

Tennessee's Home and Community Based Services Workforce



November 2022



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EXECUTIVE SUMMARY

The goal of the Tennessee Commission on Aging and Disability (TCAD) is to plan, develop, and administer programs and services that improve the quality of life for older Tennesseans and persons with disabilities. In pursuant of this goal, TCAD contracts with Tennessee's nine (9) Area Agencies on Aging and Disability (AAADs) to provide Home and Community Based Services (HCBS) to persons who choose to receive long-term services and supports at home. HCBS services provided by the Commission are non-Medicaid services funded through both federal and state dollars.

Since the establishment of HCBS in Tennessee, provider agencies have contracted with the AAADs to deliver services that assist a person in maintaining their independence and dignity. Services provided include homemaker (house cleaning), personal care (assistance bathing and dressing), in-home respite (sitter services that allow a break for a caregiver), and other supplemental services as funding is available.

The provider network in Tennessee has operated within the constraints of funding limitations for HCBS since its inception. Various entities such as the Veteran's Administration, the Bureau of TennCare, private pay consumers, and other state and federal entities provide some form of HCBS and pay different rates for the services provided. TCAD's reimbursement rate for services, by statute, can be no higher than the rates paid by TennCare. Both entities have been able to raise their reimbursement rates within the past year. However, with other entities reimbursing at a higher rate, many providers are likely to choose the best paying entity to stay financially stable.

This environment, combined with a nationwide workforce shortage,¹ was already in place prior to the COVID-19 pandemic. As the initial months of the pandemic unfolded, the HCBS industry, as well as other LTSS service providers (e.g., such as nursing homes and assisted living facilities) began to see the breakdown of an already over-burdened system.¹ The workforce that many considered “unskilled” suddenly became the essential backbone to ensuring the quality of life for millions of vulnerable adults.¹ However, compensation rates made it a challenge to maintain the workforce required to meet care needs.

As Tennessee’s aging population and the demand for HCBS services continues to grow, the Commission has undertaken this study to determine the key issues driving the HCBS workforce shortage. Through a thorough literature review, numerous interviews with providers and stakeholders, and a survey of current HCBS workers, TCAD presents the following findings:

- Providers struggle to hire enough workers to meet the demand. While other industries can offer higher wages to draw workers to apply, the direct care workforce is confined within the reimbursement constraints of the programs it provides for.
- A majority of personal care aides working within Tennessee’s HCBS programs are satisfied with their work, but that higher wages and paid time off would be beneficial.
- Of the workforce survey respondents, most believe they have adequate training to do their job and are given enough time to complete their assigned tasks.
- Most workers feel well supported by their supervisors and are treated with respect and appreciation.

- The greatest number of respondents report they receive no employer-sponsored benefit. Paid time off (such as sick leave and vacation leave) are reported to be the most important benefit to workers, closely followed by health insurance.
- 30% of personal care aides report being enrolled with TennCare (Medicaid).
- The only significant impact from the COVID-19 pandemic identified by personal care aides is a decrease in household finances. Very few reported their work hours significantly changed.
- 83% of personal care aides report being “Very Unlikely” or “Unlikely” to leave their job within the next year.

The responses to the workforce survey were somewhat surprising. It is important to distinguish that this survey was focused solely on the HCBS worker (personal care aide) and not the actual provider. Providers who were interviewed felt very strongly that higher wages were the most critical need in recruiting workers. The intent of this paper and survey is to elevate the issues that concern the HCBS workforce and offer possible solutions to improve the current shortage.

BACKGROUND

Tennessee's older adult population is as diverse in nature as the state's three geographical regions. Currently, at 1.6 million strong and growing, persons aged 60 and older continue to find meaningful ways to contribute to their families and communities.² Even well into retirement, older adults continue to make their voices heard through their voting, spending, and individual influences within their cities and counties. Older adults will comprise 36.4 percent of Tennessee's population by 2050.² This growth will come with increased need for support and services to allow persons to age within their own homes and communities, as most wish to.³

In Tennessee, non-Medicaid funded HCBS are provided utilizing state funding under the OPTIONS for Community Living program (OPTIONS). OPTIONS was created to serve persons aged 18 and up who have physical disabilities and need assistance with their activities of daily living (ADLs) and/or Instrumental Activities of Daily Living (IADLs). HCBS services provided include home delivered meals, homemaker service, and personal care to enrolled individuals. Additional types of services may be provided to enrollees based upon specific needs identified in their assessment.

OPTIONS has historically maintained a waiting list for services, however, with a generous appropriation by the General Assembly in 2022, the list is expected to be significantly diminished.

The Older Americans Act is the federal program (also administered by TCAD) to provide HCBS services to persons aged 60 and older who need assistance completing their ADLs. These

services may include home delivered meals, homemaker services, and adult day care. Like the OPTIONS program, additional services may be provided based upon needs identified during the assessment. These services are also administered by the state's nine AAADs.

The AAADs utilize non-medical service provider agencies to deliver HCBS services. These providers primarily operate under a personal support services license (PSSA) from the Department of Mental Health and Developmental Disabilities. These agencies employ direct service workers to provide care within consumers' homes as contracted by the AAAD.

For the purposes of this report, persons providing services to the aging and disability populations will be referred to as personal care aides, direct care workers, and HCBS workers interchangeably.

LITERATURE REVIEW

Numerous agencies across the country have dedicated resources to research the issues that challenge the in-home services provider workforce. A review of the available literature (conducted August 2022-October 2022) highlighted industry leaders who are focused on finding data-driven solutions to ensure older adults can age in place with dignity. One such entity, the Paraprofessional Healthcare Institute (PHI) stood out as the expert for up-to-date employment trends, status, and projections for this industry. Their reports, along with those from other entities, such as the Millbank Memorial Fund, the National Academy for State Health Policy, and the Global Coalition on Aging all highlight similar key issues at the core of the national workforce shortage:

1) Increasing Older Population

For the first time in human history, there are more older adults than younger adults.⁴ While many are living longer due to advances in health care and science, the services and supports needed to ensure a high quality of life for this population lags. In the United States, nearly 20 million adults need assistance with their daily tasks and self-care.⁵ One hundred and seventeen million of those individuals live within the community.⁵ With increasing demand projected over the next ten (10) years, the demand for home health and personal care aides is expected to grow 33.7%.⁶

The caregiver ratio (persons of working age compared to older adults aged 85 and over) is also drastically changing. In 2016, the United States caregiver ratio was 31 to 1. This means that there were 31 people of working age for every older adult age 85 and older. By 2060, that ratio is projected to be 12 to 1.⁷ There will be an additional 1.3 million new positions within the market within the direct care workforce in next 10 years.¹ Also, there will be a need to fill 6.9 million additional job openings over the next decade as existing workers leave the field or exit the labor force altogether.¹

2) A No Value Occupation

The Personal Care Aide (PCA) occupation is traditionally known as a low-wage, labor-intensive job.⁸ This occupation is predominately filled by minorities and women.¹ While there are no federal requirements for training, PCAs are expected to be proficient in a variety of skills, including proper body mechanics to support mobility, managing complex chronic diseases, protection from infectious diseases, and preparing nutritious meals for a variety of diets.¹ Since many believe current wages do not reflect the

complexity or skill that is required to adequately provide hands-on care, fewer people are entering into the occupation. These “unskilled” workers currently earn an average wage of \$11.24 an hour.⁹ For those that do enter the field, the struggle to become financially secure by working only one job is nearly impossible. Without adequate compensation, many personal care aides report feeling undervalued in their work.¹

In 2019, 22% of PCAs in Tennessee lived at or below poverty level.⁹ Inconsistent scheduling due to changing demands leave aides with an unreliable monthly income causing financial instability.¹

3) Lack of Benefits

Though the demand for these workers is great, most only work part-time hours as employers are financially unable to provide the health insurance that is required for full-time staff.¹ Additionally, most workers have little to no retirement savings.¹ The lack of paid personal leave or sick leave at many agencies leaves PCAs without the ability to provide for their own physical, emotional, or mental health needs.¹⁰

4) COVID-19

Prior to 2020, HCBS providers were already experiencing significant gaps in its ability to provide care.¹ The COVID-19 pandemic exacerbated the workforce shortage and left the sector in what many consider to be “crisis mode”. Many personal care aides found themselves having to make a choice between protecting themselves and their families or leaving their own family to care for someone else and potentially be exposed to the deadly disease. Personal protective equipment was minimal to non-existent in

most agencies during the first months of the COVID-19 pandemic, which made it incredibly challenging to protect themselves and their family. ¹

Additionally, workers were unable to afford care for their own children who were now home and trying to complete schoolwork. ³ Without the necessary support that a living wage provides (e.g., childcare, food, clothing, healthcare, etc.) these workers were left vulnerable to financial insecurity and poverty.¹

5) A Changing Role

The role for these workers is changing as well. With 42% of older Tennesseans having four or more chronic conditions, the need for workers with condition-specific competencies is growing. ² As previously noted, training for PCAs has no specific requirements at the federal level and state requirements are largely left to be interpreted by each individual provider. With increasing rates of dementia, long-COVID, and Type 2 Diabetes, the industry will need specific skills to support a good quality of life for persons as they age. ⁷

HCBS IN-HOME WORKER SURVEY

To gain the perspective of the actual workers providing HCBS services in Tennessee, TCAD conducted a survey of personal care aides providing services through the OPTIONS and Title III programs. The survey collected demographic information, current employment status, methods of recruitment, wages and benefits, COVID-19 impacts, opportunities for advancement, and job satisfaction. Two-hundred and sixty-two aides submitted completed

surveys during a period from October 11, 2022, to November 1, 2022. It is estimated that those respondents comprise 10% of the total workforce serving in the above mentioned programs.

METHODOLOGY

The quantitative survey data generated descriptive statistics using the Tableau statistical software. The data visualizations displayed the frequencies and percentages of respondents and their responses. The percentages are rounded to the nearest whole percentage. (Due to rounding, percentages may not always sum up to 100 percent). The free-response items, under the “Other” category on the survey, were included to supplement the quantitative analyses. Moreover, some responses were recoded into thematic categories to indicate the total number of respondents who selected each category.

The results depicted in this report have a couple limitations. First, the survey was written only in English, which may have excluded some workers with limited English proficiency. Second, self-selection among the respondents may have skewed responses. Although these results are not representative of the entire paid caregiver workforce in Tennessee, the results provide meaningful, data-driven insights for HCBS workforce recruitment and retention.

FINDINGS

In accordance with the national data revealed in the literature review, most PCAs in Tennessee are female. The highest population group working in the occupation are those age 25 to 54. Contrary to the rest of the country, the workforce (responding) to the survey was predominately white.

Most PCAs across the state have served at least three clients or more within the last 60 days. The majority have been on the job at least two to five years. This was surprising, as many other industries have a majority of workers with tenure of 90 days or less. Despite reported low wages, 78% of workers do not work a second job. With a median wage of \$11.24 per hour, this may account for 30% being on TennCare (Medicaid).

Many of the providers interviewed for this white paper reported that they were unable to provide full-time hours for PCAs due to the inability to carry the financial burden of providing health insurance. Surprisingly, of those responding to the survey, only 52% reported working part-time.

While many providers have advocated for an increase in hours authorized for each client served, most PCAs reported they have enough or more than enough time to complete their assigned tasks. One response doesn't necessarily contradict the other, as clients may need additional hours to complete more time-extensive tasks that are not currently being ordered.

The survey sought to determine the reasons that people choose to enter this labor-intensive occupation. Results revealed that the majority just like helping people. The clients are overwhelmingly reported to be the best thing about the job. As most studies suggest, one of the key things jobseekers have looked for post-pandemic is meaningful and fulfilling work where they can feel like they are making a difference.¹¹ The majority report finding the job through online advertisement, followed closely by "knowing someone who worked here".

Following the national trend, most respondents reported receiving no employer-sponsored benefits.¹ Paid time off (such as sick leave and vacation) was identified as the most

important benefit needed, while health insurance was a close second. Thirty percent of aides reported being on TennCare (Medicaid).

Nearly every respondent could identify who their immediate supervisor was and believed they were treated with respect, listened to, and supported in their development as an employee. Most employees did not feel that they needed or wanted additional training, however some noted the need for additional training on working with clients with dementia, mental health diagnoses, and dealing with challenging behaviors.

Most respondents stated they had no opportunity for advancement within their workplace. This follows the national trend, however most additionally reported they were satisfied with the opportunities for advancement.¹ The reason for this response is undetermined.

COVID-19 was disruptive to every industry, including HCBS.¹ However, the survey results did not indicate significant impact. Ninety-three percent of all respondents were either “Very Satisfied” or “Satisfied” with their employer’s response to the pandemic. Ninety percent reported having enough personal protective equipment to properly protect themselves from the virus. According to 65% of PCAs, their work hours have stayed about the same as pre-pandemic levels. It is of note however, that 54% believe their household finances have gotten worse since the onset of the pandemic.

Finally, most respondents are satisfied with their job. As a high compliment to employers, 89% would even recommend their workplace to others who are seeking employment.

