

# Direct Care-Nursing Career Ladders Advisory Committee

Monday, March 27, 2023

2:30 PM – 4:00 PM

Virks Training Room

Attendees: Aryana Huskey, Rick Brooks, Kristin Lehoulier, Amy Grzybowski, Bonnie Rayta, Manny Ortiz, Rebeka Vasquez, Rachael Sardinha, Rick Boschwitz, Sev Baron, Sue Dettling, Sue Pearlmutter, Mushi Calixte, Sarah Lawrence, Elizabeth Roberts, Deb Quaratella, Der Kue, Ariane Famiglietti, Michael Barnes, Amy Weinstein, Deb Cherubini,

## **2:30 - 2:40 pm - Welcome, Introductions, Meeting Goals**

- Rick Brooks welcomed the attendees to the meeting and walked through the agenda.
- Attendees introduced themselves.

## **2:40-2:45 pm -Process Recap**

- Rick Brooks reviewed the process and progress to date, noting that we are currently focusing on developing career pathways for working adults. Rick also:
  - Reminded committee members that the committee's charge is to review requirements and resources for jobs and career advancement and identify and address system barriers that limit access to education, employment, and career advancement.
  - Reminded attendees to think big as we work to develop policy proposals for the coming one to two years.
  - Explained that next month we expect to focus on Career and Technical Education, followed by Licensure in May and Pre-Employment strategies in June.

## **2:45-3:05 Review of Potential Tactics for Building Incentive and Program Opportunities for Working Adults**

- Kristin Lehoulier explained that we are looking to identify and prioritize the most impactful tactics to support working adults in the areas of direct care and nursing, reminding participants that we want to think carefully and strategically about where we should be spending our energy and resources. Kristin continued to:
  - Explain that all of the potential tactics to be discussed have come out of prior committee meetings and discussions and walked through the list of potential tactics outlined in the table below.
  - Ask if those in attendance needed additional clarification and if there are any glaring omissions to the list.
  - Note that we are working to be as action oriented as possible. We are not trying to create a 5 year plan, but rather a 1-2 year list of priority activities. The list might not be exhaustive, but should include the most important actions that we would like to accomplish over the next few years.
- One attendee inquired about whether national accreditation agencies would accept some of the tactics being proposed and Kristin replied that there is national precedent from other states for the tactics on the list.

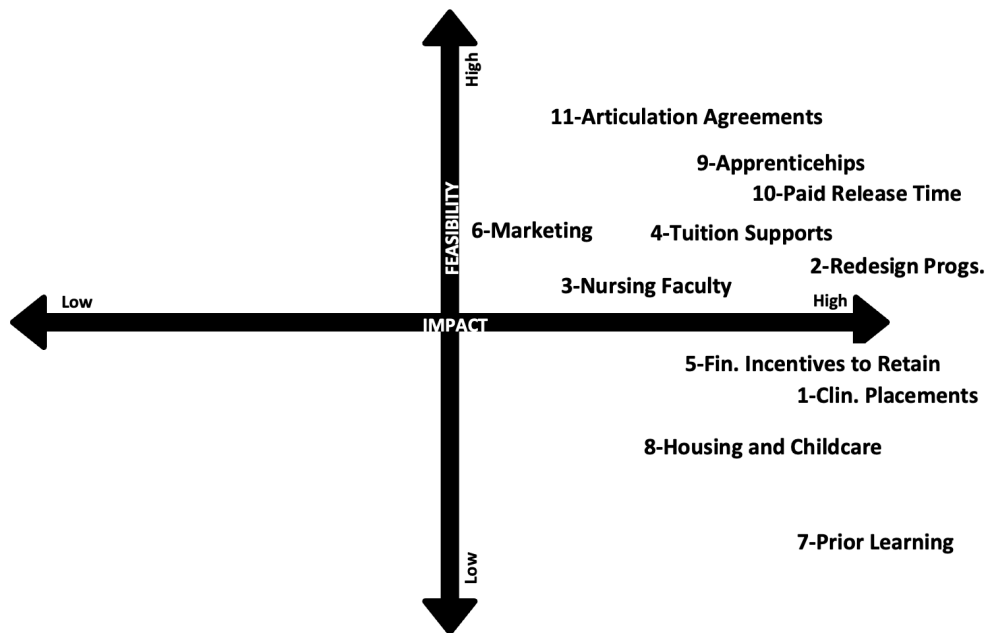
- Another attendee suggested that the development of articulation agreements between institutes of higher education, and potentially high schools, be added to the list. The group discussed the suggestion and agreed that it should be added.
- Kristin added articulation agreements to the potential tactics as #11, resulting in the following list:

| #  | Potential Tactic   | Impact |   |   | Feasibility |   |   |
|----|--|--------|---|---|-------------|---|---|
|    |  | L      | M | H | L           | M | H |
| 1. | Increase financial support for clinical placements to achieve the necessary number of quality clinical sites.  |        |   |   |             |   |   |
| 2. | Redesign training and education programs to create more opportunities for people to obtain further education or training while working and increase students' success: <ul style="list-style-type: none"> <li>• Flexible schedules/shorter programs</li> <li>• Earn while you learn</li> <li>• Completion incentives</li> <li>• Wrap around supports such as child care</li> <li>• Mentoring, tutoring, linguistic, technology and other support for nursing students.</li> <li>• Strong advisement</li> </ul> |        |   |   |             |   |   |
| 3. | Expand the number of nursing faculty by exploring academic-practice partnerships and rethinking who can serve as faculty and how clinicians and faculty might work together.   |        |   |   |             |   |   |
| 4. | Expand financial supports to help people obtain nursing education and enter the field of nursing, such as: <ul style="list-style-type: none"> <li>• Expand RI Reconnect/Health Professional Equity Initiative (tuition and wraparound supports for health and human service paraprofessionals)</li> <li>• Create a health and human service professionals higher education fund (tuition support for targeted occupations with commitment/incentives to work in RI)</li> </ul>                                 |        |   |   |             |   |   |
| 5. | Expand financial incentives to help retain people in nursing roles, such as expanded student loan repayment programs   |        |   |   |             |   |   |
| 6. | Expand public-private outreach and marketing to promote nursing and direct care careers.   |        |   |   |             |   |   |
| 7. | Develop approaches to awarding academic credit for prior learning, credentials, experience, and competency development (could start by convening IHE to compare practices)   |        |   |   |             |   |   |
| 8. | Provide resources for housing and childcare to frontline workers (through grants to health and human services organizations)   |        |   |   |             |   |   |

|     |  |  |  |  |  |  |  |  |
|-----|--|--|--|--|--|--|--|--|
| 9.  | Support the creation of apprenticeship programs that include additional rungs, with corresponding wage increases, on the career ladder     |  |  |  |  |  |  |  |
| 10. | Incentives or financial support for health and human service organizations to provide paid education release time.                         |  |  |  |  |  |  |  |
| 11. | Increase development of articulation agreements among institutes of higher education to support student advancement and skill development. |  |  |  |  |  |  |  |

**3:05-3:55 Prioritization Exercise**

- Kristin divided the meeting up into three groups and explained that there was a poster sized list of tactics at each table with columns that attendees could use to rate both the impact and feasibility of each potential tactic (refer to the table above).
- Kristin explained that at each table, participants were to spend the first five minutes individually rating both the impact and feasibility of each tactic as low, medium, or high. Following the individual rating exercise, each group should look for areas where their ratings diverged, and explore why they didn't initially agree.
- Kristin asked a table how they rated Tactic 1 on both impact and feasibility, and then asked the other groups if they generally agreed or disagreed with the first group's assessment. If there was disagreement, the groups discussed the tactic until everybody in the room generally agreed on the potential impact and feasibility of all 11 of the tactics.
- As attendees discussed each tactic, Kristin would plot the tactic on a graph with the X axis representing impact and the y axis representing feasibility, which resulted in the following chart. Please refer to the table above to identify tactics by their corresponding number.



