



Local Workforce Development Board Pre-survey Report

**Texas Health and Human Services
Commission
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TEXAS
Health and Human
Services

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1. Executive Summary

The Texas Health and Human Services Commission (HHSC) conducted a local workforce development board pre-survey, herein referred to as “pre-survey”, in response to the [Community Attendant Workforce Development Plan](#) published in November 2020. The 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.¹

The purpose of the pre-survey was to gauge the knowledge and experience of Local Workforce Development Boards (Boards)² serving the community attendant workforce. The pre-survey was made available to the twenty-eight Boards in Texas through an announcement distributed by HHSC and promoted by the Texas Workforce Commission (TWC) staff to Board Executive Directors through email. It was available in an online-only format from September 9, 2022, through September 28, 2022.

The final pre-survey sample includes 18 fully completed questionnaires. Respondents were Board representatives who identified as being familiar with that organization’s practices. Given that the respondents were not randomly chosen, and some Board members may not have been aware of the survey, it should not be assumed that these results would be the same or similar for all Boards in Texas.

¹ 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>

² Texas Workforce Commission provides oversight and support to the Local Workforce Development Boards.

2. 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.³ Community attendants comprise 2.1 percent of the 14,594,400 workers in the Texas civilian labor force. Community attendants play an important role in providing care for older adults or people with disabilities enabling them to complete daily tasks and activities in their homes and in the community.

The community attendant workforce ranks as the 5th fastest-growing occupation nationwide, 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 older adults and due to an increase in people who want to remain in community-based settings as they age and receive care.⁴ 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.⁵

In Texas, 28 Local Workforce Development Boards (Boards) operate over 180 local Workforce Solutions offices and are also responsible for: developing local plans for the oversight of the local service delivery system – including local workforce partners, coordinating activities with economic development entities and employers in their local areas, and use of Workforce Innovation and Opportunity Act (WIOA) and other workforce program funds. The majority of each Board is represented by members of the local business community. In all, Board membership includes individuals representing business and industry, economic development agencies, community-based organizations, education, organized labor, public assistance agencies and more.⁶

³ *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>

⁴ 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/>

⁵ 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/>

⁶ Texas Workforce Commission. (2022, July 14). *Workforce Development Boards' Websites Overview*. Retrieved from Texas Workforce Commission Website: <https://www.twc.texas.gov/partners/workforce-development-boards-websites#overview>

3. Methods

HHSC conducted a pre-survey to gauge the knowledge and experience of Boards in supporting the community care attendant workforce. “Community care attendants” were defined as people who help older adults and people with disabilities live independently in their own homes and communities. They may also be called personal care attendants, personal care assistants, community attendants, and direct service workers.⁷

The pre-survey was published using an online survey platform and made available to all 28 Boards in Texas through an announcement distributed by HHSC and promoted by TWC staff to Board Executive Directors via email. It was available online-only from September 9, 2022, through September 28, 2022. A follow-up or post-survey will be distributed in 2024.

While Board representatives were invited to complete the pre-survey, participation was optional. Respondents were not asked to provide information about which Board they serve. It is unclear how many of the Boards are represented by the completed pre-surveys as multiple respondents could have participated from one Board, while another Board could have had no one respond.

Each pre-survey was completed by a person who identified as being a representative of a Board and familiar with that organization’s practices. The pre-survey included 23 questions inquiring about the respondents’ experience and knowledge of the workforce, resources provided for recruitment and training, observed challenges and barriers for the workforce, and whether Boards are interested in receiving additional training or funding to further support the community attendant workforce.

Each item on the questionnaire 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

⁷ Community attendants are individuals who provide attendant services in the home and community-based settings. The term “community attendant” is used interchangeably with many other terms; there is no exhaustive list of possible titles. In most HHSC community programs, attendants must be at least 18 years of age, have a high school diploma or equivalent, and not be the individual’s primary caregiver or spouse; however, there are some exceptions or additional requirements in certain HHSC services and programs.

- Short-answer text: respondents were asked to type in a short answer
- Open-ended text: respondents could type in longer answers

Open-ended text items provide qualitative data. Some of these responses in this report are directly quoted, while others were paraphrased. Some open-ended responses were analyzed and categorized by sentiment. Each response could represent multiple sentiments. Percent is the number of times a sentiment was expressed compared to all sentiments expressed. The cumulative percent for all sentiments or categories is 100 percent.

