THE CAREER SUPPORT NETWORK (CSN): Workforce Programming through a New Lens

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Work Support That Works When YOU Need It

Historical Perspective: What led us to the CSN?

NEIGHBORHOOD CENTERS: THE BEGINNING

- Anchors in their neighborhoods
- Long-term relationships with community members
- Provide wrap-around supportive services

GREEN JOB READINESS PARTNERSHIP (GJRP)

- 2009:Living Cities & Job Opportunity Investment Network (JOIN)
- 2010: Pathways Out of Poverty through Jobs For the Future invested in a partnership to:
  - Develop and implement a model where community centers become points of engagement for marginalized workers to attach to employment and training.

GREEN JOB READINESS PARTNERSHIP: WHO WE ARE

A partnership managed by The Federation of Neighborhood Centers and including . . .

- The Philadelphia Workforce Investment Board
- Jobs for the Future
- Job Opportunity Investment Network
- Sustainable Business Network
- Diversified Community Services & United Communities of SE Philadelphia

GREEN JOB READINESS PARTNERSHIP (GJRP):

KEY PROGRAM COMPONENTS (PHASE 1)

- Contextualized Literacy Training
- Work Readiness Soft Skills Training
- Individualized Case Management
- Physical Training

WHAT IS THE GREEN JOB READINESS PROGRAM?

PHASE 1

9 weeks of training & preparation: Monday - Friday 9:00 to 4:30

- Classes in Green Literacy, Math, Workplace Readiness, Hands-on Tool Use
- Preparation for Hard Skills training & transition into the training
- Assistance in removing barriers to work
- Case Management and Career Coaching
- Certificates and Resumes

GREEN JOB READINESS PARTNERSHIP:

LESSONS LEARNED (PHASE 1)

- Physical and mental health problems – significant barriers to employment
- Getting a job a priority – not addressing health problems
- Average length of time to get jobs: 6 months

HEALTH IMPACT ON WORK

- 50% of low-skilled adults with physical and/or behavioral health problems:
  - Do not keep their jobs within one year of being employed.
  - Most frequent reasons for losing their jobs are physical and behavioral health problems.
- According to the Partnership for Prevention:
  - Reducing just one health risk can increase productivity by 9% and reduce absenteeism by 2%.
  - Absence management leads to a healthier workforce and maximizes a company's productivity and profit.

DIABETES' IMPACT ON WORK

Diabetics - total loss in income due to health-related work impairment has been estimated to be an incremental $578 billion dollars/year

- Lost productive time at work
- Poor glucose control = increased absenteeism, decreased earnings, disability, decreased productivity

DIABETES' BURDEN:

Philadelphia Neighborhoods Served by GJRP

- 16.7% of AA and 9.7% Latinos report diabetes
- 69.4% AA and 60% Latinos overweight or obese therefore at greater risk for diabetes or complications from diabetes
- 30% have high blood pressure
- Over half smoke cigarettes
- Almost 30% have diagnosed clinical depression or mental health conditions
- 50% report high levels of stress

New Partner Joins GJRP:
Thomas Jefferson University and Hospital

Job Opportunity Investment Network Education On Diabetes In Urban Populations (JOINED-UP)

Funded by Mt. Sinai- Diabetes IMPACT Center

JOINED-UP: GOALS

- Assess the feasibility of integrating a diabetes prevention and control program into a community-based workforce training program
- Increase healthy lifestyle behaviors related to preventing diabetes in overweight/obese individuals participating in the workforce training program
- Improve diabetes self-management among diabetics participating in the workforce training program

JOINED-UP: TRAINING PROGRAM

- Introductory healthy lifestyle educational program (Required)
- Ascertain current knowledge, attitudes and health behaviors, particularly as they pertain to diabetes prevention
- Baseline assessment:
  - Height, weight, BMI, glucose, blood pressure, health history,TC, HDL, HgbA1c
- 6 Program Sessions:
  - Individualized counseling session (Personal action plan) - Diabetics: AADE7 Impact curriculum: healthy eating, physical activity, monitoring, problem solving, reducing risks, health coping.
  - Four interactive, skill-building group sessions
  - Reassessment of the baseline measures, surveys

