



Region X Innovation Grant

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Growing Together to Support Our Home Visiting Workforce



Region X Home Visiting Workforce Study



Introduction



Overview and Background Information about the Region X Home Visiting Workforce Study

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Key Terms

Adverse Childhood Experiences (ACEs): Stressful or traumatic events that can have negative long-term effects on health and well-being into adult-hood.

Evidence-Based Home Visiting Model: To meet the U.S. Department of Health and Human Services' (DHHS) criteria for an “evidence-based early childhood home visiting service delivery model,” models must meet at least one of the following criteria:

- At least one high- or moderate-quality evaluation study of the model finds favorable, statistically significant impacts in two or more of the eight outcome domains specified by DHHS;¹
- At least two high- or moderate-quality evaluation studies of the model using non-overlapping analytic study samples with one or more favorable, statistically significant impacts in the same domain.


Home Visiting Administrator: The program director, manager, or administrator responsible for the overall operation and personnel of a home visitation program. For some programs, the home visiting administrator and home visiting supervisor may be dual roles.

Home Visitor: An individual who provides support to children and families in the participating family's home, or other community location, carrying out the program model, goals, or curriculum for their home visitation program.

Home Visiting Supervisor: Individual responsible for the assignment of children and families to home visitors, as well as the ongoing training, support, and supervision of the home visitor. For some programs, the home visiting administrator and home visiting supervisor may be dual roles. Some home visiting supervisors carry home visiting caseloads themselves.

Maternal Infant and Early Childhood Home Visiting (MIECHV) Program: A funding source administered through the U.S. Department of Health Resources and Services Administration (HRSA) that facilitates collaboration and partnership at the federal, state, and community levels to give pregnant women and families, particularly those considered at risk, necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn. The goals of all MIEHV home visiting programs are to improve maternal and child health,

¹ Please see the following website for a list of evidence-based home visiting models: <https://homvee.acf.hhs.gov/document.aspx?rid=4&sid=19&mid=6>.

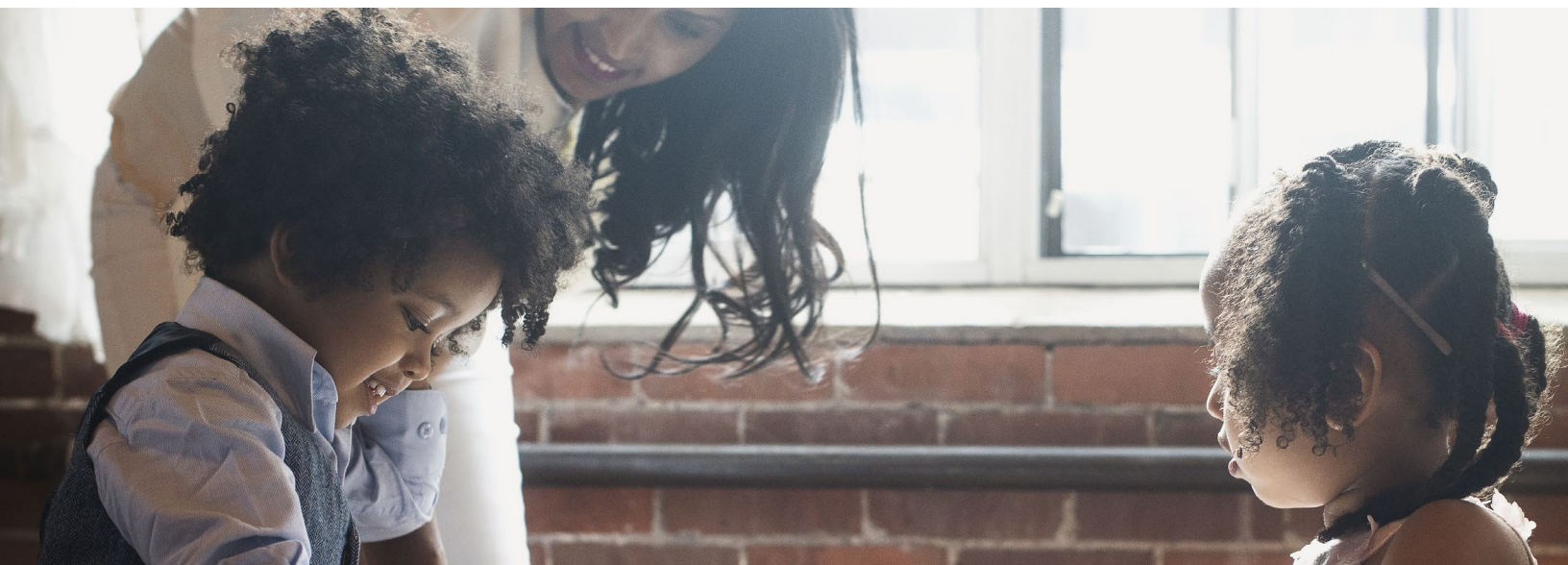


prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness.

