



Minnesota Direct Support Worker Survey

2019 | FINAL REPORT

In 2018-19, the Institute on Community Integration (ICI), University of Minnesota, collaborated with the Minnesota Department of Human Services (DHS) and a group of provider trade associations – the Association of Residential Resources of Minnesota (ARRM), Care Providers of Minnesota, Leading Age Minnesota, Minnesota Homecare Association, Minnesota Organization for Habilitation and Rehabilitation (MOHR), and the PCA Alliance – to develop a statewide survey for direct support workers. The survey was also approved by four advocacy organizations: The Arc Minnesota, Advocating Change Together (ACT), Minnesota Association of People Supporting EmploymentFirst (MN APSE), and Minnesota Families and Advocates Coalition (MnFAC). This project was funded by grant number 90RTCP0003-01-00 from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) to the Research and Training Center on Community Living at ICI, with additional funding from ICI.



Background

The direct care workforce is large and is one of the highest-demand and anticipated growth sectors in the U.S. and Minnesota. Expansion of this workforce is impossible without significant improvements in worker recruitment, on-boarding, and development. Often, low wages, unaffordable benefits, limited training, and lack of career advancement opportunities make this work undesirable by some potential workers and unsustainable by existing workers. High stress, risk, and accountability often result in people who enter the profession leaving soon after they start. These challenges impact individuals, families, and community providers who are finding it increasingly difficult to find and keep high quality employees. Meeting the promises of the Minnesota Olmstead Act is directly related to being able to provide adequate support in the community, and direct support workers (DSWs) are the ones that provide this support.

From July 2018 to March 2019 ICI staff developed and implemented the Minnesota Direct Support Worker Survey 2018. This project was aligned with a second project developing and implementing the organization-level Direct Support Workforce Survey. In both efforts, ICI partnered with DHS and provider trade

associations including the Association of Residential Resources of Minnesota (ARRM), Care Providers of Minnesota, Leading Age Minnesota, Minnesota Homecare Association, Minnesota Organization for Habilitation and Rehabilitation (MOHR), and the PCA Alliance, to expand the reach and perceived importance of the survey efforts. The data collected from the direct support worker perspective on wages, benefits, and organizational environment in Minnesota was used to expand the conversation about wages, and benefits, and to identify ways to improve the system so organizations can find and keep good employees.

Methodology

Survey Development and Administration

The staff at ICI drafted survey questions for the Minnesota Direct Support Worker Survey 2018. Several drafts were provided to DHS and the trade associations for their expert review and feedback. Their feedback was compiled and put into a final draft. The final survey was given out in paper format and also converted into an online Qualtrics survey for those interested in that mode. The survey was piloted internally at ICI, and an external pilot occurred at the NADSP 2018 Conference.

Recruitment, Sample and Response Rate

ICI staff worked with Minnesota provider trade associations and DHS to determine key providers who deliver Home and Community Based Services (also known as “Waiver” services). DHS generated a list of providers, eliminating those that did not employ direct care workers. The lists were sent to the trade associations for verification of organizations and their contact information. For the organization-level Direct Support Workforce Survey, data were collected from a population of 1,272 organizations. For the Minnesota Direct Support Worker Survey 2018, a random, stratified sample was pulled from those organizations to be representative of the state of Minnesota

by three *geographic regions* by county (metro, regional center, and greater Minnesota), and five *service types* (waiver day, waiver residential, waiver unit, PCAs, and state plan home health organizations).

Within each organization that was surveyed for the Minnesota Direct Support Worker Survey 2018, a request was sent for them to randomly select three of their DSWs, have them take the survey, and then return it to the University of Minnesota in the provided postage paid envelope. A Qualtrics link was also provided on the survey for those wishing to complete the survey using an electronic format. Those that were returned via mail were entered into Qualtrics by project staff. The survey had 27 questions and took 5-8 minutes to complete. There were 267 (20.0%) completed out of the 1,332 surveys sent to the 444 organizations. Given the response rate, it is important to think of this as a randomized convenience sample of DSWs in Minnesota. It is the largest Minnesota sample to date across sectors that provides information from the perspective of the DSW.

