# Health Career Pathways & Pipelines Workgroup Minutes

August 30, 2022 | Executive Office of Health & Human Services - Virks Building

Co-facilitators: Howard Dulude, Hospital Association of RI & Rick Brooks, RI Executive Office of Health & Human Services (filling in for Alyssa Alvarado, Governor's Workforce Board)

### **General Meeting Overview:**

Cofacilitators reviewed brief, high-level updates on subcommittees generated by both the 'Health Workforce Data Collection & Analytics' and 'Health & Human Services Partnerships with Higher Education' workgroups. For detailed information on these initiatives, please refer to the <u>8.16.22 'Health & Human Services Partnerships w/ Higher Ed.' minutes</u>, <u>8.24.22 'Health Workforce Data Collection & Analytics' minutes</u>, and the <u>Current Projects August 2022 update</u>.

#### 'Health Workforce Data Collection & Analytics' workgroup subcommittees:

- a) Authorized vs. delivered service hours for homecare and beyond (as a proxy for workforce shortages) \*Subgroup determined this would not produce a reliable data source; pivot needed.
- b) Healthcare salary & vacancy surveys
- c) Sharing of RIDOH licensure data with EOHHS EcoSystem & DataSpark
- d) Expand core data elements collected in RIDOH licensing system
- e) Inventory of available workforce/higher education data sources
  - EOHHS has an updated healthcare education & trainings webpage.

#### 'Health & Human Services Partnerships with Higher Education' workgroup subcommittees:

- a) Clinical Placements Solutions
  - Career pathways workgroup noted the additional consideration of the need to increase the supply of well-trained supervisors.
- b) Research project: What other states are doing to address similar issues identified by the higher education workgroup
  - This subgroup is reassessing their focus and approach to ensure they are best of service to the needs of the Health Workforce Planning and Implementation Initiative at large.
- c) RI Department of Ed./Career & Technical Education Enhanced Partnerships
  - Not yet active so no immediate updates
- d) Simulation Lab Partnerships
  - Not active so no immediate updates
- e) CNA Testing & Licensure





The CNA Testing & Licensure subgroup topic stimulated a good amount of discussion in this workgroup meeting. This issue has escalated to crisis levels and the state is looking at a quick resolution to add a testing site, possibly with OPC utilizing their education centers, which are the RI Nursing Education Center, Westerly Education Center, and the new Woonsocket Education Center.

Workgroup members noted that testing proctors' rate of pay is very low - \$29/hour. Previously, HealthCentric Advisors had sent Credentia the information for six RNs who wanted to proctor exams on the weekend and Credentia did not hire any of them.

CNA testing language requirements were brought up. Though the online, written portion can be completed in Spanish & English, due to licensure board regulations, the skills testing is <u>only</u> available in English. Rick Brooks provided an example for context as to why it could be beneficial to reevaluate this regulation: one of the homecare agencies in RI serves a population that is 99% Chinese. Ideally, it would be up to employer to designate language requirements. <u>RIDOH</u>, as well as licensure boards, could be contacted by workgroup participants to advocate for change.

The workgroup then brainstormed possible avenues (and needed authorities) for addressing the testing backlog. Ara Millette of Lifespan noted that their backlog is as long as six months. Ideas included:

- Allow employers to administer and sign off on the skills test themselves
- Developing a 'Nursing Home Collaborative' utilizing nursing homes in RI which are also certified training providers to administer the skills test

To note, historically, there were concerns about training providers administering the skills portion and having higher passing rates for their trainees. Having employers administer and sign off on the sufficiency of their own employees' training and competencies may not be a viable option due to the inherent conflict of interest. A 'Nursing Home Collaborative' would be industry led but not by the employee's supervisor, which would remove some conflict. There does need to be appropriate push and pull with RIDOH in regard to oversight.

The specific existing sources of authority relevant to CNA training, testing, and certification need to be identified, including state and/or federal CMS (Centers for Medicare & Medicaid Services) statutes or <u>regulations</u>, in order to clearly define possible opportunities and next steps for <u>change advocacy</u>. Folks expressed an interest in having an action-oriented brainstorming session with Howard Dulude (Margie McLaughlin, Rick Boschwitz, Vinny Ward, Lynn Blais). Once the relevant laws & regulations are identified, they will be shared with the group.

Cofacilitators then facilitated discussions around specific Health Career Pathways & Pipelines initiatives: 'Career Development Day' & 'Health & Human Services Career Ladders & Pathways'.

#### Career Development Day

Planning discussions are being held and an exploratory meeting between the internal planning team, several industry representatives (Lifespan, Care New England, CCRI) and Skills for RI's Future is scheduled for September 1<sup>st</sup>. Any updates will be provided, and next steps will be discussed at the next workgroup meeting on September 27<sup>th</sup>.





