



IDAHO DIRECT SUPPORT WORKER SURVEY SUMMARY

Idaho Living Well Project, February 2022

INTRODUCTION

More than 20,000 individuals with disabilities and older adults depend on in-home and community-based services in Idaho. (Living Independence Network Corporation, 2022). These services are performed by direct support workers who provide personal care services, transportation, and other essential supports. Without these services, individuals are in jeopardy of losing their ability to live in their own homes and communities. We know that the current direct care workforce is in crisis nationally and in Idaho due to an extreme worker shortage.

The exact number of direct care workers in the state is unknown due to the fragmented care system we have in the state and nationally. However, it is estimated that there are 24,130 direct care positions in Idaho across all care settings (PHI, 2020). At this time, many individuals and service providers cannot find the workers they need to provide essential services and supports to live in their communities.

Since July 2020, 27 assisted living facilities in Idaho have voluntarily surrendered their license, closed a building, or given notice to all Medicaid residents. Inability to find workers is the number one reason cited for the closures (Idaho Council on Developmental Disabilities, 2022).

In May 2021, the Idaho Living Well Project at the Center on Disabilities and Human Development administered a statewide survey to better understand the direct care workforce that works with people with disabilities in Idaho. The survey was adapted from a survey initially done by the University of Minnesota Institute on Community Integration, Research, and Training Center on Community Living (Hewitt, 2018).

The study intended to find out information on the state's working conditions, training, and pay of direct care workers.

The survey results give us a snapshot of the workforce in Spring 2021. It did not capture the impacts of the COVID-19 pandemic and the current worker shortage; however, it does give basic information on who is a direct support worker in the state. It also provides information on wages and income levels, which can help us identify strategies to bring workers into the profession and retain and support current workers.

The survey collected information from across service settings, and across HCBS waivers. We received 266 surveys from direct care workers. Participants could skip any questions they felt uncomfortable answering so response rates varied by question. This is a summary of the survey findings.

LOCATION

Responses came from 26 out of 44 counties in Idaho. The highest number of responses came from:

- Bonneville County
- Canyon County
- Ada County
- Twin Falls County.

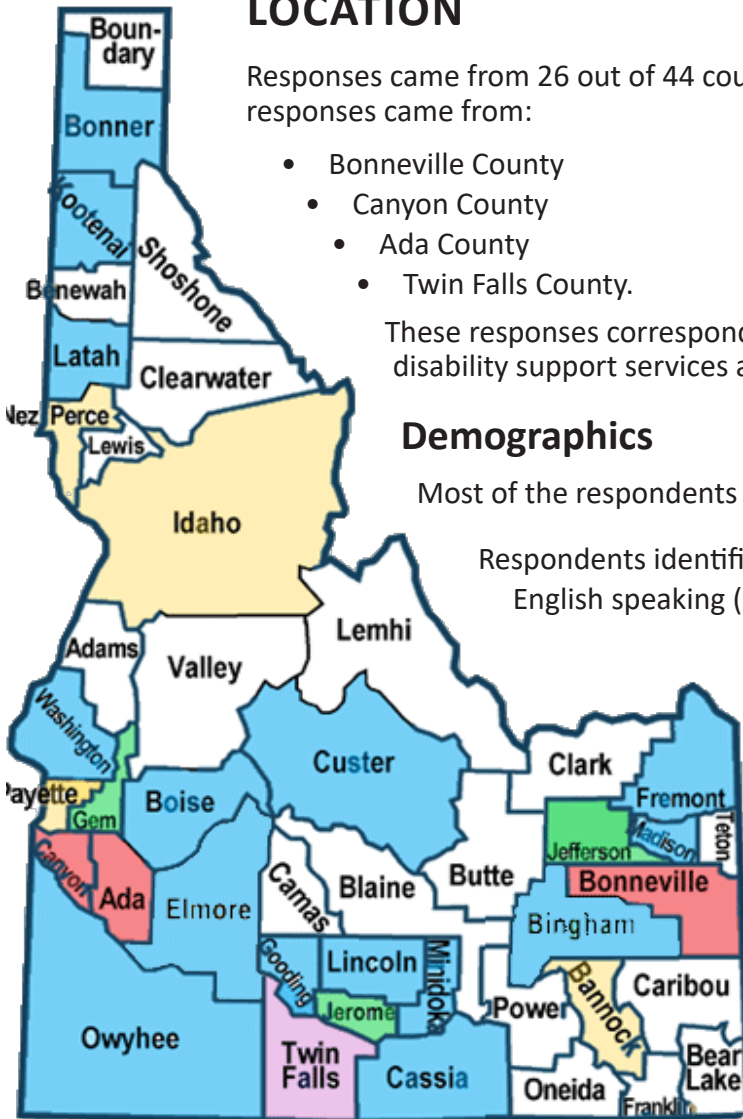
These responses correspond with the larger cities in the state and where disability support services are more readily available.

