



PARTNERING TO GROW RHODE ISLAND'S HEALTHCARE WORKFORCE

FRIDAY APRIL 1, 2022

RI Nursing Education Center (RINEC)

Overview

Co-Lead Partners: EOHHS, OPC, DLT

Sponsor: Rhode Island Foundation

Summit Objectives:

- Acknowledge shared health workforce challenges in RI and best practices on how to collaboratively address them
- ID most important changes needed and potential strategies
- Secure commitment to a planning process to grow and strengthen Rhode Island's Health Care Workforce
- ID a preliminary list of goals/objectives for post-summit planning effort

Welcome Exercise

Using one word, what do you hope to get out of this event?



Best Practices in Statewide Health Workforce Planning and Collaboration (Hannah Maxey)-Discussion Summary

Key Discussion Question: Where does state level, cross sector health workforce planning take place in Rhode Island?

- *Participant:* How do you connect planning to outcomes? How did you use data in Indiana? *Response:* The Council in Indiana does not yet have a comprehensive plan. Currently, members can bring forward topics for discussion and if warranted, the Council will establish a subcommittee to do research and make recommendations on the topic. The Council then considers that work and decides on how to take action. In the CNA example, the Chief Academic Officer for the state sits on the council on behalf of the Commissioner for Higher Education and they took it on to formulate policy solutions with their community college network. Those efforts are currently being implemented and the Council is having a professional evaluation completed to see who is earning credentials. This is all being tracked and reported.
- *Participant:* How did Indiana approach environments where there is no certificate in place to get people onto a career pathway? *Response:* In Indiana, our labor/workforce development agency will prepare the required data. They are currently looking at direct care and the Council is working across agencies to identify any available sources of information to understand relevant workforce issues. The Council will create a workgroup to bring agencies together, including our direct care advisory board, workers, and consumer organizations, to look at credentialing opportunities and that workgroup is currently looking at stacking credentials to support career pathways. Our workforce agency has been critical to these efforts and is working with higher education.
- *Participant:* CCRI is engaged in some of this planning currently. We have much work to do at CCRI and in the state but want to recognize that 40% of nursing students at CCRI are BIPOC Rhode Islanders. We want to acknowledge this progress, and our commitment to work with the state's 4-year institutions to continue this work.
- *Participant:* Budgetary issues make it a challenge to hire. We need to bring people into education opportunities, but we also need to think about hiring. Our income is 3rd party based. We had to scramble to meet the new wage floor, and now we are working to integrate behavioral health services at our offices, which command higher compensation in this market than it did in 2019. How did Indiana address these hiring side challenges? *Response:* Healthcare costs and reimbursement have been big ticket conversations, even prior to the pandemic. There are intentional conversations taking place around wage issues with certain occupations. For example, the Council is looking at rate setting for LTSS services. Broader conversations are not happening within the council itself, but there is an opportunity for the Council to take this issue on.
- *Participant:* In dealing with other states, how do you talk about rates and sustainability? We need to be able to provide services, we have 700 patients going without care, and others aren't receiving optimal levels of care. Is it because of low reimbursement rates or lack of CNAs? We don't know. When we develop solutions to problems, sustainability needs to be addressed for the coming years, not just the next 12 months. We need a sustainable solution. *Response:* Wages are a tough nut to crack. The gig economy and competition for individuals in entry level occupations make it even more challenging to recruit people at the entry level. Some states are talking about wage enhancement for

entry level positions in the HCBS space. They are being intentional to prevent a cliff when funds might be depleted. It is a hard conversation, but you appear to have the right people in the room to look for some sustainable solutions.

- *Participant:* Johnson and Wales is interested in seeking the CNA path, as many of our students can't afford to volunteer. We are coming out of COVID-19, and we need to recognize associated educational gaps and mental health issues among students. How have other states dealt with these issues for underserved populations as they provide pathways for these students? *Response:* We do some work with the National Governors Association, and there are multiple states that are looking at the trauma COVID-19 has inflicted on their existing healthcare workforce. But as noted, trauma is also impacting the incoming workforce. This is a critical area to do some planning work. States are typically focused on the existing workforce and are now looking at policies to support access to health services while minimizing discrimination, but I am not aware of states having intentional conversations about their incoming healthcare workforce - it is an excellent area to be thinking about.

