Survey of Direct Service Workers in Alaska

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Abbreviations

Alz = Alzheimer's disease and related dementia
ANOVA = Analysis of variance
CD/CA = Chemical dependence / chronic alcoholism
CHD = Center for Human Development
DD = Developmental disabilities
DSWs = Direct service workers
DSW-<primary population> = Direct service workers who work with, or are responsible for, consumers from the specified primary population (i.e., Other, MI, DD, CD/CA, Alz, TBI)
MI = Mental illness
SR = Standardized residual (with respect to the Pearson chi-square statistical test)
TBI = Traumatic brain injury

1 Executive summary

The Center for Human Development (CHD) conducted a survey of direct service workers (DSWs) in Alaska for the Workforce Development Initiative Recruitment and Retention Committee sponsored by the Alaska Mental Health Trust Authority. The survey targeted DSWs who work with people with developmental disabilities, Alzheimer's disease and related dementia, chemical dependence, chronic alcoholism, mental illness, and traumatic brain injury. The goal of the survey was to develop a profile of job satisfaction and the influence of employment benefits on job recruitment and retention.

Participants

- **Respondents:** There were 838 total respondents of which 92 of them answered "No" to the screening question, which meant that the survey did not apply to them. A total of 722 respondents provided information beyond the screening question. Not all of the participants answered every survey question. Therefore, where applicable, the results presented below represent generalizations based on the responses that were received. The 5 communities with the most respondents were (Table 14, p. 40):
    - Anchorage (152, 23.4%)
    - Juneau (90, 13.8%)
    - Fairbanks (77, 11.8%)
    - Wasilla (73, 11.2%)
    - Sitka (37, 5.7%)
- **Age and gender:** (Figure 1, p. 12 and Table 1, p. 12; Figure 2, p. 13)
    - 50-59 was the most common age range with respect to all participants and each primary population except those DSWs who worked primarily with consumers with mental illness, for which the most common age range was 20-29.
    - 76.1% of the participants were women (ranging from 65.2-83.2% among the primary populations).
    - 45% of all DSWs were women over 40 years of age.
- **Ethnicity:** The diversity of ethnicities among DSWs in Alaska closely mirrors that of Alaska's general population (Figure 3, p. 14).
- **Paraprofessional:** Percentage of DSWs who were paraprofessionals (i.e., did not have a Bachelor's degree) varied by primary population (Figure 22, p. 44):
    - Traumatic brain injury (86.7%)
    - Alzheimer's disease and related dementia (83.0%)
    - Developmental disabilities (72.1%)
    - Other (71.1%)
    - Mental illness (44.7%)
    - Chemical dependence / chronic alcoholism (38.0%)
    - All participants (65.0%)

Employment status

- **Primary population:** Of the 721 total participants (Figure 5, p. 16) the distribution of the primary populations they work with is as follows.
    - Developmental disabilities (225, 31.2%)

    - Other (145, 20.1%)
    - Alzheimer's disease and related dementia (118, 16.4%)
    - Mental illness (117, 16.2%)
    - Chemical dependence / chronic alcoholism (99, 13.7%)
    - Traumatic brain injury (17, 2.4%)
- **Years at current agency:** The mean number of years participants were employed at their current agency was 4.02 (Table 4, p. 18).
- **Number of years in direct care:** The mean number of years participants were employed in direct care was 8.81 (Table 5, p. 19).
- **Mean/median hourly wage:** The mean and median hourly wages by primary population are as follows: (Figure 10, p. 23 and Table 7, p. 24)
    - $20.41 / $18.01 - Chemical dependence / chronic alcoholism
    - $18.62 / $17.00 - Mental illness
    - $17.75 / $14.00 - Traumatic brain injury
    - $15.65 / $13.92 - Other
    - $14.40 / $13.55 - Alzheimer's disease and related dementia
    - $13.77 / $12.91 - Developmental disabilities
    - $16.08 / $14.00 - All participants
- **Paraprofessional vs. professional wages:** The median hourly wage for paraprofessionals was less than that of professionals ($13.32 vs. $17.88) (Figure 23, p. 45).
- **Lived with consumers:** The percentage of DSWs who lived with their consumers varied greatly depending on the primary population they served, having ranged from 2.1% (chemical dependence / chronic alcoholism) to 26.7% (traumatic brain injury) (Figure 11, p. 25).
- **More than one job:** Nearly 30% of all DSWs reported they had two or more jobs (Figure 12, p. 26) of which 35.1% of those DSWs considered their direct service job as secondary income (Figure 14, p. 28). Thus, 9.9% of all DSWs considered their direct service job as a secondary source of income (Figure 15, p. 29).

Job satisfaction and motivation

- **Job satisfaction, skills, and training:** DSWs responded favorably to questions that measured job satisfaction, skills, and training (i.e., overall means were above 3.0 on a scale from 0 to 5 -- Table 8, p. 30). The three with the highest means (4.0 and higher) were:
    - "Job is rewarding" (4.35)
    - "Skills are adequate for the job" (4.22)
    - "Job is challenging" (4.00)
- **Motivation to become a DSW:** The three most common motivations for wanting to become a DSW were (Table 9, p. 31):
    - "I wanted to help people" (74.1%)
    - "I wanted to make a difference" (60.7%)
    - "It gives me personal satisfaction" (60.7%)
- **Job satisfaction:** Job satisfaction was most highly correlated with supervisor support (Figure 24, p. 51).

Benefits

- **Job benefits received:** Nearly one quarter (24.2%) of DSWs reported they do not receive job benefits (i.e., health insurance, paid vacation, paid holiday, retirement) (Figure 16, p. 31 and Table 10, p. 32). Of those DSWs who received no job benefits, there were disproportionately (Section 6.4.2, p. 47):
    - More who worked primarily with consumers with Alzheimer's disease and related dementia; and less who worked primarily with the chemical dependence / chronic alcoholism population.
    - More who worked with a single consumer; and less who worked with ≥10 consumers.
    - More who worked ≤20 hours per week.
    - More who preferred to work more hours; and fewer who preferred to work less hours.
    - More who had ≥2 jobs.
    - More who considered their direct service job as a secondary source of income.
    - More women; and fewer men.
    - More who had earned a vocational diploma or certificate; and fewer who had earned a Master's degree.
    - More paraprofessionals.
- **Public benefits received:** Almost 20% of all DSWs received one or more forms of public benefits (e.g., food stamps, Medicaid) (Figure 18, p. 34). Of those DSWs on public benefits, there were disproportionately (Section 6.4.3, p. 49):
    - More who worked ≤20 hours/week.
    - More who preferred to work more hours; and fewer who preferred to work less hours.
    - More who had a high school diploma or a vocational diploma/certificate as their highest level of education.
    - More paraprofessionals.
    - More who were from a rural location.
    - More 30-39 year old participants who received at least one public benefit.

Urban / Rural

- **Differences*:*** Of those DSWs from rural locations, there were disproportionately (Section 6.4.1, p. 46):
    - More who work 11-20 paid hours per week.
    - More who work fewer hours than preferred.
    - More who received at least one public benefit.

Retention

- **Intent to stay in the field:** The likelihood of staying in the direct service field decreased as participants projected further into the future (i.e., 1 year from present vs. 5 years from present vs. indefinitely) (Figure 19, p. 35 and Table 11, p. 36).
- **Factors that influence retention:** Collectively, DSWs rated "wages" as having the highest influence on retention among the specified factors (the others being opportunity for advancement, retirement, health insurance, paid vacation and holidays) (Table 12, p. 37). However, an analysis limited to the data obtained from participants who rated all five

of the importance factors showed that the mean rating for "wages" did not differ significantly from the means for "paid vacation/holidays" and "health insurance" (Figure 20, p. 38).

- **Age of the DSW:** On average, younger participants (esp., <30 years of age) rated "opportunity for advancement" as having significantly higher influence on retention than the older participants (Figure 21, p. 39).
- **Forced rankings of importance factors:** When asked to rate factors from most to least important, the ranking was as follows (Table 13, p. 40):
    - Wages
    - Health insurance
    - Paid vacation / paid holidays
    - Retirement
- **Retention is related to job satisfaction:** Each measure of retention was most strongly correlated with job satisfaction (as opposed to the other non-retention measures--e.g., job is rewarding, job is what expected, etc.) (Table 22, p. 51).

2 Acknowledgements

Special thanks to Thomas Chard (Alaska Department of Health and Social Services) and John Cannon (Mat-Su Services for Children and Adults) who greatly improved this project. This study was supported by a grant from the Health Resources Services Administration (CFDA:93.888).

3 Introduction

Alaska has a critical shortage of direct service workers (DSWs) who provide home and personal care for the elderly and persons with disabilities. Provider agencies report annual turnover rates of more than 50% and employ workers who do not meet minimum qualifications (C & S Management Associates, 2002). These issues are not unique to Alaska, but are a national problem. In the field of long-term care, DSWs are the lowest paid and they receive the least training and fewest incentives (Hewitt, et al., 2008). Furthermore, recent studies indicate that wages and benefits paid to DSWs are related to the quality and quantity of workers (Seavey & Salter, 2006). To address these issues, the Alaska Mental Health Trust Authority recently launched a Workforce Development Initiative for which the Center for Human Development (CHD) conducted a survey of DSWs for the Wages and Benefits Subcommittee of the Workforce Development Initiative Recruitment and Retention Committee. The survey was sent to DSWs who worked with people with developmental disabilities, Alzheimer's disease and related dementia, chemical dependence, chronic alcoholism, mental illness, and traumatic brain injury. The goal of this survey was to develop a profile of job satisfaction and the influence of employment benefits on job recruitment and retention. Survey results showed that job satisfaction was most highly correlated with supervisor support and that wages were ranked most important among the other specified factors--health insurance, paid vacation/holidays, and retirement. DSWs who worked with or were responsible for the primary population with developmental disabilities had the lowest mean and median hourly wages among all the other populations, perhaps contributing to the observed high number of DSWs who reported receiving one or more of the specified forms of public benefits (i.e., food stamps, Medicaid, etc.). The results of this survey suggest that an increase in wages, job benefits, and opportunities for advancement may improve retention and recruitment of DSWs in Alaska. Addressing leadership development of frontline supervisors and other supervision-related factors is also needed.

4 Methodology

4.1 Participants

The target population for this survey was direct service workers (DSWs) who work with people with developmental disabilities (DD), Alzheimer's disease and related dementia (Alz), chemical dependence / chronic alcoholism (CD/CA), mental illness (MI), and traumatic brain injury (TBI). Surveys were distributed to service agencies through trade and professional associations. There were 838 total participants of which 92 of them answered "No" to the screening question, which meant that the survey did not apply to them. A total of 722 participants provided information beyond the screening question.

4.2 Survey development

The final survey instrument was adapted from the Washington State Home Care Quality Authority Individual Provider Mail Survey (Mann & Pavelchek, 2007) in collaboration with the Wages and Benefits Subcommittee and other key stakeholders. The survey was designed using

SurveyMonkey (SurveyMonkey.com; Portland, OR). The survey results were anonymous and not linked to the e-mail list of who responded and declined. As an incentive, participants were given the option to enter their names into a drawing for forty $25 gift cards. See Appendix C, p. 79 for the complete survey.

4.3 Data analysis

Depending on the characteristics of the associated data, statistical analyses included the use of independent *t*-tests, chi-square tests, and various *F*-tests (e.g., analysis of variance (ANOVA), Welch test). Post hoc tests included Tukey's test and the Games-Howell test. Any additional tests that were performed are clearly noted within the report. In all cases, the level of significance was $\alpha = 0.05$. All statistical analyses were performed using .0 and 17.0 for Windows (Inc., Chicago, IL).

5 Results

5.1 Demographic information

5.1.1 Age

The most common age range was 50-59 with respect to all participants and each primary population except those DSWs who worked primarily with consumers with mental illness, for which the most common age range was 20-29.

Figure 1. Age

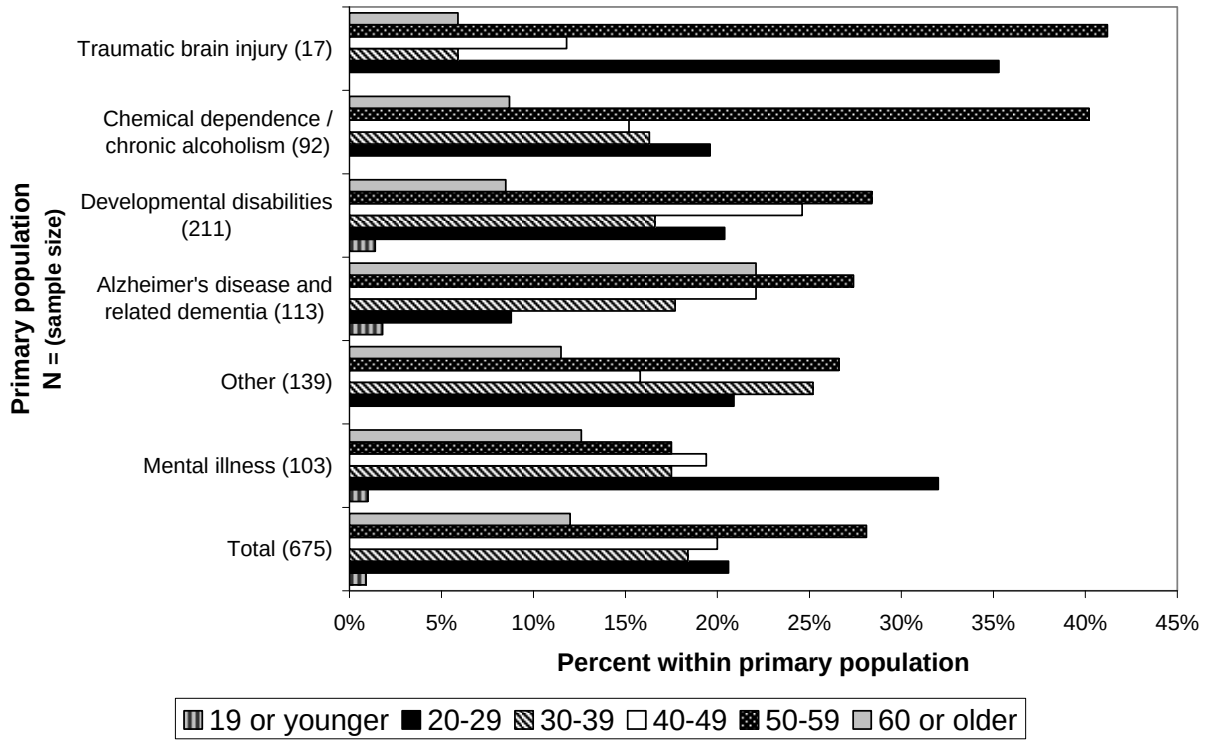


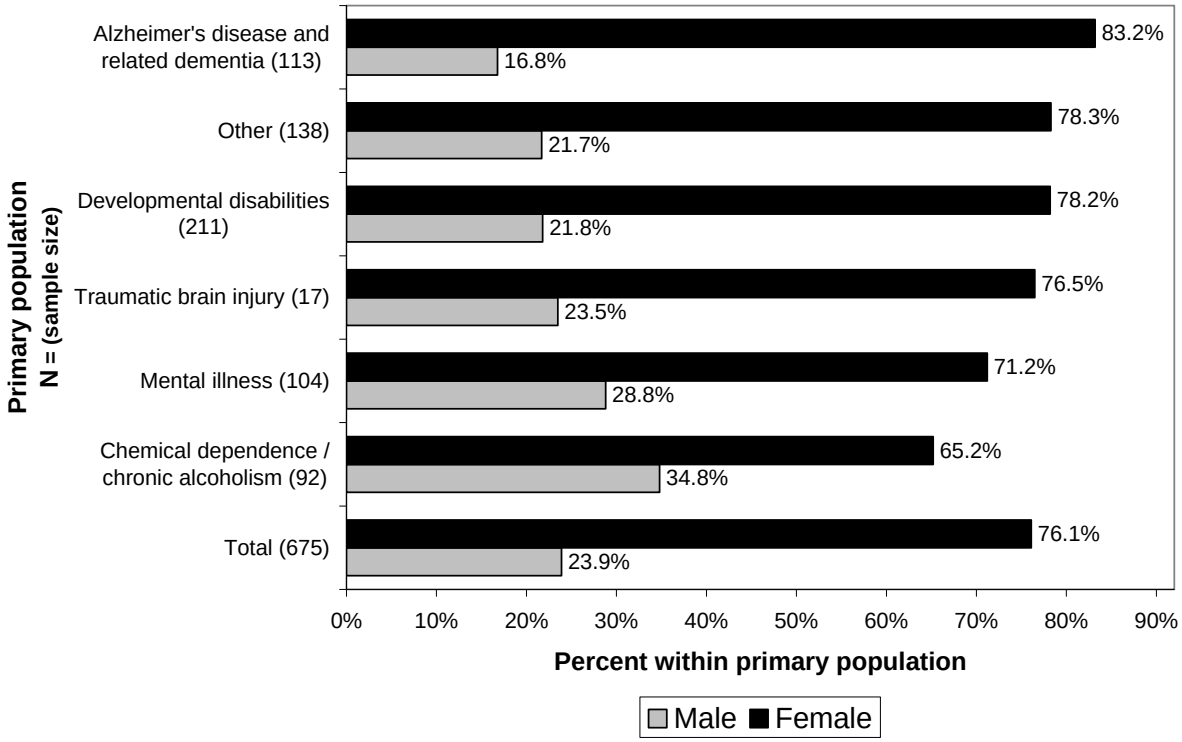
Table 1. Age

Primary population	19 or younger	20-29	30-39	40-49	50-59	60 or older	Total
Traumatic brain injury (17)	0.0%	35.3%	5.9%	11.8%	**41.2%**	5.9%	100.0%
Chemical dependence / chronic alcoholism (92)	0.0%	19.6%	16.3%	15.2%	**40.2%**	8.7%	100.0%
Developmental disabilities (211)	1.4%	20.4%	16.6%	24.6%	**28.4%**	8.5%	100.0%
Alzheimer's disease and related dementia (113)	1.8%	8.8%	17.7%	22.1%	**27.4%**	22.1%	100.0%
Other (139)	0.0%	20.9%	25.2%	15.8%	**26.6%**	11.5%	100.0%
Mental illness (103)	1.0%	**32.0%**	17.5%	19.4%	17.5%	12.6%	100.0%
Total (675)	0.9%	20.6%	18.4%	20.0%	**28.1%**	12.0%	100.0%

5.1.2 Gender

For every primary population, the vast majority of DSWs were women. Based on data for age and gender, 45% of all DSWs were women aged 40 or more.