Demographics

Most of the respondents were female (81.2%).

Respondents identified as white (85%), non-Hispanic (78.7%), and English speaking (98.1%).

Close to half (47%) were aged 18-34 years old. 34.10% were 35-54 years old. 19.1% were 55 or older.



Color	Number of Responses
Blue	1-3
Green	4-5
Gold	6-15
Purple	16-39
Red	40-60

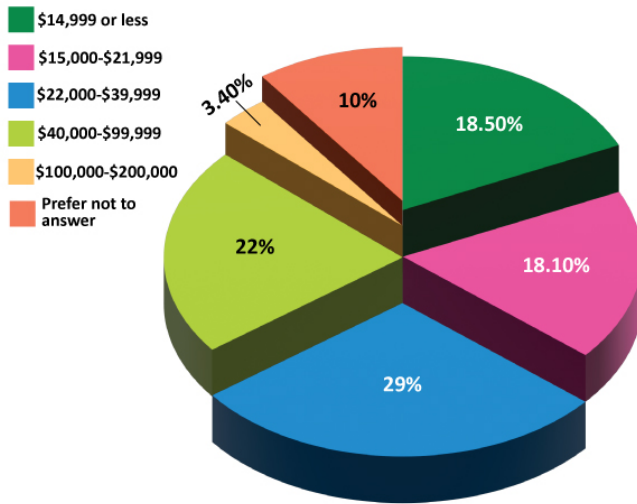
INCOME

65% of all respondents indicated their entire household made less than \$40,000 per year. This is below the median household income in Idaho.

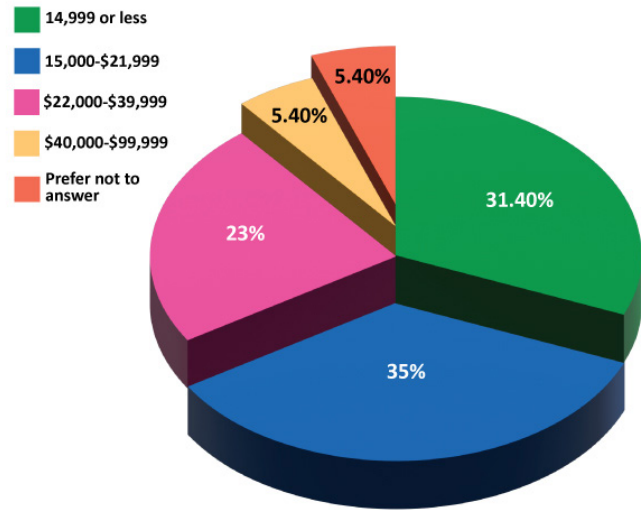
51% of the respondents indicated that they are the sole income provider for their households.

51% of the respondents indicated they are the sole income provider for their households. 89.2% of those respondents reported making less than \$40,000 per year.

Annual household income



Annual individual income



A total of 65% of respondents indicated their entire household made less than \$40,000 a year. This is below the median household income in Idaho of \$55,785 (*United States Census, 2022*).

215 respondents provided enough information to determine if they were above or below the poverty line.

We found that 13.9% were below the poverty line. More respondents could be below the poverty line based on household size; however, the income ranges on the survey were too broad. We did not have the data to determine this with certainty.

Annual household income	Number of respondents	Percentage of respondents
\$14,999 or less	44	18.50%
\$15,000-\$21,999	43	18.10%
\$22,000-\$39,999	68	29%
\$40,000-\$99,999	52	22%
\$100,000-\$200,000	8	3.40%
Prefer not to answer	23	10%
Total	238	100%

Wages

67% of direct care workers surveyed made under \$11 per hour.

The living wage in Idaho for a single person with no kids is \$13.95 per hour – most survey respondents were not receiving a living wage.