CONCLUSION

HCBS providers diligently work to better the lives of those they serve. The recent increases in reimbursement rates have not been in effect long enough to measure. As long as other industries are paying a higher reimbursement rate to providers, the challenge to provide HCBS services under OPTIONS and Older American's Act will remain. However, the workers in this occupation are satisfied with their work and are vested in improving the quality of life for Tennessee's older adult population.

Opportunities exist within workforce development to develop a career path into the direct care workforce. Standardized, free training would improve the rapidity of onboarding new workers and allow those workers to move within the industry easier. This could be done by credentialing the competencies required to perform direct care tasks. Ongoing training for employees will play an important role in the ability to deliver quality care. Condition-specific knowledge will continue to be a need as the complexities of chronic diseases increase. Dementia and other cognitive impairments are increasingly common with this population and the workers will need a variety of skills to provide appropriate support. Type II diabetes, COPD, Parkinson's disease, and various types of cancer are also prevalent and will impact the demand for additional training.

As longevity continues to increase, the ability of Tennessee to support this population is critical. The strength of our families, workforce, and economy depend on it.

CITATIONS

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11.

Keohane J. Everyone Wants Meaningful Work. But What Does That Look Like, Really? Entrepreneur. Published January 11, 2022. Accessed November 4, 2022. <https://www.entrepreneur.com/growing-a-business/everyone-wants-meaningful-work-but-what-does-that-look/404066>

APPENDIX A: RESULTS OF THE HCBS WORKFORCE SURVEY

This section highlights key findings from across the HCBS Workforce currently contracted to provide service for the nine (9) AAADs across Tennessee. The findings inform the recommendations at the end of this report.

Demographic Profile

These findings outline the age, gender, race/ethnicity, and educational attainment of the HCBS Workforce in Tennessee.

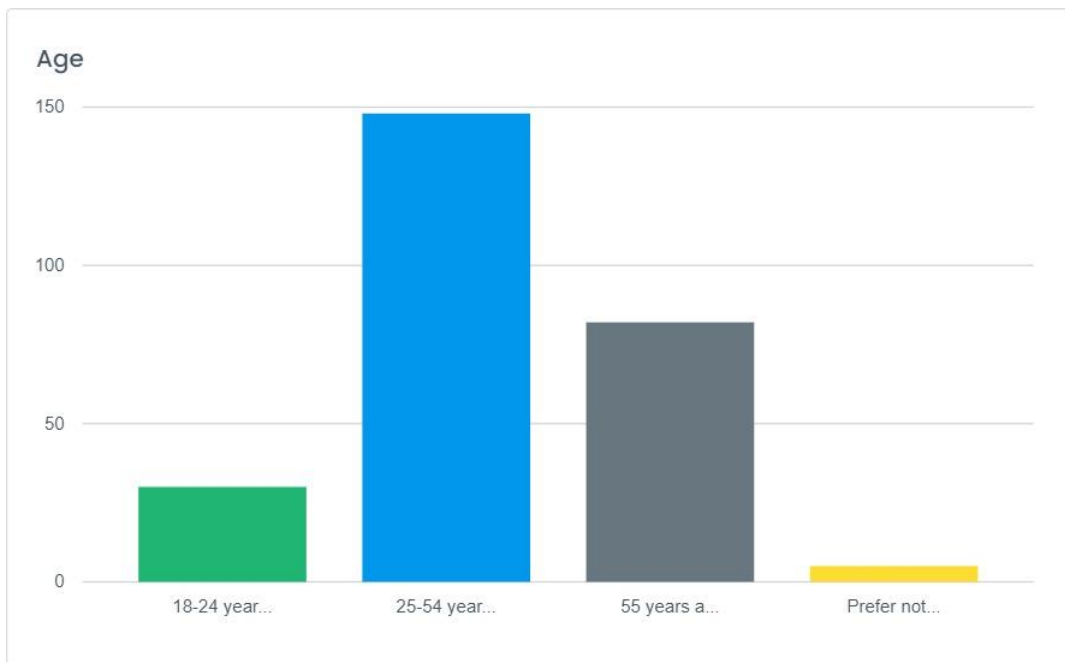
Key Findings:

- **As expected, the majority of the HCBS workforce is comprised of women aged 25-54.**
- **Contrary to national statistics, the primary race of Tennessee's workforce is white.**
- **Forty-four percent of all respondents have a high school degree or equivalent.**

1) Age

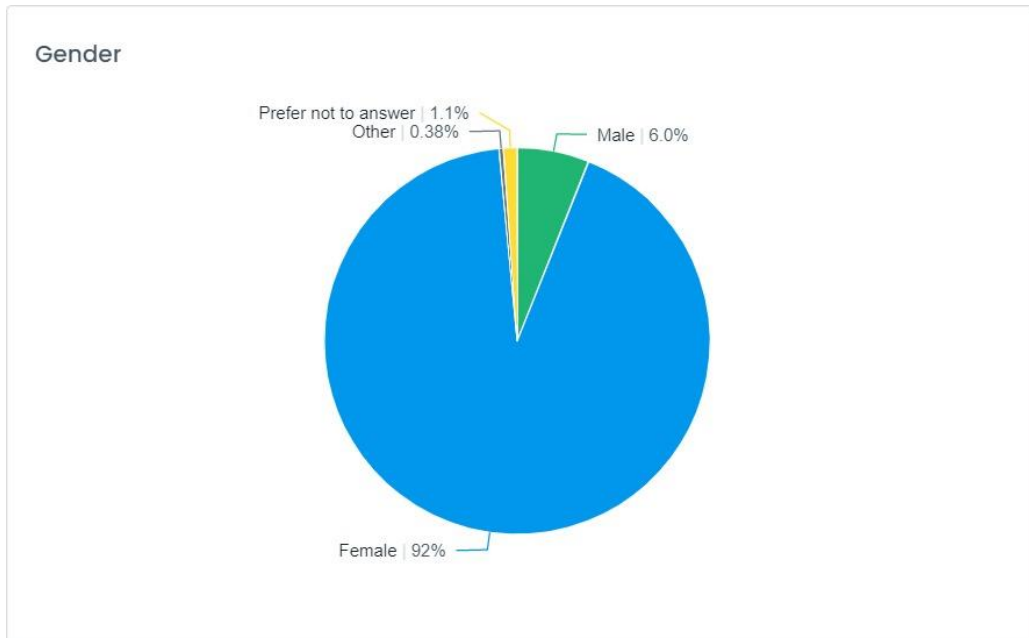
In this sample of HCBS workers, 56% of workers were between the ages of 25-54.

This total is almost twice as high as the 55+ category, meaning if this trend follows the entire Tennessee PCA workforce, most persons providing service are middle-aged adults.



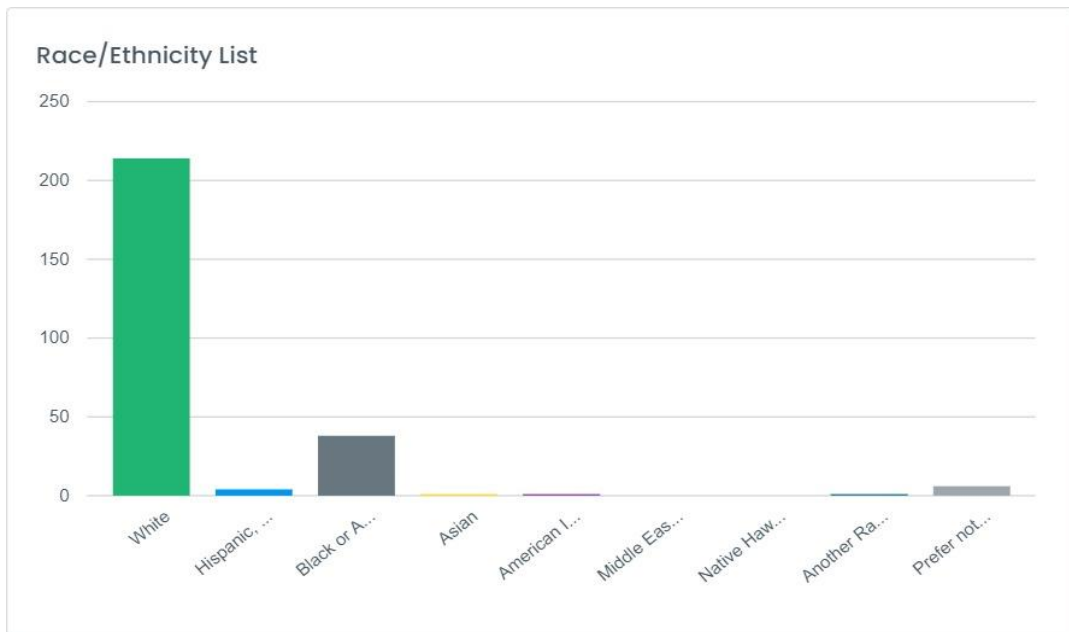
2) Gender

As with national data, the overwhelming majority of HCBS workers are women (92%).



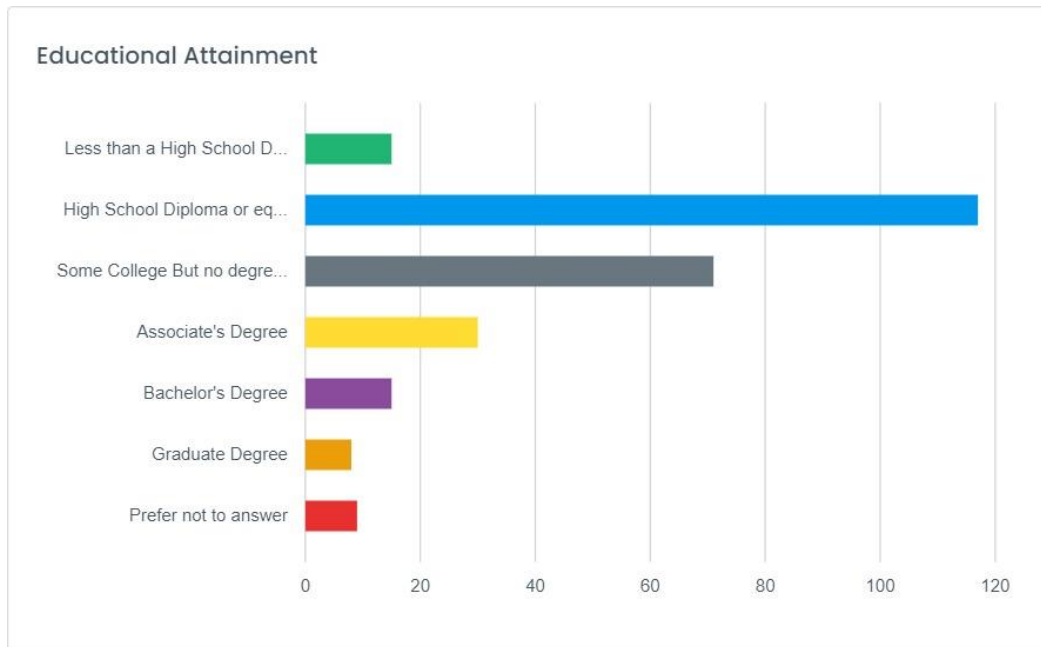
3) Race/Ethnicity

Contrary to national trends, Tennessee has a predominately white (81%) HCBS workforce. Second highest respondent group was black/African American at 14%. Nationally, minorities and immigrants account for a majority of this workforce.



4) Educational Attainment

Forty-four percent of HCBS workers have a high school diploma or equivalent. Two percent have obtained some college degree, including eight respondents who report having a graduate degree.



Employment Profile

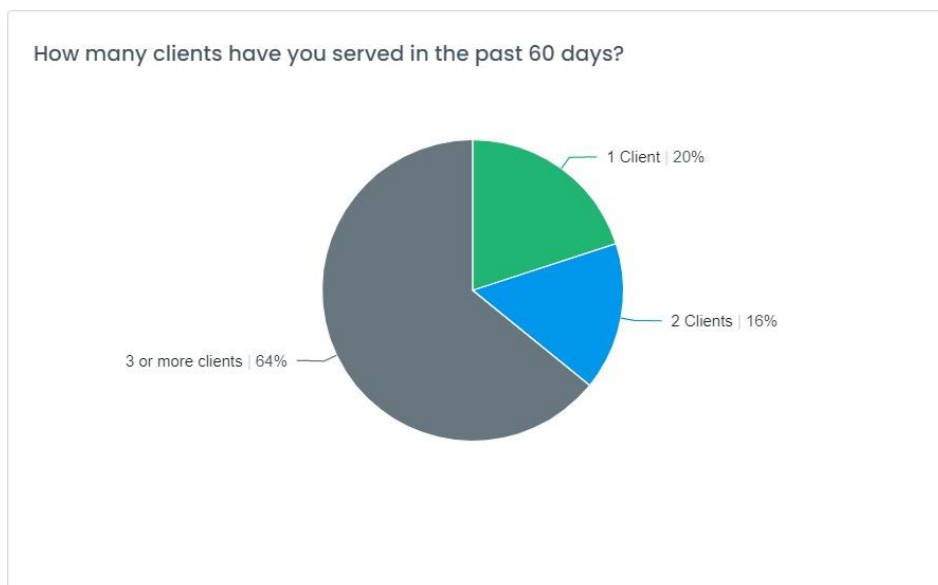
This section presents findings about the respondent's clients, current employment, work status, and employment history.