For multiple selection items, 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 items.

Open-ended items, multiple selection items, and items in which respondents could select "Other" and write in open-ended text are each noted throughout the report through text or footnotes.

4. Results

The final sample includes 18 fully completed questionnaires. This section includes key takeaways and data from the pre-survey. Instances of “respondents” in this section refer to the representatives of the Boards who completed the pre-survey.

Position on Board

The respondents were asked to provide their position at the Board. Of 18 respondents, 15 listed their position (Table 1).

Table 1. Position at Board⁸

Position at Board	Count
Business & Customer Services Representative Lead	1
Business Services Manager/Operations Performance Manager	1
Chief Executive Officer	1
Chief Operating Officer	1
Child Care Contract Manager	1
Contract Manager	1
Deputy Director	1
Deputy Executive Director	1
Director of Contracts	1
Director of Programs & Planning	1
Executive Director	2
Program Manager	1
Sr. Operations Specialist	1
Student Hire-ability Navigator for Young Adults with Disabilities	1

Experience and Knowledge of Workforce

Of the 18 responses, 12 respondents (or 67 percent) indicated they have some experience working with community care attendants, while 6 respondents (or 33 percent) reported they do not have experience working with this workforce. When asked to rate their level of experience, 9 respondents (50 percent) indicated they

⁸ Short-answer item: respondents wrote in a short response using their own words.

were “somewhat experienced,” 6 respondents (33 percent) reported they were “not experienced,” and 3 selected “Other”⁹ providing further detail about their experience (Figure 1).

Of the respondents who chose “Other,” one respondent expressed gaining personal experience working with a community attendant who supported a family member for two years. Another respondent reported they had worked with community attendants in a prior position within healthcare while coordinating with home health, hospice, and long-term care and rehabilitation units. The third respondent explained that they do not have specific requests for “community care attendants” in their area, although these positions are filled by home health aides and direct support professionals within that part of Central Texas.

Figure 1. Experience Working with Community Attendants



Respondents were asked to estimate the number of community attendants they had served or placed in a job. Out of 14 responses, the following was reported:

- 5 served or placed zero attendants,
- 8 respondents (or 57 percent) served or placed 1 to 15 attendants, and
- 1 respondent served or placed approximately 150 community attendants.

In addition to rating their level of experience working with community attendants, respondents were asked to describe their level of knowledge of the community attendant workforce. Out of 18 responses, 1 reported being “not knowledgeable at

⁹ Selected choice “Other”: respondents could write in a response using their own words; these responses were paraphrased.

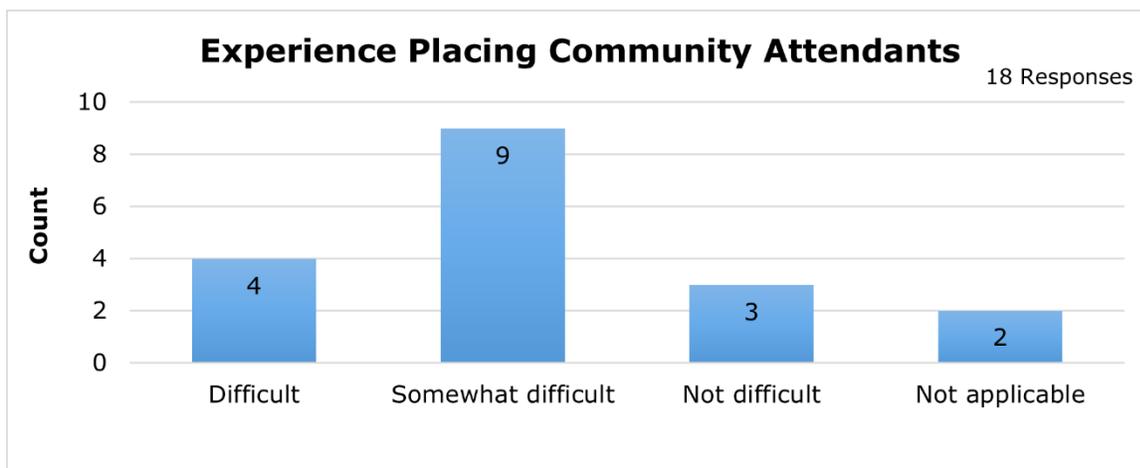
all,” 5 indicated they were “slightly knowledgeable”, 8 chose “moderately knowledgeable”, 3 selected “very knowledgeable”, and 1 reported being “extremely knowledgeable” (Figure 3).

