



KARE HERO Camille T.

# Covid Survey from the **FRONT LINES**

Fears & Attitudes from the HEROES Who Care for Our Seniors

# Introduction

You may be as tired of reading about COVID-19 as we are of writing about it.

But consider this; when was the last time you read a COVID study from the frontline caregiver's point of view? Sure, there are a lot of studies of managers and organizations and what THEY think is going on with their workforce, however we know how assumptions about other groups may not always tell the whole story.

Luckily, since KARE's mission is to empower frontline caregivers, nurses and hospitality workers to gain financial independence by picking up extra shifts at senior and post-acute care communities, we have thousands of HEROES that pick up shifts every day with us. So, we thought, let's ask them!

Starting in March, when COVID concerns & lock down orders were in their infancy, we started asking them to share how they are feeling. A few months later, we asked again. And last month, we asked again!

**So, what did we learn? Here are some key takeaways:**



## **UNWAVERING MISSIONAL PEOPLE**

More than anything, frontline caregivers and nurses are missional. They are committed to seniors and most are willing to put themselves on the line despite their fears



## **FEAR IS REAL**

Many still do have fears! They know that, in some ways they are putting their faith in a community's ability to control the spread of the infection



## **LIMITED ABILITY TO WORK**

Whether it is fear of catching the virus, or because, like the rest of us, various shutdowns (schools, churches, daycare centers, etc.) have disrupted our daily lives, a significant portion of our frontline workforce has been limited in their ability to work. This added stress to an already understaffed industry.



## **UNEMPLOYMENT PERKS AREN'T DRIVING THEM TO STAY HOME**

Based on our survey results, the fear that frontline healthcare workers were staying at home because they were making more money on government unemployment subsidies may have been just that – fear. It turns out that this situation may not have been as bad as we thought at the time the CARES Act was implemented



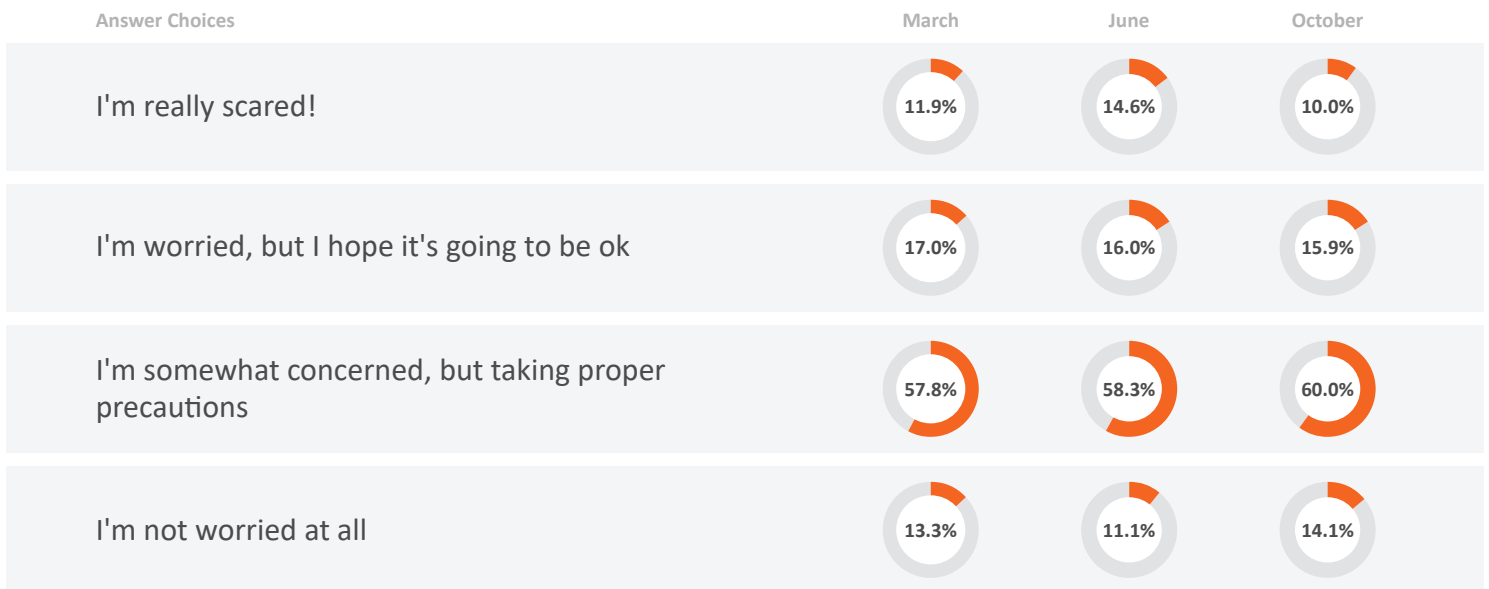
## **GETTING COMPENSATED MORE FOR PANDEMIC WORK**

About two-thirds of all communities are offering their workers SOME form of hazard pay, even if COVID is not present in the facility.

