



Region X Innovation Grant

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Growing Together to Support Our Home Visiting Workforce

Region X Home Visiting Workforce Study



RESEARCH BRIEF #5

Predicting Job Role, Pay, Intent to Stay, and Health Status



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This research brief is the fifth and final in a series that is part of the *Region X Home Visiting Workforce Study* funded by the *Region X Innovation Grant* at the Washington Department of Children, Youth, and Families, in partnership with the Alaska Division of Public Health, the Idaho Department of Health and Welfare, and the Oregon Health Authority. The study was designed to identify the current strengths, gaps, and unmet needs in the home visiting workforce in Region X to inform workforce recruitment, retention, and professional development efforts. For more information about the study, please see *The Region X Home Visiting Workforce Study: Introduction*.ⁱⁱ

Key Findings

Regression analyses were conducted to determine what characteristics significantly predict job role, pay, intent to stay, depression, and overall health, respectively.

- **Job Role.** Having a master's degree, having more early childhood experience, and having less direct home visiting experience were associated with being a home visiting supervisor.
- **Pay.** Having more education, having a degree in a clinical field, having more experience, being a supervisor, and being white were associated with higher pay.
- **Intent to Stay.** Working in more supportive workplaces and being a person of color were associated with intent to stay in their current jobs.
- **Depression.** Having fewer ACEs, greater access to behavioral health services, more supportive reflective supervision, and more employer-sponsored benefits were associated with the absence of depression.
- **Overall Health Rating.** Having fewer ACEs, working in more supportive workplaces, having more employer-sponsored benefits, and working fewer hours were associated with better overall health.



Introduction

This brief seeks to identify personal and contextual predictors of home visiting professionals' job roles, pay, intent to stay in their current job, and health status. Identifying the characteristics that relate to job role, for instance, provides insight into who tends to hold supervisory positions (e.g., those with more education or experience). We also explore the extent to which race relates to supervisory status, which may suggest systemic racial inequities in promotional opportunities.

Similarly, we look at the extent to which race, among other characteristics, relates to pay. Wage gaps exist among U.S. workers, especially among women and individuals of color. Specifically, median hourly earnings among white men were \$21 in 2015, whereas white women earned \$17 and black and Hispanic women earned \$13 and \$12, respectively.ⁱ Exploring the extent to which racial wage gaps exist among the Region X home visiting workforce is an important area of investigation.

Furthermore, understanding the characteristics that relate to intent to stay and health status may suggest ways to promote retention and health. For both outcomes, we take a broad, exploratory approach by considering a variety of characteristics, including opportunities for reflective supervision, the psychological climate of the workplace, Adverse Childhood Experiences (ACEs), hours worked per week, and so on. These results are expected to have implications for both practice and policy.



Research Questions

Based on a sample of home visitors and home visiting supervisors in Region X, this research brief seeks to answer the following questions:

- ① What predicts job role?
- ② What predicts pay?
- ③ What predicts intent to stay in one's current job?
- ④ What predicts health status?

Sample

The sample used for this research brief included 468 home visitors who provide home visiting services directly to families, and 161 home visiting supervisors, 29% of whom have a caseload of families they serve. These home visitors and supervisors were drawn from 148 programs in Alaska, Idaho, Oregon, and Washington, collectively known as Region X. Within the sample, 202 (43.2%) home visitors and 76 (47.2%) home visiting supervisors work in home visiting programs that receive MIECHV funding. Thirty-eight percent of programs in the sample reported receiving MIECHV funding. This brief also includes data from a subgroup of 12 home visitors and 7 supervisors who participated in follow-up interviews. For more information about the sample and the measures used for this study, please see *The Region X Home Visiting Workforce Study: Introduction*.ⁱⁱ

