

Iowa Family Support Workforce Well-Being
Coordinated State Evaluation Cohort 1 Evaluation Report

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Abstract

The Iowa Department of Public Health (IDPH) worked collaboratively with the Workforce Development Peer Network to implement the Coordinated State Evaluation (CSE) Plan. This evaluation bolstered long-standing evaluation and practice efforts targeted towards understanding and supporting the home visitation workforce. Through coordination with other states focused on workforce development, IDPH engaged in a deeper investigation into interventions and supports related to home visitor well-being.

This descriptive study examined factors related to home visitor well-being. Building on prior research that suggests home visitor well-being is impacted by a variety of intrinsic and extrinsic factors, Iowa conducted a mixed-methods approach to gathering data to best describe these experiences. Quantitative data analysis was used to examine the relationship of workplace factors to the overall well-being of home visitors and supervisors. An awardee-developed survey was used in conjunction with validated measures to gather demographic-specific details of participants and assist in a deeper understanding of workforce characteristics. Additionally, interviews were conducted to gather supplemental information on the perceptions of Performance and Education Yields Success (PAEYS) an Iowa-specific performance incentive. The results examine the relationship this resource has with workforce well-being. Descriptive phenomenology was used to provide a rich and illustrative overview of the phenomena associated with experiences of participants engaging or not engaging in PAEYS.

A. Purpose

The purpose of this evaluation was to identify characteristics of the Iowa workforce and better understand what supports are indicative of greater well-being, engagement, and retention. Iowa utilized an evaluation approach that identified what workforce supports are needed, under what conditions, and for whom. This approach is supported by the theory of precision home visiting and will inform ongoing efforts to strengthen the workforce. Iowa's CSE plan proposed a deeper investigation into interventions and supports that are necessary to boost home visitor well-being, engagement, and retention. Additionally, this evaluation included a focus on understanding the characteristics of home visitors in Iowa, so as to inform future evaluation needs.

This evaluation aimed to better understand issues related to workforce well-being, so that retention supports could be more robust, therefore reducing the number of families that are ending services prematurely. Since 2017, IDPH has worked to implement several supports to enhance the workforce and incentivize staff, with the ultimate goal of family retention. Among these efforts are implementation of mental health consultation and other workforce supports for MIECHV funded home visitors, including a pay-based incentive called Performance and Education Yields Success (PAEYS). In 2021, qualitative Iowa workforce data was collected and analyzed to identify key intrinsic and extrinsic motivators that led to home visitor retention. This work identified external factors such as supervisory support, flexibility, and level-setting of workplace expectations, as well as internal factors such as mindset, hopefulness and well-being as critical motivators in home visitor retention (Plagge, 2021). The results of this evaluation aim to further investigate these concepts through validated measurement tools, which address gaps in the current understanding of factors that are associated with well-being and retention.

In coordination with Kansas, New Jersey, Oregon, and Montana, Iowa utilized the CSE Peer Network common agenda, which includes use of the conceptual model of professional well-being (Figure 1) developed by the Supporting and Strengthening the Home Visiting Workforce Project. This model includes four dimensions of home visitor professional well-being (pictured in blue); job satisfaction, psychological well-being, job meaning and fulfillment, and self-efficacy and confidence. Using these dimensions of home visitor professional well-being, this evaluation focused on identifying specific factors

that are critical for overall well-being. Coordination and partnership with other states in the network is outlined in the discussion.

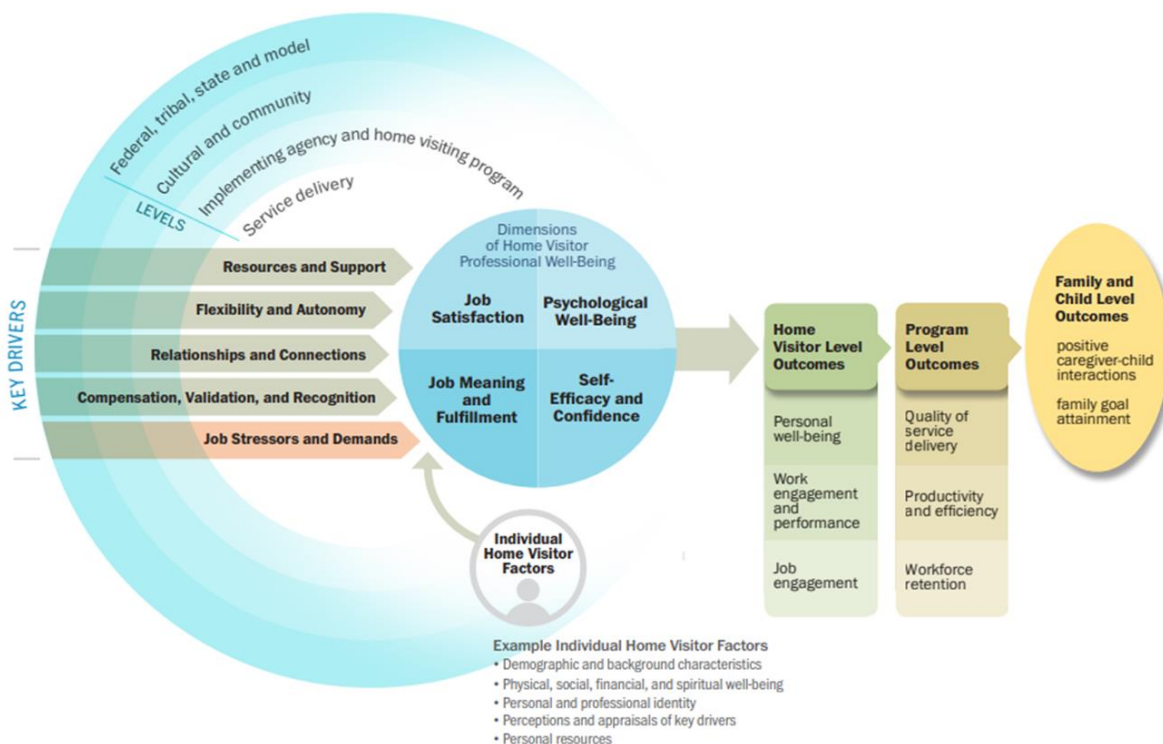


Figure 1.

B. Evaluation Questions

EQ1: What are the characteristics of home visitors and supervisors in Iowa?

