Summary
With many traditional sources of job training funds constrained by state-level budgetary austerity and sequestration of federal discretionary spending, Labor-Management Partnerships supported by employer contributions have important roles to play as fiscally-stable, forward-looking leaders in the workforce development field. The Philadelphia-based District 1199C Training & Upgrading Fund has led the recent development of a Community Health Worker (CHW) Registered Apprenticeship, adding an “earn and learn” component to a CHW training program designed and implemented jointly by Temple University Health System, the Temple Center for Social Policy & Community Development, and the Training Fund. This work has grown out of the Training Fund’s commitment to serving both affiliated union members and low-income, long-term unemployed community residents. This Apprenticeship demonstrates an innovative and effective approach to integrating the education, workforce development and health systems, and braiding funding streams to put long-term unemployed area residents back to work in a high-growth emerging occupation in the healthcare sector.

Background
Philadelphia is America’s poorest big city, and among its least healthy despite the presence of numerous internationally-renowned healthcare institutions.¹ Many low-income Philadelphians suffer from chronic diseases requiring careful, long-term health management and preventive service utilization, in order to avoid costly emergency room visits and/or hospital stays. Traditional approaches to patient-provider communication have not always proved sufficiently effective in ensuring patient compliance with treatment and preventive service regimes, leading many Philadelphia-area healthcare employers to skilled workers for a new role on their care teams: Community Health Worker.

Community Health Workers (CHWs) are “lay people from the community, who have been trained to function as members of the health care team; they function as a bridge between patients and the health care system. CHWs advocate, facilitate and organize access to health and social services for an identified group of patients. They serve as liaisons between high risk, high cost patients and their health care providers, [and] are available to visit patients in their home, and accompany them to clinical appointments.”²

While they are skilled members of healthcare providers’ care teams, CHWs require significantly less formal training than their counterparts in the healthcare workforce; there is no formal credentialing process for CHWs recognized industry-wide in Pennsylvania or the larger Mid-Atlantic region, and the Centers for Medicare & Medicaid Services (CMS) do not presently reimburse providers for CHW services. Hiring is thus driven solely by emerging employer talent needs for a skilled workforce in this developing


² Temple University Health System (2013), Community Health Worker Training Model.
occupation, with specific CHW roles and responsibilities differing dramatically for different employers.

**Implementation of CHW Training Program**

In 2012, Temple University Health System (TUHS) – a major provider of care to low-income, un- and under-insured Philadelphians and Medicare and/or Medicaid recipients – partnered with the Temple University Center for Social Policy and Community Development (CSPCD) and the District 1199C Training & Upgrading Fund (“Training Fund”) to develop a CHW curriculum and begin offering intensive, short-term, competency-driven CHW training to qualified economically-disadvantaged students. Four rounds of training have been offered as of December 2014, with the fourth round of training participants currently seeking employment.

The TUHS/CSPCD/Training Fund training model for CHWs is rooted in a work-based learning framework designed to equip students with the basic skills and essential competencies sought by local healthcare employers hiring CHWs.

Core competencies for CHWs include:

- Advocacy skills
- Capacity-building skills
- Cultural competency skills
- Communication skills
- Interpersonal skills
- Ethical practice
- Health promotion skills
- Service coordination skills
- Organizational skills

During their training, students participate in simulated patient experiences and role plays, explore real-life case scenarios, and hear from expert practitioners incorporated into program faculty and as guest speakers; job readiness training is also folded into the curriculum, to prepare students for success in the healthcare workplace. The standard training model includes:

- Weekly quizzes, case reviews and skills practice sessions
- Capstone simulation exercise
- Supplemental on-the-job learning experiences, including seminars on key health topics and job readiness workshops – as well as opportunities for higher education
- Career coaching and portfolio development through weekly workshops and individualized sessions

Because CHW is an emerging occupation with training and skill requirements determined totally by employer need, rather than by state or industry licensing bodies, up-front and ongoing employer buy-in and engagement is particularly important. Employers hire CHWs for a wide variety of reasons, to work in an even wider variety of roles – all geared towards the overarching goal of building bridges between care providers and their patients’ communities, to improve communication and boost health outcomes. This employer driven approach is reflected in the CHW program’s “outputs” – the core competencies identified above, developed with significant employer input, to align with employers’ skill demands – as well as in its “inputs” – in particular, recruitment processes tailored to ensure that all candidates possess the knowledge, skills and aptitudes employers look for in CHWs.

