

INSIGHTS FROM THE FRONTLINE: RESULTS OF A STATEWIDE SURVEY OF PAID CAREGIVERS IN ARIZONA

In Arizona, paid caregivers—including direct care workers, paid family caregivers, and direct support professionals, among others—provide critical daily support to thousands of older adults and people with disabilities. As the need for these essential workers escalates, the state faces a pressing question: what can be done to improve paid caregiving jobs and enhance the supports that these workers deliver? To help address this question, PHI partnered with four managed care organizations in Arizona to survey the paid caregiver workforce about their experiences and insights. This report presents the survey findings and identifies opportunities to improve job quality in the Grand Canyon State.

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EXECUTIVE SUMMARY

Paid caregivers provide critical services to older adults and people with physical and/or intellectual and developmental disabilities in home and community-based settings across Arizona. Despite their essential role, historic underinvestment in paid caregivers' jobs has led to poor compensation and high turnover. The rising minimum wage in Arizona has tightened competition for workers among home and community-based services (HCBS) agencies and other industries. And, since 2020, the COVID-19 pandemic has introduced new concerns about paid caregiver safety and economic wellbeing while exacerbating existing recruitment and retention challenges.

Without intervention, the paid caregiver crisis will worsen in Arizona. When counting new jobs and job openings created as workers leave the field, employers in the state will need to fill nearly 130,000 paid caregiver jobs openings from 2016 to 2026.

To support a strong paid caregiver workforce and ensure quality care for home care consumers in Arizona, the state implemented a new policy in 2018 to coordinate workforce development at every level of the HCBS system—from state government agencies to managed care organizations to agencies that provide HCBS. As part of this ambitious endeavor, four managed care organizations (MCOs) in Arizona—Mercy Care, UnitedHealthcare, Banner University Health Plans, and the Arizona Department of Economic Security's Division of Developmental Disabilities—partnered with PHI to survey the paid caregiver workforce directly. The aim in implementing this survey was to ensure that future workforce development efforts in the state are appropriately informed by paid caregivers' experiences, perspectives, and priorities.

This report presents the results from more than 4,000 responses to the workforce survey, focusing on factors that influence workers' intent to stay in their jobs or leave and factors that are most amenable to workforce interventions. The findings show that a variety of factors influence workers' longevity in the field, including compensation, training, supervision, opportunities for advancement, and support during the COVID-19 pandemic, among others.

The analyses in this report offer clear opportunities to improve paid caregiver jobs through a mix of monetary and cost-neutral solutions. The final section of this report synthesizes the survey findings to make the following recommendations:

- Support paid caregivers during the COVID-19 pandemic
- Promote diversity, equity, and inclusion
- Improve access to additional hours and full-time schedules
- Recruit new workers online while also leveraging personal connections
- Implement supportive supervisory practices
- Promote existing advancement opportunities and create new career pathways
- Expand training opportunities for paid caregivers
- Include paid caregivers' voices when evaluating interventions

Realizing these recommendations will require a mix of strong collaboration among key actors; innovation and creativity at all levels of the HCBS system; and financial support for HCBS agencies from the state and MCOs. The result could be transformative for the field—improving the lives and wellbeing of consumers and paid caregivers in Arizona and setting an example for effective paid caregiver workforce development in other states across the country.

INTRODUCTION

Arizona's frontline paid caregivers provide critical assistance to older adults and people with physical and/or intellectual and developmental disabilities in their homes and communities. Because of the state's growing population of older adults, paid caregiving services are in extremely high demand. Over the past decade, the paid caregiving workforce more than doubled—from 31,640 workers in 2009 to 66,890 in 2019.¹ Employment growth will continue in the future: from 2016 to 2026, this workforce is expected to add 35,310 new jobs in Arizona.

Despite this high and growing demand, paid caregivers are historically undervalued. The median hourly wage for these workers was just \$12.02 in 2019, compared to \$12.92 in 2009 (after adjusting for inflation to 2019 dollars), and their median earnings are \$15,500 per year. Forty-nine percent of the workforce lives in or near poverty (defined as 200 percent of the federal poverty level) and over half rely on some form of public assistance, particularly nutrition assistance and Medicaid.

As well as negatively impacting workers themselves, low wages and other elements of poor job quality also lead to tight competition among HCBS agencies to attract and retain workers. This competition has likely been exacerbated by the rising minimum wage in Arizona, from \$8.05 per hour in 2016 to \$12.00 in 2020, with incremental cost of living adjustments starting in 2021. More than ever, providers must compete to attract workers with industries that have the lowest barriers to entry, like fast food and retail.

These compounding challenges lead to high turnover and widespread vacancies in the field. When accounting for workers who will leave the field because they switch occupations or leave the labor force altogether, the total number of paid caregiver job openings from 2016 to 2026 is projected to be 129,800 in Arizona.

Improving workforce recruitment and retention requires collaboration among a range of key actors. In Arizona, the state contracts with managed care organizations (MCOs), which receive payments from the state to coordinate services for their members through a network of health and long-term care providers. Recently, the Arizona Health Care Cost Containment System (AHCCCS)—the state agency that oversees Arizona's managed care system—has proactively engaged MCOs (and in turn, their networks of providers) in addressing workforce concerns.

Specifically, since 2018, MCOs have been required through their state contracts to fulfill certain workforce development efforts, including: designating a workforce development administrator, developing a workforce development plan, monitoring workforce development activities in their provider networks, providing technical assistance to network providers, and collecting workforce data.

As a key step toward meeting these requirements, the state's four MCOs (Mercy Care, UnitedHealthcare, Banner University Health Plans, and the Arizona Department of Economic Security's Division of Developmental Disabilities) partnered with PHI in 2020 to survey Arizona's paid caregiver workforce—including direct care workers, direct support professionals, and paid family members. The survey was borne out of a recognition that, as well as engaging all relevant actors, workforce development initiatives should be meaningfully informed by workers' self-reported needs, experiences, aspirations, and challenges.

This report presents the findings from the survey, which covered a range of topics from personal background and employment history to wages and compensation, job satisfaction, workplace safety, and experiences during the COVID-19 pandemic. Drawing from the detailed survey findings, the report concludes with concrete recommendations for providers, MCOs, and other workforce development entities—thus providing a roadmap for transforming paid caregiver job quality, implementing effective recruitment and retention strategies for this workforce, and ultimately improving the availability and quality of long-term care in Arizona.

The COVID-19 Pandemic—Adding New Urgency to Paid Caregiver Job Quality Efforts

The COVID-19 pandemic has generated new and immediate safety risks, economic uncertainties, and other major challenges for paid caregivers. Recognizing this reality, the Arizona paid caregiver survey incorporated specific questions about respondents' experiences during the pandemic—and the findings can help inform timely, targeted actions to support these essential workers. More broadly, this unprecedented moment has brought to light and exacerbated a range of long-standing, well-documented job quality concerns for paid caregivers. Therefore, the findings and recommendations in this report should also inform efforts to improve these jobs and strengthen the workforce well beyond the end of the pandemic.

Defining Arizona's Paid Caregiver Workforce

Paid caregiver is a broad term describing individuals in Arizona who are paid to assist older adults, people with physical disabilities, and/or people with intellectual and developmental disabilities who live at home.

These workers often provide assistance with daily activities, like eating, bathing, and dressing, and frequently support clients with tasks outside the home, like attending doctor's appointments.² Some paid caregivers also or exclusively provide behavioral support, developmental skills training, and assistance with sensorimotor development—a set of tasks described as “habilitation services” in Arizona.³

To work as a paid caregiver under Arizona's Medicaid programs, individuals must be trained and certified as **direct care workers**.⁴ Their training requirements include: completing a fundamental skills module, completing one of two population-specific modules (*Aging and Physical Disabilities* or *Developmental Disabilities*), and successfully passing a competency evaluation.

Paid family members employed as direct care workers are only required to complete the fundamental skills training and do not need to take the competency test, while workers with previous relevant experience may skip the training and take the competency test directly.⁵ Direct care workers who are employed by private-pay HCBS agencies (i.e., outside the Medicaid system) are not bound by any statutory training requirements.

Workers who are employed directly by consumers under the Self-Directed Attendant Care model are called **self-directed attendants**. They have similar responsibilities as direct care workers but are

exempt from the training requirements described above; instead, their training is negotiated with the consumer who employs them.⁶ Self-directed attendants were not included in this survey sample.

Under these broad designations, paid caregiver job titles vary by employer or population served. For example, certified direct care workers who assist people with intellectual and developmental disabilities are often called **direct support professionals**.

This survey aimed to reach a broad range of direct care workers. Given the variety of job titles used in the field, the umbrella term “paid caregiver” was used throughout the survey. In this report, the terms “paid caregiver” and “worker” are used interchangeably to describe the survey respondents.

Survey Methods

PHI drafted this original survey based on existing surveys and best practices in workforce development, with extensive input from the partnering MCOs as well as HCBS agencies and paid caregivers themselves.

The four MCOs disseminated a link for the online survey to all HCBS agencies with whom they have contracts, and those agencies were responsible for sending the link to all of their paid caregivers. Even though they received the link from their employers, potential respondents were assured that their responses would be kept anonymous and confidential. Those who completed the survey were granted access to three free, online training courses.

Survey responses were collected from August 31 to October 14, 2020. Responses were received from 158 of the 401 HCBS agencies that received the survey link. A total of 4,337 individuals responded to the survey, and the final sample size for analysis was 4,216. (Some respondents were removed from the sample because they reported a non-caregiver job title, e.g., “Executive Director.”) Based on dissemination reports from HCBS agencies, the estimated response rate was 17 percent.

Descriptive statistics were generated from the quantitative survey data using Stata statistical software. In this report, all percentages are rounded to the nearest whole percentage. (Due to rounding, percentages do not always add up to 100 percent and summary percentages may not always match individual percentages.) Answers to the free-response items on the survey were reviewed to supplement the quantitative analyses, and several quotes were included throughout this report to illustrate the findings. The free-response answers were re-coded in some cases, e.g. “Not sure” was recoded to the “I don’t know” response option. Also, some answers were re-coded into thematic categories, e.g. “Reasons for missing work” and “Reasons for part-time work.”

The results described in this report have some limitations. First, the survey was not translated into any other languages, which likely excluded some workers with limited English proficiency. Second, as mentioned above, self-directed attendants could not be included in the sample since the survey was disseminated through provider agencies (rather than directly to workers or via individual consumers). Finally, self-selection among both providers and respondents may have skewed responses somewhat. Although these results cannot, therefore, be viewed as representative of the entire paid caregiver workforce in Arizona, they nonetheless offer meaningful, actionable insights for workforce recruitment and retention in the state.

Populations Served

Using their survey responses and provider contract information, respondents were sorted into three categories based on the populations they served, namely: “Respondents Who Assist Older Adults and People with Physical Disabilities,” “Respondents Who Assist People with Intellectual and Development Disabilities,” and “Respondents Who Assist More Than One Population”. Respondents were placed in the first two categories if they were employed by an organization that exclusively contracts with either the Arizona Department of Economic Security’s Division of Developmental Disabilities or a private health plan that serves older adults and people with disabilities. The first two categories also capture respondents who reported that they exclusively assist one population, even if they were employed by an organization with multiple service contracts.

Respondents were placed in the “Respondents Who Assist More Than One Population” category if they were employed by organizations with multiple service contracts and reported that they assist multiple populations. Finally, some respondents could not be placed into any of these three categories because their employer type could not be identified or because they did not answer a question about the populations they work with.

These respondent categories were generated and analyzed separately because job responsibilities vary somewhat among paid caregivers according to the populations they serve. For example, direct support professionals who assist people with intellectual and developmental disabilities might focus on habilitation services, whereas a direct care worker who assists an older adult with Alzheimer’s disease might provide more hands-on assistance with activities with daily living. Throughout this report, the most notable differences are highlighted to emphasize population-specific job quality challenges—and to inform tailored workforce solutions in turn.

Respondents in the “Respondents Who Assist More Than One Population” category and respondents who could not be identified by population served were not included in the population-specific analyses due to their small numbers.

RESULTS OF THE ARIZONA PAID CAREGIVER SURVEY

The following sections highlight key findings from across each of the eight domains of the paid caregiver survey. These findings directly inform the recommendations that are presented in the final section of this report. (See Appendices 1 through 3 for a summary of all survey responses.)

Demographic Profile

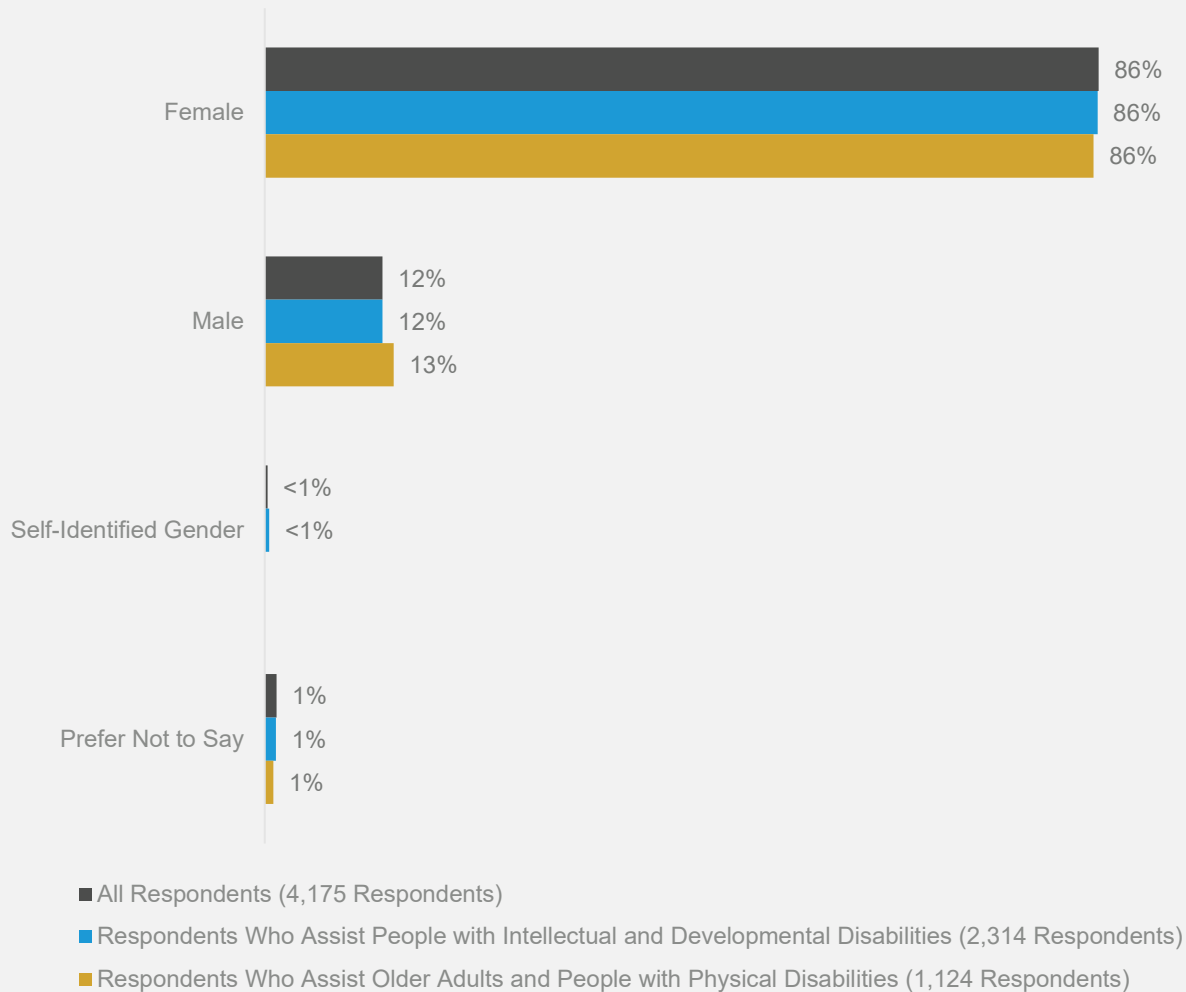
These findings shed light on the profile of the paid caregiving workforce in Arizona according to gender, race, education, and more.

Key Findings

- Respondents are primarily women (86 percent), and many are people of color (44 percent).
- A third of respondents (34 percent) are aged 55 and older, including 44 percent of respondents who assist older adults and people with physical disabilities.
- Over half of respondents (52 percent) have young children at home, but just one in four respondents (25 percent) access paid childcare while they work.

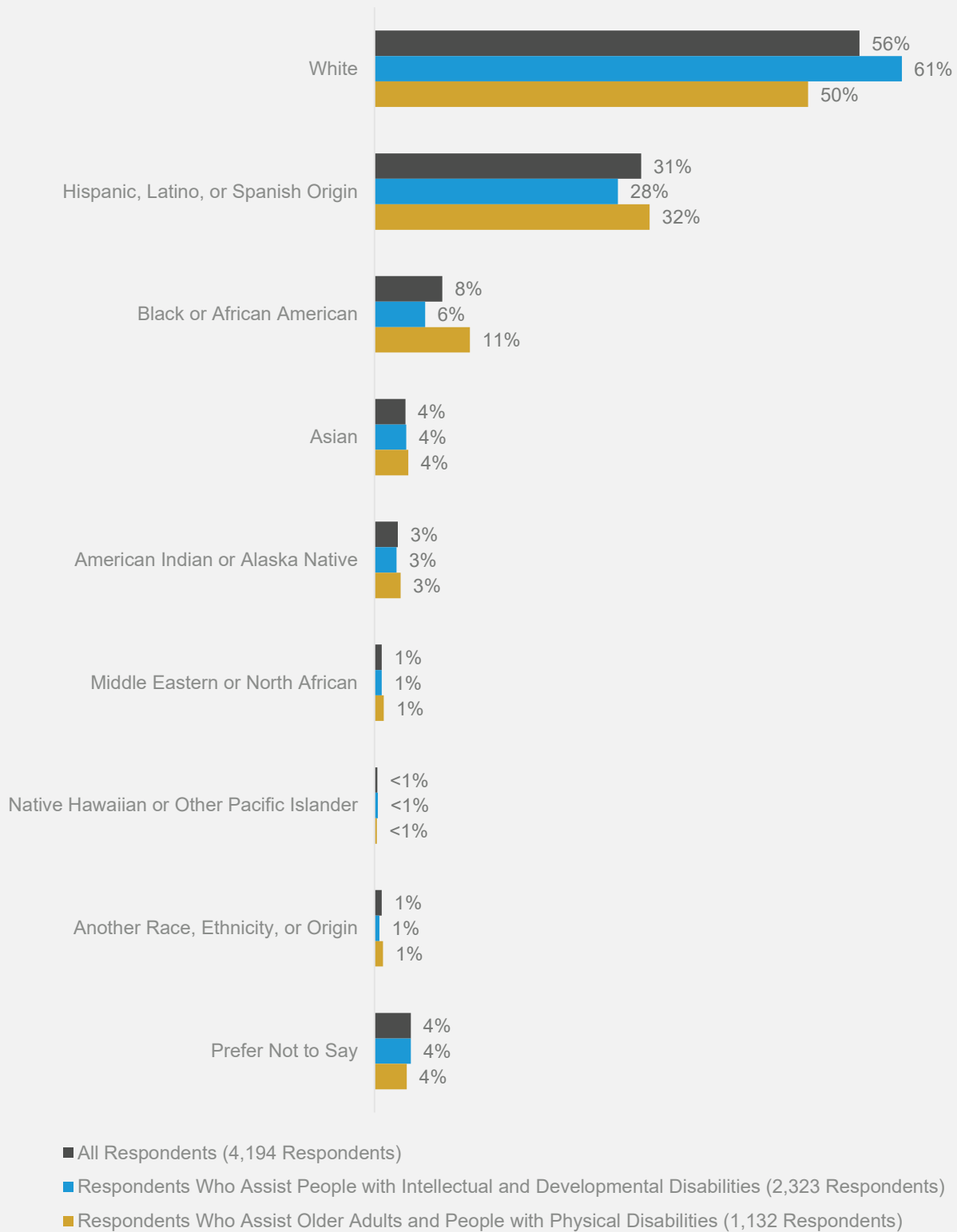
Gender and Race | In this sample of paid caregivers in Arizona, 86 percent of respondents were women and 44 percent were people of color, primarily Hispanic or Latino.

Figure 1: Gender of Respondents, by Population Served



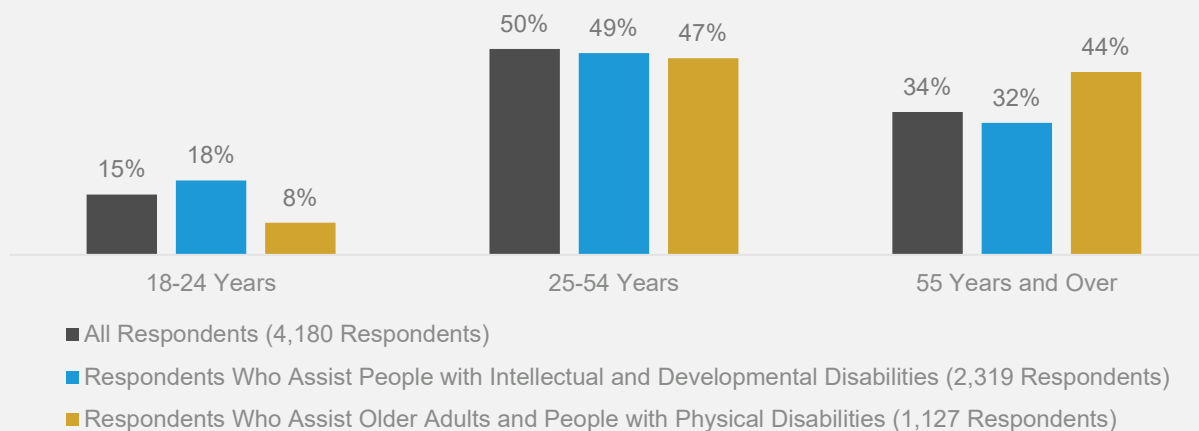
Note: As described in the Survey Methods section, reported percentages are rounded to the nearest whole percentage. The individual bars in the charts may have slightly different values even when the rounded percentages are the same.

Figure 2: Race and Ethnicity of Respondents, by Population Served



Age | Fifty percent of respondents were between ages 25 and 54, followed by 34 percent who were aged 55 and over and 15 percent aged 18 to 24. However, there was significant variation in the age distribution when comparing respondents by population served. Forty-four percent of respondents who reported assisting older adults and people with physical disabilities were age 55 and over, compared to 32 percent of respondents who assist people with intellectual and developmental disabilities.

Figure 3: Age of Respondents, by Population Served



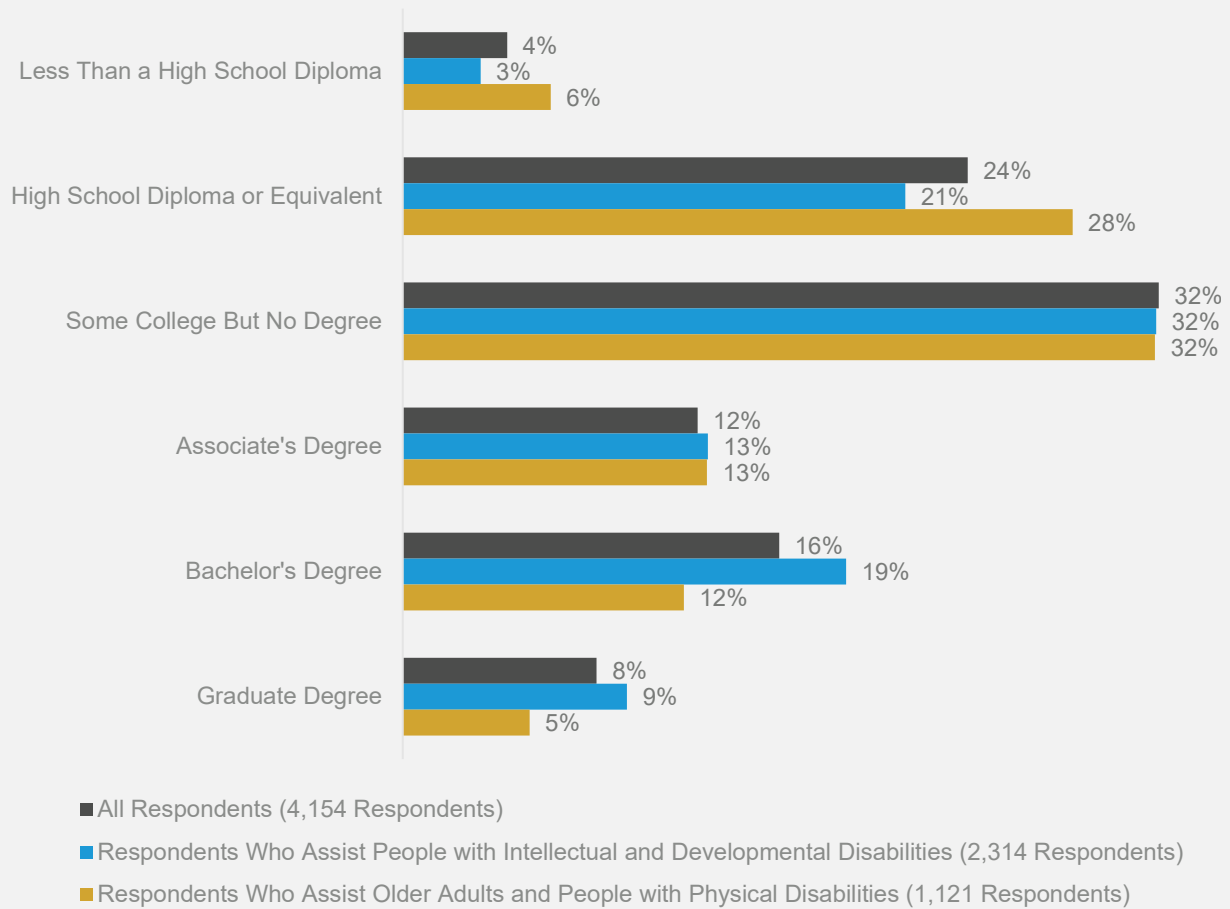
Location | The majority of respondents (84 percent) reported living in the Phoenix-Mesa-Scottsdale metropolitan area.⁷ Three percent live in the state’s rural nonmetropolitan areas.

Table 1: Respondents by Location

	All Respondents (3,937 Respondents)	Respondents Who Assist People with Intellectual and Developmental Disabilities (2,192 Respondents)	Respondents Who Assist Older Adults and People with Physical Disabilities (1,057 Respondents)
Metropolitan Areas	97%	98%	95%
Phoenix-Mesa-Scottsdale	84%	89%	76%
Tucson	8%	5%	11%
Yuma	2%	1%	2%
Prescott	1%	1%	4%
Sierra Vista-Douglas	1%	1%	1%
Lake Havasu City-Kingman	1%	1%	1%
Flagstaff	<1%	0%	0%
Nonmetropolitan Areas	3%	2%	5%

Educational Attainment | Sixty-eight percent of respondents reported some college education or a college degree, while 24 percent reported a high school diploma or equivalent and four percent had less than a high school diploma.

Figure 4: Educational Attainment Among Respondents, by Population Served



Enrollment in School or Training Programs | Fourteen percent of respondents in the sample reported that they are currently enrolled in school or in a training program. Among them, the majority (60 percent) are enrolled in an undergraduate degree program. Fields of study among respondents included business, education, health care, and other sciences, among others.

Figure 5: Respondents' Enrollment in School or Training Programs, by Population Served

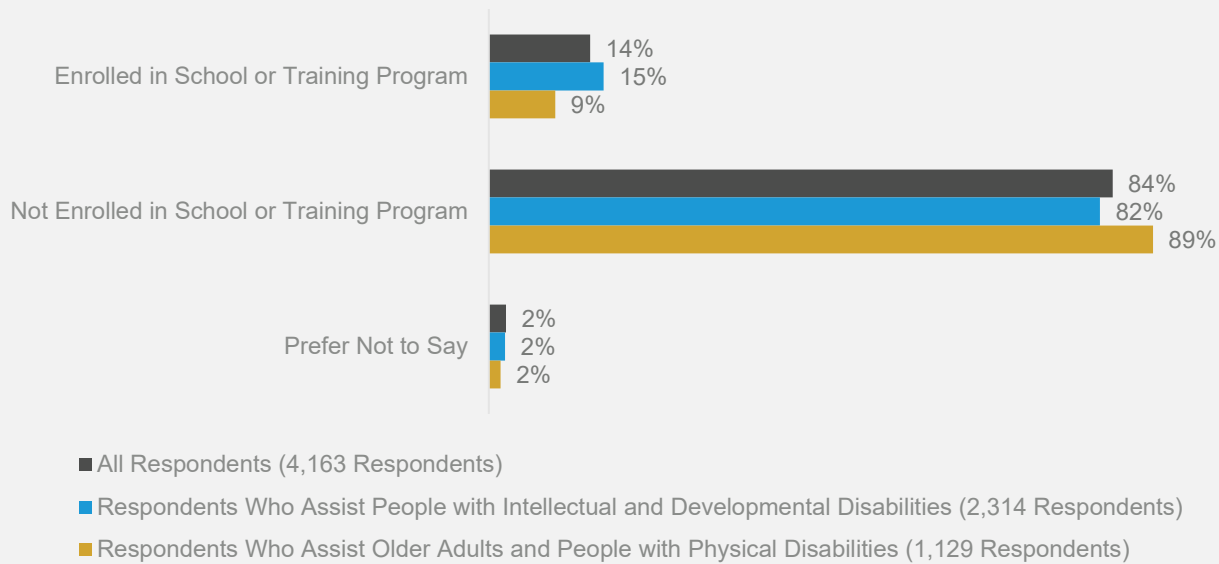
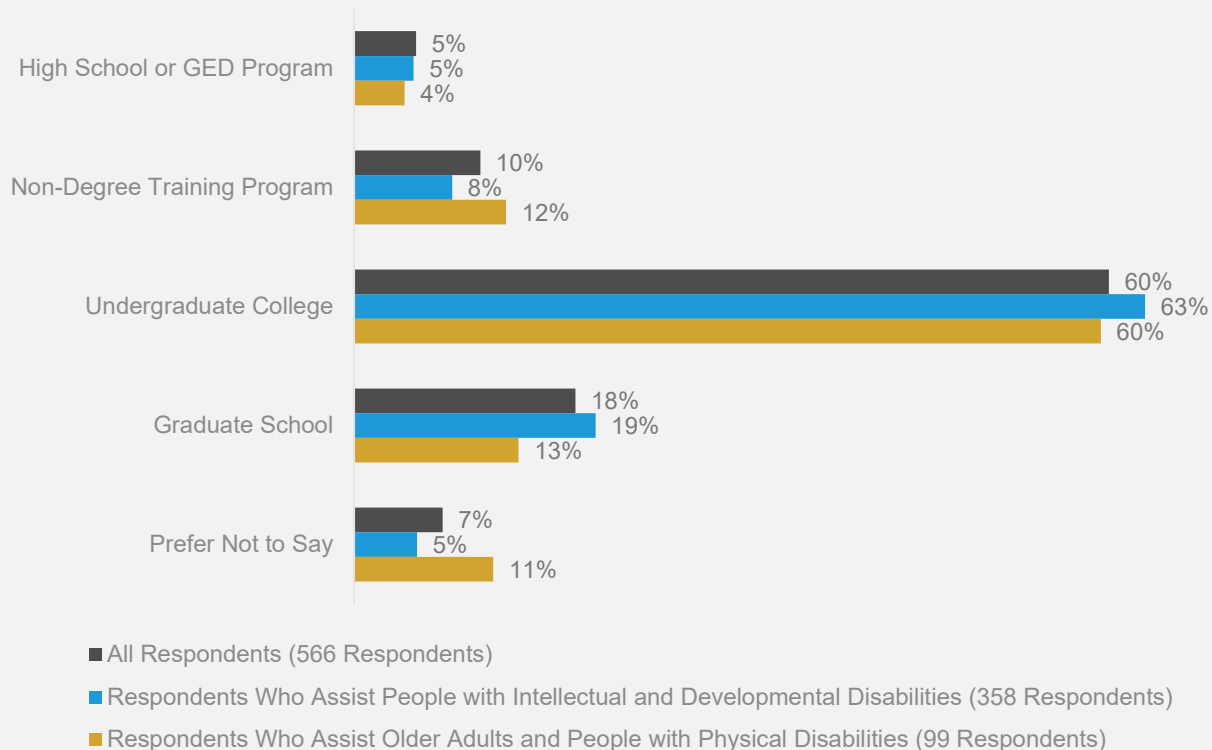
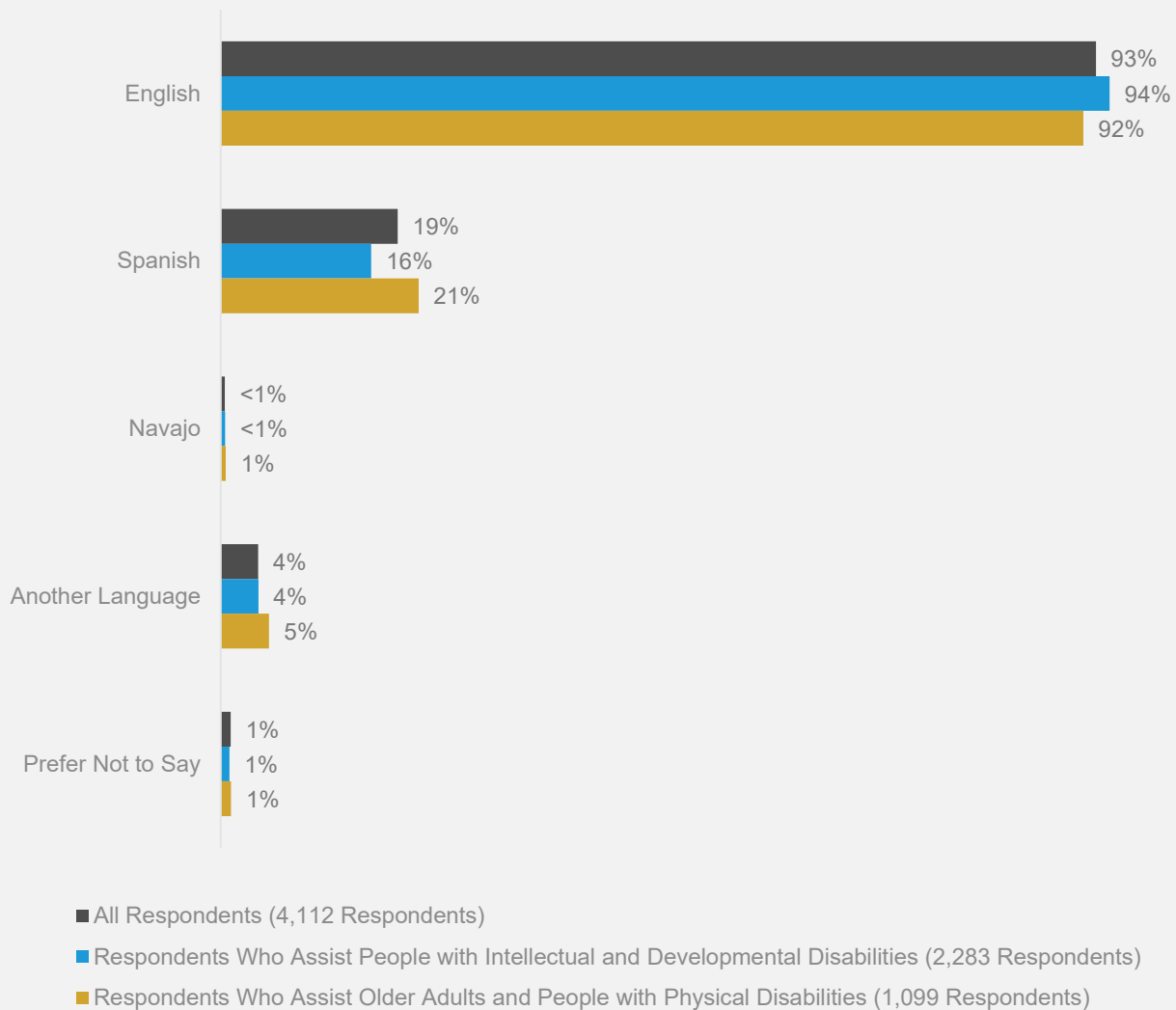


Figure 6: Type of School or Training Program, by Population Served



Languages Spoken at Home | The majority (93 percent) of respondents reported speaking English at home, followed by 19 percent who speak Spanish at home. Ninety-five percent of respondents reported that they speak English “well” or “very well.”⁸

Figure 7: Languages Spoken at Home, by Population Served



Parental Status | Over half of respondents (52 percent) have a child or children under the age of 18 at home. Among paid caregivers with children at home, 25 percent reported that they use paid childcare while at work.

Figure 8: Respondents by Parental Status, by Population Served

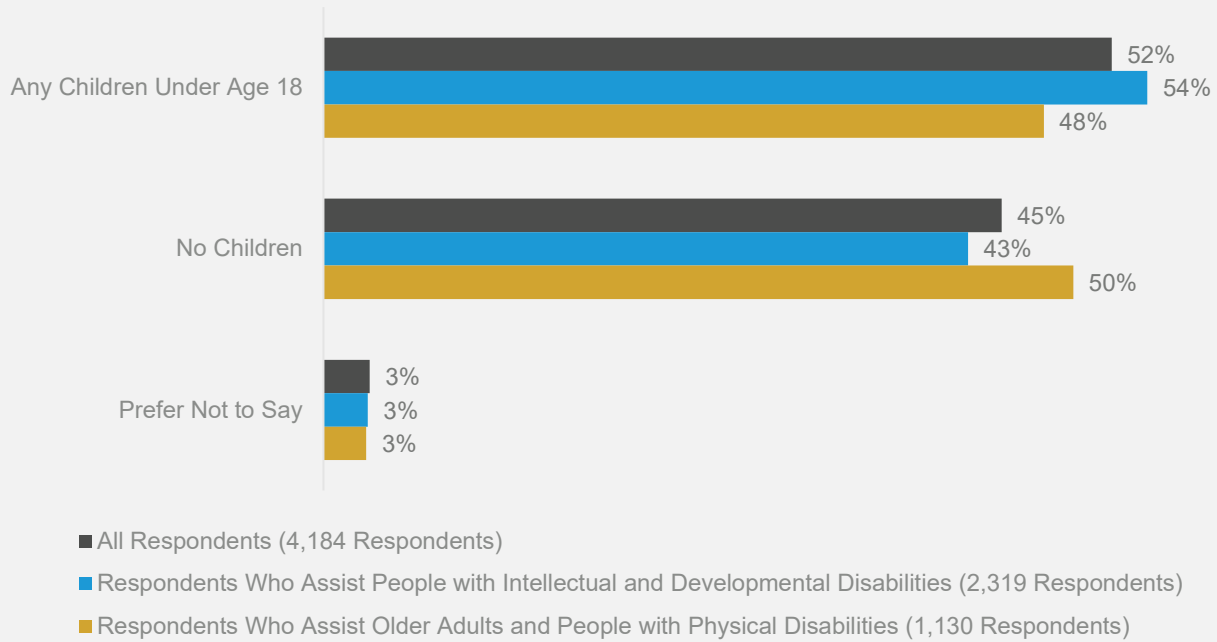
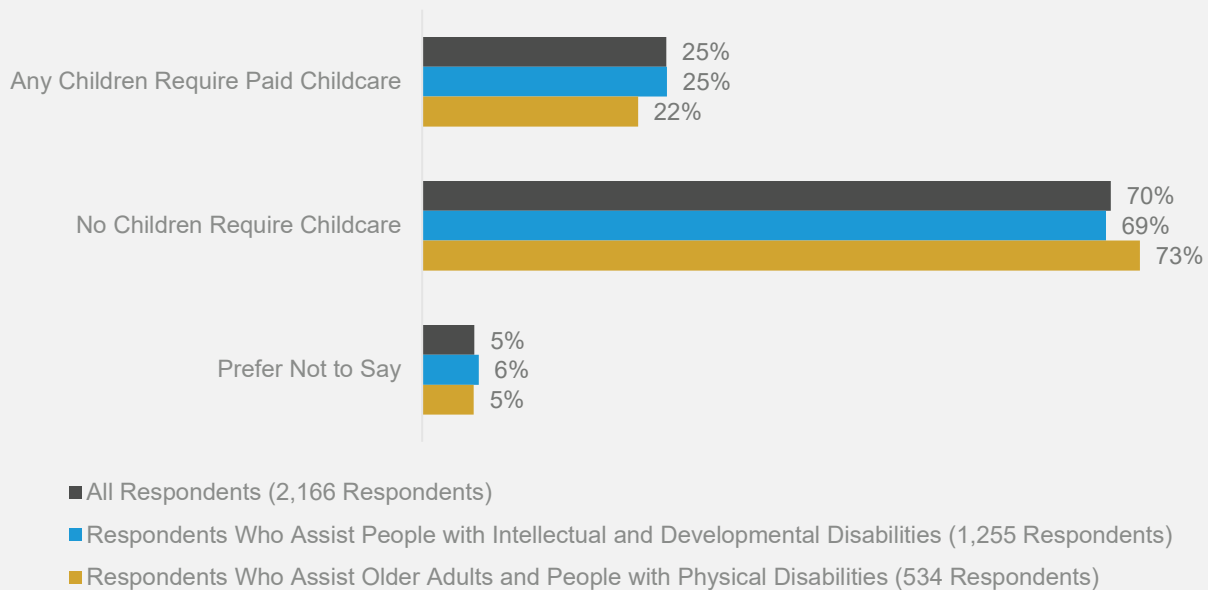


Figure 9: Respondents with Children at Home Accessing Paid Childcare, by Population Served



Employment Profile

This section presents findings about the respondents' clients, current employment, work hours, employment history, and entry into the field and into their current roles.

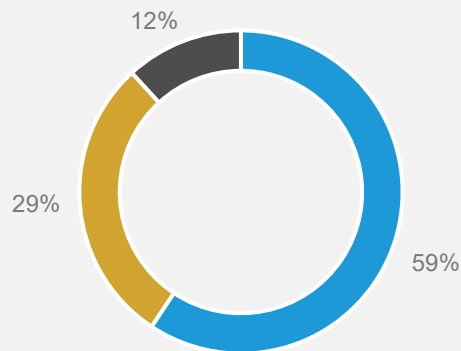
Key Findings:

- Nearly two-thirds of the sample are paid to assist a family member or friend. A third of these respondents would be willing to work for someone they do not already know, while another third was unsure.
- Almost a quarter of respondents have worked in their current positions for less than one year, while 40 percent have been in their current positions for five years or more.
- Two in five respondents hold a second job, with the majority of second jobs outside the health and long-term care field.

