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Health Care System Planning Cabinet – Meeting #4

August 1, 2024

Welcome



Secretary Richard Charest

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Meeting Agenda

- **Welcome & Introductions** – Secretary Richard Charest
 - Review of the previous minutes
- **Presentation and Discussion: Workforce Transformation** – Rick Brooks
- **Review of Next Steps** – Assistant Secretary Ana Novais
 - **Sector-Specific Small Group Engagement** – Planning in-depth discussions for each of the following sectors:
 - Hospitals
 - Long Term Care
 - Primary Care
 - Behavioral Health
 - Social Services
- **Public Comment** – Secretary Charest

Review of June Minutes



Secretary Richard Charest



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RI's Health Workforce Planning & Data Initiatives

Presentation to Health Care System Planning Cabinet

August 1, 2024

Introduction



-
- Overview of Health Workforce Planning
 - Health Workforce Data Dashboard
 - Findings and Recommendations

Health Workforce Planning and Implementation

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## Stakeholder Engagement

- Launched by EOHHS, OPC, and DLT in April 2022 at 1<sup>st</sup> Annual Health & Human Services Workforce Summit
- Has engaged over 600 individuals from 200+ organizations
- Ad hoc planning team of EOHHS, DLT, OPC, HARI, RIF, CNE, UWRI, RIDOH, RIHCA, RIDE, and Lifespan (*see appendix*)
- Workgroups and project implementation teams
- Bi-monthly online update meetings attended by 125 – 150 stakeholders
- Quarterly electronic newsletter sent to over 1,700 contacts
- Three annual Summits (75, 125, and 155 attendees); two attended by Governor McKee
- Developed Rhode Ahead priorities (*see appendix*)

# Health Workforce Planning and Implementation

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Career Pathways & Pipeline Initiatives

- Career awareness and outreach
 - CaringCareers.ri.gov and social media campaign; Health Care Career Day; Career & Tech-industry partnership development
- Foreign-trained health professionals
 - RI Welcome Back Center
 - Immigrant and refugee pathways to education and employment NASH-OPC
- Pre-employment training programs
- Professional development and continuing education
- Career ladders and apprenticeships
- Higher education supports: Health Professional Loan Repayment Program; Wavemaker program; RI Reconnect; Health Professional Equity Initiative
- 2024 legislative accomplishments: Ladders to Licensure, Primary Care Training Program, Wavemaker expansion, Interstate licensure compacts

Health Workforce Planning and Implementation

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## Policy, Planning, and Alignment

- Health professional licensure – review and revision
  - ARPA, enhanced HCBS FMAP, and related workforce recruitment & retention investments
  - Provider rate increases, rate enhancements, and wage passthrough provisions
  - Federal, state, and philanthropic grant development and implementation
  - Collaboration and alignment with specific occupational and sector-based workforce initiatives, including developmental disabilities, oral health, community health workers, primary care, long-term care, and behavioral health
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# Health Workforce Planning and Implementation

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Workforce Data

- Data collection: Licensure, wage records, surveys, other
- Data sharing (Ecosystem and Longitudinal Data System)
- DLT Occupational Data Dashboard
- EOHHS Health Workforce Data Dashboard



EOHHS Ecosystem Health Workforce Data Dashboard



A major step forward in understanding
important characteristics of Rhode Island's
licensed health professional workforce

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Health Workforce Data Dashboard – Overview

Key components

- Created by EOHHS Data Ecosystem. Matches RIDOH health professional licensure data with DLT wage & employment data, and 20+ other data sets
- Includes most licensed nursing, behavioral health, and oral health occupations (additional occupations will be added)

Analytics capacity

- # licensed and employed
- Median annual earnings
- Demographics (race, ethnicity, age, gender)
- Career progression (nursing only)
- Each of these characteristics can be filtered by occupation, school, setting, and year

Caveats:

- The Dashboard has no information about job titles, hours/week, hourly rate, out-of-state employment, or self-employment.
- Unlicensed healthcare occupations are not included (eg, Medical Asst, Dental Asst, Case Manager, Community Health Worker, Direct Support Professional, Personal Care Aide)

Health Workforce Data Dashboard

STATE OF RHODE ISLAND

HEALTH & HUMAN SERVICES

Table of Contents

| | | | | |
|----------------------------------|-------------------------|---------------------------------------|--|-------------------------------|
| Contents | Notes | Number of Licensed Healthcare Workers | Median Annualized Wages for Healthcare Workers | Race & Ethnicity |
| Age | Gender | Setting | School | CNA Progression Visualization |
| CNA Career Progression by School | Pathway to RN Licensure | | | |

<https://eohhs.ri.gov/health-workforce-dashboard>



STATE OF RHODE ISLAND

Number of Licensed Healthcare Workers in RI

Among RI Licensed: Indep. Clinical Social Worker (LICSW)

Race/Ethnicity:

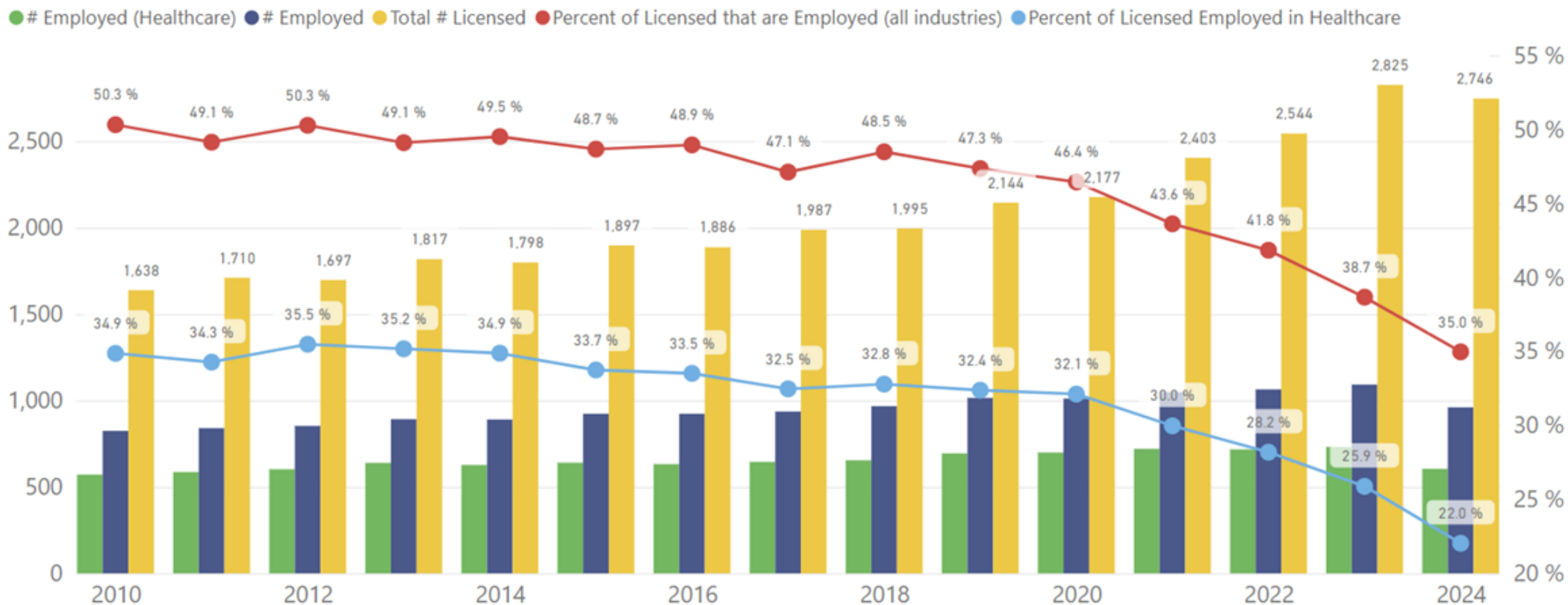
Age Group:

Gender:

Calendar Year:

School Name:

Industry- NAICS:



Clear Filters

Most recent date of data

7/15/2024

Date of next refresh

8/18/2024

Version 1.8, 4/5/2024

Preliminary Findings from the Health Workforce Data Dashboard

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Employment • Equity

Earnings • Age • Settings

Educational Programs • Career Progression

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Many health professional licensees are not employed in healthcare in RI

