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Supporting Well-Being for the Home Visiting Workforce: Organizational Supports for Experiences of Bias & Discrimination

Oregon's 2023 Home Visiting Workforce Survey: Learning Brief 3

Background & Importance

Prenatal and early childhood home visiting is an effective strategy for promoting positive birth outcomes, improving family well-being and preventing child abuse and neglect. One key to successful services is having a strong, well-supported home visiting workforce. **In Oregon and nationally, this critical workforce is facing a crisis as programs struggle to hire and retain skilled home visitors, and workers face low pay, difficult working conditions and high job stress.** Home visitors of color—those whose lived experiences and backgrounds reflect the cultural, racial and linguistic diversity of so many Oregon families—cope with compounding stressors related to structural racism, bias and documented pay inequities.^{1,2} For brevity, we use the term “home visitors of color” to refer to the many culturally and



linguistically diverse staff providing home visiting in Oregon, including those who identify as African American, Asian, Black, Indigenous, Latine/o/a, Pacific Islander, Russian, or as mixed race.

This learning brief is the [third in a series](#) to share findings from a 2023 statewide survey of over 700 members of Oregon's home visiting workforce. This study has provided a wealth of information about Oregon's home visiting workforce and what could be done to improve and support worker well-being and retention, with a focus on the needs and experiences of home visitors of color and those who speak languages other than English.

The survey was co-created using a data equity framework by the Workforce Equity Research Leadership team (WERL) composed of 11 home visitors, supervisors and managers, the majority of whom identify as persons of color. The WERL continues to meet with the PSU research team to interpret key findings and develop recommendations for organizational, programmatic and policy changes to improve the well-being and retention of home visitors in Oregon.

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This workforce study was done in partnership with the MIECHV Program team, Maternal and Child Health Section, Oregon Health Authority; and the Workforce Equity Research Leadership team: Adejoke Babatunde, Jonathan Badillo, Mariana Bonham, Christina Causey, Mae Chao, Kristen Corbin, Marisol De La Cruz Monroy, Devynne Heckman, Denise Hernandez, Amy Lovelace, Evelyn Luna-Lozano, and Pam Richardson.



About Learning Brief 3

Little research has examined the extent to which home visitors experience racism or discrimination on the job, how this may impact their professional and personal well-being, and what organizational, supervisory and peer supports could mitigate negative impacts. Moreover, organizational leaders now recognize the impact of racial and other inequities on the entire workforce—not just persons of color—and are increasingly focusing on how to support workforce well-being through organizational changes that promote an equitable and antiracist work environment. With input from the WERL, questions were included in the survey to allow us to begin to answer these questions. We describe the frequency of experiences of racism or discrimination on the job, their impact on workforce well-being, and whether working within an organization characterized by antiracist climate and practices (such as having strong antiracist leadership, supports for staff who experience discrimination, and access to affinity group spaces) may help to support workers' well-being.

Survey Participant Characteristics

This brief includes information for all respondents: home visiting program managers, supervisors and home visitors. Nearly a quarter (n=150, 21%) of the workforce reported working in more than one of these roles.

For analysis, we categorized respondents as program managers if they reported filling that role, regardless of other roles they reported (n=134, 19%); as supervisors if they filled that role but were not managers (n=86, 12%); and as home visitors if they were neither managers nor supervisors (n=494, 69%). All analyses tested whether differences in outcomes were based on roles; we noted such differences as needed. On average, respondents had been in their positions for 6.2 years and had a wide range of experience. Almost a third (32%) had worked less than two years in their current role (Figure 1), and almost two-thirds (62%) have a bachelor's degree or a more advanced degree (Figure 2).

Figure 3 shows racial/ethnic background for all respondents. Figure 4 shows the number who speak Spanish, other languages or only English at home. (Appendix A has full details on language and racial/ethnic identities). Nine percent of respondents selected more than one racial/ethnic identity, and 26% spoke more than one language at home. To analyze the data, we needed to select a single category for these respondents. Leveraging consultation and recommendations from the Coalition of Communities of Color, the WERL and research team developed a data equity approach for analysis, which entailed categorizing people who chose more than one racial or language category within the group having the lowest numbers or representation in Oregon. For example, if someone identified as both Latine/o/a and American Indian/Alaska Native, we categorized them as American Indian/Alaska Native. Though imperfect, this method was seen as the most appropriate by WERL members and Coalition of Communities of Color consultants.

FIGURE 1. Time in position (all respondents, n=690).

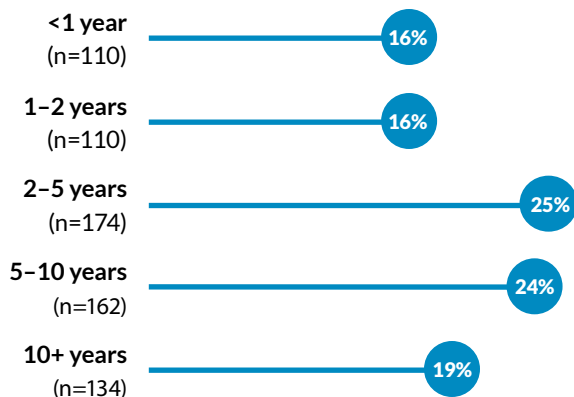
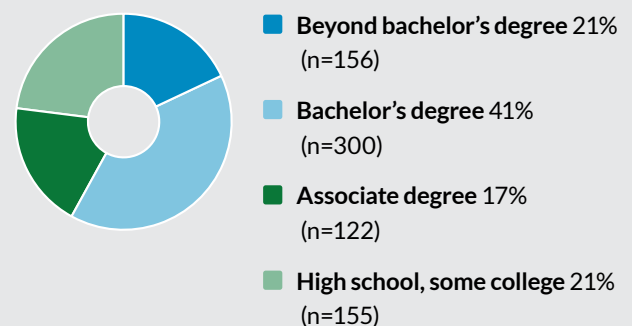


FIGURE 2. Highest level of formal education (all respondents, n=733).