#### Health & Human Services Career Ladders & Pathways

An interactive Health Care Careers Overview and Onramps document from 2013 was shared with the group. This document should serve as a good launching point for a subgroup to develop an updated work product. An updated career ladders document should clearly demonstrate and visualize how an individual can move through educational levels, specialization offshoots, where there are stackable credentials, etc. The RIDOH communications team is currently reviewing their intern's parallel career pathways research and in order to eliminate duplicative efforts, any work product they produce will be in coordination with this subgroup, and our broader Health Workforce Planning efforts.

A truly comprehensive, equitable, easily navigable statewide career ladder system is needed, and to do this, employers, training providers, community-based organizations, institutes of higher education, trade associations, OPC, RIDOH, DLT-GWB, EOHHS, and all workforce, training, and education partners must work together to pull all of these pieces together. An updated career pathways document is only the first step of this process.

Another necessary aspect of this system is having navigators available to assist individuals in engaging with and moving through the healthcare education and development system. It was noted that employers often need guidance as well, especially as the healthcare system continues to evolve, expand, and further specialize, leading to new professions and pathways.

In order to truly develop a statewide career ladder system, a unifying entity should exist. Heather Gaydos brought up that in theory, <u>CareerOnestops</u> are intended to bring together all education, training, and workforce partners, but their scope of work is broader than just healthcare occupations. The subgroup could explore opportunities to work with CareerOnestops on navigating healthcare occupations, especially since the infrastructure already exists.

Other considerations the workgroup posed related to a statewide career ladder system, which should be taken into account once a formal subgroup is established, included:

- Where does Skills RI fit in here?
- What role does the GWB's RI Governor's Coaching Corps play?
- Are trade associations doing workforce development in a comprehensive, structured way?
  - a) HRSA Health Professional education training program is working with RI health centers to create workforce development strategic plans.
- Where are the connections with workforce training providers?
- Can we develop learning collaboratives where providers can share effective workforce development models/best practices for retaining staff?
  - a) An example of this was shared during the workgroup. The Nursing Home Collaborative has worked with some nursing homes that keep CNAs part-time, because they do not want to pay for benefits, and have tried to demonstrate how these agencies could retain employees more by developing more full-time positions
  - b) Creating internal pathways can be a great retention strategy





 How can we work with the higher education system to expand and streamline Prior Learning Experience (PLE) credit opportunities their institutions and create a more flexible higher education system to support an Apprenticeship model?

It was acknowledged that the state is completely committed to creating a holistic career pathways system, which may take several years. The consultant, Elevated Results, will likely play a big role in supporting this subgroup and the work of developing such an ecosystem. Workgroup participants interested in participating in this subcommittee: Rachael Sardinha, Jen Ricci, Melissa Campbell, Judi Drew, Emily Garthee, Claudia Cornejo, Zach Nieder, Elizabeth Roberts, Heather Gaydos, and Sadie DeCourcey.

Finally, the topic of revisiting the workgroup meeting cadence was addressed. Workgroup participants were in consensus that at this point, to support advancement of our action-oriented efforts, there is still a need to meet on a monthly basis. Given the significant overlap with the HHS Partnerships with Higher Education workgroup, these two workgroups may be consolidated in the future.

**The next workgroup meeting** is scheduled for September 27, 2022 from 2:00pm-3:30pm at the EOHHS Virks Building First Floor Conference Room (Room 138), 3 West Rd., Cranston



## \*Workgroup Attendees:

- 1. Cofacilitator: Howard Dulude, HARI
- 2. Cofacilitator: Rick Brooks, EOHHS (filling in for Alyssa Alvarado, GWB)
- 3. Aryana Huskey, EOHHS
- 4. Sophie Asah, EOHHS
- 5. Rachael Sardinha, RIDOH
- 6. Sue Pearlmutter, RIC
- 7. Zach Nieder, RIF
- 8. Susan Dettling, CTC-RI
- 9. Lynn Blais, UNAP
- 10. Jen Ricci, RIDOH
- 11. Heather Gaydos, CHJT
- 12. Kim Einloth, Perspectives
- 13. Vinnie Ward, Home Care Services of RI
- 14. Adrianna Meyer, PACE-RI

- 15. Judi Drew, Salve
- 16. Debra Cherubini, Salve
- 17. Keith Murray, DLT
- 18. Denise Watson, RIC
- 19. Emily Garthee, RIPIN
- 20. Claudia Cornejo, RIF
- 21. Rick Boschwitz, Bayada
- 22. Melissa Campbell, RIHCA
- 23. Margie McLaughlin, Healthcentric Advisors
- 24. Elizabeth Roberts, URI
- 25. Sadie DeCourcey, RIDOH



<sup>\*</sup>Those who included their name on the sign-in sheet.