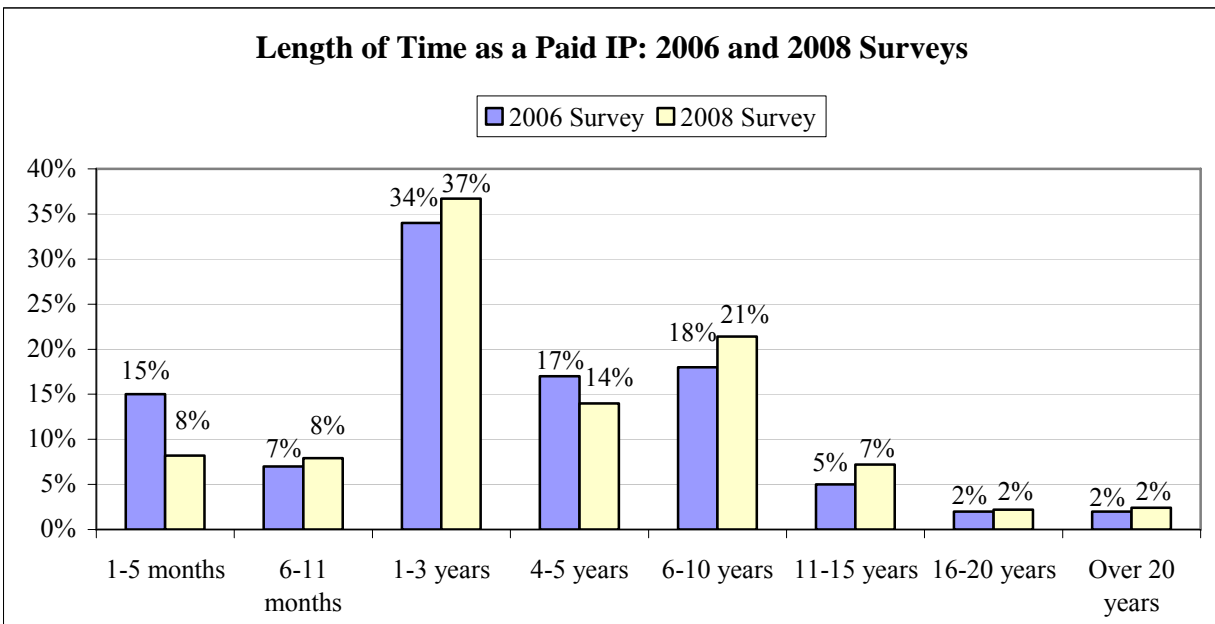
Interviewers asked the providers how long they had been a paid IP and how long they had been with their current consumer. The responses to these two questions were similar; however, in some cases, the IP reported being with their current consumer longer than they had been working

as a paid IP. This situation occurred most often among family providers when they had been providing unpaid services before becoming a paid IP.

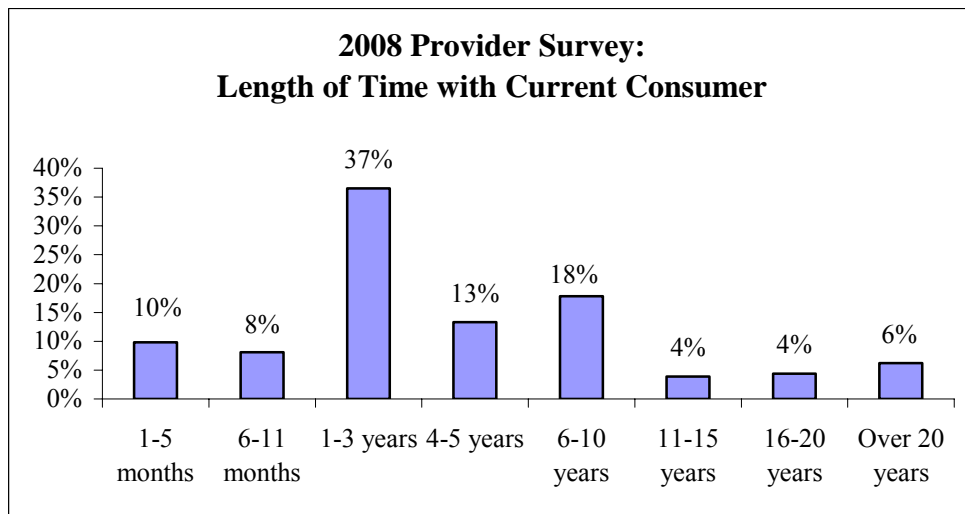
Overall, 16 percent of the respondents had been an IP for under a year, and about half (51%) had been working as a paid IP for one to five years. Roughly one-third had worked as an IP for over five years (32%).

The 2008 survey results followed the same pattern as the 2006 results, though it appears that there was a smaller proportion of providers new to the field (with one to five months experience) in 2008.

**Figure 11**

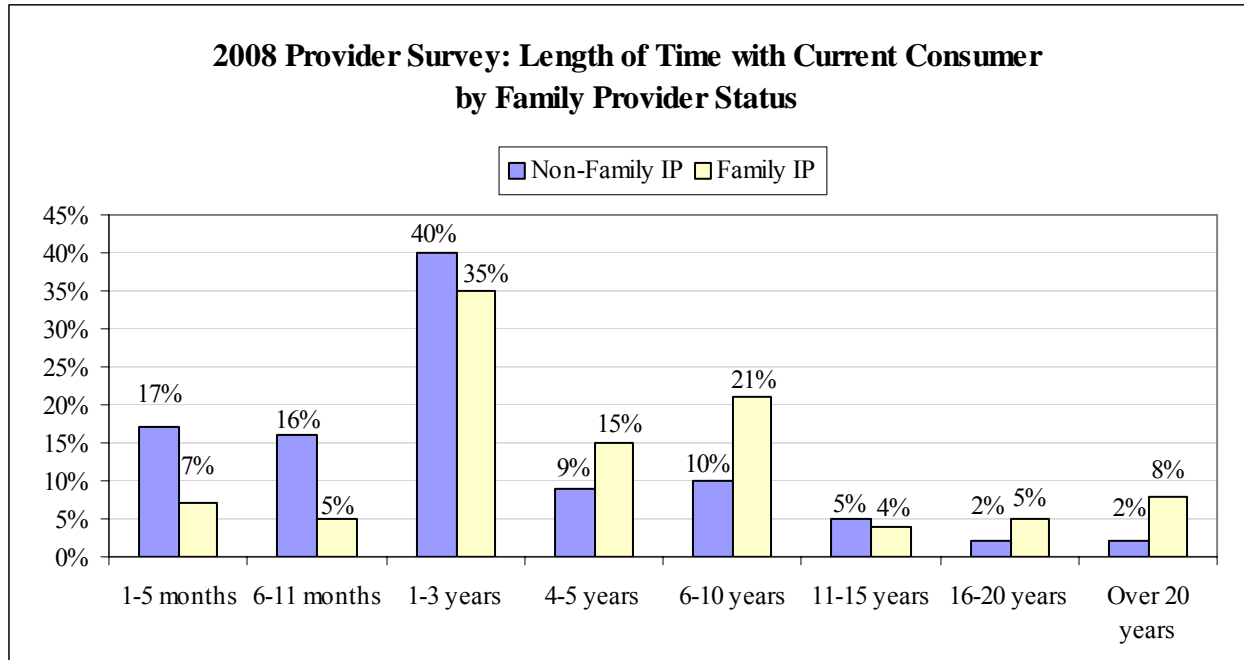


**Figure 12**



As might be expected, family providers tended to have been with their current client for a longer period of time than the non-family providers. For instance, one-third of the non-family providers (33%) had worked with their current client for less than a year, compared to 12 percent of the family providers.

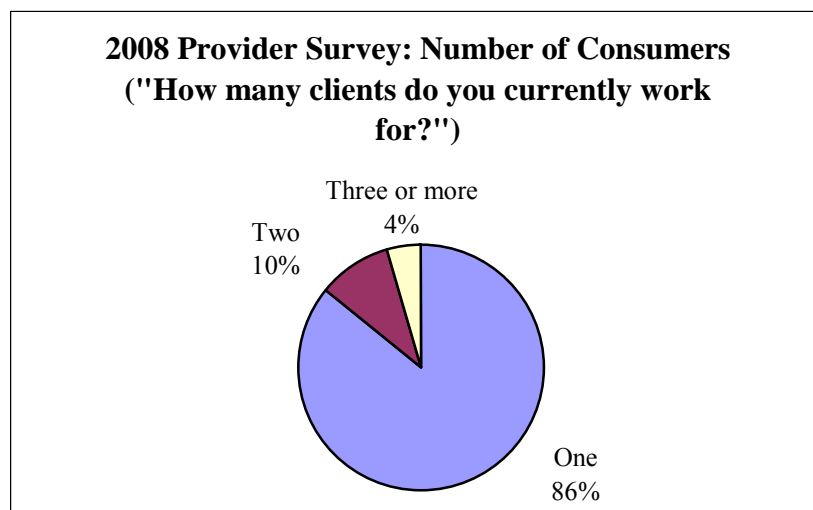
Figure 13



### Number of Consumers

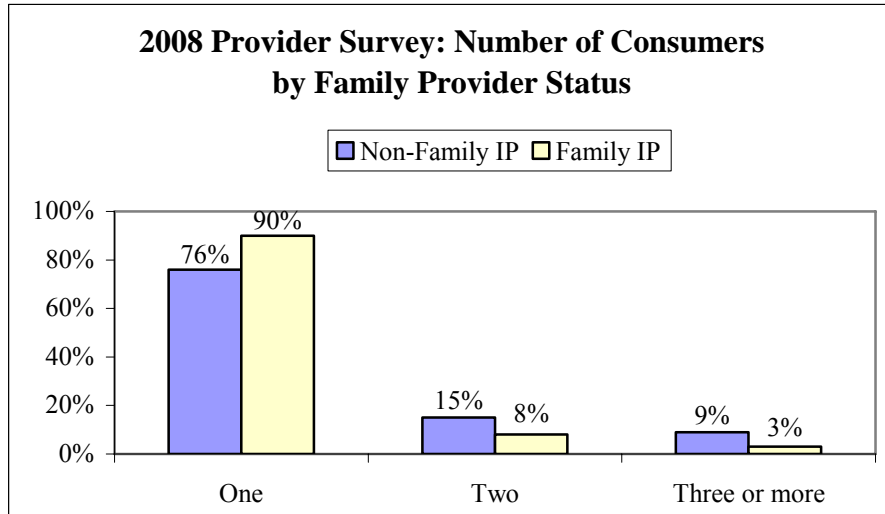
At the time of the survey, the majority of IP's were providing services for a single consumer (86%), and 10 percent were working with two consumers. Only 4 percent worked with more than two consumers. These results are consistent with the 2006 provider survey findings.

Figure 14



The majority of the providers worked with only one consumer, regardless of family provider status. However, non-family providers were more likely to provide services for two or more consumers (non-family providers: 24%, family providers: 11%).

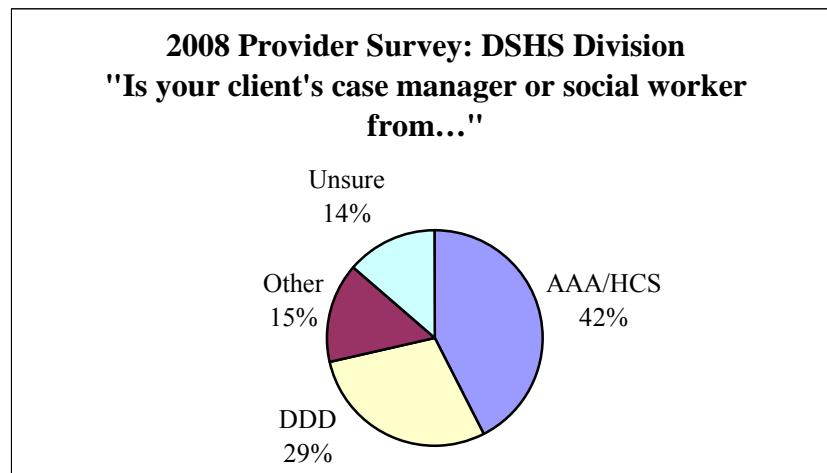
Figure 15



### DSHS Division

Forty-two percent of the respondents worked with a consumer whose case manager or social worker was from the Area Agency on Aging (AAA) or Home and Community Services (HCS). Twenty-nine percent were associated with the Division of Developmental Disabilities (DDD) or Children's Administration (CA). Fifteen percent of the responses did not clearly fit into HCS, DDD, AAA or CA, and 14 percent of the respondents were unsure where their consumer's case manager worked.

Figure 16



## ***Number of Paid Hours per Month***

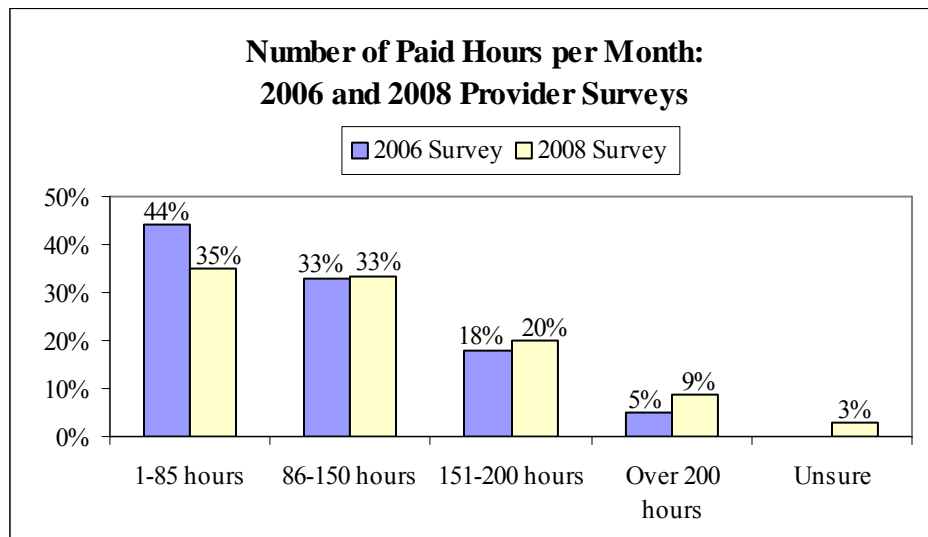
Individual providers reported working a wide range of paid hours per month:

- Thirty-five percent worked fewer than 86 monthly hours.
- Thirty-three percent worked between 86 and 150 hours.
- Twenty percent worked 151 to 200 hours per month.
- Nine percent reported working more than 200 hours per month.
- Three percent were unable to estimate their monthly hours.

The survey results suggest that the IP's were working more monthly paid hours in 2008 than in 2006.

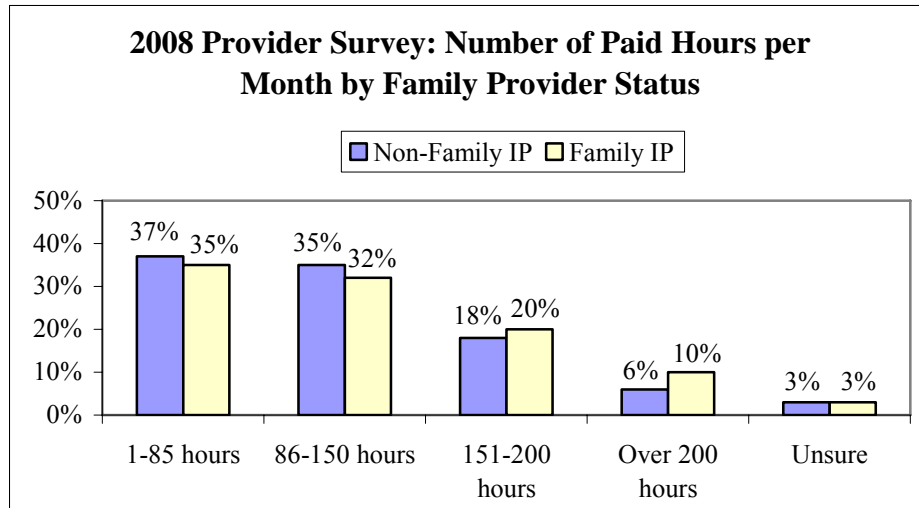
The number of monthly hours is important because one of the requirements to be eligible for health insurance through employment as an IP is to work at least 86 hours per month. Based on these survey results, about one-third of the providers were not eligible for health insurance through their work as an IP (35%).

**Figure 17**



It appears that family providers tended to work more paid hours than the non-family IP's. For instance, family providers were 6 percent more likely to work over 150 hours.

Figure 18

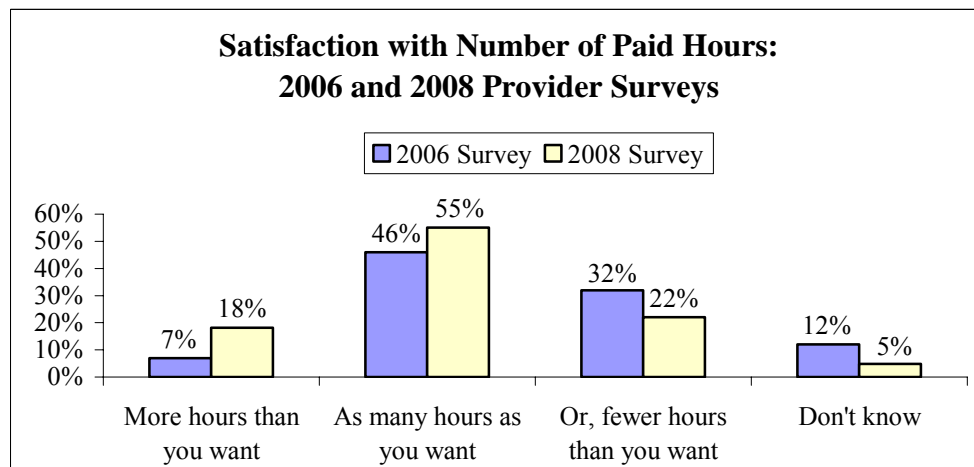


### *Satisfaction with Number of Paid Hours per Month*

More than half of the respondents (55%) were satisfied with their number of paid hours. The remaining respondents were close to evenly split between working more hours (18%) or fewer hours (22%) than they wanted.

Compared to the 2006 survey, a larger proportion of the respondents stated that they were working more hours than they wanted.

Figure 19

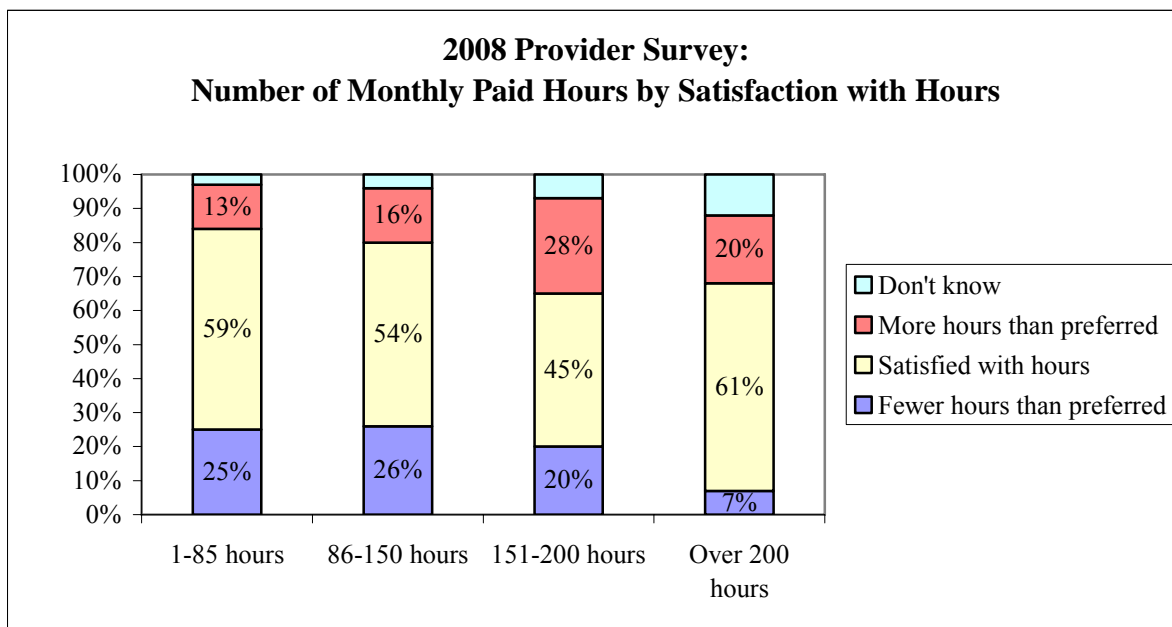


As might be expected, as respondents' paid hours increased, they were more likely to indicate that they were working more hours than they preferred; this was true up to 200 hours per month. (See Figure 20) Surprisingly, respondents working over 200 hours per month were the most satisfied, with 61 percent stating that they were working the number of hours they wanted.



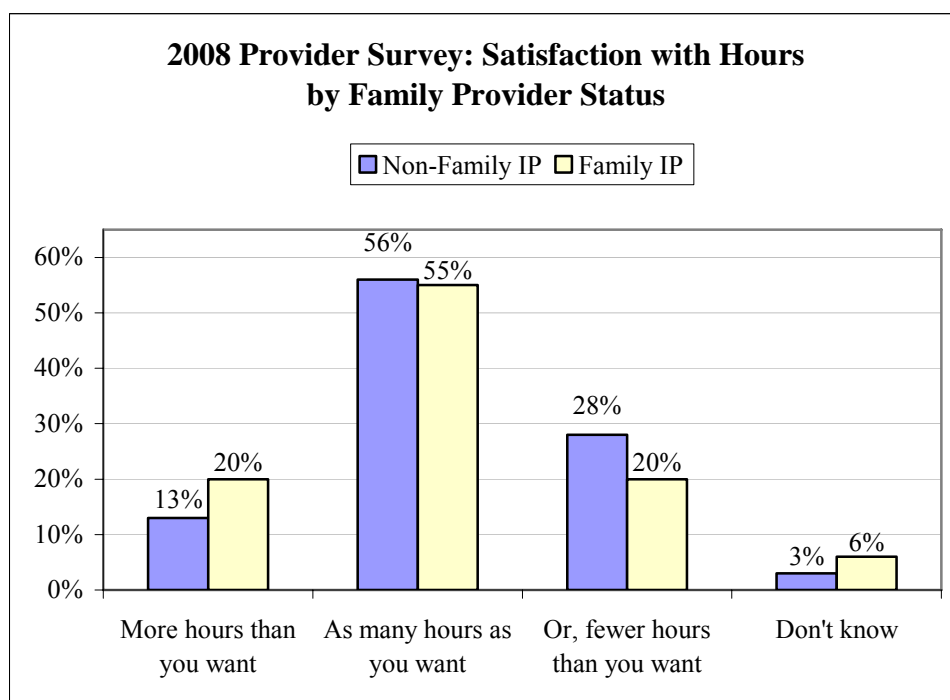
Respondents working 151 to 200 hours per month were the least satisfied, with only 45 percent indicating that they were working the number of hours they wanted.

Figure 20



Just as the family providers were more likely to work a higher number of paid hours than the non-family providers, they were more likely to state that they were working more hours than they preferred (family providers: 20%; non-family providers: 13%). However, roughly 55 percent of both the family and non-family providers were satisfied with their number of hours.

Figure 21

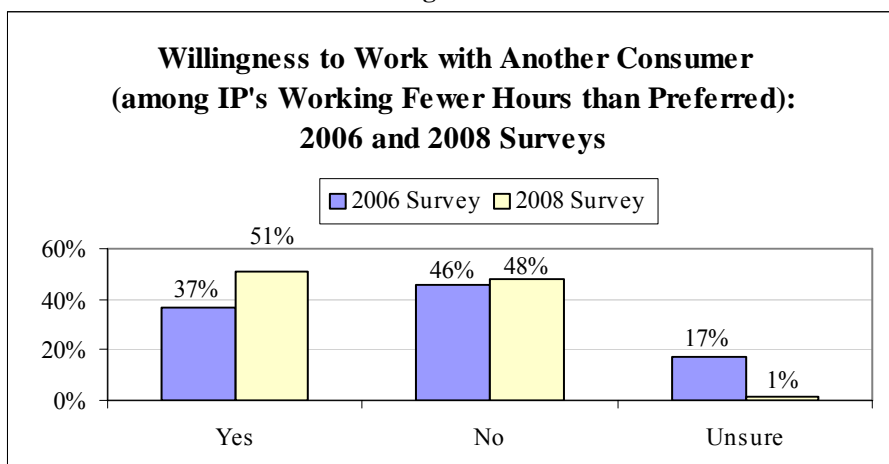


***Unsatisfied with Paid Hours: Willingness to Work with another Consumer/Employer***

Among the IP’s working fewer hours than they preferred, over half (51%) would be willing to work additional hours with another consumer, and 1 percent stated that they were unsure. This is a marked increase from the 2006 survey, where 37 percent indicated that they would be willing to work with another consumer, and 17 percent weren’t sure.

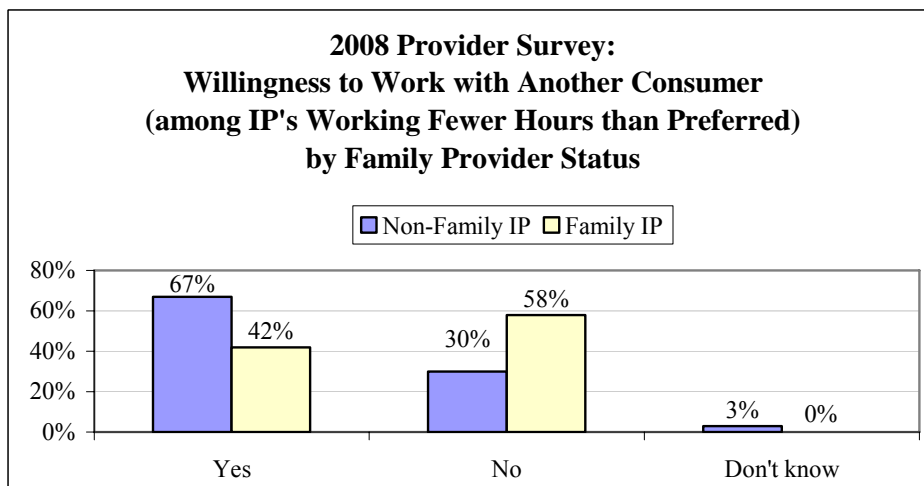
Some of the difference in responses between the two surveys could be due to the change in survey methods. The 2006 survey was a printed mail survey, where “don’t know” was presented as a response option. The 2008 survey was a phone survey, where the interviewer asked the open-ended question “Would you be willing to work more hours with another client?” If the respondent was unsure, the interviewer would code the response as “don’t know”. Since this was not stated as a response option in the phone survey, respondents may have been less likely to select it.

**Figure 22**



Roughly two-thirds of the non-family providers (67%) and 42 percent of the family providers who were working fewer hours than they wanted would be willing to work with another consumer.

**Figure 23**



## INDIVIDUAL PROVIDER SATISFACTION WITH JOB AND TRAINING

The survey asked the individual providers to what extent they agreed with a series of statements about their job and their training. In general, responses were overwhelmingly positive.

### Job Satisfaction

Most of the respondents agreed that they are very satisfied with their current job (89%) and that they have enough input into their consumer's care (92%). The majority also agreed that it is important for others to view in-home care as a profession (91%).

