

# **Community Attendant Survey Report**

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**Texas Health and Human  
Services Commission  
February 2023**



**TEXAS**  
Health and Human  
Services

# Table of Contents

<b>Executive Summary .....</b>	<b>3</b>
<b>1. Background .....</b>	<b>4</b>
<b>2. Methods.....</b>	<b>5</b>
Types of Questions.....	6
Question Response Rates .....	6
Analysis by Type of Question .....	6
Limitations.....	7
<b>3. Key Findings.....</b>	<b>8</b>
Job Title .....	8
Demographics .....	8
Work Characteristics.....	8
Challenges and Barriers .....	9
Benefits and Wages.....	9
Opportunity for Growth.....	10
<b>4. Results .....</b>	<b>12</b>
Job Title .....	12
Demographics .....	12
Work Characteristics.....	15
Challenges and Barriers .....	20
COVID-19 Public Health Emergency .....	23
Opportunity for Growth.....	29
<b>5. Conclusion.....</b>	<b>37</b>

## Executive Summary

The Texas Health and Human Services Commission (HHSC) conducted a community attendant survey, herein referred to as “survey”, in response to the [Community Attendant Workforce Development Plan](#) published in November 2020. This plan recommended that Texas continue data collection efforts regarding community attendant retention and turnover and inform the Texas Legislature about the challenges facing the provision of community attendant services.<sup>1</sup>

The survey was available in both English and Spanish in an online-only format from August 31, 2022, through September 28, 2022. Based on feedback from stakeholders, the survey was extended to October 7, 2022.

The survey was completed by respondents who identify as providing community attendant services.<sup>2</sup> The community attendant population in Texas is currently estimated to include 320,780 people. The final survey sample includes responses from 2,640 people. Given that the respondents were not randomly chosen- some attendants may not have been aware of the survey or were unable to access the internet- it cannot be assumed that these results are representative of the entire community attendant workforce in Texas.

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<sup>1</sup> Texas Health and Human Services Commission. (2020). *Community Attendant Workforce Development Strategic Plan*. Retrieved from <https://www.hhs.texas.gov/reports/2020/11/rider-157-community-attendant-workforce-development-strategic-plan>

<sup>2</sup> Employment as a community attendant was not verified.

# 1. Background

Community attendants (also known as direct service workers, personal care assistants, and home health aides) account for approximately 3,470,700 jobs nationwide and 320,780 in the state of Texas.<sup>3</sup> Community attendants play an important role in providing care for older adults and people with disabilities enabling them to complete daily tasks and activities within their homes and community.

The community attendant workforce ranks nationwide as the 5th fastest-growing occupation, just below fast-food workers, cashiers, retail salespersons, and wait staff. This workforce is projected to increase by 37 percent in the next decade, in part due to the rapidly growing population of adults as well as due to an increase in people who want to remain in community-based settings as they age and receive care<sup>4</sup>. Despite the growing need for this workforce, employers are struggling to recruit and retain community attendants as they compete with other industries that can offer higher wages, benefits, and potentially lower risks to the employee<sup>5</sup>.

The survey was conducted to collect quantitative data that can be used to identify challenges facing the provision of community attendant services, inform and guide policy, and assess progress of workforce interventions.

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<sup>3</sup> *Occupational Profile: Home Health Aides*. (2022, October). Retrieved from CareerOneStop: <https://www.careeronestop.org/Toolkit/Careers/Occupations/occupation-profile.aspx?keyword=Home%20Health%20Aides&location=US&onetcode=31-1121.00>

<sup>4</sup> PHI. (2022). *Direct Care Workers in the United States: Key Facts*. Retrieved from <https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-3/>

<sup>5</sup> PHI. (2022). *Direct Care Workers in the United States: Key Facts*. Retrieved from <https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-3/>

## 2. Methods

HHSC conducted a one-time voluntary survey for people who identify as providing community attendant services. “Community care attendants” were defined as people who help older adults and people with disabilities who live independently in their own homes and communities. They may also be called personal care attendants, personal care assistants, community attendants, or direct service workers.

The survey was published using an online survey platform and made available to respondents through an announcement distributed by HHSC via GovDelivery. The Direct Service Workforce (DSW) Taskforce and the Texas Council on Consumer Direction provided input and feedback on question development. The survey was available in both English and Spanish in an online-only format from August 31, 2022, through September 28, 2022. Based on feedback from stakeholders, the survey was extended to October 7, 2022.

The survey included 75 questions related to demographic information, work characteristics, challenges and barriers, effects of the COVID-19 pandemic, and opportunities for growth. The first question of the survey filtered out anyone who did not identify as a community attendant. A second question separated out respondents who were not currently employed as a community attendant; these respondents were still able to provide feedback based on prior experience. An additional question later in the survey asked whether or not respondents continued working during the COVID-19 pandemic; respondents who selected “yes” to this question were given additional questions about that experience. These three questions were the only forced-response questions.

Instances of “respondents” in this report refer to members of the public who identified as a community attendant and completed the survey. Out of the 2,640 fully completed questionnaires, 1,806 respondents identified as being community attendants and proceeded to provide additional data. The survey was long with 75 total questions, so respondents were given the option to skip questions or not answer most questions to encourage more completed responses. Thus, each question may have a different number of respondents depending upon how many respondents chose to answer that question.

## Types of Questions

Each question on the survey was in one of the following formats:

- Multiple choice: respondents chose one answer from choices provided
- Multiple selection: respondents chose “all that apply” or multiple answers
- Short-answer text: respondents were asked to type in a short answer using their own words
- Open-ended text: respondents could type in longer answers using their own words
- Five-point Likert scale: respondents specify their level of agreement or disagreement with specific statements

## Question Response Rates

Given that respondents could choose to skip or not answer most questions on the survey, each question may have a different number of respondents or responses based on how many people chose to answer a particular question. Although several open-ended questions had lower response rates, the average response rate for all 75 questions was above 90 percent.

## Analysis by Type of Question

Open-ended text answers, including when respondents could select “Other” and write in their own response, provided qualitative data. For these questions, responses were analyzed and categorized by sentiment. Each response could fall into multiple categories or sentiments. Percent was determined as the number of times a sentiment was expressed divided by total number of sentiments expressed. The cumulative percent for all categories is 100 percent for these questions.

For multiple selection questions, respondents could select more than one choice. Percent is the number of times a choice was selected divided by the number of responses and represents the percent of respondents who selected that choice. 100 percent of respondents could select each choice, so the cumulative percent of all choices is more than 100 percent for these questions.

Open-ended questions, multiple selection questions, and questions in which respondents could select “Other” and write in open-ended text, are noted throughout the report in text or footnotes.

## **Limitations**

This is not a random sample of community attendants and selection bias cannot be ruled out; the group of people who chose to respond to the survey may differ from the general population of verified community attendants in Texas. In addition, some community attendants may not have had access to the internet or may not have been aware the survey was available on-line, leading to possible noncoverage bias.

## 3. Key Findings

While the sample includes 2,640 fully completed questionnaires, 1,806 respondents identified as being community attendants and proceeded to provide additional data. Respondents could skip questions or choose not to answer most questions. Thus, each question may have a different number of respondents depending upon how many respondents chose to answer that question.

### Job Title

The community attendant workforce is known by various job titles across the nation and in Texas. Out of 1,707 respondents for this question, 184 different titles were reported.<sup>6</sup> The most frequently reported titles by respondents included: Personal Care Attendant, Care Attendant, Caregiver, Provider, Attendant, Direct Service Worker, Patient Care Assistant, Personal Care Assistant, and Home Health Aide.

### Demographics

Respondents were predominantly female (86 percent or 1,513 respondents) between the ages of 35-64 years old (72 percent or 1,272 respondents). They are mostly White (39 percent or 636 respondents), Hispanic/Latino (33 percent or 532 respondents), and African American (23 percent or 371 respondents). Most speak English fluently (95 percent or 1655 respondents) and 22 percent or 376 respondents speak Spanish fluently.

Approximately 35 percent or 585 respondents receive some form of government assistance and close to half (47 percent or 809 respondents) have one or more minor children living in the home.

### Work Characteristics

Most respondents (67 percent or 1,157) reported they are caring for someone who is a family member, friend, or someone they knew prior to providing services. One of the primary motivations for most respondents working as a community attendant is to care for a family member or friend (67 percent or 1,173 respondents).

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<sup>6</sup> Short-answer question: respondents could write in a response using their own words.