A note about this survey. This survey was conducted over several weeks in March, then again in May/June, and then again in September/October. The volunteers for the survey were hundreds of caregivers (CNAs, CMAs, LVN/LPNs and RNs) who live in the states where KARE is currently active.

# Part I: Fear

## How concerned are you about catching the Coronavirus?



### As cases go up, fear goes up, when cases go down, fear goes down

What is striking about this graphic is how consistent it is, statistically speaking. The only apparent statistical deviation was with the spike in June as COVID cases were at their peak in the regions where KARE operates. In late September and early October, that fear seemed to have subsided a bit as the cases hit a trough. We suspect that when we run this survey again, we expect the fear factor would increase with winter's "2nd wave."

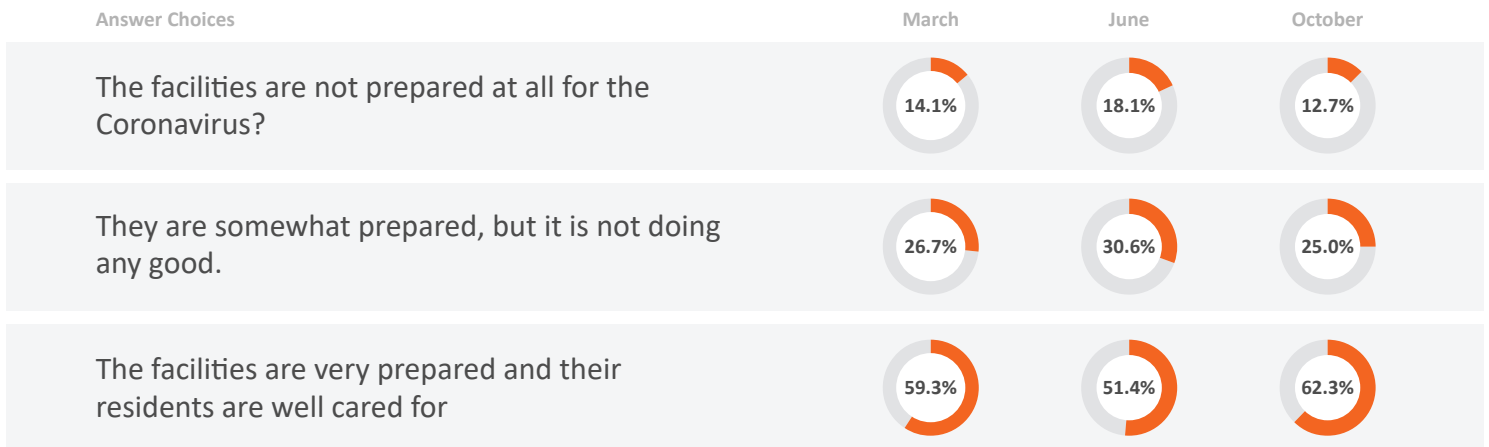
### Our HEROES are courageous and will strap on their PPE and get to work

Despite the spikes in cases, the desire to help seniors has not subsided for over **70%** of our workforce. Sometimes we take this commitment for granted. A quick tip! Spend time calling out the heroes for their commitment vs focusing on that small percentage that isn't committed.



# PART II: What do caregivers think of YOU!?

In all of the facilities you work in do you generally feel that:



In March nobody knew anything on how COVID would impact our world. We had fear, no processes, and little to no PPE. We asked hundreds of frontline caregivers at that time if they believed facilities were prepared, they generally agreed that yes, they were prepared. However, a lot of HEROES felt they were not. This concern reached its highest levels in June when cases were the highest, and subsided when cases dropped in September and early October.