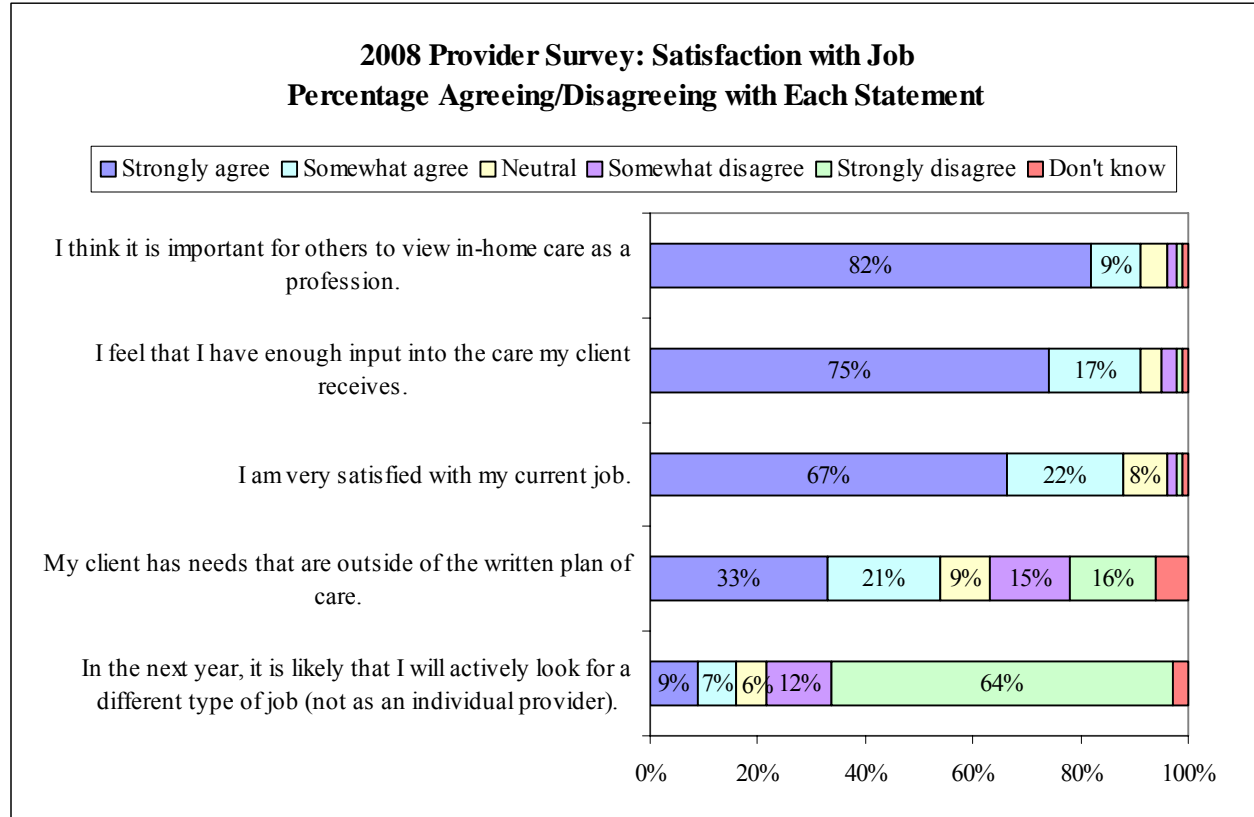
#### Satisfaction with Job & Training

*"Every client is so different. There is so much to learn. The knowledge that you gain is so useful, and you will always use it in the future. I love this job."*

Continuing the theme of high levels of job satisfaction, over three-quarters of the respondents (76%) *disagreed* with the statement that "in the next year, it is likely that I will actively look for a different type of job (not as an individual provider)." Only 16 percent agreed with this statement.

More than half of the respondents indicated that their consumer has needs outside the plan of care (54%).

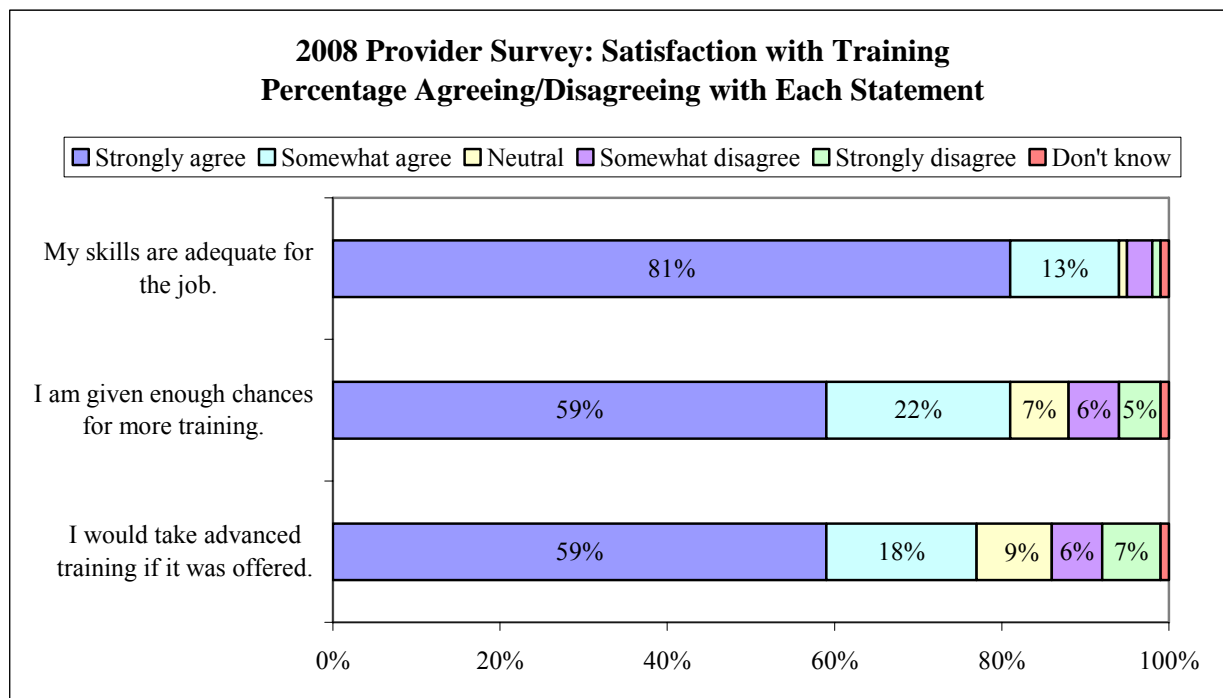
Figure 24



## Training Satisfaction

Over 90 percent of the respondents agreed that their skills are adequate for the job (94%); nonetheless, more than three-quarters (77%) would take advanced training if it was offered. Eighty-one percent indicated that they have enough chances for more training.

Figure 25



The individual providers who were not interested in advanced training provided a variety of reasons. In general, the reasons for not wanting more training fell into two categories: 1) no need for additional training, and 2) barriers to attending additional training.

### 1. Some individual providers didn't see the need for additional training because...

- They were caring for a family member and knew their consumer's needs well.
- Their consumers' needs were so specialized that the training wouldn't apply to them.
- They reported that their IP job was easy.
- They were already experienced and well-trained.
- They didn't plan to provide IP services for any other consumers.

### 2. Some individual providers had barriers to attending additional training:

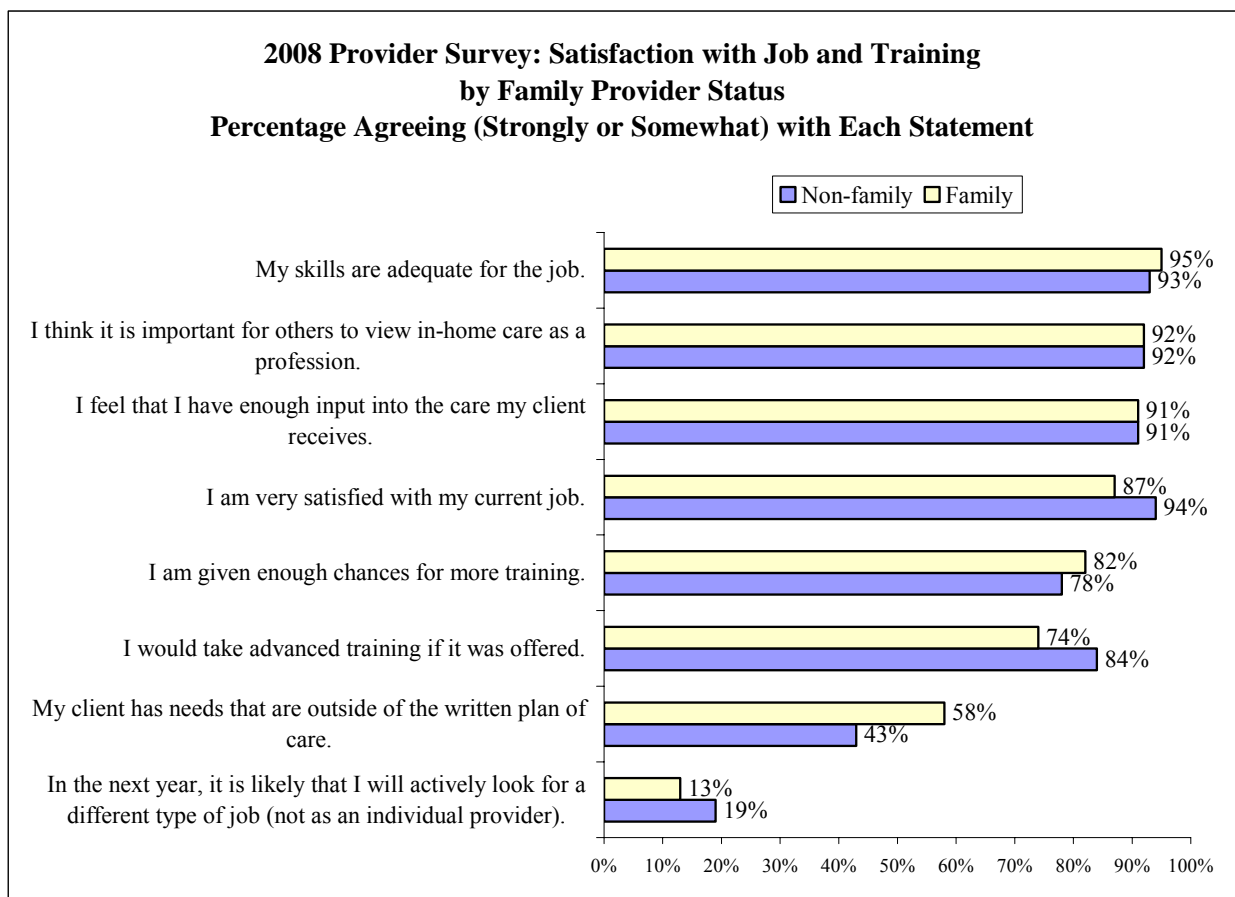
- They were too busy.
- They had health issues that precluded them from taking on any additional commitments.
- They didn't want to take the time away from their consumer to attend trainings.
- They were already in school.
- The cost of gas to get to the training would be prohibitive.

Family and non-family provider responses were similar for most – but not all – of the job and training satisfaction questions. While the overwhelming majority of IP’s were satisfied with their job, non-family providers tended to be more satisfied (family IP: 87%; non-family IP: 94%). However, the non-family providers were also slightly more likely to plan on actively looking for a different type of job in the next year (family IP: 13%; non-family IP: 19%).

Family providers were much more likely to state that their consumer had needs outside the plan of care (family IP: 58%, non-family IP 43%). It is unclear if consumers with a family IP have more complex care needs. An alternate explanation could be that family IP’s may have a more in-depth understanding of their consumer’s needs.

The survey results indicated that family providers were more satisfied with their training than the non-family providers. They were slightly more likely to state that they are given enough chances for additional training (family IP: 82%; non-family IP: 78%), and they were less likely to indicate that they would take advantage of advanced training (family IP: 74%; non-family IP: 84%).

**Figure 26**



## EMPLOYMENT BENEFITS

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This survey covered many different aspects of the employment benefits available to individual providers, including the following:

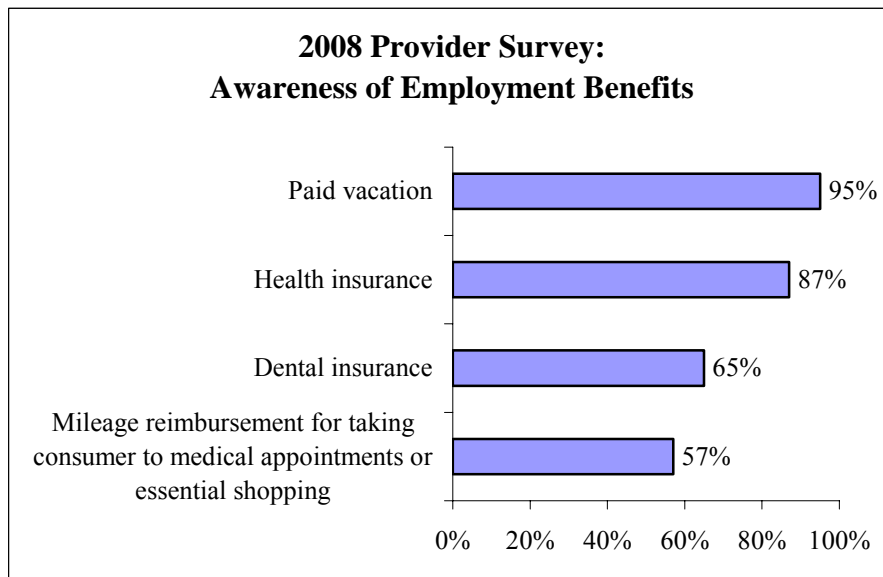
- Individual providers' awareness of the employment benefits
- The effect of employment benefits on retention
- The effect of the level of wages on recruitment
- Individual providers' health insurance coverage

The benefits available to individual providers include health insurance coverage, dental insurance coverage, paid vacation, mileage reimbursement, and a pay scale based on longevity. Each of these employment benefits has certain eligibility criteria, including length of employment as an IP and hours worked.

### *Awareness of Employment Benefits*

The availability of paid vacation was the most well-known employment benefit. Almost all respondents (95%) were aware that paid vacation was available through their job as an IP. The majority of respondents were also aware of the health insurance coverage (87%). Close to two-thirds of the IP's knew that dental insurance was available through their IP jobs, and 57 percent were aware that mileage reimbursement was available for taking their consumer to medical appointments or essential shopping.

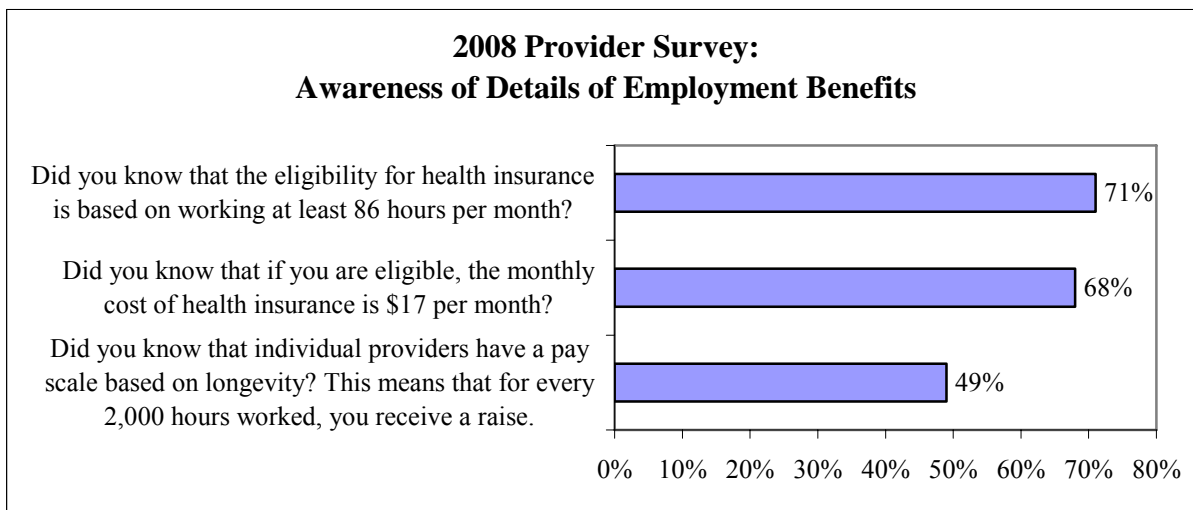
Figure 27



Awareness of health insurance, dental insurance, and paid vacation were similar between family and non-family providers. Awareness of mileage reimbursement was higher among non-family providers (62%) than family providers (56%).

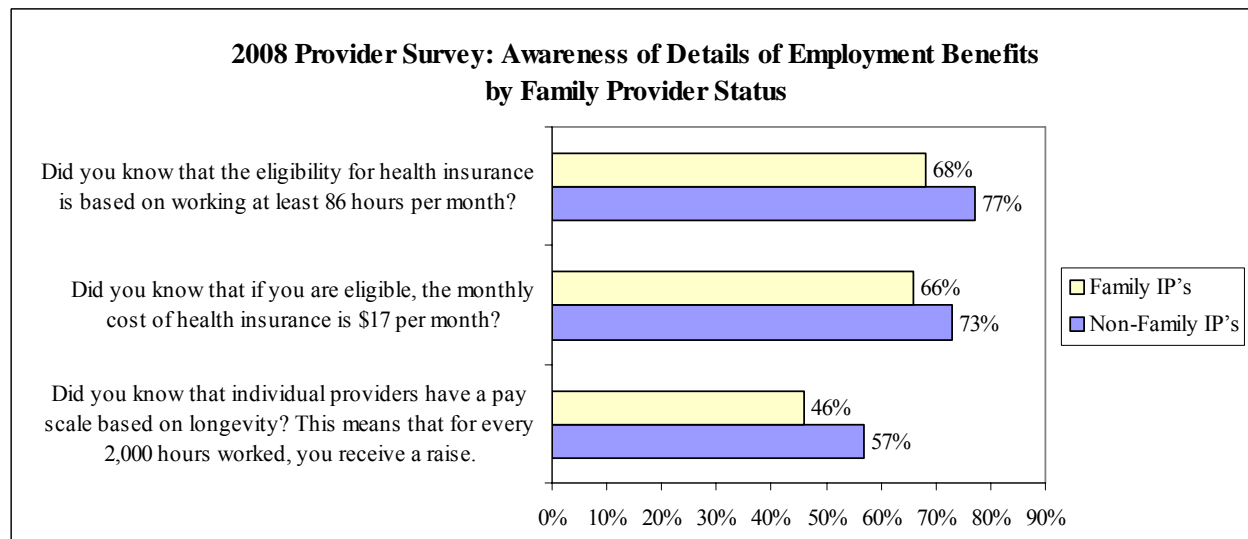
The survey also asked respondents if they were aware of some of the details of the IP employment benefits. Over two-thirds knew that eligibility for health insurance was based on working at least 86 hours per month (71% aware), and that the monthly cost of health insurance was \$17 (68% aware). Roughly half of the respondents (49%) were aware that the pay scale for IP's is based on longevity, where a raise is attained for every 2,000 hours worked.

**Figure 28**



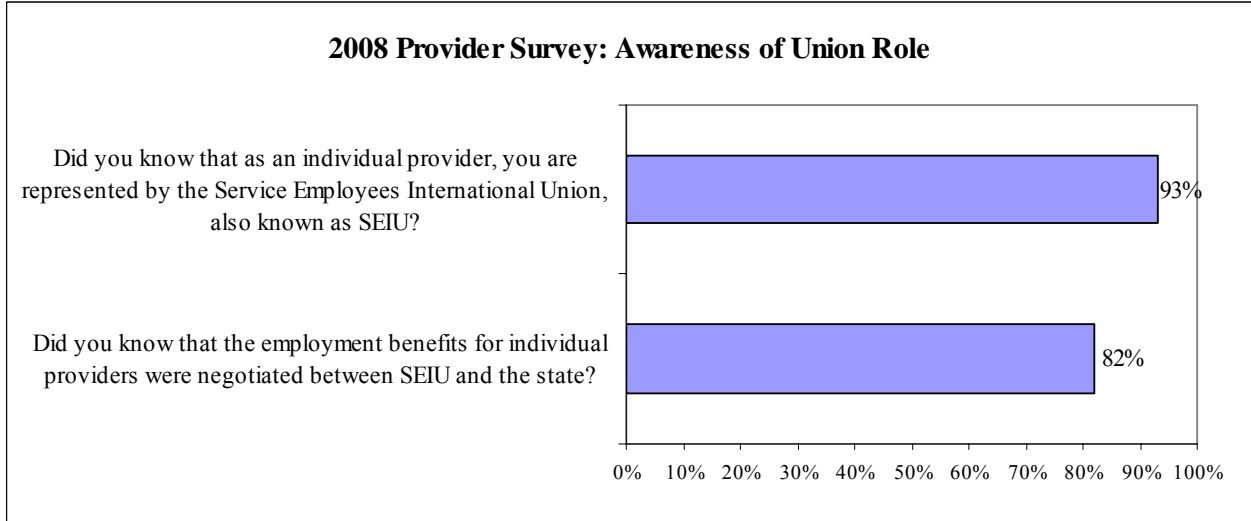
Awareness of the details of the employment benefits was higher among non-family providers, compared to family providers, by roughly 10 percentage points for each of the survey questions. As discussed below in the Health Insurance Coverage section, family providers were also less likely to have health insurance coverage through their IP job so it is not surprising that they were less likely to know the details of the IP health insurance coverage.

**Figure 29**



Most IP's knew that they are represented by the Service Employees International Union (SEIU) (93%) and that IP employment benefits were negotiated between SEIU and the state (82%). Awareness of the role played by SEIU was similar among family and non-family providers.

**Figure 30**



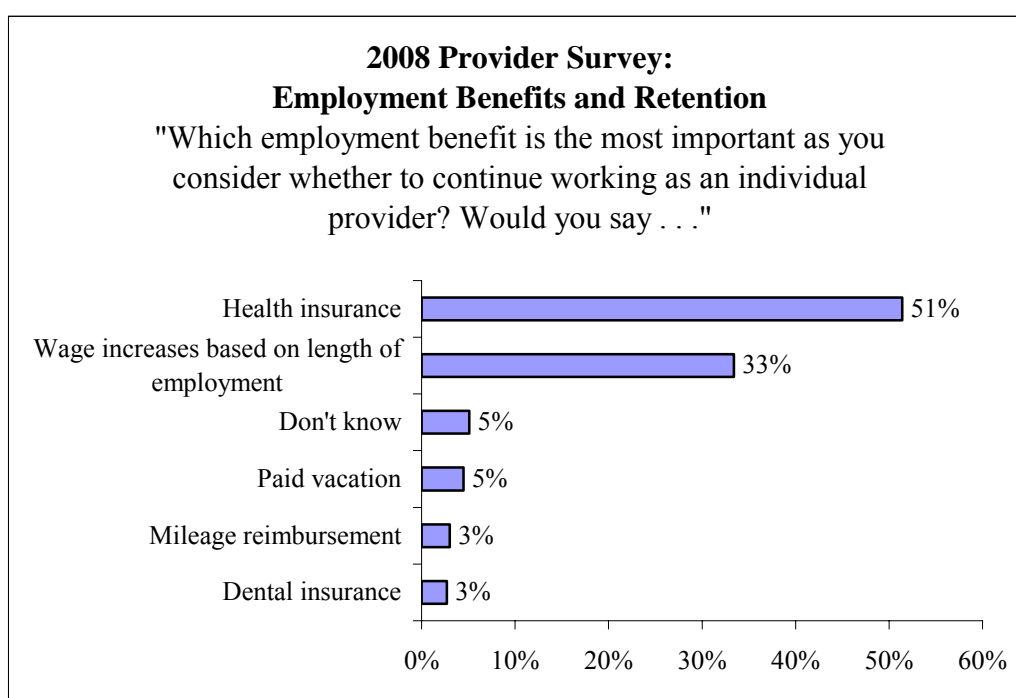


## ***Employment Benefits and Retention***

Individual providers were asked which employment benefit was the most important when they considered whether or not to continue working as an IP. The multiple choice response options included the following: health insurance, dental insurance, paid vacation, mileage reimbursement, and wage increases based on length of employment. Over half of the respondents selected health insurance as the most influential employment benefit (52%), and one-third (33%) identified wage increases as the most important benefit.

A similar question was asked in the 2006 phone survey, and health insurance and wages were the two most influential employment benefits in that survey as well.

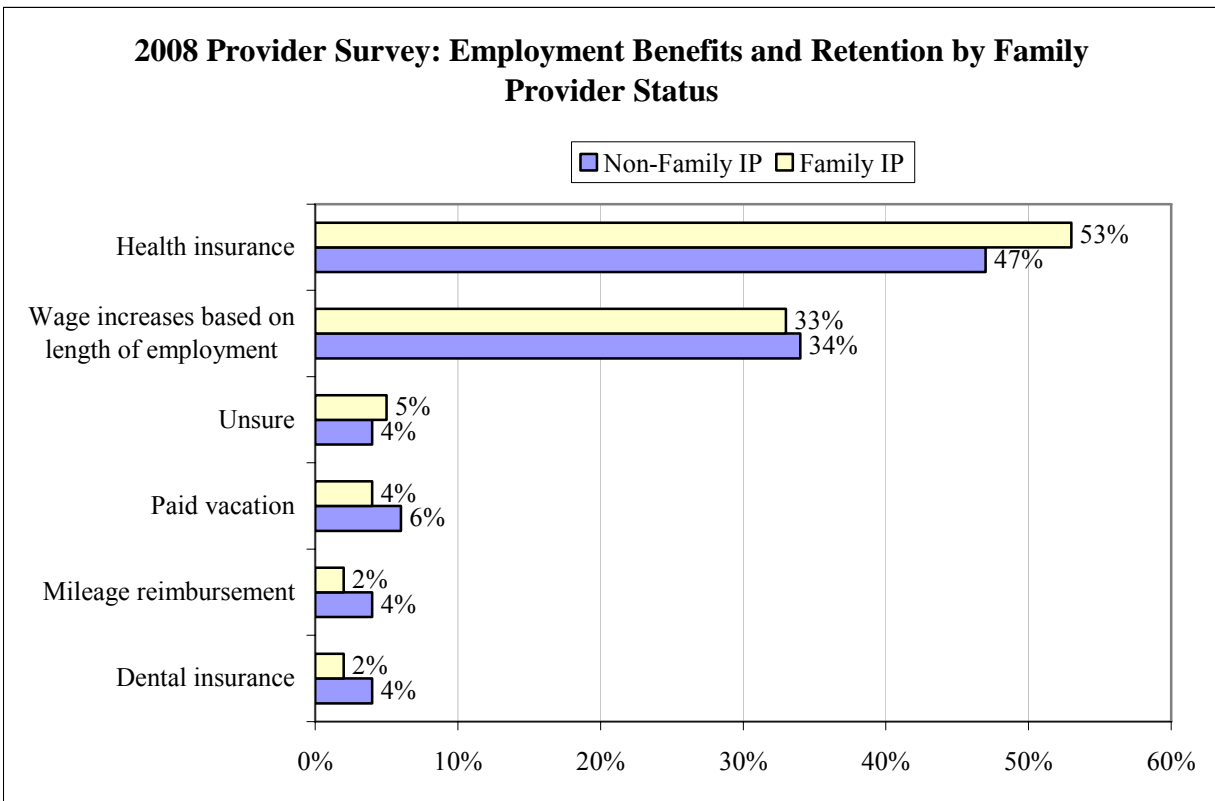
**Figure 31**



Regardless of family provider status, the employment benefits that played the largest role in providers' retention in the field were the availability of health insurance and wage increases. However, there were a few differences in the way that family and non-family providers responded to this question.

Family providers were more likely to state that the availability of health insurance played the largest role in their decision to continue working as an IP (53%) compared to non-family providers (47%). Non-family providers were slightly more likely than the family providers to name one of the other employment benefits as playing the largest role.

Figure 32



The individual providers were asked what would make them more likely to continue working as an IP. The most common responses were improved wages (29%), more hours (9%), and continued availability of health insurance (13%). Other respondents mentioned factors related to finding the right consumer, training, or personal reasons to continue working as an IP.

The following is a summary of the IP responses to this open-ended question. The percentages are calculated out of the 301 individual providers who answered this question.