Survey Questions & Outcome Measures

Well-being outcome measures

The survey measured seven domains of workforce well-being that align with a recently developed conceptual model for home visitor well-being.³ This brief focuses on four measures of well-being (job satisfaction, feelings of emotional and physical safety on the job, work-related stress, and feeling burned out on the job) and one measure of retention (intention to continue in their positions).

We also included two indicators of mental health using research-based screening tools for anxiety and depression.

- **Job satisfaction** was measured using the average of five items from the Early Childhood Job Satisfaction Survey (ECJSS)⁴—e.g., “I am confident in doing my job” and “I make an important difference in the lives of the families I work with”) plus one item (“I am proud of the work that I do”) from the Utrecht Work Engagement Scale (UWES).⁵ All items were rated on a 5-point scale (1=strongly disagree, 5=strongly agree).
- **Job safety.** Another aspect of workforce well-being identified by the WERL was how physically and emotionally safe home visitors feel at work. An item

FIGURE 3. Respondent racial/ethnic background (n=731).

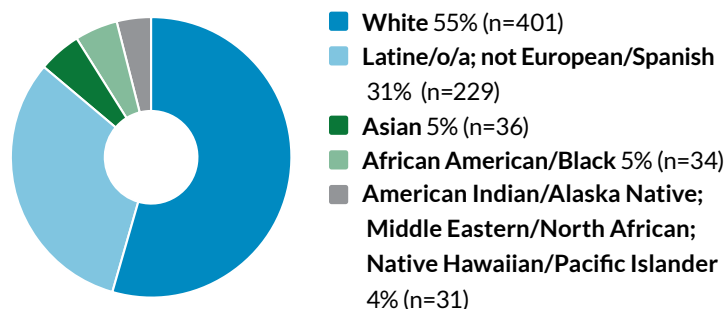
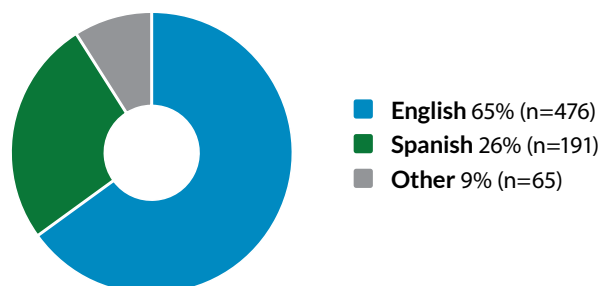


FIGURE 4. Language respondents typically speak at home (n=732).



Survey Methods

The survey link was sent in July 2023 to staff emails from program model and agency contact lists and key early childhood networks (e.g., Early Learning Hubs, program model distribution lists and Oregon Health Authority’s home visiting newsletter). The survey was sent to roughly 1,300 home visitors in Oregon as well as 300 supervisors, agency staff and program directors. It was completed by 756 home visiting staff:

- 134 (19%) program managers
- 86 supervisors (12%)
- 494 (69%) staff who provide home visiting services only

All study participants received a \$50 gift card. Respondents represented more than 20 specific home visiting program models serving families in every Oregon county:

- Babies First!
- Black Parent Initiative
- Community Education Worker Program
- CaCoon
- Early Childhood Equity Fund Home Visiting
- Early Intervention/Early Childhood Special Education Home Visiting
- Early Head Start Home Visiting
- Expectant Moms
- Family Connects Oregon
- Family Spirit
- Family Support and Connections
- Head Start Home Visiting
- Healthy Birth Initiatives
- Healthy Families Oregon
- Home Instruction for Parents and Preschool Youngsters
- In-Home Safety & Reunification Services
- Latino Network Home Visiting
- Maternity Case Management
- Nurse-Family Partnership
- Parents as Teachers
- Parent Child Development Corporation
- Parent-Child Interaction Therapy
- Relief Nursery
- Todos Juntos Home Visiting

“The organization I work for has made a positive impact on my mental health and professional career for reasons such as being able to work remotely, accrual of PTO, a flexible schedule, great work/life balance, opportunities for professional trainings, positive work environment, culturally matching families to home visitors, autonomy, etc. However, the organization does participate in White supremacy culture by default and there are supervisors within the organization that have made insensitive comments/actions toward people of color such as myself, my colleagues, and the families we serve.”

— Home visitor

assessing physical safety was adapted from the Early Childhood Professional Wellness Questionnaire (ECPWQ)⁶: “I feel physically safe doing my job.” To measure emotional safety, the PSU and WERL teams developed two more items that the WERL felt had strong face validity: “I feel emotionally safe doing my job” and “My supervisor supports me if I feel unsafe in my job.” Answers were rated using a 5-point scale (1=strongly disagree to 5=strongly agree) and formed a reliable scale ($\alpha=.758$).

- **Job stress** was measured using the average of two items adapted from the Teacher Opinion Scale⁷: “How often do you 1) face high levels of stress at work; and 2) feel overwhelmed in your job?” Participants indicated their response on a 5-item scale: once per week or more (5); a few times per month (4); a few times per year (3); less than once per year (2); or never (1). Higher scores equaled greater work-related stress.
- **Job burnout.** Staff burnout was measured with one item from the ECJSS: “I don’t care what happens to this place after I leave” and two items from the Turnover Intention Scale⁸: 1) “I would accept another job at the same compensation level should it be offered to me,” and 2) “I feel burned out from my work.” These items worked well together as a scale ($\alpha=.70$) and have been shown to predict worker retention.
- **Worker retention.** We used a single item from the ECJSS to assess worker retention: “I intend to work here for at least two more years.” This item was found in prior research with early childhood staff to predict the likelihood of remaining on the job.⁹

- **Anxiety and depression** screening tools were used to measure the prevalence of typical symptoms. The Generalized Anxiety Disorder two-item screener (GAD-2)¹⁰ and the Personal Health Questionnaire two-item screener (PHQ-2¹¹) indicate the presence of anxiety and depressive symptoms; scores above 3 on either measure indicate the risk of clinical levels of disorder warranting further assessment.

Workforce experiences of racism and discrimination

One purpose of this study was to explore the effects of racism, discrimination and bias on home visitors—a facet of well-being that has not been widely considered or examined in current research and was not included in the original conceptual model.¹² WERL members identified this as foundational for understanding well-being, sharing their own experiences as home visitors and supervisors in experiencing bias, racism and discrimination in their workplace and broader community. Therefore, we included measures to capture these experiences as well as organizational practices WERL members felt were important supports or resources for mitigating their impacts.