Key Findings:

- **Most workers have served at least 3 or more clients in the past 60 days.**
- **Unlike the national trend, most workers have been at their current job anywhere from 2 to 5 years.**
- **Most do not work a second job. This is of interest as it is known that most do not earn a living wage.**
- **As expected, most work part-time. However, 48% reported working full-time. This is contradictory to what most providers reported during the study's interviews.**
- **Most HCBS workers reported that they felt that their work hours were sufficient for them.**
- **The most unexpected finding was that most workers believe they are given sufficient hours to complete their work tasks.**

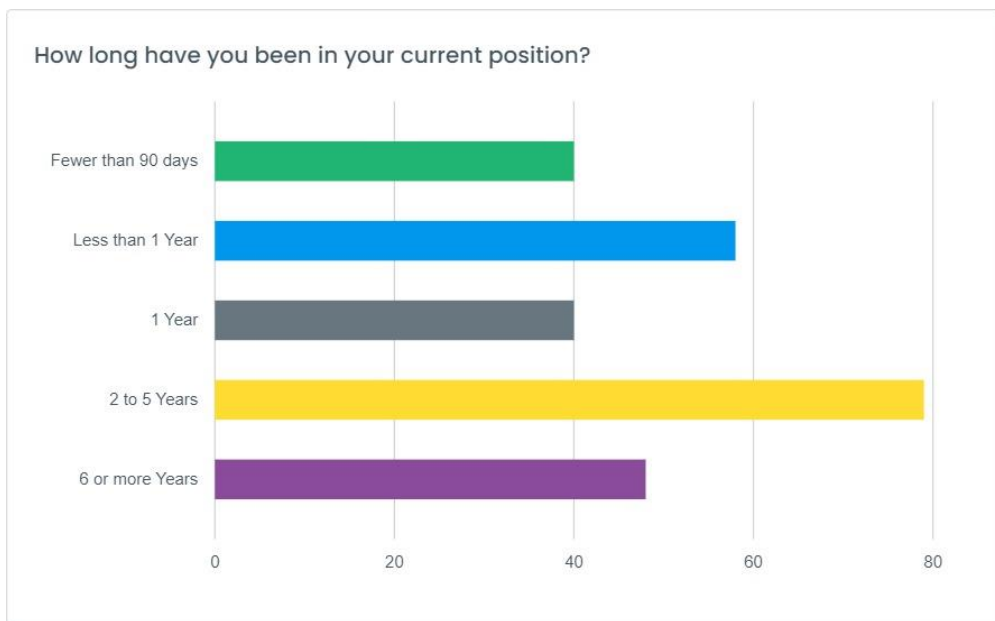
5) Number Of Clients Served in The Last 60 Days

Most respondents reported serving 3 or more clients in the last 60 days. While this is typically standard within the occupation, travel between clients is an expense that has place a financial burden upon providers. A rule change within the Department of Labor several years back required providers to begin paying mileage at standard rates to their employees.



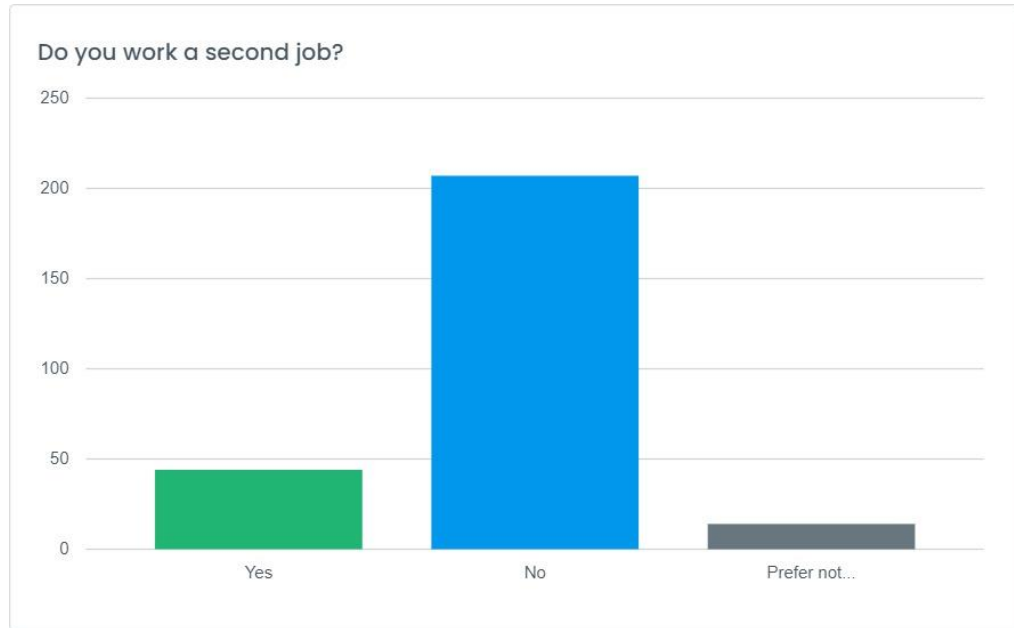
6) Length Of Time in Current Position

Most respondents reported being at their job 2 to 5 years. Of interest is the percent who report being on the job 6 years or more: 30%.



7) Second Job

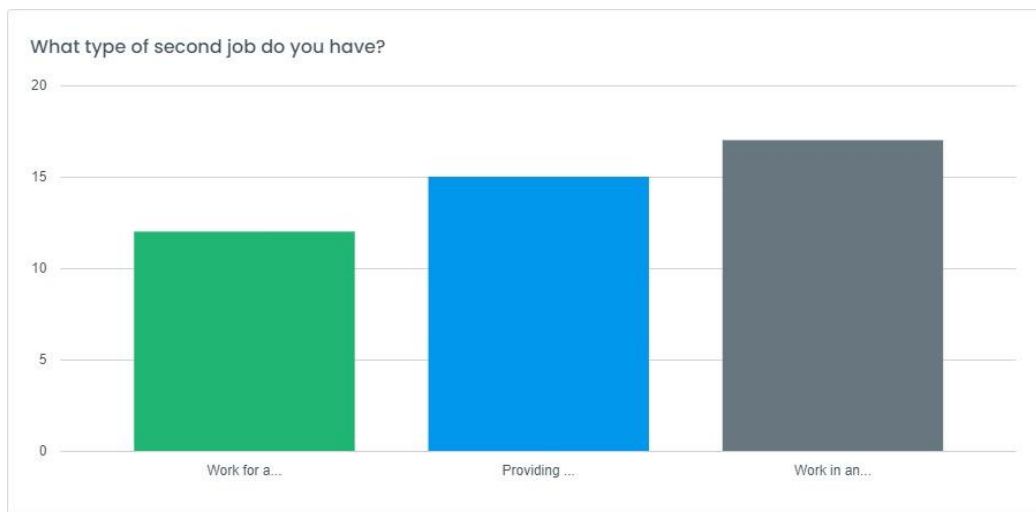
Only 17% (44) of HCBS workers reported having a second job, however 14% preferred not to answer. Respondents choosing not to answer may feel like their employer would not approve of them having a second job.



8) Type of Second Job

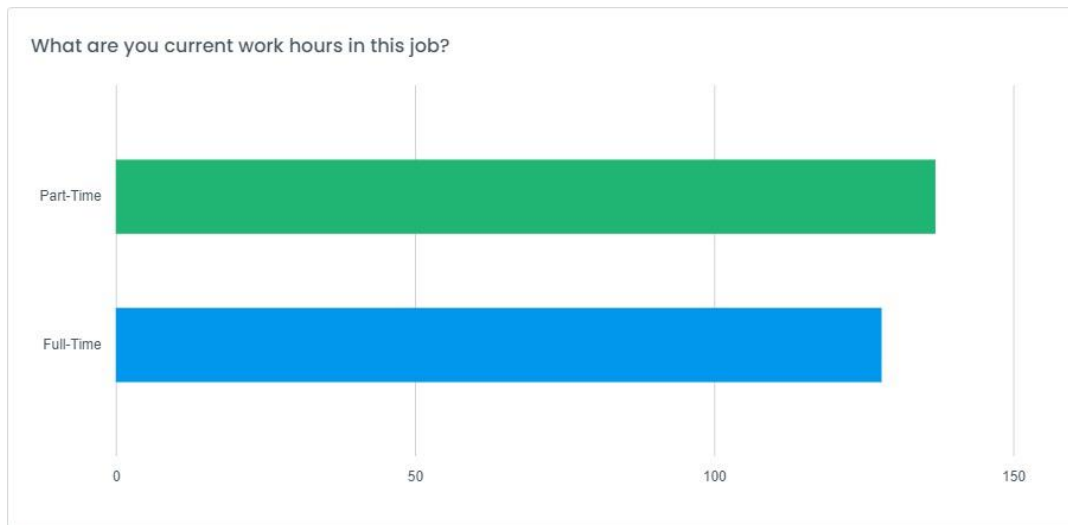
For persons who reported having a second job, there is an even split between the types.

Seventeen reported working in another health or LTSS setting, 15 provide paid supports or services to an individual, and 12 work for another HCBS agency.



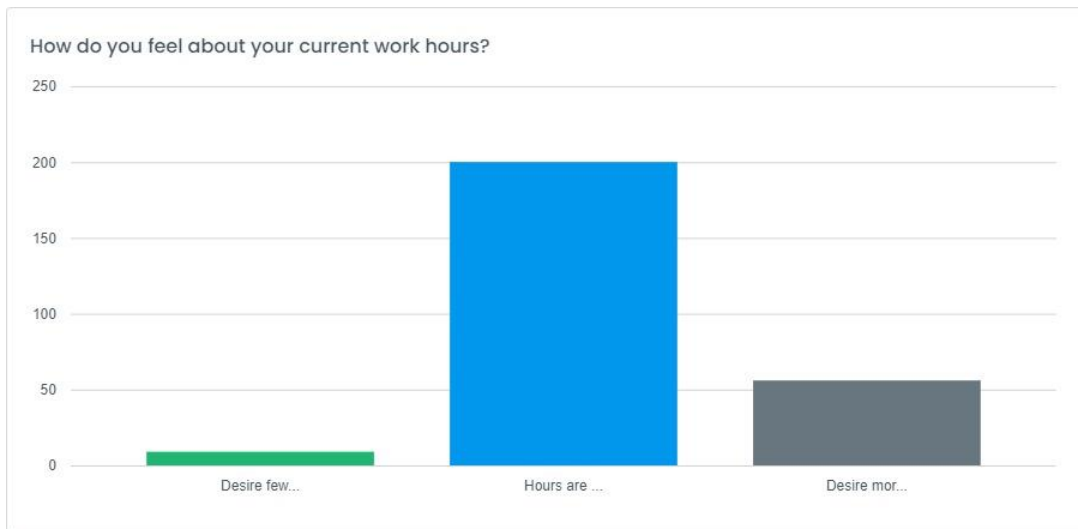
9) Current Work Hours in This Job

While many HCBS workers reported working part-time (52%), those working full-time was higher than expected (48%) and does not align with national trends.



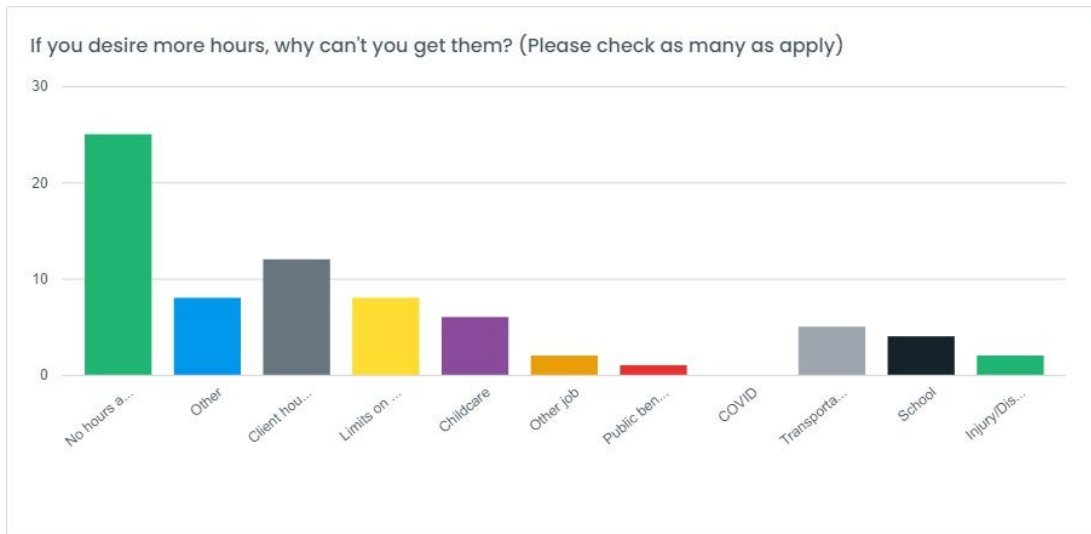
10) Feelings About Current Work Hours

An overwhelming majority of respondents (75%) stated their current work hours were enough. Only 21% desired more hours and 3% desired fewer hours.