Figure 3. Knowledge about Workforce



When asked specifically about their experience placing community attendants in jobs, 4 respondents (22 percent) indicated it was “difficult,” 9 (or 50 percent) reported it was “somewhat difficult,” 3 respondents described it as “not difficult,” and 2 selected “not applicable” (Figure 4).

Figure 4. Experience Placing Community Attendants



Those indicating that placing attendants was “not difficult” (3 respondents) provided the following explanations for their success:¹⁰

- “In business services, we have experience working with agencies who employ personal care attendants. The positions require minimal experience and we have successfully referred customers to these positions.”
- “We have Career Center[s] through[out] Bexar and the surrounding counties; job fairs are on-going with open positions.”
- “Participants trained as CNAs [Certified Nursing Assistants] and medical aides gain employment in facilities that provide this type of service to the elderly and/or [individuals with disabilities.]”

Respondents who indicated that placing attendants was “somewhat difficult” (9 respondents) or “difficult” (4 respondents) also provided explanations for their difficulty placing attendants. For these items, responses were categorized by sentiment. Each response could represent multiple sentiments. Percent is the number of times a sentiment was expressed compared to all sentiments expressed.

Table 2. Reasons for Difficulty Placing Attendants¹¹

Sentiments Expressed on Experience Placing Attendants	Percent	Count
Pay too low.	32%	7
Part-time hours can be difficult to accommodate; too few hours.	23%	5
Little to no benefits.	9%	2
Cannot compete with other entry level job industries.	9%	2
Have not placed any community attendants.	5%	1
Qualifications are high for position (some employers want 2 years of experience).	5%	1
High turnover rate.	5%	1

¹⁰ Open-ended item: respondents could write in a response using their own words.

¹¹ Open-ended item: respondents could write in a response using their own words. These responses were categorized by sentiment. Each response could represent multiple sentiments. Percent is the number of times a sentiment was expressed compared to all sentiments expressed (total for all categories is 100 percent).

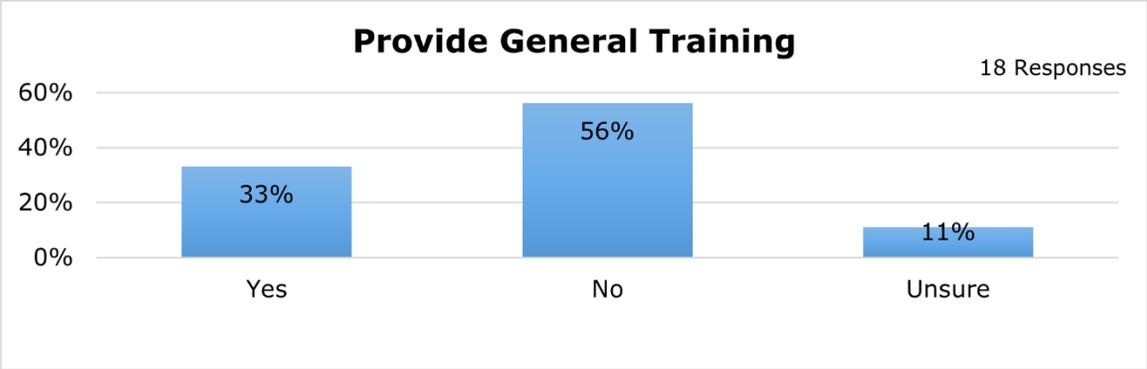
Sentiments Expressed on Experience Placing Attendants	Percent	Count
Position is not listed on the Board's targeted occupation list; little interest expressed by employers or job seekers; not receiving training requests.	5%	1
Some workers cannot meet physical demand of this position due to own personal limitations.	5%	1
Need to educate career center team on this position compared to other patient care and nursing positions.	5%	1