## Challenges and Barriers

The most common challenges or barriers reported by respondents include the following (in order of most frequently reported):

- Pay is too low (67 percent or 1,120 respondents)
- Little to no opportunity for career advancement (43 percent or 737 respondents)
- No health insurance (33 percent or 548 respondents)
- Cancellation of hours (25 percent or 434 respondents)
- Not enough hours (19 percent or 327 respondents)
- Transportation difficulties (15 percent or 261 respondents)
- Difficulty communicating with person being supported (14 percent or 250 respondents)
- Safety issues related to the work environment (11 percent or 189 respondents)
- Injuries at work (10 percent or 180 respondents)
- Threats or violence (10 percent or 178 respondents)
- Discrimination (5 percent or 85 respondents)

Most respondents (89 percent or 1,562) continued to work during the public health emergency for COVID-19. Most respondents (90 percent or 1,401) did not receive an hourly wage increase throughout COVID-19. Most respondents (78 percent or 1,210) reported they did not receive essential worker pay, such as hazard pay or retention bonuses, 12 percent or 183 respondents did receive some type of hazard pay or bonus, and 11 percent or 164 respondents indicated they were unsure.

## Benefits and Wages

A majority of respondents (68 percent or 1,169) indicated they are not provided benefits. Approximately 20 percent or 344 respondents indicated that they are provided health insurance by their employer, 17 percent or 291 respondents are provided a 401k, 13 percent or 225 respondents are provided paid time off, 12 percent or 210 respondents are provided paid vacation, 11 percent or 182 respondents are given paid sick leave, and 7 percent or 114 respondents get

mileage reimbursement. On a follow-up question, 33 percent or 548 respondents reported that they are not covered by any health insurance.

The median wage reported was \$10.00 per hour. Based on a previous survey, the median wage was \$9.00 per hour in 2015.<sup>7</sup> Of 985 comments received about hourly wage, 78 percent or 768 respondents mentioned the need for a wage increase or stated that they had not received a raise in years.

Approximately 47 percent or 816 respondents work part-time, including 4 percent or 64 respondents who work less than 10 hours per week, 17 percent or 295 respondents who work 11-20 hours per week, and 26 percent or 457 respondents who work 21-30 hours per week. Approximately 29 percent or 516 respondents work full-time at 31-40 hours per week, while 24 percent or 418 respondents work more than 40 hours per week. Most respondents (74 percent or 1287) indicated they do not receive paid overtime.

## Opportunity for Growth

Approximately 22 percent or 384 respondents reported they did not receive training on any of the listed topics.<sup>8</sup> Approximately 8 percent or 18 respondents reported they did not receive training as a community attendant or learned while on-the-job. Respondents provided recommendations to improve trainings, topics, and delivery.

Most respondents (96 percent or 1,675) reported that they plan on continuing to be a community attendant for the next 12 months. The most common reasons respondents did not plan on continuing as a community attendant included: pay is too low (72 percent or 54 respondents), lack of growth potential (35 percent or 26 respondents), lack of health insurance (35 percent or 26 respondents), or lack of other benefits (32 percent or 24 respondents).

Most respondents indicated that they “strongly agree” that the work they perform is valuable (98 percent or 1,704 respondents), they enjoy the work they perform (94

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<sup>7</sup> Texas Department of Aging and Disability Services. (2015). *Texas Direct Service Worker Survey Final Report*.

<sup>8</sup> Based on research and stakeholder input, a list of training topics applicable to the direct service workforce was developed for this survey. The full list of training topics can be found in the Results section under Opportunity for Growth. Examples of training topics include the following: basics of personal care, basic healthcare knowledge, first aid/safety and emergency management, CPR, how to lift and transfer safely, nutrition, conflict resolution, how to manage challenging behaviors, Mental Health First Aid, and understanding Alzheimer’s and dementia.

percent or 1,625 respondents), they are satisfied with their job (82 percent or 1,415 respondents), and they plan to be doing this type of work into the foreseeable future (75 percent or 1,288 respondents).

The Community Attendant survey contributes to the body of research on the direct service workforce and generally supports data from the Texas Direct Service Worker survey (2015)<sup>9</sup>, the [Community Attendant Workforce Development Strategic Plan \(2020\)](#)<sup>10</sup>, as well as data from the [U.S. Department of Labor](#)<sup>11</sup> and [PHI](#)<sup>12</sup>, the leading national expert on the direct care workforce.

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<sup>9</sup> Texas Department of Aging and Disability Services. (2015). *Texas Direct Service Worker Survey Final Report*.

<sup>10</sup> Texas Health and Human Services Commission. (2020). *Community Attendant Workforce Development Strategic Plan*. Retrieved from <https://www.hhs.texas.gov/reports/2020/11/rider-157-community-attendant-workforce-development-strategic-plan>

<sup>11</sup> *Occupational Profile: Home Health Aides*. (2022, October). Retrieved from CareerOneStop: <https://www.careeronestop.org/Toolkit/Careers/Occupations/occupation-profile.aspx?keyword=Home%20Health%20Aides&location=US&onetcode=31-1121.00>

<sup>12</sup> PHI. (2022). *Direct Care Workers in the United States: Key Facts*. Retrieved from <https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-3/>

## 4. Results

This section includes further details on key takeaways and selected data from each section of the survey.

### Job Title

The community attendant workforce is known by various job titles across the nation and in Texas. Out of 1,707 respondents for this question, 184 different titles were reported. The most frequently reported titles from respondents include:

- Personal Care Attendant
- Care Attendant
- Caregiver
- Provider,
- Attendant
- Direct Service Worker
- Patient Care Assistant
- Personal Care Assistant
- Home Health Aide

A workforce that is not easily identified by job title contributes to broad challenges, including lack of public recognition of the position, difficulty with recruitment, and barriers to accurate data collection and analysis regarding the workforce.<sup>13</sup>

### Demographics

#### Gender, Race and Ethnicity, Age, Language

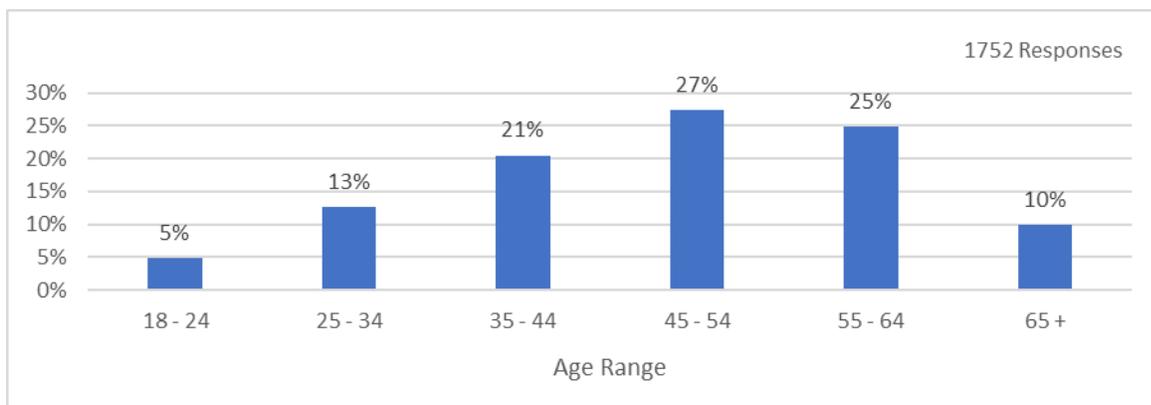
Most respondents are female (86 percent or 1,513 respondents), between the ages of 35 and 64 years old (72 percent or 1,272 respondents) and identify as either White (39 percent or 636 respondents), Hispanic/Latino (33 percent or 532 respondents), or African American (23 percent or 371 respondents). Most

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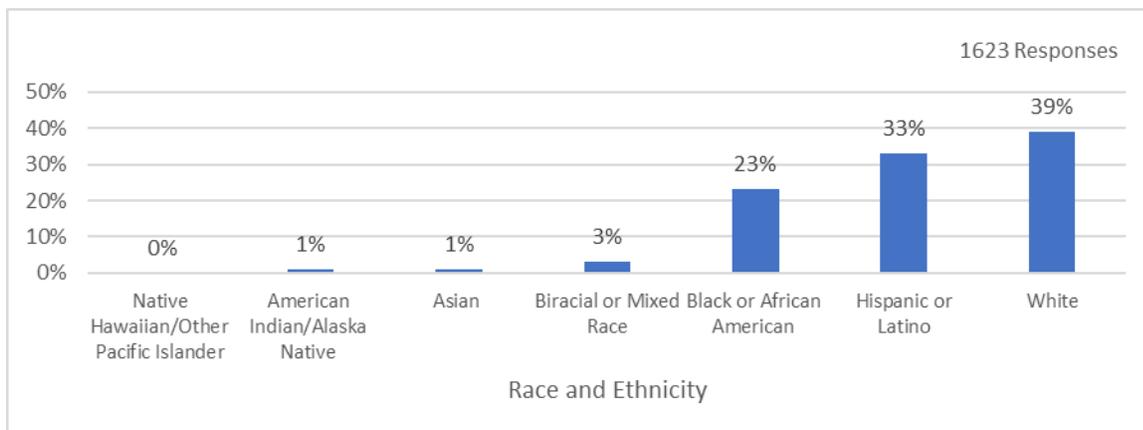
<sup>13</sup>Leary, A., Maclaine, K., Travett, P., Radford, M., & Punshon, G. (2017). Variations in job titles within the nursing workforce. *Journal of Clinical Nursing*.

respondents (95 percent or 1,655 respondents) speak English fluently and 22 percent or 376 respondents speak Spanish fluently. This data generally conforms with nationwide averages for similar positions according to 2021 data from the U.S. Bureau of Labor Statistics (BLS) in which 86 percent of the workforce are female, 63 percent are between the ages of 35 to 64 years old, and 88 percent identify as either White, Hispanic/Latino, or African American.<sup>14</sup> Figure 1 reflects the distribution of age range of respondents, while Figure 2 reflects the distribution of race and ethnicity of respondents.