### **IP Suggestions to Improve Retention**

*“Higher wages and mileage reimbursement”*

*“Expanded insurance, to family coverage”*

*“If there was better access to a replacement if you were ill.”*

### **Wages and Hours**

- Improved wages (29%)
  1. Annual wage increases
  2. Wage increases with a lower threshold of required hours
  3. Higher wages for providing services to consumers with a higher level of need
- More hours (9%)
  1. If the state was willing to pay for more hours for family providers
  2. If an IP was allowed to provide paid services to their spouse

### **Benefits**

- Continued availability of health insurance (13%)
- Increased mileage reimbursement (5%)
- Improved employment benefits in general (2%)
- Health insurance available with a lower threshold of required hours (2%)
- Health insurance coverage for the individual provider’s family (2%)
- Health insurance available immediately upon joining the field (0.3%)
- Improved availability of respite care and emergency care (2%)
- Paid vacation available at a lower threshold of hours (1%)
- Paid sick leave and short-term disability pay (1%)
- Availability of retirement plan (1%)

### **The Consumer**

- Availability of another consumer (4%)
- Availability of the right consumer (7%)
  1. If a friend or family member needed services
  2. Availability of a consumer who lives close to the IP
  3. Availability of a consumer with the same health needs as the current consumer
  4. If the IP has a good relationship with their consumer

## Training

- Availability of more training and advanced training (6%)
- Fewer requirements for “unnecessary classes” (This response was generally from family providers who reported that they were already experts in their consumer’s condition and that the classes did not apply to them.) (1%)

## Individual Providers’ Personal Reasons

- Plan to continue in the field because the IP finds it satisfying, enjoys helping people, and/or appreciates the scheduling flexibility (13%)
- Plan to continue in the field as long as the IP stays in good health (2%)

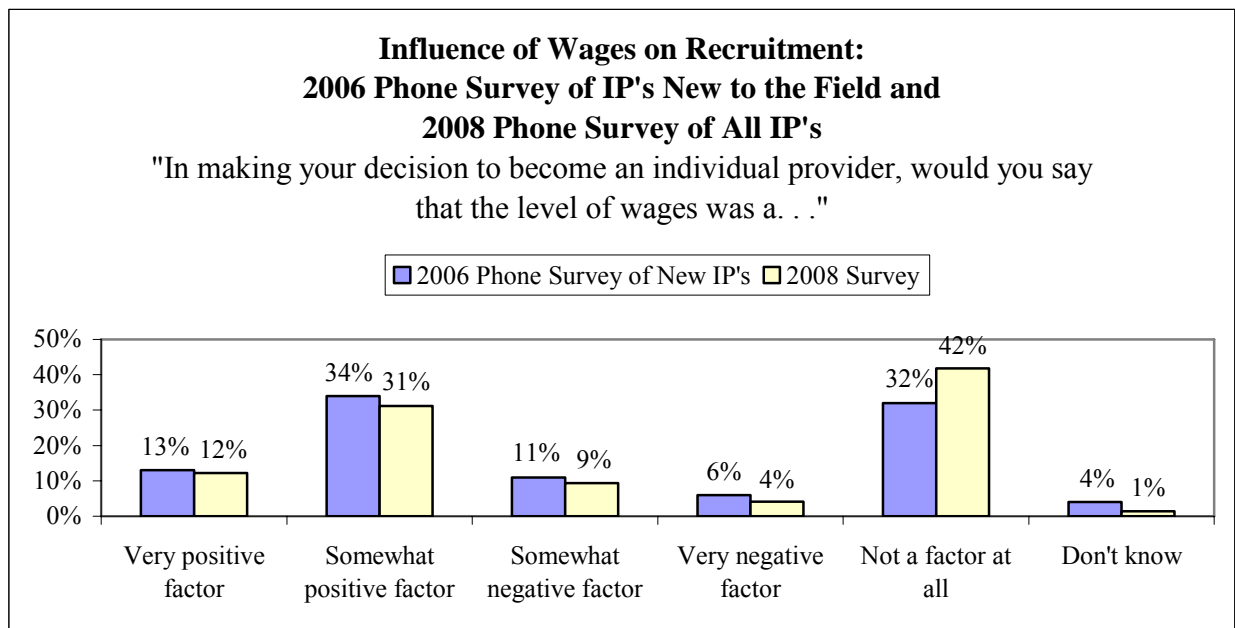
## Wages and Recruitment

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

The most common responses were that the level of wages was a somewhat positive factor for about one-third of the respondents (31%) and not a factor at all for 42 percent of the respondents.

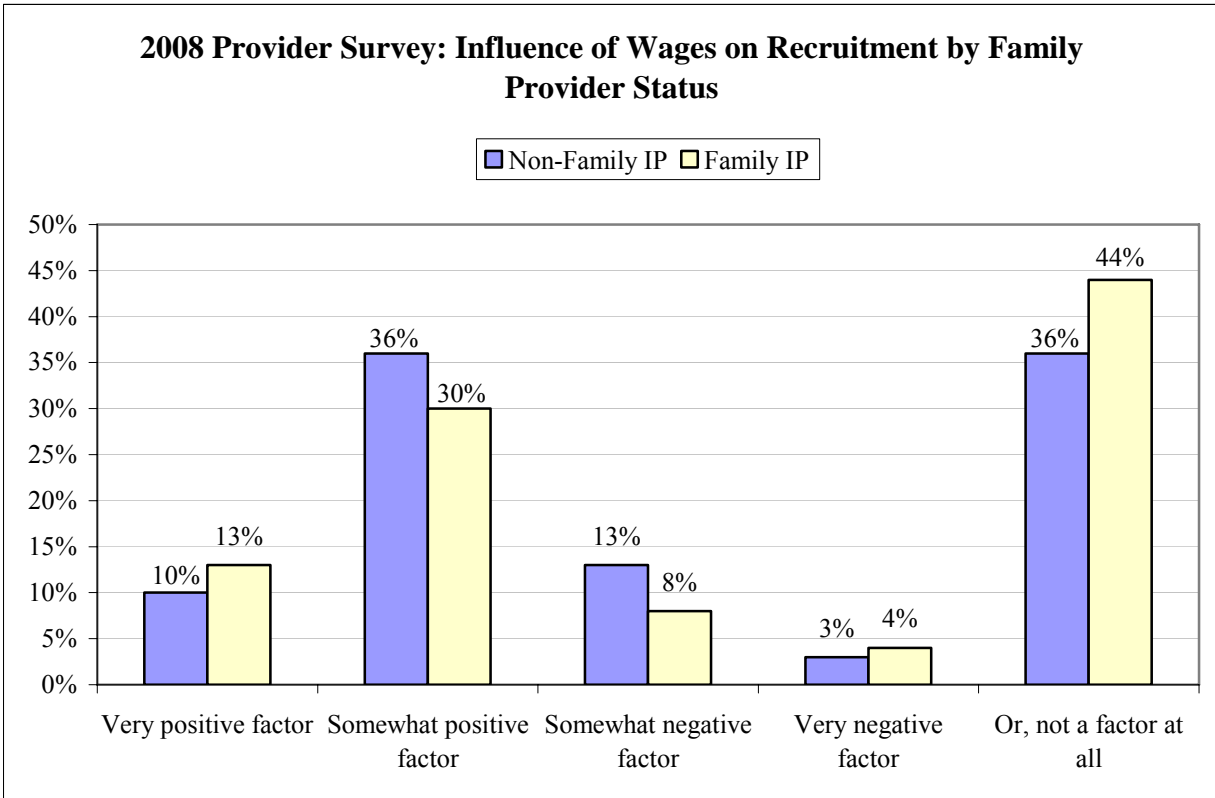
This question was asked in a 2006 phone survey of IP’s who had joined the field within the prior six months. The responses in 2006 show the same general pattern, except that the 2008 respondents were more likely to state that the level of wages was not a factor in their decision to join the field. This is likely due to a higher proportion of family providers in the 2008 survey; family providers were more likely to indicate that wages were not a factor in both 2006 and 2008.

Figure 33



The responses of the family and non-family providers followed the same general pattern; however, there were some small differences. For instance, family providers were eight percentage points more likely to state that the wages were not a factor in their decision to become an IP.

Figure 34



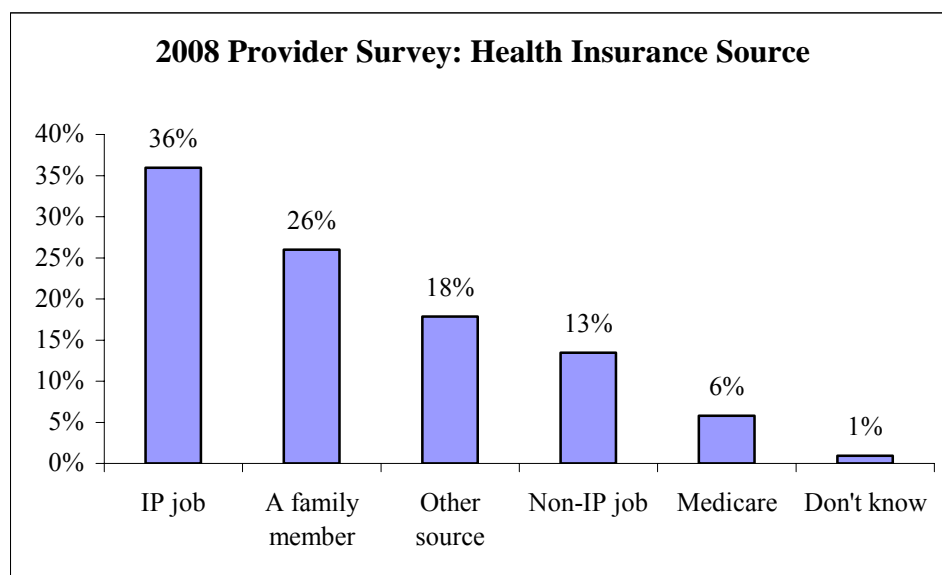
## ***Health Insurance Coverage***

The majority of respondents reported that they had health insurance (82%). This is an increase from the 2006 survey, where 72 percent of the respondents reported having health insurance coverage.

A little over one-third of the individual providers with health insurance (36%) received the coverage from their IP job. This is fairly consistent with the proportion in the 2006 survey receiving insurance from their IP jobs (33%).

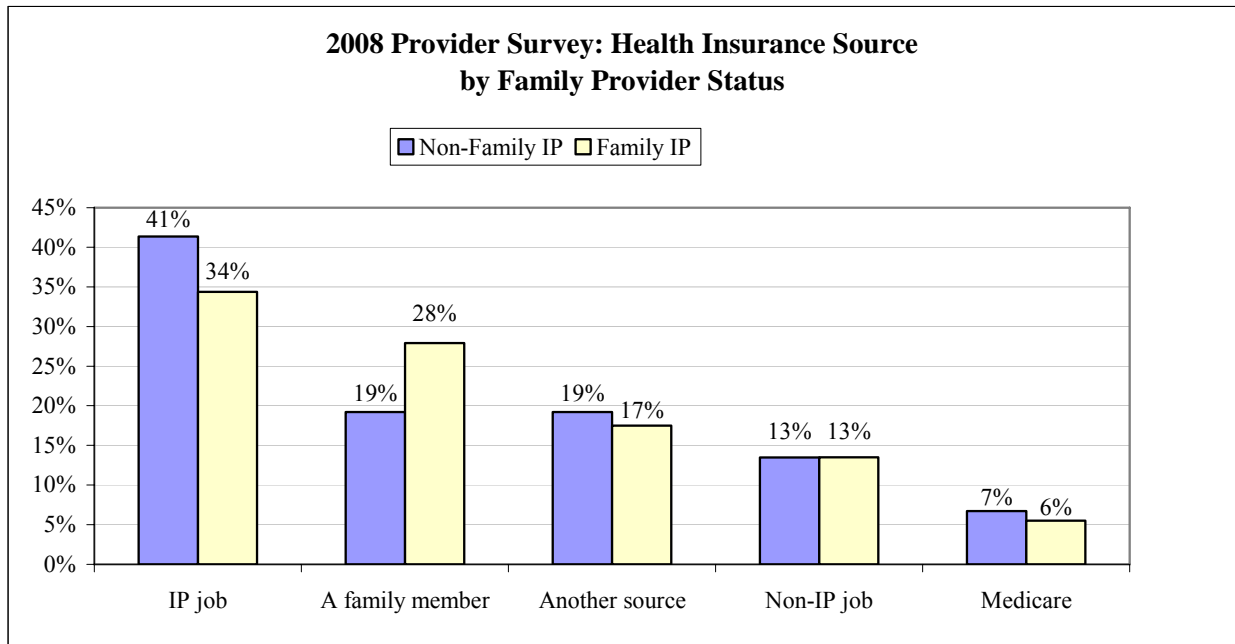
Other ways that IP's qualified for health insurance coverage were through a family member (26%), a non-IP job (13%), Medicare (6%), or another source not listed in the response options (18%).

**Figure 35**



Family providers were more likely to have health insurance (86%), compared to non-family providers (73%). They were six percentage points more likely to have health insurance outside their IP job, due to a higher proportion receiving health insurance coverage through a family member.

**Figure 36**



Respondents who did not purchase health insurance through their IP job were asked why they decided not to use it. The most common responses were the following:

- The IP had coverage through another source.
- The IP was ineligible. (i.e. IP didn't work enough hours per month to qualify, had not yet worked three consecutive months, stopped working for a period of time and had to re-qualify, etc.)
- The IP was unaware that insurance was available.
- The IP considered the insurance unaffordable.

Other responses included the following:

- The IP was too busy to apply for the insurance.
- The IP needed coverage that included his/her family.
- The IP applied for the insurance but was not yet receiving it.
- The IP did not want health insurance.

## **HOME CARE REFERRAL REGISTRY**

---

The Home Care Referral Registry provides a service for matching consumers with individual providers. This is how the system works: Individual providers who are looking for a consumer can sign up to be on the Referral Registry. The IP's provide monthly updates to their information while they are actively looking for work. Consumers who need an IP can request lists of available individual providers who match the consumers' preferences. The consumers then contact the IP's directly to complete the interview and employment screening process.

At the time of the 2006 survey, the Referral Registry was not yet available across the entire state. Very few respondents had used the Registry so conclusions could not then be drawn about IP satisfaction or Registry performance.

By the time of the 2008 survey, the Referral Registry had been available to the entire state for roughly two years, depending on the region. An expanded set of questions regarding the Registry was used in 2008, exploring awareness, usage, and satisfaction.

### ***Referral Registry Awareness***

Roughly half of the IP's had heard of the Referral Registry previously (46%). While there is still room for improvement in the awareness of the Registry, it has more than doubled since the 2006 survey, when only 21 percent of the respondents had heard of it.

Non-family providers were more likely to be aware of the Registry (59%) than family providers (41%). This is to be expected since fewer family providers have the need to search for another consumer.

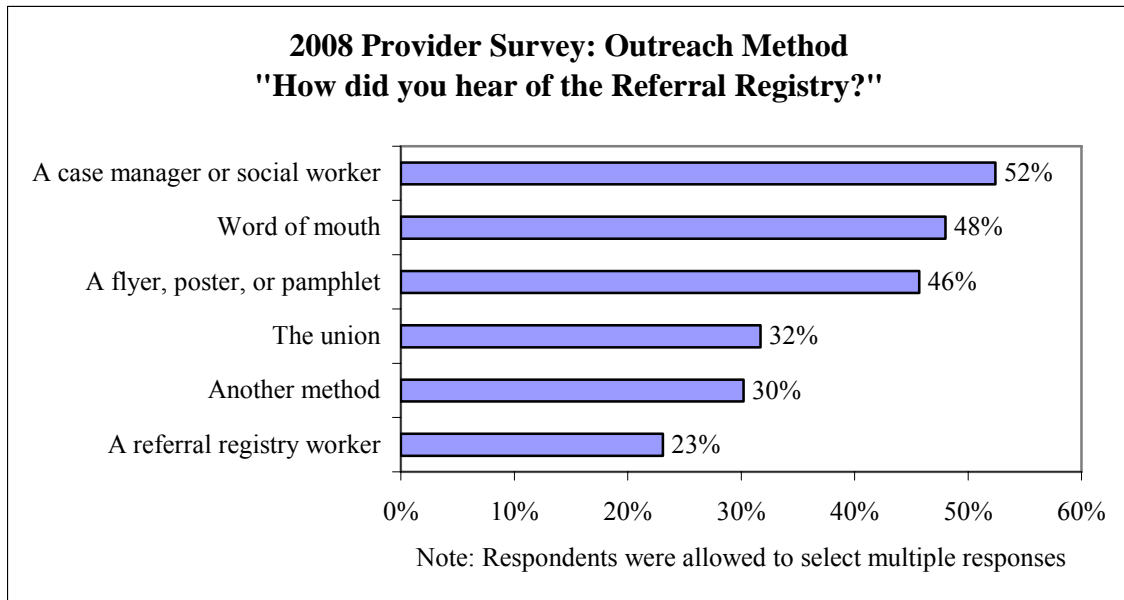
Among providers who were aware of the Registry, about half of them recalled hearing information about it through each of the following methods: a case manager or social worker (52%), word of mouth (48%), and/or a flyer, poster, or pamphlet (46%). Close to one-third (32%) had heard of it through the union (SEIU). About one-quarter (23%) learned about the Registry through a Referral Registry worker. (See Figure 37)

Thirty percent recalled hearing information about the Registry through a different method. "Other methods" included hearing about the Registry through one of the following sources:

- An employment office
- The internet
- A training seminar
- A friend
- A consumer
- A case manager
- A conference
- A home health agency
- The newspaper
- An Area Agency on Aging or Department of Developmental Disabilities office
- Another individual provider



Figure 37



Among the 46 percent of providers who had heard of the Referral Registry, the majority (83%) knew that it was available in their area.

## ***Referral Registry Usage***

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

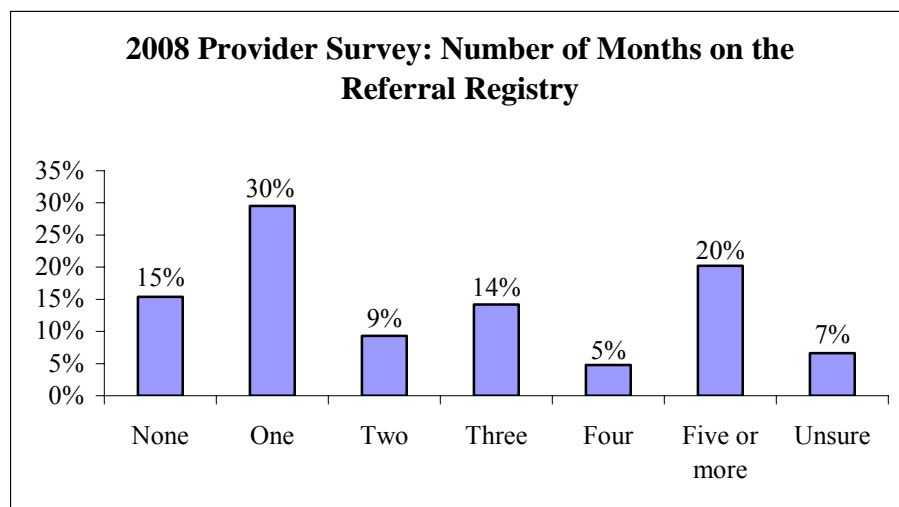
- How long the IP's were active on the Registry
- How many consumer contacts the IP's received through the Registry
- How many interviews the IP's received through the Registry
- Whether or not the IP was offered and accepted a position through the Registry. And if so, whether or not they were still working with that consumer at the time of the survey and their rating of how well that consumer matched their preferences.

Overall, about 17 percent of the IP's who were aware of the Registry had used it. As expected, Registry usage was more common among non-family IP's (33%) than family IP's (8%). The main reason that IP's had not used the Registry was that they had not needed a new consumer since becoming aware of the Registry.

Interestingly, some of the open-ended comments from the individual providers suggested that the IP's had used the Registry, not to find a consumer, but to help their consumer find a respite IP. This situation seemed to apply most often to the family providers. This may be an interesting topic to explore in future surveys.

IP's tended to spend either one month on the Registry (30%) or five or more months (20%). Over half of the respondents who had used the Registry were active on the Registry at the time of the survey (57%).

**Figure 38**



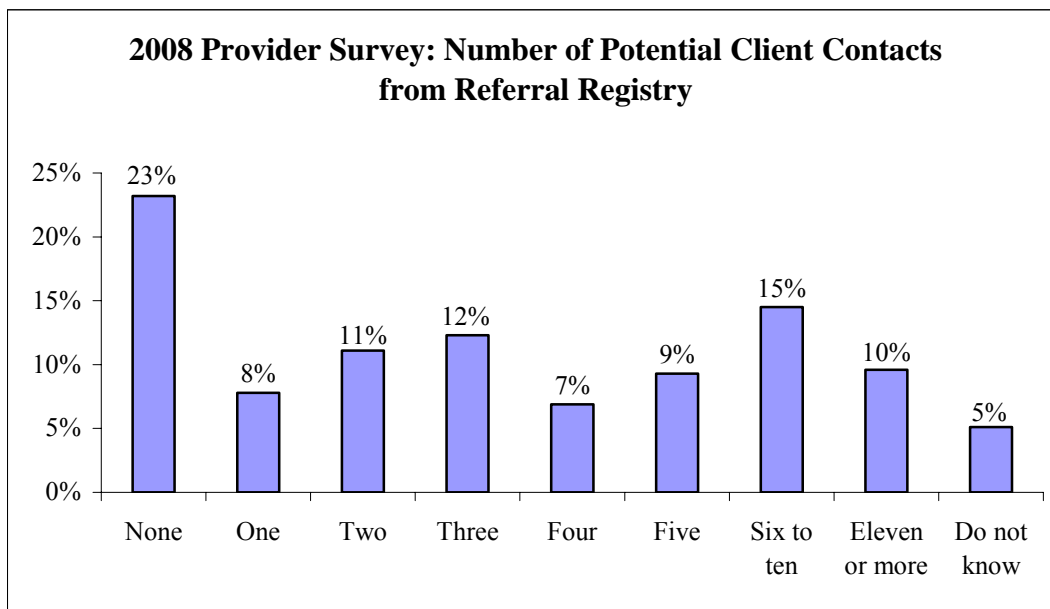
Individual providers looking for a new consumer maintained an active presence on the Referral Registry through providing current contact information to the Referral Registry staff each month.

Forty-six percent of the respondents reported that they were contacted each month by Registry staff to confirm their information.

This may be an area of potential improvement for the Referral Registry. In the 2008 survey of consumers, the main complaint regarding the Registry was that IP information was not current, including both the IP's contact information and their availability to work. The lack of current information was also reported as a problem by IP's using the Registry to look for a respite IP.

After consumers request a list of available IP's from the Registry, the consumers contact the IP's to begin the employment screening process. Roughly one-quarter of the respondents (23%) were not contacted by any potential consumers through the Registry; about half (47%) were contacted by one to five consumers, 15 percent were contacted by six to ten, and 10 percent were contacted by 11 or more consumers.

Figure 39



Among the respondents who had been contacted by one or more potential consumers, over three-quarters (79%) had turned down at least one consumer. The reasons for turning them down tended to reflect a mismatch between the consumer and the IP in the number of hours needed, the scheduling, the distance to the consumer's home, and/or the services needed. Specifically, IP's reported the following reasons for having turned down a potential consumer:

**IP Reasons for Turning Down Consumers**

*"Because it was either the wrong hours or too far away location-wise."*

*"I'm not willing to do in-home live-in"*

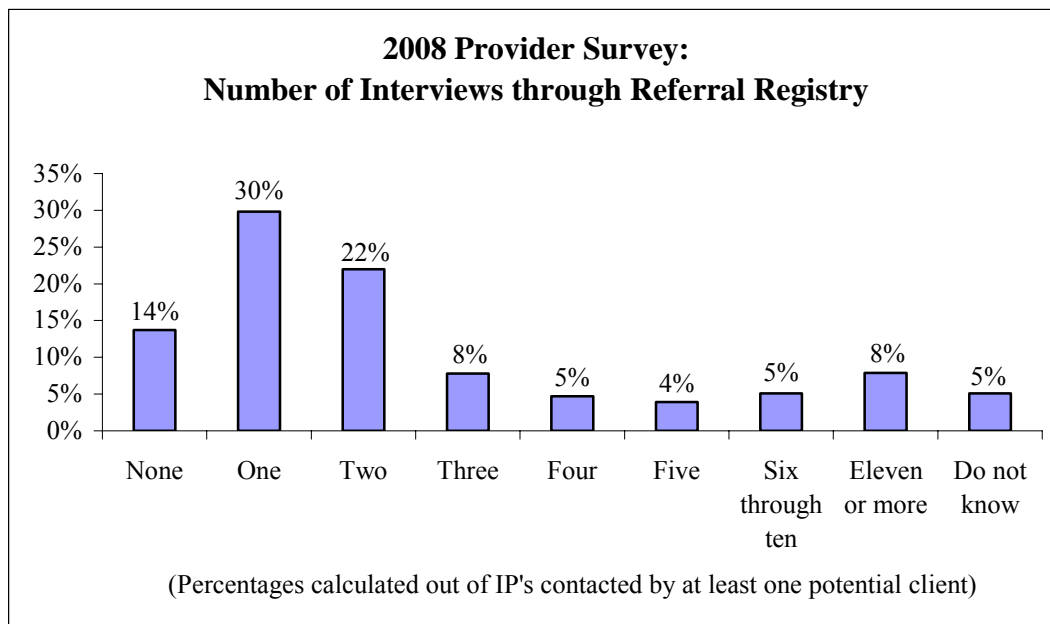
*"They either had needs that I couldn't meet, or I didn't want to take care of male clients."*

- The consumer needed too many or too few hours of service.

- The consumer needed service at times of the day that did not work for the IP.
- The shifts were too short, too long, or split shift.
- The IP did not want to work on the weekends, when the consumer needed services.
- The consumer needed a temporary IP, and the IP was looking for a permanent position.
- The consumer needed an IP to live in their home, and the IP was not looking for a live-in position.
- The consumer lived too far from the IP.
- There was short notice before the position began.
- The IP wanted to work for only female consumers or only male consumers.
- The consumer needed services that the IP couldn't provide.
- There was a personality mismatch between the consumer and IP.
- The IP did not approve of the consumer's lifestyle (drug use, smoking environment, poor living conditions, etc.)
- The IP was not available to work. (For instance, one IP signed up for the Registry when she thought her consumer was going to pass away. Other IP's started school or found another position.)

Most Registry-using IP's who had been contacted by potential consumers received at least one interview (81%).

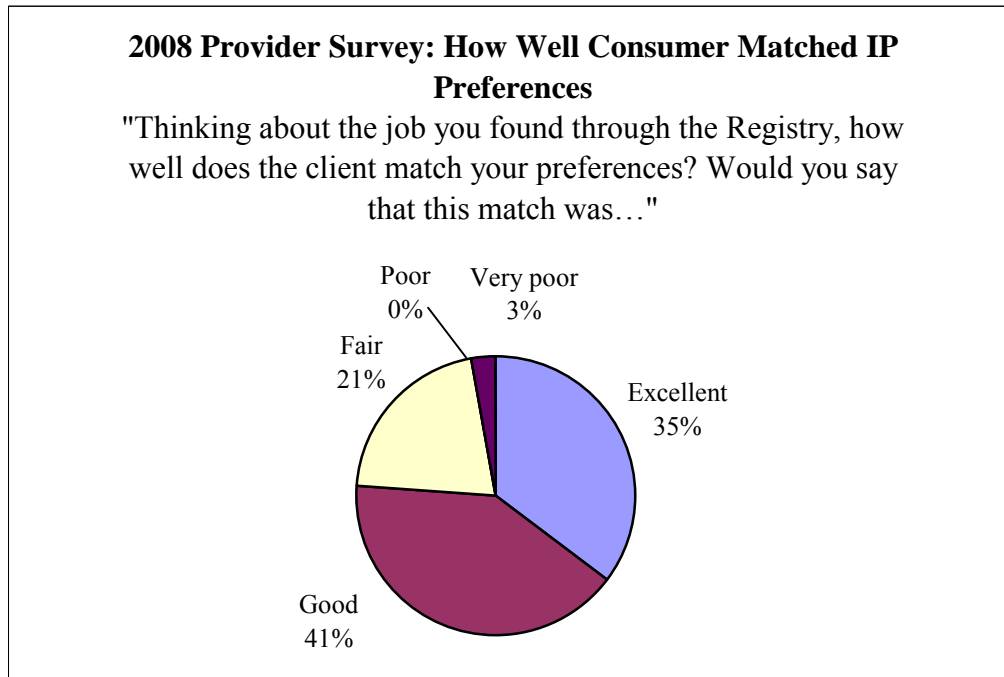
Figure 40



Among the IP's who had been contacted by one or more potential clients, over two-thirds were offered a position (68%) and over half accepted a position (59%) as a result. Forty percent of the respondents who had found a consumer through the Referral Registry were still working with that consumer at the time of the survey.

One of the goals of the Referral Registry is to contribute to stability among the in-home care labor marketplace by creating IP-consumer matches that are long-lasting. Overall, most of the IP's who found a consumer through the Registry reported that the consumer was an excellent (35%) or good (41%) match to their preferences. Twenty-one percent indicated that the match was fair, and only 3 percent reported that it was very poor.<sup>12</sup>

**Figure 41**



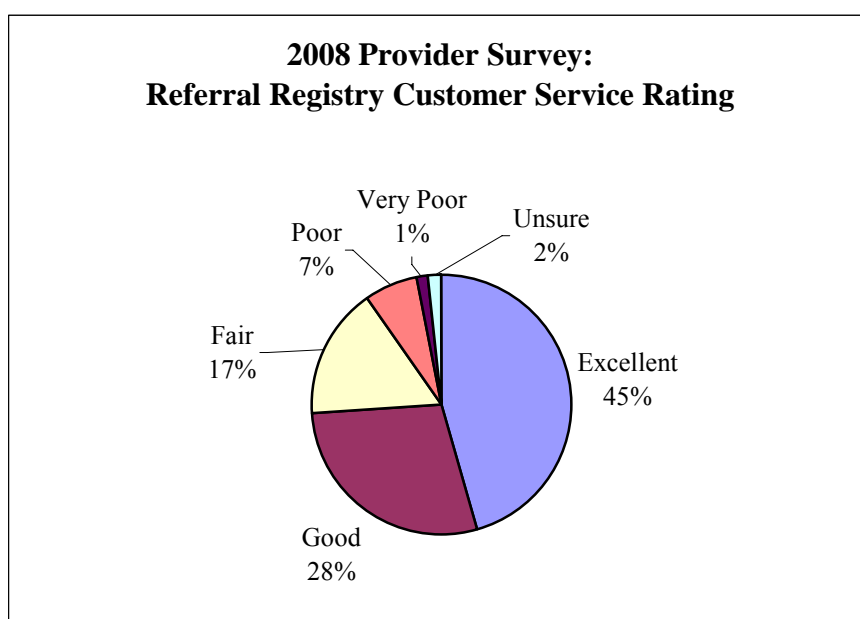
<sup>12</sup> Please note: This survey result provides the IP ratings of the quality of successful Registry hires, not the quality of all Registry referrals.