Healthcare Workforce Equity – Why is it Essential and What Needs to be Done (Sandra Victorino)-Discussion Summary

Key Discussion Question: *What are the most important steps that can be taken by employers, educators, and/or policymakers to promote workforce equity?*

- *Participant:* Do we need to do more outreach to address some of the barriers that you discussed, particularly in urban parts of the state? *Response:* We need to take responsibility to get people the information they need, for example information about scholarships and student loan forgiveness, into one accessible place, and we need to maintain it in a sustainable way.
- *Participant:* Concerning access and knowledge about resources, how do we get better at helping people build access and knowledge about resources available to them? How can we do this differently? Scholarships for example. How do we get that information out to people, other than through informal channels, which don't work for everybody? *Response:* We need to use trusted community partners and we need to value them. We need to work through initiatives like 21 Bow Street, or the Sankofa Market. We can also use technology better and we also need to work more closely with schools.
- *Hannah Maxey:* Is anyone from state government from K-12 here today? K-12 is the pipeline we need to build and public schools should be the place where information about pathways and scholarships is available. They need to be part of the solution.
- *Participant:* We represent healthcare workers in RI, and I have grave concern looking at our facilities across the state. We need to look at innovative ways to bring people into the sector, building off how people move into trade unions. We need to work in partnership with community health centers, hospitals, and others to help find people to put them on healthcare workforce tracks and to mentor them over time. Healthcare institutions interact with community members as patients, how do we work together to move them into the workforce, without incurring a lot of debt? *Response:* I created my own career ladder starting out as a medical interpreter and ultimately earning my master's in counseling, and it was a lot to take on. We need to be better at supporting people on their journey and addressing the issue of debt. We need to make it easier.
- *Participant:* Relating to behavioral health, we know that there are jobs that don't require people to be licensed and others that do require licenses. Those that don't, pay less and have more people of color

involved. In behavioral health, we have “case managers” that typically need a BA. They tend to be more diverse, and bring cultural and linguistic competence to the job, frequently with lived experience. Because of that, they provide effective care. What should we be thinking about in terms of licensure, and career pathways that support and validate non-licensed folks? *Response:* Within BH, folks can get burnt out in a few years. We need to be paying attention and upskilling them early as a way to avoid burnout. We also need to clarify the pathways. We have case managers, and we have community health workers, both doing important work. Imagine somebody looking at the field, how do they know where they want to go? We also need to find ways to provide culturally appropriate care. We don’t have a common language around that inside our institutions. Hospitals need that help too. Being a cultural broker is a specialty that needs to be acknowledged and people need to put it on their resumes.

- *Participant:* We need to be thinking about social determinants of health and what people need to succeed in their educational and professional journeys. People need housing, heat, food, safe and affordable childcare. We need to be thinking about this when we think about equity.
- *Participant:* RIC does CHW training and are working on career ladders and apprenticeships for case managers. What we need is leadership in our organizations to mentor and coach new workers. We give these workers heavy caseloads and ask a lot while they lack good supervision and mentoring. They lack the kind of leadership they need to thrive. They need supportive leadership that can support a more diverse workforce and who can empower front line workers.
- *Participant:* There are unions in every healthcare space. What is missing is dedicated funding for workforce development. First thing that gets cut in a crisis is dedicated funding for workforce development. I propose that we do a plan amendment to the State’s Medicaid Plan to allow for reimbursement for training funds that are expended that result in upgrades or credentials. We should do this between now and June 30th. We are employing travel nurses from out of state, and it's not sustainable. We need a plan to get off this track, and there are no plans to do this.
- *Participant:* As we promote workforce equity, we need to discuss a definition of what exactly “workforce equity” mean. *Response:* For me it means that anybody who wants to be in this space has an access point to move into it. We need to change a lot to make this happen, especially for first generation students and first generation health care workers. Our youth and workforce get mixed messages. They hear that they are needed, but then find barriers when they try. We need to bring equity forward by addressing the unique needs that everybody has.