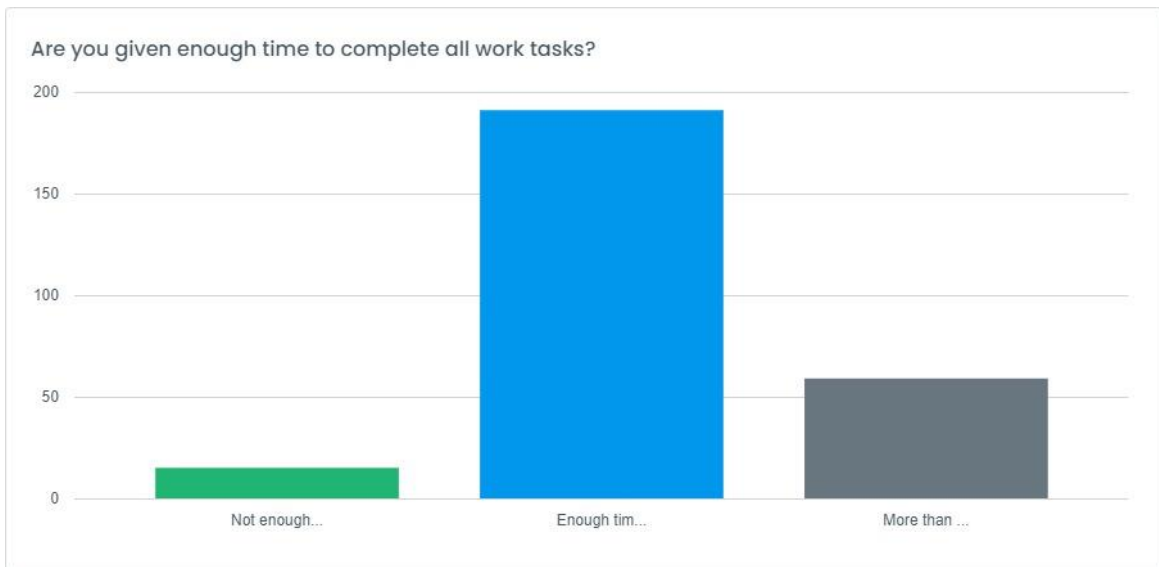
11) Reasons Why Workers Can't Get More Hours

This question explored the reasons why those respondents who desired more hours were unable to get them. Respondents were able to choose more than one reason. Of the 65 responses received, 40% stated there were no hours available.



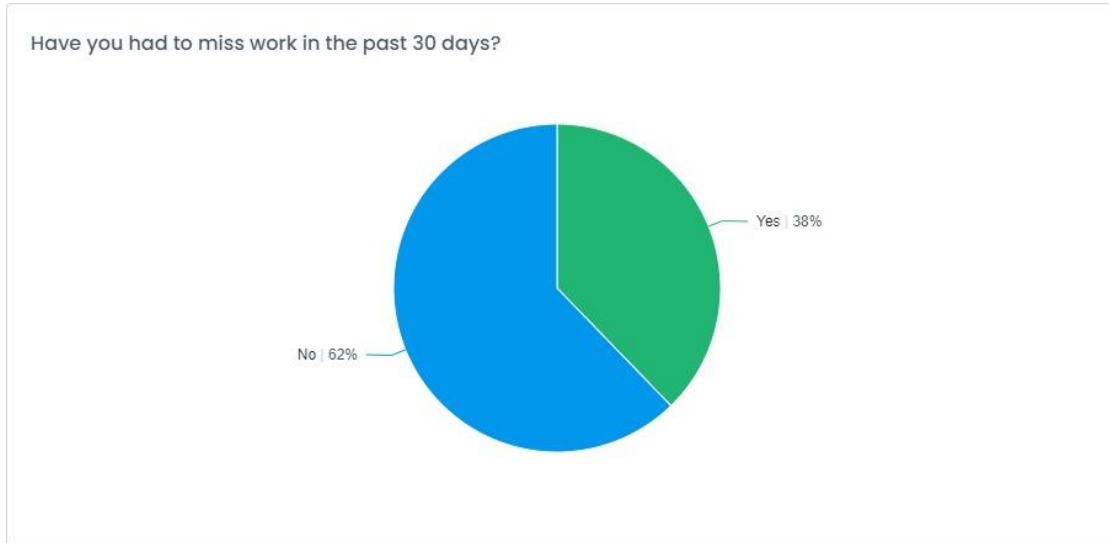
12) Enough Time to Complete Work Tasks

Surprisingly, and against national trends, 72% of all workers surveyed responded that they had enough time to complete the work tasks ordered. Fifty-nine respondents (22%) even responded they had more than enough time. This may indicate that more tasks can be added to sufficiently fulfill the time ordered. Only .6% believe they did not have enough time to complete the ordered tasks.



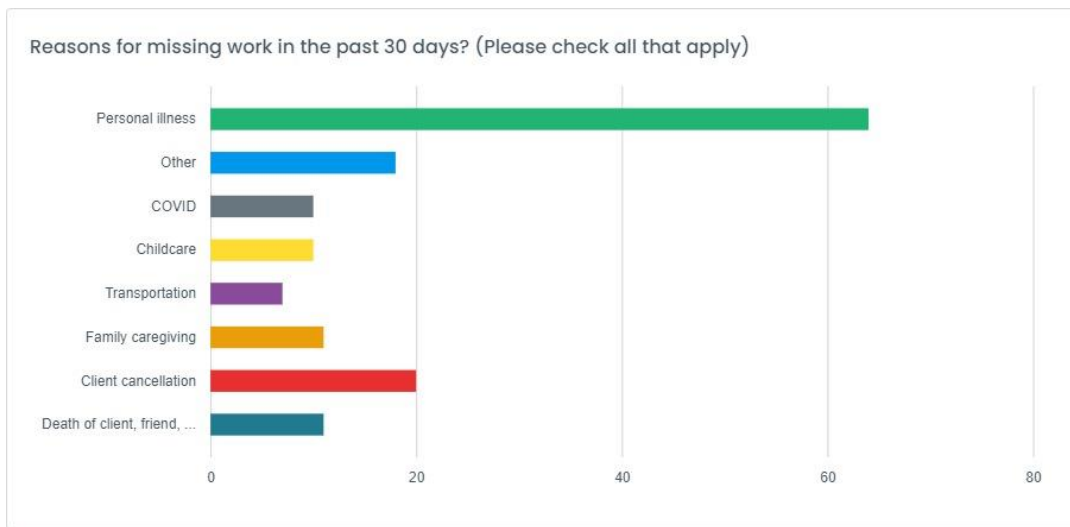
13) Have you had to miss work in the past 30 days?

Sixty-two percent of respondents (165) reported not having to miss work within the past 30 days. Thirty-eight percent (100) did have to miss.



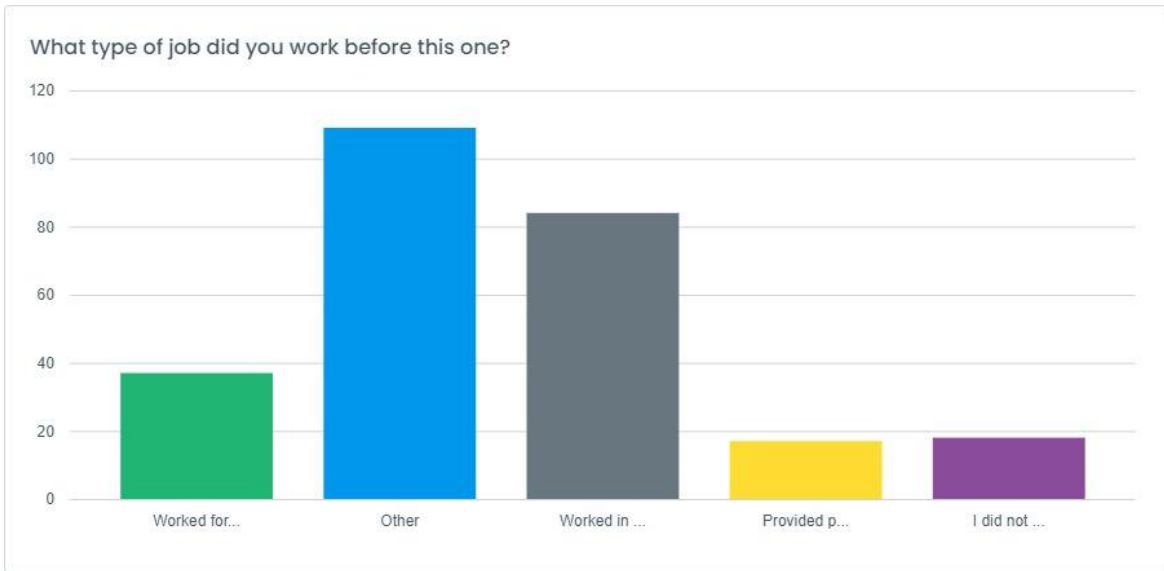
14) If yes, reasons for missing work in the past 30 days?

To determine the factors currently impacting work attendance for those who reported having to miss within the past 30 days, respondents were asked to select any response that applied. Sixty-four (24%) reported a personal illness. Client cancellation was reported by 20 respondents. While this is not a high response rate, it should be noted that workers do not get paid when a client cancels.



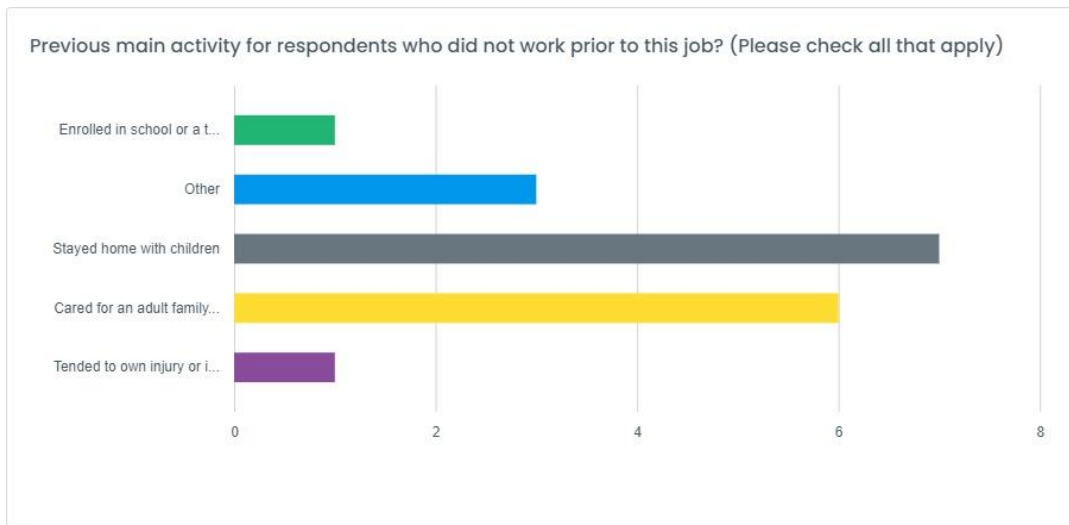
15) What type of job did you work before this one?

Respondents to this question primarily reported having worked in other non-healthcare or LTSS settings prior to becoming a PCA.



16) If you did not work prior to this job, what was the main reason why?

The intent of this question was to gauge the background of those who chose to become PCAs (e.g., what if any life experience led them to this line of work). Of those who did not work any job prior to their current one, the majority either stayed home with children or provided care for an adult family member.



Recruitment

Questions in this section were centered on the ways that people enter the HCBS workforce.

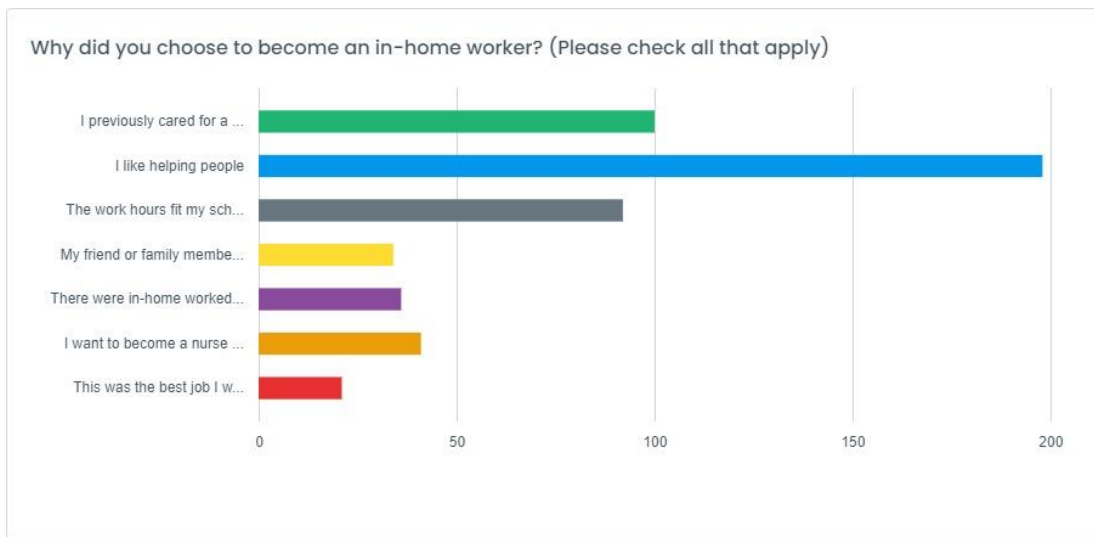
Determining the best way to reach those who are interested in this type of work will be beneficial to employers as they seek to meet the demand of the growing older adult population.