## TAKEAWAY

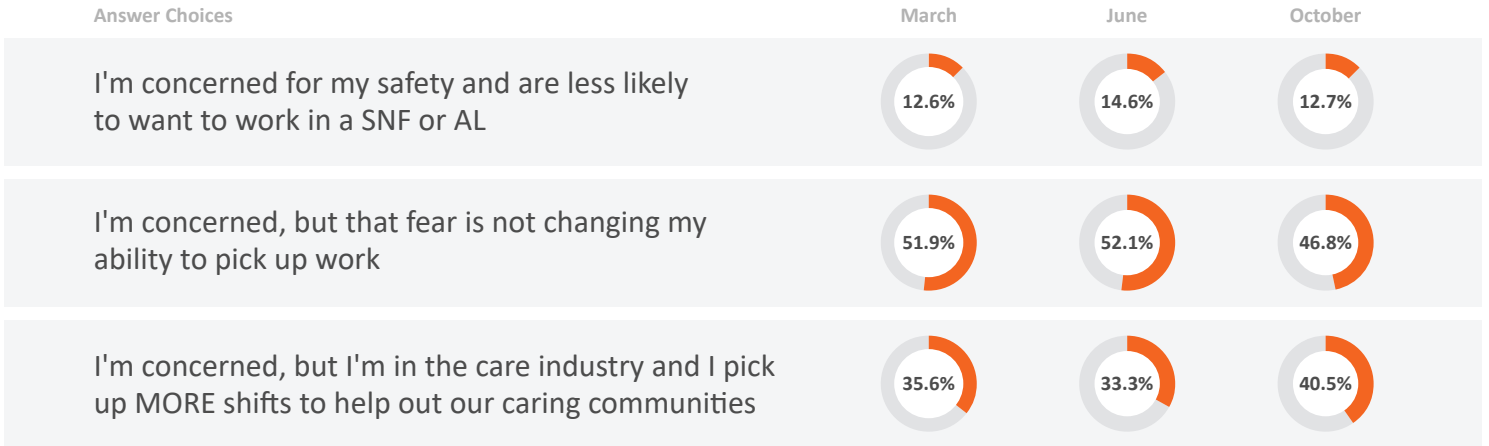
**COLLABORATIVE INFECTION CONTROL BUILDING:** KARE has found when infection control policies and practices are not an “us” (staff) vs “them” (management) plan, it builds greater confidence in a community’s ability to contain the virus.

One thing KARE has learned from customers is that, if a couple of staff members test positive for COVID, communities typically do not show major signs of staffing disruptions. **BUT**, if there is a small outbreak within a community’s resident population, **expect 25% to 50%** of a community’s staff to call off their shifts within **48 hours**. While our caregiving workforce generally believes that their communities are doing the best they can, they do believe the risk of an outbreak is ever present.



# PART III: The COVID Threat

(Remember your response is anonymous) When I work at a facility, with the threat of the Coronavirus...



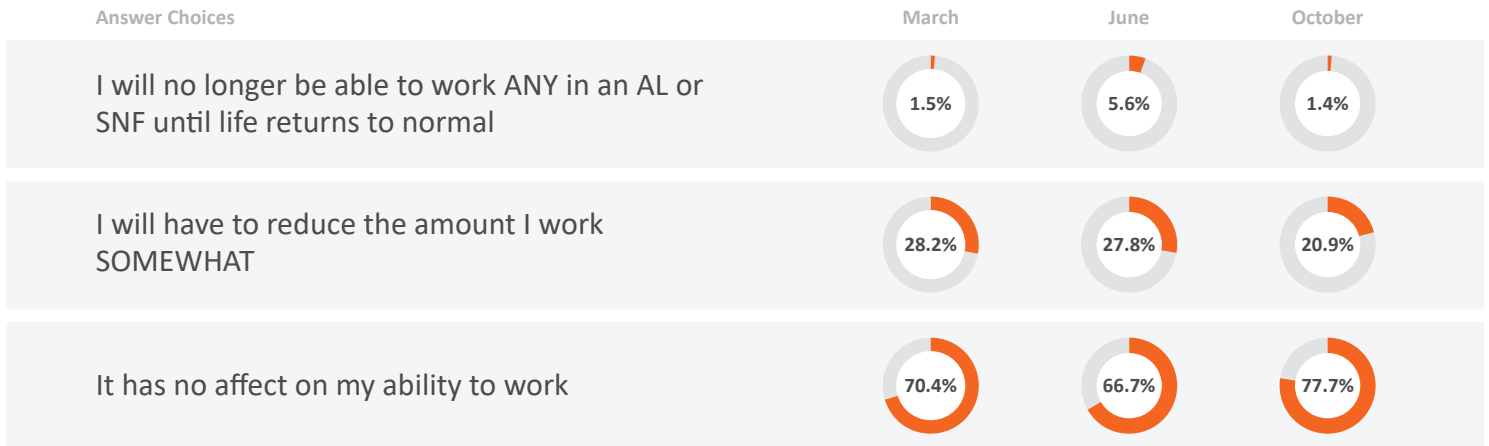
It is no secret that our workforce can work multiple jobs to make ends meet. Often, these jobs are outside of our industry. Consistent with our previous questions, however, the vast majority of our caregivers are committed to serving seniors. They clearly fight through the fear! Often sacrificing themselves for those who need care the most.