Resources Provided

Training

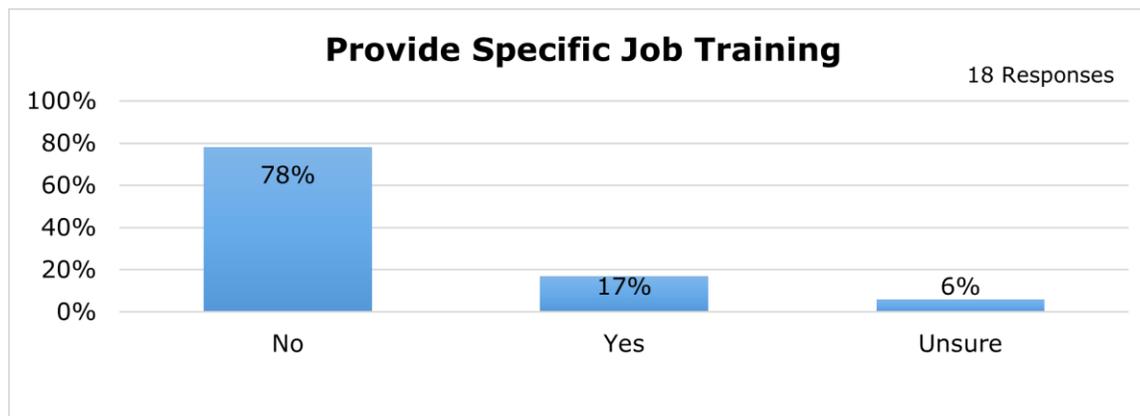
Out of 18 responses, 10 respondents indicated that they do not provide “general job training” for community attendants, 6 respondents reported they do provide general job training, and 2 respondents were “unsure” (Figure 5).

Figure 5. Board or Partners Provide General Job Training for Workforce



When asked if the Board has developed any “specific job training” for the community attendant workforce, 3 respondents reported that they have, 14 indicated they have not, and 1 respondent was “unsure” (Figure 6).

Figure 6. Board or Partners Provide Specific Job Training for Workforce



The three respondents who reported they do provide specific training for community attendants, offered these descriptions:¹²

- “We have started to expose participants in our Educator Externship (approximately 80 educators) from our coastal bend region ISDs [Independent School Districts] to the various health occupations to include community health workers (CHW)¹³, through our connection to the Area Health Education Centers (AHEC). Representatives from AHEC provide in-depth information on these health professions as well as training and education to provide care for medically underserved communities. The goal is to expand on the connection with AHEC to introduce these opportunities to our career center team members and begin a promotional campaign. We truly believe these occupations make a career path for other health occupations with higher wage-earning potential.”
- “South Plains College has a patient care attendant program.”
- “The community attendants are entry level positions that transition into higher level positions [such as from Certified Nursing Assistant (CNA) to Licensed Vocational Nurse (LVN)].”

Recruitment Initiatives

In addition to training, 2 respondents (11 percent) indicated that their Board has developed an initiative to recruit people into this field; 16 respondents (89 percent)

¹² Open-ended item: respondents could write in a response using their own words.

¹³ CHW’s may work as community care attendants but being a CHW is not a requirement to work as a community care attendant.

reported that their Board has not. Below are the descriptions from the two respondents who indicated that initiatives were developed in their Board area:¹⁴

- “Over past five or more years there was an initiative to train the community for this occupation, but no employers were interested in hiring.”
- “We had a job fair in the past that was for [the] community care attendant workforce, but we didn’t get the traffic and [the job market] is very competitive. We have also partnered with employers who offer free certification and training if [attendants choose] to work at their place of business and we [refer] job seekers to [those employers]. We put job postings into [WorkInTexas.com] and ask the employer to put in all the benefits that the job seeker would get if they worked there, such as mileage, PTO [paid time off], 401k, free education to further their training, etc. We try to have [employers] think outside the box and also invite them to our multi-industry job fair as well, because the traffic of job seekers is usually better [at that fair]. We share information during orientations and place flyers at the front desk and around the center to promote this field.”

