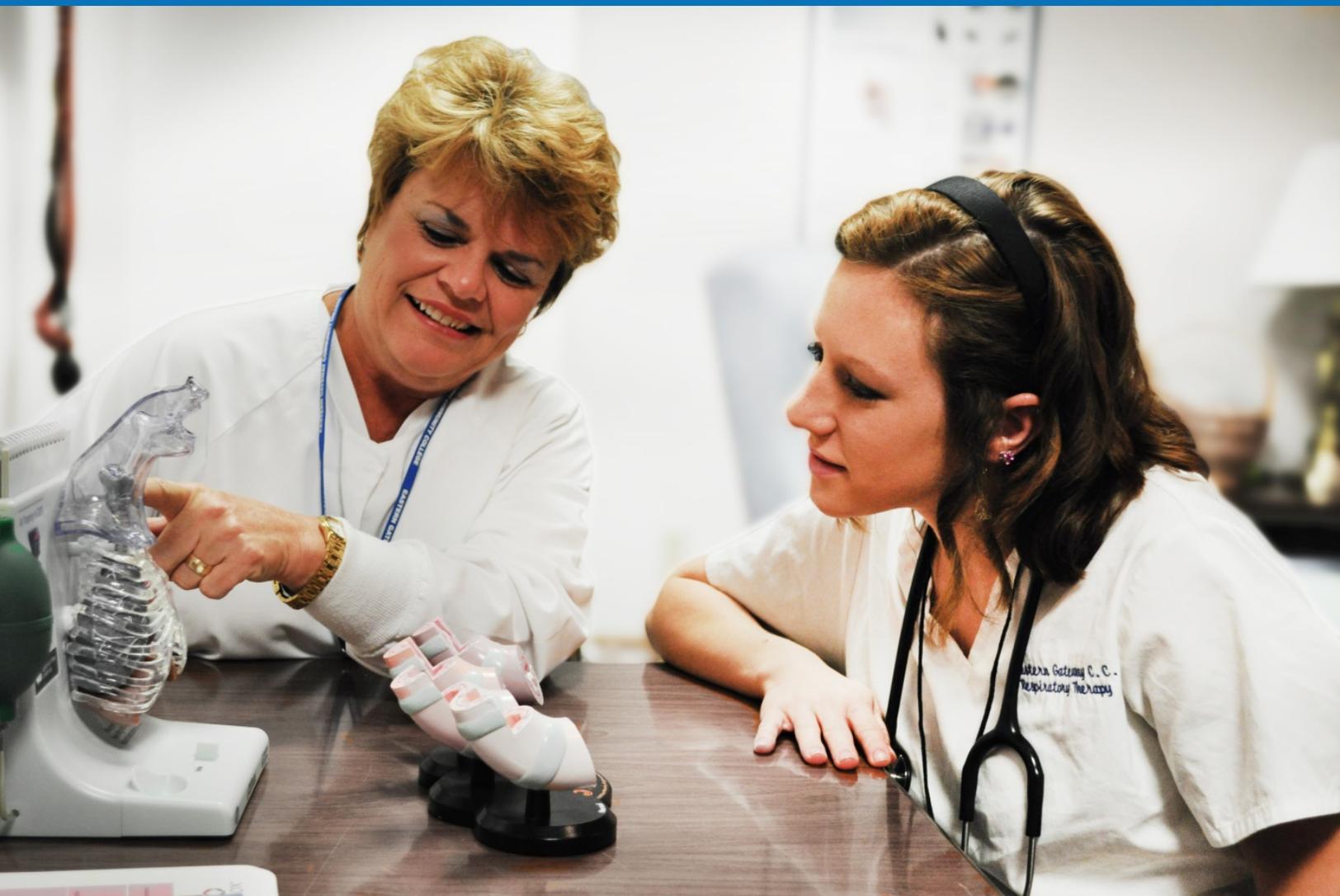




# Health Profession Opportunity Grants and Registered Apprenticeship: Successes, Challenges, and Opportunities



Building Pathways to a Brighter Future

## ACKNOWLEDGMENT

This publication was made possible through support from contract #HHSP2332009563WC/HHSP23337025T through funds from the Health Profession Opportunity Grants (HPOG) program, an initiative of the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance (2014). For more information about HPOG, visit: <http://www.acf.hhs.gov/programs/ofa/programs/hpog>.