Program Model: The structure, style, and operational procedures that, together, make up a program type or that follow the standards outlined by a national organization or group.

Reflective Supervision: A form of ongoing intentional, scheduled professional development that focuses on enhancing the reflective practice skills of home visitors for purposes of program quality, including staff wellness and retention.ⁱ

Region X is the standard federal region as defined by the federal Office of Management and Budget Circular A-105, “*Standard Federal Regions*.” Region X includes the states of Alaska, Idaho, Oregon, and Washington.




Background

Early childhood is a period characterized by rapid brain growth, development, and learning. It is also a time in which young children are most susceptible to risks to their development.ⁱⁱ Indeed, advances in neurobiological research over the past several decades have demonstrated how the quality of children's early experiences shape brain architecture that, in turn, influence children's social, cognitive, and emotional competence.ⁱⁱⁱ Research also points to the critical role that families can play in buffering children from risk and promoting resilience in the face of adversity.^{iv}

Based on this research, home visitation programs seek to support parenting capacities, particularly for families facing challenges such as living in poverty, parenting alone or as a teen, living with maternal depression, or having few social supports. In 2010, the U. S. Administration of Children and Families invested an initial \$1.5 billion over five years in the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, and in 2018, Congress renewed the legislation. This funding was designed to support states in delivering evidence-based home visiting services for pregnant women and families with children up to kindergarten entry who face a variety of risk factors. Currently, 3,019 children and their families across Region X, which includes Alaska, Idaho, Oregon, and Washington, have participated in a MIECHV-funded home visiting program.^v

While there are important differences among home visiting programs, they share many common characteristics. Each offers regular visits to families from a nurse, child development, or social service professional. During home visits, these professionals support the parent-child relationship in order to build parenting skills, support children's early learning and language development, offer families guidance on child development, conduct screenings and assessments, and refer and connect families to resources to improve family health, social capital, and opportunities for children. Research across program models shows that home visiting can help support positive parenting, prevent child abuse and neglect, improve maternal and child health, and foster children's school readiness skills.^{vi} In addition, cost-benefit analyses demonstrate a cost savings to society from investing in evidence-based home visiting programs, with savings realized from reductions in emergency room visits, special education services, and engagement in foster care and child protective service systems.^{vii}

At the heart of any effective home visiting program is the home visitor. It is undeniable that home visitors have a complex job. In addition to implementing an evidence-based home visiting model with fidelity, home visitors must build positive relationships with families grounded in mutual trust and respect. Home visitors




must also be skilled in curriculum delivery, knowledgeable about assessments, able to help families navigate and access outside resources, and be sensitive and responsive to the cultural contexts in which they are delivering services. Often this work is done with families who are experiencing intimate partner violence, substance abuse, or mental health challenges, as well as with caregivers who have experienced their own adverse early experiences or significant trauma.

The complexity of a home visitor's job also requires a multifaceted set of knowledge and skills. Consequently, the professional preparation of home visitors is often described as a key ingredient to the successful implementation of a home visiting program.^{viii} Yet home visitors come to their jobs with varying skills, levels of education, and backgrounds. The professional preparation required for the job also varies by home visiting model. For instance, some models may require a bachelor's degree in a particular subject area while others do not have any formal educational requirements. Understanding the qualifications of the workforce and their professional development needs is key to developing a responsive system of preparation and ongoing in-service learning for the range of professionals in the workforce.

Home visitors may also be particularly susceptible to job stress and burnout in their roles, which can affect their job satisfaction, the quality of their work, and their motivations to stay in or leave their jobs or the field.^{ix} Home visitors often have to travel long distances and work with hard-to-engage families and families in crisis, all while balancing multiple job demands.^x In turn, these factors may create job stress and burnout that can result in negative emotionality and less time spent with families, impacting their relationships with families and the effectiveness of the home visiting services they deliver.^{xi} Working with families in crisis may also be particularly challenging for some home visitors who have experienced their own adverse early experiences.