Yes, there was a little spike in concern when cases were highest, but generally speaking, your caregivers, our HEROES, and are committed to SAVING THE DAY!



# PART IV: COVID affects our lives

With so many businesses, schools, churches and other organizations shut down due to the Coronavirus:



There are two ways of looking at these responses:

### Glass half full:

Consistent with the previous questions, the overwhelming majority of our frontline workforce is still committed to caring for seniors, and the pandemic has not affected their ability to work. Also, when the number of COVID cases dropped in September and October, our HEROES' desire to pick up work clearly increased.

### Glass half empty

Consider this; prior to the COVID-19 pandemic, our industry was already facing a significant and growing labor shortage. Now, with logistic challenges foisted upon our workforce, and **20% to 30%** of our workforce saying that they will be limited in their ability to work, this adds a significant level of stress to our already understaffed communities.

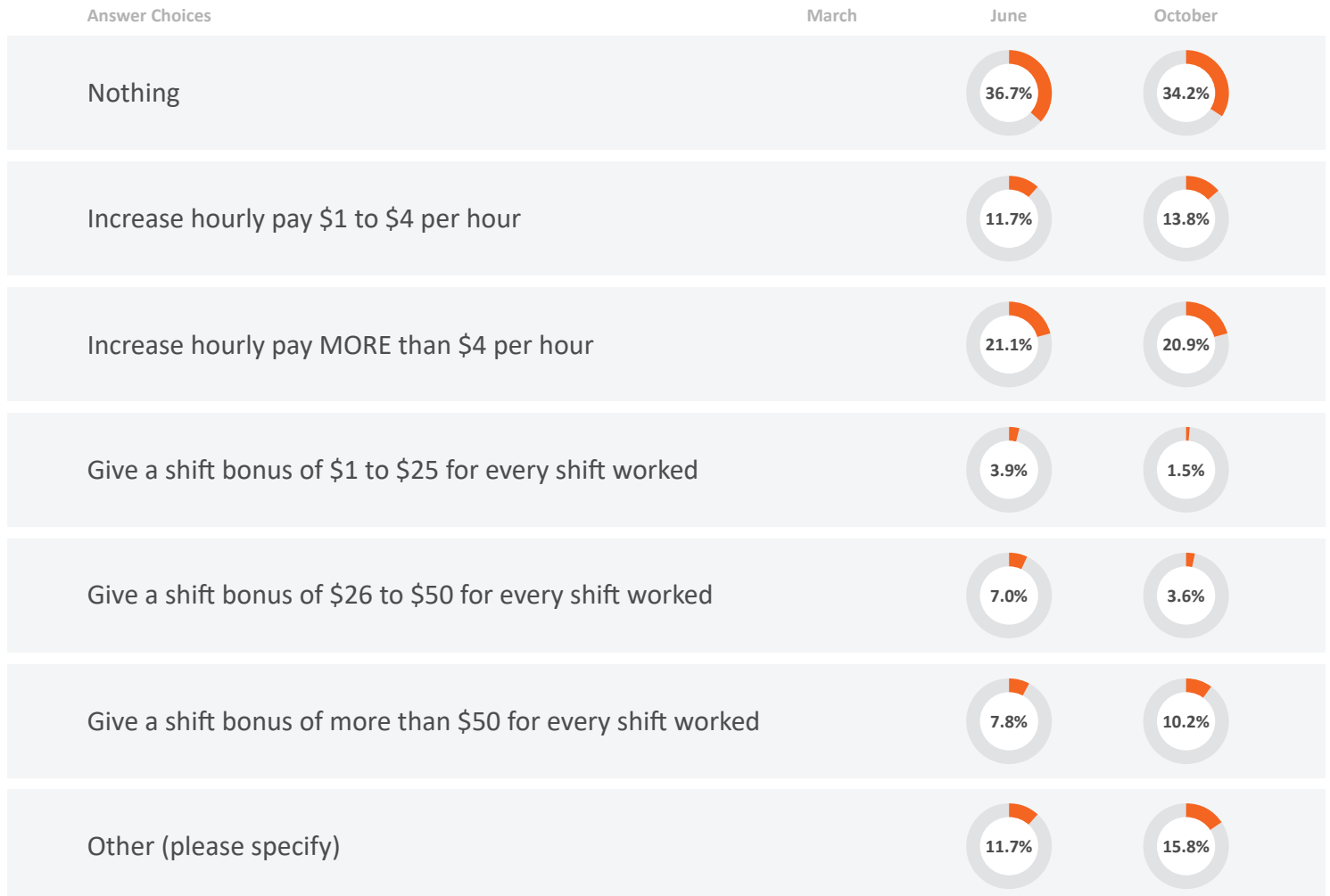
Another area of concern; when the prevalence of COVID infection was at its highest in May and June, we did see a significant increase in caregivers who were unable to work.