Clients Served

Populations Served | The majority of survey respondents (51 percent) reported that they assist people with intellectual and development disabilities (including children), although a sizeable proportion assist older adults and people with physical disabilities. Fewer respondents reported that they assist both populations.

Figure 10: Populations Served by Respondents

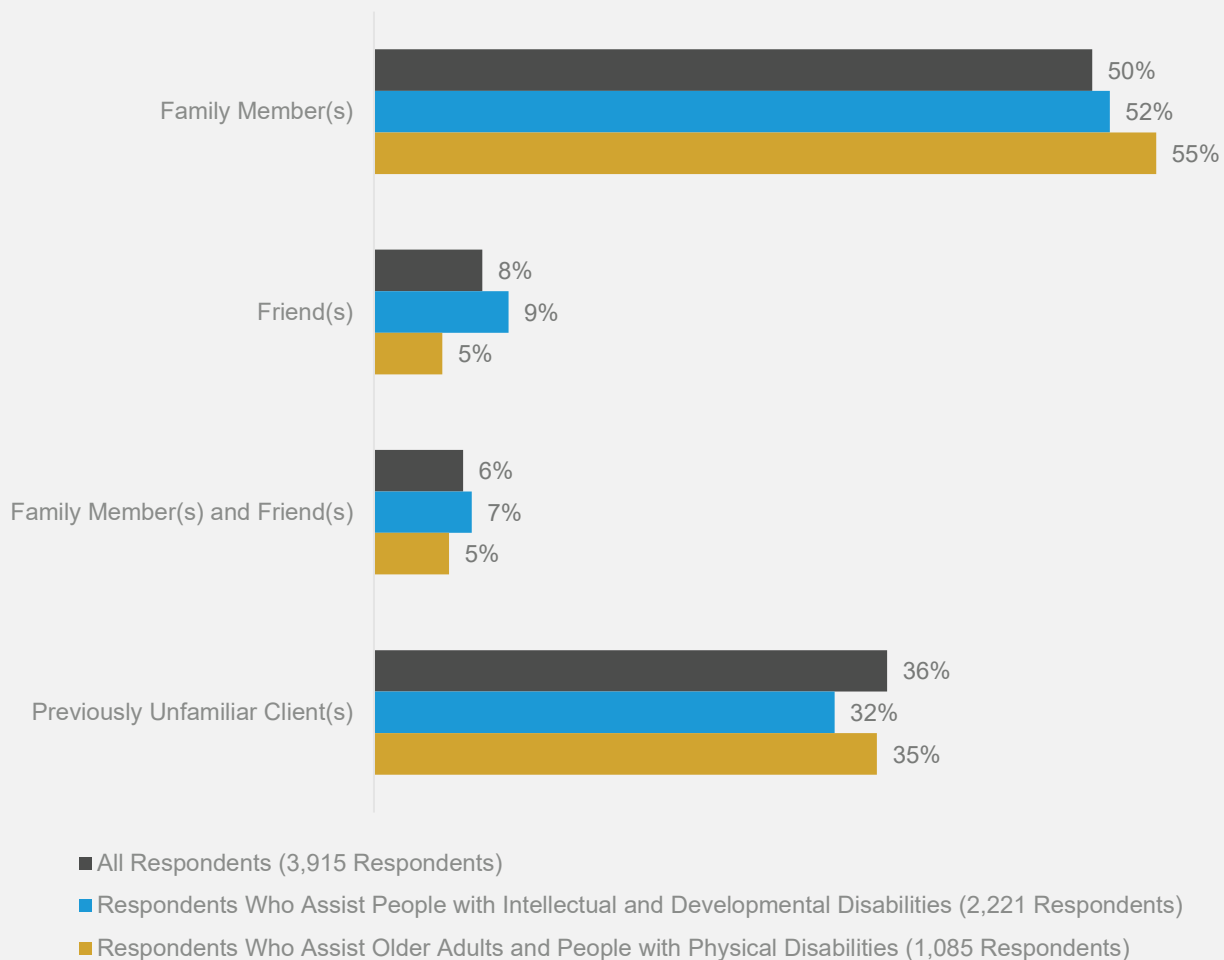


- Respondents Who Assist People with Intellectual and Developmental Disabilities (2,334 Respondents)
- Respondents Who Assist Older Adults and People with Physical Disabilities (1,136 Respondents)
- Respondents Who Assist More Than One Population (464 Respondents)

Relationship to Clients | Nearly two-thirds (64 percent) of the sample assist a family member or friend, compared to 36 percent who only assist clients they did not previously know.⁹ Among respondents who reported that they assist a family member or friend, one in four (25 percent) also assist another person or persons they did not previously know.

In Arizona, most family members can be paid to provide services to their loved ones. One exception is that parents of minor children may not be paid for providing services under normal circumstances. However, the state waived this regulation temporarily during the COVID-19 pandemic.¹⁰ Among respondents who assist people with intellectual and developmental disabilities, 11 percent (226 respondents) are parents who are paid to assist their children under this emergency provision.

Figure 11: Respondents' Relationship to Clients, by Population Served

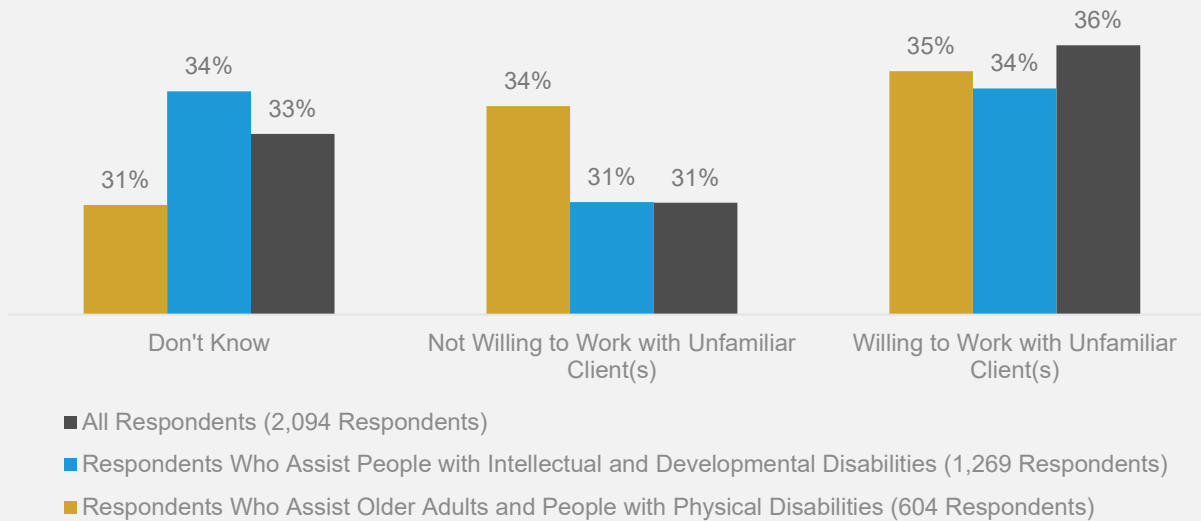


IN THEIR OWN WORDS: PAID FAMILY MEMBERS FACE UNIQUE CHALLENGES

Several family members described the challenges that stem from their dual roles as paid and unpaid caregivers. One respondent said: *“I understand that most of us care for our family, but that means that most of us use this pay to live because we do not work other jobs and the care does not end when we punch out. I take care of my son at least nine solid hours every day, waking up in the middle of the night when he can't adjust himself and other things. But I get paid 36 hours a week.”*

Willingness to Assist Unfamiliar Clients | Thirty-six percent of respondents who assist a friend or family member reported that they would also be willing to assist someone they do not know, while 31 percent would not be. Another third were unsure.

Figure 12: Willingness to Assist an Unfamiliar Client among Respondents Who Assist Friends or Family Members, by Population Served



Number of Clients | Three in five respondents (59 percent) assisted just one client in the previous 60 days. However, this response varied considerably by relationship to client: 74 percent of respondents who work with a friend or family member reported assisting a single client in the past two months, compared to 41 percent of respondents with exclusively non-familiar clients who reported assisting more than one client in that time period. Two-thirds of paid caregivers who assist a single family member or friend live with their client.

Figure 13: Number of Clients in the Past 60 Days Among Respondents, by Population Served

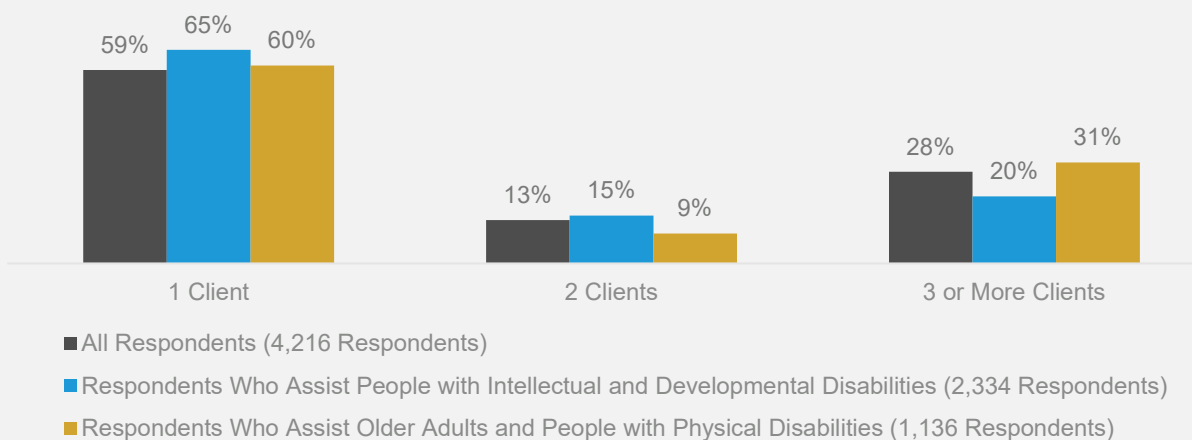
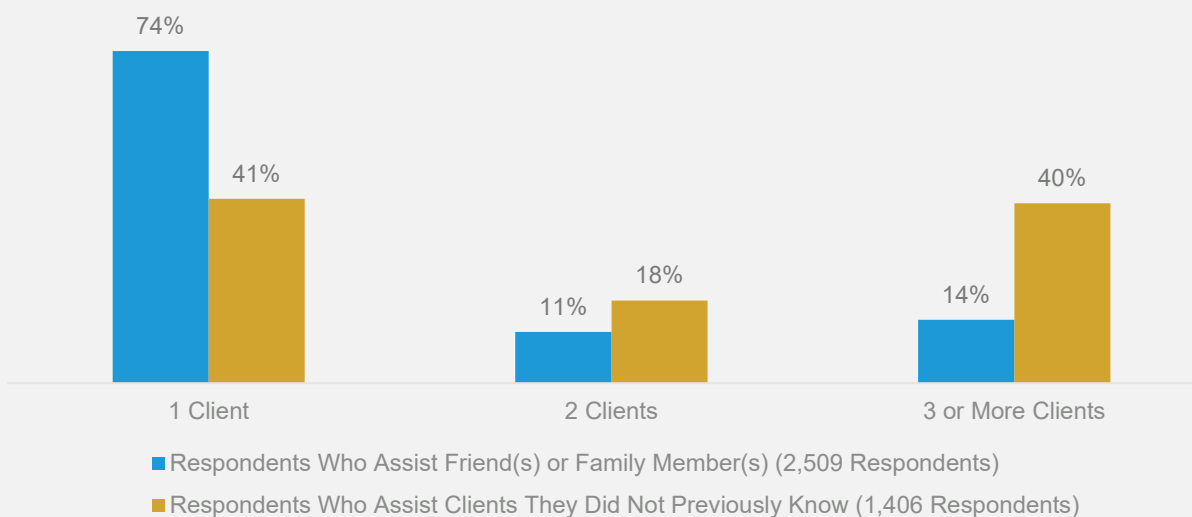


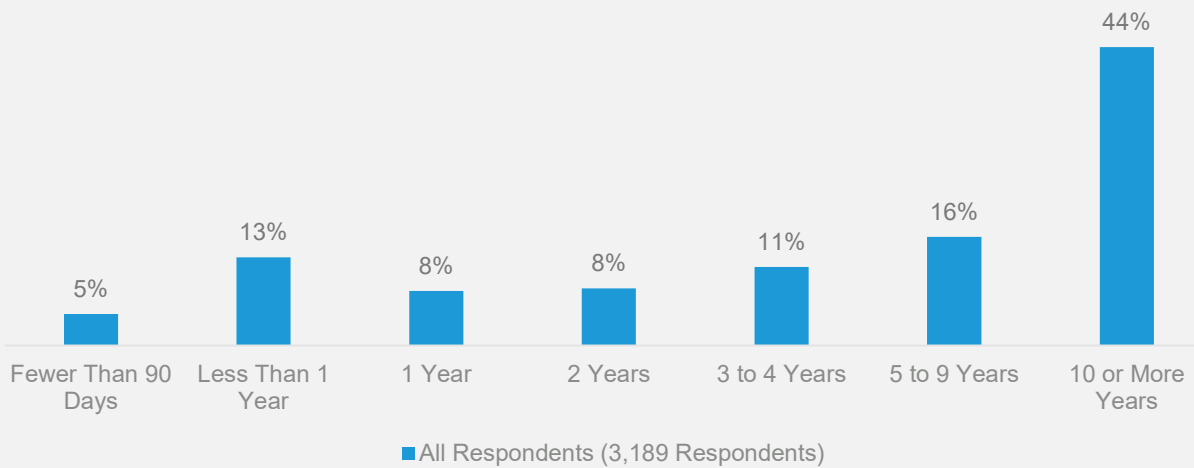
Figure 14: Number of Clients in the Past 60 Days Among Respondents, by Relationship to Client



Current Employment

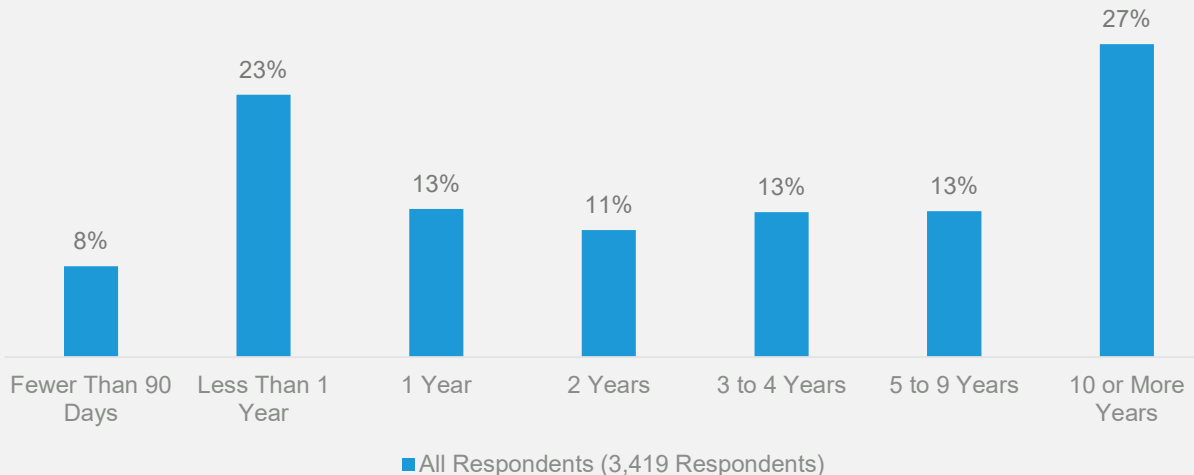
Tenure in Current Position | Twenty-three percent of respondents have worked in their current positions for less than one year, while 40 percent have been in their current positions for five years or more. When asked about their total paid caregiving experience (including their current jobs and all previous caregiving jobs), 13 percent have been in the field for less than one year, while nearly 60 percent have been in the field for five years or more.

Figure 15: Respondents' Tenure in Their Current Positions



Note: Respondents whose tenure is less than 90 days are included in both the "Fewer Than 90 Days" and "Less Than 1 Year" categories.

Figure 16: Respondents' Total Tenure in Their Current and Prior Positions



Tenure by Populations Served | Forty-two percent of respondents who assist older adults and people with physical disabilities have been in their current jobs for five or more years, compared to 38 percent of respondents who assist people with intellectual and developmental disabilities. This paid caregiving experience gap was wider among respondents when considering total job tenure, 63 percent versus 55 percent.

Figure 17: Respondents' Tenure in Their Current Positions, by Population Served

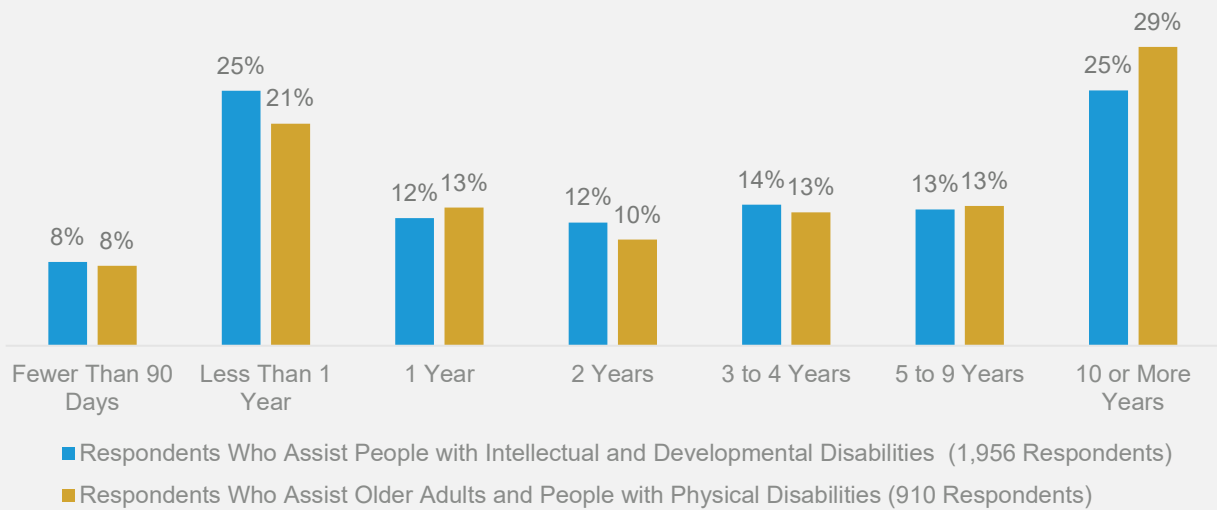
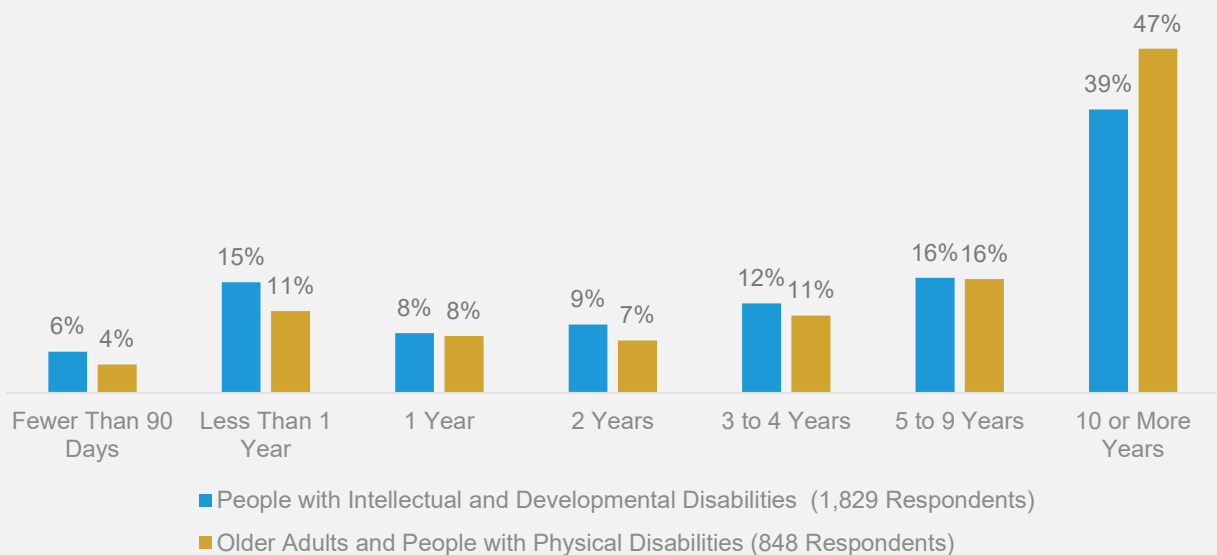


Figure 18: Respondents' Total Tenure in Their Current and Prior Positions, by Population Served



Tenure by Client Relationship | Twenty-nine percent of respondents who only assist clients they did not previously know have been in their positions for less than one year, compared to 22 percent of respondents who assist a friend or family member. However, total tenure in current and previous caregiving jobs was similar among all respondents—with 13 to 14 percent in the field for less than a year, and 57 percent in the field for five years or more.

Figure 19: Respondents' Tenure in Their Current Positions, by Client Relationship

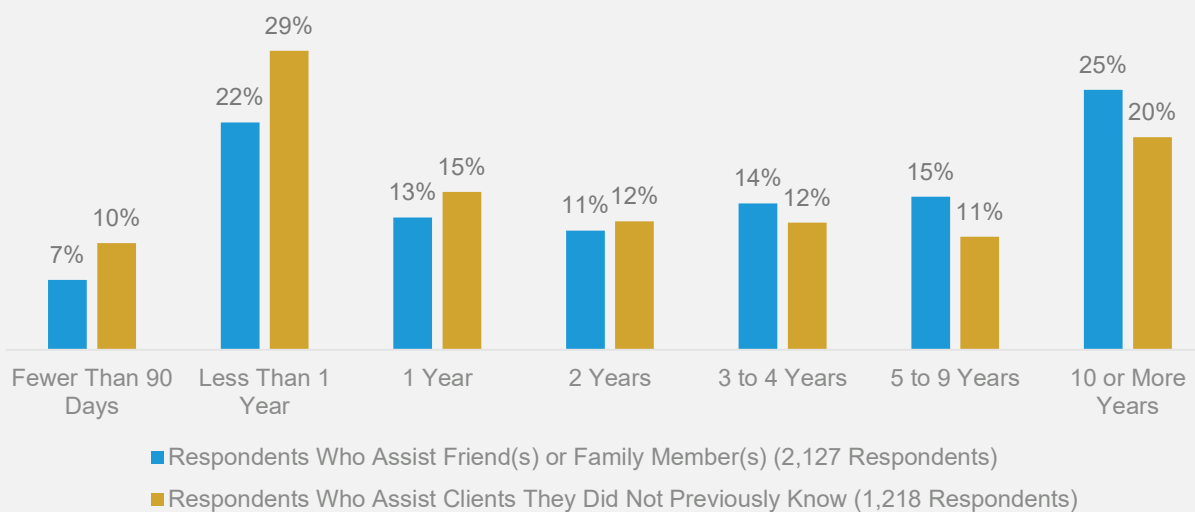
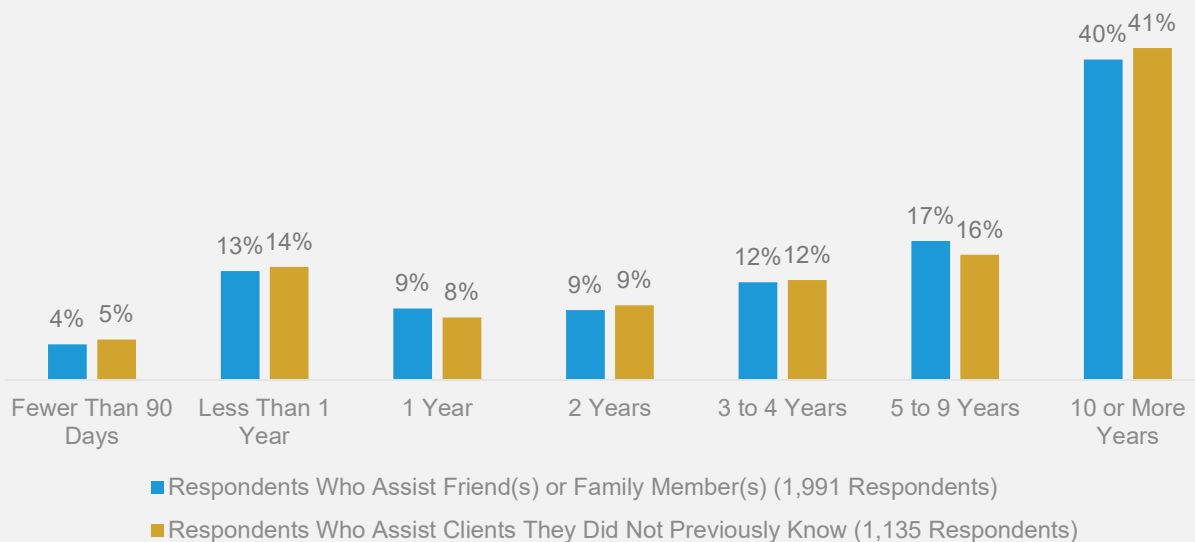


Figure 20: Respondents' Total Tenure in Their Current and Prior Positions, by Client Relationship



Multiple Jobs | In the survey sample, 39 percent of respondents held a second job. Respondents who assist people with intellectual and developmental disabilities were 10 percentage points more likely to have a second job than respondents who assist older adults and people with physical disabilities. Seventy-seven percent of respondents had one other job, 20 percent had two other jobs, and the remainder had three or more other jobs.

Figure 21: Respondents with More Than One Job, by Population Served

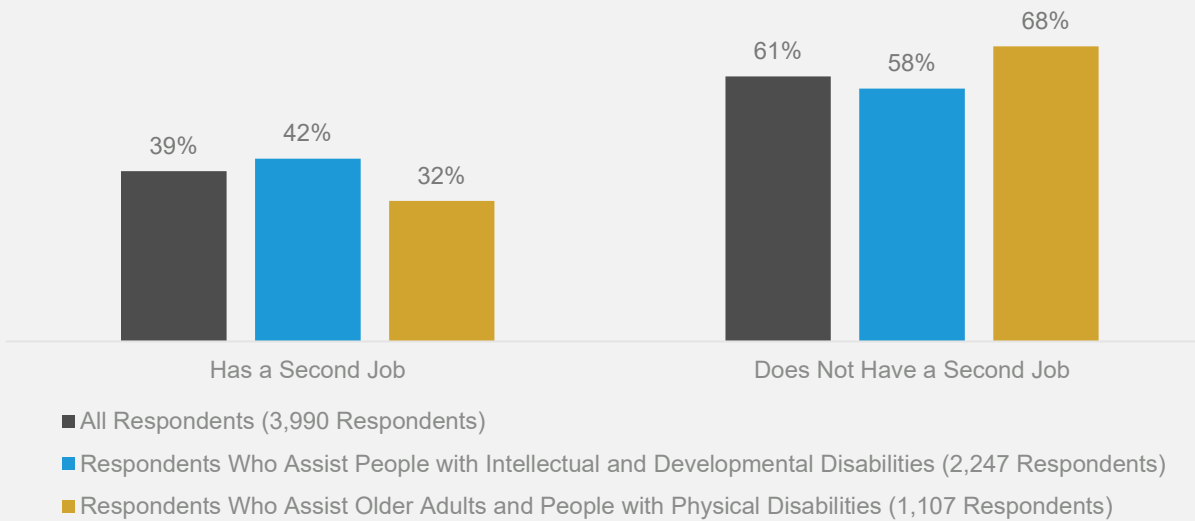
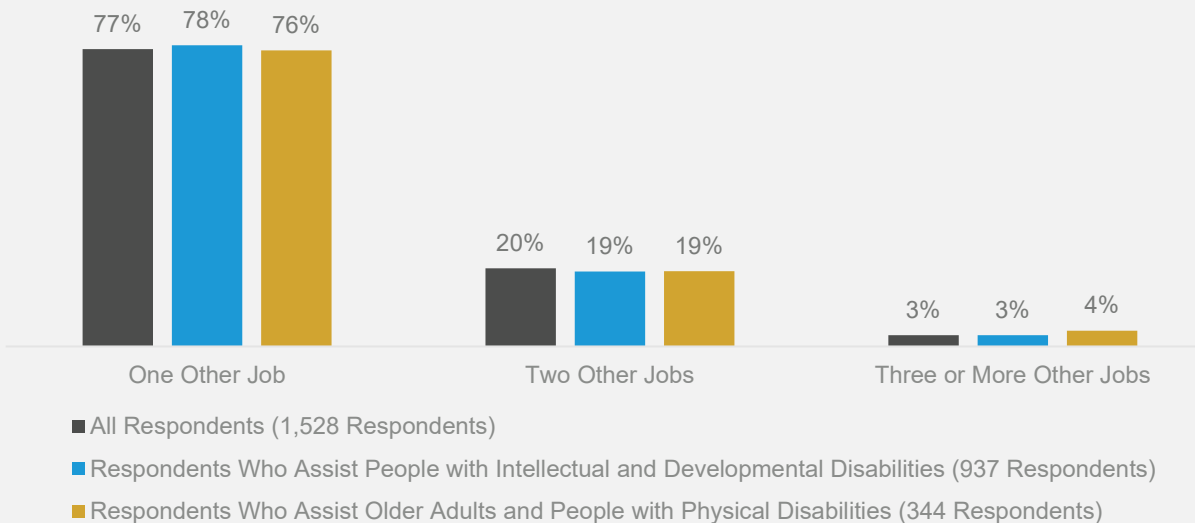
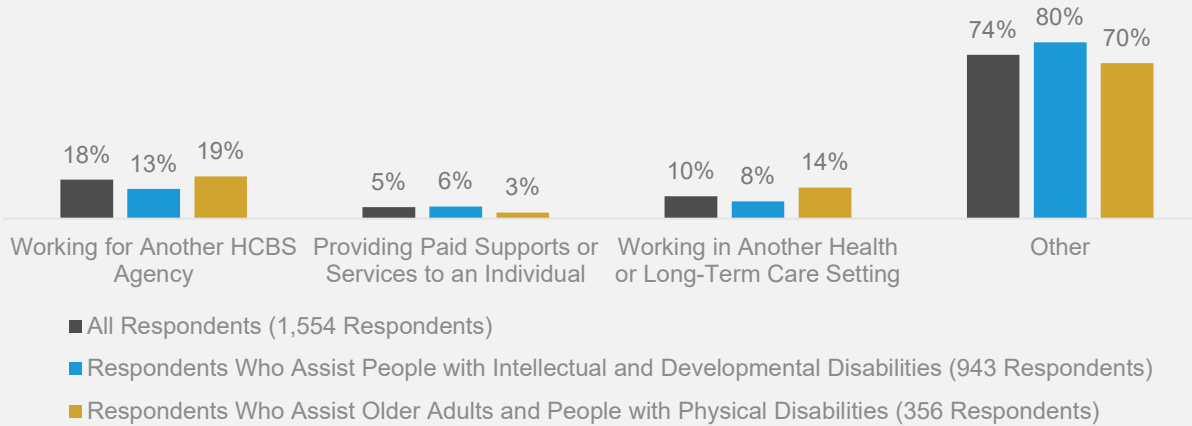


Figure 22: Number of Other Jobs, by Population Served



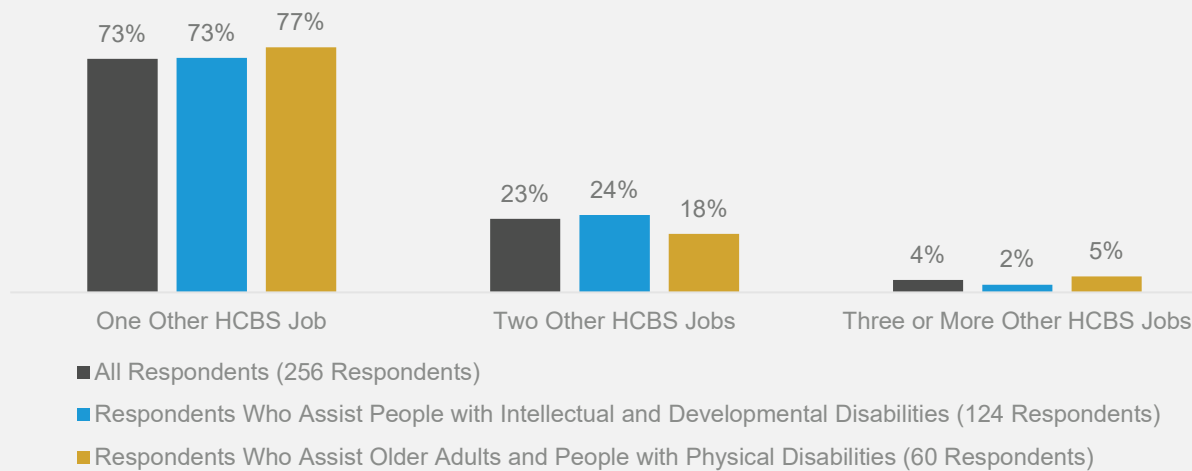
Second Job Type | Seventy-four percent of respondents who reported another job had a second job outside of the long-term care field, while 18 percent worked for another home care agency, 10 percent worked in another health or long-term care setting, and five percent provided services to a client on their own. Among respondents with second jobs, those who assist older adults and people with physical disabilities were more likely to work for another HCBS agency, while second job holders who assist people with intellectual and developmental disabilities were more likely to work outside of long-term care and health care.

Figure 23: Type of Second Job Among Respondents with More Than One Job, by Population Served



Multiple HCBS Agency Jobs | Among respondents who reported working for more than one home care agency in particular, 71 percent worked for one other home care agency, 22 percent worked for two other home care agencies, and the remainder worked for three or more home care agencies.

Figure 24: Number of Other HCBS Agency Jobs, by Population Served



Multiple Jobs by Client Relationship | Respondents who assist a friend or family member were slightly more likely to have a second job than respondents who assist clients with whom they were not previously familiar.

Second Job Type by Client Relationship | Respondents who did not previously know any of their clients were more likely than respondents who assist a friend and family member to work for another home care agency, at 25 percent versus 14 percent.

Figure 25: Respondents with More Than One Job, by Client Relationship

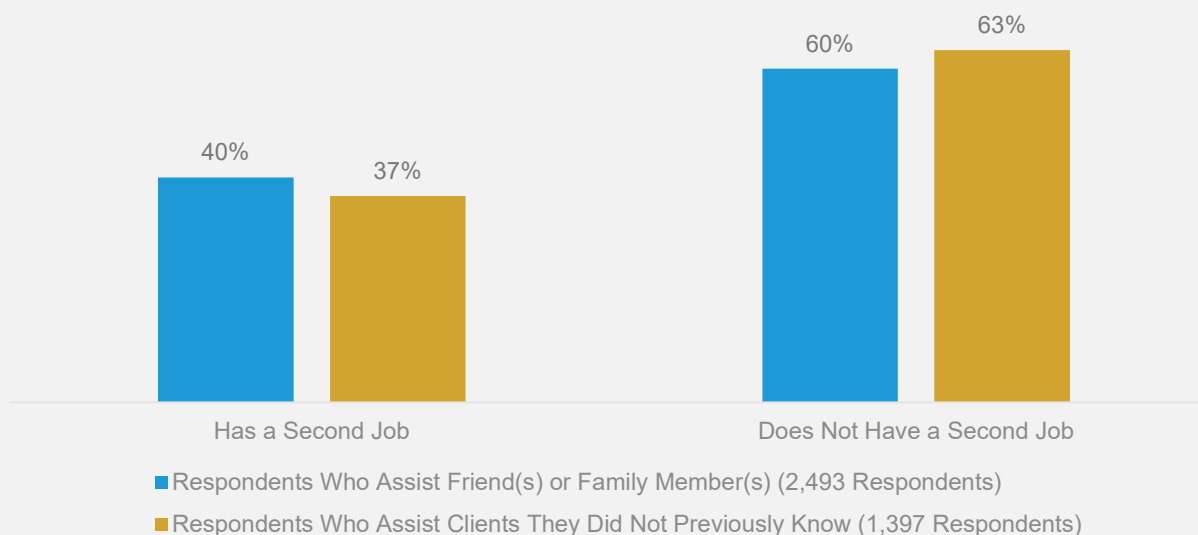
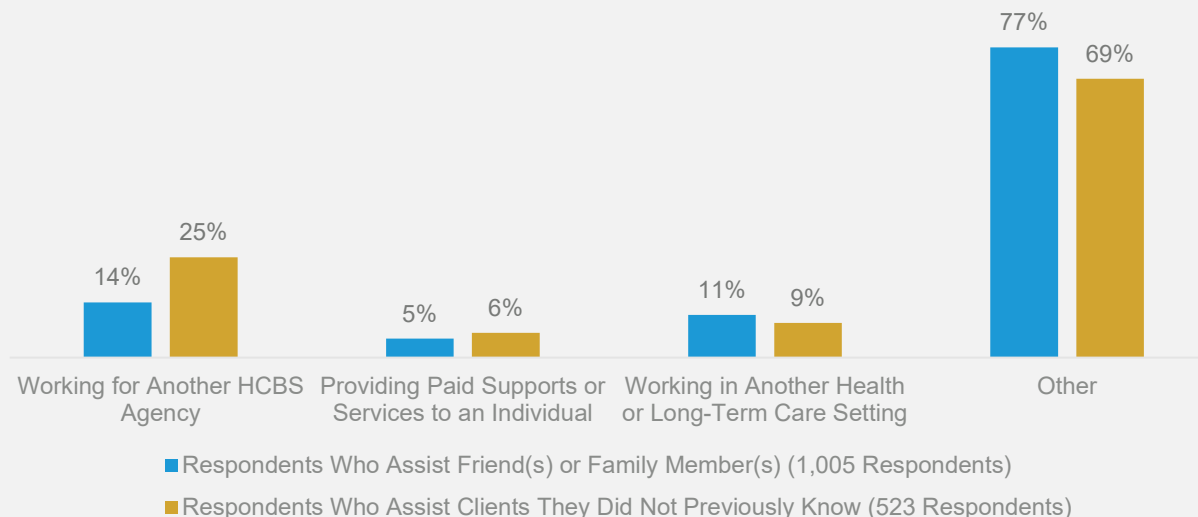


Figure 26: Type of Second Job Among Respondents, by Client Relationship

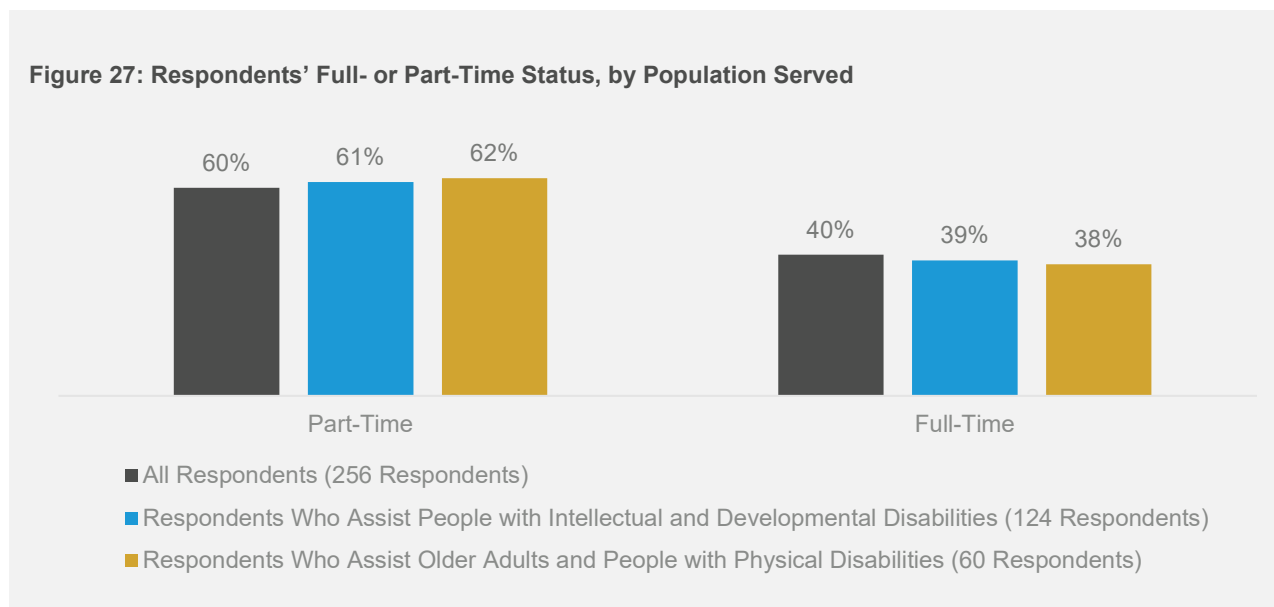


IN THEIR OWN WORDS: REASONS FOR HAVING MULTIPLE JOBS VARY AMONG PAID CAREGIVERS

When asked why they hold second jobs, respondents generally identified the need for more income. One respondent explained, *“Being a caregiver is a very rewarding job, but I don't get paid enough to maintain myself and my mother at home.”* Altruism was another reason, especially among respondents who assist a friend or family member. One respondent said, *“I work as a respite care provider in addition to my full-time job to help my brother and sister-in-law with my nephew.”*

Work Hours

Full- or Part-Time Status | In the survey sample, 60 percent of respondents worked part time, defined as 35 hours of work per week or less.



Views on Hours | Sixty-six percent of respondents reported that their hours were about right, 31 percent would like to work more hours, and three percent would like to work fewer hours. Among respondents who reported they wanted more hours, the main reason they provided for not working more was they believed no additional hours were available to them, followed closely by clients' hours authorizations and employer policies that cap hours.

