



Sonoma County
In-Home Supportive Services
Public Authority

Provider Survey 2002 - Summary

| | |
|------------------------------|--------|
| Total Survey Sent Out | 2500 |
| Total Received | 615 |
| Percentage Received | 24.60% |

Highlights of the Survey

Family Care Provider versus Non-Family Care Provider

| | |
|--------------------------|-----|
| Family Care Provider | 262 |
| Non-Family Care Provider | 113 |

What training have you received in the home health care field?

| | |
|-------------|-----|
| No training | 383 |
| Training | 311 |

The top three attractions for people to attain trainings are:

| | |
|---|-----|
| Free training | 307 |
| Evening training | 110 |
| Same training offered at time and different locations | 107 |
| Training incentives | 107 |

What kind of training is needed?

| | |
|------------------------|-----|
| Safety & Health | 265 |
| Communication Behavior | 166 |
| General | 157 |
| Specialized Care | 132 |

How do you find work as a home care provider?

| | |
|--------------------------|-----|
| Word of mouth | 184 |
| County IHSS program | 165 |
| Consumer referral | 72 |
| Other workers | 58 |
| Newspaper | 38 |
| Private home care agency | 20 |
| Church bulletin | 9 |

Would you be interested in working as on-call relief?

| | |
|-----|-----|
| Yes | 175 |
| No | 460 |

| # | Survey Questions | Results |
|------------------------|---|---------|
| 1 | How long have you done IHSS work? | |
| | Less than a year | 185 |
| | One year | 62 |
| | Two years | 82 |
| | Three years | 32 |
| | Three –five years | 76 |
| | Longer than five years | 169 |
| 2 | Do you currently work as an IHSS Home Care Provider? | |
| | Full time | 203 |
| | Part time | 269 |
| | On call (emergency/substitute) | 16 |
| | As a Family Care Provider to Child/Spouse | 86 |
| | As a Family Care Provider to Other Relative | 176 |
| | As a Non-Family Care Provider | 113 |
| 3 | What training have you received in the home health care field? | |
| | None | 383 |
| | CNA | 64 |
| | HHA | 20 |
| | Certified Home Health Assistant | 21 |
| | LVN | 15 |
| | RN | 9 |
| Other – please specify | 182 | |
| 4 | Are you currently enrolled in a degree or certificate program in the home health care field? | |
| | Yes | 17 |
| | No | 583 |
| 5 | Do you have future career goals in the home health care field? | |
| | Yes | 187 |
| | No | 375 |
| 6 | What would attract you to take more training? | |
| | Morning training classes | 51 |
| | Afternoon training classes | 38 |
| | Evening training classes | 110 |
| | Same training offered at different times and different locations | 107 |
| | Free training | 307 |
| | Training Incentives | 107 |
| | Gift Certificates | 98 |
| Movie Tickets | 72 | |
| | Other - please specify | 125 |

| | | | |
|-----------|---|--|-----|
| 7 | What kind of training do you think you need? | | |
| | SAFETY & HEALTH ISSUES (CPR, First Aid, Universal Precaution) | | 265 |
| | SPECIALIZED CARE (Lifting, Dementia, Spinal cord injuries, Diabetes) | | 132 |
| | GENERAL ISSUES (Disabilities awareness, Sensitivity, Community Resources) | | 157 |
| | COMMUNICATION BEHAVIOR (Stress Management, Listening Skills) | | 166 |
| | Other | | 120 |
| 8 | How long do you plan to be an IHSS Provider? | | |
| | Less than a year | | 17 |
| | One – Three years | | 111 |
| | Three – five years | | 81 |
| | More than five years | | 318 |
| 9 | Why did you become an IHSS home care worker? | | |
| | A desire to help people | | 204 |
| | There was an opening in the field | | 65 |
| | Job Flexibility | | 147 |
| | No experience necessary | | 73 |
| | Good entry level job into the health profession | | 44 |
| | A relative needed care | | 357 |
| | A friend needed care | | 157 |
| | Benefits | | 48 |
| | Other | | 56 |
| 10 | How many IHSS consumers do you work for right now? | | |
| | 1 Consumer | | 493 |
| | 2 Consumers | | 70 |
| | 3 Consumers | | 18 |
| | 4 Consumers | | 9 |
| | 5 Consumers | | 3 |
| | More than 5 | | 1 |
| 11 | What type of problems have you encountered with the consumer(s) you work/worked for? | | |
| | Personal conflict with the consumer | | 60 |
| | Questions about the care of the consumer | | 51 |
| | On the job injury | | 25 |
| | Job description (hours or tasks) | | 68 |
| | Other | | 277 |
| 12 | What do you do when you have a problem with your consumer? | | |
| | Contact the Social Worker | | 114 |
| | Contact the IHSS Staff | | 92 |
| | Contact consumers doctor | | 127 |
| | Contact consumer's family or friends | | 87 |
| | Call 9-1-1 | | 64 |
| | I don't know what to do | | 11 |
| | I have not experienced any problems | | 270 |
| | Other | | 121 |

| | | | |
|-----------|--|--|-----|
| 13 | What could the consumer do for you? | | |
| | | Give clear direction | 120 |
| | | Provide needed supplies | 100 |
| | | Request only authorized tasks | 73 |
| | | Respect my boundaries (considerate) | 140 |
| | | Other | 168 |
| 14 | How do you find work as a home care provider? | | |
| | | County IHSS program | 165 |
| | | Word of mouth | 184 |
| | | Private home care agency | 20 |
| | | Newspaper | 38 |
| | | Consumer referral | 72 |
| | | Other workers | 58 |
| | | Church bulletin | 9 |
| | | Other | 154 |
| 15 | Would you be interested in working as on-call relief? | | |
| | | Yes | 96 |
| | | Yes - Schedule on call relief | 50 |
| | | Yes - Emergency on call relief | 29 |
| | | No | 460 |
| 16 | Is transportation involving your IHSS work a problem for you? | | |
| | | Yes | 62 |
| | | Yes - Do not have a car | 49 |
| | | Yes - Cannot afford gas | 19 |
| | | Yes - Inadequate public transportation | 10 |
| | | Yes - Bus schedule | 14 |
| | | Yes - Bus stop location | 5 |
| | | Yes – Other | 52 |
| | | No | 495 |
| 17 | Is there anything that discourages you from continuing to be an IHSS Home Care Provider? | | 429 |
| 18 | If there is other information you feel we should know regarding IHSS, please let us know. | | 179 |