JOINED-UP: PROFILE OF PARTICIPANTS

- 79% male; Average age - 32
- 70% no health insurance; 45% - no PCP
- 56% were at risk of diabetes or already diagnosed
  - 44% had pre-diabetic readings (HbA1c 5.7-6.4) and 12.5% were known diabetics.
- 38% smoke
- 53% obese, 18% overweight
- 51% had pre-hypertensive blood pressure or high BP readings (30% hypertension)
- 15% had elevated cholesterol (>220)

JOINED-UP: RESULTS (N=41)

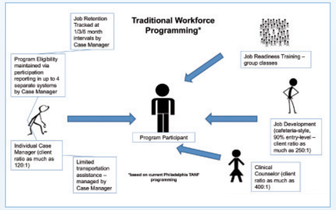
- 76% felt that their state of health improved "a lot"
- 68% felt that their ability to control health improved "a lot"
- 53% felt that their quality of life improved "a lot"
  - 73% enrollees achieved at least one Personal Action Plan goal
  - 26% obtained a PCP
  - 61% increased physical activity
  - 76% increased fruits/vegetables in diet
  - 61% decreased salt; 63% reduced fat
  - 61% now read labels
  - 13% stopped smoking; 73% reduced smoking
  - 34% use stress management techniques more often
  - 24% lost weight
  - 34% decreased alcohol use

JOINED-UP: IMPACT ON FAMILIES

- 44% completing the post test reported having children living in their households.
- As a result of taking part in this program:
  - 72% reported their children are more physically active and eat more servings of fresh fruits/vegetables daily;
  - 66% reduced salt in their family's diet and reduced consumptions of soda and other sugar beverages;
  - 61% reduced dietary fat in their children's diet and reduced screen time to no more than 2 hours daily.

JOINED-UP: WHAT DID WE LEARN?

- Integrating a diabetes prevention and management program into a workforce development program is feasible and effective
- Requiring health component as part of a workforce development program is key to recruiting participants, particularly men, into health promotion/disease management program
- Directly linking the management of one's health to attaining and retaining a job, enhances the motivation of clients to better manage their chronic health conditions
- Providing healthy lifestyle education in a trusted community center helps build trust between the health educators and other members of the healthcare team
- Providing wrap-around centralized services (i.e. job training, transportation, child care, emergency assistance, housing assistance, etc.) in conjunction with providing disease self management helps keep the clients engaged



BACKGROUND

- Work Development Programs help vulnerable, adults succeed in realizing long-term careers by helping them overcome barriers to employment.
- The current workforce system funds training and placement services to get individuals *into* jobs, but does not pay for the empowerment and counseling services to ensure newly-employed individuals *keep and advance* in their jobs.

CAREER SUPPORT NETWORK INNOVATIVE PARTNERSHIP MODEL

- Thomas Jefferson University and Hospitals
- Federation of Neighborhood Centers
- Robert Wood Johnson Foundation

RWJF Local Funding Partnerships

- Common Places. Common Causes. Uncommon Connections.
- Working together so better health can take root in our communities.
- Robert Wood Johnson Foundation Local Funding Partnerships (LFP) leverages the power of partnership to address community health needs through matching grants programs for innovative projects.

CAREER SUPPORT NETWORK GOAL

The project will increase the number of vulnerable adults who obtain and retain sustainable, competitive employment, with a **focus on retaining jobs**, through strategically addressing systemic gaps in the workforce development system

CAREER SUPPORT NETWORK PROPOSED OUTCOMES

Move vulnerable adults from short-term, dead-end jobs into long-term careers that pay family-sustaining wages

- Increase the number of vulnerable adults who will be employed in jobs with sustainable wages for a minimum of one year
- Increase the number of vulnerable adults with physical health conditions such as diabetes, hypertension, and obesity who demonstrate improved disease management and self-efficacy
- Increase the number of vulnerable adults with mental and behavioral health conditions such as depression, anxiety, and addiction who demonstrate improved coping skills and understanding of their conditions
- Reduce the recidivism rate

CAREER SUPPORT NETWORK KEY QUESTIONS

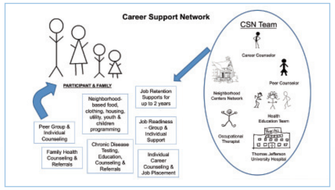
- **Does the inclusion of a CSN in a workforce development program improve participant health and employment success prior to and during employment?**
- What is the value of the CSN from the perspective of program participants, program staff, employers and training programs?
- What is the impact of the CSN on participants' physical and behavioral health?
- What is the value of the community center in facilitating health improvement/ maintenance among CSN program?
- How do we effectively integrate a behavioral /physical health component into a workforce development program (pre employment through employment)?