Figure 28: Respondents' Views on Their Work Hours, by Population Served

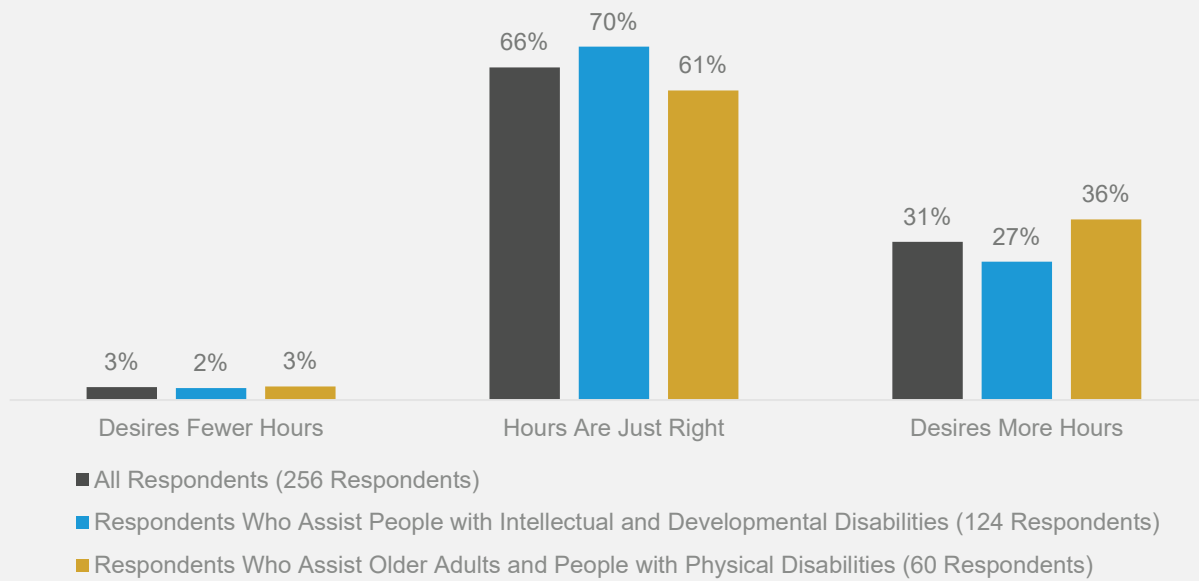
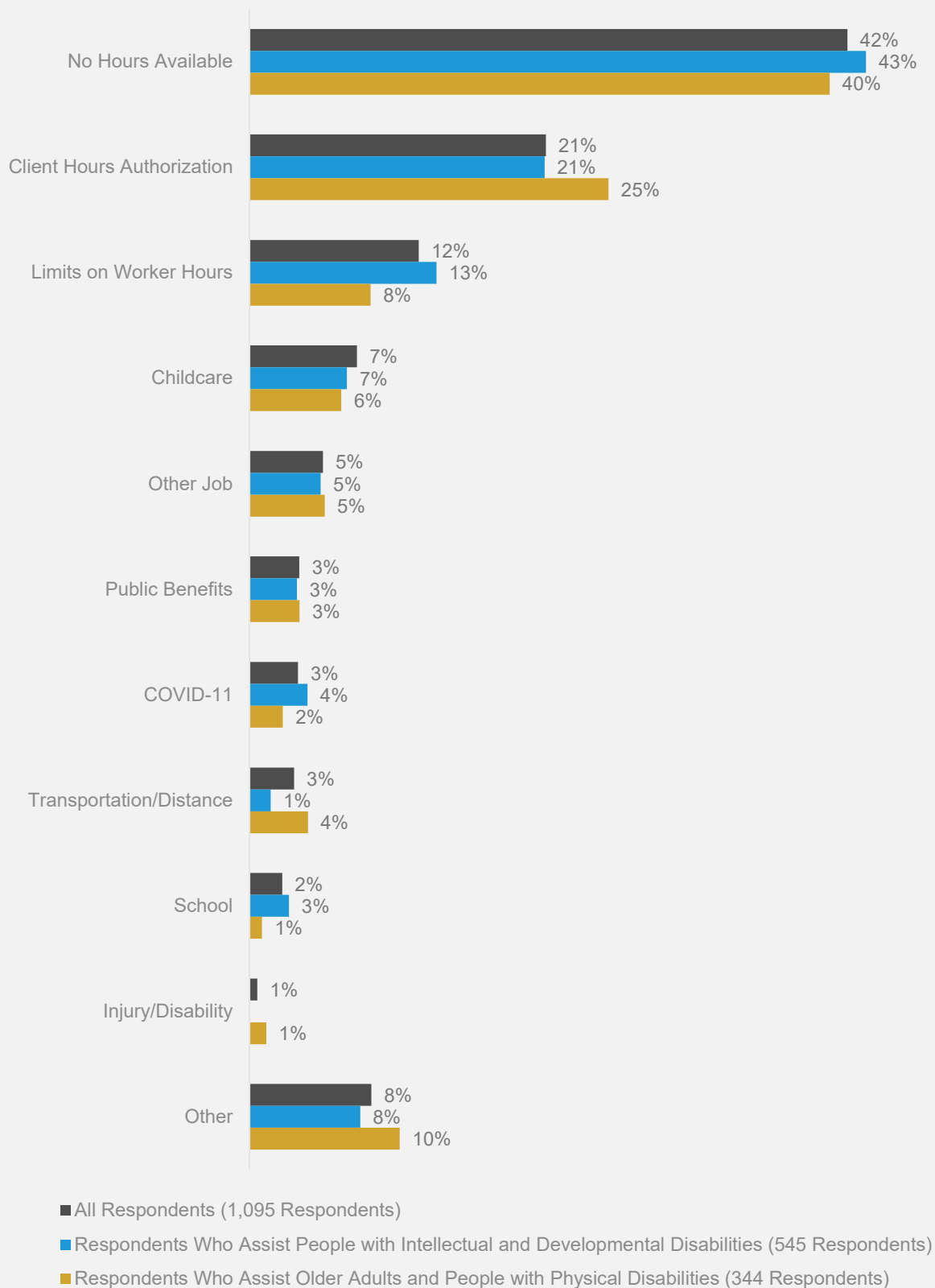
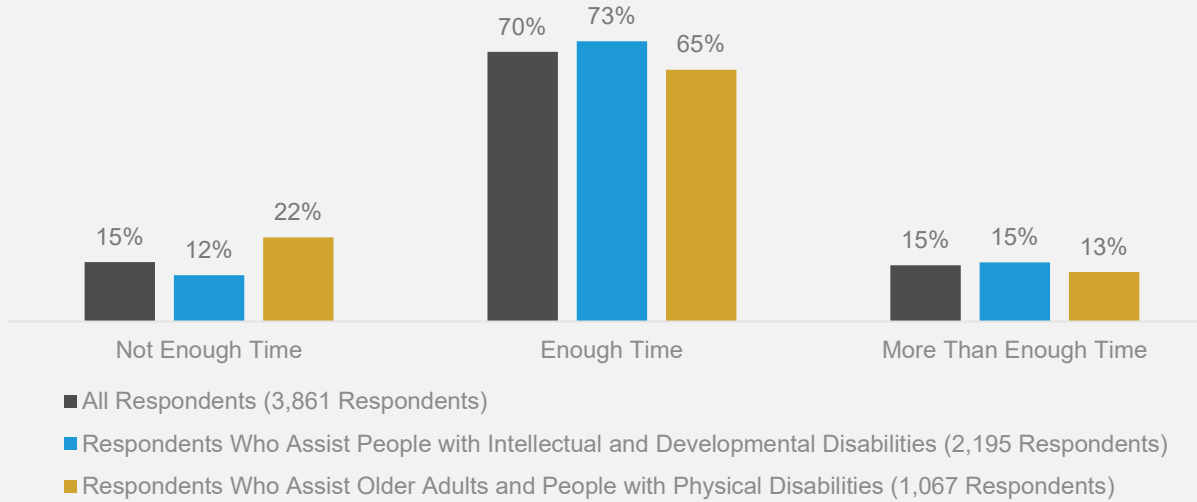


Figure 29: Respondents' Reasons for Involuntary Part-Time Work, by Population Served



Adequacy of Time | When respondents were asked if they have enough time on the job to complete all their tasks, 85 percent responded they have “enough” or “more than enough” time, but 15 percent responded they do not have enough time.

Figure 30: Respondents’ Assessment of the Adequacy of Time to Complete All Work Tasks, by Population Served



Missed Work | One in five respondents reported missing work in the past 30 days. Reasons given for missing work were primarily related to personal illness, followed by the COVID-19 pandemic (e.g. awaiting test results or home-schooling children). Childcare, transportation, and family caregiving issues also contributed to work absences.

Figure 31: Respondents Who Missed Work in Past 30 Days, by Population Served

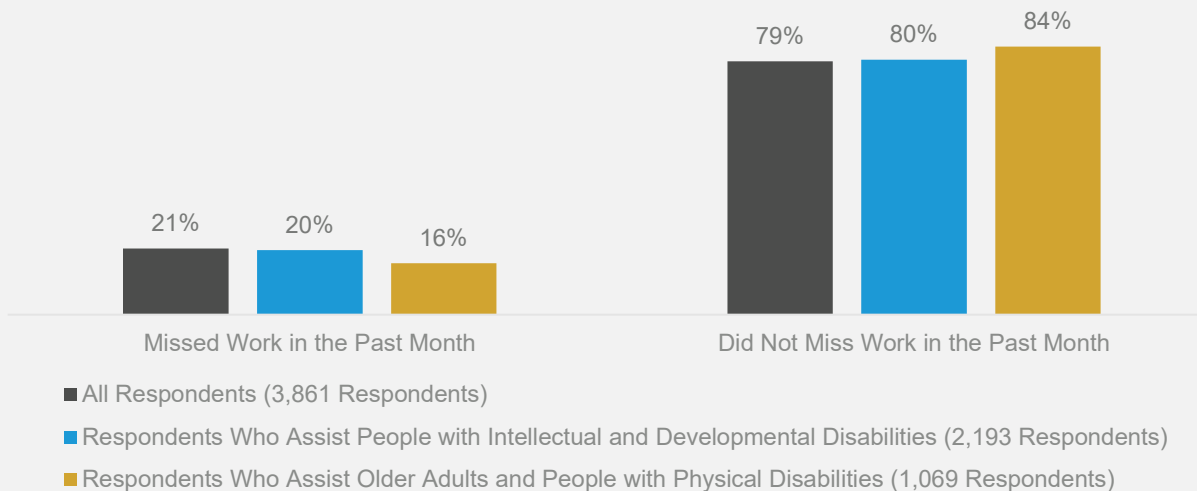
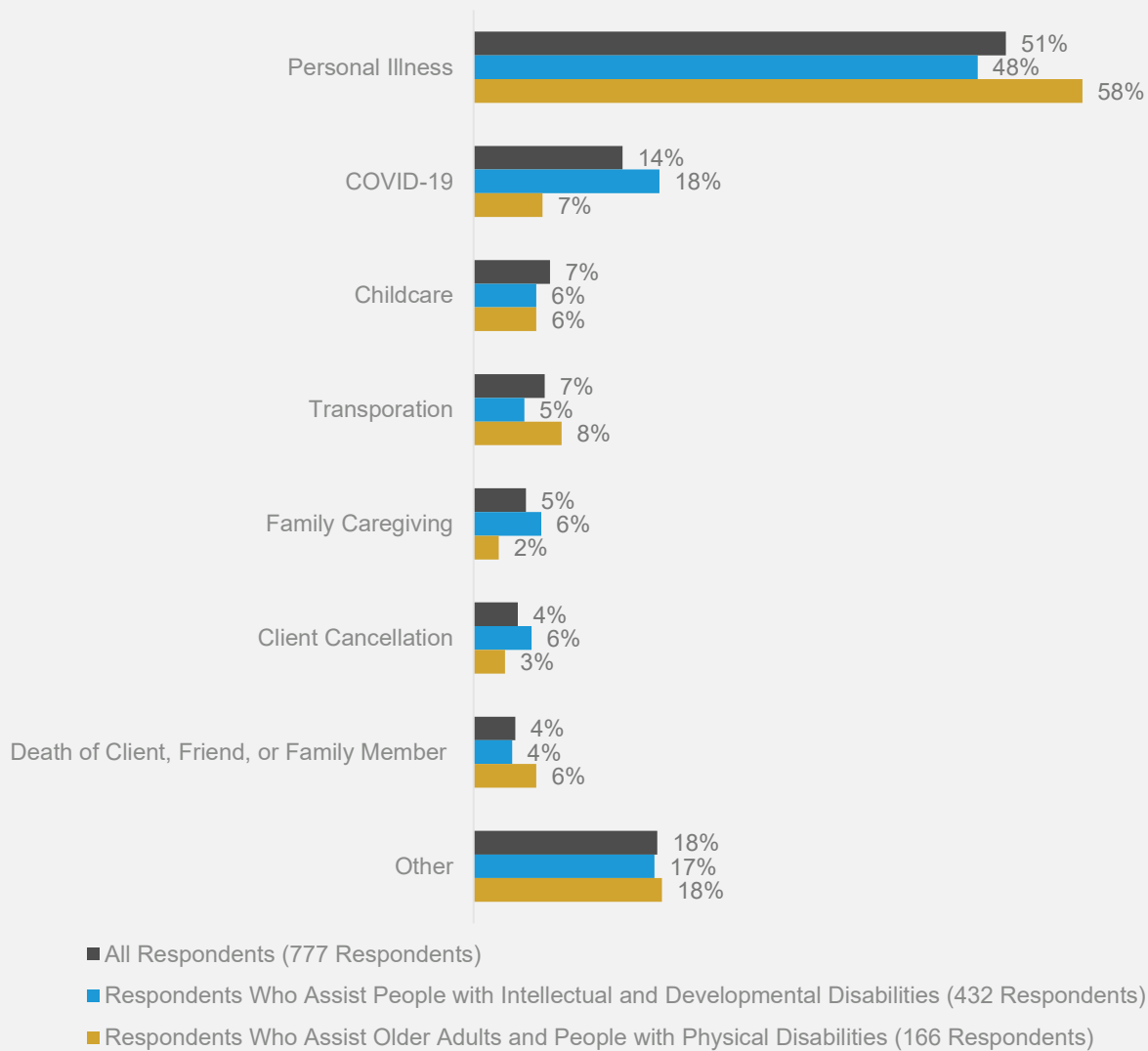


Figure 32: Respondents' Reasons for Missing Work in the Past 30 Days, by Population Served

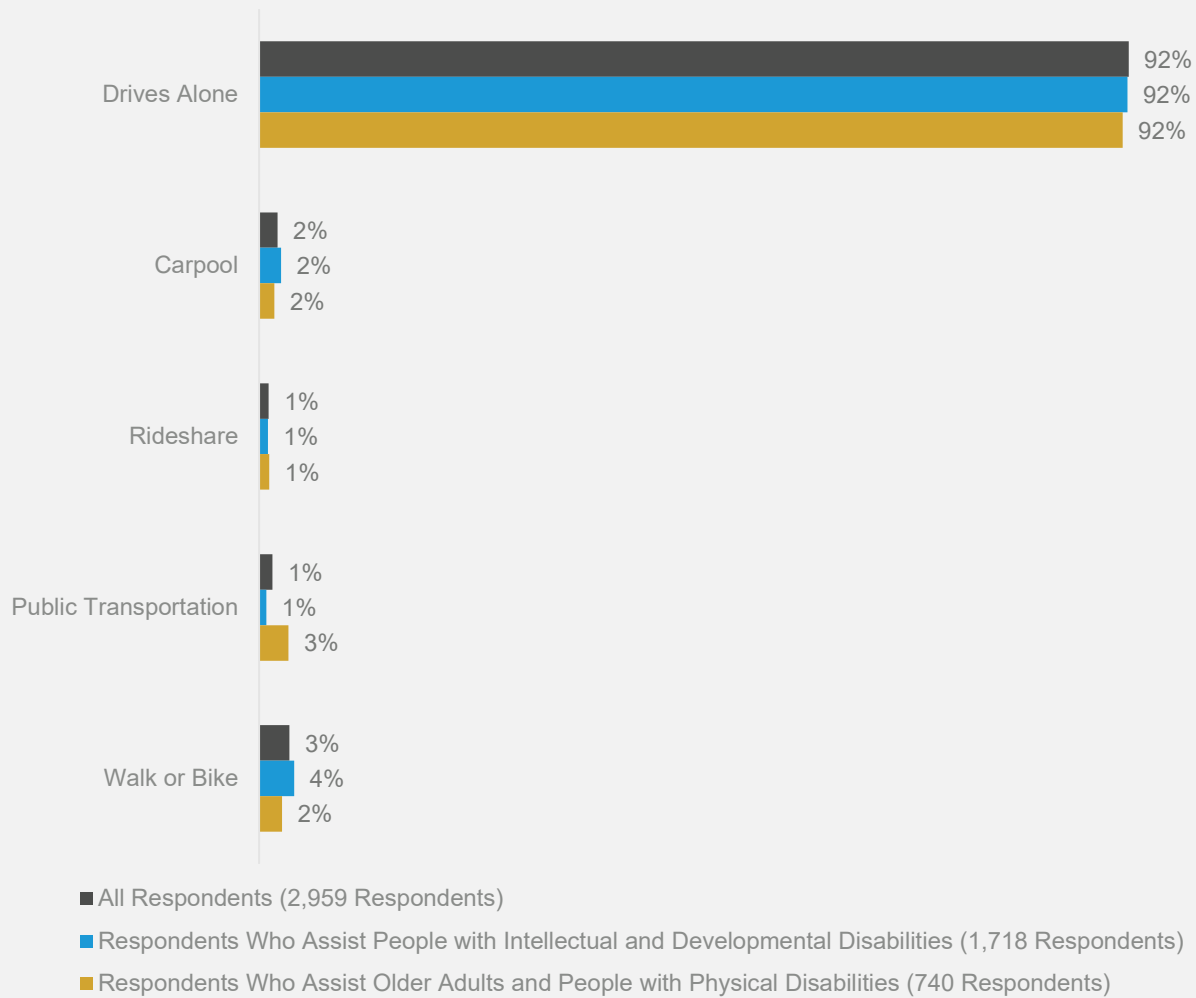


**IN THEIR OWN WORDS:
PAID CAREGIVERS FACE BARRIERS TO WORKING ADDITIONAL HOURS**

Respondents who reported wanting more hours described a variety of barriers to full-time work. Some reported that their employers cap workers' hours to avoid paying overtime or that the state authorizes payment for fewer hours than respondents believe their family members need. One respondent explained, *"[My employer doesn't] want me to get overtime and leave enough space that if they need me for a few extra hours then it would be okay (because I wouldn't touch overtime)."* Others reported that they cannot find enough open shifts that match their availability. One respondent said, *"Other possible clients all have the same schedule due to school and there aren't enough hours in the evening to fit different clients in."*

Transportation | Nine in 10 survey respondents said they drive alone to work.

Figure 33: Respondents' Primary Mode of Transportation to Work, by Population Served



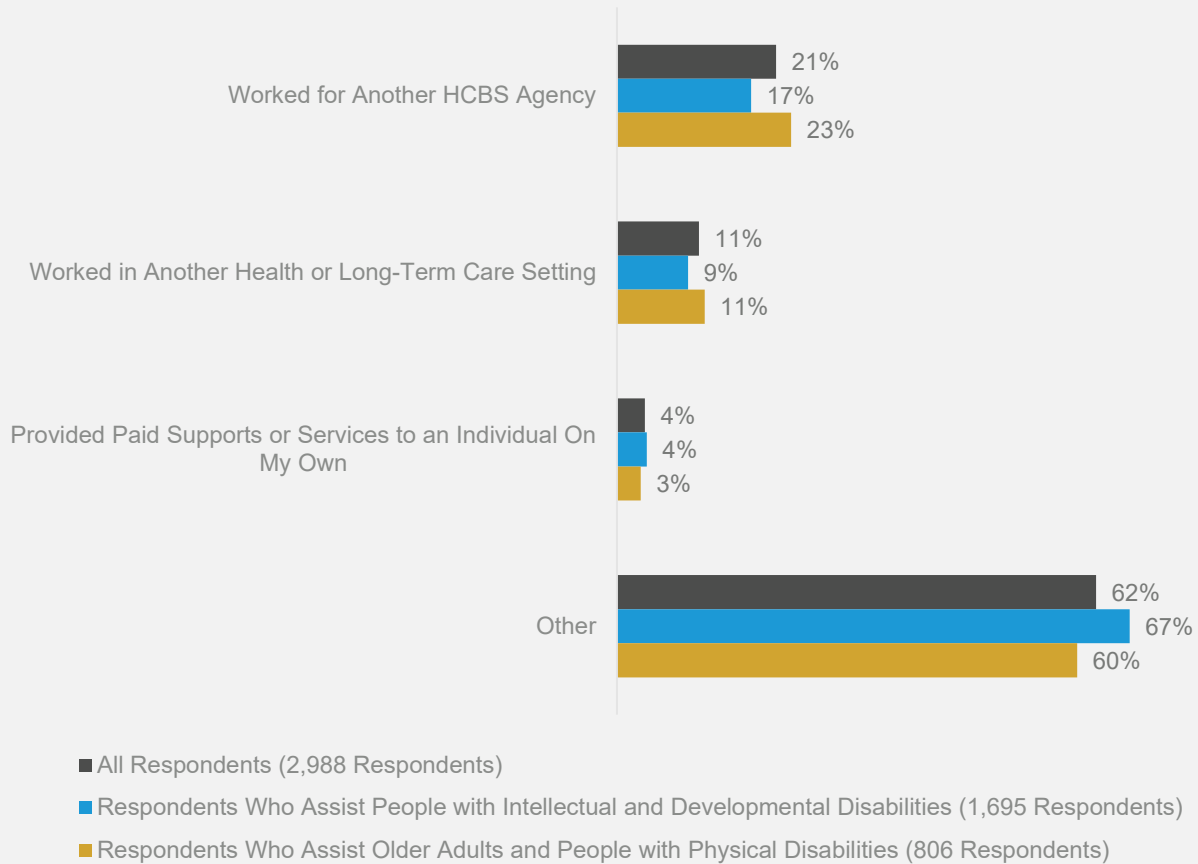
IN THEIR OWN WORDS: LONG DRIVE TIMES CONSTRAIN WORK HOURS

Transportation can pose a barrier to working more hours. As one respondent described, *“Where I live is too far from any clients. No less than 100 miles daily to and from my clients. Wear and tear on my vehicle. Wish clients were closer to my town so I can be able to add more hours.”*

Previous Occupation

Prior Job | Eighty percent of respondents worked prior to their current caregiving jobs. Among them, 62 percent worked outside of the health or long-term care field, 21 percent worked for another home care agency, 11 percent worked in a different health or long-term care field, and four percent worked for an individual client on their own. As compared to respondents who assist older adults and people with physical disabilities, respondents who assist people with intellectual and developmental disabilities were more likely to work outside of health or long-term care in their previous jobs.

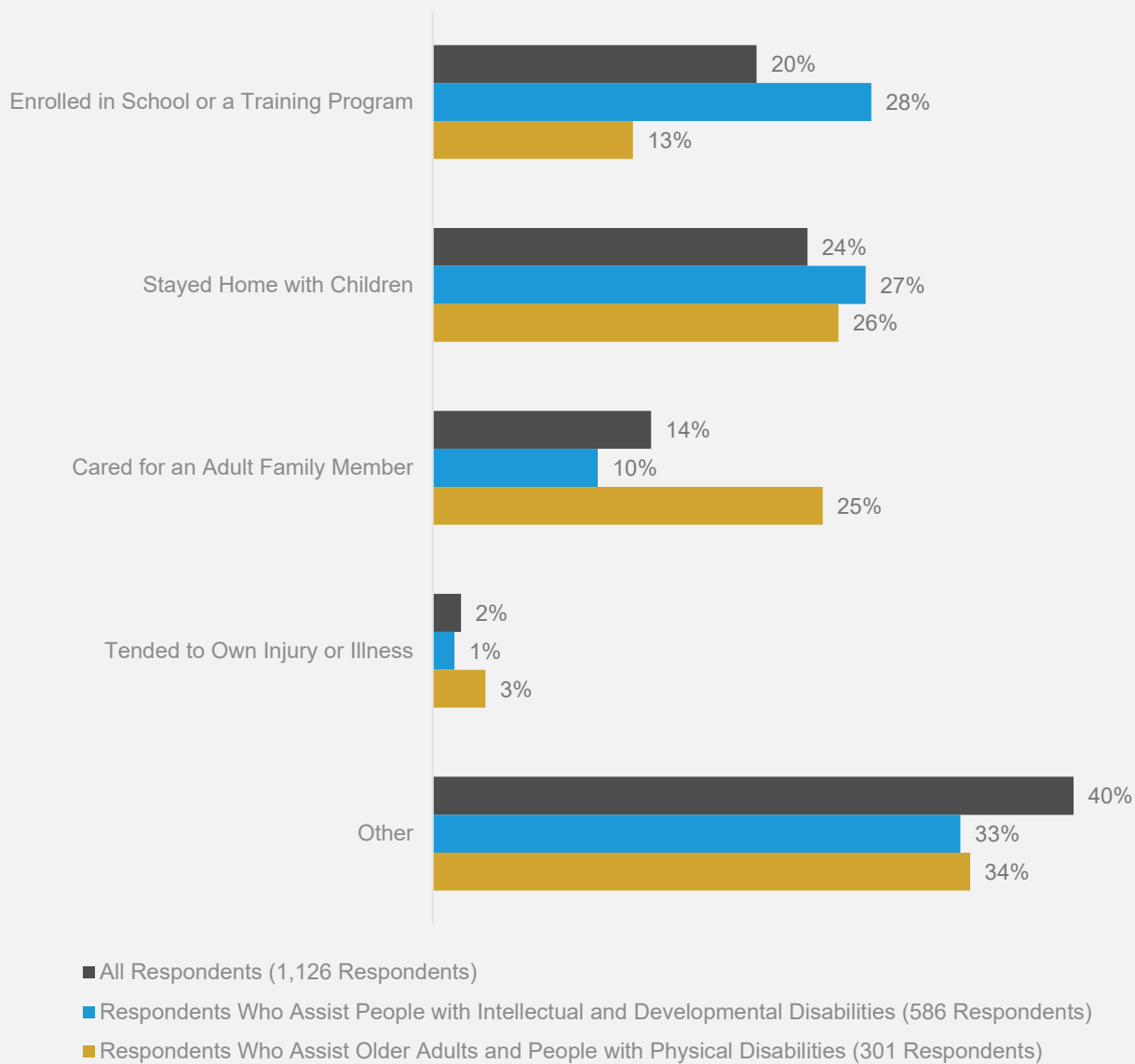
Figure 34: Previous Job Type Among Respondents Who Worked Prior to Current Job, by Population Served



Prior Activity | Among respondents who did not hold paid positions prior to their current jobs, 24 percent reported staying home with children, 20 percent were attending school or a training program, 14 percent were caring for an adult family member, and two percent were tending to their own injury or illness. The remaining 40 percent did not report their prior main activity.

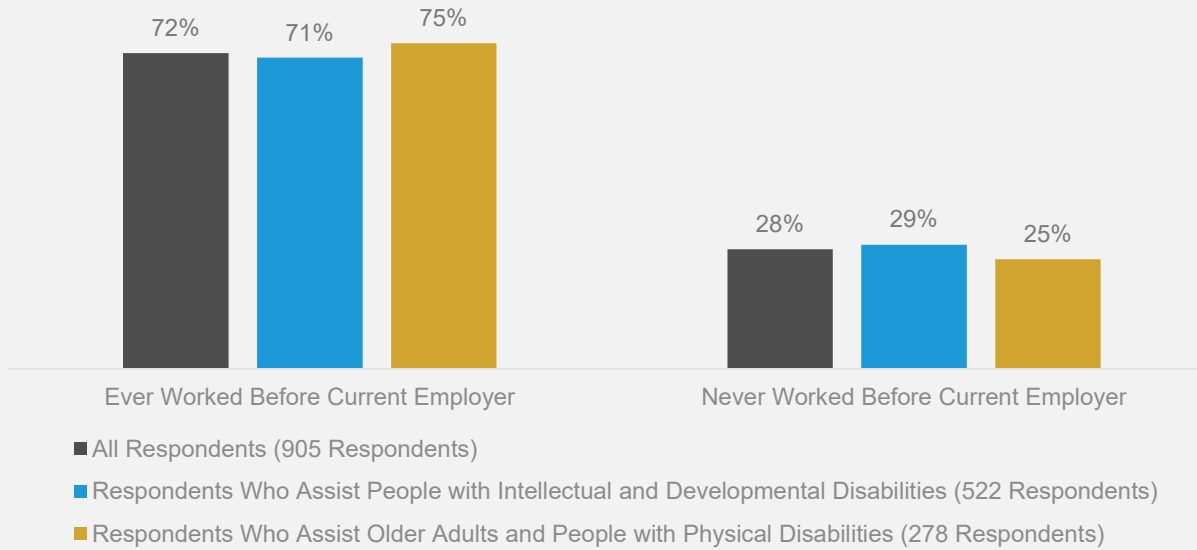
Among respondents who did not hold paid positions prior to their current jobs, respondents who assist people with intellectual and developmental disabilities were more likely to be enrolled in a school or training program prior to their current jobs, whereas respondents who assist older adults and people with physical disabilities were more likely to care for an adult family member.

Figure 35: Previous Main Activity Among Respondents Who Did Not Work Prior to Current Job, by Population Served



Any Work Experience | Among respondents who did not work prior to their current positions, 28 percent had never held a job before their current positions.

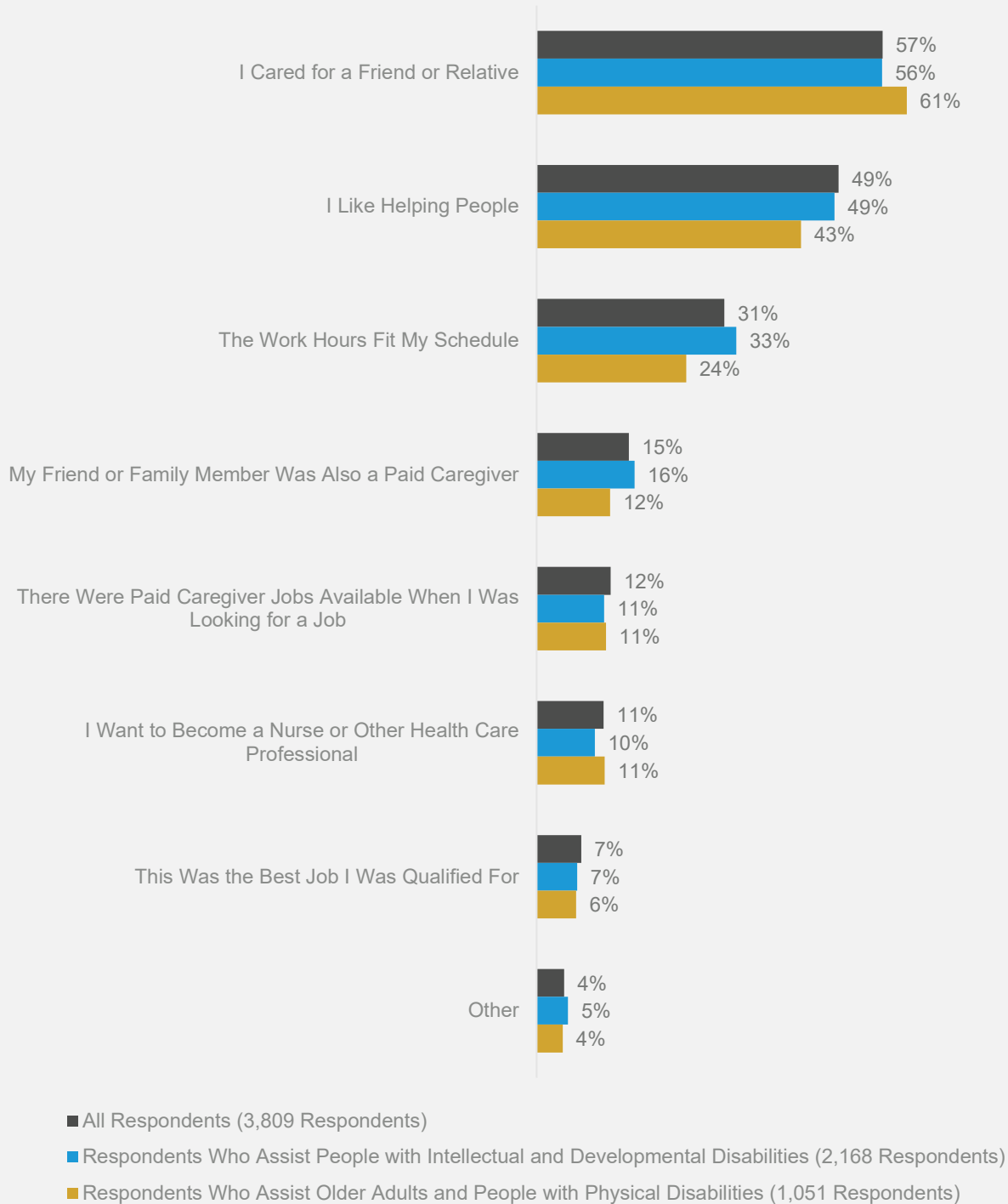
Figure 36: Any Prior Work Experience Among Respondents Who Did Not Work Prior to Current Job, by Population Served



Recruitment

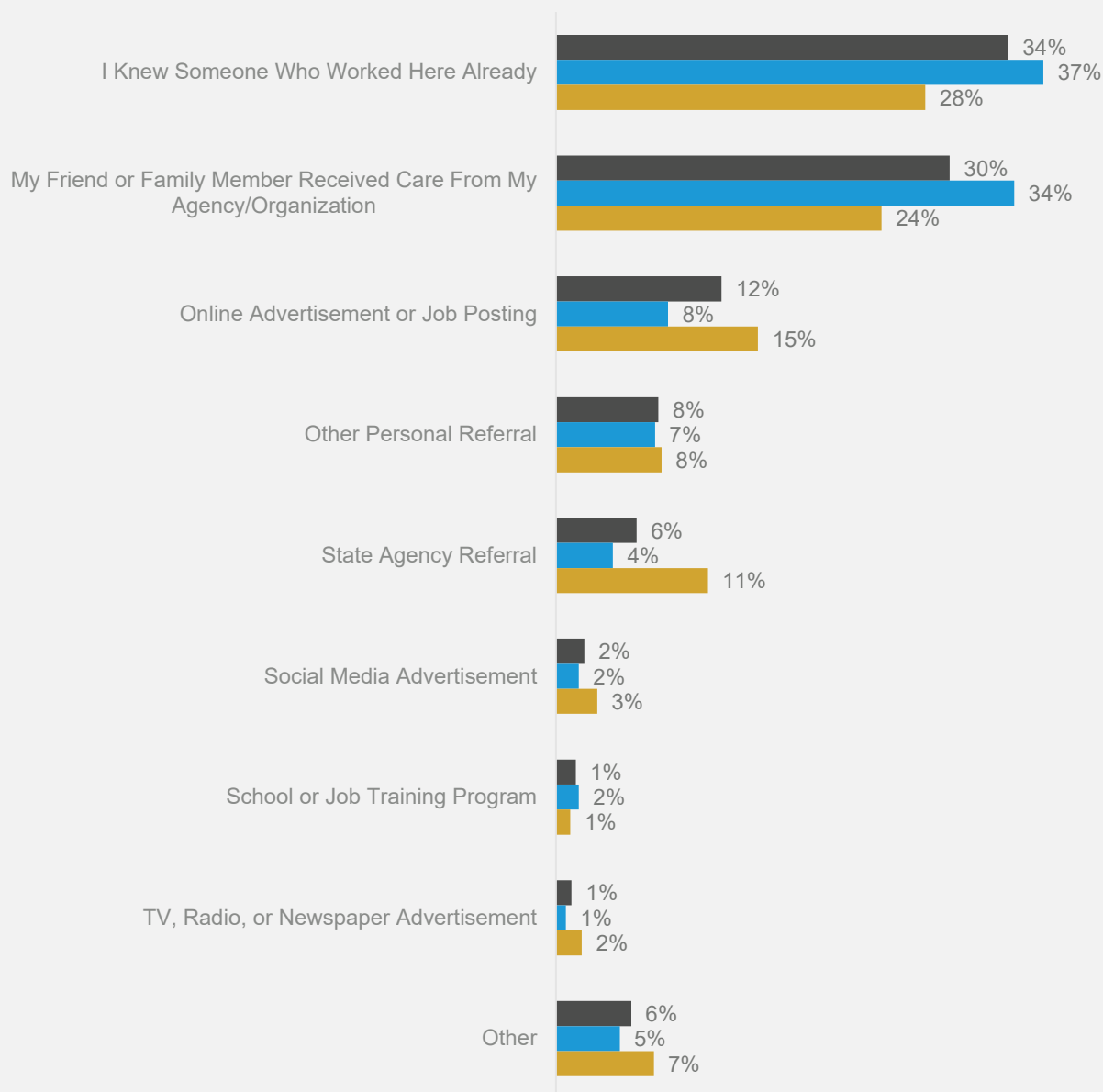
Reasons for Becoming a Paid Caregiver | The top three reasons respondents became paid caregivers were: having cared for a friend or relative, fulfilling a desire to help people, and finding work hours that fit their schedules.

Figure 37: Respondents' Reasons for Becoming a Paid Caregiver, by Population Served



Recruitment | When asked how they found their current positions, respondents who assist people with intellectual and developmental disabilities were more likely to find their current positions through a personal connection, like knowing someone employed with their current agency or having a family member receive care from their employer. Conversely, respondents who assist older adults and people with physical disabilities were more likely to find their jobs through an online job posting or a state agency referral.

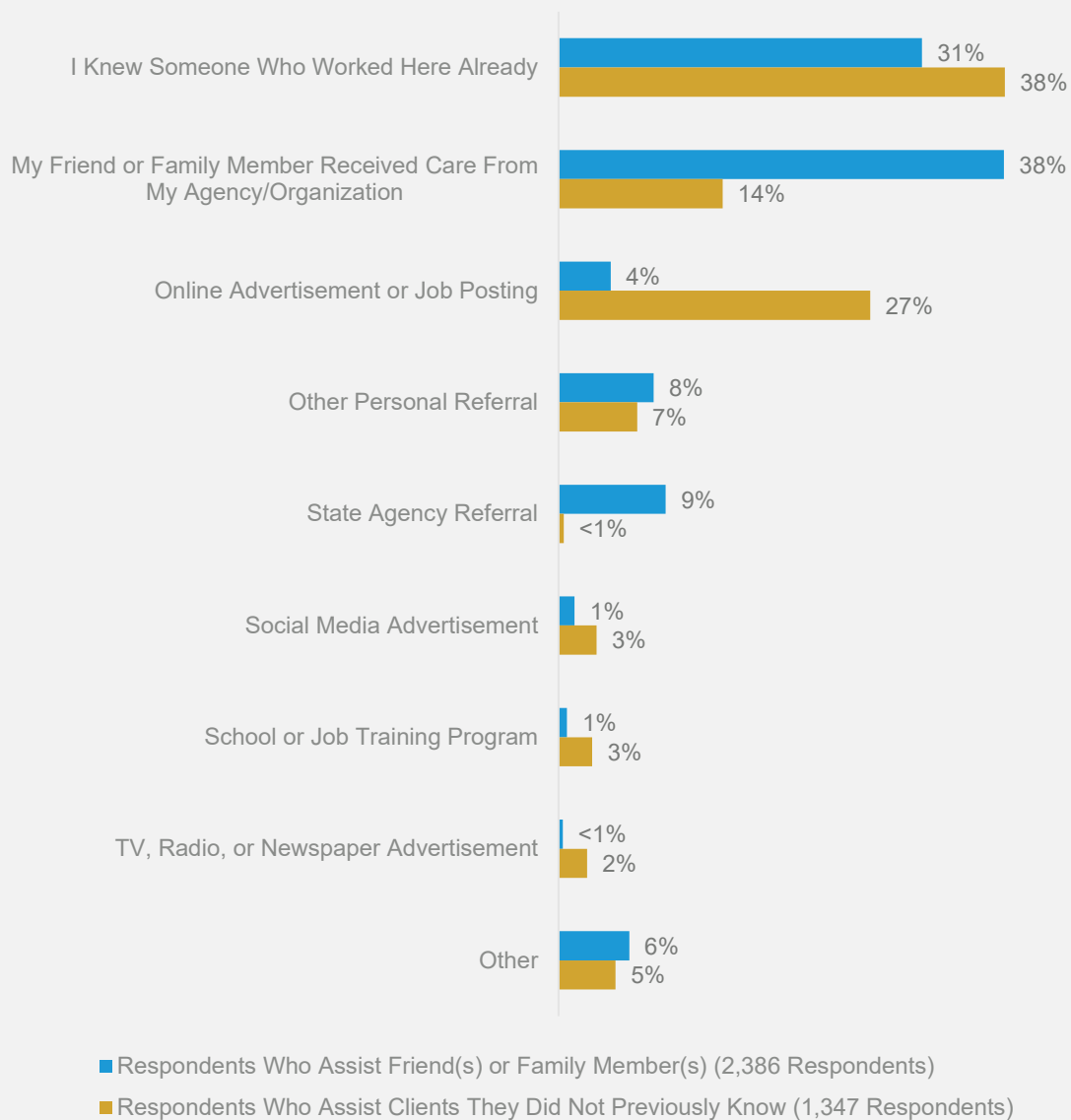
Figure 38: Respondents' Means of Finding Their Current Position, by Population Served



■ All Respondents (3,776 Respondents)
 ■ Respondents Who Assist People with Intellectual and Developmental Disabilities (2,153 Respondents)
 ■ Respondents Who Assist Older Adults and People with Physical Disabilities (1,036 Respondents)

Recruitment by Client Relationship | Among respondents who assist a friend or family member, the largest proportion (38 percent) reported that they found their current job because a family member or friend received care from their agency. A large percentage (27 percent) of respondents who were previously unfamiliar with all their clients found their jobs through an online job posting, compared to four percent of those who assist a family member or friend. Large proportions of both cohorts found their jobs because they knew someone who already worked at that home care agency.

