ANALYSIS OF THE 2023 IN-HOME SUPPORTIVE SERVICES (IHSS) CONSUMER SATISFACTION SURVEY

Prepared for the California Department of Social Services
Adult Programs Division

By

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Key Findings

- A total of 73,446 recipients responded to the survey, out of 751,520 surveys distributed.
- The vast majority of respondents indicated satisfaction with their care, understanding of their roles and responsibilities in the program, and satisfaction with the services they receive from the county.
  - The proportion of positive responses was highest regarding the level of care the providers are offering (97.6%)[1], the program's ability to articulate that it is the recipient's responsibility to hire and manage their own provider (99.1%), and the ability of the county to provide help in one's preferred language (98.2%).
  - The proportion of positive responses was lowest regarding a recipient's ability to find and hire a care provider that meets their needs (92.2%), a recipient's understanding of how to file for a fair hearing if they disagree with the county's decision (89.5%), and satisfaction with the speed of the IHSS program to respond to individual needs (89.6%).
- Analyses of relationships between satisfaction with the program, understanding of the program, and satisfaction with county services revealed the following:
  - Respondents who indicated understanding of their roles and responsibilities in the program were more likely to indicate satisfaction with their care.
  - Program understanding has increased since the last recipient satisfaction survey was conducted. In 2015, 83.3% of respondents stated that they understood the basic roles and responsibilities of a recipient, whereas 95.7% of respondents stated the same in 2023.
  - Statistically significant but small differences between groups were observed for language, ethnicity, gender identity, sexual orientation, age, state region, and survey medium (online vs. Telephone Timesheet System).
- Areas identified for possible improvement include the following:
  - Approximately 8.0% of respondents were unable to find and hire a care provider that met their needs, 10.0% did not know how to file for a fair hearing in the event of a disagreement with the county's decision and 10.0% were unsatisfied with how quickly the county responded to their inquiries.
  - Non-binary and LGBTQ+ respondents indicated slightly lower program satisfaction and understanding overall; future research could explore possible factors impacting program satisfaction and understanding for these individuals.

[1]For each item, missing responses and responses of *Does Not Apply* were excluded from analyses. Thus, all percentages reported are percentages of valid (non-missing) responses, and total responses per item may be less than total number of survey respondents.

Executive Summary

The In-Home Supportive Services (IHSS) program provides in-home assistance to over 750,000 Californians with disabilities, including children, adults, and seniors, as an alternative to out-of-home care. The Program is administered by the 58 counties, divided into four regions[2] under the direction of the Department of Social Services. County social workers perform in-home assessments to determine a recipient's needs and provide necessary case management. Participants, also referred to as recipients or consumers of this Program, are considered employers of their IHSS providers and are responsible for all management activities, including hiring, training, terminating their providers, and approving timesheets. To qualify for IHSS services, county social workers assess applicants' needs and, if deemed eligible, authorize the specific tasks and hours of care required to meet those needs. In 2004, the California Department of Social Services (CDSS) introduced the IHSS Quality Assurance (QA) Initiative to foster a collaborative, state-wide approach to quality assurance within the IHSS program. This initiative was mandated by Senate Bill 1104 (Chapter 229, Statutes of 2004), which directed CDSS to implement various oversight and program integrity measures. Collectively known as the Quality Assurance Initiative, these measures are designed to enhance the effectiveness and reliability of the IHSS program.

As part of this initiative, CDSS commissioned consumer satisfaction surveys in 2008, 2010, 2012, 2014, and 2015 to assess recipient satisfaction with the IHSS program. In the Fall of 2023, the entire IHSS recipient population was asked to complete the recipient satisfaction survey through one of two mediums: online or telephone. Recipients who were not registered in the Electronic Services Portal (ESP) were mailed a hard copy of the survey in advance for reference. Of the 751,520 surveys distributed, 643,908 surveys were distributed via email, and 107,612 were mailed a copy of the survey. A total of 73,446 recipients responded to the survey, and the following demographic observations were made:

- The top region of residence was the Southern Region (60.5%), followed by the Central Region (25.8%), Valley Mountain Region (8.9%), and Northern Region (4.8%).
- The top three counties of residence were Los Angeles (28.0%), Riverside (7.2%), and Orange County (6.7%).
- With a possible age range of 0-85+, the plurality of respondents, approximately one-third (32.7%), reported an age between 45 and 64.
- Slightly over a quarter of respondents (29.6%) identified as White or Hispanic (26.6%), and roughly a sixth of respondents (16.5%) identified as Black.

[2] **Northern**: Alpine, Butte, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Modoc, Nevada, Placer, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, and Yuba. **Central**: Alameda, Contra Costa, Marin, Mendocino, Monterey, Napa, Sacramento, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, and Sonoma. **Southern**: Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, and Ventura. **Valley Mountain**: Amador, Calaveras, Fresno, Inyo, Kings, Madera, Mariposa, Merced, Mono, San Benito, San Joaquin, Stanislaus, Tulare, Tuolumne, and Yolo.

- The majority of respondents, just under three quarters (71.9%), reported English as their primary language, followed by Spanish (11.8%) and Vietnamese (3.2%).
- The majority of respondents identified as Female (65.5%), followed by Male (34.0%) and Other (0.5%).
- The majority of respondents identified as Straight/Heterosexual (88.0%), followed by Unknown (8.6%) and Gay or Lesbian (1.7%).

The demographic data captured through survey responses and the entirety of the IHSS population exhibit notable similarities, highlighting key insights into the population's characteristics across different regions, counties, age groups, gender identities, ethnicities, primary languages, and sexual orientations, except age range. As of December 2023, the IHSS consumer population consisted of 750,357 recipients, and the demographic data captured in CMIPS aligns with responses received from the survey (see also Table B.3 in Appendix B.2).

- The top region of residence is the Southern Region (63.6%), followed by the Central Region (23.5%), Valley Mountain Region (9.1%), and Northern Region (3.8%).
- The top three counties of residence are Los Angeles (34.8%), Riverside (6.6%), and Orange County (6.1%).
- With a possible age range of 0-85+, the plurality of recipients, slightly under a quarter (20.8%), report an age between 65-74.
- The majority of recipients identify as Female (58.0%) followed by Male (42.0%).
- Roughly a third of recipients (31.6%) identified as Hispanic, while just over a quarter (28.6%) identified as white, and an eighth (13.6%) identified as Black.
- The majority of respondents, just over half (53.3%) report English as their primary language, followed by Spanish (19.1%) and Vietnamese (4.2%).

Findings from the 73,446 respondents indicate that overall, IHSS recipients are satisfied with their care, understand their roles and responsibilities in the Program, and are satisfied with the services they receive from the county. Of particular note are the number of respondents that either agreed or strongly agreed with each of the survey items.

1. As noted in previous reports, recipients reported a high level of satisfaction with the care they receive, and the majority of respondents agreed or strongly agreed that:
    a. They were able to find and hire a care provider that meets their needs (92.2%).
    b. They were able to hire a care provider who speaks their language (96.2%).
    c. They were satisfied with the care they receive from their provider (97.7%).
    d. They were overall, satisfied with their experience in the IHSS program (95.0%).
2. The proportion of recipients who reported understanding their roles and responsibilities in the Program was also high, and the majority of respondents agreed or strongly agreed that:
    a. They know how to file for a fair hearing if they disagreed with the county's decision (89.5%).

b. They understood they are responsible for choosing and managing their own provider (99.1%).

c. They understood they are responsible for letting their social worker know their needs have changed (98.7%).

d. The informational materials received from the county increased their understanding of the Program (95.0%).

3. Recipients were also satisfied with the services they received from their respective counties, and the majority of respondents agreed or strongly agreed that:

   a. They are able to receive help from the county in their preferred language (98.2%).

   b. They are satisfied with how quickly the county IHSS program responds to their needs (89.6%).

   c. They know how to contact their county IHSS office when they need help (95.6%).

   d. They understand their County Public Authority can help them find a new care provider (93.6%).

   e. Their social worker explained the IHSS forms before they signed them (97.0%).

Their social worker listens to them about what they need (94.5%).

In addition, analyses of relationships between satisfaction with the Program, understanding of the Program, and satisfaction with county services revealed the following:

- A greater understanding of the IHSS program predicts greater satisfaction with the Program.
- Program understanding has increased since the last recipient satisfaction survey was conducted. In 2015, 83.3% of respondents stated that they understood a recipient's basic roles and responsibilities, whereas 95.7% of respondents stated the same in 2023.
- Statistically significant but small differences between groups were observed for language, ethnicity, gender identity, sexual orientation, age, and state region.

Key findings also indicated program areas which could potentially benefit from improvement. Approximately 8.0% of respondents were unable to find and hire a care provider that met their needs, 10.0% did not know how to file for a fair hearing in the event of a disagreement with the county's decision, and 10.0% were unsatisfied with how quickly the county responded to their inquiries. Lastly, non-binary and LGBTQ+ respondents indicated slightly lower program satisfaction and understanding overall; future research could explore possible factors impacting program satisfaction and understanding for these individuals.

1 Introduction

The In-Home Supportive Services (IHSS) program provides in-home assistance to aged, blind, and disabled individuals, allowing them to remain in their own homes rather than transitioning to out-of- home care facilities. After reviewing an application, social workers conduct individual assessments to determine IHSS eligibility and authorize specific tasks. The services can be authorized to include instrumental activities of daily living (IADLs) and activities of daily living (ADLs). IHSS services include domestic and related services such as preparation of meals, meal clean-up, laundry, shopping for food, and cleaning and maintaining the home; personal care services such as assistance with bathing and grooming, toileting, ambulation, feeding, transferring, repositioning and rubbing of skin, menstrual care, respiration, dressing, care of and assistance with prosthetic devices and assistance with self-administration of medications, protective supervision, paramedical services, and medical accompaniment to and from medical appointments.

Elderly and disabled Californians have been receiving services permitting them to remain safely in their home since the early 1950s when the California legislature created the Attendant Care Program. This Program, jointly funded by county and state entities, provided grants to recipients to hire providers to complete domestic-related services. As additional service requests grew, California established the Homemaker Chore Program in the 1970s. The Homemaker Chore Program, which later became the IHSS program in 1973, addressed personal care services and allowed recipients to receive services through providers of their choice.

The IHSS program is now comprised of four programs tailored to specific funding sources and service offerings. The original IHSS program, now called IHSS-Residual (IHSS-R), was established in the 1970s and is supported solely by State and County funding. Recipients under IHSS-R represent approximately 2.5% of the overall IHSS population.

The Personal Care Services Program (PCSP), launched in April 1993, was the first IHSS program to receive federal funding for its recipients. PCSP recipients are eligible for full-scope Federal Financial Participation (FFP) and represent approximately 44.6% of the IHSS population.

The IHSS Plus Option (IPO), introduced in September 2009, also receives FFP and supports recipients eligible for full-scope Medi-Cal. The IPO program supports recipients with parent-of-minor or spouse providers or those receiving Advance Pay (AP) or Restaurant Meal Allowance (RMA). IPO recipients account for approximately 2.8% of the IHSS population.

Lastly, the Community First Choice Option (CFCO), established through the Affordable Care Act 2010, was implemented on December 1, 2011. CFCO also receives FFP but differs from other IHSS Programs by offering an additional six percent federal reimbursement to incentivize states to provide home and community-based services, promoting individuals' ability to remain in their homes and communities. CFCO offers services and support to individuals eligible for medical assistance under the State Plan who meet specific income criteria and the Nursing Facility Level of Care (NF LOC) standards. CFCO recipients comprise about 50% of the IHSS population.

In addition to the IHSS funding sources, CDSS developed the Case Management, Information, and Payrolling System (CMIPS) to provide counties with access to real-time recipient information. Since its inception in 1980, CMIPS has supported county staff in managing IHSS recipient cases, facilitated payroll for over 640,000 eligible providers across 58 counties, and offered customer support for various IHSS Programs. Over time, CMIPS has expanded its features to serve counties and IHSS recipients better.

In 2015, as part of the implementation of the blind and visually impaired (BVI) recipient reasonable accommodations initiative, the Telephone Timesheet System (TTS) was established, which allowed recipients to approve provider timesheets via telephone. The IHSS Electronic Services Portal (ESP) was launched in 2017 to address the need for digital timesheets. This portal enables IHSS and WPCS providers to submit timesheets online, granting recipients the flexibility to approve these timesheets online.

In 2004, CDSS enacted the IHSS Quality Assurance (QA) Initiative to encourage a state-wide, collaborative approach to QA in the IHSS program. As part of the Budget Trailer Bill Senate Bill 1104, this initiative sought to bring about ongoing social worker training, state/county QA monitoring, the development of Hourly Task Guidelines (HTGs) with exceptions criteria, interagency collaboration to prevent/detect fraud and maximize overpayment recovery, and annual error-rate studies.

To measure the overall quality of the IHSS program, the CDSS Adult Programs Division (APD) conducts a recipient satisfaction survey to ensure recipients' in-home care needs are being satisfied, recipients are able to contact appropriate help when needed, and recipients are able to satisfactorily direct their services. These assessments assess the following recipient outcomes:

- To what extent do recipients understand their rights and responsibilities in the IHSS program?
- To what extent do recipients feel satisfied with the administration of the IHSS program?
- To what extent do recipients feel satisfied with the services they receive in the IHSS program?

Between 2010 and 2015, four recipient satisfaction surveys were conducted, each based on a randomly selected sample of recipients from CMIPS (see Table B.1 in Appendix B.1).

In 2010, a random sample of 8,355 recipients was selected, and the consumer satisfaction survey was mailed to them. The survey featured both categorical check box questions and four open-ended questions. A total of 3,373 survey responses were received, and the analysis revealed that 91 percent of consumers agreed that the IHSS program met their needs.

In 2012, 5,878 recipients were randomly selected for the consumer satisfaction survey. Of those, 2,269 responded, with the analysis indicating that 89 percent of consumers agreed that the IHSS program met their needs.

In 2014, 5,560 recipients were randomly selected and mailed the consumer satisfaction survey, with the additional option to complete the survey via a toll-free number. One thousand twelve completed responses were received and used for data analysis, with 870 via paper mail and 142 via telephone. Analysis showed 87 percent of consumers agreed that the IHSS program met their needs.

In 2015, an expanded sample of 20,000 consumers was selected, and the consumer satisfaction survey was mailed, again with the option to submit responses by mail or through a toll-free phone number. A total of 4,846 complete and usable surveys were received, and analysis indicated that

98 percent of respondents were satisfied with the current IHSS program services.

The results of these surveys suggested that respondents have been satisfied with the IHSS program.

As a result of the CDSS APD's dedication to continuous quality improvement, the Conferences, Trainings, and Organizational Development unit in the College of Continuing Education at the California State University, Sacramento, was commissioned to analyze the survey data and prepare a report based on the findings. This report summarizes the key findings from the 2023 Recipient Satisfaction Survey.

2 Methods

2.1 Survey design

The consumer satisfaction survey consisted of 20 items in four categories. With the exception of demographic items, all items used a Likert-type response scale, allowing for responses of *Strongly Disagree*, *Disagree*, *Agree*, *Strongly Agree*, or *Not Applicable*.