Rhode Island’s Healthcare Workforce Data and Projections (Megan Swindal, Dana Brandt) – Discussion Summary

- *Participant:* Do you have data on folks who have credentials or credits from other countries? *Response* - Colleges and universities track previous credentials, but we have not looked at that data. It's an interesting question, but we haven’t looked at it.
- *Participant:* What makes us sweat is that RI has 52.9% of its population with a post-secondary credential. We are aiming to increase that to 70% while our population is actually in decline. We also have fewer students moving from secondary to post-secondary. How do we become more efficient in the K-12 healthcare pipeline to college and how do we build healthcare career pathways at the same time?

- *Participant:* As part of CCRI’s work with secondary schools we are starting pipelines to early college. We have pathways for students interested in healthcare including pathways from CNAs to LPNs and LPNs to RNs. It’s a key strategy for us moving forward.
- *Participant:* We import a lot of students into the state for college, but we need to figure out how to retain them. This is a talent game. How do we attract and retain talent in RI? Need to look at housing and other issues as a collective to keep graduates here.
- *Hannah Maxey:* According to the data, you all are cultivating and developing a workforce that is leaving your state, and that is a big problem. *Response:* We are beginning to work with neighboring states to look at the brain drain issue and hope to be able to report on findings in the next year.
- *Participant:* Do we collect data about adult learners and English language learners. If we are facing a brain drain, we need to be sure to look at all pathways into the workforce. *Response:* Yes, we have data on adult education through RIDE and we have data on other workforce programs through DLT.
- *Participant:* Are we tracking licensed healthcare workers who are leaving the state later in their careers? We see them leaving and we need them to support new healthcare workers that are coming into the industry. We would like to see that tracked.
- *Participant:* It is important to think about data that is missing. What do we wish we had that we don’t?
- *Participant:* Concerning the brain drain discussion, we did some research and 85% of our students come from outside the state and public institutions are around 50%. However, one in three will stay. We may be a “brain gain” state and we’d love to look at the data more.

Rebuilding RI’s Healthcare Workforce-Table Discussions

Key Discussion Question: What system wide outcomes would your table like to see achieved over the next 6-12 months and the next 12-24 months in Rhode Island? What actions can we collectively take to achieve these outcomes?

Most Critical Workforce Issues Identified by Participants in Pre-Registration Survey.

Healthcare workforce issues rated as “most critical” or “critical” by participants – pre-registration (% of responses)

Low wages and benefits	94.4%
Emotionally and physically exhausting work	88.4%
Low payment rates to providers	84.5%
Lack of workforce diversity and equity	83.1%
Lack of state-level workforce planning	82.8%
Lack of reliable workforce supply and demand data	81.1%

Other critical issues mentioned: Childcare, housing, nursing faculty, clinical placements, staffing ratios, travel nurses, nursing compact, aging workforce

Table Exercises

Participants worked with colleagues at their tables to identify both 6 month and 24 month goals and actions. Please see the attached summaries.

Table Recommendations for Most Important Goals/Action

1. Establish and resource a Health Workforce taskforce/council to coordinate health care workforce planning like Indiana within 6 months. Key action:
 - Develop a statewide healthcare workforce strategic plan.
2. Increase student aid for nursing students who are Rhode Islanders to keep them in the state for training and increase chances of retaining these graduates.
3. Secure investments in FY23 budget to support training and mentorship programs for diverse populations to pursue licensed professions. Key actions:
 - Investigate opportunities to build upon paraprofessional training as credit towards licensed degrees
 - Invest in greater CTE programming aimed at pathways for higher skilled careers.
4. Expand our capacity to use quantitative and qualitative data to inform priority strategies and actions. Key actions:
 - Conduct qualitative research on why people (diverse) stay in RI, leave field, leave RI
 - Track progression of nursing licensure from CNA to LPN to RN to other so as to identify most effective pathway that could be a focus and supported.
 - Analyze student migration to better understand “Brain Gain” and how to strengthen knowledge retention in Rhode Island.
5. Address wage gaps and disparities in entry-level roles in health care.

How do We Move Forward Together?

Question Prompts: How to move forward together? What are the critical next steps that folks would like to see happen? What would success look like, with a planning initiative? What role should state partners take in facilitating that change?

