

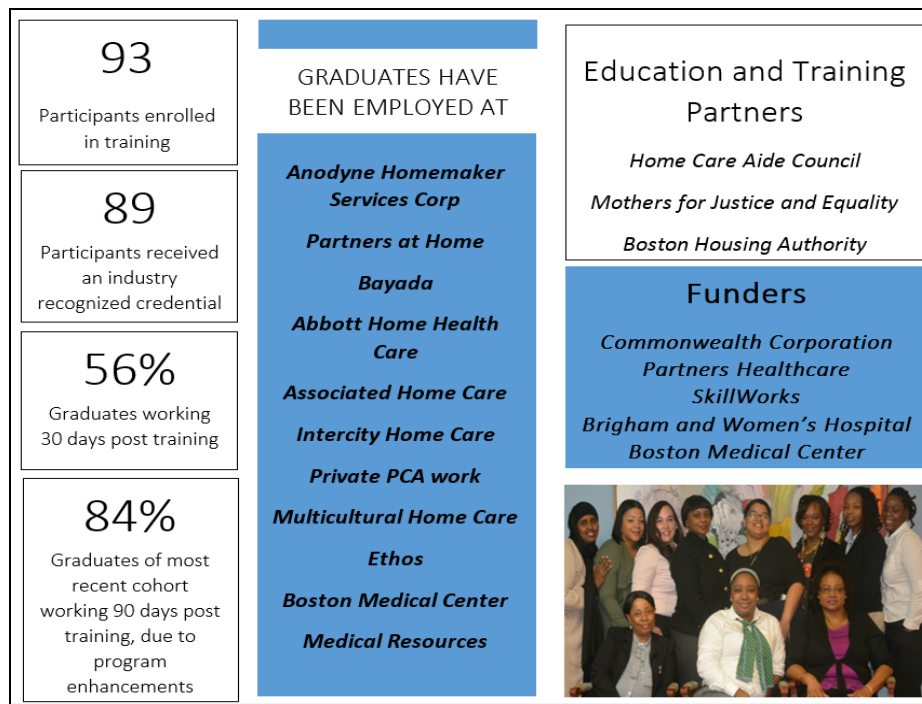
# HEART CONSORTIUM

## PROGRESS REPORT

### MAY 2018

#### SUMMARY OF ACCOMPLISHMENTS

The HEART Consortium has made significant progress in helping residents of public and publicly assisted housing in the target area gain entry level employment in the health sector. These accomplishments include:



- Over 90 individuals trained and awarded a home health aide certificate by Home Care Aide Council, one of HEART's training partners since training began in June 2016.
- 56% employed as home health aide for at least 30 days post training for the first 5 cohorts.
- 81% employed as home health aide for at least 90 days post training for the 7<sup>th</sup> cohort. Retention improvement due to enhanced training model which includes trauma-informed leadership and personal growth pre-training component, mentoring and engagement of employment partner.
- Strong reputation as a high quality home health aide training program as evidenced by increasing referrals from community-based organizations such as social service agencies and hospitals, and public programs such as DTA and SNAP.
- Trauma-informed personal growth and development component, coupled with mentoring, provided through collaboration with Mothers for Justice and Equality, a HEART training partner, enhances training and improves duration of employment post training.
- Attracted \$861,241 from multiple funding sources to support planning, program development and enhancements, intensive outreach and recruitment, trauma-informed job readiness and soft

skills development, curriculum-based training, job placement and transition support, and creation of an ongoing support network for newly trained HHAs to sustain their participation in the workforce

- Collaboration with an employer partner who hires trainees at outset of training, provides in-home work experience as home-makers during training, and employs graduates as home health aides following successful completion of the training

Following is a description of the background of the HEART HHA training program and progress since its inception in 2014.