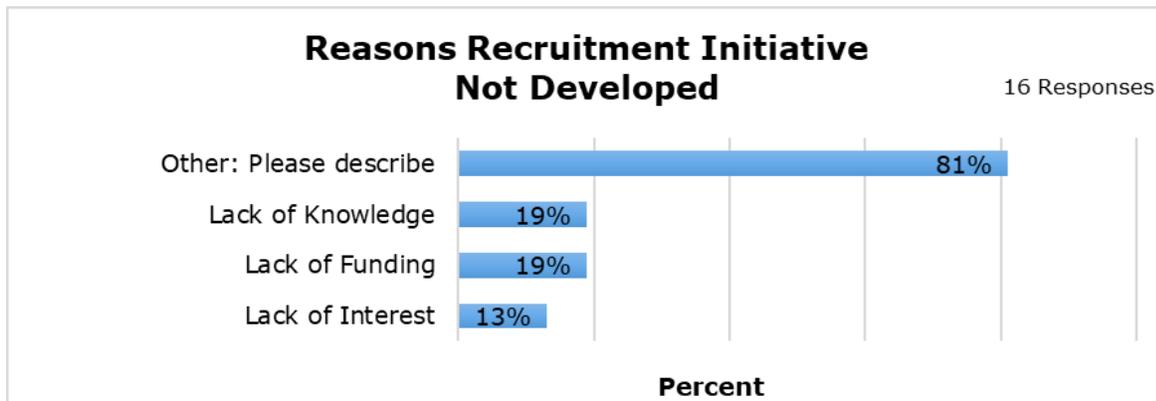
Respondents whose Boards have not developed a recruitment initiative were asked to select any reasons this did not occur.¹⁵ Percent is the number of times a choice was selected divided by the number of responses and represents the percent of respondents who selected that choice. 100 percent of respondents could select each choice, so the cumulative percent of all choices is more than 100 percent. In addition, respondents were able to provide further explanation through an open-ended response for “Other.”¹⁶

¹⁴ Open-ended item: respondents could write in a response using their own words.

¹⁵ Multiple selection item: respondents select “all that apply” from given choices. 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.

¹⁶ Selected choice “Other”: respondents could write in a response using their own words.

Figure 7. Reasons Recruitment Initiative Not Developed¹⁷



13 respondents selected “Other” as a reason for not developing a recruitment initiative, with 10 respondents describing the reason further. These responses were analyzed and categorized by sentiment. Each response could represent multiple sentiments. Percent is the number of times a sentiment was expressed divided by the total number of sentiments expressed. The sentiments are listed below in order of most frequently expressed:

Table 3. “Other” Reasons for No Recruitment Initiative¹⁸

Other Reasons for No Recruitment Initiative	Percent	Count
Pay too low to attract employees.	30%	3
Home Health Agencies recruit and training this workforce.	20%	2
Support for training and job placement for this workforce is available (e.g., through Career Center or WIOA funding).	20%	2
Little to no interest from employees or employers.	20%	2
Other entry level jobs pay more.	10%	1

¹⁷ Multiple selection item: respondents select “all that apply” from given choices. 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.

¹⁸ Selected choice “Other”: responses were categorized by sentiment. Each response could represent multiple sentiments. Percent is the number of times a sentiment was expressed compared to all sentiments expressed (total for all categories is 100 percent).

Of the 13 who selected “Other,” 3 respondents indicated their Board is considering or working on other actions to support this workforce, as listed below:¹⁹

- “[We] need a simple plan to:
 1. Educate all our career center team members.
 2. Work with employers to identify the needs for these positions.
 3. Have the conversation with training providers on availability of training.
 4. Promote these occupations as a career pathway, for those that want to increase credentials, degrees, and wages.”
- “[The] Board will conduct a review of this occupational area in demand and undertake to identify [the] specific skill set required for successful placement after short term courses in or out of ETPL [Eligible Training Provider List]”.²⁰
- “We have partnered with agencies to create ‘try out’ employment through our paid work experience programs.”

Child Care Subsidies

The Child Care Services program offered through the Boards provides subsidized childcare to income-eligible families, promoting long-term self-sufficiency by enabling parents to work or attend education activities.²¹ In this pre-survey, approximately 67 percent or 12 respondents reported that they regularly inform applicants in this field about available childcare subsidies. About 61 percent or 11 respondents indicated they think that childcare subsidies make recruitment easier in this field.

Barriers for Community Attendants

Respondents were asked to select the main issues or barriers facing community attendants.²² In addition, respondents were able to provide further explanation

¹⁹ Selected choice “Other”: respondents could write in a response using their own words.