**Figure 1. Age Range**



**Figure 2. Race and Ethnicity**

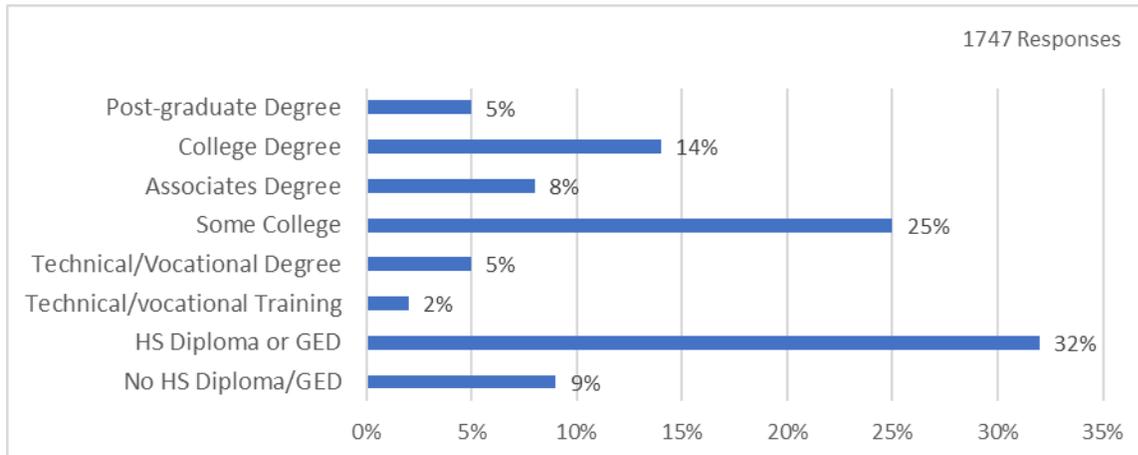


Most respondents (72 percent or 1,264) reported having earned their high school diploma, General Education Development (GED), some technical or vocational training or hours, or a technical or vocational degree. Approximately 9 percent or

<sup>14</sup> PHI. (2022). *Direct Care Workers in the United States: Key Facts*. Retrieved from <https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-3/>

162 respondents do not have a high school diploma or GED and approximately 18 percent or 320 respondents indicated having a college degree or higher. Figure 3 reflects the highest level of education of respondents.

**Figure 3. Highest Level of Education**



## Dependents and Annual Household Income

Most respondents reported that they do not share a household income with a significant other (70 percent or 1209 respondents). Approximately 35 percent or 585 respondents receive some form of government assistance. Just less than half of respondents reported having one or more minor children living in the home (47 percent or 809 respondents).

The survey included a question about annual household income which was displayed when respondents selected "yes" to sharing a joint income. Thus, responses are not representative of the larger group, but rather the respondents who share a joint income (508 respondents). Of these responses, the following was reported for joint annual household income:

- 43 percent or 222 respondents reported an income of \$50,000 or higher
- 37 percent or 192 respondents reported an income between \$25,000 and \$50,000
- 21 percent or 110 respondents reported an income of \$25,000 or less

# Work Characteristics

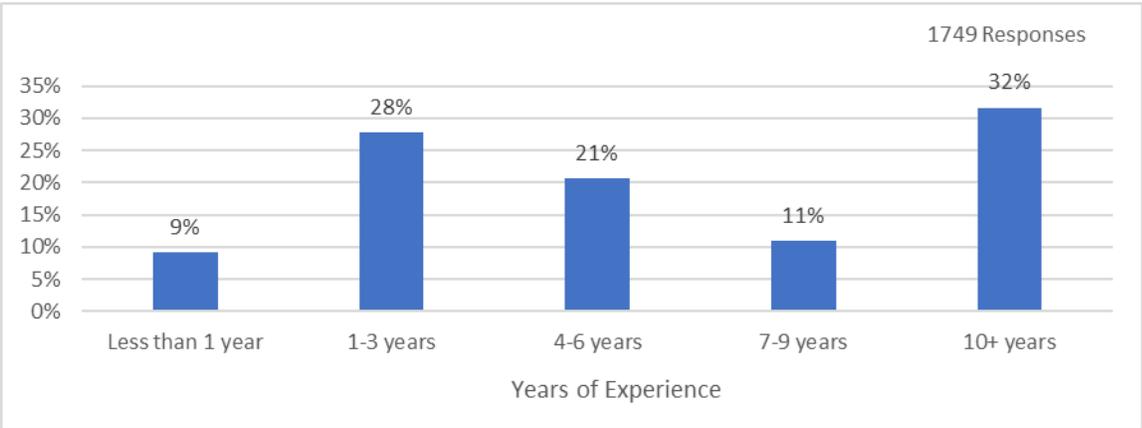
## Entrance to position

Most respondents heard about their community attendant position from family (33 percent or 576 respondents) or friends (24 percent or 419 respondents), while another 12 percent or 209 respondents heard about the position from another job. Most respondents (67 percent or 1,173 respondents) reported they are caring for someone who is a family member, friend, or someone they knew prior to providing services. One of the primary motivations for most respondents working as a community attendant is to care for a family member or friend (67 percent or 1,164 respondents).

## Years of Experience

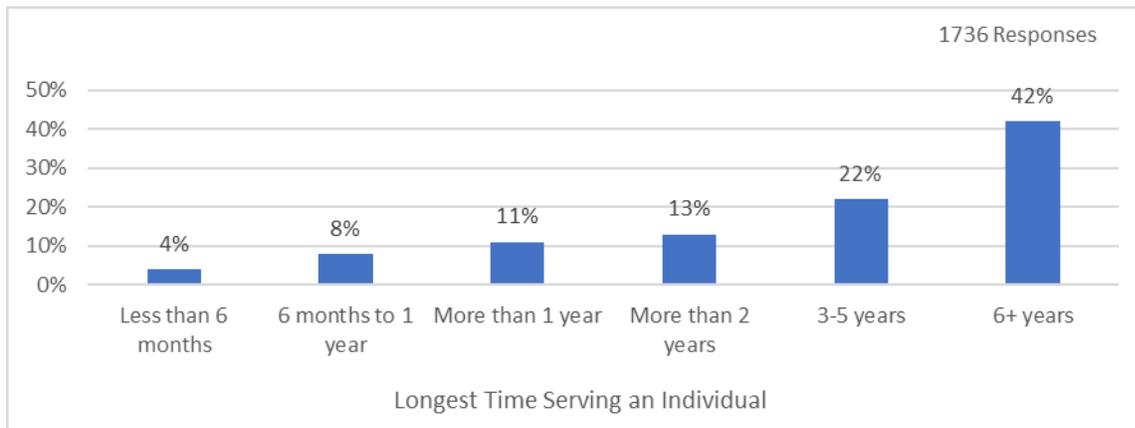
Most respondents (63 percent or 1,105) indicated they have more than 4 years of experience, including 32 percent or 552 respondents with 10 or more years of experience. About 28 percent or 484 respondents have between one to three years of experience, and 9 percent or 160 respondents have less than one year of experience (Figure 4).

**Figure 4. Years of Experience**



Approximately 42 percent or 723 respondents have consistently provided care for at least one individual for 6 or more years, 22 percent or 381 respondents for 3 to 5 years, and 13 percent or 229 respondents for more than 2 years (Figure 5).