- Satisfaction with care
  - I am able to find and hire a care provider who meets my needs.
  - I am able to hire a care provider who speaks my language.
  - I am satisfied with the care that I receive from my provider.
  - Overall, I am satisfied with my experience with the IHSS Program.
- Understanding of program
  - The informational materials I received from the county increased my understanding of the IHSS Program.
  - I know how to file for a fair hearing if I disagree with the county's decision.
  - I understand that I am responsible for choosing and managing my own provider.
  - I understand that I am responsible for letting my social worker know if my needs have changed.
- County of service delivery
  - I know how to contact my county IHSS office when I need help.
  - I am able to receive help from the county in my preferred language.
  - My social worker explained the IHSS forms before I signed them.
  - My social worker listens to me about what I need.
  - I am satisfied with how quickly my county IHSS Program responds to my needs.
  - I understand that my County Public Authority can help me find a new care provider.
- Demographics
  - Which county do you reside in? [List of California counties]
  - What is your age? [open-ended numerical response]
  - What is your ethnicity? [*White*, *Hispanic*, *Black*, *Other Asian or Pacific Islander*, *American Indian or Alaskan Native*, *Filipino*, *Chinese*, *Cambodian*, *Japanese*, *Korean*, *Samoan*, *Asian Indian*, *Hawaiian*, *Guamanian*, *Laotian*, *Vietnamese*, *Other*, or *Mixed Ethnicity*]
  - What is your gender identity? [*Female*, *Male*, or *Other Gender Identity*]
  - How do you describe your sexual orientation? [*Straight/Heterosexual*, *Gay or Lesbian*, *Bisexual*, *Queer*, *Another Sexual Orientation*, or *Unknown*]

- What is your preferred written and spoken language? [*American Sign Language (AMISLAN or ASL)*, *Spanish*, *Cantonese*, *Japanese*, *Korean*, *Tagalog*, *Other non-English*, *English*, *Other Sign Language*, *Mandarin*, *Other Chinese Languages*, *Cambodian*, *Armenian*, *Ilocano*, *Mien*, *Hmong*, *Lao*, *Turkish*, *Hebrew*, *French*, *Polish*, *Russian*, *Portuguese*, *Italian*, *Arabic*, *Samoan*, *Thai*, *Farsi*, or *Vietnamese*][1]

The survey instrument is reproduced in Appendix A.

2.2 Survey distribution

On December 15, 2023, notifications were sent to 746,862 IHSS recipients in the "Eligible", "Presumptive Eligible", and "On-Leave" status categories via USPS and email (for recipients with an email address on file). On January 12 and 25, 2024, reminder notifications were sent to recipients with an email address on file, including 4,658 newly created CMIPS accounts that had not received the initial notification. Recipients were asked to complete the survey either online (via SurveyMonkey) or by telephone (via the IHSS Telephone Timesheet System). A copy of the survey was attached to the notifications for reference. Survey start dates by medium are shown in Figure 2.1.

2.2.1 Online and paper surveys

A total of 67,975 responses were received for online surveys between December 15, 2023 and January 31, 2024. Additionally, 22 paper surveys were returned via mail, although this was not part of the original distribution plan. Responses to these surveys were manually entered through Survey- monkey and added to the data set of online survey responses.

2.2.2 Phone surveys

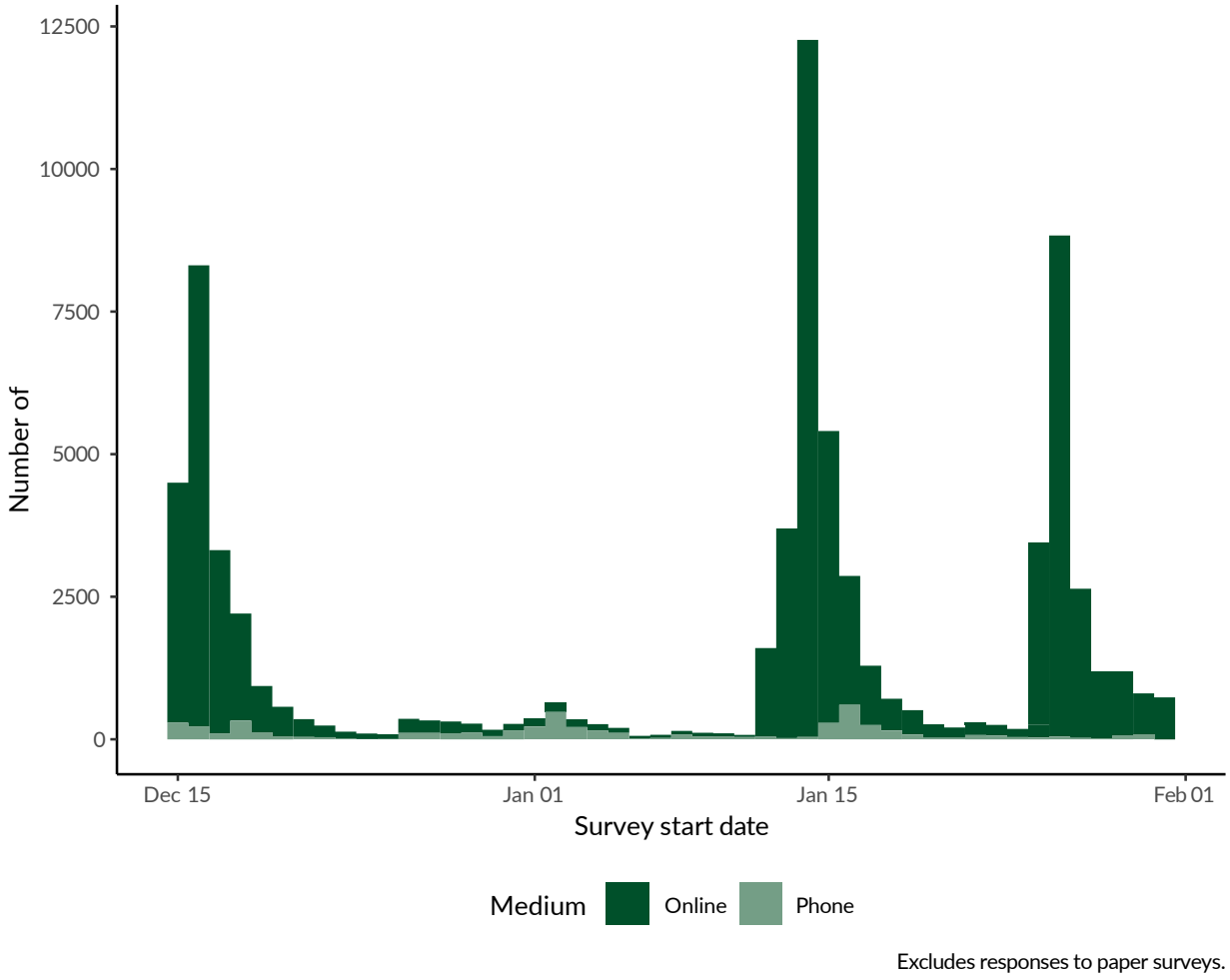
A total of 7,154 responses were received for phone surveys conducted between December 15, 2023 and January 31, 2024, associated with 5,449 respondents. Of these respondents, 1,109 (20.4%) were associated with more than one response; for the remaining 4340 (79.6%) respondents, only one response was received. Responses were deduplicated by keeping only the most recent response per respondent.

2.3 Data analysis

Responses received through online/paper surveys and telephone surveys were combined to produce a final data set of 73,446 responses. For each item, missing responses and responses of *Does Not Apply* were excluded from analyses. Thus, all percentages reported are percentages of valid (non-missing) responses, and total responses per item may be less than total number of survey respondents.

[1] In the TTS survey, this item was split into two separate items: "What is your preferred written language?" and "What is your preferred spoken language?"

Figure 2.1: Survey start dates by medium



Excludes responses to paper surveys.

For respondent age, non-numeric responses and responses greater than 150 were treated as missing and excluded from analyses.

As noted previously, respondents to the TTS survey were asked to indicate their preferred written and spoken language(s) separately, while respondents to the online survey were asked to provide one response for both written and spoken language. TTS survey responses to the written language item were omitted, and responses to the spoken language item were aligned with online survey responses to the written and spoken language item.

3 Results

Key results of the consumer satisfaction survey include the following:

- Overall, respondents responded positively to items assessing satisfaction with care, understanding of the IHSS program, and county of service delivery. The proportion of respondents who *agreed* or *strongly agreed* with individual items ranged from 89% to 99%.
- Understanding of the IHSS program appears to have increased since the 2015 consumer satisfaction survey. In the current survey, 95% of responses to items assessing program understanding were positive (*agree* or *strongly agree*), compared to 83% in the 2015 survey.
- Responses to all items were positively correlated; respondents who gave more positive responses to a given item were also likely to give more positive responses to all other items.
- Respondents who indicated greater understanding of the program also indicated greater satisfaction with care.
- Differences by demographic (language, gender identity, sexual orientation, age group, ethnicity, and region) were observed in satisfaction with care, understanding of the IHSS program, and county of service delivery. The magnitude of these differences was very low overall; the largest differences were observed for gender identity and sexual orientation.

3.1 Demographics

Respondent demographics are shown in the figures below and in Table B.2 in the appendix.

- The top three counties of residence were Los Angeles (n=19,204), Riverside (n=4,939), and Orange (n=4,585) (Figure 3.1).
- The majority of respondents were from the Southern state region (Figure 3.2).
- The median age of respondents was 64 years (Figure 3.3); 48.9% of respondents were 65 years or older. Respondents' ages were similar across state regions (Figure 3.4).
- The most commonly reported ethnicities were White (n=19,980), Hispanic (n=17,950), and Black (n=11,152) (Figure 3.5).
- The most commonly reported primary languages were English (n=48,057), Spanish (n=7,894), and Vietnamese (n=2,179) (Figure 3.6).
- A total of 44,193 respondents identified as female, 22,908 identified as male, and 326 indicated a different gender identity (Figure 3.7).
- A total of 54,342 respondents identified as straight or heterosexual, while 7,438 indicated a different sexual orientation (Figure 3.8).

