



Region X Innovation Grant

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Growing Together to Support Our Home Visiting Workforce

RESEARCH MEMO

Region X Home Visiting Workforce Study: Rural/Remote, Suburban, and Urban Comparisons

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Introduction

Region X covers a large geographic area that includes urban, suburban, rural, and remote areas. Since access to support and resources tends to vary based on the geography of the community, it is important to explore home visitors' experiences across these different areas. Thus, to supplement the results of the Region X Home Visiting Workforce Study, we examined whether there are differences in home visitors' demographic characteristics, benefits, and intent to stay by the type community in which they work.

In the survey, home visitors reported the number of families they work with who live in urban, suburban, rural, and remote areas. We used these data to assign home visitors into groups based on whether they served mostly urban, suburban, or rural/remote communities. Please note, rural and remote categories were combined due to the relatively small sample sizes.

To classify home visitors' caseloads by urban, suburban, or rural/remote, we used a cutoff of 75%; for example, if a home visitor reported having 75% or more cases in urban areas, they were classified as "mostly urban." Those who did not have 75% or more cases in one of these categories were assigned to a separate category, representing a combination of urban, suburban, and/or rural/remote areas.¹

Where do Region X home visitors work? (*n* = 503)

- 41% serve mostly (75%+) urban areas
- 18% serve mostly (75%+) suburban areas
- 14% serve mostly (75%+) rural or remote areas
- 27% serve a combination of urban, suburban, and/or rural/remote areas

¹ We examined several other ways of classifying the data by geography, which yielded similar findings.

Results

Home visitors' characteristics

Demographic and job characteristics of home visitors based on the geography of the families they served are shown in Table 1. There were no statistically significant differences in home visitors' experience, age, or education based on the type of community they served. Home visitors with mostly urban caseloads were significantly more likely to speak a language other than English,² and less likely to be white than home visitors working in other areas.³

There were significant differences in the geography of home visitors' caseloads by state.⁴ Alaska had the largest proportion of home visitors serving mostly rural/remote caseloads, as well as the largest proportion of home visitors who served mostly urban areas. By contrast, Idaho, Oregon, and Washington's home visitors tended to serve more suburban caseloads and a combination of areas.

We also examined the geography of home visitors' caseloads by the most commonly reported home visiting models. Results indicate that home visitors with suburban caseloads were significantly more likely than others to use the Nurse Family Partnership model, while those working in urban and rural areas were more likely to use Parents as Teachers.⁵

Table 1. Home visitor characteristics by family geography

	Mostly urban caseload	Mostly suburban caseload	Mostly rural/remote caseload	Combination of urban, suburban, and rural/remote caseload
Years providing direct home visiting services (average) (<i>n</i> = 501)	7.6	6.5	8.6	6.7
Age (average) (<i>n</i> = 495)	41.6	41.6	42.0	40.9
% who speak a language other than English** (<i>n</i> = 503)	19%	6%	15%	9%
% white** (<i>n</i> = 503)	56%	70%	63%	75%
% with a bachelor's degree or higher (<i>n</i> = 500)	72%	81%	79%	75%
State* (<i>n</i> = 503)				
Alaska	51%	9%	22%	18%
Idaho	30%	33%	7%	30%
Oregon	39%	22%	13%	26%
Washington	41%	14%	14%	31%
Home visiting model (<i>n</i> = 500)				
Early Head Start	11%	13%	11%	10%
Healthy Families America	7%	10%	14%	9%
Infant Learning Programs	6%	3%	6%	3%
Nurse Family Partnership**	14%	29%	8%	22%
Parent-Child Home Program	5%	3%	1%	3%
Parents as Teachers*	25%	11%	26%	20%

² $\chi^2(3) = 12.52, p = .006$

³ $\chi^2(3) = 14.06, p = .003$

⁴ $\chi^2(9) = 20.27, p = .02$

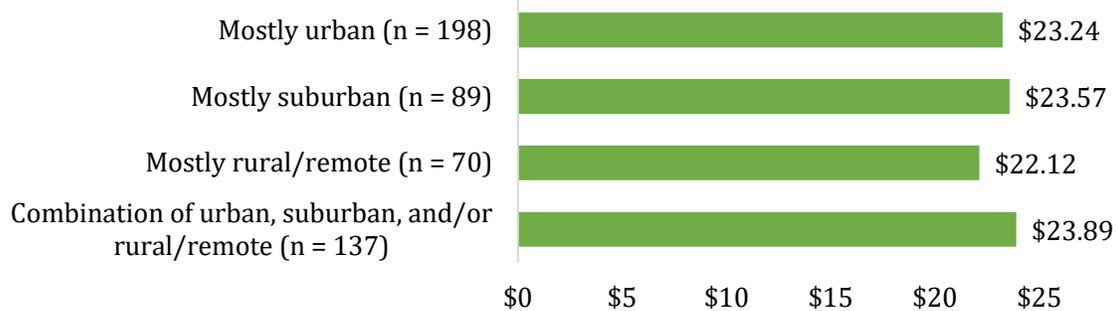
⁵ NFP: $\chi^2(3) = 14.98, p = .002$; PAT: $\chi^2(3) = 8.32, p = .04$

* $p < .05$; ** $p < .01$

Pay

On average, home visitors who served mostly rural or remote areas reported the lowest hourly pay (\$22.12), while those who worked in combination of areas made the most (\$23.89). However, these differences in pay were not statistically significant.