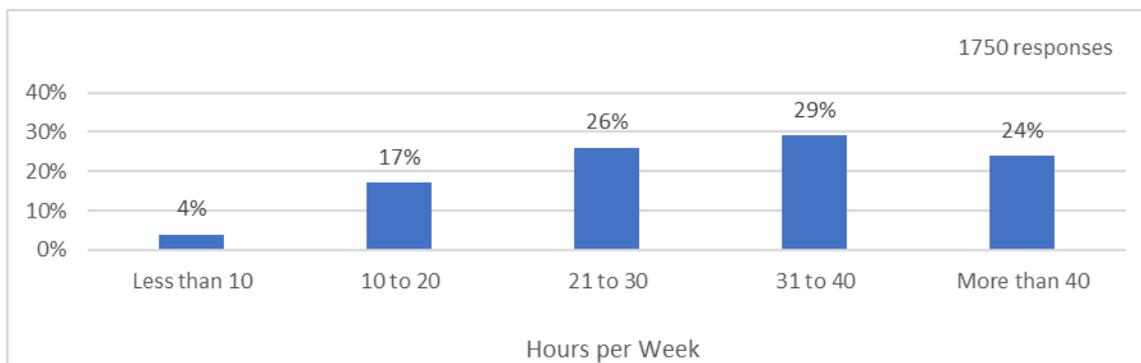
**Figure 5. Longest Period of Time serving Individual**



## Hours

Many respondents (54 percent or 934 respondents) work more than 31 hours per week, including 24 percent or 418 respondents who work more than 40 hours per week (Figure 6). Most respondents (74 percent or 1,287 respondents) reported they are not paid overtime. The other 43 percent or 752 respondents work between 11-30 hours per week, with approximately 4 percent or 64 respondents working less than 10 hours per week. Figure 6 reflects the average number of hours respondents work per week.

**Figure 6. Hours per Week**

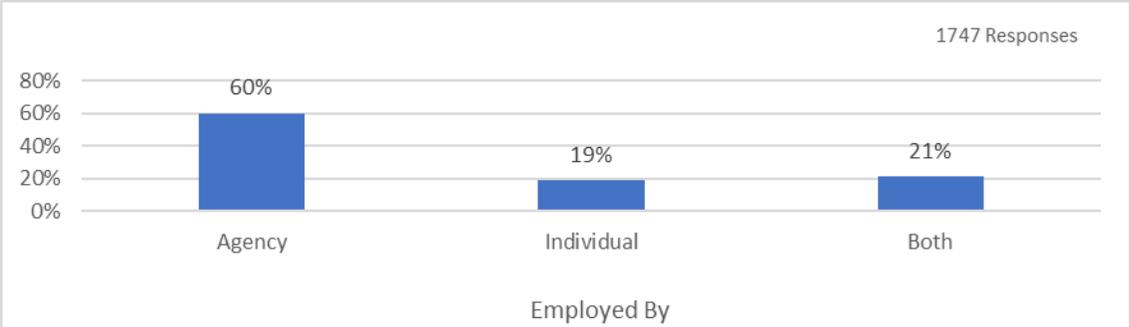


About 26 percent or 434 respondents indicated that their weekly hours are sometimes reduced (by 1 or more hours per week) due to cancellation by the individual they serve. Most respondents (74 percent or 1,294) do not have another job. For those who do have another job, over half (51 percent or 233 respondents) work more than 31 hours for that position.

# Employer

Most respondents work solely for an agency (60 percent or 1,045 respondents). About 21 percent or 362 respondents work for both an individual and an agency, and 19 percent or 340 respondents work solely for individuals (Figure 7).

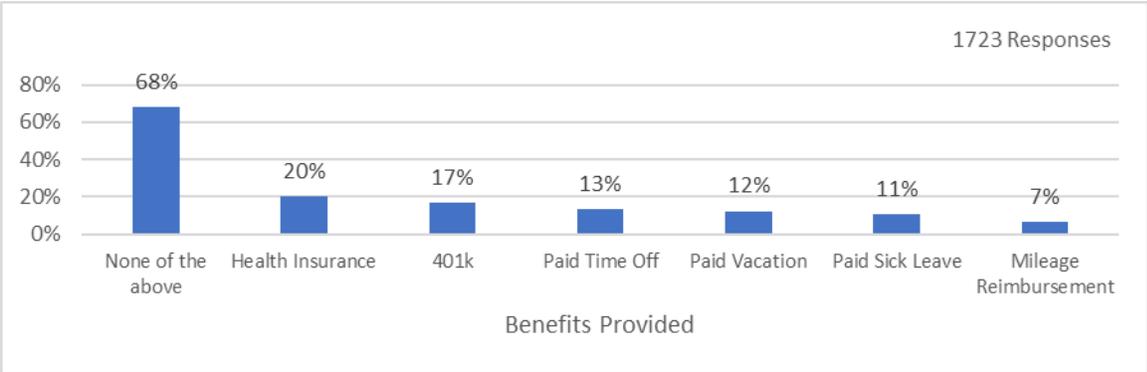
**Figure 7. Employed By**



# Benefits Provided

The majority of respondents (68 percent or 1,169) indicated they are not provided any benefits by their employer. Approximately 20 percent or 344 respondents indicated that they are provided health insurance, 17 percent or 291 respondents are provided a 401k, 13 percent or 225 respondents have paid time off, 12 percent or 210 respondents are provided paid vacation, 11 percent or 182 respondents are given paid sick leave, and 7 percent or 114 respondents are provided mileage reimbursement.

**Figure 8. Benefits Provided by Employer<sup>15</sup>**



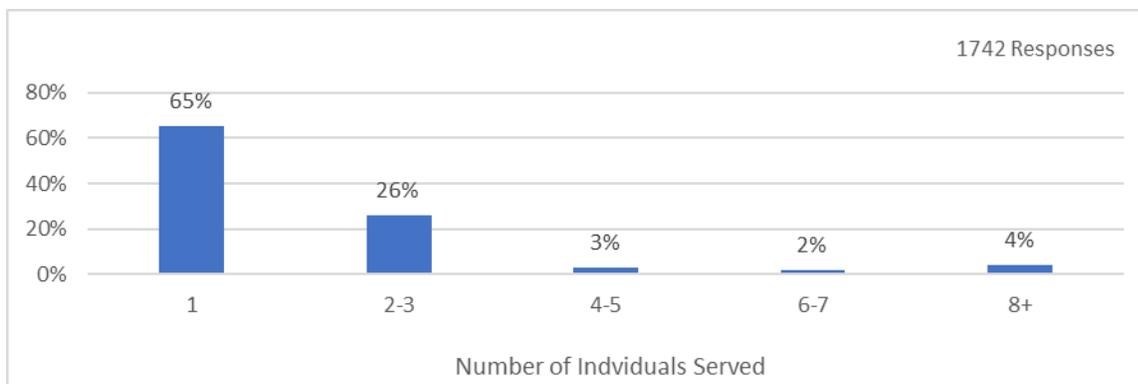
<sup>15</sup> Multiple selection question: explained in Methods section.

Specifically, regarding health insurance, 33 percent or 548 respondents reported that they are not covered by any health insurance. Approximately 23 percent or 390 respondents reported they purchased their own health insurance, 18 percent or 303 respondents are part of another insurance plan like Medicaid or Medicare, 15 percent or 247 respondents are covered by a family member’s insurance, and 11 percent or 192 respondents receive insurance through another employer.

## Number of Individuals Served and Services Provided by Attendant

Most respondents (63 percent or 1,132) provide attendant care for 1 individual, while 26 percent or 446 respondents care for 2 to 3 individuals, and 11 percent or 164 respondents care for 4 or more individuals (Figure 9).