This evaluation question was specific to characteristics of the Iowa home visiting workforce and will inform priorities for future years of the CSE. Iowa collaborated with other states in the Network to identify core demographic and characteristic data points that could be aligned to build a larger pool of data.

EQ2: Among home visitors in Iowa, what workplace factors are associated with dimensions of home visitor professional well-being?

This evaluation question was similar to questions being asked in other CSE Workforce Evaluations and utilized consistent measurement tools for which data can be combined and analyzed further. Specific measurement alignment across the network was identified prior to data collection activities. Refer to Tables 1 and 3 for more information on data collection and constructs that contributed to answering this question. To better understand the results, Iowa disaggregated data by the following subgroups to identify significant differences: age, tenure in home visitation, rurality, and income.

EQ3: For Iowa home visitors, how is receiving a PAEYS incentive associated with turnover intention and well-being, compared with not receiving a PAEYS Incentive?

This evaluation question was specific to a workforce initiative that is provided to MIECHV home visitors in Iowa. Other CSE participants have expressed interest in this initiative and may use the results

to inform implementation of a similar incentive within their states. Iowa utilized the results to determine perceptions of the incentive, particularly as they relate to turnover retention, supporting a livable base wage, and home visitor well-being.

C. Method Summary

1. Design and Data/Measures

Iowa utilized a quantitative approach to answering EQ 1 & 2, using survey questionnaires. EQ1 focused on obtaining updated information about the Iowa home visiting workforce. Results were disaggregated by the following subgroups to identify significant differences and potential target areas for future intervention: age, tenure in home visitation, rurality, and income.

Iowa had a specific interest in better understanding four main constructs related to EQ2. These constructs were professional well-being, workplace factors, workforce engagement, and turnover intention. EQ2 specifically looked at factors associated with professional well-being, workforce engagement, workplace fit, and turnover intention. Data for these characteristics was collected through a survey tool using validated measures outlined in Table 1.

Finally, a qualitative approach was used to answer preliminary questions associated with EQ3. Results articulate perceptions of home visitor well-being as it is related to Performance and Education Yields Success (PAEYS). PAEYS is a quarterly cash incentive that is earned through a combination of performance measures, such as data completion, and educational attainment. PAEYS has several tiers, which can provide as much as \$4,000 a year in incentives at the time of data collection. Using qualitative methods, the evaluation team gathered more information about the tiers, the perception of this incentive in supporting a livable wage, as well as the relationship to overall well-being. Qualitative data was not linked with quantitative data collected from survey tools associated with EQ1 & 2 due to small sample size. Table 1 describes the constructs, data type, data sources, and instruments that were utilized in the evaluation.

Data sources, collection procedures, and schedule:

Iowa utilized the existing Home Visitor Expert Panel in year one as a focus group to vet and provide feedback on survey and interview development. An online Qualtrics survey was distributed via email to all home visitors and home visiting supervisors during year two. In addition, the team identified home visitors for interviews in the second year. In year three, the focus turned to data analysis and collaboration with the peer network for dissemination planning. Finally, the evaluation team conducted focus groups with home visitors in year three to further assist analysis and findings from data collection activities.

Iowa coordinated with other states in the CSE Network when designing surveys, choosing validated measurement tools, and implementing a data collection schedule. In particular, Iowa was most aligned with Kansas utilizing most of the same tools and survey design. At this stage, data has not been aggregated or shared, but there are opportunities for continued partnership and data analysis in the future due to the similarity of design and measures.

Tables 1 & 2, located in Appendix A, summarize the data collection activities by year.

2. Analysis

EQ1: What are the characteristics of home visitors and supervisors in Iowa?

Descriptive analysis provided a demographic picture of home visitors in Iowa. Descriptive statistics that were generated included: mean, median, standard deviation, frequencies, and percentages. Validated tools

were scored and categorized according to the methodology outlined in Table 3, located in Appendix A. For validated tools with missing data, person-median imputation was used. Additional disaggregation was completed for the following subgroups: age, tenure in home visitation, rurality, and income. The disaggregation was accomplished by conducting Chi-Square tests (or Fisher's Exact tests if expected counts were low).

EQ2: Among home visitors in Iowa, what workplace factors are associated with dimensions of home visitor professional well-being?

Mann-Whitney U tests utilizing the normal approximation with continuity correction were used to determine initial correlation between validated tool scores and workplace or demographic factors. A nonparametric test was chosen to account for tool scores not being considered continuous values. Based on Mann-Whitney U results, certain factors and validated tools were chosen for additional analysis with chi-square tests (or Fisher's Exact Tests if expected counts were low). This methodology allowed evaluators to determine the magnitude of association by generating prevalence ratios for a given factor and tool, without over-testing for every factor.

EQ3: For Iowa home visitors, how is receiving a PAEYS incentive associated with turnover intention and well-being, compared with not receiving a PAEYS Incentive?

Evaluators utilized a descriptive phenomenological approach to analyze qualitative data from participant interviews. To protect confidentiality and eliminate perceived bias due to the evaluation lead initially working at IDPH during the time of data collection, a contracted third party was engaged to conduct and collect data for all interviews. Interviews were then transcribed using an external transcription service. Pseudonyms were provided for all interview participants. Any disclosure of confidential information about location, agencies, other places that could be identified, clients or families, or home visitors themselves, was de-identified and replaced with pseudonyms.

The evaluation lead coded interview responses into units of meaning, each representing specific examples that are crucial to accurately describe the phenomenon. The evaluation team reviewed these codes and further classified units of meaning into themes to provide a rich and descriptive overview of the phenomena associated with experiences of participants engaging or not engaging in PAEYS. To best understand how perceptions about PAEYS are related to turnover intention and well-being, the interview data was contextualized with data from the survey related to income perception.

3. Sample Characteristics

Samples from both qualitative and quantitative measures reflect a convenience sample. All home visitors and supervisors in Iowa that were funded through federal MIECHV funds, federal Early Head Start Funds, and state funds such as Early Childhood Iowa, Healthy Families Iowa, and Shared Visions, were invited to participate in data collection related to EQ 1 & 2. Online surveys were conducted to gather workforce demographic data as well as well-being and engagement characteristics. Approximately 400 home visitors and 100 supervisors between all funding sources in Iowa were invited to complete the initial survey. A total of 276 individuals completed the survey, indicating a 55% response rate.

