

**Health Workforce Recruitment and Retention Survey for Home Care Agencies**  
*Center for Health Workforce Studies, School of Public Health, University at Albany*

1. Please indicate the degree of difficulty recruiting and retaining the following workers at your agency and the reason(s) for difficulty.  1 = Very Easy                      2 = Somewhat Easy                      3 = Neither Easy nor Difficult 4 = Somewhat Difficult                      5 = Very Difficult                      n/a = Not Applicable		Reasons: Check all that Apply														
		Shortage of Workers	Competition for workers	Non-Competitive Salaries	Other											
	Recruitment						Retention									
Dietitians/Nutritionists	1	2	3	4	5	n/a	1	2	3	4	5	n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Health Aides	1	2	3	4	5	n/a	1	2	3	4	5	n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensed Practical Nurses	1	2	3	4	5	n/a	1	2	3	4	5	n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapists	1	2	3	4	5	n/a	1	2	3	4	5	n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Care Aides/Homemakers	1	2	3	4	5	n/a	1	2	3	4	5	n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Therapists	1	2	3	4	5	n/a	1	2	3	4	5	n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurses																
Newly Licensed RNs	1	2	3	4	5	n/a	1	2	3	4	5	n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experienced RNs	1	2	3	4	5	n/a	1	2	3	4	5	n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Therapists	1	2	3	4	5	n/a	1	2	3	4	5	n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Workers																
Licensed Clinical SWs	1	2	3	4	5	n/a	1	2	3	4	5	n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensed Master's SWs	1	2	3	4	5	n/a	1	2	3	4	5	n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech Pathologists	1	2	3	4	5	n/a	1	2	3	4	5	n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	1	2	3	4	5	n/a	1	2	3	4	5	n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	1	2	3	4	5	n/a	1	2	3	4	5	n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Do you have difficulty hiring...
- a. Part-time workers?      Yes  No  If yes, for what occupations? \_\_\_\_\_
  - b. Bilingual workers?      Yes  No  Languages needed? \_\_\_\_\_
  - c. Workers for off-shifts?      Yes  No  If yes, for what occupations? \_\_\_\_\_  
(nights, evenings, weekends)
- 3a Do you use contract agency staff (staff who are employed by another agency that you contract with)?
- a. Yes  No
  - b. If yes, for what occupations? \_\_\_\_\_
- 3b Do you use per diem staff (staff who are employed by your agency, who do not have a regular work schedule or caseload, and are only used when your agency needs to supplement staffing)?
- a. Yes  No
  - b. If yes, for what occupations? \_\_\_\_\_
4. Do you anticipate expanding and/or reducing services in the next year (mark all that apply)?
- a. Expand     Reduce     Stay the Same
  - b. If you are planning to expand services, which occupations will be affected? \_\_\_\_\_
  - c. If you are planning to reduce services, which occupations will be affected? \_\_\_\_\_

**Please fax back to us at (518) 402-0252. Thank you.**  
**If you have any questions, contact David Armstrong at (518) 402-0250.**