Figure 3.1: County of residence

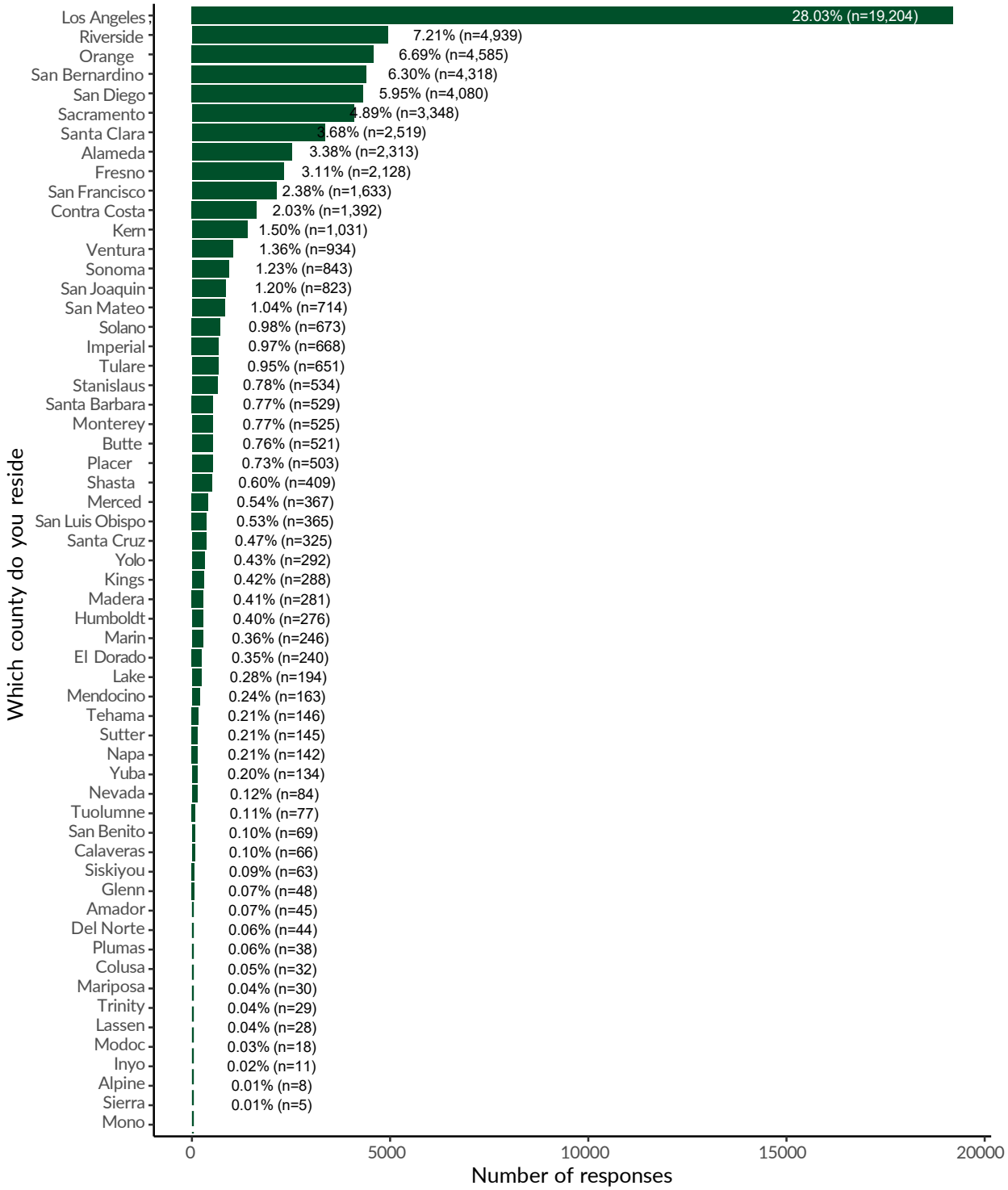


Figure 3.2: State region

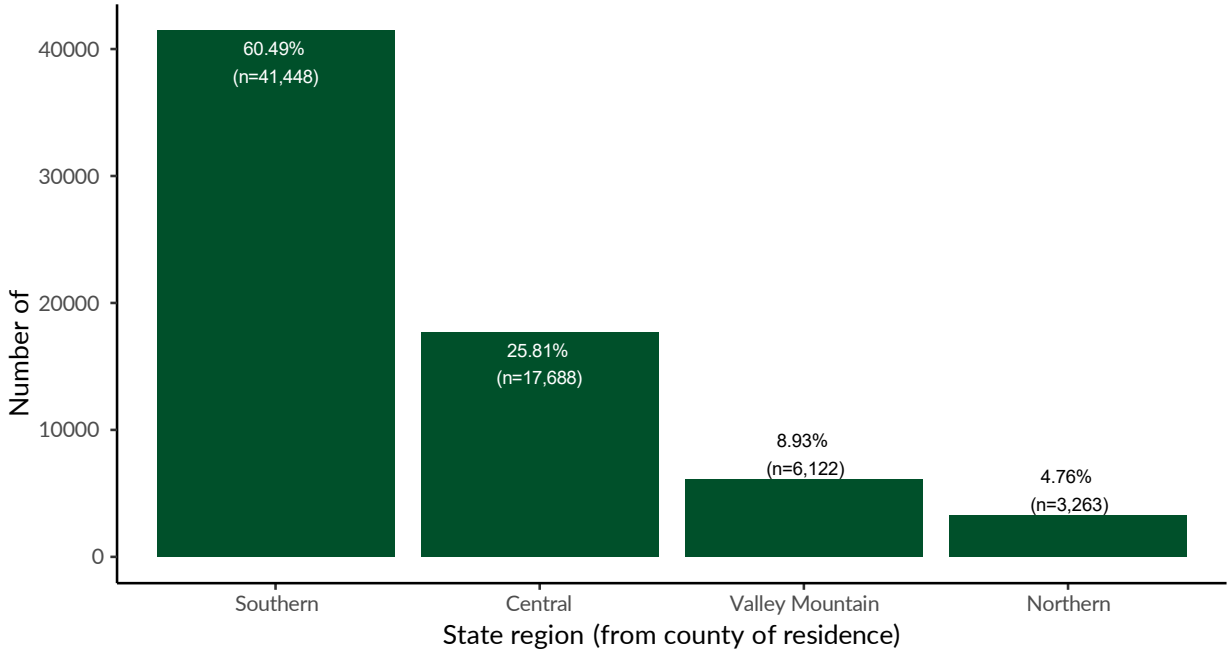


Figure 3.3: Age

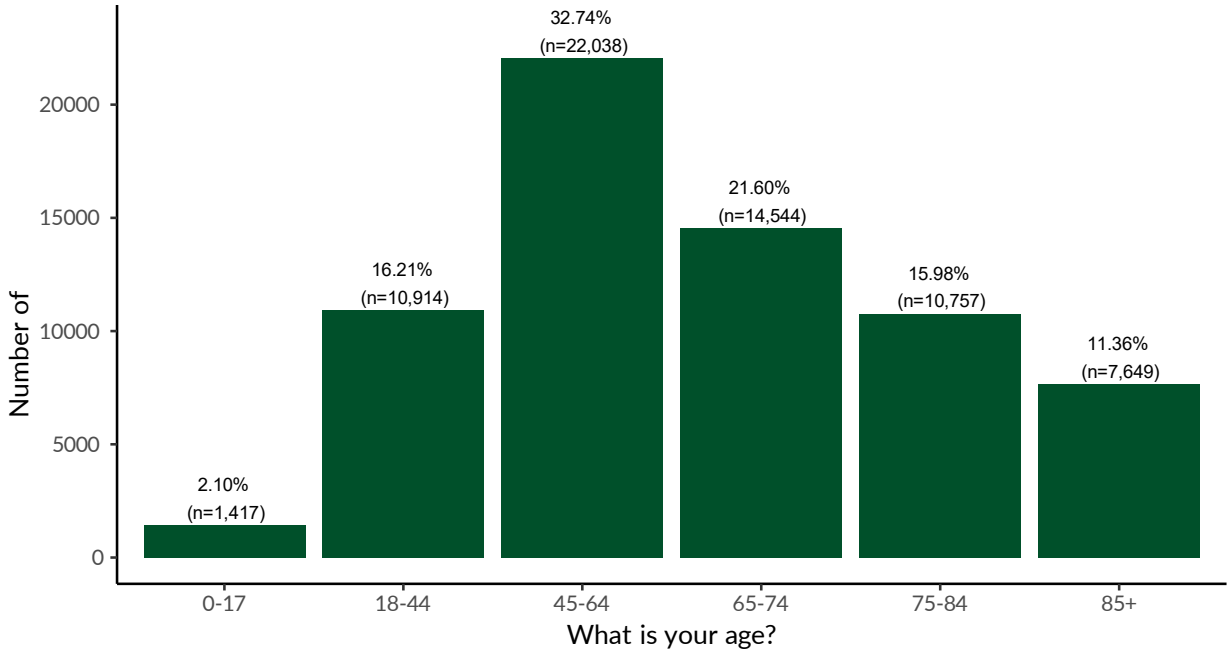


Figure 3.4: Age by state region

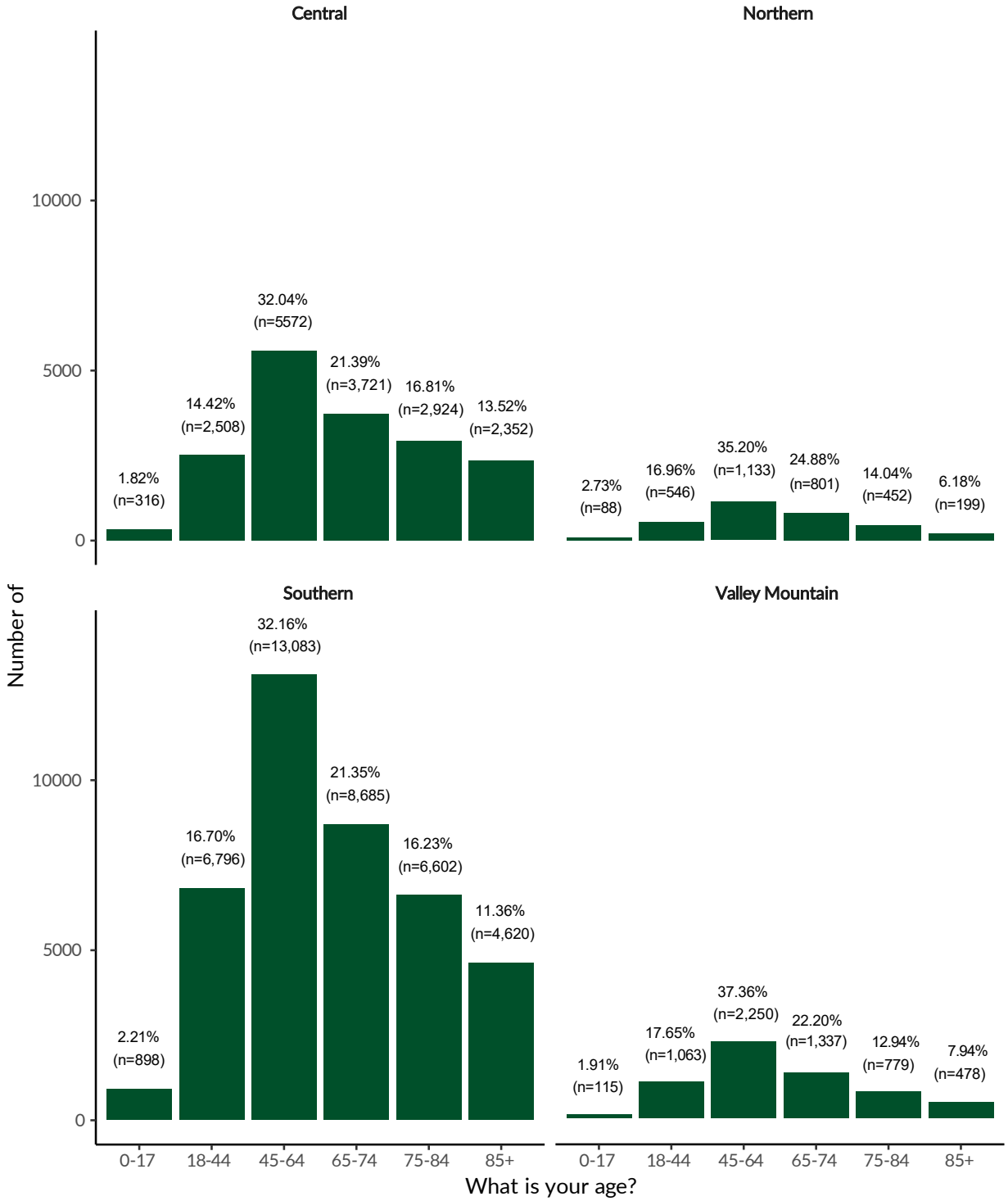


Figure 3.5: Ethnicity

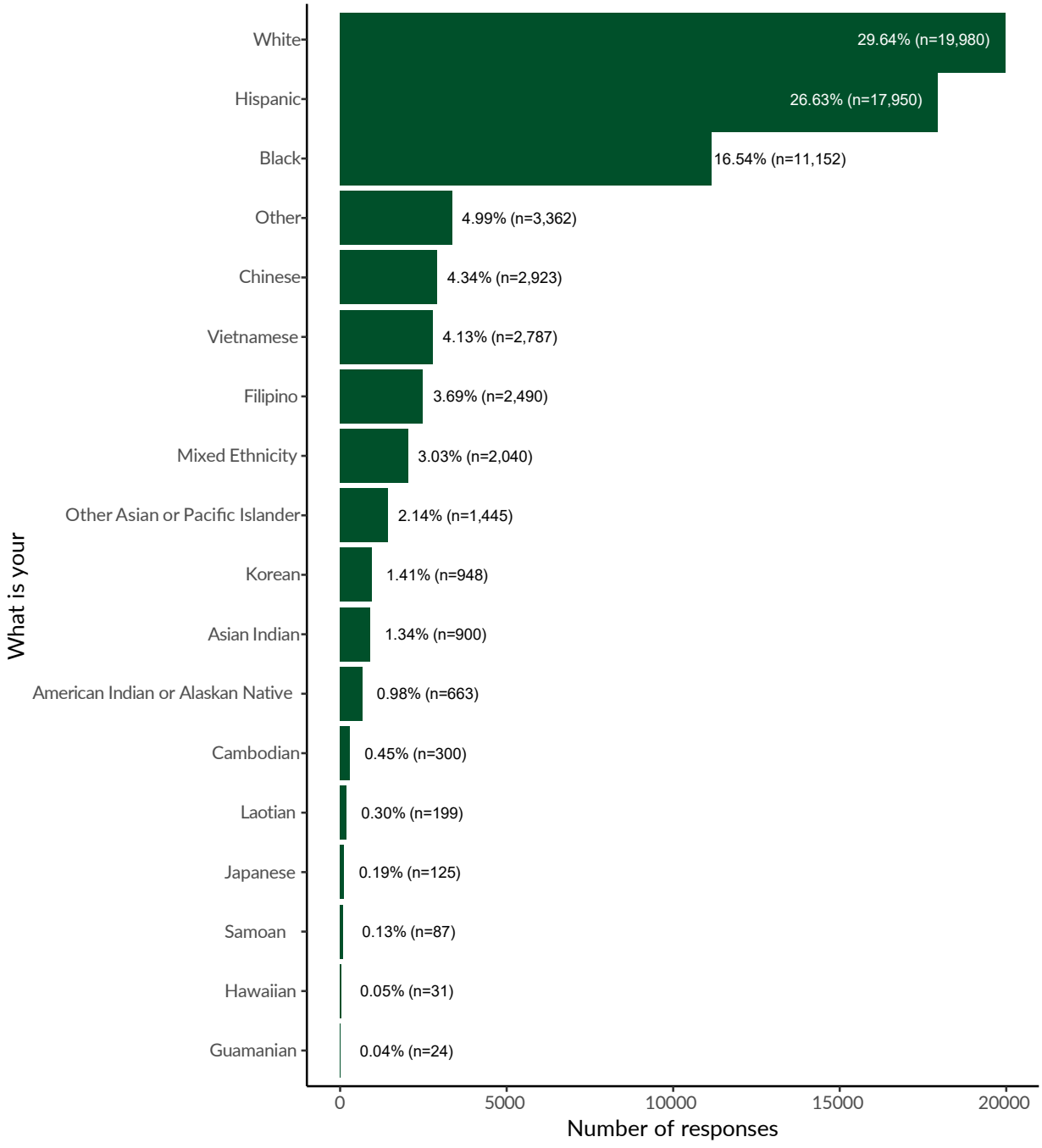


Figure 3.6: Preferred language

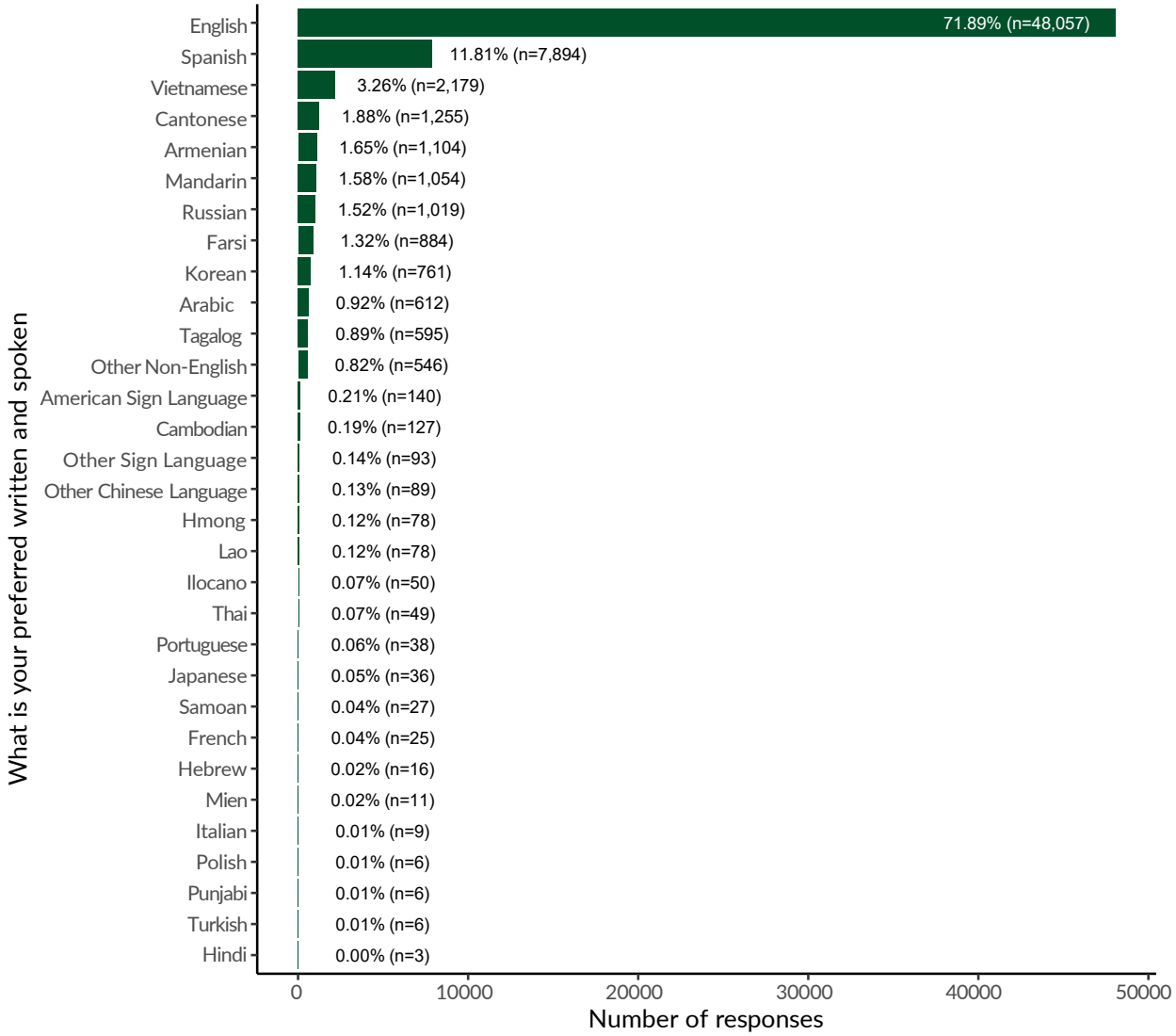


Figure 3.7: Gender identity

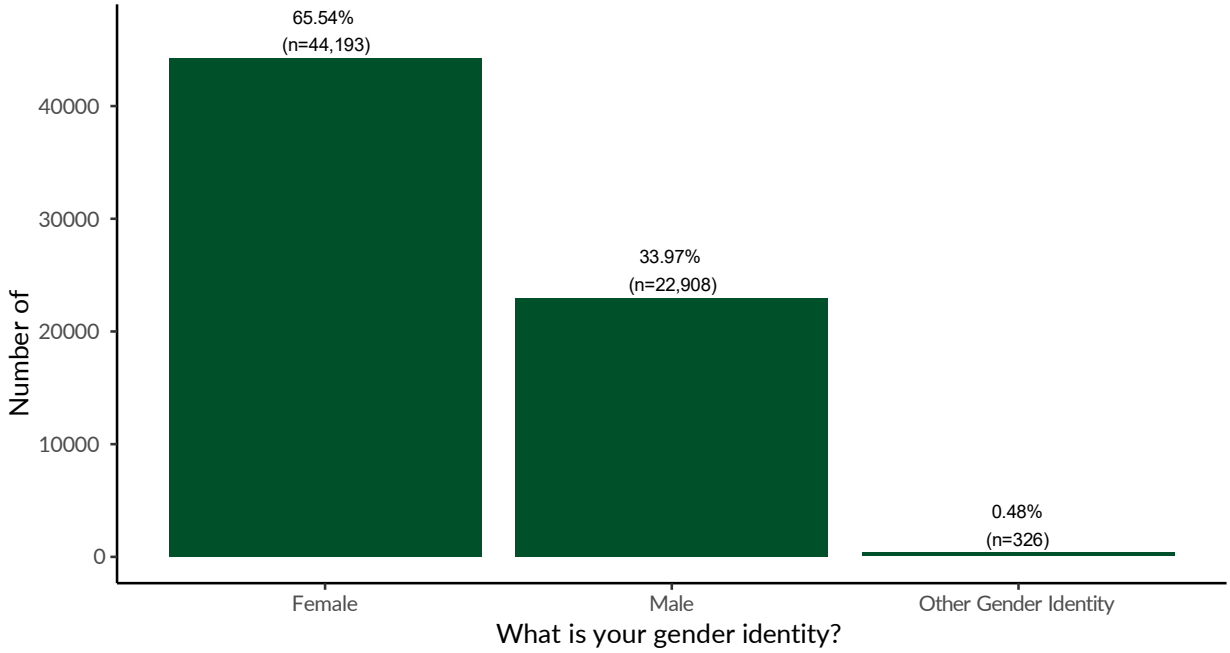
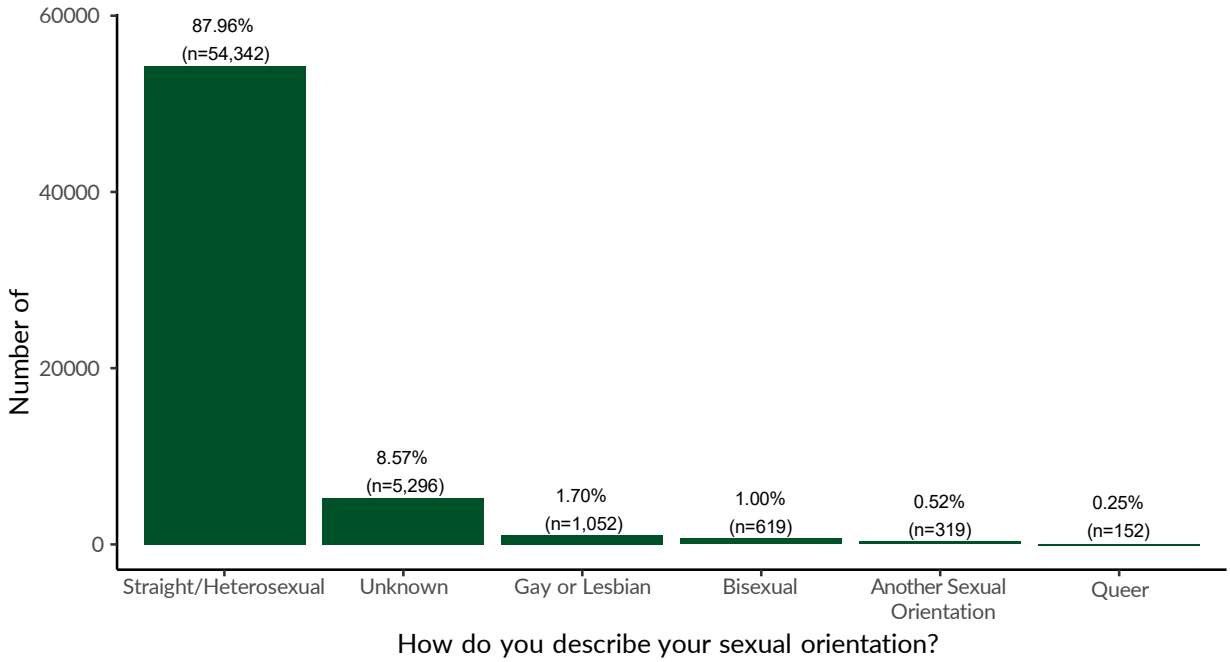


Figure 3.8: Sexual orientation

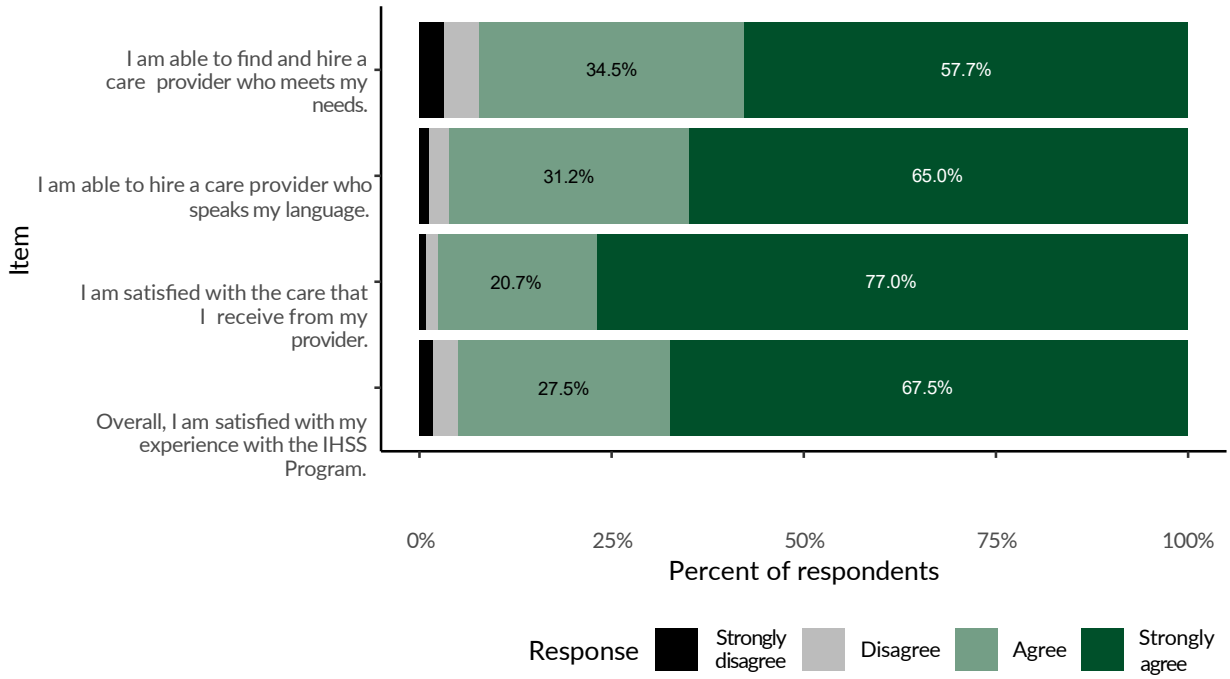


3.2 Satisfaction with care

The first portion of the survey assessed respondents' satisfaction with the care they received through the IHSS program. Respondents were asked to indicate whether they were able to find a care provider who met their needs and spoke their language, as well as to indicate their satisfaction with the care received from their provider and satisfaction with the IHSS program as a whole.

Responses to these items are shown in Figure 3.9, and in Table B.4 in the Appendix.

Figure 3.9: Satisfaction of care



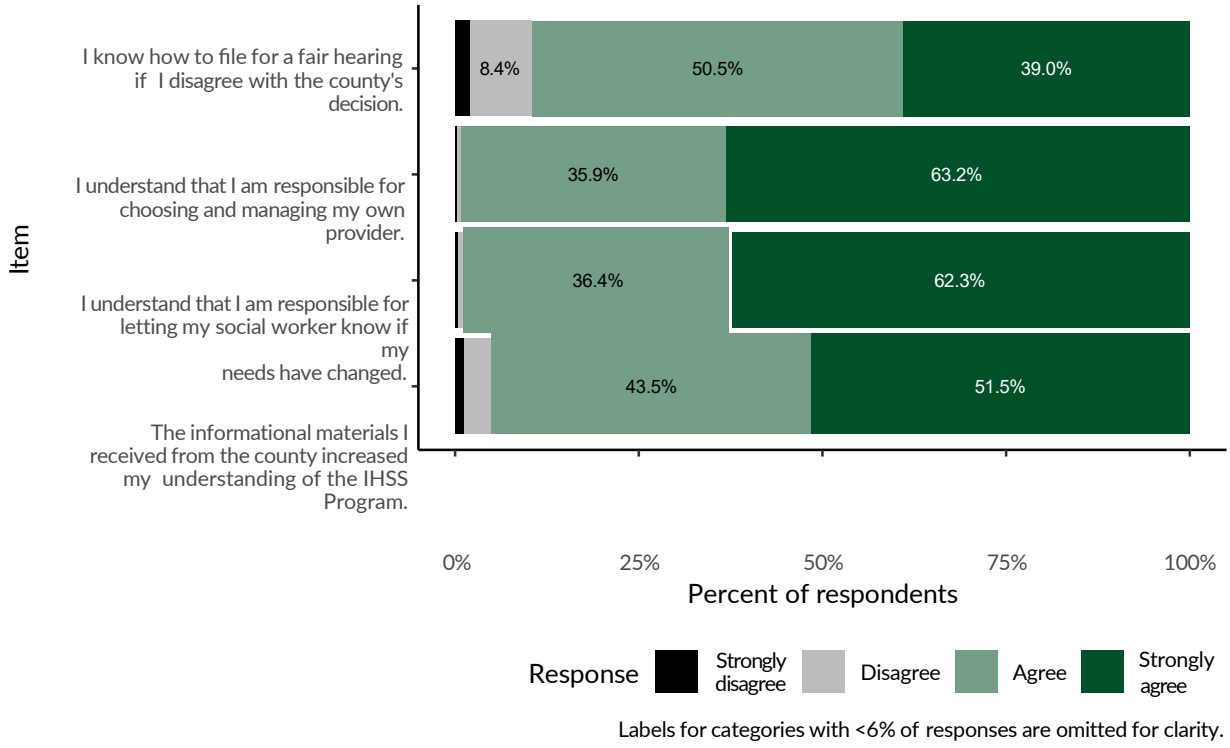
Labels for categories with <6% of responses are omitted for clarity.

Nearly all respondents agreed or strongly agreed with each item in this category, suggesting very high levels of satisfaction with care received through the IHSS program. The percentage of respondents agreeing was highest for the item 'I am satisfied with the care that I receive from my provider.' (97.6%) and lowest for the item 'I am able to find and hire a care provider who meets my needs.' (92.2%).

3.3 Understanding of program