All respondents were asked to complete a single item adapted from the *Everyday Experiences of Racism* questionnaire¹³ to assess their experience of workplace racism: “How often are you talked down to by others or treated with less respect because of your race, ethnicity, skin color, or because you are not a native English speaker?” Answers were rated using a 5-point scale: once per week or more (5); a few times per month



(4); a few times per year (3); less than once per year (2); or never (1).

Respondents also answered five questions adapted from Pew Research Center's 2019 *Race in America* survey¹⁴ on experiencing work-related discrimination—specifically whether they had ever been 1) unfairly fired; 2) not hired for unfair reasons; 3) unfairly denied a promotion; or 4) unfairly discouraged by a teacher, advisor or supervisor from continuing education “because of your race, ethnicity, skin color or because you are not a native English speaker.” Scores were calculated by summing the number of “yes” responses. An additional question asked whether they had ever “been unfairly searched, questioned, physically threatened, or abused by the police.”

We also included an item developed by the WERL for staff whose home language is not English, asking to what extent they felt able to speak their home language “with my co-workers without discomfort or fear of backlash.” This question was *only* asked of respondents who indicated their home language included a non-English language; answers were measured on a 5-point scale from strongly agree (1) to strongly disagree (5).

Organizational supports for well-being

In this learning brief, we focused on organizational supports for worker well-being and, in particular, those for staff of color and those whose native language is not English. All responses were rated on a 5-point scale from “strongly agree” (5) to “strongly disagree” (1).

The PSU and WERL teams developed a three-item measure of **antiracist organizational leadership**: 1) “My program supports me if a family I am working with expresses bias against me or someone else”; 2) “Leaders in the home visiting program I work for acknowledge the impact of systemic racism on home visitors of color”; and 3) “Leaders in the home visiting program I work for demonstrate a commitment to racial justice.” These items worked as a reliable scale ($\alpha=.796$).

We asked staff who worked as home visitors about organizational supports for experiences of racism/discrimination on the job: “If I experienced discrimination or bias from a family I was working with, I would know what to do to get help from my organization”; this same question was asked for discrimination or bias “from a co-worker.”

Frequency of racial/ethnic affinity meetings.

Respondents who identified as people of color and/or spoke a home language other than English were asked “how often do you meet with other home visitors/supervisors who identified as belonging to a racially/ethnically marginalized community for peer-shared learning and support?” Possible responses were 1) rarely or never; 2) 1–2 times per year; 3) 1–2 times per month; 4) almost every day. They were then asked whether this was 1) too often; 2) about the right amount; or 3) not often enough. Because fewer than 1% ($n=7$) of respondents indicated that these meetings occurred too often, our analysis coded these responses as missing.

Overall organizational climate

Other research has found that a supportive organizational climate is an important contributor to workplace well-being. To measure this, we created a 6-item scale measuring positive organizational climate by adapting items from ECJSS, Region X Survey and UWES. The WERL identified the items they felt were the most important aspects of a supportive workplace and worked with the PSU team to develop a few additional items. The final measure of positive organizational climate was reliable ($\alpha=.961$) and included statements such as “My program values my contributions” and “My organization supports me to keep healthy work/life boundaries.”

Key Study Outcomes

Home Visitors of Color Experience Workplace Racism and Discrimination

As *Figure 5* shows, about 1 in 10 (10%) of all survey respondents experience being talked down to at work because of their race, ethnicity or language a few times a year or more. For those who identified as Black, Indigenous or people of color, the proportion was almost double (18%).

Of those who speak a language other than English at home, 16% said they do not feel free to speak their home language at work without discomfort or fear of backlash (*Figure 6*).

“We participate in extensive training around biases, access and accessibility, and racial justice. However, the leaders continue to marginalize staff and families of color; micro-aggressions are allowed to take place, and when they are taken to management for support and recourse, it seems to fall on deaf ears as negative interactions between staff are allowed to continue. It is disheartening, as a leader in an organization that has made commitment to interrupt biases, to be silenced by someone in a position of power. My values, ethics and morals do not align with the leadership within this organization.”

— Home visitor

FIGURE 5. Frequency of being talked down to because of race, ethnicity or language: ● all staff (n=721) | ● staff who are BIPOC and/or speak a home language other than English only (n=320).

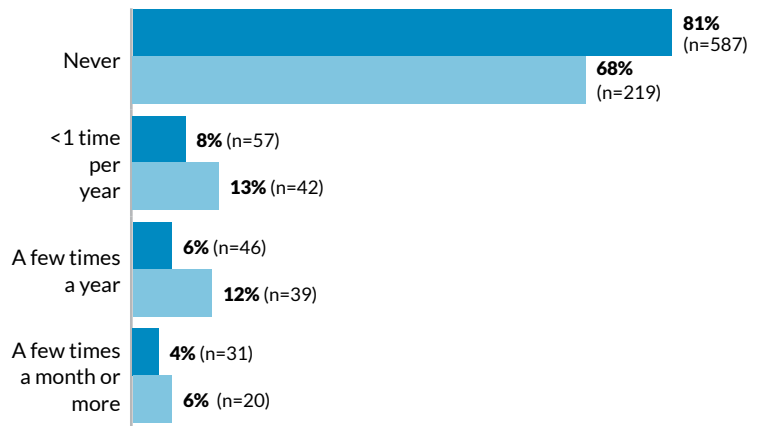


FIGURE 6. Comfort speaking home language at work (staff who speak a home language other than English only, n=232).