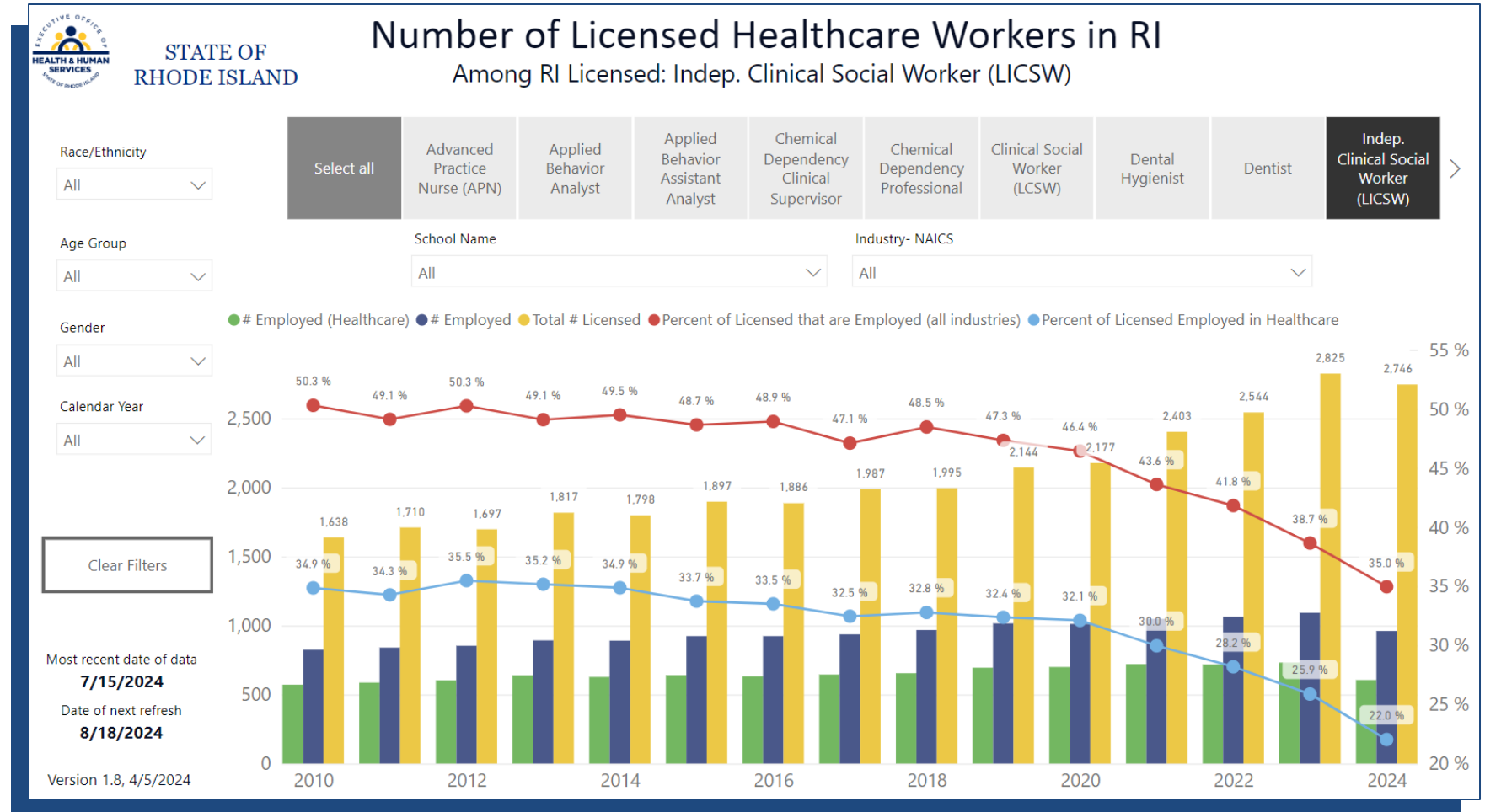
Some are employed in other industries.

Some are employed in other occupations.

Some are employed in other states.

Some are self-employed.

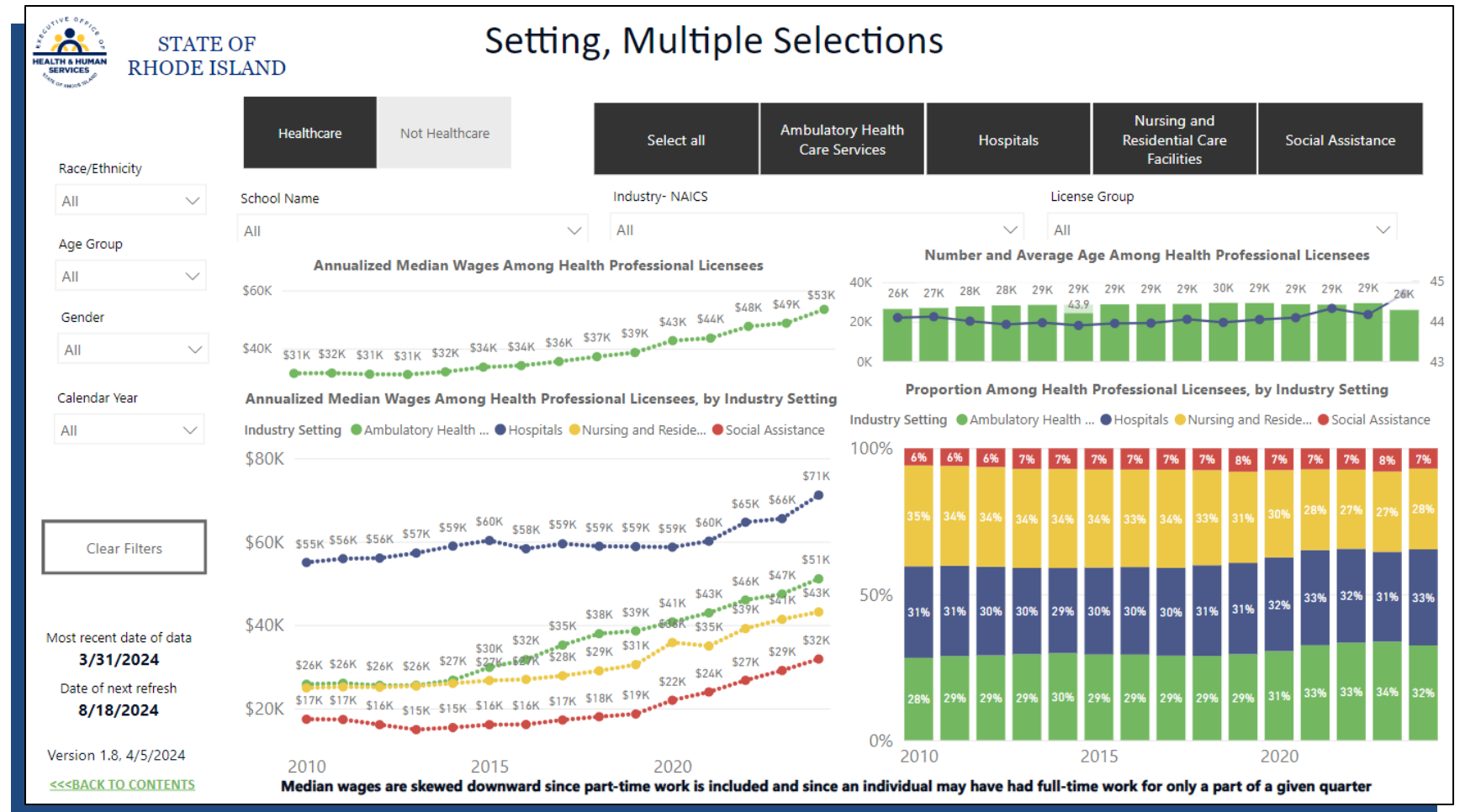
Some are not employed.



