

Strengthening the Community Health Worker Talent Pipeline



JPMorgan Chase
Policy Center

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Executive Summary

In the U.S. over 160 million people depend on employer-sponsored health coverage, yet many face significant barriers finding and receiving high-quality and affordable health care.¹ JPMorganChase recognizes policy reforms help accelerate innovation within the commercial market and support employers who want to offer high value coverage to their employees.

Community health workers (CHWs) can play a critical role in addressing gaps in care. They promote wellness and healthy behaviors by implementing targeted programs and advocating for people who may have limited access to health resources and social services.² Notably, CHWs can play an important role in team-based, integrated care models to provide better person-centered care, particularly for those with complex needs.³

There are over 60,000 CHWs who are employed in a variety of settings, including hospitals, public health departments, and community-based organizations.⁴ Due to the projected need for more preventive care and a steady increase in the need of behavioral health care and social supports, CHW employment is expected to grow 13 percent from 2023 to 2033, much faster than the average for all occupations.⁵

In fact, CHW employment is projected to increase more than three times faster than the average for all occupations from 2023 to 2033.^{6,7}

JPMorganChase recognizes the role that policy can play in strengthening the healthcare workforce, a vital component of innovation efforts. To strengthen the CHW talent pipeline, policymakers should advance policy to:

Expand Access to Training Opportunities for Community Health Workers

There isn't a standardized pathway for the CHW profession. As a result, there are multiple training options to enter the profession, such as state certification programs, short-term training programs, internships, and apprenticeships.⁸ To expand access to training, policymakers should:

- **Support state implementation of Federal Workforce Pell:** Lack of access to financial aid for CHW training programs can be a barrier to entry for the profession. Recent federal action will allow Federal Pell Grants, which provide need-based grants to low-income students, to be used for quality short-term programs. The Federal government can establish clear but flexible standards, such as aligning Workforce Pell grants with the workforce system, to guide states and provide technical assistance to educational institutions to support implementation. State policymakers can look at promising practices states have previously leveraged and described later in this paper to ensure quality implementation of state financial aid for short-term training programs to inform their approach to Federal Workforce Pell implementation.

- **Advance employer and industry/sector partnerships:** Partnerships between key stakeholders, such as multiple employers in the same industry, alongside an education and training provider, are critical to developing and improving workforce training opportunities for CHWs. Successful examples of industry/sector partnerships targeting other entry-level healthcare occupations indicate that this is a strong model for CHWs as well.^{9,10} **At the state level,** policymakers can advance policies that promote employer partnerships and establish standards to ensure quality, while being mindful of the need for local flexibility.¹¹ ¹² **At the federal level,** the reauthorization of the Workforce Innovation and Opportunity Act (WIOA), which focuses on strengthening the nation's public workforce system, should provide support for industry/sector partnership and include performance measures to ensure the development of high-quality sector partnerships¹³.
- **Advance community health worker apprenticeship programs:** CHW apprenticeships, which would allow workers to develop skills without foregoing a salary, can be scaled through streamlining the Registered Apprenticeship process to address administrative barriers, such as having to register the same program in multiple states, and providing support to apprenticeships in “new” or non-traditional industries like health care.

Strengthen Retention and Career Mobility for Community Health Workers

Core to improving care and supporting innovation within health care is increasing the retention of workers in health care teams, such as CHWs, and ensuring that workers can progress into new health care occupations if they desire, rather than leave the sector. To strengthen retention and career mobility for CHWs, policymakers should:

- **Support employer-based training programs:** Employer-based training programs, such as apprenticeships and incumbent worker training programs, can help CHWs upskill and reskill to advance in a career path. At the federal level, WIOA can be reauthorized to increase the percentage of funds that may be used for incumbent worker and on-the-job training. At the state level, federal funding, such as the WIOA Governor's Reserve funding, may be leveraged to pilot employer-based upskilling efforts, and states can fund their own employer-based training initiatives.
- **Incentivize integration of community health workers into health payment models:** The Center for Medicare and Medicaid Innovation (CMMI) was tasked with implementing new health care payment models to address growing concerns about rising costs, quality of care, and inefficient spending.¹⁴ Federal policymakers should require all models sponsored by the Centers for Medicaid and Medicaid Services to expressly allow payments to CHWs. Policymakers should also support the evaluation of return on investment (ROI) from integrating CHWs into various settings. This process can help to incentivize integrating CHWs into health care delivery and help to address the current patchwork funding for CHWs, which can hinder the development of clear career paths.
- **Advance mechanisms for acceleration in career pathways:** One study found that less than 10 percent of adults earn credit for past work experience.¹⁵ CHWs who want to transition to new health care occupations should be rewarded for their past work experience, where appropriate, to accelerate their career pathways. State policymakers can support policies to facilitate Credit-for-Prior Learning—the various processes for recognizing and awarding

credit for college-level learning gained outside the classroom—and adopt language in statute or regulation that outlines how CHW experiences or certifications meet or provide progress toward licensure, apprenticeship, or associate or bachelor's degree requirements associated with other health care occupations.

- **Promote state reciprocity for licenses and certifications:** CHWs who obtain CHW state certifications or licenses to practice other health care occupations may find that their licenses and certifications are not portable across states, limiting their ability to advance in their career path in other states. States can promote CHW certification reciprocity by honoring work experience from other states and allow applicants to demonstrate they were certified in another jurisdiction. Multi-state compacts can streamline the licensing process across states and allow participating health care providers to practice in participating states, while preserving oversight by individual states.
- **Promote occupational licensing reforms to advance Second Chance hiring:** Many professions that CHWs can ladder into require occupational licenses, including allied health professions that are distinct from medicine and nursing.¹⁶ However, overly broad or vague licensing requirements can make it difficult for people with past records to work in health care occupations. Opportunities exist for states to reform licensing policies that categorically exclude individuals with a record or past convictions, and instead limit criminal history considerations that are relevant to specific licensure or certificates.



Introduction

In the U.S., 160 million people depend on employer-sponsored health coverage, yet many people face significant barriers finding and receiving high-quality and affordable health care.¹⁷ Launched in 2021 by JPMorganChase, [MorganHealth](#) is committed to improving the quality, outcomes, and affordability of U.S. employer-sponsored health care. Morgan Health has invested nearly \$250 million of JPMorganChase capital to date into promising health care companies to help drive improvements in health care. The team has also piloted new programs and conducted novel research.¹⁸ The firm recognizes that policy reforms are also needed to help accelerate innovation within the commercial market and to support employers who want to offer high value coverage to their employees. The health care workforce is key to innovation efforts, which are hampered by dire shortages in primary and behavioral care providers, among others.¹⁹ These shortages can contribute to significant gaps in care, such as longer wait times and delayed or foregone treatment, which can lead to worse health care outcomes.²⁰

CHWs can play a critical role in addressing gaps in care and advancing innovation efforts. CHWs are not clinicians or medical providers, rather professionals trained to offer personalized support to help people navigate their health and social needs. This support has demonstrated significant potential to improve access to high-quality care.^{21,22} Evidence shows CHWs' ability to improve chronic diseases outcomes, increase access to health care services, and lower costs, including by reducing hospital use.²³

Evidence of Community Health Workers' Effectiveness

CHWs can play a critical role in advancing innovation within the health care sector, shown by studies examining their effectiveness:

- **Effects of community health worker interventions to improve chronic disease management and care among vulnerable populations:** Interventions by CHWs appear more effective when compared with alternatives and are cost-effective for certain health conditions, particularly among underserved communities.^{24, 25}
- **Patient-centered community health worker intervention to improve posthospital outcomes through the development of individualized action plans for recovery and tailored support:** Increased likelihood of obtaining primary care, increased mental health improvements, and reduced likelihood of multiple 30-day readmissions from 40.0 percent to 15.2 percent.^{26, 27}
- **Community health worker support for disadvantaged patients with multiple chronic diseases:** Improvements in mental health, increased support for disease self-management (63 percent compared to 38 percent control group), lower hospitalization (16 percent compared to 17.8 percent after six months, 23 percent compared to 32 percent after one year).^{28, 29}