The second portion of the survey assessed respondents' understanding of the IHSS program. Respondents were asked whether they knew how to file for a fair hearing, whether they understood that they were responsible for choosing and managing their provider and for letting their social worker know if their needs changed, and whether the materials they received from the county increased their understanding of the IHSS program. Responses to these items are shown in Figure 3.10, and in Table B.5 in the Appendix.

Figure 3.10: Understanding of program



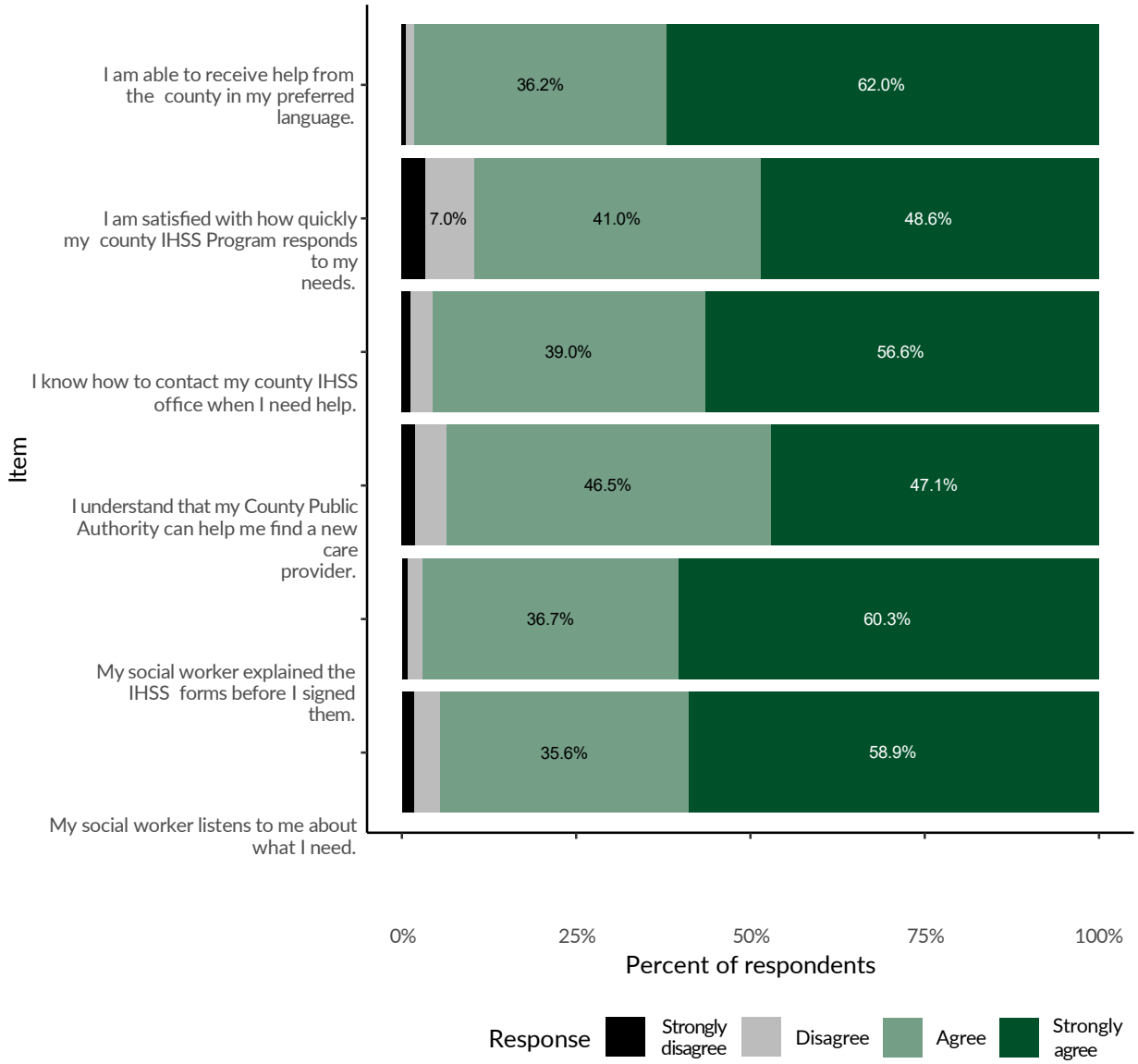
Labels for categories with <6% of responses are omitted for clarity.

The vast majority of respondents agreed or strongly agreed with each item in this category, suggesting a high level of (self-reported) respondent understanding of the IHSS program. The percentage of respondents agreeing was highest for the item 'I understand that I am responsible for choosing and managing my own provider.' (99.1%) and lowest for the item 'I know how to file for a fair hearing if I disagree with the county's decision.' (89.5%).

3.4 County of service delivery

Respondents were asked to indicate their ability to receive help from the county in their preferred language, their satisfaction with the speed with which the county IHSS program responded to their needs, whether they knew how to contact their county IHSS office, whether they understood that their County Public Authority can help them find care providers, whether their social worker explained the IHSS forms before they signed them, and whether their social worker listens. Responses to these items are shown in Figure 3.11, and in Table B.6 in the Appendix.

Figure 3.11: County of service delivery



Labels for categories with <6% of responses are omitted for clarity.