While not reflected in these survey results, we at KARE have seen that money can help overcome this issue. We have seen frontline workers willing to increase their utilization when they feel they are properly compensated for the risk that they take. Which brings us to . . .



# PART V: Show me the money

If you work full time at one facility (not a Kare customer), what are they doing for wages during the pandemic?



By June, Senior Care and Post-Acute Care communities had started to implement new policies to help deal with the crisis, and their payment practices were no different. We were able to ask hundreds of frontline nurses and caregivers what they saw in the marketplace. We thought the results were very interesting!

About one third of ALs and Nursing Homes have not changed their payment practices. But the rest have implemented vastly different incentives to keep caregivers working. Granted, the data above do not distinguish between COVID infected buildings and those that are not. The “market” still appears to be highly inefficient and most communities don’t know what the “going rate” is. For instance, in May, one of our KARE customers told us that they were paying all of their CNAs a \$300 bonus ON EVERY SHIFT based on rumors they were hearing in the market! Luckily, we were able to share what KARE saw in the marketplace and the operator was able to reduce their bonus compensation.

As KARE works with so many communities and companies in the senior care space, we collect a significant amount of labor data. If you are interested in knowing if your payment practices are significantly out of market, please let us know. We have data to help guide your compensation strategy.

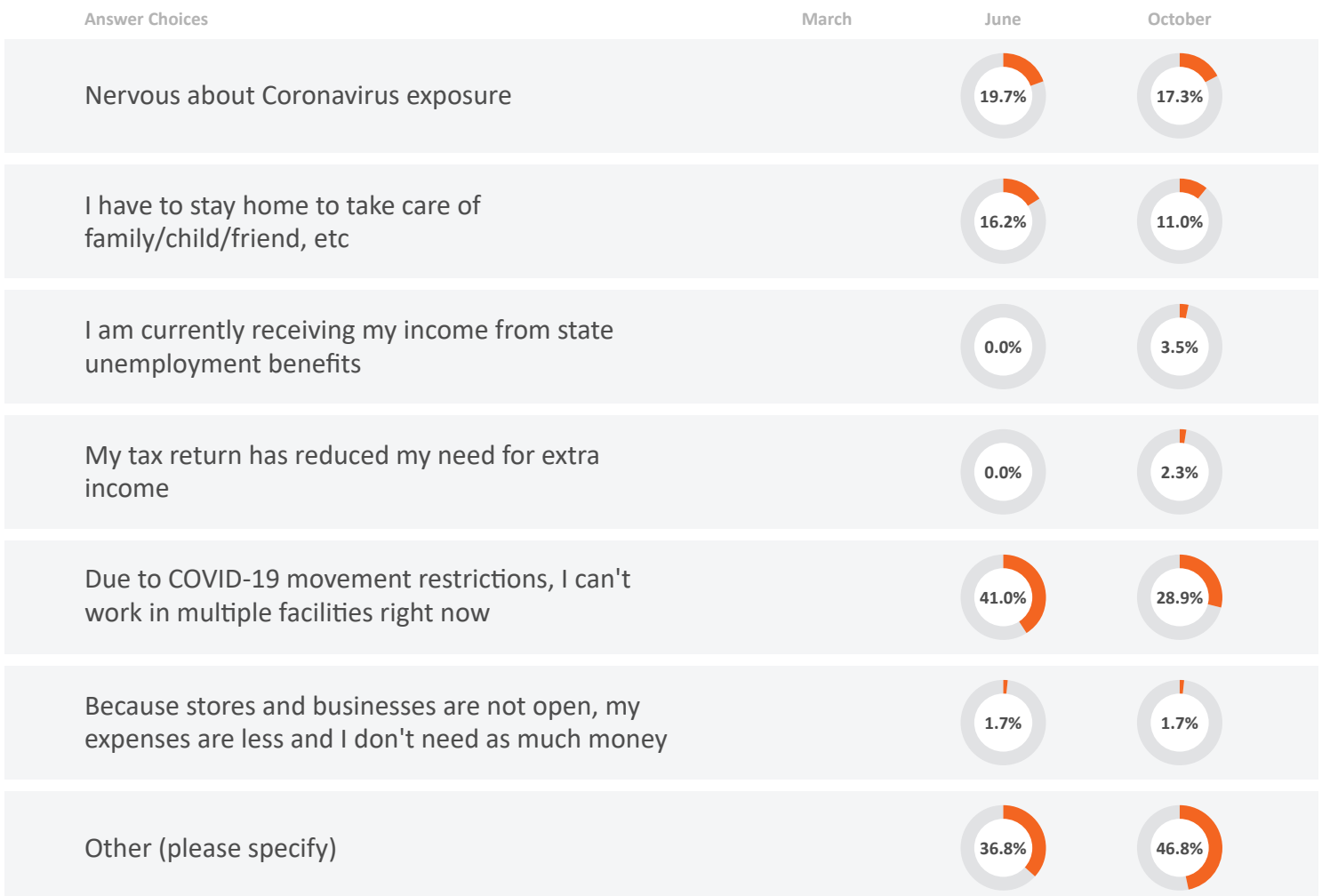
