

THE
HUMAN SERVICES
WORKFORCE
IN RHODE ISLAND

— August 2020 —



In partnership with the



**Rhode Island
Coalition for
Children and Families**



Bryant University

HASSENFELD INSTITUTE FOR PUBLIC LEADERSHIP

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Executive Summary

Utilizing publicly available Census ACS data, this report by Bryant University's Hassenfeld Institute for Public Leadership examines the characteristics of Rhode Island's human services workforce. The Hassenfeld Institute partnered with the Rhode Island Coalition for Children and Families (RICCF) to review the data and provide insight from those within the human services field.

Taking an analytical approach, this report describes the size, characteristics, and estimated economic impact of the human services workforce in Rhode Island.

The human services workforce is composed of over 17,000 Rhode Islanders who both work and live within the Ocean State, who have contributed an estimated \$63 million in state and local taxes in 2018. This workforce is 80% female, more ethnically and racially diverse than the workforce as a whole, and more likely to be disabled.

While compensation varies by function, human services jobs are generally considered to be in a low wage sector.

As the human services workforce is more representative of women, people of color, those who are foreign born, and those who have disabilities, increased wages for the human services workforce could contribute to advancing pay equity in Rhode Island. Depending on compensation changes, this could potentially also decrease reliance on public assistance programs for human services workers.

Despite its significant diversity, the human services workforce also experiences challenges such as gender and racial pay disparities and occupational segregation, as does the workforce in general.

The human services workforce takes care of those who are most vulnerable: those with disabilities, special healthcare needs, behavioral health needs, children, and those in need of assistance. This vital workforce has a direct and positive effect on the overall well-being of Rhode Island.

Introduction

The overall success and impact of Rhode Island's human services industry is heavily dependent on the quality of its workforce. The largest impression that an inadequate workforce leaves is on those that it serves.

The human services workforce has a significant impact on the quality of life for all Rhode Islanders. From childcare to elder care, human services workers affect each of us – especially the most vulnerable.

However, the systematic issue of compensation threatens to lower this quality of care and worsen outcomes for all. Median wages within the sector are significantly lower than those of the total workforce, including those in adjacent industries such as healthcare. Many human services roles also share similar qualifications and credential requirements as health care roles, despite the disparity in pay. Furthermore, private human services organizations are subject to direct competition with state governments that often offer more attractive benefits and salaries for similar roles.

As a result, Rhode Island's human services sector is at risk of increased turnover and lengthy position vacancies. Employers in this sector are in need of solutions to recruit and retain a highly competent, skilled, and diverse workforce to serve its high-risk, vulnerable client population.

It is clear that the low valuation of human services work needs to be addressed.

With these issues in mind, the Rhode Island Coalition for Children and Families and the Hassenfeld Institute for Public Leadership at Bryant University have developed this report to describe the characteristics and challenges faced by this critical workforce.

Using publicly available data, this report will analyze the Rhode Island human services workforce, detailing this important sector of the Rhode Island economy. In order to ensure relevancy, the majority of this report will analytically compare human services employees who both work and live in Rhode Island with all employees who both work and live in Rhode Island.

As this report is primarily based on 2018 data, the issues and challenges discussed predate the coronavirus pandemic and relevant economic issues taking place both locally and nationally. It is very likely that these situations have altered the realities faced by the human services workforce. The remainder of this report does not discuss or make reference to the coronavirus or other events taking place at the time of publication.

This report will further discuss the issues the human services workforce faces, the implications of these challenges, and the employees who are the human services industry.

Our Industry

Diverse Roles

Rhode Island's human services sector includes a broad range of roles that support and enhance the well-being of all Rhode Islanders. Many services, such as childcare, are of significant value both to families and society as a whole. Key services within the sector are especially critical to vulnerable populations such as the elderly, those with special healthcare needs, and those who are economically or socially disenfranchised.

Due to overlapping roles with adjacent industries – especially behavioral health care – and diverse functions, conflicting definitions of the human services industry exist. Human services is largely thought of as part of the health and human services system, as sectors within this group often share similar funding sources and challenges. However, these sectors also have unique properties that make separating them critical to thoughtful policy.

For the purposes of this report, the human services industry is composed of six key subsectors:

- 1) Outpatient mental health and substance abuse centers;
- 2) Residential intellectual or developmental disabilities, mental health, and substance abuse facilities;
- 3) Individual and family services;
- 4) Community food, housing, emergency, or other relief services;
- 5) Vocational rehabilitation services; and
- 6) Child day care centers.

The titles of these subsectors come directly from the North American Industry Classification System (NAICS). Due to overlapping roles, NAICS often conflates the health care and social assistance sectors. The

subsectors selected for this report were approved by the Rhode Island Coalition for Children and Families, an association of 39 human services nonprofits operating in Rhode Island, and are adopted from “The Face of the Human Services Sector,” a Massachusetts-focused report published by the University of Massachusetts. Each subsector serves a critical role.

Outpatient centers provide both mental health and substance abuse counseling services, typically employing roles such as mental health counselors and psychiatrists.

Residential facilities provide 24/7 care to youth and adults with a variety of needs. Residential services are typically considered to be the highest level of care prior to hospitalization, and therefore often serve some of the highest-needs individuals. Staff often include roles such as direct service workers or care aides, clinicians, and nurses.

Individual and family services are composed of general human service providers, foster care, early childhood services, and community-based services that address a variety of unique needs. This subsector relies on a broad range of roles, including social workers, case managers, outreach workers, and specialists.

Community services are often provided on an emergency basis to assist individuals with their basic needs. Services may include shelter, food access, and financial assistance. Staff often include roles such as care coordinators, social workers, and outreach workers.