Our survey found that 67% of direct care workers made under \$11 an hour. 32.5% earned between \$12-\$15 an hour. These wage rates were consistent with state reimbursement rates for different disability services and waivers.

The living wage in Idaho for a single person with no kids is \$13.95 an hour. This amount increases depending on household size and living location (*Glasmeier, 2020*).

The data indicates that most respondents to the survey were not receiving a living wage.

Hours worked

We asked respondents how many hours per week they worked for their primary employer:

- 13.7% reported up to 20 hours a week
- 30.5% reported 21-39 hours a week
- 56.0% reported 40 hours or more.

Number of Jobs

Most respondents (79%) indicated they **did not** work an additional job outside their primary direct care position.

Of the 21% who did have an extra job, 68.5% said they had one other job, and 31.5 % indicated they had two or more positions.

HEALTH INSURANCE

Nearly a quarter of survey respondents received health insurance through Medicaid.

Nearly a quarter (24.70%) of respondents indicated they received insurance through Medicaid. This was the largest source of insurance for direct care workers.

Other health insurance sources included:

- government-sponsored sources: 10%
- primary employer or another employer: 23%
- family member: 21.8%
- other sources: 6%
- no insurance: 14%.

EDUCATION AND TRAINING

40.10% of respondents had a high school diploma or GED. Minimal education for these positions is required, but the number of skills needed is significant.

Nearly half (40.10%) of respondents had a high school diploma or GED, and 38.2% had additional college courses, vocational training, or associate degrees.

Only 14.6 % of the sample indicated they had a bachelor's degree or higher level of education. Based on Census data, these rates are below estimated state education levels (*United States Census, 2022*).

Direct support jobs require minimal education, but the number of skills needed is significant.

Respondents indicated the types of assistance they provide to the individuals they support. The most common responses (ranked highest to lowest) were:

1. cooking
2. cleaning
3. hygiene
4. bathing
5. dressing
6. grooming
7. eating
8. toileting
9. medication assistance
10. driving
11. transferring
12. memory aids.

These responses indicate that direct support workers provide several different types of support to individuals daily.

We also asked direct support workers about on-the-job training. The top areas of training provided include:

- abuse
- neglect and exploitation
- individual rights and choices
- documentation
- first aid and CPR
- HIPPA.

These training categories do not necessarily coincide with the types of supports provided by direct support workers. However, they do coincide with the current minimum training requirements in the state.

We asked respondents what training areas they felt most competent in. The top competency areas indicated were:

- confidentiality
- communication
- abuse
- neglect and exploitation
- personal care
- individual rights
- choices
- HIPPA.

It is worth noting that the data did not address more specific details about the training each respondent undertook. There are still unknowns such as the number of hours for each training, the quality of training sessions, and the level of training they received.

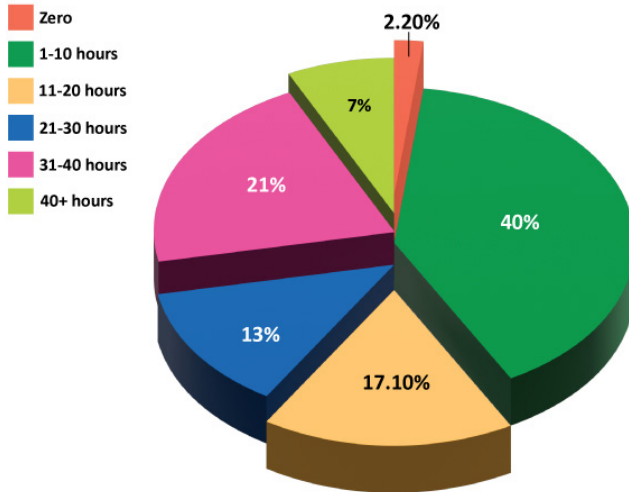
We also asked in what areas they would like to receive **more training**. The areas most selected were:

- de-escalation
- mental health
- behavior as communication
- trauma-informed care
- positive behavior supports.