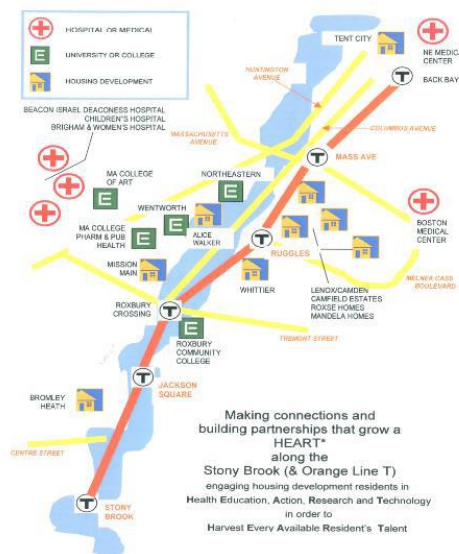
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**INTRODUCTION:** The HEART (*Healthcare Employment Access Recruitment and Training*) Consortium is leading a workforce development initiative, whose goal is to gain entry level employment for residents of the HEART geographic target area into health sector jobs. The HEART Consortium is a collaborative comprised of community-based organizations, secondary and post-secondary educational institutions, hospitals, and community health centers, as well as community residents and leaders. The Center for Community Health Education Research and Service, Inc. (CCHERS) is the lead organization on behalf of the HEART Consortium.

The HEART target population is defined as *families living in public and publically assisted (Section 8) housing in geographic proximity to the Southwest Corridor and the MBTA Orange Line from Chinatown through the South End, Roxbury and out to Jamaica Plain.*



Since June 2016 the HEART Consortium has trained 93 individuals in seven cohorts as home health aides.

As the reputation of the HEART Home Health Aide training program spreads, we increasingly receive referrals from new sources beyond our initial outreach efforts. Recent referral sources include social service agencies such as Children and Family Services of Roxbury and the YMCA Family Shelter, state agencies such as Department of Transitional Assistance (DTA) and SNAP, Boston Children's Hospital, and organizations working to improve the economic well-being of their clients through training and job placement. In addition to the program's reputation for being a high quality program, the fact that the HEART training is free to clients is an important

draw. Many who seek enrollment in the training talk about how important it is to find a HHA training program that is free, since they do not have the resources to pay for training.

Our training model has evolved since we initiated this work, and beginning with the October 2017 cohort now includes an employer partner, who participates with CCHERS in screening and selecting training participants, and hires them as employees at the outset of training

**BACKGROUND:** The impetus for convening the HEART Consortium was the decision by Partners Healthcare in 2014 to build its new administrative services building in Assembly Square, Somerville instead of in Roxbury, as had widely been expected. Prior to the siting decision, it was anticipated that the consolidated workforce facility would provide workforce opportunities for entry level administrative jobs in the health sector for HEART area residents, as well as serve as an engine for neighborhood development in Roxbury. Partners' initial new building in the Assembly Square complex consolidates many of its administrative and management functions into a single, 13 story, 825,000 square foot building, with capacity to house 4,200 employees from departments that serve key support functions including finance, human resources, information systems, communications, legal, and more. The volume of employees housed in the consolidated location is an important catalyst for neighborhood development, with stores, restaurants and other services expected to grow in the area to serve the employee population.

One estimate of neighborhood impact is that office development can create about four times the amount of jobs and taxes per thousand square feet of building as retail can, and ten-to-twenty times the amount of jobs and taxes per acre of land, while creating only about one-tenth the traffic. In addition to agreeing to make annual payments to the City of Somerville as a municipal services contribution, given Partners tax-exempt status as a non-profit, the Community Understanding agreement signed by both Partners Healthcare and the City of Somerville also stipulates that Partners will engage in good faith efforts to make employment opportunities available to Somerville residents.

The loss of this economic engine for development in Roxbury was a significant blow to the area.

After considerable push-back from multiple stakeholders, the HEART Consortium was convened, with Partners Healthcare as one of its founding members.