**Figure 9. Number of Individuals Served by Attendant**



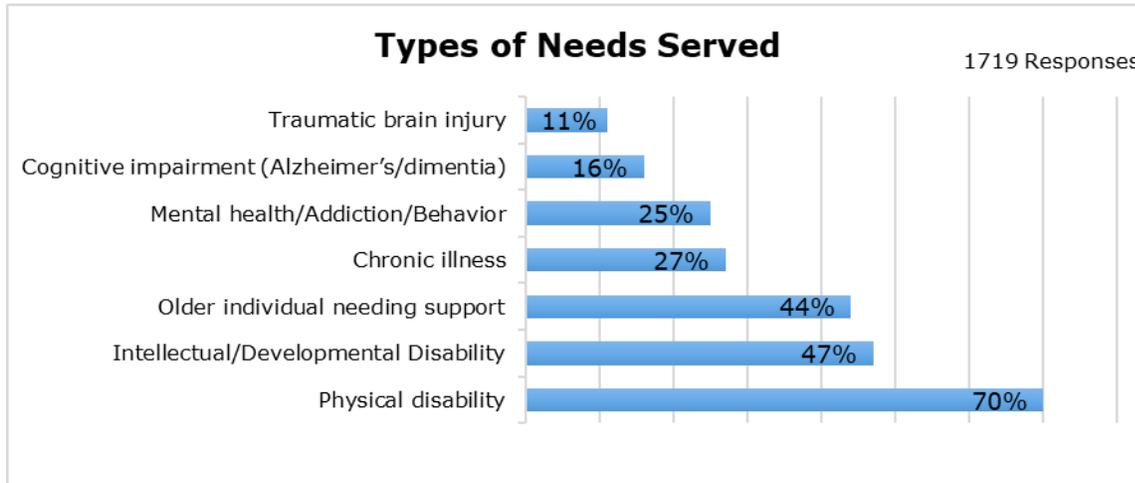
Respondents were asked to select the characteristics of the individuals they support from one of seven categories: physical disability, intellectual or developmental disability, older individual with needs, chronic illness, mental health or addiction or behavioral needs, cognitive impairment like dementia or Alzheimer’s disease, and traumatic brain injury (Figure 10).<sup>16</sup> Individuals may have one or more characteristics or needs. For example, one individual may have a physical disability, be an older individual with need for support, and someone with a chronic illness. Respondents reported the following regarding the characteristics or types of needs of the individuals they serve:

- 33 percent or 561 respondents selected 1 category

<sup>16</sup> Multiple selection question: explained in Methods section.

- 49 percent or 834 respondents selected 2 to 3 categories
- 19 percent or 322 respondents selected 4 or more categories

**Figure 10. Types of Needs Served<sup>17</sup>**



Respondents were asked which types of residence the individuals they support reside. Some respondents work for multiple individuals who may live in different types of residents.<sup>18</sup> Respondents reported that individuals most often live with family (60 percent or 1,043 respondents) or live alone in their own home (41 percent or 705 respondents). Other types of residences include group homes (9 percent or 150 respondents), nursing homes or assisted living facilities (4 percent or 83 respondents) and residing with unrelated roommates (3 percent or 53 respondents).

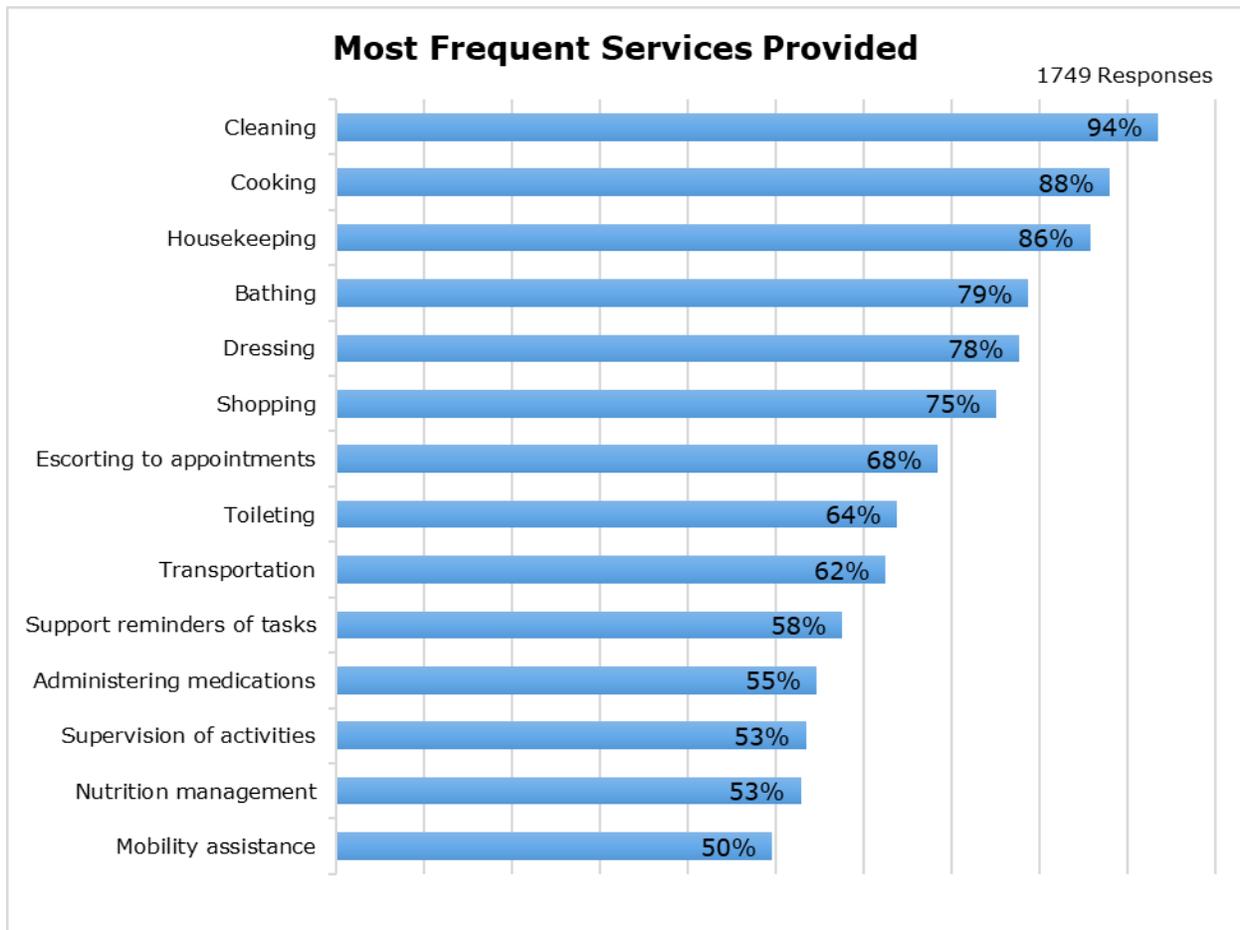
Respondents were asked what type of services they provide to the individual(s) they support<sup>19</sup>. Each individual generally requires multiple services. This question included 26 services from which to choose. The average number of services respondents selected was approximately 13, which was true for those who provide support for one individual or multiple individuals. Approximately 10 percent or 175 respondents reported providing between 1 to 6 services, 66 percent or 1,139 respondents selected 7 to 16 services, and 26 percent or 435 respondents selected 17 or more services that they provide (Figure 11).

<sup>17</sup> Multiple selection question: explained in Methods section.

<sup>18</sup> Multiple selection question: explained in Methods section.

<sup>19</sup> Multiple selection question: explained in Methods section.

**Figure 11. Most Frequently Reported Services Provided<sup>20</sup>**



## Employment Outlook

Most respondents (96 percent or 1,675 respondents) reported that they plan on continuing to be a community attendant for the next 12 months. The most common reasons respondents did not plan on continuing as a community attendant included: pay is too low (72 percent or 54 respondents), lack of growth potential (35 percent or 26 respondents), lack of health insurance (35 percent or 26 respondents), or lack of other benefits (32 percent or 24 respondents).

## Challenges and Barriers

Table 1 on the following page lists the most frequently reported challenges or barriers for this workforce as identified by responses to specific questions

<sup>20</sup> Multiple selection question: explained in Methods section.

throughout the survey. The top three challenges or barriers listed below directly coincide with the top three reasons respondents selected for why they plan on leaving the workforce within the next 12 months.

**Table 1. Challenges and Barriers**

<b>Challenges and Barriers</b>	<b>Percent<sup>21</sup></b>
<b>Pay is too low</b>	65%
<b>Little to no opportunity for career advancement</b>	43%
<b>No health insurance</b>	33%
<b>Individual supported cancels hours (1-4 hours per week)</b>	25%
<b>Not enough hours</b>	19%
<b>Transportation difficulty (1-2 days per week)</b>	15%
<b>Difficulty communicating with individual(s) supported</b>	14%
<b>Other safety issues (sanitation, housing, environment)</b>	11%
<b>Injured at work</b>	10%
<b>Threats or violence</b>	10%
<b>Discrimination (race, religion, gender, culture)</b>	5%

## **Injury**

Approximately 10 percent or 180 respondents report they have been injured on the job. The survey did not ask the nature of the injury. Respondents were given the opportunity to provide information in their own words regarding the cause of the injury.<sup>22</sup> The most frequent causes of injuries reported included the following: lifting or transferring an individual, injured by an individual, and falls. Of those who have had an injury, approximately 45 percent or 81 respondents sought medical attention, 30 percent or 24 respondents still receive treatment for the injury, and 36 percent or 64 respondents reported that the injury became chronic.