Specific to EQ3, participants in the sample were identified through a question on the survey, which asked for voluntary interview participants. At the time of the survey, there were approximately 45 home visitors in Iowa that qualified for PAEYS supports. Our target for interviews was 12 participants (26% of the population), stratified by group (4 per group). Our actual total of interview participants was 10 individuals. Performance and Education Yields Success (PAEYS) is a performance-based incentive available to some home visitors within the state of Iowa. PAEYS is available and voluntary for MIECHV and HOPES-HFI (state funded) home visitors and provides a monetary incentive to those that have

achieved various levels of education and performance requirements. To be eligible for PAEYS, home visitors for MIECHV or HOPES-HFI programs must work at least 10 hours (.25 FTE), maintain a caseload of at least three families, be employed in this role for a minimum of 90 days, remain employed and meet established educational benchmarks, and meet 85% of required data points for the quarter. Home visitors can earn between \$1,200 to \$4,700 a year when participating in PAEYS, depending on their level on the PAEYS scale. While most MIECHV home visitors are signed up for PAEYS, there is a small percentage of MIECHV home visitors that do not meet performance requirements or do not sign up for the incentive at all. There are additional non-MIECHV funded home visitors within these agencies that are not eligible for PAEYS, due to the funding stream under which they work.

Interview participants included home visitors that received PAEYS (N=4), were eligible but did not receive PAEYS (N=2), as well as those that were not eligible to receive PAEYS (N=3). Home visitors in the group not eligible to receive PAEYS were employed within agencies that do provide PAEYS support, but only to MIECHV home visitors. Individuals that were not eligible were non-MIECHV home visitors and were paid using a different funding stream.

D. Results

1. Key Findings Summary Table

Demographic Analysis	- The Iowa home visiting workforce has low demographic variability, is generally well educated and experienced, but nearly 70% of HVs reported their salary does not meet their basic needs - While well-being is generally moderate to high, nearly half of home visitors are at risk of distress.
Workplace factors that impact well-being	Supports such as mental health consultation, accessible professional development, well-being resources, flexible work, and group supervision significantly reduce burnout and turnover intention.
Perceived Impact of PAEYS Initiative	PAEYS incentives improve mood and retention, but do not fully address low base wages or workload stressors, leaving structural pay gaps as the primary challenge.

2. Detailed Results

EQ1: What are the characteristics of home visitors and supervisors in Iowa?

Demographics:

Overall, about 90% of the home visitors (HVs) and supervisors working in home visiting across Iowa worked full-time. Among HVs, 45% had 5 or less years of experience in home visiting, while 30% had over 10 years of experience. Almost two-thirds of HVs and supervisors had a Bachelor's degree and a quarter of supervisors had a Master's degree. The most common degree among HVs was in education (20%) and the second most common degree was psychology (17%). Most HVs and supervisors identified as White (89% and 94%, respectively) and Non-Hispanic or Latino (92% and 92%, respectively). Only 4% of HVs and supervisors identified as male. 70% of HVs were married or partnered, while 83% of supervisors were married or partnered. Parenting status among HVs and supervisors also varied (81% and 93%, respectively).

Evaluators were particularly interested in income of HVs and supervisors. More than half of the workforce earned a gross income of less than \$50,000/year. The survey did not ask if staff were paid

hourly or were salaried, instead it asked respondents to identify annual gross income. Income was further examined by age, tenure, and rurality, to determine if these demographic factors suggested potential areas for further exploration or additional prioritization of supports. The median gross income for full-time home visitors (FT HV) (N=146) was \$37,000. Full-time supervisors' median gross income was \$52,500 (N=74). For the following data, a threshold of \$18/hour was identified as a baseline following a statewide wage recommendation from Iowa Family Support Leadership Team. FT HVs aged 18-35 had a 40% lower prevalence of making at least \$18/hour, compared to those 36-50 (P=.018). By tenure, FT HVs with 11-20 years of experience experienced 2.2 times greater prevalence of making at least \$18/hour compared to those with 3-10 years of experience (P=.0024). Whereas, FT HVs with 21+ years of experience only experienced 2 times the prevalence of earning at least \$18/hour (P=.0067). By rurality, FT HV living in rural areas experienced 25% lower prevalence of making at least \$18/hour than those living in non-rural areas, though this was not statistically significant (P=.091).

To better understand income, evaluators also asked about income perception. When asked, "Do you believe your salary meets your basic needs?" 64% of supervisors responded "yes," while only 31% of home visitors answered in the affirmative. On average, FT HVs who perceived that their salary was sufficient to meet their basic needs made \$23/hour. The most experienced HVs experienced perception of a sufficient salary 80% more of the time than HVs with 3-10 years of experience (P=.029). Finally, FT HVs who made at least \$18/hour had 2.3 times the prevalence of perceiving their salary as sufficient as those earning less (P=.0007).

Validated Tools:

Detailed demographic information and scores for each tool can be found in Appendix A.

Professional Well-being

Professional well-being as measured by the PERMA demonstrated that among both HVs and supervisors, *Overall well-being* is moderate to moderately high. The highest subscale score on the PERMA was *Meaning* with supervisors scoring slightly higher than HVs, 8.1 and 7.9, respectively, on a ten-point scale. On the WBI, almost half of HVs were deemed *at risk of distress* leading to a personal or professional consequence, while 39% of supervisors were *at risk of distress*. MBI revealed that across HVs and supervisors, there were on average, low levels of *emotional exhaustion* and *depersonalization*, while both groups experienced moderate levels of *personal accomplishment*. Professional well-being varied by age of HVs. Compared to the referent group of HVs aged 36-50 years, older HVs (aged 51+ years) experienced a 47% decreased prevalence of being *at risk of distress* (P=.0012), increased levels of *compassion satisfaction* (P=.0097), and a 50% decreased prevalence in *burnout* (P=.0046). Younger home visitors (18-35 years), compared to home visitors aged 36-50 years, experienced a 36% decreased prevalence of being *at risk of distress* (P=.018) and a 40% decreased prevalence of *burnout* (P=.04).

Analysis related to professional quality of life found that among HVs and supervisors, almost exclusive moderate to high levels of *compassion satisfaction*. About two-thirds of the workforce experienced low levels of *burnout*, and approximately three-quarters experienced low levels of *secondary traumatic stress*. Newer home visitors (0-2 years of experience) experienced 47% decreased levels of *compassion satisfaction* (P=.0009) compared to home visitors with 3-10 years of experience. More experienced home visitors (21+ years of experience) experienced 58% increased levels of *burnout* (P=.11) and 2.4 times the prevalence of moderate levels of *secondary traumatic stress* (P=.016) compared to home visitors with 3-10 years of experience.

