

# Health & Human Services Partnerships w/ Higher Education Workgroup Minutes

July 19, 2022 | Rhode Island Nursing Education Center

Co-facilitators: Amy Grzybowski, RI Office of the Postsecondary Commissioner & Rick Brooks, RI Executive Office of Health & Human Services (standing in for Sandra Victorino)

## Recap of first round of workgroup meetings:

At our first workgroup meetings, all three workgroups discussed what is working and what is not. Key takeaways:

### Some things that are working

- Many good publicly-funded job training and higher education programs (e.g., Real Jobs, Back to Work, RI Reconnect)
- FY23 state budget includes increases in rates and wages across health & human services
- State budget also funds OHIC to conduct review of social & human services rates paid by state agencies, which will consider the impact of rates on wages and workforce.
- EOHHS Ecosystem & DataSpark both provide robust data analytics
- Focus on DEI has increased in healthcare, education, and workforce development
- Career & Tech Education programs are growing in RI

### Some things that need improvement

- Low rates and wages; workforce burnout/trauma/shortages
- Decline in higher ed enrollment
- Lack of career ladders and advancement opportunities for entry-level, low wage jobs
- Promotion of healthcare careers to K-12 students
- Need better workforce data to project future demand
- Need comprehensive inventory of training and education programs
- Need to expand health professional loan repayment programs
- Need better communication and collaboration between healthcare providers and higher education

## Discussion of BLS/DLT Healthcare Occupational Clusters document:

*Note: Workgroup(s) reviewed 2018-2028 BLS projections. 2020-2030 projections should be available from the BLS in the near future, at which point they will be recirculated to workgroup participants.*

- Direct Support Professionals, case managers, community health workers, peer recovery specialists, homemakers, and many other occupations, do not have their own SOC's
- Projected annual openings seem very low – some of these are currently double/tripled, including dental assistants
- November 2021 RI nursing home survey indicated 2000 open positions for RN, LPN, CNA
  - Nursing homes lost 21% of their workforce since 2020
- RI Hospital recently completed a vacancy chart – every unit has at least 30% vacancy; some units up to 60% vacancy

- Loss of Home Health Aides is significant in RI
- CCRI brings in 396 RNs a year through programming
- Shortage of clinical faculty in every field
- There are 55 Full-time nursing faculty @ CCRI who accompany students at the facility, so they do not rely on the provider facility for clinical preceptors
- Accreditation changes – up to 50% of clinical time can be via simulation (hard to get into clinical sites during Covid)
- CCRI has a summer clinical cohort of 38 registered nursing students who are graduating in August
- CCRI has added 30 seats to their LPN program for a total of 50 (approved by accreditors)
- Clinical space is a challenge
- Demand is highest for entry level positions, but students do not want these positions.
  - Career ladders help address this. Providing resources for education & time off for work can help address this (career pathways workgroup)
- Higher education is under pressure from discipline and regional accreditors, who look at outcomes of placements
  - Accrediting bodies should be here so we can make modifications to education, training, & evaluations – long-term initiative
- Certification requirements have increased in some of these occupational areas. Barriers to entry - complex paths, take too long; also, childcare, transportation & housing are barriers

## Workforce data discussion:

Helpful data elements to collect (which will inform Data workgroup’s implementation efforts):

- Brain drain data – data on graduates from RI higher ed healthcare programming who are working out of state
- RIDOH health professional licensing data (analytics and reports to help answer workforce supply questions such as increase/decrease in # of licensees)
- Accurate (RI) industry demand #s/projected vacancies
- RI higher ed healthcare student demand #s
- Data on demand for services (waitlist for services), to serve as a proxy for workforce shortage data

## Discussion of proposed short-term initiatives (see workgroup handout):

### 1. Clinical Placements Solutions

*Subgroup lead: Dr. Sharon Stager, Salve Regina University*

- Inventory – registry for RI/MA that every school of nursing has to work through
  - MA has good model
- Advanced practice nursing has no real registry
- Establish a directory – could include K-12; would need collaboration amongst IHEs & employers; include Behavioral Health/social work (need for clinical experience opportunities)
- Grants/faculty in clinical settings / paid assistantships (for supervisors)
- RIDOH internship platform

## 2. RI Department of Education/Career and Technical Education Enhanced Partnerships

*Initiative lead: Paul McConnell, RIDE. See “Next Steps” for contact information.*

- One-on-one mentoring should be incorporated into course work (K-12 CTE & IHE)
- Nursing Middle College High School
- CTE health advisory group meetings
- Cannot/should not separate CTE health as pilot → do all → for equity
- RIDE – transcribed college credit; tour of RI Nursing Education Center, New England Institute of Technology, robotics @ hospitals, etc.
  - This is part of the CTE Board Standards conversation. Classroom visits/field trips are welcomed and encouraged, as are instructor mentorships.
- RIDE – Would want employers to come to CTEs (*Thundermist expressed preliminary interest*)

## 3. Simulation Lab Partnerships

*Participating higher education institutions and providers/employers to independently facilitate partnerships and report out on progress @ next workgroup.*

- RI Nursing Education Center – hospitals use their sim labs, employer partnership opportunities possible. *For those interested in exploring RINEC employer partnership opportunities, see ‘Next Steps’ section for contact information.*
- University of Rhode Island has capacity for K-12 tours
- Salve Regina University is happy to engage
- New England Institute of Technology – internal discipline → quick collaboration opportunity
- Community College of RI – expansion of their labs; running 6 days a week, 16 hours each day, so it would be difficult but willing to work with partners. Med sim lab may have some opportunity as well.

