Providing Support During the COVID-19 Pandemic

Direct Support Professionals 6-month follow-up survey | Pennsylvania profile



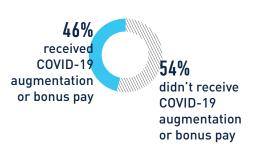
Direct support professionals (DSPs) provide an array of critical supports making it possible for people with intellectual and developmental disabilities (IDD) to live, work, and thrive in their communities. The pandemic has affected this work in many ways. This survey, completed by 656 DSPs from Pennsylvania, gathered information about the experiences of DSPs intended to inform efforts to prepare for future waves of the pandemic.

WAGES

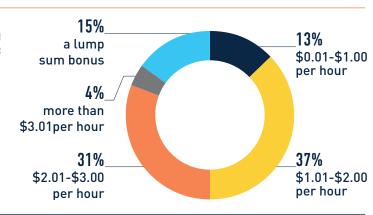
DSPs reported on their wages before the pandemic and on whether they received extra pay for pandemic-related risks. Many received extra pay, although states and businesses had varying levels of access to additional dollars to compensate essential workers.

\$14.22 mean hourly wage for DSPs before pandemic

(this wage is higher than expected or typical based on previous studies [NCI,2020])



Of those receiving extra pay:



SCHEDULES AND STAFFING

DSPs were asked to report on how the pandemic affected the number of hours they worked, where and when they worked, and how their role may have shifted.

| work more hours per week | 45% |
|--|-----|
| work the same hours per week | 23% |
| work less hours per week | 12% |
| work different shifts | 36% |
| work in different settings | 28% |
| additional responsibilities/different roles | 41% |
| furloughed/laid off/unemployed/facility closed | 5% |
| working remotely/telehealth now | 14% |
| lived in residence | 2% |

The locations in which I work have been adequately staffed 60%

If staff where I work display symptoms of COVID-19, they are guaranteed paid time off

59%

SAFETY MEASURES

DSPs were asked to report on the kinds of personal protective equipment (PPE) provided by their employer, whether they had adequate training in using PPE, and other safety measures that were taken.

I have had an adequate supply of PPE to keep myself and the people that I supervise safe 79%

I participated in a training on how to safely use PPE

76%

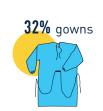
I have had resources about COVID-19 available to me



















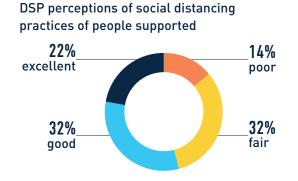
REASONS FOR LEAVING DSP POSITION

The pandemic affected many aspects of peoples' lives and their ability to work. DSPs reported on reasons that they or their co-workers were no longer working in direct support.

| testing positive for COVID-19 | 17% |
|---|-----|
| quarantine due to COVID-19 exposure | 19% |
| fear of becoming infected | 20% |
| childcare issues (e.g. daycare closed) | 17% |
| fear of infecting others | 8% |
| family reasons (e.g. caring for someone with health issues, homeschooling children) | 18% |

SOCIAL DISTANCING

DSPs were asked to gauge how well the people they supported were following social distancing measures.



We have had the space and ability to practice social distancing

76%

I have had information to offer to the people to whom I provide support that was conducive to their learning styles

77%

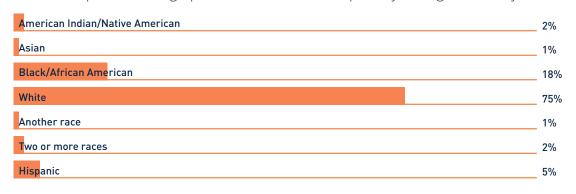
IMPACT OF ISOLATION ON PEOPLE SUPPORTED

Many people experienced social isolation during the COVID-19 pandemic. DSPs were asked about the consequences of increased isolation on the people they supported.

| difficulty addressing dietary issues | 12% |
|---|-----|
| difficulty addressing pain management | 3% |
| other health issues | 8% |
| decreased exercise | 52% |
| missed going out into the community | 75% |
| increased behavior issues | 42% |
| increased mood swings and/or depression | 45% |
| more anxiety | 48% |
| boredom | 67% |
| loneliness | 39% |
| academic concerns | 4% |

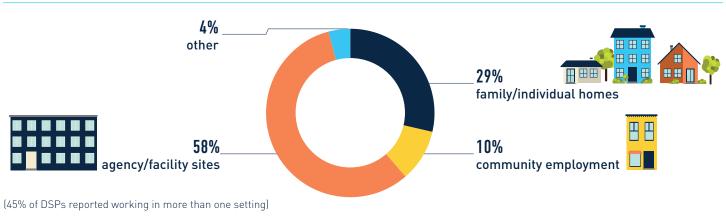
DEMOGRAPHICS, ROLE, AND SETTING

DSPs self-reported demographic information and the primary setting where they worked.





average age 46 years



Please contact Jerry Smith with questions at smith495@umn.edu. View the full report at z.umn.edu/dsp-covid19. Funded by grant #90RTCP0003 from the National Institute on Disability Independent Living Rehabilitation Research and cooperative agreement #90DDUC0070 from the Administration on Community Living, U.S. Department of Health and Human Services.

UNIVERSITY OF MINNESOTA

