

Health & Human Services Partnerships with Higher Education Workgroup Minutes

October 18, 2022 | 11:30am – 1:00pm at RI Nursing Education Center

Co-facilitators: Aryana Huskey, EOHHS (*sitting in for Amy Grzybowski, Office of the Postsecondary Commissioner*) & Sandra Victorino, Care New England & Commission for Health Advocacy & Equity

General Meeting Overview

Project Updates

Clinical Placements (Sue Pearlmutter, RIC): This subgroup has met a couple of times in the last month. At the last meeting, the group worked on developing a mission statement to describe what they hope to accomplish, in order to focus their efforts. The group has been looking at survey and data collection and will review relevant literature to inform the development of the survey. The group will start with distributing a survey to clinical coordinators in relevant academic programs, asking about experiences with students in placements. This focus on academic placements has been helpful in streamlining the work of the group. A list of institutions, programs, and clinical coordinators has been developed and the group is working to complete the list.

This will be a short survey and the group hopes to have it completed and ready to share in the relatively near future. Other areas the group may explore in future efforts include issues of competition, preceptor needs, issues around student ability to be in a placement, etc.

Career & Technical Education (Paul McConnell, RIDE): There is a planning meeting scheduled for next week with HWP representatives and CTE healthcare program leaders. Next meeting will also be with CTE program leaders; will be looking at CTE healthcare standards and how all programs operate. Susan Votto from Davies hoped to be at this 10/18 workgroup meeting, but she was preparing for NEASC. The CTE standards meetings are on their normal cadence for the academic year – this is the first year (since onset of COVID) that they have been back 100% and hopefully will be getting back to normal. Paul also noted that students typically do not get settled until the second semester.

The next CTE meeting will be structured by Susan V. and will be on Zoom. Susan will send out the meeting invite to people who have/develop CTE healthcare programs in their buildings and will extend invite to individuals from the HWP as well. Kristin noted that at the meeting it may be helpful to give an overview of what we are doing, and learn what they are doing, and Paul added what they are not doing – it is important to understand both. Paul noted that if CTE needs to tweak or change, or revisit programs, they are able to do that; whatever they can do to support student success. Meeting will kick off conversations around facilitating classroom and facility visits, as well as opportunities to directly interact with students. Visits may need to be done in small groups. Paul notes that professional learning is crucial as well; programs need to know if they have the right setups, credentials and certifications based on what is happening in the real world.

At a point in the near future, following this planning meeting, the first official CTE health advisory committee meeting of the Academic Year will convene. Discussions are centered around CTE healthcare standards, and the group reports up to the CTE Board of Trustees.

Health Professional Loan Repayment (Zach Nieder, RIF):

- There was interest across multiple workgroups to think more broadly/complement the EOHHS/RIDOH loan navigation tool, which is in development
- Have convened a group of 15 or so volunteers that have met once on October 7th – the group determined the focus of recommendations will be on state Loan Repayment Programming.
- The goal is to develop a “**spotlight**” on why loan repayment is a vital tool for achieving the state’s health workforce goals, with a focus on the importance of repayment initiatives in recruiting and retaining a diverse workforce.
 - The “spotlight” should be supported by data, including data from the most recent HPLRP cohort, and framed around sustainability
- In addition, the group of volunteers is working toward defining a set of actionable recommendation for elected officials, state agencies, providers, and other community partners for how to leverage, align, and enhance loan repayment programs in the state
 - The main focus areas are around four topic areas: **dissemination, funding and structure, eligibility, and alignment** (between RI Health Professional Loan Repayment Programming and the Wavemaker Fellowship tax credit)
- Goal is to meet several more times and wrap up work by end of year and frontload some early recommendations for the Governor’s Office for consideration as part of budget discussions.
- The next meeting is on 11/1.

Sue P. asked if would be possible to arrange meetings with the financial aid offices at IHEs, as this significantly relates to their scope of work, and it would be helpful to have financial aid officers involved. Zach and Sandra agreed the group should work with advisors.

Foreign-Educated Health Professionals (Rachael Sardinha, RIDOH): The RIDOH Academic Institute is working on a DLT-funded Real Jobs RI (RJRI) proposal for the Welcome Back Center (RIWBC) to help them grow. Rachael is working with the Director of the program, Manuela, to support the program. The project will seek to give the RIWBC an institutional home and secure funding – they are looking at integrating into academic institute or another institutional home. They also have interest in working with members of this group to form an advisory. An initial RJRI PITCH is in development and will be brought to a larger group, including Rick Brooks, RIDE, and others, to help further refine. They are tentatively looking at late November/early December to submit the PITCH to RJRI.

Draft Set of Top Data Questions – Discussion & Feedback

Meeting participants broke out into three workgroups to discuss and provide robust and thoughtful feedback on the first draft set of Top Data Questions, which were informed by workgroup conversations to date as well as examples from the [‘National Governor's Association States Toolkit Informing Health](#)

[Workforce Policy by Leveraging Data'](#). Draft version one also linked here for reference: [Draft Data Questions Oct. 2022](#).