LICSWs: Total licensed; total employed in healthcare; total employed in RI

Earnings vary significantly across settings

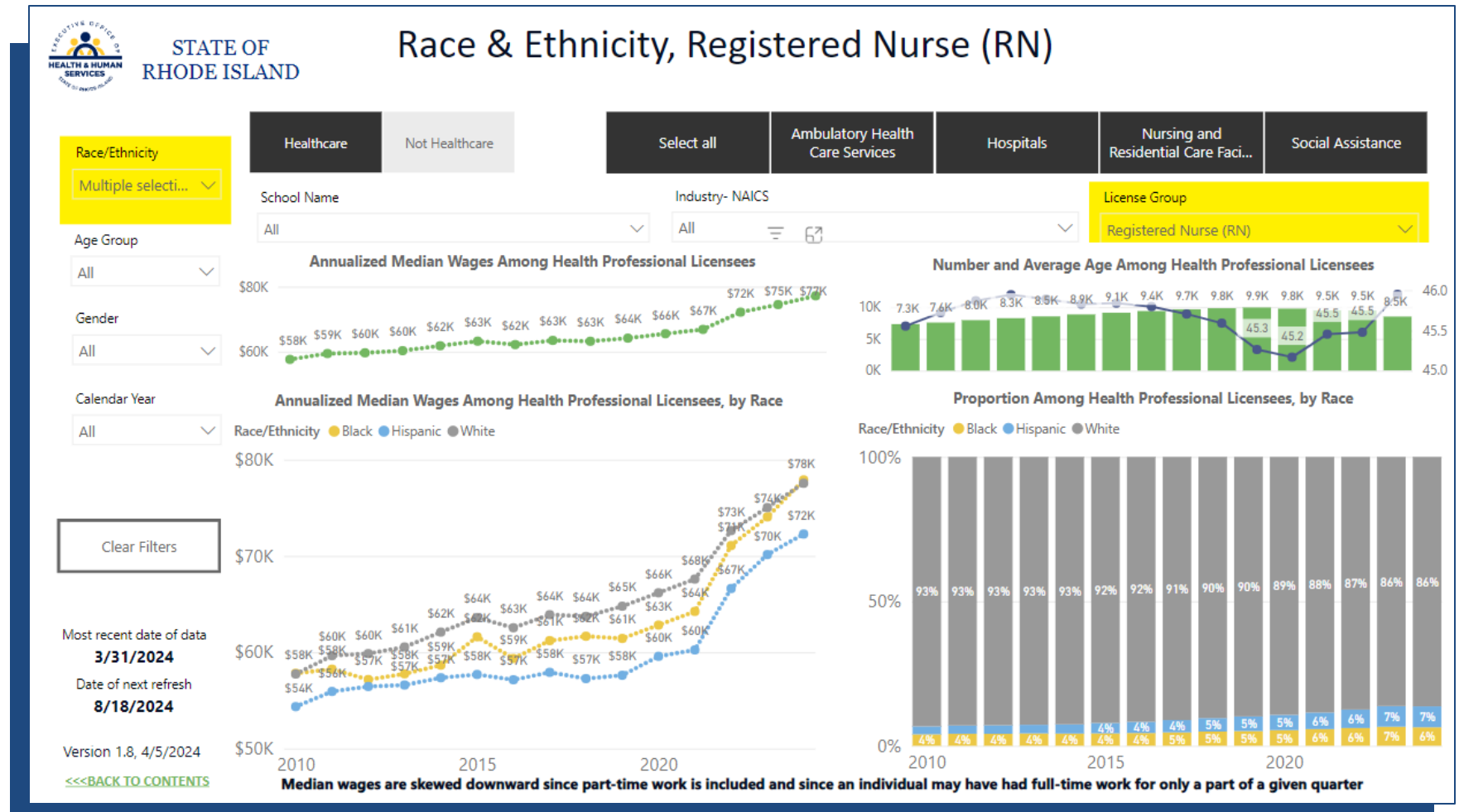
Median annual earnings are typically highest in hospitals and lowest in community-based settings across most occupations.