Results

Demographic Information

DSWs provided various information about their demographics. The overwhelming majority of DSWs are women (77.5%), with 22.1% identifying as male and 1.1% selecting other or not responding. The average age of participants was 43 years (SD = 14 years, median 43, range 17-80).

DSWs were asked about their race/ethnicity and indicated that:

- 76.2% identify as White
- 6.7% identify as Asian
- 14.5% identify as Black/African American
- 1.3% identify as American Indian/Native American
- 1.3% identify as Hispanic/Latino/Latina
- 5.6% preferred not to answer the question



The average number of people living in the same household (including the DSW) is three (SD = 2 people, median 3, range 1 – 12). DSWs reported their average household annual income (DSW income plus others in the household) based on provided ranges as follows:

- 5.4% said \$14,999 or less
- 17.8% said \$15,000 to \$21,999
- 35.3% said \$22,000 to \$39,999
- 37.0% said \$40,000 to \$99,999
- 4.5% said \$100,000 to \$200,000
- 10.9% preferred not to answer the question

Most DSWs (63.0%) have education beyond high school with 14.2% having a two-year degree, 31.9% having some college, 13.0% having a four-year Bachelor's degree, and 3.9% having a graduate degree. Another 33.4% have a high school diploma, 1.6% completed 12th grade but have no diploma, and 2.0% have an 11th grade education or less.

**63% of DSWs
have more than a
high school education**



Employment Information

Primary Employer/Job

The average number of months DSWs who responded to the statewide survey had been in their direct support role at their primary employer was 86 (SD = 94 months, median = 48) (see Table 1). The number of months working as a DSW for their primary employer ranged from 1 to 504. DSWs who work in different service types for the same primary employer more often than not (71.8%) were paid the same wage across varied service types. Of the DSWs who completed this survey, 65.8% provided services in agency/facility sites, 40.9% provided services in family or individual homes, 21.8% provided services in job sites, and 6.6% provided services in other types of sites.

Secondary Employers/Jobs

DSWs were asked to provide information about other jobs they have in addition to their primary job as a DSW. Table 2 summarizes this information.

Table 1. DSW Retention, Wage, Job Title, and Hours Worked at Primary Employer

Average number of months employed at primary employer	86 months
Current hourly wage at primary employer	\$13.68 (average), (\$13.00 median), \$10.00-\$40.00 (range)
Most common job title at primary employer	DSW (42%), PCA (15.3%), employment consultant/job coach (7.1%)
Typical number of hours worked each week	35 (average), 39 (median), 6-40 (range)
Number of overtime hours typically worked each week	3 (mean), 0 (median), 0-40 (range)
Percent of DSWs who want more hours or would take full time work if available at primary employer	67.5% yes, 32.5% no

Table 2. DSW Additional Job Information

Percent of DSWs who have other paid jobs in addition to their primary DSW position	28.4% have another job, 71.6% do not have another job
Of those DSWs who said they had more than one job	83.5% had one additional job, 15.1% had two additional, and 1.4% had three
DSW hourly wage for first additional job	\$14.30 (average), \$13.00 (median), range \$7.75 - \$35.00
DSW hourly wage for second additional job	\$12.85 (average), \$13.26 median, \$9.00 - \$15.00 (range)

Health Insurance and Other Benefits

DSWs identified where they get their health insurance as follows: 27.5% got health insurance through their primary employer, 1.6% from another employer, 15.5% from their significant other or spouse, 5.0% from a parent, 30.2% from a government paid program (Medicare, Medicaid, Tricare), 13.6% from another unlisted source, and 10.1% do not have health insurance (see Figure 1).