### ***Referral Registry Satisfaction***

Respondents were offered the opportunity to rate the Referral Registry in two areas: 1) the customer service of the Referral Registry staff and 2) their overall experience with the Referral Registry.

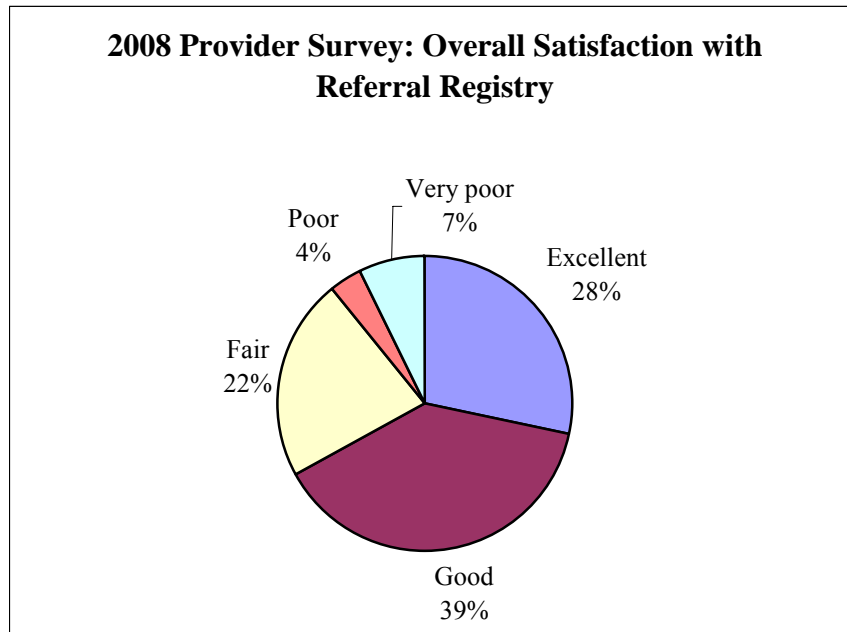
Providers rated the customer service of the Referral Registry staff highly, with 45 percent indicating that it was excellent, and 28 percent rating it as good. Seventeen percent gave the customer service a rating of fair, and only 8 percent indicated that the customer service was poor or very poor.

**Figure 42**



Individual providers also rated their overall experience with the Referral Registry highly. Over one-quarter (28%) stated that it was excellent, and 39 percent indicated that it was good. Twenty-two percent rated it as fair. Only 11 percent rated it as poor or very poor.

**Figure 43**



The respondents provided comments and suggestions about the Referral Registry, but there were no strong themes. Suggestions ranged from one respondent who requested more consumers who matched her preferences – she preferred to work with elderly consumers – to a respondent who suggested that the Registry staff should do more follow-up after providing lists of potential IP's to a consumer.

## **APPENDIX A: DETAILED METHODOLOGY, CASE DISPOSITION, RESPONSE RATES, AND SAMPLE ERROR**

### **DETAILED METHODOLOGY**

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#### ***Human Subjects Review***

The SESRC Puget Sound office submitted the Human Subjects application to the Department of Social and Health Services. The survey was considered part of an evaluation of an existing program intended to inform management decisions about quality of care and possible improvement of services. This activity is not considered as research and therefore does not require additional review by the Washington State Institutional Review Board.

For the Institutional Review Board at Washington State University (WSU-IRB), the SESRC Pullman office submitted the project design and questionnaire to them for review of human subjects procedures and compliance with federal regulations. The materials were submitted on March 25th, 2008 and approved by the WSU-IRB # 10351-001 on April 2nd, 2008.

#### ***Telephone Survey CATI System***

All interviews were conducted from the Public Opinion Laboratory (POL) of SESRC, using the Computer-Assisted Telephone Interviewing (CATI) system Voxco Interviewer. The CATI system displays survey questions on a computer monitor from which the interviewer can read the question to the respondent and then enter the response directly into the CATI database for storage on the server computer. Data files were collected at the conclusion of the survey and archived for permanent storage at SESRC. Initial programming of the CATI for this project was completed on March 14th, 2008.

#### ***Pretest of Survey Instrument***

A pretest of the survey instrument was conducted on April 2nd, 2008. Fifty names from the individual care providers sample were randomly drawn to participate in the pretest. All 50 cases were called once in an attempt to complete a survey with the respondent. Four interviewers were trained to conduct the pretest. By the end of the evening, five interviews had been completed. These cases were not included in the final dataset as numerous changes were made to the survey script as a result of the pretest.

#### ***Interviewer Training***

The project training for interviewers was held on April, 14th, 2008. All interviewers selected to work on this project received a minimum of eight hours of basic interview training and an additional half-hour of project specific training. The project training included background information, purposes of the study, definitions, questions, and content of this survey. In addition,



interviewers practiced a minimum of fifteen minutes on the CATI questionnaire before calling on the actual study. At all times during the course of training and project calling, one or more supervisors were available to provide quality control and to respond to interviewers' needs and questions. Five interviewers were trained on this project. Calling continued through May 30th, 2008.

### ***Telephone Interviews***

The full study calling began on April 14th, 2008. All cases received an average of 10 call attempts over the six week period. These call attempts alternated days of the week and time of the day. If an interviewer called at an inconvenient time for the respondent, the interviewer attempted to schedule a specific time to re-contact the household for an interview. The average interview length for the survey was 14.5 minutes. By the end of the calling period, 603 interviews were completed, with 192 completed interviews from the registry users sample and 411 from the non-registry users sample. There were 4 partially completed cases from the non-registry user sample. The 603 completed cases and 4 partial completed cases were both included in the final dataset.

### ***Translations***

It was anticipated that some of the respondents in the sample pool may have not been able to comfortably complete the interview in English. Therefore, Spanish, Chinese, and Russian translations of the survey were made available and one bi-lingual interviewer of each language was trained on the project. The 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 Appendix A, Appendix B, and Appendix C of this report.

### ***Interviewer Monitoring***

To maintain data quality and continuity in the telephone data collection process, interviewer performance was regularly monitored and measured. SESRC's current standard is to monitor all interviewers at least once a week during a day or night shift. For this project, 5% of the interviews were monitored.

One of the main purposes of monitoring is to minimize interviewer effects. Interviewers are scored on specific factors that measure proper interviewing techniques. The two principles that guide the training and scoring of interviews are: (1) respondents should receive information that is delivered by the interviewer in an unbiased manner; and (2) every respondent should receive the same stimulus from each interviewer. These principles translate into five basic interviewing rules that are used as factors by the monitor for scoring an interview:

Rule 1: The reading of each question is exactly as it is written and in the order in which it appears in the questionnaire.

Rule 2: A slow reading pace.

Rule 3: Standard neutral feedback phrases such as “Thank you. That’s important information” or “I see” are given as acceptable responses.

Rule 4: Standard neutral cues or probes such as “Could you tell me more about that” or “Which would be closer to the way you feel?” are given to the respondent to help him/her give more complete answers to questions.

Rule 5: Accurate recording of all responses.

### ***Data Collection***

The SESRC employed a dialing protocol that provides a maximum of 10 attempts for every telephone number in the sample. If the initial attempt results in a no answer, this was noted in the CATI call-record for that case, and the case was scheduled for a call on the next evening of interviews. If the second attempt was unsuccessful, then the case was scheduled for an evening call on Sunday, if the first two attempts were on weekdays, or vice versa. If after three attempts, no one has been reached, a morning call attempt was scheduled. If that was also unsuccessful, then an afternoon call attempt was scheduled. A similar dialing protocol was used when appointments were made by interviewers to speak with specific respondents and the respondent was unavailable when the call was made. The SESRC regularly monitored records of the disposition of all sample cases in the survey.

### ***Data Management***

All interviews were conducted from the Public Opinion Laboratory (POL) of SESRC using a Computer-Assisted Telephone Interviewing (CATI) system from the Voxco Co. The CATI system displays survey questions on a computer monitor from which the interviewer reads questions to the respondent and enters responses directly into the CATI database.

Two separate data validation steps were conducted for the telephone survey. The first data validation step occurred via the computer software used for conducting telephone interviews. Data validation during the interview was handled by the computer assisted telephone interview system (CATI) used to conduct interviews. The system prompted interviewers for a valid response to every question in the survey. For numeric questions, legitimate ranges of responses were entered into the computer so that the computer could detect out-of-range values. When these were detected during the interview, the computer warned the interviewer that the entered value was out of range and prompted the interviewer for a legitimate response.

The second validation step took place at the data management step. Data validation at the data management step consisted primarily of accounting for all cases in the survey, and ensuring that a data record existed for every completed interview in the sample. Data records were passed through a statistical (SPSS) program to ensure that all data fields were readable, and that all fields were read in the format specified for that variable. A separate data-cleaning step was also undertaken for the open-ended verbatim responses. These responses were reviewed and spell-checked for readability. Also, any identifying information contained in these responses was removed to ensure the confidentiality of respondents. Data files were collected at the conclusion of the survey and archived to a CD and also saved in the project server for permanent storage at SESRC.

## **CASE DISPOSITION AND RESPONSE RATES**

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Two kinds of response rates for the fielded sample were calculated from the number of completed interviews obtained and are presented in Table 1. The **cooperation rate** is the ratio of the number of completed and partially completed interviews to the number of completed, partially completed and refusal cases. The formula for calculating the cooperation rate is:

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

where CM = number of completed interviews  
 PC = number of partially completed interviews  
 RF = number of refusals

The cooperation rate was 81.4% (192/236) for the registry users sample and was 82.2% (415/505) for the non-registry users sample.

The **response rate** is the ratio of the number of completed and partially completed interviews, to the number of completed, partially completed, eligible non-interviews and unknown eligibility non-interviews. The formula for calculating the response rate is:

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

where CM = number of completed interviews  
 PC = number of partially completed interviews  
 RF = number of refusals  
 EN = number of eligible, non-interview  
 UE = number of unknown eligible, non-interview

For the registry users sample, the response rate was 51.6% (192/372). The response rate for the non-registry sample was 50.1% (415/828).

**Figure 44: Total Sample Disposition for Registry Users**

<b>Category</b>	<b>Total</b>
<b>Eligible, Interviewed</b>	
Registry Users Completed Interviews	192
<b>subtotal</b>	<b>192</b>
<b>Eligible, Non-Interview, Respondent reached</b>	
Refusal and break off	44
Contacted, but status unresolved (CB, GB, HB)	8
Respondent Never Available	2
Physically or mentally unable /incompetent	1
Language	10
<b>subtotal</b>	<b>65</b>
<b>Unknown eligibility, non-interview, Respondent not reached</b>	
Always busy	10
No answer	17
Telephone answering machine	82
Left answering message	5
Electronic devices	1
<b>subtotal</b>	<b>115</b>
<b>Ineligible</b>	
Disconnected	37
Wrong number	30
Other cases	14
Temporarily out of service	23
Deceased	1
Ineligibles	23
<b>subtotal</b>	<b>128</b>
<b>Total sample fielded</b>	<b>500</b>
<b>Rate Calculations</b>	
<b>Cooperation Rate</b>	
<i>(Completes + Partial Completes)/(Completes + Partial Completes+ Refusals)</i>	81.4%
<b>Response Rate</b>	
<i>(Completes + Partial Completes)/Completes + Partial Completes + Known Eligible + Unknown Eligible)</i>	51.6%

**Figure 45: Total Sample disposition for Non-registry Users**

<b>Category</b>	<b>Total</b>
<b>Eligible, Interviewed</b>	
Non-Registry Users Completed Interviews	411
Non-Registry Users Partially Completed Interviews	4
	<b>415</b>
<b>Eligible, Non-Interview, Respondent reached</b>	
Refusal and break off	90
Contacted, but status unresolved (CB, GB, HB)	30
Respondent Never Available	13
Physically or mentally unable /incompetent	2
Language	36
<i>subtotal</i>	<b>171</b>
<b>Unknown eligibility, non-interview, Respondent not reached</b>	
Always busy	15
No answer	39
Telephone answering machine	177
Left answering message	8
Electronic devices	2
Telecommunication Barrier	1
<i>subtotal</i>	<b>242</b>
<b>Ineligible</b>	
Disconnected	71
Wrong number	70
Other cases	6
Temporarily out of service	17
Duplicates <sup>13</sup>	4
Deceased	1
Ineligibles	3
<i>subtotal</i>	<b>172</b>
<b>Total sample fielded</b>	<b>1000</b>
<b>Rate Calculations</b>	
<b>Cooperation Rate</b>	
<i>(Completes + Partial Completes)/(Completes + Partial Completes+ Refusals)</i>	82.2%
<b>Response Rate</b>	
<i>(Completes + Partial Completes)/Completes + Partial Completes + Known Eligible + Unknown Eligible)</i>	50.1%

<sup>13</sup> The 4 respondents claimed that they have completed the interview but after checking with the sample fielded, they were not actually duplicated with other cases.

## 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 the registry users, completed interviews were obtained from 192 out of 2,113 individual care providers currently receiving a paycheck from the Washington State Department of Social and Health Services, yielding a margin of error of about  $\pm 6.9\%$  at the 95 percent confidence level.

For the non-registry users, completed interviews were obtained from 415 out of 20,632 individual care providers currently receiving a paycheck from the Washington State Department of Social and Health Services, yielding a margin of error of about  $\pm 4.9\%$  at the 95 percent confidence level.

## APPENDIX B: INTERVIEW PROTOCOL IN ENGLISH

**1:** IDNUM

ID NUMBER -- SAMPLE

=> /+1

si 1>0

---

**2:** REP

Sample Information: Replicate

=> /+1

si 1>0

---

**3:** FNAME

Sample Information: First name

=> /+1

si 1>0

---

**4:** LNAME

Sample Information: Last name

=> /+1

si 1>0

---

**5:** PHONE

PHONE NUMBER -- SAMPLE

=> /+1

si 1>0

---

**6:** ADDR1

ADDRESS -- SAMPLE

=> /+1

si 1>0

---

**7:** ADDR2

Sample Information: Address 2

=> /+1

si 1>0

---

**8:** CITY

CITY -- SAMPLE

=> /+1

si 1>0

---

**9:**

**STATE**

STATE--Sample

=> /+1  
si 1>0

**10:**

**ZIP**

ZIP CODE -- SAMPLE

=> /+1  
si 1>0

**11:**

**TZONE**

Time Zone This is a variable calculated by Voxco based on the area code of the phone number. If in quotas you get numbers with no Time Zone, then that area code is missing from the Zones tab in the Installation module. Also, please let the maintainer of this file know so that changes can be made for future projects.

=> /+1  
si 1>0

- Newfoundland ..... 1
- Atlantic ..... 2
- Eastern ..... 3
- Central ..... 4
- Mountain..... 5
- Pacific ..... 6
- Alaskan..... 7
- Hawaii ..... 8
- No time zone..... 9

**12:**

**STYPE**

Sample Type This variable is for branching for Listed and RDD samples.

=> /+1  
si 1>0

- Listed ..... 1
- RDD..... 2

**13:**

**INTRO**

Sample and Callback information                      Respondent Name: <FNAME> <LNAME>  
 Respondent's Address: Street: <ADDR1> <ADDR2> City: <CITY> State: <STATE>  
 Zip Code: <ZIP> Phone: <PHONE> New Phone Number:<TEL1> Call back name:  
 <NAME> F9 Notes: <F9:O>  
 Press ENTER to continue .....ST D



**14:**

**BEGIN**

May I please speak to <FNAME> <LNAME>? Hello, this is (interviewer name) from Washington State University. I'm calling on behalf of the Home Care Quality Authority. They have asked us to conduct a study to find out your opinions about your job as an individual provider for DSHS clients. This interview should take no more than about 12 to 15 minutes.

- Speaking to R ..... 1 => /CONFD
- R not available / Set callback (GB, CB, HB)..... 2 => /INT01
- Non contacts (AM, BC, BZ, ED, NA)..... 3 => /INT02
- Refusals (R1, R2, R3, RP)..... 4 => /F10
- Non-working numbers (CC, DS, MP, WN)..... 5 => /VERIFY
- Communication barrier (DF, HC, LG) ..... 6 => /INT03
- Other codes (DD, DP, IC, OT, RN)..... 7 => /INT04
- Ineligibles (IE)..... 8 => /INT05
- Special project codes ( )..... 9 I => /INT99
- Web/Mail codes..... 10 I => /WMAIL

**15:**

**VERIFY**

I'd like to verify that I dialed the right number.  
Is this phone number: \$N

- Yes..... 1 => /NUMBR
- No ..... 2 => /WRONG
- DS, MP, or CC..... 3 => /DEAD
- Don't Know.....D => /NUMBR
- Refused.....R => /NUMBR

**16:**

**WRONG**

I'm sorry, I have dialed the wrong number.  
INTERVIEWER: - DO NOT CALL DIRECTORY ASSISTANCE  
- PRESS "ENTER" TO JUMP BACK TO THE INTRODUCTION -  
DIAL THE NUMBER AGAIN  
PRESS "ENTER" TO CONTINUE..... 1 D => /BEGIN

**17:**

**NUMBR**

I am trying to reach <FNAME> <LNAME>in <CITY>. Do you know this person and do you know how to contact them? (Do you have a phone number where I can contact this person?)

- Yes..... 1 => /TEL1
- No ..... 2
- Don't know .....D
- Refuse.....R

**18:**

**DEAD**

IWR: Call Directory assistance for: Respondent's Name <FNAME> <LNAME> Address: <ADDR1> <ADDR2> <CITY> <ZIP>  
YES, I GOT A NEW NUMBER ..... 1  
NO LUCK - TERMINATE AS WN, DS, MP or CC ..... 2 => /INT07

**19:**

**TEL1**

- If you are speaking to someone, thank them and hang up. - Enter phone number you got from directory assistance. - Press "enter" to return to the introduction. - Hand dial new phone number.

**20:**

**BACK**

AUTOMATIC BRANCH BACK TO BEGIN

```
=> /BEGIN
si 1>0
```

**21:**

**CONFID**

This interview is completely voluntary and has been approved by Washington State University. While parts of this interview may be monitored by my supervisor, your answers will be kept strictly confidential. The interview will take about 12 to 15 minutes to complete, and you are free to end the interview at any time. If I ask any question you would prefer not to answer just let me know, and I'll skip over it. If you have any questions about this survey, I can tell you how to get more information. (Okay?)

- Continue with survey..... 1 => /Q1
- No - Try refusal prevention ..... 2 => /F10
- Not a good time - Call back later..... 3 => /INT01

**22:**

**INT01**

\*\*\* Call back screen \*\*\*

- General call back ..... GB => /END
- Time or date call back ..... CB => /NAME
- Appointment ..... HB => /NAME
- \*\*\* Spanish Codes \*\*\*
- Spanish general call back ..... SG => /END
- Spanish time or date call back ..... SB => /NAME
- Spanish appointment ..... SH => /NAME
- \*\*\*Russian Codes\*\*\* \*\*
- Russian general call back ..... UG => /END
- Russian time or date call bck ..... UB => /NAME
- Russian appointment..... UH => /NAME

**23:**

**INT11**

\*\*\* Previous Refusal Call Back Screen \*\*\*

- Refusal - General call back..... RG => /END
- Refusal - Time or date call back ..... RB => /NAME
- Refusal - Appointment..... RH => /NAME

**24:**

**INT02**

HCQ2 AM Script Starting today (04/14//2008) please leave a message if you reach an answering machine message when calling. When you leave a message please make sure to code the case as "LM". Also we are only leaving one answering machine message per case so please check the F11 (case history key) before you leave a message to see if a message has already been left. MESSAGE TO LEAVE ON RESPONDENT'S ANSWERING MACHINE Hi, I'm calling from Washington State University to speak with <Fname> <Lname> about an important survey we are conducting for Home Care Quality Authority. If you can please call us back at our toll free number we would like to schedule a convenient day and time for the telephone interview. Please call 1-800-833-0867 and mention the "Home Care Individual Provider" survey and number <IDNUM>. Thanks in advance for your help.

- Answering machine .....AM => /END
- Blocked call .....BC => /END
- Busy .....BZ => /END
- Electronic Device .....ED => /END
- No answer .....NA => /END
- Left answering machine message ..... LM => /END
- \*\*\* Spanish Codes \*\*\*
- Spanish answering machine.....SM => /END
- Spanish blocked call .....SC => /END
- Spanish busy .....SZ => /END
- Spanish electronic device .....SD => /END
- Spanish no answer .....SA => /END
- Spanish left answering machine message.....SL => /END
- \*\*\*Russian Codes\*\*\* \*\*
- Russian answering machine.....UM => /END
- Russian blocked call .....UC => /END
- Russian busy .....UZ => /END
- Russian electronic device .....UD => /END
- Russian no answer .....UA => /END
- Russian left answering machine message.....UL => /END

**25:**

**INT12**

\*\*\* Refusal non-contact screen \*\*\*

- Answering machine ..... RM => /END
- Blocked call .....BC => /END
- Busy .....RZ => /END
- Electronic Device .....RD => /END
- No answer .....RA => /END
- Left answering machine message ..... RL => /END

**26:**

**INT03**

\*\*\* Communications barrier screen \*\*\*

- Hearing barrier..... DF => /END
- Does not speak a language the survey is in (Specify language) ..... LG O => /END
- Other communications barrier (Specify barrier).....HC O => /END

**27:****INT04**

\*\*\* Other codes screen \*\*\*

Respondent not available during survey period.....RN O => /END  
 Respondent is deceased .....DD => /END  
 Respondent already completed the survey..... DP O => /END  
 Other..... OT O => /END

**28:****INT07**

Terminate Non-working Numbers here.

Disconnect ..... DS => /END  
 Cannot be completed as dialed ..... CC => /END  
 Missing Phone Number ..... MP => /END  
 Wrong number..... WN => /END

**29:****REFUS**

This is a refusal indicator (REFUS to INT16) to show which cases have previously been coded as refusals. By hitting this question, it should set REFUS=1, which can be used for branching over normal INT (INT01, INT02) questions to the refusal versions of INT (INT11, INT12) questions. Even if refusal conversions are not planned for, it is best to leave this variable active, should plans change.

```
=> /INT16
sinon => /RFCNT
si RFCNT==1
```

**30:****RFCNT**

This questions marks first time refusals as a refusal by putting a "1" in this variable.

```
=> *
si V01(1>0)
```

Previous Refusal..... 1

**31:****INT06**

\*\*\* Refusal screen \*\*\*

Refusal by hang up ..... R1 => /END  
 Polite refusal..... R2 => /END  
 Angry refusal/Don't call back ..... R3 => /END  
 Refusal by another person ..... RP => /END  
 Refusal due to Cell Phone..... RC => /END

**32:****INT16**

\*\*\* Second refusal screen \*\*\*

Second refusal ..... R5 => /END

**33:****WMAIL**

This is for projects that have a web or mail component. This allows for tracking completes or changes in data need to be made due to web or return postcards. To enter new data (such as contact info or new number), create an option to skip to the appropriate questions, making sure those questions are also set up as a procedure.

Web Complete (respondent completed it on the web)..... 1       => /INT98  
 Postcard data (change skip to appropriate fields) ..... 2  
 New number from postcard ..... 3       => /TEL2

**34:****TEL2**

Enter a new number without the 1 for long distance and no punctuation \* ( ) - / \*

**35:****INT97**

New number with no specific call back time..... BZ       => /END  
 New number with specific call back time..... CB       => /NAME

**36:****INT98**

\*\*\* Web complete \*\*\*

Web complete..... WC       => /END

**37:****INT99**

\*\*\* Project specific codes \*\*\*

**38:****Q1**

During this interview I'll be asking questions about your work as an Individual Provider. By "individual provider" or "IP", I mean a person who is contracted with the Washington State Department of Social and Health Services (DSHS) to provide services to people with disabilities and the elderly. According to DSHS records, you have worked or are currently working as an individual provider. Is this correct?

Yes..... 1       => Q3  
 No ..... 2  
 Don't know ..... D  
 Refuse..... R

**39:****Q2**

So you have never provided in-home care services as an individual provider or personal assistant?

Yes, I have..... 1       => Q3  
 No, I have not ..... 2       => /INT05  
 Don't know ..... D       => Q3  
 Refuse..... R       => Q3

**40:****INT05**

\*\*\* Ineligibles \*\*\* "Thank you for your time, however we are only trying to speak with people who have worked as an individual provider. (IWR:CODE AS IE)

Respondent is not eligible for the survey.....IE       => /END

**41:**

**Q3**

Are you currently providing in-home care to anyone as an individual provider?

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

---

---

**42:**

**FFIL1**

Fill for FIL1

=> \*  
si MOV(0,FIL1)

---

---

**43:**

**FFIL2**

Fill for Fil2

=> \*  
si MOV(0,FIL2)

---

---

**44:**

**FFIL3**

Fill for Fil3

=> \*  
si MOV(0,FIL3)

---

---

**45:**

**FFIL4**

Fill for FIL4

=> \*  
si MOV(0,FIL4)

---

---

**46:**

**FFIL5**

Fill for FIL5

=> \*  
si MOV(0,FIL5)

---

---

**47:**

**FFIL6**

Fill for FIL6

=> \*  
si MOV(0,FIL6)

---

---

**48:**

**FFIL7**

Fill for FIL7

=> \*  
si MOV(0,FIL7)

---

---

**49:**

**FFIL8**

Fill for FIL8

=> \*  
si MOV(0,FIL8)

---

---

**50:**

**FFIL9**

Fill for FIL9

=> \*  
si MOV(0,FIL9)

---

---

**51:**

**FFI10**

Fill 0 for Fil10

=> \*  
si MOV(0,FIL10)

---

---

**52:**

**FFI11**

Fill for Fil11

=> \*  
si MOV(0,FIL11)

---

---

**53:**

**FFI12**

Fill for FiL12

=> \*  
si MOV(0,FIL12)

---

---

**54:**

**FFI13**

Fill for FFL13

=> \*  
si MOV(0,FIL13)

---

---

**55:**

**FFI14**

Fill for FIL14

=> \*  
si MOV(0,FIL14)

---

---

**56:**

**FFI15**

Fill for FFL15

=> \*  
si MOV(0,FIL15)

---

---

**57:**

**FFI16**

Fill for FIL16

=> \*  
si MOV(0,FIL16)

**58:**

**FFI17**

Fill FIL17

=> \*  
si MOV(0,FIL17)

**59:**

**FFI18**

Fill for FIL18

=> \*  
si MOV(0,FIL18)

**60:**

**FFI19**

Fill FIL20

=> \*  
si MOV(0,FIL19)

**61:**

**SKIP1**

Skip Q3A if Q3 eq 1

=> FIL1  
sinon => Q3A  
si Q3=1

**62:**

**Q3A**

Do you plan to provide in-home care in the future?

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

**63:**

**FIL1**

Fill for Q7

=> \*  
si V01(Q3=2)

..... 0  
last ..... 1



**64:**

**FIL2**

File for Q7

=> *
si V01(Q3=2)

Were ..... 1  
 Are ..... 0

**65:**

**FIL3**

Fill for Q7A

=> *
si V01(Q3=2)

are ..... 0  
 were ..... 1

**66:**

**FIL4**

Fill for Q9

=> *
si V01(Q3=2)

When you were working with your last client, were ..... 1  
 Are ..... 0

**67:**

**FIL5**

Fill for Q9

=> *
si V01(Q3=2)

for them ..... 1  
 for your client ..... 0

**68:**

**FIL6**

Fill for Q10

=> *
si V01(Q3=2)

Did ..... 1  
 Do ..... 0

**69:**

**FIL7**

Fill for Q11

=> *
si V01(Q3=2)

Was ..... 1  
 Is ..... 0

**70:**

**FIL8**

Fill for Q11A, Q13, Q14, Q15

=> \*  
si V01(Q3=2)

was..... 1  
is ..... 0

**71:**

**FIL9**

Fill for Q21A and Q12B

=> \*  
si V01(Q3=#2)

..... 1  
also..... 0

**72:**

**FIL10**

Fill for Q21A and Q21B

=> \*  
si V01(Q3=2)

you did..... 1  
you've done..... 0

**73:**

**FIL11**

Fill for Q21A and Q21B

=> \*  
si V01(Q3=2)

did you work as an..... 1  
have you been a paid ..... 0

**74:**

**FIL12**

Fill for Q22

=> \*  
si V01(Q3=2)

In addition to your work as an individual provider, do you currently have another paying job? 0  
.....  
Do you have a paying job now? ..... 1

**75:**

**FIL13**

Fill for Q23 and Q24

=> \*  
si V01(Q3=2)

other..... 0  
..... 1

**76:**

**FIL19**

Fill Q14

=> \*  
si V01(Q3=2)

speaks ..... 0  
spoke..... 1

**77:**

**CHECK**

Check Q3 = 1

=> Q6  
sinon => SKIP2  
si Q3=1

**78:**

**SKIP2**

=> Q3AA  
sinon => Q4  
si Q3A=2

**79:**

**Q3AA**

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

Comments..... 1 O => FIL14  
No Comments..... 2 => FIL14  
Don't know ..... D => FIL14  
Refused..... R => FIL14

**80:**

**Q4**

Are you currently looking for a new client?

