

Rural Participation and Outcomes

The PROMISE Initiative and ASPIRE Project

The U.S Department of Education, Department of Health and Human Services, Department of Labor, and Social Security Administration jointly funded a large research study called PROMISE. The goal of PROMISE was to improve the educational and employment outcomes of youth with disabilities who received Supplemental Security Income (SSI) and their families (U.S. Department of Education, 2013). Six demonstration projects were funded through PROMISE. One of these demonstration projects, called ASPIRE, was conducted across six rural states including Arizona, Colorado, Montana, North Dakota, South Dakota, and Utah to better understand rural service delivery practices and outcomes.

Rural Representation

The Office of Management and Budgeting (OMB) classifies counties as metropolitan (urban) if the county includes as least one urban core of 50,000 or more people and non-metropolitan (rural) if the county does not. According to this definition, approximately 87% of ASPIRE participants were from urban locations and 13% were from rural locations.

ASPIRE states appear more rural when using other metrics. For instance, all ASPIRE states are represented among the bottom 20 states in terms of population density, and Montana, North Dakota, and South Dakota fall in the bottom five states with fewest people overall. Additionally, Montana, North Dakota, and South Dakota do not have any metro areas greater than 250,000 people, as defined by the 2013 Rural-urban Continuum Codes (<http://www.ers.usda.gov/data-products/rural-urban-continuum-codes.aspx#.UYJuVEpZRvY>).

The purpose of this factsheet is to explore systematic differences in outcomes between ASPIRE rural and urban youth, keeping in mind that most ASPIRE youth reside in places with lower populations overall, as compared to PROMISE youth in the other sites.

ASPIRE

ASPIRE staff recruited adolescents with disabilities aged 14 to 16 who were receiving SSI benefits (n=2,051). Youth were randomly assigned to one of two groups. The Usual services group received services as typically delivered within their states. The ASPIRE services group (n = 1,033) had the option of engaging in additional services including ongoing case management, self-determination training, transition training for parents or guardians, financial capability training, benefits counseling, and pre-employment services to prepare youth for employment.

Of the 1,033 youth assigned to receive ASPIRE services, 93 withdrew from the study and 31 never received an intake to begin services. An additional 33 did not have complete data. The remaining 876 youth in the ASPIRE services group received individualized services meant to improve long-

term employment and educational outcomes. Focusing on this population, we compare rural and urban youth in terms of outcomes and services received.

Methods

Study 1 compares youth in terms of intermediary predictors of positive employment and education outcomes, including self-determined decision-making, high expectations for future outcomes from others, and employment and post-secondary education experiences (Carter, Austin & Trainor, 2012; Papay & Bambura, 2014; Powers, et al. 2007; Urban Alliance, 2014). ASPIRE youth provided self-report survey data at four points across the ASPIRE study span, including at enrollment, and 12-, 24-, and 36-months post-enrollment. For this study, we compare scores at the final data collection period (36-months post-enrollment) to examine rural and urban group differences.

Study 2 compares the dosage of ASPIRE services. We compare rural and urban youth in terms of face-to-face case management meetings, career exploration activities, and participation in ASPIRE trainings, factors associated with employment outcomes over the study span (Ipsen et al., 2019a; 2019b). These data were compiled from case manager records of service delivery from April 2016 to March 2019. We chose this study span because it corresponded with the time period between full recruitment into the study and conclusion of ASPIRE services.

Participants

Table 1 provides demographic breakdowns of rural and urban youth receiving ASPIRE services (n = 876). The data show significant differences in terms of race and ethnicity. In particular, there were significantly higher rates of Native American youth in rural areas, and higher rates of Black and Hispanic youth in urban areas. There were not significant differences in terms of age, gender and most disability types. The exception was a higher rate of urban youth endorsing the item “Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decision?”

Table 1: ASPIRE Services Group - Demographics

Self-Reported Demographics	Urban (n = 760)	Rural (n = 116)	Chi-Square p-value
Age at enrollment <ul style="list-style-type: none"> • Age 14 • Age 15 • Age 16 	37.8 % 32.1 % 30.1%	47.4% 24.1% 28.4%	p = .103
Gender <ul style="list-style-type: none"> • Male • Female 	66.7% 33.3%	58.6% 41.4%	p = .087

Self-Reported Demographics	Urban (n = 760)	Rural (n = 116)	Chi-Square p-value
Race <ul style="list-style-type: none"> • Native American • Black • White • All other races 	5.4% 16.1% 59.6% 18.9%	26.7% 0.0 % 63.8% 8.6%	p = .000 **
Ethnicity <ul style="list-style-type: none"> • Hispanic/Latino(a) 	40.0%	10.3%	p = .000 **
Disability Type <ul style="list-style-type: none"> • Difficulty hearing • Difficulty seeing • Difficulty remembering, making decisions • Difficulty climbing stairs • Difficulty with ADLs (i.e. bathing, toileting, etc.) • Difficulty with AIDLs (i.e. shopping, cleaning, etc.) 	9.6% 11.8% 69.9% 17.8% 16.2% 38.6%	6.3% 7.1% 59.8% 19.5% 20.4% 37.8%	p = .255 p = .136 p = .033 * p = .671 p = .273 p = .873

Results

Study 1: Intermediary Outcomes

Study 1 compares urban and rural youth in terms of intermediary outcomes, or outcomes associated with employment in adulthood, which include measures of self-determination, parent, school, and case management expectations, and employment and educational experiences.