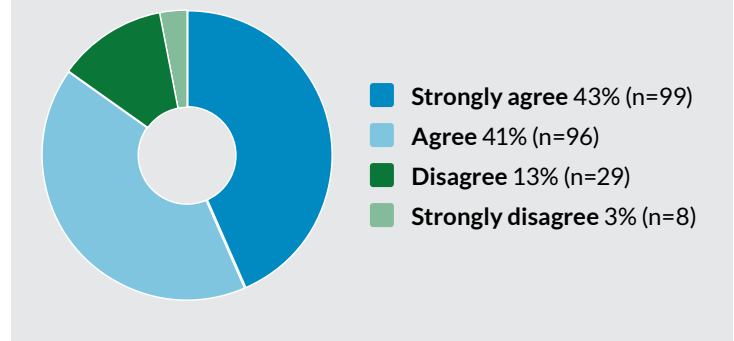
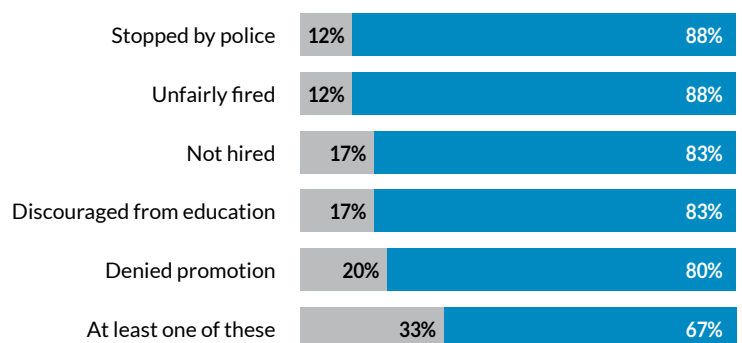


FIGURE 7. Major experiences of discrimination since living in your community (staff who are BIPOC and/or speak a home language other than English only, n=292): ● Yes | ● No



Further, a third (33%) of BIPOC respondents had experienced one or more instances of race- or language-based bias or discrimination (see *Figure 7*). Almost 1 in 5 (20%) reported being denied a promotion, while nearly the same percentage (17%) reported being discouraged from pursuing higher education opportunities.

Antiracist Organizational Supports

Many staff feel their organizations demonstrate antiracist values through leadership and support. Almost three-fourths (73%) of respondents agreed or strongly agreed with items indicating strong antiracist leadership in their organization. However, only two-thirds (67%) of staff of color agreed with these statements. Further, there were significant differences by racial/ethnic group (see *Figure 8*). Those identifying as Asian or White reported higher levels of antiracist organizational leadership compared to other staff of color.

As shown in *Figure 9*, almost three-fourths (74%) of staff reported knowing how to get support if they experienced bias or discrimination from a family or co-worker. However, 1 in 4 (26%) of home visitors said they would *not* know how to get this support.

Figure 10 shows the frequency with which staff of color are able to meet with other staff of color, or those speaking languages other than English, for shared peer learning and support. Almost two-thirds (63%) reported having these opportunities once per month or more. However, nearly half

FIGURE 8. Staff who identify with different racial/ethnic groups report varying levels of antiracist organizational support (all staff, n=668).

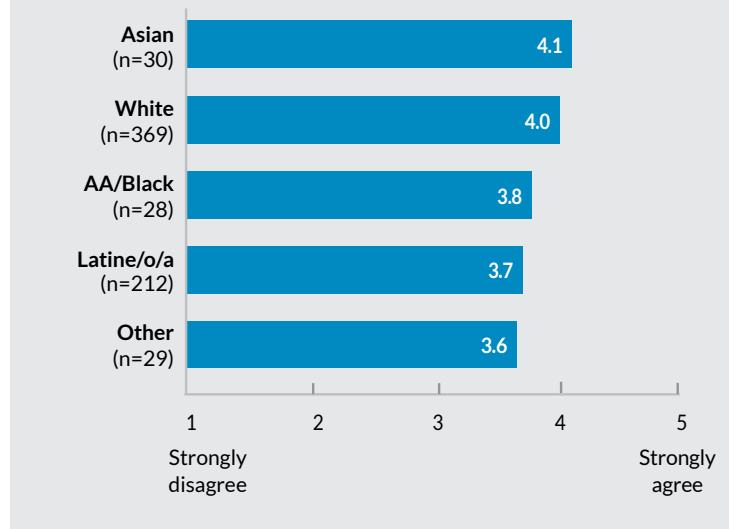
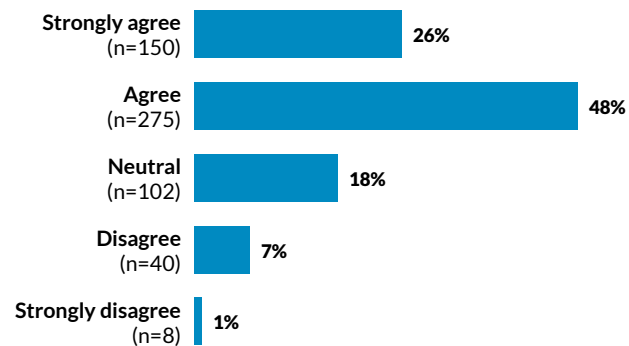


FIGURE 9. Staff indicating that they know where to go for support if they experience racism/discrimination from families or co-workers (all respondents, n=575).



“The leaders in our program are always checking in with staff about racism or other issues. My organization has a monthly diversity meeting open to all staff and HR is always available to discuss issues with.”

— Home visitor



“Being encouraged by my organization to attend affinity groups has been a huge support for mental well-being and professional development.”
 — Home visitor

(49%) reported not getting enough chances to meet with other co-workers who share these aspects of their identity. The remainder indicated that these opportunities happen at about the right frequency.

Overall Organizational Climate

Research with the early childhood workforce finds that staff who feel their organization values and recognizes their work and supports a healthy work/life balance are more satisfied with work and more likely to remain in their positions.¹⁵ For Oregon’s home visiting workforce, we found that about two-thirds (64%) of staff reported fairly high levels of general positive organizational climate (see Figure 11). However, we saw significant differences for staff who identified with different racial/ethnic groups (see Figure 12); specifically, Asian staff reported working in organizations that had a more positive work environment relative to other staff.

How Do These Stressors and Supports Contribute to Workforce Well-being?