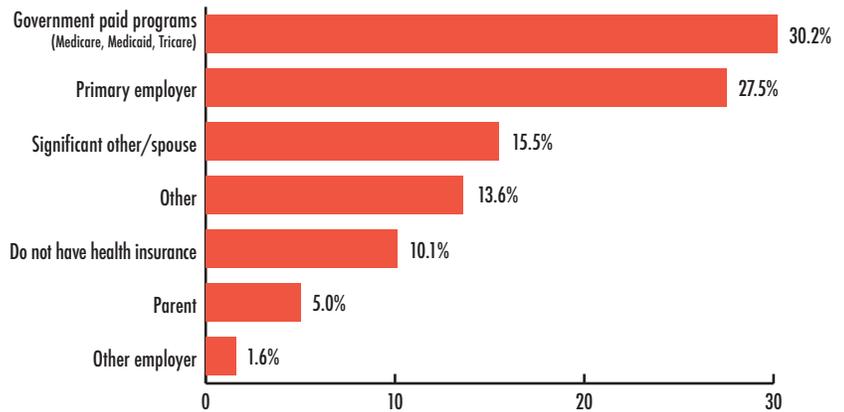
DSWs with health insurance, were asked about their monthly premium. The average cost per month for the employee portion of health insurance was \$133 (SD = \$150, median = \$88). The employee portion cost per month for health insurance ranged from \$0 to \$750.

DSWs identified which benefits they were eligible for at their organization and whether it offered that benefit: 60.7% were eligible for paid time off (PTO); 42.0% for paid sick leave; 47.9% for paid vacation; 47.5% for their organization's health insurance, 44.0% for its dental insurance, 33.7% for its vision insurance, and 46.2% for its life insurance; 51.6% for their organization's retirement plan; 38.0% for short-term disability; and 32.4% for long-term disability. About a fourth of the organizations did not offer these benefits to their employees (see Figure 2).

Of DSWs answering a question about additional benefits offered by their employer, the following were identified as being offered:

- 75.1% support from supervisors
- 67.1% paid leave (sick, vacation, holidays, etc.)
- 62.4% flexible work hours
- 52.3% retirement benefits
- 38.0% short-term disability
- 30.4% long-term disability
- 12.7% paid tuition and financial support for education (e.g., college course, certificate programs, etc.)
- 9.3% discounts at community businesses (e.g., theater, grocery store, etc.)
- 6.3% a health club membership
- 4.2% additional benefits not listed
- 1.3% child care

Figure 1. Source of Health Insurance



N = The number of DSW endorsing response options and the total.
% = The percent out of the total.
Percentages add to more than 100 because participants were allowed to check more than one option.

Figure 2. Eligibility for Benefits

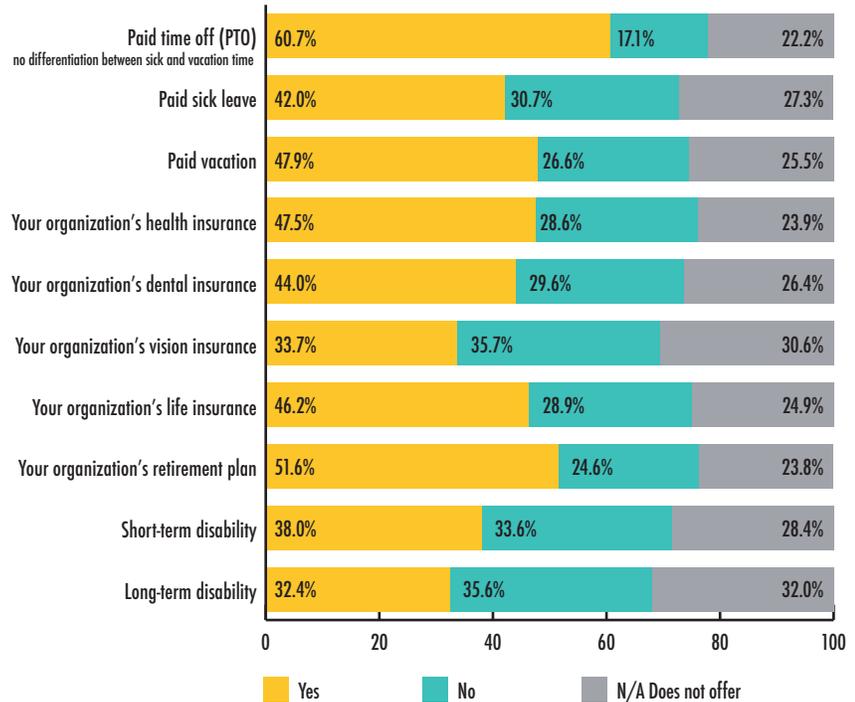
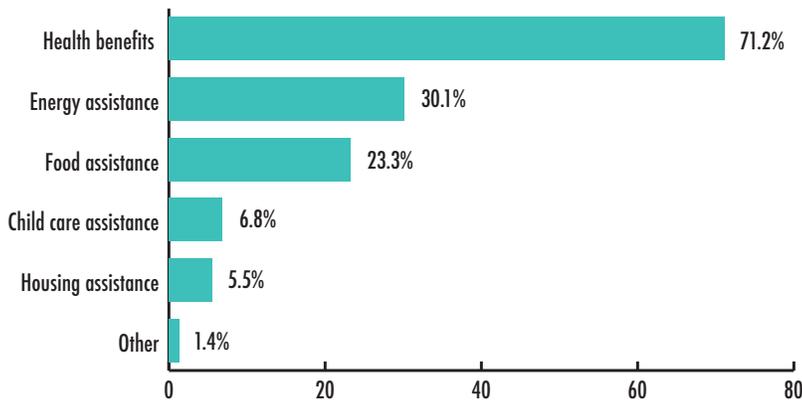