Source: Association of State and Territorial Health Officials. National Association of Community Health Workers. (n.d.). Community health workers: Evidence of their effectiveness. Retrieved from <https://www.astho.org/globalassets/pdf/community-health-workers-summary-evidence.pdf>

Specifically, CHWs can play an important role in team-based care models. Team-based care refers to engaging health care providers across role and specialty to provide coordinated, integrated person-centered care, particularly for those with complex needs.³⁰ Team-based care involves expanding traditional health care teams to include additional members, such as social workers and CHWs, to maximize patient care.³¹ Members of team-based care models engage in reciprocal exchange of knowledge that allows them to provide elevated care. For example, teams that involve nurses collaborating with CHWs have been very effective at improving health outcomes, particularly managing chronic diseases.³²

With a workforce of over 60,000, CHWs are employed in a variety of settings including hospitals, public health departments, and community-based organizations.³³ Due to the projected need for more preventive care and a steady increase in behavioral health care and social support needs, employment in CHWs is expected to grow 13 percent from 2023 to 2033, much faster than the average for all occupations.³⁴ **In fact, community health worker employment is projected to grow more than three times faster than the average for all occupations from 2023 to 2033.**^{35,36} To build the necessary talent pipeline to meet this demand and to improve care, policymakers should expand access to critical training opportunities, such as apprenticeships. To aid in the retention of the existing workforce, policymakers should incentivize integrating CHWs into health care payment models and support incumbent worker training.

Critical to addressing health care workforce shortages is also ensuring people can progress into other health care occupations if they choose, rather than leave the sector. While many CHWs aspire to progress within the profession,³⁷ for those who desire to ladder into other health care professions, there are barriers to accessing education, training, credentialing, and licensing. These barriers make it difficult for workers to transition into new health care occupations, such as those in the allied health workforce.

JPMorganChase is Working to Address the Health Care Workforce Shortage

JPMorganChase is working to address the health care workforce shortage. Closing the expected global healthcare workforce shortage of at least ten million by 2030 could boost the global economy by \$1.1 trillion and avert 189 million years of life lost to early death and disability.³⁸ In addition to supporting relevant policy to address the shortage, as of July 2025, JPMorganChase has committed approximately \$14 million in grants globally to organizations working to advance the health care workforce.

These grants have helped support over 6,000 individuals earn credentials, licensure, or certifications and helped over 6,500 individuals obtain placement into apprenticeships, full-, or part-time employment. Specifically, In the U.S., as of July 2025, these grants have helped support over 5,800 individuals earn credentials, licensure or certifications and helped over 5,600 individuals obtain placement into apprenticeships, full-, or part-time employment.

The increasing need for health care professionals, particularly within the **allied health workforce**, can be met in part by employing skilled individuals with past justice system involvement who do not pose a risk to public safety. There is a “waiting workforce” of talented individuals unable to pursue careers in health care due to their criminal records. In the U.S., one in three working-age individuals has a criminal record—more than 80 million people.^{39, 40} One of the barriers individuals with criminal records face is that some workforce requirements may be overly broad or vague, creating licensure barriers for individuals whose past records are not relevant to the occupation they are otherwise qualified to pursue.

Policymakers can strengthen the health care workforce by removing barriers to entry into the CHW occupation, strengthening retention for CHWs, and ensuring CHWs can transition into other health care occupations if they desire.

Allied Health Workforce

The allied health workforce are health professionals distinct from nursing and medicine.⁴¹ It encompasses a broad group of health professionals who promote disease prevention and wellness for optimum health, apply administration and management skills to support health care systems, and use scientific principles for the diagnosis, evaluation, and treatment of acute and chronic diseases.⁴²

In addition to CHWs, examples of the allied health workforce include occupational therapists, dietitians, dental hygienists, and medical technologists.⁴³ While this brief focuses on policies to strengthen the CHW talent pipeline, many of these recommendations may be applied to strengthen the broader allied health workforce talent pipeline



Expand Access to Training Opportunities for Community Health Workers

There is no standardized pathway for the CHW profession, and thus, there are multiple training options to enter the profession, such as state certification programs, short-term training programs, internships, and apprenticeships.⁴⁴ However, barriers such as lack of access to financial aid, insufficient training opportunities, or having to forgo a salary to participate in training can hinder workers from obtaining the essential training opportunities necessary to enter the profession.