Workplace Factors

The AWS measures one's match or fit with different domains in the workplace. This evaluation found that among the six subscales measures on the AWS, the highest level of match with workplace factors for HVs and supervisors were *fairness* (82%), *values* (80%), and *control* (77%). The lowest levels of match were found in areas of *workload* (60%), *reward* (60%), and *community* (74%). HVs experienced less match with *control* compared to supervisors (74% and 85%, respectively). HVs who lived in rural zip codes experienced differences in match with various factors in the workplace. Rural HVs experienced 2.2 times the prevalence of mismatch with *fairness* ($P=.0354$) and an 80% increased prevalence of mismatch with *community* ($P=.052$). Additionally, older HVs (aged 51+ years) compared to HVs aged 36-50 years, demonstrated an increased match with *community* ($P=.088$), *fairness* ($P=.14$), and *values* ($P=.15$) in the workplace, though these were not statistically significant. Younger home visitors (18-35 years), compared to home visitors aged 36-50 years, experienced a 59% decreased prevalence in mismatch with *workload* ($P=.0024$) and a 42% decreased prevalence of mismatch with *fairness* ($P=.062$).

Another important workplace factor was supervisory support. When HVs were asked questions about the support they received from their supervisor, average scores were categorized into *perceived support* from their supervisor or *no perceived support* from their supervisor. 85% of respondents perceived support from their supervisor. Whereas, when supervisors were asked about support they received from their superior or organization, only 59% perceived support. Older home visitors (aged 51+ years) experienced an 86% decrease in not perceiving support from a supervisor compared to HVs aged 36-50 years ($P=.0007$).

Work Engagement

Work engagement is defined in three domains by the UWES: *vigor*, *dedication*, and *absorption*. Overall, more than three-fourths of HVs and supervisors were at least moderately *vigorous* in their job. Only 6% of the workforce experienced low levels of engagement in the *dedication* and *absorption* domains. Contrasting work engagement based on role, HVs were slightly less *vigorous* than supervisors. Additionally, HVs were more moderately *dedicated* than supervisors (48% and 39%, respectively), but supervisors were more highly *dedicated* than HVs (54% and 46%, respectively).

Turnover Intention

In the overall sample, the percentage of the workforce intending to stay in their job was 73%. This percentage was slightly lower for HVs at 71%, and slightly higher for supervisors at 77%. When compared to the referent group of home visitors aged 36-50 years, older home visitors (aged 51+ years) experienced a 43% decreased prevalence in *intention to leave* ($P=.06$).

EQ2: Among home visitors in Iowa, what workplace factors are associated with dimensions of home visitor professional well-being?

The workplace factors that were found to be associated with dimensions of HV professional well-being include: *sufficient mental health consultation*, *professional development*, *well-being resources*, *remote work*, and *group supervision*.

Mental Health Consultation

The results indicated that while access to mental health consultation (MHC) alone was not associated with professional well-being, perceived sufficient MHC was associated with professional well-being. HVs who perceived sufficient MHC experienced 60% decrease in *intention to leave* ($P=.0037$), 41% decrease in being at *risk of distress* ($P=.016$), 42% decrease in moderate levels of *burnout* ($P=.043$), 37% decrease in mismatch with *workload* ($P=.058$), 66% decrease in mismatch with *fairness* ($P=.021$), 57% decrease in mismatch with *values* ($P=.011$), and increased levels of *vigor* ($P=.025$).

Professional Development

Professional development (PD) opportunities were associated with increased HV well-being. PD in general was associated with decreased levels of high *burnout* due to *personal accomplishment* ($P=.012$), 61% decreased *control* mismatch ($P=.0002$), 58% decreased *reward* mismatch ($P<.0001$), 53% decreased *community* mismatch ($P=0.0049$), 73% decreased *fairness* mismatch ($P<.0001$), 62% decreased *values* mismatch ($P=.0009$), and 74% decreased *no perceived supervisor support* ($P<.0001$). The evaluation also found positive well-being associations with organizations who provided funds for PD, release time for PD, in-services, orientation, financial support for certification, endorsement, credential, or licensure, and training support for credentialing processes. Organizations who provided funds for PD were associated with 39% decrease in HVs' *intention to leave* their position ($P=.047$).

Well-being Resources

Organizations who provided education and resources on burnout, vicarious trauma, and self-care, counseling, mental health days, and organizations who consistently promoted self-care practices were associated with a decrease in poor well-being outcomes. HVs who were provided education and resources on burnout, vicarious trauma, and self-care had decreased levels of high burnout related to *personal accomplishment* ($P=.031$), 61% decreased *control* mismatch ($P=.0011$), 37% decreased *reward* mismatch ($P=.018$), 56% decreased *community* mismatch ($P=.0036$), 72% decreased *values* mismatch ($P=.0003$), and 55% decreased *intention to leave* ($P=.0032$). Those who had access to mental health time off compared to those who didn't experienced 82% decreased *community* mismatch ($P=.027$), 64% decreased *intention to leave* ($P=.076$), and 20% decreased *no perceived supervisor support* ($P=.081$). Finally, when organizations consistently promoted self-care practices for HVs, they experienced 61% decreased *control* mismatch ($P=.0005$), 40% decreased *reward* mismatch ($P=.019$), 61% decreased *community* mismatch ($P=.0005$), 73% decreased *fairness* mismatch ($P=.0002$), 72% decreased *values* mismatch ($P<.0001$), 55% decreased *intention to leave* ($P=.0023$), and 64% decreased *no perceived supervisor support* ($P=.017$).

Remote Work

Organizations who provided opportunities for remote work and flexible scheduling were associated with improved HV outcomes. Remote work was found to be associated with decreased levels of high burnout due to *personal accomplishment* ($P=.023$), 52% decreased *control* mismatch ($P=.0047$), 49% decreased *fairness* mismatch ($P=.049$), 67% decreased *perceived supervisor support* ($P=.0013$), and 59% decreased *intention to leave* ($P=.0002$). Additionally, flexible scheduling was associated with a 59% decreased *control* mismatch ($P=.015$).

Group Supervision

HVs whose supervisors provided at least monthly group supervision or case review had better outcomes associated with workplace supports. These HVs experienced 32% decreased *reward* mismatch ($P=.047$), 46% decreased *community* mismatch ($P=.018$), and 47% decreased *values* mismatch ($P=.030$) in their workplace.

