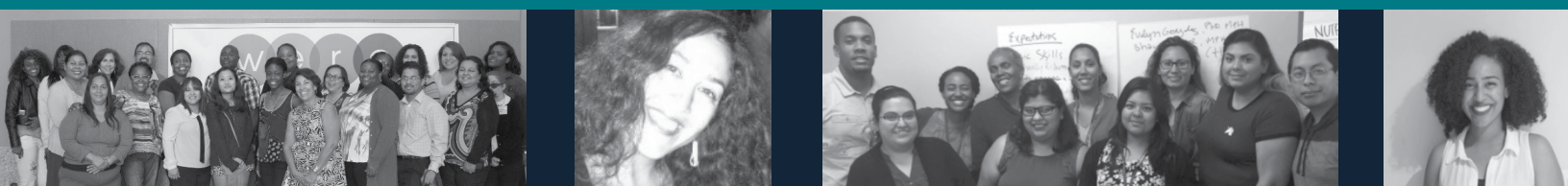


REPORT SERIES

# EQUITY IN APPRENTICESHIP



## Case Study

# HEALTH CARE PATHWAYS IN LA

New Apprenticeship Opportunities as an Industry Changes

2018

**EQUITY IN APPRENTICESHIP** is a report series from COWS at UW-Madison. It highlights programs that extend occupational opportunity to historically marginalized groups, especially people of color and women. The series consists of four case studies and an overview document with policy and practice principles for equity in apprenticeship.

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COWS is a nonprofit think-and-do tank, based at the University of Wisconsin-Madison, that promotes “high road” solutions to social problems. These treat shared growth and opportunity, environmental sustainability, and resilient democratic institutions as necessary and achievable complements in human development. Through our various projects, we work with cities around the country to promote innovation and the implementation of high road policy. COWS is nonpartisan but values-based. We seek a world of equal opportunity and security for all.

## **ABOUT EQUITY IN APPRENTICESHIP**

Equity in Apprenticeship is a report series from COWS at UW-Madison. It highlights programs that use apprenticeship to extend occupational opportunity to historically marginalized groups, especially people of color and women. The series consists of four case studies and an overview document with policy and practice principles for equity in apprenticeship.

Our four case studies of apprenticeship programs span the country and industries. The Worker Education and Resource Center (WERC) in Los Angeles has become highly adept at preparing health care workers who share a cultural affinity with LA’s patient populations. The Industrial Manufacturing Technician (IMT) program is the product of collaboration between labor and management leaders in Milwaukee’s manufacturing sector and has created a new rung in the ladder in production jobs. In California, the Joint Workforce Investment in the South Bay Valley Transportation Authority has developed a web of apprenticeships and advancement opportunities. Montana’s Tribal College Apprenticeship case study offers a look at how apprenticeship plays out in rural areas and the key issues that new partnerships face as they take on equity. The series concludes with Policy and Practices for Equity in Apprenticeship which generalizes lessons for the field.

Equity in Apprenticeship was funded by the Annie E. Casey Foundation. We are grateful for their generous support. The findings and conclusions presented in this series are those of the authors alone and do not necessarily reflect the opinions of the Annie E. Casey Foundation.

## **ABOUT THIS CASE STUDY**

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# REPORT SERIES: EQUITY IN APPRENTICESHIP

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## HEALTH CARE PATHWAYS IN LA

Los Angeles is ground zero for reforming the delivery of health services to prioritize disease prevention and the reduction of health inequities while ensuring a sustainable healthcare system. Like many states, California faces escalating demand for healthcare due to population growth and aging. The Patient Protection and Affordable Care Act (ACA) has also given healthcare access to people previously unable to afford or qualify for coverage. California's income-based Medicaid program, Medi-Cal bore much of this growth.<sup>1</sup> As of July 2017, one in three Californians (14 million participants) receives coverage through Medi-Cal.<sup>2</sup> Half of Medi-Cal recipients are Hispanic and a third are primarily Spanish-speaking.<sup>3</sup>

Of California's forty million residents, ten million reside in one county— Los Angeles.<sup>4</sup> Reflecting the statewide trend, LA County's Medi-Cal population exploded following the ACA. The hospitals and clinics of LA's safety net healthcare system faced an influx of nearly one million new Medi-Cal recipients.<sup>5</sup> Many of these patients had endured unattended medical and behavioral health conditions for years, and knew very little about managed healthcare systems. Studies also indicated that patients experiencing multiple chronic conditions alongside challenges to employment, housing, food access, and personal safety may over-utilize emergency rooms and avoidable hospital stays.<sup>6</sup> Patients needed a knowledgeable and trusted advisor with shared culture to help them navigate the system, comply with their care plan, and alleviate the social determinants affecting their wellbeing.