Similar to previous question categories, an overwhelming majority of respondents agreed or strongly agreed with each item in this category, suggesting a high level of satisfaction with service delivery by their county. The percentage of respondents agreeing was highest for the item 'I am

able to receive help from the county in my preferred language.' (98.2%) and lowest for the item 'I am satisfied with how quickly my county IHSS Program responds to my needs.' (89.6%).

Additionally, 97.0% of respondents agreed that their social worker explained the IHSS forms before they signed them, while 94.5% of respondents agreed that their social worker listened to them about what they needed.

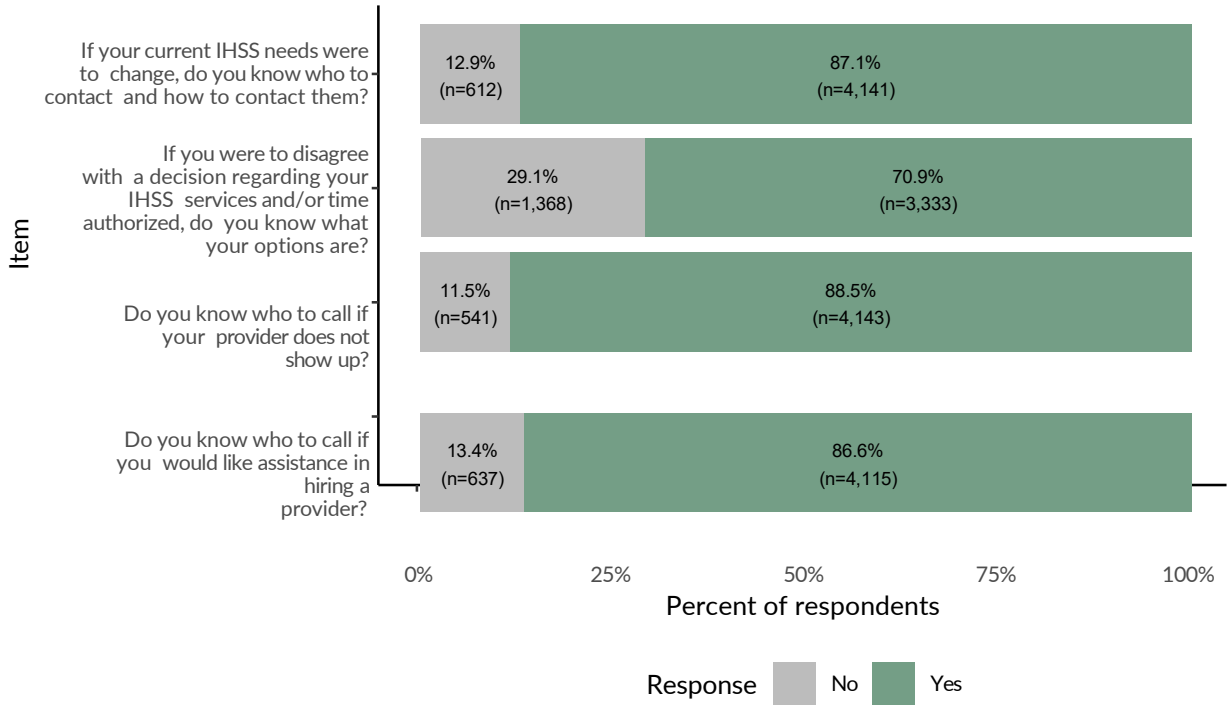
3.5 Analyses

Analyses were conducted examining changes in program understanding since the last consumer satisfaction survey, the impact of program understanding on satisfaction with care, and correlations between responses to individual items on the survey. Additionally, a series of analyses were conducted to explore the impact of demographic variables on satisfaction with care, program understanding, and county of service delivery.

3.5.1 Has program knowledge changed since last consumer satisfaction survey?

Yes. The previous consumer satisfaction survey, from 2015, assessed consumers' program knowledge and resource awareness with four yes-or-no questions, as shown in Figure 3.12. Overall, 15,732 *yes* responses were recorded, out of 18,890 total responses to these items (83.3%). The current consumer satisfaction survey assessed consumers' understanding of the program with four Likert-type items, as previously shown in Figure 3.10; 252,866 *agree* or *strongly agree* responses were recorded, out of 264,310 responses to these items (95.7%). This increase in the proportion of positive responses to items assessing understanding of the program was statistically significant ($p < .001$); as such, consumers' understanding of the program appears to have increased since the 2015 consumer satisfaction survey.

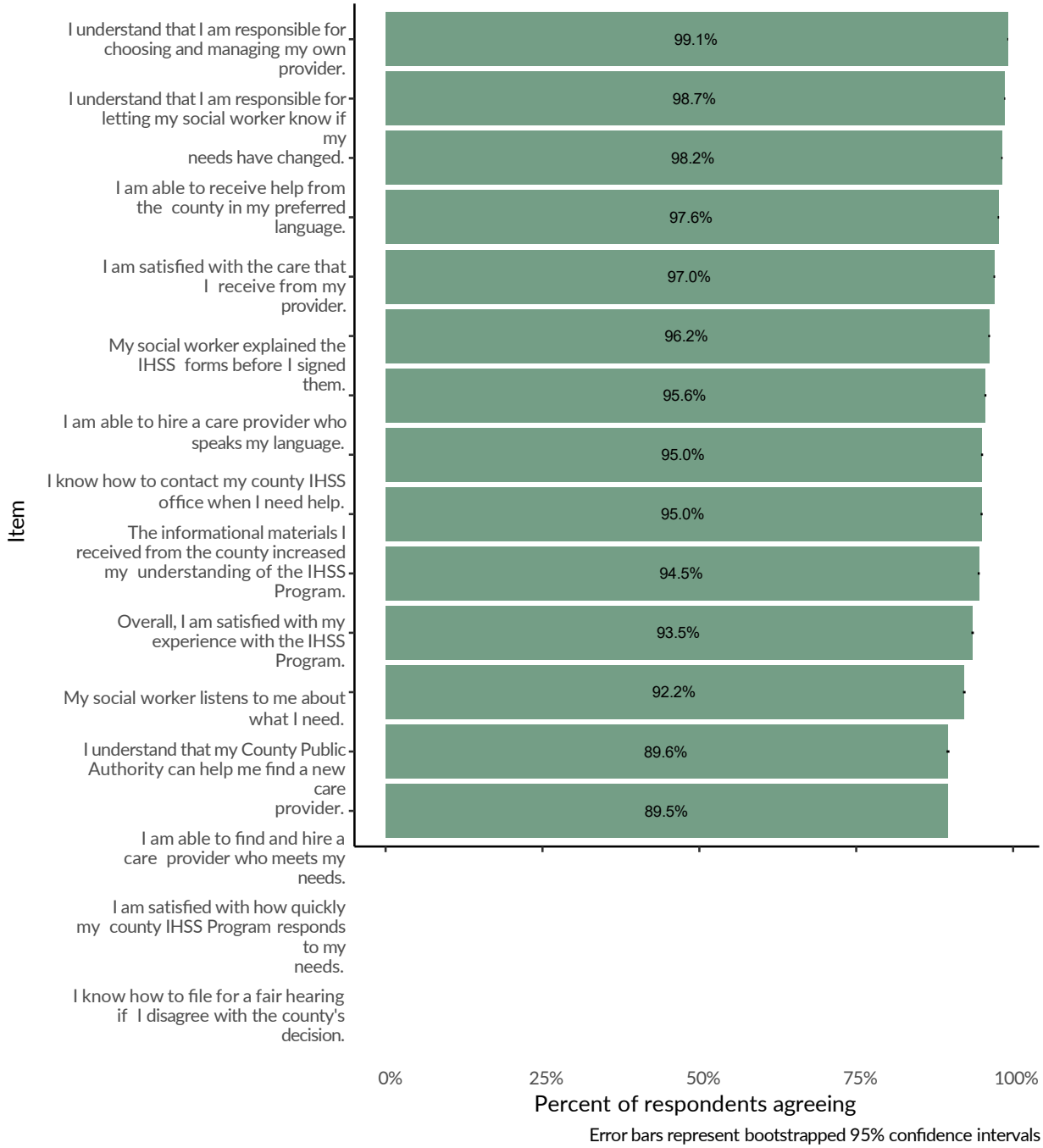
Figure 3.12: Understanding of program (data from 2015 report)



3.5.2 Which items had the highest and lowest rates of agreement?

Overall rates of agreement (i.e., responses of *agree* or *strongly agree*) for each item are shown in Figure 3.13, below.

Figure 3.13: Overall rates of agreement by item



Rates of agreement were highest for the following items: 'I understand that I am responsible for choosing and managing my own provider' (99.13%), 'I understand that I am responsible for letting my social worker know if my needs have changed' (98.65%), and 'I am able to receive help from

the county in my preferred language' (98.20%). Conversely, rates of agreement were lowest for the following items: 'I am able to find and hire a care provider who meets my needs' (92.19%), 'I am satisfied with how quickly my county IHSS Program responds to my needs' (89.60%), and 'I know how to file for a fair hearing if I disagree with the county's decision' (89.50%).

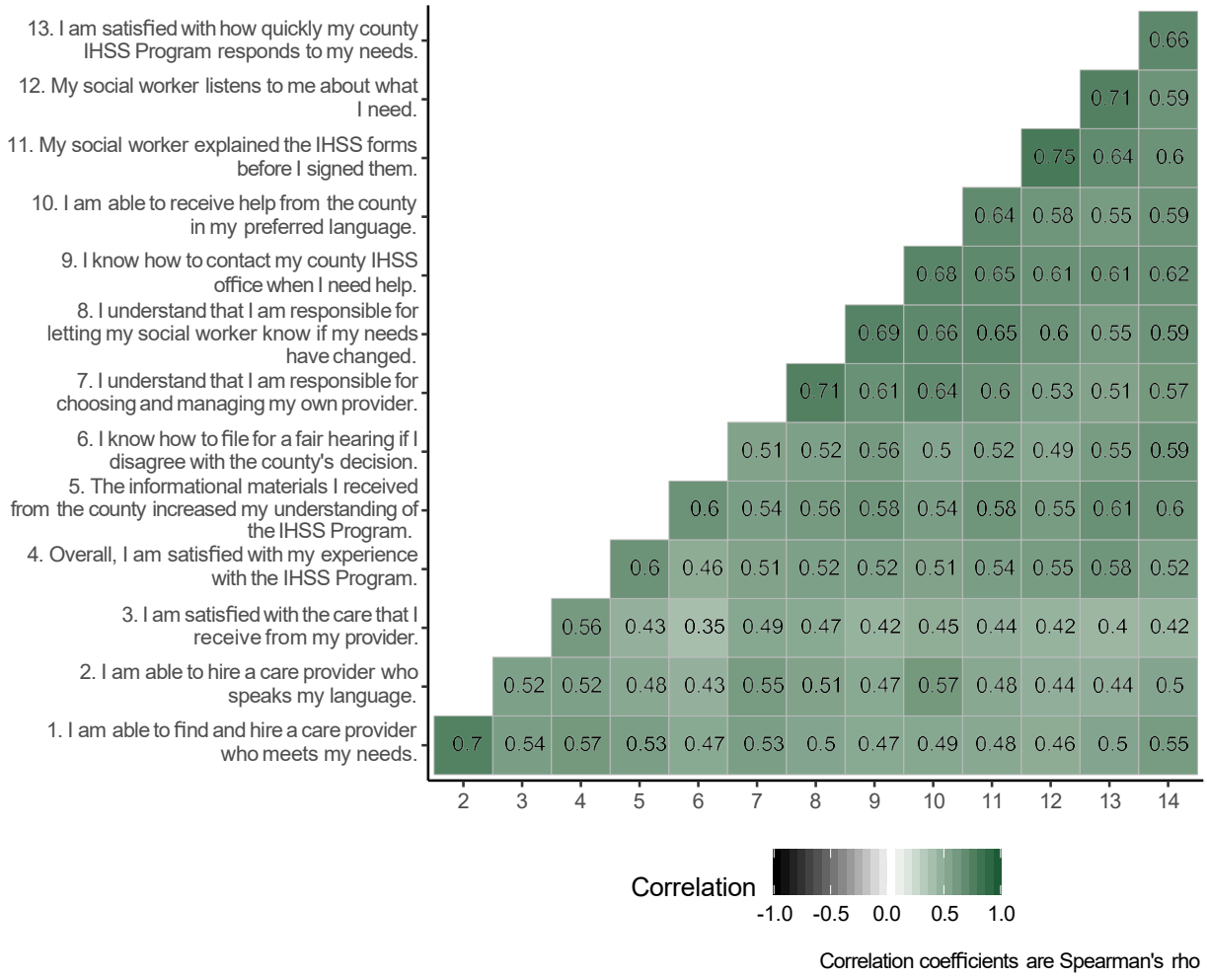
3.5.3 Does agreement with specific items predict agreement with other items?

Yes. To determine whether agreement with specific items predicts agreement with other items, Spearman correlations were computed for every pair of Likert-type items (i.e., for all survey items except demographics). The Spearman correlation between two items ranges from -1.0 to +1.0 and indicates the degree to which a response to one item predicts responses to the other:

- A correlation of 1.0 represents a perfect *positive* relationship; more positive responses (*Strongly Disagree* < *Disagree* < *Agree* < *Strongly Agree*) to one item always are always associated with more positive responses to the other, and vice-versa.
- A correlation of -1.0 represents a perfect *inverse* relationship; more positive responses to one item are always associated with more negative responses to the other, and vice-versa.
- A correlation of 0.0 represents *no* relationship between the two items; responses to one item have no bearing on responses to the other.

Figure 3.14 shows Spearman correlations of responses to Likert-type items. Each square represents the correlation of two items, identified by the row and column; e.g., the lower-leftmost square indicates that the correlation between items 1 (row) and 2 (column) is 0.7, a strong positive relationship. Correlations are commutative (i.e., the correlation between item A and item B is the same as the correlation between item B and item A); as such, squares above the diagonal in the figure are omitted because they would merely duplicate the values below the diagonal.

Figure 3.14: Correlations of responses to individual survey items



All correlation coefficients were significantly greater than zero ($p < .01$) after adjustment for multiple tests. These results suggest a moderate to strong positive relationship between all Likert-type items. In other words, providing a more positive response to one item predicts a more positive response to every other item. Key correlations are noted below.

- Responses to item 1 ("I am able to find and hire a care provider who meets my needs") were positively correlated with responses to items 13 ("I am satisfied with how quickly my county IHSS Program responds to my needs", $r = 0.5$) and 14 ("I understand that my County Public Authority can help me find a new care provider", $r = 0.55$).
- Responses to item 3 ("I am satisfied with the care that I receive from my provider") were positively correlated with responses to items 7 ("I understand that I am responsible for choosing and managing my own provider", $r = 0.49$) and 13 ("I am satisfied with how quickly my county IHSS Program responds to my needs", $r = 0.4$).
- Responses to item 6 ("I know how to file for a fair hearing if I disagree with the county's decision") were positively correlated with positive responses to items 11 ("My social worker explained the IHSS forms before I signed them", $r = 0.52$) and 12 ("My social worker listens to me about what I need", $r = 0.49$).
- Responses to item 8 ("I understand that I am responsible for letting my social worker know if my needs have changed") were positively correlated with responses to items 11 ("My social worker explained the IHSS forms before I signed them", $r = 0.65$), 12 ("My social worker listens to me about what I need", $r = 0.6$), and 13 ("I am satisfied with how quickly my county IHSS Program responds to my needs", $r = 0.55$).