Analytic Approach

The research team conducted a series of regression analyses to examine factors that predict job role classification, pay, intent to stay, and health status. All models accounted for the clustering of home visitors and supervisors within programs. For dichotomous outcomes, such as job role (home visitor vs. supervisor) and intent to stay (yes vs. no), we used logistic regression models.¹ We entered categorical predictors with more than two groups (e.g., education) into the models using reference groups, which allow direct comparison between the reference variable and each other category. Please note that we did not include state in the model because the large differences between samples sizes across the states are likely to

¹ For these models, odds ratios (ORs) and probabilities are presented, which refer to the likelihood of membership in particular category based on a one-unit increase in the predictor variable.

yield unreliable results. We used models that account for missing data in instances with more than 10% missing data. The team used a p-value of .05 or less to determine whether predictors were significant.

When interpreting these results, please keep in mind:

The results of the regression analyses show the relationships between each predictor and outcome while controlling for the effects of all other variables in the model.

Results do not establish cause-and-effect relationships between variables.

Results

Research Question 1: What predicts job role?

Researchers explored whether the following factors predict job role² (home visitor or supervisor):

- › Educational attainment³
- › Area of study⁴
- › Years of experience
 - In the early childhood field
 - As a home visitor
- › Race

Results show that level of education, experience in the early childhood education (ECE) field,⁵ and experience as a home visitor were statistically significant predictors of job role. Those with a master's degree were nearly five times more likely to be a supervisor than those with less than a bachelor's degree, and nearly three times more likely to be a supervisor than those with a bachelor's degree (or some graduate school).

Predictors of being a supervisor:

- › Having a master's degree
- › More experience in ECE
- › *Less* experience in home visiting

² Classified as home visitor = 0; supervisor (or both) = 1

³ Classified as less than a bachelor's degree, bachelor's degree, or master's degree

⁴ Majors were classified into four categories: education and development, social services, clinical, or unrelated; see *Brief 1* for more information

⁵ Defined as years worked, for pay, with pregnant women, children birth to five, and/or their families

The likelihood of being a supervisor increased slightly as ECE experience increased; for every year worked in ECE, the odds of being a supervisor increased by 8%. In contrast, after controlling for all other variables, each year of home visiting experience yielded a slight (4%) decrease in the odds of being a supervisor. It is possible that direct home visiting experience is less of a consideration when deciding who is hired or promoted into supervisor positions. However, having

advanced education and broader early childhood experience may be more important considerations, especially since many home visiting programs have recently experienced rapid growth (i.e., creating new positions and needing to fill vacancies from a broader applicant pool). Notably, race and degree focus did not predict likelihood of being a supervisor after accounting for education and work experience.

Those with a master's degrees were nearly **3 times** more likely to be a supervisor than those with a bachelor's degree

Home visiting professionals with:

- A master's degree
- More early childhood education experience
- Less direct home visiting experience

Are **more likely** to be a supervisor



This analytic model accounts for educational attainment, area of study, years of experience in early childhood education and as a home visitor, and race

Research Question 2: What predicts pay?

The research team analyzed the following variables as potential predictors of home visiting professionals' self-reported hourly pay:

- › Educational attainment
- › Area of study
- › Years of experience
- › Job role
- › Race

All predictors were statistically significant. Specifically, having more education, a degree in a clinical content area (e.g., nursing, speech pathology, early intervention, etc.), more years of direct home visiting experience, more years in the ECE field, being a supervisor, and being white predicted higher pay. Conversely, being a home visitor, having less experience and education, having a degree related to social services or education (as compared to unrelated fields), and identifying as a person of color predicted lower pay.

PREDICTORS OF HIGHER PAY:

- › Higher educational attainment
- › A degree in a clinical content area
- › More years of ECE experience
- › More years of home visiting experience
- › Being a supervisor
- › Being white

Pay:

Significant predictors of hourly pay



This analytic model accounts for: educational attainment, area of study, years of experience, job role, and race.

More specifically, supervisors make \$4.77 more per hour than home visitors. Those with master's degrees make \$1.90 more per hour than those with less education. For each year of ECE experience, home visiting professionals make \$0.07 more per hour, and for each year of home visiting experience, professionals make \$0.14 more per hour.