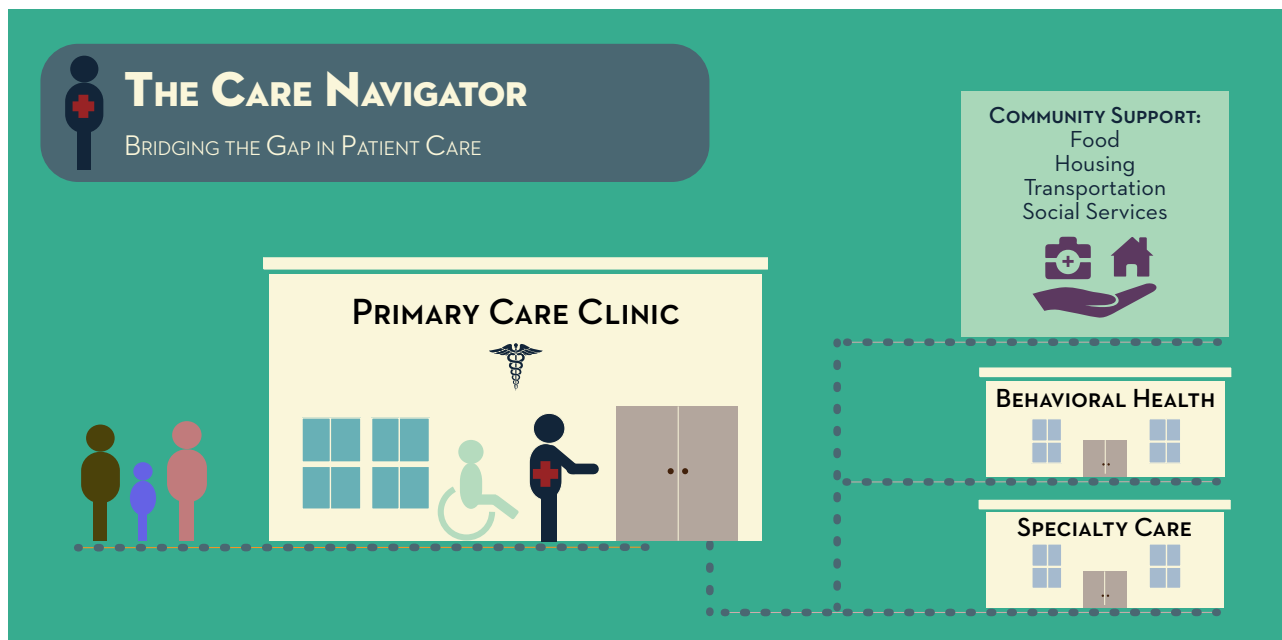
Community Health Workers, also known as Promotores de Salud (health promoters) and Care Navigators, are one solution. Once found primarily in community-based and public health programs, the Community Health Worker (CHW) is now a high-demand occupation in medical and primary care facilities. As non-licensed health professionals, CHWs work within a multi-disciplinary, patient-centered medical home team. Unlike physicians or nurses, CHWs can dedicate time towards building trusted relationships with high-utilizer patients that focus on prolonged issues and concerns affecting compliance with a care plan. Given their extensive training in communication, empathy, and cultural humility, CHWs are often better prepared than clinical staff to provide this level of support.

*WERC has a long history of “targeting cultural affinity and lived experience so that you get workers who are like the patients and who understand having barriers.”*

*- Diane, WERC Founding Director*

The Worker Education and Resource Center (WERC) is a leader in preparing frontline healthcare workers who share cultural affinity with LA’s patient populations. WERC recruits low-income and at-risk young adults needing access to occupations that lead to career pathways. In partnership with LA County’s safety net healthcare employers, including public and non-profit community based clinics and health centers, WERC has recruited and trained over 230 community health workers to deliver services in their own neighborhoods.<sup>7</sup> Influenced by behavioral health models valuing peer-based service, WERC’s Community Health Worker Program serves as a model for efficiently and effectively expanding the healthcare safety net. The program is designed to maximize the documented efficiencies produced by having trusted, culturally similar health workers embedded within local communities.

The success of the Community Health Worker Program inspired a partnership with the L.A. Care Health Plan (L.A. Care) and Health Care LA, IPA (HCLA, IPA) to design and implement WERC’s first registered apprenticeship program, the Care Navigator Apprenticeship. In June 2015, WERC received \$500,000 from L.A. Care to fund apprentices in five federally qualified health centers. By covering the cost of apprentice wages directly, the program gave clinic partners two years to evaluate its effectiveness before devoting their own financial resources to apprentice positions.