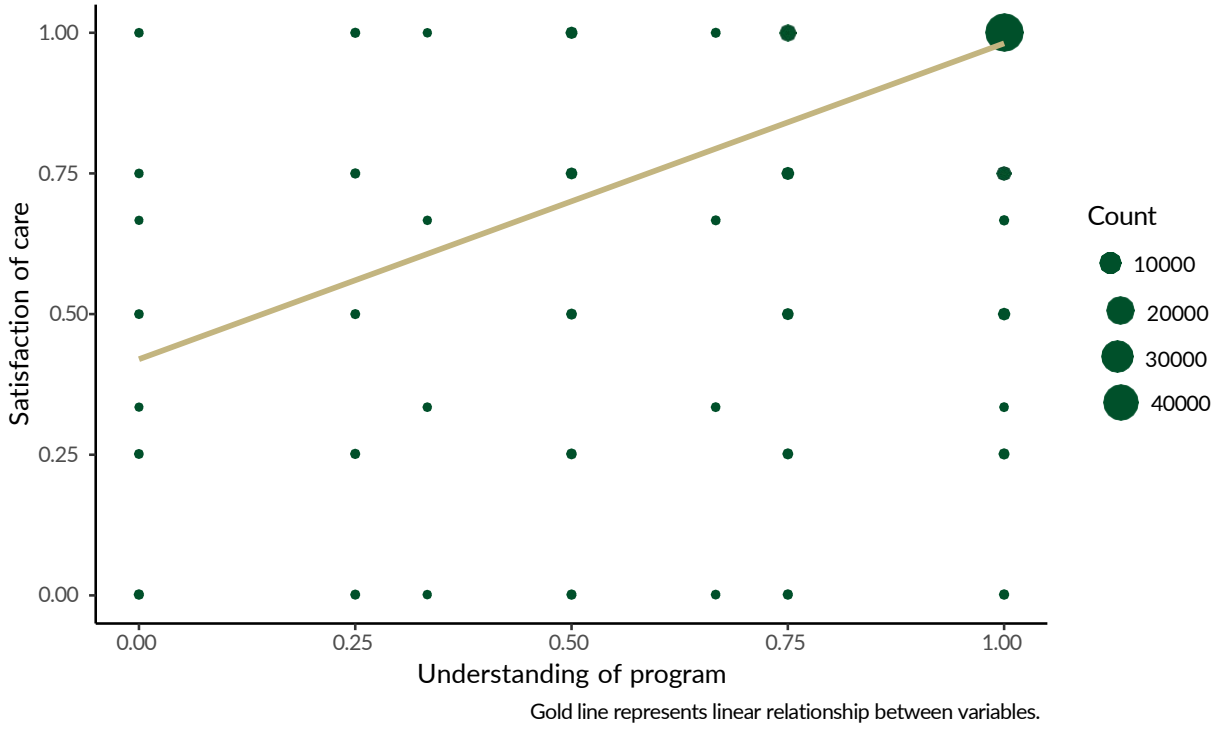
3.5.4 Does program knowledge predict program satisfaction?

For this and following analyses, responses of *strongly disagree* and *disagree* were coded as 0, and responses of *agree* and *strongly agree* were coded as 1. Respondents' scores were then averaged by category (per Section 2.1) to produce the following scales:

- Satisfaction with care
- Understanding of program
- County of service delivery

On each scale, scores represent the proportion of items that that the respondent *agreed* or *strongly agreed* with; a score 0.0 indicates that a respondent *disagreed* with all items, while a score of 1.0 indicates that a respondent *agreed* with all items. Thus, higher scores represent greater satisfaction or understanding, and lower scores represent less satisfaction or understanding. An increase of 0.25 is equivalent to agreement with one additional question.

Figure 3.15: Program satisfaction by program knowledge



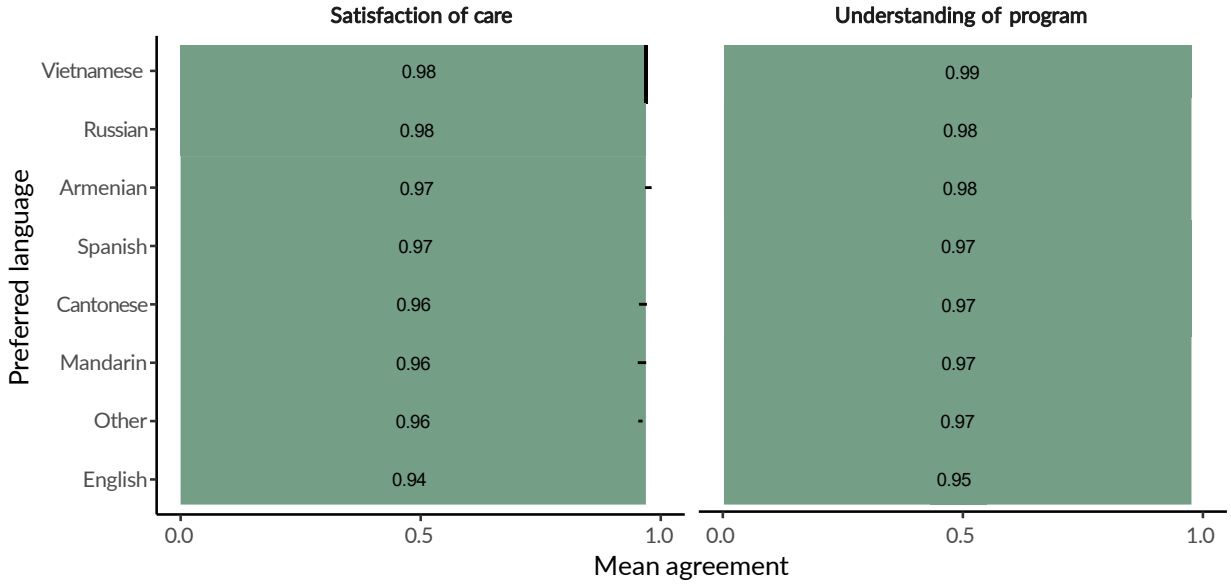
Yes. A simple linear regression model was conducted predicting satisfaction scores from understanding scores (Figure 3.15). A significant linear[1] relationship was observed such that higher understanding scores predicted higher satisfaction scores, $b = 0.56$, $R^2 = 0.22$ ($p<.001$). This suggests that consumers with a greater understanding of the program are more likely to be satisfied with their care.

[1]To account for possible violations of the assumptions of the linear regression model, the relationship between satisfaction with care scale scores and understanding of program scale scores was also analyzed via Spearman correlation. This analysis also found a statistically significant positive relationship between these scale scores, $r\_s = .40$, $p < .001$.

3.5.5 Does primary language predict program knowledge/satisfaction?

Yes. Average scale scores for satisfaction with care and understanding of program by respondents' primary language are shown in Figure 3.16. To avoid statistical issues with widely differing group sizes and variability, the following primary languages with fewer than 1,000 responses each were combined into the category *Other*: Farsi (n=884), Korean (n=761), Arabic (n=612), Tagalog (n=595), Other Non-English (n=546), American Sign Language (n=140), Cambodian (n=127), Other Sign Language (n=93), Other Chinese Language (n=89), Hmong (n=78), Lao (n=78), Ilocano (n=50), Thai (n=49), Portuguese (n=38), Japanese (n=36), Samoan (n=27), French (n=25), Hebrew (n=16), Mien (n=11), Italian (n=9), Polish (n=6), Punjabi (n=6), Turkish (n=6), and Hindi (n=3).

Figure 3.16: Average agreement by preferred language



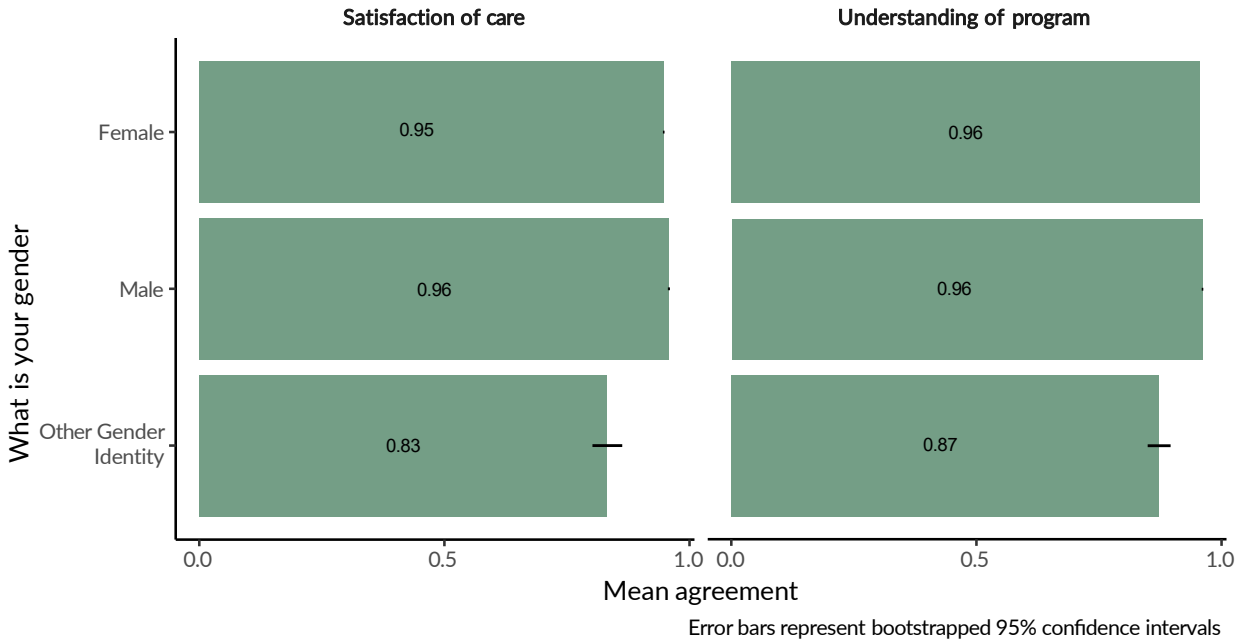
Two quasibinomial generalized linear models were conducted with respondents' primary language as a predictor of their agreement with satisfaction and understanding items (respectively). Respondents indicating English as their primary language were slightly less likely to agree with satisfaction with care items (*RR*= 0.97, 95% CI [0.97,0.98][2]) and understanding of program items (*RR*
= 0.98, 95% CI [0.97,0.98]) relative to respondents who indicated a different primary language.

[2]Differences between groups are quantified here and subsequently as *relative risks* (*RR*); in other words, the likelihood that respondents in one group will agree relative to respondents in another group. Thus, a relative risk of 2.0 indicates that respondents in the first group are twice as likely to agree as respondents in the second group, a relative risk of 0.5 indicates that they are half as likely to agree, and a relative risk of 1.0 indicates that they are just as likely to agree (i.e., no difference between groups).

3.5.6 Does gender identity predict program knowledge/satisfaction?

Yes. Average agreement with satisfaction with care and understanding of program scales by respondents' gender identity are shown in Figure 3.17.

Figure 3.17: Average agreement by gender identity



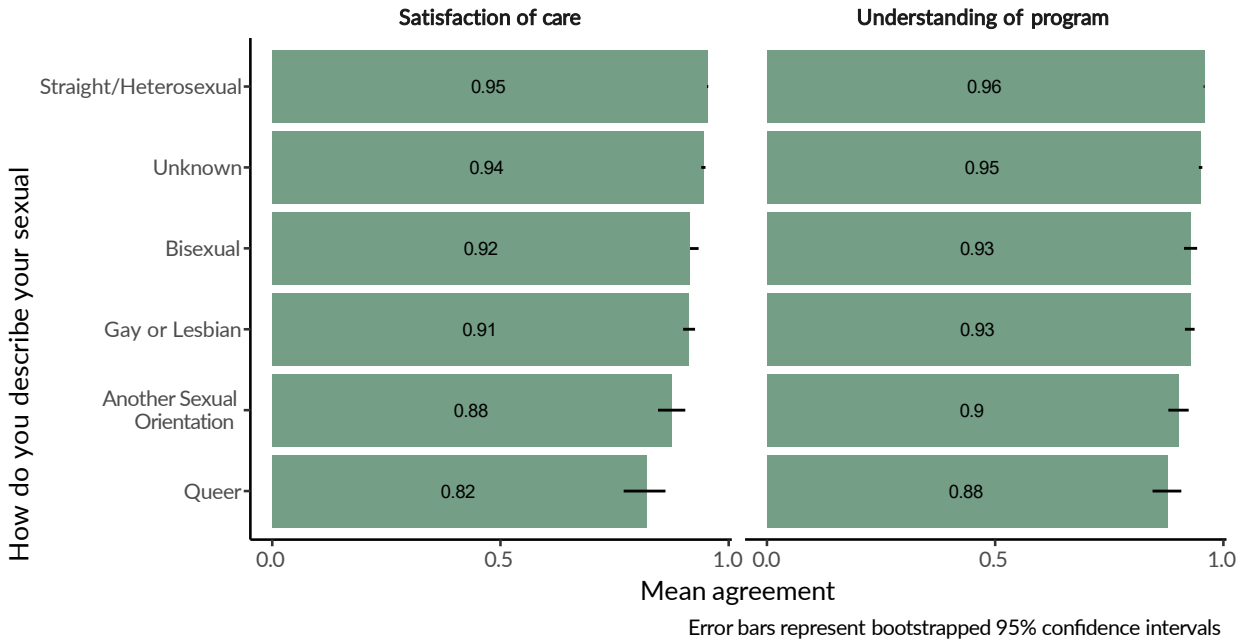
Two quasibinomial generalized linear models were conducted, with gender identity as a predictor of agreement with satisfaction with care and understanding of program items (respectively). Results are shown below.

- Satisfaction with care differed significantly by gender identity; agreement was highest among male respondents, intermediate among female respondents, and lowest among respondents indicating another gender identity. All pairwise differences were statistically significant (p<.001); the largest pairwise differences were observed between respondents indicating another gender identity and those indicating male (RR = 1.14, 95% CI [1.10,1.19]) or female (RR = 1.13, 95% CI [1.08,1.18]).
- Similarly, understanding of program differed significantly by gender identity; agreement was highest among male respondents, intermediate among female respondents, and lowest among respondents indicating another gender identity. All pairwise differences were statistically significant (p<.001); the largest pairwise differences were again observed between respondents indicating another gender identity and those indicating male (RR = 1.10, 95% CI [1.07,1.14]) or female (RR = 1.10, 95% CI [1.06,1.13]).

3.5.7 Does sexual orientation predict program knowledge/satisfaction?

Yes. Average agreement with satisfaction with care and understanding of program scales by respondents' sexual orientation are shown in Figure 3.18.