**A note about the “Other” responses:**

The responses to this question were varied. Because the question was mandatory, it included responses from HEROES who were choosing not to work in the industry at all and would indicate that fact in this response category. Many responses were simply more specific responses to the categories shown above. However, a significant number of respondents indicated that many communities were automatically paying time and a half as hazard pay, an option we did not offer as a response.

## PART VI: Why are caregivers NOT working?

(Remember your response to this question is anonymous, so please respond honestly).

**If you have NOT worked as a caregiver recently, please choose the reasons you have decided not to. \*\*\*SELECT UP TO THREE RESPONSES\*\*\***





The results of this question are extremely insightful. Granted, the respondents of this question were a smaller subset of the overall survey, but their responses were still significant.

First, let's start with the responses in the "Other" category. One option we never gave our respondents was the option to select "The pay is too low." Had we offered that option, it may have been our number one response.

One thing is clear: **Money talks or Heroes walk.** If we look at all of the questions above, one thing is for certain; our caregivers are missional and want to help, but they also expect to be compensated for risk, either perceived or real.

Also, consistent with the previous questions, concerns over catching the virus and the logistical difficulties with managing family obligations have put a significant strain on caregivers' ability to work.

Finally, the movement restrictions placed on healthcare workers by either government mandate, or due to company policy, put a significant strain on our workforce. We all know that many, if not most, of our frontline workforce work multiple jobs. When these became restricted due to COVID, we saw a significant number leave this workforce in favor of jobs that don't have similar restrictions. This reached an apex in the late spring and early summer and appeared to subside as COVID infection rates declined and policies became more relaxed.