Our thanks to Maureen Conway at the Aspen Institute; Laura Ginsburg at the U.S. Department of Labor, Employment and Training Administration, Office of Apprenticeship; and Robert Lerman from the Urban Institute who reviewed and commented on the paper. Special thanks to the HPOG program managers and directors who shared their experiences, including Cindy Perry from the San Diego Workforce Partnership, Inc.; Shari Prichard from Eastern Gateway Community College; Tiziana Rota from Schenectady County Community College; Seanna Ruvkun from the Workforce Development Council of Seattle-King County; Suzie Shoemaker from Pima County Community College District; Katherine Vastine from Central Susquehanna Intermediate Unit; and Paul Zaremba from Southland Health Care Forum. Thanks also to grantee employer partners who graciously agreed to be interviewed for this paper, including Judy Clinco of Catalina In-Home Services; Rita Foley of Susque-View Home, Inc.; and Kathleen Clark of the Washington Association of Community and Migrant Health Centers.

Thanks also to Yvette Lamb, Jessica R. Kendall, and Adam Gillenwater of ICF International who helped research, draft, and provide vision for this paper.

## I. Introduction

Many Americans struggle to find jobs that pay enough for them to support their families. At the same time, many health care employers struggle to find trained and qualified staff with the technical expertise needed to fill in-demand positions and provide high quality care. This struggle is compounded when many potential employees simply lack the skills needed to fill open positions. The [Health Profession Opportunity Grants](#) (HPOG) program, administered by the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance was created by the Affordable Care Act to help meet these challenges. The HPOG program provides education and training for low-income individuals and Temporary Assistance for Needy Family (TANF) recipients for in-demand health care occupations. Apprenticeship offers an important and viable opportunity for HPOG programs to help these individuals along a career pathway. This paper shares the experiences of several HPOG programs as they initiated a registered apprenticeship program in their area.

HPOG is comprised of 32 grantees located in 23 states. HPOG programs represent a range of organizational types, including state government entities, workforce investment boards, higher education institutions, community-based organizations, tribal colleges, and councils. They also offer a large range of community and job-driven employment training opportunities in approximately 50 distinct occupations, such as nurse aides, registered nurses, medical assistants, pharmacy technicians, and home health aides. Each program aims to improve job prospects for hard-working adults and help them identify and secure employment leading to self-sufficiency.

### HPOG Grantees Highlighted

Many HPOG grantees have designed their programs as career pathways—connecting progressive levels of education and training with employment opportunities. Grantees highlighted in the paper have focused their apprenticeship program efforts on different occupations depending on the interests, needs, and opportunities in their communities. And as part of the HPOG program, each grantee is required, via HPOG’s authorizing legislation, to create a partnership with the state apprenticeship office. As a result, many have used the registered apprenticeship opportunity as another avenue to help low-income individuals and TANF recipients increase their skills, wages, and career opportunities. This paper showcases the experiences of seven HPOG grantees in planning, developing, and implementing health care registered apprenticeship programs:

- **Central Susquehanna Intermediate Unit:** A rural community-based program in Pennsylvania that forged a strong relationship with its employer partner to implement a certified nursing assistant (CNA) apprenticeship.
- **Eastern Gateway Community College:** A community college in rural Ohio, which has had a long-time partnership with a local hospital with a previously established apprenticeship program for acute nursing assistants.

- **Pima County Community College District:** A community college in Tucson, AZ, working with an employer with an apprenticeship for home health aides to recruit potential participants.
- **San Diego Workforce Partnership, Inc.:** A workforce development organization in San Diego, CA, which is attempting a medical assistant apprenticeship.
- **Schenectady County Community College:** A community college in Schenectady, NY, which researched dental laboratory technician apprenticeships.
- **Southland Health Care Forum:** A community-based organization in the Chicago, IL, area that is working toward a specialty CNA apprenticeship in Dementia and Alzheimer's.
- **Workforce Development Council of Seattle-King County:** A workforce development organization in Seattle, WA, that has had a long-standing relationship with its state apprenticeship office and is piloting a medical assistant apprenticeship program with six employers affiliated with a local health clinic membership organization.

These grantees' successes and challenges provide valuable lessons for HPOG and other similar programs. While several have faced challenges, such as legislative, community partner, or employer funding barriers and lengthy approval processes, several have also been able to initiate and implement apprenticeship programs.