Policymakers can support the implementation of federal financial aid for short-term training programs, advance partnerships to identify and develop local CHW training programs, and advance apprenticeships to help address these barriers.

Support State Implementation of Federal Workforce Pell

Historically, Pell Grants, which provide need-based grants to low-income students,⁴⁵ could only be applied to education programs at least 15 weeks in length. This constraint prohibited many students and workers from accessing critical financial aid that would allow them to participate in short-term skills training programs, such as some programs to become a CHW, to advance their career goals. Recent federal action amended the [Higher Education Act \(HEA\)](#) to expand Pell to cover high-quality, short-term programs, referred to as Workforce Pell. The Federal government will establish regulations to support implementation, and states will now play a critical role in assessing program eligibility using the metrics outlined in the law.⁴⁶

To ensure the effective implementation of Workforce Pell, the Federal government can establish clear but flexible standards to guide states. For example, the Federal government can align Workforce Pell with the workforce system by establishing regulations that incentivize and promote coordination among governors on policies, funding, approval processes, data collection and participant information across WIOA and Workforce Pell programs to avoid duplication and siloed systems.⁴⁷ The Federal government can also provide technical assistance to educational institutions to implement best practices.⁴⁸

At the state level, government agencies have leveraged promising practices to ensure quality implementation of state financial aid for short-term training programs, which can inform approaches to Federal Workforce Pell implementation. For example, Iowa and Virginia implemented state financial aid data collection and disaggregation that includes non-degree credentials. They leverage that data to inform decision making on whether non-degree credentials are producing outcomes that meet state priorities and help workers meet their education and career goals.⁴⁹ Strong data systems will help states assess whether existing CHW training programs should be eligible for Federal Workforce Pell and how to improve programs if necessary to set up participants for career success.

Advance Employer and Industry/Sector Partnerships to Support Training Opportunities

Partnerships between key stakeholders, such as employers, industry, and educational institutions, are critical to developing and improving training opportunities for CHWs. These partnerships are also vital for developing strategies that support career progression for CHWs and their ability to upskill into other health professions.

JPMorganChase recognizes the value of [employer partnerships](#). For instance, JPMorganChase committed funds to United Way to support the Workforce Solution Collaborative of Metro **Hartford**, a Connecticut-based funders' collaborative committed to advancing sector-based, employer-driven strategies.⁵⁰ The collaborative develops and supports employer partnerships to encourage integrated training models and intensive wraparound supports so that job seekers can succeed in training and post-training employment. As part of the program, United Way supported the Metro-Hartford Alliance for Careers in Health (MACH), an employer-led partnership with the mission of identifying and responding to workforce development policy issues for entry level and middle skill positions in the health care industry. Through MACH, career pathways for CHWs were developed for the region.⁵¹

Policymakers can support employer partnerships to advance sector-based approaches, such as those taken by MACH, to scale pathways for CHWs. [At the state level](#), policymakers can advance policies that promote employer partnerships and establish standards to ensure quality while being mindful of the need for local flexibility.^{52, 53} In Idaho, the Workforce Development Council established Industry Sector Grants, designed to engage employers in developing new training solutions that address the state's workforce issues and fill skills gaps.⁵⁴ To ensure the employer partnerships are high-quality, applications are graded across criteria, including transferability of skills gained, sustainability of the partnership, and the quality of credentials attained.⁵⁵ Idaho leverages business specialist staff to provide technical assistance to partnerships supported by the Industry Sector Grants through convening partners, developing strategic plans, and conducting analyses of regional labor markets.⁵⁶ This is a model that states can adapt for the health care sector.