## 4. CNA Licensure Testing Solutions

*Public-private Health Workforce Planning Team meeting with key stakeholders scheduled 8.3.22 to address concerns and immediate next steps; will report back on progress @ next workgroup.*

- There are currently not enough sites that offer licensure tests, leading to decreased accessibility for vulnerable populations, which decreases diversity of the CNA population
- The licensure tests are not offered often enough and are sometimes more than 120 days after the individual completes their coursework, leading to decreased outcomes, including:
  - Potential lower pass rates due to length of time since completion of coursework
  - Added stress which could decrease pass rates
  - Delay in getting CNAs into the field

- Decreased pass rates → less CNAs entering the field → less CNAs moving on to higher level nursing education and roles.
  - May warrant cabinet-level sponsor involvement
5. Research what other states are doing to address similar issues identified by this workgroup (longer-term initiative)
- Initiative lead: Rachael Sardinha, RIDOH*
- Other volunteer participants: Dr. Judi Drew, Salve Regina University*

Other short-term initiatives:

6. Enroll and support at least 100 HCBS paraprofessionals from under-represented populations in higher ed programs leading to health professional degree and license (*currently underway through EOHHS/OPC Health Professional Equity Initiative*)
7. Develop and distribute a health professional loan repayment resource guide to all pre-professional higher education faculty and students (*currently underway with RIC healthcare admin. graduate student who is interning with EOHHS for the summer*)

**Next steps:**

- ✚ Next HHS Partnerships w/ Higher Ed. Workgroup meeting: *Tuesday, August 16, 2022 11:30AM-1:00PM, RI Nursing Education Center*
- ✚ Virtual meeting with higher education nursing and behavioral health representatives to kick off **Initiative #1** (clinical placements solutions) to be scheduled – meeting invite to relevant individuals is forthcoming.
- ✚ Those interested in participating in **Initiative #2** (employer + CTE partnerships; participation in CTE health advisory board meetings) please contact Paul McConnell, RIDE @ [paul.mcconnell@ride.ri.gov](mailto:paul.mcconnell@ride.ri.gov) for next steps
- ✚ Those interested in **Initiative #3** (re: exploring RINEC employer partnership opportunities) please contact Bonnie Rayta, RIOPC @ [bonnie.rayta@riopc.org](mailto:bonnie.rayta@riopc.org)
- ✚ Those interested in participating in **Initiative #5** (researching what other states are doing), please reach out to Rachael Sardinha, RIDOH @ [Rachael.sardinha@health.ri.gov](mailto:Rachael.sardinha@health.ri.gov)

## Workgroup Attendees:

1. Co-facilitator: Amy Grzybowski, RIOPC
2. Co-facilitator: Rick Brooks, Executive Office of Health & Human Services (standing in for Sandra Victorino, Care New England)
3. Aryana Huskey, EOHHS
4. Jennifer Ricci, RI Department of Health (RIDOH)
5. Rachael Sardinha, RIDOH
6. Kasim Yarn, RI VETS
7. Paul McConnell, RI Department of Education
8. Sharon Stager, Salve Regina University
9. Debra Cherubini, Salve
10. Judith Drew, Salve
11. Darlene Noret, New England Institute of Technology (NEIT)
12. Alan Resnick, NEIT
13. John Fedo, NEIT
14. Magali Angeloni, NEIT
15. Tonya Glantz, Rhode Island College (RIC)
16. Marianne Raimondo, RIC
17. MJ Kanaczet, University of Rhode Island
18. Cody Fino, Community College of RI (CCRI)
19. Rosemary Costigan, CCRI
20. Laura Galligan, Johnson & Wales University
21. Rick Boschwitz, Bayada
22. Sandra Olivo Peterson, Bayada
23. Adrianna Meyer, PACE-RI
24. Caroline Peters, PACE-RI
25. Susan Kershaw-Sczuroski, Tides Family Services
26. Andrew Saal, Providence Community Health Centers
27. Howard Dulude, Hospital Association of RI
28. Ariane Famiglietti, Lifespan
29. Claire Haynes, Thundermist
30. Jim Nyberg, Leading Age RI
31. Mark Cooper, Neighborhood Health Plan of RI
32. David Bodah, RI Assisted Living Association
33. Edward Quinlan, Consultant
34. Elena Nicolella, RI Health Center Association
35. Katie Norman, RI Health Care Association
36. Lynn Blais, United Nurses & Allied Professionals
37. Zach Nieder, RI Foundation
38. Claudia Cornejo, RI Foundation