Successful CHWs may come from many different backgrounds, but they must all possess leadership qualities and a knowledge and understanding of their community’s assets and needs; beyond that, different roles and different employers may call for a range of variations on or combinations of the core competencies identified above. It is the responsibility of CHW recruitment and training partners to ensure that all CHW training participants are at least prepared to develop these competencies during their training, through an up-front matching process including comprehensive, holistic student assessment. Assessment must identify students who meet admission requirements aligned with the knowledge, skills and aptitudes needed to succeed as a CHW, in order to guarantee employers a qualified pool of applicants for CHW job openings.
Work-Based Learning Opportunities for New CHWs

Work-based learning – from clinical placements and nurse preceptorships, to doctors’ internships and residencies – has always played an important role in healthcare education and training, with applied skills difficult to teach in an entirely classroom-based setting. Simulations and role plays, developed in collaboration with TUHS and other local health systems, and other work-based learning activities have been integrated into the TUHS/CSPCD/Training Fund CHW training model from the start, and the Training Fund recently received funding to implement two “earn and learn” strategies for new CHWs: subsidized on-the-job training (OJT) and Registered Apprenticeship (RA).

The Training Fund-sponsored Greater Philadelphia Healthcare Partnership will provide wage subsidies of up to 50% for the first six months’ of employment for CHWs completing TUHS/CSPCD/Training Fund training; participants may also be eligible to receive up to $2,000 in continuing education funds. OJT incentivizes CHW hiring by mitigating the initial risk taken by employers in creating or filling a CHW position – while a new employee is getting acquainted with his or her employers’ specific systems and job requirements, and/or while the roles and responsibilities associated with a newly-created position are still being ironed out, an amount equal to half of the CHW’s wages can be directed towards offsetting the costs associated with on-boarding and training a new employee.

Registered Apprenticeship offers an alternative option for employer customization of the CHW training process, enabling employers to stipulate additional, alternative skills and competencies they are seeking in new CHW employees, while offering employees a portable Certificate upon completion of their Apprenticeship. A front-loaded Apprenticeship – with participants completing the TUHS/CSPCD/Training Fund CHW training before progressing to an on-the-job “earn and learn” phase, and the Training Fund supervising Apprentice training, data entry and record-keeping on behalf of its employer partners – was recently registered with the Pennsylvania State Apprenticeship & Training Council, and the first CHW Apprentices will commence their training in early 2015. CHW apprentices begin their on-the-job learning period earning a fraction of the full CHW wage, increasing their earnings incrementally as they master the skills and competencies their job requires.

These new work-based learning opportunities are just two examples of the TUHS/CSPCD/Training Fund CHW training model’s continued evolution. In 2015, the partners will be developing and rolling out a “Train the Trainer” model that will enable them to expand the training model’s reach into rural areas of Pennsylvania. Additional funding for continued curriculum development has been awarded to the partners, who are also in conversations with other organizations to develop a national set of core CHW competencies. Other developments on the horizon may include training modules for supervisors, orienting them to potential CHW roles and helping them understand how to integrate this new occupation into their care teams.

Braiding & Leveraging Funding Streams

The CHW training model described above, including both on-the-job training components, could not have been developed or implemented without the pooling of TUHS, CSPCD, Training Fund and public workforce system financial and human resources. Between their recruitment and transition into unsubsidized employment, new CHWs will interact with programs and services funded through a half-dozen public and private funding streams:

- **Recruitment & Referral:** WIA/WIOA funding for the public workforce system: The Philadelphia CareerLink® system, using Workforce Investment Act funds provided through the Philadelphia WIB – Philadelphia Works, Inc. – provides recruitment, preliminary assessment and referral support, identifying potential CHWs from their client population. CareerLink®’s citywide scope enables CHW recruitment efforts to reach members of all neighborhoods and communities CHWs might serve, at a scale beyond the capacity of other partner organizations.

- **Assessment:** City of Philadelphia funding for adult literacy: The Training Fund’s Breslin Learning Center in Center City Philadelphia houses one of three
“MyPlace campuses” sponsored by the Philadelphia Mayor’s Commission on Literacy (MCOL). MCOL funding supports comprehensive academic and digital literacy assessment for adult learners from across Philadelphia, including potential CHW candidates recruited by or referred to the Training Fund. The Fund leverages MCOL’s support to manage an in-depth assessment of potential CHW students’ literacy, numeracy and writing skills, review relevant work history and/or educational background, assess job readiness and career interests, observe interpersonal communication skills and proficiency in the use of computer technology, and conduct criminal background checks and employment references.

- **Academic Preparation:** US and PA Departments of Education funding for Training Fund and CSPCD Adult Basic Literacy Education programming: In addition to occupational training programs, the Training Fund and CSPCD offer adult basic education classes. “Refresher” and “Bridge” courses are open to potential CHW candidates, to help them prepare for their training course and ease the transition back into the classroom. Potential students lacking a high school diploma or GED® can also be connected to free GED® preparatory classes, helping them to obtain their credential before enrolling in occupational training.