**THE HEART CONSORTIUM:** The health care sector is a major employer in Boston, comprising close to 20% of jobs in the City. The HEART Consortium first convened on February 14, 2014 with a variety of stakeholders interested and committed to developing opportunities for unemployed and underemployed residents of public housing and publically assisted housing to work in the evolving health care system. The HEART Consortium represents multi-sector interests working together to improve health sector employment opportunities for residents of the HEART target area through workforce development and other strategies

### HEART Consortium Membership

Sector	Organization
Healthcare	Partners Healthcare
	Boston Medical Center
	Brigham & Women's Hospital
	Martha Eliot Children's Health Center
Community-Based Organizations	Center for Community Health Education Research and Service (CCHERS)
	South End Technology Center
	Timothy Smith Network
	Mothers for Justice and Equality
	South End Coalition
	Children's Services of Roxbury
Higher Education	Northeastern University
	Boston University School of Public Health
	Roxbury Community College
Secondary Education	Edward M. Kennedy Academy for Health Careers
	Madison Park Technical High School
Community Development	Madison Park Development Corporation
Housing	Boston Housing Authority

The HEART Consortium decided that its initial effort would focus on engaging in a planning process to ascertain information about employment status and aspirations of target area residents, their interest in working in the health sector, neighborhood workforce and training needs and resources, and existing efforts in the community.

In the spring of 2014, Partners Healthcare agreed to provide a small planning grant (\$60,000) to support the HEART Consortium's initial foray into developing plans to assist residents obtain entry level health care jobs. HEART target area residents were surveyed in the summer of 2014 about their employment status and interest in securing entry level jobs in the health care sector. The survey, fielded by high school students enrolled in Community Voices, a CCHERS summer youth employment program, reached 10% of the HEART target population.

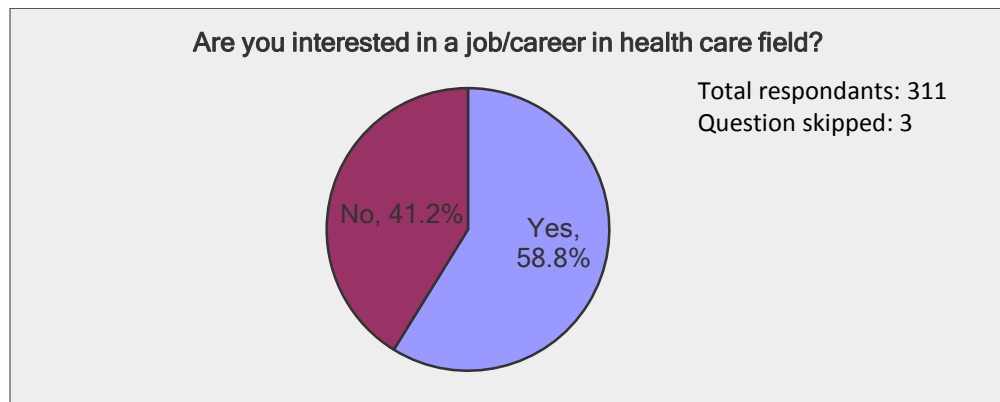
**HIGHLIGHTS FROM THE SURVEY:** In total, 314 residents (14% of the 2,173 targeted units) were surveyed.

Socio-Demographic Characteristics	Distribution of Survey Respondents		
Gender	66.1% female	33.6% males	.3% transgender
Age	33% 18 - 29	57% 30- 49	9.5% <17
			12% 50 - 59
			15% >60
Race/Ethnicity	38% black or African-American	48% Hispanic or Latino	4% Asian
			4% white