Our first research question was to explore how racialized stressors and related organizational supports relate to workforce well-being and intention to remain in the field. We looked first at which of the survey’s seven measures of workforce well-being were associated with staff experiences of racism/discrimination and organizational supports and climate, using correlations to show the strength of these associations (see Appendix B). Results indicated that BIPOC workers who experienced more racialized bias and discrimination also reported feeling less physically and emotionally safe, more work-related stress, and more symptoms of anxiety and depression. However, these stressful experiences were not significantly related to job satisfaction, burnout or intent to remain in their job.

FIGURE 10. Frequency of affinity group meetings and opportunities (BIPOC staff only, n=242).

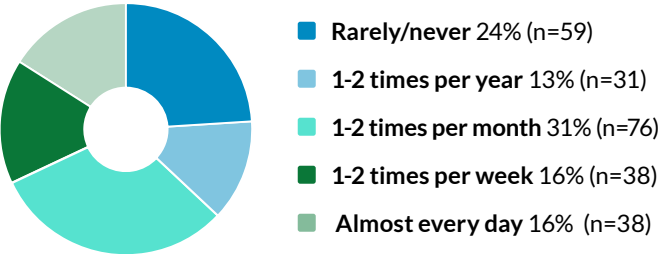


FIGURE 11. General positive organizational climate (all staff, n=700).

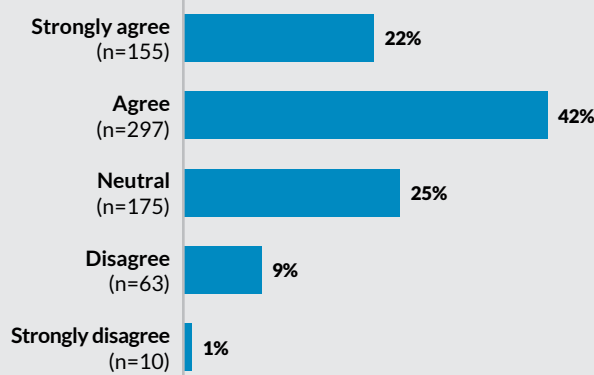
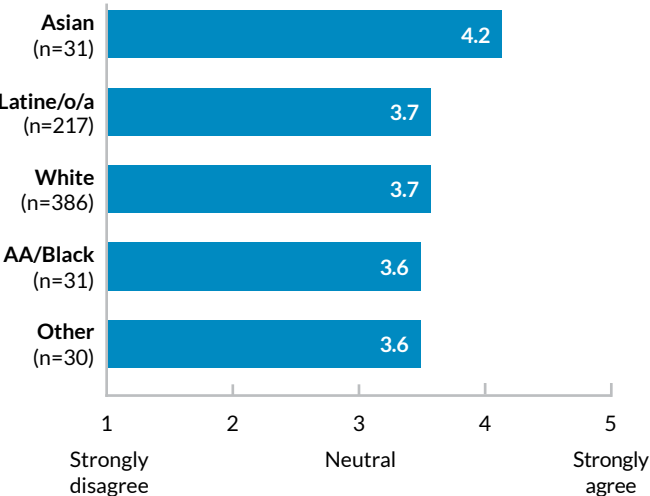


FIGURE 12. Differences in levels of positive organizational climate for different racial/ethnic groups (all staff, n=695).



Across all members of the home visiting workforce, those who reported a more positive organizational climate, who felt their organizational leaders had antiracist goals, and (for home visitors) who received more support for experiences of bias/discrimination had more positive outcomes across all measures of well-being and were also more likely to intend to stay in their position. This suggests that both general organizational support and strong antiracist leadership relate importantly to multiple aspects of well-being. The correlations further suggest that those who attended more frequent affinity groups reported more job satisfaction and more feelings of safety at work, but also (counter to expectation) somewhat higher levels of anxiety and depression.

To improve our understanding of factors in well-being, we posed this question: **Accounting for the positive impact of having an overall healthy organizational climate, to what extent is it important to also intentionally strengthen antiracist organizational climate and supports?** To answer this question, we conducted regression analyses that controlled for the level of organizational support and for the length of time the respondent had worked for the organization; this allowed us to examine how much additional value having

antiracist leadership, support for home visitors who experience discrimination, or more frequent affinity groups contributes to well-being. The answers varied somewhat for different aspects of well-being and types of support. (For additional statistical information and detail, please contact the first author.)

First, for all survey respondents—including home visitors, supervisors and program managers—it was important to have strong antiracist leadership as well as a positive organizational climate. Members of the home visiting workforce who had experienced these supports were significantly more satisfied with their jobs, less burned out from their work and less likely to indicate they intended to leave their positions (see Figure 13).

Second, for home visitors only, knowing where to go for support if they experienced racism or bias from a family member or coworker also **added value** to their well-being. Those who reported a positive organizational climate as well as feeling supported through experiences of bias or racism were more satisfied with their jobs, less burned out, and less likely to say they intended to leave their jobs. These home visitors also reported feeling more emotionally and physically safe on the job (see Figure 14).

FIGURE 13. Organizational supports contribute to well-being for managers, supervisors and home visitors.



FIGURE 14. Home visitors who experience bias or discrimination benefit from organizational support.





The correlations between how frequently BIPOC staff attended affinity groups and these well-being outcomes indicated that those who had more of these opportunities also had higher job satisfaction and felt more emotionally/physically safe at work. However, counter to expectations, it also appeared that those who reported attending more of these meetings tended to have higher levels of anxiety and depression symptoms. For levels of positive organizational climate, affinity group attendance was no longer associated with any outcomes *except* anxiety and depression; in both cases, attending more affinity group meetings was associated with more symptoms.

When discussing these findings with WERL members, two possible explanations emerged. First, it seems plausible that staff who are struggling with more anxiety and depression may seek out these groups more often. If this is the case, it suggests that home visitors of color who are feeling anxiety and depression may be using these spaces to help them cope with these symptoms. Some WERL members alternatively postulated that in

affinity group spaces lacking proper facilitation, the vicarious trauma home visitors often experience is shared with peers, compounding or contributing more stress and anxiety rather than helping to diminish it. WERL members emphasized the risk of affinity or other peer sharing spaces without skilled facilitation feeling stressful rather than helpful for those attending.