Figure 2. Gender

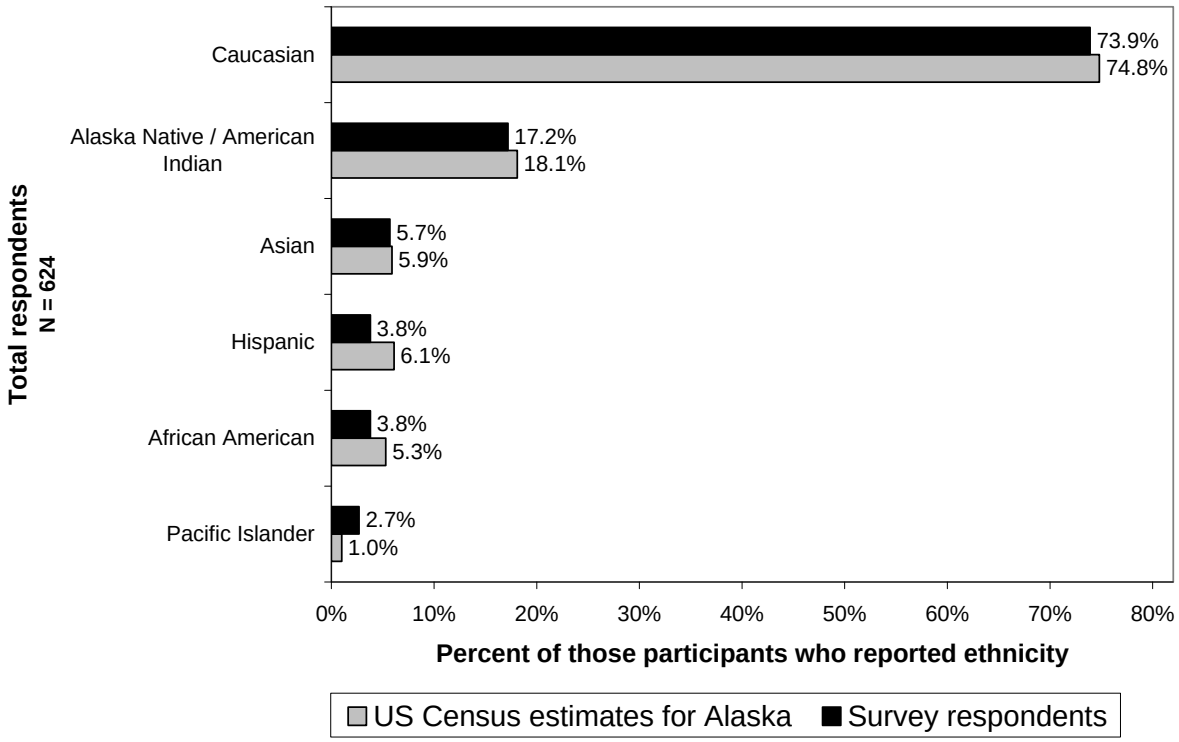


5.1.3 Ethnicity

For each primary population, the vast majority of DSWs were Caucasian. The second most common ethnicity for each primary population (except DSW-TBI) was Alaska Native / American Indian. Overall, when compared to census data on ethnicity (US Census Bureau-Population Division, 2009a, 2009b), the diversity of DSWs in Alaska closely mirrors that of Alaska's general population.

Figure 3. Ethnicity

– Note that the percentages sum to more than 100, because each person may be associated with more than one ethnicity.



5.1.4 Number of dependents

For every primary population, DSWs most frequently either had zero dependents or one dependent.

Figure 4. Number of dependents

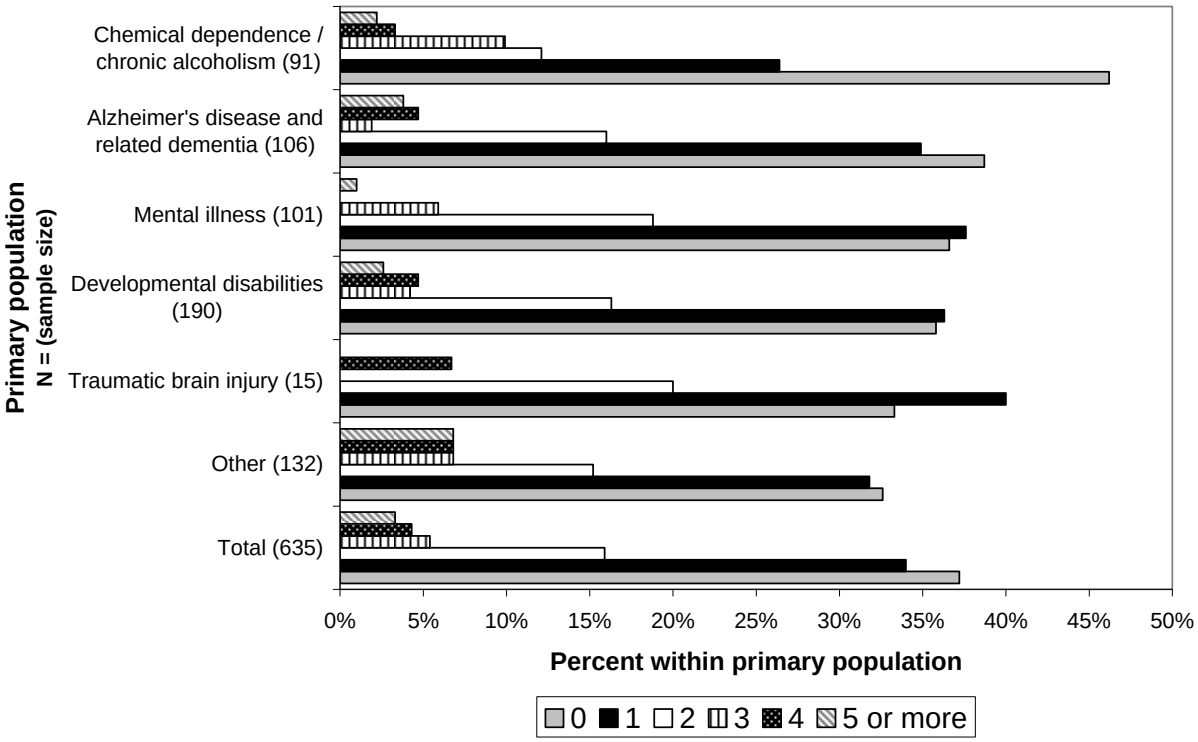


Table 2. Number of dependents

Primary population	0	1	2	3	4	5 or more	Total
Chemical dependence / chronic alcoholism (91)	**46.2%**	26.4%	12.1%	9.9%	3.3%	2.2%	100.0%
Alzheimer's disease and related dementia (106)	**38.7%**	34.9%	16.0%	1.9%	4.7%	3.8%	100.0%
Mental illness (101)	36.6%	**37.6%**	18.8%	5.9%	0.0%	1.0%	100.0%
Developmental disabilities (190)	35.8%	**36.3%**	16.3%	4.2%	4.7%	2.6%	100.0%
Traumatic brain injury (15)	33.3%	**40.0%**	20.0%	0.0%	6.7%	0.0%	100.0%

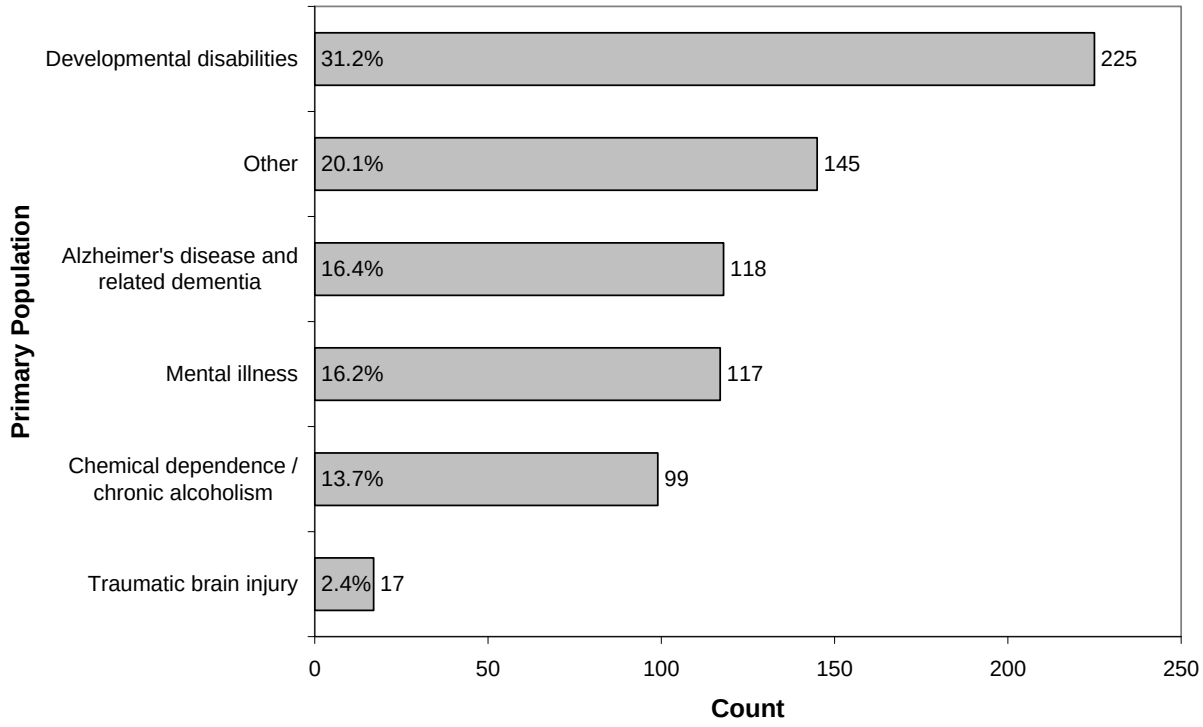
Primary population	0	1	2	3	4	5 or more	Total
Other (132)	**32.6%**	31.8%	15.2%	6.8%	6.8%	6.8%	100.0%
Total (635)	**37.2%**	34.0%	15.9%	5.4%	4.3%	3.3%	100.0%

5.2 Job characteristics and longevity

5.2.1 Primary population

The greatest percentage of DSWs worked primarily with consumers with DD (31.2%). Note that the "Other" category included participants who checked the associated box and specified more than one of the listed consumer populations (e.g., DD and TBI).

Figure 5. Primary population



5.2.2 Number of consumers per worker

The vast majority of DSWs (except for DSW-DD and DSW-TBI) worked with, or were responsible for, 10 or more consumers. For those DSW-DD and DSW-TBI, it was most common to have 1 to 3 consumers per worker.

Figure 6. Number of consumers per worker

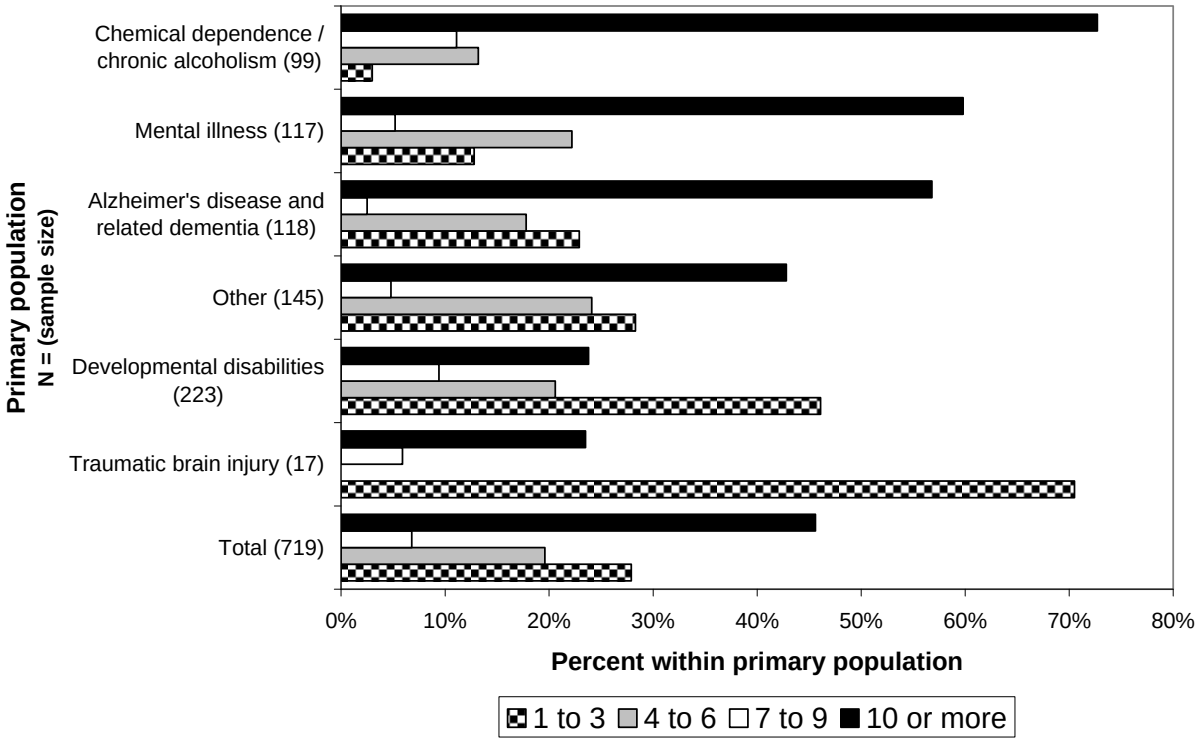


Table 3. Number of consumers per worker

Primary population	1 to 3	4 to 6	7 to 9	10 or more	Total
Chemical dependence / chronic alcoholism (99)	3.0%	13.2%	11.1%	**72.7%**	100.0%
Mental illness (117)	12.8%	22.2%	5.2%	**59.8%**	100.0%
Alzheimer's disease and related dementia (118)	22.9%	17.8%	2.5%	**56.8%**	100.0%
Other (145)	28.3%	24.1%	4.8%	**42.8%**	100.0%
Developmental disabilities (223)	**46.1%**	20.6%	9.4%	23.8%	100.0%
Traumatic brain injury (17)	**70.5%**	0.0%	5.9%	23.5%	100.0%
Total (719)	27.9%	19.6%	6.8%	**45.6%**	100.0%

5.2.3 Number of years worked for current agency

There were no statistically significant differences among the primary populations with respect to the mean number of years that participants had worked at their current agencies, $F(4, 299.158) = 1.233$[a], $p = .297$.

Table 4. Number of years worked for current agency

Primary population	N	Minimum	Maximum	Median	Mean
Chemical dependence / chronic alcoholism	96	0.08	21.33	3.00	4.41
Other	142	0.08	30.00	2.33	4.15
Developmental disabilities	218	0.08	20.92	2.50	4.13
Alzheimer's disease and related dementia	115	0.08	22.33	2.50	4.11
Mental illness	106	0.17	16.00	2.29	3.39
Traumatic brain injury	17	0.17	8.00	2.33	2.69
Total	694	0.08	30.00	2.50	4.02

[a] The Welch *F*-ratio is reported because the assumption of homogeneity of variances was violated. Also note that TBI was excluded from the analyses due to a small sample size.

5.2.4 Number of years worked in direct care

There were no significant differences among the primary populations with respect to the mean number of years worked in direct care, $F(4, 297.166) = 1.339$[b], $p = .255$.

Table 5. Number of years in direct care

Primary population	N	Minimum	Maximum	Median	Mean
Alzheimer's disease and related dementia	115	0.08	86.00	6.00	10.60
Chemical dependence / chronic alcoholism	96	0.08	32.00	8.00	9.57
Other	140	0.08	45.00	6.50	8.40
Developmental disabilities	216	0.08	42.00	5.54	8.29
Mental illness	104	0.08	30.00	6.63	8.16
Traumatic brain injury	17	0.17	23.00	5.00	6.39
Total	688	0.08	86.00	6.21	8.81

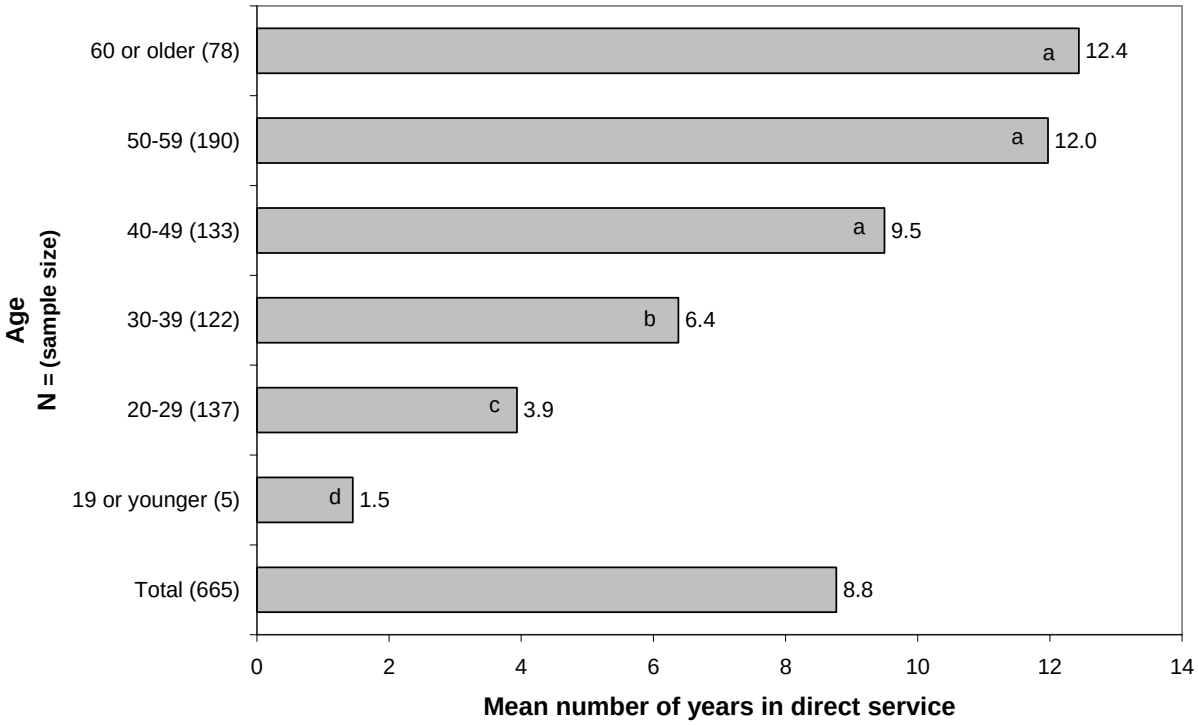
5.2.5 Number of years worked in direct care by age

There were significant differences among age groups with respect to the mean number of years in direct care, $F(5, 79.047) = 55.211$[c], $p = .000$. On average, participants who were over 40 years old had significantly more years of experience in direct service than those who were under 40. Each of the age groups below 40 years of age also differed significantly from one another.

[b] The Welch *F*-ratio is reported because the assumption of homogeneity of variances was violated. Also note that TBI was excluded from the analyses due to a small sample size.
[c] The Welch *F*-ratio is reported because the assumption of homogeneity of variances was violated.

Figure 7. Number of years worked in direct service by age

– Groups that share one or more of the same letters inside their bars have means with no statistically significant differences.



50-59	40-49	30-39	20-29	≤ 19	Age group
1.000	.494	.003	.000	.000	≥ 60
	.118	.000	.000	.000	50-59
		.003	.000	.000	40-49
			.001	.000	30-39
				.002	20-29

p-values from a post hoc application of the Games-Howell test

5.2.6 Number of paid hours each week

For every primary population, the majority of DSWs reported that they worked 31 to 40 paid hours per week.