Yes..... 1 => FIL14  
No ..... 2  
Don't know ..... D => FIL14  
Refuse..... R => FIL14

**81:**

**Q5**

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

Comments..... 1 O => FIL14  
No Comments..... 2 => FIL14  
Don't know ..... D => FIL14  
Refused..... R => FIL14

**82:**

**Q6**

How many clients do you currently work for?

\$E 0 99  
Don't know ..... D  
Refuse..... R

**83:**

**FIL14**

Fill for Q6

=> * si V01(Q6>=2)
-----------------------

..... 0  
 Since you have more than one client, please answer regarding the client for whom you provide the most paid hours of service. .... 1

**84:**

**Q7**

Now we have a few questions about your <FIL1> client. <FIL14> <FIL2> you related to your <FIL1> client?

Yes..... 1  
 No ..... 2      => Q8  
 Don't know ..... D      => Q8  
 Refuse..... R      => Q8

**85:**

**Q7A**

How <FIL3> you related to your client?

Son or daughter..... 1      => Q10  
 Spouse ..... 2      => Q10  
 Parent..... 3      => Q10  
 Aunt or uncle ..... 4      => Q10  
 Significant other ..... 5      => Q10  
 Grandparent ..... 6      => Q10  
 Grandchild ..... 7      => Q10  
 Mother or father in-law..... 8      => Q10  
 Other family..... 9      => Q10  
 Don't know ..... D      => Q10  
 Refused..... R      => Q10

**86:**

**Q8**

Did you know your client before you became their individual provider?

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

**87:**

**Q10**

<FIL6> you live with your client?

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

**88:**

**Q11**

- <FIL7> your client's case manager or social worker from...
- HOME AND COMMUNITY SERVICES ..... 1      => Q12
  - DIVISION OF DEVELOPMENTAL DISABILITIES ..... 2      => Q12
  - AREA AGENCY ON AGING ..... 3      => Q12
  - CHILDREN'S ADMINISTRATION..... 4      => Q12
  - OR A DIFFERENT AGENCY ..... 5
  - Don't know ..... D      => Q12
  - Refused ..... R      => Q12

**89:**

**Q11A**

- What agency <FIL8> your client's case manager or social worker from?
- Comments ..... 1      O
  - No Comments ..... 2
  - Don't know ..... D
  - Refused ..... R

**90:**

**Q12**

- <FIL7> your client male or female?
- Male ..... 1
  - Female ..... 2
  - Don't know ..... D
  - Refuse ..... R

**91:**

**Q13**

- What <FIL8> your client's ethnicity? (IWR: MULTIPLE RESPONSES ARE ALLOWED)
- Latino or Hispanic ..... 1
  - Black or African American..... 2
  - American Indian or Alaskan Native ..... 3
  - Asian..... 4
  - Native Hawaiian or Pacific Islander ..... 5
  - White ..... 6
  - Or some other ethnicity (please specify) ..... 7      O
  - Don't know ..... D
  - Refused ..... R

**92:**

**Q14**

- What <FIL8> the primary language that your client <FIL19>?
- English..... 1
  - Spanish ..... 2
  - Russian ..... 3
  - Chinese ..... 4
  - Tagalog..... 5
  - Vietnamese ..... 6
  - Korean ..... 7
  - Other ..... 8      O
  - Don't know ..... D
  - Refused ..... R

**93:**

**Q15**

What <FIL8> your client's approximate age?

\$E 01 99

Don't know .....D

Refused.....R

**94:**

**Q16**

Now we have some questions about your job as an individual provider. How many paid hours do you usually work each month as an individual provider? (IWR: Enter the number of hours)

\$E 1 999

=> Q21A  
si Q3=2

Don't know .....D

Refuse.....R

**95:**

**Q17**

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

MORE HOURS THAN YOU WANT..... 1 => Q19

AS MANY HOURS AS YOU WANT..... 2 => Q19

OR, FEWER HOURS THAN YOU WANT ..... 3

Don't know .....D

Refused.....R => Q19

**96:**

**Q18**

Would you be willing to work more hours with another client?

Yes..... 1

No ..... 2

Don't know .....D

Refuse.....R

**97:**

**Q19**

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

Yes..... 1

No ..... 2

Don't know .....D

Refuse.....R

**98:**

**Q20A**

How many months and years have you worked with your current client? (IWR: Enter number of month here and year in next question)

\$E 0 99

Don't know .....D

Refuse.....R

**99:**

**Q20B**

(How many months and years have you worked with your current client?) (IWR: Enter number of year and if none enter 0)

\$E 0 99

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

**100:**

**Q21A**

We are <FIL9> interested in finding out the total amount of time <FIL10> this type of work. For how many months and years <FIL11> individual provider? (IWR: Enter number of Months (Range 0-99)) (IWR: Enter years on next screen)

\$E 0 99

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

**101:**

**Q21B**

(We are <FIL9> interested in finding out the total amount of time <FIL10> this type of work. For how many months and years <FIL11> individual provider? ) (IWR: Enter number of Years (Range 0-99))

\$E 0 99

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

**102:**

**Q22**

<FIL12>

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

**103:**

**Q26**

Next I am going to read a series of statements about your individual provider job and training. Please tell me if you agree or disagree with these statements. The first statement is I am very satisfied with my current job. Do you strongly agree, somewhat agree, feel neutral, somewhat disagree or strongly disagree with this statement?

=> Q27

si Q3=2

Strongly agree..... 1  
Somewhat agree..... 2  
Neutral ..... 3  
Somewhat disagree..... 4  
Strongly disagree..... 5  
Don't know .....D  
Refuse.....R

**104:****Q26E**

The next statement is I feel that I have enough input into the care my client receives. (Do you...)

Strongly agree.....	1
Somewhat agree.....	2
Neutral.....	3
Somewhat disagree.....	4
Strongly disagree.....	5
Don't know.....	D
Refuse.....	R

---

**105:****Q26F**

(The next statement is) My client has needs that are outside of the written plan of care. (Do you...)

Strongly agree.....	1
Somewhat agree.....	2
Neutral.....	3
Somewhat disagree.....	4
Strongly disagree.....	5
Don't know.....	D
Refuse.....	R

---

**106:****Q26I**

(The next statement is) In the next year, it is likely that I will actively look for a different type of job (not as an individual provider). (Do you...)

Strongly agree.....	1
Somewhat agree.....	2
Neutral.....	3
Somewhat disagree.....	4
Strongly disagree.....	5
Don't know.....	D
Refuse.....	R

---

**107:****Q26K**

(The next statement is) I think it is important for others to view in-home care as a profession.

Strongly agree.....	1
Somewhat agree.....	2
Neutral.....	3
Somewhat disagree.....	4
Strongly disagree.....	5
Don't know.....	D
Refuse.....	R

---



**108:**

**Q27**

(Next I am going to read a series of statements about your individual provider job and training. Please tell me if you agree or disagree with these statements. The first statement is...) (The next statement is...) My skills are adequate for the job. (Do you strongly agree, somewhat agree, feel neutral, somewhat disagree or strongly disagree with this statement?) (IWR: Only read the transitions if Q26 series were not asked/R doesn't have a current client.)

- Strongly agree..... 1
- Somewhat agree..... 2
- Neutral ..... 3
- Somewhat disagree..... 4
- Strongly disagree..... 5
- Don't know .....D
- Refuse..... R

**109:**

**Q27A**

(The next statement is...) I am given enough chances for more training. (Do you strongly agree, somewhat agree, feel neutral, somewhat disagree or strongly disagree with this statement?)

- Strongly agree..... 1
- Somewhat agree..... 2
- Neutral ..... 3
- Somewhat disagree..... 4
- Strongly disagree..... 5
- Don't know .....D
- Refuse..... R

**110:**

**Q27B**

(The next statement is) I would take advanced training if it was offered. (Do you strongly agree, somewhat agree, feel neutral, somewhat disagree or strongly disagree with this statement?) (DEF: "Advanced training" is any training beyond the required hours of training.)

- Strongly agree..... 1       => Q30
- Somewhat agree..... 2       => Q30
- Neutral ..... 3       => Q30
- Somewhat disagree..... 4
- Strongly disagree..... 5
- Don't know .....D       => Q30
- Refuse..... R       => Q30

**111:**

**Q27C**

Could you please tell me more about why you probably wouldn't take any advanced training?

- Comments..... 1   O
- No comments..... 2
- Don't know .....D
- Refused..... R

**112:**

**Q30**

Next I am going to read a list of employment benefits that are available to eligible individual providers. For each one, please tell me whether you knew that the benefit was available. The first one is Health insurance. Were you aware that this benefit was available?

=> Q45

si Q3=2

Yes, aware ..... 1  
 No, not aware..... 2  
 Don't know .....D  
 Refuse.....R

**113:**

**Q30A**

The next one is Dental insurance. Were you aware that this benefit was available?

Yes, aware ..... 1  
 No, not aware..... 2  
 Don't know .....D  
 Refuse.....R

**114:**

**Q30C**

(The next one is ) Paid vacation. (Were you aware that this benefit was available?)

Yes, aware ..... 1  
 No, not aware..... 2  
 Don't know .....D  
 Refuse.....R

**115:**

**Q30D**

(And the last one is) Mileage reimbursement for taking your client to medical appointments or essential shopping. (Were you aware that this benefit was available?)

Yes, aware ..... 1  
 No, not aware..... 2  
 Don't know .....D  
 Refuse.....R

**116:**

**Q31**

Did you know that the eligibility for health insurance is based on working at least 86 hours per month?

Yes, aware ..... 1  
 No, not aware..... 2  
 Don't know .....D  
 Refuse.....R

**117:**

**Q32**

Did you know that if you are eligible, the monthly cost of health insurance is \$17 per month?

Yes, aware ..... 1  
 No, not aware..... 2  
 Don't know .....D  
 Refuse.....R

**118:**

**Q33**

Did you know that individual providers have a pay scale based on longevity? This means that for every 2,000 hours worked, you receive a raise.

- Yes, aware ..... 1
- No, not aware..... 2
- Don't know .....D
- Refuse.....R

**119:**

**Q34**

Did you know that as an individual provider, you are represented by the Service Employees International Union, also known as SEIU?

- Yes, aware ..... 1
- No, not aware..... 2
- Don't know .....D
- Refuse.....R

**120:**

**Q35**

Did you know that the employment benefits for individual providers were negotiated between SEIU and the state?

- Yes, aware ..... 1
- No, not aware..... 2
- Don't know .....D
- Refuse.....R

**121:**

**Q36**

Which employment benefit is the most important as you consider whether to continue working as an individual provider? Would you say . . .

- HEALTH INSURANCE ..... 1
- DENTAL INSURANCE ..... 2
- PAID VACATION ..... 3
- MILEAGE REIMBURSEMENT ..... 4
- OR WAGE INCREASES BASED ON YOUR LENGTH OF EMPLOYMENT 5
- .....
- Don't know .....D
- Refused.....R

**122:**

**Q37**

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

- Comments..... 1 O
- Nothing (No intention of staying in the field) ..... 2 => Q38
- Intend to continue working in the field regardless..... 3 => Q38
- Don't know .....D => Q38
- Refused.....R => Q38

**123:****Q38**

Do you currently have any health insurance coverage?

Yes..... 1 => Q39  
 No ..... 2  
 Don't know .....D => Q44  
 Refuse.....R => Q44

**124:****Q38A**

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

Comments..... 1 O => Q44  
 No Comments..... 2 => Q44  
 Don't know .....D => Q44  
 Refused.....R => Q44

**125:****Q39**

Is your health insurance through your job as an individual provider?

Yes..... 1 => Q44  
 No ..... 2  
 Don't know .....D => Q40  
 Refuse.....R => Q40

**126:****Q39A**

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

Comments..... 1 O  
 No Comments..... 2  
 Don't know .....D  
 Refused.....R

**127:****Q40**

Can you tell me how you qualify for your health insurance? Is it through...

A FAMILY MEMBER..... 1  
 A JOB OTHER THAN YOUR INDIVIDUAL PROVIDER JOB ..... 2  
 MEDICARE ..... 3  
 OR ANOTHER SOURCE..... 4  
 Don't know .....D  
 Refused.....R

**128:****Q44**

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

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

**129:**

**Q45**

Now we'll move on to some questions about the Home Care Referral Registry. This is a service that helps individual providers find a client when they need one. It can be accessed through the telephone or the Internet. Have you heard of the Referral Registry before?

Yes..... 1  
No ..... 2       => Q63  
Don't know .....D       => Q47  
Refuse.....R       => Q63

---

---

**130:**

**Q46**

How did you hear of the Referral Registry? Was it through Word of mouth?

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

---

---

**131:**

**Q46A**

Was it through The union?

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

---

---

**132:**

**Q46B**

(Was it through) A case manager or social worker?

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

---

---

**133:**

**Q46C**

(Was it through) A referral registry worker?

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

---

---

**134:**

**Q46D**

(Was it through) A flyer, poster, or pamphlet?

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

---

---

**135:**

**Q46E**

Did you hear of the Registry in another way?

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

**136:**

**Q47**

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

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

**137:**

**Q48**

Have you used the referral registry?

- Yes..... 1 => Q49
- No ..... 2
- Don't know .....D => Q63
- Refuse.....R => Q63

**138:**

**Q48A**

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

- Comments..... 1 O => Q63
- No Comments..... 2 => Q63
- Don't know .....D => Q63
- Refuse.....R => Q63

**139:**

**Q49**

Please rate the customer service of the Referral Registry staff. Would you say that it was ...?

- EXCELLENT..... 1
- GOOD ..... 2
- FAIR..... 3
- POOR ..... 4
- OR VERY POOR..... 5
- Don't know .....D
- Refuse.....R

**140:**

**Q50**

From the time you first contacted the Referral Registry, how long did it take you to become active and eligible for referrals? (IWR: "Estimates are fine.") (IWR: Enter number here. Unit like day, week, month, etc) is coded on next screen.)

\$E 0 99

- Don't know .....D => Q51
- Refuse.....R => Q51

**141:**

**Q50A**

(From the time you first contacted the Referral Registry, how long did it take you to become active and eligible for referrals?) (IWR: Enter the unit here)

=> Q51  
si Q50==0

- days..... 1
- weeks ..... 2
- months ..... 3
- years..... 4
- Don't know .....D
- Refuse.....R

**142:**

**Q51**

How many months were you actively seeking employment through the Referral Registry? (IWR: Enter number of months)

\$E 0 99

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

**143:**

**Q52**

Are you still active on the Referral Registry?

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

**144:**

**FIL15**

Fill for Q53

=> \*  
si V01(Q52=1)

- When you were..... 0
- Since you've been ..... 1

**145:**

**FIL16**

Fill for Q53

=> \*  
si V01(Q52=1)

- did..... 0
- has..... 1

**146:**

**FIL17**

Fill for Q53

=> \*  
si V01(Q52=1)

- contact ..... 0
- contacted..... 1

**147:**

**FIL18**

Fill for Q53

=> * si V01(Q52=1)
-----------------------

was..... 0  
 is ..... 1

**148:**

**Q53**

<FIL15> active on the Referral Registry, <FIL16> the registry staff <FIL17> you every month to make sure that your information <FIL18> current?

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

**149:**

**Q54**

How many potential clients from the Referral Registry have contacted you? (IWR: Enter number of potential client contacts)

\$E 0 99

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

**150:**

**Q55**

Have you turned down any of the potential clients from the Referral Registry?

=> Q61 si Q54==0
---------------------

Yes..... 1  
 No ..... 2      => Q56  
 Don't know ..... D      => Q56  
 Refuse ..... R      => Q56

**151:**

**Q55A**

Why did you turn them down?

Comments..... 1 O  
 No Comments..... 2  
 Don't know ..... D  
 Refuse ..... R

**152:**

**Q56**

How many potential clients from the Referral Registry have interviewed you?

\$E 0 999

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



**153:**

**Q57**

Have you been offered a position from someone who contacted you through the Referral Registry?

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

**154:**

**Q58**

Did you accept a position with someone who contacted you through the Referral Registry?

Yes..... 1  
 No ..... 2       => Q61  
 Don't know .....D       => Q61  
 Refuse.....R       => Q61

**155:**

**Q59**

Are you still working with the client you found through the Referral Registry?

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

**156:**

**Q60**

One of the goals of the Referral Registry is to help make good matches between individual providers and clients. Thinking about the job you found through the Registry, how well does the client match your preferences? Would you say that this match was...

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

**157:**

**Q61**

Overall, how would you rate your experience with the Referral Registry? Would you say your experience was . . .

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

**158:**

**Q62**

Do you have any comments about the Referral Registry or suggestions on how to make it more useful?

- Comments ..... 1 O
- No Comments ..... 2
- Don't know ..... D
- Refuse ..... R

**159:**

**Q63**

We're almost done with the survey. There are only a few questions left. What is the highest level of education that you have completed? (IWR: Ask open-ended but code responses.)

- Some High School ..... 1
- GED/High School Diploma ..... 2
- Some College ..... 3
- Vocational Diploma/Certificate ..... 4
- Associates Degree ..... 5
- Bachelor's Degree ..... 6
- Master's Degree ..... 7
- Other ..... 8
- Don't know ..... D
- Refuse ..... R

**160:**

**Q64**

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

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

**161:**

**Q65**

What is your current age?

\$E 18 99

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

**162:**

**Q66**

Please tell me the racial or ethnic background that describes you. (IWR: Read categories if R gives you a race or ethnicity that doesn't fit the list.)

- Latino or Hispanic ..... 1
- Black or African American ..... 2
- American Indian or Alaskan Native ..... 3
- Asian ..... 4
- Native Hawaiian or Pacific Islander ..... 5
- White ..... 6
- Some other ethnicity (please specify) ..... 7 O
- Don't know ..... D
- Refuse ..... R

**163:**

**THX**

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

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

**164:**

**IWR**

The remaining questions need to be answered after hanging up the phone. Were there ANY data corrections for this interview?

- Yes, there are data corrections..... 1
- No, there are no data corrections ..... 2 => /IWRLG

**165:**

**IWRDC**

Did you make ALL of the data corrections?

- Yes, all of the data corrections have been made..... 1
- No, there are data corrections that still need to be made by a DM ..... 2 => /F6

**166:**

**IWRLG**

What language was this interview completed in?

- English..... 1 D
- Spanish ..... 2
- Russian ..... 3

**167:**

**IWR1**

How would you (the interviewer) rate the quality of the information obtained in this interview?

- Excellent --no problems at all..... 1 => /INT
- Good -- a few problems but overall quality is good ..... 2
- Fair -- a number of problems but overall acceptable ..... 3
- Poor -- many problems, overall quality open to question ..... 4
- Inadequate -- interview was terminated by interviewer..... 5

**168:**

**IWR2A**

What were the reasons that the quality of information was less than excellent?		
	<i>Yes</i>	<i>No</i>
<i>Interview not in respondent's native language?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Hearing (hearing loss or background noise)?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Interruptions or distractions?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Poor phone connection?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Lack of mental or physical competency to respond?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Infirm (too old, weak, sick, etc)?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Intoxication?</i>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Respondent was rushed?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Respondent did not take interview seriously?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Respondent did not understand the meaning of some questions?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Respondent was offended by interview?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Respondent might not have been truthful because some else was listening in?</i>	<input type="checkbox"/>	<input type="checkbox"/>

**180:**

**IWR2M**

What were the reasons that the quality of information was less than excellent?  
Other reasons? Please specify

- Yes..... 1 O  
No ..... 2

**181:**

**IWR3**

If language caused difficulty, what is respondent's native language?

=> INT  
si IWR2A=2

- Spanish ..... 1  
Korean ..... 2  
Chinese ..... 3  
Vietnamese ..... 4  
French ..... 5  
German ..... 6  
Italian ..... 7  
Japanese ..... 8  
Native American ..... 9  
Filipino ..... 10  
Asian Indian ..... 11  
Other ..... 12 O

**182:**

**INT**

Is this completion ...		
A completed interview.....	CM	=> /END
A partial complete .....	PC	=> /END
A partial complete with call back .....	PB	=> /NAME
General call back .....	GB	N
Time or date call back .....	CB	N
Appointment .....	HB	N
Spanish general call back .....	SG	N
Spanish time or date call back .....	SB	N
Spanish appointment.....	SH	N
Refusal - General call back.....	RG	N
Refusal - Time or date call back .....	RB	N
Refusal - Appointment.....	RH	N
Answering machine .....	AM	N
Blocked call.....	BC	N
Busy.....	BZ	N
Electronic Device .....	ED	N
No answer.....	NA	N
Left answering machine message .....	LM	N
Spanish answering machine.....	SM	N
Spanish blocked call.....	SC	N
Spanish busy.....	SZ	N
Spanish electronic device .....	SD	N
Spanish no answer .....	SA	N
Spanish left answering machine message.....	SL	N
Refusal -Answering machine.....	RM	N
Refusal- Busy .....	RZ	N
Refusal Electronic Device .....	RD	N
Refusal No answer.....	RA	N
Refusal Left answering machine message.....	RL	N
Refusal Hearing barrier .....	DF	N
Does not speak a language the survey is in (Specify language) .....	LG	N
Other communications barrier (Specify barrier).....	HC	N
Respondent not available during survey period.....	RN	N
Respondent is deceased .....	DD	N
Respondent already completed the survey.....	DP	N
Respondent is incarcerated .....	IC	N
Other .....	OT	N
Web complete.....	WC	N
Respondent is not eligible for the survey.....	IE	N
Polite refusal.....	R1	N
Angry refusal .....	R2	N
Don't call back .....	R3	N
Refusal by another person .....	RP	N
Refusal due to Cell Phone.....	RC	N
Second refusal .....	R5	N
(INTRO) Press ENTER to continue .....	ST	N
(INT01) *** Spanish Codes *** .....		
Disconnect .....	DS	N
Cannot be completed as dialed .....	CC	N
Missing Phone Number .....	MP	N
Wrong Number.....	WN	N
Russian general call back .....	UG	N
Russian time or date call bck.....	UB	N

Russian appointment.....UH N  
 Russian answering machine.....UM N  
 Russian blocked call.....UC N  
 Russian busy.....UZ N  
 Russian electronic device.....UD N  
 Russian no answer.....UA N  
 Russian left answering machine message.....UL N  
 (INT01) \*\*\*Russian Codes\*\*\*.....\*\* N  
 Spanish Partial Complete.....SP => /NAME  
 Russian Partial Complete.....UP => /NAME

**183:** **NOTES**

\*\*\* F5 Notes \*\*\*  
 Press "ENTER" to continue..... 1 DO

**184:** **F6**

\*\*\* Data Corrections \*\*\* Interviewer: To note a data correction please type in the variable name the the wrong answer (w:) and then the correct answer (c:). Example correction Q999: W: 999 c: 9999. <F6:O>  
 Enter Data Correction..... 1 DO

**185:** **F9**

\*\*\* Sample Information \*\*\* Respondent Name: <FNAME> <LNAME> Respondent's Address: Street: <ADDR1> <ADDR2> City: <CITY> State: <STATE> Zip Code: <ZIP> Phone: <PHONE> New Phone Number:<TEL1> Call back name: <NAME>  
 Previous call info: <F9:O>  
 Press "ENTER" to continue..... 1  
 Edit/enter call back notes..... 2 O

**186:** **F7**

\*\*\* Definitions \*\*\* Individual Provider- By "individual provider", I mean a person who is contracted with the Washington State Department of Social and Health Services, or DSHS, to provide services to people with disabilities and the elderly.  
 Press "ENTER" to continue..... 1

**187:** **F8**

Q.WHO IS SPONSORING THIS STUDY? A. The study is being sponsored by the Washington State Home Care Quality Authority - an agency of the Washington State government. Q.HOW MUCH TIME DOES THE INTERVIEW TAKE TO COMPLETE? A. This survey will take about 12-15 minutes to complete. Q.WHAT IS THE PURPOSE OF THIS STUDY? A. This survey is being conducted to find out your opinions about your job as an in-home care provider. Q.HOW MANY PEOPLE WILL BE PARTICIPATING? A. We will be contacting about 3000 in-home care providers in Washington State. Q.WHO ARE YOU? WHO IS CONDUCTING THIS INTERVIEW? A. I am a (student/resident of Pullman, Washington) working part-time for the Social and Economic Sciences Research Center at Washington State University. The Home Care Quality Authority has contracted with us to conduct the actual interviews to collect necessary information for the study. Q.HOW DID YOU GET MY NAME? A. Your name and phone number were given to us by the Washington State Department of Health and Human Services or by the Home Care Referral Registry of Washington State. Q.IS THIS CONFIDENTIAL? A. Yes, your name and telephone number will be removed from the

data base after the survey is completed. Also, because we conduct many surveys maintaining confidentiality is extremely important to the success of our research center. Therefore, we are very careful to protect your privacy. Q.HOW CAN I BE SURE THIS IS AUTHENTIC? A. I would be glad to give you our telephone number here at the SESRC, which you can call and ask to speak to my supervisor. The number is 1-800-833-0867. You may also visit our website at www.sesrc.wsu.edu. You are also welcome to call the Home Care Quality Authority. Their main phone number is 360-493-9350. Sherri Wills-Green, the Director of Referral Registry Services, could tell you more about this project. IF R ASKS FOR A NAME OF SUPERVISOR My supervisor's name is.... (Ryan Paulson, Jessie Aguilar, or Tony Hernandez) The Study Director is Yi Jen Wang and she can be reached at 800-833-0867 or danawang@mail.wsu.edu . Q.RESPONDENT IS REGISTERED ON THE DO NOT CALL LIST A.The Do Not Call list applies to sales or telemarketing calls only. We are not selling anything and our sole purpose for calling is to conduct a survey to gather information and opinions for decision makers. Your opinions are extremely valuable and we would really appreciate your help with this project. Q.CAN I GET A COPY OF THE RESULTS? A.Yes. I can take your name and address and we can send you a copy of the results when they are ready. Q.IS THIS CONFIDENTIAL? A.Yes, most definitely. After the research is completed, the information we have on your name and your address are removed from your answers. The answers from all survey participants are combined together, so that no individual person can be identified. The only people that have access to your answers are research staff who signed a written oath to maintain the confidentiality of the people surveyed. All information that is released or reported is presented in a way that individual responses cannot be traced. Also, maintaining confidentiality is extremely important to the success of our research center, because we conduct many surveys. Therefore, we are very careful to adhere to these policies and protect your privacy. Q.HOW WILL THE RESULTS BE USED? WHAT WILL YOU DO WITH MY ANSWERS? A.The Home Care Quality Authority has started a number of projects to improve the working conditions for in-home care providers. The results from these interviews will help HCQA figure out if the projects are working or if they need to try something new.

Press "ENTER" to continue..... 1

---

<b>188:</b>		<b>F10</b>
	I know your time is valuable but we are only contacting a small group of individual providers. Information from people like you will help the Home Care Quality Authority to identify and address areas that need improvement. This will only take 12 to 15 minutes. We really do need your help.	
	Yes, will continue survey .....	1
	Will do later -- Set Call-Back .....	2 => /INT01
	Still refuses (set skip to refusal int screen) .....	3 => /REFUS

---

<b>189:</b>		<b>ALTR</b>
	Request for results. Name	

---

<b>190:</b>		<b>RQA</b>
	Request for results Street Address	

---

<b>191:</b>		<b>RQC</b>
	Request for results City	

---

**192:** Request for results State **RQS**

---

**193:** Request for results Zip **RQZ**

---

**194:** Request for results E-mail **RQE**

---

**195:** **F11**

---

**196:** NAME  
May I please confirm your / his / her first name so that I will know who to ask for when I call back? (Sample name is: <FNAME> <LNAME>)

---

**197:** CB  
When will be a convenient time to call-back?  
\$CHS

---



## APPENDIX C: INTERVIEW PROTOCOL IN SPANISH

---

**14:**

**BEGIN**

Podría hablar con <FNAME> <LNAME>? Hola, soy (interviewer name) de la Universidad del Estado de Washington. Estoy llamando de parte de la Autoridad de Calida de Cuidado en Casa. Ellos nos han pedido que conduzcamos un estudio para averiguar sus opiniones sobre su trabajo como un proveedor individual para los clientes del DSHS. Esta entrevista debe tomar no más de 12 a 15 minutos.