Vocational rehabilitation services assist members of the community in overcoming barriers to meet their vocational goals. Services are typically targeted towards those

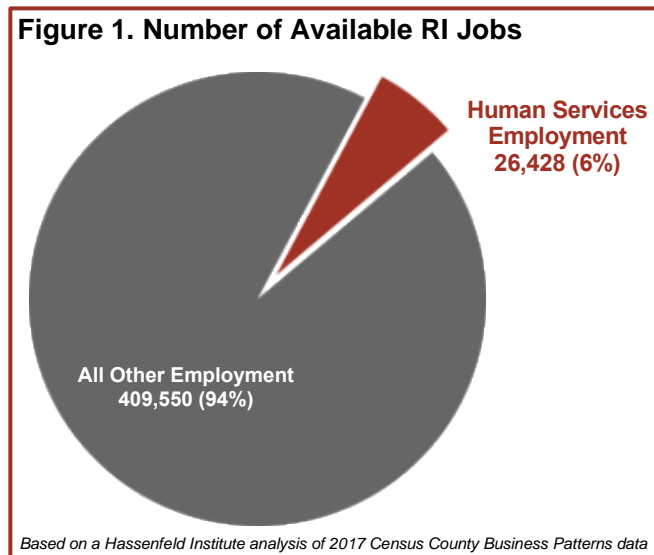
with unique needs that interfere with achieving these goals. Common roles include vocational rehab counselors and vocational specialists.

Child day care centers provide direct childcare to children while families are at work, school, or are otherwise unable to provide care. Staff roles include early childhood educators and childcare workers.

Jobs Versus Workers

According to the 2017 Census County Business Patterns survey, the human services industry makes up approximately 26,428 Rhode Island-based jobs, or 6% of all employment in the Ocean State. This includes full- and part-time jobs and refers specifically to the number of positions available.

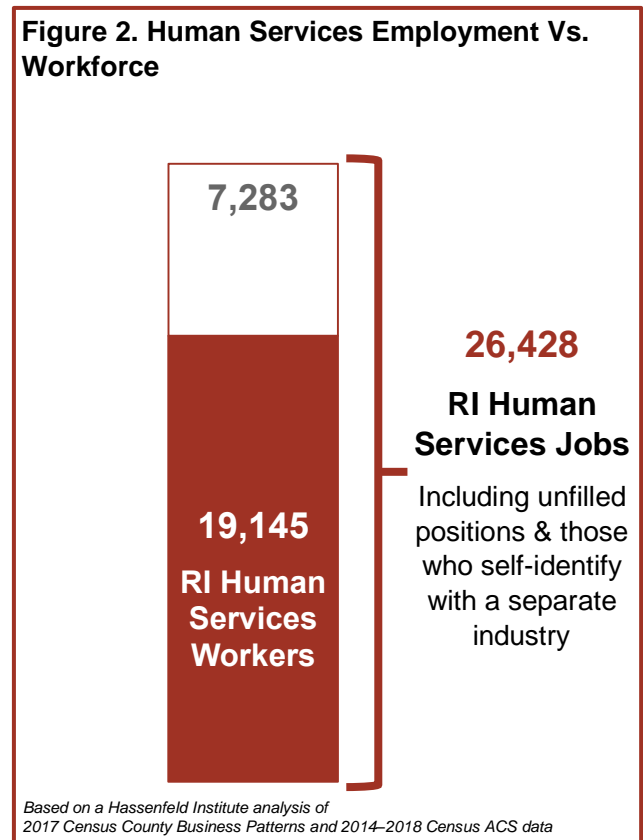
Though the human services industry is not traditionally thought of as a unique economic sector, it should be noted that the economic impacts of the industry can be quite large. According to the 2017 Census County Business Patterns survey, Rhode Island’s human services sector is as large as major economic sectors such as the finance and insurance sector.



Due to unfilled positions as well as human services employees self-identifying as

belonging to another sector, the actual number of human services employees may be lower. Employees are likely to identify with another sector due to multiple human services roles being present in different industries, such as education and health care. Furthermore, many human services employees who have two or more jobs may not consider the human services industry as their primary employment.

Currently, there are an estimated 19,145 people employed within the human services sector in Rhode Island, based on data from the 2014 – 2018 Census American Community Survey (ACS).



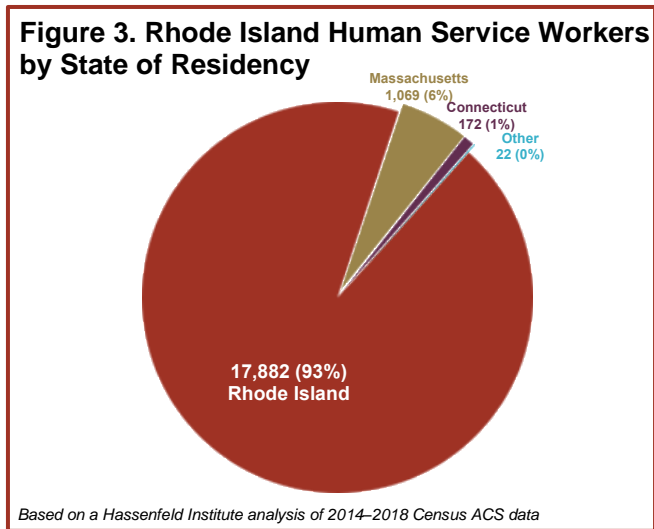
The disparity between employment (number of jobs) and number of workers highlights a long-term issue with workforce recruitment and retention in both the public and private human services sectors. According to the Rhode Island Coalition for Children and Families, insufficient wages are the driving

cause of this employment gap. Systemically insufficient wages are attributed to inadequate public financing, unfunded mandates, and subsequent administrative burdens.

According to the Coalition for Children and Families, many state government roles are similar in scope and nature to skilled work within the private human services sector yet offer much more competitive salaries and benefits, causing the two sectors to compete with one another for workers.

State by State

Of the 19,145 human services workers with Rhode Island-based jobs, 17,882 – or 93% – are Rhode Island residents, with 6% residing in Massachusetts and 1% residing in Connecticut. The remainder of this report focuses exclusively on those who are employed *and* reside within Rhode Island. For parity, statistics relating to the overall workforce will also be based on Rhode Island residents who are employed within Rhode Island.