Key Findings:

- **Most workers choose this type of work because they like to help others.**
- **Online advertisement was the predominant way that employees found their current job.**

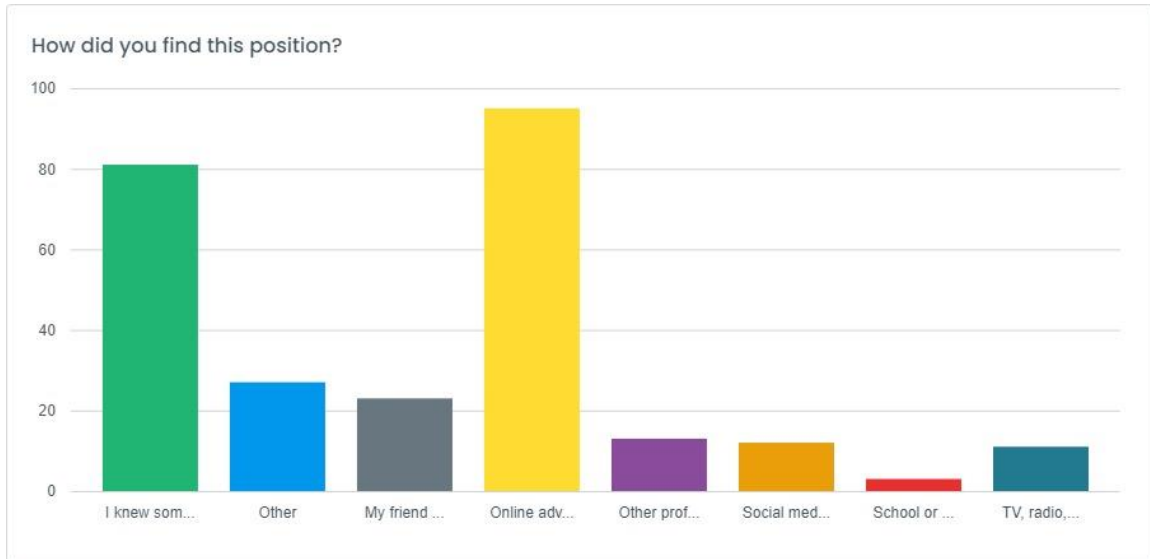
17) Why did you choose to become an in-home worker?

This sample attempted to determine the reasons for choosing this type of work. Most respondents reported a desire to help others. By promoting this type of work as meaningful, fulfilling, and essential, there are opportunities to attract workers from all age groups.



18) How did you find this position?

This sample outlines the ways job seekers find positions.



Wages & Benefits

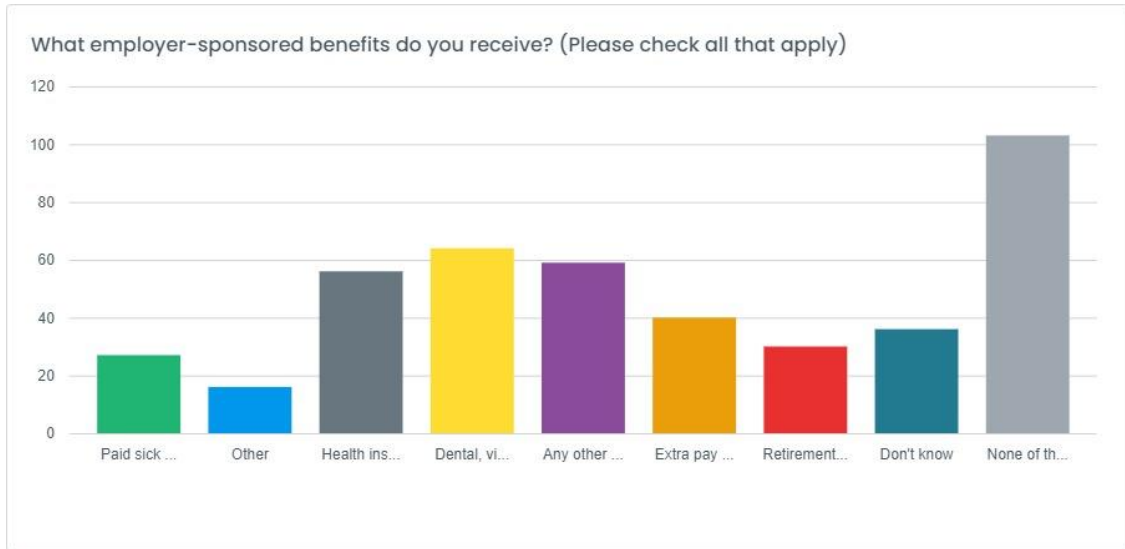
Typically known as a low-wage industry, the intent of this section is to define what type of compensation is important to personal care aides. Further, determination of management/supervisor support was essential to identifying why aides leave this industry.

Key Findings:

- **Most respondents report do not receive any employer-sponsored benefits.**
- **Many respondents (30%) reported that they have TennCare (Medicaid) for their health insurance.**
- **The most important benefit to HCBS workers (whether they currently receive it or not) is paid time off, followed closely by health insurance.**
- **97% of workers knew who their supervisor was and 84 % say their supervisor treats them with respect.**

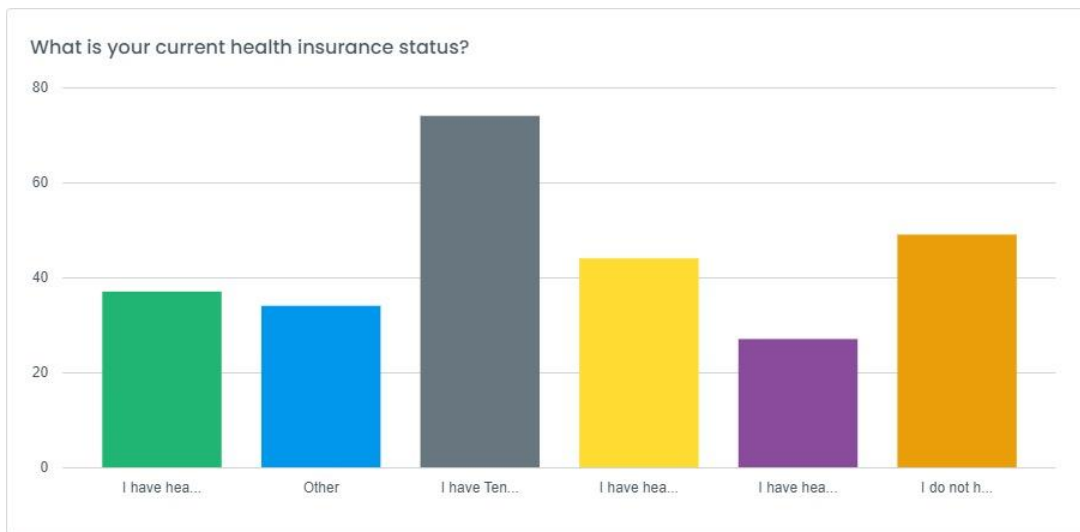
19) What employer-sponsored benefits do you receive?

Respondents primarily reported that they receive no employer-sponsored benefits.



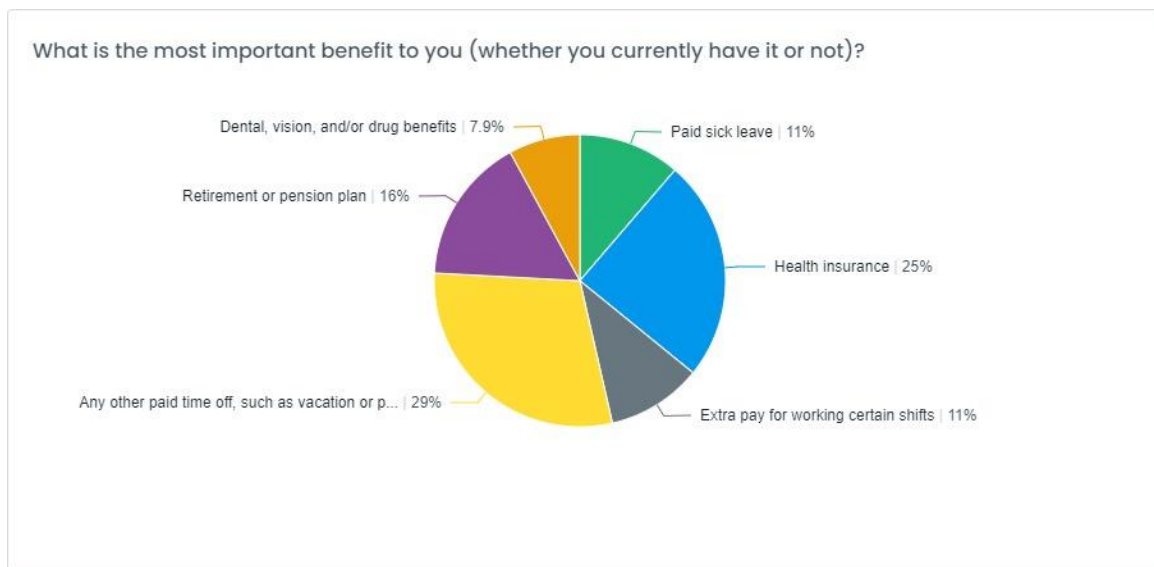
20) What is your current health insurance status?

The response to this question was an unexpected finding. While most recipients are in the 25-54 age group, 30% reported having TennCare (Medicaid). Generally, the only category for receiving TennCare in this age group, is pregnant women. However, there are disability categories, and it would be surprising if this many in-home workers fell into one of those categories.



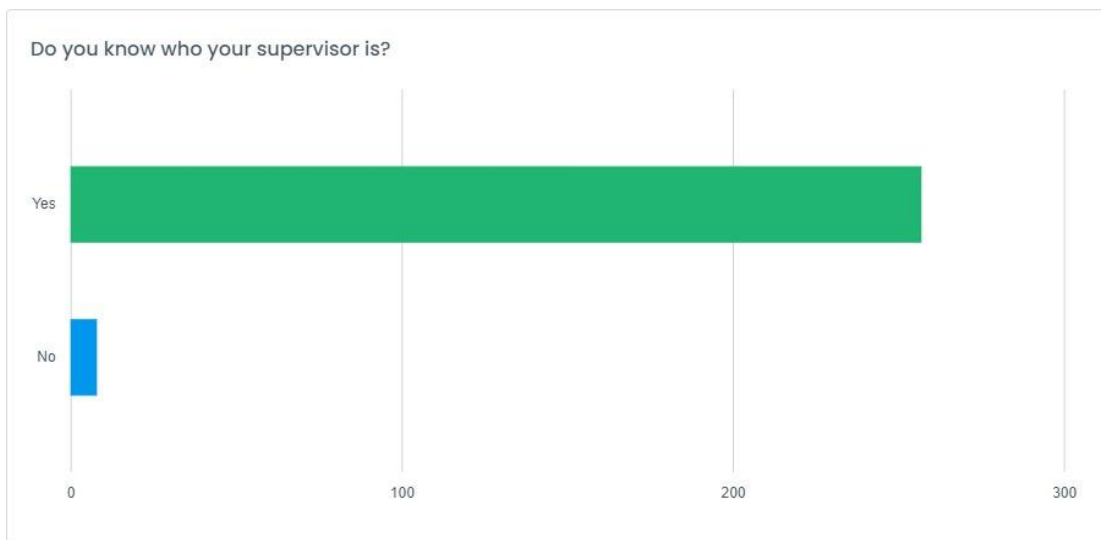
21) What is the most important benefit to you, whether you currently have it or not?

This question focuses on identifying which employer-sponsored benefit would be/or is the most important to in-home workers. The top responses were almost equally split between “Any other paid time off” and “Health Insurance”.



22) Do you know who your supervisor is?