---

**21:**

**CONFID**

Esta entrevista es completamente voluntaria y ha sido aprobada por la Universidad del Estado de Washington. Mientras que porciones de esta entrevista podrían ser observadas por mi supervisor, sus respuestas se mantendrán estrictamente confidenciales. La entrevista tomara dentro de 12 a 15 minutos para completar, y usted tiene la libertad de terminar la entrevista en cualquier momento. Si yo pregunto algo que usted prefiere no contestar solo hágamelo saber y podemos continuar con la siguiente. Si tiene cualquier pregunta sobre la encuesta, le puedo decir como obtener más información. (Okay?)

---

**24:**

**INT02**

Hola, estoy llamando de la Universidad del Estado de Washington para hablar con <Fname> <Lname> sobre una encuesta importante que estamos conduciendo para la Autoridad de Calidad de Cuidado en Casa. Si por favor nos puede llamar para atrás a nuestro número gratuito nos gustaría hacer una junta para hablar con usted en un día y hora conveniente para que hagamos la entrevista por teléfono. Por favor llame al 1-800-833-0867 y mencione el estudio de “La Autoridad de Calidad de Cuidado en Casa” y el numero <IDNUM>. Gracias en adelante por su ayuda.

---

**38:**

**Q1**

Durante esta entrevista yo are preguntas sobre su trabajo como un proveedor individual. Por “proveedor individual o “IP” quiero decir una persona que es contratada por el Departamento de Servicios Social y de Salud del Estado de Washington (DSHS) para proveer servicios para personas incapacitadas y personas mayores. Según los archivos del DSHS, usted a trabajado o esta actualmente trabajando como un proveedor individual. ¿Es esto correcto?

---

**39:**

**Q2**

¿Entonces usted nunca ha proporcionado servicios de cuidado en casa como un proveedor individual o asistente personal?

---

---

**41:** **Q3**  
¿Esta usted actualmente proporcionando cuidado en casa ha cualquiera como un proveedor individual?

---

**62:** **Q3A**  
¿Planea usted proporcionar cuidado en casa en el futuro?  
.....

---

**63:** **FIL1**  
Ultimo..... 1

---

**64:** **FIL2**  
Estuvo..... 1  
Esta..... 0

---

**65:** **FIL3**  
Esta..... 0  
Estuvo..... 1

---

**66:** **FIL4**  
Cuando usted estuvo trabajando con su último cliente  
Estuvo..... 1  
Esta..... 0

---

**67:** **FIL5**  
Para ellos..... 1  
Para su cliente..... 0

---

**68:** **FIL6**  
Hizo..... 1  
Hace..... 0

---

**69:** **FIL7**  
Era..... 1  
Es..... 0

---

**70:** **FIL8**  
Era..... 1  
Es..... 0

---

**71:** **FIL9**  
También..... 0

---

**72:** **FIL10**  
Hizo usted..... 1  
Usted ha echo ..... 0

---

---

**73:** **FIL11**  
Trabajo usted como un ..... 1  
Ha sido usted pagado ..... 0

---

---

**74:** **FIL12**  
¿Aparte de su trabajo como un proveedor individual, tiene usted actualmente otro trabajo de paga? 0  
.....  
¿Tiene usted otro trabajo de paga ahora?..... 1

---

---

**75:** **FIL13**  
Otro..... 0

---

---

**76:** **FIL19**  
Habla ..... 0  
Hablo ..... 1

---

---

**79:** **Q3AA**  
¿Cuál es la razón principal por la que usted ha decidido no trabajar como un proveedor individual en el futuro?

---

---

**80:** **Q4**  
Esta usted actualmente buscando un nuevo cliente?

---

---

**81:** **Q5**  
¿Cuál es la razón principal por la que usted esta buscando un nuevo cliente?

---

---

**82:** **Q6**  
¿Actualmente para cuantos clientes trabaja?

---

---

**83:** **FIL14**  
Como tuvo más de un cliente, por favor conteste considerando el cliente que le proporcione más horas de servicio pagadas. .... 1

---

---

**84:** **Q7**  
Ahora tenemos unas cuantas preguntas sobre su <FIL1> cliente. <FIL14> <FIL2> ¿se relaciono a su <FIL1> cliente?

**85:** **Q7A**  
¿Como <FIL3> usted se relaciono con su cliente?

---

---

**86:** **Q8**  
¿Conocía usted su cliente antes de que se convirtiera en su proveedor individual?  
.....

---

---

**87:** **Q10**  
<FIL6> ¿vivía usted con su cliente?  
.....

---

---

**88:** **Q11**  
<FIL7> El supervisor de su cliente o el trabajador social de (el/la)...  
HOGAR Y SERVICIOS COMUNINTARIOS ..... 1      => Q12  
DIVISIÓN DE DESARROLLO INCAPACITADO ..... 2      => Q12  
ARIA DE AGENCIA DE ENVEJECIMIENTO ..... 3      => Q12  
ADMINISTRACION DE NIÑOS ..... 4      => Q12  
O UNA AGENCIA DIFERENTE ..... 5

---

---

**89:** **Q11A**  
¿De cual agencia <FIL8> el supervisor de su cliente o trabajador social?

**90:** **Q12**  
¿<FIL7> su cliente masculino o femenino?

---

---

**91:** **Q13**  
¿Cual <FIL8> la etnicidad de su cliente?  
  
Latino o Hispano ..... 1  
Negro o Afro Americano ..... 2  
Indio Americano o Nativo de Alaska ..... 3  
Asiático ..... 4  
Nativo Hawaiano o de la Isla Pacifica ..... 5  
Blanco ..... 6  
O alguna otra etnicidad (por favor especifique) ..... 7 O

---

---

**92:** **Q14**  
¿Cual <FIL8> el primer lenguaje de su cliente? <FIL19>?

---

---

**93:** **Q15**  
¿Cual <FIL8> la edad aproximada de su cliente?

---

**94:** **Q16**  
Ahora tenemos unas preguntas sobre su trabajo como un proveedor individual. ¿Cuántas horas pagadas normalmente trabaja al mes como un proveedor individual? (IWR: Enter the number of hours)

---

**95:** **Q17**  
Considerando su horas pagadas, actualmente trabaja...  
MÁS HORAS DE LAS QUE QUIERE ..... 1      => Q19  
LA CANTIDAD DE HORAS QUE QUIERA ..... 2      => Q19  
O MENOS HORAS DE LAS QUE USTED QUIERE..... 3

---

**96:** **Q18**  
¿Estaría usted dispuesto a trabajar más horas con otro cliente?

---

**97:** **Q19**  
¿Si su cliente no lo necesitara más su ayuda, continuaría usted en este trabajo y trataría de buscar otro cliente?  
Sí..... 1  
No ..... 2  
No sabe ..... D  
Refuse..... R

---

**98:** **Q20A**  
¿Cuántos meses y años ha trabajado usted con su actual cliente? .....

---

**99:** **Q20B**  
(¿Cuántos meses y años ha trabajado usted con su actual cliente?) .....

---

**100:** **Q21A**  
Nosotros <FIL9> interesados en averiguar la cantidad total del tiempo <FIL10> en este tipo de trabajo. ¿Por cuántos meses y años <FIL11> un proveedor individual?

---

**101:** **Q21B**  
(Nosotros <FIL9> interesados en averiguar la cantidad total del tiempo <FIL10> en este tipo de trabajo. ¿Por cuántos meses y años <FIL11> un proveedor individual?) .....

---

**102:** **Q22**  
<FIL12>

---

**103:**

**Q26**

A continuación voy a leer una serie de declaraciones sobre su trabajo de proveedor individual y entrenamiento. Por favor dígame si esta de acuerdo o en desacuerdo con estas declaraciones. La primera declaración es, Estoy muy satisfecho con mi trabajo actual. ¿Esta completamente de acuerdo, algo de acuerdo, se siente neutral, algo en desacuerdo, completamente en desacuerdo con esta declaración?

---

**104:**

**Q26E**

La siguiente declaración es, yo siento que tengo suficiente entrada en el cuidado que recibe mi cliente. (Diría usted que esta...)

Completamente de acuerdo..... 1  
Algo de acuerdo..... 2  
Neutral ..... 3  
Algo en desacuerdo ..... 4  
Completamente en desacuerdo ..... 5  
.....

---

**105:**

**Q26F**

(La siguiente declaración es) Mi cliente tiene necesidades que están fuera del plan del plan escrito de cuidado. (Diría usted que esta...)

Completamente de acuerdo..... 1  
Algo de acuerdo..... 2  
Neutral ..... 3  
Algo en desacuerdo ..... 4  
Completamente en desacuerdo ..... 5  
.....

---

**106:**

**Q26I**

(La siguiente declaración es) En el siguiente año, es probable que este activamente buscando otro tipo de trabajo (no como un proveedor individual). (Diría usted que esta...)

Completamente de acuerdo..... 1  
Algo de acuerdo..... 2  
Neutral ..... 3  
Algo en desacuerdo ..... 4  
Completamente en desacuerdo ..... 5

---

**107:**

**Q26K**

(La siguiente declaración es) Yo pienso que es importante que otros empiecen a ver el cuidado en casa como una profesión. (Diría usted que esta...)

Completamente de acuerdo..... 1  
Algo de acuerdo..... 2  
Neutral ..... 3  
Algo en desacuerdo ..... 4  
Completamente en desacuerdo ..... 5

---

**108:**

**Q27**

(A continuación voy a leer una serie de declaraciones sobre su trabajo de proveedor individual y entrenamiento. Por favor dígame si esta de acuerdo o en desacuerdo con estas declaraciones. La primera declaración es...) (La siguiente declaración es...) Mis

habilidades so adecuadas para mi trabajo. (¿Esta completamente de acuerdo, algo de acuerdo, se siente neutral, algo en desacuerdo, completamente en desacuerdo con esta declaración?)

- Completamente de acuerdo..... 1
- Algo de acuerdo..... 2
- Neutral ..... 3
- Algo en desacuerdo ..... 4
- Completamente en desacuerdo ..... 5
- No sabe .....D
- Refuse.....R

**109:**

**Q27A**

(La siguiente declaración es...) He recibido suficientes oportunidades para más entrenamiento. (¿Esta completamente de acuerdo, algo de acuerdo, se siente neutral, algo en desacuerdo, completamente en desacuerdo con esta declaración?)

- Completamente de acuerdo..... 1
- Algo de acuerdo..... 2
- Neutral ..... 3
- Algo en desacuerdo ..... 4
- Completamente en desacuerdo ..... 5
- No sabe .....D
- Refuse.....R

**110:**

**Q27B**

(La siguiente declaración es) Tomaría yo un entrenamiento avanzado si fuera ofrecido. (¿Esta completamente de acuerdo, algo de acuerdo, se siente neutral, algo en desacuerdo, completamente en desacuerdo con esta declaración?) (DEF: “Entrenamiento Avanzado” es cualquier entrenamiento mas haya de las horas de entrenamiento requeridas.)

- Completamente de acuerdo..... 1       => Q30
- Algo de acuerdo..... 2       => Q30
- Neutral ..... 3       => Q30
- Algo en desacuerdo ..... 4
- Completamente en desacuerdo ..... 5
- No Sabe .....D       => Q30
- Refuse.....R       => Q30

**111:**

**Q27C**

¿Me podría decir por favor mas acerca de porque no tomaría cualquier entrenamiento?

**112:**

**Q30**

A continuación voy a leer una lista de beneficios de empleo que son disponibles para proveedores individuales elegibles. Para cada una, por favor dígame si usted sabia que ese beneficio estaba disponible. La primera es, seguro de salud. ¿Estaba usted informado de que este beneficio esta disponible?

**113:** **Q30A**  
La siguiente es seguro dental. ¿Estaba usted informado que este beneficio estaba disponible?  
.....

---

**114:** **Q30C**  
(La siguiente es) Vacaciones pagadas. (¿Estaba usted informado que este beneficio estaba disponible?)

---

**115:** **Q30D**  
(Y la última es) Reembolso de millas por llevar el cliente a una cita medica o compras esenciales. (¿Estaba usted informado que este beneficio estaba disponible?)

---

**116:** **Q31**  
¿Sabía usted que la elegibilidad para el seguro de salud es basada cuando trabaja menos de 86 horas por mes?

---

**117:** **Q32**  
¿Sabía usted que si es elegible, el costo mensual del seguro de salud es \$17 por mes?

---

**118:** **Q33**  
¿Sabía usted que proveedores individuales tienen una escala de paga basada en longevidad? Esto significa que por cada 2,000 horas trabajadas, usted recibe un aumento.

---

**119:** **Q34**  
¿Sabía usted que como un proveedor individual, usted es representado/a por el Servicio de Unión Internacional de Empleados, también conocido como SEIU?

---

**120:** **Q35**  
¿Sabía usted que los beneficios de empleo para proveedores individuales fueron negociados entre SEIU y el estado?

---

**121:** **Q36**  
¿Cuál beneficio de empleo es más importante considerando si continua trabajando como un proveedor individual? Diría usted...  
SEGURO DE SALUD..... 1  
SEGURO DENTAL..... 2  
VACACION PAGADA ..... 3  
REEMBOLSO DE MILLAS..... 4  
O AUMENTO DE SUELDO BASADO EN EL TIEMPO DE EMPLEO 5



**122:** **Q37**  
¿Puede usted nombra dos cosas que más probable lo hiciera que continuara trabajando como un proveedor individual más haya de su actual cliente?

---

**123:** **Q38**  
¿Tiene usted actualmente alguna cobertura de seguro de salud?

---

**124:** **Q38A**  
¿En sus propias palabras, por favor dígame porque no esta recibiendo seguro de salud por medio de su trabajo de proveedor individual?

---

**125:** **Q39**  
¿Es su seguro de salud por medio de su trabajo como un proveedor individual?

---

**126:** **Q39A**  
¿En sus propias palabras, por favor dígame porque usted no esta recibiendo seguro de salud por medio de su trabajo como proveedor individual?

---

**127:** **Q40**  
¿Me puede decir como usted califico para su seguro de salud? Es por...  
UN FAMILIAR ..... 1  
UN TRABAJO APARTE DE SU TRABAJO DE PROVEEDOR INDIVIDUAL ..... 2  
.....  
MEDICARE ..... 3  
U OTRO RECURSO ..... 4

---

**128:** **Q44**  
Tomando su decisión para convertirse en un proveedor individual, diría usted que el nivel de paga era...  
UN FACTOR MUY POSITIVO ..... 1  
UN FACTOR ALGO POSITIVO ..... 2  
UN FACTOR ALGO NEGATIVO ..... 3  
UN FACTOR MUY NEGATIVO ..... 4  
O NO ES UN FACTOR ..... 5

---

**129:** **Q45**  
Ahora nos vamos a mover a unas preguntas sobre el Cuidad en Casa de Registro Referencial. Este es un servicio que ayuda proveedores individuales encontrar un cliente cuando necesita uno. Puede obtener acceso por el teléfono u el Internet. ¿Usted ha escuchado antes del Registro Referencial?

---

**130:** **Q46**  
¿Cómo escucho usted del Registro Referencial? ¿Fue por medio de palabra de boca?

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**131:** **Q46A**  
¿Fue por medio de la Unión?

---

**132:** **Q46B**  
(Fue por medio) ¿Un supervisor de caso o un trabajador social?

---

**133:** **Q46C**  
(Fue por medio) ¿Un trabajador de Registro Referencial?

---

**134:** **Q46D**  
(Fue por medio) ¿Un aviador, un cartel, o un folleto?

---

**135:** **Q46E**  
¿Escucho usted del Registro en otra manera?

---

**136:** **Q47**  
¿Sabía usted que el Registro Referencial esta disponible en su ariar?

---

**137:** **Q48**  
¿A usted usado el Registro de Referencia?

---

**138:** **Q48A**  
¿Cual es la razón principal que usted no ha usado el Registro Referencial?

---

**139:** **Q49**  
Por favor evalúe el servicio al consumidor del personal del Registro Referencial. Diría usted que era ...

EXCELENTE .....	1
BUENO .....	2
ACCEPTABLE .....	3
MALO .....	4
O MUY MALO .....	5

---

**140:** **Q50**  
¿Desde el tiempo que usted contacto a el Registro Referencial, que tanto tiempo le tomo a usted para que sea activo y elegible para las referencias? (IWR: "Estimates are fine.")

---

**141:** **Q50A**  
(Desde el tiempo que usted contacto el Registro Referencial, cuando tiempo le tomo ha usted para que fuera activo y elegible para las referencias.

---

**142:** **Q51**  
¿Cuantos meses estuvo usted activamente buscando empleo por medio del Registro Referencial?

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**143:** **Q52**  
¿Esta usted todavía activo/a en el Registro Referencial?

---

**144:** **FIL15**  
Cuando usted estaba ..... 0  
Desde que usted ha estado ..... 1

---

**145:** **FIL16**  
Hizo ..... 0  
Ha ..... 1

---

**146:** **FIL17**  
Contacto ..... 0  
Contactado ..... 1

---

**147:** **FIL18**  
Era ..... 0  
Es ..... 1

---

**148:** **Q53**  
<FIL15> activo en el Registro Referencial, <FIL16> el personal del registro <FIL17> ha usted cada mes para asegurarse que su informacion <FIL18> corriente?

---

**149:** **Q54**  
¿Cuántos cliente potenciales de el Registro Referencial lo han contactado? (IWR: Enter number of potential client contacts)  
.....

---

**150:** **Q55**  
¿Ha usted rechazado a cualquier cliente potencial de el Registro Referencial?

---

**151:** **Q55A**  
¿Porque los rechazo?

---

**152:** **Q56**  
¿Cuántos clientes potenciales del Registro Referencial lo han entrevistado?

---

**153:** **Q57**  
¿Ha sido ofrecido una posición de alguien que lo contacto por medio del Registro Referencial?

---

**154:** **Q58**  
¿Acepto usted una posición con alguien que lo contacto a usted por medio del Registro Referencial?

---

**155:** **Q59**  
¿Todavía esta usted trabajando con el cliente que encontró por medio del Registro Referencial?

---

**156:** **Q60**  
Una de las metas del Registro Referencial es ayudar hacer buenas parejas entre proveedores individuales y clientes. Pensando en el trabajo que encontró por medio del Registro, ¿Que tan bien se compara su cliente con sus preferencias? Diría usted que la comparación era...  
EXCELENTE ..... 1  
BUENO ..... 2  
ACEPTABLE ..... 3  
MALO ..... 4  
O MUY MALO ..... 5

---

**157:** **Q61**  
¿En total, como evaluara su experiencia con el Registro Referencial? Diría usted que su experiencia era...  
EXCELENTE ..... 1  
BUENO ..... 2  
ACEPTABLE ..... 3  
MALO ..... 4  
O MUY MALO ..... 5

---

**158:** **Q62**  
¿Tiene usted algunos comentarios sobre el Registro Referencial o sugerencias en como hacer lo más usable?

---

**159:** **Q63**  
¿Ya casi vamos acabando con la encuesta. Solo hay unas cuanta preguntas más. ¿Cuál es el nivel de educación más alto que ha completado?

---

**160:** **Q64**  
(IWR: Ask, only if necessary "Por cuestiones de la encuesta, yo necesito preguntar le, es usted masculino u femenino?")

---

**161:** **Q65**  
¿Cuál es actualmente su edad?

---

**162:**

**Q66**

Por favor dígame el grupo racial o la etnicidad que mejor lo describe a usted.

- Latino o Hispano ..... 1
- Negro u Afro Americano ..... 2
- Indio Americano u Nativo de Alaska ..... 3
- Asiático..... 4
- Nativo Hawaiano o de la Isla Pacifica ..... 5
- Blanco..... 6
- Alguna otra etnicidad (por favor especifique) ..... 7 O
- No Sabe ..... D
- Refuse..... R

---

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**163:**

**THX**

Esto completa nuestra encuesta. Apreciamos su tiempo y cooperación. Quiero agradecer le por ayudarnos. ¿Tiene algunos comentarios adicionales o preguntas sobre la encuesta?

---

---

**188:**

**F10**

Se que su tiempo es valioso pero solo estamos contactando un pequeño grupo de proveedores individuales. La infamación de personas como usted ayudaría a la Autoridad de Calida de Cuidado en Casa identificar y dirigirse a las arias que necesitan mejoramiento. Esto solo tomara de 12 a 15 minutos. Necesitamos mucho su ayuda.

## APPENDIX D: INTERVIEW PROTOCOL IN RUSSIAN

**14:**

**BEGIN**

May I please speak to <FNAME> <LNAME>? Hello, this is (interviewer name) from Washington State University. I'm calling on behalf of the Home Care Quality Authority. They have asked us to conduct a study to find out your opinions about your job as an individual provider for DSHS clients. This interview should take no more than about 12 to 15 minutes.

Здравствуйте, могу ли я поговорить с <FNAME> <LNAME>? Здравствуйте, меня зовут (Ольга Лизунова) и я звоню из Университета Штата Вашингтон. Я звоню от имени Home Care Quality Authority. Они попросили нас провести опрос чтобы узнать ваше мнение о вашей работе в качестве individual provider для DSHS клиентов.

**21:**

**CONFID**

This interview is completely voluntary and has been approved by Washington State University. While parts of this interview may be monitored by my supervisor, your answers will be kept strictly confidential. The interview will take about 12 to 15 minutes to complete, and you are free to end the interview at any time. If I ask any question you would prefer not to answer just let me know, and I'll skip over it. If you have any questions about this survey, I can tell you how to get more information. (Okay?)

Это интервью совершенно добровольно и оно было одобрено Университетом Штата Вашингтон. Хотя и в некоторых местах мой начальник может прослушивать это интервью, ваши ответы будут держаться в строгой конфиденциальности. Это интервью займёт где-то между 12-15 минут, и вы можете остановить интервью в любое время. Если я задам какой-то вопрос, на который вы предпочтёте не отвечать, дайте мне знать и я его пропущу. Если у вас есть какие-либо вопросы об этом опросе, я могу помочь вам найти любую информацию. (Хорошо?)

**24:**

**INT02**

Hi, I'm calling from Washington State University to speak with <Fname> <Lname> about an important survey we are conducting for Home Care Quality Authority. If you can please call us back at our toll free number we would like to schedule a convenient day and time for the telephone interview. Please call 1-800-833-0867 and mention the "Home Care Individual Provider" survey and number <IDNUM>. Thanks in advance for your help.

Здравствуйте, я звоню из Университета Штата Вашингтон чтобы поговорить с <Fname> <Lname> об очень важном опросе, который мы проводим для Home Care Quality Authority. Если вы пожалуйста смогли бы нам перезвонить по нашему бесплатному номеру телефона, мы смогли назначить бы удобный для вас день и время для интервью по телефону. Пожалуйста позвоните по номеру 1-800-833-0867 и упомяните "Home Care Individual Provider" опрос и номер телефона <IDNUM>. Спасибо заранее за вашу помощь.

**38:**

**Q1**

During this interview I'll be asking questions about your work as an Individual Provider. By "individual provider" or "IP", I mean a person who is contracted with the Washington State Department of Social and Health Services (DSHS) to provide services to people with disabilities and the elderly. According to DSHS records, you have worked or are currently working as an individual provider. Is this correct?

В этом интервью я буду задавать вопросы о вашей работе в качестве individual provider. Под "individual provider" или "IP" я имею ввиду, человек у которого заключён договор с Department of Social and Health Services (DSHS) Штата Вашингтон чтобы обеспечивать инвалидов и пожилых людей сервисом услуг. В соответствии с записями DSHS, вы работали или в данный момент работаете в качестве individual provider. Это верно?

**39:**

**Q2**

So you have never provided in-home care services as an individual provider or personal assistant?

То есть вы никогда не обеспечивали in-home care сервис в качестве individual provider или персонального асистента?

**41:**

**Q3**

Are you currently providing in-home care to anyone as an individual provider?

В настоящее время вы обеспечиваете кого-нибудь сервисом in-home care, в качестве individual provider?

**62:**

**Q3A**

Do you plan to provide in-home care in the future?

Вы планируете обеспечивать in-home care в будущем?

.....

**63:**

**FIL1**

last ..... 1

предыдущим ..... 1

**64:**

**FIL2**

Were ..... 1

Are ..... 0

Not needed in Russian

**65:** **FIL3**  
 are ..... 0  
 were ..... 1

Not needed in Russian

**66:** **FIL4**  
 When you were working with your last client, were ..... 1  
 Are ..... 0

Когда вы работали с вашим предыдущим клиентом ..... 1

**67:** **FIL5**  
 for them ..... 1  
 for your client ..... 0  
  
 для них ..... 1  
 для вашего клиента ..... 0

**68:** **FIL6**  
 Did ..... 1  
 Do ..... 0  
 Not needed in Russian

**69:** **FIL7**  
 Was ..... 1  
 Is ..... 0  
 Not needed in Russian

**70:** **FIL8**  
 was ..... 1  
 is ..... 0  
 Not needed in Russian

**71:** **FIL9**  
 also ..... 0  
  
 также ..... 0

**72:** **FIL10**  
 you did ..... 1  
 you've done ..... 0  
 Not needed in Russian

**73:** **FIL11**  
 did you work as an ..... 1  
 have you been a paid ..... 0

Not needed in Russian



**74:**

**FIL12**

In addition to your work as an individual provider, do you currently have another paying job? 0

Do you have a paying job now? ..... 1

Вдобавок к вашей работе в качестве individual provider , в настоящее время у вас есть ещё другая оплачиваемая работа? 0

В настоящее время у вас есть оплачиваемая работа?.....1

---

**75:**

**FIL13**

other ..... 0

другой/ая .....0

---

**76:**

**FIL19**

speaks ..... 0

spoke..... 1

Not needed in Russian..

---

**79:**

**Q3AA**

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

Какая самая главная причина из-за которой вы решили не работать в качестве individual provider в будущем?

---

**80:**

**Q4**

Are you currently looking for a new client?

В настоящее время вы ищите нового клиента?

---

**81:**

**Q5**

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

Какая самая главная причина из-за которой вы не ищите нового клиента?

---

**82:**

**Q6**

How many clients do you currently work for?

На скольких клиентов вы работаете в настоящее время?

---

**83:**

**FIL14**

Since you have more than one client, please answer regarding the client for whom you provide the most paid hours of service. .... 1

Так как у вас более одного клиента, пожалуйста отвечайте относительно того клиента, для которого вы обеспечиваете наибольшее количество оплаченных часов обслуживания.....1

**84:** **Q7**

Now we have a few questions about your <FIL1> client. <FIL14> <FIL2> you related to your <FIL1> client?

А теперь у меня есть несколько вопросов о вашем <FIL1> клиенте. <FIL14>

Был ли он вашим родственником? (past)

Он ваш родственник? (present)

---

---

**85:** **Q7A**

How <FIL3> you related to your client?

Как вы были связаны с вашим клиентом? (past)

Как вы связаны с вашим клиентом? (present)

---

---

**86:** **Q8**

Did you know your client before you became their individual provider?

.....  
Вы знали вашего клиента до того как вы стали его individual provider?

---

---

**87:** **Q10**

<FIL6> you live with your client?

.....  
Вы живёте с вашим клиентом? (present)

Вы жили с вашим клиентом? (past)

---

---

**88:** **Q11**

<FIL7> your client's case manager or social worker from...

HOME AND COMMUNITY SERVICES .....	1	=> Q12
DIVISION OF DEVELOPMENTAL DISABILITIES .....	2	=> Q12
AREA AGENCY ON AGING .....	3	=> Q12
CHILDREN'S ADMINISTRATION.....	4	=> Q12
OR A DIFFERENT AGENCY.....	5	

Case manager или social worker вашего клиента был из...(past)

Case manager или social worker вашего клиента из...(present)

АГЕНСТВА ДОМАШНЕГО И СОЦИАЛЬНОГО ОБЕСПЕЧЕНИЯ (HOME AND COMMUNITY SERVICES)

..... 1 => Q12

ОТДЕЛА РАЗВИТИЯ ИНВАЛИДНОСТИ (DIVISION OF DEVELOPMENTAL DISABILITIES)

..... 2 => Q12

ОБЛАСТНОГО АГЕНСТВА ДЛЯ ПРИСТАРЕЛЫХ (AREA AGENCY ON AGING)

..... 3 => Q12

АДМИНИСТРАЦИИ ДЛЯ ДЕТЕЙ (CHILDREN'S ADMINISTRATION)

..... 4 => Q12

ИЛИ ДРУГОГО АГЕНСТВА (OR A DIFFERENT AGENCY)..... 5

---

---

**89:** **Q11A**

What agency <FIL8> your client's case manager or social worker from?