By Subsector

The vast majority of human services workers are employed by residential care facilities (27%), individual and families services (35%), and child day care services (25%). Numbers for outpatient mental health and substance abuse treatment centers are estimated to be 30% of all outpatient care centers, based on Census County Business Patterns data.

Table 1. Human Services Subsectors

Human Services Subsector	Estimated Workforce	Percentage of Human Services Workforce
Outpatient Mental Health and Substance Abuse Care Centers*	1,492	8.34%
Residential Care Facilities, Except Skilled Nursing Facilities	4,835	27.04%
Individual and Family Services	6,241	34.90%
Community Food and Housing, and Emergency Services	416	2.33%
Vocational Rehabilitation Services	491	2.75%
Child Day Care Services	4,407	24.64%
Total	17,882	100.00%

* Estimated at 30% of all Outpatient Care Centers
Based on a Hassenfeld Institute analysis of 2014–2018 Census ACS data



Our Workers

Racial and Ethnic Diversity

The workers of the human services industry are a diverse group of individuals with unique backgrounds and experiences.

Over one-third of human services workers are people of color, with Hispanic and Latino individuals making up the largest portion of this group at 17.57%. The human services industry is more racially and ethnically diverse than the workforce as a whole.

In spite of this diversity, as with the economy as a whole, significant racial inequities exist within the human services sector. Anecdotal evidence suggests that people of color are rarely promoted to management and executive roles within the industry – an observation supported by data, with white people composing just 65.24% of the sector workforce but over 86% of sector employees who earn \$50,000 or more.

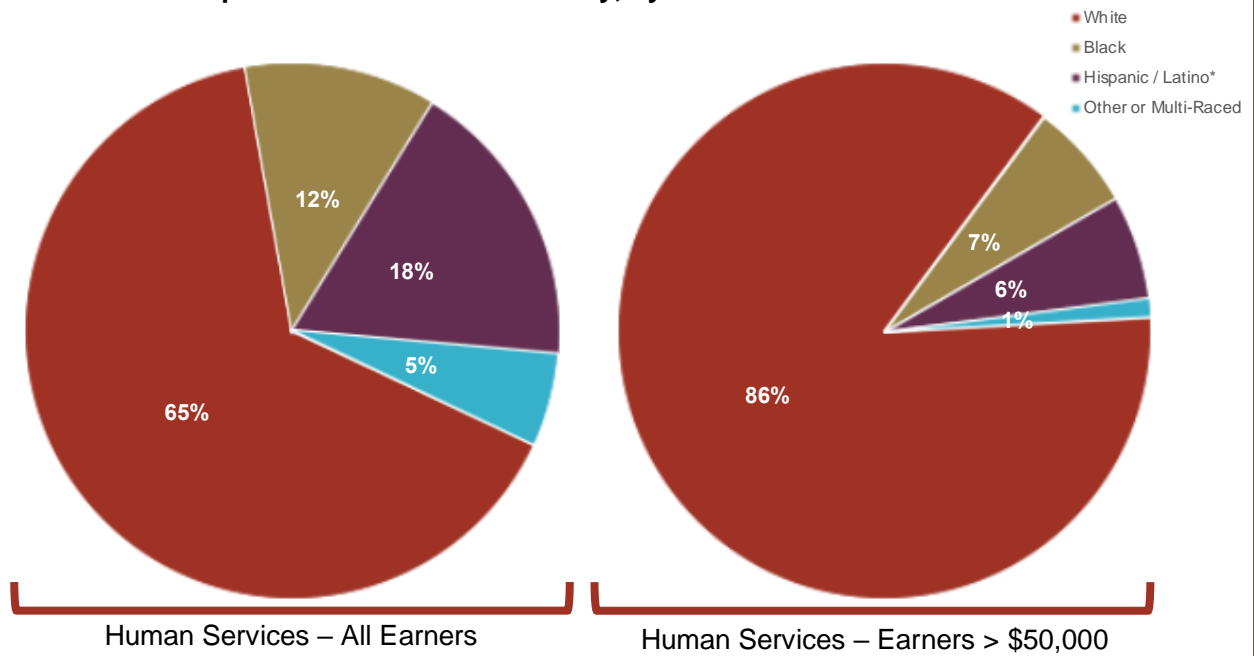
These longstanding racial disparities are an area of great concern among industry leaders in Rhode Island. Within the Coalition for Children and Families, for example, defined career ladders are among the reforms being implemented to ensure that top roles are accessible to community members from every background.

Table 2. Percentage of Workers by Race

Race	Percent of Human Services Industry	Percent of Total Workforce
White	65.24%	76.86%
Black	11.62%	4.81%
Hispanic and/or Latino*	17.57%	12.55%
Other or Multi-Raced	5.56%	5.78%
Total**	100.00%	100.00%

* Categories are mutually exclusive
 ** Sums may not add to 100% due to rounding
 Based on a Hassenfeld Institute analysis of 2014–2018 Census ACS data

Figure 4. Racial Makeup in Human Services Industry, by Income



Based on a Hassenfeld Institute analysis of 2014–2018 Census ACS data

* Categories are mutually exclusive

Gendered Occupations

Four out of every five human services workers identify as female. This is in stark contrast to the workforce as whole, which is 49.86% female.

This gender disparity persists in every single subsector of the industry, with over 93% of Child Day Care workers identifying as female. The Child Day Care subsector also contains the lowest median salary of all human services subsectors, helping exacerbate the gender income gap.

According to a 2018 report by the American Association of University Women, the gender pay gap in Rhode Island is 16%, meaning that the average woman makes 84¢ for every dollar made by the average man. Nationally, this gap is made worse by minority racial status and sexual orientation, as well as old age.¹

Within Rhode Island’s human services sector, women earn approximately as much as their male counterparts, though women are slightly less likely to hold high-paying roles (at or above \$50k). However, occupational segregation is a major cause of the gender

pay gap.² Occupational segregation occurs when women are disproportionately represented in lower-valued fields of work, including the human services sector. Women are further disproportionately represented in some of the lowest-valued subsectors within human services, compounding this effect.

The low valuation of human services work in the State of Rhode Island directly contributes to the gender pay gap.