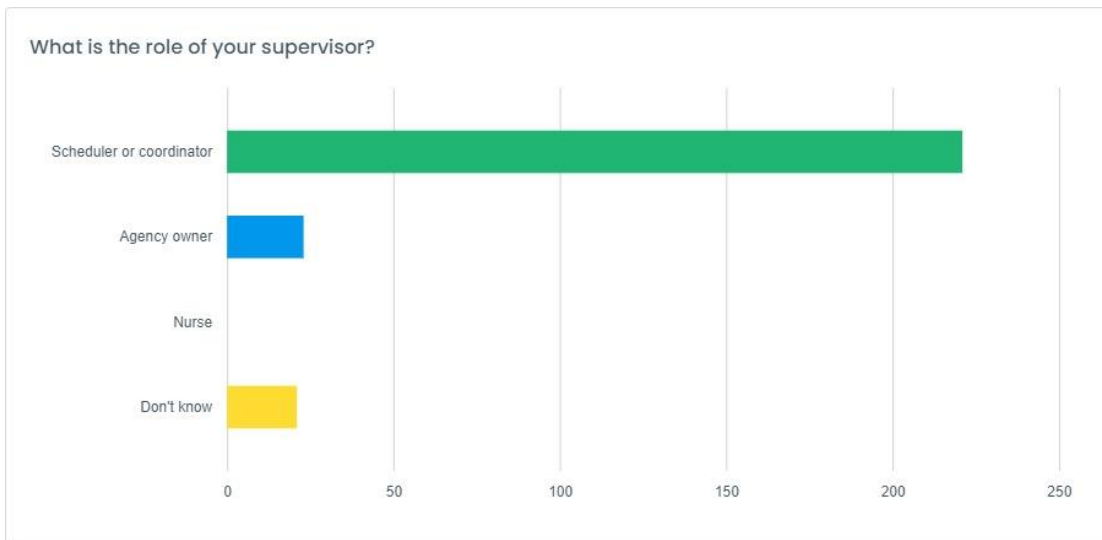
Ninety-seven percent of respondents reported knowing who their immediate supervisor is. This is somewhat different from national data, where many in-home workers reported not knowing who to call in case of emergency, questions, or needed support.



23) What is the role of your supervisor?

Most supervision in the HCBS industry is completed by a scheduler or coordinator (83%).

Eight percent report not knowing their supervisor's role within the organization.



24) How are you treated by your supervisor?

Most respondents in this category reported feeling treated with respect by their supervisor and feeling supported in their development as an employee. Respect and positive support from the employer are ways to ensure retention.



Training & Opportunities for Advancement

As the demand for HCBS increases, the need for PCAs who have condition specific training will be necessary. Opportunities to advance within the workplace would support recruitment and retention efforts by employers.

Key Findings:

- **59% of respondents believe they received sufficient initial training to perform their work.**
- **No additional training is desired by 33% of respondents, however, some respondents noted a need for training on dementia, mental health, and dealing with challenging behaviors.**
- **Most respondents have no opportunity for advancement within their workplace, however they report being satisfied with advancement opportunities.**

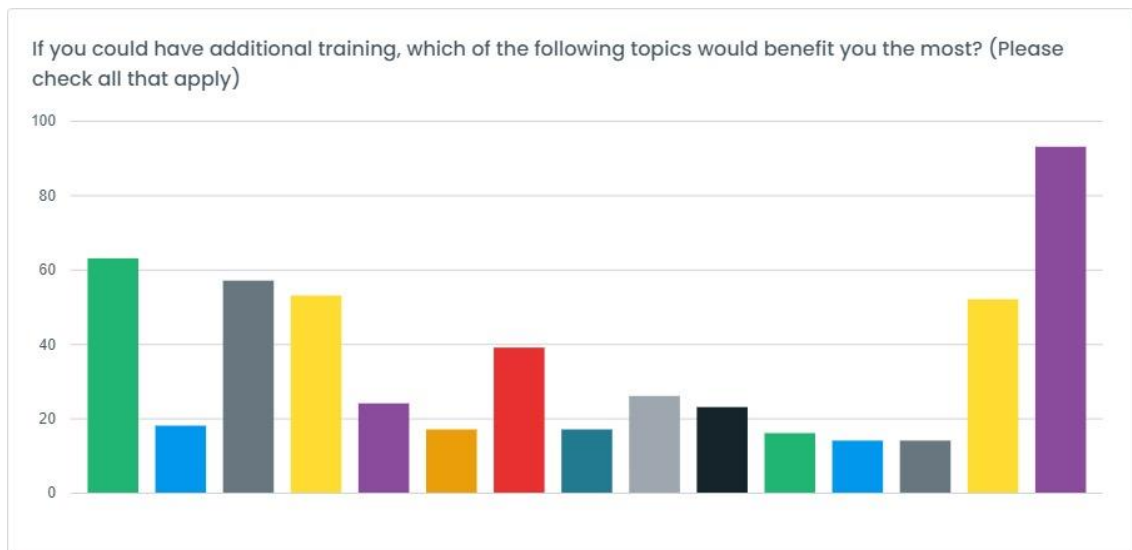
25) Did you feel well prepared to work with clients after your initial training?

Nationally, many in-home workers report lacking adequate training to prepare them to work with older adults and persons with disabilities. In Tennessee, however, most respondents to this survey believe they were well-prepared by their employer to complete their work.



26) If you could have additional training, which of the following topics would benefit you the most?

The intent of this question was to determine which areas of training HCBS workers believe would be beneficial. While the majority reported not needing or wanting additional training, others saw value in training centered on caring for persons with dementia, stress management, and dealing with challenging behaviors.



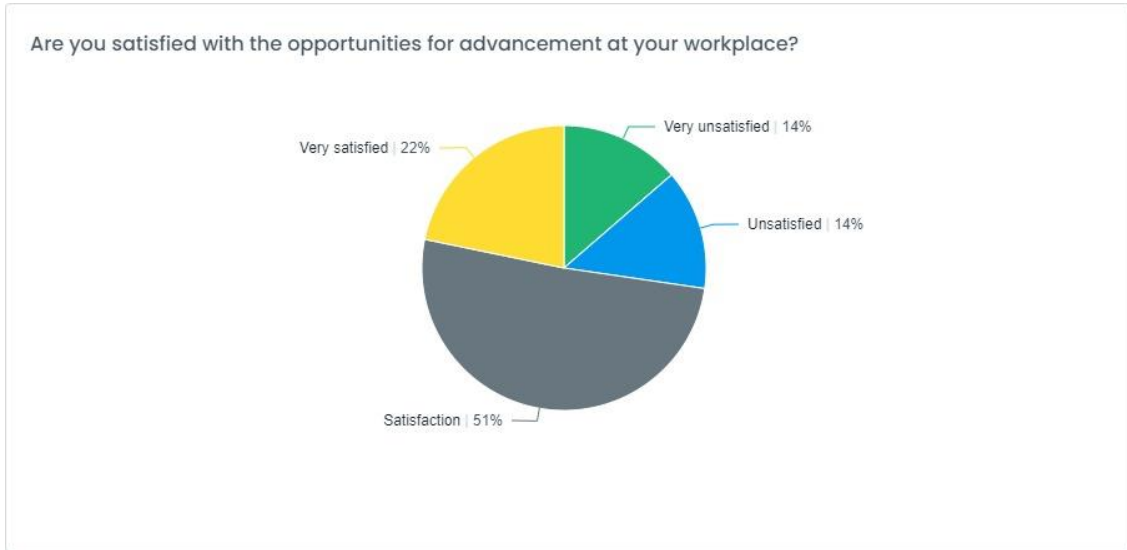
27) The following opportunities for advancement are available at my workplace:

In alignment with national data, most in-home workers report not having the opportunity to advance in their workplace.



28) Are you satisfied with the opportunities for advancement at your workplace?

Interestingly, most respondents to this question report being satisfied with opportunities for advancement even though most also reported that there were no opportunities.



The COVID-19 Pandemic

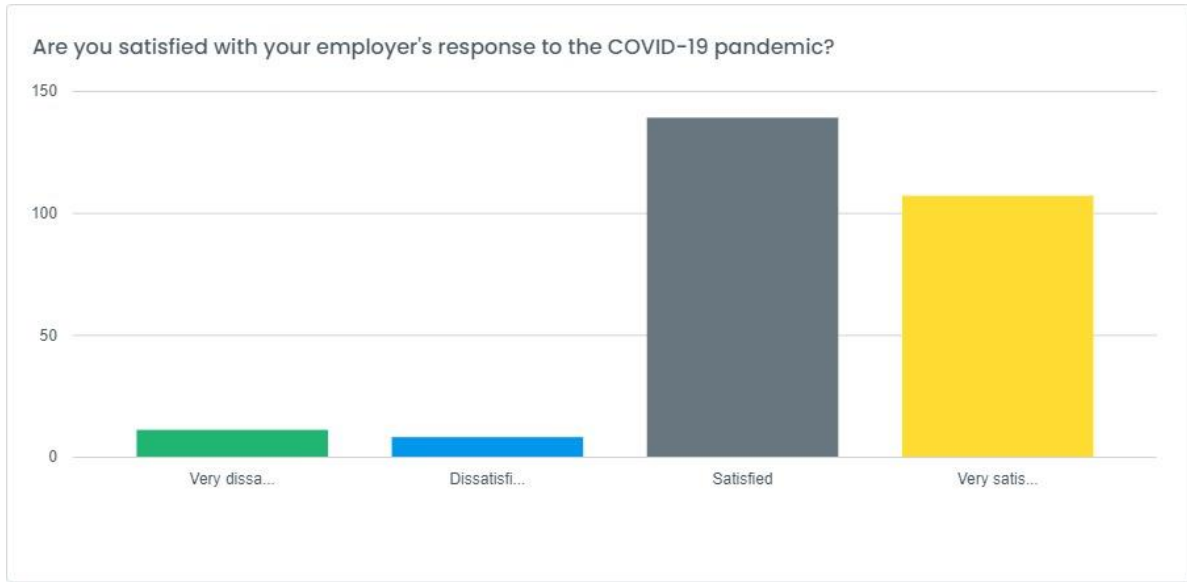
As an industry who was already struggling to recruit, hire, and train a workforce sufficient to meet the demand, the COVID-19 pandemic spotlighted the “essential” nature and demand of services for the aging and disability population. While respondents had a predominately positive response to these questions, that does not identify or dismiss the challenges at the provider level.

Key Findings:

- **93% of all respondents were either “Very Satisfied” or “Satisfied” with their employers’ response to the COVID-19 pandemic.**
- **90% of the in-home workers surveyed reported having enough PPE provided.**
- **According to 65% of respondents, work hours have stayed about the same during the pandemic.**
- **54% of respondents stated that their household finances have gotten worse since the beginning of the pandemic.**

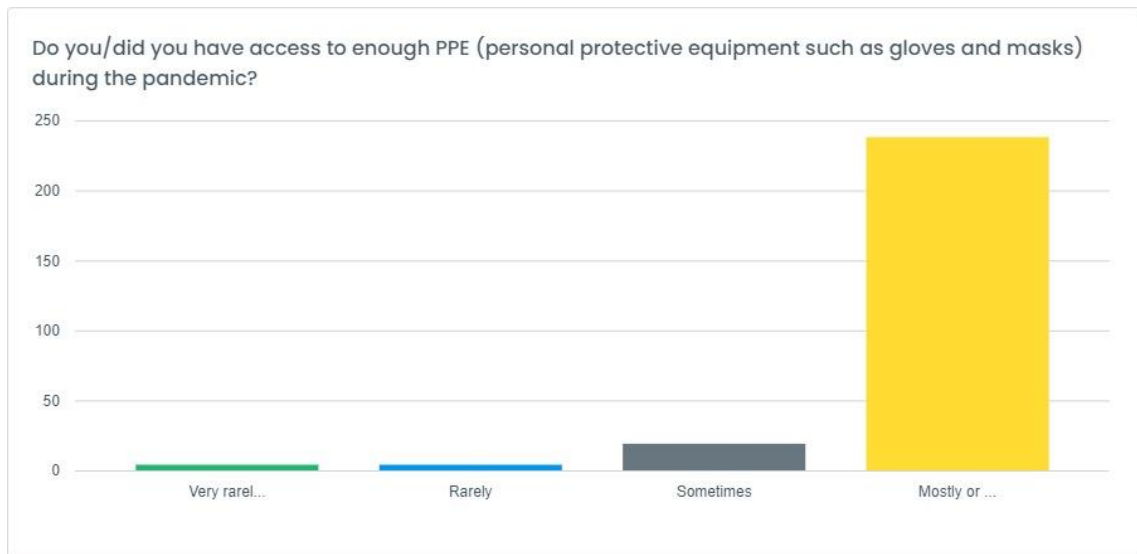
29) Are you satisfied with your employer's response to COVID-19?

Despite challenges that remained persistent throughout the pandemic, most in-home workers were satisfied with their employer's response to the COVID-19 pandemic.