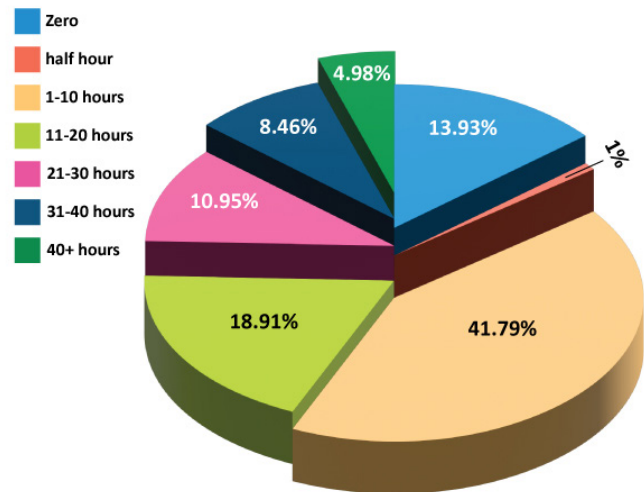
Training Hours

We asked individuals how much training they received in their *first 90 days of employment* and how much training they received through the *last 12 months*.

Training: first 90 days



Training: past 12 months



Regarding the first 90 days of employment, the amount of training varied greatly. The survey did not define training, so responses could mean anything from feedback to formal training.

Training requirements for direct support workers vary depending on the waiver and services provided. The responses indicated a wide range of training hours, but we don't know the quality of the training or the impact.

When asked about training received over the last 12 months, responses varied greatly.

WORK LOCATION

38.2% of respondents indicated they work at more than one location.

A total of 86 respondents (32.8%) indicated they work at more than one location. The top three locations included:

- individual homes or apartments
- developmental disability agencies
- residential habilitation settings.

TYPES OF INDIVIDUALS SUPPORTED

The majority of respondents (68.1%) indicated they work with more than one type of individual.

The top four types were:

1. individuals with disabilities
2. individuals with developmental disabilities
3. individuals with intellectual disabilities
4. individuals with mental health conditions.

These responses suggest that direct support workers need diverse skills to support people with a diverse range of needs.

TURNOVER

47% of survey respondents indicated they would stay in their current position for two or more years. Only 16.5% indicated they would not.

Turnover of staff is prevalent in the direct care workforce. We asked individuals how long they had been at their current position.

44% indicated they had been at their job for one year or less. Another 25% indicated they had been in their current position between 2-4 years, and 25.7% said they had been in their jobs between 5-15 years.

Surprisingly, 4.9% had been in the same job for over 15 years.

We asked individuals how likely it would be that they will still be working in their current position in three months, six months, a year, and two or more years.

Almost half (47%) of respondents indicated it was very likely they would be at their current position two years or more. Only 16.5% said it was very unlikely.

We asked individuals to share why direct care workers leave the profession. The top reasons given were:

1. found another job that pays more money
2. found another job that offers better benefits
3. not recognized for their work
4. supporting people is a difficult job.

COVID-19 PANDEMIC

This survey was distributed a year into the pandemic. We wanted to learn from direct support workers what training and support they had, and how the pandemic impacted them.

47% of respondents felt that they had been trained a “great deal or a lot” on COVID-19 precautions.

57% reported feeling “very to extremely safe” doing their job during the pandemic. 71% said the

individuals they supported were “very safe to extremely safe”.

31% said their stress level was “extremely high”. 40% said their stress was “somewhat high,” and 29% said their stress level was “somewhat low or extremely low”.

The direct support workers gave a variety of reasons for their stress. However, their responses mainly fell into two categories: pandemic-related and non-pandemic-related.

Note that some areas could overlap.

Non-pandemic-related	Pandemic-related
1. Family/personal reasons	1. Fear of getting COVID
2. Bills or finances	2. People not following COVID precautions or rules
3. Work stress	3. Scared for loved ones or client’s health
4. Under staffing at work	4. Having to stay home/lack of social contact

CONCLUSION

This survey provided a snapshot of the direct care workforce in Idaho in early 2021. The data seems to align with national data on the workforce crisis in the areas of pay, limited benefits, and staff turnover as drivers of workforce issues.

The small sample size provided some limitations on how the data could be used. With follow-up surveys, we could build trust in the survey process. This could provide a higher response rate and more insight into the Idaho workforce.

Additional research is needed on direct support workers’ training, knowledge, and skills. Further questions on how direct support workers view their job and their work would be beneficial.

After the survey was closed, we began to see the full effect of COVID-19 on our direct care workforce, including provider closures, people losing access to services, and extreme staffing shortages. These issues were not captured in this survey.

An additional survey or focus groups would help the state understand how the workforce conditions have changed in the last six months.

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