*This diagram is based on an illustration developed by the UCLA Clinical and Translational Science Institute. It has been redesigned and reinterpreted for this report.*

## COMMUNITY HEALTH WORKER PROGRAM

WERC's Community Health Worker Program is founded in the ideals of cultural affinity and team-based care. It began in 2014 as a demonstration project to improve quality of life for LA's most high-risk Medicaid patient populations while reducing emergency room and avoidable hospitalization rates in LA County Department of Health Services (LA DHS) hospitals. LA DHS has adopted a patient-centered medical home model that relies on integrated, multidisciplinary healthcare delivery teams. These medical home teams work with the five to ten percent of Medicaid patients (19,000-38,000 individuals) with chronic health conditions that result in high utilization of healthcare. Many of these individuals also face complex socioeconomic barriers to proper care.<sup>8</sup> Over 11,000 patients required more intensive engagement than clinical staff alone could deliver.<sup>9</sup> These higher-risk patients had a median age of 59 and over forty percent were primarily Spanish-speaking.<sup>10</sup>



WERC's Community Health Worker Program

WERC recruited and trained 25 community health workers to act as the mobile patient engagement arm of clinic-based medical home teams. With a caseload of up to 50 patients each, CHWs visit patients at acute care centers, in their homes, and at primary care clinic appointments. They deliver social support, comprehensive care planning, system navigation, and health coaching.

To be effective, community health workers must bridge the gap between the patient and clinical staff. This requires an ability to establish rapport and trust, extensive understanding of the patient as an individual, and working knowledge of the resources available in their community. To access this necessary skillset, the Community Health Worker program recruits from local neighborhoods rather than the healthcare field. WERC focuses on training people with backgrounds similar to the patient populations they will serve. Many of the program participants were bilingual and had prior personal experience with the safety net healthcare system.

The 150-hour curriculum focuses on navigation, communication skills, trauma-informed care, chronic disease management, health delivery protocols, behavioral health, self-care, and safety. A local philanthropic organization funded training stipends of \$10 per hour for the four weeks of classroom instruction. Successful participants applied for credentialing through LA DHS and deployed to five LA DHS primary care clinics in East and South Los Angeles. As members of the clinics' medical home teams, the CHWs visited nearly 9,000 patients (79% of those targeted) and managed a total caseload of 1,250 patients.<sup>11</sup> In 2017, as part of its Whole Person Care Program, LA DHS expanded the Community Health Worker program to recruit and train CHWs for service across all eight of its service areas and for Correctional Health at the LA County Jail. The program anticipates serving homeless and re-entry populations in LA County.

## THE CARE NAVIGATOR APPRENTICESHIP

In conjunction with an advisory team<sup>12</sup>, WERC issued a request for proposals from community health clinics to host two Care Navigator Apprentices. WERC then tailored the curriculum and recruitment criteria to fit the unique services and local characteristics of the selected clinics. WERC also serves as the apprenticeship sponsor and employer of record for the navigators.

To demonstrate improved efficiencies in healthcare delivery, WERC worked closely with L.A. Care to adapt the original community health worker model for a clinic environment:

- Formal registration of the apprenticeship
- Six to ten months of clinic service under the guidance of an onsite mentor
- Customized curriculum including in-depth health system knowledge
- Performance metrics tracked through a mobile case management system



Cohort One of the Care Navigator Apprenticeship Program

*“My cousin has a friend who is a community health worker and gave me the information about the program. Word of mouth is what works for the recruitment. You know your friends, you know who has the heart for this kind of work.”*

*- Janet, Cohort One Care Navigator Apprentice*

### APPRENTICE SELECTION

The Care Navigator Apprenticeship program launched in July 2016. WERC recruited applicants through a network of community-based organizations allied with healthcare, community services, workforce development, and labor organizations. WERC also targeted public and community health agencies to attract candidates likely to succeed in the pilot program. Recruiting through existing community networks was effective: every apprentice selected for the program learned of it through word-of-mouth or an ally organization.

WERC used its in-depth assessment process from the Community Health Worker Program to select ten care navigator apprentices from fifty applicants. Candidates wrote a one-page narrative application explaining why they were a good fit for the program and describing their experiences with the healthcare system. WERC then screened applicants to ensure basic qualifications for the job and explained the criteria for selection, including cultural affinity, clinic needs, clinic culture, and performance on formal assessments.

