



SCHOOL OF MEDICINE

BOWEN CENTER FOR HEALTH
WORKFORCE RESEARCH & POLICY

2024-2025 Indiana Home Health Aide (HHA) Certification Renewal Survey

Demographic Characteristics

1. What is your sex?
SINGLE SELECT
 - a. Male
 - b. Female

2. What is your race? Mark one or more boxes.
MULTI-SELECT
 - a. American Indian or Alaska Native
 - b. Asian
 - c. Black or African American
 - d. Native Hawaiian/Pacific Islander
 - e. White
 - f. Some Other Race

3. Are you of Hispanic, Latina/o or Spanish origin?
SINGLE SELECT
 - a. No
 - b. Yes

Education Characteristics

4. In what state did you receive your HHA training?
SINGLE SELECT
 - a. Indiana
 - b. Ohio
 - c. Kentucky
 - d. Illinois
 - e. Michigan
 - f. Another State (not listed)

5. What is your highest level of education?
SINGLE SELECT
 - a. Some high school, no diploma
 - b. High School diploma/GED
 - c. Some college, no degree
 - d. Vocational/Practical certificate
 - e. Associate degree
 - f. Baccalaureate degree
 - g. Other

6. If you indicated your highest education as 'Other', please describe. Otherwise, please write 'N/A'
OPEN TEXT FIELD

7. What education or training are you currently pursuing?
SINGLE SELECT
 - a. I am not enrolled in any school/training
 - b. Certified Nurse Aide program

- c. Licensed Practical Nurse Program
 - d. Associate-level RN Program
 - e. Bachelor-level RN Program
 - f. Another education/training/certification program in health care
 - g. Another education/training/certification program not in health care
8. If you are not currently pursuing education or training but are interested in doing so, what program are you interested in?
SINGLE SELECT
- a. I am not interested in further school/training.
 - b. Certified Nurse Aide program
 - c. Licensed Practical Nurse Program
 - d. Associate-level RN Program
 - e. Bachelor-level RN Program
 - f. Another education/training/certification program in health care
 - g. Another education/training/certification program not in health care
9. If you indicated interest in a training program but are unable enroll, please provide the potential barriers you may have faced. If you have not experienced any barriers or not interested in training, please type 'N/A'.
OPEN TEXT FIELD

Employment Characteristics

10. What is your current employment status?
SINGLE SELECT
- a. Actively employed as an HHA
 - b. Actively employed but I work in a different field, not as an HHA
 - c. Unemployed and seeking work as an HHA
 - d. Unemployed and NOT seeking work as an HHA
 - e. Retired
11. What best describes your employment plans for the next 12 months?
SINGLE SELECT
- a. Increase hours
 - b. Decrease hours
 - c. Find a different type of job
 - d. Leave my current job to complete further training
 - e. Leave my current job for family reasons/commitments
 - f. Leave my current job due to physical demands
 - g. Leave my current job due to stress/burnout
 - h. Retire
 - i. Remain at my current job

Note to PLA for survey coding: Please display the remaining questions on the survey if an individual selects "a-d" on Q10 and "a-g, or i" on Q11. In other words, if an individual selects BOTH "e" "Retired" on Q10 AND "h" "Retire" on Q11, no additional questions would be displayed.

12. How many clients are you serving in a week?
SINGLE SELECT
- a. 0
 - b. 1
 - c. 2

- d. 3
- e. 4
- f. 5 or more

13. What is your base hourly wage?

SINGLE SELECT

- a. Less than \$12.00 per hour
- b. \$12.00 to \$12.99 per hour
- c. \$13.00 to \$13.99 per hour
- d. \$14.00 to \$14.99 per hour
- e. \$15.00 to \$15.99 per hour
- f. \$16.00 to \$16.99 per hour
- g. \$17.00 to \$17.99 per hour
- h. \$18.00 to \$18.99 per hour
- i. \$19.00 to \$19.99 per hour
- j. \$20.00 per hour or more
- k. Paid but not on an hourly basis
- l. Volunteer (not paid)
- m. Not sure
- n. Not comfortable sharing

14. Which of the following benefits are offered by your employer at your main place of employment?

Please check all that apply.

MULTI-SELECT

- a. Benefits - Child Care
- b. Benefits - Dental Insurance
- c. Benefits - Disability Insurance
- d. Benefits - Elder Care
- e. Benefits - Health Insurance
- f. Benefits - Life Insurance
- g. Benefits - Paid Sick Leave/Wellness Leave
- h. Benefits - Paid Time Off
- i. Benefits - Paid Transportation or Transportation Subsidies or Assistance
- j. Benefits - Retirement Benefits (401K, 403B, employer match, etc.)
- k. Benefits - Vision Insurance
- l. Housing Stipend, Support, or Assistance
- m. Sign-on Bonus
- n. Other benefits
- o. Not applicable