Figure 39: Respondents' Means of Finding Current Position, by Client Relationship



Wages and Benefits

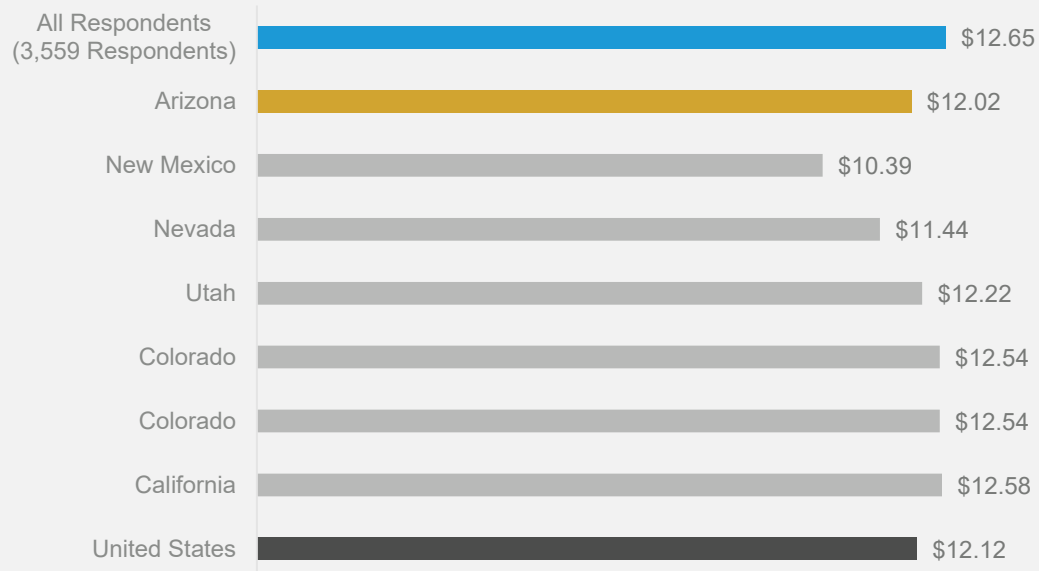
This section explores respondents' compensation, including their hourly wages and their access to benefits.

Key Findings:

- The median wage for respondents (\$12.65) is barely above the minimum wage in Arizona, but their wages are slightly higher than median wages in nearby states and nationally.
- Aside from legally required paid sick leave, respondents reported they rarely have access to other workplace benefits, especially if they are part-time employees, and a quarter of respondents reported that they did not know which benefits their employers offer.
- Respondents ranked paid sick leave, health insurance, and shift differential pay as the three benefits that they would most like to receive.

Wages | The median hourly wage was \$12.65 per hour for all respondents. Median wages were \$12.50 for respondents who assist older adults and people with physical disabilities and \$13.00 for respondents who assist people with intellectual and developmental disabilities. These wages are slightly higher than the state's minimum wage and slightly higher than the median wages for all paid caregivers in Arizona and surrounding states and at the national level.

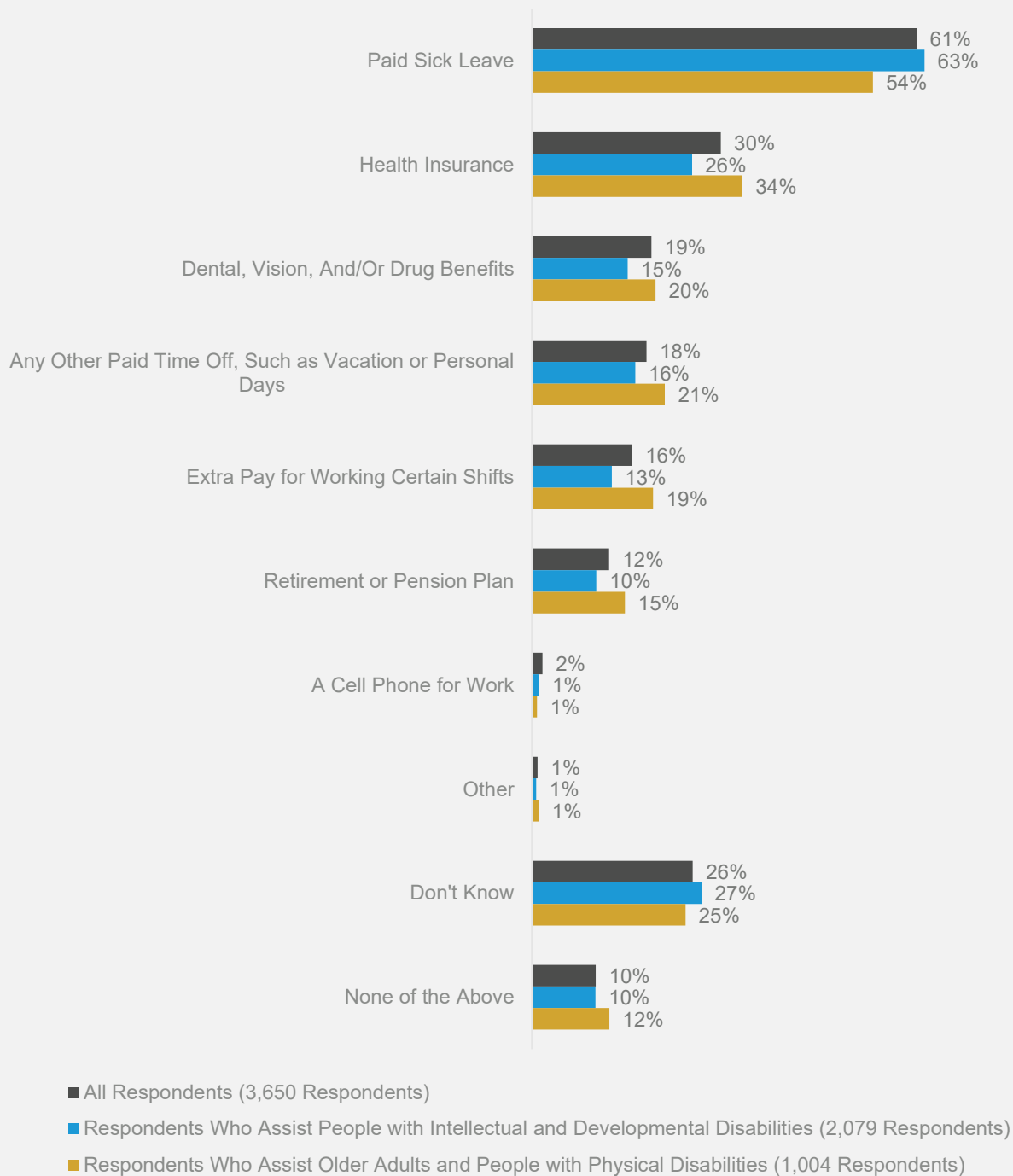
Figure 40: Respondents' Median Hourly Wage Compared to Paid Caregivers Statewide, in Surrounding States, and Nationally



Source of comparative data: PHI. "Workforce Data Center." Last modified September 14, 2020. <https://phinational.org/policy-research/workforce-data-center/>.

Benefits | The most common benefit offered by respondents' employers was paid sick leave, at 61 percent.¹¹ One quarter (26 percent) of respondents indicated that they did not know about all the benefits offered by their employers. One in 10 respondents reported their employers did not offer any benefits.

Figure 41: Employer-Sponsored Benefits Reported by Respondents, by Population Served

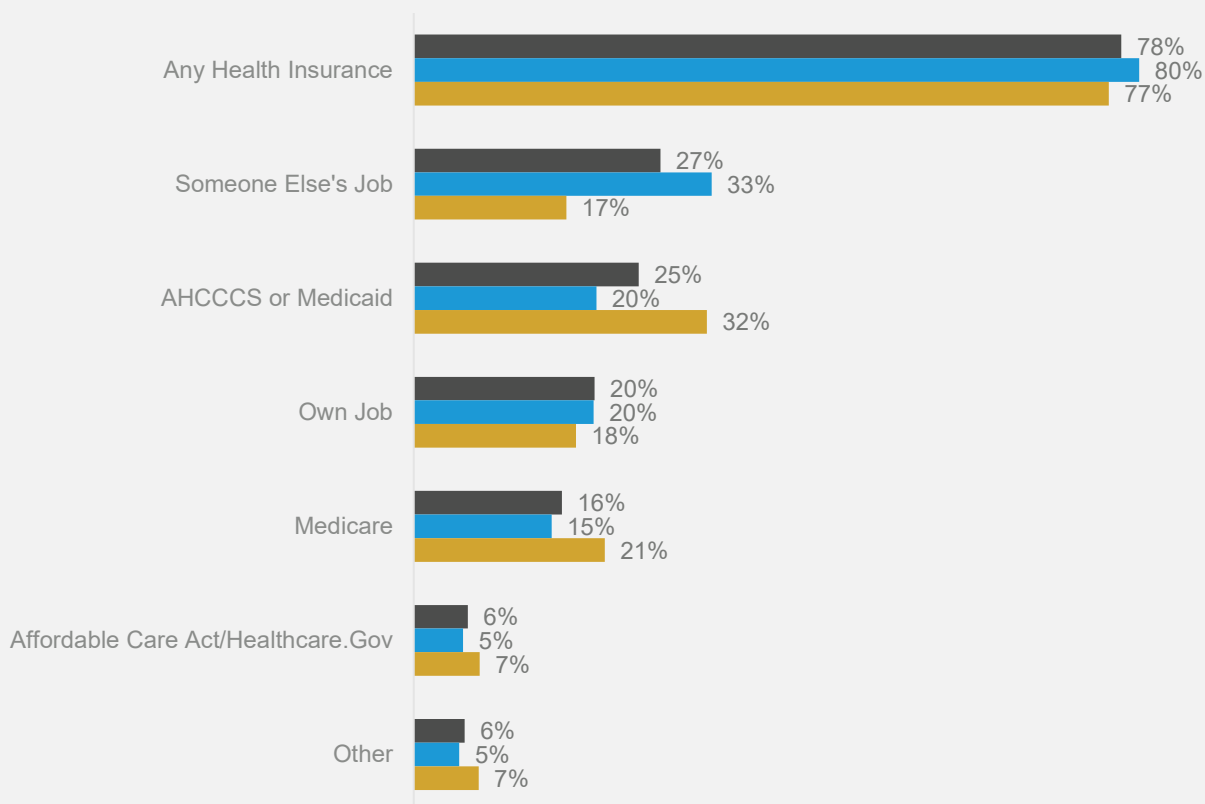


IN THEIR OWN WORDS: ACCESS TO BENEFITS IS LIMITED BY ELIGIBILITY AND AWARENESS

Many respondents noted in their survey comments that as part-time employees, they do not qualify for benefits and are therefore unaware of them. One respondent said, *“At this time, I am not fully informed on the benefits that are available. I just know that I do not qualify because I only work 25 hours per week.”*

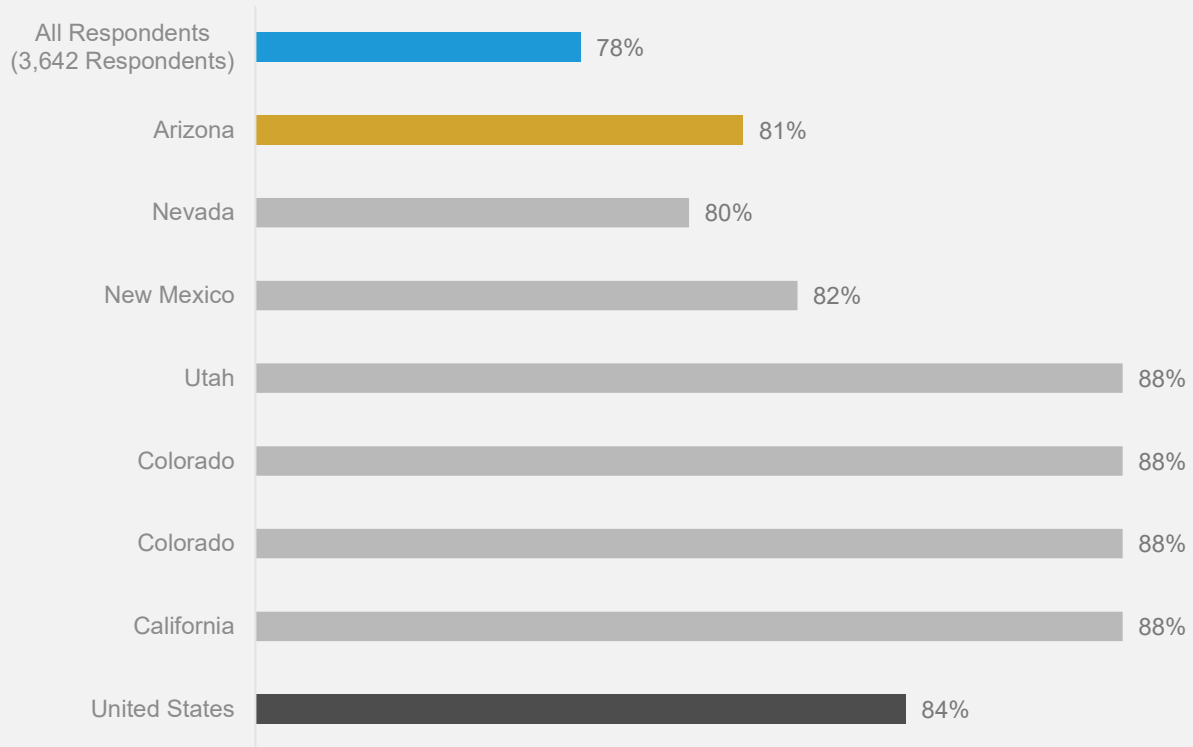
Health Insurance | Seventy-eight percent of respondents reported having health insurance, while 22 percent were uninsured. Most insured respondents received coverage through an employer (their own or someone else’s) or Medicaid. The insured rate among respondents was lower than for paid caregivers in Arizona and surrounding states, as well as nationally.

Figure 42: Respondents’ Health Insurance Status, by Population Served



- All Respondents (2,801 Respondents)
- Respondents Who Assist People with Intellectual and Developmental Disabilities (1,634 Respondents)
- Respondents Who Assist Older Adults and People with Physical Disabilities (756 Respondents)

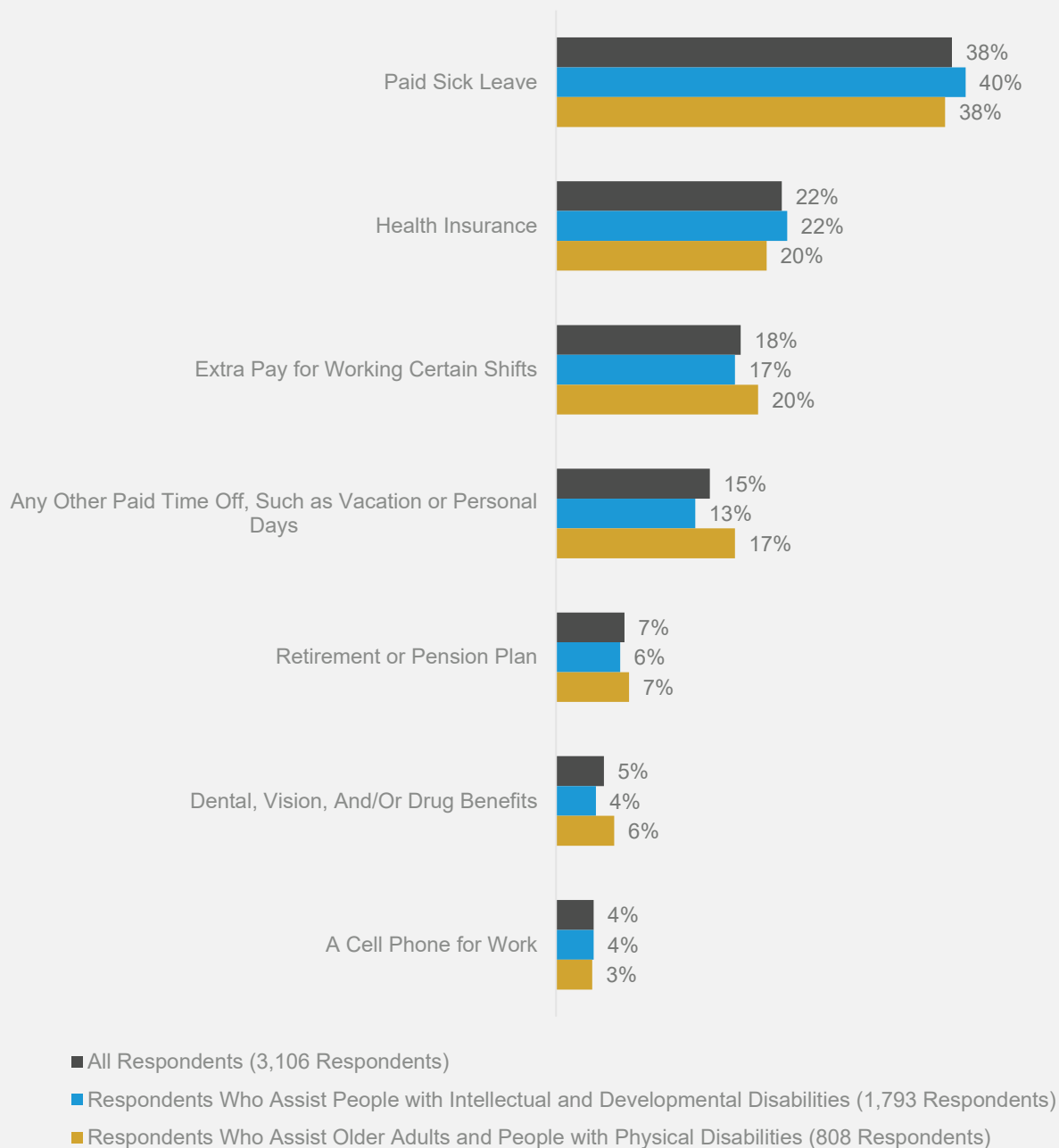
Figure 43: Respondents' Health Insurance Status Compared to Paid Caregivers Statewide, in Surrounding States, and Nationally



Source of comparative data: PHI. "Workforce Data Center." Last modified September 14, 2020. <https://phinational.org/policy-research/workforce-data-center/>.

Benefits Ranked by Importance | Respondents were asked to rank a range of employment benefits by importance. The three benefits that were most commonly ranked first in importance were paid sick leave, health insurance, and extra pay for working certain shifts (like nights and weekends).

Figure 44: Respondents' Rankings of Employer-Provided Benefits by Importance, by Population Served



Supervision

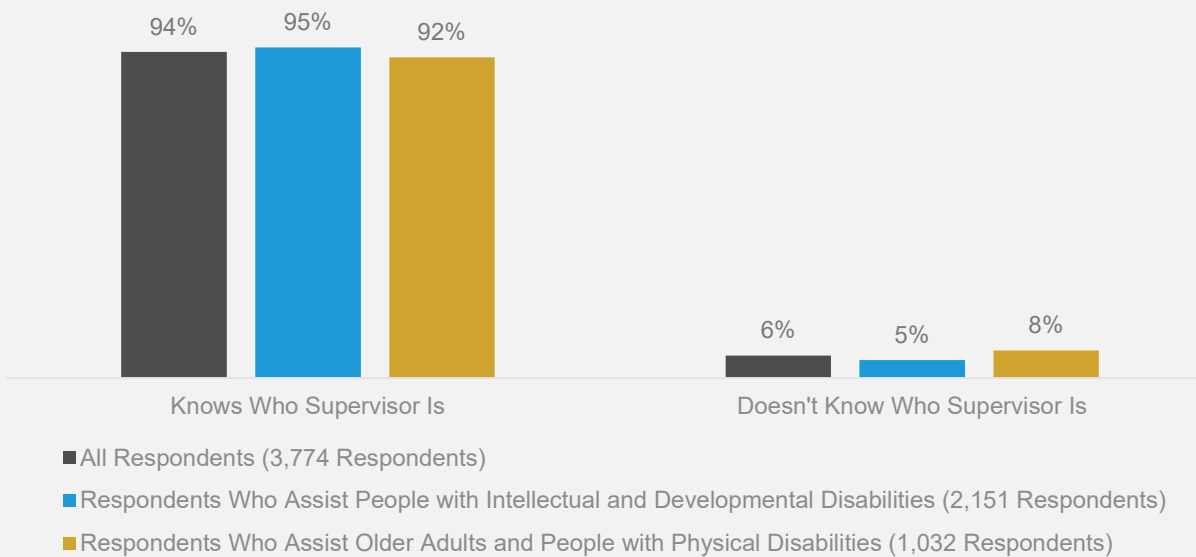
This section describes respondents' relationships with their supervisors.

Key Findings:

- Six percent of respondents could not identify their supervisor, and 23 percent of the remaining respondents could not describe their supervisor's role. These findings indicate that a sizeable proportion of respondents might not have strong relationships with their supervisors.
- While respondents' assessments of their supervisors were generally positive, they indicated several opportunities for supervisors to better support them—for example, by more frequently providing positive reinforcement, supporting professional development, and ensuring they do their jobs well.

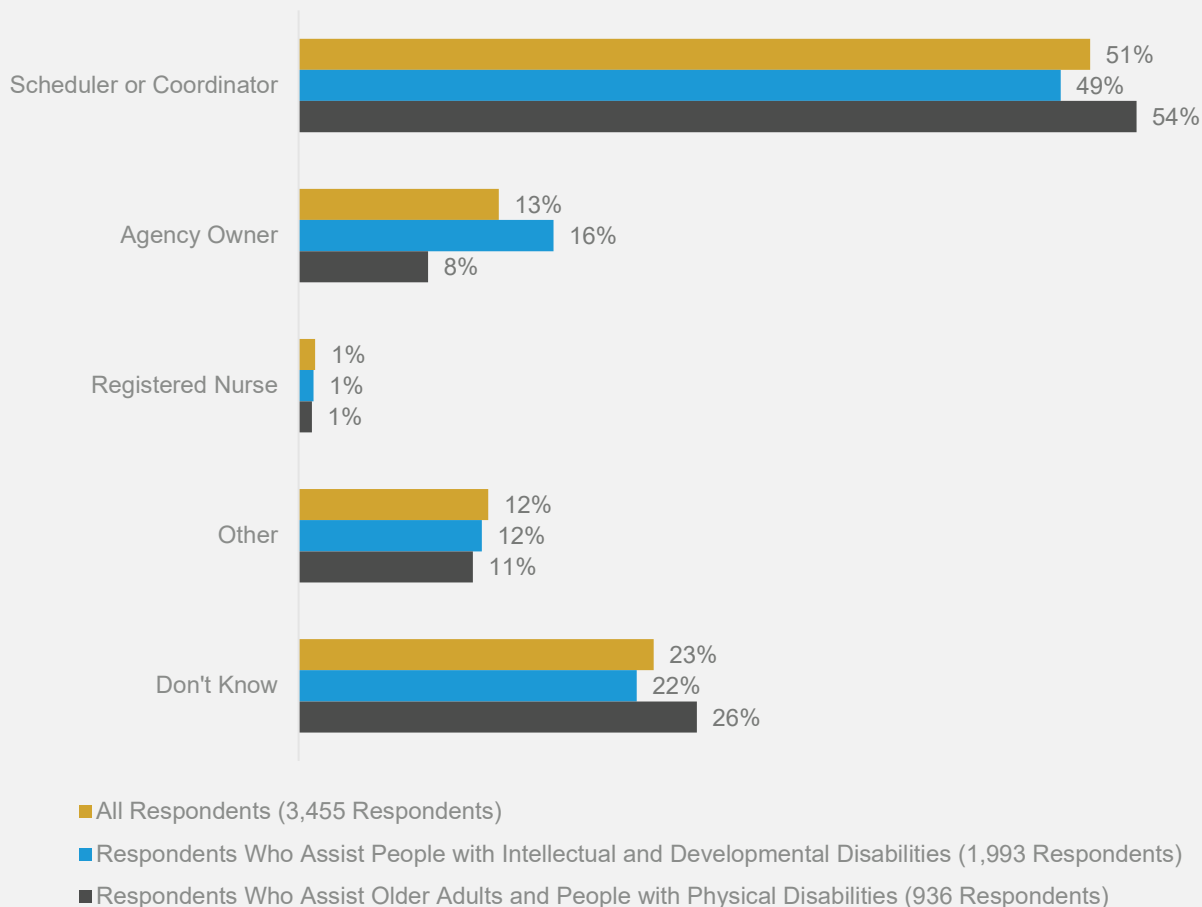
Ability to Identify Supervisor | Most respondents (94 percent) confirmed that they could identify their direct supervisor, leaving six percent who could not.

Figure 45: Respondents' Ability to Identify Supervisor, by Population Served



Supervisor Role | Among respondents who indicated they could identify their supervisor, over half (51 percent) responded that they are supervised by a scheduler or care coordinator, while a quarter reported they could not describe their supervisor’s role.¹²

Figure 46: Role of Respondent’s Supervisor, by Population Served

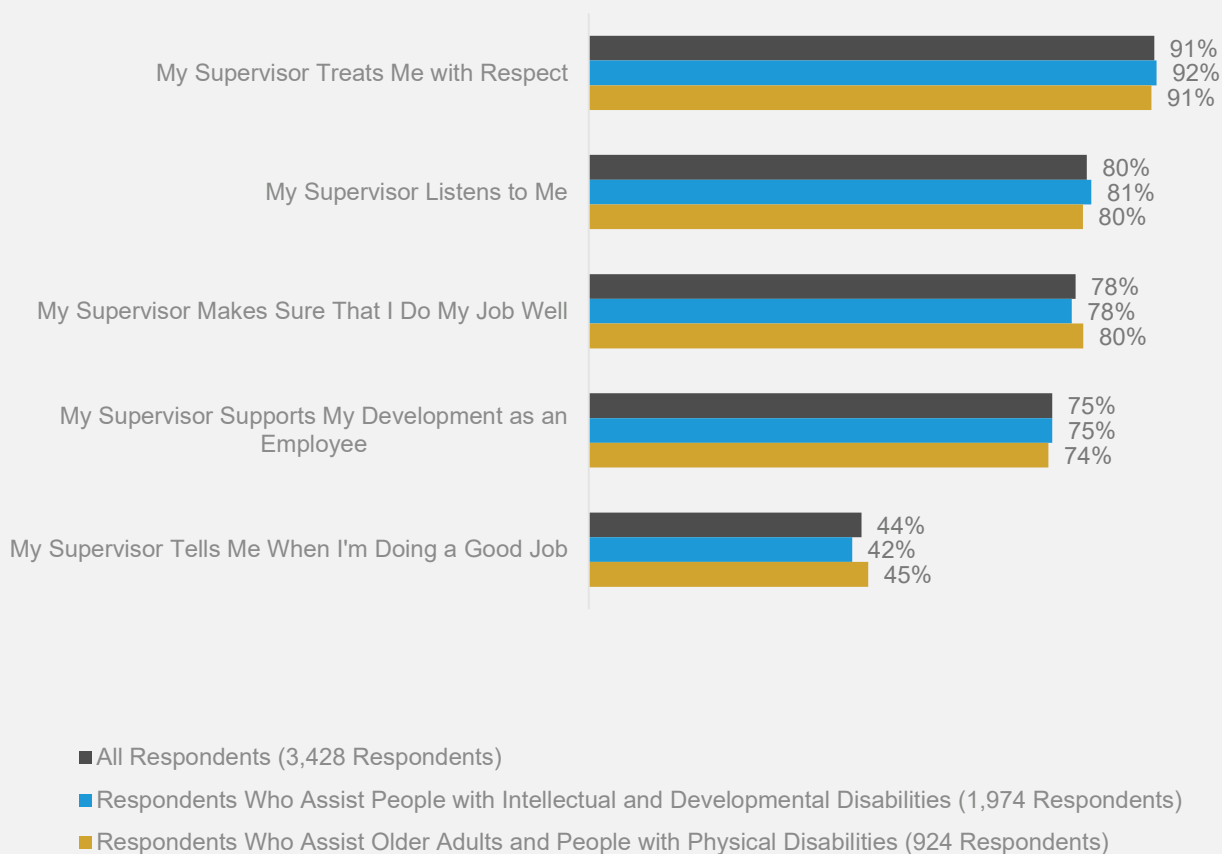


**IN THEIR OWN WORDS:
RESPONDENTS APPRECIATE THEIR SUPERVISORS**

Several respondents provided appreciative comments about their supervisors’ support. One respondent said, *“I appreciate my supervisor’s sincere care about me as a person and worker. My supervisor is a hard worker and always is there when I need help, advice or direction.”* Another said, *“My supervisor is the best supervisor I have ever had. She is extremely supportive, and so supportive regarding my career in caregiving. She is so educational and works hard to make sure I understand my role in my job and works to keep the job fun.”*

Supportive Supervision | In responding to a series of statements about their supervisors, respondents expressed favorable views overall. A large proportion reported that their supervisors “mostly or always” treat them with respect. Somewhat smaller (but still large) proportions indicated their supervisors “mostly or always” listen to them, make sure they do their jobs well, and support their development. On the other hand, just 44 percent of respondents said supervisors “mostly or always” tell them they are doing a good job.

Figure 47: Proportion of Respondents who Reported “Mostly or Always” Receiving Supportive Supervision, by Population Served



**IN THEIR OWN WORDS:
SOME RESPONDENTS EXPERIENCE MINIMAL SUPERVISION**

Some respondents described their interactions with their supervisors as infrequent and/or impersonal. One respondent said, *“All of my communication with my supervisor is through email. And it is only about timesheets and updating certifications and things like that. This is the first company I’ve ever worked for that if I saw my supervisor in person I probably would not recognize her.”*

Training and Opportunities for Advancement

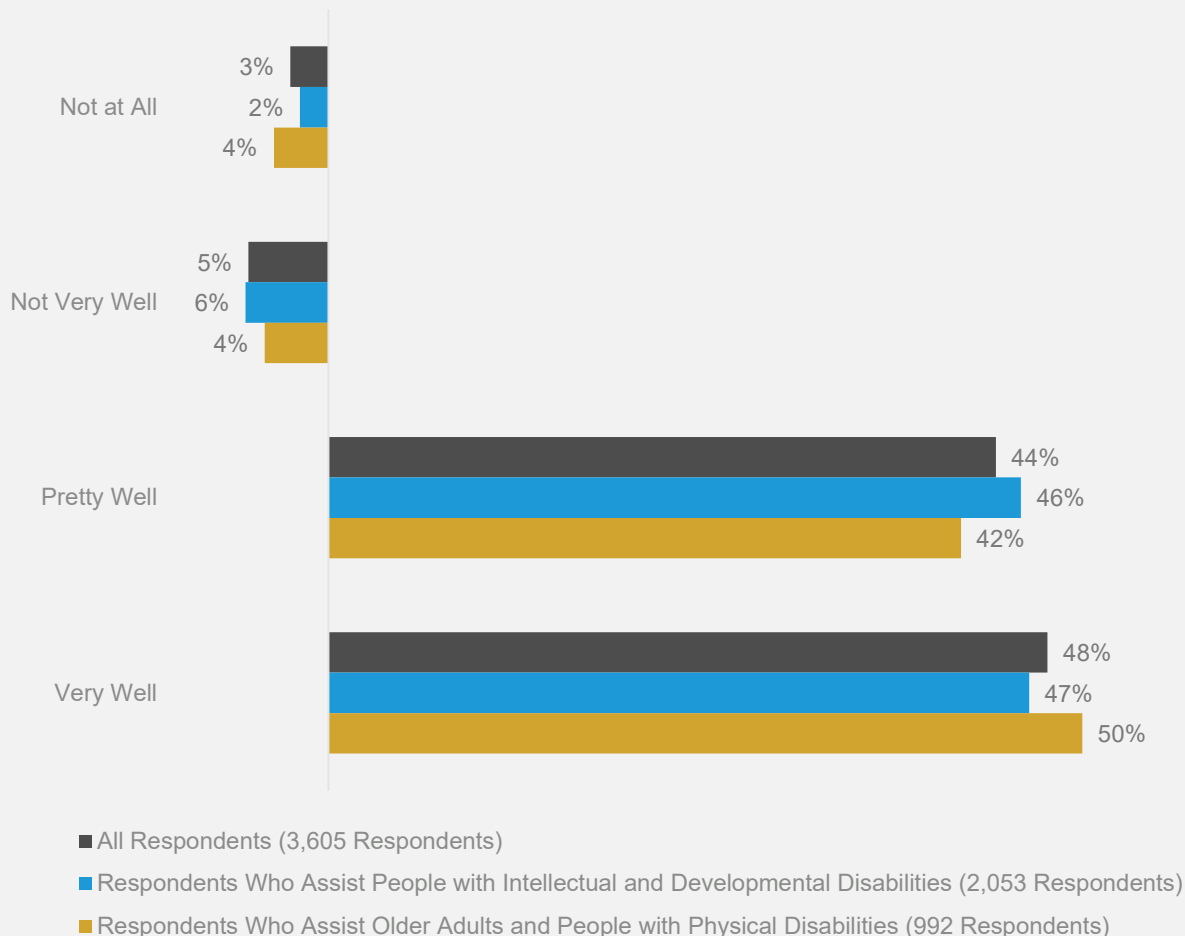
This section presents respondents' assessments of their training and career advancement opportunities and experiences.

Key Findings:

- While most respondents were satisfied with their training, 61 percent expressed a desire for additional training in at least one topic. Training in self-care and stress management was popular among all respondents, but training preferences largely varied according to the populations served by respondents.
- Respondents reported that opportunities for advancement are lacking, especially for those who assist older adults and people with disabilities.

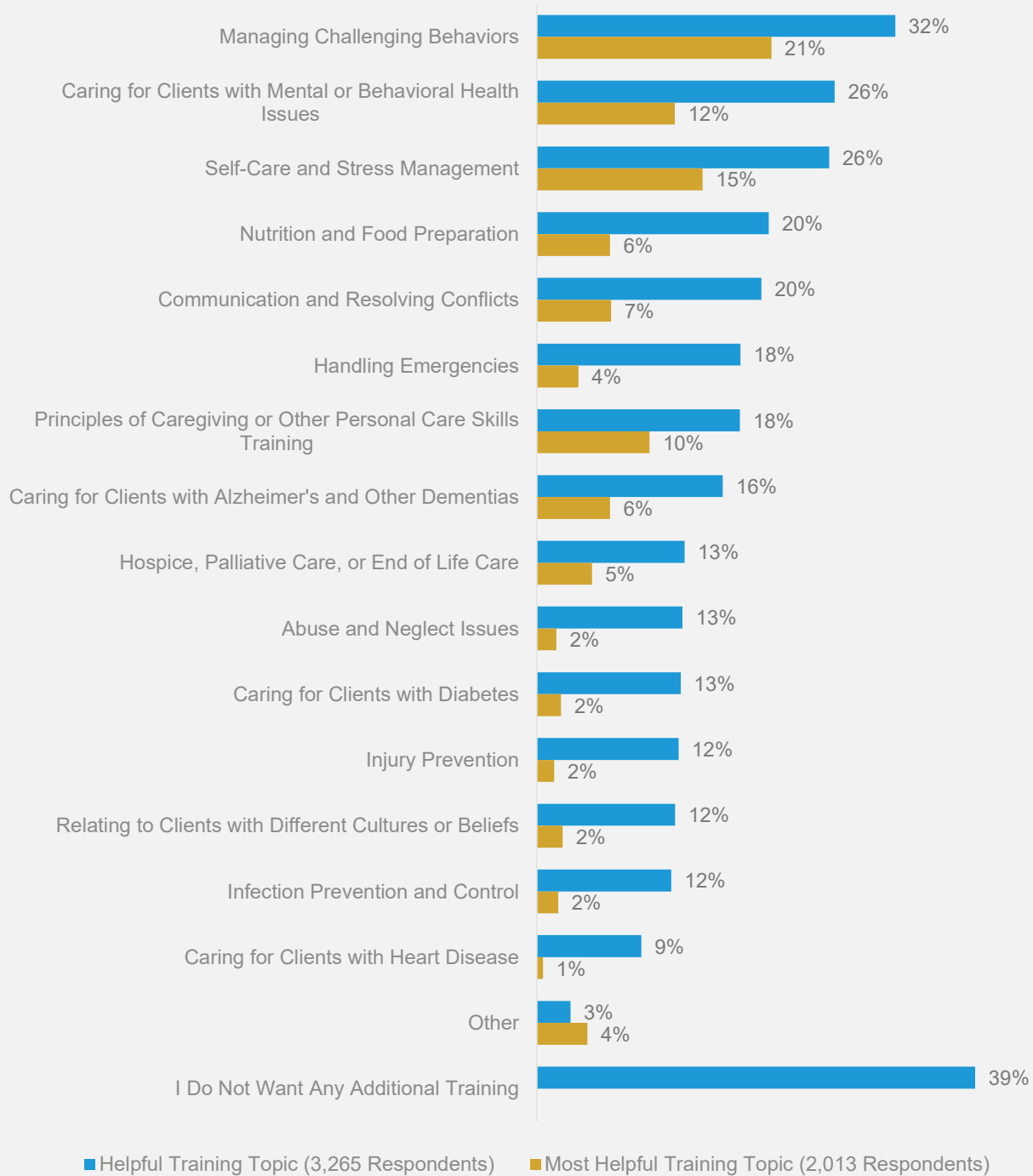
Level of Preparedness | Respondents overwhelmingly reported satisfaction with their initial caregiving training: 92 percent reported that their training prepared them “pretty well” or “very well” for their jobs.

Figure 48: Respondents' Reported Level of Preparedness After Initial Training, by Population Served



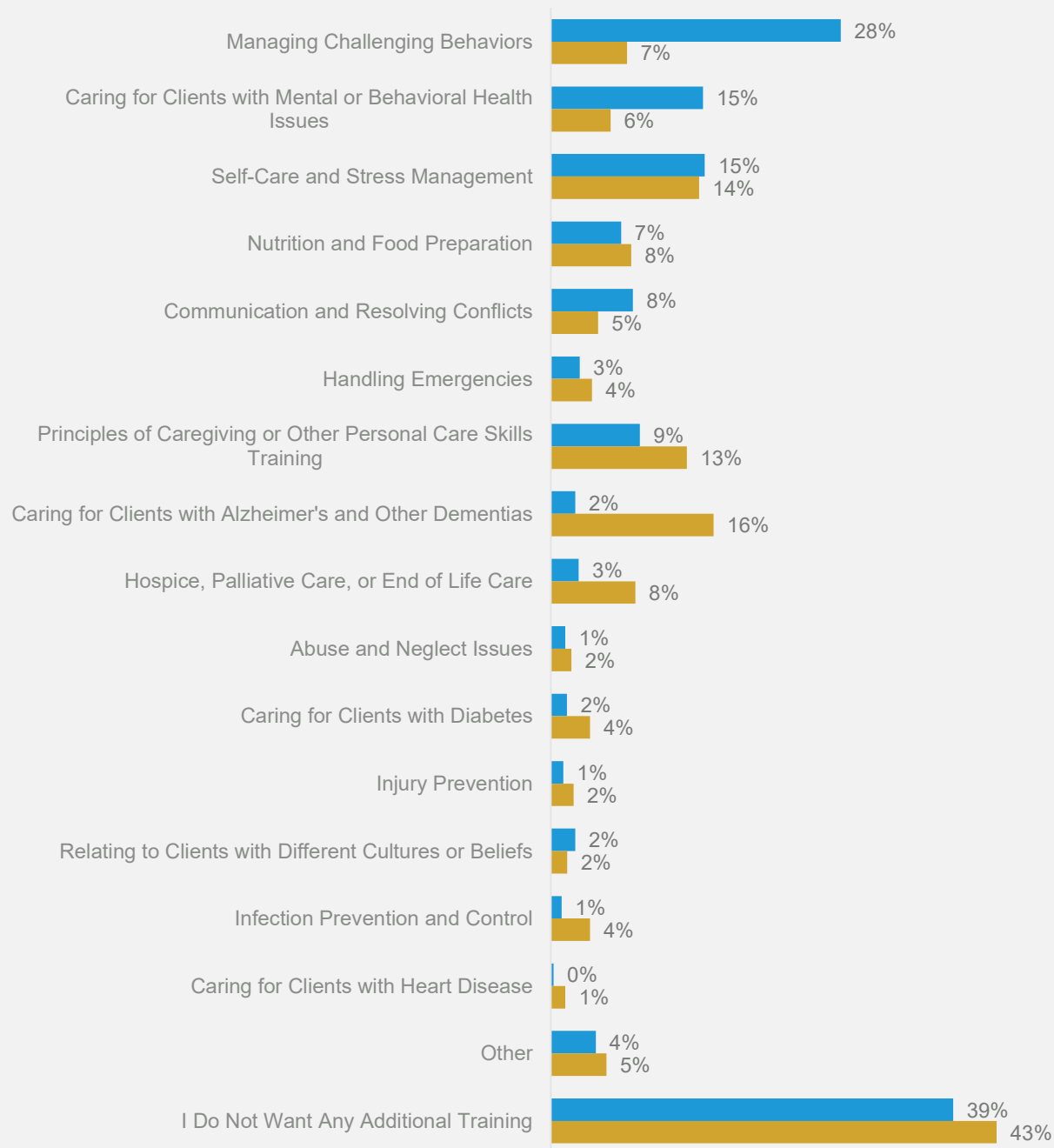
Additional Training Preferences | While respondents were generally satisfied with training, 61 percent expressed a desire for some additional training. From a range of suggested training topics, respondents most commonly chose self-care and stress management, managing challenging behaviors, and caring for clients with mental or behavioral health issues as their priority topics. These three topics also rose to the top when respondents were asked to pick a single topic that would be most helpful.

Figure 49: Respondents' Preferences for Additional Training



Additional Training Preferences by Population Served | Respondents who assist people with intellectual and developmental disabilities commonly reported training in managing challenging behaviors would be most helpful to them. In contrast, respondents who assist older adults and people with physical disabilities most commonly reported that training in caring for people with Alzheimer’s and other dementias would be most helpful to them.

