

# POLICY RESEARCH BRIEF

## THE DIRECT SUPPORT WORKFORCE AND COVID-19: VACCINATIONS

INSTITUTE *on* COMMUNITY INTEGRATION | UNIVERSITY OF MINNESOTA

### Research Issue

The profession of direct support is one of the largest occupations in the United States and demand for this essential workforce is growing. COVID-19 vaccinations play a key role in the ability of direct support professionals (DSPs) to maintain a healthy personal and professional lifestyle. However, DSPs from different racial backgrounds experienced variability in when and where they received vaccinations. While Black and White DSPs<sup>^</sup> reported similar rates of being fully or partially vaccinated in our 12-month follow-up survey on COVID-19 and the direct support workforce, the findings point to significant disparities that may result in delayed vaccination, increased concerns or fears, and variability in access to the COVID-19 vaccine. Three-quarters of DSPs reported that support from employers, such as financial incentives or paid time off to get vaccinated, was not offered. Increased awareness and visibility of the benefits of vaccination and accessibility to vaccinations for DSPs of different racial, ethnic, and cultural groups needs to be considered in creating a positive vaccine culture.

<sup>^</sup> Here DSPs include direct support professionals and frontline supervisors.

### Study Background

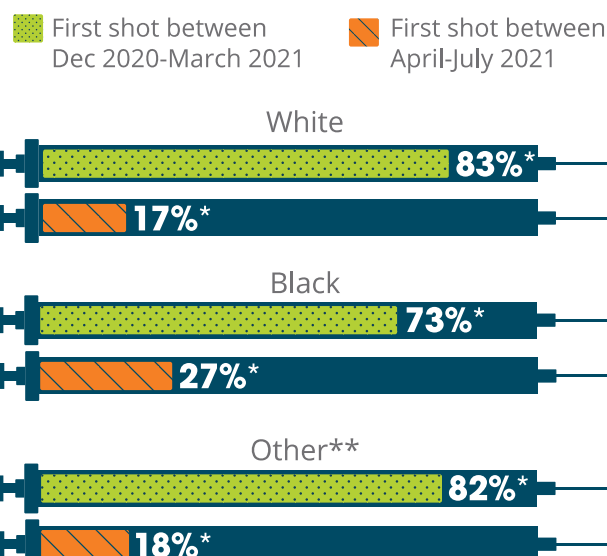
For the vast majority of DSPs, staying home during the COVID-19 pandemic is not an option. The National Alliance for Direct Support Professionals (NADSP) and the University of Minnesota's Institute on Community Integration (ICI) wanted to hear directly from DSPs about their experiences in supporting people with disabilities during this period. In response, ICI developed a series of online surveys and collaborated with NADSP to reach DSPs from across the country; its intent was to inform effective policy and practice decisions about what is needed and to better prepare for potential future waves of this or other pandemics. The initial survey was launched in April 2020. A 6-month follow-up survey was launched in November 2020. A 12-month follow-up survey was fielded in June-July 2021.

Data cited in this Brief are from the 12-month follow-up survey. It was completed by 5,356 participants (72% White, 19% Black or African American, 9% Other (2% American Indian or Native American, 1% Asian, 4% two or more races, 2% another race)). The 12-month survey focused on vaccinations, return to work, and social inclusion. A full description of the study and findings can be found at [z.umn.edu/dsp-covid19](https://z.umn.edu/dsp-covid19).