## JANET PALACIOS & ISABEL SHAWEL, FORMER APPRENTICES

Janet Palacios and Isabel Shawel worked for St. John's Health Access Express Clinics as Care Navigator Apprentices. The apprenticeship provided both women with entry into community health work. Janet pursued an associate's degree in sociology while working shifts at a supermarket, but was unable to fit her classes into her work schedule, and eventually left college. Janet then went to trade school to become a pharmacy technician. She learned of the apprenticeship from a friend while working at CVS:



Isabel Shawel, Patient Navigator

***“The apprenticeship brought everything together—social work and healthcare. A good Care Navigator is compassionate, not judgmental, and willing to go beyond 9-5 for the patient. For me, the advocacy part is the most important part. There are a lot of barriers in this kind of work. You need to be willing to go through them.” - Janet, Former Care Navigator Apprentice and Current Patient Navigator***

Isabel worked ten years to complete her BA in psychology. Yet, the degree failed to open doors into career positions. She found entry level jobs in community service but “didn’t know how to translate that to a professional career.” At a presentation about WERC’s Community Health Worker program at a local community center, WERC’s apprenticeship program manager encouraged Isabel to apply for the Care Navigator program because her background would be a strength: ***“Like Janet, the Care Navigator program pulled together what I learned in school – psychology and public health together. Understanding all of the social factors that impact health.” - Isabel***

Janet and Isabel first encountered and assisted homeless patients on the street as members of the mobile health team. These brief sessions involved explaining medical instructions, answering questions, and making referrals. Although having to travel outside a traditional clinic “came as a surprise,” Janet and Isabel’s instincts proved correct. They found the Health Access Express Clinics “a good match given our backgrounds. The whole team is passionate about the homeless and focused on perfecting the mobile clinic.” -Janet.

Following the apprenticeship, St. John’s hired Janet and Isabel as full-time Patient Navigators.

Candidates who passed their initial screening visited WERC for an orientation where they completed a writing prompt, computer-based assessment, and a face-to-face interview. The computer assessment identified foundational skills for patient care, including decision making and data literacy. Candidates with similar scores participated in group exercises to demonstrate their capacity for peer-based learning and service delivery. WERC staff role-played as patient candidates to assess aptitude and instincts across a wide range of scenarios: Did they ask open ended questions, or did they lecture? Could they take critical feedback from their peers? Could they give it? Scores reflected non-verbal communication, the ability to articulate lived experience, and candidates' personal experience with the health system.

This hands-on selection process enabled WERC staff to match candidates to clinics where their lived experience and cultural background would serve as an asset given the needs of patients and local community.

## CLASSROOM TRAINING

WERC's awareness of the importance of fit between apprentices, employers, and local communities extended to the design of the instructional program. As a registered apprenticeship, the Care Navigator Apprenticeship had to provide a minimum of 144 classroom hours and 2000 on-the-job training hours with onsite mentorship. WERC's experience with the community health worker program and the requirements of L.A. Care expanded the program beyond this standard. Care Navigator apprentices received:

- Approximately 150 hours of paid classroom training followed by on-the-job learning and periodic classroom instruction (\$13 per hour).
- After a three-month probationary period, health benefits.
- After six months and successful competency assessment, a raise to \$14 per hour.
- After twelve months, final competency assessment, and completion of the apprenticeship program, a final wage of \$15 per hour for serving an expected annual patient load of 90 individuals (25 at any given time).

Classroom training began in July 2016. The training used a peer-learning model to simultaneously deliver content knowledge and skill development. To support the Care Navigator's dual roles as healthcare educator and advocate, the apprentices received extensive instruction in patient-centered healthcare delivery, managed care systems and insurance, and social service programs. Apprentices learned the value and skill of patient-centered language and code-switching: employing one communication style for professional audiences and another to build trusted relationships with patients. WERC further prepared apprentices for community-based practice by exploring concepts relevant to patient populations, including cultural fluency, secondary trauma, homelessness, and LGBTQ+ health.

## ON THE JOB LEARNING

After graduating from the classroom training, the apprentices completed an onboarding process at their assigned clinic. Initially, they spent three days a week on the job and two days in the



classroom. At the clinics, mentors worked with apprentices to train them on case management practices, and orient them to the professional culture and structure of the multi-disciplinary medical home team. Mentors also exposed the apprentices to the broader community health ecosystem, introducing them to allied social service organizations and helping them develop professional networks. In the classroom apprentices had time to debrief and share resources with each other, and to receive complimentary instruction on self-care and effective case management from WERC staff.

*“During the first few weeks, we did outreach with other organizations. We also went to meetings with politicians, and officials - folks who can make a change. We learned about gentrification, and attended rountable discussions about managing homelessness with all of the coming changes in LA.”*

*- Janet, Cohort One Care Navigator Apprentice*

## CLINIC PLACEMENT

The Care Navigator Apprentices began working with their own patients in January 2017. Each apprentice is responsible for building and managing a consistent case load of twenty-five patients who have at least two chronic conditions or more than four hospitalizations. Most apprentices are assigned potential high-utilizers from patients connected to their placement clinic. However, two apprentices worked with L.A.’s homeless community, and served as part of a care team focused on street medicine through the St. John’s Health Access Express Clinics.<sup>13</sup>

## TRAINEE SUPPORTS

Care Navigators combine culturally fluent interpersonal skills with broad healthcare system knowledge to guide patients through life altering medical events. WERC’s high-touch mentor program provides critical support to apprentices as they adapt. Selected mentors have extensive practice expertise and relatable lived experience. They are also responsive, passionate, and generous with their time and advice. Mentors teach real-world skills by modeling patient management practices and guiding apprentices through patient cases. They instill the art of problem solving with compassion. “We learn by doing. There are so many questions every day. A lot of learning every day. Being with real patients is different from what we learned in the classroom training,” - Isabel.