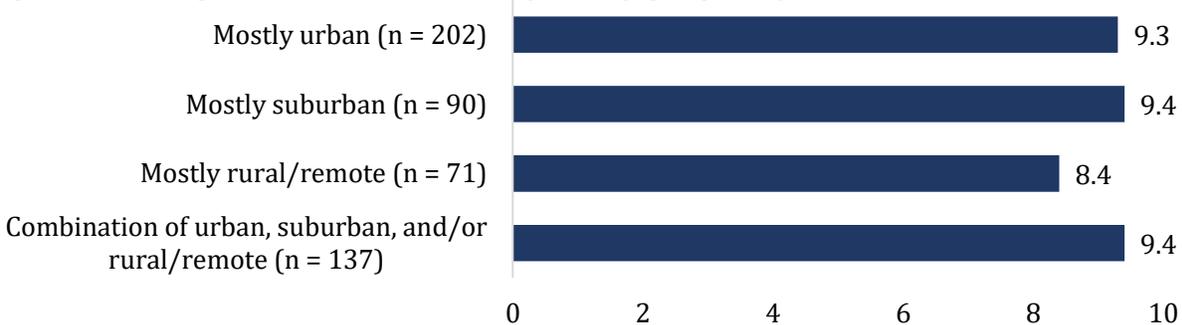
Figure 1. Average pay per hour by family geography (n = 494)



Benefits

Home visitors working in rural/remote areas reported having about 8 benefits available to them, on average, while those serving urban or suburban areas (or a combination of areas) were offered about 9 benefits (Figure 2) The difference between number of benefits for rural/remote home visitors and those working in suburban or a combination of areas was statistically significant.⁶

Figure 2. Average number of benefits by family geography (n = 500)



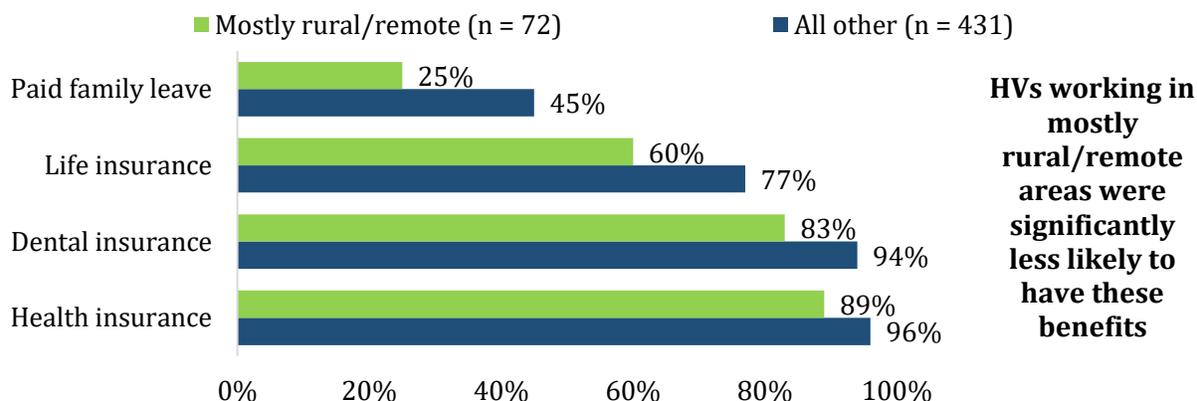
To further explore disparities in the availability of benefits, we examined which benefits are offered to home visitors who served mostly rural/remote communities compared to those working in other areas. As shown in Figure 3 on the next page, home visitors serving rural or remote areas were significantly less likely to have paid family leave (e.g., maternity leave), life insurance,

Only 25% of HVs working in rural/remote areas received paid family leave, vs. 45% of those in other areas.