- **Training:** US Department of Health & Human Services funding for CHW training: Development of the CHW curriculum was initially funded through a US Department of Health & Human Services (HHS) Administration for Children & Families (ACF) “Health Professions Opportunity Grant” to CSPCD; an HHS Health Resources & Services Administration “Health Careers Opportunity Program” grant will continue funding CSPCD’s CHW training going forward. As the primary funder of CHW training, HHS’s contribution to the success of this project has been tremendous; and by braiding CSPCD’s HHS funds with additional US Department of Labor funds as described below, the Training Fund has significantly increased the impact both agencies’ support will have on Philadelphia employment and health outcomes.

- **Subsidized On-the-Job Training:** US Department of Labor H-1B “Ready to Work” grant funding for Training Fund’s Greater Philadelphia Healthcare Partnership; WIA OJT dollars for TUHS: Once they have completed training, CHWs with a history of unemployment may be eligible for Training Fund OJT subsidies through US Department of Labor-funded “Ready to Work” grant awarded in October 2014. This braiding of different federal funding sources should significantly enhance employment outcomes for TUHS/CSPCD/Training Fund-trained CHW jobseekers, while also incentivizing employers – who may otherwise be averse to taking a risk a new, still-emerging position like CHW – to open up new opportunities to CHWs. CHWs employed by TUHS have also qualified for WIA OJT subsidies supporting their hiring and on-the-job training.
• **Apprenticeship:** Employer support. US Department of Labor “Ready to Work” grant funding: Studies published by the US Office of Apprenticeship have demonstrated that Registered Apprenticeship programs generate higher returns on investment (ROI) for employers than many other training and workforce development alternatives. By allowing employers to compensate new hires on a graduated pay scale while they master core job competencies, actually operating an RA is a very low-cost, high-return model; most costs, in terms of employers’ time and effort, come during the start-up phase, before an Apprenticeship is operational. With relatively few Apprenticeships registered in the local healthcare sector, these start-up costs can be a major barrier to implementing new Apprenticeships; by providing additional subsidies for employers willing to establish CHW Apprenticeship programs, the Training Fund’s “Ready to Work” grant stretches those employer dollars even further – far enough, in fact, that one Training Fund employer partner (Philadelphia FIGHT, a comprehensive HIV/AIDS service organization) has already registered a CHW Apprenticeship with the Pennsylvania State Apprenticeship & Training Council, while another (TUHS) is currently working with the Fund to develop CHW Apprenticeship programs in its networks of physician practices.

• **Apprenticeship Coordination & Oversight:** Taft-Hartley employer contributions to the Training Fund, with support from CSPCD grant funds: None of the Training Fund’s work would be possible without the long-term institutional stability afforded by its status as a labor-management partnership, supported by employer contributions negotiated in union contracts. As a close collaborator with its employer partners and its union affiliate, the Training Fund is well-positioned to aggregate labor market data and trends from both sides of the employment relationship, making the Fund an especially effective workforce intermediary.

Moving new CHWs from step one of their new career through their assessment, training and on-the-job training/apprenticeship, into unsubsidized full-time employment, is a time- and resource-intensive process. With current levels of workforce development funding constrained by external factors at all levels of government, training organizations implementing holistic projects such as the CHW program administered by TUHS, CSPCD and the Training Fund must think creatively, and maximize all available resources. The innovative approach described above, with braided funding from multiple sources overseen by an effective, established labor-management partnership, offers valuable lessons to organizations seeking to do similar work in other industries and geographies.

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Created in 1974 by collective bargaining agreements between District 1199C of the National Union of Hospital & Health Care Employees (NUHHCE) and 11 Philadelphia hospitals, the District 1199C Training & Upgrading Fund has grown to include more than 50 acute care hospitals, long term care and behavioral health facilities, and homecare agencies. A uniquely designed labor management partnership, the Training Fund broke new ground at its founding with a commitment to serve both union members and the community.

Today, the Training Fund serves over 4,000 students annually at the 35,000-square foot Breslin Learning Center in Center City Philadelphia. The Fund’s student-centered approach to education and training incorporates individualized career coaching and case management to help individuals obtain the educational credentials and professional certifications they will need to achieve their academic and career goals. Uniquely, though, all fund training programs are designed on an integrated educational model that advances students towards their academic and career goals simultaneously, incorporating contextualized workforce preparation into academic courses and literacy supports into occupational courses.

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