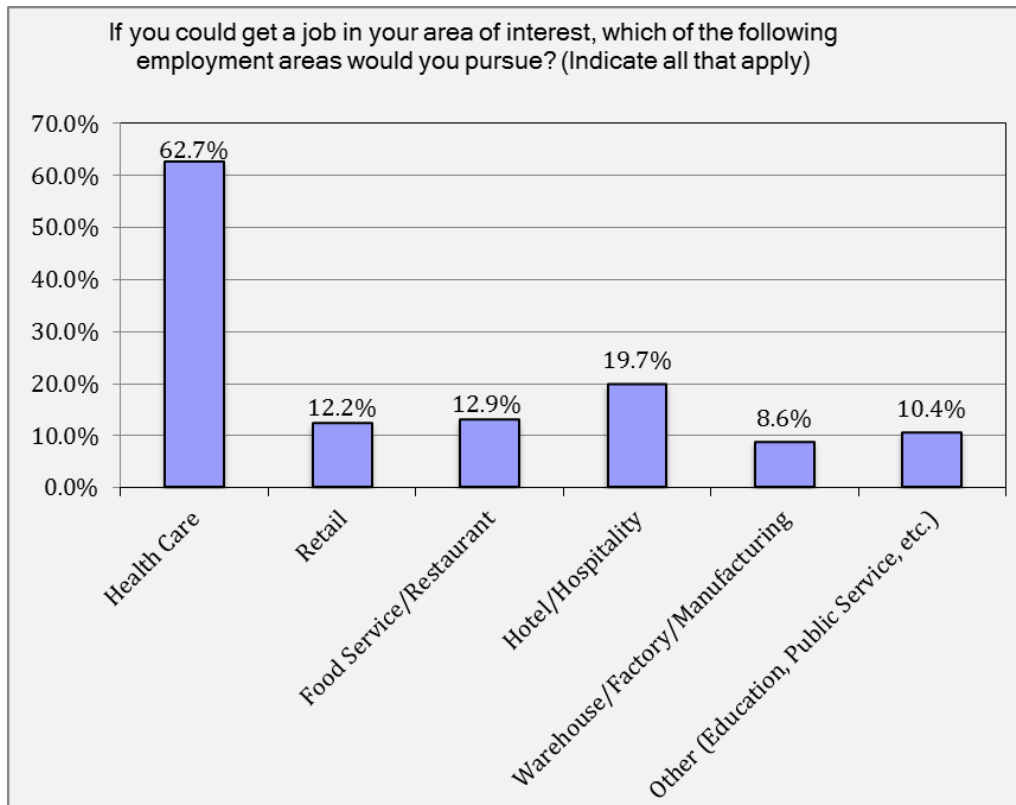
			6% other
Language 'Most Often' spoken	58% English	30% Spanish	4% French
			2% Hindi
			1% Chinese
Education	24% less than high school diploma	32% high school diploma or GED	20% some college but no degree
			9% bachelor degree
			9% associate degree
			4% graduate degree
			2% voc/tech school
Children	59% have children	41% do not have children	////////////////////
Availability of Childcare for those with children	31% have childcare	69% do not have childcare	////////////////////
Employed	22% employed, working full-time	24% employed, working part-time	6.9% retired
Unemployed	26% not working, looking for work	11% not working, not looking for work	10% disabled, not able to work

### Interest in a health care career

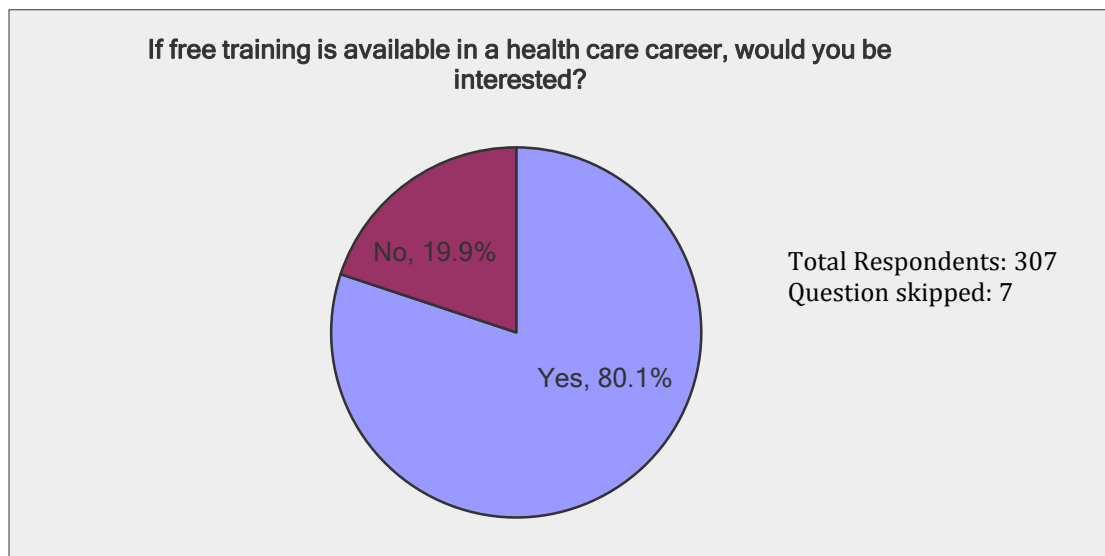
Respondents were asked about their interest in obtaining jobs in several employment areas. The overwhelming majority indicated an interest in a job in healthcare.