Importantly, the association between race and pay was found after controlling for educational attainment, area of study, years of experience, and job role. In other words, all else being equal, individuals of color make \$1.35 less per hour than white individuals, a difference of nearly \$3,000 per year. Overall, this suggests racial pay disparities among this sample.

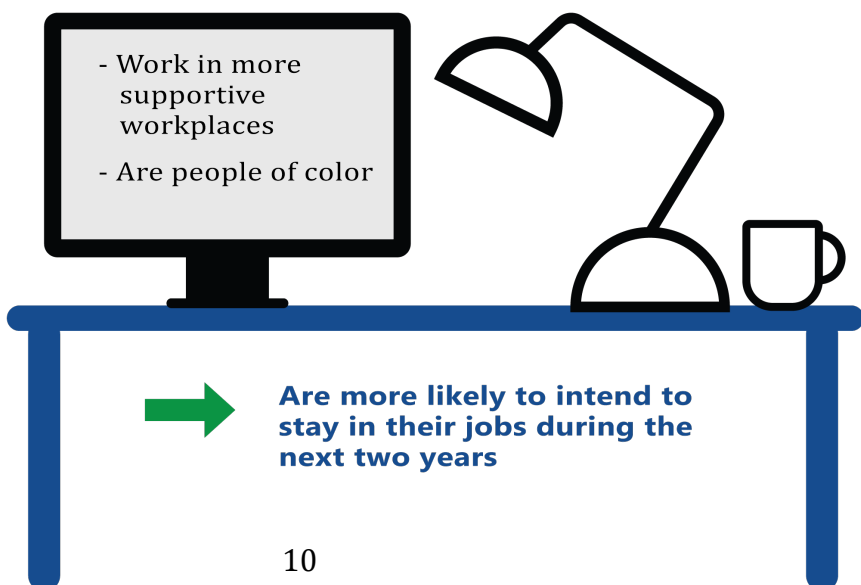
Research Question 3: What predicts intent to stay?

We considered the following variables as predictors of whether or not home visiting professionals reported intending to stay in their jobs during the next two years:


- > Adverse Childhood Experiences (ACEs)
- > Reflective supervision
- > Psychological climate of the workplace
- > Pay
- > Hours worked per week
- > Hours spent doing paperwork per week
- > Job role
- > Caseload
- > Age
- > Race

Intent to Stay:


**Home visiting
professionals
who:**

- 
- Work in more supportive workplaces
 - Are people of color


Are more likely to intend to stay in their jobs during the next two years



Of all the variables included in the model, two variables significantly predict intent to stay: the psychological climate of the workplace and the race of the staff member. Psychological climate refers to employees' perceptions of their work environments,ⁱⁱⁱ including their sense of autonomy, importance, fairness, support, role clarity, interpersonal conflict, and opportunities for taking on challenges and innovations. The psychological climate scale included 12 items, rated on a scale of strongly disagree = 1 to strongly agree = 5. Those who rated the psychological climates of their workplaces more favorably were more likely to report intention to stay in their jobs.



For each one point increase in participants' ratings of their program's psychological climate, they were **2 times** more likely to report intention to stay in their job.



Also, home visitors and supervisors who identified as a person of color were 86% more likely to report intention to stay in their jobs, which could suggest greater job satisfaction—or less job mobility. Although low pay and paperwork were among the most common reasons home visitors and supervisors intended to leave their jobs (*Brief 3*), these variables did not predict job intentions in this sample.

Research Question 4: What predicts health status?