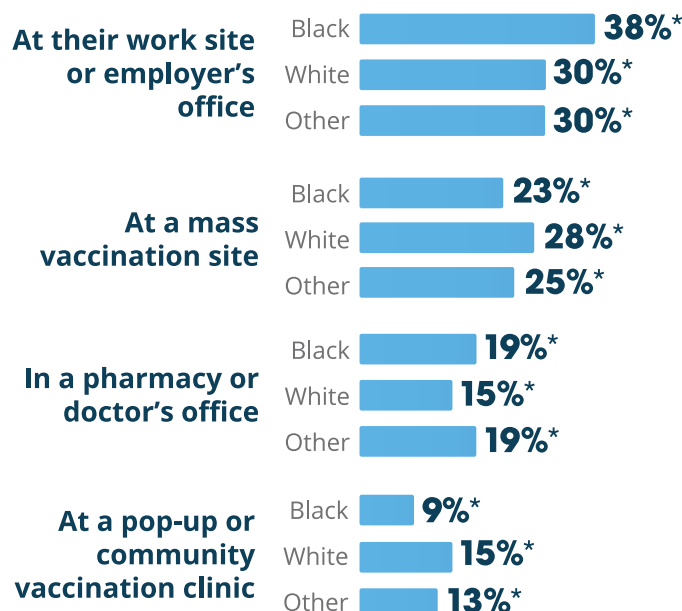
### Key Findings

**72% were fully or partially vaccinated by June-July 2021**

#### Vaccination timing



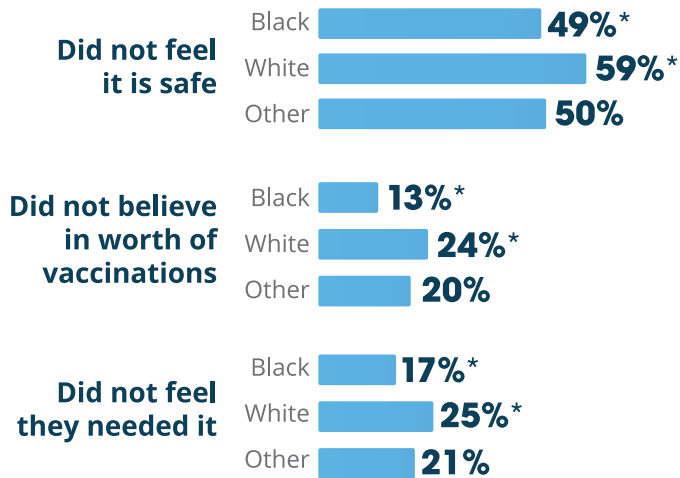
#### Vaccination location



\* Statistically significant difference

\*\* Other includes American Indian or Native American, Asian, two or more races, another race

## Most common reasons for not getting vaccinated



\* Statistically significant difference

## Employer support

### Employer did not offer paid time off to get vaccinated



### No financial incentive to get vaccinated



## Policy Recommendations

This data shows the continued need for COVID-19 vaccination engagement within the DSP workforce by providing evidence-based results on the practical use of vaccines and debunking misinformation that results in fear and vaccine hesitancy. Although a significant percentage of the workforce feels unsafe or unvalidated in their concerns about the vaccine, increased knowledge of the benefits of the vaccine may improve workforce opinion. It is important to note that the DSP workforce has a wide variety of cultural, ethnic, personal, and religious identities that may affect the desire or ability to receive the vaccination. Policy recommendations include —

- Provide vaccination education and equitable access to vaccinations to ensure that DSPs and people receiving supports remain healthy.
- Create policies that focus on evidence-based practices to address fear and lack of trust associated with the vaccine. Policies must reflect the diverse cultures, identities, and religious freedoms of DSPs without compromising a healthy workforce.
- Increase vaccination rates among the DSP workforce through targeted marketing to reduce disparities in the timing and location of vaccinations.
- Offer support such as employer on-site vaccine options, paid time off, and financial incentives so DSPs can get vaccinated while maintaining their personal lives and ensuring quality of care for persons supported. This will also reduce need for over-time and reduce burnout.

## POLICY FORUM



Join us **November 9, 2021 from 11:00 a.m. to 12:30 p.m. CST on Zoom** for the Policy Forum on this issue of Policy Research Brief. [Register here.](#)

The Policy Forum is a monthly web-based presentation and facilitated discussion exploring research published in the most recent *Policy Research Brief*. Please visit the website, [z.umn.edu/icipolicyforum](https://z.umn.edu/icipolicyforum), for details and to view previous forums.

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Policy Research Brief: [z.umn.edu/rtpcprb](https://z.umn.edu/rtpcprb)

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The University of Minnesota stands on Miní Sóta Makhóche, the rightful homelands of the Dakhóta Oyáte. We recognize the U.S. did not uphold its end of these land treaties. It is the current and continued displacement of the Dakhóta Oyáte that allows the University to remain today.

Ongoing oppression and discrimination in the United States has led to significant trauma for many people of color, immigrants, people with disabilities and other oppressed persons. At ICI, we affirm our commitment to address systemic racism, ableism and all other inequalities and forms of oppression to ensure inclusive communities.