Figure 8. Number of paid hours each week

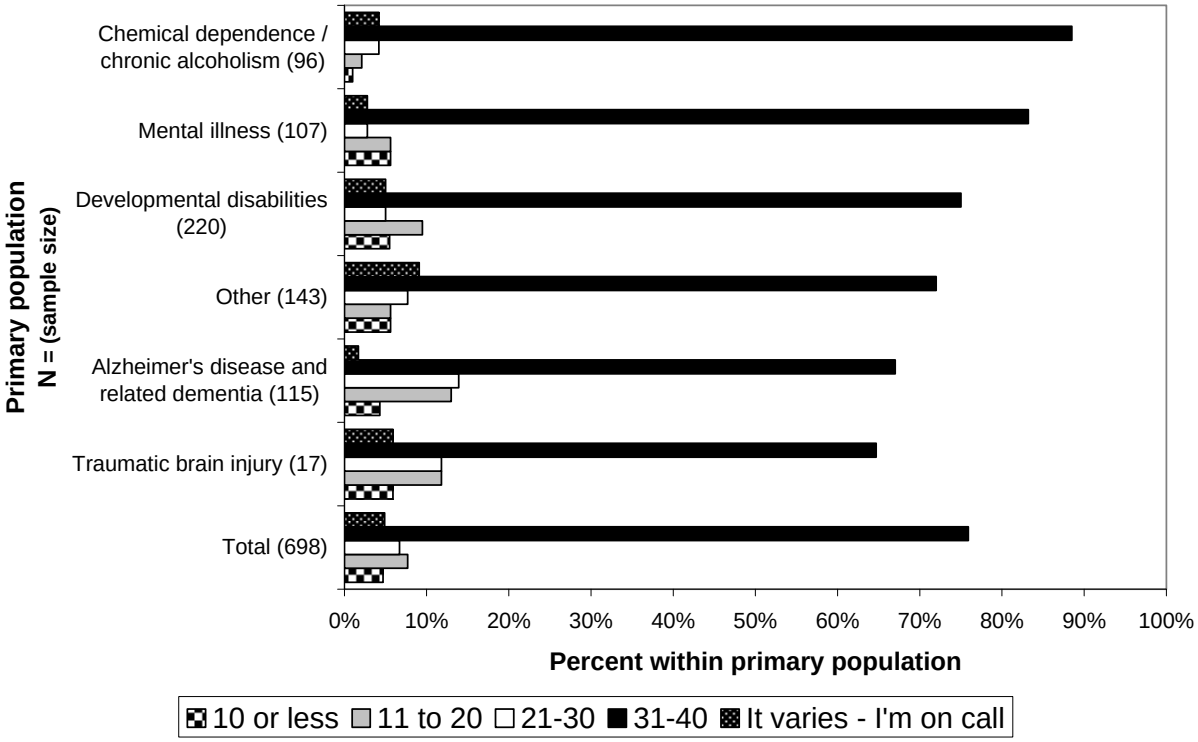


Table 6. Number of paid hours each week

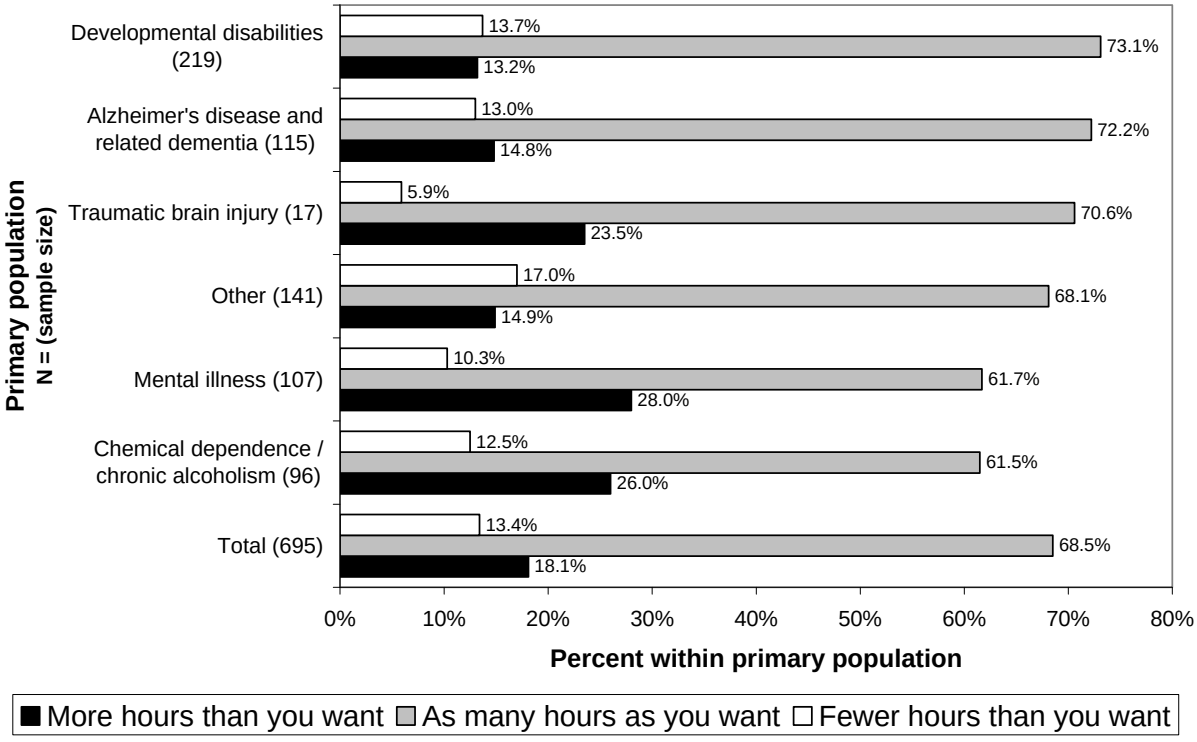
Primary population	10 or less	11 to 20	21-30	31-40	It varies - I'm on call	Total
Chemical dependence / chronic alcoholism (96)	1.0%	2.1%	4.2%	**88.5%**	4.2%	100.0%
Mental illness (107)	5.6%	5.6%	2.8%	**83.2%**	2.8%	100.0%
Developmental disabilities (220)	5.5%	9.5%	5.0%	**75.0%**	5.0%	100.0%
Other (143)	5.6%	5.6%	7.7%	**72.0%**	9.1%	100.0%
Alzheimer's disease and related dementia (115)	4.3%	13.0%	13.9%	**67.0%**	1.7%	100.0%

Primary population	10 or less	11 to 20	21-30	31-40	It varies - I'm on call	Total
Traumatic brain injury (17)	5.9%	11.8%	11.8%	**64.7%**	5.9%	100.0%
Total (698)	4.7%	7.7%	6.7%	**75.9%**	4.9%	100.0%

5.2.7 Number of preferred hours each week

For every primary population, the majority of DSWs specified that they work as many hours as they want each week. DSW-DD and DSW-Other were the only groups for which a higher number of participants would like to work more hours compared to fewer hours.

Figure 9. Number of preferred hours each week

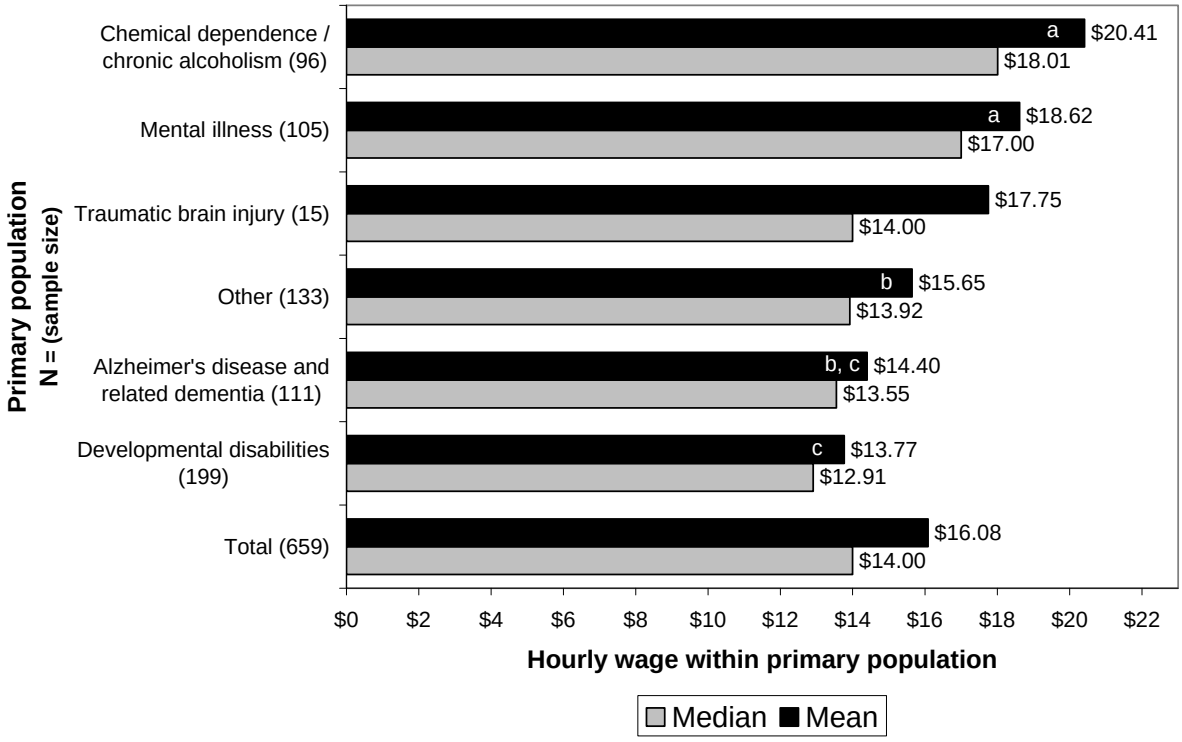


5.2.8 Current hourly wage

There were large statistically significant differences in hourly wage among the primary populations, $F(4, 269.860) = 28.244$[d], $p = .000$. The medians ranged from $12.91 to $18.01, while the means range from $13.77 to $20.41. Overall, participants from the DSW-CD/CA group reported the highest hourly wages, while the lowest wages were reported by participants from the DSW-DD group.

Figure 10. Current hourly wage

- Groups that share one or more of the same letters inside their bars have means with no statistically significant differences.
- The DSW-TBI group was excluded from the statistical analyses due to a small sample size.



[d] The Welch *F*-ratio is reported because the assumption of homogeneity of variances was violated. Also note that TBI was excluded from the analyses due to a small sample size.

MI	Other	Alz	DD	Primary population
.439	.000	.000	.000	CD/CA
	.011	.000	.000	MI
		.477	.017	Other
			.870	Alz

p-values from a post hoc application of the Games-Howell test

Note: TBI was excluded from the statistical analyses due to a small sample size.

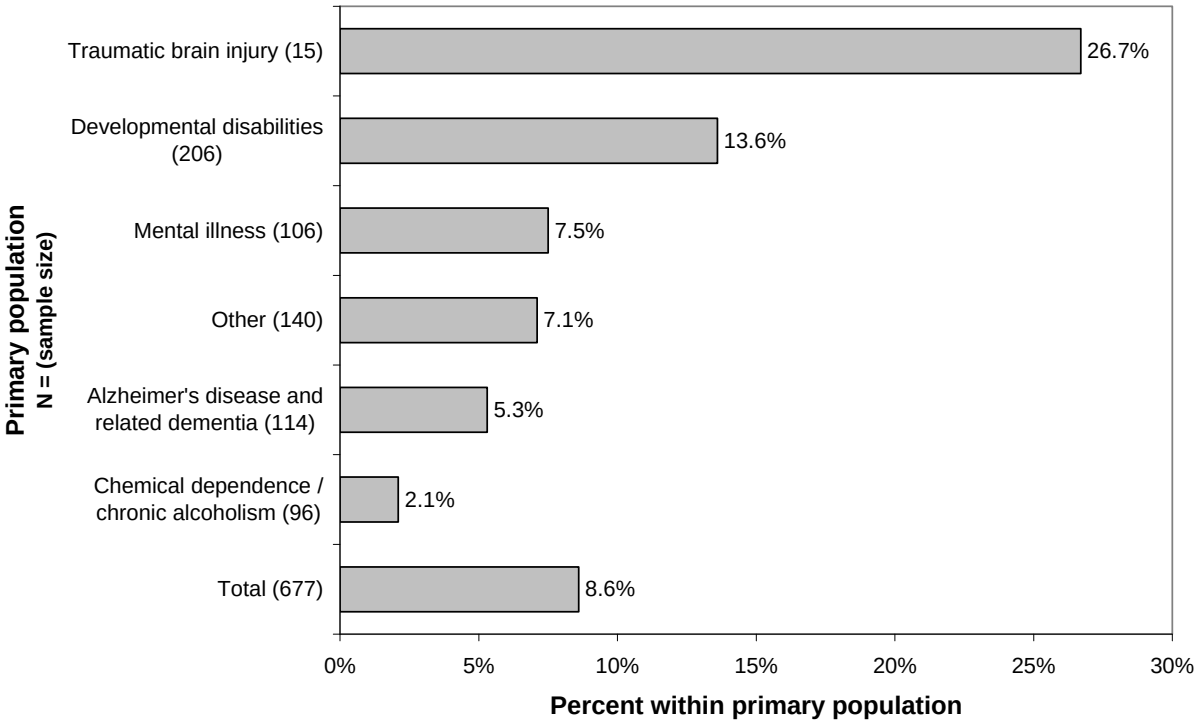
Table 7. Current hourly wage

Primary population	**N**	**Minimum**	**Maximum**	**Median**	**Mean**
Chemical dependence / chronic alcoholism	96	11.00	36.50	18.01	20.41
Mental illness	105	0.00	42.46	17.00	18.62
Traumatic brain injury	15	7.15	75.00	14.00	17.75
Other	133	0.00	36.00	13.92	15.65
Alzheimer's disease and related dementia	111	5.00	42.00	13.55	14.40
Developmental disabilities	199	7.15	30.00	12.91	13.77
Total	659	0.00	75.00	14.00	16.08

5.2.9 Number who lived with consumers

The percentage of DSWs who lived with their consumers varied greatly depending on the primary population they served, having ranged from 2.1% (CD/CA) to 26.7% (TBI).

Figure 11. Percentage of DSWs who lived with consumers

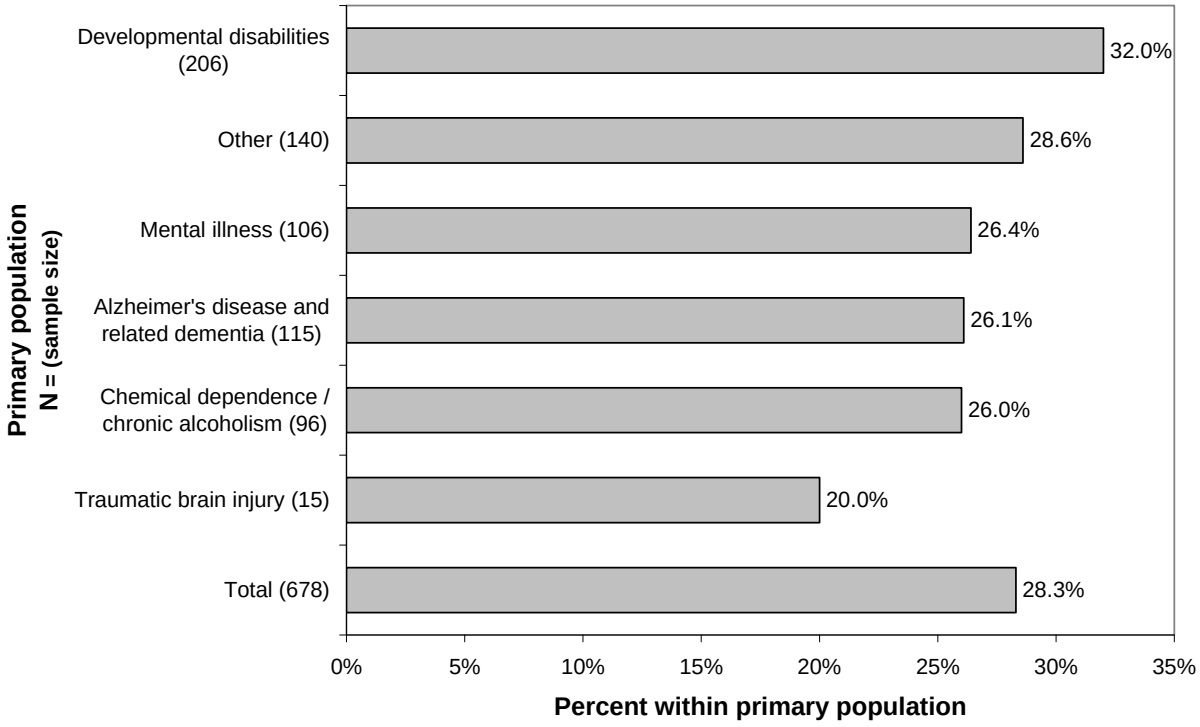


5.3 Outside employment

5.3.1 Number who have outside employment

For every primary population, at least 20% of DSWs worked at another job. Among those participants who worked two or more jobs, the highest percentage was those DSWs who served the primary population with DD. Recall that the DSW-DD group had the lowest median hourly wage of $12.91 per hour.

Figure 12. Percentage of DSWs with two or more jobs



5.3.2 Wages for DSWs with one job versus two or more jobs

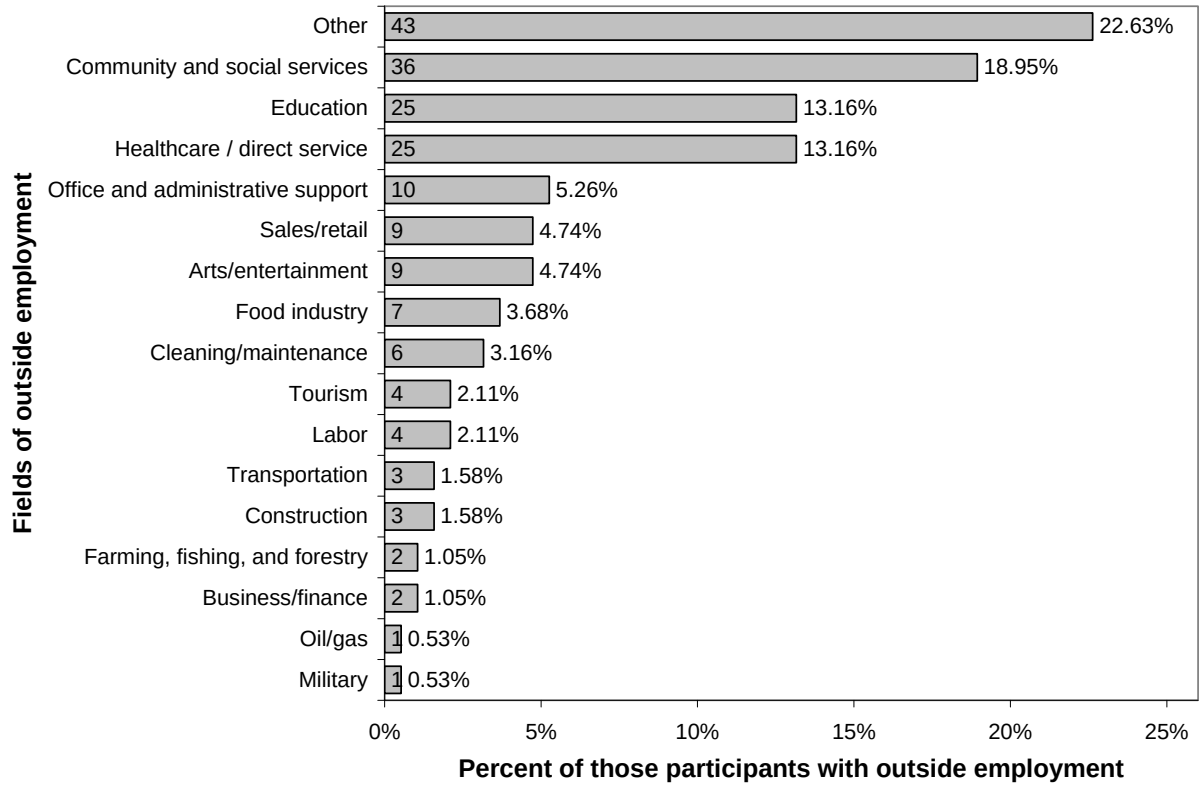
For those participants who had two or more jobs, the mean/median hourly wages were $15.99/$13.67. The participants who had no outside employment had a mean/median hourly wages of $16.12/$14.50. There were no statistically significant differences between the means, $t(658) = -0.228$, $p = .820$.

5.3.3 Field of outside employment

Of the 190 participants who had two or more jobs, the majority selected the miscellaneous "Other" category as the field of outside employment. Participants provided work examples such as ministry and politics.