Additionally, policymakers can advance industry/sector partnerships, which convene multiple employers in an industry/sector with education, training, labor, and community based-organizations to develop strategies to respond to an industry's workforce needs.⁵⁷ Sector partnerships are a proven strategy to address the skills mismatch and ensure that workforce training and programs are designed to meet the needs of employers and workers.^{58, 59} Successful examples of industry/sector partnerships targeting other entry-level healthcare occupations indicate this is a strong model for CHWs as well.^{60, 61} Industry/sector partnerships can help develop and identify training opportunities for workers interested in entering the CHW occupation, as well as opportunities for upskilling into other health professions.

To advance industry/sector partnerships, states can also leverage a combination of federal and state funds to provide grants to industry/sector partnerships.⁶² For example, WIOA and Perkins—the federal law that invests in career and technical education (CTE)—these funds can be leveraged with state funds to support industry/sector partnerships. Additionally, state policies could include technical assistance from the state to industry/sector partnerships. For example, state agencies can provide staff assistance, professional development, capacity building, labor market analysis, and information on resources, skills standards, and industry-recognized credentials.⁶³

At the federal level, one way to strengthen industry and sector partnerships is through [reauthorizing the Workforce Innovation and Opportunity Act \(WIOA\)](#), which focuses on strengthening the nation’s public workforce system. The reauthorization of WIOA should provide support for sector partnerships to ensure that employers are involved in the development of workforce strategies. WIOA can also support technical assistance to industry/sector partnerships and include performance measures to ensure that high-quality sector partnerships are developed.⁶⁴

Advance community health worker apprenticeships

Apprenticeships, a type of earn and learn strategy, combine paid on-the-job training with formal classroom or online instruction to help workers master knowledge, skills, and competencies needed for career success,⁶⁵ and equip workers with credentials critical to career mobility. CHW is a high-demand apprenticeship occupation⁶⁶ that enables participants to develop the skills needed to work in the occupation without forgoing salary.

For example, the **Minnesota** Department of Labor, Minnesota Department of Health, and Minnesota Community Health Worker Alliance have partnered to develop CHW training programs, including apprenticeships.⁶⁷ The partnership involves supporting organizations to develop employer-paid, registered apprenticeship programs, raising awareness for the CHW certificate program, increasing partnerships with organizations to host CHW field experiences or internships, and providing ongoing training for new and existing CHWs to continue advancing their knowledge.⁶⁸ Minnesota’s model highlights how cross-agency collaboration can scale apprenticeship programs in the health care sector.

In addition to helping workers access the CHW profession, health care apprenticeships,^{69, 70} can allow CHWs to develop the skills needed to ladder into new health care occupations if desired. In 2024, just over 37,000 people were in health care apprenticeships, far short of the anticipated need. Despite employment in health care projected to grow faster than the average for all occupations through 2033, with about 1.6 million openings per year,^{71, 72} in 2024 the number of apprentices in the health care industry represented only 2.8 percent of all active apprentices that year.⁷³

JPMorganChase is committed to advancing apprenticeships. For instance, JPMorganChase committed \$500,000 to Apprenticeships for America (AFA) to help AFA promote the creation of apprenticeships for fast-growing sectors of the economy, such as health care, create a network of partners to support those efforts, and create awareness for apprenticeships as a solution to the current labor shortage and skills gap.⁷⁴

At the federal level, to make it easier for employers to develop CHW and health care apprenticeships, [the registration process for employers](#) can be simplified and streamlined to address administrative barriers, such as having to register the same program in multiple states. The standards for Registered Apprenticeship programs can be modernized without sacrificing quality to recognize different industry approaches to skilling.⁷⁵ The National Apprenticeship Act (NAA), which established the Registered Apprenticeship Program,⁷⁶ can be modernized by providing support for developing and growing apprenticeships in “new” or non-traditional industries, such as health care, as well as support for pre-apprenticeship programs. Pre-apprenticeship programs, which provide instruction, preparation, and supports that enable participants to advance to apprenticeships,⁷⁷ can help ensure students interested in the CHW profession succeed in apprenticeships.