Figure 3. DSW Use of Public/Government Benefits



N = The number of participants endorsing response options and the total.
% = The percent out of the total.

Figure 4. DSW Intent to Stay in their Primary Job

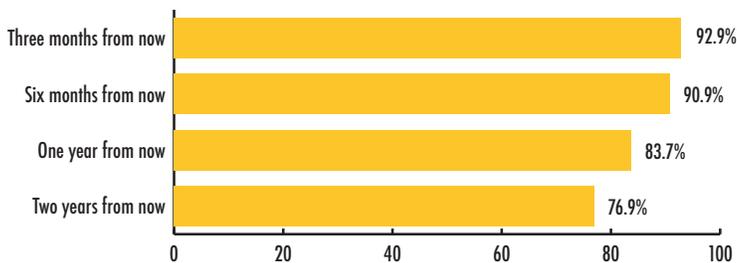
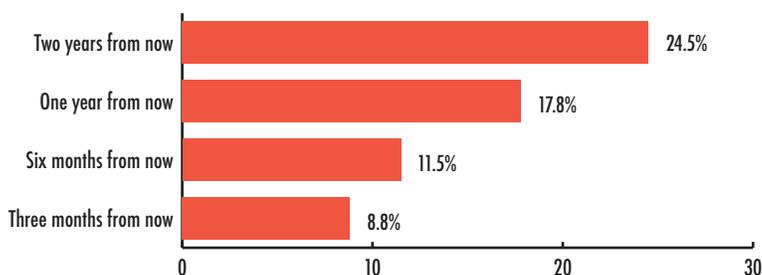


Figure 5. DSW Intent to Leave their Primary Job



When asked what influences them to stay in their DSW profession, the highest rated items were:

- I like the work I do (77.4%)
- relationship with the person I support (76.3%)
- flexible work hours (65.0%)
- support from supervisor (62.6%),
- paid leave (sick, vacation, holidays) (44.0%)
- retirement benefits (25.7%)
- training for job (23.0%)

Public Assistance

Many DSWs rely on public assistance. Of those that responded to the question about public assistance received, 6.8% said they received public child care assistance, 23.3% said they obtained food assistance, 5.5% reported receiving housing assistance, 30.1% said obtained energy assistance (e.g., heating subsidy), 71.2% said they received public assistance for health benefits (for any member of their family), and 1.4% said other public/government assistance not listed (see Figure 3).

Supervision

DSWs reported varied experiences in how often they saw their supervisors. Of those who responded to the question, 38.8% saw their supervisor daily, 27.5% saw them a few times a week, 14.9% saw them once a week, and 14.5% reported seeing them once a month. Only 4.3% reported that they never saw their supervisor.

Staying/Quitting Job

When asked how they rated their chances of still working in their primary direct support worker role 92.9% said there was an excellent/very good/good chance they'd still be in their current positions in three months; 90.9% said they'd be there six months from now; 83.7% said they'd still be there one year from now; and 76.9% said they'd be there two years from now (see Figure 4).

