

APPRENTICE

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If it weren't for this nontraditional option, which also offers her college credits if she wants to pursue a higher degree, Ramirez would have been stuck looking for register jobs.

"Honestly, I would just get a job for income. I wouldn't go back to school because I wouldn't be able to afford it. So I would just get another job," she said. "I'm a single mother, so the chance they are giving me and the benefits and paying for my education.

"I couldn't be able to get a certificate because, when you have kids, you can't afford it. I'm really proud of myself."

Ramirez is just one of many who are being helped, and helping the health industry, through the growing trend of apprenticeships.

Since 2011, the concept of apprenticeships has seen a comeback in the United States, to the point that it is even supported through grants from the Department of Labor.

Padma Arvind, director of the Health Care Talent Network at Rutgers, helped secure federal and state grants for the university to implement the program, now in its third year.

Arvind said the White House was looking at ways to implement apprentice-



Kiameesha Evans is an instructor at Rutgers. -PHOTO COURTESY RUTGERS

ships in manufacturing and construction jobs, and looked to examples from Switzerland and Germany.

Now, the DOL has supported the program for health, energy and pharmaceuticals, by partnering with some of the largest employers in the country, Arvind said.

But New Jersey took the lead on implementing it in health care.

With Arvind's help, Rutgers developed a curriculum and job-training guidelines that were approved by the DOL and are now being used by other states. And major hospital systems in the state, such as **RWJBarnabas Health** and **Hackensack Meridian**

Health, have shown interest, Arvind said.

The concept is not new, though, it's just that the U.S. is playing catch-up.

Kiameesha Evans, an instructor in the community health worker apprenticeship program at Rutgers, said it has been used in many Latin American countries for years, and the U.S. is just catching on to the trend.

"I believe in the community health worker model. Health care is very expensive and a doctor can only do so much," Evans said. "And nurses and nurse practitioners can only do so much in a clinical visit.

"Public health is one of those things people don't know what it is until you tell

them ... and then they realize they are surrounded by it every day."

Ramirez said the courses weren't difficult, and because there is such a quick turn-over time from learning to applying skills on the job, it was much easier to understand.

Arvind and Evans believe this model is here to stay, and will continue to grow in the realm of health care in the country.

Arvind recently published a study, along with **Jennifer Velez** of RWJBarnabas, and other experts from the health field around the country, in conjunction with the Icahn School of Medicine at **Mount Sinai** and the United Nations, which focused on applying the community health care worker model.

In the study, published this month, the task force looked at the various state and national level models.

They concluded that not only was the program beneficial to the health care industry, it also helped reduce costs to the overall industry.

"Experience in the U.S. and abroad shows that the health outcomes achieved by well-designed CHW (community health worker) programs can create a return on investment upwards of \$2 for every dollar invested," the study said. "CHW programs have the potential to both improve health outcomes and reduce the cost of care for communities across the country."

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