Figure 13. Fields of outside employment

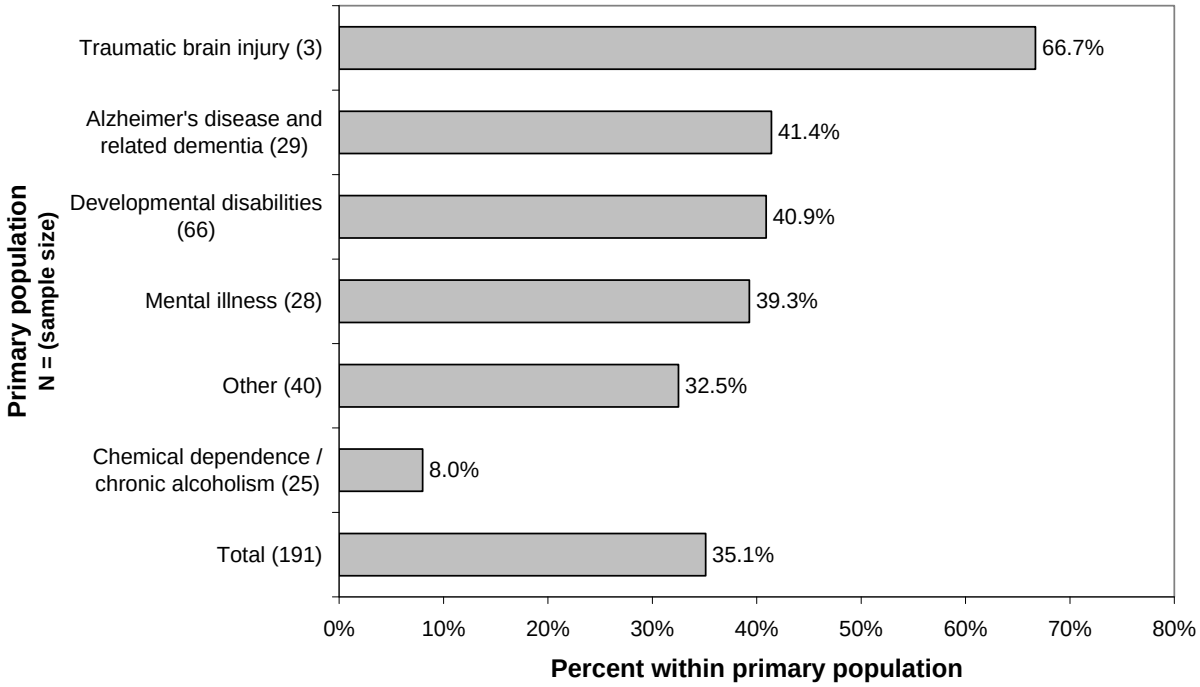
– The numbers inside each bar represent the raw counts.



5.3.4 Considered direct service job primary versus secondary

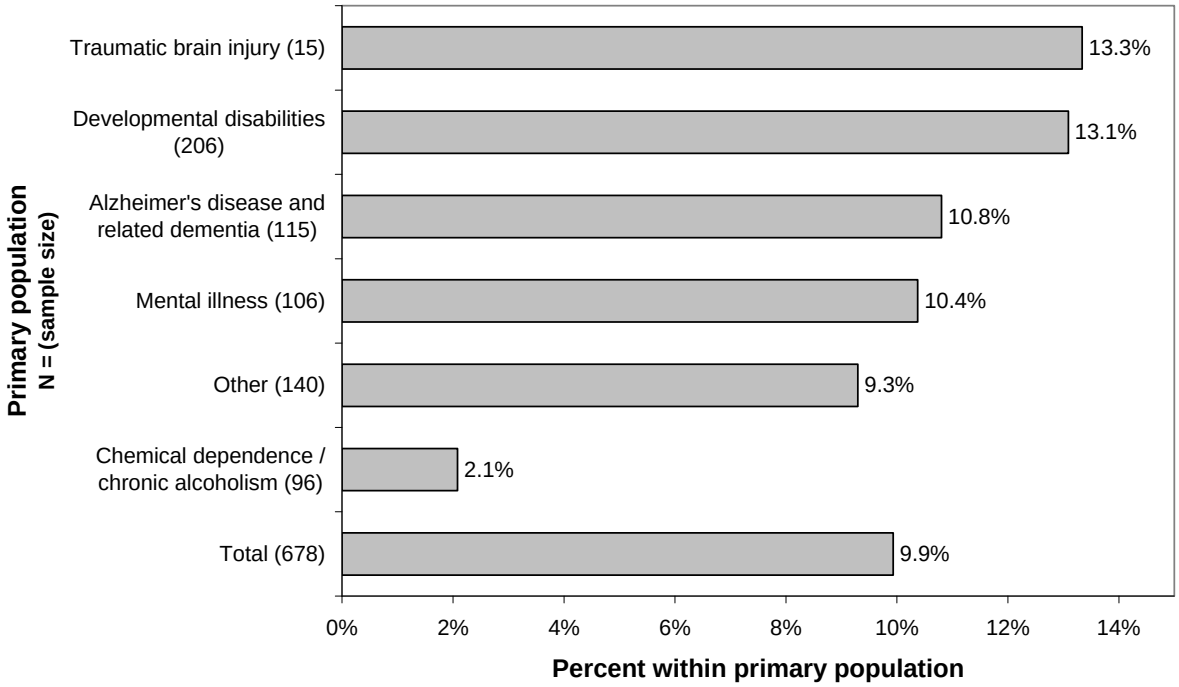
Among the DSWs who responded that they had another job, the majority considered direct service to be their primary source of income with the exception of the DSW-TBI group (although, note the small sample size of TBI workers).

Figure 14. Percentage of DSWs with >=2 jobs who considered direct service job secondary



The estimates of all DSWs who considered their direct service job as secondary were obtained by multiplying the percentage of all DSWs with two or more jobs by the percentage thereof who considered their direct service job to be secondary.

Figure 15. Percentage of all DSWs who considered direct service job secondary



5.4 Job satisfaction and motivation

5.4.1 Job satisfaction, skills, and training

Overall, DSWs responded favorably to questions that measured job satisfaction, skills, and training (i.e., all of the means were above 2.5 on a scale from 0 to 5).

Table 8. Job satisfaction, skills, and training

- Rating scale ranged from 0 = strongly disagree to 5 = strongly agree.
- The asterisked measures below are those for which there exist statistically significant differences among the means for the primary populations. In the interest of brevity, the results of the statistical tests and any corresponding graphs are not reported here.

	Range of means for the primary populations	Mean for all DSWs
Job is rewarding*	4.11 - 4.57	4.35
Skills are adequate for the job*	3.91 - 4.46	4.22
Job is challenging	3.89 - 4.30	4.00
Had enough training to do job*	3.50 - 4.18	3.92
Gain new skills working at this job	3.69 - 3.96	3.88
Get support from supervisor	3.47 - 4.08	3.81
Like work schedule*	3.40 - 4.14	3.81
Satisfied with my current job*	3.50 - 4.06	3.81
Job is what expected*	3.54 - 4.08	3.74
Enough time with consumer*	2.83 - 3.83	3.53
Have a lot of training opportunities	3.08 - 3.33	3.23

5.4.2 Motivation to become a DSW

For every primary population, the least common motivation to become a DSW was "it was an easy job to get." Overall, the most common motivation was "personal satisfaction."

Table 9. Motivation to become direct service worker

	Percent of all DSWs
Personal satisfaction	74.1%
Make a difference	60.7%
Help people	60.7%

5.5 Benefits

5.5.1 Job benefits received

For every primary population, the most frequent benefit received was paid holidays. DSW-Alz had the largest percentage of participants who did not receive any of the listed benefits. The survey participants specified which job benefits they received by checking the associated box next to each benefit. If participants checked one or more boxes, it was assumed that they did not receive those benefits associated with the unchecked boxes.

Figure 16. Job benefits received

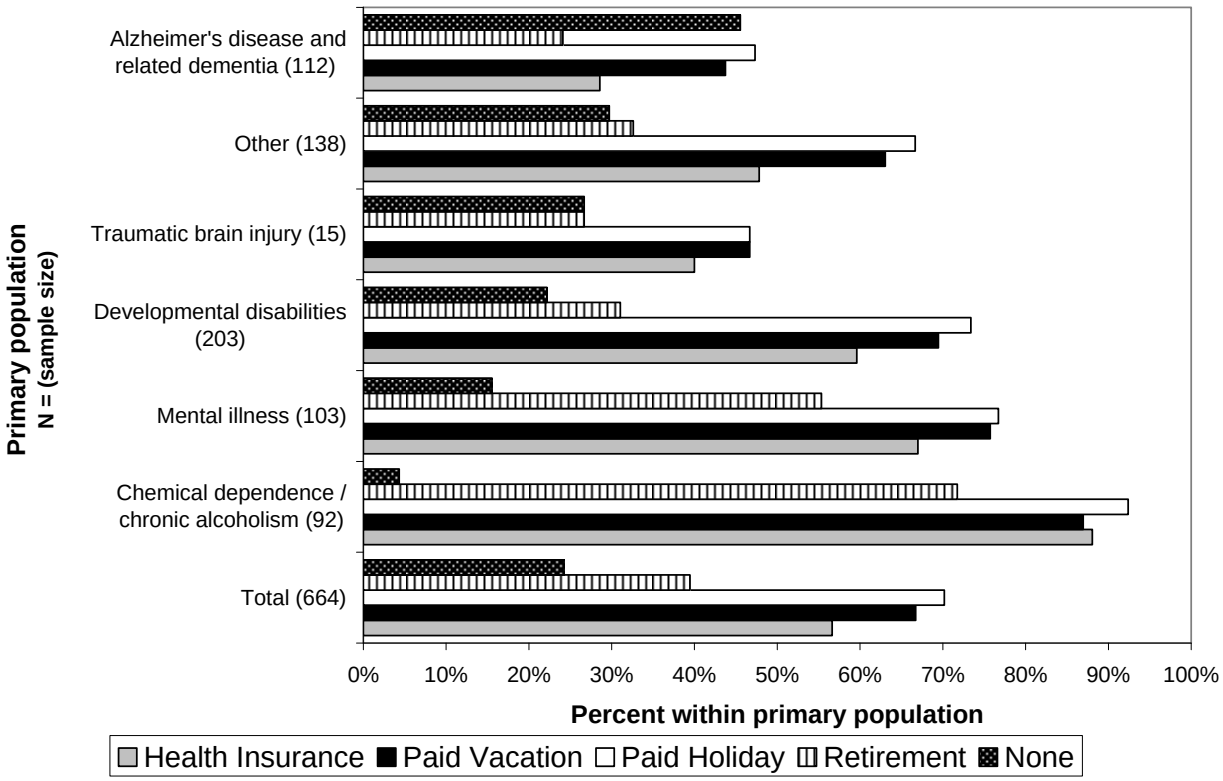


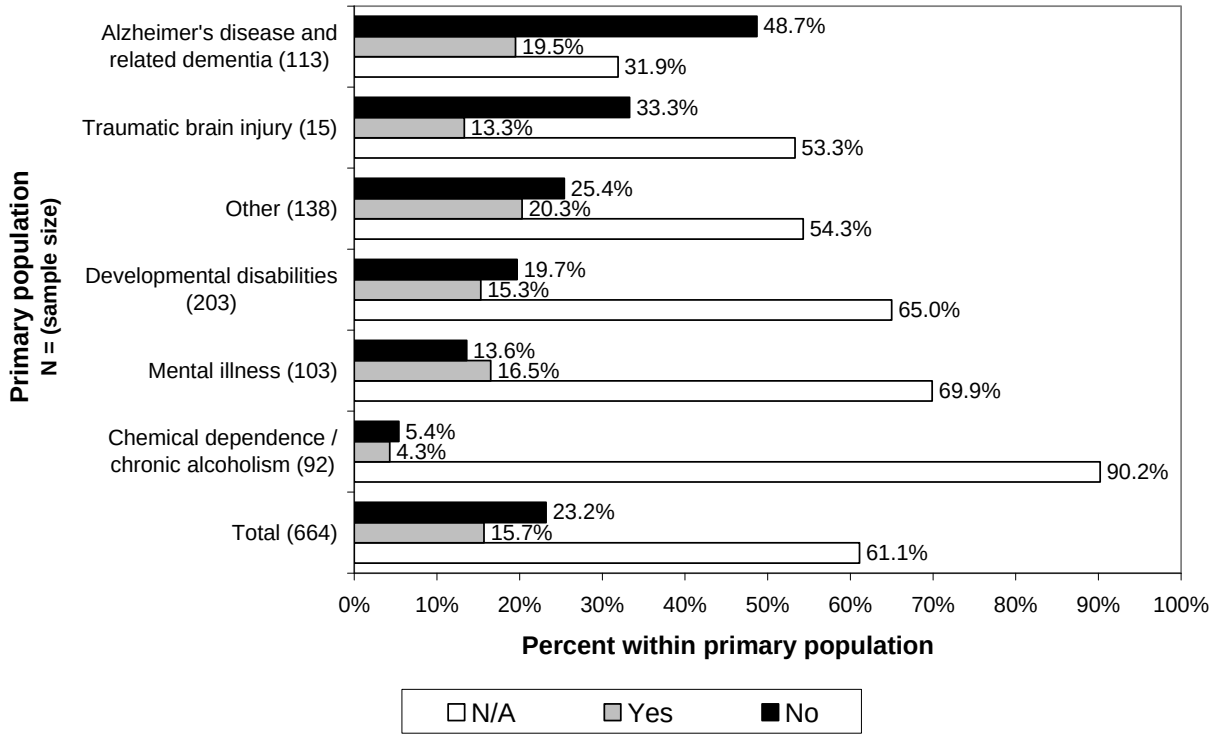
Table 10. Job benefits received

Primary population	Health insurance	Paid vacation	Paid holiday	Retirement	None
Alzheimer's disease and related dementia (112)	28.6%	43.8%	**47.3%**	24.1%	45.5%
Other (138)	47.8%	63.0%	**66.7%**	32.6%	29.7%
Traumatic brain injury (15)	40.0%	**46.7%**	**46.7%**	26.7%	26.7%
Developmental disabilities (203)	59.6%	69.5%	**73.4%**	31.0%	22.2%
Mental illness (103)	67.0%	75.7%	**76.7%**	55.3%	15.5%
Chemical dependence / chronic alcoholism (92)	88.0%	87.0%	**92.4%**	71.7%	4.3%
Total (664)	56.6%	66.7%	**70.2%**	39.5%	24.2%

5.5.2 Health insurance coverage through another family member

The "Yes/No" percentages in Figure 17 are with respect to the DSWs who did not receive health insurance through their direct service jobs. The survey was not designed to assess the number of DSWs who were double covered. Nearly all of the "N/A" responses were from DSWs who already had health insurance through their direct service jobs.

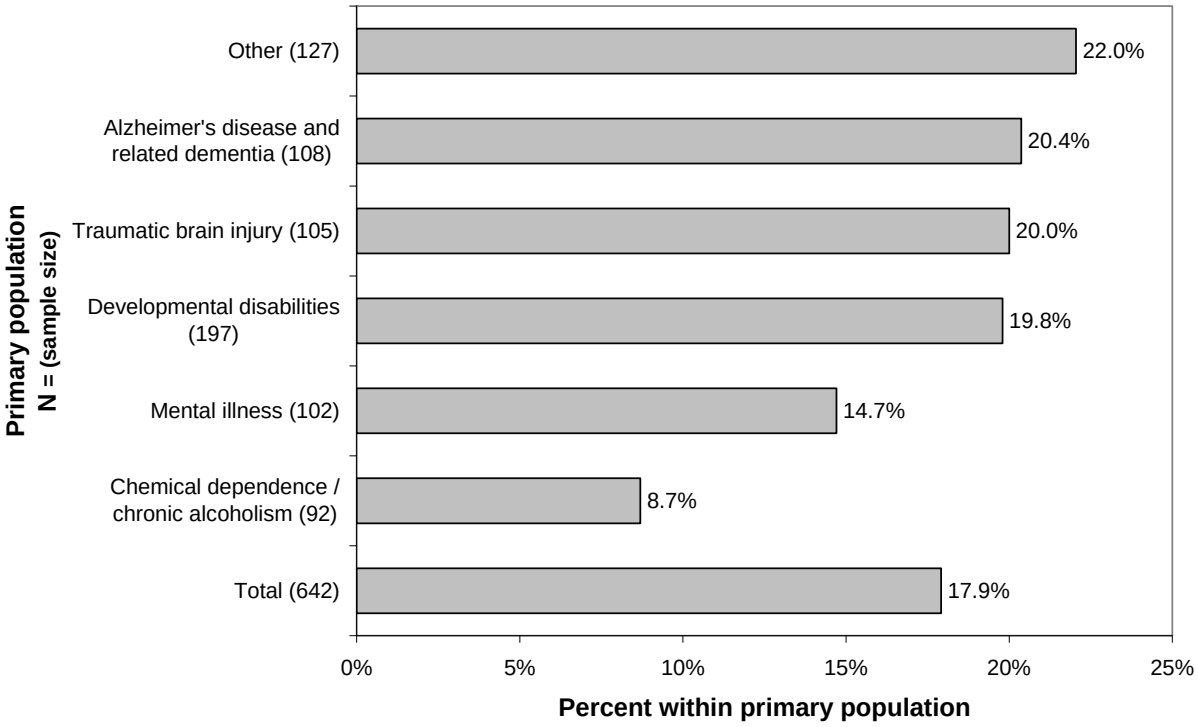
Figure 17. Health insurance coverage through another family member



5.5.3 Receipt of public benefits

Among all DSWs, 17.9% received at least one public benefit. Furthermore, the mean hourly wage for participants who received at least one public benefit (M = 14.11, SD = 4.50) was significantly lower than the mean hourly wage for those participants who did not receive any public benefits (M = 16.47, SD = 6.78), t(229.373) = -4.500, p = .000.

Figure 18. Receipt of one or more public benefits

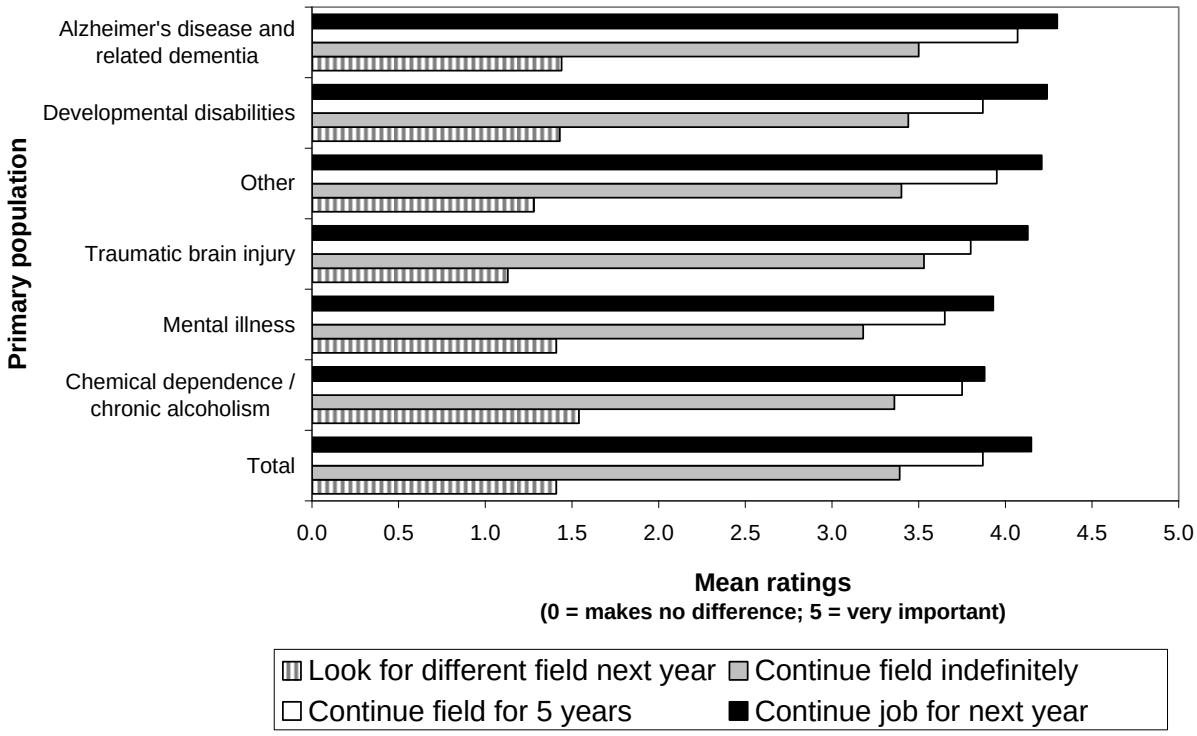


5.6 Retention

5.6.1 Retention ratings

For DSWs in each of the primary populations, the likelihood of staying in the direct service field decreased as participants projected further into the future (i.e., 1 year from present vs. 5 years from present vs. indefinitely). There were no statistically significant differences among the means for the primary populations for each of the four measures of retention[e]: continue in the job for the next year, $F(4, 275.775) = 2.047$[f], $p = .088$; continue in the field for the next 5 years, $F(4, 282.716) = 1.588$[g], $p = .178$; continue in the field indefinitely, $F(4, 633) = 0.568$, $p = .686$; and look for job in a different field within next year, $F(4, 636) = 0.404$, $p = .806$.