Table 3. Percentage Female by Subsector

Human Services Subsector	Percentage Female
Outpatient Mental Health and Substance Abuse Care Centers*	77.15%
Residential Care Facilities, Except Skilled Nursing Facilities	72.53%
Individual and Family Services	76.29%
Community Food and Housing, and Emergency Services	60.34%
Vocational Rehabilitation Services	76.37%
Child Day Care Services	93.49%
Total**	79.21%

* Estimated at 30% of all Outpatient Care Centers
 ** Sums may not add to 100% due to rounding

Based on a Hassenfeld Institute analysis of 2014–2018 Census ACS data

Figure 5. Human Services Workers by Gender



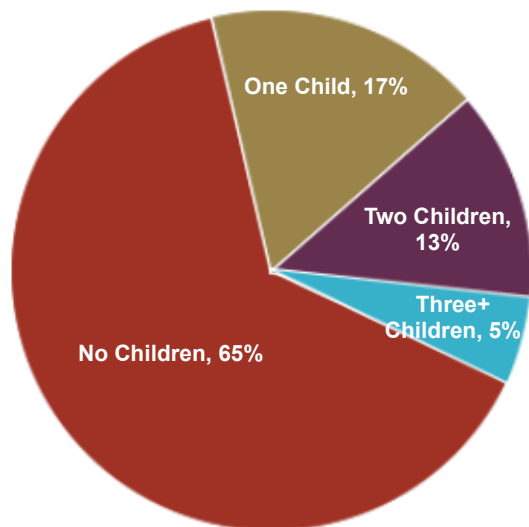
¹ “The Simple Truth About the Gender Pay Gap.” Washington, DC: American Association of University Women, 2018, <https://www.aauw.org/app/uploads/2020/02/AAUW-2018-SimpleTruth-nsa.pdf>.

² Ibid.

Parental Status

Human services workers are slightly more likely to be parents, with 35.61% of human services households raising at least one child of their own, relative to 33.05% for all workforce households.

Figure 6. Number of Children per Human Services Household

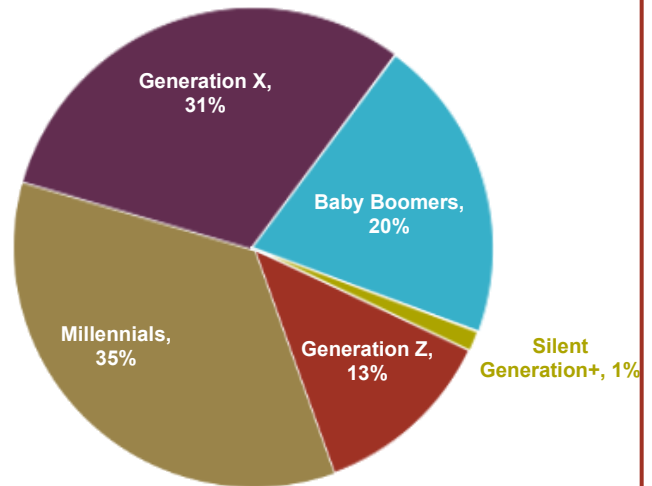


Based on a Hassenfeld Institute analysis of 2014–2018 Census ACS data

Generational Status

Human Services employees are approximately the same age as the total workforce, with an average age of about 42 years. However, further recruiting and retaining young people will be critical to prevent shortages of qualified workers in the decades to come.

Figure 7. Human Services Age Groups



Based on a Hassenfeld Institute analysis of 2014–2018 Census ACS data

Table 4. Number of Children by Household

Number of Children	Percent of Human Services Households	Percent of Total Workforce Households
No Children	64.39%	66.95%
One Child	17.25%	14.98%
Two Children	13.08%	13.16%
Three or More Children	5.28%	4.91%
Total*	100.00%	100.00%

* Sums may not add to 100% due to rounding
Based on a Hassenfeld Institute analysis of 2014–2018 Census ACS data

Table 5. Percentage of Workers by Age

Generation	Percent of Human Services Industry	Percent of Total Workforce
Generation Z	12.60%	12.06%
Millennials	34.96%	32.13%
Generation X	30.63%	33.25%
Baby Boomers	20.48%	21.54%
Silent Generation or Older	1.33%	1.02%
Total*	100.00%	100.00%

* Sums may not add to 100% due to rounding
Based on a Hassenfeld Institute analysis of 2014–2018 Census ACS data



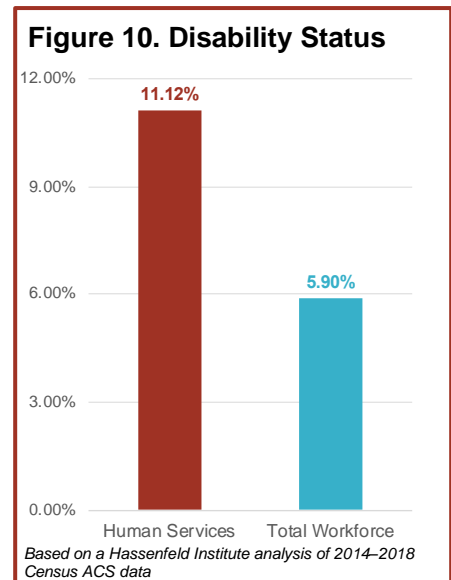
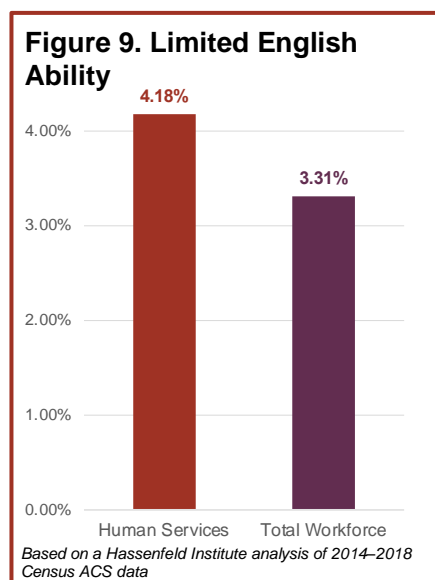
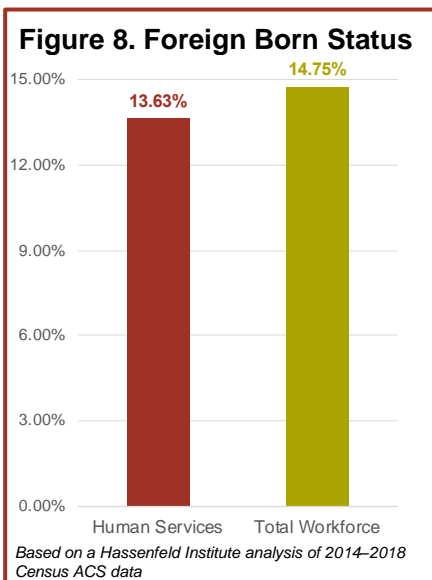
Additional Characteristics