To examine potential predictors of depression⁶ and respondents' ratings of their overall health,⁷ the team analyzed the following variables:

- Adverse Childhood Experiences (ACEs)
- Access to behavioral health services
- Reflective Supervision
- Psychological climate of the workplace
- Pay

⁶ Based on the Patient Health Questionnaire-2

⁷ Rated on a scale of *Poor* = 1 to *Excellent* = 5

- Hours per week
- Number of employer-provided benefits
- Age
- Years of ECE experience
- Years of Home Visiting Experience
- Race

DEPRESSION

ACEs, access to behavioral health services, reflective supervision, and employer-sponsored benefits all predicted home visitors' and supervisors' depression.

Specifically, home visiting professionals who had fewer ACEs, greater access to behavioral health support, more supportive reflective supervision, and more employer-sponsored benefits were *less* likely to be depressed. In fact, individuals who report *not* having access to behavioral health support are over three times more likely to report symptoms consistent with depression. For every one-point increase in the supportiveness of reflective supervision, respondents were 34% less likely to be depressed. For each additional ACE, respondents were 17% more likely to report symptoms of depression. Variables that did not predict depression include psychological climate, pay, hours worked, job role, age, experience, and race.

Individuals lacking access to behavioral health support are **3 times** more likely to report symptoms consistent with depression.

Depression:

Home visiting professionals who:

- Have more ACEs
- Lack access to behavioral health services
- Have less supportive reflective supervision
- Have fewer employer-sponsored benefits



Are more likely to report symptoms of depression



This analytic model accounts for ACEs, reflective supervision, psychological climate, pay, hours work per week, hours spent doing paperwork, caseload, age, job role, and race

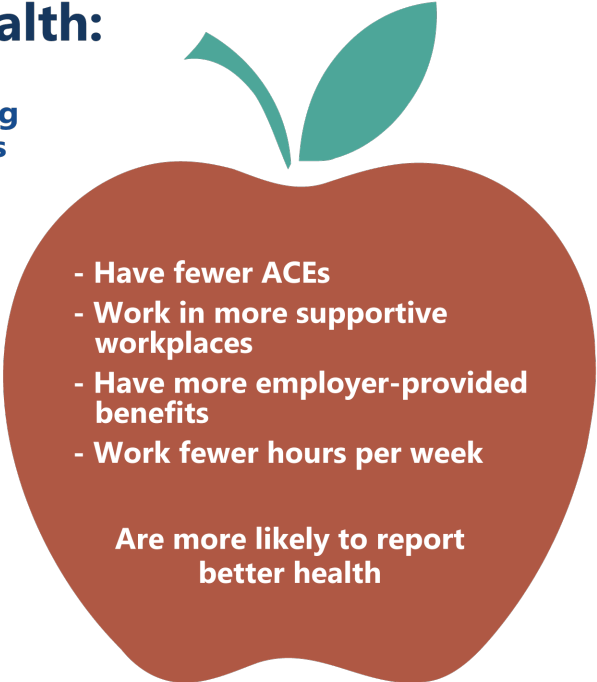
OVERALL HEALTH

A survey item asked home visiting professionals to “please rate your overall health” on a scale of *poor* = 1 to *excellent* = 5. Significant predictors of overall health included ACEs, the psychological climate of the workplace, hours worked per week, and benefits. Similar to depression, fewer ACEs were related to better health. Working in more psychologically supportive climates, having more employer-provided benefits, and working fewer hours per week were also associated with better health.

Access to behavioral health support, reflective supervision, pay, job role, age, experience, and race did not relate to overall health in this sample.

Overall Health:

Home visiting professionals who:

- 
- Have fewer ACEs
 - Work in more supportive workplaces
 - Have more employer-provided benefits
 - Work fewer hours per week

Are more likely to report better health

This analytic model accounts for ACEs, reflective supervision, psychological climate, pay, hours work per week, hours spent doing paperwork, caseload, age, job role, and race

For all analytic models, significant predictors are not listed in any particular order.



Policy Considerations

This research brief points to several important policy considerations to support the home visiting workforce in Region X.