In addition to supplying mentors, WERC’s partner clinics delivered technical training. Apprentices participated in the clinics’ onboarding process to learn protocols, HIPAA, and patient triaging. They also received routine training by clinicians as part of a care team.

Technical training and guidance helped apprentices do the job, but emotional support enabled apprentices to stay on the job. Apprentices are taught boundary management and self-care as critical skills for the profession. Mentors provide real-time opportunities to discuss emotionally

*“Some of our patients die, and it’s hard. Our work involves relationships and caring. Then, the people we’ve been caring about are gone. We don’t want to set our apprentices up for failure.”*

*- Jessenia, Program Coordinator and Care Navigator Mentor*

difficult cases, and instill self-care practices into daily check-ins and formal case review. By sharing their struggles, mentors create an environment for apprentices to share and accept help with theirs.

Apprentices also receive ongoing support and resources from WERC during their clinic placement. WERC developed a Care Management Toolkit to facilitate patient recruitment and adherence to the clinicians’ contract. The apprentices also meet monthly at WERC for supplemental classroom instruction and peer support. The ongoing instruction focuses on advanced material related to clinical practice while updating and reinforcing previous training. After three months of clinical work, WERC evaluated the apprentices on their key skills and competencies. Feedback from the mentors and clinic informed the continuing education curriculum. The Care Navigator Program Manager shared evaluation results and feedback during apprentice progress reviews.

Seven of the original ten apprentices completed the full apprenticeship and received their credentials. One apprentice left the program early to accept a full-time position with the placement clinic. WERC recruited and hired replacements to maintain a program size of ten. During the clinic placement, the apprentices received \$14 per hour at six months. After approximately 2000 hours or one year, they advanced to a final hourly wage of \$15.

## LEVERAGE TO PURSUE EQUITY

WERC’s sixteen-year history<sup>14</sup> provided the credibility to champion the shared interests of L.A. Care, the partner clinics, the apprentices, and the under-served communities that were by and large home to both the apprentices and their patients. WERC was established by Service Employees International Union (SEIU) Local 721 to facilitate a workforce training partnership between SEIU and the Los Angeles County Department of Health Services (LA DHS). The partnership covers approximately 22,000 workers in four public hospitals, seven comprehensive health centers, and numerous community clinics. Initially, the partners targeted in-demand occupations at LA DHS including patient-centered customer service, magnetic resonance imaging, and nursing. SEIU’s commitment to equity and worker advancement encouraged a career-track approach with programs from entry-level to professional. DHS produced the jobs, SEIU represented the needs of workers, and WERC served as intermediary. This critical infrastructure allowed the partnership to develop shared respect, understanding, and commitment for what makes a quality program.

When the Affordable Care Act increased eligibility and access for LA County residents, the partnership was ready to respond. WERC again began by assessing the problem from the employer’s perspective. L.A. Care clinics faced challenges applying a patient-centered medical

## JESSENIA GARCIA, HOMELESS SERVICES PROGRAM COORDINATOR & CARE NAVIGATOR MENTOR

Jessenia Garcia joined St. John's Clinic in 2014 as the Homeless Services Program Coordinator. This program runs mobile clinics for the homeless in Downtown and South Los Angeles. The clinic's patients present both acute and chronic conditions requiring intensive case management, and many face significant barriers to health due to generational poverty and toxic environmental conditions.



Jessenia Garcia, Patient Navigator

An LA native and first generation American, Jessenia brings professional and lived experienced to her position. Jessenia's sixteen-year career in social services has focused on some of LA's most vulnerable populations, including interpersonal violence among homeless women and men and abused immigrants. Her parents' experience as immigrants from Ecuador and Cuba allows Jessenia to recognize assets among the most marginalized, appreciate the struggle of survival, and understand the importance of a caring community. She teaches respect for the fortitude and ingenuity required to survive difficult conditions. Jessenia sees her role as "someone to talk to as issues with patients come up. No classroom training can prepare you for this work. The apprentices need a lot of guidance. They would have been lost without a mentor when first on the job."

