RI EOHHS Healthcare Workforce Transformation Committee
Social Determinants of Health 11/3/2016 (3:00 – 4:30 pm)
DLT Conference Room (73-1)

Facilitator: Rick Brooks
Presenter: Angela Ankoma, Co-Director, RIDOH Health Equity Institute, *Rhode Island Department of Health*
Prepared by: Cheryl Wojciechowski
Participants: Dr. Manuela Lescault (RIC), Carmen Boucher (RIDOH), Brady Dunklee (Apprenticeship, RI), Elizabeth Guillen (SRI AHEC), Ckarla Agudelo (Thundermist), Lauren Rosato (Planned parenthood), Sarah Margulis (RI Free Clinic), Kayla Mudge (HARI), Jody Jencks (Care New England), Neil Desai (skills for RI), Randall Wilson (JFF), James Rajotte (RIDOH/SIM), Linda Mahoney (BHDDH), Linda McDonald (UNAP), Susanne Campbell (CTC), Jeremy Lopes (Care New England), Liz Hanke (Genesis Center), Linda Katz (EPI), Cheryl Dexter (PACE-RI), Kathleen Kelly (RIALA), Angie Anker, Marie Padilla (South County Health), Randi Belhumeur (RIQI), Melvin Smith (HARI), Sue Pearlmutter (RIC/SSW), Jim Berson (ProvPlan).

Agenda Item	Key Discussion Points
Welcome & Introductions	Rick Brooks welcomed participants and provided background on today's subcommittee meeting. The full HWT Committee met on October 7th to begin to plan strategies to transform Rhode Island's healthcare workforce development system. Elizabeth Roberts, Secretary, EOHHS, Nicole Alexander-Scott, MD, MPH, Director, DOH, Rebecca Boss, Acting Director, BHDDH, and Marti Rosenberg, Director, RI SIM Project each spoke to provide a sense of direction and the overarching goals derived from Reinvent MA and SIM. Seven HWT goals were extracted from that meeting: 1. Primary Care 2. Behavioral Health: Practice & Integration 3. Social Determinants of Health/Cultural Competency & Diversity 4. Data Quality, Reporting & HIT 5. Community and Home-Based Care 6. Chronic Disease 7. Dental Care This Social Determinants of Health subcommittee meeting is the third of the seven. The remaining four subcommittees will meet to discuss the other goals through December 1st and the full group will come together again on December 6th to develop concrete workforce development strategies with the likelihood of having the greatest impact and of being accomplished. Rick added that Randall Wilson from Jobs For the Future is providing labor market research into projected demand, new and immerging healthcare occupations, Rhode Island's healthcare education and training capacity and numbers of

	graduates, and best practices from other states for addressing the challenges and goas of healthcare workforce transformation to assist us in developing healthcare workforce transformation strategies in Rhode Island.
Issue Overview (Angela Ankoma, Co-Director, RIDOH Health Equity Institute, *Rhode Island Department of Health*)	Angela Ankoma provided an overview of her work at RIDOH. In April, the Director of RIDOH created two cross cutting groups within the department: 1. The Academic Center; and 2. The Health Equity Institute. Ms. Ankoma heads the Health Equity Institute. The work of the institute includes the Office of Special Health Care, an internal social justice work group, the Commission for Advocacy and Equity which was created 4-5 years ago, a newly released report on healthcare equity that identified health inequities from a disease specific perspective, internal and external training and support around CLAS standards, and a refugee health program. Ms. Ankoma pointed out that housing and economic development are two key social and environmental determinants of health. She is very interested in finding ways to partner with the HWT committee to address social and environmental determinants of health. Participants asked several questions: ▪ *How does the Health Equity Institute encounter workforce development in addressing the social and environmental determinants of health?* Ms. Ankoma pointed out that RIDOH has created a set of core competencies for Community Health Workers (CHWs) from all sectors as well as an apprenticeship program. The department is now building CHWs into RIDOH program teams. ▪ *What do CHWs do?* CHWs were described as people who identify with the population they serve and work to create linkages on their behalf. CHWs were also described as members of the "lay population" that are trained as advocates. At Thundermist CHWs work with high-risk patients. Compared to RIDOH community based licensed health professionals, CHWs are more representative of the diverse clients they serve and may or may not have additional certifications. A participant shared that RI College just designed a CHW training in coordination with RIPIN and launched the pilot competency-based training a couple weeks ago. Ms. Ankoma added that RIDOH has trained many refugees who have been here for some time as CHWs and this has been a powerful tool in working with the refugee population. It was stressed that CHW training curriculum should include the skills necessary to work as part of a team that includes both clients and professionals. The need for clear definitions of CHWs and social determinants of health was also stressed.
Small Group Discussion of Workforce Strategies	Participants were broken into small groups. Each group discussed two proposed workforce strategies including importance, feasibility, how the strategy can be accomplished, potential barriers and possible solutions.