All licensed occupations; all healthcare settings

Racial and ethnic disparities exist across licensed occupations

People of color are generally under-represented in higher paying occupations and settings and over-represented in lower paying occupations and settings.



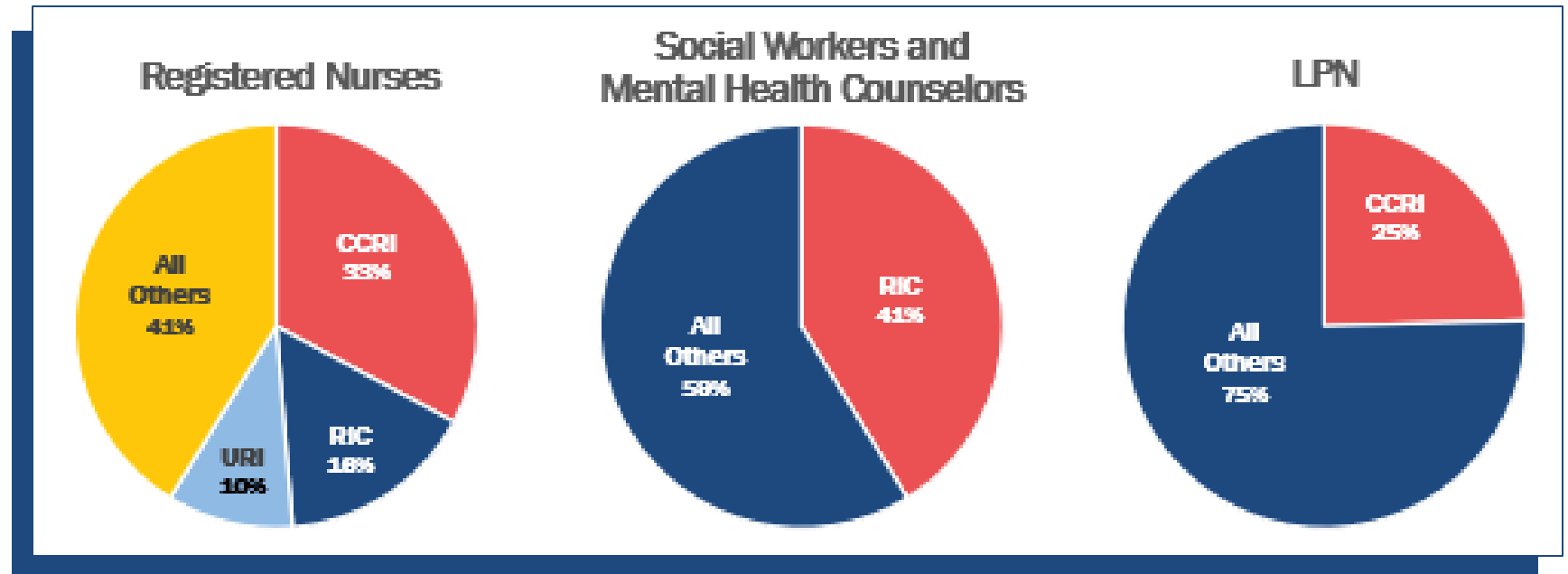
RNs: White, Black, and Hispanic

Rhode Island healthcare relies on public institutions of higher education

Most health professionals working in RI were educated at RI public institutions of higher education.

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Demographics of health professional graduates (not shown here) generally underrepresent the diversity of the State.