## Registered Apprenticeship in Health Care

Registered apprenticeship is a work-based learning strategy through which employers (and partners) equip employees with needed skills for existing jobs. It offers structured, on-the-job learning, connecting job seekers looking to learn new skills with employers or sponsors that need qualified workers. Registered apprenticeship sponsors may include employers, employer associations, or labor management organizations that may be small privately owned businesses to national employers or

### *HPOG Grantee Highlights*

#### Central Susquehanna Intermediate Unit

*WATCH Project* (community-based organization):

- Implemented certified nursing assistant (CNA) apprenticeship
- Susque-View Home, Inc. (employer partner)
- Strong employer partner
- Online curriculum
- Seeking community college partnership

#### Eastern Gateway Community College

*Project HOPE* (higher education institution):

- Implemented acute care nursing assistant apprenticeship
- Humility of Mary Health Partners (employer partner)
- Long standing employer partner

#### Pima County Community College District

*Health Profession Opportunity Grant program* (higher education institution):

- Attempted home health aide apprenticeship
- Catalina-In-Home Services, Inc. (employer partner)
- Motivated employer partner
- Recruiting participants

#### San Diego Workforce Partnership, Inc.

*Bridge to Employment in the Health Care Industry* (workforce development organization):

- Attempted medical assistant apprenticeship
- Community Health Workers (employer partner)

associations. Registered apprenticeship is also a proven public-private partnership venture, requiring input and coordination between employers or sponsors and other community stakeholders, such as higher education institutions, state and local workforce development agencies, and economic development organizations. The Registered Apprenticeship national office is located within the U.S. Department of Labor’s (DOL), [Office of Apprenticeship](#) and the program has a presence in all fifty states and territories, in the form of federal staff and/or state partners. The length of apprenticeship programs varies, depending on the complexity of the occupation and type of program (time-based, competency-based or some combination of the two). During the program, apprentices will often receive on-the-job training, as well as related classroom instruction.<sup>1</sup>

Apprenticeship is a relatively new phenomenon in the health care field, despite being a more established training and employment mechanism in other industries, such as construction and the skilled trades (e.g., plumbing). Nationwide, there are approximately 275,000 apprentices currently engaged in an apprenticeship program and about 164,000 people who entered a program in 2013.<sup>2</sup> As one of the few industries that continued to grow during the recession and in light of significant health care workforce shortages, DOL’s Office of Apprenticeship has focused on this industry to build stronger apprenticeship opportunities. Forty federally registered apprenticeships have been created in the health and counseling fields, including paramedics, medical assistants, medical records, and health

### ***HPOG Grantee Highlights (cont.)***

#### **Schenectady County Community College**

Health Profession Opportunity Demonstration (higher education institution):

- Attempted dental laboratory technician apprenticeship
- Significant training hour requirements
- Interested in targeting ex-offenders and using competency-based models

#### **Southland Health Care Forum**

Pathways to Health Care Occupations (community-based organization):

- Attempted CNA specialty apprenticeship in Dementia and Alzheimer’s
- Comeforcare Senior Services and Home Instead Senior Care (employer partners)
- Close partnership with federal apprenticeship office representative

#### **Workforce Development Council of Seattle-King County**

*Health Careers for All* (workforce development organization):

- Piloting medical assistant apprenticeship
- Affiliates of Washington Association of Community and Migrant Health Centers (umbrella organization representing six employer partners)
- Conducted feasibility analyses before implementation
- Coordinated with employers through health clinic membership organization

<sup>1</sup> U.S. Department of Labor, Office of Apprenticeship (2014). *Registered apprenticeship: FAQs*. Washington, DC. Retrieved from: <http://www.doleta.gov/oa/employers.cfm#faq>

<sup>2</sup> U.S. Department of Labor, Office of Apprenticeship (2013). *Registered apprenticeship: National results, fiscal year 2013*. Washington, DC. Retrieved from: [http://www.doleta.gov/oa/data\\_statistics.cfm](http://www.doleta.gov/oa/data_statistics.cfm)

information technicians.<sup>3</sup> A full list of all health care registered apprenticeships is available at <http://www.mynextmove.org/find/browse?c=62>. To find employer sponsors for apprenticeships in health and other fields, DOL also maintains a list of registered employer programs by state and county at <http://oa.doleta.gov/bat.cfm>. As health care apprenticeship opportunities grow, they also pose unique challenges to employers and sponsors, some of which relate specifically to the health care field. Many of these challenges relate to new requirements under the Affordable Care Act, heavy training hours requirements, and synchronizing apprenticeship curricula with health care profession licensing standards.

### Paper Overview

This paper offers peer technical assistance to HPOG and other related programs considering implementing an apprenticeship program. It shares the successes, challenges and lessons learned from several HPOG grantees, some of their employer partners and several apprenticeship experts. Information shared in the paper is based on input from seven HPOG grantees and three of their employer partners. It also takes into account a conversation between the HPOG grantees highlighted and several experts on apprenticeship, focusing on the elements covered in this paper, as well as common challenges, issues, key programmatic lessons learned and the benefits of apprenticeship in the health care field.