⁶ Brown-Forsythe $f(3, 313.22) = 3.81, p = .01$; Games-Howell post hoc $p < .05$ for rural/remote vs. suburban and rural/remote vs. combination

dental insurance, and health insurance.⁷ For other benefits, there were no statistically significant differences by family geography.⁸

Figure 3. Significant differences in benefits offered by family geography

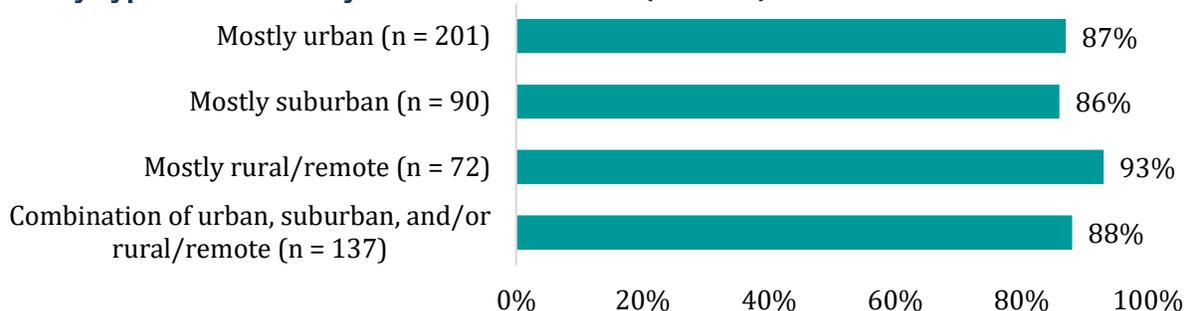


Given that home visitors working in mostly rural or remote areas were less likely than others to have health insurance, we also analyzed access to health care by geography. Those serving rural/remote areas were significantly more likely than others to report being unable to see a doctor because of cost or distance (28% vs. 17%, respectively).⁹

Intent to stay

Slightly more home visitors serving rural/remote areas intended to stay in their jobs for the next two years (93%) than did other home visitors (86%-88%), but this difference between groups was not statistically significant (Figure 4).

Figure 4. Percentage of home visitors who intend to stay in their jobs for the next two years by type of community home visitors serve (n = 500)



Notably, there were significant differences in the reasons home visitors stayed in their jobs. For example, those serving rural and remote areas were more likely to report that they stayed to help children and families (81% vs. 68%, respectively)¹⁰, which could suggest a strong sense of social

⁷ Paid family leave: $\chi^2(1) = 9.69, p = .002$; life insurance: $\chi^2(1) = 10.06, p = .002$; dental insurance: $\chi^2(1) = 10.69, p = .001$; health insurance: $\chi^2(1) = 6.71, p = .01$

⁸ There were no statistically significant differences for the following benefits: mileage reimbursement, disability insurance, tuition reimbursement, long-term care insurance, paid vacation days, vision insurance, retirement savings to which employer contributes, paid sick days, or paid professional development.

⁹ $\chi^2(1) = 5.21, p = .02$

¹⁰ To help children and families: $\chi^2(1) = 4.47, p = .03$

cohesion in rural/remote communities. At the same time, home visitors serving rural/remote areas were more likely to stay in their jobs because there no other jobs as good in their community (10% vs. 2%, respectively)¹¹, suggesting these home visitors may have a lack of opportunity to change jobs if desired.

Conclusions and Recommendations

Region X home visitors across rural/remote, suburban, and urban areas were similar in terms of their age, home visiting experience, and education. However, those working in mostly urban areas were more racially and linguistically diverse than home visitors working in other areas. Home visitors with mostly suburban caseloads were more likely to use the Nurse Family Partnership model, while those working in mostly rural or urban areas were more likely to use Parents as Teachers.

There was parity in home visitors' pay and intent to stay in their jobs across rural, urban and suburban areas. Although home visitors working in rural/remote areas were committed to helping children and families, they were more likely than other home visitors to plan to stay in their jobs because of a lack of other job opportunities in their communities.

Results showed geographic disparities related to benefits, with home visitors serving rural/remote areas being much less likely to have access to paid family leave. They also had less access to paid health insurance, dental insurance, and life insurance. While some of these home visitors may rely on a partner for health coverage, it appears that this does not fully bridge the gap, as more than one in four were unable to see a doctor because of cost or distance in the last year. These results are likely due to rural and remote communities having access to less funding and resources.

Overall, these results suggest that increased efforts to support health and wellness, as recommended in Brief #4 (e.g., health savings accounts, tele-health options) should prioritize home visitors who serve rural and remote areas within Region X.

In order to better understand differences in home visitors' experiences based on their rural, remote, suburban, and/or urban location, future studies of the Region X workforce should consider:

- Ascertaining where the home visitors live (along with the geography of their caseloads)
- Using standardized classifications for the type of community in which home visitors live/work (e.g., census designation of urban/rural by county)
- Gathering data to understand the resources and support that agencies have access to (e.g., their operating budget, federal funding, grants, etc.) This could potentially be gathered from program directors/managers.

¹¹ No other jobs as good in my community: $\chi^2(1) = 10.35, p = .001$.