Figure 50: Most Helpful Additional Training Topics, by Population Served

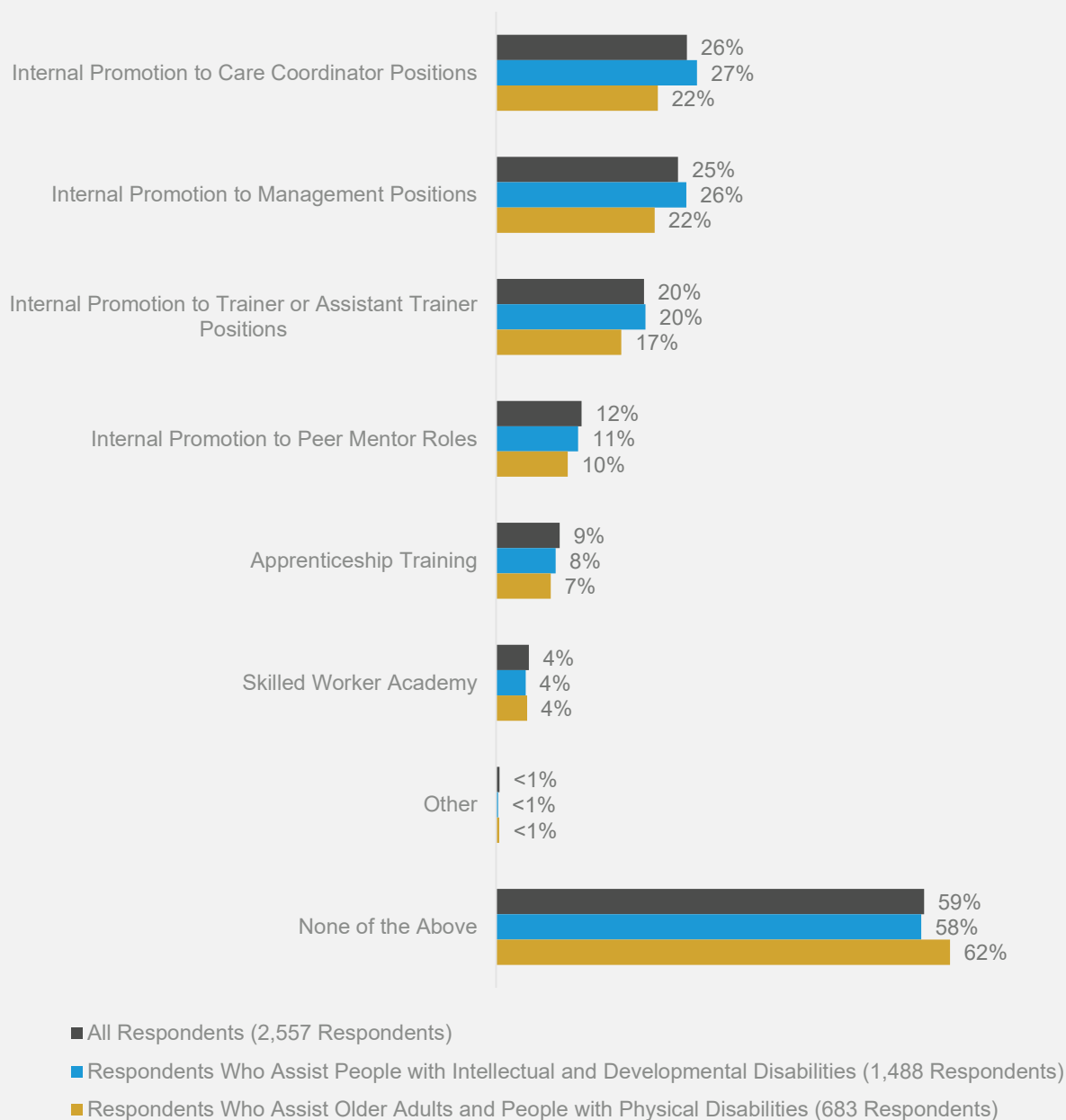


■ Respondents Who Assist People with Intellectual and Developmental Disabilities (1,160 Respondents)
 ■ Respondents Who Assist Older Adults and People with Physical Disabilities (507 Respondents)

Opportunities for Advancement | Less than half (41 percent) of respondents reported that they have opportunities for advancement through their current roles. The most frequently reported opportunities for advancement were internal promotions to care coordinator, manager, and assistant trainer.

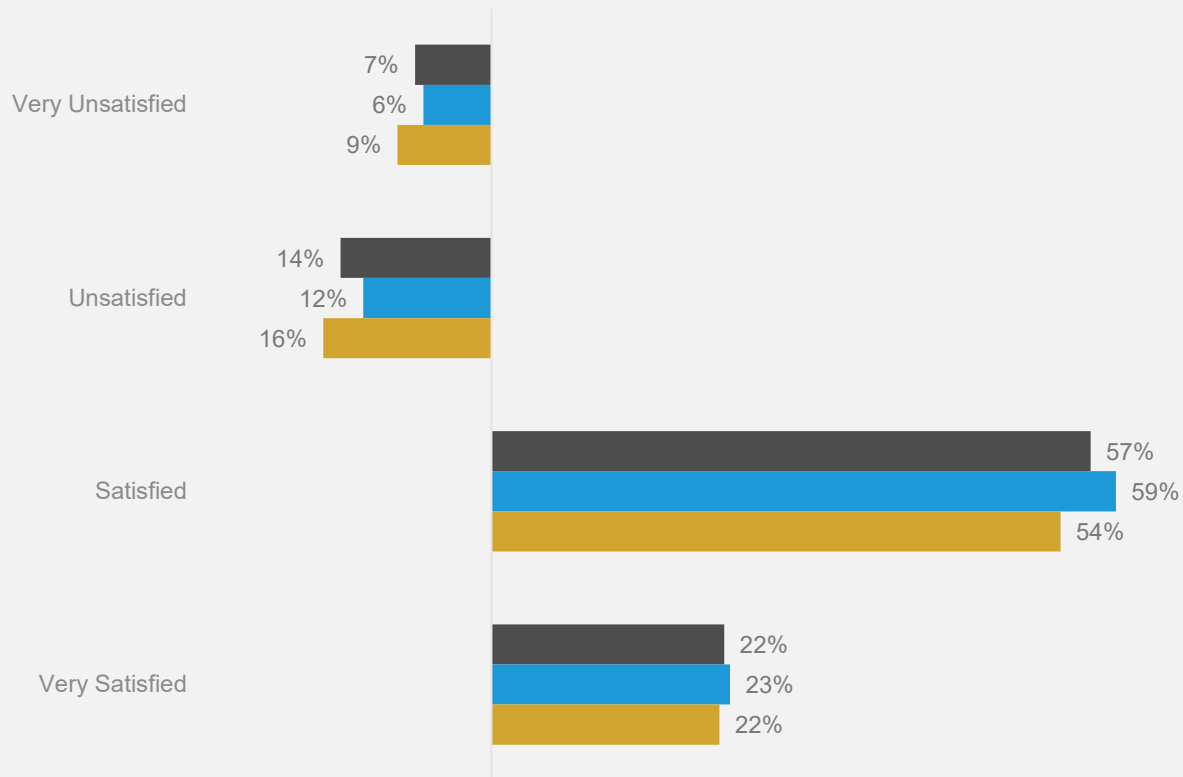
Compared to respondents who assist older adults and people with physical disabilities, respondents who assist people with intellectual and developmental disabilities were more likely to have opportunities for advancement, especially internal promotion opportunities.

Figure 51: Opportunities for Advancement Identified by Respondents, by Population Served



Satisfaction with Opportunities for Advancement | While 79 percent of all respondents were “satisfied” or “very satisfied” with their advancement opportunities, respondents who assist older adults and people with physical disabilities reported they are less satisfied with their advancement opportunities compared to respondents who assist people with intellectual and development disabilities.

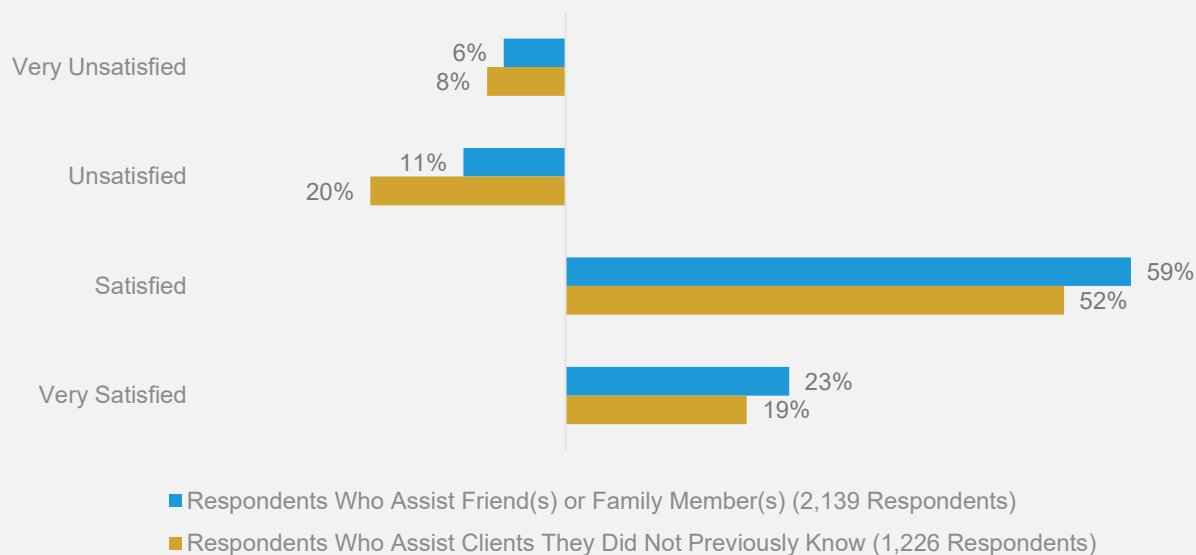
Figure 52: Respondents’ Satisfaction with Opportunities for Advancement, by Population Served



- All Respondents (3,398 Respondents)
- Respondents Who Assist People with Intellectual and Developmental Disabilities (1,944 Respondents)
- Respondents Who Assist Older Adults and People with Physical Disabilities (925 Respondents)

Satisfaction with Opportunities for Advancement by Client Relationship | The proportion of respondents who responded they were “satisfied” or “very satisfied” with their advancement opportunities was lower among respondents who were previously unfamiliar with their clients (71 percent) compared to respondents who assist a friend or family member (83 percent).

Figure 53: Respondents’ Satisfaction with Opportunities for Advancement, by Client Relationship



**IN THEIR OWN WORDS:
LIMITED OPPORTUNITIES FOR ADVANCEMENT**

Several respondents noted that internal promotion opportunities often seem unattainable. One respondent said, “[My employer] occasionally will email [caregivers] with employment opportunities in a different department, or with higher levels of responsibility. It has been my experience, and others I know who work as a [paid caregiver] with the company have also experienced this, there is no reply from the company when I have submitted a resume for a posted employment opportunity, nor have I ever been contacted to discuss employment opportunities.”

Safety at Work

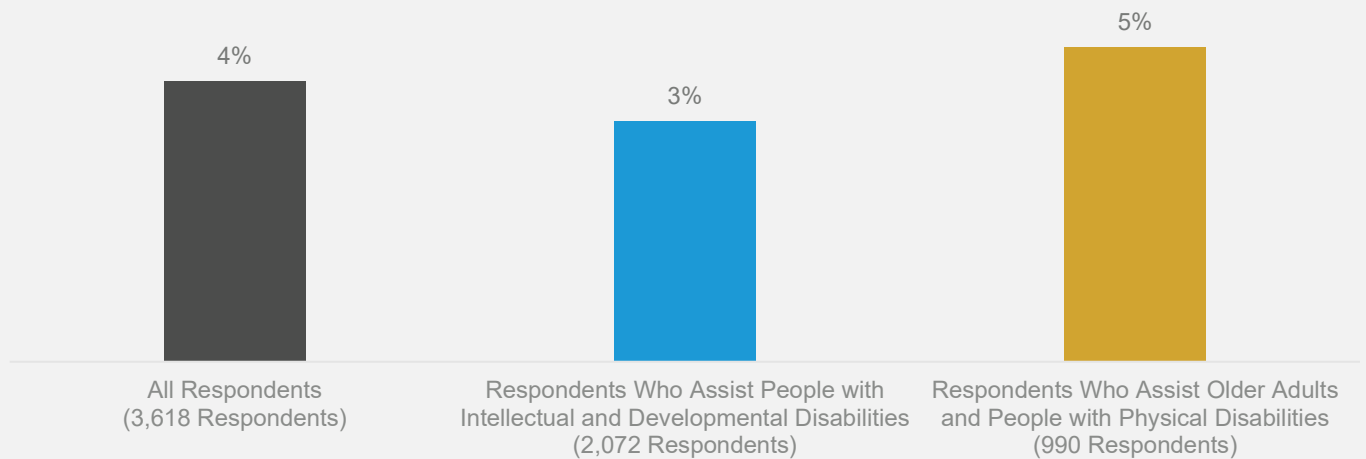
This section describes how respondents view their workplace safety, including with regards to experiences or observations of discrimination on the job.

Key Findings:

- Among respondents who experienced an injury in the past year, only half reported their injuries to their employers.
- Compared to white respondents, women and men of color were more likely to report witnessing discrimination as paid caregivers (especially discrimination based on race or ethnicity).

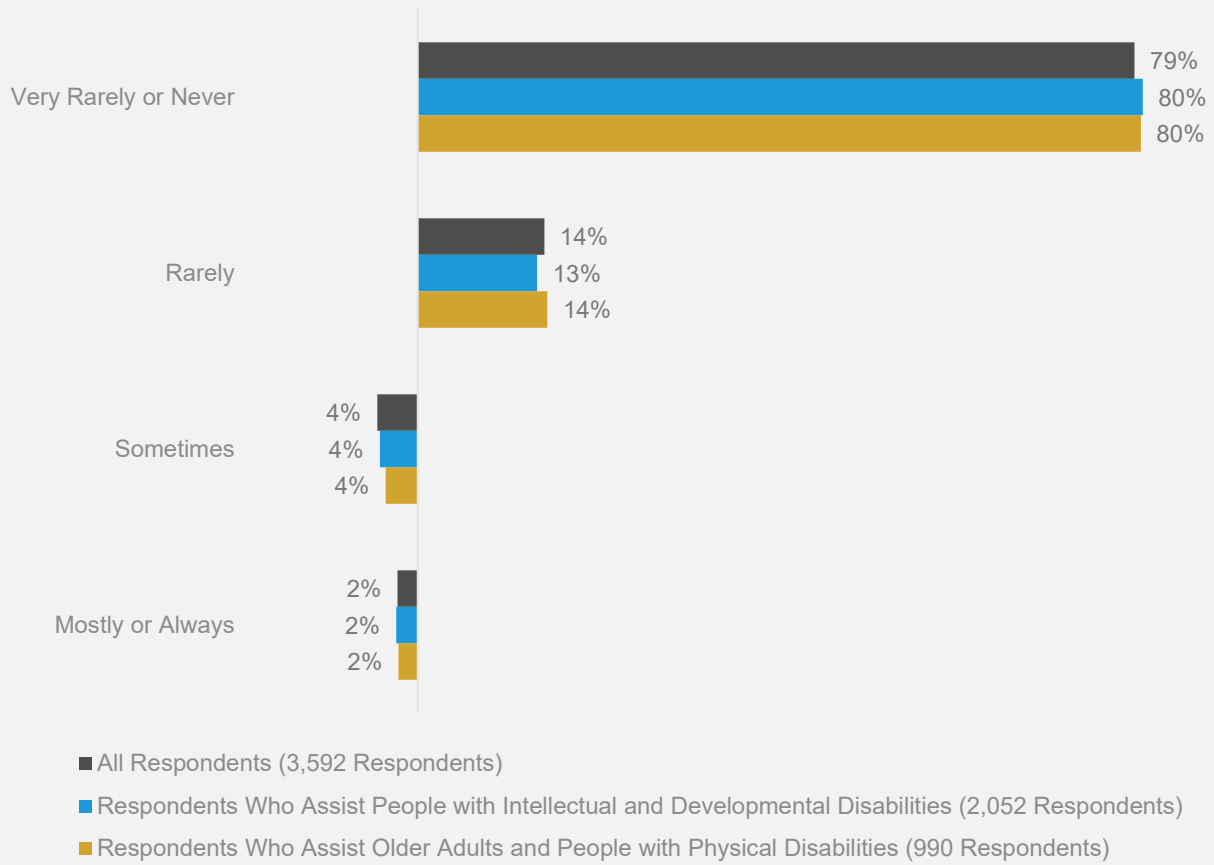
Injuries | Four percent of respondents, or 151 paid caregivers, reported experiencing an injury in the past year, most commonly back strain due to lifting/repositioning clients and injuries caused by violence from clients. Half of these respondents had reported their injuries to their employers.

Figure 54: Experienced Injury in the Past Year, by Population Served



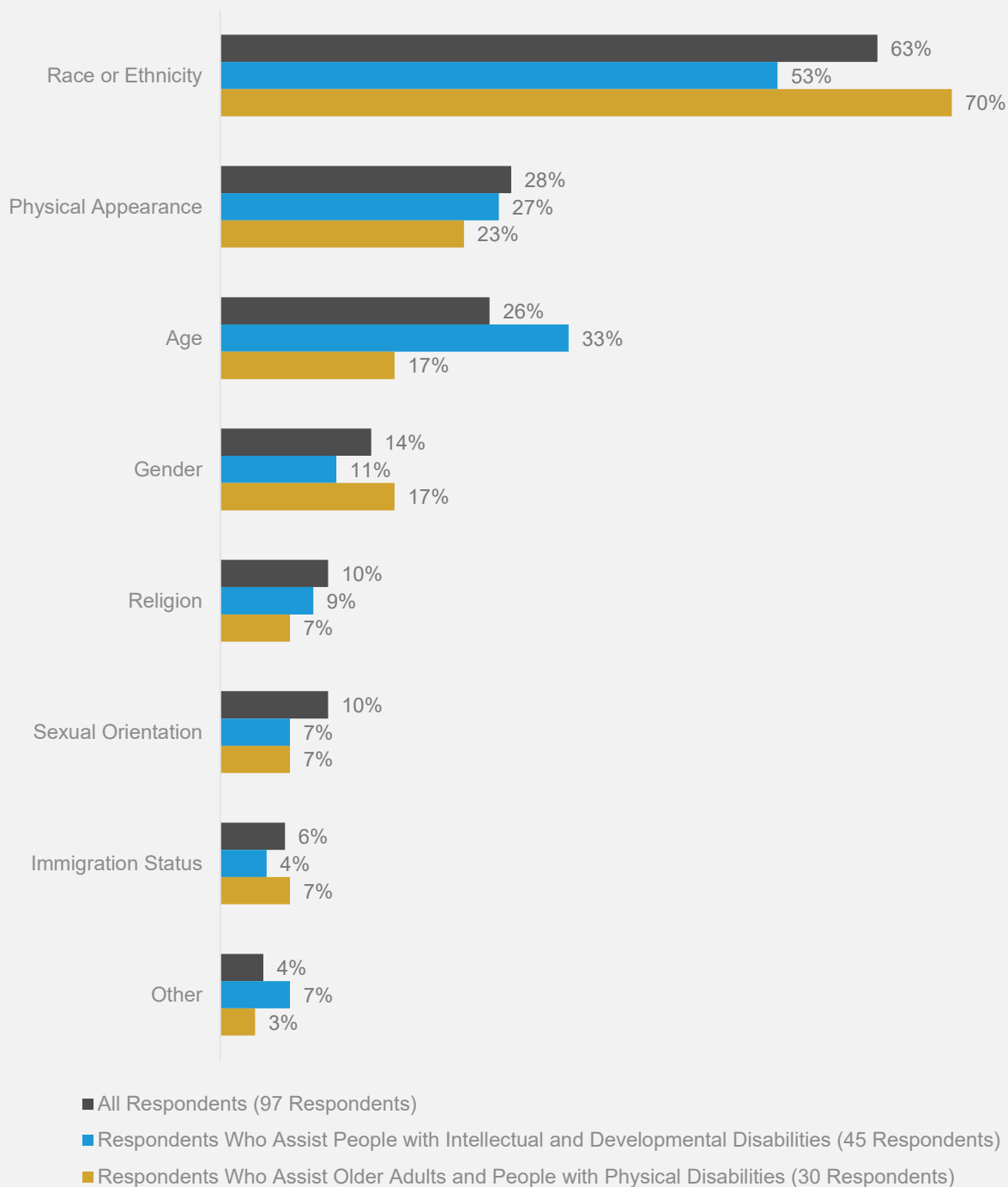
Safety | While some respondents had experienced injury and violence in the workplace, most respondents reported feeling safe at work.

Figure 55: Frequency of Feeling Unsafe at Work Among Respondents, by Population Served



Discrimination | Three percent of respondents, or 121 paid caregivers, reported witnessing some form of discrimination during their careers as caregivers. Discrimination was described to respondents as “treating a person unfairly because of who they are or because they have certain characteristics.” The majority (63 percent) of the discrimination that respondents experienced or witnessed was based on race.

Figure 56: Basis for Discrimination, by Population Served



Discrimination by Race and Gender | People of color were more likely to report witnessing or experiencing discrimination than their white counterparts, particularly race-based discrimination.

Figure 57: Respondents Who Have Witnessed or Experienced Discrimination, by Race and Gender

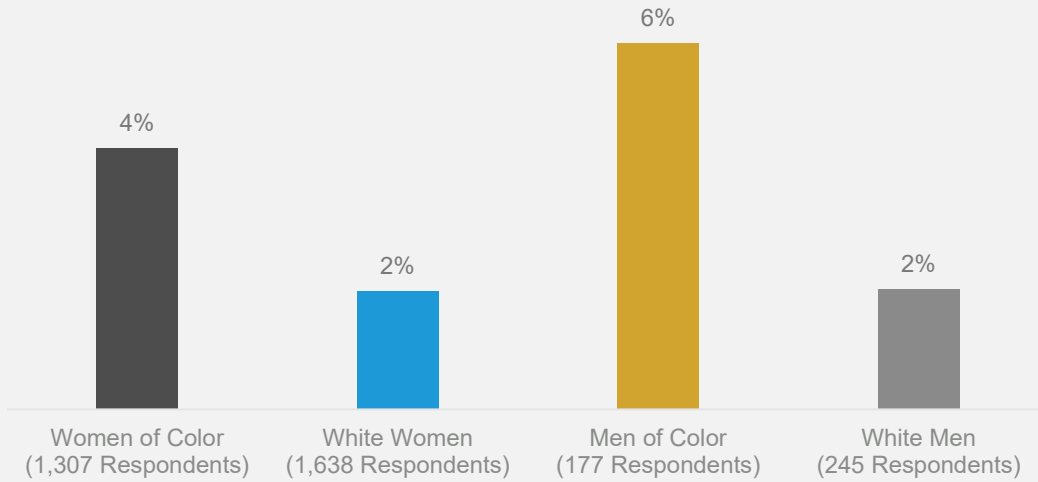
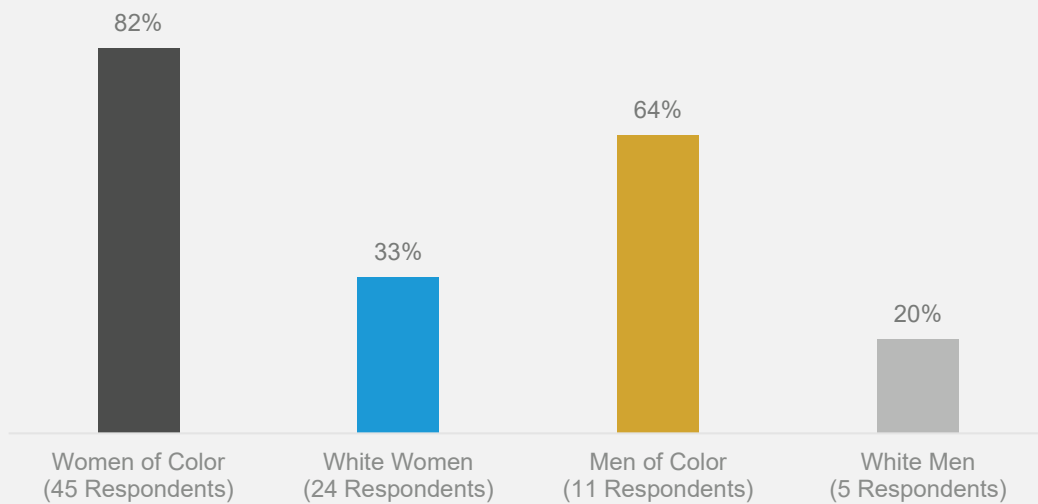


Figure 58: Race/Ethnicity as the Basis of Discrimination, Among Respondents Who Have Witnessed or Experienced Discrimination



The COVID-19 Pandemic

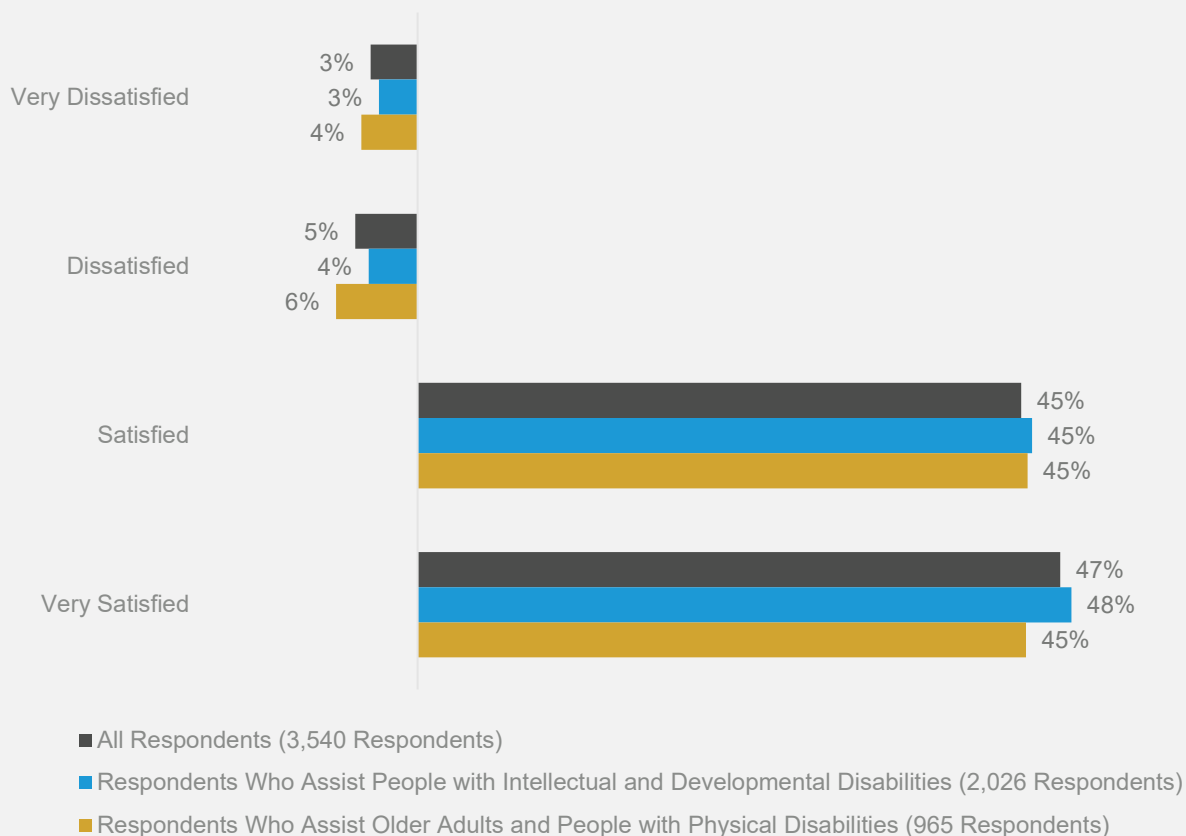
The following section details respondents' experiences during the COVID-19 pandemic, with a particular focus on their employers' policies and actions.

Key Findings:

- A large proportion of respondents expressed high satisfaction with their employer's response to the COVID-19 pandemic, but they have still faced significant risks in the workplace. One in ten workers have taken time off work because they had (or suspected they had) COVID-19.
- Many respondents either made or bought their own personal protective equipment (PPE) and approximately a third do not have sufficient access to PPE.
- While respondents indicated that higher wages would be the most helpful support during the pandemic, they also frequently reported that paid time off would be helpful.

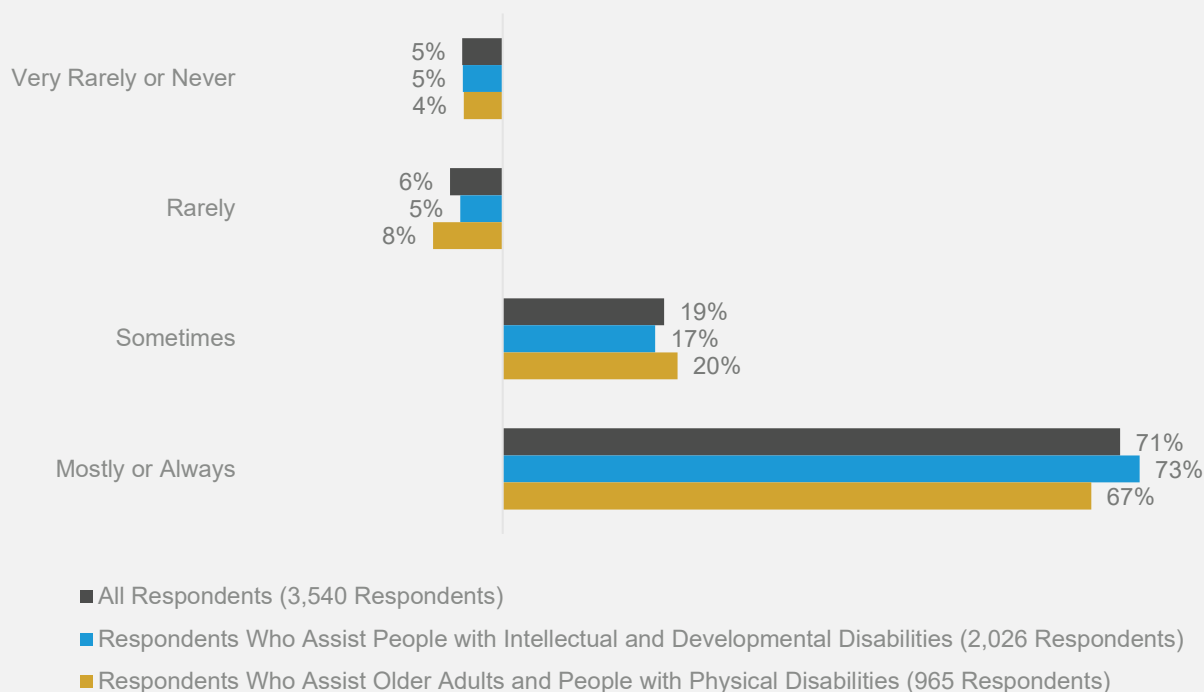
Satisfaction with Employer Responses to the Pandemic | Most respondents reported that they are satisfied with their employers' response to the COVID-19 pandemic.

Figure 59: Respondents' Satisfaction with Employer Response to COVID-19 Pandemic, by Population Served



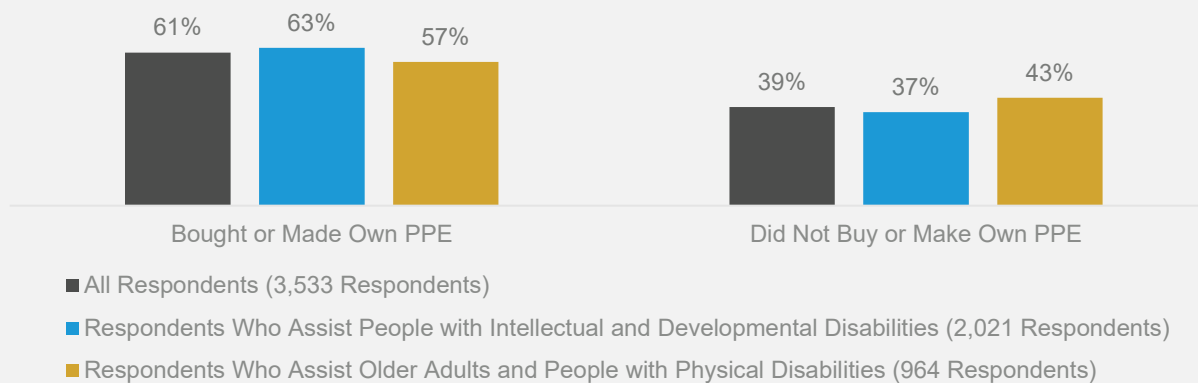
Personal Protective Equipment (PPE) Adequacy | Seventy-one percent of respondents reported that they “mostly or always” have had enough PPE at work, like gloves, masks, and gowns. On the other hand, one in 10 respondents (11 percent) said they “rarely” or “very rarely or never” have had enough PPE.

Figure 60: Frequency of Having Enough PPE at Work, by Population Served



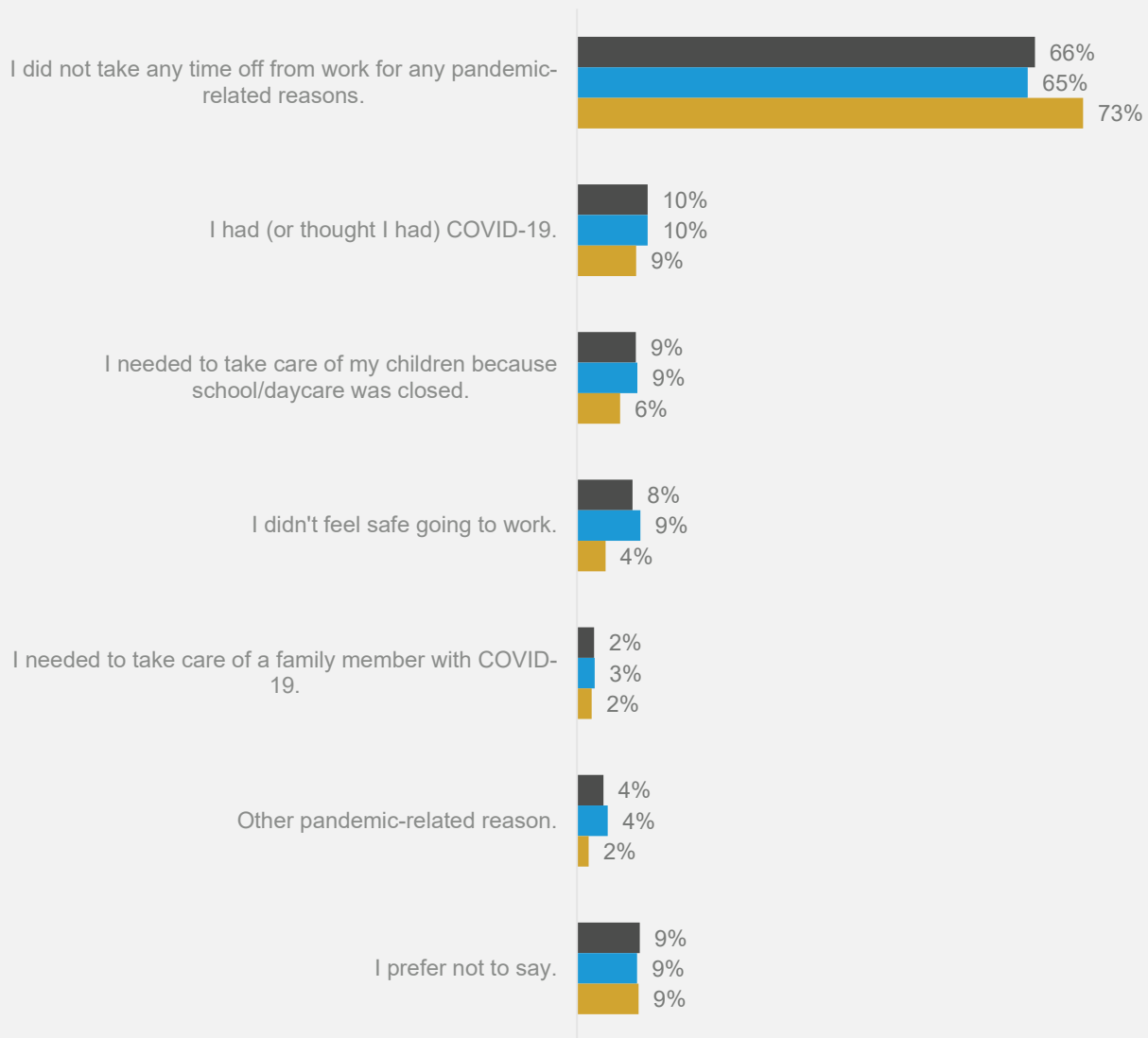
Bought or Made PPE | Sixty-one percent of respondents reported buying or making their own PPE for work. Respondents who assist people with intellectual and developmental disabilities were six percentage points more likely to have bought or made their own PPE as compared to respondents who assist older adults and people with physical disabilities

Figure 61: Respondents Who Bought or Made Their Own PPE for Work, by Population Served



Time Off Due to COVID-19 | One in three respondents reported that they have taken time off for pandemic-related reasons since the emergency period began, including one in ten respondents who took time off because they had (or suspected they had) COVID-19.

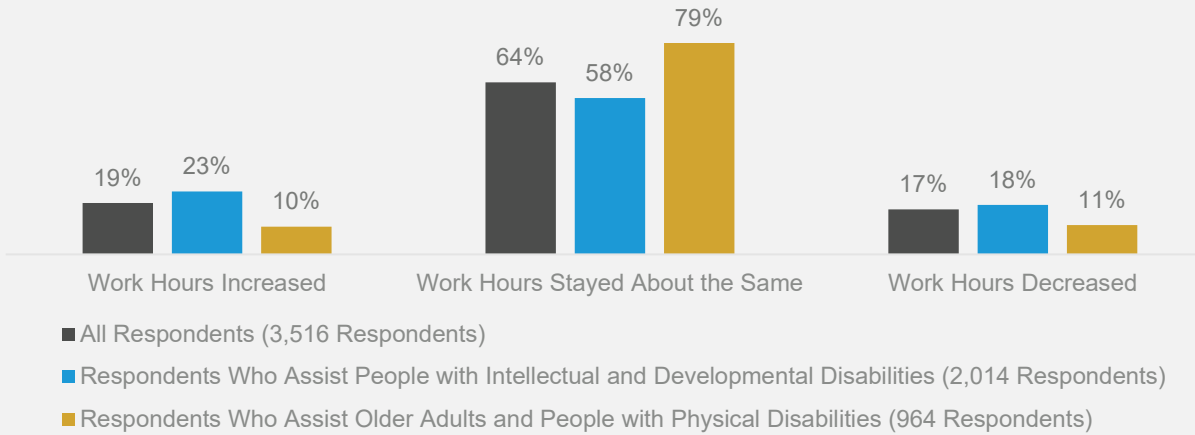
Figure 62: Respondents' Reasons for Taking Time Off During COVID-19 Pandemic, by Population Served



- All Respondents (3,293 Respondents)
- Respondents Who Assist People with Intellectual and Developmental Disabilities (1,881 Respondents)
- Respondents Who Assist Older Adults and People with Physical Disabilities (897 Respondents)

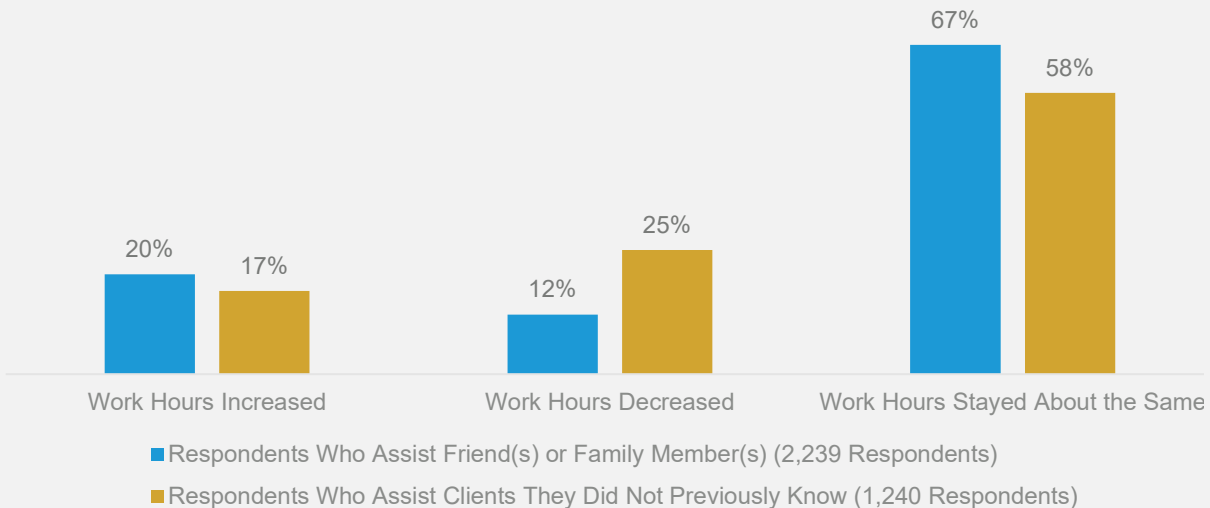
COVID-19 Impact on Work Hours | The COVID-19 pandemic appears to have had a variable effect on work hours: 19 percent of respondents reported that their work hours have increased during the COVID-19 pandemic while 17 percent reported that their work hours have decreased.

Figure 63: COVID-19 Pandemic Impact on Respondents' Weekly Work Hours, by Population Served



COVID-19 Impact on Work Hours by Client Relationship | Twenty percent of respondents who assist a friend or family member reported that their work hours have increased since the pandemic began. In contrast, 25 percent of paid caregivers who exclusively assist clients they did not previously know reported that their work hours have decreased.