EQ3: For Iowa home visitors, how is receiving a PAEYS incentive associated with turnover intention and well-being, compared with not receiving a PAEYS Incentive?

To further contextualize results related to income and the perception of pay, as well as examine connections to a concrete income support (PAEYS), interview data suggested some key themes related to participation in the program, issues in base salaries, well-being, and retention.

The following themes emerged through interview analysis:

Low Base Wages

“My base wage usually covers bills, but not unexpected expenses or fun {quality of life} things.”

“I couldn't work in this field if my husband didn't make enough money. I took a pay cut to do this work.”

A low base wage was consistently identified as the major motivation for participation in PAEYS. The majority of interview participants indicated that their base salary was not enough on its own and identified PAEYS as a benefit for securing additional cash. Additionally, respondents indicated that they would not be able to sustain their income unless otherwise supported by a partner who also works.

Impact on Well-being

“I was feeling burnt out right before the last check and the boost in pay {and the American Rescue Plan Act retention bonus} really boosted my mood and well-being. It feels like people are noticing my impact.”

Issues in low base wages and perceptions of income contributing to personal, relational, and general stress of home visitors were identified by participants. Home visitors described a “constant negative stress” impacting their well-being due to ongoing and consistent worry of not being able to afford their bills. Some respondents indicated they had been asked by a spouse or partner to look for other, better-paying positions, and felt additional stress on their well-being due to the passion they have for the work. Receiving a PAEYS incentive was identified as a buffer to stress and burnout.

Impact on Retention

“Yes it {base wage} has impacted my decision {to stay} at times. I enjoy what I am doing and love my job but need more money.”

“{To stay in the field it's important to have} a salary that shows that what I do is important. I have stayed; committed to a job/agency for many years—{it} shows that my career is viewed as important.”

Based on the results, PAEYS appears to be positively connected to decision making around retention. Respondents that were not earning PAEYS were more likely to be thinking about leaving their jobs or looking for other work, compared to PAEYS earners. For those earning PAEYS, the incentive felt like validation of the good work they were doing. Earners who had two or more incentives in a year all indicated that PAEYS helped them stay in their position.

Frustrations and Considerations

“I have been with the agency since 2007 and a new person will make just as much as me. It {salary} is not sufficient for the work I do and the lifestyle I lead.”

Home visitors frequently remarked on the general stressors of the job and their perceptions of income, which aligns with the survey question result indicating 69% of full-time home visitors perceived their income as insufficient. Issues such as program budget cuts, perceived high caseload sizes, perceived low client engagement, and pushback from upper management were identified as common stressors for the workforce. While it appeared that PAEYS helps to buffer these frustrations, there was general discord noted from home visitors related to fairness of the system as new staff join. As indicated by the quote above, there is a feeling that more tenured home visitors “deserve” better compensation.

E. Discussion

1. Interpretation of findings

i. State Specific Program Evaluation Discussion

Overall Demographic and Well-being Results

Iowa's home visiting workforce is well-educated, highly experienced and mission-driven, but faces structural vulnerabilities that could undermine stability in retention, reflective of other major studies in this area (Avellar & Supplee, 2013; Duggan et al., 2018; Landsman, 2017). Despite strong educational credentials and tenure, wages are often below \$50,000 and a majority of home visitors do not feel their pay meets their basic needs. This could lead to financial pressure, compounded by factors such as rurality and age-related disparities in wage attainment, specifically creating barriers to recruitment and retention in geographically hard to reach, underserved areas. While overall well-being is moderate to high, indicating a workforce with a steady sense of purpose, nearly half of home visitors remain at risk of distress, and patterns of burnout and compassion satisfaction vary by career stage. Mid-career staff and those with very long tenure appear most vulnerable, while new hires may struggle to find fulfillment early on. These results are consistent with findings suggested early-stage role stress and emotional exhaustion or workload-reward imbalance (West et al., 2018). Workplace climate shows strengths in fairness and values, but weaknesses in workload and reward, with rural staff reporting greater mismatch. Together, these findings suggest that pay and workload misalignment are the primary stressors the workforce is facing. Addressing compensation, tailoring supports for specific subgroups (i.e. new HVs' lower compassion satisfaction; very experienced HVs' higher burnout; rural fairness/community mismatch), and reinforcing organizational practices that promote fairness and flexibility are critical to sustaining a high quality and stable workforce.

Factors that Impact Well-being:

Several organizational practices stand out as powerful levers for improving well-being and retention of the workforce. Robust professional development, especially supported with funding and release time, correlates with better alignment on fairness, values, and community, as well as greater perceived supervisory support. Well-being resources, such as self-care education, consultation, and agency-provided mental health days further reduce burnout and intention to leave. Flexible work options and the ability to work remotely also show clear benefits, while regular group supervision strengthens team cohesion and value alignment. Perceived organizational support and reflective supervision have been noted in reducing burnout and enhancing professional quality of life (Eaves et al., 2022; Rhoades & Eisenberger, 2002). However, supervisors in particular indicated lower perceived support from their superior or organization, indicating there may be an additional support gap based on role. Collectively, these findings suggest that targeted, high-quality supports can meaningfully buffer stress and reinforce organizational fit. Investing in these strategies is not only feasible, but essential for the well-being of the workforce.

Perceived Impact of PAEYS and a Blueprint for Tangible Supports:

Analysis of the PAEYS program suggests that HVs perceive income support as a stress buffer and retention support. PAEYS recipients describe improved mood and well-being, as well as a sense of validation for their work. Conversely, those not earning PAEYS more often consider leaving the field. HVs who received two or more incentives in a year consistently report PAEYS helped them stay. However, participants still describe low base wage as the core issue. Program budget cuts, high caseloads, and low client engagement add to stress, but do not impact feelings around retention in the same way as pay. While PAEYS is beneficial and helps address base wage, it doesn't fully offset structural pay and workload problems.

ii. Coordination of Peer Network

Iowa participated in coordination of this evaluation in partnership with Kansas, Oregon, Montana, and New Jersey. Each individual state had a specific lens through which they examined factors associated with workforce well-being, but many utilized similar tools and definitions. Iowa was most aligned with Kansas in terms of survey development and selection of tools. Overall, findings across states were broadly aligned in identifying burnout as a key component of psychological well-being and in recognizing impactful organizational factors (workload & supervisory support). Like others, we defined psychological well-being used validated tools (PERMA, WBI, MBI, ProQOL5), and found that organizational factors played an important role in staff well-being. States agreed that home visitors were moderately well overall, but a significant proportion were at risk for distress. These themes were consistent with states like Kansas and Oregon, which also found mixed levels of well-being and highlighted workload and organizational culture as influential factors.

