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Rural and Urban Differences in VR Caseloads and Delivery Practices

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Research Report

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Each year, Vocational Rehabilitation (VR) agencies provide case level data to the Rehabilitation Services Administration (RSA). This compiled data, named RSA 911, includes consumer characteristics, services provided, and employment outcomes of all case closures in the past year. Researchers and program evaluators use the RSA 911 data system to examine productivity across agencies, demographic and disability groups, and other service factors.

The RSA 911 does not include information about where the consumer was served, such as county or zip code. This limits outcome evaluation for various geographies. For instance, while VR programs can be evaluated or compared across states, more micro-level analyses cannot be performed. This has implications for making service delivery improvements in rural communities since the majority of cases originate from urban locations and practice recommendations may become skewed towards improving the urban case mix. To address this shortcoming, we compiled 2008 and 2009 RSA 911 data with geographic indicators from 47 VR agencies, including 17 general, 11 blind/low vision, and 19 combined (general/blind) programs. This factsheet reports on demographic and services outcome differences based on rural and urban location.

Methods

Each participating state agency provided de-identified RSA 911 data plus zip code and county code information. State data files were compiled into a master file and additional variables were added from national databases by matching cases on zip code and county data. These included (1) Rural-Urban Commuting Area (RUCA2) codes and (2) American National Standards Institute Federal Information Processing Series (FIPS) codes from the U.S. Census Bureau. Using FIPs codes we matched data with additional sources including county labor force information from the Bureau of Labor Statistics (2008 and 2009 matched by case year); population data including educational attainment, housing, income, and labor data from the US Census (2000 to 2009 data as available by county); and SSI data from the Social Security Administration (2009).

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Table 1. Caseload Characteristics by Geography

Caseload Characteristics by Geography (n=711,037)	Urban (74%)	Large Rural (14%)	Small Rural (7%)	Isolated Rural (5%)
Gender				
Male	57%	55%	55%	55%
Female	43%	45%	45%	45%
Age at Application				
16-19	20%	20%	25%	30%
20-24	11%	12%	11%	10%
25-34	17%	18%	17%	15%
35-44	20%	20%	19%	17%
45-54	21%	20%	19%	18%
55+	10%	10%	10%	11%
Consumers who are transition age (16-24)	**31%**	**31%**	**36%**	**40%**
Education at Application				
Less than high school	37%	37%	39%	41%
High school graduate	34%	37%	38%	36%
Some college or Associate degree	21%	21%	19%	19%
Bachelor's degree or higher	7%	5%	4%	4%
Any post-high school education	**28%**	**26%**	**23%**	**23%**
Race and Ethnicity*				
White	68%	80%	81%	85%
Black or Afican American	29%	18%	16%	12%
American Indian or Alaska Native	2%	3%	3%	4%
Asian	2%	1%	0%	0%
Native Hawaiian or Pacific Islander	1%	1%	0%	0%
Hispanic or Latino	11%	5%	3%	3%
Minority consumers **	**42%**	**26%**	**22%**	**19%**
Primary Disability Type				
Mental disability	**36%**	**33%**	**29%**	**24%**
Physical disability	**25%**	**30%**	**31%**	**32%**
Cognitive disability	14%	14%	13%	13%
Learning disablity	**14%**	**13%**	**16%**	**19%**
Visual disability	4%	4%	4%	4%
Sensory disability (not visual)	8%	7%	8%	8%

* Percentages add to more than 100% because individuals could endorse more than one race.
** Minority consumers are defined as individuals who answered yes to one or more minority categories.

Table 2. Predictors of Employment by Geography

Predictors of Employment by Geography (n=711,037)	Urban	Large Rural	Small Rural	Isolated Rural
Consumers receiving SSDI	15%	14%	13%	12%
Consumers receiving SSI	18%	15%	14%	13%
Employed at baseline	16%	19%	20%	22%
Received an IPE	57%	59%	60%	60%
Months to signed IPE - rate	3.7 mos.	3.5 mos.	3.7 mos.	3.9 mos.

To account for the influence of urban adjacency, we evaluated data RUCA2 codes and a classification schedule developed by the University of Washington (USDA, 2005; Rural Health Research Center, n.d.). RUCA2 codes use census tracts to categorize geographic area based on commuting flows. The Rural Health Research Center (RHRC; n.d.) suggest several categorizations composed of the 33 RUCA2 codes including a four level system described as urban, large rural, small rural, and isolated rural. We used this four-level coding structure to examine variations in caseload characteristics and outcomes by geography.

Results

The data showed that across the four classification levels caseloads were distinctly different in terms of age, education, race/ethnicity, and disability status. These caseload differences likely affect VR employment outcomes in rural and urban locations. For instance, older (as compared to younger) people with disabilities and less educated (as compared to more educated) people are employed at lower rates (Mitchell, Adkins, & Kemp, 2006; USBLS, 2013). Of all reported disability groups, people with mental health disability are reported to have the worst VR employment outcomes (NAMI, 2010).

In our sample, rural consumers were younger than urban consumers, and there was a higher representation of individuals with physical and learning disabilities. The urban caseload was more educated and had a higher proportion of cases reporting minority status. Additionally, a greater percentage of the urban caseload had a primary mental health disability. (See Table 1.)