Figure 19. Retention ratings



[e] TBI was excluded from the analyses due to a small sample size.
[f] The Welch *F*-ratio is reported because the assumption of homogeneity of variances was violated.
[g] The Welch *F*-ratio is reported because the assumption of homogeneity of variances was violated.

Table 11. Retention ratings

Primary population	Continue job for next year	Continue field for 5 years	Continue field indefinitely	Look for different field next year
Alzheimer's disease and related dementia	**4.3**	4.1	3.5	1.4
Developmental disabilities	**4.2**	3.9	3.4	1.4
Other	**4.2**	4.0	3.4	1.3
Traumatic brain injury	**4.1**	3.8	3.5	1.1
Mental illness	**3.9**	3.7	3.2	1.4
Chemical dependence / chronic alcoholism	**3.9**	3.8	3.4	1.5
Total	**4.2**	3.9	3.4	1.4

5.6.2 Rating factors that influence retention

For each factor of influence, there were no statistically significant differences among the means for the primary populations. In the interest of brevity, the results of the statistical tests and any corresponding graphs are not reported here.

The overall mean rating for wages was higher than the means for each of the other factors (see Table 12, p. 37). Note that the sample sizes for each factor differed because some participants did not rate every factor. The sample size for the health insurance factor was substantially smaller than the sample sizes for the remaining factors, because the health insurance rating question was inadvertently omitted from some paper versions of the survey.

Using the data provided by those participants who rated all five factors of influence (N = 334), a repeated measures ANOVA showed that there are significant differences among the means for the factors, $F(3.480, 1158.917) = 8.885$[h], $p = .000$. On average, the three factors--paid vacation and holidays, wages, and health insurance--had statistically similar levels of influence on retention (see Figure 20, p. 38). Retirement had the lowest level of influence, with a mean that was significantly lower than those for the remaining four factors.

"Opportunity for advancement" was the only factor significantly affected by age, $F(5, 57.882) = 17.8435$[i], $p = .000$. More specifically, the strength of influence was inversely related to age. Compared to older participants, younger DSWs (esp., <30 years of age) rated

[h] The F-ratio was calculated using the Greenhouse-Geisser estimates of sphericity.
[i] The Welch F-ratio is reported because the assumption of homogeneity of variances was violated.

"opportunity for advancement" as having a significantly higher level of influence on retention (see Figure 21, p. 39).

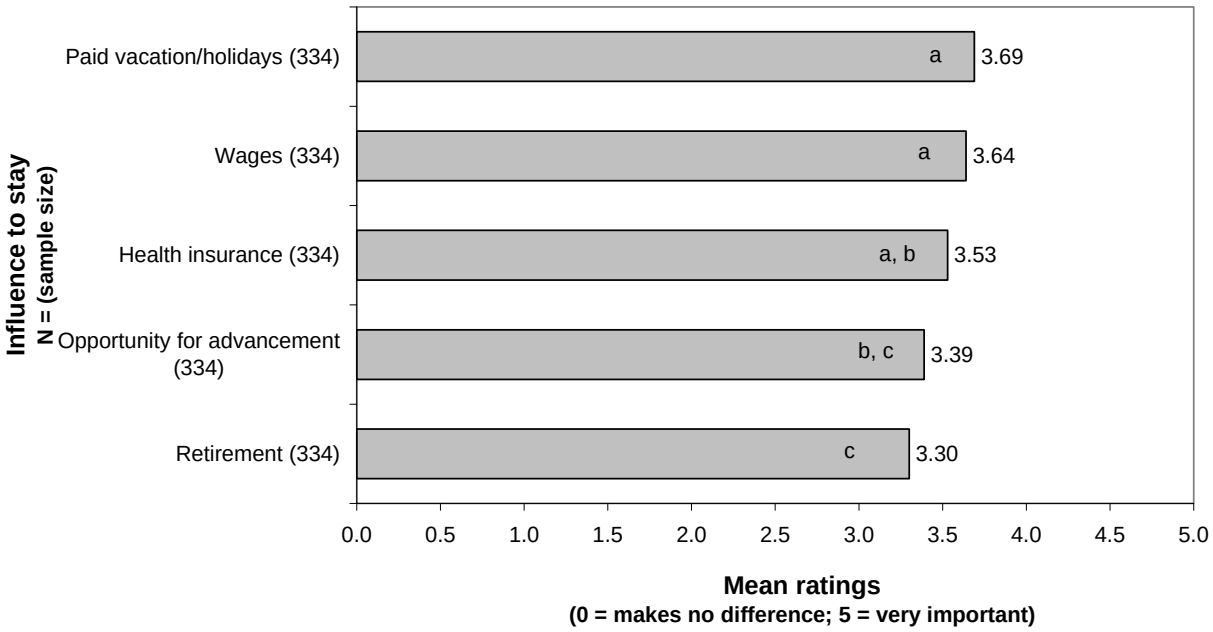
Table 12. Influence to stay ratings (no data excluded)

– Rating scale ranged from 0 = makes no difference to 5 = very important.

	N	Range of means for the primary populations	Mean for all DSWs
Wages	677	3.41 - 3.92	3.72
Paid vacation and holidays	671	3.37 - 3.91	3.71
Health insurance	349	3.29 - 3.91	3.52
Opportunity for advancement	666	2.41 - 3.59	3.42
Retirement	664	2.86 - 3.41	3.22

Figure 20. Influence to stay ratings (comparison of means)

– Groups that share one or more of the same letters inside their bars have means with no statistically significant differences.

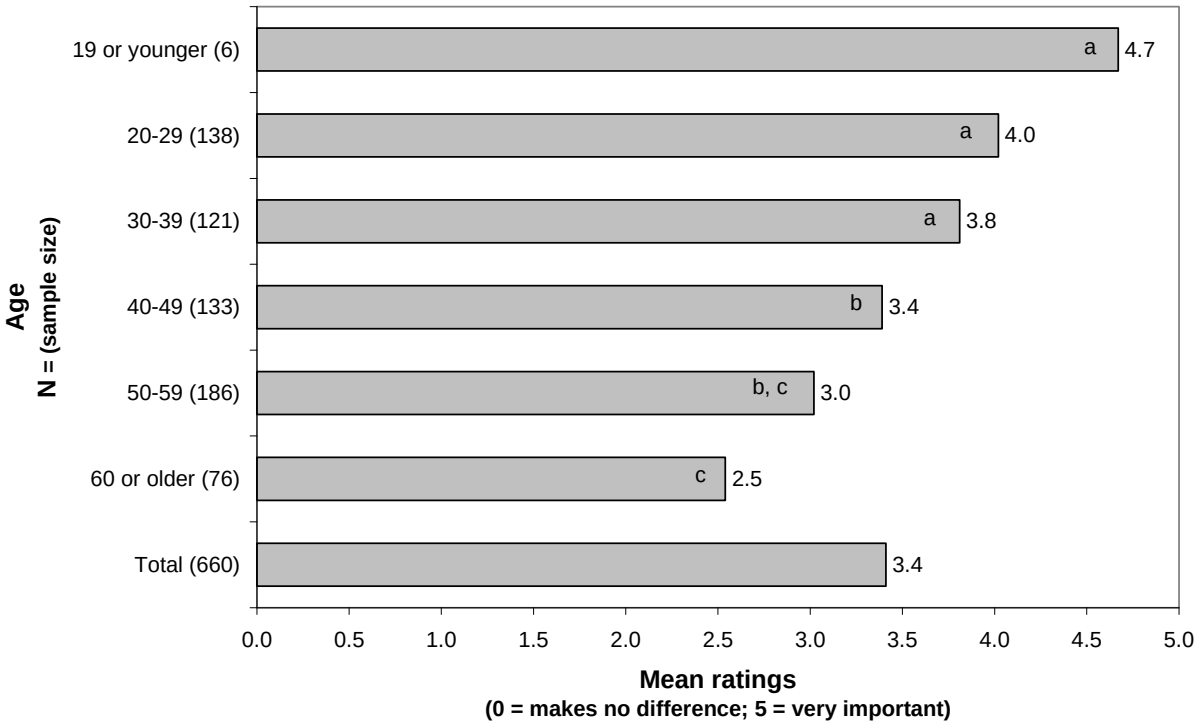


Wages	Health Ins	Opp for	Retirement	Factors that influence retention
1.000	.333	.000	.000	Paid vacation/holiday
	1.000	.030	.000	Wages
		1.000	.003	Health Ins
			1.000	Opp for Adv

p-values from a post hoc application of paired-samples *t*-tests using Bonferroni corrections

Figure 21. Influence to stay based on opportunity for advancement

- Groups that share one or more of the same letters inside their bars have means with no statistically significant differences.



20-29	30-39	40-49	50-59	≥ 60	Age group
.170	.055	.005	.001	.000	≤ 19
	.805	.004	.000	.000	20-29
		.249	.000	.000	30-39
			.360	.013	40-49
				.377	50-59

p-values from a post hoc application of the Games-Howell test

5.6.3 Importance rankings

Based on data from all participants, the four specified importance factors in decreasing order of importance were: wages, health insurance, paid vacation/holidays, and retirement. There were strong statistically significant differences observed among the distributions of the rankings, $\chi^2(3, N = 608) = 642.105$[j], $p = .000$, and there were highly significant differences between each pairing of the importance factors (i.e., the data distribution for each factor differed significantly from those of the other factors)[k]. Overall, the participants for each primary population ranked the factors in the same order as that depicted in Table 13 below.

Table 13. Importance rankings

N = 608	**Median ranking**
Rank Wages	1
Rank Health Insurance	2
Rank Paid Vacation Holidays	3
Rank Retirement	4

5.7 Participant location

Table 14. City/town: All participants

	Frequency	Percent	Cumulative percent
Anchorage	152	23.4	23.4
Juneau	90	13.8	37.2
Fairbanks	77	11.8	49.1
Wasilla	73	11.2	60.3
Sitka	37	5.7	66.0
Palmer	27	4.2	70.2
Haines	18	2.8	72.9
Kodiak	17	2.6	75.5
Douglas	12	1.8	77.4
Valdez	12	1.8	79.2

[j] Results are based on Friedman's test (aka Friedman's ANOVA), which is for repeated measures of ordinal data.
[k] Based on post hoc applications of the Wilcoxon signed-rank test using Bonferroni corrections. Results not shown in this report.

	Frequency	Percent	Cumulative percent
Barrow	11	1.7	80.9
Eagle River	11	1.7	82.6
Bethel	10	1.5	84.2
Chugiak	10	1.5	85.7
Petersburg	9	1.4	87.1
Soldotna	9	1.4	88.5
Kenai	6	.9	89.4
Homer	5	.8	90.2
Nikiski	5	.8	90.9
North Pole	4	.6	91.5
Seward	4	.6	92.2
King Cove	3	.5	92.6
Sterling	3	.5	93.1
Other locations	45	6.9	100
Total	650	100.0	

Table 15. City/town: Mental illness

	Frequency	Percent	Cumulative percent
Anchorage	42	41.2	41.2
Juneau	19	18.6	59.8
Fairbanks	7	6.9	66.7
Douglas	5	4.9	71.6
Wasilla	5	4.9	76.5
Sitka	4	3.9	80.4
Bethel	3	2.9	83.3
Haines	3	2.9	86.3
Other locations	14	13.7	100.0
Total	102	100.0	

Table 16. City/town: Developmental disabilities

	Frequency	Percent	Cumulative percent
Fairbanks	47	24.1	24.1
Wasilla	41	21.0	45.1
Anchorage	39	20.0	65.1
Juneau	16	8.2	73.3
Palmer	7	3.6	76.9
Soldotna	5	2.6	79.5
Barrow	4	2.1	81.5
Valdez	4	2.1	83.6
Chugiak	3	1.5	85.1
Haines	3	1.5	86.7
Sitka	3	1.5	89.7
Other locations	20	10.3	100.0
Total	195	100.0	

Table 17. City/town: Chemical dependence / chronic alcoholism

	Frequency	Percent	Cumulative percent
Sitka	19	20.7	20.7
Anchorage	18	19.6	40.2
Juneau	17	18.5	58.7
Eagle River	6	6.5	65.2
Barrow	4	4.3	69.6
Kodiak	4	4.3	73.9
Other locations	24	26.1	100.0
Total	92	100.0	

Table 18. City/town: Alzheimer's disease and related dementia

	Frequency	Percent	Cumulative percent
Anchorage	20	18.0	18.0
Palmer	14	12.6	30.6
Wasilla	10	9.0	39.6
Haines	8	7.2	46.8
Juneau	8	7.2	54.1
Petersburg	8	7.2	61.3
Kodiak	6	5.4	66.7
Chugiak	3	2.7	69.4
Fairbanks	3	2.7	72.1
Valdez	3	2.7	74.8
Other locations	28	25.2	100.0
Total	111	100.0	

Table 19. City/town: Traumatic brain injury

	Frequency	Percent	Cumulative percent
Anchorage	4	26.7	26.7
Juneau	3	20.0	46.7
Other locations	8	53.3	100.0
Total	15	100.0	

Table 20. City/town: Other

	Frequency	Percent	Cumulative percent
Anchorage	29	21.6	21.6
Juneau	26	19.4	41.0
Fairbanks	18	13.4	54.5
Wasilla	14	10.4	64.9
Sitka	9	6.7	71.6
Palmer	5	3.7	75.4
Douglas	4	3.0	78.4

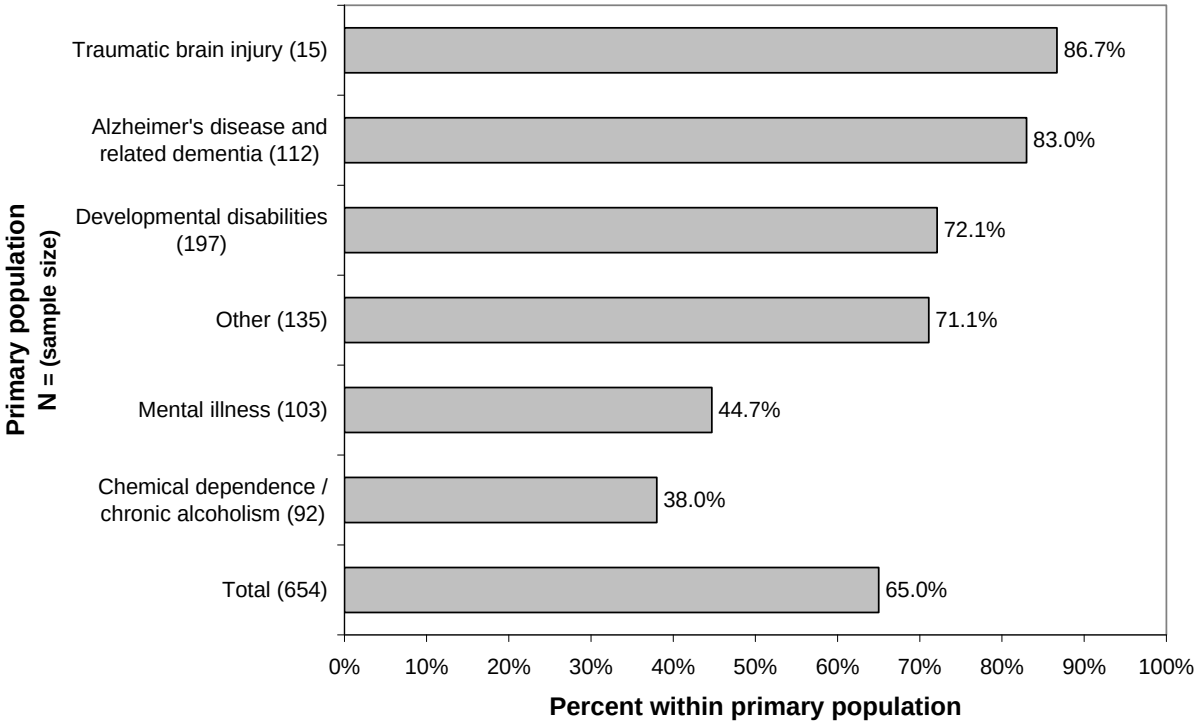
	Frequency	Percent	Cumulative percent
Valdez	4	3.0	81.3
Chugiak	3	2.2	83.6
Haines	3	2.2	85.8
Nikiski	3	2.2	88.1
Other locations	2	11.9	100.0
Total	134	100.0	

6 Results from additional analyses

6.1 Paraprofessionals

For the purpose of these analyses, paraprofessionals are defined as DSWs who do not have a Bachelor's degree or higher. There was a large disparity in the percentage of paraprofessionals among the primary populations.

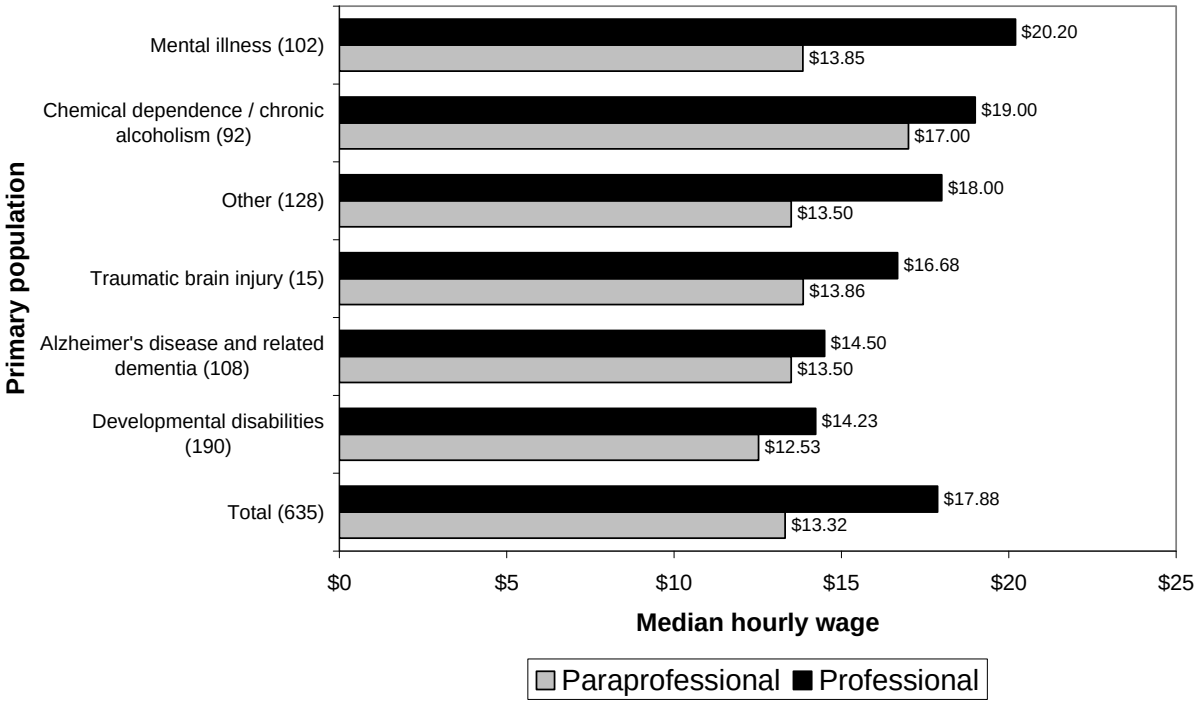
Figure 22. DSWs who were paraprofessionals



6.2 Paraprofessionals and their wages

Professionals consistently earned more than paraprofessionals.