Jessenia's long history with LA's homeless population allowed her to efficiently assess the apprentices' ability to perform the work. The classroom training developed strong technical skills. However, the apprentices needed a strong sense of compassion for and comfort among the homeless, as well as an understanding of the broader social issues and networks impacting the population. Jessenia used the probation period to expose her two apprentices to homeless encampments and to policy meetings where she strongly emphasized their role as advocate. The apprentices helped the mobile care team advocate for the homeless to receive free public transportation to doctor's appointments.

Jessenia's two apprentices, Janet and Isabel shared the importance of having a mentor with real world experience:

***"Jessenia knows what works because she's had to deal with the issue before. She has a huge network of resources, and knows where there are services and how to connect people. Agencies are always shifting and closing but Jessenia knows what is available now for people." - Isabel, Cohort One Care Navigator Apprentice***

WERC staff also appreciated Jessenia's commitment to the program and her efforts to tailor the apprenticeship training for the unique culture of the mobile clinic. Jessenia continues to help WERC understand how best to set expectations and provide support to the apprentices. WERC Founding Director, Diane Factor, notes, "Jessenia has great vision in that sense. She gives critical feedback to the program, and will reach out to seek guidance from apprenticeship program staff."

home model to the influx of new Medi-Cal patients. After years of inconsistent health coverage, many of these patients experienced multiple chronic conditions and socio-economic barriers to health. They required in-depth health education and longer-term assistance.

However, the role and funding structure for medical home team members did not allow deep engagement. Providers, nurses, medical assistants, and case managers are stretched thin and can only provide medical services. Adding entry-level Care Navigators to the teams presented a solution. The Care Navigators bridged healthcare and social services to provide dedicated assistance to the five percent of clinic patients utilizing fifty percent of healthcare services.<sup>15</sup>

Individual clinics could not afford to prototype a Care Navigator model. Support from The California Endowment for curriculum development, training costs, and apprentice wages made the registered apprenticeship an ideal platform for placing navigators across L.A. Care clinics. Having offered a solution to a critical industry challenge, WERC gained leverage with funders and employers to design for equity. “Employers want people with skills to be a value added, to be more cost effective, and to provide high quality care. We sold apprenticeship as a training model that delivers that.” -Diane

## DESIGN FOR EQUITY

Experience with the Community Health Worker program helped WERC identify apprentice diversity as a shared goal of funders and clinics. To be effective, Care Navigators must gain patient trust quickly. Members of the local community who share cultural background with patients have a foundation for building trust. Most of the partner clinics are in diverse, low-income communities. The mobile Health Access Express Clinics serve Downtown and South Los Angeles<sup>16</sup> where the homeless population is largely African American and Latinx. Care Navigators must understand people who are reluctant to confide in medical personnel, and need language and nonverbal skills that facilitate communication around difficult and frequently stigmatized issues of health history and safety.

WERC, the funders, and clinics have united around the need to train Care Navigators that reflect the communities they serve. The partners all view diverse cultural background and lived experience as assets for doing the job and for yielding skilled professionals with compassion, respect, and relatability.

Selecting a diverse group of apprentices was only the first step in achieving equitable outcomes. After extending access to under-represented populations, WERC facilitated their success on the job. The program design incorporated curriculum and supports to acclimate apprentices to the

*“We are learning that it’s best to be direct. Show that you genuinely care. Show that you are not just like others who’ve been there to ‘help.’ Showing people humanity and respect. They can see it in your eyes.”*

*- Janet, Cohort One Care Navigator Apprentice*

clinic environment. The classroom instruction taught basic clinic etiquette and working in a team with healthcare professionals. Instructors also worked to build confidence and alleviate feelings of intimidation. The program emphasized the importance of having an open mind.

On the job, the mentor-cohort structure provided apprentices with a built-in support system. Each of the mentors had relatable cultural background and lived experience. The apprentices also relied on each other for understanding and camaraderie. Former apprentice Janet recalls, “during the monthly trainings is when we all express our struggles and achievements, as well as talk about self-care.”

## EQUITABLE OUTCOMES

Most of the apprentices were low income or unemployed when the program started. Approximately 50% of the apprentices had a college degree but lived in underserved communities without access to career positions. The cohort was 70% Latinx and 30% African American. All the apprentices were bilingual Spanish speakers. WERC also selected apprentices based on age diversity. The majority (80%) of apprentices were aged 35 or younger.

By providing apprentices with clinic experience, the Care Navigator Apprenticeship serves as an entry point for healthcare positions with the County of Los Angeles and fills a critical gap for workers from low income communities. The professional experiences of the Care Navigator apprentices demonstrate how difficult it can be for people to get clinic experience. Apprenticeships breaks down that barrier, and the efforts of L.A. Care, the provider clinics, and WERC ensure the marketability of apprentices for county civil service jobs and for positions with other community health providers.