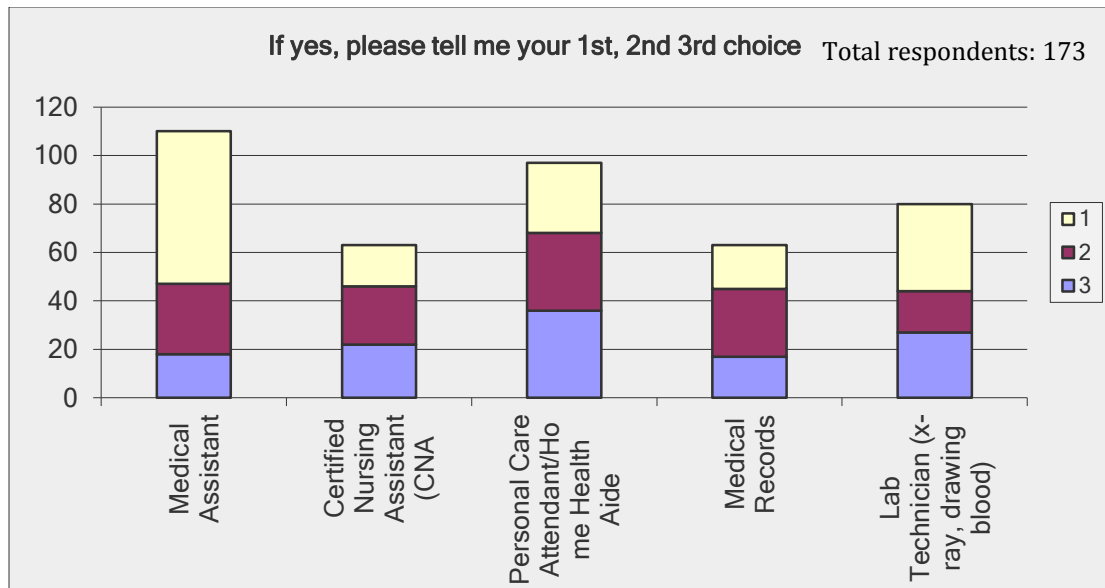
Respondents' interest in employment in healthcare was also compared to interest in employment in other sectors.



There was overwhelming interest among respondents in being able to obtain free training for a job in health care.



Interest in specific job types within healthcare was also assessed among those with expressing interest in a health career, with medical assistant ranking highest, followed by Personal care attendant/home health aide.



Based on survey findings, the HEART Consortium decided to focus on providing training as home health aides for the HEART targeted population for several reasons.

First, the growing demand for home health aides across the nation, state, and in the Boston area, indicates the need for expanding this workforce. This demand reflects the impact of reduced reliance on institutional care, growing aging population, and high turnover rates in home health care.

A recent study projected that the Massachusetts population aged 65 and over will increase by over half a million (548,699), rising from 14% of the state's total population in 2010 to 21% by 2030. Not only is this population living longer, they are doing so with one or more chronic conditions or disabilities. Chronic conditions such as asthma, diabetes, hypertension, and obesity can negatively impact quality of life by limiting the ability to be active and live independently.

The Bureau of Labor Statistics projects that Personal and Home Care Aides will be among the fastest growing occupations in the country between 2012 and 2022, with demand for workers increasing by 48 percent and generating over 1 million new jobs due to growth alone.

According to the Massachusetts Department of Workforce Development, the projected growth rate of Home Health Aides between 2014 and 2024 is 38%, requiring 31,287 new workers to meet the demand.