Work environments and working conditions can help home visitors navigate job stressors or can add additional stress that may limit the effectiveness of their service delivery, well-being, and ultimate retention in the field.^{xii} For example, home visitors who are provided with ongoing reflective supervision may have opportunities to explore the range of emotions associated with their work to help mitigate the stresses associated with the job, which can facilitate more effective relationships with families.^{xiii} Alternatively, home visitors who work in organizations with high caseloads, with few supportive and collegial relationships, and who are challenged by a lack of autonomy and with role conflict within their organizations may experience greater burnout and stress, leading to high turnover among home visitors and reduced program effects.^{xiv}



To date, however, few studies have taken a comprehensive look at the work lives of home visitors. Such a study is necessary to understand their professional needs so that a comprehensive set of policies and supports can be developed to ensure a thriving workforce.

Purpose of Current Study

Recognizing the importance of the home visiting workforce to effective service delivery and improved child and family outcomes, the MIECHV programs within the Alaska Division of Public Health, the Idaho Department of Health and Welfare, the Oregon Health Authority, and the Washington Department of Children, Youth, and Families, which together comprise Region X, received an innovation grant from the HRSA. The purpose of this grant was to develop, implement, and evaluate innovations to strengthen and improve the delivery of coordinated and comprehensive high-quality home visitation services to eligible families.

As a part of the *Region X Innovation grant*, this study seeks to identify the current strengths, gaps, and unmet needs in the home visitor workforce in Region X. In particular, it has been designed to help inform workforce recruitment, retention, and professional development needs to help ensure the well-being and effectiveness of home visitors in the region. Consequently, this study addresses the following overarching research questions:

- ① What are the demographic and educational characteristics of the Region X workforce? (Brief 1)
- ② What are the job characteristics of the workforce? (Brief 2)
- ③ What professional development opportunities are available to the workforce, and how do they rate the quality of their workplace and their intent to stay? (Brief 3)
- ④ What is the health and well-being of the workforce? (Brief 4)
- ⑤ What predicts job role, pay, intent to stay, and health status within the Region X home visiting workforce? (Brief 5)

Procedures


Recruitment. To address these research questions, we obtained the email addresses of 196 home visiting program administrators in Alaska, Idaho, Oregon, and Washington (Region X). Emails were sent to these administrators informing them of the study and requesting the email addresses of the home visitors and home visiting supervisors employed by their organization, or with whom they contracted, so that electronic surveys could be sent to them individually. For home visitors and supervisors to be eligible to participate in the study, they had to be employed by (or contracted with) an organization that used an evidence-based home visiting model approved by MIECHV (see <https://homvee.acf.hhs.gov/> for a complete list) or work for an organization that used “promising practices” or evidence-informed models as defined by criteria defined by the states comprising Region X. Administrators who returned their email lists were given a \$50 gift card for their program.

In total, we sent emails to 98% of eligible home visiting administrators in the region.² Of the 196 administrators we requested emails from, 147 (75%) replied. In total, we received emails for 1,208 home visitors and home visiting supervisors. We then sent an electronic survey to each email address. Home visiting program administrators were given a \$25 gift card for their program if between 1% and 49% of their staff completed the survey, a \$50 gift card if between 50% and 74% of their staff completed the survey, or a \$100 gift card if 75% or more of their staff completed the survey. In total, 635 (52.6%) home visitors and supervisors completed the survey.

We followed up with each of the 635 survey respondents via email two times, at the three-month mark and at the six-month mark, after completing the initial survey to see if they had left their job. If they had left their job, we asked them to take an online exit survey. Respondents who took the exit survey were given a \$25 gift card. In total, 21 exit surveys were completed.

Each of the 635 home visitors and home visiting supervisors who responded to the initial survey were also asked if they would be interested in participating in a telephone interview with the research team about their work lives. The 571 (90.8%) respondents who indicated that they would participate in a phone interview were stratified by their job roles (home visitors and supervisors). For home visitors, we then stratified by state and, within states, by their Adverse Childhood Experiences (ACEs) scores to represent two groups, those scoring over four ACEs and those scoring under four, which represents the cut point at which individuals might

² We did not attempt to recruit four Nurse Family Partnership programs funded by MIECHV in Alaska because it had a separate IRB process that would have extended the study timeline.



experience challenges to their well-being.^{xv} Within these groups, we stratified again by home visiting model, selecting from the five most prevalent models. We randomly selected 14 home visitors to interview. We then stratified supervisors by state and randomly selected six supervisors who worked in the most prevalent home visiting model in their state. This sampling strategy was designed to draw an interview sample reflective of a range of ACEs scores, home visiting approaches, and geographical service provision areas. Interviewees were given a \$40 gift card as a thank you for their participation.