Predictors of Employment Outcome

Aside from demographic characteristics, there are other predictors of VR employment outcomes. Receipt of Social Security benefits such as SSI and SSDI are reported to have a negative relationship with employment and long-term VR participation (Drew, et al. 2001; Kennedy & Olney, 2006). Conversely, the probability of competitive employment outcome increases when a consumer enters VR with part time

Figure 1. Average Cost of Purchased Services by Geography

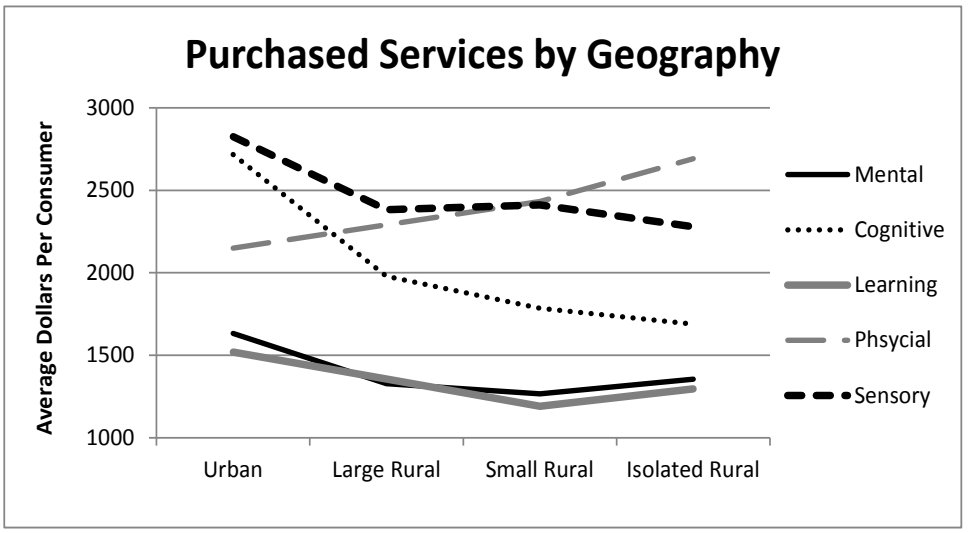

Table 3. Services Received by Geography

Services Received by Geography (n=711,027)	Urban	Large Rural	Small Rural	Isolated Rural
Assessment	**52%**	**52%**	**53%**	**57%**
Diagnosis and Treatment	**29%**	**28%**	**28%**	**25%**
VR Counseling and Guidance	40%	43%	42%	43%
College or University Training	5%	6%	7%	8%
Occupational Vocational Training	7%	5%	6%	6%
On-the-job Training	2%	2%	2%	2%
Job Readiness Training	9%	10%	9%	8%
Augmentative Skills Training	2%	1%	1%	1%
Job Search Assistance	15%	16%	15%	15%
Job Placement Assitance	**21%**	**22%**	**18%**	**18%**
On-the-job Supports	12%	12%	9%	9%
Transportation	**24%**	**16%**	**16%**	**16%**

or full time employment (Blackwell, et al., 2003). Receiving an Individualized Plan of Employment (IPE) and a shorter time period to developing the IPE also predict competitive employment outcome (Ipsen & Swicegood, manuscript in preparation). Table 2 reports on the percent of cases by geography that had these predictors to employment.

Service Provision by Geography

Figure 1 shows purchased services by geography. Overall, the average dollars of purchased services for urban clients was higher than for rural clients, except for individuals with physical disability. This may indicate that more services are available for purchase in urban areas, that urban clients have more significant disabilities, or a combination of both.

In Table 3, we highlight service delivery differences between urban and rural geography. Overall, a greater percentage of urban cases received diagnosis and treatment, job placement assistance, and transportation services, while a greater percentage of rural cases received assessment services.

Finally, we report on outcome by geography in Table 4. As the cases that had closed with an employment outcome (231,251) became more rural, there were more closures to "self-employment" and fewer closures to "employment with supports in integrated settings." These may speak to economic opportunity as well as availability of services (Ipsen, 2012; Macke, 2011).

Discussion

The data reveal caseload similarities and differences across geography and provide valuable information for improving VR outreach and service delivery. For instance, rural caseloads are younger and have a higher rate of transition aged students than urban caseloads (40% vs. 31%). This may be an outcome of rural outreach efforts that focus on schools as the primary site for linking with communities and identifying eligible VR consumers. Conversely, consumers with mental health conditions and minorities comprised less of rural caseloads. Evidence indicates that mental health differences between rural and urban locations are not as

Table 4. Employment Outcomes by Geography

Employment Outcomes by Geography (n=231,251)	Urban	Large Rural	Small Rural	Isolated Rural
Exited with an employment outcome (n=711,036)	32%	35%	36%	36%
Employment *without supports* in integrated setting	83.1%	84.5%	85.7%	84.9%
Self-employment	**1.4%**	**3.4%**	**3.7%**	**5.2%**
Employment *with supports* in integrated settings	**13.1%**	**9.9%**	**8.1%**	**7.6%**
Other Employment outcomes (BEP, homemaker, unpaid family worker)	2.4%	2.2%	2.5%	2.3%

large as the RSA data reflect (Thorngren, 2003). These findings may indicate a need for broader outreach strategies that reflect the total rural population with disabilities.

Differences in service delivery and employment outcomes across rural and urban geography point to additional lines of inquiry. For instance, rural consumers received fewer dollars of purchased services and had lower rates of "employment with supports in integrated settings." These types of findings might be used to identify and highlight service shortage areas and needs for expanded services in rural areas.

Overall, the data provide a more nuanced examination of caseload data and demonstrate that differences do exist across geography.

Next Steps

Beginning in 2014, the RSA 911 database will be expanded to include geographic specific data including county and zip code information (U.S. Department of Education, 2013). This article provides a guideline for comparing these data across the rural and urban continuum and offers a baseline for future comparison.

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