Figure 23. Hourly wages of paraprofessionals vs. professionals



6.3 Wages for DSWs receiving job benefits

For those DSWs who received at least one of the specified job benefits (i.e., health insurance, paid vacation, paid holidays, retirement), median hourly wages by primary population ranged from $12.96 to $18.03 per hour. Overall, participants from the DSW-DD group earned the least per hour.

Table 21. Wages for DSWs receiving job benefits

Primary population	N	Minimum	Maximum	Median	Mean
Chemical dependence / chronic alcoholism	88	12.36	36.50	18.03	20.67
Mental illness	86	7.97	42.46	17.58	19.77
Traumatic brain injury	11	7.15	75.00	14.00	19.08
Other	93	7.23	36.00	14.85	16.97
Alzheimer's disease and related dementia	58	7.15	35.00	14.98	15.58
Developmental disabilities	154	7.15	30.00	12.96	13.97
Total	490	7.15	75.00	15.00	17.06

6.4 Tests of association (chi-square)

For those chi-square tests that had statistically significant results, the summaries include the two factors that contributed most to the overall association--i.e., had the largest standardized residuals (*SR*). For the purpose of these analyses, "Urban" = Areas within the Municipality of Anchorage, Fairbanks North Star Borough, or City and Borough of Juneau; and "Rural" = All other areas.

6.4.1 Tests of association regarding location (urban/rural)

There was a significant association between urban/rural location and **the number of paid hours** per week, $\chi^2(4, N = 646) = 11.375$, $p = .023$. The association was mostly influenced by the fact that there were more participants who were paid 11-20 hours per week and were in a rural location (*SR* = 1.8), and less who were paid 11-20 hours per week and were in an urban location

(*SR* = -1.6) than would have been expected if there had been no association between location and the number of paid hours per week.

There was a significant association between urban/rural location and **the number of preferred hours** worked, $\chi^2(2, N = 644) = 7.504$, $p = .023$. The association was mostly influenced by the fact that there were more rural participants who worked fewer hours than preferred (*SR* = 1.6), and less urban participants who worked fewer hours than preferred (*SR* = -1.4) than would have been expected if there had been no association between location and the number of preferred hours worked.

There was a significant association between urban/rural location and the **receipt of at least one public benefit**, $\chi^2(1, N = 626) = 6.269$, $p = .012$. The association was mostly influenced by the fact that there were more rural participants who received at least one public benefit (*SR* = 1.7) than would have been expected if there had been no association between location and the receipt of public benefits.

There was no significant association between urban/rural location and the **receipt of job benefits**, $\chi^2(1, N = 646) = .401$, $p = .527$.

There was no significant association between urban/rural location and the **primary or secondary income status** of the direct service job, $\chi^2(1, N = 181) = 0.006$, $p = .938$.

6.4.2 Tests of association regarding DSWs who receive no job benefits

There was a significant association between the receipt of no job benefits and the **primary population** served, $\chi^2(5, N = 663) = 54.437$, $p = .000$. The association was mostly influenced by the fact that there were more DSW-Alz (*SR* = 4.6) and fewer DSW-CD/CA (*SR* = -3.9) who received no job benefits than would have been expected if there had been no association between job benefits and the primary population.

There was a significant association between the receipt of no job benefits and the **number of consumers**, $\chi^2(9, N = 662) = 111.4$, $p = .000$. The association was mostly influenced by the fact that of those participants who received no job benefits, more of them worked with one consumer (*SR* = 6.2), and less worked with 10 or more consumers (*SR* = -4.9) than would have been expected if there had been no association between job benefits and the number of consumers served.

There was a significant association between the receipt of no job benefits and the **number of paid hours**, per week $\chi^2(4, N = 663) = 170.8$, $p = .000$. The association was mostly influenced by the fact that of those participants who received no job benefits, there were more of them who were paid between 11-20 hours per week (*SR* = 6.7), and more who were paid 10 hours or less (*SR* = 5.6) than would have been expected if there had been no association between job benefits and the number of paid hours per week.

There was a significant association between the receipt of no job benefits and the **number of preferred hours**, worked $\chi^2(9, N = 661) = 111.4$, $p = .000$. The association was mostly influenced by the fact that of those participants who received no job benefits, fewer of

them preferred to work less hours (*SR* = -3.5), and more preferred to work more hours (*SR* = 3.1) than would have been expected if there had been no association between job benefits and the number of preferred hours worked.

There was a significant association between the receipt of no job benefits and the **presence of outside employment**, $\chi^2(1, N = 664) = 7.560$, $p = .006$. The association was mostly influenced by the fact that of those participants who received no job benefits, there were more participants who reported having a second job (*SR* = 2.0), and less who did not have a second job (*SR* = -1.3) than would have been expected if there had been no association between job benefits and the presence of outside employment.

There was a significant association between the receipt of no job benefits and the **primary/secondary income status** of the direct service job, $\chi^2(1, N = 187) = 35.822$, $p = .000$. The association was mostly influenced by the fact that of those participants who received no job benefits, more of them considered their direct service job as a secondary source of income (*SR* = 4.0), and less considered their direct service job as a primary source of income (*SR* = -2.9) than would have been expected if there had been no association between job benefits and the income status of the direct service job.

There was a significant association between the receipt of no job benefits and the participants' **gender**, $\chi^2(1, N = 653) = 5.965$, $p = .015$. The association was mostly influenced by the fact that of those participants who do not received any job benefits, there were fewer males (*SR* = -1.8) and more females (*SR* = 1.0) than would have been expected if there had been no association between job benefits and gender. There were also more males than expected (*SR* = 1.0) who receive at least one of the specified job benefits.

There was a significant association between the receipt of no job benefits and **highest level of education**, $\chi^2(6, N = 653) = 33.038$, $p = .000$. The association was mostly influenced by the fact that of those participants who received no job benefits, fewer had earned a Master's degree (*SR* = -3.5), and more had earned a vocational diploma or certificate (*SR* = 2.1) than would have been expected if there had been no association between job benefits and the level of education.

There was a significant association between the receipt of no job benefits and the status as a **paraprofessional**, $\chi^2(1, N = 653) = 25.157$, $p = .000$. The association was mostly influenced by the fact that of those participants who received no job benefits, fewer of them were professionals (*SR* = -3.5), and more were paraprofessionals (*SR* = 2.6) than would have been expected if there had been no association between job benefits and paraprofessional status.

There was no significant association between the receipt of job benefits and the **number of dependents**, $\chi^2(5, N = 635) = 6.325$, $p = .276$.

There was no significant association between the receipt of job benefits and whether DSWs **lived with their consumers**, $\chi^2(1, N = 664) = .000$, $p = .984$.

There was no significant association between the receipt of job benefits and the **urban/rural location**, $\chi^2(1, N = 646) = .401$, $p = .527$.

6.4.3 Tests of association regarding DSWs on public benefits

There was a significant association between the receipt of at least one public benefit and the **number of paid hours** per week, $\chi^2(4, N = 641) = 11.340$, $p = .023$. The association was mostly influenced by the fact that of those participants who received at least one public benefit, more of them who worked $\leq$ 10 hours/week (*SR* = 1.8), and more worked 11-20 hours/week (*SR* = 1.7) than would have been expected if there had been no association between public benefits and number of paid hours.

There was a significant association between the receipt of at least one public benefit and the **number of preferred hours** worked, $\chi^2(2, N = 640) = 24.970$, $p = .000$. The association was mostly influenced by the fact that of those participants who received at least one public benefit, more of them preferred to work more hours (*SR* = 3.8), and fewer preferred to work less hours (*SR* = -2.4) than would have been expected if there had been no association between public benefits and the number of preferred hours.

There was a significant association between the receipt of at least one public benefit and the **number of dependents**, $\chi^2(5, N = 618) = 82.402$, $p = .000$. The association was mostly influenced by the fact that of those participants who received at least one public benefit, there were less of them with no dependents (*SR* = -4.9), and more with four dependents (*SR* = 4.4) than would have been expected if there had been no association between public benefits and the number of dependents.

There was a significant association between the receipt of at least one public benefit and **highest level of education**, $\chi^2(6, N = 632) = 35.787$, $p = .000$. The association was mostly influenced by the fact that of those participants who received at least one public benefit, there were more whose highest level of education was a high school diploma (*SR* = 3.4), and more with a vocational diploma or certificate (*SR* = 2.1) than would have been expected if there had been no association between public benefits and the level of education.

There was a significant association between the receipt of at least one public benefit and the **status as a paraprofessional**, $\chi^2(1, N = 632) = 20.250$, $p = .000$. The association was mostly influenced by the fact that of those participants who received at least one public benefit, there were less of them who were professionals (*SR* = -3.3), and more who were paraprofessionals (*SR* = 2.4) than would have been expected if there had been no association between public benefits and paraprofessional status.

There was a significant association between the receipt of at least one public benefit and **urban/rural location**, $\chi^2(1, N = 626) = 6.269$, $p = .012$. The association was mostly influenced by the fact that of those participants who received at least one public benefit, more of them were in a rural location (*SR* = 1.7), and less in an urban location (*SR* = -1.5) than would have been expected if there had been no association between public benefits and location.

There was a significant association between the receipt of at least one public benefit and **age**, $\chi^2(5, N = 632) = 19.564$, $p = .002$. The association was mostly influenced by the fact that there were more 30-39 year old participants who received at least one public benefit (*SR* = 3.1), and less 30-39 year old participants who did not receive any public benefits (*SR* = -1.5) than would have been expected if there had been no association between public benefits and age.

There was no significant association between the receipt of public benefits and the **primary population served**, $\chi^2(5, N = 641) = 8.458$, $p = .133$.

6.4.4 Test of association between age and number of dependents

There was a significant association between the participants' **age** and **the number of dependents**, $\chi^2(25, N = 646) = .011$, $p = .000$. The association was mostly influenced by the fact that there were more 30-39 year old participants with three dependents (*SR* = 3.1), and more 20-29 year old participants with no dependents (*SR* = 3.0) than would have been expected if there had been no association between age and number of dependents.

6.5 Correlations between satisfaction and retention factors

Job satisfaction was most highly correlated with the level of supervisor support, and each measure of retention was most strongly correlated with job satisfaction (as opposed to the other non-retention measures--e.g., job is rewarding, job is what expected, etc.).

Figure 24. Statistically significant correlates with job satisfaction

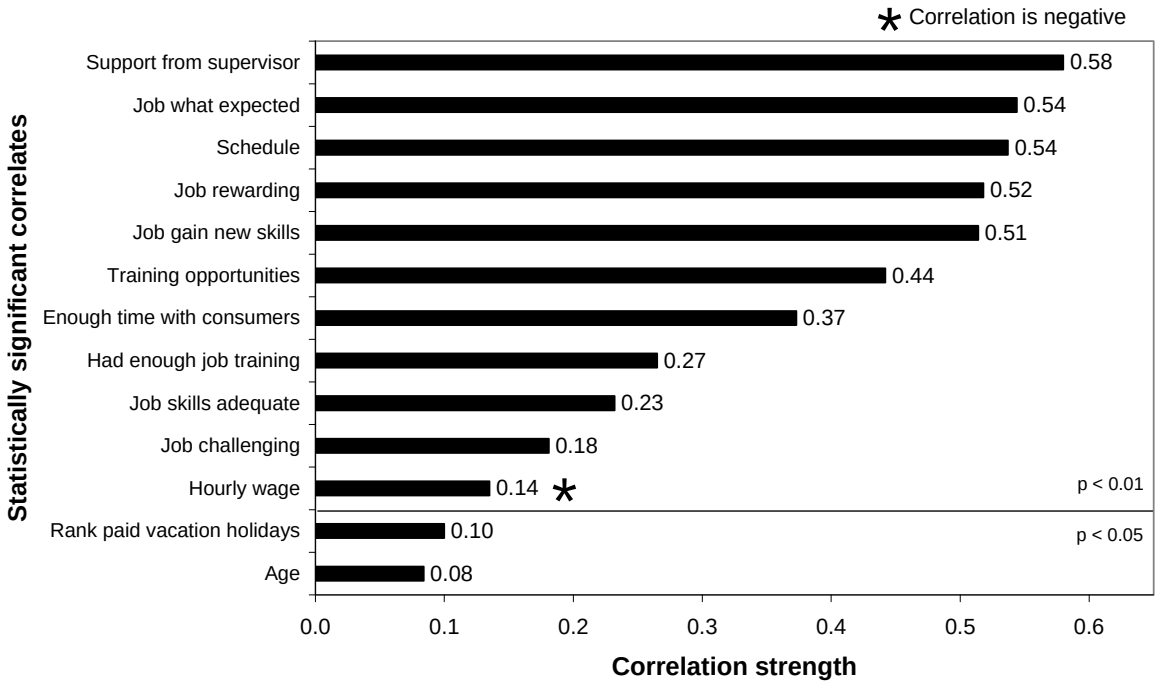


Table 22. Correlations between job satisfaction and measures of retention

	Continue job in next year	Continue in the field for 5 years	Continue in field indefinitely	Look for job in other field within year
Job satisfaction	0.54	0.46	0.45	-0.35

7 Discussion

In an effort to address the critical shortage of direct service workers (DSWs) in Alaska, the goal of this survey was to develop a profile of job satisfaction and the influence of employment wages and benefits on job recruitment and retention. The results of the survey show that DSWs tended to respond favorably to questions that rated job satisfaction, skills, and training (i.e., overall means were >3.0 on a scale from 0 to 5). The participants also indicated that they, in general, intended to continue in their present jobs and/or remain within the disabilities field. However, previous analyses have shown that the turnover rates for DSWs are relatively high throughout the U.S. (Harmuth & Dyson, 2005; Smith & Baughman, 2007). On average, younger participants (esp., <30 years of age) rated "opportunity for advancement" as having a significantly higher level of influence on retention than the older participants, which is particularly noteworthy because DSWs within Alaska tend to be older. The most common age was 50-59 for all DSWs except those who worked primarily with consumers with mental illness. Any difficulties recruiting and retaining young DSWs could be hindered by a perceived lack of opportunities for advancement. A longitudinal study would provide a more accurate assessment of the magnitude of, and the reasons for, turnover among DSWs within Alaska, along with any effects that age might have.

Overall job satisfaction was most highly correlated with supervisor support, which is not surprising since supervisor-related factors have also been shown to be highly correlated with satisfaction in other studies involving similar workforces (My InnerView, 2007, 2008, 2009; Parsons, Simmons, Penn, & Furlough, 2003). In addition, each measure of retention was most strongly correlated with job satisfaction as opposed to the other non-retention measures (e.g., job is rewarding, job is what expected, etc.). Taken together, these findings suggest that placing a high priority on supervisor training could help improve job satisfaction and retention among DSWs in Alaska.

For all participants and across all the primary populations, wage was ranked most important among the job factors listed in the survey (the other factors being health insurance, paid vacation/holidays, and retirement). The mean and median hourly wages for the primary populations ranged from $13.77 to $20.41 and $12.91 to $18.01 respectively, with the lowest wages reported by those DSWs who worked primarily with consumers with developmental disabilities. The overall mean and median hourly wages were $16.08 and $14.00, which are substantially lower than the mean and median hourly wages of $22.47 and $18.84 for all workers in Alaska (Occupational Employment Statistics, 2008). Perhaps due in part to the lower wages, 28.3% of all DSWs reported having two or more jobs, 35.1% of whom considered their direct service job as a secondary source income. Similarly, the lack of job benefits might have been a contributing factor for those DSWs with multiple jobs; since a disproportionately large number of the DSWs with two more jobs did not receive any job benefits through their direct service employer. The survey results also show that wages are related to the receipt of public benefits, since the mean hourly wage for the DSWs who received one or more forms of public benefits was significantly lower than the mean wage for those participants who did not receive any public benefits.

It is difficult to compare the results of this survey with data from other studies since there is no consensus regarding the definition of a "direct service worker." Many studies report results based on only a subset of the DSW populations surveyed here (e.g., intellectual and

developmental disabilities in Assistant Secretary for Planning and Evaluation, 2006; nursing assistants in Parsons, et al., 2003).

In conclusion and in addition to other findings, the results of this survey suggest that the recruitment and retention of DSWs within Alaska would be improved by increasing wages, offering job benefits, and providing more opportunities for career advancement among the younger workers. Since the results also showed that retention is most highly correlated with job satisfaction, which in turn is most highly correlated with the amount of supervisor support, retention would also likely improve by devoting resources toward leadership development of frontline supervisors and other supervision-related factors.

8 References

Assistant Secretary for Planning and Evaluation. (2006). *The supply of direct support professionals serving individuals with intellectual disabilities and other developmental disabilities: Report to Congress*: U.S. Department of Health and Human Services: Office of Disability, Aging and Long-Term Care Policy.

C & S Management Associates. (2002). *Alaska Alliance for Direct Service Careers: Wage and benefit research report*.

Harmuth, S., & Dyson, S. (2005). *Results of the 2005 national survey of state initiatives on the long-term care direct-care workforce*: The National Clearinghouse on the Direct Care Workforce and the Direct Care Workers Association of North Carolina.

Hewitt, A., Larson, S., Edelstein, S., Seavey, D., Hoge, M. A., & Morris, J. (2008). *A synthesis of direct service workforce demographics and challenges across intellectual/developmental disabilities, aging, physical disabilities, and behavioral health*. Washington, DC: National Direct Service Workforce Resource Center.

Mann, C., & Pavelchek, D. (2007). *Home care quality authority individual provider mail survey*. Olympia, WA: Washington State University, Social & Economic Sciences Research Center-Puget Sound Division.

My InnerView. (2007). *2006 National Survey of Nursing Home Workforce Satisfaction*.

My InnerView. (2008). *2007 National Survey of Consumer and Workforce Satisfaction in Nursing Homes*.

My InnerView. (2009). *2008 National Survey of Consumer and Workforce Satisfaction in Nursing Homes*.

Occupational Employment Statistics. (2008). May 2008 State Occupational Employment and Wage Estimates Alaska. Retrieved August 12, 2009, from http://www.bls.gov/oes/2008/may/oes_ak.htm

Parsons, S. K., Simmons, W. P., Penn, K., & Furlough, M. (2003). Determinants of satisfaction and turnover among nursing assistants: the results of a statewide survey. *Journal of Gerontological Nursing, 29*(3), 51-58.

Seavey, D., & Salter, V. (2006). *Paying for quality care: State and local strategies for improving wages and benefits for personal care assistants*. Washington, DC: Paraprofessional Healthcare Institute.

Smith, K., & Baughman, R. (2007). Caring for America's aging population: a profile of the direct-care workforce. *Monthly Labor Review, 130*(9), 20-26.

US Census Bureau-Population Division. (2009a). Table 4: Estimates of the Resident Population by Race and Hispanic Origin for the United States and States: July 1, 2008 (SC-EST2008-04).