Figure 64: COVID-19 Pandemic Impact on Respondents' Weekly Work Hours, by Client Relationship

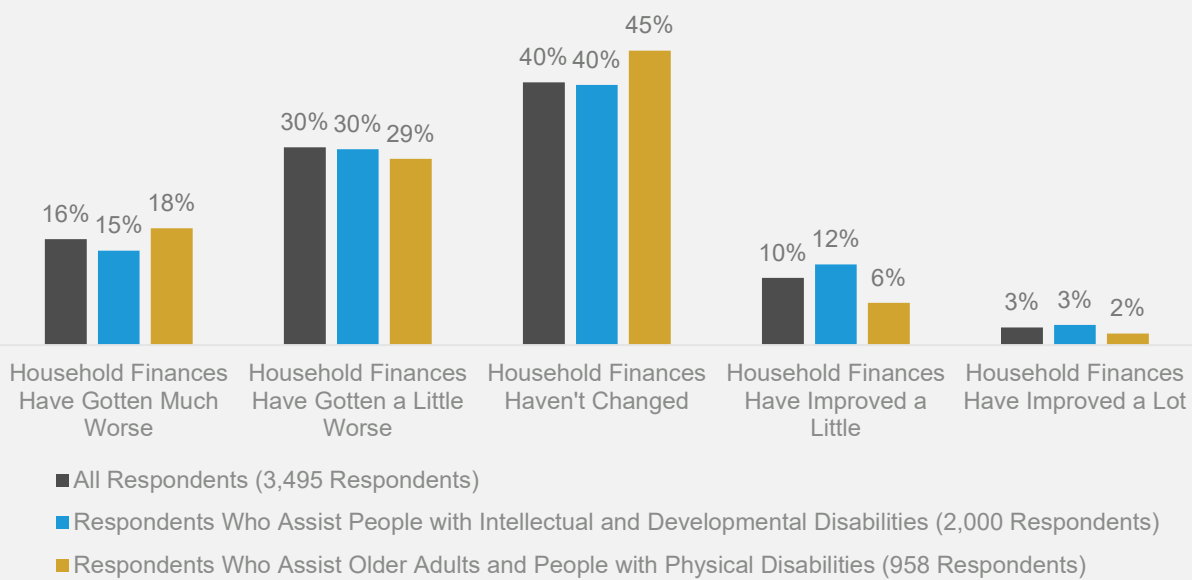


**IN THEIR OWN WORDS:
PAID CAREGIVERS REDUCE THEIR WORK HOURS TO STAY SAFE
DURING THE PANDEMIC**

Respondents reported feeling unsafe during the COVID-19 pandemic and some reduced their work hours to avoid dangerous situations. One respondent explained, *“I do not like going back into a situation after I feel like my health and safety are not valued by who I’m caring for. So lately I haven’t gone back to homes where more people than just the client refused to wear masks around me, or asked repeatedly to take them off because they ‘aren’t sick’ with anything.”*

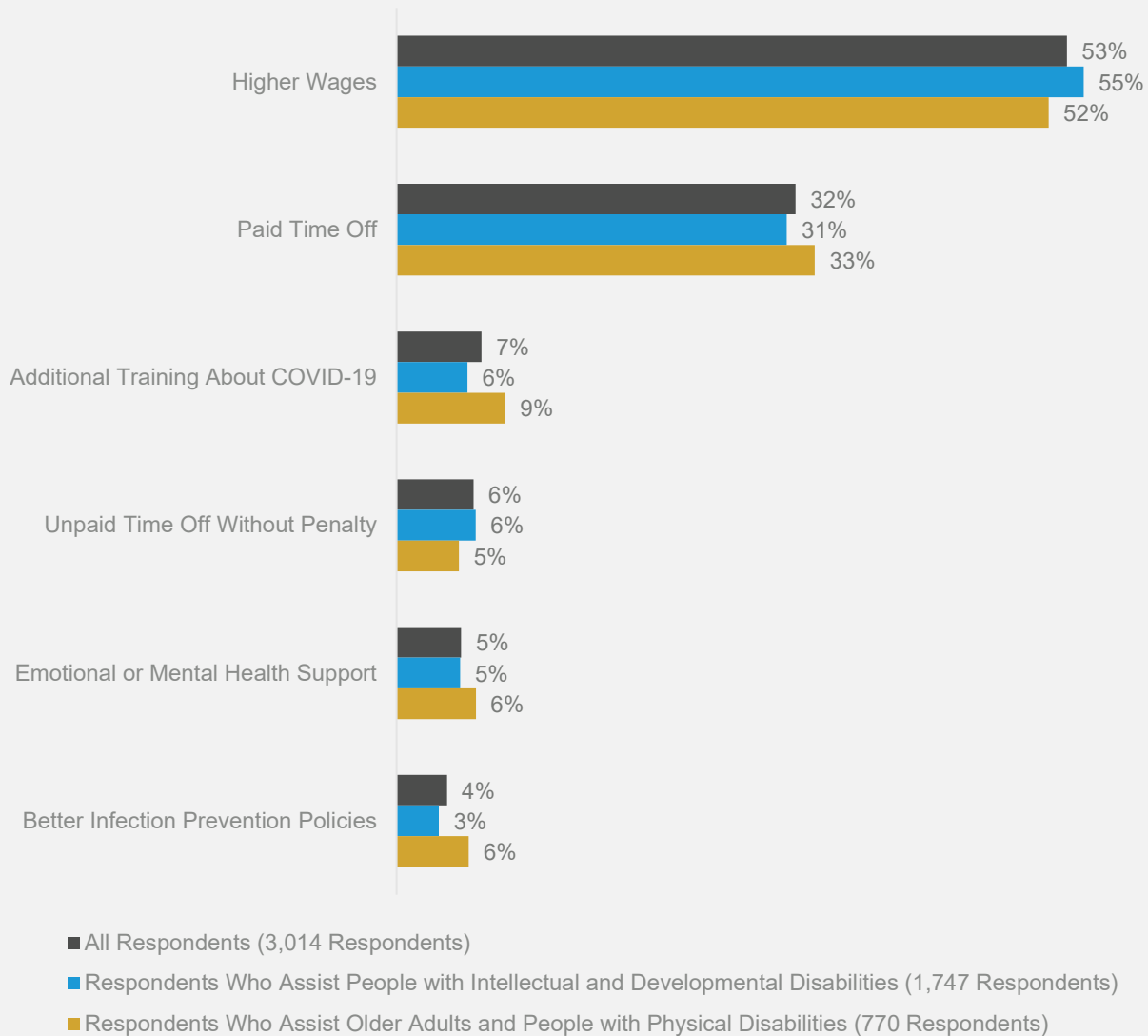
COVID-19 Impact on Household Finances | Nearly half (47 percent) of respondents reported that their household finances have become “worse” or “much worse” since the pandemic began.

Figure 65: Respondents’ Household Finances Since the COVID-19 Pandemic Began, by Population Served



Employer Interventions During the COVID-19 Pandemic | Respondents were asked to rank how their employers could better support them during the pandemic in order of helpfulness. Paid time off was most frequently ranked in the top three most helpful benefits, but higher wages was most commonly ranked as the most helpful intervention.

Figure 66: Respondents' Top-Ranked Employer Supports During the COVID-19 Pandemic, by Population Served



Job Satisfaction

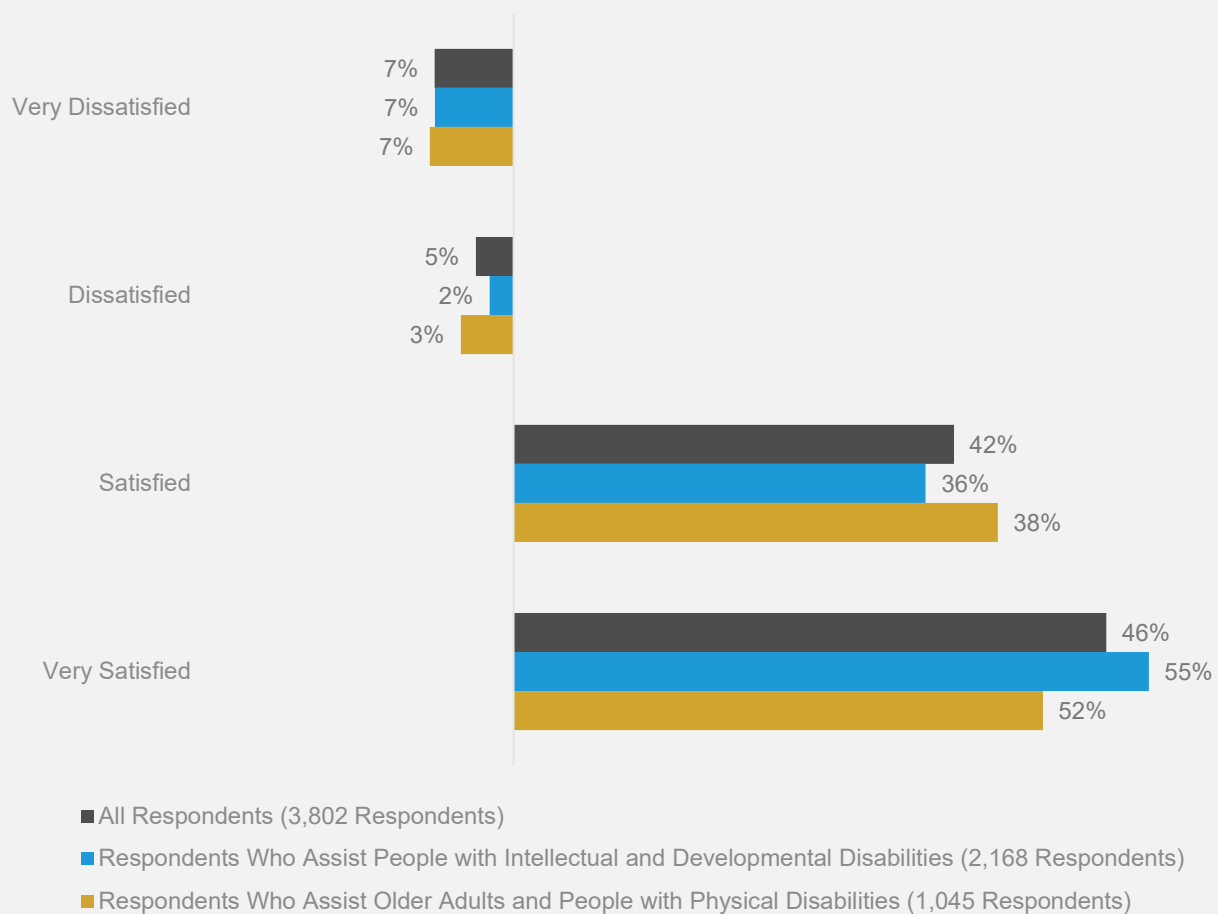
This section assesses respondents' job satisfaction, including their intent to remain in or leave their jobs.

Key Findings:

- Respondents reported high satisfaction with their roles, but 14 percent plan on leaving their jobs in the next year.
- When asked what their employers could do to convince them to stay in their roles, higher wages and better benefits were the highest ranked.

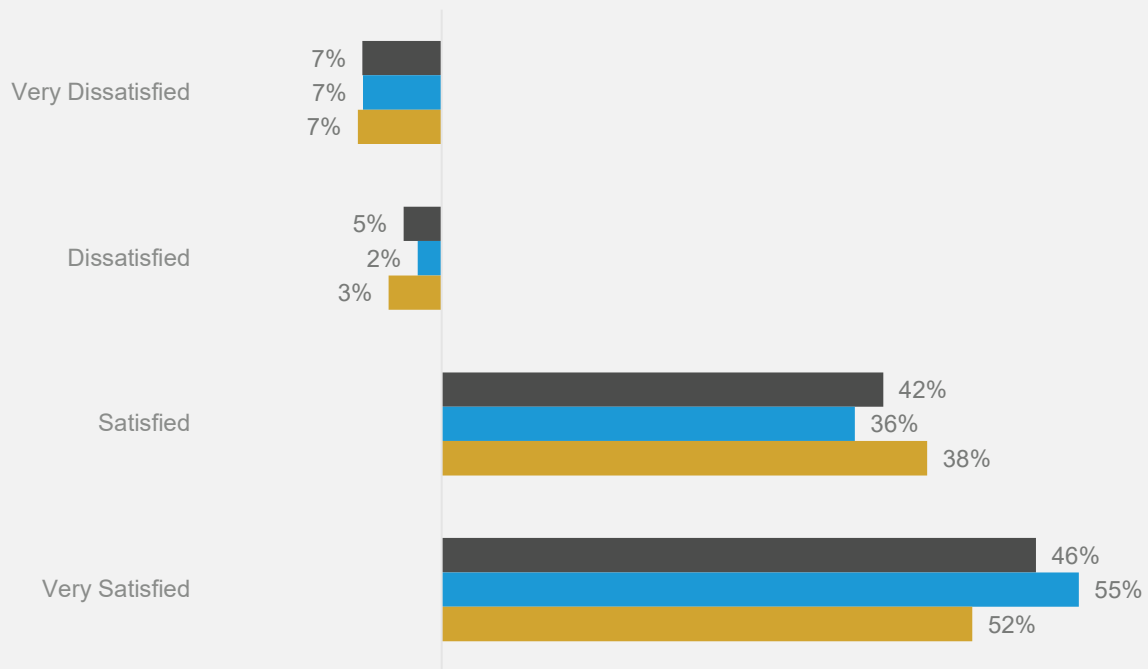
Job Satisfaction | Nine in 10 respondents expressed a high degree of satisfaction with their jobs.

Figure 67: Respondents' Job Satisfaction, by Population Served



Likelihood of Recommending Employer | Ninety-four percent of respondents would recommend working for their current employer to others.

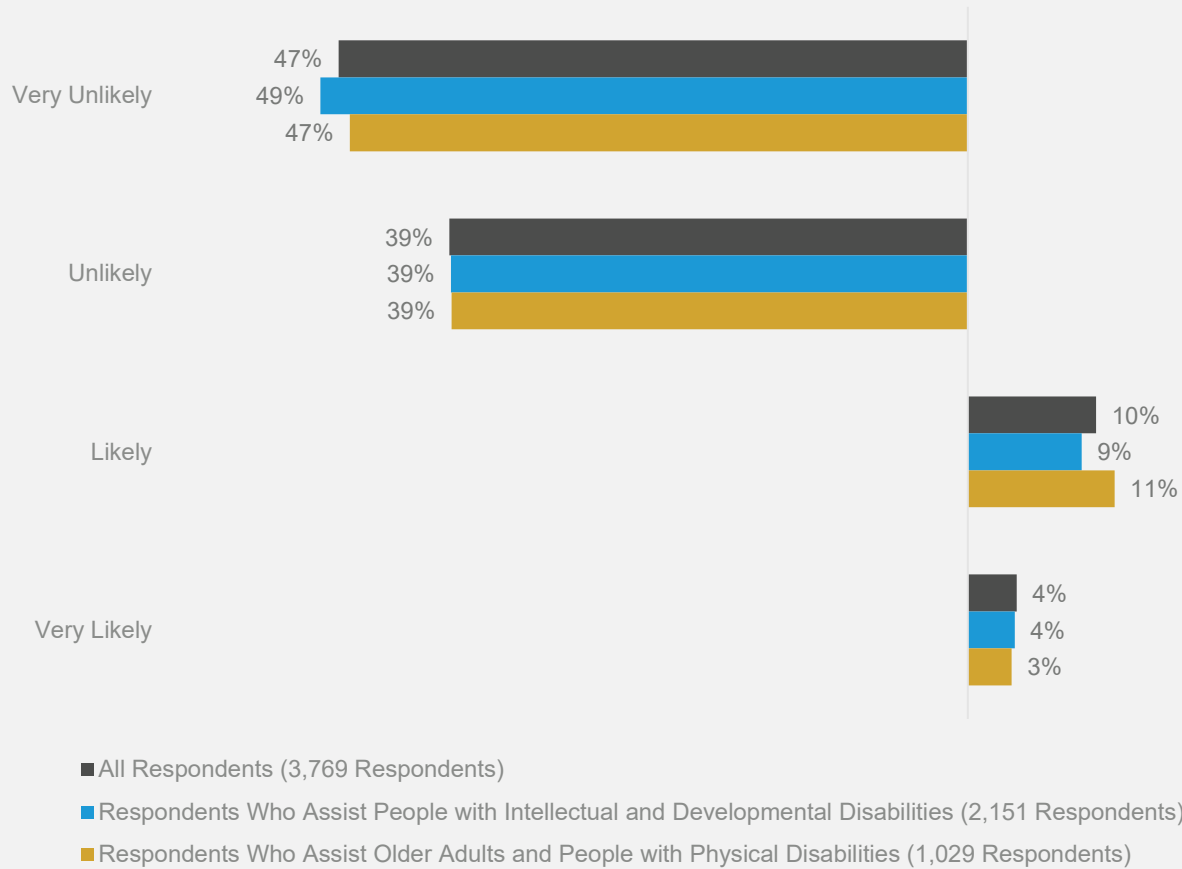
Figure 68: Respondents' Likelihood of Recommending Their Employer to Others, by Population Served



- All Respondents (3,802 Respondents)
- Respondents Who Assist People with Intellectual and Developmental Disabilities (2,168 Respondents)
- Respondents Who Assist Older Adults and People with Physical Disabilities (1,045 Respondents)

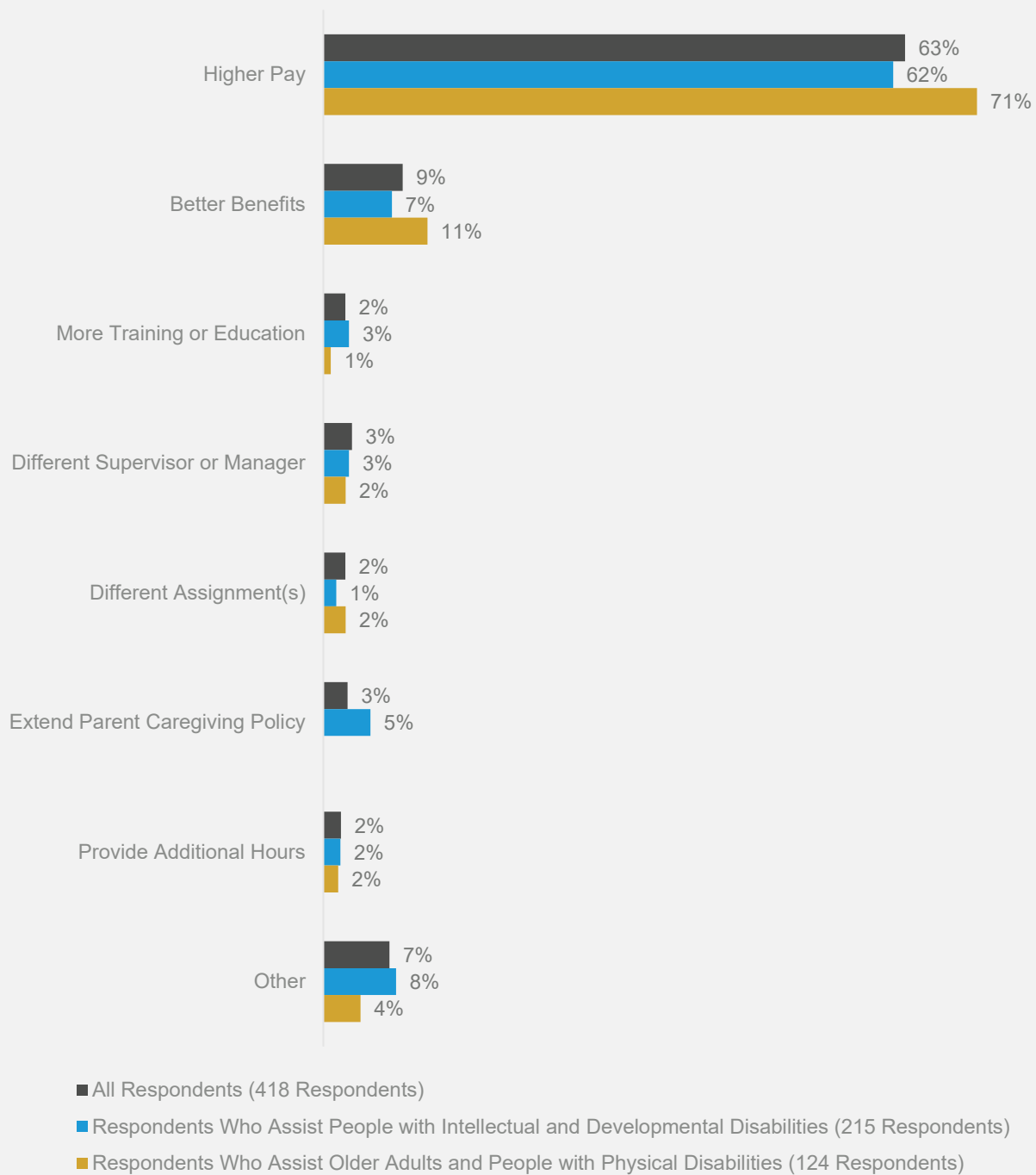
Intent to Leave | Eighty-seven percent of respondents reported that they are unlikely to leave their positions in the next year. Among the 14 percent of respondents who said that they were likely to leave their jobs in the next year, 31 percent said they are looking for a new job right now.

Figure 69: Respondents' Likelihood of Leaving Their Job in the Next Year, by Population Served



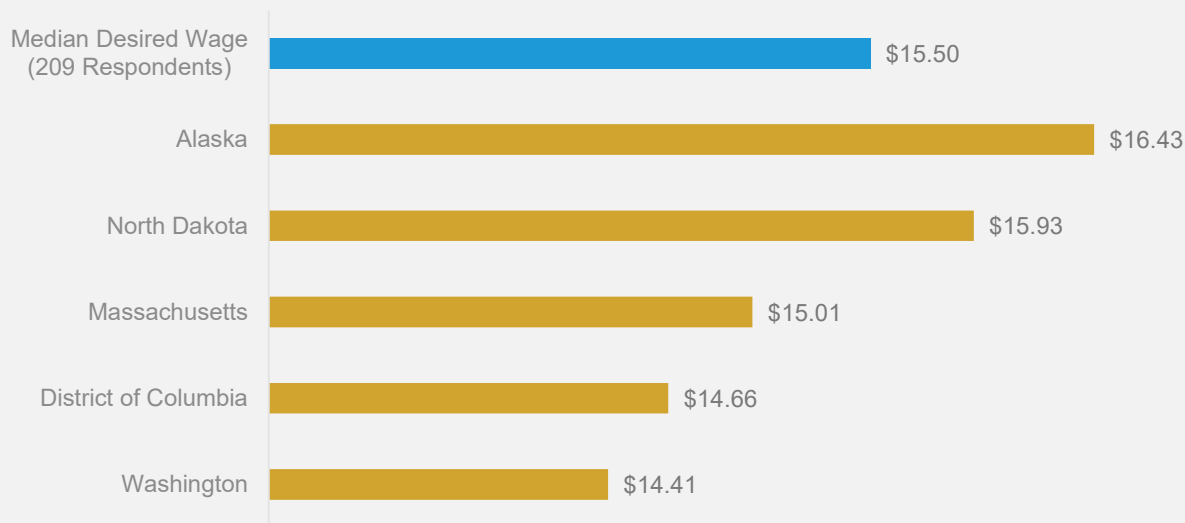
Employer Interventions | Respondents who reported that they are likely to leave their jobs were asked to indicate which interventions their employers could implement to convince them to stay. They were then asked to select the *main* intervention that their employer could implement. Higher wages and benefits were ranked highest in both scenarios.

Figure 70: Respondents' Views on the Main Employer Intervention That Would Convince Them to Stay in Their Jobs, by Population Served



Desired Wage | Respondents who indicated that higher wages would convince them to stay in their jobs were asked a follow-up question about the wage they would *like* to receive. The median wage reported by these respondents was **\$15.50** per hour. Median desired wages were \$15.00 for respondents who assist older adults and people physical disabilities and \$16.00 for respondents who assist people with intellectual and developmental disabilities.

Figure 71: Median Wage Desired by Respondents Compared to the Highest Median Paid Caregiver Wages Across All Other States

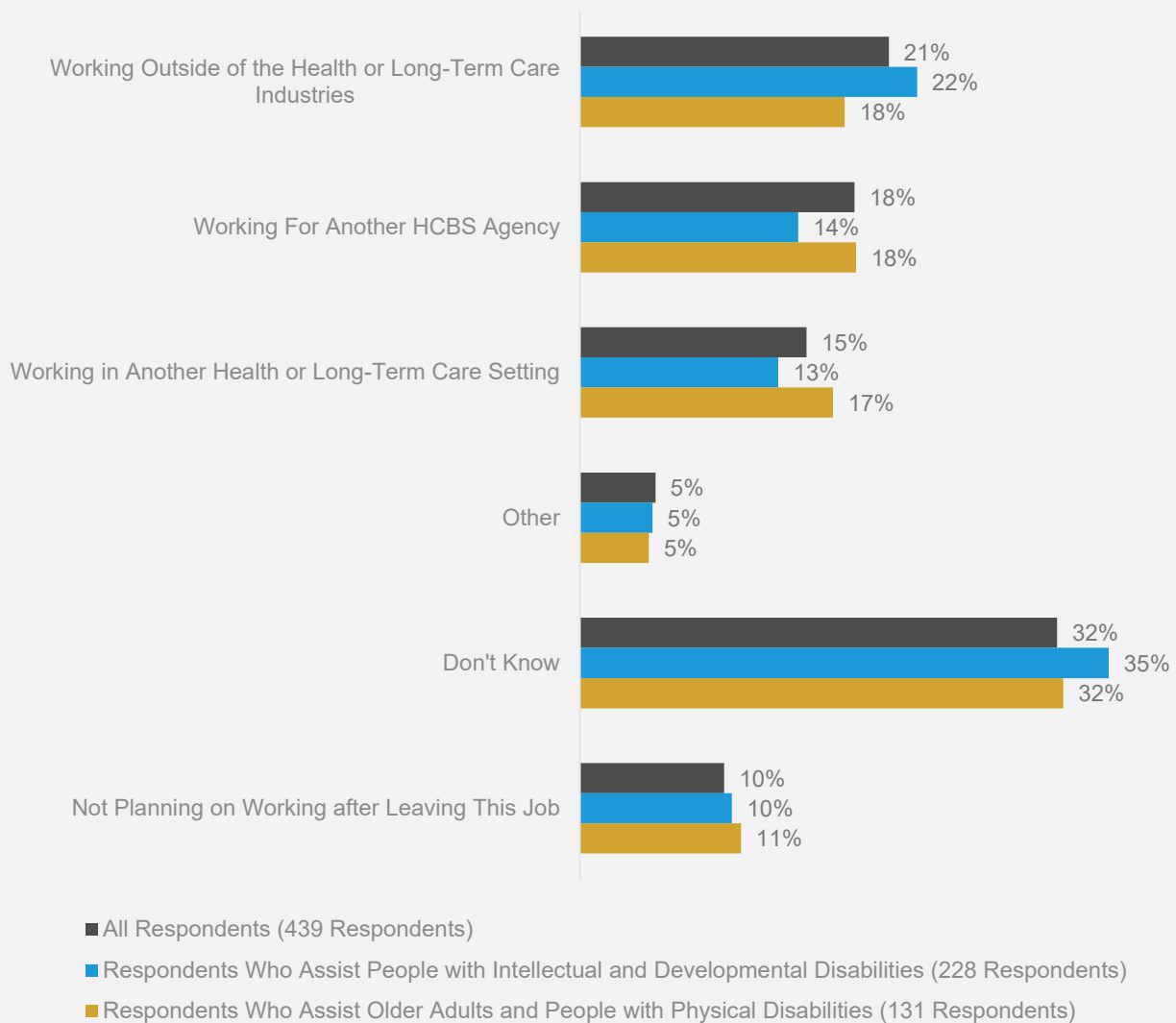


**IN THEIR OWN WORDS:
SOME PARENTS WISH TO REMAIN AS PAID CAREGIVERS**

Because of the COVID-19 pandemic, Arizona has allowed parents to serve as paid caregivers to their young children. Several respondents explained that they would like to continue working as paid caregivers. One said, *“As long as the state allows family members to get paid to take care of their under 18-year-old children, I’ll stay in the position.”*

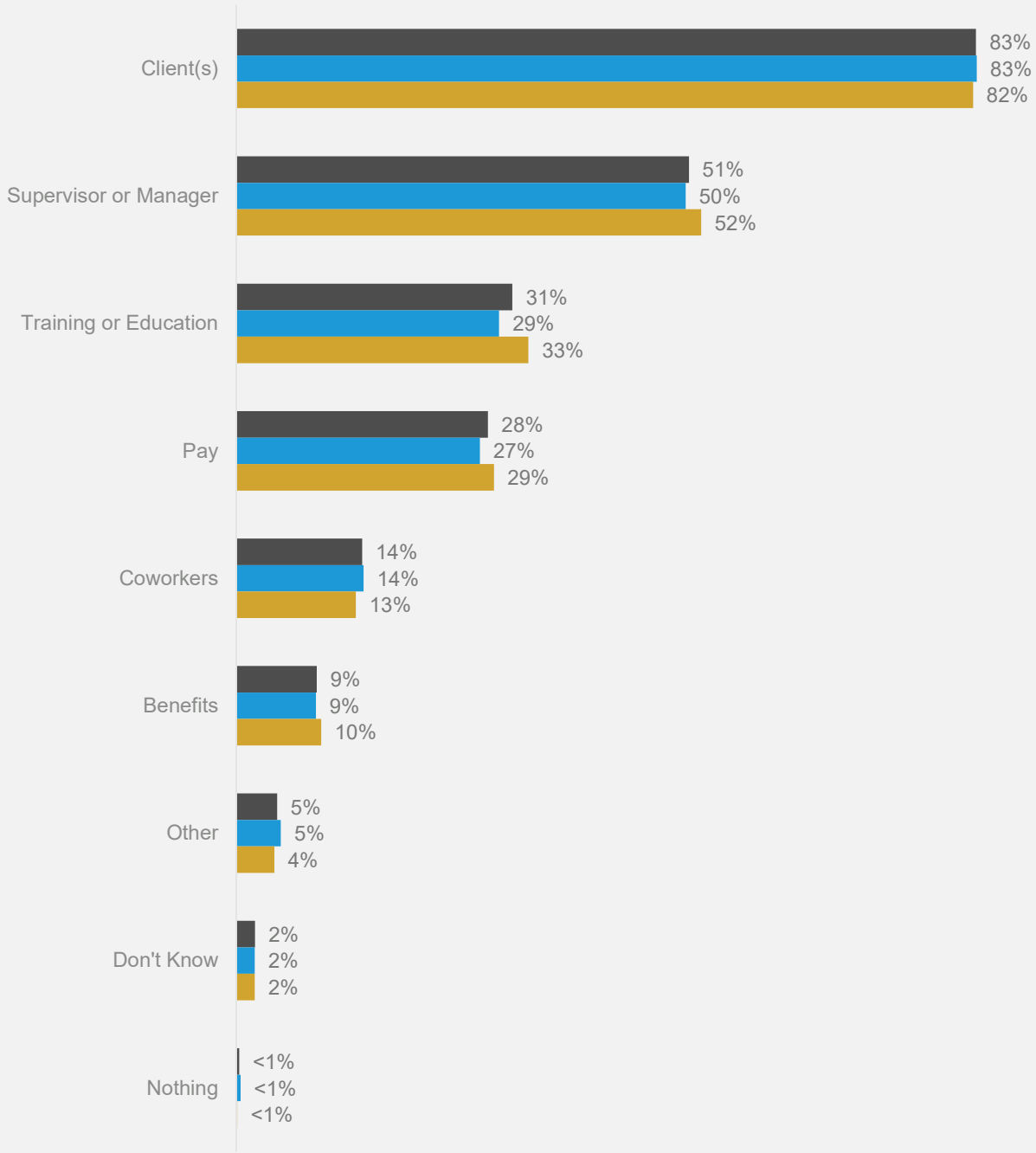
Preferred Next Job | Among respondents who reported they are likely to leave their jobs in the next year, most did not know what role they would prefer for their next job, but only 18 percent indicated that they plan to work for another home care agency.

Figure 72: Preferred Next Job Among Respondents Who Plan to Leave Their Jobs in the Next Year, by Population Served



Favorite Job Aspects | Eight in 10 respondents said their clients were their favorite part of their jobs.

Figure 73: Respondents' Favorite Aspects of the Job, by Population Served



■ All Respondents (3,741 Respondents)
 ■ Respondents Who Assist People with Intellectual and Developmental Disabilities (2,084 Respondents)
 ■ Respondents Who Assist Older Adults and People with Physical Disabilities (1,009 Respondents)

Factors Associated with Intent to Leave

As noted above, 14 percent of the survey sample reported high intent to leave, meaning that they said they were “probably” or “definitely” planning to leave their jobs within the next year. In several areas, these respondents’ perceptions and experiences on the job were distinct from those of respondents who indicated their plans to stay in their jobs. (Complete data on intent to leave can be found in Appendix 3.)



Intent to leave was higher among respondents with lower wages and fewer benefits. | The median wage among respondents with higher intent to leave was \$12.51, compared to \$12.67 among respondents with low intent to leave. Also, 18 percent of respondents who reported no workplace benefits also expressed high intent to leave. Finally, 19 percent of uninsured respondents expressed high intent to leave, versus 12 percent of respondents with health insurance (including 9 percent of respondents with insurance through their employer).



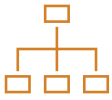
Respondents’ perceptions of their employer’s response to the COVID-19 pandemic were associated with their intent to leave their jobs. | Most respondents were satisfied with their employer’s response to COVID-19. However, 30 percent of the respondents who were *not* satisfied with their employer’s response also expressed high intent to leave their jobs in the next year, compared to just 8 percent of those who were satisfied. Additionally, 19 percent of respondents who indicated that they “sometimes,” “rarely,” or “very rarely or never” have enough PPE indicated high intent to leave in the next year, compared to 10 percent of respondents who always have enough PPE.



Dissatisfaction with work hours also appears to be associated with intent to leave. | Among respondents who expressed a desire for more hours (31 percent of the sample), 16 percent indicated high intent to leave their jobs in the next year, versus 11 percent of those who were satisfied with their hours. Similarly, 24 percent of respondents who experienced a decrease in hours because of the pandemic indicated high intent to leave their jobs (compared to 11 percent whose hours increased or stayed the same).



Recruitment methods reported by respondents also varied with intent to leave. | Only 11 percent of respondents who became caregivers because of a personal connection to their employer expressed high intent to leave their jobs—versus 21 percent of those who were recruited through social media or through an online, newspaper, TV, or radio advertisement.



Across a range of supervision-related indicators, respondents who were less favorable about their supervisors also indicated a higher intent to leave. | For example, intent to leave was high for 19 percent of respondents who said their supervisors “rarely” or “very rarely or never” provided positive reinforcement on the job, compared to 8 percent of those who “mostly or always” received such feedback.



Respondents reported a higher intent to leave when they perceived fewer opportunities for advancement through their current employers. | One in five respondents were “dissatisfied” or “very dissatisfied” with their opportunities for advancement, and 29 percent of this cohort expressed high intent to leave their jobs in the next year, compared to 6 percent of respondents who were “satisfied” or “very satisfied” with their opportunities for advancement.



Although only a small proportion (8 percent) of workers felt their training did not adequately prepare them for their roles, intent to leave was high for this group. | Thirty-one percent of those who were unsatisfied with their training expressed high intent to leave in the next year. Moreover, among the large proportion (61 percent) of respondents who indicated that they would like additional training in at least one topic, 15 percent reported high intent to leave, compared to 10 percent of respondents who did not ask for any additional training.



Intent to leave was higher for men and for women of color compared to white women, at 15 percent versus 12 percent. | Also, although 8 percent of respondents indicated that they had witnessed or experienced discrimination as caregivers, 31 percent of this group reported high intent to leave compared to 12 percent of those who had not.

CONCLUSION AND RECOMMENDATIONS

The survey findings presented in this report offer new insights into the profile, experiences, aspirations, and challenges of the paid caregiver workforce in Arizona. This final section draws out the significance and implications of these findings through a set of recommendations for MCOs and HCBS agencies. MCOs can support these recommendations by convening stakeholders to identify and prioritize actions, disseminating best practices, encouraging workforce innovation throughout their networks, and directly investing in workforce interventions. In turn, through their role as employers, HCBS agencies can implement these recommendations at the ground level, independently and in partnership with other agencies and workforce development partners.

To inform strategic planning and innovation efforts among all key stakeholders, this section also offers a potential starting point for each recommendation—highlighting exemplary frameworks and interventions from other states and localities that could be adapted and implemented in Arizona.

Although investment in workers' wages and other supportive policies at the state level are also needed, the actions recommended here will go a long way toward improving paid caregivers' job quality and strengthening the recruitment and retention of this essential workforce in Arizona.

A NOTE ON WAGES AND COMPENSATION

Wages and workplace benefits (including health insurance) are central to job quality. In the long-term care field, wages and benefits are intrinsically linked to systemic factors—particularly, public reimbursement rates. Alongside the actions recommended below, coordination and collaboration among MCOs, employers, other advocates, and state policymakers are needed to advance policies that improve compensation and better support the economic stability of paid caregivers in Arizona.

Support Paid Caregivers During the COVID-19 Pandemic

Survey respondents were generally satisfied with their employers' response to the COVID-19 pandemic, but there were clearly identifiable opportunities for improvement. First, nearly one in three respondents reported that they rarely or only sometimes have enough PPE at work, including 43 percent of respondents who assist older adults and people with physical disabilities. While inadequate access to PPE among paid caregivers poses immediate health and safety risks to themselves and their clients, the survey data also showed that it was associated with a greater intent to leave the job among respondents—threatening the stability of the workforce at a particularly critical time. Respondents also expressed a desire for paid time off, while a sizeable proportion believed they did not have access to this benefit.

What can MCOs do? MCOs can partner with other employment experts and advocates to develop educational materials for employers and workers about laws related to paid time

off. Plans can also facilitate partnerships among contracted HCBS agencies to purchase PPE in bulk, thus increasing coverage while saving money.

What can employers do? Employers can educate themselves and their workers about their rights and responsibilities regarding paid time off, as well as establish policies and practices to support workers when they exercise these rights (for example, creating a pool of on-call workers). Employers can also strengthen their policies and practices for purchasing PPE and disseminating it to workers. Other employer-based interventions to support workers during the COVID-19 pandemic include pandemic-specific training, mental and emotional health support, and employee recognition initiatives.

Where to start: MCOs and employers could partner to develop and disseminate a “Know Your Rights” document about paid leave, possibly drawing on the expertise of A Better Balance, which is a national organization focusing on state and local paid leave laws.¹³ As an example to follow, the New York City Department of Consumer Affairs Paid Care Division has developed tailored guidance for paid caregivers about their paid leave protections and other employment rights.¹⁴

Promote Diversity, Equity, and Inclusion

The paid caregiver workforce is primarily comprised of women and people of color, as shown by state-level data and reflected in the demographic profile of this survey sample.¹⁵ Many of these workers therefore face the daily realities of gender inequity and structural racism—and indeed, people of color in this sample described witnessing or experiencing explicit discrimination at a higher rate than their white colleagues. Addressing inequity in this workplace could have wide-ranging benefits, including with regards to recruitment and retention.¹⁶

What can MCOs do? MCOs can plan an event or event series to connect HCBS agencies with experts in diversity, equity, and inclusion. This intervention could aim to familiarize agencies with key concepts (like structural racism and implicit bias) as they relate to the paid caregiver workforce—and help agencies develop policies and practices to better support marginalized workers.

What can employers do? Employers can strive to address the challenges faced by women and people of color in the paid caregiver workforce by increasing diversity among agency administrative staff and leadership; formalizing diversity, equity, and inclusion principles in their organizational policies and practices; and collecting race and gender data (at a minimum) to identify disparities within their workforce and evaluate the impact of recruitment and retention interventions.¹⁷

Where to start: Stakeholders could turn to the numerous national experts that have issued guidance to organizations on how to promote diversity, equity, and inclusion in the

workplace—many of which, such as Race Forward, offer online trainings on this topic.¹⁸ An exemplary resource is the Awake to Woke to Work framework from Equity in the Center, which describes the “levers” that organizations can use to transform their practices and culture.¹⁹ These interventions can have wide-ranging benefits. For example, greater organizational diversity has been shown to increase productivity: companies in the top quartile for racial and ethnic diversity are 35 percent more likely to have financial returns above the median for their respective industries.²⁰

Improve Access to Additional Hours and Full-Time Schedules

A sizeable proportion of paid caregivers would like to work more hours in general (nearly a third of the respondents in this survey), while many have lost work hours during the pandemic. Connecting these workers with available shifts would improve their income—and increase the likelihood that they remain in their jobs.

What can MCOs do? MCOs can consider launching or promoting digital tools like online job boards and matching service registries, which are designed to help workers find nearby available shifts that fit their schedules.²¹ Plans may also support the adoption of new technologies within their networks, which can help streamline the scheduling process.

What can employers do? Where possible, HCBS agencies can implement new technologies to improve scheduling and can also consider sharing open shifts with each other through a local network to better optimize the full workforce.

Where to start: MCOs and agencies could leverage existing matching service registry models to connect workers with available shifts. As an example from Kansas, Rewarding Work Resources has made their matching service registry platform available to individuals and HCBS agencies through a partnership with several MCOs and other community partners in the state.²² Alternatively, MCOs could partner with state agencies to leverage free online job boards, like ConnectToCareJobs.com.²³

Recruit New Workers Online While Also Leveraging Personal Connections

Many respondents in this survey found their jobs through their personal relationships, such as via referrals from friends and family members who had received care from their employers—and these respondents were more likely to express an intent to stay in the field. On the other hand, although fewer respondents were recruited through advertisements (in print and online), this smaller cohort indicated a higher intent to leave.

What can MCOs do? MCOs can launch a coordinated, web-based recruitment campaign that is designed to appeal to jobseekers with a personal connection to caregiving while also providing a realistic job preview for those who bring less caregiving experience. Such a campaign could highlight the benefits of caregiving jobs—including their intrinsic rewards and how they fit into various career pathways.

What can employers do? The personal recruitment pipeline could be expanded by engaging caregivers (including paid family members) in recruitment efforts and offering bonuses for successful referrals. On the other hand, additional supports within the first 90 days of hire (including peer mentorship and more frequent supervision) could prepare candidates who are new to caregiving—those who are more likely to have been reached through print or online advertising—to remain and succeed in their roles.²⁴

Where to start: Recruitment campaigns could be targeted at jobseekers who desire a career in health care and long-term care. For example, as part of the WisCaregiver Careers program in Wisconsin, the Wisconsin Department of Health partnered with a communications firm to develop video testimonials from current and former certified nursing assistants about the opportunities for career growth in health care.²⁵ This program brought nearly 2,200 new certified nursing assistants into the workforce.

Implement Supportive Supervisory Practices

Consistent with existing knowledge about the indelible link between supervision and job satisfaction,²⁶ the findings from this survey indicated that supportive supervisory practices were positively associated with respondents' intent to stay in their jobs. Overall, respondents reported that their supervisors listen to them and treat them with respect. However, respondents also highlighted areas to strengthen supervision on the job; namely, they reported that supervisors less frequently make sure they do their jobs well, support their development, and provide positive feedback.

What can MCOs do? MCOs can disseminate information to their contracted HCBS agencies about supportive supervisory practices, as well as promote and support promising interventions. Plans could also contract with experts in supportive supervision to bring training and organizational development interventions to their full network of providers.

What can employers do? Employers can implement targeted training for supervisors and establish new norms around supervisory contact and content—to ensure that paid caregivers benefit from frequent, supportive interactions with supervisors while in the field.

Where to start: Plans and employers could identify existing supervisory training models to implement in Arizona. For example, PHI has developed a supervisory framework called the PHI Coaching Approach®, which includes the PHI Coaching Approach® to Communication and PHI Coaching Supervision®. The Coaching Approach to

Communication focuses on four key skills: active listening, paraphrasing, pulling back, and giving and receiving feedback. These communications skills are essential to Coaching Supervision, which emphasizes paid caregiver empowerment, engagement, and accountability. In a large-scale evaluation, these methods were demonstrated to change supervisors' behavior, resulting in time efficiencies and improved care outcomes.²⁷

Promote Existing Advancement Opportunities and Create New Career Pathways

Reflecting a well-documented job quality concern,²⁸ many respondents indicated that their employers either do not offer opportunities for advancement or that the opportunities that are available seem unattainable. Further, those who reported dissatisfaction with their advancement opportunities were more likely to be planning to leave their jobs within the next year.