## **Communication Difficulty**

Approximately 14 percent or 244 respondents reported they have had difficulty communicating with an individual they support. The most common reason for communication difficulties was that the individual's disability limits their

<sup>21</sup> Percent of respondents who identified a specific challenge or barrier on a separate but related question.

<sup>22</sup> Open-ended question: Responses were analyzed and categorized by sentiment.

communication skills. Disabilities noted as contributing to communication difficulties included: speech impairments, cognitive/intellectual impairments, traumatic brain injury, autism spectrum disorders, developmental delays, and neurological impairments. Medication and family interference were other factors identified as contributing to communication difficulties. The exact meaning of family interference was not specified.

## Safety Concerns

Approximately 10 percent or 178 respondents indicated they have experienced threats or violence on the job. About 5 percent or 85 respondents reported experiencing discrimination from the individual they support based on race, religion, gender, or culture.

Respondents were given the opportunity to list any additional safety concerns.<sup>23</sup> Approximately 11 percent or 189 respondents indicated they have experienced other safety issues. The following were reported the most frequently: housing in disrepair (e.g., floors, ceilings, water damage), pets (not cleaned up after or behavior), exposure to mold or mildew, insects or pests, individual's behavior, and general unsanitary conditions.

## Other

Most respondents (84 percent or 1477) get to work every day by personal vehicle. Approximately 15 percent or 261 respondents reported they have difficulty getting to or from work at times. These respondents estimated how often they have difficulty with transportation each week (on average), as listed below:

- 1 day per week: 30 percent or 80 respondents
- 2 days per week: 33 percent or 88 respondents
- 3 days per week: 7 percent or 18 respondents
- 4 days per week: 3 percent or 9 respondents
- 5 days per week: 6 percent or 15 respondents

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<sup>23</sup> Open-ended question: Responses were analyzed and categorized by sentiment.

Respondents were given the opportunity to provide comments in their own words about any other challenges or barriers they experienced.<sup>24</sup> Approximately 25 percent or 437 respondents provided feedback as shown in Table 2.

**Table 2. Other Challenges or Barriers<sup>25</sup>**

<b>Other Challenges or Barriers</b>	<b>Percent</b>	<b>Count</b>
<b>Individuals' emotional or behavioral needs</b>	9%	48
<b>Coping with stress and grief of job</b>	8%	45
<b>Attendants not available to substitute or provide respite when needed</b>	7%	37
<b>Job management (paycheck, clock in or out, need supervisor support)</b>	5%	30
<b>Physical demands or need equipment</b>	4%	21
<b>Individual-specific Needs (including difficulty communicating)</b>	3%	15
<b>Family members not always able to be paid to be attendant</b>	1%	4

## **COVID-19 Public Health Emergency**

### **Impact of COVID-19 on Workforce**

Approximately 40 percent or 713 respondents indicated that their job as an attendant was impacted by the COVID-19 public health emergency. Most respondents (89 percent or 1,562 respondents) continued to work during COVID-19. Of those who did not continue to work, about 78 percent or 148 respondents indicated they did not voluntarily leave the job (i.e., they were furloughed or laid off). Most respondents (94 percent or 1458) were allowed in the home of the individuals they supported. Close to the same percentage of respondents resided with the individual(s) they supported during COVID-19 (40 percent or 699 respondents) as did before COVID-19 (37 percent or 644 respondents).

Most respondents (69 percent or 1,070) reported that their employer provided them with personal protective equipment (PPE). Of respondents not provided PPE, 1 percent or 7 respondents said they were reimbursed for PPE they purchased on their own. Just over half of respondents (53 percent or 816) were provided with

<sup>24</sup> Open-ended question: Responses were analyzed and categorized by sentiment.

<sup>25</sup> Open-ended question: Responses were analyzed and categorized by sentiment.

additional health and safety training and 56 percent or 866 respondents were provided with access to COVID-19 testing.

Approximately 42 percent or 652 respondents reported their job responsibilities changed due to COVID-19. Along with needing to use PPE, most respondents (64 percent or 816) were required to have temperature checks before shifts. About 23 percent or 362 respondents were required to work additional hours.

The majority of respondents (90 percent or 1,401) did not receive an hourly wage increase throughout COVID-19 (Figure 10). Most respondents (78 percent or 1,210) reported they did not receive essential worker pay, such as hazard pay or retention bonuses, 12 percent or 183 respondents did receive some type of hazard pay or bonus, and 11 percent or 164 respondents indicated they did not know if they received hazard pay or a bonus.

**Table 3. Impact of COVID-19**

<b>Impact of COVID-19</b>	<b>Percent "Yes"</b>	<b>Count</b>
<b>Was your job as community attendant impacted?</b>	41%	1,745
<b>Did your responsibilities change due to COVID-19?</b>	42%	1,555
<b>Did you continue working during COVID-19?</b>	89%	1,754
<b>Were your hours reduced?</b>	18%	1,556
<b>Were you required to work additional hours?</b>	23%	1,552
<b>Provided with PPE?</b>	69%	1,554
<b>Required to have temperature checks before shift?</b>	64%	1,556
<b>Provided with access to COVID-19 testing?</b>	56%	1,549
<b>Additional health and safety training?</b>	53%	1,549
<b>Has your wage increased since COVID-19?</b>	10%	1,551
<b>Receive essential worker/hazard pay or bonus?</b>	12%	1,557

## **Additional Stressors**

Respondents were given the opportunity to provide feedback in their own words about their experience of working during COVID-19.<sup>26</sup> Approximately 44 percent or 763 respondents provided additional comments. Common themes emerged in

<sup>26</sup> Open-ended question: Responses were analyzed and categorized by sentiment.

terms of additional stressors and feelings. The top reported stressors included the following (in order of most frequently reported):

**Table 4. Stressors related to COVID-19**

<b>Additional Stressors</b>	<b>Percent</b>	<b>Count</b>
<b>Daily cleaning or safety measures</b>	20%	224
<b>Extra work due to changes</b>	14%	162
<b>Social distancing</b>	8%	95
<b>DSW shortage</b>	8%	88
<b>Resource or financial burdens</b>	7%	79
<b>Sickness</b>	6%	72

Responses were grouped by similar sentiment. The following provides further detail regarding the types of responses within each category.

**Daily cleaning or safety practices**

- Sanitizing and cleaning
- Use of PPE
- Temperature checks
- COVID-19 testing, and
- More frequent monitoring of health

**Extra work**

- Respondents or individuals supported needed to get vaccinated or boosted
- Additional paperwork
- Setting up and managing virtual meetings for clients
- Providing support with on-line schooling
- Running errands more difficult and time consuming
- Hard to get food for clients as store hours changed
- Public transportation more difficult to access
- Increase in overall tasks per client

**Social distancing**

- Isolating more than most to protect the individuals they support
- Limited interaction or socialization for the individuals
- Difficulty finding meaningful activities to engage in at home
- Dealing with new client behaviors (e.g., pulling off mask, stress, frustration, and boredom)

### **Shortage of direct service workers**

- Fewer direct service workers due to some staying home
- Increased hours and longer shifts with less breaks
- Difficulty finding childcare
- Some became attendants for a family member or friend because no one else was available
- No back-up or substitutes if an attendant needed to take time off
- Change in the individuals supporting because some did not want or could not have attendants in the home
- Attendants were moved around more to work at different locations (increasing their exposure)
- Difficulty reaching supervisors about how to proceed in certain situations
- Some attendants switched to work in group home or residential setting due to needs there.

