



RHODE
ISLAND

Health & Human Services Workforce Planning

HHS Workforce Data Collection and Analytics
Workgroup

November 16, 2022 9:30AM - 11:00AM at United Way of RI, 50 Valley St., Providence



HHS Data Workgroup Meeting Agenda

Welcome

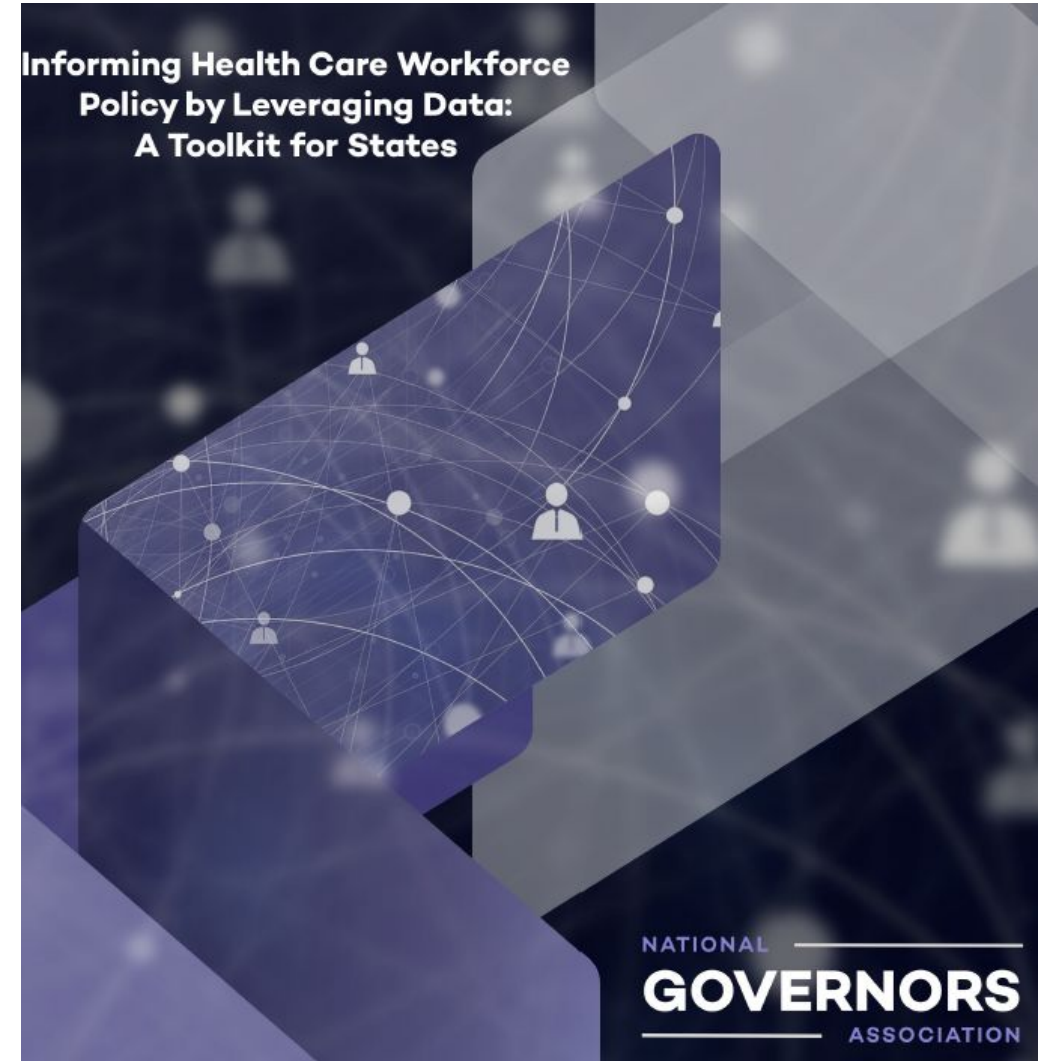
Data Presentation - *Elevated Results*

Vacancy Survey Discussion

Wrap-up & Next Steps

Inquiry Process to Date

- Reviewed guidance/questions from NGA's healthcare workforce data toolkit.
- Met with 3 workgroups to develop initial set of questions concerning healthcare workforce supply, pipeline, demand, and worker challenges/barriers.
- RIDOH and EOHHS successfully executed DSA to secure licensure data for key occupations



Inquiry Process to Date, Cont.

- Convened Data Subgroup including reps from EOHHS (Ecosystem), Dataspark, OPC, & DLT.
 - Reviewed available data sets at both Ecosystem and DataSpark and began process of workshopping questions to determine feasibility and refine inquiry given availability of data.
- Continue work to refine and prioritize questions to bring back to the Data Subgroup to validate and map next steps.