Create pathways for home visitors to advance their education

Having a master's degree appears to be an especially important criterion for being a supervisor. In this sample, individuals with master's degrees were nearly 3 times more likely to be supervisors than those with only bachelor's degrees. As such, it is important to ensure higher education is accessible to home visitors who are interested in gaining valuable learning opportunities and advancing to supervisory roles. The transition from home visitor to supervisor is an important promotion opportunity. *Brief 3* of this series reported that the second most common reason staff intend to leave their home visiting jobs is the lack of promotional opportunities. Therefore, increasing access to higher education (via scholarships, advising, or tuition reimbursement) may increase the number of staff who are qualified for supervisor roles and possibly increase staff retention. Notably, as reported in *Brief 2*, one in five home visiting staff receive tuition reimbursement, suggesting this is an area with opportunities for replication and expansion.


Ensure home visitors and supervisors are paid equitably for their expertise

After accounting for relevant characteristics such as education, experience, and job role, race significantly predicted pay, suggesting that racial pay disparities exist in this sample. Internal pay audits must be conducted to determine if, in fact, individuals of color are paid less than their white counterparts in this workforce. If pay disparities are identified, as these preliminary analyses suggest, steps must be taken to assure equitable pay. As previously noted, racial and gender pay disparities have been documented among U.S. workers.^{iv} Creating formal compensation structures, promoting greater pay transparency, incentivizing managers to fix pay disparities, and conducting implicit bias training are a few possible solutions. Overall, remedying pay disparities requires concerted efforts across sectors and institutions.

Ensure workplaces are psychologically supportive and include reflective supervision

More psychologically supportive workplaces, characterized by greater autonomy, role clarity, and fairness, predicted intentions to stay as well as overall health. These findings are consistent with social determination theory, which states that individuals are motivated by conditions that promote autonomy, competence, and relatedness.^v Workplaces must allow home visitors and supervisors to contribute to their jobs with some level of independence and to feel connected, supported, and, ultimately, competent and effective in their work. Reflective supervision appears to be a particularly important component of the supportive workplace, based on results showing that more supportive reflective supervision predicted a decreased likelihood of having a positive screen for depression. Those who felt they had more supportive supervision, characterized by consistency, trust, active listening, and reflecting on emotions, were less depressed than those who received less supportive supervision. Although we cannot determine if less supportive reflective supervision *causes*





depression, this association suggests reflective supervision may be one way to support workplace well-being. We recommend Region X continue to build on their past work focused on reflective supervision, including recently published guidelines for administrators, supervisors, and home visitors.^{vi}

Provide benefits and promote access to mental health services

The number of employer-sponsored benefits provided to home visitors and supervisors predicted both depression and overall health, such that more benefits predicted less depression and better health. As noted in *Brief 2*, home visitors and supervisors received an average of 9 employer-sponsored benefits. Although most of the workforce received health insurance, paid vacation, dental insurance, and paid sick leave, there were still approximately one in ten workers who reported not receiving these important benefits. Less commonly received benefits included retirement savings, paid family leave, and tuition reimbursement, which may also be important for promoting health and well-being (see *Brief 3*). Similarly, those who reported greater access to mental health services reported less depression. As discussed in *Brief 4*, although most of the workforce reported access, two in ten workers did not have access to behavioral or mental health specialists. Efforts should be made to remove barriers to mental health support, especially given the high incidence of ACEs among this workforce (33% experienced four or more ACEs) and the potentially stressful nature of the work.

Promote work-life balance and self-care

Number of hours worked was a significant predictor of home visitors' and supervisors' ratings of their overall health, such that more hours worked related to poorer health. Given that 32% of home visitors and 53% of supervisors report working longer hours than their paid hours suggest (*Brief 2*), efforts to create more realistic workloads that are conducive to work-life balance and self-care must be undertaken. Follow-up interviews and focus groups could be used to understand how workloads can be shifted or reorganized to better meet the needs of home visitors and supervisors. Promoting the practice of self-care, both inside and outside of the workplace, may help support a healthier workforce.



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