## II. HPOG Grantee Experiences with Apprenticeship

HPOG grantees have had varying success in initiating and establishing apprenticeship programs in their communities. Many grantees' industry sectors or community needs have shaped distinct challenges or catalysts to implementation. This section highlights the shared and distinct experiences of these seven HPOG grantees and some of their employer partners. It illustrates their concerted efforts to initiate an apprenticeship program and touches upon key steps in a program's early stages of development relating to planning, establishing key partnerships, and overcoming administrative and other challenges.

### Planning For Apprenticeship

Pre-implementation planning has been critically important to grantees' successes or failures in implementing apprenticeship programs. Many grantees have spent considerable time researching registered apprenticeship and its requirements, trying to identify on which profession to focus their apprenticeship programs. Managing start-up costs and researching training hour requirements and state apprenticeship office processing timelines have also been important considerations which have

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<sup>3</sup> U.S. Department of Labor, Office of Apprenticeship (nd). *Using registered apprenticeship to build and fill health career paths: A response to critical health care workforce needs and health care reform*. Washington, DC. Retrieved from: [http://www.doleta.gov/oa/pdf/apprenticeship\\_build\\_healthcare\\_paths.pdf](http://www.doleta.gov/oa/pdf/apprenticeship_build_healthcare_paths.pdf)

stalled or expedited HPOG grantee efforts. Several grantees have found early success through their ability to connect with existing apprenticeship programs or learn from others who have undertaken the efforts. They have also taken ample time to build and use business case materials that help them connect early with the right employer partners.

### *Understanding the Environment*

HPOG grantees have commonly researched the apprenticeship industry, state, and federal requirements. For example, Central Susquehanna Intermediate Unit's WATCH program (Central Susquehanna) in Pennsylvania spent considerable time researching the apprenticeship industry and federal standard requirements, as well as assessing existing resources and programs in its community. Similarly, the Workforce Development Council of Seattle-King County Health Careers for All (WDC) program contracted early with the state apprenticeship office at the [Department of Labor and Industries](#) (L&I), to help them in their early research efforts. Programs interested in conducting their own research, may start by reviewing materials, regulatory and policy guidance from DOL's Office of Apprenticeship, as well as their state apprenticeship office.

HPOG grantees have also had to research other complex issues relating to health care career licensing standards and job portability. Reconciling licensing requirements for targeted health care professions with apprenticeship curriculum designs, "can be a challenge," said Seanna Ruvkun, program manager at the WDC. There is also a portability issue, she noted, in that individuals moving, for example, from one health care occupation to another may not be able to practice in their new jobs with their old credentials. These are important early considerations, she said, and in some instances programs may opt to pilot their apprenticeship program with individuals who have already been licensed to practice. Programs that are researching health care licensing requirements may look at national resources, such as the [National Council of State Boards of Nursing](#), or state health profession licensing boards, sometimes affiliated with state departments of health.

### *Managing Start-Up Costs*

"Apprenticeship is well designed for sustainability, but there are limited resources for start-up costs," said Ruvkun. Being an HPOG grantee helps defray these costs, but programs should consider and allocate for them in their budgets before initiating apprenticeship efforts, she said. Early costs, which programs should consider, may include those associated with:

- Feasibility analyses.
- Developing a curriculum.
- Registering the apprenticeship with the state apprenticeship office.

- Implementing an administrative infrastructure and procedures for supporting the apprenticeship program.

### *Working from Existing Programs*

Several HPOG grantees found success by linking with and being able to build upon and/or learn from existing apprenticeship programs in their community. For example, Eastern Gateway Community College's Project HOPE (Eastern Gateway) in Ohio partnered early with [Humility of Mary Health Partners](#) (HMHP), which had a pre-existing apprenticeship program for acute care nursing assistants (ACNA). Eastern Gateway supports HMHP's program by providing a dedicated on-site coach for ACNA students and works closely with on-site instructors to facilitate trainings. Eastern Gateway quickly became a "component piece of the training program," said Project HOPE Administrator Shari Prichard, and completion and job placements rates for students rose. Pima County College (Pima CC) District's HPOG program attributed some of its success to the facts that its employer partner, [Catalina In-Home Services](#) (Catalina), had already registered its home health aide apprenticeship and Pima CC's program manager had prior work experience in the registered apprenticeship field. Interested in building its workforce and decreasing the costs associated with finding qualified applicants, Catalina's Founder and President, Judy Clinco, already saw apprenticeship as the means to overcome her business' workforce shortages and had begun the registration effort and reached out to Pima CC to collaborate.