DataSpark and Ecosystem - Relevant Data Sets

DataSpark		Ecosystem	
Agency	Dataset	Agency	Dataset
RIDE	Enrollment, Career and Technical, National Student Clearinghouse, Adult Education, GED	DOH	Health Professional Licensure (available Q2 2023)
OPC	Term Census, Completions, National Student Clearinghouse, Non-Degree Credentials	DOC	Incarcerations and Releases
DLT	Employment and Wage, Real Jobs RI, Unemployment Insurance, Pandemic Unemployment Insurance, Registered Apprenticeship, WIOA.	DLT	Employment and Wage, Real Jobs RI, Unemployment Insurance, TDI/TCI,
Both DataSpark and Ecosystem compile demographic data including race and ethnicity from across datasets where data is collected			

Considerations

- Analysis is heavily reliant on RIDOH licensing data and will therefore focus primarily on licensed occupations identified in the DSA.
- Will be 2 -3 months until data is transferred to Ecosystem from RIDOH.
- Need to investigate quality of RIDOH data, especially concerning race and ethnicity.
- 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.
- Exploring partnership with economist to conduct larger economic analysis including projections to determine gaps in supply and demand.
- Collecting SDOH data concerning healthcare and human services workers is aspirational as there is limited quantitative data and will require surveying.

Supply Questions: Feasible Now/Feasible With Limitations

Questions	Feasibility
<ul style="list-style-type: none"> • How many health and human services workers are licensed in Rhode Island by licensed occupation? • How many people obtain licenses each year by licensed occupation? What are annual trends in licensure by occupation? (point in time data - will take time to analyze trends) • What is the race and ethnicity of licensed individuals in RI by licensed occupation? (quality of data is unknown) 	Available in licensing database now
<ul style="list-style-type: none"> • How many licensed health and human services workers are working in health and human services settings in Rhode Island? • For those that are working, in what settings are they working? • What is the average, median, min, and max hourly wage by setting (and occupation)? • How many licensed workers have prior involvement with the criminal justice system? 	Pending sharing of licensing data with the Ecosystem
<ul style="list-style-type: none"> • What is the education level of licensed individuals in RI by licensed occupation? • For licensed individuals what is their education level and what are their educational pathways including original and current degree? In what position did they start? What are the equity implications? 	Dependent on the possibility of a data-sharing agreement between DataSpark and RIDOH
<ul style="list-style-type: none"> • What is the average, median, min, and max hourly wage by occupation? • How do wages compare to neighboring states by occupation? 	Available in the BLS Occupational Wage Dataset by State (lag by 2 years)

Supply Questions: Achievable with Investment

Questions	Feasibility
<ul style="list-style-type: none"> How many health and human service workers do we project to be licensed and working in health and human services in RI in 5, 10, 15 years by occupation (disaggregate by race, ethnicity, and gender)? How many health and human service workers are aging out of the workforce by occupation? 	<p>Would require a larger economic analysis; meeting with an economist to find out more about what this would take.</p>
<ul style="list-style-type: none"> For those that are licensed and working, what languages do they speak? For those that are working, in what towns do they work? Do the demographics of the health and human services workforce in each setting, reflect the demographics of the community in which they work? (e.g. collect current work site address, setting, and race/ethnicity for point in time analysis?) For those that are working, do they work for more than one employer? How many licensed professionals intend to be working in 5 years? For those that are licensed and working, what is the employment status by occupation (FT, PT, contract, etc.) How many health and human service licensed professionals are foreign trained? From which country is their original license? 	<p>Could this data be surveyed and analyzed as point in time data with license application and renewal for licensed positions?</p>
<ul style="list-style-type: none"> What is the rate of attrition among licensed professionals by occupation? 	<p>Might require some additional analyst resources to look at trends</p>


Pipeline Questions: Feasible Now/Feasible With Limitations

Questions	Feasibility
<ul style="list-style-type: none"> What training and program offerings are available around the state? 	Inventory of training programs is pending validation
<ul style="list-style-type: none"> How many graduates of RI health and human services education and training programs are employed in health and human services related settings in Rhode Island? How many graduates are leaving RI upon graduation? 	DataSpark recently completed this analysis. Looked at state departures by degree program, not occupation due to data constraints.
<ul style="list-style-type: none"> How many graduates are hired into the health and human services sector settings? How many health and human services CTE students are enrolling in a health and human services related higher ed program or setting? How many students have applied to RI health and human services education programs? How many students have enrolled in RI health and human services education programs? How many students are completing/graduating? 	<p>Can be done by DataSpark now (using 2015 - present data)</p> <p>Need to check on source for application and enrollment counts (OPC?)</p> <p>DataSpark can pull completion data for anybody who has attended a K-12 school in RI via the National Student Clearinghouse (note: not all programs report to the NSC).</p>
<ul style="list-style-type: none"> How many health and human services CTE students have become licensed in a health and human services occupation? 	Dependent on the possibility of a data-sharing agreement between DataSpark and RIDOH
<ul style="list-style-type: none"> Are we adequately preparing middle and high school students to be successful in health and human service education, training or jobs? (as determined by test scores) 	Could technically be done but need to determine valid test score threshold.