A final question we addressed was **“Do any of these aspects of organizational support make a bigger difference to well-being for staff of color compared to White-identifying staff?”** For example, would having antiracist leadership be a more important driver of well-being among BIPOC staff relative to White-identifying staff? The answer to this question was clearly “no”; none of these analyses demonstrated a significantly larger impact of antiracist leadership, support for experiences of discrimination/bias, or frequency of affinity groups for workers of color. This suggests that these supports contribute importantly to well-being and retention for *all* staff—not just workers of color.

Recommendations & Takeaways

Our findings have clear implications for how we understand well-being for home visitors of color and those who speak languages other than English as well as for what organizations can do to better meet their needs. They also carry the important message that organizations that clearly and intentionally communicate and implement antiracist practices and create an antiracist organizational climate are **important for all members of the workforce, not just for staff of color.**

This learning brief highlights the need to recognize that staff of color working as home visitors, supervisors and managers face additional work stresses due to experiencing ongoing systemic and structural racism. A fairly large proportion report direct experiences of racism, bias and/or discrimination in the workplace, sometimes directly from co-workers and families. While this is likely no surprise to people of color, it is an important reminder—especially to White-dominant program and agency leaders—to continue working on ensuring safety and support for staff of color and creating an antiracist, equitable work environment.

In discussions with the WERL, a number of key recommendations for creating these environments emerged. Specifically, this group emphasized the importance of:

- **Building antiracist expectations into onboarding.** Ensuring that explicit antiracist and anti-bias policies and procedures are shared with new employees sends a clear message from the first day of employment that the organization is antiracist.
- **Accessible, well-understood policy.** Ensuring that all staff—but supervisors in particular—know about, regularly review, and can easily access and refer to policy guidelines in any instance of discrimination, bias or racism.
- **Well-trained supervisors.** Supervisors in general were seen as a key support for home visiting staff. The WERL emphasized that it is important to ensure that supervisors are adequately trained to identify and be



responsive to home visitors who experience racism at work. Survey respondents provided multiple examples of equity-focused and/or antiracist trainings; we have included this list in Appendix C.

- **Dedicated diversity, equity and inclusion (DEI) resource staff.** This could be a designated staff member who acts as a resource or point person (e.g., a DEI coordinator) and is given time and resources to identify and facilitate access to training and other organizational resources for staff.
- **Creating dedicated time and space for supported conversations about race and racism.** Creating intentional structures and systems that provide time and space for all staff to talk about racism-related issues at work—as well as opportunities for affinity spaces for staff of color—was seen by WERL members as a foundational piece of organizational work. They also shared several important considerations for ways to build these spaces more effectively, including:
 - *Flexibility in approaches.* WERL members emphasized the importance of ensuring that support systems and structures are not a one-size-fits-all solution. Instead, organizations should offer different ways

“We intentionally work at continuing to learn, discuss, and process biases, both internal and societal. We intentionally create a safe space where staff have brought up sensitive topics and shared personal experiences that strengthen our team and our understanding of others’ perspectives. This is encouraged formally and informally through the teambuilding efforts we continually incorporate into our team meetings.”

— Home visitor

to meet the needs of individual staff. For example, having dedicated meeting time to share individual experiences and concerns, and to express support, may be helpful and feel supportive for some staff. However, WERL members also noted that it is also important to recognize the power dynamics inherent in a hierarchical organization—especially when staff of color are not the majority of employees. In these cases, staff might feel more comfortable talking one on one than in a group.

- *Creativity in approaches.* Some White-majority home visiting programs might have to be creative in offering affinity spaces by partnering with other programs or resources. Again, flexibility in meeting individual needs is important, and that organizational leaders seek out multiple ways to create spaces that ensure that people can engage in open dialogue and learn from each other.
- *Well-supported affinity groups.* For affinity groups, the WERL emphasized the importance of structure and strong facilitation. They shared their own experiences with such groups, and suggested that it is important to build in both time for sharing and peer support, as well as shared learning around self-care, antiracist practices, and other topics. They emphasized the importance of having affinity groups guided by an experienced facilitator, ideally one with clinical

training. Early childhood mental health consultants, for example, were identified as a possible resource for these groups.

- *Making sure staff have the capacity to participate.* While making participation in antiracism training and/or affinity groups mandatory does communicate the organization’s value of such supports, it is important to consider the capacity of staff who may be overwhelmed with work requirements. The value of training and affinity groups may be reduced if staff don’t have the capacity to engage. Identifying ways to create dedicated time for participation, as well as individualized ways to participate, can help address this issue.

Addressing racism, bias and discrimination in the workplace, and building an organizational culture where staff feel supported, recognized and valued as individuals, requires long-term intentional work on the part of agencies and organizations. While individual home visiting programs often exist in the context of much larger organizations—where policy and procedures are more challenging to change—this learning brief speaks to the importance of organizational work at the supervisory level (e.g., supervisors trained in antiracist supervision practices) and program level (e.g., training, dedicated peer-shared learning spaces). Program managers and others in positions with more organizational power can ensure their own leadership explicitly communicates a core value for building an antiracist workplace by shifting resources to prioritize antiracist training, providing time to engage in peer-shared learning and support, and working with higher-level agency leadership to implement effective antiracist policies and procedures.