Approximately one in seven members of Rhode Island’s human services industry is foreign born, making up a significant portion of the sector – in line with the total Rhode Island workforce.

Anecdotal evidence from the Coalition for Children and Families suggests that in recent years, there has been an increase in foreign-born human services workers from Africa. Furthermore, Rhode Island is experiencing a rising number of new immigrants from Latin America, Africa, and Asia.³ As these trends continue, the sector may become increasingly reliant on foreign workers in the future.

Notably, over 4% of human services workers do not speak English well or at all – a slightly higher rate than the total workforce. Language barriers and cultural differences are likely to have a direct impact in a sector that is significantly based on human interaction.

A significant 11.12% of the human services workforce has at least one disability, compared to 5.90% of the total workforce.



³ “Healthcare Workforce Transformation.” Rhode Island Executive Office of Health and Human Services, May 2017, http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Workforce/HWT_Report-FULL.pdf.

Economic Status

Individual Income

Despite the statewide importance of the human services sector, wages lag behind both the overall workforce and similar roles in the public and health care sectors.

According to 2014–2018 Census ACS data, the median wage of a human services employee is just \$26,358.65, or 71% of the median workforce wage of \$37,290.17.

Human services wages can vary significantly by subsector, with outpatient center services earning \$38,204.71 – above the workforce median wage – and child day care services earning only 57% of the sector average at \$14,989.42.

Table 6. Subsector Wages

Human Services Subsector	Median Wage
Outpatient Mental Health and Substance Abuse Care Centers*	\$ 38,204.71
Residential Care Facilities, Except Skilled Nursing Facilities	\$ 27,353.62
Individual and Family Services	\$ 30,392.91
Community Food and Housing, and Emergency Services	\$ 29,978.84
Vocational Rehabilitation Services	\$ 19,163.00
Child Day Care Services	\$ 14,989.42
Total	\$ 26,358.65

* Estimated at 30% of all Outpatient Care Centers
Based on a Hassenfeld Institute analysis of 2014–2018 Census ACS data

Figure 11. Median Human Services Wage



Based on a Hassenfeld Institute analysis of 2014–2018 Census ACS data

As the human services workforce is more representative of women, people of color, those who are foreign born, and those who have disabilities, adequate pay for the human services workforce contributes overall to advancing equity in Rhode Island.

As the overall population continues to age, demand for human services are likely to go up. However, without adequate wages to recruit and retain younger, skilled employees, the sector’s ability to provide care could be in jeopardy.

The consequences of the current compensation model could include a break in continuity of care with high-needs individuals, insufficient staff-to-client ratios, inability to comply with contracts and regulations, inability to meet growing demand, a significant decrease in quality of services, and even financial insolvency of private human services organizations.

A range of public policies have been taken up in other states to address this pending health crisis. Undoubtedly, solutions will have to include action and advocacy on behalf of state governments.

One common policy used to address the human services field is rate setting, which allows state entities to align rates to the actual service provider costs.

This process, which is typically done on an annual basis, allows real-world changes to the cost of labor and supplies to be factored into the rates that human services providers receive, allowing wages to be adjusted in line with relevant economic factors.

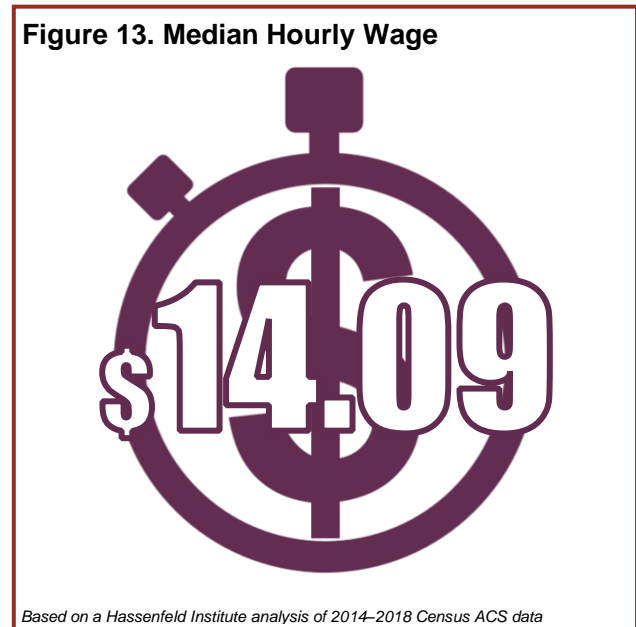
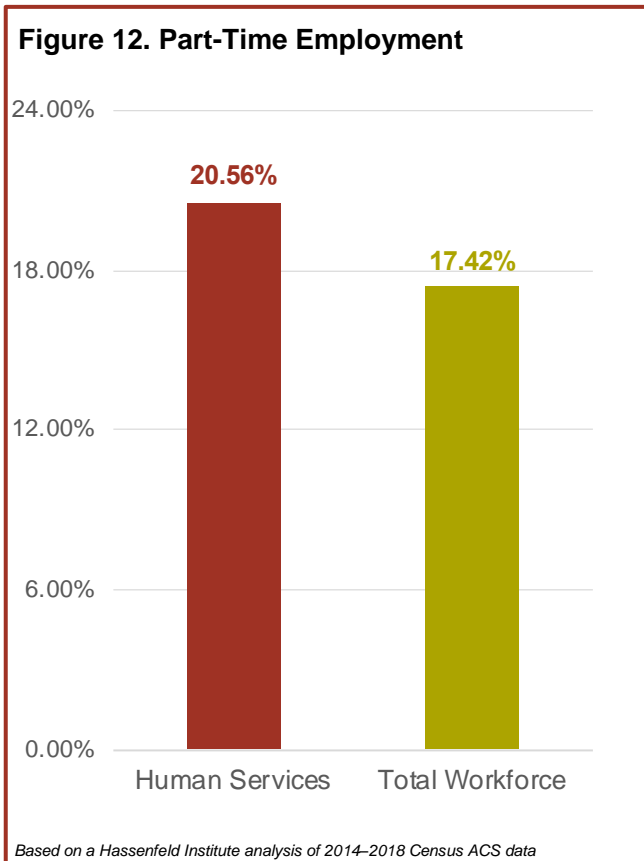
According to the Rhode Island Coalition for Children and Families, the vast majority of contracts between member organizations and the State of Rhode Island lock providers into rates for multiple years at a time, causing wages to stagnate, regardless of factors such as inflation.

