



# Part 3 — Improving the Training and Registry Systems

Negotiations for our next union contract start in March 2019, and caregivers like you will sit down with representatives from the State of Oregon to bargain our next contract. We need to know what changes you'd like to see.

We know there are many important issues to tackle, so we are launching a three part survey.

- November: Wages, Benefits & Retirement
- December: Improving Payroll Systems
- **January: Training, Registry & other important issues**

**We know from member feedback that workforce development opportunities around training, referral and retention are top issues that we need to tackle over the coming year.** We also know that the current OHCC training and registry systems are failing to meet the needs of workers and consumers. Before we start bargaining with the state on these issues, it is important that we hear from you about what system improvements we should prioritize..

## Training

**Have you attended training through the Oregon Home Care Commission within the last year?**

- Yes
- No
- I'm not sure

**If you have NOT attended a training through the Oregon Homecare Commission, why?** *Please check all that apply.*

- I'm not planning to stay in this line of work
- There were no topics of interest to me
- Classes didn't fit my schedule
- The classes weren't offered in a convenient location
- Childcare issues
- Language barriers
- Other (Please specify)

**If you HAVE attended a training through the Oregon Home Care Commission, evaluate your experience with those trainings below:**

**How likely are you to recommend training through the Homecare Commission (OHCC)?**

- Not likely
- Somewhat likely
- Very likely

**How well did your Orientation prepare you to provide personal support or home care for your clients?**

- Not well
- Well
- Very well

**Do you believe you have access to high quality training in your area?**

- No, I have no access
- Somewhat, access is limited
- Yes, I have access

**Are you interested in long-term care career opportunities (hospital, nursing home, facility-based)?**

- No, I plan to leave the care field
- Maybe/not sure
- Yes

**What should our union prioritize?** *(check all that apply)*

- Higher quality training
- Training that leads to certification and a pathway to career opportunities (CNA, RN...)
- Training that is more relevant to the type of services I provide
- Training that is accessible online

Other

**How often do you access the internet?**

- Daily
- Weekly
- Every other week
- Monthly
- Rarely

**How do you access the internet?** *Check all that apply*

- Smartphone/tablet
- Laptop
- Desktop
- Through a connection at home
- Through a connection in a library
- Through a connection at my consumer's home
- Through a connection in a business (e.g., a coffeeshop)

**What do you use the internet for?** *Check all that apply*

- Checking email
- Social media (eg Facebook)
- Shopping
- Banking
- Entertainment (e.g., streaming videos or music)

**Is there anything else you want us to know about training?**

# Registry and Referral: Connecting Workers and Consumers

In thinking about ways our union can influence the state to improve its registry and match-making capability, on a scale of 1-5, with 1 being most confident and 5 being not confident at all:

**How confident are you in relying on state systems to be able to find a new consumer-employer/when you need more hours?**

1 (Very confident)  2  3  4  5 (Not confident at all)

**On a scale of 1 to 5, how reliable is the state-run registry?**

1 (Very confident)  2  3  4  5 (Not confident at all)

**What are the top 3 registry improvements needed so you can make a better match with a potential consumer-employer?**

- |   |  |
|---|--|
| <input type="radio"/> potential consumer-employer?      | <input type="radio"/> easier to navigate/use                       |
| <input type="radio"/> more search/sort options          | <input type="radio"/> Best system for finding back-up/respite care |
| <input type="radio"/> more accurate/updated information | <input type="radio"/> more consumer-employer options               |

**How frequently do you use the state-run registry?**

- |                               |                              |
|-------------------------------|------------------------------|
| <input type="radio"/> Daily   | <input type="radio"/> Rarely |
| <input type="radio"/> Weekly  | <input type="radio"/> Never  |
| <input type="radio"/> Monthly |                              |

**Are you currently looking for a new Consumer/more hours?**

Yes  No

**Do you provide services to a family member?**

Yes  No

**Do you see homecare or personal support work as a long term career choice?**

Yes  No

**Is there anything else you want us to know about the Registry/Referral system?**

**Have you had to pay out-of-pocket for fingerprints?**  Yes  No If yes, how much? \$\_\_\_\_\_

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## CONTACT INFORMATION

FIRST NAME

LAST NAME

STREET ADDRESS

CITY  STATE  ZIP

CELL PHONE\*

EMAIL

\*By providing my phone number, I understand that the Service Employees International Union (SEIU), its local unions, and affiliates may use automated calling technologies and/or text message me on my cellular phone on a periodic basis. SEIU will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Reply STOP to stop receiving messages; reply HELP for more information.

## Optional Demographic Information

SEIU Local 503 is committed to honoring the diversity of all members. This optional demographic information helps us understand the social identities of our membership.

Gender

- Female  Male  Non-Binary  Other

Preferred pronouns

- She/Her/Hers  He/Him/His  They/Them/Their(s)  Other (please specify) \_\_\_\_\_

Which of the following most closely represent your race/ethnicity (check all that apply):

- African or African-American  
 Asian or Asian American  
 Arab American, Middle Eastern, or North African  
 Hispanic or Latinx  
 Native American or Indigenous  
 Native Hawaiian or Other Pacific Islander  
 White  
 Other (please specify)

Preferred language

- English  ASL (Sign Language)  Cantonese  
 Mandarin  Russian  Spanish  
 Vietnamese  Amharic  Haitian Creole  
 Hmong  Korean  Nepali  
 Romanian  Somali  Tagalog  
 Tigrinya  Toishanese  Other (please specify)

Turned in by/Organizer Name: \_\_\_\_\_ Date: \_\_\_\_\_