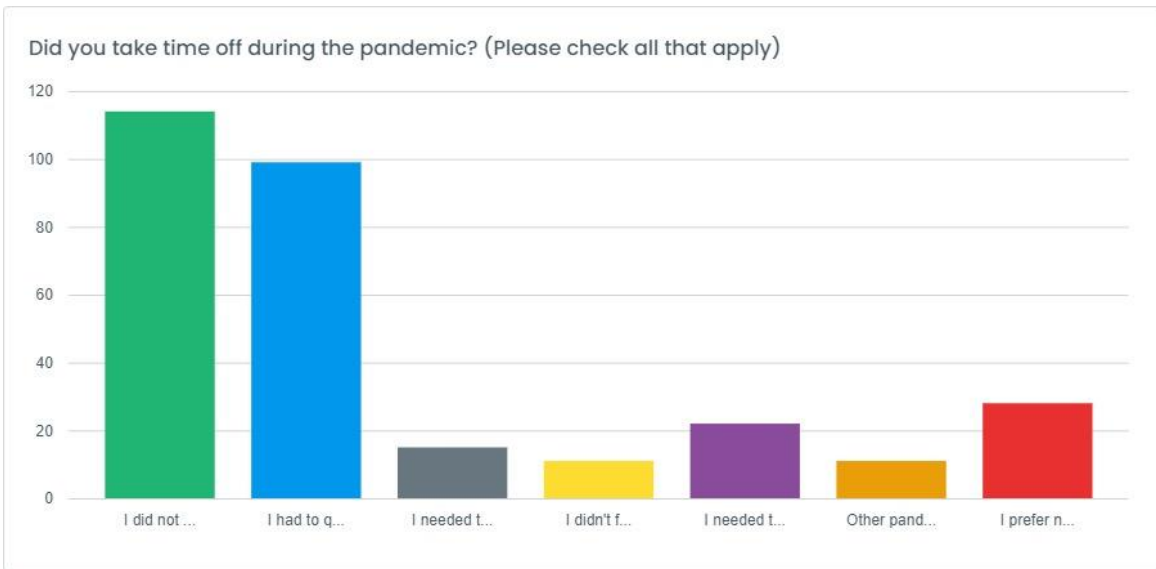
30) Do you/did you have access to enough PPE (personal protective equipment such as gloves and masks) during the pandemic?

Despite shortages in the early months of the COVID-19 pandemic supplies such as gloves, hand sanitizer, and face masks, most workers surveyed believe they were supplied with enough PPE.



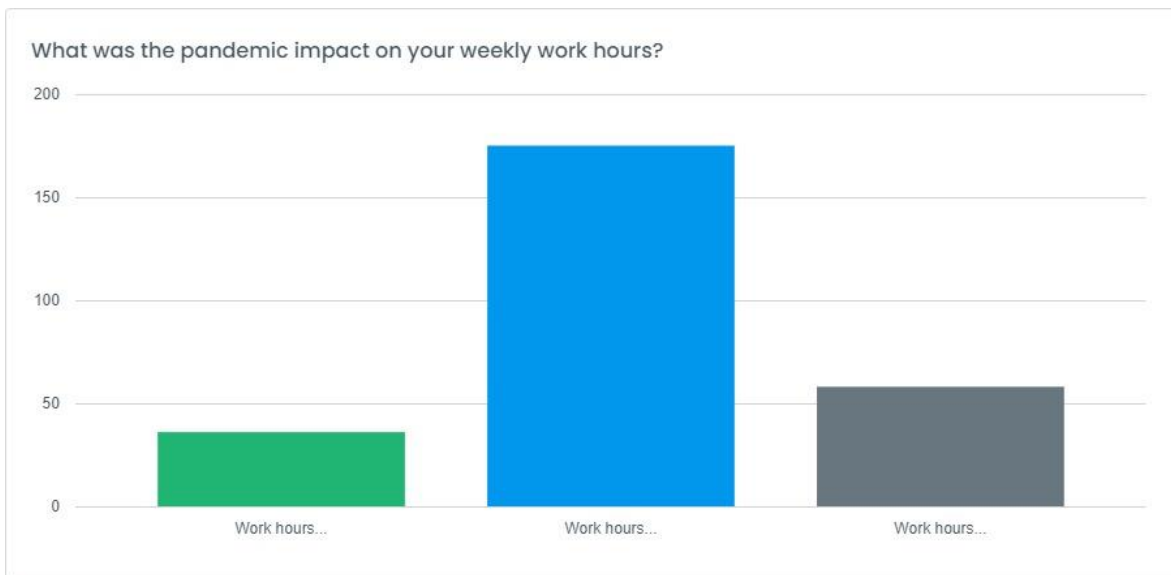
31) Did you take time off during the pandemic?

Many workers (42%) reported not having to take time off during the pandemic. Twenty-six percent had to take time off to quarantine after being exposed to the virus.



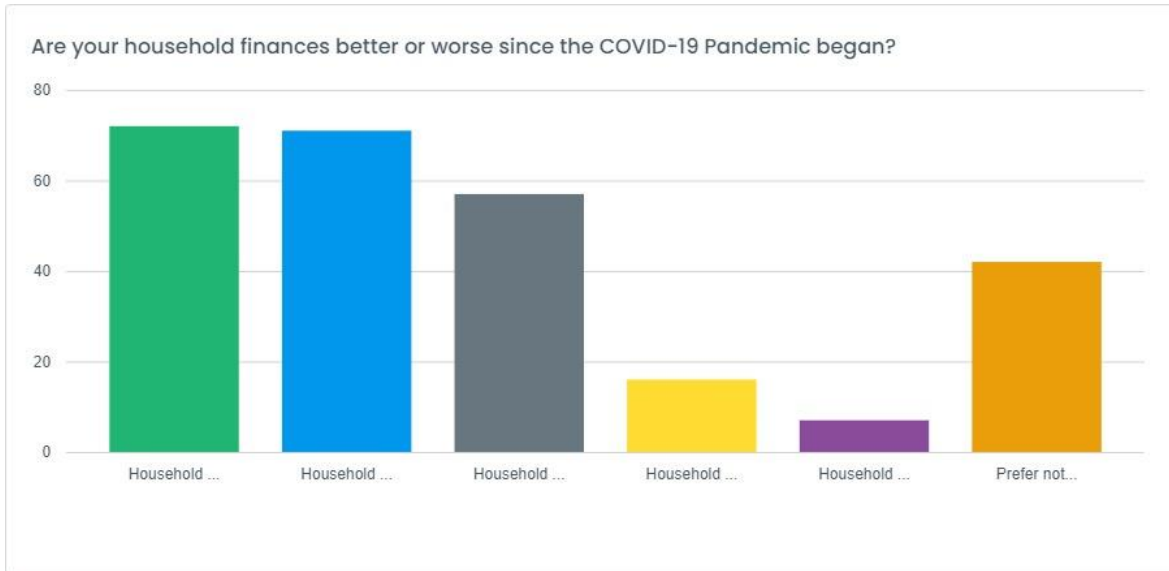
32) What was the pandemic's impact on your weekly work hours?

While some older adults chose to put services on-hold during the pandemic due to fear of exposure, HCBS workers mainly reported that their work hours have stayed about the same throughout the pandemic.



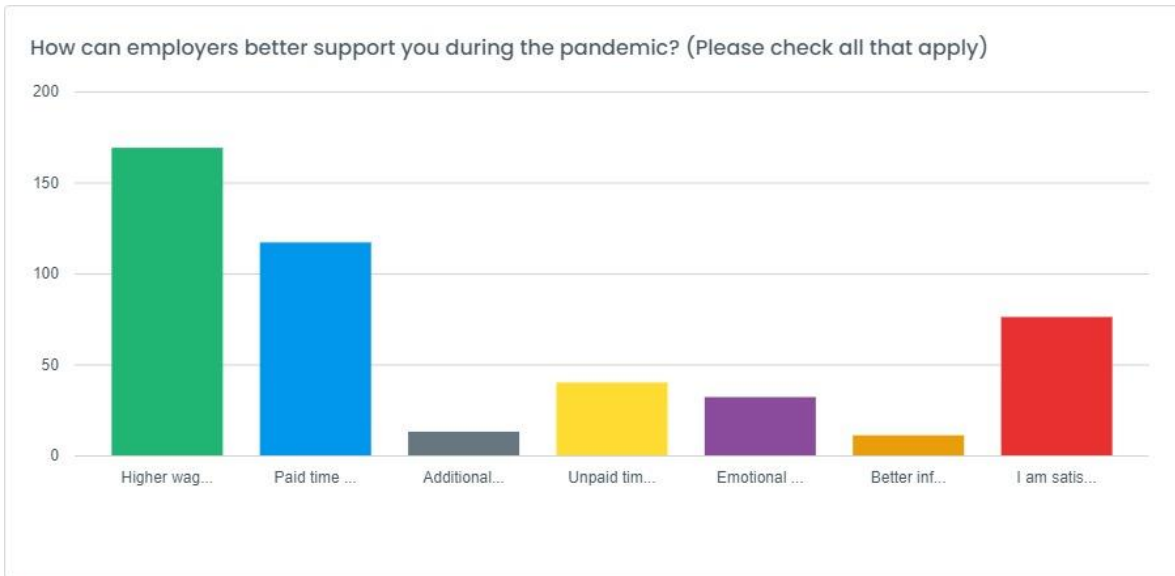
33) Are your household finances better or worse since the COVID-19 pandemic began?

HCBS workers reported that their household finances have gotten much worse since the onset of the pandemic. As with most industries, the disruption caused by the virus has adversely affected the financial stability of employees.



34) How can employers better support you during the pandemic?

This question seeks to understand the needed supports of HCBS workers during times of extreme duress or crisis. Top responses were almost equally split between “higher wages” and being “satisfied with the current support I have”.



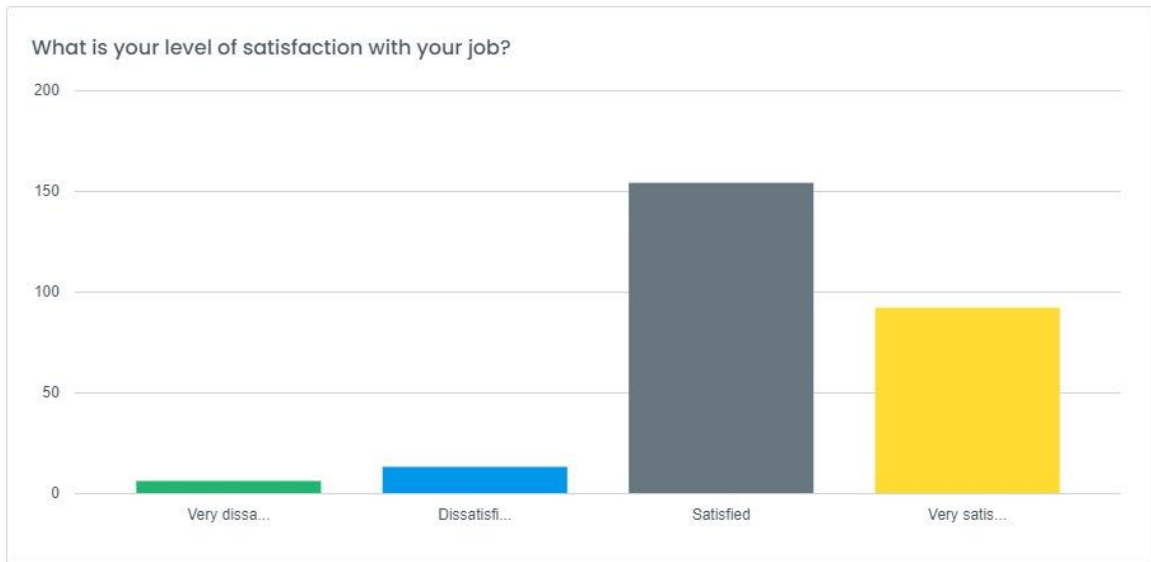
Job Satisfaction

Key Findings:

- **An overwhelming majority of in-home workers were either “Very Satisfied” or “Satisfied” with their job.**
- **89% would recommend their workplace to others looking for work.**
- **83% reported they were “Very Unlikely” or “Unlikely” to leave their job within the next year.**
- **92% of respondents stated that the “Clients” were their favorite part of the job.**

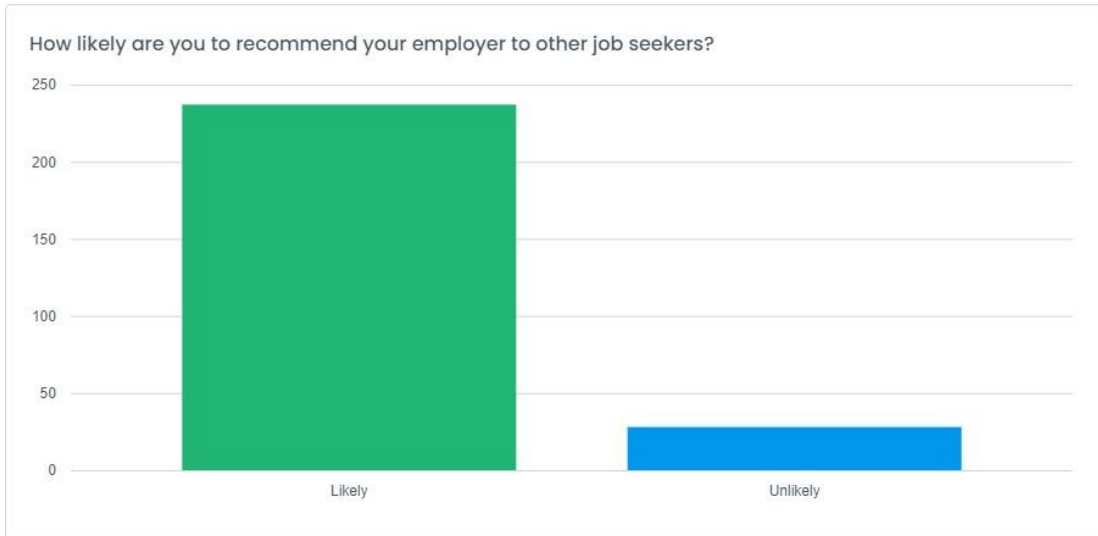
35) What is your level of satisfaction with your job?