### **Lack of resource(s) or additional financial burden**

- Did not get enough PPE or had to buy own PPE
- Lost wages whenever client or attendant got COVID-19 or had to quarantine
- Lost job for a period of time or had reduced hours due to individuals not wanting or unable to have someone in their residence
- Did not get a raise or bonus or hazard pay even though at increased risk
- The bonuses distributed came late in the pandemic
- Worked extra unpaid hours because client needed support but no one else was available to provide the service
- Lost money due to being community attendant for a family member or someone in the home (i.e., could have made higher wages in other job)
- Inflation made it harder to keep up with everyday expenses

### **Dealing with sickness**

- Additional stress about individual, self, or family members getting COVID-19
- Dealing with quarantine restrictions
- Caring for those who became infected with COVID-19 (including self)
- Coping with death due to COVID-19

## Emotional Impact

Common feelings expressed by respondents in their own words about working during COVID-19 include the following (in order of most frequently reported):<sup>27</sup>

- Fear/worry about everyone's health and safety, fear of exposing family members to COVID-19, hard to know if individuals are social distancing when attendant not there, terrifying (10 percent or 115 respondents)
- Hard, difficult, tough (6 percent or 70 respondents)
- Stressful, uneasy (5 percent or 58 respondents)
- Challenging, more complicated (2 percent or 18 respondents)
- Horrible, horrific (1 percent or 10 respondents)
- Unappreciated for taking health risk - no raise/hazard pay/bonus (1 percent or 9 respondents)
- Overwhelming, exhausting (1 percent or 8 respondents)

Along with additional stressors and difficult feelings, some respondents also shared the following neutral or positive sentiments as well (in order of most frequently reported):<sup>28</sup>

- Things were same as usual, not much changed, not that different - particularly for those living with individuals served (4 percent or 46 respondents)
- We were there for our clients when they needed us (2 percent or 22 respondents)
- The experience was ok, good, or awesome (1 percent or 15 respondents)
- Thankfully, we made it through ok (1 percent 12 respondents)

## Hourly Wage

Based on 1,584 respondents, the median wage is approximately \$10.00 per hour, indicating that half of the respondents make less than \$10.00 per hour and half make more. The average hourly wage is calculated at \$10.92 per hour; however,

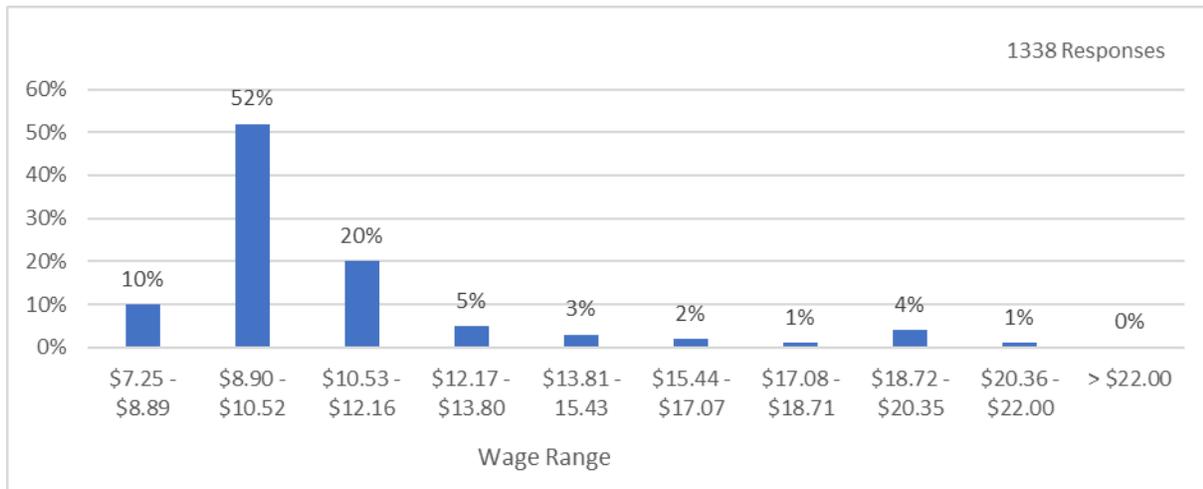
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<sup>27</sup> Open-ended question: Responses were analyzed and categorized by sentiment.

<sup>28</sup> Open-ended question: Responses were analyzed and categorized by sentiment.

the average is elevated due to upper outliers (168 respondents who reported making significantly more than typical – which is more than \$14.36 per hour).

**Figure 12. Hourly Wage**



**Table 5. Hourly Wage**

Hourly Wage (range)	Percent	Count
<b>\$7.25 - \$8.89</b>	10%	134
<b>\$8.90 - \$10.53</b>	52%	696
<b>\$10.54 - \$12.17</b>	20%	267
<b>&gt; \$12.17</b>	18%	241

### Additional Comments on Hourly wage

Respondents were given the opportunity to provide feedback in their own words about hourly wage.<sup>29</sup> Approximately 56 percent or 985 respondents provided additional comments about hourly wage, including the following (in order of most frequently reported):

- Pay is too low; need wage increase; no raises in years (78 percent or 878 respondents)
- Need gas/mileage reimbursement (4 percent or 49 respondents)
- Not enough hours allowed, end up working unpaid hours (4 percent or 41 respondents)

<sup>29</sup> Open-ended question: Responses were analyzed and categorized by sentiment.

- Need benefits, like paid time off and health insurance (4 percent or 41 respondents)
- Difficult to hire attendants because the wage is too low (3 percent or 30 respondents)
- Pay is not based on or tied to experience, skill, duties, etc. (4 percent or 40 respondents)
- Agencies get their money, but wages stay low for attendants (1 percent or 15 respondents)
- Need paid overtime hours (1 percent or 14 respondents)

## Opportunity for Growth

Based on research and stakeholder input, a list of training topics was developed for this survey that would be applicable to the direct service workforce. For training questions, respondents could select “all that apply”, select “Other” and write in a topic using their own words, or select “None of the above.” The full list of training topics included the following:

- Basics of personal care services
- Understanding Alzheimer’s and dementia
- Providing person-directed services
- First aid or safety and emergency management
- How to lift and transfer safely
- CPR
- How to handle challenging behavior
- How to handle aggressive or violent behavior
- Recognizing illness or injury in persons who have difficulty communicating
- Wound care
- Supporting connections with family and friends and others in the community
- Nutrition
- Conflict resolution
- Communicating with individuals who cannot speak
- Understanding mental illness and recovery or Mental Health First Aid
- Trauma Informed Care
- Caring for the caregiver
- Basic healthcare knowledge

## Training Provided

Respondents were asked to select which trainings they had been provided; multiple topics could be selected.<sup>30</sup> Respondents most often reported receiving trainings on the following topics (in order of most frequently selected):

- Basics of personal care (59 percent or 1,014 respondents)
- First aid/safety and emergency management (52 percent or 884 respondents)
- CPR (50 percent or 847 respondents)
- Basic healthcare knowledge (43 percent or 733 respondents)
- How to lift and transfer safely (40 percent or 686 respondents)
- Providing person-directed services (36 percent or 620 respondents)
- How to handle challenging behavior (33 percent or 567 respondents)
- Supporting connections to family, friends, and community (32 percent or 539 respondents)
- Nutrition (31 percent or 533 respondents)

Approximately 22 percent or 384 respondents selected “none of the above” for training provided.

## Trainings Wanted

Respondents were asked to select which trainings they would like to receive.<sup>31</sup> They also had the option to write in “other” topics of interest. Respondents most often reported wanting to receive training on the following topics (in order of most frequently reported):

- CPR (27 percent or 430 respondents)
- Handling challenging behavior (23 percent or 354 respondents)
- Handling aggressive or violent behavior (21 percent or 326 respondents)
- Mental Illness or Mental Health First Aid (20 percent or 318 respondents)

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<sup>30</sup> Multiple selection question: explained in Methods section.

<sup>31</sup> Multiple selection question: explained in Methods section.

- Nutrition (20 percent or 317 respondents)
- First Aid, safety, and emergency management (20 percent or 313 respondents)
- Understanding dementia and Alzheimer’s (20 percent or 309 respondents)
- Communicating with individuals who cannot speak (19 percent or 300 respondents)

Additional topics of interest written in by respondents included the following:

- How to address autism-related needs and behavior
- How to support dressing individuals with intellectual and developmental disabilities
- How to work with older people with disabilities in difficult situations
- Individual-specific trainings (as necessary)
- How to use and understand the payroll system for care attendants
- CNA and Hospice certification classes
- How to properly and safely use equipment
- How to support parents of individuals with intellectual and developmental disabilities

Approximately 41 percent or 643 respondents selected “none of the above” as training they would like to receive.

Most respondents (75 percent or 1,162) indicated they prefer to receive web-based or online trainings, about 20 percent or 302 respondents prefer in-class trainings, and about 5 percent or 78 respondents prefer a webinar or video call option for training.

## **Additional Comments about Training**

Respondents were given the opportunity to provide general feedback in their own words about training.<sup>32</sup> Approximately 13 percent or 222 respondents provided comments. Respondents expressed varying and sometimes contradictory opinions regarding training. Table 6 includes general comments (in order of most frequently expressed).

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<sup>32</sup> Open-ended question: Responses were analyzed and categorized by sentiment.

**Table 6. Comments about Training<sup>33</sup>**

<b>Comments about Training</b>	<b>Percent</b>	<b>Count</b>
<b>Any training is helpful</b>	15%	37
<b>Received education or training elsewhere; learned on the job</b>	8%	20
<b>Training is needed for all attendants and should be provided</b>	8%	19
<b>I do not need more training</b>	7%	17
<b>Training has not been adequate</b>	5%	13
<b>I feel well-trained and get lots of training</b>	4%	10
<b>Training is not the issue; address pay and benefits</b>	3%	8

Table 7 includes general suggestions respondents provided to improve training (in order of most frequently suggested).