### ***Incentives for Employers***

HPOG grantees, employer partners, and experts interviewed noted several reasons why apprenticeship is good business for health care employers:

- HPOG programs can help defray up-front costs and help develop curricula and process documents.
- New funding from the federal government and the new [Workforce Innovation and Opportunity Act](#) offer new apprenticeship and partnering opportunities for employers and community stakeholders.
- Apprenticeship can also:
  - Help employers overcome health care skills and workforce shortages.
  - Help decrease employee turnover and increase employee satisfaction and commitment to the employer.
  - Increase employee accountability and offer employer-specific training to employees.
  - Increase employer opportunities to hire individuals in the communities they serve.

### *Using Labor Market Information*

Several HPOG grantees analyzed labor market information and where there were local health care profession shortages. They also worked with potential employer partners to identify areas of need.

For example, Central Susquehanna chose to focus its apprenticeship program on CNAs interested in moving up the career ladder. Relying on local labor market information, Central Susquehanna saw

shortages in its community that its apprenticeship program could fill. It also knew that there was a high turnover rate for CNAs, many of whom did not have the education or academic qualifications to move beyond their CNA certificate. Similarly, the WDC in Seattle supported outreach by L&I to area employers to determine where opportunities might exist for apprenticeship in health care. Through this effort, a particular need was identified in community health related to implementation of the Patient Centered Medical Home model of health care delivery required by the Affordable Care Act. Community health employers were re-thinking the role of the medical assistant on the care team in the context of this new model. The [Washington Association of Community and Migrant Health Centers](#), the umbrella organization over WDC's six employer partners, also surveyed its membership on employee education and training needs. This led to a formal feasibility analysis and then development of a pilot apprenticeship program in medical assisting.

Programs interested in reviewing labor market information or other employer demand or wage data may start by reviewing traditional data sources from DOL's Bureau of Labor Statistics through its [Occupational Employment Statistics](#) (OES) program and the [Occupational Outlook Handbook](#) (OOH). Real-time data and labor market information may also be accessed from online companies, which charge fees, but that offer the latest information about employer hiring needs, including required education and credentials for specific occupations.

### *Building the Case*

Taking steps to identify the right profession for an apprenticeship and understand the apprenticeship environment and up-front costs can inform and improve the development of business case materials HPOG grantees can use to connect with community partners, and particularly employers, when building their apprenticeship programs. In building its business case, the WDC, with L&I's help, was able to:

- Identify promising practices in health care apprenticeship.
- Develop a business case for apprenticeship in health care and related outreach materials.
- Build the capacity of the state apprenticeship agency to support employers in exploring and implementing apprenticeship and other work-based learning approaches in health care.

Each of these steps, said Program Manager Seanna Ruvkun, proved vitally important to initiating its apprenticeship program. At the time, she said, the economy was uncertain and the industry was in a state of transition, as employers grappled with financial constraints, new requirements related to the Affordable Care Act, and changes in health care service delivery. In light of this environment, the WDC partnered with L&I to compile information about how apprenticeship was already being used in the health care field, with a particular emphasis on local experience and return on investment. This work formed the basis of a business case, and increased the capacity at L&I to reach out to health care employers to explore specific opportunities for apprenticeship in health care.

### *Tailoring Programs to Target Populations*

Programs need to discern who to recruit and which employees may be most appropriate to participate in an apprenticeship program. Central Susquehanna worked closely with its employer partner, [Susque-View Home, Inc.](#) (Susque-View), to target the right employees. Susque-View's Human Resources Director Rita Foley shared issues the organization contemplated when recruiting employees, considering the experience level of potential participants and number of years served. Based on this assessment, Susque-View targeted new employees, many of whom were energized and motivated to learn about and move up in their new professions. Schenectady County Community College's Health Profession Opportunity Demonstration (SCCC) project focused on a specific 'hard to serve' segment of the working population. Interested in increasing employment opportunities for individuals with criminal records, SCCC Project Director Tiziana Rota concentrated the program's efforts on dental laboratory technicians because, requiring no patient contact, it was a more viable health care career option for ex-offenders.

### *Finding Eligible Students*

Finding eligible students to participate in an apprenticeship program has proven challenging for some grantees. For example:

- Many of Eastern Gateway's potential students were deemed ineligible for their acute nursing assistant apprenticeship program due to nicotine use. To respond to this barrier, the program has instituted a smoking cessation program.
- Southland Health Care Forum's Pathways to Health Care Occupations also struggled to find the 20 students it needed to initiate its Dementia and Alzheimer's specialty CNA apprenticeship. Working with two employer partners, the program was only able to find six employees that met the income eligibility requirements under the 200% poverty level formula and were willing to report their income. Many potential candidates were concerned about privacy issues.
- PCC and its employer partner, Catalina, have struggled to recruit participants to the program and are focusing on developing promotional and marketing materials to entice potential participants.

