Health Workforce Data Collection & Analytics Workgroup Minutes

November 16th, 2022 | 9:30AM–11:00AM, United Way of RI

Co-facilitators: Marti Rosenberg, Executive Office of Health & Human Services & Larry Warner, United Way of RI & Commission for Health Advocacy and Equity

General Meeting Overview

Full workgroup presentation slide deck should be accessed **here.** Includes in-depth data presentation, overview of vacancy survey discussions, and workgroup next steps.

<u>Data Presentation – Elevated Results (Slides 1-16)</u>

High-level overview of data presentation & concurrent discussion, below. Please refer to slide deck for comprehensive information, especially re: supply, demand, pipeline, and SDOH questions.

- Slides 3-4: Synopsis of Data Inquiry Process to Date
- Slide 5: Relevant DataSpark & Ecosystem data sets
    - Both DataSpark and Ecosystem compile demographic data including race and ethnicity from across datasets where data is collected
- Slide 6: Data Analysis Considerations
    - Will be 2 -3 months until data is transferred to Ecosystem from RIDOH.
    - New RIDOH data will be single point in time and can be used to determine trends moving forward.
    - Can discern licensed professionals that are currently working by matching wage and licensing data.

    Supply Questions:
- Slide 7: Feasible Now/Feasible with Limitations
    - DataSpark shared that they are working on a project with states along the eastern seaboard to look at brain drain, to figure out where folks are going. There is no occupational data, but it does include postsecondary training and wage data. MA is not participating; they do not connect wage and educational data.
    - Re: "How many licensed workers have prior involvement with the criminal justice system?":
        - Should clarify what the purpose of this question is. Rationale behind question - about 1/3 of RI population has prior involvement with system. HHS workforce is a major part of the population.

- May be able to think strategically about advancement and access to jobs. We have workforce shortages; we need people to work who cannot, due to backgrounds. Also have folks with important lived experience who can bring unique skills and backgrounds that we are missing out on. Think about rules around employment and licensure.
        - Define prior involvement - change language to "prior convictions"?
        - This would be good to have a conversation with somebody in BCI unit at Attorney General's Office. Any health and human service provider that works with vulnerable public needs to go through a series of background checks.
            - From a provider perspective, the policy questions would be related to what "Yellow Light" convictions are and find out if those are still relevant. What are red light convictions? Do we need to adjust?
        - The question does not get at the concern. This is more so a policy question. What are the downstream impacts of convictions on communities of color?
- Slide 8: Achievable with Investment
    - Many of the supplemental questions could be answered without significant investment if we were to expand what we collect at licensure and renewal.
    - Dana noted that career pathways require you to be concerned about how folks move from one job to another and don't count it as attrition. It is advancement… this can be tricky to capture in the data.
    - For RN population, geographic mobility, multiple licenses, multiple states, travel nurses. When we look at data and attrition, it gets difficult to interpret. Could be folks leaving states, or folks who are here temporality.

Pipeline Questions:
- Slide 9: Feasible Now/Feasible with Limitations
    - Need to get at why folks are leaving their occupation or job. We need to collect that data systematically; it is difficult to get.

- Slide 10: Achievable with Investment
- Slide 11: Unachievable
    - Unable to determine how many health and human service workers are leaving RI.

Demand Questions:
- Slide 12: Feasible Now/Feasible with Limitations
- Slide 13: Achievable with Investment

Social Determinants of Health Questions:
- Slide 14: Feasible with Limitations
- Slide 15: Achievable with Investment

- Slide 16: Data Analysis Next Steps
    - Meet with labor market economist and DLT to explore health workforce projections and industry best practices

- Validate feasibility assessment of the proposed questions with Data Subgroup
- Develop next steps/analysis completion timeline

Vacancy Survey (Slides 17-20)

- Slide 17: Vacancy Survey Overview
  Survey instrument may inquire about:
  - o Hiring plans over the next six months
  - o Types of settings in which employees work
  - o Current and budgeted vacancies for both part time and full time positions.

- Slide 18: Vacancy Survey – Draft Targeted Occupations
  Include occupations in the following categories:
  - o Healthcare Practitioners & Technical
  - o Healthcare Support
  - o Community & Social Services
  - o Behavioral Health
  - o Healthcare Administration
- Slide 19: Potential Collaborating Associations
- Slide 20: Vacancy Survey Next Steps
  - o Convene interested trade associations

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*The next workgroup meeting is scheduled for **Wednesday, January 18th, 2023 from 9:30am-11:00am** at United Way of RI, 50 Valley St., Providence*

Workgroup Attendees:

1. Co-facilitator: Marti Rosenberg, EOHHS
2. Co-facilitator: Larry Warner, CHAE/United Way
3. Rick Brooks, EOHHS
4. Bert Cooper, Elevated Results
5. Kristin Lehoullier, Elevated Results
6. Aryana Huskey, EOHHS
7. Zach Nieder, RIF
8. Katie Norman, RIHCA
9. Ara Millette, Lifespan
10. Laurie Pisciotta, MHARI
11. Nicholas Oliver, RIPHC
12. Natalie LaRoche, BHDDH
13. Maria Narishkin, EOHHS
14. Dana Brandt, DataSpark
15. Don Gregory, Skills RI
16. Kate Greenwell, DLT LMI
17. Sue Pearlmutter, RIC
18. Steven Grivers, PACE
19. Der Kue, RIHCA
20. Sam Zwetchkenbaum, EOHHS
21. Sophie Asah, EOHHS
22. Rachael Sardinha, RIDOH
23. Alexis Santoro, RI Council 94
24. Silvio Napolitano, RI Council 94
25. Katlyn Herbert, Tides Family Services