WERC’s commitment to equity is also reflected in its decision to target younger workers. Healthcare is an aging industry. While clinics seek to recruit younger workers, hiring processes generally favor the candidate with the most experience and highest educational achievement. This practice extends to entry level positions. The apprenticeship gave recent graduates the work experience they needed to gain access to professional positions in healthcare. On former Care Navigator Apprentice explained, “I would try to get jobs in healthcare, but no one would hire me because I didn’t know the systems or have experience.”

The first cohort of Care Navigator Apprentices completed the program in July 2017. WERC has strongly encouraged partner clinics to transition apprentices into permanent positions. St. John’s hired the two mobile clinic Care Navigators as permanent employees.

## PROOF OF CONCEPT: SUCCESS ON THE JOB

*“Homeless healthcare is very different. We got lucky having the right type of people. Good job choosing the right people for this kind of work.”*

*- Jessenia, Program Manager and Care Navigator Mentor*

Do care navigators help clinics meet the “Triple Aim goals of improving population health and patient experience in a cost-effective manner?”<sup>17</sup> Only the on-the-job performance of the apprentices will prove the program’s success. As a prototype solution to the problem of high utilization of clinic and health system services, the Care Navigator Apprenticeship faces multiple layers of scrutiny. L.A. Care is analyzing the return on investment from the addition of care navigators to medical home teams. In addition, WERC developed an online application so that apprentices can track the types and frequencies of patient alternative “touches,” team interaction, referrals, and other backend support tasks. Care Navigators also complete a monthly assessment that monitors patient health goal attainment.

After their first six months on the job, the apprentices began to demonstrate their benefit. Clinics saw positive changes: more high-utilizers coming back for their follow-up appointments and trusting the care navigators to help resolve issues in the way of their health. “We understand healthcare from the provider side and the patient side. We can explain why things don’t work the way patients think they should,” notes Wendy, former Care Navigator Apprentice. The classroom training effectively prepared the apprentices for the clinical aspects of the job. Selecting for cultural and personal alignment with a clinic’s patients enabled the apprentices to transition quickly from role-play to performing the job.

In traditional clinic settings, Care Navigators have successfully filled the gap between health providers and social service agencies. Providers and medical assistants are better able to concentrate on health issues and patient volume when care navigators focus on the problems facing high-utilizers. They attend appointments with the patient, explain next steps, help complete paperwork, and provide referrals. The apprentices also help clinicians learn the social service aspects of healthcare. They reinforce the process of understanding and incorporating the cultural background and socioeconomic experiences of patients. “Providers are understanding the work better now. There is a lot of stigma. People internally and externally became more accepting because of L.A. Care’s involvement. There is a greater understanding that it is a continuous struggle with chronic, complex issues,” Jessenia notes.

## THE FUTURE

*“We try to understand what they are saying, and can take the time to solve the problem. Empathy is our job. Meeting patients where they are at is our job.”*

*- Wendy, Cohort One Care Navigator Apprentice*

## WERC APPRENTICESHIP INNOVATION FRAMEWORK

Apprenticeship is a training approach that happens within a context. It is this context that will determine the success of the program in delivering positive outcomes for workers and equity. WERC’s context for apprenticeship innovation includes:

- Apprentice recruitment and training that utilizes lived-experience and cultural affinity
- Peer-based classroom instruction utilizing scenarios and clinic exposure
- Employer incentives such as subsidized wages
- Continuous improvement program design incorporating consistent funder, employer, and apprentice feedback.

## THE LA EMT APPRENTICESHIP PROTOTYPE

With funding from the California Endowment and California Workforce Development Board's Accelerator Grant Program, WERC recently prototyped a Los Angeles Emergency Medical Technician (LA EMT) Apprenticeship in partnership with LA County Supervisor Mark Ridley-Thomas' Office and the LA County Fire



Department. Similar to WERC's other programs, the LA EMT program creates economic opportunity from the lived experience and cultural understanding of participants. EMT is an entry-level occupation into emergency and health services. In 2017, 7,933 EMT's<sup>18</sup> were hired, with full-time certified EMT's earning up to \$50,000 per year. Based on Alameda County's successful EMS Corps<sup>19</sup>, the LA EMT apprenticeship prepares young men of color from disadvantaged backgrounds to work as EMT's within their own communities.

The apprenticeship develops medical knowledge, technical skills, and professional standards in preparation for the national certification exam. WERC's LA EMT program includes full-time (40 hours per week) preparatory classroom and hands-on instruction taught by a Paramedic from the LA County Fire Department. Subsequent hands-on instruction includes medical equipment operation and role playing of emergency scenarios. The LA County Second Supervisorial District funds monthly apprenticeship stipends of \$1,200.