Instruments


All instruments used for this study were created in collaboration with a regional workgroup of home visiting and early childhood professionals. For a full list of working group members, see Appendix A.

Home Visiting Workforce Survey. Home visitors and home visiting supervisors were administered an electronic survey that focused on their personal characteristics, the nature of their work, the quality of their work environment, and on their health and well-being.

Personal Characteristics. This section of the survey asked respondents about their background characteristics, education, perceptions of their professional development needs, and years of experience in their jobs and in the field. It asked respondents about their financial well-being, including their compensation, receipt of public assistance, and whether they have a second job. It also included questions from the *Financial Strain* scale from the *Family Economic Pressure Survey*.^{xvi}

Nature of the Work. The next section of the survey focused on the nature of the work and included items about respondents' employment status, the home visiting model(s) in use by their organization, whether their organization receives MIECHV funding, how they spend their time at work, their caseload, and about the characteristics of the families that they serve. It also asked respondents about the effects of their work and included items from the *Maslach Burnout Inventory-Educational Survey*,^{xvii} the *Secondary Traumatic Stress Scale* drawn from the *Parker Psychological Climate Scale*,^{xviii} and the *Self-Efficacy Scale* adapted from the *Texas Christian University Organizational Readiness to Change Scale*.^{xix}

Quality of Work Environment. The next section of the survey concentrated on the quality of the organizations within which home visitors and home visiting supervisors work. It included items drawn from the *Comprehensive Organizational Health Assessment*^{xx} that measured role clarity, job



satisfaction, supervision support, time pressure, leadership, collegiality, and professional learning cultures. This section also asked respondents about their job frustrations, job motivations, and job intentions and asked supervisors to provide information about job turnover by job role within their organizations

Well-Being. The final section of the survey focused on respondents' health and well-being, including the abbreviated *Connor-Davidson Resilience Scale*^{xxi} and items drawn from the *Patient Health Questionnaire-9th Edition*^{xxii} that asked respondents about their physical health, access to and use of health care, and the frequency with which they exhibited healthy behaviors. The survey concluded with a 10-item *Adverse Childhood Experiences* questionnaire^{xxiii} that asked participants to provide a count of particular traumatic events in childhood that they experienced.

Exit Survey. All survey respondents who left their job after completing the *Home Visiting Workforce Survey* were asked to complete a 12-item electronic exit survey. This survey queried individuals about why they left their job, factors that would have motivated them to stay in their job, the nature of their relationship with their former supervisor, and their current job status.

Interviews. Twenty respondents who completed the *Home Visiting Workforce Survey* were also administered a semi-structured, open-ended, telephone interview tailored to either home visitors or home visiting supervisors. Questions asked interviewees to trace their career and educational trajectories and how they entered into the home visiting field. They were also asked to assess the hardest parts of their job and how their education and professional development prepared them for the work. Interviewees then were asked about strategies they employ for working with challenging families, how their early experiences shape the services they provide, and the strategies they use to manage the stress of the job. The interview concluded by asking interviewees to consider the types of supervision that they receive, how supervision could be improved, their job frustrations and motivations, and career intentions.

Methods

Descriptive statistics. Descriptive statistics were calculated to provide an overview of the characteristics of the sample, the nature of their work, the quality of their work environment, and a description of aspects of their well-being. In instances where key differences among states or job roles are highlighted, the differences are statistically significant at the 0.05 level. For items where home visitors who work in

the same organization are expected to give similar responses (e.g., items relating to wages or benefits), statistical tests accounted for the clustering of responses from home visitors within the same organization.

Regressions. A series of regression analyses were used to examine factors that predict job role, intent to stay, and health status/well-being. All models accounted for the clustering of home visitors and supervisors within programs. Logistic regressions were used for dichotomous outcomes. Categorical predictors with more than two groups were entered into the models using reference groups, which allow direct comparison between the reference variable and each category. In instances with more than 10% missing data, full information maximum likelihood was used to account for missing data. A p-value of 0.05 or less was used to determine whether predictors were significant.