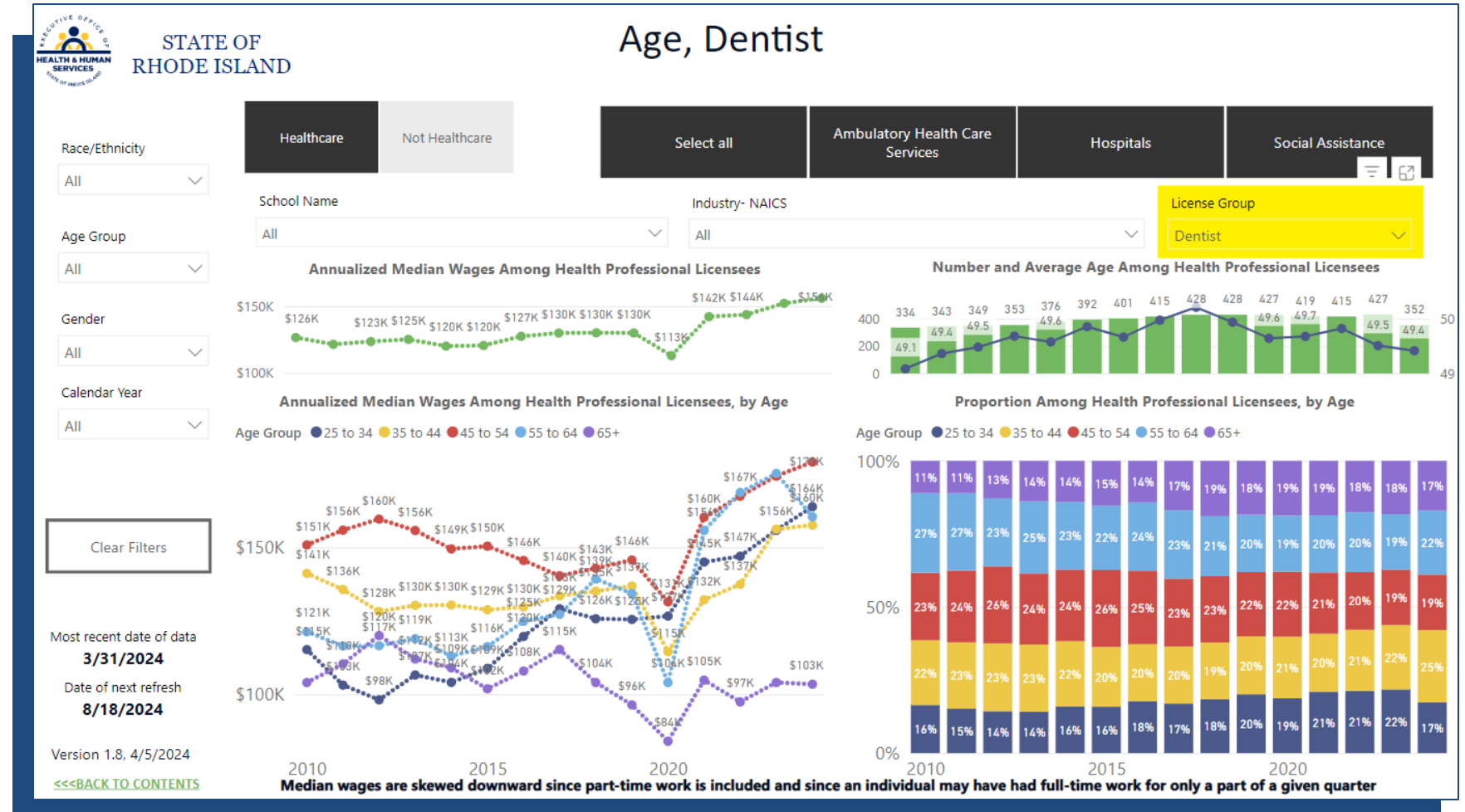
RN, SW, MHC, and LPN employed in RI, by school

# Average age and gender of RI health professionals

LCSWs have the youngest average age.

Dentists have the oldest average age.

Gender patterns are largely unchanged.