Our second reason for focusing on training home health aides is that it offers a unique opportunity for those without a high school diploma or with limited post-secondary credentials to gain entry level employment in the health care field.



Finally, the availability of quality training and mentoring services in our network, which are an integral and essential component to the success of the trainees, assures a solid foundation for this endeavor.

**PROGRESS:** As of April 2018 HEART has trained close to 90 home health aides in seven cohorts, with funding provided by Partners Healthcare and SkillWorks for the first 5 cohorts trained, and Commonwealth Corporation for the 6<sup>th</sup> and 7<sup>th</sup> cohorts.

The initial 5 cohorts were trained in a 4-week program utilizing the PHCAST curriculum and recruitment was targeted to unemployed or underemployed individuals in public housing or publicly assisted housing who were interested in training for an entry level job in health care.

Subsequently, HEART was funded by the Commonwealth Corporation to train 2 additional cohorts, with enrollment limited to a subset of the target population – those who are long term unemployed. This required significantly more tailored and targeted outreach and recruitment efforts, as well as more scrutiny in the screening and selection process.

In total, HEART has enrolled 93 participants for training.

Cohort	Model		Dates of Training	# Enrolled	# Completing	30-day employment rate
	4-week	6-week				
Cohort 1	✓		June 2016	12	12	
Cohort 2	✓		October 2016	12	11	
Cohort 3	✓		January 2017	11	10	
Cohort 4	✓		March 2017	14	13*	
Cohort 5	✓		June 2017	16	16	
Cohort 6		✓	October-November 2017	15	13	
Cohort 7		✓	March-April 2017	13	12*	

\*2 trainees awarded a homemaker certificate



**JUNE 2016 – FIRST HEART HHA GRADUATES**

**FUNDERS:** CCHERS has been successful on behalf of the HEART Consortium in generating grants and contracts to support its workforce development agenda.

***Partners Healthcare:*** In August 2015, *Partners Healthcare* provided the HEART Consortium with an implementation grant totaling \$320,753 over 2 years to support outreach, recruitment and training of five cohorts of from 12 – 15 participants each. Each cohort consisted of 4-weeks of PHCAST home health aide training combined with job readiness and financial literacy education.

***SkillWorks:*** In November 2015 *SkillWorks* provided a one-year, \$65,000 grant to conduct focus groups with staff at home care agencies, and to support development and implementation of an outreach and recruitment strategy.

***Commonwealth Corporation:*** In April 2017, *Commonwealth Corporation* awarded HEART a 3 month planning grant (\$25,000), followed by a two year implementation grant (\$200,488) to train and assist long term unemployed HEART-area residents gain employment as home health aides, and introduce the expanded, 6-week home health aide training model. The Commonwealth Corporation funded model expanded the training model, brought in several new elements, and added additional partners.

An employer partner, Anodyne, also has joined as a partner. Following the pre-training, the 4-week 75-hour PHCAST training is provided by the Home Care Aide Council (HCAC). The training has been expanded to include a day long employee orientation at Anodyne, and the requirement that trainees experience 3 homemaker visits during the training period, for which they are paid by the employer.



**Courtney Quinn, Human Resources Director at Anodyne meets with Michelle Williams, newly minted HEART HHA**

***Brigham and Women's Hospital:*** In October 2016, HEART was awarded a 3 year, \$50,000 per year, Health Equity grant from *Brigham and Women's Hospital* to support the development of a HEART networking organization for graduates of the HEART HHA training, as well as for other home health aides living in the HEART target area to help combat the isolating nature of this work. Other goals include helping create a career pipeline for home health aides, as well as gaining recognition for the value of the work home health aides contribute to the health sector.



### **Invitation to HEART HHA networking lunch**

**PARTNERSHIPS:** The HEART Home Health Aide Training Program is a partnership venture, with CCHERS providing organizational oversight and management, and subcontracting with partners who provide training, job readiness and financial literacy services, and support for outreach and recruitment efforts.