What can MCOs do? MCOs can create advanced roles for paid caregivers within their organizations that leverage caregivers' unique perspectives and expertise. For example, advanced aides could be integrated into care teams, with the aim of strengthening connections among paid caregivers in the field, their clients, and other care team members and thereby improving care processes and outcomes.

What can employers do? Employers can strengthen internal career pathways by informing paid caregivers about advancement opportunities within the organization and coaching caregivers to pursue them successfully. New roles are also needed to ensure that paid caregivers can grow and advance in the field—by receiving additional training, taking on new responsibilities, and achieving higher wages while helping improve care quality.²⁹ Examples of these roles include peer mentors, assistant trainers, and advanced aides with specialized knowledge in specific conditions.

Where to start: State agency staff, MCOs, and HCBS agencies could determine opportunities for advancement for paid caregivers that meet immediate and long-term organizational and systemic goals. For example, PHI partnered with an MCO and three HCBS agencies in New York City to create a new home care role called the Care Connections Senior Aide.³⁰ These senior aides provide coaching and support for paid caregivers and family caregivers as well as serve on the interdisciplinary care team. The intervention has been associated with an eight percent drop in emergency room usage, among other workforce and care quality outcomes.

Expand Training Opportunities for Paid Caregivers

Survey respondents were generally satisfied with their initial training, but many expressed a desire for further training in a variety of topics. The topics that respondents reported would be most beneficial were: managing challenging behaviors, caring for clients with mental or behavioral health issues, and self-care and stress management—but no single training topic was selected as the most important by a majority of respondents. These findings indicate that workers would benefit from access to high-quality, easily accessible training modules in a range of topics, with the opportunity to select those topics that are most relevant to their needs and interests.

What can MCOs do? MCOs can develop partnerships with training providers to create new trainings on the subjects that are most important to paid caregivers. Training may be delivered in person or via an online or blended-learning format. Plans can also make these trainings available to paid caregivers throughout their networks of contracted HCBS agencies.

What can employers do? Employers can survey paid caregivers and/or their supervisors to ascertain what trainings would be most helpful and develop partnerships with other HCBS agencies and training providers to deliver trainings efficiently and effectively.

Where to start: Conducting training during the COVID-19 pandemic is uniquely challenging. Employers and other training providers could implement a range of strategies to ensure trainee safety during in-person training, like smaller class sizes and extra screening protocols.³¹ These precautionary practices could build on successful models, like the changes to in-person training made by the SEIU Benefits Group in Washington State.³² MCOs could also provide support and technical assistance to agencies in developing their capacity to offer remote learning opportunities.

Include Paid Caregivers' Voices When Evaluating Interventions

As employers and MCOs implement innovative workforce interventions, it is critical to evaluate process and impact—and prioritize workers' voices in the evaluation. With a strong evidence base that includes workers' own experiences, workforce development experts can scale up and replicate effective strategies and reconsider their underlying assumptions when interventions fall short of expectations.

What can MCOs do? MCOs can repeat this paid caregiver survey with regularity to measure statewide progress and monitor the changing needs of paid caregivers. Plans can also re-purpose the survey questions to evaluate their own workforce interventions and to support HCBS agencies with their evaluations.

What can employers do? Employers can partner with MCOs to disseminate surveys like this one to as many of their workers as possible. They can also collect data before and after implementing workforce interventions to measure their success, leveraging questions from this survey in their evaluation efforts.

Where to start: Plans, employers, and workforce development partners can draw on existing resources about how to include workers' voices in program evaluations, such as the guidance issued by the John J. Heldrich Center for Workforce Development at Rutgers University.³³

Appendix 1: Survey Response Summary by Population Served

	All Respondents	Respondents Who Assist People with Intellectual and Developmental Disabilities	Respondents Who Assist Older Adults and People with Physical Disabilities
Gender	4,175 Respondents	2,314 Respondents	1,124 Respondents
Female	86%	86%	86%
Male	12%	12%	13%
Self-Identified Gender	<1%	<1%	-
Prefer Not to Say	1%	1%	1%
Race and Ethnicity	4,194 Respondents	2,323 Respondents	1,132 Respondents
White	56%	61%	50%
Hispanic, Latino, or Spanish Origin	31%	28%	32%
Black or African American	8%	6%	11%
Asian	4%	4%	4%
American Indian or Alaska Native	3%	3%	3%
Middle Eastern or North African	1%	1%	1%
Native Hawaiian or Other Pacific Islander	<1%	<1%	<1%
Another Race, Ethnicity, or Origin	1%	1%	1%
Prefer Not to Say	4%	4%	4%
Age	4,180 Respondents	2,319 Respondents	1,127 Respondents
18-24 Years Old	15%	18%	8%
25-34 Years Old	15%	15%	12%
35-44 Years Old	16%	15%	14%
45-54 Years Old	19%	18%	21%
55-64 Years Old	22%	20%	28%
65 Years and Older	13%	12%	16%
Location	3,937 Respondents	2,192 Respondents	1,057 Respondents
Metropolitan Area	97%	98%	95%
Phoenix-Mesa-Scottsdale	84%	89%	76%
Tucson	8%	5%	11%
Prescott	1%	1%	2%
Yuma	2%	1%	4%
Sierra Vista-Douglas	1%	1%	1%
Lake Havasu City-Kingman	1%	1%	1%
Flagstaff	<1%	<1%	<1%
Nonmetropolitan Areas	3%	2%	5%

Appendix 1: Survey Response Summary by Population Served (cont.)

	All Respondents	Respondents Who Assist People with Intellectual and Developmental Disabilities	Respondents Who Assist Older Adults and People with Physical Disabilities
Educational Attainment	4,154 Respondents	2,314 Respondents	1,121 Respondents
High School Diploma or Less	28%	25%	35%
Less Than a High School Diploma	4%	3%	6%
High School Diploma or Equivalent	24%	21%	28%
Some College or a College Degree	4,154 Respondents	2,314 Respondents	1,121 Respondents
Some College but No Degree	32%	32%	32%
Associate's Degree	12%	13%	13%
Bachelor's Degree	16%	19%	12%
Graduate Degree	8%	9%	5%
Prefer Not to Say	3%	3%	4%
Enrollment in School or Training Programs	4,163 Respondents	2,314 Respondents	1,129 Respondents
Enrolled in School or Training Program	14%	15%	9%
Not Enrolled in School or Training Program	84%	82%	89%
Prefer Not to Say	2%	2%	2%
Type of School or Training Program	566 Respondents	358 Respondents	99 Respondents
High School or GED Program	5%	5%	4%
Non-Degree Training Program	10%	8%	12%
Undergraduate College	60%	63%	60%
Graduate School	18%	19%	13%
Prefer Not to Say	7%	5%	11%
Language(s) Spoken at Home	4,112 Respondents	2,283 Respondents	1,099 Respondents
English	93%	94%	92%
Spanish	19%	16%	21%
Navajo	<1%	<1%	1%
Another Language	4%	4%	5%
Prefer Not to Say	1%	1%	1%

Appendix 1: Survey Response Summary by Population Served (cont.)

	All Respondents	Respondents Who Assist People with Intellectual and Developmental Disabilities	Respondents Who Assist Older Adults and People with Physical Disabilities
English Language Ability	4,189 Respondents	2,323 Respondents	1,130 Respondents
Not at All	1%	1%	1%
Not Well	2%	2%	3%
Well	11%	10%	14%
Very Well	84%	87%	81%
Prefer Not to Say	1%	1%	1%
Children at Home	4,184 Respondents	2,319 Respondents	1,130 Respondents
Any Children Under Age 18	52%	54%	48%
No Children Under Age 18	45%	43%	50%
Prefer Not to Say	3%	3%	3%
Children at Home Require Paid Childcare	2,166 Respondents	1,255 Respondents	534 Respondents
Any Children Require Paid Childcare	25%	25%	22%
No Children Under Age 18 Require Childcare	70%	69%	73%
Prefer Not to Say	5%	6%	5%
Relationship to Client	3,915 Respondents	2,221 Respondents	1,085 Respondents
Family Member(s)	50%	52%	55%
Friend(s)	8%	9%	5%
Family Member(s) and Friend(s)	6%	7%	5%
Client(s) Were Previously Unfamiliar	36%	32%	35%
Willingness to Work with Unfamiliar Client(s) as Well as Friend(s) or Family Member(s)	2,094 Respondents	1,269 Respondents	604 Respondents
Willing to Work with Unfamiliar Client(s)	36%	34%	35%
Not Willing to Work with Unfamiliar Client(s)	31%	31%	34%
Don't Know	33%	34%	31%
Number of Clients in Previous 60 Days	4,216 Respondents	2,334 Respondents	1,136 Respondents
1 Client	59%	65%	60%
2 Clients	13%	15%	9%
3 or More Clients	28%	20%	31%

Appendix 1: Survey Response Summary by Population Served (cont.)

	All Respondents	Respondents Who Assist People with Intellectual and Developmental Disabilities	Respondents Who Assist Older Adults and People with Physical Disabilities
Lives with Client	2,469 Respondents	1,508 Respondents	682 Respondents
Lives with Client	50%	45%	64%
Does Not Live with Client	50%	55%	36%
Usually Works with Same Client(s)	2,708 Respondents	1,554 Respondents	663 Respondents
Mostly Works with the Same Client(s)	96%	98%	92%
Assignments Change a Lot	4%	2%	8%
Respondents' Tenure in Their Current Positions	3,419 Respondents	1,956 Respondents	910 Respondents
Fewer Than 90 Days	8%	8%	8%
Less Than 1 Year	23%	25%	21%
1 Year	13%	12%	13%
2 Years	11%	12%	10%
3 to 4 Years	13%	14%	13%
5 to 9 Years	13%	13%	13%
10 or More Years	27%	25%	29%
Median Current Job Tenure	2 years	2 years	2 years
Respondents' Total Tenure in Their Current and Prior Positions	3,189 Respondents	1,829 Respondents	848 Respondents
Fewer Than 90 Days	5%	6%	4%
Less Than 1 Year	13%	15%	11%
1 Year	8%	8%	8%
2 Years	8%	9%	7%
3 to 4 Years	11%	12%	11%
5 to 9 Years	16%	16%	16%
10 or More Years	44%	39%	47%
Median Total Tenure	4 years	3 years	5 years
Respondents with More Than One Job	3,990 Respondents	2,247 Respondents	1,107 Respondents
Has a Second Job	39%	42%	32%
Does Not Have a Second Job	61%	58%	68%

Appendix 1: Survey Response Summary by Population Served (cont.)

	All Respondents	Respondents Who Assist People with Intellectual and Developmental Disabilities	Respondents Who Assist Older Adults and People with Physical Disabilities
Number of Other Jobs	1,528 Respondents	937 Respondents	344 Respondents
One Other Job	77%	78%	76%
Two Other Jobs	20%	19%	19%
Three or More Other Jobs	3%	3%	4%
Type of Second Job	1,554 Respondents	943 Respondents	356 Respondents
Working for Another HCBS Agency	18%	13%	19%
Providing Paid Supports or Services to an Individual	5%	6%	3%
Working in Another Health or Long-Term Care Setting	10%	8%	14%
Other	74%	80%	70%
Number of Other HCBS Jobs	256 Respondents	124 Respondents	60 Respondents
One Other HCBS Job	73%	73%	77%
Two Other HCBS Jobs	23%	24%	18%
Three or More Other HCBS Jobs	4%	2%	5%
Full or Part-Time Status	4,216 Respondents	2,334 Respondents	1,136 Respondents
Full-Time	40%	39%	38%
Part-Time	60%	61%	62%
Views on Weekly Work Hours	3,816 Respondents	2,178 Respondents	1,046 Respondents
Desires Fewer Hours	3%	2%	3%
Hours Are Just Right	66%	70%	61%
Desires More Hours	31%	27%	36%
Primary Mode of Transportation to Work	2,959 Respondents	1,718 Respondents	740 Respondents
Drives Alone	92%	92%	92%
Walk or Bike	3%	4%	2%
Carpool	2%	2%	2%
Rideshare	1%	1%	1%
Public Transportation	1%	1%	3%

Appendix 1: Survey Response Summary by Population Served (cont.)

	All Respondents	Respondents Who Assist People with Intellectual and Developmental Disabilities	Respondents Who Assist Older Adults and People with Physical Disabilities
Adequacy of Time to Complete All Work Tasks	3,861 Respondents	2,195 Respondents	1,067 Respondents
Not Enough Time	15%	12%	22%
Enough Time	70%	73%	65%
More Than Enough Time	15%	15%	13%
Missed Work in the Past 30 Days	3,861 Respondents	2,193 Respondents	1,069 Respondents
Missed Work in the Past 30 Days	21%	20%	16%
Did Not Miss Work in the Past 30 Days	79%	80%	84%
Worked Prior to Current Employer	3,852 Respondents	2,190 Respondents	1,065 Respondents
Worked Prior to Current Employer	80%	80%	78%
Did Not Work Prior to Current Employer	20%	20%	22%
Job Type Prior to Current Job Among Respondents Who Worked Prior to Current Job	2,988 Respondents	1,695 Respondents	806 Respondents
Worked for Another HCBS Agency	21%	17%	23%
Worked in Another Health or Long-Term Care Setting	11%	9%	11%
Provided Paid Supports or Services to an Individual on My Own	4%	4%	3%
Other	62%	67%	60%
Main Activity Prior to Current Job Among Respondents Who Did Not Work Prior to Current Job	1,126 Respondents	586 Respondents	301 Respondents
Stayed Home with Children	24%	27%	26%
Enrolled in School or a Training Program	20%	28%	13%
Cared for an Adult Family Member	14%	10%	25%
Tended to Own Injury or Illness	2%	1%	3%
Other	40%	33%	34%
Any Prior Work Experience Among Respondents Who Did Not Work Prior to Current Job	905 Respondents	522 Respondents	278 Respondents
Ever Worked Before Current Employer	72%	71%	75%
Never Worked Before Current Employer	28%	29%	25%

Appendix 1: Survey Response Summary by Population Served (cont.)

		Respondents Who Assist People with Intellectual and Developmental Disabilities	Respondents Who Assist Older Adults and People with Physical Disabilities
	All Respondents		
Reason for Becoming a Paid Caregiver	3,809 Respondents	2,168 Respondents	1,051 Respondents
I Cared for a Friend or Relative	57%	56%	61%
I Like Helping People	49%	49%	43%
The Work Hours Fit My Schedule	31%	33%	24%
My Friend or Family Member Was Also a Paid Caregiver	15%	16%	12%
There Were Paid Caregiver Jobs Available When I Was Looking for a Job	12%	11%	11%
I Want to Become a Nurse or Other Health Care Professional	11%	10%	11%
This Was the Best Job I Was Qualified For	7%	7%	6%
Other	4%	5%	4%
Means of Finding Current Position	3,776 Respondents	2,153 Respondents	1,036 Respondents
I Knew Someone Who Worked Here Already	34%	37%	28%
My Friend or Family Member Received Care from My Agency/Organization	30%	34%	24%
Online Advertisement or Job Posting	12%	8%	15%
Other Personal Referral	8%	7%	8%
State Agency Referral	6%	4%	11%
Social Media Advertisement	2%	2%	3%
School or Job Training Program	1%	2%	1%
TV, Radio, or Newspaper Advertisement	1%	1%	2%
Other	6%	5%	7%
Hourly Wage	3,559 Respondents	316 Respondents	2,023 Respondents
Median Hourly Wage	\$12.65	\$13.00	\$12.50

Appendix 1: Survey Response Summary by Population Served (cont.)

	All Respondents	Respondents Who Assist People with Intellectual and Developmental Disabilities	Respondents Who Assist Older Adults and People with Physical Disabilities
Employer-Sponsored Benefits Offered to Any Paid Caregivers	3,650 Respondents	2,079 Respondents	1,004 Respondents
Paid Sick Leave	61%	63%	54%
Health Insurance	30%	26%	34%
Dental, Vision, and/or Drug Benefits	19%	15%	20%
Any Other Paid Time Off, Such as Vacation or Personal Days	18%	16%	21%
Extra Pay for Working Certain Shifts	16%	13%	19%
Retirement or Pension Plan	12%	10%	15%
A Cell Phone for Work	2%	1%	1%
Other	1%	1%	1%
Don't Know	26%	27%	25%
None of the Above	10%	10%	12%
Most Important Employer-Sponsored Benefits	3,106 Respondents	1,793 Respondents	808 Respondents
Paid Sick Leave	38%	40%	38%
Health Insurance	22%	22%	20%
Extra Pay for Working Certain Shifts	18%	17%	20%
Any Other Paid Time Off, Such as Vacation or Personal Days	15%	13%	17%
Retirement or Pension Plan	7%	6%	7%
Dental, Vision, and/or Drug Benefits	5%	4%	6%
A Cell Phone for Work	4%	4%	3%
Health Insurance Status	3,642 Respondents	2,076 Respondents	998 Respondents
Any Health Insurance	78%	80%	77%
Uninsured	22%	20%	23%
Health Insurance Source	2,801 Respondents	1,634 Respondents	756 Respondents
Someone Else's Job	27%	33%	17%
AHCCCS or Medicaid	25%	20%	32%
Own Job	20%	20%	18%
Medicare	16%	15%	21%
Affordable Care Act/Healthcare.Gov	6%	5%	7%
Other	6%	5%	7%

Appendix 1: Survey Response Summary by Population Served (cont.)

	All Respondents	Respondents Who Assist People with Intellectual and Developmental Disabilities	Respondents Who Assist Older Adults and People with Physical Disabilities
Knows Who Supervisor Is	3,774 Respondents	2,151 Respondents	1,032 Respondents
Knows Who Supervisor Is	94%	95%	92%
Doesn't Know Who Supervisor Is	6%	5%	8%
Supervisor's Role	3,455 Respondents	1,993 Respondents	936 Respondents
Scheduler or Coordinator	51%	49%	54%
Agency Owner	13%	16%	8%
Registered Nurse	1%	1%	1%
Other	12%	12%	11%
Don't Know	23%	22%	26%
Frequency "My Supervisor Tells Me When I'm Doing a Good Job"	3,397 Respondents	1,952 Respondents	921 Respondents
Very Rarely or Never	15%	15%	14%
Rarely	11%	12%	11%
Sometimes	30%	31%	29%
Mostly or Always	44%	42%	45%
Frequency "My Supervisor Listens to Me"	3,423 Respondents	1,970 Respondents	924 Respondents
Very Rarely or Never	3%	2%	2%
Rarely	4%	4%	4%
Sometimes	13%	13%	14%
Mostly or Always	80%	81%	80%
Frequency "My Supervisor Treats Me with Respect"	3,428 Respondents	1,974 Respondents	924 Respondents
Very Rarely or Never	1%	1%	1%
Rarely	1%	1%	2%
Sometimes	7%	6%	7%
Mostly or Always	91%	92%	91%
Frequency "My Supervisor Makes Sure That I Do My Job Well"	3,396 Respondents	1,946 Respondents	922 Respondents
Very Rarely or Never	4%	4%	4%
Rarely	5%	5%	4%
Sometimes	13%	14%	12%
Mostly or Always	78%	78%	80%

Appendix 1: Survey Response Summary by Population Served (cont.)

	All Respondents	Respondents Who Assist People with Intellectual and Developmental Disabilities	Respondents Who Assist Older Adults and People with Physical Disabilities
Frequency "My Supervisor Supports My Development as an Employee"	3,386 Respondents	1,946 Respondents	919 Respondents
Very Rarely or Never	5%	5%	5%
Rarely	5%	4%	7%
Sometimes	15%	16%	14%
Mostly or Always	75%	75%	74%
Level of Preparedness After Initial Training	3,605 Respondents	2,053 Respondents	992 Respondents
Not at All	3%	2%	4%
Not Very Well	5%	6%	4%
Pretty Well	44%	46%	42%
Very Well	48%	47%	50%
Desired Additional Training	3,265 Respondents	1,869 Respondents	883 Respondents
Managing Challenging Behaviors	32%	36%	22%
Caring for Clients with Mental or Behavioral Health Issues	26%	27%	20%
Self-Care and Stress Management	26%	26%	24%
Nutrition and Food Preparation	20%	20%	20%
Communication and Resolving Conflicts	20%	22%	14%
Handling Emergencies	18%	17%	18%
Principles of Caregiving or Other Personal Care Skills Training	18%	17%	18%
Caring for Clients with Alzheimer's and Other Dementias	16%	12%	22%
Hospice, Palliative Care, or End of Life Care	13%	8%	19%
Abuse and Neglect Issues	13%	12%	11%
Caring for Clients with Diabetes	13%	10%	16%
Injury Prevention	12%	11%	13%
Relating to Clients with Different Cultures or Beliefs	12%	12%	11%
Infection Prevention and Control	12%	9%	14%
Caring for Clients with Heart Disease	9%	7%	12%
Other	3%	3%	3%
I Do Not Want Any Additional Training	39%	39%	43%

Appendix 1: Survey Response Summary by Population Served (cont.)

		Respondents Who Assist People with Intellectual and Developmental Disabilities	Respondents Who Assist Older Adults and People with Physical Disabilities
	All Respondents		
Most Helpful Additional Training	2,013 Respondents	1,160 Respondents	507 Respondents
Managing Challenging Behaviors	21%	28%	7%
Caring for Clients with Mental or Behavioral Health Issues	12%	15%	6%
Self-Care and Stress Management	15%	15%	14%
Nutrition and Food Preparation	6%	7%	8%
Communication and Resolving Conflicts	7%	8%	5%
Handling Emergencies	4%	3%	4%
Principles of Caregiving or Other Personal Care Skills Training	10%	9%	13%
Caring for Clients with Alzheimer's and Other Dementias	6%	2%	16%
Hospice, Palliative Care, or End of Life Care	5%	3%	8%
Abuse and Neglect Issues	2%	1%	2%
Caring for Clients with Diabetes	2%	2%	4%
Injury Prevention	2%	1%	2%
Relating to Clients with Different Cultures or Beliefs	2%	2%	2%
Infection Prevention and Control	2%	1%	4%
Caring for Clients with Heart Disease	1%	<1%	1%
Other	4%	4%	5%
Opportunities for Advancement	2,557 Respondents	1,488 Respondents	683 Respondents
Internal Promotion to Care Coordinator Positions	26%	27%	22%
Internal Promotion to Management Positions	25%	26%	22%
Internal Promotion to Trainer or Assistant Trainer Positions	20%	20%	17%
Internal Promotion to Peer Mentor Roles	12%	11%	10%
Apprenticeship Training	9%	8%	7%
Skilled Worker Academy	4%	4%	4%
Other	<1%	<1%	<1%
None of the Above	59%	58%	62%

Appendix 1: Survey Response Summary by Population Served (cont.)

	All Respondents	Respondents Who Assist People with Intellectual and Developmental Disabilities	Respondents Who Assist Older Adults and People with Physical Disabilities
Satisfaction with Opportunities for Advancement	3,398 Respondents	1,944 Respondents	925 Respondents
Very Unsatisfied	7%	6%	9%
Unsatisfied	14%	12%	16%
Satisfied	57%	59%	54%
Very Satisfied	22%	23%	22%
Experienced Injury in the Past Year	3,618 Respondents	2,072 Respondents	990 Respondents
Experienced Injury in the Past Year	4%	3%	5%
Did Not Experience Injury in the Past Year	96%	97%	95%
Injury Reported to Employer	151 Respondents	74 Respondents	48 Respondents
Reported Injury in Past Year	50%	47%	52%
Did Not Report Injury in Past Year	50%	53%	48%
Frequency of Feeling Unsafe at Work	3,592 Respondents	2,052 Respondents	990 Respondents
Very Rarely or Never	79%	80%	80%
Rarely	14%	13%	14%
Sometimes	4%	4%	4%
Mostly or Always	2%	2%	2%
Witnessed or Experienced Discrimination	3,593 Respondents	2,052 Respondents	987 Respondents
Ever Witnessed Discrimination as a Paid Caregiver	3%	2%	4%
Never Witnessed Discrimination as a Paid Caregiver	97%	98%	96%
Type of Discrimination Witnessed	97 Respondents	45 Respondents	30 Respondents
Race or Ethnicity	63%	53%	70%
Physical Appearance	28%	27%	23%
Age	26%	33%	17%
Gender	14%	11%	17%
Religion	10%	9%	7%
Sexual Orientation	10%	7%	7%
Immigration Status	6%	4%	7%
Other	4%	7%	3%

Appendix 1: Survey Response Summary by Population Served (cont.)

	All Respondents	Respondents Who Assist People with Intellectual and Developmental Disabilities	Respondents Who Assist Older Adults and People with Physical Disabilities
Respondent Had COVID-19 (Diagnosed or Suspected)	3,568 Respondents	2,043 Respondents	976 Respondents
Had COVID-19 (Diagnosed or Suspected)	5%	5%	5%
Did Not Have COVID-19 (Diagnosed or Suspected)	93%	93%	93%
Prefer Not to Say	2%	2%	2%
Respondent's Client Had COVID-19 (Diagnosed or Suspected)	3,568 Respondents	2,046 Respondents	975 Respondents
Client Had COVID-19 (Diagnosed or Suspected)	5%	5%	5%
Client Did Not Have COVID-19 (Diagnosed or Suspected)	93%	93%	93%
Prefer Not to Say	2%	2%	2%
Satisfaction with Employer Response to COVID-19 Pandemic	3,540 Respondents	2,026 Respondents	965 Respondents
Very Dissatisfied	3%	3%	4%
Dissatisfied	5%	4%	6%
Satisfied	45%	45%	45%
Very Satisfied	47%	48%	45%
Frequency of Having Enough PPE at Work	3,515 Respondents	2,007 Respondents	963 Respondents
Very Rarely or Never	5%	5%	4%
Rarely	6%	5%	8%
Sometimes	19%	17%	20%
Mostly or Always	71%	73%	67%
Bought or Made Personal Protective Equipment (PPE) for Work	3,533 Respondents	2,021 Respondents	964 Respondents
Bought or Made Own PPE	61%	63%	57%
Did Not Buy or Make Own PPE	39%	37%	43%

Appendix 1: Survey Response Summary by Population Served (cont.)

	All Respondents	Respondents Who Assist People with Intellectual and Developmental Disabilities	Respondents Who Assist Older Adults and People with Physical Disabilities
Reasons for Taking Time Off During COVID-19 Pandemic	3,293 Respondents	1,881 Respondents	897 Respondents
I did not take any time off from work for any pandemic-related reasons.	66%	65%	73%
I had (or thought I had) COVID-19.	10%	10%	9%
I needed to take care of my children because school/daycare was closed.	9%	9%	6%
I didn't feel safe going to work.	8%	9%	4%
I needed to take care of a family member with COVID-19.	2%	3%	2%
Other pandemic-related reason.	4%	4%	2%
I prefer not to say.	9%	9%	9%
COVID-19 Pandemic Impact on Respondent Weekly Work Hours	3,516 Respondents	2,014 Respondents	964 Respondents
Work Hours Increased	19%	23%	10%
Work Hours Decreased	17%	18%	11%
Work Hours Stayed About the Same	64%	58%	79%
Household Finances Since the COVID-19 Pandemic Began	3,495 Respondents	2,000 Respondents	958 Respondents
Household Finances Have Gotten Much Worse	16%	15%	18%
Household Finances Have Gotten a Little Worse	30%	30%	29%
Household Finances Haven't Changed	40%	40%	45%
Household Finances Have Improved a Little	10%	12%	6%
Household Finances Have Improved a Lot	3%	3%	2%
Most Important Employer Interventions to Support Paid Caregivers During the COVID-19 Pandemic	3,014 Respondents	1,747 Respondents	770 Respondents
Higher Wages	53%	55%	52%
Paid Time off	32%	31%	33%
Additional Training About COVID-19	7%	6%	9%
Unpaid Time off Without Penalty	6%	6%	5%
Emotional or Mental Health Support	5%	5%	6%
Better Infection Prevention Policies	4%	3%	6%

Appendix 1: Survey Response Summary by Population Served (cont.)

	All Respondents	Respondents Who Assist People with Intellectual and Developmental Disabilities	Respondents Who Assist Older Adults and People with Physical Disabilities
Job Satisfaction	3,802 Respondents	2,168 Respondents	1,045 Respondents
Very Dissatisfied	7%	7%	7%
Dissatisfied	3%	2%	5%
Satisfied	38%	36%	42%
Very Satisfied	52%	55%	46%
Likelihood of Recommending Employer to Others	3,803 Respondents	2,164 Respondents	1,049 Respondents
Definitely Not	1%	1%	2%
Probably Not	5%	4%	6%
Probably	30%	30%	31%
Definitely	64%	65%	61%
Likelihood of Leaving Job in the Next Year	3,769 Respondents	2,151 Respondents	1,029 Respondents
Very Unlikely	47%	49%	47%
Unlikely	39%	39%	39%
Likely	10%	9%	11%
Very Likely	4%	4%	3%
Respondents with High Likelihood of Leaving Who Are Actively Looking for a New Job	501 Respondents	262 Respondents	145 Respondents
Actively Looking for a New Job	31%	28%	31%
Not Actively Looking for a New Job	69%	72%	69%
Employer Interventions That Could Convince Respondents to Stay in Their Jobs	482 Respondents	248 Respondents	142 Respondents
Higher Pay	68%	67%	72%
Better Benefits	34%	31%	42%
More Training or Education	15%	14%	10%
Different Supervisor or Manager	11%	10%	11%
Different Assignment(s)	7%	4%	8%
Extend Parent Caregiving Policy	3%	5%	-
Provide Additional Hours	3%	2%	4%
Other	20%	19%	16%
Don't Know	<1%	<1%	-
Nothing	20%	21%	18%

Appendix 1: Survey Response Summary by Population Served (cont.)

	All Respondents	Respondents Who Assist People with Intellectual and Developmental Disabilities	Respondents Who Assist Older Adults and People with Physical Disabilities
Main Employer Intervention That Could Convince Respondents to Stay in Their Jobs	418 Respondents	215 Respondents	124 Respondents
Higher Pay	63%	62%	71%
Better Benefits	9%	7%	11%
More Training or Education	2%	3%	1%
Different Supervisor or Manager	3%	3%	2%
Different Assignment(s)	2%	1%	2%
Extend Parent Caregiving Policy	3%	5%	-
Provide Additional Hours	2%	2%	2%
Other	7%	8%	4%
Desired Wage	209 Respondents	26 Respondents	101 Respondents
Median Desired Wage	\$15.50	\$16.00	\$15.00
Preferred Next Job Among Respondents Who Plan to Leave Their Jobs in the Next Year	439 Respondents	228 Respondents	131 Respondents
Working Outside of the Health or Long-Term Care Industries	21%	22%	18%
Working for Another HCBS Agency	18%	14%	18%
Working in Another Health or Long-Term Care Setting	15%	13%	17%
Other	5%	5%	5%
Don't Know	32%	35%	32%
Not Planning on Working after Leaving This Job	10%	10%	11%
Favorite Aspects of the Job	3,741 Respondents	2,084 Respondents	1,009 Respondents
Client(s)	83%	83%	82%
Supervisor or Manager	51%	50%	52%
Training or Education	31%	29%	33%
Pay	28%	27%	29%
Coworkers	14%	14%	13%
Benefits	9%	9%	10%
Other	5%	5%	4%
Don't Know	2%	2%	2%
Nothing	<1%	<1%	<1%

Appendix 2: Survey Response Summary by Relationship to Client

	All Respondents	Respondents Who Assist Friend(s) or Family Member(s)	Respondents Who Assist Clients They Did Not Previously Know
Gender	4,175 Respondents	2,496 Respondents	1,391 Respondents
Female	86%	85%	90%
Male	12%	14%	9%
Self-Identified Gender	<1%	<1%	<1%
Prefer Not to Say	1%	1%	1%
Race and Ethnicity	4,194 Respondents	2,502 Respondents	1,402 Respondents
White	56%	59%	52%
Hispanic, Latino, or Spanish Origin	31%	27%	35%
Black or African American	8%	7%	10%
Asian	4%	4%	2%
American Indian or Alaska Native	3%	3%	3%
Middle Eastern or North African	1%	1%	<1%
Native Hawaiian or Other Pacific Islander	<1%	<1%	<1%
Another Race, Ethnicity, or Origin	1%	1%	<1%
Prefer Not to Say	4%	4%	4%
Age	4,180 Respondents	2,498 Respondents	1,395 Respondents
18-24 Years Old	15%	12%	20%
25-34 Years Old	15%	13%	19%
35-44 Years Old	16%	15%	17%
45-54 Years Old	19%	20%	17%
55-64 Years Old	22%	24%	18%
65 Years and Older	13%	15%	8%
Location	3,937 Respondents	2,368 Respondents	1,333 Respondents
Metropolitan Area	97%	97%	97%
Phoenix-Mesa-Scottsdale	84%	86%	79%
Tucson	8%	6%	11%
Prescott	1%	1%	1%
Yuma	2%	1%	3%
Sierra Vista-Douglas	1%	1%	1%
Lake Havasu City-Kingman	1%	1%	1%
Flagstaff	<1%	1%	<1%
Nonmetropolitan Areas	3%	3%	3%

Appendix 2: Survey Response Summary by Relationship to Client (cont.)

	All Respondents	Respondents Who Assist Friend(s) or Family Member(s)	Respondents Who Assist Clients They Did Not Previously Know
Educational Attainment	4,154 Respondents	2,498 Respondents	1,400 Respondents
High School Diploma or Less	28%	27%	30%
Less Than a High School Diploma	4%	5%	4%
High School Diploma or Equivalent	24%	22%	27%
Some College or a College Degree	68%	71%	66%
Some College but No Degree	32%	31%	35%
Associate's Degree	12%	13%	12%
Bachelor's Degree	16%	18%	13%
Graduate Degree	8%	10%	6%
Prefer Not to Say	3%	2%	4%
Enrollment in School or Training Programs	4,163 Respondents	2,506 Respondents	1,403 Respondents
Enrolled in School or Training Program	14%	12%	18%
Not Enrolled in School or Training Program	84%	87%	80%
Prefer Not to Say	2%	2%	2%
Type of School or Training Program	566 Respondents	288 Respondents	251 Respondents
High School or GED Program	5%	5%	4%
Non-Degree Training Program	10%	9%	11%
Undergraduate College	60%	60%	62%
Graduate School	18%	18%	16%
Prefer Not to Say	7%	7%	7%
Language(s) Spoken at Home	4,112 Respondents	2,438 Respondents	1,391 Respondents
English	93%	94%	92%
Spanish	19%	16%	21%
Navajo	<1%	<1%	<1%
Another Language	4%	5%	2%
Prefer Not to Say	1%	1%	1%

Appendix 2: Survey Response Summary by Relationship to Client (cont.)

	All Respondents	Respondents Who Assist Friend(s) or Family Member(s)	Respondents Who Assist Clients They Did Not Previously Know
English Language Ability	4,189 Respondents	2,498 Respondents	1,404 Respondents
Not at All	1%	1%	1%
Not Well	2%	2%	2%
Well	11%	11%	11%
Very Well	84%	85%	85%
Prefer Not to Say	1%	1%	1%
Children at Home	4,184 Respondents	2,495 Respondents	1,402 Respondents
Any Children Under Age 18	52%	58%	42%
No Children Under Age 18	45%	39%	55%
Prefer Not to Say	3%	3%	3%
Children at Home Require Paid Childcare	2,166 Respondents	1,434 Respondents	590 Respondents
Any Children Require Paid Childcare	25%	24%	29%
No Children Under Age 18 Require Childcare	70%	71%	68%
Prefer Not to Say	5%	6%	3%
Population Served	3,934 Respondents	2,405 Respondents	1,245 Respondents
People with intellectual and developmental disabilities	59%	63%	58%
Older Adults and People with Physical Disabilities	29%	29%	31%
More Than One Population	12%	8%	12%
Relationship to Client	3,915 Respondents	2,509 Respondents	Respondents
Family Member(s)	50%	78%	-
Friend(s)	8%	12%	-
Family Member(s) and Friend(s)	6%	10%	-
Client(s) Were Previously Unfamiliar	36%	-	100%
Multiple Client Relationship Types	-	1,265 Respondents	-
Assists Previously Unfamiliar Client(s) and Friend(s) or Family Member(s)	-	25%	-
Only Assists Family Member(s) and Friend(s)	-	75%	-
Willingness to Work with Unfamiliar Client(s) as Well as Friend(s) or Family Member(s)	2,094 Respondents	2,081 Respondents	-
Willing to Work with Unfamiliar Client(s)	36%	36%	-
Not Willing to Work with Unfamiliar Client(s)	31%	31%	-
Don't Know	33%	33%	-

Appendix 2: Survey Response Summary by Relationship to Client (cont.)

	All Respondents	Respondents Who Assist Friend(s) or Family Member(s)	Respondents Who Assist Clients They Did Not Previously Know
Number of Clients in Previous 60 Days	4,216 Respondents	2,509 Respondents	1,406 Respondents
1 Client	59%	74%	41%
2 Clients	13%	11%	18%
3 or More Clients	28%	14%	40%
Lives with Client	2,469 Respondents	1,858 Respondents	-
Lives with Client	50%	66%	-
Does Not Live with Client	50%	34%	-
Usually Works with Same Client(s)	2,708 Respondents	1,271 Respondents	1,400 Respondents
Mostly Works with the Same Client(s)	96%	98%	95%
Assignments Change a Lot	4%	2%	5%
Respondents' Tenure in Their Current Positions	3,419 Respondents	2,127 Respondents	1,218 Respondents
Fewer Than 90 Days	8%	7%	10%
Less Than 1 Year	23%	22%	29%
1 Year	13%	13%	15%
2 Years	11%	11%	12%
3 to 4 Years	13%	14%	12%
5 to 9 Years	13%	15%	11%
10 or More Years	27%	25%	20%
Median Current Job Tenure	2 years	2 years	1.5 years
Respondents' Total Tenure in Their Current and Prior Positions	3,189 Respondents	1,991 Respondents	1,135 Respondents
Fewer Than 90 Days	5%	4%	5%
Less Than 1 Year	13%	13%	14%
1 Year	8%	9%	8%
2 Years	8%	9%	9%
3 to 4 Years	11%	12%	12%
5 to 9 Years	16%	17%	16%
10 or More Years	44%	40%	41%
Median Total Tenure	4 years	4 years	4 years

Appendix 2: Survey Response Summary by Relationship to Client (cont.)

	All Respondents	Respondents Who Assist Friend(s) or Family Member(s)	Respondents Who Assist Clients They Did Not Previously Know
Respondents with More Than One Job	3,990 Respondents	2,493 Respondents	1,397 Respondents
Has a Second Job	39%	40%	37%
Does Not Have a Second Job	61%	60%	63%
Number of Other Jobs	1,528 Respondents	990 Respondents	513 Respondents
One Other Job	77%	79%	71%
Two Other Jobs	20%	18%	25%
Three or More Other Jobs	3%	3%	3%
Type of Second Job	1,554 Respondents	1,005 Respondents	523 Respondents
Working for Another HCBS Agency	18%	14%	25%
Providing Paid Supports or Services to an Individual	5%	5%	6%
Working in Another Health or Long-Term Care Setting	10%	11%	9%
Other	74%	77%	69%
Number of Other HCBS Jobs	256 Respondents	132 Respondents	121 Respondents
One Other HCBS Job	73%	69%	78%
Two Other HCBS Jobs	23%	27%	19%
Three or More Other HCBS Jobs	4%	4%	3%
Full or Part-Time Status	4,216 Respondents	2,509 Respondents	1,406 Respondents
Full-Time	40%	35%	38%
Part-Time	60%	65%	62%
Views on Weekly Work Hours	3,816 Respondents	2,411 Respondents	1,365 Respondents
Desires Fewer Hours	3%	2%	4%
Hours Are Just Right	66%	65%	67%
Desires More Hours	31%	33%	29%
Primary Mode of Transportation to Work	2,959 Respondents	1,584 Respondents	1,343 Respondents
Drives Alone	92%	91%	95%
Walk or Bike	3%	5%	1%
Carpool	2%	2%	2%
Rideshare	1%	1%	1%
Public Transportation	1%	1%	2%

Appendix 2: Survey Response Summary by Relationship to Client (cont.)

	All Respondents	Respondents Who Assist Friend(s) or Family Member(s)	Respondents Who Assist Clients They Did Not Previously Know
Adequacy of Time to Complete All Work Tasks	3,861 Respondents	2,444 Respondents	1,375 Respondents
Not Enough Time	15%	19%	9%
Enough Time	70%	69%	71%
More Than Enough Time	15%	12%	19%
Missed Work in the Past 30 Days	3,861 Respondents	2,446 Respondents	1,370 Respondents
Missed Work in the Past 30 Days	21%	13%	34%
Did Not Miss Work in the Past 30 Days	79%	87%	66%
Worked Prior to Current Employer	3,852 Respondents	2,437 Respondents	1,369 Respondents
Worked Prior to Current Employer	80%	78%	84%
Did Not Work Prior to Current Employer	20%	22%	16%
Job Type Prior to Current Job Among Respondents Who Worked Prior to Current Job	2,988 Respondents	1,838 Respondents	1,120 Respondents
Worked for Another HCBS Agency	21%	17%	27%
Worked in Another Health or Long-Term Care Setting	11%	10%	12%
Provided Paid Supports or Services to an Individual on My Own	4%	3%	4%
Other	62%	68%	54%
Main Activity Prior to Current Job Among Respondents Who Did Not Work Prior to Current Job	1,126 Respondents	612 Respondents	251 Respondents
Stayed Home with Children	24%	32%	27%
Enrolled in School or a Training Program	20%	23%	35%
Cared for an Adult Family Member	14%	20%	12%
Tended to Own Injury or Illness	2%	2%	3%
Other	40%	23%	24%
Any Prior Work Experience Among Respondents Who Did Not Work Prior to Current Job	905 Respondents	617 Respondents	279 Respondents
Ever Worked Before Current Employer	72%	73%	72%
Never Worked Before Current Employer	28%	27%	28%

Appendix 2: Survey Response Summary by Relationship to Client (cont.)