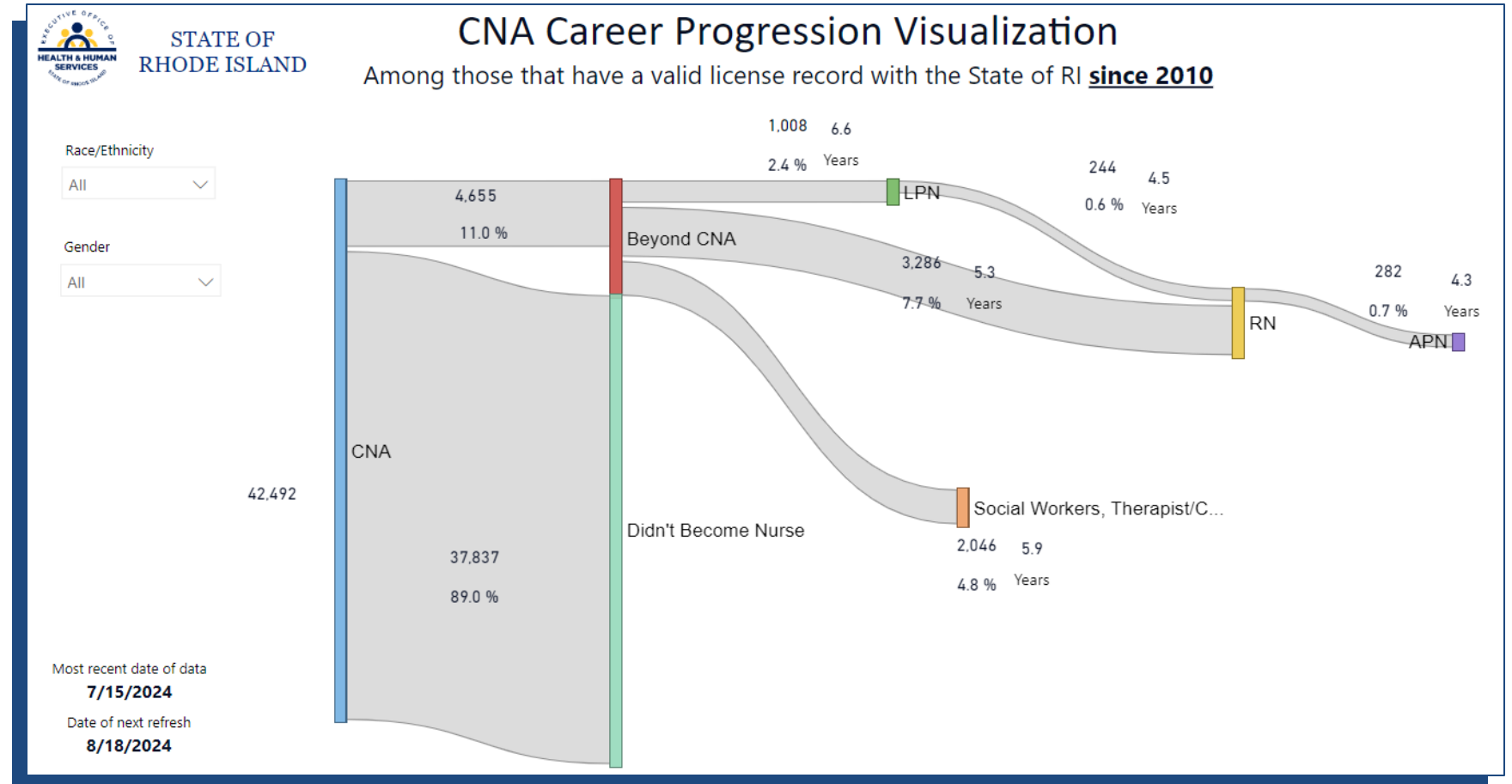
# of dentists, by age

# CNA Career Progression to Nursing

Only 11% of CNAs go on to become an LPN or RN.

Of those CNAs who become RNs, most are White.

But of those RNs who started as CNAs, most are Black and Hispanic.



# and % of Nursing Assistants who have obtained LPN or RN license

# Key Learnings



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What stakeholders – and data – have told us

# Key Learnings

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Shortage of Workers and Students

Workplace Shortages

- Turnover, vacancies, understaffing
- Burnout, risk of injury and illness, work-life balance
- Uncompetitive wages, limited advancement opportunities, other job and career options

Educational Shortages

- Declining enrollment
- Limited career awareness and limited interest
- Faculty shortages
- Limited clinical placement sites

Demographics

- Decline of working age population
- Decrease in immigration
- Generational differences



Key Learnings

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## Equity

- Significant racial and ethnic disparities in occupations, earnings, settings, and roles
- Perception and experience of healthcare and higher education as being unwelcoming to people of color
- Implicit bias impacts job satisfaction, employee engagement, and career advancement
- Failure to consider / maximize potential of untapped and underrepresented populations
- Racial and ethnic disparities among health professionals adversely impact workers, families, communities, and patients/clients



# Key Learnings

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Career Pathways

- Limited opportunities for healthcare career exploration and experiential learning for youth
- Insufficient financial and academic supports and incentives for working adults to return to school
 - Tuition reimbursement, loan repayment, and tax credit programs put upfront costs and risks on working adults
 - Ineligible for CCRI Promise and RIC HOPE scholarships
 - Inflexible school and work schedules
 - Limited opportunities to earn academic credits for experience and knowledge gained outside the classroom
- Some health professional licensure regulations limit access
- Some pre-employment training programs prepare workers for jobs, but not career advancement

Key Learnings

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## Health Workforce Data

- RI health workforce licensure data (RIDOH) and wage records (DLT) do not currently include *individual-level* data on:
  - Hourly wages or part-time/full-time status
  - Job title or role
  - Languages spoken other than English
  - Anticipated retirement date
- RI (and all states) have limited ability to quantify current healthcare job vacancies or forecast long-term labor market demand by occupation or setting
- RI does not have a way to quantify the number of healthcare licensees who are employed outside of RI or who are self-employed