Conversely, when asked their chances of quitting their primary DSW position 8.8%

said there was a good, very good, or excellent chance they'd quit within three months; 11.5% said there was a good/very good or excellent chance they'd quit within six months; 17.8% said they'd quit a year from now; and 24.5% within two years (see Figure 5).

When asked, based on their experience and observations of other direct support workers, why DSWs leave their jobs, the following reasons were reported by DSWs:

- 90.3% said they found another job that pays more
- 64.1% said they found another job that offered better benefits
- 43.2% said they found another job with hours that worked better for their family
- 37.8% said there was no opportunity for promotion
- 35.5% said supporting people is a difficult job
- 32.8% said they were not recognized for the work they did
- 32.8% said they found another job closer to home
- 18.1% said they could not get along with co-workers
- 17.0% said they had too little time with and/or poor quality from supervisors
- 15.8% said training and support were inadequate and/or poor
- 15.1% said other reasons

Training Hours

DSWs identified the average number of orientation training hours they received in the first 90 days after they were hired as 32 hours (SD = 23 hours, median = 30). The number of orientation training hours received in the first 90 days after hire ranged from 0 to 112. They also identified how many training hours they received over the past 12 months; the average number

of annual training hours received was 26 (SD = 27 hours, median = 20), and the range was from 0 to 300.

Discussion

Minnesotans with disabilities and older persons in need of long-term services and supports rely on direct support workers. These individuals have many roles and are known by many job titles (e.g. Direct Support Professional, Personal Care Assistance, Employment Consultant, Job Coach). DSWs and the skills they bring to their work are vital to Minnesotans being able to live and participate in their communities. Yet, often their voice is never sought nor heard. This study was one of the first efforts in Minnesota to reach out and learn from them about their work and challenges they face as direct support workers. Their voices are important.

Who are Direct Support Workers in Minnesota?

DSWs in Minnesota are primarily women (77.5%) with an average age of 43 living in households that on average have three people. DSWs are more diverse than the overall Minnesota population (76.2% Caucasian, 6.7% Asian, 14.5% black/African American, 1.3% Hispanic/Latino/Latina, 1.3% American Indian/Native American) when compared to data from the American Community Survey (2017). Nearly 60% of DSWs have a combined household income under \$40,000; the median household income in MN in 2016 \$65,599 (Minnesota Management and Budget, 2019).

Within their first 90 days on the job, DSWs received an average of 32 orientation training hours.



Direct Support Worker Jobs

DSWs were asked to share key information about their primary and secondary jobs. We know that turnover rates in Minnesota organizations that employ DSWs is 39.3%. That said, DSWs in this survey had been in their positions for a little over seven years (86 months). This is an important indication that many DSWs in Minnesota consider this their profession and have a strong commitment to supporting individuals who need long-term services and supports. This commitment yields them an average wage of \$13.68 per hour (median \$13.00), which is not considered a livable wage for a family.

These dedicated professionals on average work 35 regular hours and on average an additional three overtime hours each week. If they are not working full-time the overwhelming majority would like to be working full-time through their primary employer. Just under a third of DSWs reported that they worked another job and of those that did have more than one 15% had three jobs. Generally, their additional jobs paid a higher hourly rate (\$14.30). It is common for DSWs to have to work additional jobs in order to get enough hours and resulting pay to make ends meet in their homes.

Access and Utilization of Benefits

One of the more difficult realities for DSWs is their access to and utilization of benefits. Nearly half of all DSWs reported that they are not eligible for or that their employers do not offer paid time off, sick time, or vacation. Less than half report that they are eligible for health insurance or their organization does not offer it. About a third get insurance through their employer and an equal number obtain it through government paid programs (Medicaid, Medicare, Tri-Care), only 15% get it from their significant other/spouse, and 10% say they have no health insurance. Efforts to find ways to make affordable healthcare available to this workforce are essential. The average age of DSWs in MN is 43, they are primarily women, their work is physically demanding and they provide support to people who have often have health issues as a result of their age or disability. These workers need access to affordable health care to prevent their own health decline and to increase their chances of not having to miss work due to prolonged illness.