However, there were some differences. In particular, Iowa focused on descriptive analysis of each tool. Unlike Kansas and Oregon, who examined the association between psychological well-being and retention and turnover. This limited Iowa's ability to compare specific findings in that area. Additionally, while other states emphasized burnout as the strongest predictor of turnover intentions, Iowa could not confirm that result. In general, Iowa home visitors did not have high levels of burnout. These differences likely stem from technical and contextual factors, such as our evaluation priorities, tool selection, available data, and analytic approach. In particular, workforce characteristics unique to our state may have been a factor in these results as well.

While there was general alignment and agreement, some inconsistencies can be accounted for in variations of evaluation design, timing, and resources. For example, New Jersey has a large evaluation team and was able to conduct a multi-phase study, so they were able to explore broader associations, while Iowa focused on actionable indicators like caseload thresholds or other organizational supports. These differences underscore the importance of tailoring evaluation strategies to local needs, while continuing to share insights across states and maximizing opportunities for collective learning.

2. Study limitations:

IDPH collected administrative and survey data collection from a pool of all home visitors in Iowa, including those funded by IDPH MIECHV, IDPH HOPES, as well as other state and federal home visiting funding which were not directly managed or contracted by IDPH. Therefore, coordination and recruitment of other state and federally funded home visitors and supervisors, beyond those funded by MIECHV, was a limitation to this evaluation. With the addition of focus groups to formulate additional survey and interview questions, buy-in with the evaluation project appeared to be higher than previous years. Additionally, there were challenges in capturing the nuances of well-being as it relates to turnover retention. As there was limited administrative data available on actual turnover rates.

3. Implications and lessons learned:

Ultimately, the purpose of this evaluation was to identify characteristics of the Iowa workforce and better understand what supports are indicative of greater well-being, engagement, and retention. Several implications for the field were uncovered:

- Retention risk is structural, not motivational. The home visitor workforce is committed and well-qualified, but low wages and perceived pay insufficiency create financial strain that threatens stability. This is especially present in rural areas and among younger staff.
- Well-being is uneven across career stages. When compared to mid-career staff, highly tenured staff show greater vulnerability to burnout and secondary traumatic stress, while new hires struggle with low compassion satisfaction. This means retention strategies must be differentiated based on the tenure of staff.
- Organizations can directly impact well-being. Supports like professional development, mental health consultation, well-being resources, flexible work, and group supervision are strongly associated with better well-being and lower turnover intention. These are actionable and cost-effective compared to the cost of turnover.
- Incentives help but don't solve base pay issues. PAEYS provides meaningful short-term relief, but cannot fully offset systemic wage gaps or workload stressors. Without addressing base pay, agencies risk losing staff despite incentive programs.

Retention in the field has many factors, and some of those were captured in this evaluation. Organizations should work to address pay, workload, and organizational climate, as focusing on just one of these factors may not address all of the elements that promote retention.

4. Use and dissemination:

IDPH has shared and anticipates continued sharing of de-identified results with other states within the peer network for the purpose of shared learning, additional interpretation, and dissemination. In particular, we hope that the use of several shared measures across the CSE network will allow for deeper coordination in future CSE work. IDPH will continue working with HRSA appointed TA staff to share learnings across peer networks and maximize the collective impact of CSE work geared toward understanding the home visitation workforce in its entirety.

Results from this evaluation will be used to drive changes to practice, such as different approaches to supervision and/or agency supports that will lead to improved well-being outcomes within the workforce. Iowa also anticipates using results to frame recommendations for home visitor and supervisor professional development. IDPH anticipates prioritizing professional development opportunities that are relevant in addressing the issues in practice and recommending changes to better support well-being for local home visiting agencies.

IDPH evaluators plan to share data and findings of the evaluation results with participating agencies and other stakeholders. In particular, evaluators will share results with the Iowa Family Support Leadership Group, which is a group of state and local level administrators which guide family support practices in Iowa. Additionally, IDPH plans to engage in shared learning and interpretation of data with regional and national partners during grantee calls, ongoing peer networks, meetings with HRSA federal project officers, as well as state and national conferences. Written and verbal reports will be created and disseminated. The following table outlines completed dissemination efforts:

Product/Venue	Date	Audience	Format
2023 Smart Start Conference	April 2023	LIAs, home visitors, model representatives, community partners	Conference session
2023 Parents as Teachers National Conference	October 2023	LIAs, home visitors, model representatives, community partners	Conference session

Journal article submission (under review with Youth Services Review)	July 2025	LIAs, home visitors, model representatives, community partners, broader home visiting field	Written article
2025 Parents as Teachers National Conference	October 2025	LIAs, home visitors, model representatives, community partners	Pre-conference session
2025 AGM Meeting	November 2025	LIAs, home visitors, model representatives, community partners	2 sessions with other CSE participants

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Appendix A - Tables

Table 1: Data Constructs and Instruments

Constructs	Data type	Data Source	Instruments	Target Population
Demographics and Characteristics	Primary	Awardee Developed Questionnaire	Demographics and Characteristics Questionnaire	All HVs and Sups
Professional Well-Being	Primary	Validated Measure	Workplace PERMA Profiler	All HVs and Sups
Professional Well-Being	Primary	Validated Measure	Mayo Clinic Well-Being Index	All HVs and Sups
Professional Well-Being	Primary	Validated Measure	Maslach Burnout Inventory-HSS	All HVs and Sups
Professional Well-Being	Primary	Validated Measure	Professional Quality of Life Measure (ProQOL-5)	All HVs
Workplace Factors	Primary	Validated Measure	Areas of Worklife Survey	All HVs and Sups
Workplace Factors	Primary	Validated Measure	Survey of Perceived Organizational Support - Supervisor-4 (HVs) and SPOS-8 (Sups)	All HVs and Sups
Engagement	Primary	Validated Measure	Utrecht Work Engagement Scale (UWES-9)	All HVs and Sups
Turnover Intention	Primary	Validated Measure	Turnover Intention Scale (TIS-6)	All HVs and Sups
Turnover	Secondary	Admin Data	N/A	All HVs and Sups
PAEYS Participation	Primary Secondary	Interviews Admin Data	Interview guide N/A	Subset of HVs and Sups All HVs and Sups