US Census Bureau-Population Division. (2009b). Table 5: Estimates of the Resident Population by Race Alone or in Combination1 and Hispanic Origin for the United States and States: July 1, 2008 (SC-EST2008-05).

Appendix A: Frequency counts for questions with rating scale

Table A-1. Enough time with consumers

Primary population	Strongly disagree 0	1	2	3	4	Strongly agree 5	Total
Other (Count)	4	10	17	31	34	41	137
Other (%)	2.9%	7.3%	12.4%	22.6%	24.8%	29.9%	100%
Mental illness (Count)	4	8	10	25	28	28	103
Mental illness (%)	3.9%	7.8%	9.7%	24.3%	27.2%	27.2%	100%
Developmental disabilities (Count)	6	12	18	31	62	74	203
Developmental disabilities (%)	3.0%	5.9%	8.9%	15.3%	30.5%	36.5%	100%
Chemical dependence / chronic alcoholism (Count)	13	8	12	23	21	15	92
Chemical dependence / chronic alcoholism (%)	14.1%	8.7%	13.0%	25.0%	22.8%	16.3%	100%
Alzheimer's disease and related dementia (Count)	2	5	11	19	31	45	113
Alzheimer's disease and related dementia (%)	1.8%	4.4%	9.7%	16.8%	27.4%	39.8%	100%
Traumatic brain injury (Count)	0	1	2	2	6	4	15
Traumatic brain injury (%)	0.0%	6.7%	13.3%	13.3%	40.0%	26.7%	100%
Total (Count)	29	44	70	131	182	207	663
Total (%)	4.4%	6.6%	10.6%	19.8%	27.5%	31.2%	100%

Table A-2. Support from supervisor

Primary population	Strongly disagree 0	1	2	3	4	Strongly agree 5	Total
Other (Count)	7	6	12	21	25	68	139
Other (%)	5.0%	4.3%	8.6%	15.1%	18.0%	48.9%	100%
Mental illness (Count)	7	7	5	14	30	39	102
Mental illness (%)	6.9%	6.9%	4.9%	13.7%	29.4%	38.2%	100%
Developmental disabilities (Count)	6	9	23	34	50	80	202
Developmental disabilities (%)	3.0%	4.5%	11.4%	16.8%	24.8%	39.6%	100%
Chemical dependence / chronic alcoholism (Count)	4	2	7	22	18	38	91
Chemical dependence / chronic alcoholism (%)	4.4%	2.2%	7.7%	24.2%	19.8%	41.8%	100%
Alzheimer's disease and related dementia (Count)	2	4	12	10	21	63	112
Alzheimer's disease and related dementia (%)	1.8%	3.6%	10.7%	8.9%	18.8%	56.2%	100%
Traumatic brain injury (Count)	1	0	2	5	2	5	15
Traumatic brain injury (%)	6.7%	0.0%	13.3%	33.3%	13.3%	33.3%	100%
Total (Count)	27	28	61	106	146	293	661
Total (%)	4.1%	4.2%	9.2%	16.0%	22.1%	44.3%	100%

Table A-3. Training opportunities

Primary population	Strongly disagree 0	1	2	3	4	Strongly agree 5	Total
Other (Count)	12	7	20	26	34	38	137
Other (%)	8.8%	5.1%	14.6%	19.0%	24.8%	27.7%	100%
Mental illness (Count)	5	10	14	22	28	23	102
Mental illness (%)	4.9%	9.8%	13.7%	21.6%	27.5%	22.5%	100%
Developmental disabilities (Count)	7	16	28	53	48	50	202
Developmental disabilities (%)	3.5%	7.9%	13.9%	26.2%	23.8%	24.8%	100%
Chemical dependence / chronic alcoholism (Count)	8	6	13	24	22	19	92
Chemical dependence / chronic alcoholism (%)	8.7%	6.5%	14.1%	26.1%	23.9%	20.7%	100%
Alzheimer's disease and related dementia (Count)	7	16	16	25	20	29	113
Alzheimer's disease and related dementia (%)	6.2%	14.2%	14.2%	22.1%	17.7%	25.7%	100%
Traumatic brain injury (Count)	0	0	4	5	3	2	14
Traumatic brain injury (%)	0.0%	0.0%	28.6%	35.7%	21.4%	14.3%	100%
Total (Count)	39	55	95	155	155	161	660
Total (%)	5.9%	8.3%	14.4%	23.5%	23.5%	24.4%	100%

Table A-4. Schedule

Primary population	Strongly disagree 0	1	2	3	4	Strongly agree 5	Total
Other (Count)	2	5	14	19	46	53	139
Other (%)	1.4%	3.6%	10.1%	13.7%	33.1%	38.1%	100%
Mental illness (Count)	1	5	19	15	30	32	102
Mental illness (%)	1.0%	4.9%	18.6%	14.7%	29.4%	31.4%	100%
Developmental disabilities (Count)	5	10	15	31	57	85	203
Developmental disabilities (%)	2.5%	4.9%	7.4%	15.3%	28.1%	41.9%	100%
Chemical dependence / chronic alcoholism (Count)	6	5	11	19	26	25	92
Chemical dependence / chronic alcoholism (%)	6.5%	5.4%	12.0%	20.7%	28.3%	27.2%	100%
Alzheimer's disease and related dementia (Count)	1	1	6	16	38	51	113
Alzheimer's disease and related dementia (%)	0.9%	0.9%	5.3%	14.2%	33.6%	45.1%	100%
Traumatic brain injury (Count)	0	0	2	4	4	5	15
Traumatic brain injury (%)	0.0%	0.0%	13.3%	26.7%	26.7%	33.3%	100%
Total (Count)	15	26	67	104	201	251	664
Total (%)	2.3%	3.9%	10.1%	15.7%	30.3%	37.8%	100%

Table A-5. Job challenging

Primary population	Strongly disagree 0	1	2	3	4	Strongly agree 5	Total
Other (Count)	0	4	7	25	51	54	141
Other (%)	0.0%	2.8%	5.0%	17.7%	36.2%	38.3%	100%
Mental illness (Count)	0	6	5	18	32	42	103
Mental illness (%)	0.0%	5.8%	4.9%	17.5%	31.1%	40.8%	100%
Developmental disabilities (Count)	4	3	11	46	72	81	217
Developmental disabilities (%)	1.8%	1.4%	5.1%	21.2%	33.2%	37.3%	100%
Chemical dependence / chronic alcoholism (Count)	0	1	2	14	26	49	92
Chemical dependence / chronic alcoholism (%)	0.0%	1.1%	2.2%	15.2%	28.3%	53.3%	100%
Alzheimer's disease and related dementia (Count)	5	2	5	23	32	47	114
Alzheimer's disease and related dementia (%)	4.4%	1.8%	4.4%	20.2%	28.1%	41.2%	100%
Traumatic brain injury (Count)	0	0	0	4	9	4	17
Traumatic brain injury (%)	0.0%	0.0%	0.0%	23.5%	52.9%	23.5%	100%
Total (Count)	9	16	30	130	222	277	684
Total (%)	1.3%	2.3%	4.4%	19.0%	32.5%	40.5%	100%

Table A-6. Job rewarding

Primary population	Strongly disagree 0	1	2	3	4	Strongly agree 5	Total
Other (Count)	0	2	4	19	33	84	142
Other (%)	0.0%	1.4%	2.8%	13.4%	23.2%	59.2%	100%
Mental illness (Count)	1	3	5	16	28	50	103
Mental illness (%)	1.0%	2.9%	4.9%	15.5%	27.2%	48.5%	100%
Developmental disabilities (Count)	1	3	6	18	56	134	218
Developmental disabilities (%)	0.5%	1.4%	2.8%	8.3%	25.7%	61.5%	100%
Chemical dependence / chronic alcoholism (Count)	0	2	3	14	29	44	92
Chemical dependence / chronic alcoholism (%)	0.0%	2.2%	3.3%	15.2%	31.5%	47.8%	100%
Alzheimer's disease and related dementia (Count)	0	0	2	7	29	76	114
Alzheimer's disease and related dementia (%)	0.0%	0.0%	1.8%	6.1%	25.4%	66.7%	100%
Traumatic brain injury (Count)	0	0	0	3	8	6	17
Traumatic brain injury (%)	0.0%	0.0%	0.0%	17.6%	47.1%	35.3%	100%
Total (Count)	2	10	20	77	183	394	686
Total (%)	0.3%	1.5%	2.9%	11.2%	26.7%	57.4%	100%

Table A-7. Job gain new skills

Primary population	Strongly disagree 0	1	2	3	4	Strongly agree 5	Total
Other (Count)	3	3	9	29	35	62	141
Other (%)	2.1%	2.1%	6.4%	20.6%	24.8%	44.0%	100%
Mental illness (Count)	3	2	8	21	29	40	103
Mental illness (%)	2.9%	1.9%	7.8%	20.4%	28.2%	38.8%	100%
Developmental disabilities (Count)	4	6	16	41	65	85	217
Developmental disabilities (%)	1.8%	2.8%	7.4%	18.9%	30.0%	39.2%	100%
Chemical dependence / chronic alcoholism (Count)	0	3	6	22	26	35	92
Chemical dependence / chronic alcoholism (%)	0.0%	3.3%	6.5%	23.9%	28.3%	38.0%	100%
Alzheimer's disease and related dementia (Count)	6	4	6	21	35	41	113
Alzheimer's disease and related dementia (%)	5.3%	3.5%	5.3%	18.6%	31.0%	36.3%	100%
Traumatic brain injury (Count)	0	1	3	0	8	4	16
Traumatic brain injury (%)	0.0%	6.2%	18.8%	0.0%	50.0%	25.0%	100%
Total (Count)	16	19	48	134	198	267	682
Total (%)	2.3%	2.8%	7.0%	19.6%	29.0%	39.1%	100%

Table A-8. Job satisfaction

Primary population	Strongly disagree 0	1	2	3	4	Strongly agree 5	Total
Other (Count)	1	7	10	24	43	57	142
Other (%)	0.7%	4.9%	7.0%	16.9%	30.3%	40.1%	100%
Mental illness (Count)	3	8	13	23	23	33	103
Mental illness (%)	2.9%	7.8%	12.6%	22.3%	22.3%	32.0%	100%
Developmental disabilities (Count)	6	3	20	34	76	79	218
Developmental disabilities (%)	2.8%	1.4%	9.2%	15.6%	34.9%	36.2%	100%
Chemical dependence / chronic alcoholism (Count)	4	5	8	21	25	28	91
Chemical dependence / chronic alcoholism (%)	4.4%	5.5%	8.8%	23.1%	27.5%	30.8%	100%
Alzheimer's disease and related dementia (Count)	1	7	7	14	30	55	114
Alzheimer's disease and related dementia (%)	0.9%	6.1%	6.1%	12.3%	26.3%	48.2%	100%
Traumatic brain injury (Count)	0	0	0	4	8	5	17
Traumatic brain injury (%)	0.0%	0.0%	0.0%	23.5%	47.1%	29.4%	100%
Total (Count)	15	30	58	120	205	257	685
Total (%)	2.2%	4.4%	8.5%	17.5%	29.9%	37.5%	100%

Table A-9. Job skills adequate

Primary population	Strongly disagree 0	1	2	3	4	Strongly agree 5	Total
Other (Count)	0	0	4	13	51	74	142
Other (%)	0.0%	0.0%	2.8%	9.2%	35.9%	52.1%	100%
Mental illness (Count)	0	1	5	15	40	42	103
Mental illness (%)	0.0%	1.0%	4.9%	14.6%	38.8%	40.8%	100%
Developmental disabilities (Count)	1	2	8	33	76	98	218
Developmental disabilities (%)	0.5%	0.9%	3.7%	15.1%	34.9%	45.0%	100%
Chemical dependence / chronic alcoholism (Count)	1	2	5	12	48	24	92
Chemical dependence / chronic alcoholism (%)	1.1%	2.2%	5.4%	13.0%	52.2%	26.1%	100%
Alzheimer's disease and related dementia (Count)	0	0	2	9	37	65	113
Alzheimer's disease and related dementia (%)	0.0%	0.0%	1.8%	8.0%	32.7%	57.5%	100%
Traumatic brain injury (Count)	0	0	0	3	9	5	17
Traumatic brain injury (%)	0.0%	0.0%	0.0%	17.6%	52.9%	29.4%	100%
Total (Count)	2	5	24	85	261	308	685
Total (%)	0.3%	0.7%	3.5%	12.4%	38.1%	45.0%	100%

Table A-10. Had enough job training

Primary population	Strongly disagree 0	1	2	3	4	Strongly agree 5	Total
Other (Count)	2	2	11	23	45	59	142
Other (%)	1.4%	1.4%	7.7%	16.2%	31.7%	41.5%	100%
Mental illness (Count)	2	0	8	18	41	32	101
Mental illness (%)	2.0%	0.0%	7.9%	17.8%	40.6%	31.7%	100%
Developmental disabilities (Count)	2	6	13	44	75	78	218
Developmental disabilities (%)	0.9%	2.8%	6.0%	20.2%	34.4%	35.8%	100%
Chemical dependence / chronic alcoholism (Count)	2	3	15	18	35	19	92
Chemical dependence / chronic alcoholism (%)	2.2%	3.3%	16.3%	19.6%	38.0%	20.7%	100%
Alzheimer's disease and related dementia (Count)	0	1	6	17	37	53	114
Alzheimer's disease and related dementia (%)	0.0%	0.9%	5.3%	14.9%	32.5%	46.5%	100%
Traumatic brain injury (Count)	0	0	0	3	10	4	17
Traumatic brain injury (%)	0.0%	0.0%	0.0%	17.6%	58.8%	23.5%	100%
Total (Count)	8	12	53	123	243	245	684
Total (%)	1.2%	1.8%	7.7%	18.0%	35.5%	35.8%	100%

Table A-11. Job what expected

Primary population	Strongly disagree 0	1	2	3	4	Strongly agree 5	Total
Other (Count)	2	8	13	32	38	48	141
Other (%)	1.4%	5.7%	9.2%	22.7%	27.0%	34.0%	100%
Mental illness (Count)	0	6	13	22	34	28	103
Mental illness (%)	0.0%	5.8%	12.6%	21.4%	33.0%	27.2%	100%
Developmental disabilities (Count)	7	10	16	43	70	71	217
Developmental disabilities (%)	3.2%	4.6%	7.4%	19.8%	32.3%	32.7%	100%
Chemical dependence / chronic alcoholism (Count)	2	5	9	19	39	18	92
Chemical dependence / chronic alcoholism (%)	2.2%	5.4%	9.8%	20.7%	42.4%	19.6%	100%
Alzheimer's disease and related dementia (Count)	1	1	5	21	39	47	114
Alzheimer's disease and related dementia (%)	0.9%	0.9%	4.4%	18.4%	34.2%	41.2%	100%
Traumatic brain injury (Count)	0	0	1	4	8	4	17
Traumatic brain injury (%)	0.0%	0.0%	5.9%	23.5%	47.1%	23.5%	100%
Total (Count)	12	30	57	141	228	216	684
Total (%)	1.8%	4.4%	8.3%	20.6%	33.3%	31.6%	100%

Table A-12. Continue job for next year

Primary population	Extremely unlikely 0	1	2	3	4	Extremely likely 5	Total
Other (Count)	2	9	7	12	16	90	136
Other (%)	1.5%	6.6%	5.1%	8.8%	11.8%	66.2%	100%
Mental illness (Count)	4	2	10	12	25	47	100
Mental illness (%)	4.0%	2.0%	10.0%	12.0%	25.0%	47.0%	100%
Developmental disabilities (Count)	4	6	11	21	33	126	201
Developmental disabilities (%)	2.0%	3.0%	5.5%	10.4%	16.4%	62.7%	100%
Chemical dependence / chronic alcoholism (Count)	8	4	4	9	16	50	91
Chemical dependence / chronic alcoholism (%)	8.8%	4.4%	4.4%	9.9%	17.6%	54.9%	100%
Alzheimer's disease and related dementia (Count)	4	2	4	8	23	72	113
Alzheimer's disease and related dementia (%)	3.5%	1.8%	3.5%	7.1%	20.4%	63.7%	100%
Traumatic brain injury (Count)	0	1	2	1	1	10	15
Traumatic brain injury (%)	0.0%	6.7%	13.3%	6.7%	6.7%	66.7%	100%
Total (Count)	22	24	38	63	114	395	656
Total (%)	3.4%	3.7%	5.8%	9.6%	17.4%	60.2%	100%

Table A-13. Continue field for five years

Primary population	Extremely unlikely 0	1	2	3	4	Extremely likely 5	Total
Other (Count)	3	6	10	25	22	68	134
Other (%)	2.2%	4.5%	7.5%	18.7%	16.4%	50.7%	100%
Mental illness (Count)	4	8	11	14	25	40	102
Mental illness (%)	3.9%	7.8%	10.8%	13.7%	24.5%	39.2%	100%
Developmental disabilities (Count)	5	17	12	27	43	96	200
Developmental disabilities (%)	2.5%	8.5%	6.0%	13.5%	21.5%	48.0%	100%
Chemical dependence / chronic alcoholism (Count)	7	4	4	16	20	41	92
Chemical dependence / chronic alcoholism (%)	7.6%	4.3%	4.3%	17.4%	21.7%	44.6%	100%
Alzheimer's disease and related dementia (Count)	3	1	8	16	30	55	113
Alzheimer's disease and related dementia (%)	2.7%	0.9%	7.1%	14.2%	26.5%	48.7%	100%
Traumatic brain injury (Count)	0	1	2	2	4	6	15
Traumatic brain injury (%)	0.0%	6.7%	13.3%	13.3%	26.7%	40.0%	100%
Total (Count)	22	37	47	100	144	306	656
Total (%)	3.4%	5.6%	7.2%	15.2%	22.0%	46.6%	100%

Table A-14. Continue field indefinitely

Primary population	Extremely unlikely 0	1	2	3	4	Extremely likely 5	Total
Other (Count)	12	10	16	22	23	51	134
Other (%)	9.0%	7.5%	11.9%	16.4%	17.2%	38.1%	100%
Mental illness (Count)	11	6	12	22	21	27	99
Mental illness (%)	11.1%	6.1%	12.1%	22.2%	21.2%	27.3%	100%
Developmental disabilities (Count)	15	16	24	30	42	73	200
Developmental disabilities (%)	7.5%	8.0%	12.0%	15.0%	21.0%	36.5%	100%
Chemical dependence / chronic alcoholism (Count)	11	6	7	15	21	32	92
Chemical dependence / chronic alcoholism (%)	12.0%	6.5%	7.6%	16.3%	22.8%	34.8%	100%
Alzheimer's disease and related dementia (Count)	10	3	12	22	28	38	113
Alzheimer's disease and related dementia (%)	8.8%	2.7%	10.6%	19.5%	24.8%	33.6%	100%
Traumatic brain injury (Count)	0	2	2	3	2	6	15
Traumatic brain injury (%)	0.0%	13.3%	13.3%	20.0%	13.3%	40.0%	100%
Total (Count)	59	43	73	114	137	227	653
Total (%)	9.0%	6.6%	11.2%	17.5%	21.0%	34.8%	100%

Table A-15. Look for different field next year

Primary population	Extremely unlikely 0	1	2	3	4	Extremely likely 5	Total
Other (Count)	63	25	17	16	8	7	136
Other (%)	46.3%	18.4%	12.5%	11.8%	5.9%	5.1%	100%
Mental illness (Count)	40	25	10	10	9	6	100
Mental illness (%)	40.0%	25.0%	10.0%	10.0%	9.0%	6.0%	100%
Developmental disabilities (Count)	85	43	20	19	18	15	200
Developmental disabilities (%)	42.5%	21.5%	10.0%	9.5%	9.0%	7.5%	100%
Chemical dependence / chronic alcoholism (Count)	34	20	15	7	9	7	92
Chemical dependence / chronic alcoholism (%)	37.0%	21.7%	16.3%	7.6%	9.8%	7.6%	100%
Alzheimer's disease and related dementia (Count)	47	24	11	13	12	6	113
Alzheimer's disease and related dementia (%)	41.6%	21.2%	9.7%	11.5%	10.6%	5.3%	100%
Traumatic brain injury (Count)	7	4	2	0	1	1	15
Traumatic brain injury (%)	46.7%	26.7%	13.3%	0.0%	6.7%	6.7%	100%
Total (Count)	276	141	75	65	57	42	656
Total (%)	42.1%	21.5%	11.4%	9.9%	8.7%	6.4%	100%