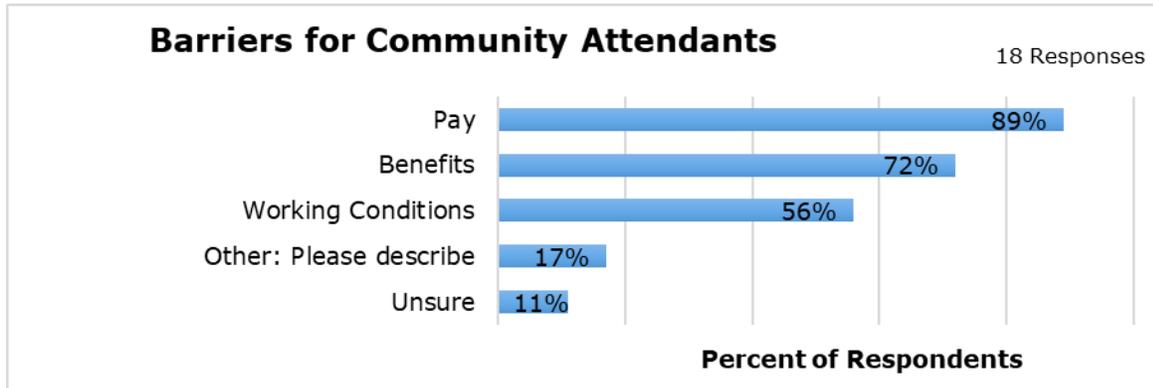
²⁰ The Eligible Training Provider List is a collection of approved provider programs throughout Texas eligible for use WIOA Adult and Dislocated Worker program training funds without Board contracts. It is the primary (though not only) source of occupational training programs selected for those programs by Boards.

²¹ <https://www.twc.texas.gov/programs/childcare>

²² Multiple selection item: respondents select “all that apply” from given choices.

through an open-ended response for "Other."²³ Figure 8 illustrates the most frequently selected answers.

Figure 8. Main Issues or Barriers for Community Attendants²⁴



"Other" barriers described by three respondents included the following:²⁵

- "HHSC usually has a very low contracting rate that doesn't allow the contracting entity (home health provider) enough funds to cover the administrative costs and enough to pay higher wages to attract workers."²⁶
- "Burn out unless [attendants are better] compensated, [especially when working with older individuals] with substantial barriers to mobility."
- "Job seekers are demanding flexible schedules due to childcare, school, or other demands. Employers need to develop alternative schedules for employees."

Other Competitive Entry-Level Fields

When filling positions in their community, 4 respondents (22 percent) indicated that they sometimes prioritize filling other entry-level jobs over community attendants due to the difference in pay (i.e., higher pay for other jobs). About 78 percent (14

²³ Selected choice "Other": respondents could write in a response using their own words.

²⁴ Multiple selection item: respondents select "all that apply" from given choices. 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.

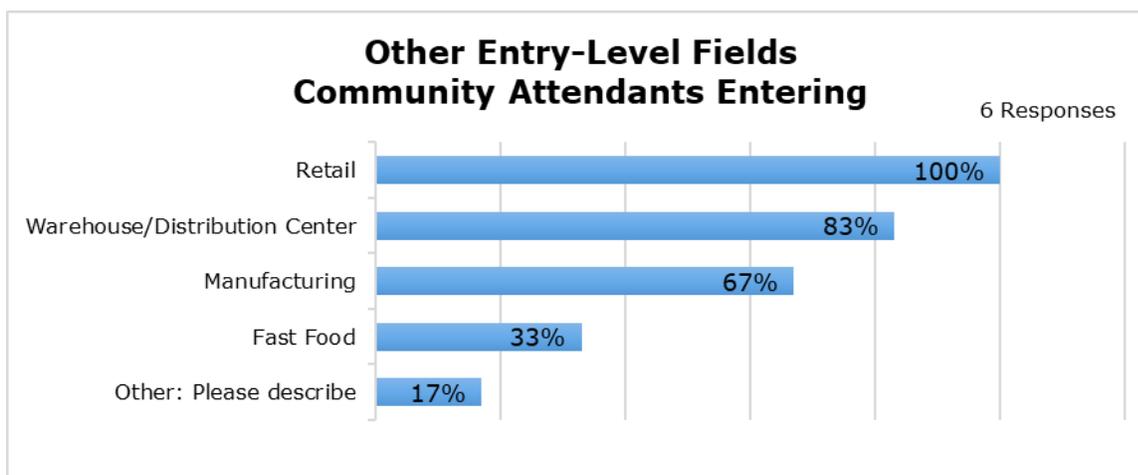
²⁵ Selected choice "Other": respondents could write in a response using their own words.