### *Understanding Processing and Training Hour Requirements*

Different state apprenticeship offices may have different processes and timelines for approving applications to create an apprenticeship program. They may also have different training hour requirements for certain health care apprenticeships. Grantees must consider these timelines and hour requirements as they plan to build their apprenticeship programs. Some of Central Susquehanna's most challenging barriers have stemmed from its location in a largely rural community. Because of the large geographic area covered by the community, Central Susquehanna needed the up-front funds, resources, and staff time to create a program that used blended learning styles with a strong online learning component. The program had to find the resources to record approximately 120 hours of online instruction, which Project Manager Katherine Vastine noted, was a lengthy and arduous process.

Another challenge for HPOG grantees has been to reconcile the relative short-term nature of many of their training programs with the often lengthy training hours requirements and approval processes associated with registered apprenticeships. One of SCCC's biggest barriers to implementing a dental laboratory technician apprenticeship was the 8,000 hours of required training—equivalent to approximately four years of schooling. Neither the college nor the local dental laboratory groups with which it had planned to partner had the capacity to undertake the process. "So many of our local dental labs are mom and pop shops," said Project Director Tiziana Rota. "They simply couldn't devote the time, space, and resources." Likewise, to meet students where they were at academically, Rota proposed a competency-based, rather than time-based curriculum, which may have cut hours for select students. The approval process, however, through the state apprenticeship office would be too lengthy, she said, estimating about a three-year timeframe.

San Diego Workforce Partnership, Inc.'s Bridge to Employment in the Health Care Industry (SDWP) faced a similar barrier. Exploring several ways to submit an application to the state apprenticeship office to streamline the effort and reduce delay, SDWP considered submitting a curriculum previously approved by the federal office of apprenticeship to the state office, but learned that in doing so the course may not be eligible for college credit. SDWP was particularly interested in offering credit for the course, but learned that approval through the state office of a college credited curriculum may take a year or more.

### **Partnering With Key Stakeholders**

Initiating and implementing a registered apprenticeship program requires a collaborative effort between several community stakeholders. Successful HPOG grantees have forged strong, mutually beneficial relationships with their employer partners, local community colleges, local labor unions, and their state offices of apprenticeship. Grantees have commonly included partners early in the development of apprenticeship curricula design and planning, articulating clearly how the partnership will benefit the targeted collaborator and including partners on boards or advisory committees of the

grantee organization. Many grantees have also faced lengthy approval processes and cuts to employer budgets and community college funding. The sections below share some of the successes and challenges HPOG grantees have faced in building these partnerships to implement their registered apprenticeship programs.

### *The State Apprenticeship Office*

Creating a partnership or memorandum of understanding (MOU) with the state apprenticeship office has proven difficult for many HPOG grantees, but also critical to moving forward in creating a registered apprenticeship program. There are significant differences between offices that are state-run versus federally run. State offices that are run through the U.S. Department of Labor's (DOL) Office of Apprenticeship, follow similar processing procedures and requirements, as articulated by DOL. In contrast, state run offices establish their own filing/registering processes, which may be different between states and from the federally run offices. Some of the seven HPOG grantees highlighted are located in state-run jurisdictions, which, in part, accounts for differences in apprenticeship offices' capacity to partner with the HPOG program and different application processing timelines, sometimes for the same health care professions, simply located in different states. Regardless of their location, however, HPOG grantees and their partners have been creative in working with limited resources to maximize this relationship.

"Each apprenticeship is so tailored to its industry," said Katherine Vastine, WATCH project manager at Central Susquehanna. An involved state apprenticeship office representative, she said, can help guide a program through the policies and legal requirements associated with implementing a registered program and help ensure it comports with state and federal standards. Early on Vastine developed a strong relationship with Central Susquehanna's assigned representative, who not only provided support, but without funds to visit, regularly provided guidance by phone and email through each step of the registration process.

Similarly, WDC, as well as its employer partner Washington Association of Community and Migrant Health Centers, both partnered early with the state apprenticeship office (L&I). L&I assigned an apprenticeship consultant to work with the WDC on apprenticeship in health care, and she oversaw and assisted with identifying best practices and developing WDC's business case materials. "Our L&I counterpart was already an expert in apprenticeship," said Program Manager Seanna Ruvkun, "which became extremely helpful in employer outreach and honing in on which health care professions were ripe for an apprenticeship program." Kathleen Clark, deputy director at the Washington Association of Community and Migrant Health Centers, agreed, noting that L&I was critical in helping them understand the rules and regulations around registered apprenticeship and how this was different from a lot of the trainings they typically offer their employer members. The L&I apprenticeship consultant also sits on the WDC's HPOG steering committee, allowing for frequent communication opportunities, which has helped coordinate and solve problems quickly.