ENDNOTES

- 1 powell, j.a., Manendian, S., & Ake, W. (2019, May). *Targeted universalism: Policy and practice*. Haas Institute for a Fair and Inclusive Society at University of California, Berkeley. <https://belonging.berkeley.edu/sites/default/files/2022-12/Targeted%20Universalism%20Primer.pdf>
- 2 Farmer, T.W. (2023). Centering the margins: Dynamic systems, targeted universalism, and special education. *Review of Research in Education*, 47(1), 213–217. <https://doi.org/10.3102/0091732X231218883>
- 3 Sparr, M., Morrison, C., Joraanstad, A., Cachat, P., & West, A. (2022). *Home visitor professional well-being: What it is and why it matters* [OPRE Report No. 2022-102]. Office of Planning, Research, and Evaluation; Administration for Children and Families; U.S. Department of Health and Human Services. <https://www.acf.hhs.gov/sites/default/files/documents/opre/home-visitor-prof-well-being.pdf>
- 4 Bloom, P.J. (2010). *Measuring work attitudes in the early childhood setting: Technical manual for the Early Childhood Job Satisfaction Survey and the Early Childhood Work Environment Survey*. McCormick Center for Early Childhood Leadership, National Louis University.
- 5 Schaufeli, W.B., Bakker, A.B., & Salanova, M. (2006). The measurement of work engagement with a short questionnaire: A cross-national study. *Educational and Psychological Measurement*, 66(4), 701–716. <https://doi.org/10.1177/0013164405282471>
- 6 McMullen, M.B., Lee, M.S.C., McCormick, K.I., & Choi, J. (2020). Early childhood professional well-being as a predictor of the risk of turnover in child care: A matter of quality. *Journal of Research in Childhood Education*, 34, 1–15. <https://doi.org/10.1080/02568543.2019.1705446>
- 7 Geller, S., & Lynch, K. (2000). *Teacher opinion survey—revised*. Commonwealth University Intellectual Property Foundation and Wingspan, LLC.
- 8 Bothma, C., & Roodt, G. (2013, April 15). The validation of the turnover intention scale. *SA Journal of Human Resource Management*, 11(1). <https://doi.org/10.4102/sajhrm.v11i1.507>
- 9 Franko, M., Schaack, D., Roberts, A., Molieri, A., Wacker, A., Estrada, M., & Gann, H. (2019). *Region X home visiting workforce study*. Butler Institute for Families Graduate School of Social Work, University of Denver. <https://www.dcyf.wa.gov/sites/default/files/pdf/RegXWorkforceStudyIntro.pdf>
- 10 Kroenke, K., Spitzer, R.L., Williams, J.B., Monahan, P.O., & Löwe, B. (2007, March 6). Anxiety disorders in primary care: Prevalence, impairment, comorbidity, and detection. *Annals of Internal Medicine*, 146(5), 317–325. <https://doi.org/10.7326/0003-4819-146-5-200703060-00004>
- 11 Kroenke, K., Spitzer, R.L., & Williams, J.B. (2003, November). The Patient Health Questionnaire–2: Validity of a two-item depression screener. *Medical Care*, 41(11), 1284–1292. <https://doi.org/10.1097/01.mlr.0000093487.78664.3c>
- 12 See Reference 1.
- 13 Krieger, N., Smith, K., Naishadham, D., et al. (2005, October). Experiences of discrimination: Validity and reliability of a self-report measure for population health research on racism and health. *Social Science & Medicine*, 61(7), 1576–1596. <https://doi.org/10.1016/j.socscimed.2005.03.006>
- 14 Pew Research Center. (2019). *Race in American 2019: TOPLINE survey*. <https://www.pewresearch.org/wp-content/uploads/sites/20/2019/04/Race-report-updated-4.29.19.pdf>
- 15 See Reference 1.

APPENDIX A

TABLE 1. Detailed descriptive information about racial/ethnic identities.

	n	%		n	%
American Indian/Alaska Native	22	3.0	Hispanic/Latine/o/a	237	32.2
American Indian	20	2.6	Central American	27	3.6
Alaska Native	*	*	Mexican	197	26.1
Canadian Inuit, Metis or First Nation	*	*	South American	13	1.7
Indigenous Mexican, Central American or South American	*	*	Not listed Hispanic or Latine/o/a	12	1.6
Not listed American Indian/Alaska Native	*	*	Middle Eastern or North African	10	1.4
Asian	42	5.7	Middle Eastern	10	1.3
Asian Indian	*	*	Not listed Middle Eastern or North African	*	*
Chinese	6	0.8	Native Hawaiian/Pacific Islander	10	1.4
Communities of Myanmar	*	*	Communities of the Micronesia Region	*	*
Filipino/a	6	0.8	Native Hawaiian	*	*
Hmong	*	*	Samoan	*	*
Japanese	8	1.1	Not listed Pacific Islander	*	*
Karen	6	0.8	White	441	60
Korean	*	*	Eastern European	107	14.2
Mien	*	*	Slavic	34	4.5
Vietnamese	7	0.9	Western European	288	38.1
Not listed Indigenous Asian	*	*	Not listed White or Unknown	41	5.4
Not listed South Asian	*	*	Caucasian	*	*
Not listed Southeast Asian	*	*	Not listed Categories/Unsure		1.1
Black/African American	38	5.2	Unsure		*
African American	26	3.4	Prefer not to answer		*
Afro-Caribbean	*	*	Not listed		*
Somali	5	0.7			
Not listed African	7	0.9			
Not listed Black	*	*			

*Fewer than five respondents chose this response, so data is masked to protect confidentiality.

TABLE 2. Detailed information about language.

Language spoken at home	n	%
Arabic	5	0.7%
Cantonese	*	*
English	652	89.1%
Karen	7	1.0%
Mandarin	*	*
Not Listed	37	5.1%
Russian	7	1.0%
Spanish	200	27.3%
Vietnamese	7	1.0%

APPENDIX B

TABLE 1. Correlations of organizational supports, racialized stressors, and well-being in the workplace.