Figure 3.18: Average agreement by sexual orientation

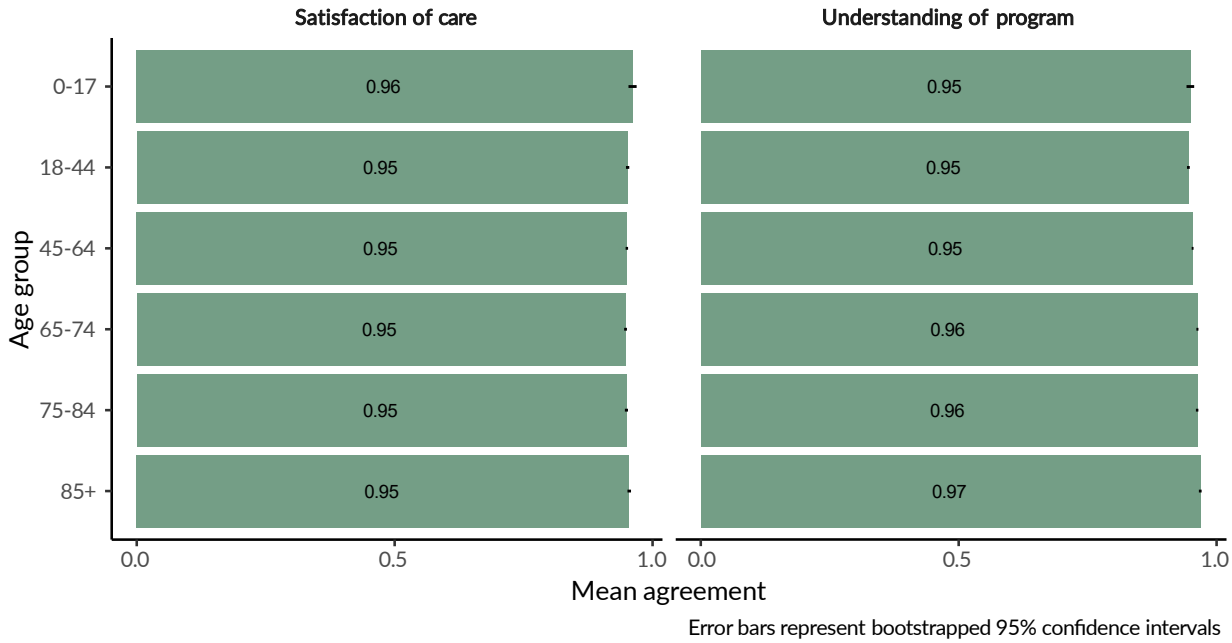


Two quasibinomial generalized linear models were conducted, with sexual orientation as a predictor of agreement with satisfaction with care and understanding of program items (respectively). These analyses revealed statistically significant differences by sexual orientation; respondents identifying as straight or heterosexual were significantly more likely to agree with satisfaction with care items (*RR* = 1.06, 95% CI [1.05,1.08]) and understanding of program items (*RR* = 1.04, 95% CI [1.03,1.05]) than were respondents identifying as other sexual orientations.

3.5.8 Does age group predict program knowledge/satisfaction?

Yes. Average agreement with satisfaction with care and understanding of program scales by respondents' age group are shown in Figure 3.19.

Figure 3.19: Average agreement by age group

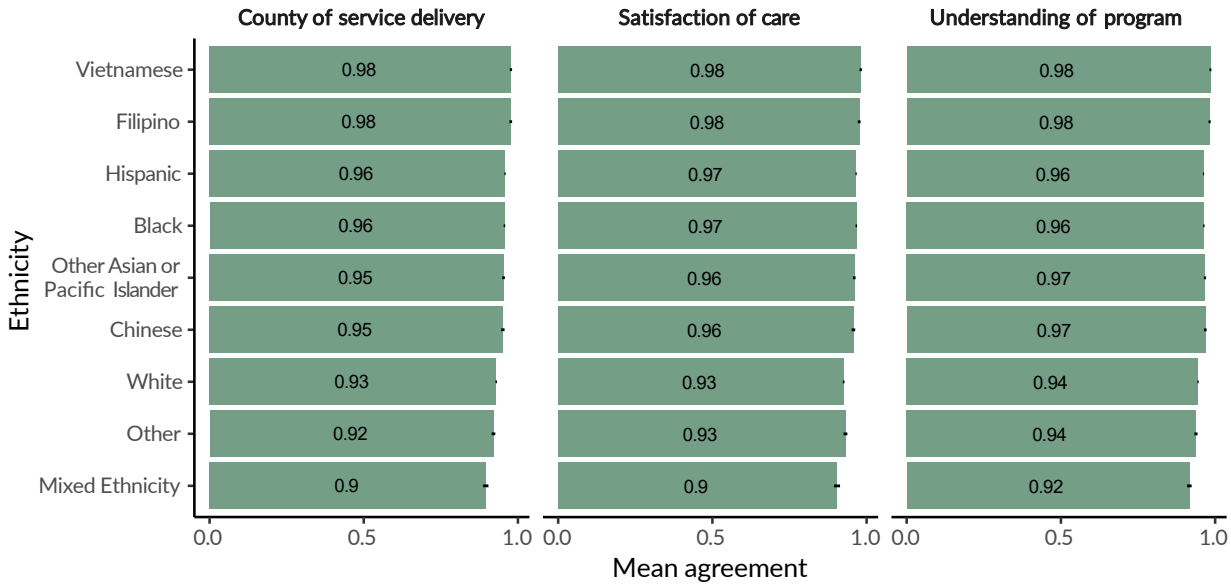


Two quasibinomial generalized linear models were conducted, with age group as a predictor of agreement with satisfaction with care and understanding of program items (respectively). These analyses revealed statistically significant differences by age group. For satisfaction with care, a significant positive quadratic trend was observed (*RR* = 1.11, 95% CI [1.06,1.16]) such that average agreement was lower for intermediate age groups than for older or younger age groups. For understanding of program, a significant positive linear trend was observed (*RR* = 1.17, 95% CI [1.12,1.22]) such that overall agreement increased with age.

3.5.9 Does ethnicity predict program knowledge/satisfaction?

Yes. Average agreement with satisfaction with care, understanding of program, and county of service delivery scales by respondents' ethnicity are shown in Figure 3.20. To avoid statistical issues with widely differing group sizes and variability, the following ethnicities with fewer than 1,000 responses each were combined into the category *Other Asian or Pacific Islander*: Korean (n=948), Asian Indian (n=900), Cambodian (n=300), Laotian (n=199), Japanese (n=125), Samoan (n=87), Hawaiian (n=31), and Guamanian (n=24). Additionally, American Indian or Alaskan Native (n=663) respondents were included in the category *Other*.

Figure 3.20: Average agreement by ethnicity



Groups ordered by average agreement.
Error bars represent bootstrapped 95% confidence intervals.

Three quasibinomial generalized linear models were conducted, with ethnicity as a predictor of agreement with satisfaction with care, understanding of program, and county of service delivery items (respectively). These analyses revealed statistically significant differences by ethnicity (see also Table B.7 in the Appendix).

- County of service delivery: Vietnamese (*RR* = 1.04, 95% CI [1.03,1.04]), Filipino (*RR* = 1.04, 95% CI [1.03,1.04]), Hispanic (*RR* = 1.01, 95% CI [1.01,1.02]), Black (*RR* = 1.01, 95% CI [1.01,1.02]),
  and Other Asian or Pacific Islander (*RR* = 1.01, 95% CI [1.00,1.01]) respondents were significantly more likely to agree with items compared to the average[3], while White (*RR* = 0.98, 95% CI [0.98,0.98]), Other (*RR* = 0.97, 95% CI [0.96,0.98]), and Mixed Ethnicity (*RR* = 0.94, 95% CI [0.93,0.96]) respondents were significantly less likely to agree.
- Satisfaction with care: Vietnamese (*RR* = 1.03, 95% CI [1.03,1.04]), Filipino (*RR* = 1.03, 95% CI [1.02,1.03]), Black (*RR* = 1.02, 95% CI [1.01,1.02]), Hispanic (*RR* = 1.02, 95% CI [1.01,1.02]),

[3]Each group was compared to the average of all other groups. Thus, for example, the mean of Vietnamese respondents was compared to the mean of all other respondents, excluding Vietnamese respondents, and the mean of White respondents was compared to the mean of all other respondents, excluding White respondents.

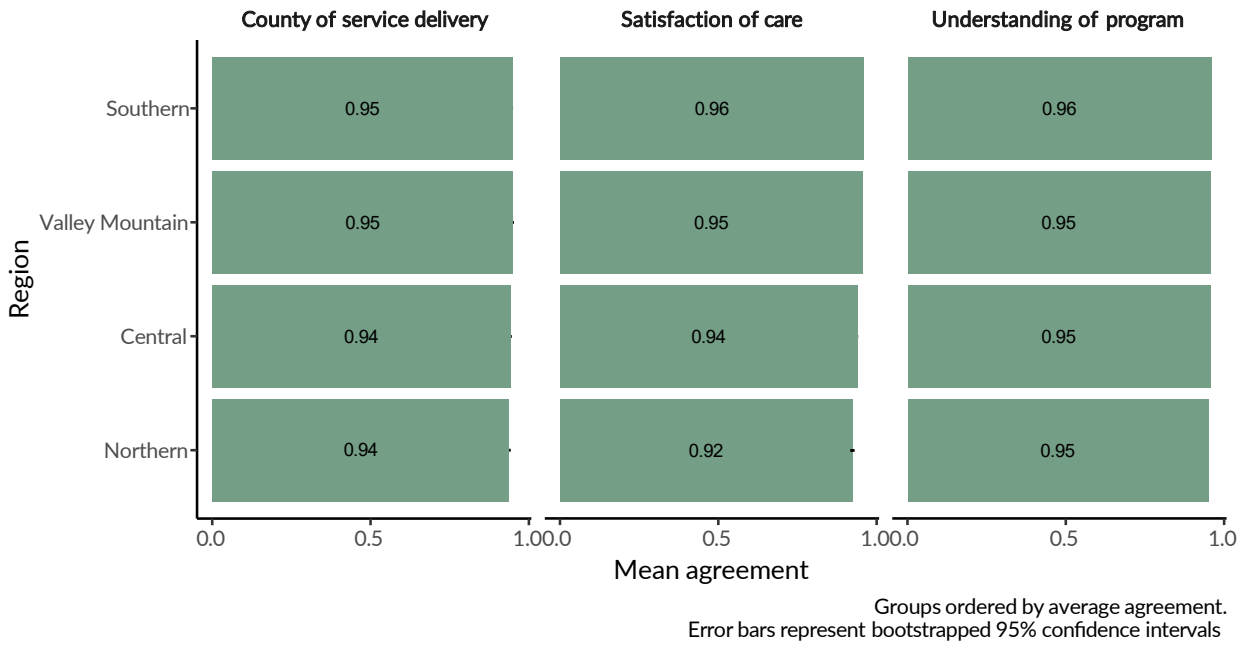
and Other Asian or Pacific Islander (*RR* = 1.01, 95% CI [1.00,1.01]) respondents were significantly more likely to agree with items compared to the average, while Other (*RR* = 0.98, 95% CI [0.97,0.99]), White (*RR* = 0.97, 95% CI [0.96,0.97]), and Mixed Ethnicity (*RR* = 0.95, 95% CI [0.94,0.96]) respondents were significantly less likely to agree.

- Understanding of program: Vietnamese (*RR* = 1.03, 95% CI [1.03,1.03]), Filipino (*RR* = 1.03, 95% CI [1.02,1.03]), Other Asian or Pacific Islander (*RR* = 1.01, 95% CI [1.00,1.02]), Chinese (*RR* = 1.01, 95% CI [1.00,1.02]), Black (*RR* = 1.01, 95% CI [1.00,1.01]), and Hispanic (*RR* = 1.00, 95%
  CI [1.00,1.01]) respondents were significantly more likely to agree with items compared to the average, while White (*RR* = 0.98, 95% CI [0.98,0.99]), Other (*RR* = 0.98, 95% CI [0.97,0.98]), and Mixed Ethnicity (*RR* = 0.95, 95% CI [0.94,0.96]) respondents were significantly less likely to agree.

3.5.10 Does state region predict program knowledge/satisfaction?

Yes. Average agreement with satisfaction with care and understanding of program scales by respondents' region are shown in Figure 3.21.

Figure 3.21: Average agreement by region



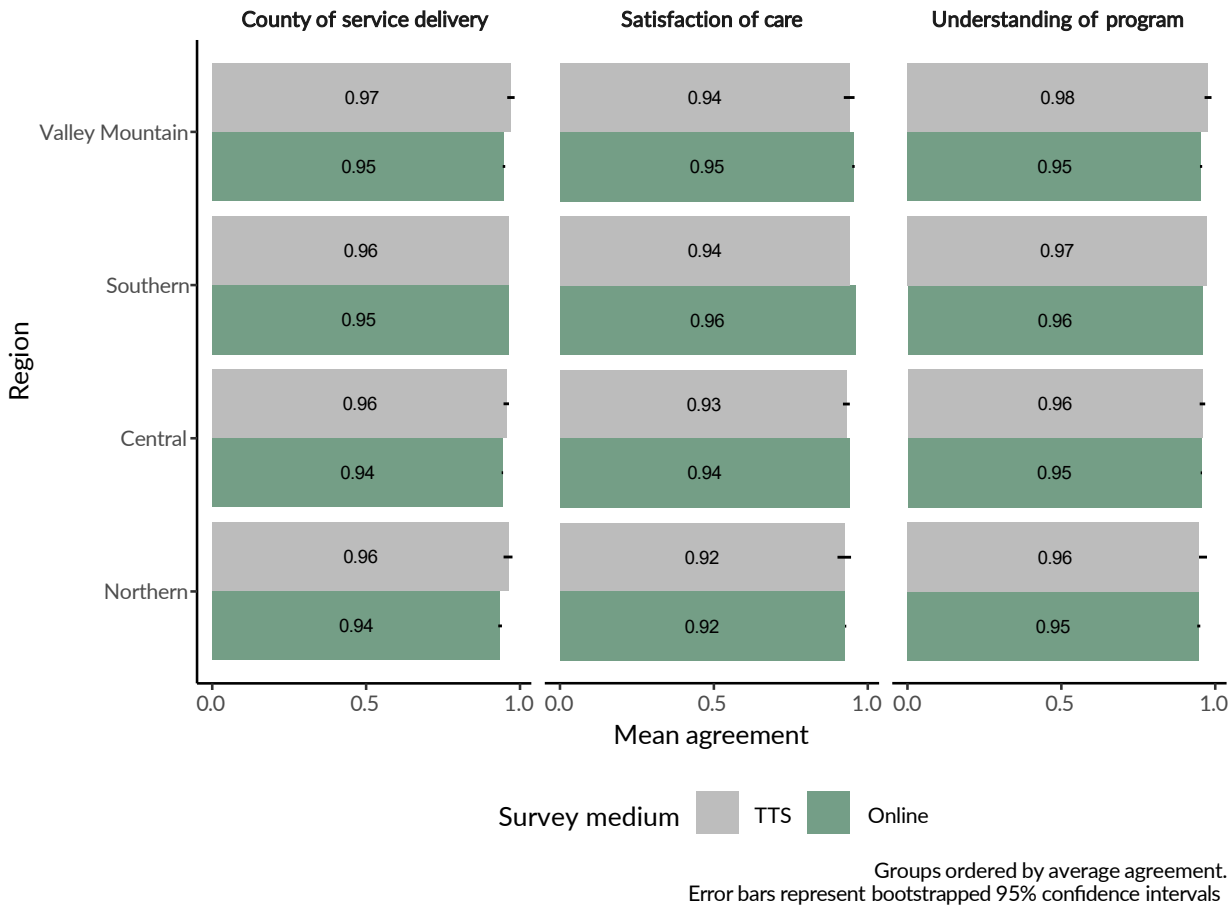
Three quasibinomial generalized linear models were conducted, with region as a predictor of agreement with satisfaction with care, understanding of program, and county of service delivery items (respectively). These analyses revealed statistically significant differences by region, as follows.

- County of service delivery: likelihood of agreement was greatest for the Valley Mountain region, followed by the Southern, Central, and Northern regions, respectively. All pairwise differences were statistically significant except those between the Central and Northern regions and between the Southern and Valley Mountain regions.
- Satisfaction with care: likelihood of agreement was greatest for the Southern region, followed by the Valley Mountain, Central, and Northern regions, respectively. All pairwise differences were statistically significant.
- Understanding of program: likelihood of agreement was greatest for the Southern region, followed by the Valley Mountain, Central, and Northern regions, respectively. All pairwise differences were statistically significant except those between the Central and Valley Mountain regions and the Southern and Valley Mountain regions.

3.5.11 Does survey medium predict program knowledge/satisfaction?

Partially. Average agreement with satisfaction with care and understanding of program scales by respondents' region and survey medium (online vs. TTS) are shown in Figure 3.22.