***HOME CARE AIDE COUNCIL:*** The HEART Consortium’s training partner is the Home Health Aide Council (HCAC), which utilizes the 75 hour PHCAST (Personal Home Care Aide State Training) curriculum to train home health aides and award certificates. Prior to initiating outreach and recruitment, under the auspices of the HEART Consortium, the Home Care Aide Council conducted focus groups with four of its member home care agencies to learn more about characteristics and qualities of successful home health aides from multiple perspectives. The focus groups identified several positive themes that were used in developing outreach and recruitment messaging.



**Sydney Axelrod, Home Care Aide Council trainer with Cohort 6 trainees**

***MOTHERS FOR JUSTICE AND EQUALITY:*** Beginning with the October 2017 cohort, HEART expanded the training program to 6 weeks, with MJE providing a 2-week pre-training to include “You Matter” and mentoring (which continues for the duration of the training and through the first 3 months of employment), as well as financial literacy education and job readiness skills. “You Matter” utilizes a trauma-informed curriculum, focused on helping participants reflect on challenges they face in their personal lives and/or community life that may have affected their ability in the past to move forward in work and other aspects of their lives. MJE mentors, who work with trainees throughout the training program and for the first 3 months of employment

post training, are introduced to training participants at this time. MJE also provides job readiness and financial literacy education during the pre-training period.



**Rosa Lee Dixon, Cohort 6 trainee working on her vision board as part of MJE's *You Matter* pre-training**

***ANODYNE – HOME CARE EMPLOYER:*** HEART's training model has evolved since its inception. For the last two cohorts, beginning in October 2017, HEART is engaging with an employer partner, Anodyne, to select trainees. Working in tandem, HEART and Anodyne screen and select trainees, with HEART inviting those selected to join the training, and Anodyne hiring them as employees at the outset of training. Anodyne arranges for each trainee to meet the requirement of having at least 3 experiences working as a homemaker during the training program, for which they are paid, so they can understand and gain first-hand knowledge of what is involved in working in an individual's home. (Homemakers are not required to have a training certificate during the first 6 months of employment, compared to home health aides who are prohibited from providing care until they have received their certificate.)

***BOSTON HOUSING AUTHORITY:*** The Boston Housing Authority (BHA) has provided logistical support to the HEART for its outreach and recruitment efforts.



**Alison Simmons, HEART Coordinator, attends a BHA Unity Day cookout in August 2017 to recruit participants for the HEART HHA training**

**PROGRAM COMPONENTS:** The HEART HHA training, employment and network development initiative consists of several component parts.

***Outreach and Recruitment:*** Outreach and recruitment efforts precede formation of each training cohort. As a first step, CCHERS distributes flyers announcing the training opportunity in various community venues. In addition, in collaboration with the BHA, flyers for upcoming trainings are included in rent notices sent to residents of targeted developments for the month recruitment begins.



In addition, the HEART Coordinator has built a strong network of community-based organizations and, utilizing multiple methods, informs colleagues in the networks about upcoming training through attendance at meetings, phone calls, emails transmitting information and flyers, etc. As the networks solidify, contacts at these organizations touch base with the HEART Coordinator when they have a client seeking employment that they think is appropriate for, and would benefit from, the HEART HHA training.

Prior to convening a training, CCHERS offers four to five information sessions at various days and times, and potential participants are required to attend one session. Those interested in proceeding further are scheduled for an interview with staff, held within the subsequent 2 weeks.

***Screening and Selection:*** Interviews with prospective trainees are held over a 2 week period, following the information sessions. Interview appointments are scheduled at the conclusion of each informational session and are conducted jointly by CCHERS and the employer partner. At the interview, applicants are asked to complete an application, take a reading test (TABE), and a math test. Applicants meet jointly with CCHERS and the employer. An interview questionnaire guides the interview session. At the conclusion of the interview period CCHERS and the employer review applications, interview notes, and reading test placements. The employer conducts a CORI. CCHERS and the employer jointly make class selections. The ideal class size

is 15; however, due to circumstances in which individuals drop out at the beginning of the training for a variety of reasons (child care complications, difficulty meeting the required class start and stop times, etc.), up to 16 individuals may be invited to participate.