Interview Themes. Researchers analyzed the qualitative data using a two-step process involving a combination of *a priori* codes drawn from literature as well as codes that emerged from the interviews. Initially, analysts coded the data according to broad thematic categories (e.g., Motivation, Job Challenges). This resulted in a list of themes and excerpts from interviews that corresponded with each theme. Next, the research team proceeded with a second, more fine-grained analysis in which the data were assigned to sub-themes (e.g., Organizational Culture, Self-Care). Two lead researchers read 15% of the interviews, identified themes generated from responses, and then met to compare themes and settle disagreements by consensus. The full research team then coded the remaining interviews, adding new sub-themes where relevant.



Sample

In total, 635 home visitors and home visiting supervisors completed the *Home Visiting Workforce Survey*. Of the surveys completed, 468 were completed by home visitors who provide direct services to families, 120 were completed by supervisors, and 41 were completed by professionals who provide both home visiting services and act as a supervisor. For the purposes of this report, professionals who serve both roles are included in the supervisor sample. Table i displays the respondents by job role and by state. Across states, approximately two-thirds of respondents who have a caseload of families work in urban environments while approximately one-third serve families in rural or remote areas of their state.

GEOGRAPHY AND JOB ROLE

Table i. Respondents by Job Role and State

	AK		ID		OR		WA		All States	
	N	%	N	%	N	%	N	%	N	%
Home Visitor	60	76.9%	30	73.2%	186	74.7%	192	73.6%	468	73.7%
Supervisor	18	23.1%	11	26.8%	63	25.3%	69	26.4%	161	25.4%
No Job Role Selected	--	--	--	--	--	--	--	--	6	0.9%
Total	78	100%	41	100%	249	100%	261	100%	635	100%

Note: Six respondents did not provide a job role and are not included in the analytic sample moving forward.

FUNDING STATUS

Of the sample, 202 (44.2%) home visitors and 76 (48.7%) home visiting supervisors worked in home visiting programs that received MIECHV funding. Table ii displays response rates by state, job role, and MIECHV funding status.

Table ii. Response Rate by Job Role, State, and MIECHV Status

Home Visitors		AK		ID		OR		WA		All States	
		N	%	N	%	N	%	N	%	N	%
	MIECHV	--	--	18	60	85	48.6	94	49.0	202	44.2
	Non-MIECHV	50	100	12	40	82	46.9	72	37.5	216	47.3
	Missing	--	--	--	--	8	4.6	26	13.5	39	8.5
	Total	50	100	30	100	175	100	192	100	457	100
Supervisors	MIECHV	--	--	7	100	32	52.50	36	53.7	76	48.7
	Non-MIECHV	16	100	--	--	29	47.50	31	46.3	80	51.3
	Missing	--	--	--	--	--	--	--	--	--	--
	Total	16	100	7	100	61	100	67	100	156	100

HOME-VISITING MODEL

For the purposes of this study, state agency partners from Region X identified criteria for including programs in the study recruitment. In particular, they identified home visiting programs that are:

- Voluntary for families to join
- Providing regular home visits for 6 months or longer
- Evidence-based or based on promising practices
- Serving prenatal/birth through early childhood populations
- Using a home visiting model or curriculum

In addition, Alaska included programs that provide home visiting services in the context of other specialized services, such as Part C early intervention.

Across the region, the study sample reported using a variety of home visiting models. Table iii shows that home visitors and supervisors in the sample are using eighteen different home visiting models across the four states. Home visitors and supervisors in Idaho and Washington identified Parents as Teachers most frequently, while the samples in Alaska and Oregon most frequently identified Infant Learning Programs and Healthy Families America, respectively. For the region as a whole, Parents as Teachers was the most frequently reported model (37.4%). Three models are used in all four states within Region X: Early Head Start,

Nurse Family Partnership, and Parents as Teachers. Of the programs receiving MIECHV funding, all models present in Table iii are represented except for Infant Learning Programs.

Table iii. HV Model Use by State

Model	AK n = 6-37	ID n = 10-23	OR n = 9-97	WA n = 12-118	Region X n = 16-235
Babies First!	--	--	8.4%	--	3.3%
CaCoon	--	--	6.4%	--	2.5%
Early Head Start: Home-based	23.1%	24.4%	22.5%	23.8%	23.2%
Growing Great Kids	--	--	9.2%	--	3.7%
Healthy Families America	--	--	39.0%	--	15.9%
Infant Learning Programs*	47.4%	--	--	--	7.2%
Nurse Family Partnership	9.0%	24.4%	11.2%	30.3%	19.7%
Parent-Child Home Program	--	--	4.8%	12.3%	7.3%
Parents as Teachers	28.2%	56.1%	28.9%	45.2%	37.4%
Play and Learning Strategies	7.7%	--	3.6%	4.6%	4.3%
Other Models**	7.7%	--	13.3%	7.3%	9.4%

-- Missing, suppressed, or 0.0 value cells.