Pipeline Questions: Achievable with Investment


Questions	Feasibility
<ul style="list-style-type: none">• What is training program capacity?	<p>Program capacity is variable and a moving target particularly for publicly funded training programs which expand and contract based on funding availability.</p> <p>Also, program capacity data is not collected universally; RJRI has capacity information for funded training slots; Institutions of higher education could provide program capacity for their programs.</p>

Pipeline Questions: Unachievable




Questions	Feasibility
<ul style="list-style-type: none">• How many health and human service workers are leaving RI? By occupation? And where are they going?	Unable to determine where workers are going.

Demand Questions: Feasible Now/Feasible With Limitations




Questions	Feasibility
<ul style="list-style-type: none">What occupations, outside of health and human services, are expected to have high future demand? (to help us understand the competitive landscape)	BLS Data and DLT Occupational data.

Demand Questions: Achievable with Investment



Questions	Feasibility
<ul style="list-style-type: none">In which health and human service occupations do we have the greatest need for workers based on demographics, geography, population health, utilization trends, etc.? (P&P WG, HE WG)	This is a larger economic analysis - looking into engaging an economist do it. Look out 5, 10, 15 years.

SDOH Questions: Feasible with Limitations



Questions	Feasibility
<ul style="list-style-type: none">• Are healthcare and human services places of employment accessible for workers?	Wage data includes the address of the place where the filing was made; not the employees place of work; this would require licensing to collect additional data for licensed occupations.

SDOH Questions: Achievable with Investment

Questions	Feasibility
● Do health and human services workers have adequate transportation?	No existing quantitative data on this; Could invest is a workforce survey to do a more thorough wage analysis and assess at barriers to employment and retention
● Are healthcare and human services places of employment safe places to work?	
● Can health and human services workers access safe and affordable housing?	
● Can health and human services workers access childcare?	
● What barriers are workers with prior involvement with the criminal justice system facing?	

Next Steps

- Meet with economist and DLT to explore healthcare workforce projections.
- Validate feasibility assessment of the proposed questions with Data Subgroup and begin work to develop next steps/timeline to complete analysis.
- Present final set of questions to combined Pathways and Higher Education workgroup meeting on December 5.
- Begin next steps and report back to Data Collection and Analytics Workgroup

Vacancy Survey Overview

- Working with Howard Dulude (HARI) and Katie Norman (RIHCA) to create a simple vacancy survey to determine vacancy rates among key occupations.
- Will invite Associations to collaborate and distribute the survey to providers.
- The survey instrument will inquire about:
 - Hiring plans over the next six months
 - Types of settings in which employees work
 - Current and budgeted vacancies for both part time and full time positions.

# Current Vacant Part Time Positions	# of Budgeted Part Time Positions for current year budget	# Current Vacant Full Time Positions	# of Budgeted Full Time Positions for Current Fiscal Year
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Vacancy Survey Overview-Draft Targeted Occupations

HEALTHCARE PRACTITIONERS AND TECHNICAL OCCUPATIONS	HEALTHCARE SUPPORT OCCUPATIONS	COMMUNITY AND SOCIAL SERVICE OCCUPATIONS	BEHAVIORAL HEALTH	HEALTH CARE ADMINISTRATION
Dentists	Dental Assistants	Case Managers	Clinical, Counseling, and School Psychologists	Patient Representatives (Intake)
Dental Hygienists	Medical Assistants	Child Family and School Social Workers	Mental Health Counselors	Medical Records Specialist (Coders)
Licensed Practical Nurses, Nurse Practitioners, Registered Nurses	Nursing Assistants	Community Health Workers	Substance Abuse, Behavioral and Mental Health Counselors	Medical Secretaries and Administrative Assistants (Schedulers and Billers)
Pharmacists	Personal Care Aides	Direct Support Professional	Counselors, All Other	
Pharmacy Technicians	Phlebotomists	Healthcare Social Workers	Marriage and Family Therapists	
Physicians	Psychiatric Aides	Social and Human Service Assistants	Mental Health and Substance Abuse Social Workers	
Physical Therapists			Psychiatric Technicians	
Radiologic Technologists			Psychiatrists	
Respiratory Therapist			Psychologists	

Potential Collaborating Associations

- Hospital Association of Rhode Island
- Rhode Island Health Care Association
- Leading Age RI
- Rhode Island Assisted Living Association
- Rhode Island Partnership for Home Care
- Rhode Island Health Center Association
- Mental Health Association of Rhode Island
- Rhode Island Dental Association
- Rhode Island Medical Society
- Community Health Workers Association of RI
- National Association of Social Workers

Next Steps

- Convene interested Associations and secure commitment to participate
- Work with Association partners to:
 - Vet draft survey instrument
 - Clarify and prioritize occupational titles for which we are seeking data
 - Develop and distribute online survey instrument
 - Analyze and distribute data, findings.