An emerging practice that states can take to assist apprenticeship growth in new industries such as health care is establishing councils to separately support the skilled trades and apprenticeships in other industries, thus ensuring that the unique needs of industries are being met. For example, in **Colorado**, the State Apprenticeship Agency created two subcommittees to advise the State Apprenticeship Agency on Registered Apprenticeship performance, standards, and rules. The Committee for Apprenticeship in Building and Construction Trades advises on building and construction trades, while the Committee for Apprenticeship in New and Emerging Industries, made up of experts from fields with high-demand jobs, advises on all other industries, such as health care.⁷⁸

Registered Apprenticeships

Apprenticeships can be registered or unregistered.⁷⁹ Registered Apprenticeships are approved and validated by the U.S. Department of Labor or a State Apprenticeship Agency. Registered Apprenticeships are industry-vetted paid jobs that provide structured on-the-job training and mentorship, supplemental classroom education, and a portable, nationally recognized credential.⁸⁰ Registered Apprenticeships benefit both workers and employers. For every dollar employers invest in an apprentice, they get back \$1.44 in benefits.⁸¹



How States and Organizations are Ensuring Community Health Worker Training Quality

Critical to strengthening the CHW talent pipeline is ensuring that workers develop the skills needed to succeed in a specific profession. More than 10 states offer a CHW certification.⁸² Certification programs are typically informed by a set of core competencies to ensure training quality.⁸³ While most states do not require certification to practice as a CHW,⁸⁴ certifications can help define clear competencies. In a movement to make training more accessible, organizations are accrediting CHW programs that meet certain program standards. For example, the Tennessee CHW Association provides accreditation to programs that adhere to rigorous CHW standards.⁸⁵ This emerging practice helps to make CHWs effective, as they are trained by a parent organization, such as a health system, in accordance with the needs of the communities in which they operate.

Strengthen Retention and Career Mobility for Community Health Workers

Core to improving care for Americans and supporting innovation within health care is increasing the retention of workers critical to health care teams, which also ensures continuity of care. To strengthen career paths for CHWs, policymakers can support employer-based training programs. These allow workers to develop the skills needed to continue along their career path. Policymakers can also incentivize the integration of CHWs into health care payment models to help ensure more consistent funding to support their career paths.

Critical to addressing health care workforce shortages is ensuring people can progress into different health care occupations if they choose, rather than leave the sector. While it's important to strengthen career paths within the CHW profession, CHWs who desire to transition into new health care occupations should be able to access necessary skills training, receive credit or progress towards licenses or apprenticeships requirements for their past work experience, and obtain licensure if their new desired occupation requires it.

Support Employer-based Training Programs

Many CHWs want to advance within the profession,⁸⁶ yet turnover in the profession can be as high as 50 percent over a 10-year span because there are few opportunities to progress.⁸⁷ Establishing career paths within the community health worker profession that allows them to advance their salary, title, and responsibilities can improve retention,⁸⁸ which can support continuity of care. Examples include career paths within a direct care track aligned with higher skill proficiency and that train workers to handle more complex individuals as well as slightly higher caseloads⁸⁹. Other examples include tracks aligned to specificity areas such as systems-level advocacy and community engagement, training, or management.⁹⁰

Employer-based training programs, such as apprenticeships and incumbent worker training programs, can help CHWs upskill and reskill to advance in a career path. At the federal level,

WIOA reauthorization should increase the percentage of WIOA Adult and Dislocated Worker funds that may be used for incumbent worker training, transitional employment, and on-the-job training.⁹¹

At the state level, federal funding can be leveraged to incentivize employer-based upskilling efforts. For example, states can leverage WIOA Governor’s Reserve funds to support short-term pilots.⁹² States can also fund their own incumbent worker training initiatives.