Human services workers are also more likely to work part-time. 20.56% of human services employees work less than 30 hours per week, compared to 17.42% of the total workforce.

Based on input from the Coalition for Children and Families, human services workers are

more likely to work part time because many services are provided on a 24/7 basis, necessitating creative scheduling and the utilization of part-time staff to ensure proper coverage. Human service providers may also be more willing to provide workers with flexible hours due to the lack of available, trained staff. However, part-time status can also be used to help employers avoid providing benefits to workers.

When accounting for hours worked, human services employees still make significantly less than the workforce as a whole. The median hourly wage in the human services sector is just \$14.09, compared to \$18.43 for the total workforce.

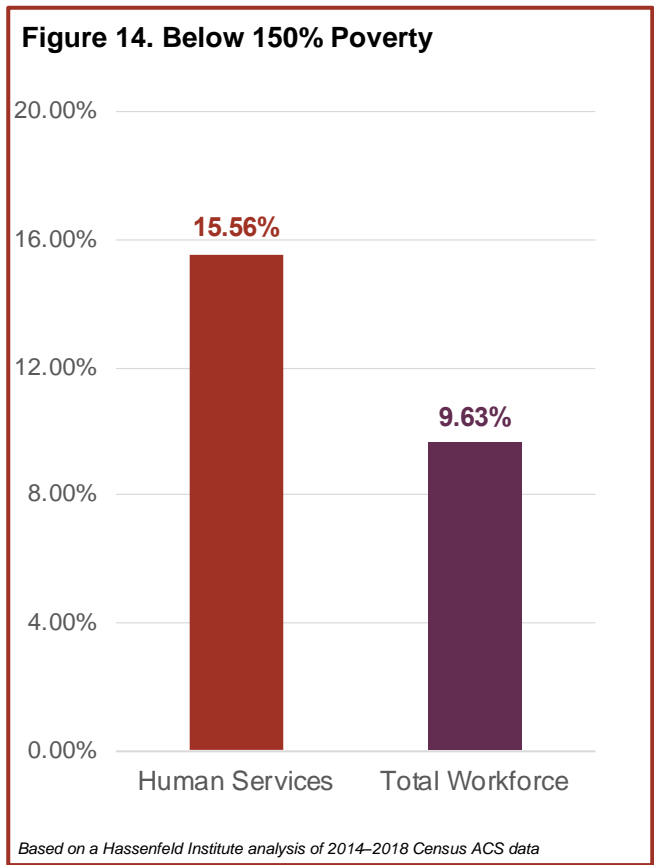


Many standards for an acceptable minimum hourly wage exist, such as the popular benchmark of \$15 per hour. In their *2018 Standard of Need* report, the Economic Progress Institute identifies \$13 per hour as a living wage for a single adult in the Ocean State.⁴ However, this rate more than doubles to \$30.21 per hour for a single parent of two children. The National Low Income Housing

⁴ "The 2018 Rhode Island Standard of Need." The Economic Progress Institute, December 30, 2018, http://www.economicprogressri.org/wp-content/uploads/2019/02/RISN2018_FINAL_report_12.20.18.pdf.

Coalition's *Out of Reach 2020* report identifies \$21.16 per hour as the minimum wage to afford fair market rent for a two-bedroom apartment in Rhode Island.⁵

Currently, 15.56% of the Rhode Island human services sector live below 150% of the poverty line, compared to 9.63% of the workforce as a whole.



Household Income

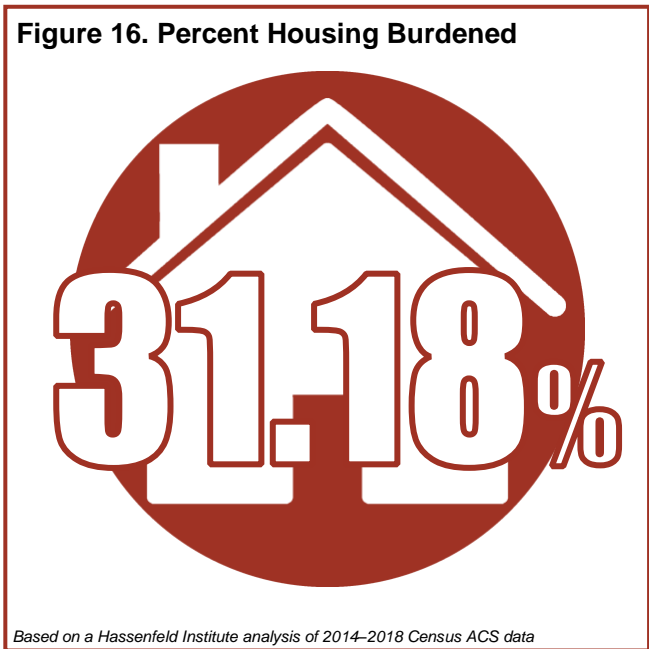
At the household level, human services homes (those with at least one human services employee) are comparable to that of all workforce homes.