Support and Training for DSWs

Many people think of DSWs as being non-degreed, entry level workers. This is not an accurate portrayal. In Minnesota, based on responses from the workers in this survey,

over half of DSWs have education beyond a high school diploma with 14.2% having a two-year degree, 31.9% having some college, 13.0% having a four-year degree, and 3.9% having a graduate degree. This is slightly higher than national averages of 48% of direct care workers having an associate degree or higher or at least some college (PHI, 2019). Most DSWs come to their positions with some post-secondary training. Yet, their salaries do not reflect their level of education. Given the percent of workers with post-secondary education, efforts to provide student loan relief for this group should be explored in an effort to increase the number of DSWs who enter and stay in the profession.

DSWs also receive training on their job. During their first 90 days of orientation most receive 32 hours of training and then annually thereafter an additional 26 hours. Identifying strategies that can yield college credit for this on-the-job training may be a useful retention strategy for those DSWs who are currently enrolled in or have taken some college coursework. Of concern is the limited number of hours of training these workers receive. The knowledge, skills and abilities required of DSWs to support people with disabilities and people who are aging in the community are vast. These competencies have been identified in several nationally validated efforts including:

- Centers for Medicaid and Medicare Core Competencies (<https://www.medicaid.gov/medicaid/ltss/downloads/workforce/dsw-core-competencies-final-set-2014.pdf>),
- National Alliance for Direct Support Professionals national competencies (<https://www.nadsp.org/15-competency-areas/>),
- US Department of Labor (DOL) Long term Services and Supports competency framework (<https://www.careeronestop.org/competencymodel/competency-models/long-term-care.aspx>), and
- US DOL apprenticeship standards for direct support specialists (https://www.doleta.gov/OA/bul10/Bulletin_2010_31_Attachment_1.pdf)

The training hours DSWs receive are most often driven by policy and the reality that many DSWs leave their positions before they complete training. This number of training hours is not sufficient to teach all of the knowledge, skills and abilities required of the position. The complex nature of the interventions and skills required to support people with complex medical, mental health and behavioral needs cannot be met in this number of hours of training delivered to the DSW workforce in Minnesota. Exploring options to increase staff development opportunities in which DSWs are given opportunities to complete competency-based training and credentialing programs that are aligned with the known required competencies is needed along with related promotion and salary increases post completion. This is particularly important given nearly 40% of DSWs in this study indicated that lack of promotion and 90% identified finding other jobs that pay more were key reasons that DSWs left their positions.

Supervisors are a critical source of support for their employees. In this study, almost 20% of DSWs report that they only see their supervisors once a month or less. As services and supports become more individualized and self-directed, finding ways to ensure that DSWs have access to effective supervision is important. Many of the key reasons reported by survey respondents regarding the reasons DSWs leave their positions are directly connected to supervisors (32.8% said they were not recognized for the work they did, 18.1% could not get along with co-workers, 17% reported little time with and poor quality of supervision). Recruiting and adequately training and supporting front-line supervisors is an essential component of retaining and developing DSWs.

Limitations

There are limitations to this data. While we were able to gather information from 267 DSWs who work across varied types of long-term services and supports to Minnesotans, it is a convenience random sample and we cannot be certain it is representative of the collective voice of DSWs. However, it is also one of the largest known surveys of DSWs in Minnesota.

Future Efforts

Direct Support Workers have the lived experience of their work. Beyond families, they are the ones who provide the most support to Minnesotans who receive long-term services and supports. They see the effects of the revolving door caused by their co-workers who come and go. There is a large stable group of DSWs who have been in their positions for many years; we can learn from their insights about their needs, what will help stabilize the workforce, and their priorities. This initial survey included questions about their jobs, demographics, and access to benefits and support. Efforts should be made to identify options to seek their engagement and gather their opinions and observations routinely and on varied topics.

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Survey Copy

To get a copy of the Minnesota Direct Support Worker Survey 2018, email Julie Kramme at the Institute on Community Integration at the University of Minnesota: dahl0488@umn.edu

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