- *Participant:* One of the challenges we will have been that we’ll all go back to our day jobs and talk to the people we talk to - but we won’t have a way to engage around this. We need to create a Planning Council so that we have a place to engage. Some of us will end up on it, but we will have a way to engage. We need a place to bring us together – and we need to hold each other accountable.
- *Participant:* What’s the end? We can agree on everything. We need to present something to legislative leaders. Take the report from the summit and ID the top 6 bullet points. Sit down with the Senate President and Speaker to walk through this. If not, we die 1000 deaths. One agency goes for 10% and another for less and we don’t win. We need to utilize our collective power.
- *Participant:* To make concrete what was just said, there are bills on rate setting that can do a lot for workforce related issues. It would move a system built on low paid workers and will instead make it so that there are planful opportunities to find a rate that works going forward, instead of a race to the bottom.
- *Participant:* Increase student aid – not that expensive. In 2006, we gave more than in 2022. If you want to retain talent here, you need to invest. Don’t pick winners and losers – but maybe you can choose areas of need. i.e., nurses. We’ve fallen behind our peers, other states are competing more and getting more students.
- *Participant:* When you form committees and advising councils to move forward – please ask community members and families to join you at the table. They can tell you exactly what the challenges are and why they’re not going into the field: transportation, pay, etc.

- *Participant:* We can create the pathway, but if we don't have the opportunity for individuals to have a living wage to sustain their families and their livelihoods, they will leave. We need to focus on wages in order to make conversations about education meaningful. Keep focused on this. We have to start marketing this industry as the human industry – the most important industry in our state. It is incredibly important to our economy and our communities.
- *Participant:* In the spirit of coordination and collaboration, I want to make sure we're all thinking about this work – healthcare workforce planning should be in services of the state's health plan overall. We need to understand the market.
- *Participant:* Often we hear that they can't afford to invest in Medicaid reimbursement rates. We need to help our leaders understand that it's not just about costs, it's about savings down the line. We don't have to invest in all the other things: jails, prisons, EDs, etc. We need to modernize how we invest. Dynamic models that look at costs and savings down the line.

Concluding Remarks and Next Steps (Ana Novais, Executive Office of Health and Human Services)

- We knew we had a problem coming into this summit, and we know that the healthcare workforce crisis is a big issue, exacerbated by the pandemic and societal issues. The presentations today highlighted the importance of this work.
- We know that there is so much expertise in this state, much of it in the room today. We know that we can create solutions, and we need to have the courage to address the deep societal issues that underly this challenge.
- According to the data presented, the vast majority of our healthcare workforce is white. We need to bring people who look like me into the communities we serve into the workforce to better serve the residents of our state.
- We know we have an issue of access.
- We need to train and retain our workers, and we need to change how our system is designed, across related sectors.
- We need to address the issue of leadership and we need to address wages. If leaders can't meet their employees where they are, workers won't be retained, and we will not fix the problem.
- So, what is next? We've been challenged in the last session to create a Council to tackle this issue. Let's commit to use the ideas that come out of this gathering to create and support a Council to come back together, in a public/private partnership that includes whoever needs to be at the table, to turn this work into action, to look at a comprehensive plan, to look at all of the issues raised.
- At the end of the day, from an equity perspective, this requires our collective commitment to develop and implement a plan. And we need to challenge ourselves to act on behalf of all of those that we serve.
- Thank you all for being here today.



Did this Summit meet your expectations?

33

Yes



97%

No



3%



Why or why not?

- Would be great to put together list of recommendations to the Governor and General Assembly.
- It did and hope for follow up.
- Good open dialogue. Keynote speaker, however, didn't seem to talk to our issues.
- It did meet expectations, however there is a lack of clarity about who is generating a report, whom it will be distributed to, and who will act upon it (or at least track what happens).
- Wide group of stakeholders represented. Thoughts and opinions gathered.
- Actually, exceeded as I am leaving with a greater understanding and actionable items.
- Education was achieved on current issues in higher education and healthcare.
- The cross sectional membership and the various speakers added real value.
- Good participation and ability to engage.
- There was a rich diversity of talent and experience in the room. Thank you.
- Opportunity to come together and get stronger.
- Collaboration.
- A good discussion—though we need to make sure something comes of it.
- Great presenters. Good engagement. Well structured.
- Robust, focused conversation.
- Great varied group.
- Great to see the energy and commitment to the issue.
- Overall excellent opportunity for discussion. The second speaker was brave to share her personal story.
- Just another big meeting that will accomplish very little. Attendees all very good and well-representative of the various sectors in health care and education in RI. I have seen meetings like this happen over and over and nothing happens.