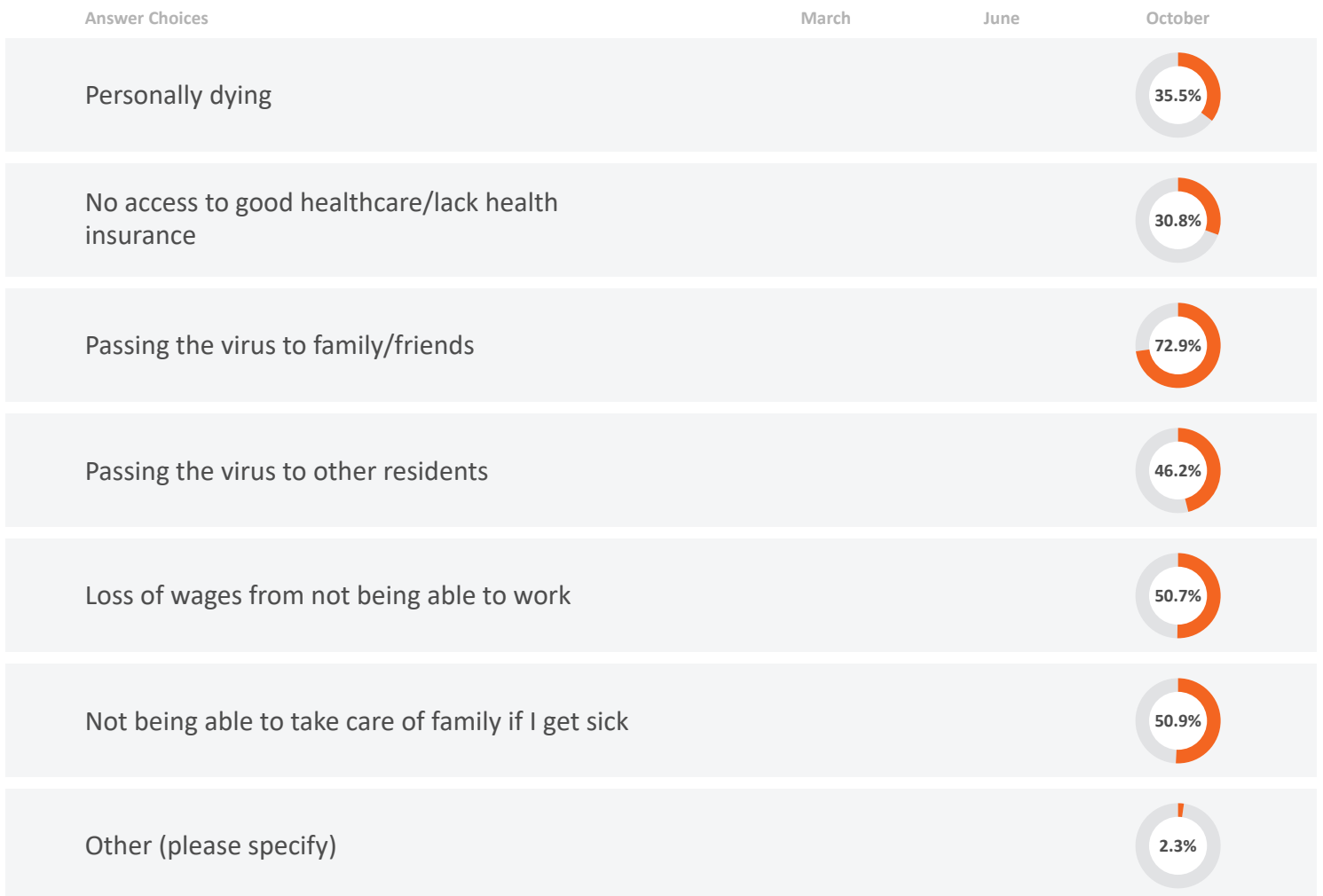
**One positive theme that we can draw from this question:**

The concern that our frontline workforce may be choosing not to work due to excess unemployment benefits from the federal government may have been a bit overblown. While our survey data is not fully scientific, nor fully representative, our hunch from looking at the data tells us that this is not the primary reason people chose not to work in senior, and post-acute care.