Из какого агенства был case manager или social worker вашего клиента? (past)

Из какого агенства case manager или social worker вашего клиента? (present)

---

---

**90:** **Q12**

<FIL7> your client male or female?

Ваш клиент был мужчиной или женщиной? (past)

---

---

Ваш клиент мужчина или женщина? (present)

---

**91:**

**Q13**

What <FIL8> your client's ethnicity?

- Latino or Hispanic ..... 1
- Black or African American..... 2
- American Indian or Alaskan Native ..... 3
- Asian..... 4
- Native Hawaiian or Pacific Islander ..... 5
- White ..... 6
- Or some other ethnicity (please specify) ..... 7 O

К какой этнической группе принадлежит ваш клиент? (present)

К какой этнической группе принадлежал ваш клиент? (past)

- Испанской/Латиноамериканской.....1
  - Чёрной/Афро-американской.....2
  - Индийской/Уроженцам Аляски.....3
  - Азиатской.....4
  - Гавайской/Тихоокеанских Островитянинов.....5
  - Белой.....6
  - Другой (пожалуйста укажите).....7 O
- 

**92:**

**Q14**

What <FIL8> the primary language that your client <FIL19>?

На каком основном языке говорил ваш клиент? (past)

На каком основном языке говорит ваш клиент? (present)

---

**93:**

**Q15**

What <FIL8> your client's approximate age?

Сколько примерно лет было вашему клиенту? (past)

Сколько примерно лет вашему клиенту? (present)

---

**94:**

**Q16**

Now we have some questions about your job as an individual provider. How many paid hours do you usually work each month as an individual provider? (IWR: Enter the number of hours)

Теперь у меня несколько вопросов относительно вашей работы в качестве individual provider. Сколько оплаченных часов вы обычно работаете каждый месяц в качестве individual provider? (IWR: Enter the number of hours)

---

**95:** **Q17**

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

- MORE HOURS THAN YOU WANT..... 1      => Q19  
AS MANY HOURS AS YOU WANT..... 2      => Q19  
OR, FEWER HOURS THAN YOU WANT ..... 3

Относительно ваших оплаченных часов работы, в настоящее время вы работаете...

- БОЛЬШЕ ЧАСОВ ЧЕМ ХОТИТЕ..... 1      => Q19  
СТОЛЬКО ЧАСОВ СКОЛЬКО ХОТИТЕ..... 2      => Q19  
ИЛИ МЕНЬШЕ ЧАСОВ ЧЕМ ХОТИТЕ..... 3

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**96:** **Q18**

Would you be willing to work more hours with another client?

Вы бы хотели работать больше часов с другим клиентом?

---

**97:** **Q19**

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

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

Если ваш текущий клиент не нуждался больше в вашей помощи, вы бы продолжили работать в качестве individual provider и попытались бы найти другого клиента?

- Да.....1  
Нет.....2  
Не знаю.....D  
Отказываюсь.....R

---

**98:** **Q20A**

How many months and years have you worked with your current client?

Сколько месяцев и лет вы работаете на вашего клиента?

---

**99:** **Q20B**

(How many months and years have you worked with your current client?)

(Сколько месяцев и лет вы работаете на вашего клиента?)

---

**100:** **Q21A**

We are <FIL9> interested in finding out the total amount of time <FIL10> this type of work. For how many months and years <FIL11> individual provider?

Нам также интересно узнать как долго вы работали в качестве individual provider. (past)

Нам также интересно узнать как долго вы уже работаете в качестве individual provider. (present)

Сколько месяцев и лет вы работали в качестве individual provider? (past)

Сколько месяцев и лет вы уже работаете в качестве individual provider? (present)

**101:**

**Q21B**

(We are <FIL9> interested in finding out the total amount of time <FIL10> this type of work. For how many months and years <FIL11> individual provider? ) .....

(Нам также интересно узнать как долго вы работали в качестве individual provider. (past)

Нам также интересно узнать как долго вы уже работаете в качестве individual provider. (present)

Сколько месяцев и лет вы работали в качестве individual provider? (past)

Сколько месяцев и лет вы уже работаете в качестве individual provider? (present) )

**102:**

**Q22**

<FIL12>

**103:**

**Q26**

Next I am going to read a series of statements about your individual provider job and training. Please tell me if you agree or disagree with these statements. The first statement is I am very satisfied with my current job. Do you strongly agree, somewhat agree, feel neutral, somewhat disagree or strongly disagree with this statement?

Дальше я вам прочитаю список утверждений о вашей работе и обучению в качестве individual provider. Пожалуйста скажите мне если вы соглашаетесь или не соглашаетесь с этими утверждениями. Первое утверждение: я очень удовлетворен(а) своей работой в настоящее время. Вы очень согласны, слегка согласны, нейтрально себя чувствуете, слегка не согласны, или совсем не согласны с этим утверждением?

**104:**

**Q26E**

The next statement is I feel that I have enough input into the care my client receives. (Do you...)

- Strongly agree..... 1
- Somewhat agree..... 2
- Neutral ..... 3
- Somewhat disagree ..... 4
- Strongly disagree ..... 5
- .....

Следующее утверждение: я чувствую что у меня достаточно влияния на услуги и заботу, которую получает мой клиент. (Вы...)

- Очень согласны.....1
- Слегка согласны.....2
- Нейтрально себя чувствуете.....3
- Слегка не согласны.....4
- Совсем не согласны.....5

**105:****Q26F**

(The next statement is) My client has needs that are outside of the written plan of care. (Do you...)

- Strongly agree..... 1
- Somewhat agree..... 2
- Neutral ..... 3
- Somewhat disagree ..... 4
- Strongly disagree ..... 5

(Следующее утверждение) У моего клиента есть нужды которые не входят в написанный план услуг и заботы. (Вы...)

- Очень согласны..... 1
- Слегка согласны..... 2
- Нейтрально себя чувствуете..... 3
- Слегка не согласны..... 4
- Совсем не согласны..... 5

**106:****Q26I**

(The next statement is) In the next year, it is likely that I will actively look for a different type of job (not as an individual provider). (Do you...)

- Strongly agree..... 1
- Somewhat agree..... 2
- Neutral ..... 3
- Somewhat disagree ..... 4
- Strongly disagree ..... 5

(Следующее утверждение) В следующем году, вероятно что я буду активно искать другую работу (не в качестве individual provider). (Вы...)

- Очень согласны..... 1
- Слегка согласны..... 2
- Нейтрально себя чувствуете..... 3
- Слегка не согласны..... 4
- Совсем не согласны..... 5

**107:**

**Q26K**

(The next statement is) I think it is important for others to view in-home care as a profession.

- Strongly agree..... 1
- Somewhat agree..... 2
- Neutral ..... 3
- Somewhat disagree ..... 4
- Strongly disagree ..... 5

(Следующее утверждение) Я считаю что это важно чтобы другие люди считали in-home care профессией.

- Очень согласны.....1
- Слегка согласны.....2
- Нейтрально себя чувствуете.....3
- Слегка не согласны.....4
- Совсем не согласны.....5

**108:**

**Q27**

(Next I am going to read a series of statements about your individual provider job and training. Please tell me if you agree or disagree with these statements. The first statement is...) (The next statement is...) My skills are adequate for the job. (Do you strongly agree, somewhat agree, feel neutral, somewhat disagree or strongly disagree with this statement?)

- Strongly agree..... 1
- Somewhat agree..... 2
- Neutral ..... 3
- Somewhat disagree ..... 4
- Strongly disagree ..... 5
- Don't know ..... D
- Refuse ..... R

(Дальше я вам прочитаю список утверждений о вашей работе и обучению в качестве individual provider. Пожалуйста скажите мне если вы соглашаетесь или не соглашаетесь с этими утверждениями. Первое утверждение...) (Следующее утверждение)

Мои знания отвечают требованиям этой работы.(Вы очень согласны, слегка согласны, нейтрально себя чувствуете, слегка не согласны, или совсем не согласны с этим утверждением?)

- Очень согласны.....1
- Слегка согласны.....2
- Нейтрально себя чувствуете.....3
- Слегка не согласны.....4
- Совсем не согласны.....5
- Не знаю ..... D
- Отказываюсь..... R

**109:****Q27A**

(The next statement is...) I am given enough chances for more training. (Do you strongly agree, somewhat agree, feel neutral, somewhat disagree or strongly disagree with this statement?)

Strongly agree.....	1
Somewhat agree.....	2
Neutral.....	3
Somewhat disagree.....	4
Strongly disagree.....	5
Don't know.....	D
Refuse.....	R

(Следующее утверждение) Мне дано достаточно шансов для дополнительного обучения, (Вы очень согласны, слегка согласны, нейтрально себя чувствуете, слегка не согласны, или совсем не согласны с этим утверждением?)

Очень согласны.....	1
Слегка согласны.....	2
Нейтрально себя чувствуете.....	3
Слегка не согласны.....	4
Совсем не согласны.....	5
Не знаю.....	D
Отказываюсь.....	R

**110:****Q27B**

(The next statement is) I would take advanced training if it was offered. (Do you strongly agree, somewhat agree, feel neutral, somewhat disagree or strongly disagree with this statement?) (DEF: "Advanced training" is any training beyond the required hours of training.)

Strongly agree.....	1	=> Q30
Somewhat agree.....	2	=> Q30
Neutral.....	3	=> Q30
Somewhat disagree.....	4	
Strongly disagree.....	5	
Don't know.....	D	=> Q30
Refuse.....	R	=> Q30

Я бы согласился(ась) получить передовое обучение если бы оно было предложено.

(Вы очень согласны, слегка согласны, нейтрально себя чувствуете, слегка не согласны, или совсем не согласны с этим утверждением?)

(Пояснение: "Передовое обучение" значит любое обучение поверх необходимых часов обучения)

Очень согласны.....	1	=> Q30
Слегка согласны.....	2	=> Q30
Нейтрально себя чувствуете.....	3	=> Q30
Слегка не согласны.....	4	
Совсем не согласны.....	5	
Не знаю.....	D	=> Q30
Отказываюсь.....	R	=> Q30



**111:**

**Q27C**

Could you please tell me more about why you probably wouldn't take any advanced training?

Вы не могли бы мне ещё немного объяснить почему вы не хотели бы получить передовое обучение?

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**112:**

**Q30**

Next I am going to read a list of employment benefits that are available to eligible individual providers. For each one, please tell me whether you knew that the benefit was available. The first one is Health insurance. Were you aware that this benefit was available?

Дальше я вам прочитаю список разных выгод которые доступны после приёма на эту работу тем individual providers кому дано это право. Для каждой выгоды, пожалуйста скажите мне если вы знали что эта выгода была доступна. Первая выгода - это Медицинская страховка. Вам было известно что эта выгода была доступна?

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---

**113:**

**Q30A**

The next one is Dental insurance. Were you aware that this benefit was available?

.....  
Следующая - это Зубная страховка. Вам было известно что эта выгода была доступна?

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---

**114:**

**Q30C**

(The next one is ) Paid vacation. (Were you aware that this benefit was available?)  
(Следующая - это)Оплаченный отпуск. (Вам было известно что эта выгода была доступна?)

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---

**115:**

**Q30D**

(And the last one is) Mileage reimbursement for taking your client to medical appointments or essential shopping. (Were you aware that this benefit was available?)

(И последняя выгода) Компенсация за расстояние которое вы проехали когда вы возили вашего клиента на докторские приёмы или для необходимых покупок в магазине. (Вам было известно что эта выгода была доступна?)

---

---

**116:**

**Q31**

Did you know that the eligibility for health insurance is based on working at least 86 hours per month?

Вам было известно что возможность получить страховку основана на том, чтобы вы работали хотя бы 86 часов в месяц?

---

---

**117:**

**Q32**

Did you know that if you are eligible, the monthly cost of health insurance is \$17 per month?

Вам было известно что если вам дана возможность, то месячная оплата медицинской страховки составляет \$17 в месяц?

---

---

**118:**

**Q33**

Did you know that individual providers have a pay scale based on longevity? This means that for every 2,000 hours worked, you receive a raise.

Вам было известно что зарплата individual providers основана на том как долго вы работаете? Это значит что за каждые 2000 часов работы, вы получаете повышение.

---

---

**119:**

**Q34**

Did you know that as an individual provider, you are represented by the Service Employees International Union, also known as SEIU?

Вам было известно что так как вы работаете в качестве individual provider, вы представлены Service Employees International Union, также известным как SEIU?

---

---

**120:**

**Q35**

Did you know that the employment benefits for individual providers were negotiated between SEIU and the state?

Вам было известно что выгоды которые вы получаете при приёме на работу договорены между SEIU и государством?

---

---

**121:**

**Q36**

Which employment benefit is the most important as you consider whether to continue working as an individual provider? Would you say . . .

HEALTH INSURANCE ..... 1  
DENTAL INSURANCE ..... 2  
PAID VACATION ..... 3  
MILEAGE REIMBURSEMENT ..... 4  
OR WAGE INCREASES BASED ON YOUR LENGTH OF EMPLOYMENT 5

Какая выгода приёма на работу самая важная для вас при решении продолжать ли работать в качестве individual provider или нет? Вы бы сказали...

МЕДИЦИНСКАЯ СТРАХОВКА.....1  
ЗУБНАЯ СТРАХОВКА.....2  
ОПЛАЧЕННЫЙ ОТПУСК.....3  
КОМПЕНСАЦИЯ ЗА ПРОЕЗЖЕННОЕ РАССТОЯНИЕ.....4  
ИЛИ ПОВЫШЕНИЕ ЗАРПЛАТЫ ОСНОВАННОЕ НА ПРОДОЛЖИТЕЛЬНОСТИ СРОКА ВАШЕЙ РАБОТЫ.....5

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**122:**

**Q37**

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

Вы могли бы назвать две вещи которые бы повлияли на вас и повысили вероятность продолжения работы в качестве individual provider, после работы с вашим текущим клиентом?

---

---

**123:**

**Q38**

Do you currently have any health insurance coverage?

В настоящее время у вас есть медицинская страховка?

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**124:**

**Q38A**

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

Своими словами, пожалуйста скажите мне почему вы не получаете медицинскую страховку через вашу работу в качестве individual provider?

---

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**125:**

**Q39**

Is your health insurance through your job as an individual provider?  
Ваша медицинская страховка предложена через вашу работу?

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**126:**

**Q39A**

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

Своими словами, пожалуйста скажите мне почему вы не получаете медицинскую страховку через вашу работу, в качестве individual provider.

---

**127:**

**Q40**

Can you tell me how you qualify for your health insurance? Is it through...

A FAMILY MEMBER..... 1  
A JOB OTHER THAN YOUR INDIVIDUAL PROVIDER JOB ..... 2  
MEDICARE ..... 3  
OR ANOTHER SOURCE ..... 4

Вы можете мне сказать как вы квалифицированы на медицинскую страховку? Через...

ЧЛЕНА СЕМЬИ.....1  
ДРУГУЮ РАБОТУ (НЕ ЧЕРЕЗ ЭТУ РАБОТУ).....2  
БЕСПЛАТНУЮ МЕДИЦИНСКУЮ ПОМОЩЬ.....3  
ДРУГОЙ ИСТОЧНИК.....4

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**128:**

**Q44**

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

VERY POSITIVE FACTOR..... 1  
SOMEWHAT POSITIVE FACTOR..... 2  
SOMEWHAT NEGATIVE FACTOR ..... 3  
VERY NEGATIVE FACTOR ..... 4  
OR, NOT A FACTOR AT ALL..... 5

При принятии вашего решения стать individual provider , вы бы сказали что уровень заработной платы был

ОЧЕНЬ ПОЛОЖИТЕЛЬНЫМ ФАКТОРОМ.....1  
СЛЕГКА ПОЛОЖИТЕЛЬНЫМ ФАКТОРОМ.....2  
СЛЕГКА ОТРИЦАТЕЛЬНЫМ ФАКТОРОМ.....3  
ОЧЕНЬ ОТРИЦАТЕЛЬНЫМ ФАКТОРОМ.....4  
ИЛИ, НЕ ФАКТОРОМ СОВСЕМ.....5

---

**129:**

**Q45**

Now we'll move on to some questions about the Home Care Referral Registry. This is a service that helps individual providers find a client when they need one. It can be accessed through the telephone or the Internet. Have you heard of the Referral Registry before?

Теперь мы перейдём к вопросам о Home Care Referral Registry. Это сервис который помогает individual providers найти клиента при необходимости. На него можно выйти по-телефону или через интернет. Вы когда-нибудь слышали о нём?

---

**130:** **Q46**

How did you hear of the Referral Registry? Was it through Word of mouth?  
Каким путём вы узнали о Referral Registry? Было ли это через людей?

---

**131:** **Q46A**

Was it through The union?  
Было ли это через (union)?

---

**132:** **Q46B**

(Was it through) A case manager or social worker?  
(Было ли это через) Case manager или social worker?

---

**133:** **Q46C**

(Was it through) A referral registry worker?  
(Было ли это через) Работника referral registry?

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**134:** **Q46D**

(Was it through) A flyer, poster, or pamphlet?  
(Было ли это через) Плакат или брошюру?

---

**135:** **Q46E**

Did you hear of the Registry in another way?  
Вы узнали о Registry другим путём?

---

**136:** **Q47**

Did you know that the Referral Registry is available in your area?  
Знали ли вы что Referral Registry доступно в вашей области?

---

**137:** **Q48**

Have you used the referral registry?  
Использовали ли вы Referral Registry?

---

**138:** **Q48A**

What is the main reason you have not used the referral registry?  
Назовите пожалуйста самую главную причину почему вы не использовали referral registry.

---

**139:** **Q49**

Please rate the customer service of the Referral Registry staff. Would you say that it was ...?

EXCELLENT .....	1
GOOD .....	2
FAIR.....	3
POOR .....	4
OR VERY POOR.....	5

Пожалуйста оцените услуги службы Referral Registry?

Вы бы сказали что они были...

ОТЛИЧНЫМИ.....	1
ХОРОШИМИ.....	2
НЕПЛОХИМИ.....	3
ПЛОХИМИ.....	4
ИЛИ ОЧЕНЬ ПЛОХИМИ.....	5

---

**140:**

**Q50**

From the time you first contacted the Referral Registry, how long did it take you to become active and eligible for referrals? (IWR: "Estimates are fine.")

С первого раза когда вы связались с Referral Registry, как долго у вас заняло чтобы начать использовать Referral Registry и иметь возможность принимать направления? (IWR: примерное число тоже нормально)

---

**141:**

**Q50A**

(From the time you first contacted the Referral Registry, how long did it take you to become active and eligible for referrals

(С первого раза когда вы связались с Referral Registry, как долго у вас заняло чтобы начать использовать и иметь возможность принимать направления?)

---

**142:**

**Q51**

How many months were you actively seeking employment through the Referral Registry?

Сколько месяцев вы активно искали работу через Referral Registry?

---

**143:**

**Q52**

Are you still active on the Referral Registry?

Вы до сих пор пользуетесь Referral Registry?

---

**144:**

**FIL15**

When you were..... 0

Since you've been ..... 1

Not needed in Russian

---

**145:**

**FIL16**

did..... 0

has..... 1

Not needed in Russian

---

**146:**

**FIL17**

contact ..... 0

contacted..... 1

Not needed in Russian

---

**147:**

**FIL18**

was..... 0

is ..... 1

Not needed in Russian

---

**148:**

**Q53**

<FIL15> active on the Referral Registry, <FIL16> the registry staff <FIL17> you every month to make sure that your information <FIL18> current?

Когда вы использовали Referral Registry, служебный персонал связывался с вами каждый месяц чтобы проверить если ваши данные не изменились?? (past)

С тех пор как вы пользуетесь Referral Registry , служебный персонал связывается с вами каждый месяц чтобы проверить если ваши данные не изменились?? (present)

---

**149:** **Q54**  
How many potential clients from the Referral Registry have contacted you? (IWR: Enter number of potential client contacts)

.....  
Сколько потенциальных клиентов из Referral Registry связались с вами? (IWR: Enter number of potential client contacts)

---

**150:** **Q55**  
Have you turned down any of the potential clients from the Referral Registry?  
Отказали ли вы кому-нибудь из потенциальных клиентов из Referral Registry?

---

**151:** **Q55A**  
Why did you turn them down?  
Почему вы им отказали?

---

**152:** **Q56**  
How many potential clients from the Referral Registry have interviewed you?

Сколько потенциальных клиентов из Referral Registry проводили интервью с вами?

---

**153:** **Q57**  
Have you been offered a position from someone who contacted you through the Referral Registry?  
Вам была предложена работа кем-нибудь кто связывался с вами через Referral Registry?

---

**154:** **Q58**  
Did you accept a position with someone who contacted you through the Referral Registry?  
Принимали ли вы предложенную работу от кого-то, кто связался с вами через Referral Registry?

---

**155:** **Q59**  
Are you still working with the client you found through the Referral Registry?  
Вы до сих пор работаете с клиентом, которого вы нашли через Referral Registry ?

---

**156:** **Q60**  
One of the goals of the Referral Registry is to help make good matches between individual providers and clients. Thinking about the job you found through the Registry, how well does the client match your preferences? Would you say that this match was...

- EXCELLENT ..... 1
- GOOD ..... 2
- FAIR..... 3
- POOR ..... 4
- OR VERY POOR ..... 5

.....  
Одна из целей Referral Registry -это помочь найти individual providers и клиентов которые подходят друг другу. Размышляя о вашей работе, которую вы нашли через Registry, насколько хорошо ваш клиент соответствует вашим предпочтениям? Вы бы сказали что этот подбор был...

- ОТЛИЧНЫМ.....1
- ХОРОШИМ..... 2
- НЕПЛОХИМ.....3
- ПЛОХИМ.....4
- ИЛИ ОЧЕНЬ ПЛОХИМ.....5

**157:**

**Q61**

Overall, how would you rate your experience with the Referral Registry? Would you say your experience was . . .

- EXCELLENT ..... 1
- GOOD ..... 2
- FAIR..... 3
- POOR ..... 4
- OR VERY POOR ..... 5

Во-общем, как бы вы оценили ваш опыт с Referral Registry ? Вы бы сказали ваш опыт был...

- ОТЛИЧНЫМ.....1
- ХОРОШИМ.....2
- НЕПЛОХИМ.....3
- ПЛОХИМ.....4
- ИЛИ ОЧЕНЬ ПЛОХИМ..... 5

**158:**

**Q62**

Do you have any comments about the Referral Registry or suggestions on how to make it more useful?

Есть ли у вас какие-нибудь комментарии о Referral Registry или предложения как сделать её более полезной для вас?

**159:**

**Q63**

We're almost done with the survey. There are only a few questions left. What is the highest level of education that you have completed?

Мы совсем близки к завершению этого опроса. Осталось всего несколько вопросов. Какой самый высший уровень образования вы закончили?

**160:**

**Q64**

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

(IWR: Спрашивай, только если это необходимо. "Для цели этого опроса, мне нужно вас спросить если вы мужчина или женщина?)

**161:**

**Q65**

What is your current age?

Сколько вам лет?

**162:**

**Q66**

Please tell me the racial or ethnic background that describes you.

- Latino or Hispanic ..... 1
- Black or African American..... 2
- American Indian or Alaskan Native ..... 3
- Asian..... 4
- Native Hawaiian or Pacific Islander ..... 5
- White ..... 6
- Some other ethnicity (please specify)..... 7 O
- Don't know ..... D
- Refuse..... R

Пожалуйста скажите мне к какой этнической группе вы принадлежите?

- Испанской/Латиноамериканской.....1

Чёрной/Афро-американской .....	2
Индийской/Уроженцам Аляски.....	3
Азиатской.....	4
Гавайской/Тихоокеанских Островитянинов.....	5
Белой.....	6
Другой (пожалуйста укажите).....	7 O
Не знаю.....	D
Отказываюсь.....	R

**163:**

**THX**

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

На этом заканчивается наш опрос. Мы очень ценим ваше время и сотрудничество. Я хочу поблагодарить вас за вашу помощь. Есть ли у вас ещё какие-либо комментарии или вопросы по поводу этого опроса?

**188:**

**F10**

I know your time is valuable but we are only contacting a small group of individual providers. Information from people like you will help the Home Care Quality Authority to identify and address areas that need improvement. This will only take 12 to 15 minutes.

We really do need your help.

Я знаю что ваше время очень ценно, но мы опрашиваем совсем маленькую группу individual providers. Информация от таких людей как вы поможет опознать и адресовать проблемные места которые нуждаются в улучшении. Этот опрос займёт всего лишь 12-15 минут. Нам очень нужна ваша помощь.



## APPENDIX E: INTERVIEW PROTOCOL IN MANDARIN CHINESE

**15:**

**BEGIN**

May I please speak to <FNAME> <LNAME>? Hello, this is (interviewer name) from Washington State University. I'm calling on behalf of the Home Care Quality Authority. They have asked us to conduct a study to find out your opinions about your job as an individual provider for DSHS clients. This interview should take no more than about 12 to 15 minutes.

您好,請問<FNAME> <LNAME>在家嗎? 您好,我是(interviewer name)從華盛頓州立大學打來的。家庭看護品質權威機構(Home Care Quality Authority)委託我們進行一項研究訪問,好了解您對於作為一個個別看護提供者(individual provider)的意見。這個訪問不會超過12-15分鐘。

Speaking to R .....	1	=> /CONFD
R not available / Set callback (GB, CB, HB).....	2	=> /INT01
Non contacts (AM, BC, BZ, ED, NA).....	3	=> /INT02
Refusals (R1, R2, R3, RP).....	4	=> /F10
Non-working numbers (CC, DS, MP, WN).....	5	=> /VERFY
Communication barrier (DF, HC, LG) .....	6	=> /INT03
Other codes (DD, DP, IC, OT, RN).....	7	=> /INT04
Ineligibles (IE).....	8 I	=> /INT05
Special project codes ().....	9 I	=> /INT99
Web/Mail codes.....	10 I	=> /WMAIL

**22:**

**CONFD**

This interview is completely voluntary and has been approved by Washington State University. While parts of this interview may be monitored by my supervisor, your answers will be kept strictly confidential. The interview will take about 12 to 15 minutes to complete, and you are free to end the interview at any time. If I ask any question you would prefer not to answer just let me know, and I'll skip over it. If you have any questions about this survey, I can tell you how to get more information. (Okay?)

這項訪問是完全自主的並且已經經過華盛頓州立大學的許可。

我的上司可能會監聽部分的訪問以確保我們訪問的品質,但是我們會對您的回答嚴格保密。 這個訪問需要大約12-15分鐘來完成,您隨時可以終止我們的訪問。

如果我問到任何問題您不想要回答,請告訴我,我好跳過那個問題。

如果您對我們的訪問有任何問題,我可以到訴您如何取得更多資訊。(好嗎?)

Continue with survey.....	1	=> /Q1
No - Try refusal prevention .....	2	=> /F10
Not a good time - Call back later.....	3	=> /INT01

25:

INT02

HCQ2 AM Script Starting today (04/14//2008) please leave a message if you reach an answering machine message when calling. When you leave a message please make sure to code the case as "LM". Also we are only leaving one answering machine message per case so please check the F11 (case history key) before you leave a message to see if a message has already been left. MESSAGE TO LEAVE ON RESPONDENT'S ANSWERING MACHINE

Hi, I'm calling from Washington State University to speak with <Fname> <Lname> about an important survey we are conducting for Home Care Quality Authority. If you can please call us back at our toll free number we would like to schedule a convenient day and time for the telephone interview. Please call 1-800-833-0867 and mention the "Home Care Individual Provider" survey and number <IDNUM>. Thanks in advance for your help.

您好,這個留言是給<Fname>. 我是從華盛頓州立大學打來.

我們替家庭看護品質權威機構進行一項重要的訪問.

請您打我們的免付費電話來愈約一個對您方便的時間來進行這項電話訪問. 請打1-800-833-0867說明要做家庭看護個別提供者的研究訪問並且告訴我們您的ID號碼是< IDNUM >.先謝謝您的幫忙.

- Answering machine ..... AM           => /END
- Blocked call ..... BC           => /END
- Busy ..... BZ           => /END
- Electronic Device ..... ED           => /END
- No answer ..... NA           => /END
- Left answering machine message ..... LM           => /END
- \*\*\* Spanish Codes \*\*\* .....
- Spanish answering machine..... SM           => /END
- Spanish blocked call ..... SC           => /END
- Spanish busy ..... SZ           => /END
- Spanish electronic device ..... SD           => /END
- Spanish no answer ..... SA           => /END
- Spanish left answering machine message ..... SL           => /END
- \*\*\*Russian Codes\*\*\* ..... \*\* .....
- Russian answering machine..... UM           => /END
- Russian blocked call ..... UC           => /END
- Russian busy ..... UZ           => /END
- Russian electronic device ..... UD           => /END
- Russian no answer ..... UA           => /END
- Russian left answering machine message ..... UL           => /END

**39:**

**Q1**

During this interview I'll be asking questions about your work as an Individual Provider. By "individual provider" or "IP", I mean a person who is contracted with the Washington State Department of Social and Health Services (DSHS) to provide services to people with disabilities and the elderly. According to DSHS records, you have worked or are currently working as an individual provider. Is this correct?