	All Respondents	Respondents Who Assist Friend(s) or Family Member(s)	Respondents Who Assist Clients They Did Not Previously Know
Reason for Becoming a Paid Caregiver	3,809 Respondents	2,412 Respondents	1,352 Respondents
I Cared for a Friend or Relative	57%	73%	26%
I Like Helping People	49%	38%	69%
The Work Hours Fit My Schedule	31%	27%	37%
My Friend or Family Member Was Also a Paid Caregiver	15%	14%	17%
There Were Paid Caregiver Jobs Available When I Was Looking for a Job	12%	7%	21%
I Want to Become a Nurse or Other Health Care Professional	11%	6%	19%
This Was the Best Job I Was Qualified For	7%	5%	11%
Other	4%	5%	3%
Means of Finding Current Position	3,776 Respondents	2,386 Respondents	1,347 Respondents
I Knew Someone Who Worked Here Already	34%	31%	38%
My Friend or Family Member Received Care from My Agency/Organization	30%	38%	14%
Online Advertisement or Job Posting	12%	4%	27%
Other Personal Referral	8%	8%	7%
State Agency Referral	6%	9%	<1%
Social Media Advertisement	2%	1%	3%
School or Job Training Program	1%	1%	3%
TV, Radio, or Newspaper Advertisement	1%	<1%	2%
Other	6%	6%	5%
Hourly Wage	3,559 Respondents	Respondents	2,268 Respondents
Median Hourly Wage	\$12.65	\$12.51	\$13.00

Appendix 2: Survey Response Summary by Relationship to Client (cont.)

	All Respondents	Respondents Who Assist Friend(s) or Family Member(s)	Respondents Who Assist Clients They Did Not Previously Know
Employer-Sponsored Benefits Offered to Any Paid Caregivers	3,650 Respondents	2,326 Respondents	1,283 Respondents
Paid Sick Leave	61%	60%	64%
Health Insurance	30%	29%	32%
Dental, Vision, and/or Drug Benefits	19%	17%	22%
Any Other Paid Time Off, Such as Vacation or Personal Days	18%	17%	21%
Extra Pay for Working Certain Shifts	16%	13%	22%
Retirement or Pension Plan	12%	11%	14%
A Cell Phone for Work	2%	1%	3%
Other	1%	1%	1%
Don't Know	26%	28%	21%
None of the Above	10%	10%	10%
Most Important Employer-Sponsored Benefits	3,106 Respondents	1,941 Respondents	1,130 Respondents
Paid Sick Leave	38%	39%	37%
Health Insurance	22%	22%	22%
Extra Pay for Working Certain Shifts	18%	18%	19%
Any Other Paid Time Off, Such as Vacation or Personal Days	15%	15%	15%
Retirement or Pension Plan	7%	7%	6%
Dental, Vision, and/or Drug Benefits	5%	5%	4%
A Cell Phone for Work	4%	3%	4%
Health Insurance Status	3,642 Respondents	2,305 Respondents	1,291 Respondents
Any Health Insurance	78%	81%	73%
Uninsured	22%	19%	27%
Health Insurance Source	2,801 Respondents	1,840 Respondents	932 Respondents
Someone Else's Job	27%	28%	26%
AHCCCS or Medicaid	25%	23%	29%
Own Job	20%	20%	20%
Medicare	16%	19%	11%
Affordable Care Act/Healthcare.Gov	6%	6%	7%
Other	6%	6%	5%

Appendix 2: Survey Response Summary by Relationship to Client (cont.)

	All Respondents	Respondents Who Assist Friend(s) or Family Member(s)	Respondents Who Assist Clients They Did Not Previously Know
Knows Who Supervisor Is	3,774 Respondents	2,394 Respondents	1,333 Respondents
Knows Who Supervisor Is	94%	94%	93%
Doesn't Know Who Supervisor Is	6%	6%	7%
Supervisor's Role	3,455 Respondents	2,201 Respondents	1,216 Respondents
Scheduler or Coordinator	51%	52%	49%
Agency Owner	13%	12%	14%
Registered Nurse	1%	1%	1%
Other	12%	12%	13%
Don't Know	23%	23%	23%
Frequency "My Supervisor Tells Me When I'm Doing a Good Job"	3,397 Respondents	2,143 Respondents	1,216 Respondents
Very Rarely or Never	15%	15%	14%
Rarely	11%	10%	13%
Sometimes	30%	30%	30%
Mostly or Always	44%	44%	43%
Frequency "My Supervisor Listens to Me"	3,423 Respondents	2,173 Respondents	1,211 Respondents
Very Rarely or Never	3%	2%	3%
Rarely	4%	4%	4%
Sometimes	13%	11%	17%
Mostly or Always	80%	83%	76%
Frequency "My Supervisor Treats Me with Respect"	3,428 Respondents	2,178 Respondents	1,211 Respondents
Very Rarely or Never	1%	1%	1%
Rarely	1%	1%	1%
Sometimes	7%	6%	8%
Mostly or Always	91%	92%	89%
Frequency "My Supervisor Makes Sure That I Do My Job Well"	3,396 Respondents	2,155 Respondents	1,204 Respondents
Very Rarely or Never	4%	3%	5%
Rarely	5%	4%	6%
Sometimes	13%	12%	15%
Mostly or Always	78%	81%	74%

Appendix 2: Survey Response Summary by Relationship to Client (cont.)

	All Respondents	Respondents Who Assist Friend(s) or Family Member(s)	Respondents Who Assist Clients They Did Not Previously Know
Frequency "My Supervisor Supports My Development as an Employee"	3,386 Respondents	2,150 Respondents	1,199 Respondents
Very Rarely or Never	5%	4%	6%
Rarely	5%	5%	6%
Sometimes	15%	14%	18%
Mostly or Always	75%	77%	70%
Level of Preparedness After Initial Training	3,605 Respondents	2,285 Respondents	1,279 Respondents
Not at All	3%	3%	2%
Not Very Well	5%	4%	8%
Pretty Well	44%	44%	46%
Very Well	48%	49%	44%
Desired Additional Training	3,265 Respondents	2,071 Respondents	1,165 Respondents
Managing Challenging Behaviors	32%	28%	38%
Caring for Clients with Mental or Behavioral Health Issues	26%	23%	32%
Self-Care and Stress Management	26%	23%	30%
Nutrition and Food Preparation	20%	20%	22%
Communication and Resolving Conflicts	20%	16%	26%
Handling Emergencies	18%	15%	23%
Principles of Caregiving or Other Personal Care Skills Training	18%	15%	22%
Caring for Clients with Alzheimer's and Other Dementias	16%	14%	20%
Hospice, Palliative Care, or End of Life Care	13%	10%	18%
Abuse and Neglect Issues	13%	10%	19%
Caring for Clients with Diabetes	13%	11%	15%
Injury Prevention	12%	10%	16%
Relating to Clients with Different Cultures or Beliefs	12%	9%	17%
Infection Prevention and Control	12%	10%	15%
Caring for Clients with Heart Disease	9%	7%	12%
Other	3%	3%	4%
I Do Not Want Any Additional Training	39%	43%	32%

Appendix 2: Survey Response Summary by Relationship to Client (cont.)

	All Respondents	Respondents Who Assist Friend(s) or Family Member(s)	Respondents Who Assist Clients They Did Not Previously Know
Most Helpful Additional Training	2,013 Respondents	1,192 Respondents	804 Respondents
Managing Challenging Behaviors	21%	21%	21%
Caring for Clients with Mental or Behavioral Health Issues	12%	12%	13%
Self-Care and Stress Management	15%	15%	13%
Nutrition and Food Preparation	6%	8%	4%
Communication and Resolving Conflicts	7%	6%	7%
Handling Emergencies	4%	4%	4%
Principles of Caregiving or Other Personal Care Skills Training	10%	10%	10%
Caring for Clients with Alzheimer's and Other Dementias	6%	7%	6%
Hospice, Palliative Care, or End of Life Care	5%	4%	6%
Abuse and Neglect Issues	2%	1%	3%
Caring for Clients with Diabetes	2%	2%	2%
Injury Prevention	2%	1%	2%
Relating to Clients with Different Cultures or Beliefs	2%	2%	3%
Infection Prevention and Control	2%	2%	2%
Caring for Clients with Heart Disease	1%	1%	<1%
Other	4%	4%	4%
Opportunities for Advancement	2,557 Respondents	1,557 Respondents	977 Respondents
Internal Promotion to Care Coordinator Positions	26%	27%	24%
Internal Promotion to Management Positions	25%	25%	25%
Internal Promotion to Trainer or Assistant Trainer Positions	20%	21%	20%
Internal Promotion to Peer Mentor Roles	12%	11%	12%
Apprenticeship Training	9%	8%	10%
Skilled Worker Academy	4%	5%	5%
Other	<1%	<1%	1%
None of the Above	59%	59%	57%

Appendix 2: Survey Response Summary by Relationship to Client (cont.)

	All Respondents	Respondents Who Assist Friend(s) or Family Member(s)	Respondents Who Assist Clients They Did Not Previously Know
Satisfaction with Opportunities for Advancement	3,398 Respondents	2,139 Respondents	1,226 Respondents
Very Unsatisfied	7%	6%	8%
Unsatisfied	14%	11%	20%
Satisfied	57%	59%	52%
Very Satisfied	22%	23%	19%
Experienced Injury in the Past Year	3,618 Respondents	2,300 Respondents	1,275 Respondents
Experienced Injury in the Past Year	4%	2%	7%
Did Not Experience Injury in the Past Year	96%	98%	93%
Injury Reported to Employer	151 Respondents	58 Respondents	92 Respondents
Reported Injury in Past Year	50%	36%	59%
Did Not Report Injury in Past Year	50%	64%	41%
Frequency of Feeling Unsafe at Work	3,592 Respondents	2,283 Respondents	1,266 Respondents
Very Rarely or Never	79%	84%	71%
Rarely	14%	11%	19%
Sometimes	4%	3%	7%
Mostly or Always	2%	2%	2%
Witnessed or Experienced Discrimination	3,593 Respondents	2,285 Respondents	1,269 Respondents
Ever Witnessed Discrimination as a Paid Caregiver	3%	2%	5%
Never Witnessed Discrimination as a Paid Caregiver	97%	98%	95%
Type of Discrimination Witnessed	97 Respondents	41 Respondents	56 Respondents
Race or Ethnicity	63%	56%	68%
Physical Appearance	28%	24%	30%
Age	26%	24%	27%
Gender	14%	10%	18%
Religion	10%	10%	11%
Sexual Orientation	10%	10%	11%
Immigration Status	6%	5%	7%
Other	4%	5%	4%

Appendix 2: Survey Response Summary by Relationship to Client (cont.)

	All Respondents	Respondents Who Assist Friend(s) or Family Member(s)	Respondents Who Assist Clients They Did Not Previously Know
Respondent Had COVID-19 (Diagnosed or Suspected)	3,568 Respondents	2,273 Respondents	1,253 Respondents
Had COVID-19 (Diagnosed or Suspected)	5%	5%	6%
Did Not Have COVID-19 (Diagnosed or Suspected)	93%	93%	92%
Prefer Not to Say	2%	2%	2%
Respondent's Client Had COVID-19 (Diagnosed or Suspected)	3,568 Respondents	2,275 Respondents	1,250 Respondents
Client Had COVID-19 (Diagnosed or Suspected)	5%	4%	8%
Client Did Not Have COVID-19 (Diagnosed or Suspected)	93%	94%	90%
Prefer Not to Say	2%	2%	2%
Satisfaction with Employer Response to COVID-19 Pandemic	3,540 Respondents	2,253 Respondents	1,248 Respondents
Very Dissatisfied	3%	3%	4%
Dissatisfied	5%	4%	6%
Satisfied	45%	43%	47%
Very Satisfied	47%	51%	42%
Frequency of Having Enough PPE at Work	3,515 Respondents	2,236 Respondents	1,241 Respondents
Very Rarely or Never	5%	5%	5%
Rarely	6%	6%	6%
Sometimes	19%	18%	19%
Mostly or Always	71%	71%	70%
Bought or Made Personal Protective Equipment (PPE) for Work	3,533 Respondents	2,248 Respondents	1,245 Respondents
Bought or Made Own PPE	61%	63%	58%
Did Not Buy or Make Own PPE	39%	38%	42%

Appendix 2: Survey Response Summary by Relationship to Client (cont.)

	All Respondents	Respondents Who Assist Friend(s) or Family Member(s)	Respondents Who Assist Clients They Did Not Previously Know
Reasons for Taking Time Off During COVID-19 Pandemic	3,293 Respondents	2,079 Respondents	1,181 Respondents
I did not take any time off from work for any pandemic-related reasons.	66%	72%	56%
I had (or thought I had) COVID-19.	10%	7%	16%
I needed to take care of my children because school/daycare was closed.	9%	8%	10%
I didn't feel safe going to work.	8%	6%	12%
I needed to take care of a family member with COVID-19.	2%	3%	2%
Other pandemic-related reason.	4%	3%	5%
I prefer not to say.	9%	9%	9%
COVID-19 Pandemic Impact on Respondent Weekly Work Hours	3,516 Respondents	2,239 Respondents	1,240 Respondents
Work Hours Increased	19%	20%	17%
Work Hours Decreased	17%	12%	25%
Work Hours Stayed About the Same	64%	67%	58%
Household Finances Since the COVID-19 Pandemic Began	3,495 Respondents	2,223 Respondents	1,236 Respondents
Household Finances Have Gotten Much Worse	16%	14%	21%
Household Finances Have Gotten a Little Worse	30%	29%	33%
Household Finances Haven't Changed	40%	43%	36%
Household Finances Have Improved a Little	10%	11%	9%
Household Finances Have Improved a Lot	3%	3%	2%
Most Important Employer Interventions to Support Paid Caregivers During the COVID-19 Pandemic	3,014 Respondents	1,878 Respondents	1,111 Respondents
Higher Wages	53%	54%	52%
Paid Time off	32%	31%	34%
Additional Training About COVID-19	7%	7%	6%
Unpaid Time off Without Penalty	6%	6%	6%
Emotional or Mental Health Support	5%	6%	4%
Better Infection Prevention Policies	4%	4%	4%

Appendix 2: Survey Response Summary by Relationship to Client (cont.)

	All Respondents	Respondents Who Assist Friend(s) or Family Member(s)	Respondents Who Assist Clients They Did Not Previously Know
Job Satisfaction	3,802 Respondents	2,410 Respondents	1,342 Respondents
Very Dissatisfied	7%	7%	6%
Dissatisfied	3%	2%	5%
Satisfied	38%	35%	45%
Very Satisfied	52%	56%	44%
Likelihood of Recommending Employer to Others	3,803 Respondents	2,411 Respondents	1,344 Respondents
Definitely Not	1%	1%	1%
Probably Not	5%	3%	7%
Probably	30%	29%	32%
Definitely	64%	66%	60%
Likelihood of Leaving Job in the Next Year	3,769 Respondents	2,399 Respondents	1,325 Respondents
Very Unlikely	47%	52%	39%
Unlikely	39%	37%	43%
Likely	10%	8%	13%
Very Likely	4%	3%	5%
Respondents with High Likelihood of Leaving Who Are Actively Looking for a New Job	501 Respondents	247 Respondents	241 Respondents
Actively Looking for a New Job	31%	28%	35%
Not Actively Looking for a New Job	69%	72%	65%
Employer Interventions That Could Convince Respondents to Stay in Their Jobs	482 Respondents	235 Respondents	235 Respondents
Higher Pay	68%	61%	75%
Better Benefits	34%	26%	43%
More Training or Education	15%	11%	19%
Different Supervisor or Manager	11%	8%	14%
Different Assignment(s)	7%	5%	9%
Extend Parent Caregiving Policy	3%	5%	-
Provide Additional Hours	3%	4%	3%
Other	20%	23%	17%
Don't Know	<1%	<1%	<1%
Nothing	20%	23%	17%

Appendix 2: Survey Response Summary by Relationship to Client (cont.)

	All Respondents	Respondents Who Assist Friend(s) or Family Member(s)	Respondents Who Assist Clients They Did Not Previously Know
Main Employer Intervention That Could Convince Respondents to Stay in Their Jobs	418 Respondents	203 Respondents	206 Respondents
Higher Pay	63%	58%	68%
Better Benefits	9%	9%	8%
More Training or Education	2%	1%	3%
Different Supervisor or Manager	3%	2%	4%
Different Assignment(s)	2%	1%	4%
Extend Parent Caregiving Policy	3%	5%	-
Provide Additional Hours	2%	3%	1%
Other	7%	9%	5%
Desired Wage	209 Respondents	Respondents	83 Respondents
Median Desired Wage	\$15.50	\$15.50	\$16.00
Preferred Next Job Among Respondents Who Plan to Leave Their Jobs in the Next Year	439 Respondents	215 Respondents	215 Respondents
Working Outside of the Health or Long-Term Care Industries	21%	20%	21%
Working for Another HCBS Agency	18%	16%	20%
Working in Another Health or Long-Term Care Setting	15%	12%	18%
Other	5%	7%	4%
Don't Know	32%	34%	29%
Not Planning on Working after Leaving This Job	10%	11%	8%
Favorite Aspects of the Job	3,741 Respondents	2,225 Respondents	1,245 Respondents
Client(s)	83%	84%	81%
Supervisor or Manager	51%	51%	50%
Training or Education	31%	31%	30%
Pay	28%	28%	28%
Coworkers	14%	14%	14%
Benefits	9%	9%	9%
Other	5%	5%	5%
Don't Know	2%	2%	2%
Nothing	<1%	<1%	<1%

Appendix 3: Survey Response Summary by Intent to Leave

	Definitely or Probably Will Not Leave	Definitely or Probably Will Leave	Sample Size
Gender			
Female	87%	13%	3,234
Male	85%	15%	456
Self-Identified Gender	67%	33%	12
Prefer Not to Say	82%	18%	39
Race and Ethnicity			
White	88%	12%	2,150
Hispanic, Latino, or Spanish Origin	85%	15%	1,111
Black or African American	84%	16%	281
Asian	86%	14%	133
American Indian or Alaska Native	81%	19%	103
Middle Eastern or North African	91%	9%	34
Native Hawaiian or Other Pacific Islander	100%	-	14
Another Race, Ethnicity, or Origin	83%	17%	30
Prefer Not to Say	84%	16%	148
Age			
18-24 Years Old	82%	18%	543
25-34 Years Old	84%	16%	564
35-44 Years Old	86%	14%	579
45-54 Years Old	85%	15%	716
55-64 Years Old	91%	9%	827
65 Years and Older	91%	9%	467
Location			
Metropolitan Area	-	-	3,455
Phoenix-Mesa-Scottsdale	88%	12%	3,001
Tucson	82%	18%	270
Prescott	78%	22%	49
Yuma	75%	25%	68
Sierra Vista-Douglas	89%	11%	27
Lake Havasu City-Kingman	80%	20%	25
Flagstaff	100%	-	15
Nonmetropolitan Areas	84%	16%	116

Appendix 3: Survey Response Summary by Intent to Leave (cont.)

	Definitely or Probably Will Not Leave	Definitely or Probably Will Leave	Sample Size
Educational Attainment			
High School Diploma or Less	87%	13%	1,039
Less Than a High School Diploma	85%	15%	154
High School Diploma or Equivalent	88%	12%	885
Some College or a College Degree	86%	14%	2,604
Some College but No Degree	87%	13%	1,217
Associate's Degree	85%	15%	475
Bachelor's Degree	86%	14%	603
Graduate Degree	87%	13%	309
Prefer Not to Say	86%	14%	111
Enrollment in School or Training Programs			
Enrolled in School or Training Program	77%	23%	521
Not Enrolled in School or Training Program	88%	12%	3,169
Prefer Not to Say	81%	19%	73
Type of School or Training Program			
High School or GED Program	70%	30%	20
Non-Degree Training Program	72%	28%	53
Undergraduate College	78%	22%	323
Graduate School	77%	23%	87
Prefer Not to Say	83%	17%	36
Language(s) Spoken at Home			
English	87%	13%	3,459
Spanish	84%	16%	653
Navajo	81%	19%	16
Another Language	88%	12%	146
Prefer Not to Say	84%	16%	31

Appendix 3: Survey Response Summary by Intent to Leave (cont.)

	Definitely or Probably Will Not Leave	Definitely or Probably Will Leave	Sample Size
English Language Ability			
Not at All	62%	38%	21
Not Well	72%	28%	79
Well	84%	16%	399
Very Well	88%	12%	3,219
Prefer Not to Say	79%	21%	38
Children at Home			
Any Children Under Age 18	87%	13%	1,958
No Children Under Age 18	86%	14%	1,687
Prefer Not to Say	89%	11%	105
Children at Home Require Paid Childcare			
Any Children Require Paid Childcare	86%	14%	485
No Children Under Age 18 Require Childcare	88%	12%	1,367
Prefer Not to Say	91%	9%	101
Population Served			
People with intellectual and developmental disabilities	88%	12%	2,151
Older Adults and People with Physical Disabilities	86%	14%	1,029
More Than One Population	82%	18%	337
Relationship to Client			
Family Member(s)	90%	10%	1,889
Friend(s)	87%	13%	286
Family Member(s) and Friend(s)	89%	11%	224
Client(s) Were Previously Unfamiliar	82%	18%	1,325
Willingness to Work with Unfamiliar Client(s) as Well as Friend(s) or Family Member(s)			
Willing to Work with Unfamiliar Client(s)	90%	10%	723
Not Willing to Work with Unfamiliar Client(s)	92%	8%	626
Don't Know	89%	11%	664

Appendix 3: Survey Response Summary by Intent to Leave (cont.)

	Definitely or Probably Will Not Leave	Definitely or Probably Will Leave	Sample Size
Number of Clients in Previous 60 Days			
1 Client	89%	11%	2,364
2 Clients	83%	17%	530
3 or More Clients	81%	19%	875
Lives with Client			
Lives with Client	92%	8%	1,190
Does Not Live with Client	86%	14%	1,163
Usually Works with Same Client(s)			
Mostly Works with the Same Client(s)	84%	16%	2,469
Assignments Change a Lot	76%	24%	87
Respondents' Tenure in Their Current Positions			
Fewer Than 90 Days	81%	19%	256
Less Than 1 Year	84%	16%	915
1 Year	86%	14%	525
2 Years	85%	15%	439
3 to 4 Years	87%	13%	508
5 to 9 Years	90%	10%	508
10 or More Years	89%	11%	874
Respondents' Total Tenure in Their Current and Prior Positions			
Fewer Than 90 Days	82%	18%	137
Less Than 1 Year	84%	16%	510
1 Year	84%	16%	326
2 Years	87%	13%	333
3 to 4 Years	85%	15%	462
5 to 9 Years	89%	11%	627
10 or More Years	87%	13%	1,511
Respondents with More Than One Job			
Has a Second Job	86%	14%	1,472
Does Not Have a Second Job	87%	13%	2,277

Appendix 3: Survey Response Summary by Intent to Leave (cont.)

	Definitely or Probably Will Not Leave	Definitely or Probably Will Leave	Sample Size
Number of Other Jobs			
One Other Job	88%	12%	1,118
Two Other Jobs	81%	19%	296
Three or More Other Jobs	80%	20%	44
Type of Second Job			
Working for Another HCBS Agency	81%	19%	259
Providing Paid Supports or Services to an Individual	78%	22%	73
Working in Another Health or Long-Term Care Setting	86%	14%	146
Other	87%	13%	1,100
Number of Other HCBS Jobs			
One Other HCBS Job	85%	15%	181
Two Other HCBS Jobs	76%	24%	58
Three or More Other HCBS Jobs	75%	25%	8
Full or Part-Time Status			
Full-Time	88%	12%	1,328
Part-Time	86%	14%	2,441
Views on Weekly Work Hours			
Desires Fewer Hours	71%	29%	92
Hours Are Just Right	89%	11%	2,447
Desires More Hours	84%	16%	1,161
Primary Mode of Transportation to Work			
Drives Alone	85%	15%	2,650
Walk or Bike	90%	10%	93
Carpool	82%	18%	56
Rideshare	81%	19%	27
Public Transportation	88%	13%	40
Adequacy of Time to Complete All Work Tasks			
Not Enough Time	83%	17%	573
Enough Time	88%	12%	2,622
More Than Enough Time	84%	16%	538

Appendix 3: Survey Response Summary by Intent to Leave (cont.)

	Definitely or Probably Will Not Leave	Definitely or Probably Will Leave	Sample Size
Missed Work in the Past 30 Days			
Missed Work in the Past 30 Days	80%	20%	773
Did Not Miss Work in the Past 30 Days	88%	12%	2,970
Worked Prior to Current Employer			
Worked Prior to Current Employer	87%	13%	3,016
Did Not Work Prior to Current Employer	86%	14%	736
Job Type Prior to Current Job Among Respondents Who Worked Prior to Current Job			
Worked for Another HCBS Agency	87%	13%	601
Worked in Another Health or Long-Term Care Setting	85%	15%	314
Provided Paid Supports or Services to an Individual on My Own	82%	18%	103
Other	87%	13%	1,839
Main Activity Prior to Current Job Among Respondents Who Did Not Work Prior to Current Job			
Stayed Home with Children	87%	13%	260
Enrolled in School or a Training Program	82%	18%	222
Cared for an Adult Family Member	88%	12%	151
Tended to Own Injury or Illness	95%	5%	20
Other	88%	12%	100
Any Prior Work Experience Among Respondents Who Did Not Work Prior to Current Job			
Ever Worked Before Current Employer	88%	12%	636
Never Worked Before Current Employer	82%	18%	238

Appendix 3: Survey Response Summary by Intent to Leave (cont.)

	Definitely or Probably Will Not Leave	Definitely or Probably Will Leave	Sample Size
Reason for Becoming a Paid Caregiver			
I Cared for a Friend or Relative	90%	10%	2,129
I Like Helping People	85%	15%	1,849
The Work Hours Fit My Schedule	86%	14%	1,159
My Friend or Family Member Was Also a Paid Caregiver	87%	13%	565
There Were Paid Caregiver Jobs Available When I Was Looking for a Job	77%	23%	455
I Want to Become a Nurse or Other Health Care Professional	85%	15%	409
This Was the Best Job I Was Qualified For	83%	17%	275
Other	86%	14%	170
Means of Finding Current Position			
I Knew Someone Who Worked Here Already	88%	12%	1,269
My Friend or Family Member Received Care from My Agency/Organization	90%	10%	1,098
Online Advertisement or Job Posting	79%	21%	461
Other Personal Referral	86%	14%	288
State Agency Referral	90%	10%	228
Social Media Advertisement	86%	14%	77
School or Job Training Program	79%	21%	56
TV, Radio, or Newspaper Advertisement	77%	23%	39
Other	87%	13%	206
Hourly Wage			
Median Hourly Wage	\$12.67	\$12.51	3,516

Appendix 3: Survey Response Summary by Intent to Leave (cont.)

	Definitely or Probably Will Not Leave	Definitely or Probably Will Leave	Sample Size
Employer-Sponsored Benefits Offered to Any Paid Caregivers			
Paid Sick Leave	88%	12%	2,221
Health Insurance	89%	11%	1,085
Dental, Vision, and/or Drug Benefits	88%	12%	690
Any Other Paid Time Off, Such as Vacation or Personal Days	89%	11%	657
Extra Pay for Working Certain Shifts	90%	10%	575
Retirement or Pension Plan	87%	13%	446
A Cell Phone for Work	87%	13%	62
Other	88%	12%	33
Don't Know	87%	13%	926
None of the Above	82%	18%	366
Most Important Employer-Sponsored Benefits			
Paid Sick Leave	88%	12%	3,074
Health Insurance	88%	12%	3,020
Extra Pay for Working Certain Shifts	85%	15%	3,020
Any Other Paid Time Off, Such as Vacation or Personal Days	84%	16%	3,057
Retirement or Pension Plan	87%	13%	3,011
Dental, Vision, and/or Drug Benefits	87%	13%	3,085
A Cell Phone for Work	82%	18%	3,119
Health Insurance Status			
Any Health Insurance	88%	12%	2,816
Uninsured	81%	19%	789
Health Insurance Source			
Someone Else's Job	88%	12%	757
AHCCCS or Medicaid	86%	14%	688
Own Job	91%	9%	553
Medicare	93%	7%	452
Affordable Care Act/Healthcare.Gov	84%	16%	167
Other	87%	13%	157

Appendix 3: Survey Response Summary by Intent to Leave (cont.)

	Definitely or Probably Will Not Leave	Definitely or Probably Will Leave	Sample Size
Knows Who Supervisor Is			
Knows Who Supervisor Is	88%	12%	3,488
Doesn't Know Who Supervisor Is	74%	26%	240
Supervisor's Role			
Scheduler or Coordinator	88%	12%	1,745
Agency Owner	89%	11%	438
Registered Nurse	92%	8%	36
Other	88%	12%	417
Don't Know	86%	14%	783
Frequency "My Supervisor Tells Me When I'm Doing a Good Job"			
Very Rarely or Never	80%	20%	490
Rarely	82%	18%	372
Sometimes	87%	13%	1,026
Mostly or Always	92%	8%	1,476
Frequency "My Supervisor Listens to Me"			
Very Rarely or Never	72%	28%	87
Rarely	64%	36%	133
Sometimes	81%	19%	448
Mostly or Always	91%	9%	2,720
Frequency "My Supervisor Treats Me with Respect"			
Very Rarely or Never	63%	38%	40
Rarely	64%	36%	36
Sometimes	68%	32%	225
Mostly or Always	90%	10%	3,093
Frequency "My Supervisor Makes Sure That I Do My Job Well"			
Very Rarely or Never	72%	28%	132
Rarely	71%	29%	156
Sometimes	81%	19%	436
Mostly or Always	91%	9%	2,638

Appendix 3: Survey Response Summary by Intent to Leave (cont.)

	Definitely or Probably Will Not Leave	Definitely or Probably Will Leave	Sample Size
Frequency "My Supervisor Supports My Development as an Employee"			
Very Rarely or Never	72%	28%	162
Rarely	70%	30%	178
Sometimes	81%	19%	508
Mostly or Always	92%	8%	2,506
Level of Preparedness After Initial Training			
Not at All	69%	31%	91
Not Very Well	69%	31%	191
Pretty Well	86%	14%	1,578
Very Well	91%	9%	1,707
Desired Additional Training			
Managing Challenging Behaviors	85%	15%	1,022
Caring for Clients with Mental or Behavioral Health Issues	85%	15%	850
Self-Care and Stress Management	85%	15%	837
Nutrition and Food Preparation	88%	12%	660
Communication and Resolving Conflicts	83%	17%	641
Handling Emergencies	84%	16%	578
Principles of Caregiving or Other Personal Care Skills Training	85%	15%	576
Caring for Clients with Alzheimer's and Other Dementias	85%	15%	530
Hospice, Palliative Care, or End of Life Care	84%	16%	425
Abuse and Neglect Issues	84%	16%	415
Caring for Clients with Diabetes	89%	11%	410
Injury Prevention	86%	14%	404
Relating to Clients with Different Cultures or Beliefs	86%	14%	394
Infection Prevention and Control	87%	13%	382
Caring for Clients with Heart Disease	87%	13%	298
Other	85%	15%	97
I Do Not Want Any Additional Training	90%	10%	1,249

Appendix 3: Survey Response Summary by Intent to Leave (cont.)

	Definitely or Probably Will Not Leave	Definitely or Probably Will Leave	Sample Size
Most Helpful Additional Training			
Managing Challenging Behaviors	85%	15%	412
Caring for Clients with Mental or Behavioral Health Issues	88%	12%	243
Self-Care and Stress Management	82%	18%	293
Nutrition and Food Preparation	90%	10%	129
Communication and Resolving Conflicts	80%	20%	131
Handling Emergencies	89%	11%	72
Principles of Caregiving or Other Personal Care Skills Training	85%	15%	195
Caring for Clients with Alzheimer's and Other Dementias	83%	17%	130
Hospice, Palliative Care, or End of Life Care	84%	16%	98
Abuse and Neglect Issues	77%	23%	35
Caring for Clients with Diabetes	88%	12%	43
Injury Prevention	77%	23%	31
Relating to Clients with Different Cultures or Beliefs	98%	2%	45
Infection Prevention and Control	78%	22%	36
Caring for Clients with Heart Disease	100%	-	11
Other	86%	14%	90
Opportunities for Advancement			
Internal Promotion to Care Coordinator Positions	91%	9%	662
Internal Promotion to Management Positions	90%	10%	630
Internal Promotion to Trainer or Assistant Trainer Positions	91%	9%	515
Internal Promotion to Peer Mentor Roles	93%	7%	296
Apprenticeship Training	86%	14%	220
Skilled Worker Academy	90%	10%	115
Other	92%	8%	12
None of the Above	83%	17%	1,480

Appendix 3: Survey Response Summary by Intent to Leave (cont.)

	Definitely or Probably Will Not Leave	Definitely or Probably Will Leave	Sample Size
Satisfaction with Opportunities for Advancement			
Very Unsatisfied	70%	30%	243
Unsatisfied	72%	28%	480
Satisfied	90%	10%	1,904
Very Satisfied	94%	6%	741
Experienced Injury in the Past Year			
Experienced Injury in the Past Year	70%	30%	147
Did Not Experience Injury in the Past Year	88%	12%	3,431
Injury Reported to Employer			
Reported Injury in Past Year	75%	25%	76
Did Not Report Injury in Past Year	67%	33%	75
Frequency of Feeling Unsafe at Work			
Very Rarely or Never	90%	10%	2,821
Rarely	80%	20%	495
Sometimes	65%	35%	160
Mostly or Always	85%	15%	80
Witnessed or Experienced Discrimination			
Ever Witnessed Discrimination as a Paid Caregiver	69%	31%	118
Never Witnessed Discrimination as a Paid Caregiver	88%	12%	3,437
Type of Discrimination Witnessed			
Race or Ethnicity	73%	27%	60
Physical Appearance	50%	50%	26
Age	64%	36%	25
Gender	71%	29%	14
Religion	70%	30%	10
Sexual Orientation	60%	40%	10
Immigration Status	83%	17%	6
Other	50%	50%	4

Appendix 3: Survey Response Summary by Intent to Leave (cont.)

	Definitely or Probably Will Not Leave	Definitely or Probably Will Leave	Sample Size
Respondent Had COVID-19 (Diagnosed or Suspected)			
Had COVID-19 (Diagnosed or Suspected)	80%	20%	192
Did Not Have COVID-19 (Diagnosed or Suspected)	87%	13%	3,272
Prefer Not to Say	87%	13%	63
Respondent's Client Had COVID-19 (Diagnosed or Suspected)			
Client Had COVID-19 (Diagnosed or Suspected)	80%	20%	186
Client Did Not Have COVID-19 (Diagnosed or Suspected)	87%	13%	3,267
Prefer Not to Say	91%	9%	74
Satisfaction with Employer Response to COVID-19 Pandemic			
Very Dissatisfied	73%	27%	122
Dissatisfied	67%	33%	160
Satisfied	84%	16%	1,556
Very Satisfied	92%	8%	1,665
Frequency of Having Enough PPE at Work			
Very Rarely or Never	83%	18%	160
Rarely	78%	22%	211
Sometimes	81%	19%	646
Mostly or Always	90%	10%	2,463
Bought or Made Personal Protective Equipment (PPE) for Work			
Bought or Made Own PPE	85%	15%	2,129
Did Not Buy or Make Own PPE	90%	10%	1,365

Appendix 3: Survey Response Summary by Intent to Leave (cont.)

	Definitely or Probably Will Not Leave	Definitely or Probably Will Leave	Sample Size
Reasons for Taking Time Off During COVID-19 Pandemic			
I did not take any time off from work for any pandemic-related reasons.	89%	11%	2,166
I had (or thought I had) COVID-19.	80%	20%	335
I needed to take care of my children because school/daycare was closed.	83%	17%	280
I didn't feel safe going to work.	81%	19%	263
I needed to take care of a family member with COVID-19.	83%	18%	80
Other pandemic-related reason.	79%	21%	123
I prefer not to say.	83%	17%	295
COVID-19 Pandemic Impact on Respondent Weekly Work Hours			
Work Hours Increased	87%	13%	670
Work Hours Decreased	76%	24%	586
Work Hours Stayed About the Same	90%	10%	2,222
Household Finances Since the COVID-19 Pandemic Began			
Household Finances Have Gotten Much Worse	77%	23%	563
Household Finances Have Gotten a Little Worse	86%	14%	1,052
Household Finances Haven't Changed	91%	9%	1,394
Household Finances Have Improved a Little	93%	7%	356
Household Finances Have Improved a Lot	85%	15%	94
Most Important Employer Interventions to Support Paid Caregivers During the COVID-19 Pandemic			
Higher Wages	87%	13%	2,990
Paid Time off	85%	15%	2,869
Additional Training About COVID-19	93%	7%	2,827
Unpaid Time off Without Penalty	84%	16%	2,825
Emotional or Mental Health Support	90%	10%	2,906
Better Infection Prevention Policies	89%	11%	2,825

Appendix 3: Survey Response Summary by Intent to Leave (cont.)

	Definitely or Probably Will Not Leave	Definitely or Probably Will Leave	Sample Size
Job Satisfaction			
Very Dissatisfied	85%	15%	260
Dissatisfied	45%	55%	122
Satisfied	80%	20%	1,430
Very Satisfied	94%	6%	1,945
Likelihood of Recommending Employer to Others			
Definitely Not	37%	63%	35
Probably Not	48%	52%	181
Probably	80%	20%	1,129
Definitely	93%	7%	2,417
Favorite Aspects of the Job			
Client(s)	86%	14%	2,770
Supervisor or Manager	86%	14%	1,683
Training or Education	88%	12%	1,020
Pay	88%	12%	939
Coworkers	86%	14%	456
Benefits	90%	10%	298
Other	85%	15%	155
Don't Know	90%	10%	70
Nothing	100%	-	12

NOTES

- ¹ PHI. "Workforce Data Center." Last modified September 14, 2020. <https://phinational.org/policy-research/workforce-data-center/>.
- ² AHCCCS Medical Policy Manual. 2018. *1240-A Direct Care Services*. <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/1200/1240-A.pdf>.
- ³ AHCCCS Medical Policy Manual. 2017. *1240-E Habilitation Services*. <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/1200/1240-E.pdf>.
- ⁴ AHCCCS Contractor Operations Manual. 2014. 429 Direct Care Worker Training and Testing Program. <https://www.azahcccs.gov/shared/Downloads/ACOM/PolicyFiles/400/429.pdf>.
- ⁵ AHCCCS Medical Policy Manual, 2018.
- ⁶ AHCCCS Medical Policy Manual, 2018.
- ⁷ Official definitions for metropolitan statistical areas area available through the U.S. Department of Labor Bureau of Labor Statistics (BLS). BLS. "May 2019 Metropolitan and Nonmetropolitan Area Definitions." Last modified March 31, 2020. https://www.bls.gov/oes/current/msa_def.htm.
- ⁸ Respondents were not asked about nationality to avoid discouraging potential respondents from participating due to concerns about disclosing their citizenship status.
- ⁹ Family members who are employed by HCBS agencies are included in this survey, whereas family members employed under the self-directed attendant care program are not.
- ¹⁰ Arizona Health Care Cost Containment System. 2020. "Request for Emergency Authorities to Support Arizona's Response to COVID-19." https://www.azahcccs.gov/Resources/Downloads/1115Waiver/AZ_RequestForCOVID_19_EmergencyAuthorities_03172020.pdf.
- ¹¹ Under Arizona state law, paid sick leave is a mandatory benefit that applies to part-time and temporary employees as well as employers of all sizes.
- ¹² Schedulers and care coordinators are administrative staff who organize services for consumers. As part of their roles, they assign paid caregivers to clients and remotely manage care delivery, among other responsibilities.
- ¹³ A Better Balance. 2020. *Know Your Rights: Arizona Paid Sick Time*. New York, NY: A Better Balance. <https://www.abetterbalance.org/wp-content/uploads/2020/05/Arizona-KYR-Sick-Time-Fact-Sheet-FINAL-2.pdf>.
- ¹⁴ New York City Department of Consumer Affairs Paid Care Division. "NYC Cares for Care Workers: An Overview of Rights and Resources." New York, NY: Paid Care Division. <https://www1.nyc.gov/assets/dca/downloads/pdf/about/Paid-Care-Brochure.pdf>.
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- ¹⁶ Espinoza, Robert. 2020. *Would You Stay? Rethinking Direct Care Job Quality*. Bronx, NY: PHI. <https://phinational.org/caringforthefuture/wouldyoustay/>.
- ¹⁷ PHI recently released a three-part series exploring racial disparities in the direct care workforce, including recommendations to foster greater equity in the field. Campbell, Stephen. 2018. *Racial Disparities in the Direct Care Workforce: Spotlight on Hispanic/Latino Workers*. Bronx, NY: PHI. <https://phinational.org/wp-content/uploads/2018/02/Latino-Direct-Care-Workers-PHI-2018.pdf>.
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- ¹⁹ Equity in the Center. 2018. *Awake to Woke to Work: Building a Race Equity Culture*. Washington, D.C.: Equity in the Center. <https://equityinthecenter.org/aww/>.
- ²⁰ Equity in the Center, 2018.
- ²¹ PHI. "Matching Service Registries." Last updated July 31, 2020. https://web.archive.org/web/*/http://phinational.org/advocacy/matching-service-registries/.
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- ²³ ADvancing States. 2020. "ConnectToCareJobs.com." Last modified October 30, 2020. <http://www.advancingstates.org/initiatives/connecttocarejobscom>.
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- ²⁶ Jang, Yuri, Ahyoung Lee, Michelle Zadrozny, Sung-Heui Bae, Miyong Kim, and Nathan Marti. 2015. "Determinants of Job Satisfaction and Turnover Intent in Home Health Workers: The Role of Job Demands and Resources." *Journal of Applied Gerontology*, 36(1):56-70. DOI: 10.1177/0733464815586059.
- ²⁷ Scales, 2017.
- ²⁸ Drake, Angelina Del Rio. 2020. *Direct Care Work is Real Work: Elevating the Role of the Direct Care Work*. Bronx, NY: PHI. <https://phinational.org/resource/direct-care-work-is-real-work-elevating-the-role-of-the-direct-care-worker/>.
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About PHI

PHI works to transform eldercare and disability services. We foster dignity, respect, and independence for all who receive care, and all who provide it. As the nation's leading authority on the direct care workforce, PHI promotes quality direct care jobs as the foundation for quality care.

Drawing on 30 years of experience working side-by-side with direct care workers and their clients in cities, suburbs, and small towns across America, PHI offers all the tools necessary to create quality jobs and provide quality care. PHI's trainers, researchers, and policy experts work together to:

- Learn what works and what doesn't in meeting the needs of direct care workers and their clients, in a variety of long-term care settings;
- Implement best practices through hands-on coaching, training, and consulting, to help long-term care providers deliver high-quality care;
- Support policymakers and advocates in crafting evidence-based policies to advance quality care.

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