

June 23, 2022 Health Workforce Data Collection & Analytics Workgroup Minutes

Co-facilitators: Marti Rosenberg, Executive Office of Health & Human Services (EOHHS) & Larry Warner, United Way of RI

Revised Workgroup Topic Description (based on workgroup feedback):

“To identify, align, and develop resources needed for Rhode Island to collect and analyze current workforce supply, projected workforce demand, and effective workforce support programming across all occupations, specializations, education levels (including lived experience), sectors, geography, etc. – with a particular focus on racial, ethnic, linguistic, and cultural diversity. This work will ensure that providers and patients/clients have the supported and well-compensated health and human service workforce needed to provide accessible, high-quality health and human services.”

Current State:

What is working?

- We have a lot of information, and good demographic data in this state
- RI Ecosystem (health & human services side of data) pulls quantitative and qualitative data from many entities, including RI Department of Health (RIDOH), Department of Labor & Training (DLT), Department of Behavioral Health, Developmental Disabilities, & Hospitals (BHDDH), Medicaid, and deidentifies it, allowing for longitudinal data to be collected
- DataSpark links individual data birth-workforce – Career & Technical Education (CTE), K-12, higher education, adult education, workforce development, employment in RI. Includes data from RI Department of Education (RIDE), Department of Children, Youth, & Families (DCYF), BHDDH, RIDOH etc.
- RIDOH licensure database for occupations
- RIDOH healthcare services inventory based on survey
- RIDOH has health professional shortage data – medically underserved areas which make us eligible for some fed loan repayment programs
- DLT has significant Real Jobs RI (RJRI) program and wage data
- Prior Learning Experience (PLE) opportunities, which acknowledge prior learning experience beyond formal education and the value in this. These PLE opportunities among higher ed institutions should be expanded.
- Office of the Health Insurance Commissioner (OHIC) Rate Setting report on Home & Community-Based Services (HCBS) anticipated January 2023 and rate review will continue every two years

What is not?

- Minimal confluence between datasets and data fields across data systems
- Bureau of Labor Statistics (BLS) data is often not sufficiently granular, and definitions are often vague (e.g., hard to distinguish between personal care aide, home health aide, and nursing assistant). Data on some occupations is not collected (e.g., direct support professionals [DSPs]).

- Inconsistency of job titles makes data collection and analytics challenging (e.g., various case manager occupations)
- DataSpark would benefit from expanded and continual access to data to better inform their collections
- DLT RJRI does not collect retention information
- Office of the Postsecondary Commissioner reluctant to share their data with the private Institutes of Higher Education (IHEs)
- RIDOH licensure databases fall short of their potential (other states are far more sophisticated). E.g., data that we collect is insufficient (e.g., employer, job title, languages spoken other than English); data collection at RIDOH differs among the health professions; data is not shared or matched with other data sources (e.g., DLT wage records); not openly shared beyond the department
- Lack of trust between trade associations/providers and state
- Lack of clarity and transparency around wages for paraprofessionals and licensed professionals in the State of Rhode Island
- Non-competitive wages for paraprofessionals and licensed professionals compared to neighboring states
- Need more data on gig-workers

In broad terms, what are our short- and longer-term SMARTIE goals?

- Expand and share RIDOH licensee data with EcoSystem and/or DataSpark
- Comprehensive inventory of data sets/presentations on what is out there in terms of data collection, and what data do we not have
- Align state agencies' and providers' outcome goals
- Comprehensive inventory of trainings and program offerings (public and private) around the state - how many people do they take, openings, etc., including CTE training, certification programs, DLT programs, higher ed. programs, etc.
- Improve trust between state and trade associations/providers
- Enhance RIDOH licensee data collection (e.g., require additional info for licensees; improve technology)
- Project future health workforce needs based on demographics, population health, utilization trends, etc.
- Develop additional data sources

What information (data, policies, research, etc.) do we need to inform our work?

- Participant and outcome data for loan repayment programs
- More descriptive data about workforce demographics beyond headcount/supply & demand data
- Drill down specific RI data sets
- Identify data that professional associations are collecting across the state

- Learn from best practices in other states such as Indiana – including utilizing resources from the National Governor’s Association (NGA)

Who is missing?:

- OHIC, RIDOH licensure folks, RIDE CTE K-12, other professional associations, Coalition for Children & Families (just received data collection grant), Community Health Workers Association (CHWA), union reps (UNAP/Teamsters), Health Services Council, Latino Policy Institute

Homework/Other Key Takeaways/Thoughts:

Homework Questions:

- What questions are we trying to answer (what are the other groups trying to achieve?)
- Identify the most important metrics to measure in terms of addressing our health workforce needs

General Workgroup Thoughts:

- We need to be asking the right questions; what the other workgroups are trying to achieve, then → identify important metrics to address our workforce needs informed by other workgroups → collect the right data/leverage existing data sets → enable the work of other workgroups
 - Will need to narrow our scope to get things a few things done in the immediate, but keep lofty, broad goals as a goalpost
 - Individuals from this group need to participate in other workgroups and bring this work back to them

Resources:

- 2022 Health Workforce Planning EOHHS Webpage [2022 Health Workforce Planning | Executive Office of Health and Human Services \(ri.gov\)](#)
- NGA Health Workforce Data Report [Informing Health Care Workforce Policy by Leveraging Data: A Toolkit for States - National Governors Association \(nga.org\)](#)
- Healthcare Workforce Planning Consultant RFP link [Bidding Opportunities | Rhode Island Division of Purchases \(ri.gov\)](#)

Workgroup Attendees:

1. Executive Sponsor: Ana Novais, Secretary, RI Executive Office of Health & Human Services (EOHHS)
2. Cofacilitator: Larry Warner, United Way of RI
3. Cofacilitator: Marti Rosenberg, RI EOHHS
4. Rebecca Lebeau – RI EOHHS
5. Rick Brooks, RI EOHHS
6. Aryana Huskey, RI EOHHS
7. Megan Swindal, RI Department of Labor & Training (DLT)
8. Asif Siddiqui, RI DLT
9. Rachael Sardinha, RI Department of Health (RIDOH)
10. Mitchelle Abuna, RIDOH
11. Dana Brandt, DataSpark
12. Geraldine McPhee – RI Parent Information Network
13. Zach Nieder, Rhode Island Foundation
14. Howard Dulude, Hospital Association of RI
15. Sandra Victorino, Care New England
16. Emily Drennan, PACE-RI
17. Nicholas Oliver – RI Partnership for Home Care (RIPHC)
18. Mary Evans – RI Health Center Association (RIHCA)
19. Der Kue – RIHCA
20. Maayan Rosenfield – Faulkner Consulting Group
21. Cara Sammartino, Johnson & Wales University
22. Jen Carreiro – Rhode Island College