Incentivize Integration of Community Health Workers into Health Care Payment Models

Many CHWs are paid through a patchwork of funding sources, such as Medicaid demonstration waivers, Medicaid managed care plans, and grants.⁹³ This funding approach makes it difficult for health care systems to bring CHWs onto their care teams, as well as retain workers and develop career paths for them. To address this, policymakers can incentivize workers’ integration into health care payment models through:

- **Allowable Payments**—The Center for Medicare and Medicaid Innovation (CMMI) was tasked with implementing new health care payment models to address growing concerns about rising costs, quality of care, and inefficient spending.⁹⁴ Federal policymakers can require all models sponsored by the Centers for Medicare and Medicaid Services to expressly allow payments to CHWs. This would not be a direct payment from Medicare or Medicaid, but an allowable pass-through from Medicaid or Medicare to a provider, who could then pay for the services of a CHW.
- **Return on Investment (ROI) Study**—Additionally, federal policymakers can direct the Patient Centered Outcomes Research Institute, the Agency for Healthcare Research and Quality, another component within the Department of Health and Human Services (HHS), or other government entity to create methods for evaluating the return on investments from integrating CHWs into various settings or into care delivery teams for certain complex or high-cost populations, such as beneficiaries with end-stage renal disease or Medicare or Medicaid dual eligibles. More evidence on the impact of CHWs can help to incentivize their integration into health care payment models and inform policy.

Advance Mechanisms for Acceleration in Career Pathways

CHWs looking to transition to new occupations in the health care sector should be rewarded for their past work experience where appropriate to accelerate their career pathway. This can involve receiving college credit or progress towards requirements for licensure or apprenticeships for their past related work experience.

States can take steps to accelerate career pathways for CHWs using approaches such as Credit-for-Prior Learning. This refers to the various processes for recognizing and awarding credit for college-level learning gained outside the classroom.⁹⁵ One study found that less than 10 percent of adults earn credit for their past work experience.⁹⁶ Another study found that students who received Credit-for-Prior Learning save nine to 14 months of study time by earning credits, resulting in savings of between \$1,500 and \$10,200 in education costs.⁹⁷

To advance this opportunity, state policymakers can require that all publicly funded institutions have an established credit for prior learning policy.⁹⁸ For example, Michigan requires publicly funded community colleges and universities to develop and implement policies to award academic credit through college-level equivalent examinations.^{99,100}

Additionally, states can convene and promote collaboration across relevant stakeholders, such as community colleges, four-year institutions, workforce development agencies, and employers, to align on learning outcomes and credentials, conduct outreach to students and workers about credit for prior learning, and ensure the consistent implementation of policy and practice.¹⁰¹ The Kansas Board of Regents published a guide on best practices for assessing prior learning at postsecondary institutions, which was informed by the Kansas Credit for Prior Learning Task Force, to encourage public institutions of higher education to implement best practices around quality, transferability, transparency, and more.^{102,103} The Task Force consisted of representatives from universities, community colleges, and technical colleges.^{104,105}

Another approach that states have taken to accelerate career pathways for individuals with past work experience is to adopt language in statute or regulations to recognize alternative forms of learning for the purpose of awarding professional licenses or satisfying license or apprenticeship requirements.¹⁰⁶ States, especially those that award CHW certifications, could adopt language that outlines how CHW experiences or certifications meet or provide progress toward licensure, apprenticeship, or associate or bachelor's degree requirements associated with other health care occupations. This change could help to more easily automate the process of workers receiving recognition for their past work experience.



Promote State Reciprocity for Certifications and Licenses

Those who obtain CHW certifications or licenses to practice other health care occupations may find that their certifications and licenses are not portable across states, limiting their ability to advance in their career path in other states. The ability to deliver health care services across state lines varies based upon state regulations. Many states are revisiting their licensure process to ensure access to providers for patients. Multi-state compacts can streamline the licensing process across states and allow health care providers to practice in participating states, while preserving oversight by individual states. The Nurse Licensure Compact (NLC), for example, allows nurses to practice in any of its participating states without obtaining additional licenses.¹⁰⁷ Currently, at least 40 states participate in the compact.¹⁰⁸