在訪問當中,我會問您關於您做爲一個個別看護提供者的問題.

個別看護提供者(individual

provider)指的是有跟華盛頓州社會健康服務部門(DSHS)簽約並且提供老年人及殘障者服務的人.

根據DSHS(華盛頓州社會健康服務部門)提供給我們的資料,您曾經或者現在仍然是個別看護提供者,請問這資訊正確嗎?

- Yes..... 1           => Q3
- No ..... 2
- Don't know .....D
- Refuse.....R

**40:**

**Q2**

So you have never provided in-home care services as an individual provider or personal assistant?

您是說您從來都沒有提供過家庭看護服務不管是做爲一個個別看護提供者或是個人助理?

- Yes, I have ..... 1           => Q3
- No, I have not ..... 2           => /INT05
- Don't know .....D           => Q3
- Refuse.....R           => Q3

**42:**

**Q3**

Are you currently providing in-home care to anyone as an individual provider?

您目前有提供任何人家庭看護服務嗎?

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

**63:**

**Q3A**

Do you plan to provide in-home care in the future?

您有計畫未來要提供家庭看護服務嗎?

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

**80:**

**Q3AA**

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

您決定不再做個別看護提供者的主要原因是什麼?

Comments.....	1	O	=> FIL14
No Comments.....	2		=> FIL14
Don't know.....	D		=> FIL14
Refused.....	R		=> FIL14

**81:**

**Q4**

Are you currently looking for a new client?

您現在有在找一位新的客戶嗎?

Yes.....	1		=> FIL14
No.....	2		=> FIL14
Don't know.....	D		=> FIL14
Refuse.....	R		=> FIL14

**82:**

**Q5**

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

您現在沒有在找一位新的客戶的原因是什麼?

Comments.....	1	O	=> FIL14
No Comments.....	2		=> FIL14
Don't know.....	D		=> FIL14
Refused.....	R		=> FIL14

**83:**

**Q6**

How many clients do you currently work for?

您現在在替多少位客戶工作呢?

\$E 0 99

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

**85:**

**Q7**

Now we have a few questions about your <FIL1> client. <FIL14> <FIL2> you related to your <FIL1> client? (IWR: if the R takes care of more than one person and for equal number of hours, ask them to randomly select which person they would like to answer for.)

現在我有幾個關於您的<上一位>客戶的問題。

<因為您有不只一位客戶,請根據您提供最多服務時間的客戶來回答>

您跟您的客戶有親屬關係嗎?

(如果現在沒有客戶)您跟您的上一位客戶有親屬關係嗎?

(IWR: if the R takes care of more than one person and for equal number of hours, ask them to randomly select which person they would like to answer for.)

Yes.....	1		
No.....	2		=> Q8
Don't know.....	D		=> Q8
Refuse.....	R		=> Q8

**86:****Q7A**

How &lt;FIL3&gt; you related to your client?

您跟您的客戶是什麼關係呢?

Son or daughter.....	1	=> Q10
Spouse .....	2	=> Q10
Parent.....	3	=> Q10
Aunt or uncle .....	4	=> Q10
Significant other .....	5	=> Q10
Grandparent.....	6	=> Q10
Grandchild.....	7	=> Q10
Mother or father in-law.....	8	=> Q10
Other family.....	9	=> Q10
Don't know .....	D	=> Q10
Refused.....	R	=> Q10

**87:****Q8**

Did you know your client before you became their individual provider?

您在成爲您客戶的個別看護提供者前就認識她/他了嗎?

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

**88:****Q10**

&lt;FIL6&gt; you live with your client?

您跟您的客戶住在一起嗎?

您之前有跟您的客戶住在一起嗎? (現在沒有客戶)

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

**89:****Q11**

&lt;FIL7&gt; your client's case manager or social worker from...

以下的機構中,您客戶的案件負責人(case manger)或是社工 (social worker) 是替誰工作的呢...

以下的機構中,您之前客戶的案件負責人(case manger)或是社工是替誰工作的呢...(現在沒有客戶)

HOME AND COMMUNITY SERVICES .....	1	=> Q12
DIVISION OF DEVELOPMENTAL DISABILITIES .....	2	=> Q12
AREA AGENCY ON AGING .....	3	=> Q12
CHILDREN'S ADMINISTRATION.....	4	=> Q12
以上機構以外OR A DIFFERENT AGENCY .....	5	
Don't know .....	D	=> Q12
Refused.....	R	=> Q12

**90:**

**Q11A**

What agency <FIL8> your client's case manager or social worker from?  
您客戶的案件負責人(case manger)或是社工 (social worker) 是替誰工作的呢？

- Comments..... 1 O
- No Comments..... 2
- Don't know .....D
- Refused.....R

**91:**

**Q12**

<FIL7> your client male or female?  
您的客戶是男的女的?  
您之前的客戶是男的女的？（現在沒有客戶）

- Male..... 1
- Female ..... 2
- Don't know .....D
- Refuse.....R

**92:**

**Q13**

What <FIL8> your client's ethnicity?  
您的客戶是什麼屬於種族呢?  
您之前的客戶是什麼屬於種族呢？（現在沒有客戶）  
(IWR: MULTIPLE RESPONSES ARE ALLOWED)

- Latino or Hispanic ..... 1
- Black or African American..... 2
- American Indian or Alaskan Native ..... 3
- Asian..... 4
- Native Hawaiian or Pacific Islander ..... 5
- White ..... 6
- Or some other ethnicity (請解釋)..... 7 O
- Don't know .....D
- Refused.....R

**93:**

**Q14**

What <FIL8> the primary language that your client <FIL19>?  
您客戶主要說的語言是什麼?  
您之前客戶主要說的語言是什麼？（現在沒有客戶）

- English..... 1
- Spanish ..... 2
- Russian ..... 3
- Chinese ..... 4
- Tagalog..... 5
- Vietnamese ..... 6
- Korean ..... 7
- Other ..... 8 O
- Don't know .....D
- Refused.....R

**94:**

**Q15**

What <FIL8> your client's approximate age?

您客戶的大概幾歲?

您之前的客戶大概幾歲? (現在沒有客戶)

\$E 01 99

Don't know ..... D

Refused ..... R

**95:**

**Q16**

Now we have some questions about your job as an individual provider. How many paid hours do you usually work each month as an individual provider?

現在我有幾個關於你身為一個個別看護提供者的問題.

您通常一個月當中有多少有收費的小時是在做個別看護提供者的工作?

(IWR: Enter the number of hours)

\$E 1 999

=> Q21A  
si Q3=2

Don't know ..... D

Refuse ..... R

**96:**

**Q17**

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

關於您有收費的工作時數(小時),您現在...

超過您想要的工作時數(小時) ..... 1 => Q19

工作時數是您想要的 ..... 2 => Q19

少於您想要的工作時數 ..... 3

Don't know ..... D

Refused ..... R => Q19

**97:**

**Q18**

Would you be willing to work more hours with another client?

您願意替其他的客戶工作更多小時嗎?

Yes ..... 1

No ..... 2

Don't know ..... D

Refuse ..... R

**98:**

**Q19**

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

如果您現在個客戶不再需要您的幫助,您會試著找其他的客戶然後繼續當個別看護提供者嗎?

Yes ..... 1

No ..... 2

Don't know ..... D

Refuse ..... R

**99:**

**Q20A**

How many months and years have you worked with your current client?

您替您現任的客戶工作多久了? (月)

(IWR: Enter number of month here and year in next question)

\$E 0 99

Don't know .....D

Refuse.....R

**100:**

**Q20B**

(How many months and years have you worked with your current client?)

您替您現任的客戶工作多久了? (年)

(IWR: Enter number of year and if none enter 0)

\$E 0 99

Don't know .....D

Refuse.....R

**101:**

**Q21A**

We are <FIL9> interested in finding out the total amount of time <FIL10> this type of work. For how many months and years <FIL11> individual provider?

我們有興趣知道您總共做這一行做多久了.

您成爲個別看護提供者共多少個月跟多少年了呢? (月)

我們有興趣知道您過去總共做這一行做多久了.

您成爲個別看護提供者共多少個月跟多少年了呢? (月) (現在沒有客戶)

(IWR: Enter number of Months (Range 0-99)) (IWR: Enter years on next screen)

\$E 0 99

Don't know .....D

Refuse.....R

**102:**

**Q21B**

(We are <FIL9> interested in finding out the total amount of time <FIL10> this type of work. For how many months and years <FIL11> individual provider? )

我們有興趣知道您總共做這一行做多久了.

您成爲個別看護提供者共多少個月跟多少年了呢? (年)

我們有興趣知道您過去總共做這一行做多久了.

您成爲個別看護提供者共多少個月跟多少年了呢? (年) (現在沒有客戶)

(IWR: Enter number of Years (Range 0-99))

\$E 0 99

Don't know .....D

Refuse.....R

**103:**

**Q22**

<FIL12>

除了這個別看護提供者這個工作,您現在還有其他有付費的工作嗎?

您現在有其他有付費的工作嗎? (現在沒有客戶)

Yes..... 1

No ..... 2

Don't know .....D

Refuse.....R



**104:**

**Q26**

Next I am going to read a series of statements about your individual provider job and training. Please tell me if you agree or disagree with these statements. The first statement is I am very satisfied with my current job. Do you strongly agree, somewhat agree, feel neutral, somewhat disagree or strongly disagree with this statement?

接下來我會唸一系列關於您這個個別看護提供者工作及訓練的敘述。請告訴我您同意或不同意這些敘述。第一個敘述是我對我現在的工作非常滿意。

您是強烈同意,有些同意,覺得中立,有些不同意,或強烈不同意這個敘述呢?

=> Q27

si Q3=2

Strongly agree.....	1
Somewhat agree.....	2
Neutral.....	3
Somewhat disagree.....	4
Strongly disagree.....	5
Don't know.....	D
Refuse.....	R

**105:**

**Q26E**

The next statement is I feel that I have enough input into the care my client receives. (Do you...)

下一個敘述是我覺得對於我的客戶所需的照顧我的意見有足夠的份量。

(您是強烈同意,有些同意,覺得中立,有些不同意,或強烈不同意這個敘述呢?)

Strongly agree.....	1
Somewhat agree.....	2
Neutral.....	3
Somewhat disagree.....	4
Strongly disagree.....	5
Don't know.....	D
Refuse.....	R

**106:**

**Q26F**

(The next statement is) My client has needs that are outside of the written plan of care. (Do you...)

我的客戶有在擬定照顧計畫外的需求。

(您是強烈同意,有些同意,覺得中立,有些不同意,或強烈不同意這個敘述呢?)

Strongly agree.....	1
Somewhat agree.....	2
Neutral.....	3
Somewhat disagree.....	4
Strongly disagree.....	5
Don't know.....	D
Refuse.....	R

**107:**

**Q26I**

(The next statement is) In the next year, it is likely that I will actively look for a different type of job (not as an individual provider). (Do you...)

(下個敘述是) 我很可能會積極地找一份不同的工作。

(您是強烈同意,有些同意,覺得中立,有些不同意,或強烈不同意這個敘述呢?)

Strongly agree.....	1
Somewhat agree.....	2
Neutral.....	3
Somewhat disagree.....	4
Strongly disagree.....	5
Don't know.....	D
Refuse.....	R

**108:**

**Q26K**

(The next statement is) I think it is important for others to view in-home care as a profession.

(下個敘述是) 我覺得別人視居家看護為一項專業是很重要的。  
(您是強烈同意,有些同意,覺得中立,有些不同意,或強烈不同意這個敘述呢?)

Strongly agree.....	1
Somewhat agree.....	2
Neutral.....	3
Somewhat disagree.....	4
Strongly disagree.....	5
Don't know.....	D
Refuse.....	R

**109:**

**Q27**

(Next I am going to read a series of statements about your individual provider job and training. Please tell me if you agree or disagree with these statements. The first statement is...) (The next statement is...) My skills are adequate for the job. (Do you strongly agree, somewhat agree, feel neutral, somewhat disagree or strongly disagree with this statement?)

(接下來我會唸一系列關於您這個個別看護提供者工作及訓練的敘述. 請告訴我您同意或不同意這些敘述.)  
(第一個敘述是) (下個敘述是) 我的技能對我的工作來說很足夠了.  
(您是強烈同意,有些同意,覺得中立,有些不同意,或強烈不同意這個敘述呢?)

(IWR: Only read the transitions if Q26 series were not asked/R doesn't have a current client.)

Strongly agree.....	1
Somewhat agree.....	2
Neutral.....	3
Somewhat disagree.....	4
Strongly disagree.....	5
Don't know.....	D
Refuse.....	R

**110:**

**Q27A**

(The next statement is...) I am given enough chances for more training. (Do you strongly agree, somewhat agree, feel neutral, somewhat disagree or strongly disagree with this statement?)

(下個敘述是) 我有足夠的獲得更多訓練的機會。  
(您是強烈同意,有些同意,覺得中立,有些不同意,或強烈不同意這個敘述呢?)

Strongly agree.....	1
Somewhat agree.....	2
Neutral.....	3
Somewhat disagree.....	4
Strongly disagree.....	5
Don't know.....	D
Refuse.....	R

**111:**

**Q27B**

(The next statement is) I would take advanced training if it was offered. (Do you strongly agree, somewhat agree, feel neutral, somewhat disagree or strongly disagree with this statement?) (DEF: "Advanced training" is any training beyond the required hours of training.)

(下個敘述是) 如果有提供我會接受深造訓練的話我會接受深造。  
(您是強烈同意,有些同意,覺得中立,有些不同意,或強烈不同意這個敘述呢?) (DEF: 深造訓練指的是任何超過指定所需的訓練時數以外的訓練)

Strongly agree.....	1	=> Q30
Somewhat agree.....	2	=> Q30
Neutral.....	3	=> Q30
Somewhat disagree.....	4	
Strongly disagree.....	5	
Don't know.....	D	=> Q30
Refuse.....	R	=> Q30

**112:**

**Q27C**

Could you please tell me more about why you probably wouldn't take any advanced training?

您能不能夠告訴我為什麼您大概不會接受任何深造訓練的原因呢?

Comments.....	1	O
No comments.....	2	
Don't know.....	D	
Refused.....	R	

**113:**

**Q30**

Next I am going to read a list of employment benefits that are available to eligible individual providers. For each one, please tell me whether you knew that the benefit was available. The first one is Health insurance. Were you aware that this benefit was available?

接下來我會唸一系列給合格的個別看護提供者的工作福利.請針對每一項福利告訴我  
您是否已經知道那樣福利的存在. 第一項是健康保險.  
您之前就知道這項福利的存在嗎?

=> Q45  
si Q3=2

Yes, aware.....	1
No, not aware.....	2
Don't know.....	D
Refuse.....	R

**114:**

**Q30A**

The next one is Dental insurance. Were you aware that this benefit was available?

下一項是牙齒保險。您之前就知道這項福利的存在嗎?

Yes, aware ..... 1  
No, not aware..... 2  
Don't know .....D  
Refuse.....R

---

**115:**

**Q30C**

(The next one is ) Paid vacation. (Were you aware that this benefit was available?)

下一項是有給付的旅遊。(您之前就知道這項福利的存在嗎?)

Yes, aware ..... 1  
No, not aware..... 2  
Don't know .....D  
Refuse.....R

---

**116:**

**Q30D**

(And the last one is) Mileage reimbursement for taking your client to medical appointments or essential shopping. (Were you aware that this benefit was available?)

(最後一項是) 回饋或是補貼您帶您的客戶去醫療門診及購買必需品的所花的哩程數。(您之前就知道這項福利的存在嗎?)

Yes, aware ..... 1  
No, not aware..... 2  
Don't know .....D  
Refuse.....R

---

**117:**

**Q31**

Did you know that the eligibility for health insurance is based on working at least 86 hours per month?

您之前就知道一星期要工作最少86小時才能獲得健康保險嗎?

Yes, aware ..... 1  
No, not aware..... 2  
Don't know .....D  
Refuse.....R

---

**118:**

**Q32**

Did you know that if you are eligible, the monthly cost of health insurance is \$17 per month?

您之前就知道如果您有資格得到健保,一個月的花費是\$17元嗎?

Yes, aware ..... 1  
No, not aware..... 2  
Don't know .....D  
Refuse.....R

---

**119:**

**Q33**

Did you know that individual providers have a pay scale based on longevity? This means that for every 2,000 hours worked, you receive a raise.

您知道個別看護提供者的薪資是由工作年資決定的嗎? 這指的是每工作2000小時, 就可以加一次薪.

Yes, aware ..... 1  
No, not aware..... 2  
Don't know .....D  
Refuse.....R

---

---

**120:**

**Q34**

Did you know that as an individual provider, you are represented by the Service Employees International Union, also known as SEIU?

您知道身為一個個別看護提供者,您是由the Service Employees International Union(SEIU)所代表的嗎?

Yes, aware ..... 1  
No, not aware..... 2  
Don't know .....D  
Refuse.....R

---

---

**121:**

**Q35**

Did you know that the employment benefits for individual providers were negotiated between SEIU and the state?

您知道給個別看護提供者的工作福利是由州政府及SEIU談判協商來的嗎?

Yes, aware ..... 1  
No, not aware..... 2  
Don't know .....D  
Refuse.....R

---

---

**122:**

**Q36**

Which employment benefit is the most important as you consider whether to continue working as an individual provider? Would you say . . .

就身為個別看護提供者來說, 哪一項工作福利對您來說最重要? 您會說是...

健康保險 ..... 1  
牙齒保險 ..... 2  
有給付的旅遊 ..... 3  
里程回饋 ..... 4  
或是由您的工作資歷所決定的加薪 ..... 5  
Don't know .....D  
Refused.....R

---

---

**123:**

**Q37**

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

您能不能告訴我兩件更有可能在這個現任的客戶之後讓您繼續這份個別看護提供者工作的事?

Comments.....	1	O	
Nothing (No intention of staying in the field) .....	2		=> Q38
Intend to continue working in the field regardless.....	3		=> Q38
Don't know .....	D		=> Q38
Refused.....	R		=> Q38

**124:**

**Q38**

Do you currently have any health insurance coverage?

您目前有健康保險嗎?

Yes.....	1		=> Q39
No .....	2		
Don't know .....	D		=> Q44
Refuse.....	R		=> Q44

**125:**

**Q38A**

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

請用您自己的話告訴我為何您沒有透過您的個別看護提供者的工作得到健康保險?

Comments.....	1	O	=> Q44
No Comments.....	2		=> Q44
Don't know .....	D		=> Q44
Refused.....	R		=> Q44

**126:**

**Q39**

Is your health insurance through your job as an individual provider?

您的健康保險是透過這份個別看護提供者的工作得到的嗎?

Yes.....	1		=> Q44
No .....	2		
Don't know .....	D		=> Q40
Refuse.....	R		=> Q40

**127:**

**Q39A**

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

請用您自己的話告訴我為何您沒有透過您的個別看護提供者的工作得到健康保險?

Comments.....	1	O	
No Comments.....	2		
Don't know .....	D		
Refused.....	R		

**128:**

**Q40**

Can you tell me how you qualify for your health insurance? Is it through...  
請各訴我您是如何得到健康保險的呢? 是透過...

一位家庭成員 ..... 1  
一份個別看護提供以外的工作 ..... 2  
MEDICARE ..... 3  
或是其他管道 ..... 4  
Don't know ..... D  
Refused ..... R

---

**129:**

**Q44**

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

在您決定要不要成為個別看護提供者的過程中,您會說薪水的多寡  
是非常正面的因素 ..... 1  
是有些正面的因素 ..... 2  
是有些負面的因素 ..... 3  
是非常負面的因素 ..... 4  
不被考慮的因素 ..... 5  
Don't know ..... D  
Refuse ..... R

---

**130:**

**Q45**

Now we'll move on to some questions about the Home Care Referral Registry. This is a service that helps individual providers find a client when they need one. It can be accessed through the telephone or the Internet. Have you heard of the Referral Registry before?

現在我們要問一些關於家庭看戶介紹登記系統的問題。  
這是一個幫助個別看護提供者當他們有需要的時候找到一位客戶的服務。  
這系統可以經由電話或是網路登入。請問您有聽過家庭看戶介紹登記系統?

Yes ..... 1  
No ..... 2 => Q63  
Don't know ..... D => Q47  
Refuse ..... R => Q63

---

**131:**

**Q46**

How did you hear of the Referral Registry? Was it through Word of mouth?  
您是從哪裡聽過家庭看戶介紹登記系統的呢? 是別人告知的嗎?

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

---

**132:**

**Q46A**

Was it through The union?  
是透過工會嗎?

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

---

**133:**

**Q46B**

(Was it through) A case manager or social worker?

是透過客戶的案件負責人(case manger)或是社工 (social worker) 嗎?

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

**134:**

**Q46C**

(Was it through) A referral registry worker?

(是透過) 家庭看戶介紹登記系統的工作員嗎?

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

**135:**

**Q46D**

(Was it through) A flyer, poster, or pamphlet?

(是透過)傳單,海報,或是宣傳廣告嗎?

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

**136:**

**Q46E**

Did you hear of the Registry in another way?

還是您從別的地方得知的?

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

**137:**

**Q47**

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

您知道您的附近有家庭看戶介紹登記系統的服務嗎?

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

**138:**

**Q48**

Have you used the referral registry?

您有用過家庭看戶介紹登記系統嗎?

Yes..... 1 => Q49  
 No ..... 2  
 Don't know .....D => Q63  
 Refuse.....R => Q63



**139:**

**Q48A**

What is the main reason you have not used the referral registry?  
您還沒使用過家庭看護介紹登記系統的原因是什麼?

- Comments..... 1 O => Q63
- No Comments..... 2 => Q63
- Don't know .....D => Q63
- Refuse.....R => Q63

**140:**

**Q49**

Please rate the customer service of the Referral Registry staff. Would you say that it was ...?

請您替家庭看護介紹登記系統的員工打分數.您會說她們的服務是...

- 非常好..... 1
- 好..... 2
- 中等..... 3
- 差..... 4
- 或是非常差..... 5
- Don't know .....D
- Refuse.....R

**141:**

**Q50**

From the time you first contacted the Referral Registry, how long did it take you to become active and eligible for referrals? (IWR: "Estimates are fine.") (IWR: Enter number here. Unit like day, week, month, etc) is coded on next screen.)

從您第一次連絡家庭看護介紹登記系統到可以真正開始使用她們的服務時間距離有多久呢?

(IWR: "Estimates are fine.") (IWR: Enter number here. Unit like day, week, month, etc) is coded on next screen.)

\$E 0 99

- Don't know .....D => Q51
- Refuse.....R => Q51

**142:**

**Q50A**

(From the time you first contacted the Referral Registry, how long did it take you to become active and eligible for referrals?) (IWR: Enter the unit here)

從您第一次連絡家庭看護介紹登記系統到可以真正開始使用她們的服務時間距離有多久呢?

(IWR: Enter the unit here)

=> Q51  
si Q50=0

- days..... 1
- weeks..... 2
- months..... 3
- years..... 4
- Don't know .....D
- Refuse.....R

**143:**

**Q51**

How many months were you actively seeking employment through the Referral Registry?

(IWR: Enter number of months)

您總共用了多少個月在使用家庭看護介紹登記系統找工作?

\$E 0 99

Don't know .....D

Refuse.....R

**144:**

**Q52**

Are you still active on the Referral Registry?

您現在在家庭看護介紹登記系統還有效嗎?

Yes..... 1

No ..... 2

Don't know .....D

Refuse.....R

**149:**

**Q53**

<FIL15> active on the Referral Registry, <FIL16> the registry staff <FIL17> you every month to make sure that your information <FIL18> current?

自從您在家庭看護介紹登記系統有效開始,介紹登記系統的職員有每個月聯絡您以確保您的資料是最新的嗎? (現在在家庭看護介紹登記系統有效的IP)

您以前在家庭看護介紹登記系統有效的時候,介紹登記系統的職員有每個月聯絡您以確保您的資料是最新的嗎? (現在沒有在家庭看護介紹登記系統上的IP)

Yes..... 1

No ..... 2

Don't know .....D

Refuse.....R

**150:**

**Q54**

How many potential clients from the Referral Registry have contacted you? (IWR: Enter number of potential client contacts)

有多少家庭看戶介紹登記系統的潛在客戶有跟您連絡過? (IWR: Enter number of potential client contacts)

\$E 0 99

Don't know .....D

Refuse.....R

**151:**

**Q55**

Have you turned down any of the potential clients from the Referral Registry?

您已經拒絕多少家庭看戶介紹登記系統的潛在客戶?

=> Q61

si Q54==0

Yes..... 1

No ..... 2 => Q56

Don't know .....D => Q56

Refuse.....R => Q56

**152:**

**Q55A**

Why did you turn them down?

您為什麼拒絕他們呢?

Comments..... 1 O  
 No Comments..... 2  
 Don't know .....D  
 Refuse.....R

**153:**

**Q56**

How many potential clients from the Referral Registry have interviewed you?

有多少家庭看戶介紹登記系統的潛在客戶已經面試過您了呢?

\$E 0 999

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

**154:**

**Q57**

Have you been offered a position from someone who contacted you through the Referral Registry?

有沒有人透過家庭看戶介紹登記系統聯絡您呢?

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

**155:**

**Q58**

Did you accept a position with someone who contacted you through the Referral Registry?

您有沒有接受一份由透過家庭看戶介紹登記系統聯絡您的人的所提供的?

Yes..... 1  
 No ..... 2 => Q61  
 Don't know .....D => Q61  
 Refuse.....R => Q61

**156:**

**Q59**

Are you still working with the client you found through the Referral Registry?

您仍然替透過家庭看戶介紹登記系統找到的客戶工作嗎?

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

**157:**

**Q60**

One of the goals of the Referral Registry is to help make good matches between individual providers and clients. Thinking about the job you found through the Registry, how well does the client match your preferences? Would you say that this match was...

家庭看戶介紹登記系統其中一項的目標就是幫助客戶跟個別看護提供者找到良好的配對。回想您透過家庭看戶介紹登記系統找到的工作，您的客戶有多合適您的喜好呢？您會說配對的...

- 非常好 ..... 1
- 好 ..... 2
- 普通 ..... 3
- 不好 ..... 4
- 或是非常不好 ..... 5
- Don't know ..... D
- Refuse ..... R

**158:**

**Q61**

Overall, how would you rate your experience with the Referral Registry? Would you say your experience was . . .

整體來說，您會怎麼替家庭看戶介紹登記系統打分數呢？您會說您的經驗是...

- 非常好 ..... 1
- 好 ..... 2
- 普通 ..... 3
- 不好 ..... 4
- 或是非常不好 ..... 5
- Don't know ..... D
- Refuse ..... R

**159:**

**Q62**

Do you have any comments about the Referral Registry or suggestions on how to make it more useful?

您有任何給家庭看戶介紹登記系統在如何使系統變的更有用的評論或是意見嗎？

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

**160:**

**Q63**

We're almost done with the survey. There are only a few questions left. What is the highest level of education that you have completed? (IWR: Ask open-ended but code responses.)

我們差不多要完成這個訪問了。現在只剩下幾個問題。您所完成的最高學歷是什麼？

- Some High School ..... 1
- GED/High School Diploma ..... 2
- Some College ..... 3
- Vocational Diploma/Certificate ..... 4
- Associates Degree ..... 5
- Bachelor's Degree ..... 6
- Master's Degree ..... 7
- Other ..... 8
- Don't know ..... D
- Refuse ..... R

**161:****Q64**

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

(IWR: Ask, only if necessary “爲了問卷的目的,我需要問您您是男的還是女的?”)

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

**162:****Q65**

What is your current age?

您現在幾歲?

\$E 18 99

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

**163:****Q66**

Please tell me the racial or ethnic background that describes you. (IWR: Read categories if R gives you a race or ethnicity that doesn't fit the list.)

請告訴我最能描述您的種族背景是什麼. (IWR: Read categories if R gives you a race or ethnicity that doesn't fit the list.)

西語裔.....	1
黑人或是非裔美人.....	2
美國原住民或是阿拉斯加原住民.....	3
亞洲人.....	4
夏威夷人或是島民.....	5
白人.....	6
其他種族 (請說明).....	7 O
Don't know.....	D
Refuse.....	R

**164:****THX**

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

我們的問卷已經結束了. 非常謝謝您的時間還有配合.

我想要感謝您幫助我們完成問卷. 您有任何多餘的評論或是問題嗎?

Yes, comments.....	1 O
No comments.....	2