The lead instructor also serves as a mentor, using a trauma-informed approach to support apprentices throughout the program. The mentor applies multiple modalities to develop leadership and personal transformation including professional behavior expectations and community service. According to Diane Factor, "He's kind of a coach, role model, and mentor, all in one." To address psychosocial issues and trauma, the apprentices participate in healing circles taught by a licensed social worker from the Department of Mental Health who has a similar background to the participants.

***"Trauma-informed apprenticeship is the answer to equity because you are able to transition people's lived experience into a job asset." - Diane, WERC Founding Director***

Upon successfully passing the national certification exam, WERC currently places apprentices with McCormick Ambulance company serving LA County. Since the Fire Academy requires EMT credentialing for entry, WERC is also partnering with the LA County Fire Department to open a career pathway for former apprentices.

In order to collect and analyze performance measures, L.A. Care has extended the project and continued funding to cover the Care Navigator wage for an additional year. WERC will also provide continuing education and coaching for the Care Navigators.

The program's initial success has led Health Care LA to fund a similar program for its 40 clinics, known as Patient Navigator. LA County's Whole Person Care focus on homelessness has also increased demand for Community Health Workers. The Whole Person Care program will fund community and clinic-based health teams as they increase services to LA's homeless and re-entry population.

## LESSONS LEARNED: DRIVING EQUITY THROUGH APPRENTICESHIP

The Care Navigator Apprenticeship program demonstrates that “hiring for non-traditional populations through apprenticeship works,” Diane Factor, WERC's Founding Director, explains. Many of the neighborhoods served by L.A. Care clinics lack sufficient access to career opportunities. The apprenticeship enables young people from these communities to gain access to professional careers in public and community health. The success of apprentices coming into the program without a college degree or health background also demonstrates the program's ability to extend and advance economic opportunity.

L.A. Care and WERC's partnership to subsidize apprentice wages helped the program secure participating employers. Employer-paid training wages are a defining feature of apprenticeship, but smaller organizations often lack the resources to invest initially in a new training and hiring model. Publicly funded and community based agencies especially benefit from a model that increases efficiency. At the same time, they often fear risking public funds on an unproven concept. The wage subsidy allowed time to prove the concept through measureable system improvements.

## ENDNOTES

<sup>1</sup> California Department of Health Care Services, “Medi-Cal Statistical Brief,” August 2015. [http://www.dhcs.ca.gov/dataandstats/statistics/Documents/New\\_24\\_Month\\_Examination.pdf](http://www.dhcs.ca.gov/dataandstats/statistics/Documents/New_24_Month_Examination.pdf)

*“We need to incentivize employers. The apprenticeship system needs to be aligned to support models like this, and provide financial support for this work.”*

*– Diane, WERC Founding Director*



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- 3 California Department of Health Care Services, "Medi-Cal Monthly Enrollment Fast Facts," June 2017. [http://www.dhcs.ca.gov/dataandstats/statistics/Documents/Fast\\_Facts\\_ADA\\_June\\_2017\\_FINAL.pdf](http://www.dhcs.ca.gov/dataandstats/statistics/Documents/Fast_Facts_ADA_June_2017_FINAL.pdf)
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- 7 <http://www.we-rc.org/results/>
- 8 Keck School of Medicine, USC, "Southern California Regional Implementation & Improvement Science Webinar Series," [https://ctsi.ucla.edu/patients-community/files/view/docs/dii/2015/Clemens\\_Hong\\_UCLA\\_DII\\_Webinar\\_8-5-15\\_v1\\_FINAL.pdf](https://ctsi.ucla.edu/patients-community/files/view/docs/dii/2015/Clemens_Hong_UCLA_DII_Webinar_8-5-15_v1_FINAL.pdf), slide 14.
- 9 Keck School of Medicine, USC, "Southern California Regional Implementation & Improvement Science Webinar Series," [https://ctsi.ucla.edu/patients-community/files/view/docs/dii/2015/Clemens\\_Hong\\_UCLA\\_DII\\_Webinar\\_8-5-15\\_v1\\_FINAL.pdf](https://ctsi.ucla.edu/patients-community/files/view/docs/dii/2015/Clemens_Hong_UCLA_DII_Webinar_8-5-15_v1_FINAL.pdf), slide 29
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- 11 Keck School of Medicine, USC, "Southern California Regional Implementation & Improvement Science Webinar Series," [https://ctsi.ucla.edu/patients-community/files/view/docs/dii/2015/Clemens\\_Hong\\_UCLA\\_DII\\_Webinar\\_8-5-15\\_v1\\_FINAL.pdf](https://ctsi.ucla.edu/patients-community/files/view/docs/dii/2015/Clemens_Hong_UCLA_DII_Webinar_8-5-15_v1_FINAL.pdf), slide 16
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