Large Group Discussion of Workforce Strategies	The small groups reported their finding back to the large group as follows: ***Proposed Workforce Strategy #1:*** *Develop capacity to train current health and social service workforce to better understand and screen for social determinants of health.* A simple screening for social determinants of health that is recognized across sectors needs to be developed. We need to learn from existing roles such as case managers and CHWs that are recovery specialists. An example of something that works in another state is a product in New York, "What affects your health?" cards that have no words, only pictograms. Other potential ideas that were brought to the large group are CTC+, EMTs with feedback loop, and general first responders as a resources. The group listed barriers as: we do not have a not good health literacy screening tool, and we need to teach patients how to "communicate back" to their healthcare providers. A second small group that discussed this strategy stressed the importance of addressing the capacity to engage our current healthcare workforce in continuing education/training. Current efforts by area institutes of higher education to embed social determinants of health in curricula were highlighted such as Brown University and Rhode Island College. The group also suggested approaching HR leadership to foster buy in to embedding training in HR departments, creating hybrid courses and webinars, and offering paid time off to do course work, and look at statistics that focus on healthcare workforce retention to explore current strategies that are successful. This group also discussed the need for a marketing component. ***Proposed Workforce Strategy #2:*** *Incorporate teaching of social determinants of health in all health professional education programs.* The first small group that focused on this strategy suggested creating cultural competency requirements in all programs, a requirement that all health system workforce students must take another language as part of their education/training, recruiting diverse students, exploring courses, addressing how to retrain our current healthcare workforce, and the lack of practicum opportunities. The second group added that Brown offers a policy course that is open to social workers and nurses that addresses the social determinants of health. However these are graduate level so additional courses need to be developed that target undergrads and those without a college degree. The group also suggested such courses could be loaded online. Lastly this group shared the idea of CNAs and para professionals mapping resource needs. ***Proposed Workforce Strategy #3:*** *Expand and support the role of Community Health Workers and other culturally-diverse, direct care workers to address social determinants of health.* This group stressed the importance of clearly defining the role of CHWs, why they are needed in different sectors, and the link between the use of CHWs and cost saving data. Payment was seen as the major barrier.

	Proposed Workforce Strategy #4: *Increase healthcare career awareness efforts directed towards culturally-diverse K-12 students.* This group had several suggestions: introducing students to careers in healthcare should begin before high school; embedding CHWs in schools as resources and role models; create an employment opportunity for immigrant children who are acting as CHWs for their families, and make sure the CHW career pathway does not just target the low-income community for low wage jobs. Another group that focused on this strategy suggested involving the Governor's Office in engaging employers who are experiencing a high staff turn-over in the discussion of how/what they can invest to keep staff in their jobs. The group also brought up several barriers: the native language of many immigrants does not have words that are used in health care system making health literacy and communication a struggle; there are liability issues when CHWs are working doing outreach work in potentially unsafe areas/situations; and the difficulty of calculating the real costs of delivering services. This group also voiced the need to expose students K-12 to the healthcare field including internships and volunteer opportunities as age appropriate. One barrier to this is the regulatory issues around what children can be exposed to. ***Proposed Workforce Strategy #5:*** *Increase scholarships, tuition assistance, loan forgiveness, and other supports for culturally-diverse health professional students.* The group that discussed this strategy suggested that a cultural mentorship program be included in higher education programs and that tax incentives could be offered to Institutes of Higher Education to support financial assistance to students in healthcare profession programs. •K-12 student's exposure will be a determinant of culturally-diverse health professional interest and demand for scholarships •Internship/volunteer opportunities available to K-12 students for exposure to the healthcare environment are needed; barrier is that healthcare settings may place restrictions on how much students can see and where they can work (ie, at some hospitals, students cannot observe Operating Rooms due to hospital policy and regulations) •Higher education cultural mentorship directly from institutions to combat student cultural barriers or problematic home dynamics •Tax incentives provided to institutions in supporting financial assistance for students pursuing health professions and who come from culturally diverse backgrounds •General financial assistance allocation to populations based on health inequity as a tool for promoting diversity ***Proposed Workforce Strategy #6:*** *Expand entry-level pre-employment healthcare training opportunities for culturally-diverse unemployed and under-employed adults.* This group identified the need for apprenticeship and pre-apprenticeship programs to be offered by employers at entry levels and career path for those who successfully complete the programs to be hired, and a barriers – low demand in

	some occupations from the employer side. An example from hospitals is the fact that care is moving more towards community-based and away from hospitals such as with urgent care centers. •Develop pre-apprenticeships for interested unemployed/underemployed individuals or incumbent workers who may lack necessary skillsets in collaboration with employers •As community health organizations are expanding (in clinic, ambulatory, etc. settings), pre-apprenticeships should be inclusive of such employer types •Employer-based sponsorships or scholarships for people who complete programs and are at the top of pre-apprenticeship programs •Develop apprenticeships for entry-level positions in in-demand healthcare fields, such as IT, nursing, and coding •If possible, employers can set up career paths for incoming, entry-level workers to facilitate career growth Barriers: •Employer demand is paramount, and links directly to job turnover rate and availability of opportunities (at some employer institutions, turnover is very limited) ***Proposed Workforce Strategy #7:*** *Develop career pathways strategies to improve recruitment, retention, continuing education, and advancement of culturally-diverse entry-level healthcare workers.* Taking inventory of what already exists; looking at specifics for each cohort; modeling career pathways after nursing; and exploring whether orientation to healthcare careers programs exist in high school or at CCRI were suggested as potential strategies. The group also felt that Stepping Up is a key program to involve in career pathway strategies. Other discussion included: Tuesday's summit, Advancing Health Care Education in RI Schools where best practices in K-12 schools will be shared including a tool kit and resources. The organization's website is www.advancingrihealth.com. Area Health Education Centers (AHEC) in the Providence area will be starting up again in again in certain underserved schools. Several participants suggested looking into this as a strategy to increase healthcare career awareness in culturally-diverse schools.
Next Steps	Rick Brooks thanked participants for their time and input and reminded the group that there will be four other subcommittees through December 1st and that the next large HWT Committee meeting will be on December 6th. He added that JFF (Jobs for the Future) will be conducting interviews and doing research to assist with the development of workforce transformation strategies for Rhode Island.