Despite not being able to start an apprenticeship program in its area, the SDWP also found the relationship forged with the state office of apprenticeship to be a fruitful one. Cindy Perry, manager of special projects for SDWP, noted that its partnership with the state apprenticeship office is creating opportunities in other areas, such as exploring using Workforce Innovation and Opportunity Act funds to help program participants access apprenticeship training. Likewise, Southland Health Care Forum (Southland) worked closely with the federal Office of Apprenticeship representative around CNA apprenticeship development. In fact, the program was nominated by the Chicago office for the 21st Century Apprenticeship Award.

### *Employers and Unions*

HPOG grantees have worked hard to establish strong relationships with local employers to build their apprenticeship programs. This often requires building a strong case for apprenticeship and identifying where there may be labor force shortages. A core component to these relationships has also been maintaining regular contact with employers and seeking their feedback as apprenticeship curricula and materials are developed. In some communities, the local labor union has been an important stakeholder as well.

Central Susquehanna engaged its employer partner early and often in both the development and implementation of its apprenticeship curriculum. It successfully sold the venture as one that would:

- Help retain and promote staff.
- Give the employer partner a competitive edge.
- Increase accountability and skill building among employees.

That employer partner, Susque-View, is a 146-bed nursing facility, providing both short- and long-term nursing care. According to Rita Foley, direct of human resources said, when Central Susquehanna approached us about the apprenticeship program, “as a community facility, we felt obligated to help the community...provide career opportunities and to support the county and our residents.”

Foley and Central Susquehanna Program Manager Katherine Vastine, however, both noted that the strong union presence in the community posed an initial challenge.<sup>4</sup> Vastine found that “demystifying apprenticeship” and showing the union what its members would gain from the effort was key to ensuring their buy-in. Vastine, Foley, and their teams met with union leadership to explain the program, how recruitment was occurring, the research Central Susquehanna did before implementation, and how the initiative would ultimately benefit union members.

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<sup>4</sup> Some trade unions do sponsor registered apprenticeship programs, however, this is not common in the healthcare arena.

### *From An Employer's Perspective...*

#### ***Why partner with HPOG to build a registered apprenticeship program?***

"It's a hand shake" with our Central Susquehanna program partners, said Rita Foley of Susque-View Home. We hire and provide career opportunities for their graduates as well as refer our staff to their program, she said. It builds on our existing, mutually beneficial relationship. — **Working with Central Susquehanna**

We had surveyed our health clinic employer members and found that they wanted and needed more training for their medical assistants, said Kathleen Clark of the Washington Association of Community and Migrant Health Centers. — **Working with the WDC**

We are interested in growing our business, said Judy Clinco, founder and president of Catalina In-Home Services. Yet, we expend significant resources to find qualified applicants. Partnering with Pima CC to establish an apprenticeship program seemed like a real solution to our workforce obstacles, she said. — **Working with Pima CC**

#### ***What challenges did you face?***

We had to explain what apprenticeship was to our staff and allay concerns that some potential apprentices had about supervising their peers and not being well received by their colleagues, said Foley. Susque-View Home leadership met with nursing aide staff to explain the program and reassure staff that delegations of authority were not changing. — **Working with Central Susquehanna**

Recruiting participants has been a challenge, and we are working with the college to develop promotional and marketing materials to increase recruitment. We are also looking to focus on older workers thinking about second careers—individuals with strong work histories, but interested in a new profession in healthcare, said Clinco. — **Working with Pima CC**

#### ***How has this helped your business?***

The top benefit Susque-View Home has reaped from this partnership is better care for our residents, said Foley. The more we learn about providing care in the nursing field, understanding why we do certain things...the better care we provide. — **Working with Central Susquehanna**

A key benefit has been the implementation of a credible program that our members wanted, said Clark, of the Washington Association of Community and Migrant Health Centers. Those participating in the pilot "love it" and it increases our visibility in the workforce community. — **Working with the WDC**

Pima CC began discussions with its employer partner at a collaborative focus group discussion about workforce challenges in their community. Attended by employers, the local workforce development entity, and Pima CC, the focus group identified registered apprenticeship as a possible solution for health care workforce shortages. The partnership grew, said Pima CC's HPOG Program Manager Suzi Shoemaker, out of a mutual understanding of community needs and a gap in coverage that Pima CC's employer partner, Catalina, needed to fill. Struggling to find and retain qualified people for live-in home positions, Catalina and Pima CC worked together to develop a registered apprenticeship agreement. They are now identifying recruitment strategies and establishing incremental wage gain opportunities for future apprentices.