*Infant Learning Programs (ILP) do not adhere to a home visiting model and provide services under Part C. In Alaska, ILPs provide the majority of home visiting services statewide.

**Other Models represents models with fewer than 5 cases in each state. These include Child Parent Psychotherapy, Early Steps to School Success, Family Spirit, and Parent Child Home Program.

***HV models are not mutually exclusive and column totals may exceed 100%.

While 75.1% of home visitors and supervisors reported using a single home visiting model in their practice, approximately one-quarter of the sample (24.9%) reported using two or more home visiting models (Table iv). Across the region, most respondents delivering more than one model reported using two models (18.8%), although a small percentage (6.2%) reported using three or more.

Table iv. Percent of Home Visitors and Supervisors Delivering Multiple Models

Number of HV Models Delivered	AK n = 74	ID n = 41	OR n = 235	WA n = 249	Region X n = 599
1	79.7%	95.1%	63.8%	81.1%	75.1%
2 or more	20.3%	4.9%	36.2%	18.9%	24.9%

In instances where home visitors and supervisors reported using multiple home visiting models in their work, the most common combinations of models included:

- Parents as Teachers, Early Head Start: Home Visiting
- Parents as Teachers, Healthy Families America

EXIT SURVEY

Of the 635 respondents to the *Home Visiting Workforce Survey*, 27 home visitors and 7 supervisors/administrators participated in the supplementary online exit survey. See the text box for demographic details about the exit survey participants.

Exit Survey Demographics *

STATE DISTRIBUTION

Alaska: 23.5%
Idaho: 0.0%
Oregon: 35.3%
Washington: 41.2%

RACE/ETHNICITY

People of color: 32.4%
White: 67.6%

LANGUAGE

English: 79.4%
Spanish/Other: 20.5%

AGE

20–29: 17.6%
30–49: 67.6%
50+: 14.7%

EDUCATION

Bachelor's or less: 58.8%
Some graduate school: 20.6%
Master's degree: 20.6%

WORKER EXPERIENCE (AVERAGE # OF YEARS)

Most recent position: 3.5
Direct home visiting: 6.3
Early childhood field: 9.4

WAGES

Average hourly wage: \$21.76
Time since last pay increase: 1.7 years

* To protect anonymity, some data categories have been merged due to small cell sizes.




Study Limitations

It is important to note that the sample of 635 home visitors and home visiting supervisors drawn for this study may not be representative of the population of home visitors and supervisors in the region. While we made sizable efforts to include 100% of the population of home visitors and supervisors employing evidence-based models, or that met evidence informed criteria, in Region X in the study, we have no way of knowing whether there are differences between home visitors and supervisors who elected to respond to the survey and those who did not. Similarly, we have no way of knowing whether there are important differences in home visitors whose program administrators passed along their email addresses to the research team and those who did not. Thus, we cannot control for non-response bias in this study. Consequently, caution should be taken when generalizing study findings to the population of home visitors and supervisors in the region.

Organization of Report

The following sections of this report provide an overview of the characteristics of a sample of the home visiting workforce in Region X and the settings in which they work. The report also explores personal and workplace factors associated with job turnover and retention among home visitors and home visiting supervisors and examines factors that predict job role, pay, job intentions, and dimensions of their health and well-being. The report is organized into a series of topical research briefs that can be read and disseminated separately or can be read and disseminated as a whole.

Research Brief 1 explores the background characteristics of the sample, including their educational preparation, and explores how prepared they feel to meet the demands of their jobs. *Research Brief 2* reports on the nature of the sample's work experience, including their employment characteristics, caseloads, and how they spend their time at work, and concludes with an examination of their compensation. *Research Brief 3* examines the quality of the sample's work environments, as well as their job frustrations, motivations, and intentions. It concludes by reporting on the turnover rates among home visitors and home visiting supervisors within the organizations in which they work. *Research Brief 4* describes the financial, emotional, and physical well-being of the sample, including the adverse early experiences they reported. *Research Brief 5* investigates the personal and workplace factors that predict job role, pay, and job intentions, as well as dimensions of the



sample's health and well-being. Each brief ends with a set of policy and practice recommendations for strengthening the system of supports needed for a thriving and skilled home visiting workforce in the region.

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Appendix A

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