States can also promote CHW certification reciprocity by honoring work experience from other states and by allowing applicants to demonstrate they were certified in another jurisdiction.¹⁰⁹ For example, **Arizona**, **New Mexico**, and **South Dakota** allow applicants to demonstrate certification in another jurisdiction, and **Kansas** and **Oregon** honor work experience from specific neighboring states.¹¹⁰

Health Care Career Paths



Community Health Worker



Healthcare Administration



Nursing



Social Work



Degree Pathways

Associates Degree

Financial Counselor, Radiology Tech, Supply Chain Specialist, Physical Therapist Assistant, Administrative Coordinator

Bachelors Degree

Project Management, Clinical Quality Lead, Transplant Coordinator, Talent Acquisition Specialist, Recreational Therapy

Masters Degree

Case Manager, Program Leader, NP, APP, Social Service Associate, Infection Preventionist, Crisis/Consult Services Case Therapist

MD/PhD

Physician, Psychiatrist, Medical Director, Clinical Psychologist, Psychiatry, Researcher

Source: Northwestern Medicine

Promote Occupational Licensing Reforms to Advance Second Chance Hiring

Occupational licensure is important to setting professional standards and ensuring safety and quality of work, and can include state-specific educational, training, testing and other requirements to practice in a profession. Many professions that CHWs can ladder into require occupational licenses, including allied health professions. However, overly broad or vague licensing and credentialing requirements can make it difficult for people with past records to work in health care occupations.¹¹¹ Creating greater transparency and consistency among these requirements can lower barriers to hiring skilled individuals with past records that have no bearing on the job they will perform.

In the U.S. one in three working-age individuals has a criminal record—more than 80 million people.^{112, 113} After these individuals fulfill their justice system obligations, they face challenges that often leave them unemployed or underpaid, which costs the economy between \$78 and \$87 billion each year.^{114, 115} For example, the National Inventory of Collateral Consequences of Conviction has catalogued more than 15,000 federal and state statutory and regulatory codes that limit occupational licensing opportunities for individuals with criminal records.¹¹⁶ Some states automatically disqualify individuals with a felony conviction from obtaining an occupational license, regardless of whether the offense is directly related to the occupation or poses a risk to public safety. This lack of transparency and consistency makes it difficult for workers and students to determine if their past conviction may be disqualifying for a certain profession.¹¹⁷ Individuals with records may invest in education and training only to be barred in the licensing process.

Opportunities exist for states to reform licensing policies that categorically exclude individuals with record or past convictions, and limit criminal history considerations to relevant to specific licensure or certificates. Targeted approaches to licensing reforms for individuals with criminal records include:

- **Relevancy Provisions**—States can provide clarity by prohibiting blanket bans on occupational licensing for individuals with records and by outlining specific criteria for establishing a direct, relevant, or reasonable relationship to the occupational duties, which also protects patients and public safety.¹¹⁸
- **Good Character Clause Modifications**—State licensing laws often contain “good character” clauses that provide licensing boards with broad discretion to deny licenses on the basis of an applicant’s criminal history, including minor infractions and arrests that did not lead to convictions. States have the opportunity to move away from vague “good moral character” clauses and broad standards toward specifying offenses and exclusionary convictions that are disqualifying for a particular occupation. This change would provide more guidance to licensing entities and foster greater transparency and fairness in the licensing process for individuals with records.¹¹⁹

- Pre-Qualification Standards—States can adopt pre-qualification standards that allow applicants to receive a determination of eligibility before applying for a license or certificate. Credentialing and licensing boards would be required to list specific disqualifying offenses and convictions and notify applicants in advance if they are permitted to provide a certificate of rehabilitation or must pursue different occupations because a past record is preclusive of certain licensures.¹²⁰

Conclusion

As part of the allied health workforce, CHWs play an instrumental role in improving health care quality and outcomes. However, a lack of training opportunities and career mobility within the profession or into an adjacent health occupations hinders efforts to meet CHW and broader health care workforce demands. Policymakers should prioritize policies that expand access to training for individuals interested in the CHW profession and that strengthen career mobility for CHWs in the profession or into a new health care occupation to promote economic growth, improve care, reduce health care costs, and support innovation in the health care sector.



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