Grantees should consider employer budget cuts or constraints in the face of legislative or policy changes. In light of new requirements under the Affordable Care Act, for example, Eastern Gateway's

employer partner, HMHP, plans to scale back its apprenticeship program as requirements under the Act have affected their bottom line. Pima CC's employer partner also expressed concerns over sustainability in light of new federal regulations related to Fair Labor Standards Act requirements that affect the provision of overtime pay for in-home health aides. There is uncertainty about these changes, said Judy Clinco founder and president at Catalina, particularly about when and how they may affect Catalina's in-home care model.

### *Community Colleges and Others*

For HPOG grantees that are not higher education institutions, partnering with local community colleges has been an important consideration when implementing an apprenticeship program. For example, Central Susquehanna, a community-based program, sees significant benefits to reaching out to its local community college partner and entering into an articulation agreement that would allow their apprentices to get school credit hours for apprenticeship program participation. Program Manager Katherine Vastine suggests that doing so, "gives credit to our students for the hard work they have put in," and ultimately will help them move farther up the nursing career ladder. As it begins to approach its local community college, Central Susquehanna hopes to leverage its current relationship with the school and find a champion there to help establish the partnership.

Some HPOG grantees, however, have experienced challenges forging these partnerships, which in some cases have stalled their efforts to initiate an apprenticeship program. Working with the local community college was imperative for SDWP, a local workforce investment board, to begin its apprenticeship program. Under state law, local eligible training providers of registered apprenticeship must be either adult education programs or community colleges. San Diego Community College is the primary apprenticeship trainer in the community, said Cindy Perry, manager of special projects at SDWP. However, facing significant funding cuts to its apprenticeship programs, the college was primarily concerned that even with SDWP's financial support to develop and pilot a cohort of apprentices, the college would not be able to sustain the effort in the long term.

### **III. Lessons Learned**

Apprenticeship programs can offer great benefits to HPOG grantees; their employer partners; and low-income, low-skilled individuals whom they train or employ. Many HPOG grantees, however, have faced challenges relating to obtaining employer or community college buy-in, defraying up-front costs, or building a relationship with their state apprenticeship offices. Several grantees have made inroads in these areas and are successfully initiating or piloting apprenticeship programs. While they come from different states and may have faced different challenges, lessons learned from these grantees point to several early implementation strategies.

**Do the research.** Before beginning the registration process, programs should plan ahead and do their research. This may not only involve learning about the registration process, legalities, and

requirements, but also learning about local labor market needs and shortages, as well as health care profession licensing requirements and portability issues. Several grantees that have been able to move forward with their apprenticeship programs spent considerable time analyzing which health care professions are in demand in their communities, where there are skills shortages, and how feasible it would be to implement the effort.

**Understand the costs.** A common stumbling block among grantees has been not planning or accounting for the up-front costs associated with initiating an apprenticeship program. While HPOG support helps defray these expenditures, programs must plan ahead for the resources and staff time needed to develop curricula and marketing materials, build partnerships with employers and the state apprenticeship office, and comply with registration requirements.

**Build the case.** A critically important step in initiating an apprenticeship program is finding local employers to pilot and implement the program. Successful grantees have conducted employer focus groups, connected with employers who already had apprenticeship programs, or interviewed employers from other industries to learn about and share the benefits of apprenticeship. Key strategies have also including developing materials that build the business case for apprenticeship, focusing on how apprenticeship can help decrease employer training costs and help them tailor training to their needs in the face of workforce shortages.

**Don't re-invent the wheel.** Given the complexities and lengthy processes associated with registering and initiating an apprenticeship program, many HPOG grantees have found success in partnering with employers that have had some experience with apprenticeship or have already registered a program.

**Forge key partnerships.** HPOG grantees that have been able to move forward with their apprenticeship efforts have not done it alone. Aside from partnering with the right employers, grantees have also relied upon the expertise and guidance of their state apprenticeship office representatives, even when resources are limited; community college partners to seek articulation agreements to provide credit for apprenticeship hours; and local unions to gain the support and interest of their workers and leadership.

Many TANF recipients and low-income, low-skilled workers yearn to move up the career ladder, but often can't afford to leave their jobs for training or education opportunities. Many health care employers are expending considerable resources trying to find skilled, qualified employees and face significant workforce shortages. HPOG grantees, with their considerable experience and knowledge of training and supporting low-income individuals interested in increasing their skills and finding in-demand health care jobs, are well positioned to link future apprentices with employers and help initiate and grow apprenticeship programs in their communities. As several grantees noted, this is a sustainability opportunity, not only for their program, but for their employer partners and the individuals they employ.