The median household income for these homes is \$81,371.15, compared to \$83,838.12 for the entire workforce.

Similarly, 31.18% of industry households are housing burdened – as defined by paying over



30% of their income on housing costs, compared to 32.06% of all workforce households.



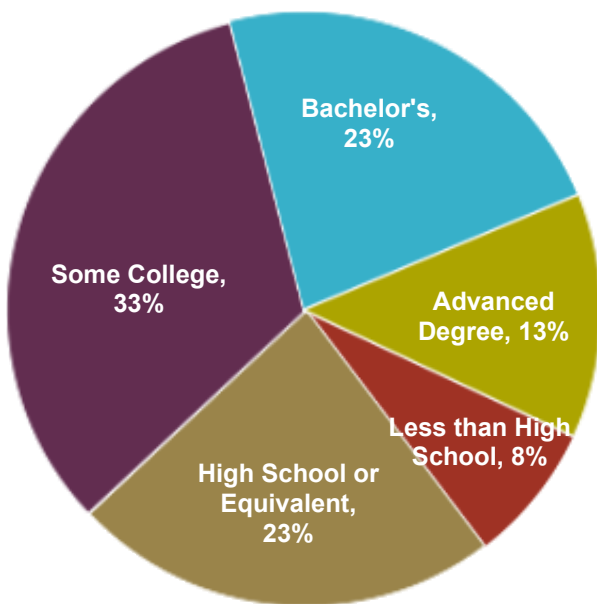
⁵ "Out of Reach 2020." The National Low Income Housing Coalition, 2020, https://reports.nlihc.org/sites/default/files/oor/OOR_BOOK_2020.pdf.

Education Status

The significant disparity in individual income levels persists despite similar rates of education between the human services industry and the workforce as a whole.

36% of the human services workforce has a bachelor's or advanced degree, with an additional 33% having some college education, including an associate degree.

Figure 17. Education Levels



Based on a Hassenfeld Institute analysis of 2014–2018 Census ACS data

As with the workforce as a whole, wages increase with education level in the human services sector. On average, only human services employees with a college education make above the sector median. However, only human services employees with an advanced degree make above the median salary of the total workforce.

As human services employees have to obtain much higher levels of education just to receive competitive wages, student loan debt is thought to be a significant problem for the sector as a whole.

Table 8. Median Wages by Education Level

Highest Educational Attainment	Median Human Services Wage
Less Than a High School Degree or Equivalent	\$ 9,117.87
High School Degree or Equivalent	\$ 20,261.94
Some College Education, but Less Than a Bachelor's Degree	\$ 27,353.62
Bachelor's Degree	\$ 32,120.19
Advanced Degree or Greater	\$ 45,589.37
Total	\$ 26,358.65

Based on a Hassenfeld Institute analysis of 2014–2018 Census ACS data

Table 7. Percentage of Workers by Education Level

Highest Educational Attainment	Percent of Human Services Industry	Percent of Total Workforce
Less Than a High School Degree or Equivalent	7.70%	7.73%
High School Degree or Equivalent	23.31%	25.22%
Some College Education, but Less Than a Bachelor's Degree	33.00%	30.68%
Bachelor's Degree	22.75%	22.46%
Advanced Degree or Greater	13.24%	13.90%
Total*	100.00%	100.00%

Based on a Hassenfeld Institute analysis of 2014–2018 Census ACS data

* Sums may not add to 100% due to rounding

The national student loan crisis is widespread in Rhode Island. According to a 2019 analysis by Experian, Rhode Island has an average student loan debt of \$33,373 per borrower – a 25% increase from 2014.⁶

One existing program aimed at reducing the burden of student loan debt in the human services sector is the federal Public Service Loan Forgiveness (PSLF) program. However, the criteria for student loan relief under the program are extremely specific and burdensome. Furthermore, both the Department of Education and loan services have actively misled borrowers on their eligibility.⁷ As a result, some borrowers incorrectly believed they were making progress towards forgiveness, potentially worsening their financial situation.



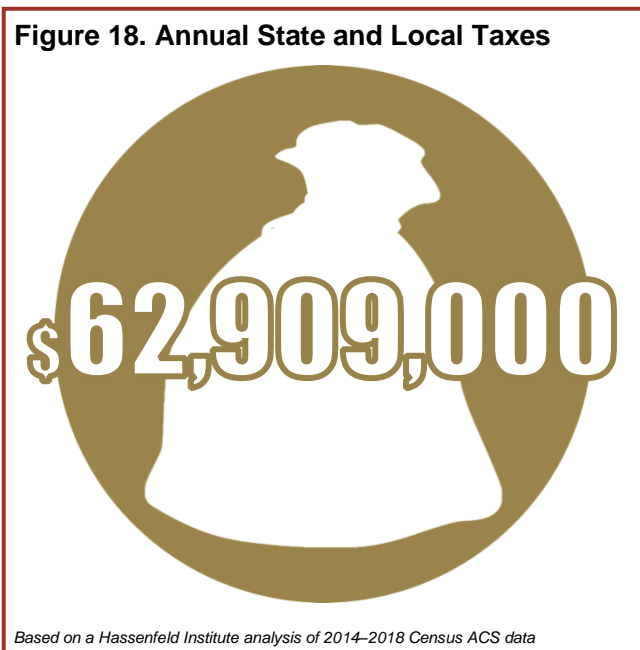
⁶ Matt Tatham. "Student Loan Debt Climbs to \$1.4 Trillion in 2019," July 24, 2019, <https://www.experian.com/blogs/ask-experian/state-of-student-loan-debt/>.

⁷ Adam S. Minsky. "Bleak New Stats for Public Service Loan Forgiveness - And A Potential Fix," May 26, 2020. <https://www.forbes.com/sites/adamminsky/2020/05/26/bleak-new-stats-for-public-service-loan-forgiveness---and-a-potential-fix/>.