- During discussion, groups generally tended to score items lower on feasibility for financial reasons.
- Concerning Tactic 2 (Redesign of Training and Education Programs for Adults) participants noted that it is critical to make programs work for adults and that when “one member of a household goes to nursing school, the whole household goes to nursing school”. Attendees noted that it can be challenging to redesign curricula to make it work with adult/family schedules and that many stakeholders need to be involved in that process.
- Concerning Tactic 3 (Expanding the Number of Nursing Faculty), attendees noted that with current nursing and staffing shortages, it may be difficult to move qualified staff to teaching positions.
- Concerning Tactic 5 (Expand Financial Incentives to Retain Nurses), attendees noted that the tactic should be combined with Tactic 6 (Marketing and Outreach to Increase Awareness of Nursing and Direct Care Careers) to ensure that people were aware of current and potentially new programs and resources.
- Concerning Tactic 6 (Marketing and Outreach to Increase Awareness of Nursing and Direct Care careers), attendees noted that such efforts should be targeted to people who are not already in the sector.
- Concerning Tactic 7 (Academic Credit for Prior Learning) Concerning feasibility, attendees noted the need to convene institutes of higher education to develop a consensus approach and the potential challenges working with national accreditation groups. They also noted the difficulty of developing common standards which could take many years. There was some disagreement among participants concerning potential impact with some believing it is a low impact tactic, while multiple people noted that, for example, there are many CNAs with years of relevant experience who could be incentivized to pursue higher education opportunities if they could receive credit for their accumulated experience. Another attendee noted that there is research indicating that people of color who have received prior learning credits are more likely to complete their degrees. Another noted that such a tactic could help diversify the nursing workforce.
- Concerning Tactic 9 (Apprenticeship Programs) there was discussion about how providers might view apprenticeship programs as overly burdensome or expensive, the latter being primarily due to wage increases. The group discussed how employers/providers can set up apprenticeship-like programs without workers needing to become registered. People also discussed increased costs due to the need to build employer provider capacity to provide internal support for workers. Attendees noted that apprenticeships can work well in both union and non-union settings and there was additional discussion about how apprenticeships are always tied to educational milestones or licensure/certification and that they really work best over the intermediate term (ie. it would be difficult to develop an apprenticeship to move somebody from MA to RN, though it could work for somebody moving from a CNA to a MA). There was additional conversation about how apprenticeship programs need to be employer driven, and that multiple employers could come together to build a common program and do the required system change work, but this type of initiative isn't very common in healthcare. There was additional conversation about how apprenticeships can significantly improve employee retention at providers.
- Concerning Tactic 9 (Articulation Agreements), attendees believed that such agreements offered opportunities to help workers move more expeditiously up career ladders and complete degrees. Attendees felt that there were possibilities for institutions to broaden or

expand their articulation agreements and that it is “low hanging fruit” as it is an established practice that could be expanded. Attendees suggested that the group explore articulation agreements with high schools as part of the CTE conversation coming up next month.

- At the end of the discussion, Kristin asked each participant to give three votes for the tactics that they would most like to see the initiative focus on over the next few years. The results of this exercise are below:

| #   | Strategy   | # of Votes |
|-----|--|------------|
| 2.  | Redesign training and education programs to create more opportunities for people to obtain further education or training while working and increase students' success: <ul style="list-style-type: none"> <li>• Flexible schedules/shorter programs</li> <li>• Earn while you learn</li> <li>• Completion incentives</li> <li>• Wrap around supports such as child care</li> <li>• Mentoring, tutoring, linguistic, technology and other support for nursing students.</li> <li>• Strong advisement</li> </ul> | 12         |
| 5.  | Expand financial incentives to help retain people in nursing roles, such as expanded student loan repayment programs   | 10         |
| 8.  | Provide resources for housing and childcare to frontline workers (through grants to health and human services organizations)   | 9          |
| 7.  | Develop approaches to awarding academic credit for prior learning, credentials, experience, and competency development (could start by convening IHE to compare practices)   | 6          |
| 4.  | Expand financial supports to help people obtain nursing education and enter the field of nursing, such as: <ul style="list-style-type: none"> <li>• Expand RI Reconnect/Health Professional Equity Initiative (tuition and wraparound supports for health and human service paraprofessionals)</li> <li>• Create a health and human service professionals higher education fund (tuition support for targeted occupations with commitment/incentives to work in RI)</li> </ul>                                 | 5          |
| 9.  | Support the creation of apprenticeship programs that include additional rungs, with corresponding wage increases, on the career ladder   | 4          |
| 10. | Incentives or financial support for health and human service organizations to provide paid education release time.   | 3          |
| 11. | Increase development of articulation agreements among institutes of higher education to support student advancement and skill development.   | 2          |
| 1.  | Increase financial support for clinical placements to achieve the necessary number of quality clinical sites.  | 2          |
| 6.  | Expand public-private outreach and marketing to promote nursing and direct care careers.   | 1          |
| 3.  | Expand the number of nursing faculty by exploring academic-practice partnerships and rethinking who can serve as faculty and how clinicians and faculty might work together.   | 0          |

**3:55-4:00 Thank you and Next Steps**

Rick thanked everybody for their thoughtful participation and adjourned the meeting.