Key points of feedback/consideration included:

- Should structure the question set differently (Break down supply and demand by current vs. future needs; include challenges to address → what the gaps are; etc.)
 - Challenges to address include SDOH, burnout, value proposition, clinical hours, wraparound & BH support for workforce

- Supply questions should be more specific and include a focus on:
 - Settings
 - Professions/specialties
 - Positions/roles
 - Capacity/turn over data
 - Compensation/financial viability
 - Age, disability, gender, race/ethnicity
 - Who is working at multiple organizations?
 - Licensing
 - Supplemental surveys should go out to licensees to collect what we need
 - Are people working at the top of their licenses?
 - Important to consider that individuals can be licensed but not practicing

- Demand questions
 - Should address who is aging out
 - Need to look at the capacity piece → capacity a year ago is not what capacity is today
 - Use expertise of the universities to forecast workforce demand

- Pipeline questions
 - Are public school curricula supporting our HHS sector needs?
 - Need to add sub questions around 4.B. → go all the way down to middle school and high school.
 - Need more evaluation of CCRI's Promise Program.
 - Where are all of the new graduates going?
 - Higher ed. says many accrediting bodies want them follow up on where students go, but it is hard to collect this information
 - How long do people stay in their careers in RI? What is tenure of practicing LHPs?
 - Only 5% of folks pursuing medical school are going into primary care → relates to cost of medical school. Specialties are the most lucrative.
 - Re: Graduate Medical Education (funded through Medicaid) → RI has neither a publicly funded medical school nor public hospital infrastructure (teaching hospital), which is necessary to create a robust GME Medicaid program. In RI, GME only funds Bradley Hospital

- Add ‘Social Determinants of Health’ question domain
 - SDOH for workers need to be in place to support workforce growth & development
 - Childcare
 - Housing
 - Transportation
 - Barriers of individuals with prior involvement with the criminal justice system
 - Debt burden of HHS workers? Triggers for debt relief?
 - Is there a gap between being too poor or too wealthy to qualify for debt relief and financial assistance?
- Data questions should also look at access to services as well as the quality of individuals’ experiences accessing the system
 - It was noted that currently, care is fragmented and not a complete system... “Building it while flying”
 - Can get a lot of take aways at the most vulnerable populations: substance use, elderly, prisons, etc.
- Assess fiscal health & environment of the health systems in the state to support change. Can health systems afford to pay people better?
- Lack of sustainability - RI is lacking a consistent coordinated effort to do this analysis on a bi-annual planning. RI does not do statewide centralized health workforce planning.
- Consider impact of global market forces & trends
- Should look at past reports and learn about what work is currently happening in other spaces that can complement this work, such as:
 - Lifespan workforce report
 - 2017 North Carolina specialist that came to RI – Erin Fraher, Ph.D..

These, and many other points of feedback and consideration, were then incorporated into a comprehensive *second draft* of Top Data Questions, which can be found here: [Draft Data Questions – Version 2](#). *To note, this review and revision process for the top data questions occurred twice more, with the 10/19/22 HHS Workforce Data Collection & Analytics workgroup, and then the 10/26/22 HHS Career Pathways & Pipelines workgroup.*

The next workgroup meeting (combined with HHS Career Pathways & Pipelines) is scheduled for **December 5th, 2022 from 11:30am-1:00pm** at the EOHHS Virks First Floor Training Room, 3 West Rd., Cranston

Workgroup Attendees:

1. Cofacilitator: Aryana Huskey, EOHHS
(*standing in for Amy Grzybowski, OPC*)
2. Cofacilitator: Sandra Victorino, Care
New England (CNE) + Commission for
Health Advocacy & Equity (CHEA)
3. Alyssa Alvarado, DLT
4. Keith Murray, DLT
5. Rachael Sardinha, RIDOH
6. Kasim Yarn, RI VETS
7. Paul McConnell, RIDE
8. Zach Nieder, RI Foundation
9. Sue Pearlmutter, Rhode Island College
(RIC)
10. Marianne Raimondo, RIC
11. Jenifer Giroux, RIC
12. Suzanne Carr, Community College of RI
(CCRI)
13. Cody Fino, CCRI
14. MJ Kanaczet, University of RI (URI)
15. Susan Kershaw-Sczuroski, Tides Family
Services
16. Ariane Famiglietti, Lifespan/Gateway
17. Trish Suess, PACE-RI
18. Howard Dulude, Hospital Association of
RI (HARI)
19. Elena Nicolella, RI Health Center
Association
20. Stacy Paterno, RI Medical Society
21. Claire Haynes, Thundermist
22. Bert Cooper, Elevated Results
23. Kristin Lehoullier, Elevated Results
24. Bonnie Rayta, OPC
25. Alan Resnick, NEIT
26. John Fedo, NEIT