# Draft Recommendations



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Based on stakeholder engagement,  
data, and research

# Draft Workforce Recommendations for the Health Care System Planning Cabinet

**Pipelines:** Expand and sustain healthcare career awareness and experiential learning opportunities for youth, unemployed and underemployed adults, or other untapped or underrepresented populations

- ★ *Sustain funding for Caring Careers website and social media campaign*
- ★ *Expand partnerships between CTE programs and employers*
- ★ *Sustain funding for Welcome Back Center to support recredentialing and employment of foreign-trained health professionals*

**Pathways:** Expand and sustain academic, financial, and wraparound supports for working adults to pursue healthcare certificates, degrees, and licensure to reduce barriers to success and increase the capacity and diversity of the healthcare workforce

- ★ *Sustain funding for Ladders to Licensure and RI Reconnect*
  - ★ *Expand eligibility and scope of RI Promise and Hope Scholarship to include working adults, certificate programs, and Master's level programs*
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# Draft Workforce Recommendations for the Health Care System Planning Cabinet

**Data:** Expand authority and resources to collect, share, analyze, and report workforce data to inform health system and workforce planning

- ★ *Revise RIDOH health professional licensure forms to address gaps in data collection, per new State statute*
- ★ *Expand DLT wage record data collection to include submission of hourly wages and/or hours worked for all RI-based employees*
- ★ *Enhance capacity to forecast health workforce supply and demand*
- ★ *Integrate all health workforce data functions within EOHHS Policy and Planning, including licensure data, Health Professional Shortage Areas, loan repayment, Health Inventory, and Ecosystem*

**Provider rates & wages:** Analyze impact of recent rate increases to ensure that rates are sufficient to support a diverse, well-trained, stable workforce and ensure access to high quality care and services

- ★ *Determine adequacy of primary care rates relative to other specialties, neighboring states, and population health needs*
- ★ *Tie provider rate increases to employee wage increases by requiring wage passthrough and/or wage transparency*

# Discussion/Q & A



Secretary Richard Charest

# Next Steps – Sector-Specific Small Group Engagement

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Assistant Secretary Ana Novais

# Public Comment



Secretary Richard Charest



## PARTNER

**Leverage existing public-private partnerships and collaboration between:**

- Long term care
- Behavioral healthcare
- Home care
- Hospitals
- Primary care
- Social service agencies
- Trade associations
- Professional associations
- Advocates
- State agency leaders
- Higher education
- Training providers
- K-12 Schools
- Philanthropy
- Labor
- Payors



## INCENTIVIZE

**Increase the diversity of RI's health and human service workforce** by supporting paraprofessionals to become licensed health professionals with tuition and supports.

**Attract more people to the health and human service field** through tuition support for students to obtain degrees leading to licensed health and human service occupations.

**Retain nursing and behavioral health professionals** in the state by providing loan repayment support after a period of service in Rhode Island.

**Grow the health and human service paraprofessional workforce** with expanded pre-employment training.

**Expand the capacity of higher education programs** to graduate health and human service professionals by increasing the number of faculty and expanding the number of quality clinical placements.

**Attract students and job seekers to health and human service careers** through career awareness and outreach efforts.



## INNOVATE

**Inspire and fund career ladder pilot programs that reimagine and create pathways to high-demand jobs and careers.**

Collaborative pilots of employers, higher education, labor, CTE programs, and community partners and will prioritize:

- Attracting new workers to the field.
- Increasing access for underrepresented populations.
- Incorporating anti-racist and culturally responsive practices.
- Creating strong linkages with CTE and higher education.
- Removing barriers to education for working adults.
- Using apprenticeship models to create education and training pathways tied to wage increases.
- Engaging multi-employer and/or multi-higher education partners.





## Appendix 2

### Health Workforce Planning Project Team

Rhode Island's Health Workforce Planning Initiative is guided by a public-private project team that includes representatives from across government, the healthcare sector, and philanthropy. Team members include:

Alyssa Alvarado, Governor's Workforce Board

Ara Millette, Lifespan

Aryana Huskey, RI Executive Office of Health and Human Services

Bonnie Rayta, RI Office of the Postsecondary Commissioner

Charon Rose, RI Office of the Postsecondary Commissioner

Elena Nicoella, RI Health Center Association

Howard Dulude, Hospital Association of Rhode Island

Keith Murray, RI Department of Labor and Training

Kristin Lehoullier, Elevated Results, Inc.

Larry Warner, United Way of Rhode Island

Laurie Leonard, RI Department of Health

Marti Rosenberg, RI Executive Office of Health and Human Services

Michael Hobin, RI Department of Education

Rick Brooks, Director, RI Executive Office of Health and Human Services

Sandra Powell, RI Department of Health

Sandra Victorino, Care New England and Commission for Health Advocacy & Equity

Zachary Nieder, Rhode Island Foundation