Figure 3.22: Average agreement by region and survey medium



Three quasibinomial generalized linear models were conducted, with region and survey medium (and their interaction) as predictors of agreement with satisfaction with care, understanding of program, and county of service delivery items (respectively).

- County of service delivery: a main effect of survey medium was observed such that TTS respondents were slightly more likely to agree with these items than online respondents (*RR* = 1.02, 95% CI [1.01, 1.03]).
- Satisfaction with care: significant effects of survey medium occurred only in the Southern region, with TTS respondents slightly less likely to agree with these items than online respondents (*RR* = 0.99, 95% CI [0.98, 0.99]).
- Understanding of program: significant effects of survey medium occurred in the Southern (*RR* = 1.02, 95% CI [1.01, 1.02]) and Valley Mountain (*RR* = 1.03, 95% CI [1.01, 1.04]) regions, with TTS respondents slightly more likely to agree with these items than online respondents.

4 Conclusions

Overall, an overwhelming majority of respondents appear highly satisfied with the IHSS program; across all three survey categories (satisfaction with care, understanding of program, and county of service delivery), proportions of positive responses (*agree* or *strongly agree*) to individual items ranged from 89-99%. The proportion of positive responses was highest regarding: the level of care the providers are offering (97.6%), the program's ability to articulate that it is the recipient's responsibility to hire and manage their own provider (99.1%), and the ability of the county to provide help in one's preferred language (98.2%).

Conversely, items with the lowest proportion of positive responses included a recipient's ability to find and hire a care provider that meets their needs (92.2%), a recipient's understanding of how to file for a fair hearing if they disagree with the county's decision (89.5%), and satisfaction with the speed of the county IHSS office to respond to individual needs (89.6%). Given this information, the IHSS program can improve upon these areas to ensure recipients are receiving the level of care and education they need to remain safely in their home. By increasing the level of access to care providers or improving upon the means with which they are hired, the program has an opportunity to enhance a recipient's ability to find a provider that meets their individualized needs. In addition, further educating recipients on how to file for a fair hearing and reducing the turn-around time between a recipient's inquiry and a county's response could boost the overall IHSS program experience.

Aside from the level of agreement with individual items, the analyses yielded several particular high- lights as well. Responses across all items were positively correlated; respondents who gave more positive responses to any one item were more likely to give positive responses to the remaining items. In addition, greater understanding of the program predicted greater satisfaction with care, reinforcing the importance of recipient education. Furthermore, 95.7% of respondents indicated a high level of program knowledge and resource awareness in 2023, whereas only 83.3% of respondents indicated the same in the 2015 Consumer Satisfaction Survey, suggesting a substantial increase in recipients' understanding of the program. Differences between demographic groups (primary language, gender identity, sexual orientation, age group, ethnicity, and region) were observed across all three survey categories. The magnitude of these differences was very low overall; the largest differences were observed for sexual orientation and gender identity. The program has an opportunity to explore possible factors impacting program satisfaction and program understanding for non-binary and LGBTQ+ individuals.

A Instrument used

The survey instrument used for the consumer satisfaction survey is shown on the following pages.

IHSS Consumer Satisfaction Survey 2023

Informed Consent

This In-Home Supportive Services (IHSS) Consumer Satisfaction Survey is being sent to you by the California Department of Social Services (CDSS). The survey is conducted periodically by CDSS as a way to determine consumers' understanding of and satisfaction with the IHSS Program, services, and self-direction options.

Survey participation is voluntary and your responses to the survey are completely anonymous. Once all surveys have been received, results will be grouped together and no individual who participated will be identifiable in the group results.

The purpose of this survey is to determine the level of help that the IHSS Program brings to you, as well as any parts of the service that should be considered for improvements in the future. The survey will also help CDSS to determine how well the IHSS Program meets your needs.

Your feedback is important and could possibly improve the IHSS Program. By completing and submitting this survey to CDSS, you are agreeing to allow us to study and use the results in a final report of all findings from all recipients of this survey. If you do not feel comfortable with any question, you may select "does not apply".

If you have questions about this survey, email them to IHSS@dss.ca.gov.

IHSS
IN-HOME SUPPORTIVE SERVICES

CDSS
CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES

For the following questions rate how strongly you agree or disagree with the statements regarding the IHSS Program:

1. I am able to find and hire a care provider who meets my needs.
    a. Strongly Agree
    b. Agree
    c. Disagree
    d. Strongly Disagree
    e. Does Not Apply
2. I am able to hire a care provider who speaks my language.
    a. Strongly Agree
    b. Agree
    c. Disagree
    d. Strongly Disagree
    e. Does Not Apply
3. I am satisfied with the care that I receive from my provider.
    a. Strongly Agree
    b. Agree
    c. Disagree
    d. Strongly Disagree
    e. Does Not Apply
4. Overall, I am satisfied with my experience with the IHSS Program.
    a. Strongly Agree
    b. Agree
    c. Disagree
    d. Strongly Disagree
    e. Does Not Apply
5. The informational materials I received from the county increased my understanding of the IHSS Program.
    a. Strongly Agree
    b. Agree
    c. Disagree
    d. Strongly Disagree
    e. Does Not Apply
6. I know how to file for a fair hearing if I disagree with the county's decision.
    a. Strongly Agree
    b. Agree
    c. Disagree

   d. Strongly Disagree
   e. Does Not Apply

7. I understand that I am responsible for choosing and managing my own provider.
   a. Strongly Agree
   b. Agree
   c. Disagree
   d. Strongly Disagree
   e. Does Not Apply

8. I understand that I am responsible for letting my social worker know if my needs have changed.
   a. Strongly Agree
   b. Agree
   c. Disagree
   d. Strongly Disagree
   e. Does Not Apply

9. I know how to contact my county IHSS office when I need help.
   a. Strongly Agree
   b. Agree
   c. Disagree
   d. Strongly Disagree
   e. Does Not Apply

10. I am able to receive help from the county in my preferred language.
   a. Strongly Agree
   b. Agree
   c. Disagree
   d. Strongly Disagree
   e. Does Not Apply

11. My social worker explained the IHSS forms before I signed them.
   a. Strongly Agree
   b. Agree
   c. Disagree
   d. Strongly Disagree
   e. Does Not Apply

12. My social worker listens to me about what I need.
   a. Strongly Agree
   b. Agree
   c. Disagree

d. Strongly Disagree
e. Does Not Apply

13. I am satisfied with how quickly my county IHSS Program responds to my needs.

a. Strongly Agree
b. Agree
c. Disagree
d. Strongly Disagree
e. Does Not Apply

14. I understand that my County Public Authority can help me find a new care provider.

a. Strongly Agree
b. Agree
c. Disagree
d. Strongly Disagree
e. Does Not Apply

IHSS IN-HOME SUPPORTIVE SERVICES

CDSS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The following demographic questions will be used for data collection purposes only. Your responses are completely anonymous.

Which county do you reside in?

What is your age?

What is your ethnicity?

a. White
b. Hispanic
c. Black
d. Other Asian or Pacific Islander
e. American Indian or Alaskan Native
f. Filipino
g. Chinese
h. Cambodian
i. Japanese
j. Korean
k. Samoan
l. Asian Indian
m. Hawaiian
n. Guamanian
o. Laotian
p. Vietnamese
q. Other
r. Mixed Ethnicity

What is your gender identity?

a. Female
b. Male
c. Other Gender Identity

How do you describe your sexual orientation?

a. Straight/Heterosexual
b. Gay or Lesbian
c. Bisexual
d. Queer
e. Another Sexual Orientation
f. Unknown

What is your preferred written and spoken language?

a. American Sign Language (AMISLAN or ASL)
b. Spanish

c. Cantonese
d. Japanese
e. Korean
f. Tagalog
g. Other non-English
h. English
i. Other Sign Language
j. Mandarin
k. Other Chinese Languages
l. Cambodian
m. Armenian
n. Ilocano
o. Mien
p. Hmong
q. Lao
r. Turkish
s. Hebrew
t. French
u. Polish
v. Russian
w. Portuguese
x. Italian
y. Arabic
z. Samoan
aa. Thai
bb. Farsi
cc. Vietnamese

B Response tables

B.1 Responses to current and previous surveys

Table B.1: Summary of responses to current and previous surveys

Year	Recipients contacted	Responses received
2010	8,355	3,373
2012	5,878	2,269
2014	5,560	1,123
2015	20,000	4,846
2023	751,520	73,446

B.2 Demographics

Table B.2: Respondent demographics

Item	n	Percent
Age		
0-17	1,417	2.1%
18-44	10,914	16.2%
45-64	220,38	32.7%
65-74	14,544	21.6%
75-84	10,757	16.0%
85+	7,649	11.4%
Ethnicity		
American Indian or Alaskan Native	663	1.0%
Asian Indian	900	1.3%
Black	11,152	16.5%
Cambodian	300	0.4%
Chinese	2,923	4.3%
Filipino	2,490	3.7%
Guamanian	24	0.0%
Hawaiian	31	0.0%
Hispanic	17,950	26.6%
Japanese	125	0.2%
Korean	948	1.4%
Laotian	199	0.3%
Mixed Ethnicity	2,040	3.0%
Other	3,362	5.0%
Other Asian or Pacific Islander	1,445	2.1%
Samoan	87	0.1%
Vietnamese	2,787	4.1%
White	19,980	29.6%
Language		

(continued)

Item	n	Percent
American Sign Language	140	0.2%
Arabic	612	0.9%
Armenian	1,104	1.7%
Cambodian	127	0.2%
Cantonese	1,255	1.9%
English	48,057	71.9%
Farsi	884	1.3%
French	25	0.0%
Hebrew	16	0.0%
Hindi	3	0.0%
Hmong	78	0.1%
Ilocano	50	0.1%
Italian	9	0.0%
Japanese	36	0.1%
Korean	761	1.1%
Lao	78	0.1%
Mandarin	1,054	1.6%
Mien	11	0.0%
Other Chinese Language	89	0.1%
Other Non-English	546	0.8%
Other Sign Language	93	0.1%
Polish	6	0.0%
Portuguese	38	0.1%
Punjabi	6	0.0%
Russian	1,019	1.5%
Samoan	27	0.0%
Spanish	7,894	11.8%
Tagalog	595	0.9%
Thai	49	0.1%
Turkish	6	0.0%
Vietnamese	2,179	3.3%
Gender		
Female	44,193	65.5%
Male	22,908	34.0%
Other Gender Identity	326	0.5%
Orientation		
Straight/Heterosexual	54,342	88.0%
Gay or Lesbian	1,052	1.7%
Bisexual	619	1.0%
Queer	152	0.2%
Another Sexual Orientation	319	0.5%
Unknown	5,296	8.6%

Table B.3: Population demographics (December 2023)

Item	Population	Percent
Gender		
Female	435,153	58.0%
Male	315,384	42.0%
Ethnicity		
White	214,603	28.6%
Hispanic	237,203	31.6%
Black	102,079	13.6%
Asian or Pacific Islander	17,039	2.3%
American Indian or Alaskan Native	3,532	0.5%
Filipino	22,864	3.0%

(continued)

Item	Population	Percent
No Valid Data Reported	10,725	1.4%
Amerasian	406	0.1%
Chinese	46,463	6.2%
Cambodian	6,456	0.9%
Japanese	915	0.1%
Korean	14,252	1.9%
Samoan	783	0.1%
Asian Indian	11,737	1.6%
Hawaiian	231	0.0%
Guamanian	113	0.0%
Laotian	4,081	0.5%
Vietnamese	32,228	4.3%
Other	24,827	3.3%
Language		
American Sign Language	699	0.1%
Spanish	142,616	19.0%
Cantonese	29,369	3.9%
Japanese	210	0.0%
Korean	12,886	1.7%
Tagalog	10,922	1.5%
Other Non-English	11,592	1.5%
English	398,794	53.1%
No Valid Data Reported	371	0.0%
Other Sign Language	192	0.0%
Mandarin	14,445	1.9%
Other Chinese Languages	1,057	0.1%
Cambodian	5,618	0.7%
Armenian	40,559	5.4%
Ilocano	339	0.0%
Mien	847	0.1%
Hmong	2,933	0.4%
Lao	2,447	0.3%
Turkish	85	0.0%
Hebrew	51	0.0%
French	61	0.0%
Polish	56	0.0%
Russian	15,981	2.1%
Portuguese	405	0.1%
Italian	66	0.0%
Arabic	8,543	1.1%
Samoan	204	0.0%
Thai	477	0.1%
Farsi	14,619	1.9%
Vietnamese	31,368	4.2%
Hindi	493	0.1%
Punjabi	2,085	0.3%
Ukrainian	147	0.0%
Age		
0-17	71,707	9.6%
18-44	108,241	14.4%
45-64	152,794	20.4%
65-74	156,287	20.8%
75-84	152,684	20.3%
85+	108,824	14.5%

B.3 Survey items

Table B.4: Satisfaction with care

Item	Strongly disagree	Disagree	Agree	Strongly agree
I am able to find and hire a care provider who meets my needs.	2,084	2,996	22,452	37,547
I am able to hire a care provider who speaks my language.	826	1,636	20,039	41,721
I am satisfied with the care that I receive from my provider.	607	997	14,001	52,142
Overall, I am satisfied with my experience with the IHSS Program.	1,296	2,197	19,062	46,881

Table B.5: Understanding of program

Item	Strongly disagree	Disagree	Agree	Strongly agree
I know how to file for a fair hearing if I disagree with the county's decision.	1,343	5,283	31,876	24,616
I understand that I am responsible for choosing and managing my own provider.	192	389	23,979	42,149
I understand that I am responsible for letting my social worker know if my needs have changed.	288	619	24,467	41,929
The informational materials I received from the county increased my understanding of the IHSS Program.	830	2,500	29,242	34,608

Table B.6: County of service delivery

Item	Strongly disagree	Disagree	Agree	Strongly agree
I am able to receive help from the county in my preferred language.	369	814	23,815	40,861
I am satisfied with how quickly my county IHSS Program responds to my needs.	2,197	4,556	26,612	31,592
I know how to contact my county IHSS office when I need help.	909	2,071	26,259	38,110
I understand that my County Public Authority can help me find a new care provider.	1,195	2,838	28,982	29,361
My social worker explained the IHSS forms before I signed them.	596	1,388	24,257	39,867
My social worker listens to me about what I need.	1,210	2,390	23,386	38,661

B.4 Agreement by ethnicity

Table B.7: Agreement by ethnicity (versus mean agreement across other ethnicities)

Group	County of service delivery	Satisfaction with care	Understanding of program
White	0.98 [0.98,0.98]*	0.97 [0.96,0.97]*	0.98 [0.98,0.99]*
Hispanic	1.01 [1.01,1.02]*	1.02 [1.01,1.02]*	1.00 [1.00,1.01]*
Black	1.01 [1.01,1.02]*	1.02 [1.01,1.02]*	1.01 [1.00,1.01]*
Other Asian or Pacific Islander	1.01 [1.00,1.01]*	1.01 [1.00,1.01]*	1.01 [1.00,1.02]*
Other	0.97 [0.96,0.98]*	0.98 [0.97,0.99]*	0.98 [0.97,0.98]*
Chinese	1.01 [1.00,1.01]	1.01 [1.00,1.01]	1.01 [1.00,1.02]*
Vietnamese	1.04 [1.03,1.04]*	1.03 [1.03,1.04]*	1.03 [1.03,1.03]*
Filipino	1.04 [1.03,1.04]*	1.03 [1.02,1.03]*	1.03 [1.02,1.03]*
Mixed Ethnicity	0.94 [0.93,0.96]*	0.95 [0.94,0.96]*	0.95 [0.94,0.96]*

* $p < 0.05$