Depending on funding availability, HEART tries to schedule trainings in advance so that when one upcoming training cohort is filled, qualified candidates not able to be accommodated due to capacity limitations per cohort are notified of the next cohort training dates and encouraged to maintain contact so a space can be reserved for them in the next cohort if they remain interested.

**Training:** HEART's training has evolved, and in October 2017 HEART introduced an enhanced model, with training expanded to 6 weeks. The first two weeks of training (pre-training) are conducted by Mothers for Justice and Equality (MJE), and provide trainees with an opportunity to reflect on their goals and aspirations for career and family. MJE utilizes its "You Matter" and financial literacy curriculum, as well as provides job readiness skills training during this component of training. Trainees are also introduced to MJE mentors, who work with trainees during the first two weeks of pre-training, and continue during the PHCAST training, as well as remain available to them for the first 3 months of employment to help with the transition to work.

Immediately following the pre-training, the Home Care Aide Council begins the 4-week, 75-hour PHCAST training, required in Massachusetts to earn a home health aide certificate. The HCAC trainer works in conjunction with a nurse from the Caribbean Foundation to provide both the soft skills and clinical training components of PHCAST.

HEART training is free to the participants, who also receive lunch and a T-pass during the 6 week training period. During the 4-week, PHCAST training, trainees also attend an employee orientation at the employer, and are required to perform at least 3 home maker visits, for which they will be paid by the employer.

Participants are notified throughout the training - at information sessions, during interviews, at orientation and during the 6-week training period - of the importance of attending every class, being on time and staying for the duration of the class. One of the requirements for awarding certificates is based on the trainee meeting the 75 hours of training required for a certificate.

**Interview clothing:** Participants are offered assistance with obtaining appropriate clothing for interviews through opportunities to schedule time with Dress for Success, or other similar programs. Other sources of assistance are through Boston Career Links, which offers clothing days several times a year.

**LESSONS LEARNED:** Several key lessons have been learned that have informed the development and enhancement of HEART’s home health aide training and are now incorporated into our workforce development model. These include:

- Working with an employer partner(s) who embraces the mission of HEART in conjunction with meeting their hiring needs, and hires participants at the outset of training is critical to a successful training and retention strategy.
- A trauma informed pre-training component with facilitators and mentors is an essential first step to helping unemployed, and especially long term unemployed, participants from the target area successfully transition to training and employment. Similarly, this support component must continue post-training during the transition to work period.
- A cohort model is important in helping participants recognize challenges and barriers they must face within themselves and learn skills and strategies they can use to successfully balance work and personal life realities.
- CORI issues, especially for long term unemployed, appear to be more prevalent than in other cohorts and may preclude employment opportunities for some in aspects of health care employment. Collaboration is needed with hospitals and other major health care employers in the area to identify job categories within their institutions that can be accessed by individuals with “aged” (over 10 years) CORIs that are broader than the limitations in place for home health aides and others in direct care giving roles.

**LOOKING FORWARD:** CCHERS is committed to continuing to move the HEART workforce agenda forward. The following next steps are essential to sustaining current efforts and expanding entry level health care workforce opportunities in the HEART area.

- Develop partnerships with employers to support core training costs and hire participants at the outset of training.
- Secure long-term commitments from public and private funders to support intensive outreach and recruitment, trauma informed pre-training, job readiness, financial education and soft skills development components, which are beyond employer investment commitments but are essential to finding and making work-ready employees among the long term unemployed. This is especially important for low wage, demanding jobs that require a committed and compassion workforce to successfully perform.
- Create a healthcare workforce development and training center in the HEART area that can recruit and train residents for an array of entry level healthcare jobs, including the home health aide of the future, and are well versed in utilizing and applying home care technology as it evolves.
- Evolve the role of home health aide to become recognized as an integral part of the medical home and the home health care team, working in the home in conjunction with doctors and nurses.

- Devise a strategy to up-skill home health aide training to support health care system restructuring with reduced hospital admissions and lengths of stay, less reliance on long term facilities, and increase sophistication of care provided in the home.
- Plan, develop and implement an affordable housing strategy that enables home health aides and other entry level health care workers to secure stable housing.