15. What factors are most important to you in a job? Please check all that apply.

MULTI-SELECT

- a. Benefits - Child Care
- b. Benefits - Dental Insurance
- c. Benefits - Disability Insurance
- d. Benefits - Elder Care
- e. Benefits - Health Insurance
- f. Benefits - Life Insurance
- g. Benefits - Paid Sick Leave/Wellness Leave
- h. Benefits - Paid Time Off
- i. Benefits - Paid Transportation or Transportation Subsidies or Assistance
- j. Benefits - Retirement Benefits (401K, 403B, employer match, etc.)
- k. Benefits - Vision Insurance
- l. Different assignments
- m. Housing Stipend, Support, or Assistance

- n. Lighter workload
- o. Opportunity for advancement
- p. Pay/Hourly Rate/Salary
- q. Regular or less hours
- r. Staff appreciation activities
- s. Supportive co-workers
- t. Supportive supervisor or management
- u. Training or education offered
- v. Flexible Hours Scheduling
- w. Other

16. Please select which of the following services you routinely provide as a part of your job: (Note: The purpose of this services list is to gather information on key health issues in Indiana). Please check all that apply.

MULTI SELECT

- a. Activities of Daily Living (assistance with basic skills such as grooming, toileting, eating and moving from one place to another)
- b. Instrumental Activities of Daily Living (assistance with more complex skills such as meal prep, shopping, household chores)
- c. Medication Assistance (Provide reminders or cues, open pre-set containers, dispense)
- d. Routine healthcare assistance as delegated by a nurse or physician
- e. Vocational Support (job coaching)
- f. Dementia/ Alzheimer's Care
- g. Behavioral Management
- h. Transportation
- i. None of the above

17. Please select the population groups to which you provide services: (Please check all that apply.)

MULTI-SELECT

- a. Newborns
- b. Children (ages 2-10)
- c. Adolescents (ages 11-19)
- d. Adults
- e. Geriatrics (ages 65+)
- f. Pregnant Women
- g. Individuals who are incarcerated
- h. Individuals with chronic mental/psychological disabilities
- i. Individuals with physical disabilities
- j. Individuals with intellectual or developmental disabilities
- k. Individuals in Recovery
- l. Individuals who have served in the military
- m. None of the Above Populations

18. In what state do you primarily work? Please indicate state using 2-letter postal abbreviation. If this does not apply, please select "N/A"

DROP-DOWN LIST

Please include all states 2-letter postal abbreviation along with an option for N/A

19. If located in Indiana, what is the county where you primarily work? If this does not apply, please select "Not applicable"

DROP-DOWN LIST with option for Not Applicable

20. What type of setting do you work at?

DROP-DOWN LIST OR RADIO BUTTONS

- a. Assisted Living
- b. Adult day center
- c. Continuing Care Retirement Community (CCRC)
- d. Correctional Facilities
- e. Group Home/Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
- f. Home Health
- g. Hospice
- h. Hospital
- i. Mental health facility/psychiatric hospital
- j. Nursing home (Long-term Care Facility)
- k. Outpatient clinic (Physician Office)
- l. Physical Rehabilitation Facilities
- m. School-based Health
- n. Other
- o. Not applicable

21. On average, approximately how many hours per week do you work as an HHA?

DROP-DOWN LIST OR RADIO BUTTONS

- a. 0 hours per week/Not Applicable
- b. 1 – 8 hours per week
- c. 9 – 12 hours per week
- d. 13 – 16 hours per week
- e. 17 – 20 hours per week
- f. 21 – 24 hours per week
- g. 25 – 28 hours per week
- h. 29 – 32 hours per week
- i. 33 – 36 hours per week
- j. 37 – 40 hours per week
- k. 41 – 44 hours per week
- l. 45 – 48 hours per week
- m. 49 or more hours per week

22. If you work in a home or community-based setting, how many hours per day do you spend traveling for your job (i.e. From your home to patients, between patients/clients, errands for patients and other patient related needs)?

SINGLE SELECT

- a. Less than 30 minutes per day
- b. 30 minutes to 1 hour per day
- c. 1 hour to 1.5 hours per day
- d. 1.5 hour to 2 hours per day
- e. 2 hours to 2.5 hours per day
- f. 2.5 hours to 3 hours per day
- g. 3 hours to 3.5 hours per day
- h. 3.5 hours to 4 hours per day
- i. 4 hours to 4.5 hours per day
- j. 4.5 hours to 5 hours per day
- k. More than 5 hours per day
- l. I do not work in a home or community-based setting/Not Applicable

Mandatory Regulatory Questions

23. 12 in-service hours are required each year. Please mark all topics you received in-service hours in below:

MULTI-SELECT

- a. Resident Rights
- b. Infection Control
- c. Fire Prevention / Emergency
- d. Safety & Accident Prevention
- e. Needs of a Specialized Population
- f. Care of the Cognitively Impaired
- g. Dementia Specific Training
- h. Changes in Condition / Environment
- i. Communication
- j. Nutrition and Fluid Intake
- k. ADLs
- l. Documentation
- m. Other

24. If you are on the Registry in another state(s) please select the state(s) below. Select N/A if you are not on the Registry in another state.

MULTI-SELECT

[List all 50 states and N/A as first option]

25. If you have had a Finding in another state(s), please select the state(s) below. Select N/A if you have not had a Finding in another state.

MULTI-SELECT

[list of all 50 states, also N/A as first option]