Table A-16. Influence to stay based on wages

Primary population	Makes no difference 0	1	2	3	4	Very important 5	Total
Other (Count)	5	4	11	25	26	68	139
Other (%)	3.6%	2.9%	7.9%	18.0%	18.7%	48.9%	100%
Mental illness (Count)	3	5	12	20	25	38	103
Mental illness (%)	2.9%	4.9%	11.7%	19.4%	24.3%	36.9%	100%
Developmental disabilities (Count)	10	10	14	49	40	91	214
Developmental disabilities (%)	4.7%	4.7%	6.5%	22.9%	18.7%	42.5%	100%
Chemical dependence / chronic alcoholism (Count)	2	4	11	18	18	39	92
Chemical dependence / chronic alcoholism (%)	2.2%	4.3%	12.0%	19.6%	19.6%	42.4%	100%
Alzheimer's disease and related dementia (Count)	6	10	15	23	17	41	112
Alzheimer's disease and related dementia (%)	5.4%	8.9%	13.4%	20.5%	15.2%	36.6%	100%
Traumatic brain injury (Count)	0	0	1	4	7	4	16
Traumatic brain injury (%)	0.0%	0.0%	6.2%	25.0%	43.8%	25.0%	100%
Total (Count)	26	33	64	139	133	281	676
Total (%)	3.8%	4.9%	9.5%	20.6%	19.7%	41.6%	100%

Table A-17. Influence to stay based on health insurance

Primary population	Makes no difference 0	1	2	3	4	Very important 5	Total
Other (Count)	6	4	4	7	5	19	45
Other (%)	13.3%	8.9%	8.9%	15.6%	11.1%	42.2%	100%
Mental illness (Count)	7	4	9	13	17	31	81
Mental illness (%)	8.6%	4.9%	11.1%	16.0%	21.0%	38.3%	100%
Developmental disabilities (Count)	9	5	3	8	17	37	79
Developmental disabilities (%)	11.4%	6.3%	3.8%	10.1%	21.5%	46.8%	100%
Chemical dependence / chronic alcoholism (Count)	4	1	13	17	12	33	80
Chemical dependence / chronic alcoholism (%)	5.0%	1.2%	16.2%	21.2%	15.0%	41.2%	100%
Alzheimer's disease and related dementia (Count)	8	4	3	9	7	22	53
Alzheimer's disease and related dementia (%)	15.1%	7.5%	5.7%	17.0%	13.2%	41.5%	100%
Traumatic brain injury (Count)	0	0	2	2	2	5	11
Traumatic brain injury (%)	0.0%	0.0%	18.2%	18.2%	18.2%	45.5%	100%
Total (Count)	34	18	34	56	60	147	349
Total (%)	9.7%	5.2%	9.7%	16.0%	17.2%	42.1%	100%

Table A-18. Influence to stay based on retirement

Primary population	Makes no difference 0	1	2	3	4	Very important 5	Total
Other (Count)	17	7	16	14	28	53	135
Other (%)	12.6%	5.2%	11.9%	10.4%	20.7%	39.3%	100%
Mental illness (Count)	11	5	12	19	20	34	101
Mental illness (%)	10.9%	5.0%	11.9%	18.8%	19.8%	33.7%	100%
Developmental disabilities (Count)	26	17	23	46	23	74	209
Developmental disabilities (%)	12.4%	8.1%	11.0%	22.0%	11.0%	35.4%	100%
Chemical dependence / chronic alcoholism (Count)	6	5	14	17	17	31	90
Chemical dependence / chronic alcoholism (%)	6.7%	5.6%	15.6%	18.9%	18.9%	34.4%	100%
Alzheimer's disease and related dementia (Count)	21	11	11	20	15	33	111
Alzheimer's disease and related dementia (%)	18.9%	9.9%	9.9%	18.0%	13.5%	29.7%	100%
Traumatic brain injury (Count)	2	2	2	3	4	4	17
Traumatic brain injury (%)	11.8%	11.8%	11.8%	17.6%	23.5%	23.5%	100%
Total (Count)	83	47	78	119	107	229	663
Total (%)	12.5%	7.1%	11.8%	17.9%	16.1%	34.5%	100%

Table A-19. Influence to stay based on paid vacation/holidays

Primary population	Makes no difference 0	1	2	3	4	Very important 5	Total
Other (Count)	7	5	7	20	30	65	134
Other (%)	5.2%	3.7%	5.2%	14.9%	22.4%	48.5%	100%
Mental illness (Count)	3	5	10	17	31	37	103
Mental illness (%)	2.9%	4.9%	9.7%	16.5%	30.1%	35.9%	100%
Developmental disabilities (Count)	14	9	17	33	45	95	213
Developmental disabilities (%)	6.6%	4.2%	8.0%	15.5%	21.1%	44.6%	100%
Chemical dependence / chronic alcoholism (Count)	2	3	11	17	23	35	91
Chemical dependence / chronic alcoholism (%)	2.2%	3.3%	12.1%	18.7%	25.3%	38.5%	100%
Alzheimer's disease and related dementia (Count)	10	13	11	18	12	48	112
Alzheimer's disease and related dementia (%)	8.9%	11.6%	9.8%	16.1%	10.7%	42.9%	100%
Traumatic brain injury (Count)	1	1	2	4	3	6	17
Traumatic brain injury (%)	5.9%	5.9%	11.8%	23.5%	17.6%	35.3%	100%
Total (Count)	37	36	58	109	144	286	670
Total (%)	5.5%	5.4%	8.7%	16.3%	21.5%	42.7%	100%

Table A-20. Influence to stay based on opportunity for advancement

Primary population	Makes no difference 0	1	2	3	4	Very important 5	Total
Other (Count)	16	7	8	19	24	60	134
Other (%)	11.9%	5.2%	6.0%	14.2%	17.9%	44.8%	100%
Mental illness (Count)	8	7	7	13	30	38	103
Mental illness (%)	7.8%	6.8%	6.8%	12.6%	29.1%	36.9%	100%
Developmental disabilities (Count)	20	14	19	50	36	74	213
Developmental disabilities (%)	9.4%	6.6%	8.9%	23.5%	16.9%	34.7%	100%
Chemical dependence / chronic alcoholism (Count)	3	3	11	23	24	27	91
Chemical dependence / chronic alcoholism (%)	3.3%	3.3%	12.1%	25.3%	26.4%	29.7%	100%
Alzheimer's disease and related dementia (Count)	10	10	19	17	12	39	107
Alzheimer's disease and related dementia (%)	9.3%	9.3%	17.8%	15.9%	11.2%	36.4%	100%
Traumatic brain injury (Count)	4	3	2	1	4	3	17
Traumatic brain injury (%)	23.5%	17.6%	11.8%	5.9%	23.5%	17.6%	100%
Total (Count)	61	44	66	123	130	241	665
Total (%)	9.2%	6.6%	9.9%	18.5%	19.5%	36.2%	100%

Appendix B: Responses for select open-ended questions

Note that each response listed below might be associated with more than one participant.

Table B-1. Primary population: Other

Primary population: Other
Mental illness and DD
DD and Mental Health
Not specified
all of the above
Co-Occuring Disorders ie) substance dependence and mental health diagnosis
DD, Mental Health, Alzheimer's disease and related dementia
DD, Mental illness, and Alzheimer's
DD, Mental illness, and TBI
disabilities
Mental illness and Chemical Dependence
Mental illness and TBI
Mental illness, DD, TBI, and Alzheimer's
Age related disability
Alcoholics and drug addicts and some dual diagnosis
alcoholism, cannabis
all listed above
All of the above
All of the above except Alzheimer's
behavioral and emotionally disturbed children
behavioral problems
Chemical Dependency, Traumatic Brain Injury, and Mental Disabilities, as well as emotionaly undeveloped.
Chronic alcoholism, mental illness, and DD
Co-morbidity (Mental illness and CheMental illnesscal Dependence)
Co-occuring disorders
Co-Occurring disorders
DD and Alzheimer's
DD and Mental illness

Primary population: Other
DD, and Mental illness
DD, Mental Health, TBI, Chronic Alcoholism, Chemical Dependence, and Behavioral Health
DD, Mental illness, TBI, and Alzheimer's, and added Elderly
DD, TBI, and Alzheimer's
DD, TBI, Chronic Alcoholism, Chemical Dependence, and Alzheimer's
domestic violence
dual diagnosis
dual diagnosis- mental healthand chem. Dep.
Dual diagonsis with adults
Early Intervention/Infant Learning
Elderly & Disabled with mental illnesses like dementia
Elderly and disabled
FAS and behavioral issues
Fetal Acohol Syndrome Disability, Traumatic Brain Injury, and Chemical Dependancy
HOMELESS
Homeless and all of the above
medical
Mental Health and Substance Abuse
Mental Illness and Alzheimer's
Mental illness, Chronic Alcoholism, and Chemical Dependence
Mental illness, DD, Chronic Alcoholism, and Alzheimer's
Mental Illness, Developemental Disabilities, Traumatic Brain Injury
Mental illness, TBI, and Chemical Dependence
Mental illness, TBI, and DD
Mental illness, TBI, Chronic Alcoholism, and Chemical Dependence
Mobility disabled
Multiple Scelerosis
OCS cases
people with disabilities
Persons over 60 persons with disabilities
Physical disabilities
Physically Challenged

Primary population: Other
SED children / youth
Senior Citizens
Seniors with a wide range of diagnosis
sever physical handicap
substance abuse
Substance abuse
substance abuse combined with mental health and or behavorial issues
TBI and DD
terminally ill, includes all of the above
veterans
wide range of disorders

Note that each response listed below might be associated with more than one participant.

Table B-2. Outside employment: Other

Outside Employment Field: Other
Advocate
Alcohol/substance abuse patients/clients
Animal Rescue
Arts/Entertainment and education
assisted living
Assisted Living Home
Bus driver for local ski area
Butly Industry
Care Provider
christian ministry
Church, sm. gp. Coordinator
Cleaning Maintenance and Food Industry both
Cleaning/maintenance and Comm and social services
cna
court visitor
Daycare Provider
Direct Care
Direct care for Pioneer Home
Direct Support Services
Dog Grooming
editing
Education, Tourism, and My Family is very important to me.

Outside Employment Field: Other

Elder Care
Episcopal Priest
Financial Services
Foster Care
Funeral Services
Government Civilian
Grant Writing
Grocery Store
Guardianship
Health
Health and Fitness
Health Care
Health Care Provider
Home Health Care
I have another client out of the home
I wk. 2 other jobs, 1 with benifits (kitchen manager), & 1 with better pay (L.P.N.)
insurance agent
IT related
just with a diferent agency
medical
Medical Assistant
Mental Health
Mental health and developmental disabilities
mental health- direct care
ministry
Not specified
Office/admin support and Education
P.I. Investigation
Pastor
PCA
politics
private business
Professional Services
Radio and newspaper
same
Student Services

Appendix C: Direct Service Worker Survey

(See the following pages.)

Direct Service Worker Survey

1. Default Section

WELCOME TO THE DIRECT SERVICE WORKERS' WAGE AND BENEFIT SURVEY!

The Alaska Mental Health Trust Authority is interested in learning about the employment conditions of direct service workers and what employer benefits are most important. The purpose of this survey is to obtain information about direct service workers in order to advocate for better wages and benefits.

This survey should take less than 15 minutes of your time to complete.

At the end of the survey, you will be given a chance to enter your name in a drawing for a gift card to a store of your choice (like Alaska Commercial Co., Costco, Fred Meyer, or Wal-Mart). Forty $25.00 gift cards will be drawn. The drawing is our way to thank you for your input.

Your Participation in this survey is completely voluntary.
Your name will not be connected to the answers you gave on the survey.

If you choose not to complete the survey, there will be no penalty or loss of benefits to which you are otherwise entitled. You are free to stop at any time if you wish during the survey. Please know that your responses will be confidential. Your individual answers will never be identified in any report. Completing the survey means that you have given consent to include your answers with those of others in the analysis.

If you have any questions about this survey, please contact Dr. Karen Ward, director of the Center for Human Development by email at afkmw@uaa.alaska.edu or Karin Sandberg, Research Assistant at the Center for Human Development by email at karinsandberg81@gmail.com or by calling 1-800-243-2199. If you have any questions or concerns about your rights as a participant, please contact Dr. Bob White, UAA Vice Provost for Research and Graduate Studies, at (907) 786-1099.

This survey will be closed at 5pm on March 6th.

IF YOU CHOOSE TO CONTINUE, THANK YOU FOR YOUR PARTICIPATION!

Direct Service Worker Survey

2. Job Description

* 1. Do you spend 75% or more of your time working directly with consumers with mental illness, developmental disabilities, chronic alcoholism, chemical dependence, alzheimer's disease and related dimentia, or people with traumatic brain injury?

- Yes
- No

Direct Service Worker Survey

3. Job Description

* 1. What population do you primarily work with (including children and adults)?

- Mental Illness
- Developmental Disabilities
- Chronic Alcoholism
- Chemical Dependence
- Alzheimer's disease and related dementia
- Traumatic Brain Injury
- Other (please specify)

* 2. How many consumers do you currently work with or are you responsible for?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

* 3. What is your job title?

Direct Service Worker Survey

4. Longevity and Employment Status

* 1. How long have you worked for your current agency? (Please enter in whole numbers)

Years

Months

* 2. How long have you worked in direct care? (Please enter in whole numbers)

Years

Months

* 3. How many paid hours do you work each week?

- 10 or less
- 11-20
- 21-30
- 31-40
- It varies- I'm on call

* 4. Regarding your paid hours, do you currently work...

- More hours than you want
- As many hours as you want
- Fewer hours than you want

If fewer than you want, why?

* 5. What is your current hourly wage? (Please leave out the dollar sign, for example, 9.50)

Direct Service Worker Survey

* 6. Do you live with your consumer(s)? (e.g., group home)

- Yes
- No

* 7. Do you have any other outside employment? (e.g., work another job)

- Yes
- No

Direct Service Worker Survey

5. Outside Employment

* 1. What field would you consider your outside employment to be in?

- Arts/Entertainment
- Cleaning/Maintenance
- Business/Finance
- Community and Social Services
- Construction
- Education
- Farming, Fishing, and Forestry
- Food Industry
- Military
- Office and Administrative Support
- Labor
- Oil/Gas
- Sales/Retail
- Transportation
- Tourism
- Other (please specify)

* 2. Do you consider your Direct Service job to be primary or secondary income for you and your family?

- Primary
- Secondary

Any comments?

Direct Service Worker Survey

6. Satisfaction

* 1. Please review the following statements and mark the rating that best reflects your opinion.

	Strongly Disagree 0	1	2	3	4	Strongly Agree 5
I have enough time with my consumer(s) to do my job	☐	☐	☐	☐	☐	☐
I get a lot of support from my supervisor	☐	☐	☐	☐	☐	☐
I have a lot of opportunities for training	☐	☐	☐	☐	☐	☐
I like my work schedule	☐	☐	☐	☐	☐	☐

* 2. Please review the following statements and mark the rating that best reflects your opinions about your satisfaction with your job:

	Strongly Disagree 0	1	2	3	4	Strongly Agree 5
My work is challenging	☐	☐	☐	☐	☐	☐
My work is rewarding	☐	☐	☐	☐	☐	☐
I gain new skills working at this job	☐	☐	☐	☐	☐	☐
I am very satisfied with my current job	☐	☐	☐	☐	☐	☐

Direct Service Worker Survey

* 3. What motivated you to become a direct service provider? (Please choose all that apply)

- A friend or family member needed care
- It gives me personal satisfaction
- I wanted to make a difference
- I wanted to help people
- It was an easy job to get
- It's a good entry-level job to the health and human service profession
- Opportunity for advancement
- Other (please specify)

* 4. Please review the following statement and mark the rating that best reflects your opinion about your skills and training:

	Strongly Disagree 0	1	2	3	4	Strongly Agree 5
My skills are adequate for the job						
I have had enough training to do my job						
This job is what I expected						

Direct Service Worker Survey

7. Employment Benefits

* 1. Regarding benefits, do you receive any of the following:

- Health Insurance
- Paid Vacation
- Paid Holidays
- Retirement
- None of these

* 2. If you do not receive health insurance through your job, do you receive it through another family member?

- Yes
- No
- N/A

Direct Service Worker Survey

8. Public Benefits

* 1. Do you or your family receive any public benefits? Please check all that apply.

- é Child care assistance
- é Denali Kid Care
- é Food Stamps
- é Housing assistance
- é Medicaid
- é None of These

Other (please specify)

Direct Service Worker Survey

9. Retention

* 1. Please review the following statements and mark the rating that best applies to you.

	Extremely Unlikely 0	1	2	3	4	Extremely Likely 5
How likely are you to continue in your current job working with people with disabilities for at LEAST the next YEAR?						
How likely are you to continue working with people with mental illness, developmental disabilities, chronic alcoholism, chemical dependence, Alzheimer's disease and related dementia, or Traumatic Brain Injury for AT LEAST the next 5 YEARS?						
How likely are you to continue working with people with mental illness, developmental disabilities, chronic alcoholism, chemical dependence, Alzheimer's disease and related dementia, or Traumatic Brain Injury INDEFINITELY?						
How likely is it that you will seek a DIFFERENT TYPE of job (not working with people with disabilities) in the next year?						

* 2. Please rate the following regarding their influence on your decision to stay in this line of work:

	Makes no difference 0	1	2	3	4	Very Important 5
Wages						
Availability of health insurance						
Availability of retirement						
Availability of paid vacation/holidays						
Opportunity for advancement						

Direct Service Worker Survey

* 3. Please rank the following in the order in which they are most important to you.

	Most important	Second	Third	Fourth
Wages				
Health Insurance				
Paid vacation/paid holidays				
Retirement				

Other (please specify and explain)

4. Are there other benefits not discussed above that you would specifically like to receive?

Direct Service Worker Survey

10. Demographic Information

*** 1. What is your age?**

- 19 or younger
- 20-29
- 30-39
- 40-49
- 50-59
- 60 or older

*** 2. What is your gender?**

- Male
- Female

*** 3. What is your ethnicity?**

- Alaska Native/American Indian
- African-American
- Asian
- Caucasian
- Hispanic
- Pacific Islander
- Other (please specify)

Direct Service Worker Survey

* 4. How many dependents do you have?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

* 5. What is your HIGHEST level of education?

- Some High School
- High School Diploma
- Vocational Diploma or Certificate (e.g. PCA, CNA)
- Some college
- Associate's Degree
- Bachelor's Degree
- Master's Degree

If Vocational, please specify

* 6. What is your zip code?

7. Any other thoughts or comments? Our goal is to try to help you. What can we do?

Direct Service Worker Survey

11. Final page

Thank you so much for participating in our survey!!!

As a sign of our appreciation for your time, YOU ARE ELIGIBLE for a drawing of forty $25.00 GIFT CARDS!!!

$$$

If you want to enter our drawing please click the link below to go to a completely separate database. You do not have to participate in the drawing. If you choose to participate, your personal information will never be stored with your survey answers.

Thank you!!!

CLICK HERE TO ENTER THE DRAWING

Direct Service Worker Survey

12. Thank You!

We appreciate your time! You are now done with the survey.