We measured self-determination with a scale developed by the American Institutes for Research (AIR), which asks respondents to evaluate their capacity and opportunities for making self-determined decisions. There were not significant differences between the rural and urban scores at 36-months post-enrollment for either the capacity or opportunity sub-scales (e.g. Capacity score: M(urban) = 44.8 vs M(rural) = 44.5, $p = .736$; Opportunity score: M(urban) = 49.5 vs M(rural) = 48.3, $p = .206$)

Table 2 provides youth self-report data at 36-months in terms of parent, school, and case manager discussions with youth about future employment, education, and finances. We use discussions with youth about future employment, education, and financial planning as a proxy for measuring future expectations for the youth. The only rural and urban differences were

case manager discussions about finances. Due to the large number of comparisons, however, even this level of significance ($p = .015$) could be due to chance.

Table 2: Discussions about the Youth’s Future

	Urban	Rural	Chi-Square p-value
With Parents/Guardians			
• Talked about job after school	89.4 %	87.5%	$p = .595$
• Talked about college of education after high school	84.4 %	77.3%	$p = .103$
• Talked about managing your money or finances	80.1%	78.4%	$p = .682$
With School Personnel			
• Talked about job after school	88.8%	82.3%	$p = .089$
• Talked about college of education after high school	85.1%	82.5%	$p = .540$
• Talked about managing your money or finances	66.4%	71.6%	$p = .345$
With Case Managers			
• Talked about job after school	84.6%	89.6%	$p = .272$
• Talked about college of education after high school	79.0%	77.3%	$p = .688$
• Talked about managing your money or finances	62.2%	75.3%	$p = .015^*$

* Significant at alpha level of .05, but does not meet statistical significance with a Bonferonni adjustment to account for the large number of item comparisons.

Table 3 provides youth self-report data at 36-months post enrollment in terms of employment and post-secondary education experiences. Reporting about the last 30 days, more urban youth indicated looking for work, and more rural youth indicated going to college full-time. Both results should be reported with caution due to the large number of comparisons, which inflate the opportunity for chance to factor into the results.

Table 3: Employment and Education Activities in the Last Month

Within the past 30 days or right now are you....	Urban (n = 546)	Rural (n = 96)	Chi-Square p-value
Employment related			
• Working part time	18.2%	17.5%	p = 1.000
• Working full-time	4.9%	4.1%	p = 1.000
• Looking for work	42.2%	30.9%	p = .043 *
• Doing volunteer work	20.4%	22.7%	p = .589
Education related			
• In job training or vocational school	14.5%	14.4%	p = 1.000
• Going to college part-time	5.1%	1.0%	p = .105
• Going to college full-time	4.5%	10.3%	p = .028 *

* Significant at alpha level of .05, but does not meet statistical significance with a Bonferonni adjustment to account for the large number of item comparisons.

Study 2: Comparisons of ASPIRE Services Received

Study 2 focuses on ASPIRE inputs, or the level of services urban and youth received as part of their participation in ASPIRE. Based on other research, we found that youth who received higher rates of face-to-face case management meetings and higher rates of career exploration activities had better employment outcomes (Ipsen et al., 2019b). As shown in Table 4, people in rural areas received higher rates of face-to-face meetings and pre-employment services over the three year span of April 2016 to March 2019. They also experienced significantly higher competitive integrated employment outcomes.

Table 4: ASPIRE Services and Employment Outcomes (all sites)

ASPIRE services delivered	Urban	Rural	T-test p-value
Face-to-face meetings			
• Year 1 (4/16 – 3/17)	4.74	6.82	p < .000
• Year 2 (4/17 – 3/18)	4.91	6.72	p < .000
• Year 3 (4/18 – 3/19)	5.03	6.70	p < .000
Career exploration			
• Year 1 (4/16 – 3/17)	62%	82%	p = .063
• Year 2 (4/17 – 3/18)	69%	62%	p = .537
• Year 3 (4/18 – 3/19)	54%	85%	p = .001
Any competitive integrated employment (4/16 – 4/19)	38%	53%	p = .002

Variations across sites, however, make it hard to interpret results. The majority of rural cases came from the most rural states, which had the smallest number of enrollees but also provided higher levels and intensities of services overall, and had higher reported employment rates. Table 5 shows the raw numbers of urban and rural youth and the percentage of rural youth for each site. Additionally, the table shows the average number of face-to-face case management meetings and rates of any career exploration activity and any integrated competitive employment during the three year span from April, 2016 to March, 2019. These data demonstrate that urban-rural differences may be an artifact of delivery differences across sites.

Table 5: State by state comparisons (rural/urban, delivery, and outcome comparisons)

	Urban	Rural	% Rural	Face-to-face Meetings	Any Career Exploration	Any Employment
North Dakota	9	12	57.1%	29.8	90%	76%
South Dakota	30	29	49.2%	23.6	86%	75%
Montana	32	30	48.2%	22.1	82%	68%
Utah	107	15	12.3%	14.4	78%	47%
Colorado	185	10	5.1%	20.1	70%	45%
Arizona	397	20	4.8%	10.6	56%	26%

Discussion

One of the goals of funding ASPIRE was to gain insights into rural delivery strategies. The data presented tell a complicated story. Youth self-report data indicate that rural and urban youth were similar in terms of self-determination capacity and opportunity, expectations, and educational and employment experiences. When unpacking case management data about services received, however, it appears that rural youth received higher intensities of services and better employment outcomes. Unfortunately, these results are strongly shaped by differences across ASPIRE sites in terms of delivery intensity and rural-urban case mix.

We know that caseloads in Montana, North Dakota and South Dakota were considerably smaller than in Colorado, Utah, and Arizona. This was by design to overcome time and distance to deliver face-to-face services. Smaller caseloads, however, may have provided added advantages in terms of more frequent family engagement, more individually focused services, and more consistent staffing.

Better understanding of rural delivery factors could be improved by focusing on the most rural ASPIRE states to learn how they coordinated and delivered services and promoted engagement.

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Disclaimers

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