	Correlation (Pearson's r) & n	Job Satisfaction	Job Safety	Job Stress	Job Burnout	Plan to stay 2 years	Anxiety Symptoms	Depression Symptoms
All Staff								
I am talked down to at work because of my race, ethnicity and/or language.	Correlation	-0.018	-.300**	.120**	.237**	-.113**	0.048	.136**
	n	720	674	721	720	719	716	717
BIPOC Staff Only								
I am talked down to at work because of my race, ethnicity and/or language.	Correlation	-0.094	-.390**	.276**	.253**	-.180**	.188**	.239**
	n	320	303	320	320	320	316	316
All Staff								
Total score: Experiences of discrimination	Correlation	0.006	-.146**	0.066	0.059	-0.071	0.062	.097**
	n	721	675	722	721	719	718	719
Positive organizational climate	Correlation	.326**	.593**	-.377**	-.472**	.348**	-.207**	-.225**
	n	699	653	700	699	697	697	698
Antiracist leadership	Correlation	.280**	.440**	-.230**	-.332**	.289**	-.133**	-.160**
	n	671	625	672	671	670	669	670
BIPOC Staff Only								
Total score: Experiences of discrimination	Correlation	-0.043	-.210**	.123*	0.018	-0.095	.164**	.154**
	n	320	303	320	320	320	317	317
Positive organizational culture	Correlation	.388**	.637**	-.395**	-.422**	.320**	-.252**	-.238**
	n	309	292	309	309	309	307	307
Antiracist leadership	Correlation	.301**	.514**	-.273**	-.355**	.337**	-.213**	-.203**
	n	299	282	299	299	299	297	297
Frequency of meeting with other coworkers of color and/or whose home language is not English	Correlation	.161*	.240**	-0.043	-0.031	0.062	.147*	0.097
	n	234	226	234	234	234	233	233
All Home Visitors Only								
Support for staff experiencing bias/discrimination at work	Correlation	.278**	.453**	-.259**	-.289**	.244**	-.171**	-.185**
	n	573	574	574	570	571	570	570
BIPOC Home Visitors Only								
Staff support for instances of bias/discrimination at work	Correlation	.291**	.460**	-.278**	-.286**	.242**	-.220**	-.202**
	n	252	236	252	252	252	251	251
Home Visitors Whose Home Language Is Not English								
I can speak my home language at work without discomfort or backlash	Correlation	.159*	.347**	-.163*	-.239**	.138*	-.165*	-.198**
	n	232	218	232	232	232	231	231

APPENDIX C

Antiracist and DEI Training Topics Listed by Survey Respondents

LGBTQ+ OR GENDER-SPECIFIC TRAININGS

- Building Beyond the Basics to Create Nurturing Family and Community Allies for LGBTQ+ Clients
- Creating Gender Affirming Spaces in Health Care
- Gender inclusive play
- InQueery
- LGBTQ+ Health 101 and 201
- LGBTQ+ diversity training through The Next Door, Inc.
- RN Transgender Ally
- Supporting Gender Diversity in Early Childhood Education
- Supporting LGBTQ parents in home visiting

RACE/ETHNICITY-SPECIFIC TRAININGS

- A Conversation About Anti Racism (EdWeb)
- Anti Racism Accountability
- Benefits and Consequences of Racial Segregation in Early Childhood (Early Childhood Investigations Webinar)
- Doing the DEIB work: Our roles and responsibilities in equity and anti-racism
- Early Learning Inspired: Building Capacity for Conversations on Race and Racism in Early Childhood
- FROM RACISM TO RACIAL EQUITY
- Honoring Native American Culture in Early Childhood Classrooms
- Institute for Racial Equity and Excellence
- Learning in: From Racism to Racial Equity
- Multicultural Education in Predominantly White Spaces
- NCORE (National Conference On Race & Ethnicity)
- PACES Connection webinar series on racism and historical trauma in the United States
- Parenting while Black
- Racial Humility
- Racism: Forms, Microaggressions, What Can be Done & Resources
- Racism in Home Visiting (Nurturely)
- Racism in Perinatal & Pediatric Health (Nurturely)
- Reducing racial bias in the workplace
- Stress, and Trauma on the African Diaspora
- Systemic racism and how to learn from it
- Talking to children about Race and racism
- Teaching and Learning About Race: Fantastic Practice in Early Childhood
- White Fragility

GENERAL DEI OR ANTI-BIAS TRAININGS

- Anti-bias in the classroom (college course)
- Authentic Family Engagement: A Model for Diversity, Equity, and Inclusion
- Bias Buster Micro-Credential presented by the National Head Start Association
- Capacity Building Partnership: DEIJ Foundations
- Center for Diversity and Equity and the Environment:
- Coaching Early Educators for Diversity, Equity, Inclusion, Accessibility, and Belonging
- Co-Create to Liberate
- Crafting your equity lens
- Creating an Inclusive home and school community
- Cultural Consciousness
- Cultural Sensitivity
- Culturally centered approaches to healing trauma
- Culturally Responsive Trauma Informed Care Training
- DEC inclusion plus equity institute and all DEC webinars
- DEIB: The language we use
- DEIJ Level Setting with Capacity Building Partnerships
- Diversity and Equity at Work
- Diversity, Equity and Inclusion - Construct the Present
- Diversity in the workforce
- EC equity and inclusion at the state level
- Equity Summit
- ESPERE adapted for the USA as Promoting Healthy Interaction by Leocadia Consulting
- Everyone Belongs: Cultivating Inclusive Practices and Equity in Parenting Education (OPEC)
- Health Equity
- How to be unbiased in home visiting
- How to Get Started with Culturally Responsive Teaching for Back to School

GENERAL DEI OR ANTI-BIAS TRAININGS – CONTINUED

- Implicit Bias 101
- Implicit Bias in Breastfeeding/Lactation Support and Promotion
- Inclusive Practices That Work
- Inequity and Family Context
- Integrating ABE into Our Thinking and Practice
- Justice Equity Diversity and Inclusion (JEDI) training
- Maternal Health Equity and Well-being Webinar Series
- NAPE and NAEYC's Advancing Equity in Early Childhood Education
- NFP Cultural Consciousness Pathway
- Oregon State Essentials of Parenting Education Professional Practice Module 2: Equity, Inclusion and Diversity
- Perinatal Health Equity In-Home Visiting
- Refreshing PBIS Practice to Advance Equity
- Planning Multicultural and Anti-Bias Activities to support all families
- Spring Diversity Day
- Supporting Anti-Biased Early Childhood Education Through Literature
- What is Privilege/Equity Walk
- You Belong: Building Equity, Love and Opportunity into Great work
- Your Diversity May Not Be My Diversity (EdWeb)

OTHER TRAINING TOPICS

Dis/Ability

- Intro to Ableism training
- OCCYSHN

Immigrants/Refugees

- Cultural Humility Part One: Supporting Immigrant Families: A Culturally Humble Approach
- Finding the Audacity of Equality in the Stories of Immigrants and Refugees
- Supporting Immigrant Families

Intersectionality

- Cultural Humility Part One: Supporting Immigrant Families: A Culturally Humble Approach
- Finding the Audacity of Equality in the Stories of Immigrants and Refugees
- Supporting Immigrant Families

Contact

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