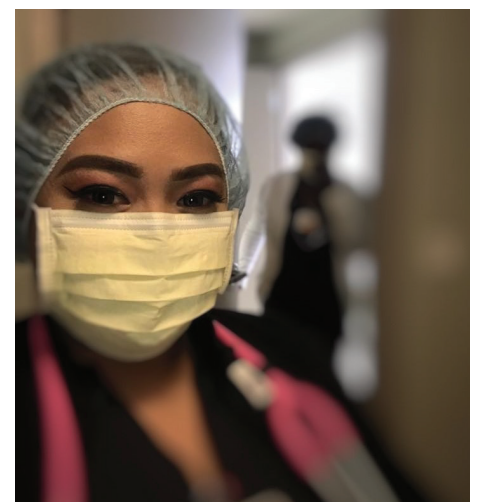


# PART VII: More Fear

## My biggest fears about catching COVID (choose multiple)

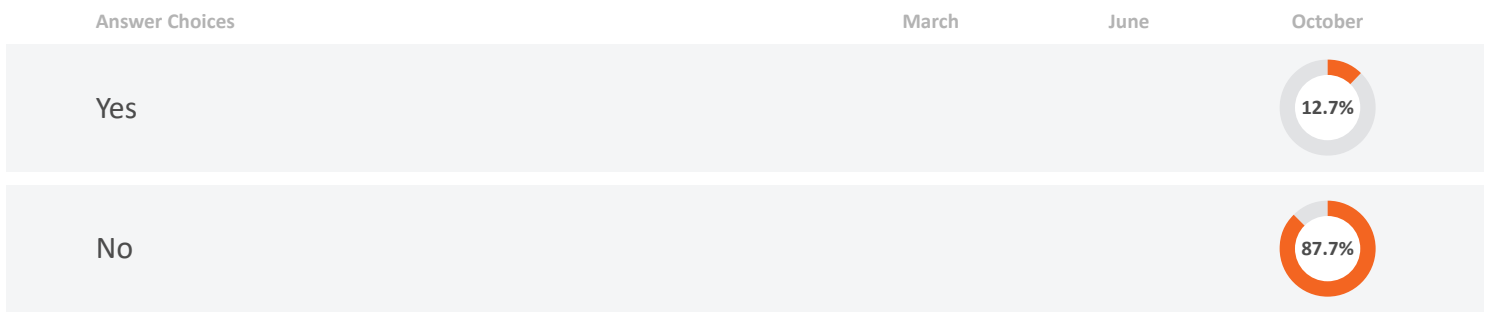


We think this graph speaks for itself. We asked hundreds of frontline caregivers and nurses to express everything they are afraid of, and their fears about themselves and their own well-being paled in comparison about their fears about possibly affecting the lives of friends and family. How can we as operators best protect them to keep their family/friends at minimal risk of infection? Being transparent about COVID cases in the building daily, having appropriate PPE and perhaps re-evaluating employee PTO policies to allow for more flexibility should their loved one become positive could be considered.



## Bonus Question: Have you contracted COVID?

(All responses are confidential) Have you tested positive for COVID-19?



We recognize that the nature of this question is neither scientific, nor is it representative of the millions of caregivers in the US.

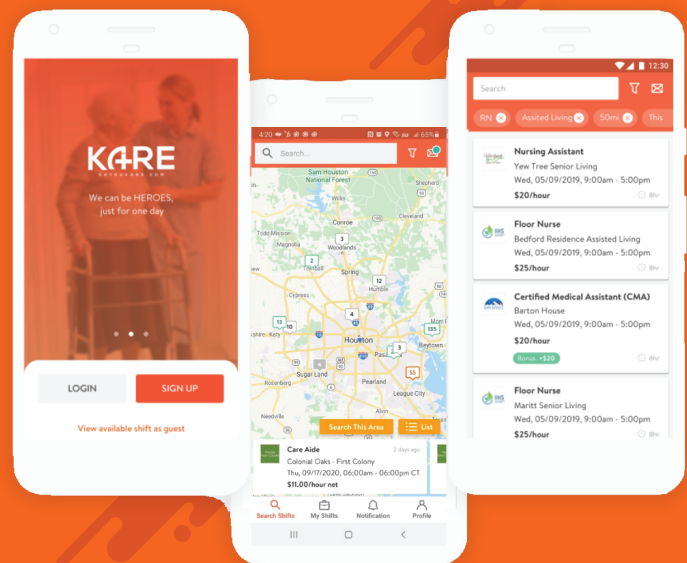
However, as of early December, an estimated **4.4%** of the US population has been infected with COVID. If our survey results are at all indicative, the above question highlights how much more dangerous it is to be a frontline caregiver in the US compared to the rest of the US population.

# About Kare

KARE is first labor marketplace dedicated solely to the Senior Housing and Post-Acute industry. KARE uses a digital labor marketplace that matches qualified hourly HEROES (caregivers, nurses and hospitality staff) with Senior Care Communities and Nursing Homes, delivering a revolutionary and modernized approach to solving one of our industry's biggest challenges.

**KARE is helping to solve the labor crisis in the care industry by:**

- ✓ Providing prequalified HEROES at a price that is about the same as your own employees – far less than agency and overtime
- ✓ Providing transparency that allows YOU, the caring community, to select HEROES that reflect your culture
- ✓ To expedite hiring velocity. If you end up liking one of our HEROES, hire them! We won't charge you a cent!





# Join the KARE REVOLUTION!

This data may be skewed toward the attitudes of those caregivers who live in the regions where KARE operates and may not be reflective of the sentiments of similar caregivers in different markets. So admittedly, while the results of this survey should not be considered fully “scientific,” they still do provide us with some interesting insights and help us sympathize with the point of view of our frontline workforce.