Note: Home Visitors abbreviated as HVs; Supervisors abbreviated as Sups

Table 2: Summary of Methods

Evaluation Questions	Measure(s)	Data Collection Activity	Data Source	Frequency	Sample Size
What are the characteristics of home visitors and supervisors in Iowa?	Demographics and Characteristics Questionnaire	Online Survey	Awardee developed questions	Once (Y2)	276
Among home visitors in Iowa, what workplace factors are associated with dimensions of home visitor professional well-being?	AWS Workplace PERMA WBI MBI ProQOL_5	Online Survey	Validated Measures	Once (Y2)	276
For Iowa home visitors, how is receiving a PAEYS incentive associated with turnover intention and well-being, compared with not receiving a PAEYS Incentive?	Awardee-developed Survey Questions Interview Guide	Online Survey Audio Recording	Awardee developed questions Interviews	Once (Y2)	276 10

Table 3: Validated Tools Scoring and Categorization Methodology

Validated Tool	Scoring	Categorization
Workplace PERMA Profiler	- Positive Emotion: P = mean(P1,P2,P3) - Engagement: E = mean(E1,E2,E3) - Relationships: R = mean(R1,R2,R3) - Meaning M = mean(M1,M2,M3) - Accomplishment A = mean(A1,A2,A3) - Overall Well-being PERMA = mean(P1,P2,P3,E1,E2,E3, R1,R2,R3, M1,M2,M3, A1,A2,A3,happy) - Negative Emotion: N = mean(N1,N2,N3)	No categorization.

	• Health = H = mean(h1,h2,h3) • Loneliness Lon (single item)	
Mayo Clinic Well-Being Index (WBI)	Sum points from each item • Items 1-7: 1 point assigned for “Yes”, 0 point assigned for “No” • Item 8 ○ Response option 1 or 2: +1 point ○ Response option 3 to 5: 0 point ○ Response option 6 or 7: -1 point • Item 9 ○ Disagree to strongly disagree: +1 point ○ Neutral: 0 point ○ Agree to strongly agree: -1 point	• ≥ 2: at risk of distress • < 2: not at risk of distress
Maslach Burnout Inventory- HHS (MBI)	Likert scale responses range from 0 (never) to 6 (always/every day). • Emotional Exhaustion: mean(items 1, 2, 3, 6, 8, 13, 14, 16, 20) • Depersonalization: mean(items 5, 10, 11, 15, 22) • Personal Accomplishment: mean(4, 7, 9, 12, 17, 18, 19, 21)	Sum scores instead of calculating mean. • Emotional Exhaustion ○ ≥ 27: high burnout ○ 19 – 26: moderate burnout ○ 0 – 18: low burnout • Depersonalization ○ ≥ 10: high burnout ○ 6 – 9: moderate burnout ○ 0 – 5: low burnout • Personal Accomplishment ○ 0 – 33: high burnout ○ 34 – 39: moderate burnout ○ ≥ 40: low burnout
Areas of Worklife Survey (AWS)	Reverse score items labeled “R” • Workload: mean(1R, 2R, 3R, 4, 5) • Control: mean(6, 7, 8, 9) • Reward: mean(10, 11, 12R, 13R) • Community: mean(14, 15, 16, 17, 18R) • Fairness: mean(19, 20, 21, 22, 23R, 24R) • Values: mean(25, 26, 27, 28)	• Workload ○ ≤ 3.00: mismatch ○ > 3.00: match • Control ○ ≤ 3.33: mismatch ○ > 3.33: match • Reward ○ ≤ 3.25: mismatch ○ > 3.25: match • Community ○ ≤ 3.40: mismatch ○ > 3.40: match • Fairness

		○ ≤ 2.83: mismatch ○ > 2.83: match • Values ○ ≤ 3.25: mismatch ○ > 3.25: match
Utrecht Work Engagement Scale (UWES-9)	Likert scale responses range from 0 (never) to 6 (always/every day). • Vigor: mean(items 1, 2, 5) • Dedication: mean(items 3, 4, 7) • Absorption: mean(6, 8, 9)	• Vigor ○ ≤ 3.25: low ○ 3.26 – 4.80: average ○ ≥ 4.81: high • Dedication ○ ≤ 2.90: low ○ 2.91 – 4.70: average ○ ≥ 4.71: high • Absorption ○ ≤ 2.33: low ○ 2.34 – 4.20: average ○ ≥ 4.21: high
Perceived Supervisor Support (PSS-4) for Home Visitors	Calculate the mean of all items.	Score ≥ 4: perceived support Score < 4: no perceived support
Survey of Perceived Organizational Support (SPOS-8) for Supervisors	Calculate the mean of all items.	Score ≥ 4: perceived support Score < 4: no perceived support
Turnover Intention Scale (TIS-6)	Calculate the mean of all 6 items.	Sum the score of all 6 items. • ≥ 18: Intention to leave • < 18: Intention to stay
Professional Quality of Life Measure (ProQOL-5)	Items are summed for each scale. Never = 1 through Very Often = 5. • Compassion Satisfaction ○ Items: 3, 6, 12, 16, 18, 20, 22, 24, 27, 30 • Burnout ○ Items: 1, 4, 8, 10, 15, 17, 19, 21, 26, 29 ○ Reverse score items: 1, 4, 15, 17, 29 • Secondary Traumatic Stress ○ Items: 2, 5, 7, 9, 11, 13, 14, 23, 25, 28	• Compassion Satisfaction ○ ≤ 22: low ○ 23-41: moderate ○ ≥ 42: high • Burnout ○ ≤ 22: low ○ 23-41: moderate ○ ≥ 42: high • Secondary Traumatic Stress ○ ≤ 22: low ○ 23-41: moderate ○ ≥ 42: high

Results:

Table 4: EQI Demographic Profile of Home Visitors and Supervisors

Characteristic	Home Visitors		Supervisors	
	N	%	N	%
Employment type				

<i>Part-time</i>	17	8.99%	8	9.20%
<i>Full-time</i>	169	89.42%	78	89.66%
<i>Missing</i>	3	1.59%	1	1.15%
<i>Total</i>	189		87	
Gross individual income				
<i><\$20k</i>	1	0.53%	2	2.30%
<i>\$20k-\$34,999</i>	68	35.98%	6	6.90%
<i>\$35k-\$49,999</i>	71	37.57%	30	34.48%
<i>\$50k-\$74,999</i>	17	8.99%	40	45.98%
<i>\$75k-\$99,999</i>	5	2.65%	5	5.75%
<i>\$100k+</i>	1	0.53%	0	0.00%
<i>Missing</i>	26	13.76%	4	4.60%
<i>Total</i>	189		87	
Belief that salary meets basic needs				
<i>Yes</i>	58	30.69%	56	64.37%
<i>No</i>	131	69.31%	31	35.63%
<i>Missing</i>	0	0.00%	0	0.00%
<i>Total</i>	189		87	
Tenure in family support				
<i>0-2 years</i>	55	29.10%	4	4.60%
<i>3-10 years</i>	77	40.74%	42	48.28%
<i>11-20 years</i>	23	12.17%	31	35.63%
<i>21+ years</i>	34	17.99%	10	11.49%
<i>Missing</i>	0	0.00%	0	0.00%
<i>Total</i>	189		87	
Educational attainment				
<i>High school diploma/GED</i>	20	10.58%	1	1.15%
<i>Associates degree</i>	34	17.99%	7	8.05%
<i>Bachelor's degree</i>	122	64.55%	57	65.52%
<i>Master's degree</i>	12	6.35%	21	24.14%
<i>Doctorate degree</i>	0	0.00%	1	1.15%
<i>Missing</i>	1	0.53%	0	0.00%
<i>Total</i>	189		87	
Bi/multilingualism				
<i>Bi/multilingual</i>	26	13.76%	9	10.34%
<i>Monolingual</i>	162	85.71%	78	89.66%
<i>Missing</i>	1	0.53%	0	0.00%
<i>Total</i>	189		87	
Ethnicity				
<i>Hispanic or Latino</i>	15	7.94%	7	8.05%
<i>Non-Hispanic or Latino</i>	174	92.06%	80	91.95%
<i>Missing</i>	0	0.00%	0	0.00%
<i>Total</i>	189		87	
Race				
<i>White</i>	169	89.42%	82	94.25%
<i>Black or African American</i>	8	4.23%	3	3.45%
<i>American Indian or Alaska Native</i>	0	0.00%	0	0.00%

<i>Asian</i>	4	2.12%	0	0.00%
<i>Native Hawaiian or Pacific Islander</i>	0	0.00%	0	0.00%
<i>Other</i>	2	1.06%	1	1.15%
<i>Missing</i>	6	3.17%	1	1.15%
<i>Total</i>	189		87	
Gender				
<i>Female</i>	181	95.77%	84	96.55%
<i>Male</i>	8	4.23%	3	3.45%
<i>Prefer to self-identify</i>	0	0.00%	0	0.00%
<i>Missing</i>	0	0.00%	0	0.00%
<i>Total</i>	189		87	
Age				
<i>18-25 years</i>	18	9.52%	1	1.15%
<i>26-30 years</i>	18	9.52%	5	5.75%
<i>31-35 years</i>	17	8.99%	11	12.64%
<i>36-40 years</i>	17	8.99%	17	19.54%
<i>41-50 years</i>	44	23.28%	31	35.63%
<i>51-61 years</i>	52	27.51%	14	16.09%
<i>62+ years</i>	10	5.29%	4	4.60%
<i>Missing</i>	13	6.88%	4	4.60%
<i>Total</i>	189		87	
Funder				
<i>MIECHV</i>	29	15.34%	15	17.24%
<i>non-MIECHV</i>	143	75.66%	57	65.52%
<i>Missing</i>	17	8.99%	15	17.24%
<i>Total</i>	189		87	
Rurality of residence				
<i>Rural</i>	101	53.44%	41	47.13%
<i>Non-rural</i>	74	39.15%	36	41.38%
<i>Missing</i>	14	7.41%	10	11.49%
<i>Total</i>	189		87	
Caseload				
<i>12 or less</i>	55	29.10%	-	-
<i>13-17</i>	53	28.04%	-	-
<i>18-25</i>	78	41.27%	-	-
<i>Missing</i>	3	1.59%	-	-
<i>Total</i>	189		-	-

Table 5: EQ2 Descriptive Statistics of Validated Tool Scores for Home Visitors and Supervisors

Validated Tool	Home Visitors Mean (SD)	Supervisors Mean (SD)
PERMA		
<i>Positive emotion</i>	6.76 (1.75)	6.89 (1.72)
<i>Engagement</i>	6.96 (1.67)	6.97 (1.75)
<i>Relationships</i>	7.46 (1.75)	7.61 (1.69)
<i>Meaning</i>	7.88 (1.62)	8.08 (1.43)
<i>Accomplishment</i>	7.25 (1.57)	7.54 (1.38)
<i>Well-being</i>	7.27 (1.38)	7.41 (1.31)

<i>Negative emotion</i>	3.65 (1.88)	3.75 (1.85)
<i>Health</i>	6.41 (2.02)	6.47 (2.04)
<i>Loneliness</i>	3.34 (3.07)	3.82 (3.18)
WBI	1.45 (2.44)	0.96 (2.54)
MBI		
<i>Emotional Exhaustion</i>	2.14 (1.17)	2.13 (1.27)
<i>Depersonalization</i>	0.67 (0.76)	0.78 (0.88)
<i>Personal Accomplishment</i>	4.55 (0.83)	4.61 (0.82)
AWS		
<i>Workload</i>	3.27 (0.80)	3.12 (0.83)
<i>Control</i>	3.71 (0.74)	3.97 (0.70)
<i>Reward</i>	3.60 (0.92)	3.64 (0.82)
<i>Community</i>	3.83 (0.74)	3.88 (0.76)
<i>Fairness</i>	3.37 (0.68)	3.49 (0.74)
<i>Values</i>	3.86 (0.63)	3.99 (0.63)
UWES		
<i>Vigor</i>	3.90 (1.17)	3.87 (1.07)
<i>Dedication</i>	4.54 (1.08)	4.61 (1.00)
<i>Absorption</i>	4.16 (1.07)	4.20 (1.02)
PSS-4	6.03 (1.09)	NA
SPOS-8	NA	5.37 (1.30)
TIS-6	2.46 (0.79)	2.34 (0.81)
ProQOL-5		
<i>Compassion Satisfaction</i>	40.35 (5.88)	41.78 (4.93)
<i>Burnout</i>	20.63 (5.40)	19.33 (5.89)
<i>Secondary Traumatic Stress</i>	19.28 (5.55)	18.48 (5.41)