The overwhelming majority of workers surveyed reported being “very satisfied” or “satisfied” with their job. No differential was determined between reasons for satisfaction.



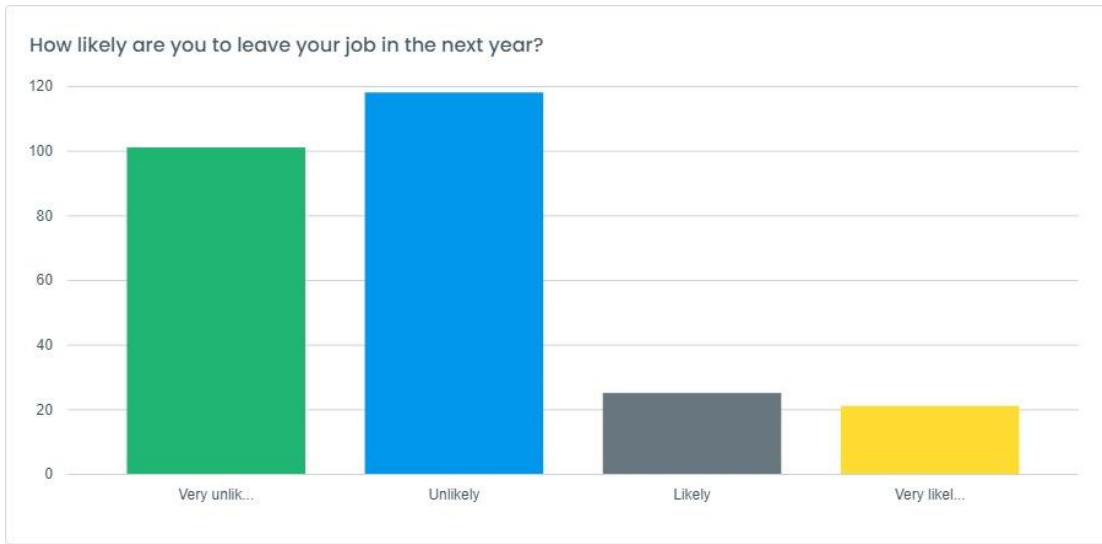
36) How likely are you to recommend your employer to other job seekers?

One indicator of a quality job is if current employees would recommend their workplace to others seeking employment. Eighty-nine percent of respondents reported that they would be likely to recommend their employer to others.



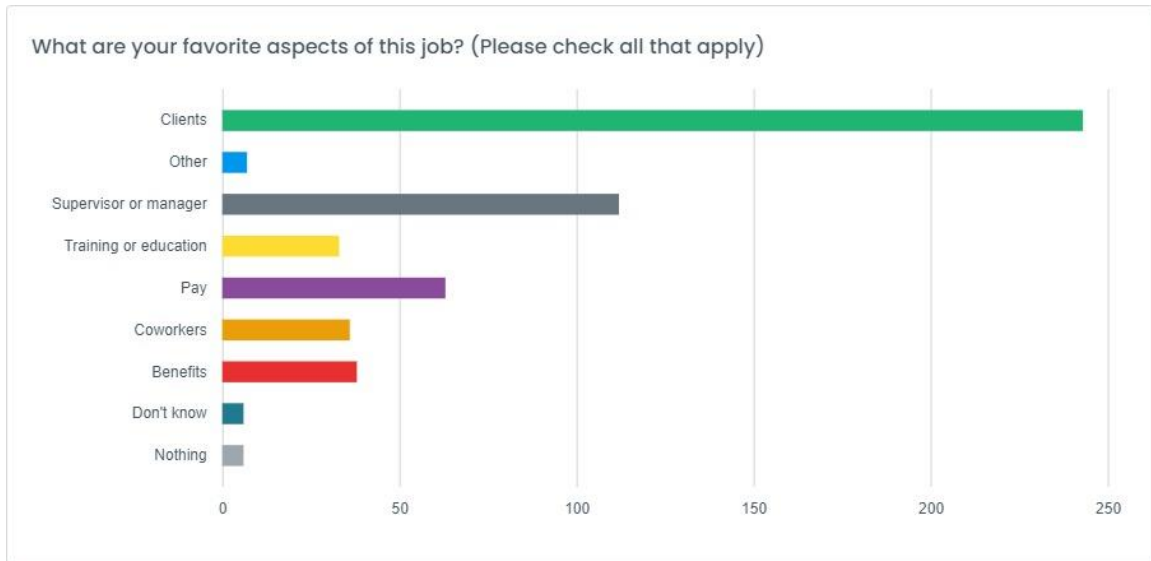
37) How likely are you to leave you job in the next year?

Of all respondents, 83% report they are “Unlikely” or “Very Unlikely” to leave their job within the next year. Only 17% reported they were either “Likely” or “Highly Likely” to leave their job.



38) What are your favorite aspects of this job?

The overwhelming majority of respondents stated that the “Clients” were their favorite aspect of their job. This is a positive finding as most individuals within the workforce place high value of finding meaning in their work.





This survey is intended to be completed by in-home workers currently providing services to clients of the local Area Agency on Aging and Disability. It is completely confidential and does not ask for your name, address, or employer. Responses are sent directly to TCAD to tabulate statewide totals.

Employers will not see specific responses, only statewide totals.

The purpose of the survey is to determine the best ways to strengthen the in-home services workforce in Tennessee. It should take no longer than three minutes to complete.

Thank you for your participation!

Demographic Information

Age

- 18-24 Years
- 25-54 Years
- 55 Years and over
- Prefer not to answer

Gender

- Male
- Female
- Other
- Prefer not to answer

Race/Ethnicity List

- White
- Hispanic, Latino, or Spanish Origin

- Black or African American
- Asian
- American Indian or Alaska Native
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- Another Race, Ethnicity or Origin
- Prefer not to answer

Educational Attainment

- Less than a High School Diploma
- High School Diploma or equivalent
- Some College but no degree
- Associate's Degree
- Bachelor's Degree
- Graduate Degree
- Prefer not to answer

Employment Profile

How many clients have you served in the past 60 days?

- 1 Client
- 2 Clients
- 3 or more clients

How long have you been in your current position?

- Fewer than 90 days
- Less than 1 Year
- 1 Year

2 to 5 Years

6 or more Years

Do you work a second job?

Yes

No

Prefer not to answer

If yes, what type of second job do you have?

Work for another HCBS agency

Providing paid supports or services to an individual

Work in another health or long-term care setting (NH, Assisted Living, Residential or Group Home, Hospital)

Other

What are your current work hours in this job?

Part-Time

Full-Time

How do you feel about your current work hours?

Desire fewer hours

Hours are just right

Desire more hours

If you desire more hours, why can't you get them? (Please check as many as apply)

No hours available

Client hours authorization

- Limits on worker hours
- Childcare
- Other job
- Public benefits
- COVID
- Transportation/distance
- School
- Injury/Disability

Are you given enough time to complete all work tasks?

- Not enough time
- Enough time
- More than enough time

Have you had to miss work in the past 30 days?

- Yes
- No

If yes, reasons for missing work in the past 30 days? (Please check all that apply)

- Personal illness
- COVID
- Childcare
- Transportation
- Family caregiving
- Client cancellation
- Death of client, friend, or family member
- Other: _____

What type of job did you work before this one?

- Worked for another HCBS agency
- Worked in another health or long-term care setting
- Provided paid supports or services to individual on my own
- I did not work prior to this job
- Other

If you did not work prior to this job, what was the main reason why? (Please check all that apply)

- Enrolled in school or a training program
- Stayed home with children
- Cared for an adult family member
- Tended to own injury or illness
- Other

Recruitment

Why did you choose to become an in-home worker? (Please check all that apply)

- I previously cared for a friend or relative
- I like helping people
- The work hours fit my schedule
- My friend or family member was a caregiver
- There were in-home worked jobs available when I was job hunting
- I want to become a nurse or other health care professional
- This was the best job I was qualified for

How did you find this position?

- I knew someone who worked here already
- My friend or family member received care from this agency/organization
- Online advertisement or job posting
- Other professional referral
- Social media announcement
- School or job training program
- TV, radio, or newspaper advertisement
- Other

Wages & Benefits

What employer-sponsored benefits do you receive? (Please check all that apply)

- Paid sick leave
- Health Insurance
- Dental, vision and/or drug benefits
- Any other paid time off, such as vacation or personal days
- Extra pay for working certain shifts
- Retirement or pension plan
- Don't know
- None of the above
- Other: _____

What is your current health insurance status?

- I have health insurance through someone else's job
- I have TennCare (Medicaid)
- I have health insurance through my own job
- I have health insurance through the Affordable care Act (healthcare.gov)
- I do not have health insurance

Other: _____

What is the most important benefit to you (whether you currently have it or not?)

- Paid Sick Leave
- Health Insurance
- Extra pay for working certain shifts
- Any other paid time off, such as vacation or personal days
- Retirement or pension plan
- Dental, vision, and/or drug benefits

Do you know why your supervisor is?

- Yes
- No

What is the role of your supervisor?

- Scheduler or coordinator
- Agency owner
- Nurse
- Don't know

How are you treated by your supervisor? (Please check all that apply)

- My supervisor treats me with respect
- My supervisor listens to me
- My supervisor supports my development as an employee
- My supervisor tells me when I am doing a good job
- Other: _____

Training & Opportunities for Advancement

Did you feel well prepared to work with clients after you initial training?

- Not at all
- Not very well
- Pretty well
- Very well

If you could have additional training, which of the following topics would benefit you the most?
(Please check all that apply)

- Managing challenging behaviors
- Caring for clients with mental health and/or behavioral issues
- Self-Care and stress management
- Nutrition and food preparation
- Communication and resolving conflicts
- Handling emergencies
- Principles of caregiving or other personal care training
- Caring for clients with diabetes
- Injury prevention
- Relating to clients with different beliefs or cultures
- Infection prevention and control
- Caring for clients with heart disease
- Caring for clients with dementia
- I do not want/need additional training
- Other: _____

The following opportunities for advancement are available at my workplace: (Please check all that apply)

- Internal promotion to another (non-management) position
- Internal promotion to a management position
- Internal promotion to trainer or assistant trainer position
- Internal promotion to a peer mentor role
- Apprenticeship training
- None of the above
- Other: _____

Are you satisfied with the opportunities for advancement at your workplace? (Please check all that apply)

- Very unsatisfied
- Unsatisfied
- Satisfied
- Very Satisfied

The COVID-19 Pandemic

Are you satisfied with your employer's response to the COVID-19 pandemic?

- Very dissatisfied
- Dissatisfied
- Satisfied
- Very Satisfied

Do you/did you have access to enough PPE (personal protective equipment such as gloves and masks) during the pandemic?

- Very rarely or never
- Rarely
- Sometimes
- Mostly or always

Did you take time off during the pandemic? (Please check all that apply)

- I did not take time off for any pandemic-related reason
- I had to quarantine due to COVID-19
- I needed to take care of my children because school or daycare was closed
- I didn't feel safe going to work
- I needed to take care of a family member with COVID-19
- Other pandemic-related reasons
- I prefer not to say

What was the pandemic impact on your weekly work hours?

- Work hours increased
- Work hours stayed about the same
- Work hours decreased

Are your household finances better or worse since the COVID-19 pandemic began?

- Household finances have gotten much worse
- Household finances have gotten a little worse
- Household finances haven't changed
- Household finances have improved a little
- Household finances have improved a lot
- Prefer not to answer

How can employers better support you during the pandemic? (Please check all that apply)

- Higher wages
- Paid time off
- Additional training about COVID-19

- Unpaid time off without penalty
- Emotional or mental health support
- Better infection prevention policies
- I am satisfied with the current support I have

Job Satisfaction

What is your level of satisfaction with your job?

- Very dissatisfied
- Dissatisfied
- Satisfied

How likely are you to recommend your employer to other job seekers?

- Likely
- Unlikely

How likely are you to leave your job in the next year?

- Very unlikely
- Unlikely
- Likely
- Very Likely

If you are likely to leave, what is the main intervention that would convince you to stay in your current job? (Please check all that apply)

- Higher pay
- Better benefits
- More training or education
- Different supervisor or manager

- Different assignments
- Provide or extend a parent caregiving policy (time off to care for mom or dad)
- Provide additional hours

If you leave, what type of job would you like to have?

- Working outside of the health or long-term care setting
- Working for another HCBS agency
- Working in another health or long-term care setting
- Don't know
- Not planning on working after this job

What are your favorite aspects of this job? (Please check all that apply)

- Clients
- Supervisor or manager
- Training or education
- Pay
- Coworkers
- Benefits
- Don't know
- Nothing

Thank you for completing the survey!

Please submit survey to Shelley Hale at shelley.hale@tn.gov

Or Fax: 615-741-3309