²⁶ Community Attendant payment rates are limited to legislative appropriations. The adopted rates include an administration and operations cost component. A provider who chooses to pay above the assumed base wage may pass a portion or all the administration and operations cost component to their attendants to provide a higher wage.

respondents) reported they do not prioritize other positions over community attendant jobs due to difference in pay.

Most respondents (12 or 67 percent) reported they have not seen an increase in community attendants searching for other entry-level jobs. However, six respondents (33 percent) have seen an increase in interest in other fields. These respondents selected all the fields that they have noticed community attendants entering.²⁷ Percent is the number of times a field was selected divided by the number of responses and represents the percent of respondents who selected that field. Respondents most frequently reported that community attendants are entering the fields of retail (100 percent), warehouse or distribution centers (83 percent), or manufacturing (67 percent). Some respondents indicated community attendants were entering the fast-food industry (33 percent), and 1 respondent selected "Other" and listed "industrial work or refineries" (17 percent) as an additional field.²⁸

Figure 9. Other Entry-Level Fields Community Attendants are Entering²⁹



Changes over Past Year

10 respondents reported that they have noticed changes in the community attendant workforce during this last year, while 8 respondents did not. Those

²⁷ Multiple selection item: respondents select "all that apply" from given choices.

²⁸ Selected choice "Other": respondents could write in a response using their own words.

²⁹ Multiple selection item: respondents select "all that apply" from given choices. 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.

respondents who did notice changes had an opportunity to explain the changes they have observed.³⁰ These responses were analyzed and categorized by sentiment. Each response could represent multiple sentiments. Percent is the number of times a sentiment was expressed divided by the total number of sentiments expressed (Table 5).

Table 5. Changes in Community Attendant Workforce in Past year³¹

Changes in Community Attendant Workforce in Past Year	Percent	Count
Less interest in position due to the following: low pay, demanding working conditions, COVID-19 concerns, people staying home and receiving stipends that may better support their family financially.	33%	4
More job openings; higher demand since COVID-19.	25%	3
Employers not hiring for position or only hiring individuals with experience.	17%	2
Increase in recruitment.	8%	1
See fewer job postings.	8%	1
Much higher turnover.	8%	1

Interest in Further Supporting this Workforce

Approximately 67 percent or 12 out of 18 respondents reported that they would be interested in gaining more training and knowledge about the community attendant workforce. Similarly, 11 out of 16 respondents or 69 percent indicated that their Board would be interested in additional funds aimed at reaching this population.

³⁰ Open-ended item: respondents could write in a response using their own words. Responses were categorized by sentiment. Each response could represent multiple sentiments. Percent is the number of times a sentiment was expressed compared to all sentiments expressed (total for all categories is 100 percent).

³¹ Open-ended item: respondents could write in a response using their own words. Responses were categorized by sentiment. Each response could represent multiple sentiments. Percent is the number of times a sentiment was expressed compared to all sentiments expressed (total for all categories is 100 percent).

5. Conclusion

The need for direct care workers is outpacing the available workforce.³² Along with wage and benefit improvements, results from this survey indicate additional areas of interest and opportunities to support the efforts of Boards to fortify this workforce. As outlined in the [Community Attendant Workforce Development Plan](#), Health and Human Services completed Long-Term Goal 3: Convene a Workforce Development Task Force with the creation of the DSW Taskforce (Spring 2021). This forum continues to provide opportunity for collaboration and promotion of best practices from Boards on recruitment efforts, training, and career development for this workforce.

In accordance with taskforce activities, a post-survey will be completed in 2024. This survey will re-assess Boards' experience and knowledge of the community attendant workforce, resources provided for recruitment and training, challenges and barriers, and potential outcomes of any workforce interventions.

³² 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

Acronym	Full Name
AHEC	Area Health Education Centers
Board(s)	Local Workforce Development Board(s)
CHW	Community health worker
CNA	Certified Nursing Assistant
ETPL	Eligible Training Provider List
HHSC	Health and Human Services Commission
ISD	Independent School District
LVN	Licensed Vocational Nurse
PTO	Paid time off
TWC	Texas Workforce Commission
WIOA	Workforce Innovation and Opportunity Act