Economic Impact

Though the human services industry is not traditionally thought of as a significant part of the Rhode Island economy, the economic impact of this group is substantial.

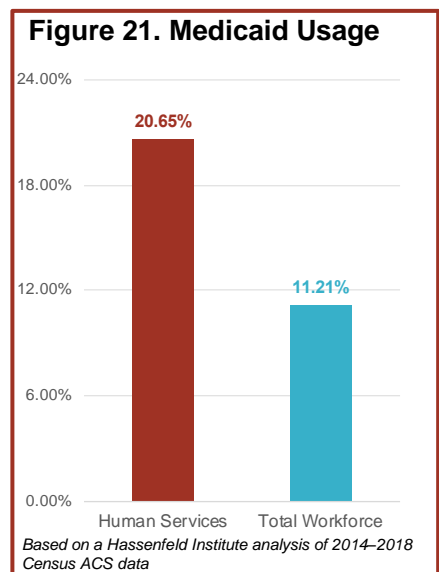
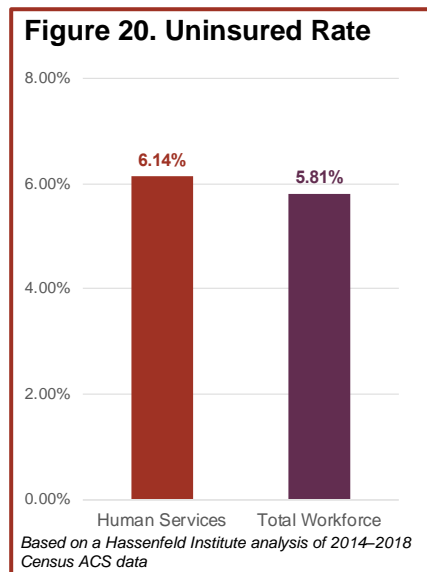
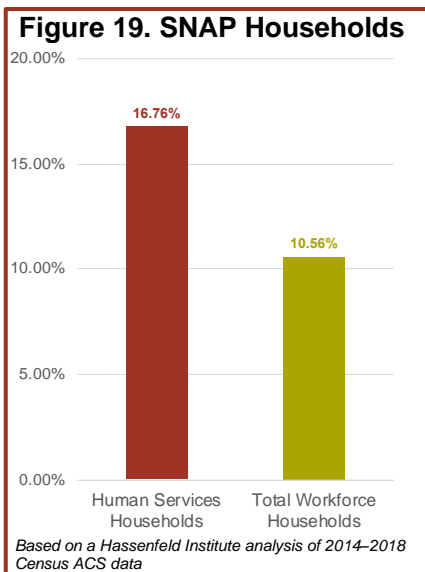
Based on the Institute on Taxation and Economic Policy's analysis of state and local taxes and Census ACS data, the Hassenfeld Institute estimates that human services workers contribute \$62,909,000 in state and local taxes annually in Rhode Island.



Notably, low wages have disproportionately caused human services workers to rely on publicly funded social programs. 16.76% of human services households receive food stamps, compared to just 10.56% of all workforce households.

Furthermore, 6.14% of human services employees are uninsured, compared to 5.81% of the total workforce. Another 20.65% rely on Medicaid or similar programs, compared to just 11.21% of the total workforce.

Through increased tax revenue and reducing reliance on public programs, higher wages in the human services sector would likely result in direct economic returns to the State of Rhode Island, offsetting some of the incurred costs.



Conclusion

Publicly available ACS data shows that Rhode Island's human services workforce is overwhelmingly female, more racially and ethnically diverse than the workforce as a whole, is more likely to be disabled, and has a greater need for public assistance.

This workforce is also subject to lower wages than the total workforce, despite similar educational attainment. As a result, the human services sector faces long-term challenges in providing care.

Despite providing valuable services and caring for the most vulnerable among us, the Rhode Island human services workforce is itself more economically vulnerable, despite the significant contributions it makes to Rhode Island's economy and well-being.

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Methodology

Unless otherwise stated, all data prepared in this report comes from the United States Census Bureau, primarily through the use of the 2014–2018 American Community Survey (ACS) Public Use Microdata Sample (PUMS) and are presented as estimated figures.

All summary statistics comparing the human services workforce with the total workforce exclusively refers to data for those who both work and live in Rhode Island. As a result, unemployed people (those who do not work) are automatically removed from this population.

Statistics for the total workforce include those identified as human services employees. The human services workforce is defined as those working within our six identified subsectors, each of which corresponds to a specific North American Industry Classification System (NAICS) code:

- 1) Outpatient mental health and substance abuse centers;
- 2) Residential intellectual or developmental disabilities, mental health, and substance abuse facilities;
- 3) Individual and family services;
- 4) Community food, housing, emergency, or other relief services;
- 5) Vocational rehabilitation services; and
- 6) Child day care centers.

Outpatient mental health and substance abuse centers cannot be separated from all outpatient care centers in ACS data. In order to address the proportion, we weigh outpatient care center person-records by 30% (the share of outpatient care centers we estimate deal with mental health and substance abuse), except when generating statistics for the overall workforce. However, this weighted data improperly assumes homogeneity between

all outpatient care centers and those that directly deal with mental health and substance abuse.

Similar to person-level statistics, housing-level statistics only consider households with at least one member who both works and lives within Rhode Island. Human services households are those defined as having at least one member who both works within Rhode Island's human services industry and lives within the Ocean State.

Statistics on housing burden rely on a standard of paying no more than 30 percent of one's income for all housing relating costs – including indirect costs such as utilities, fees, and annual property taxes.

Our estimate of annual state and local taxes paid by the human services workforce is developed by applying estimated taxes as a share of family income to each person-record's individual income, by earning's bracket. Estimated taxes by family income is obtained from the Institute on Taxation and Economic Policy's *Who Pays* publication (2018). This methodology is flawed, as it places individual income levels within family income brackets. However, this serves as an approximation of the direct financial contribution human services employees make to the State of Rhode Island.