**Table 7. Suggestions about Trainings<sup>34</sup>**

<b>Suggestions about Trainings</b>	<b>Percent</b>	<b>Count</b>
<b>Pay attendants during training</b>	9%	22
<b>Provide free trainings (including CPR)</b>	4%	9
<b>Tie trainings to certifications and higher pay</b>	3%	7
<b>Provider coverage if during work time</b>	2%	6
<b>Provide a trainer or training specifically for new attendants</b>	2%	6
<b>Individual-specific training before start (as needed)</b>	2%	6
<b>Provide proof of training (in paper or online)</b>	2%	4
<b>Provide some mandatory training before start for new attendants</b>	1%	2

Table 8 includes suggestions respondents provided related to the delivery of trainings (in order of most frequently suggested).

**Table 8. Suggestions about Delivery of Training<sup>35</sup>**

<b>Suggestions about Delivery of Training</b>	<b>Percent</b>	<b>Count</b>
<b>Offer multiple formats (online, webinar, in-class), flexible times, self-paced; offer in Spanish</b>	9%	21

<sup>33</sup> Open-ended question: Responses were analyzed and categorized by sentiment.

<sup>34</sup> Open-ended question: Responses were analyzed and categorized by sentiment.

<sup>35</sup> Open-ended question: Responses were analyzed and categorized by sentiment.

<b>Suggestions about Delivery of Training</b>	<b>Percent</b>	<b>Count</b>
<b>Provide hands-on or in-class training</b>	5%	11
<b>Provide trainings on regular basis (refreshers, monthly, quarterly, and annually)</b>	5%	11
<b>Provide training that is interesting, applicable, updated; use visual aids; provide time for questions and answers and discussion</b>	2%	6
<b>Provide training one-on-one, small group, in-home (as needed)</b>	2%	4

## Respondent Ratings

Respondents were asked to select the degree to which they agree or disagree with several statements about being a community attendant using a 5-point Likert scale. They could choose one the following options: strongly agree, agree, neutral, disagree, or strongly disagree.

### Job satisfaction

Most respondents indicated that they “strongly agree” that the work they perform is valuable (98 percent or 1,704 respondents), they enjoy the work they perform (94 percent or 1,625 respondents), and they are satisfied with their job (82 percent or 1,415 respondents).

**Table 9. Job Satisfaction**

<b>Select whether you agree or disagree:</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Count</b>
<b>The work I perform is valuable.</b>	85%	13%	1%	0%	0%	1,739
<b>I enjoy the work I perform.</b>	74%	20%	5%	1%	0%	1,729
<b>I am satisfied with my job.</b>	53%	29%	14%	3%	1%	1,726

### Relationships

Most respondents “strongly agree” or “agree” that they have a good relationship with the individual(s) they assist (99 percent or 1,722 respondents), have a good relationship with their employer (90 percent or 1,556 respondents), feel respected by others for doing this type of work (79 percent or 1,364 respondents), and believe that their employer values their work (75 percent or 1,286 respondents).

About half of respondents reported that they “strongly agree” or “agree” that higher paid staff members respect their decisions (50 percent or 855 respondents).

**Table 10. Relationships**

Select whether you agree or disagree:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Count
<b>I have a good relationship with person(s) I support.</b>	85%	13%	1%	0%	0%	1,739
<b>I have a good relationship with my employer.</b>	74%	20%	5%	1%	0%	1,729
<b>I feel respected by for doing this type of work.</b>	53%	29%	14%	3%	1%	1,726
<b>My employer values my work.</b>	46%	29%	17%	4%	3%	1,715
<b>Higher paid staff respect my decisions.</b>	23%	27%	40%	6%	5%	1,710

## Training, Hours, and Pay

Most respondents either “strongly agree” or “agree” that they receive adequate training to do this work (65 percent 1,122 respondents), can work a flexible schedule (80 percent or 1,378 respondents), and are satisfied with the number of hours they work each week (60 percent 1,032 respondents). A smaller percentage of respondents “strongly agree” or “agree” that their employer pays for work-related damages to their property (16 percent or 273 respondents) or that the pay they receive for attendant work is fair (16 percent 276 respondents).

**Table 11. Training, Hours, and Pay**

Select whether you agree or disagree:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Count
<b>I receive adequate training to do this work.</b>	37%	28%	23%	8%	4%	1,726
<b>Employer pays work-related damage to property.</b>	8%	8%	36%	25%	23%	1,707

Select whether you agree or disagree:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Count
<b>The pay I receive for attendant work is fair.</b>	7%	10%	18%	28%	37%	1,723
<b>I can work a flexible schedule.</b>	43%	36%	13%	5%	2%	1,722
<b>Satisfied with the number of hours I work each week.</b>	26%	34%	21%	13%	6%	1,720

### Opportunities for Advancement

Approximately 23 percent or 394 respondents indicated that they “strongly agree” or “agree” that there is opportunity for career advancement in this job. About 17 percent or 292 respondents reported that this is the only job they can find. Most respondents “strongly agree” or “agree” that they would recommend this work to others (51 percent or 881 respondents) and that they plan to be doing this type of work into the foreseeable future (75 percent or 1,288 respondents).

**Table 12. Opportunities for Advancement**

Select whether you agree or disagree:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Count
<b>This is the only job I could find.</b>	8%	9%	24%	32%	26%	1,719
<b>I would recommend this work to others.</b>	20%	32%	32%	9%	8%	1,728
<b>Plan on doing this work for foreseeable future.</b>	40%	34%	18%	5%	2%	1,717
<b>Have opportunities for career advancement.</b>	10%	13%	33%	22%	21%	1,713

### Final Comments on being a Community Attendant

The last question on the survey gave respondents one last opportunity to provide any additional comments they would like to add or emphasize in their own words about working as a community attendant.<sup>36</sup> Approximately 36 percent or 635

<sup>36</sup> Open-ended question: Responses were analyzed and categorized by sentiment.

respondents provided a comment. Table 11 includes examples of the most common sentiments that were expressed (in order of most frequently reported).

**Table 13. Additional Comments**<sup>37</sup>

<b>Additional Comments</b>	<b>Percent</b>	<b>Count</b>
<b>Need pay increase; raises</b>	34%	275
<b>Happy to be an attendant and helping people we support</b>	25%	70
<b>Important, valuable, and needed position; benefit to individual and society</b>	10%	21
<b>Need benefits (gas/mileage, health insurance, paid time off)</b>	9%	46
<b>Need training, resources, support for attendants</b>	7%	58
<b>Need recognition, appreciation, respect like frontline workers</b>	6%	36
<b>Hard to hire attendants (shortage); tie pay to experience, skills, training</b>	4%	206
<b>Position is challenging, demanding, exhausting, takes an emotional toll</b>	3%	78
<b>Individual or attendant need more hours than allotted</b>	3%	26

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<sup>37</sup> Open-ended question: Responses were analyzed and categorized by sentiment.

## 5. Conclusion

The need for direct care workers is outpacing the available workforce.<sup>38</sup> While an increase in hourly wages and benefits are the two most reported needs of this workforce<sup>39</sup>, there are other actions that could be taken to improve the appeal and working conditions for community attendants. Based on the results of the survey, the following should be considered to improve recruitment and retention of the community attendant workforce:

- A specific title for this workforce in Texas could help alleviate confusion and help the state gather more accurate data for intervention and decision-making.
- A public awareness campaign about the vital role of this workforce could help improve recruitment.
- A forum for the broader applicant pool to search for jobs could help individuals find employment in this field.
- Regular training could be provided and tailored to levels of experience and include how to address common challenges and barriers community attendants face. Results of this survey can help shape the topics and format of the trainings.
- A pathway to career advancement, including trainings and certifications, could help with retention.

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<sup>38</sup> PHI. (2022). *Direct Care Workers in the United States: Key Facts*. Retrieved from <https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-3/>

<sup>39</sup> PHI. (2022). *Direct Care Workers in the United States: Key Facts*. Retrieved from <https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-3/>

# List of Acronyms

<b>Acronym</b>	<b>Full Name</b>
BLS	Bureau of Labor Statistics
CPR	Cardiopulmonary resuscitation
CNA	Certified Nursing Assistant
COVID-19	Coronavirus disease of 2019
DSW	Direct Service Workforce
GED	General Education Development
HHSC	Human and Health Services Commission
PHI	Paraprofessional Healthcare Institute
PPE	Personal Protective Equipment