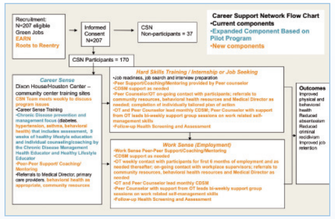
INTERDISCIPLINARY CSN TEAM

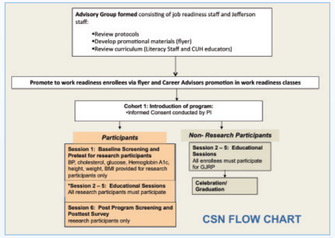
- Physician (1)
- PhD, Masters Public Health (1)
- Masters Public Health (1)
- DNP, RN, Certified Diabetes Educator (1)
- Masters prepared Health Educators (2)
- Occupational Therapists (2)
- Physical Therapist (1)
- Peer Counselor

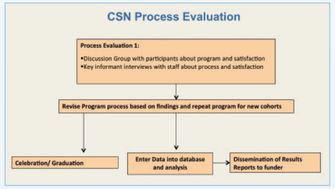
GETTING STARTED

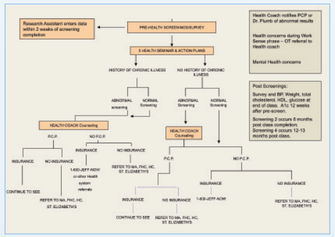
- Creating pre-post evaluation instruments
- Recruitment, hiring and training OT
- Completing/executing contracts with TJU and TJUH
- Completion of TJU IRB
- Integration of R2R (Roots to Re-entry)
- Recruitment and hiring of Research Assistant
- Integration into RISE activities (Mayor's Reentry Program for Ex-offenders)
- Completion of PDPH IRB











Preliminary Data through January 2012

Demographics		N=31	%
Age:	Range 18-54	NA	NA
	Mean Age: 30.6	NA	NA
Gender:	Female	5	16
	Male	26	84
Race:	White	2	6
	Black	26	84
	Hispanic	2	6
	Other	1	4

Demographics		N=31	%
Marital Status: Household	Single	25	86.6
	Married	4	12.9
	Divorced/ Separated	2	6.5
	Children in Household (N=27)	10	37.0
Education:	<HS	1	3.2
	HS Grad/GED	12	38.7
	Vocational/Trade	15	48.3
	College +	4	12.9

Health Behaviors

Indicator	N=31	%
Smoke (n=31)	18	58
Physical activity <3 x weekly (n=31)	20	64.5
Fresh fruit/veg 3+ times week (n=31)	21	67.7

Self-Efficacy

Indicator		N=31	%
General Self Efficacy Measure	Scores range from 10-40	*NA*	*NA*
	Total Score = 959		
	Mean Score = 30.94		
Never = 1	Median Score = 32		
Rarely = 2			
Often = 3	Individual Mean Score – 3.09		
Always - 4	Median Score = 3.0		

Health Attitudes

Indicator	N=31	%
Want to lose weight	13	42
Want to increase activity	22	71
Want to eat healthier	25	80.6
Importance of health status to work success (Rate 1-5 with 1=not important to 5 – extremely important)	*NA*	*NA*
Total Score = 122 (n=27)		
Mean = 4.5		
Median = 5		

Health Knowledge

Indicator		N=31	%
Health Knowledge	Total # questions=18		
	Pre Range= 9-17 correct		
	Pre Group Mean score =79.2		
	Pre % scored below 80	16	51.6

Health Status

Indicator	N=31	%
Uninsured	20	64.5
No primary care provider	20	64.5
ER visit past year (n=29)	14	48.2
Take medication for serious illness	6	19.0
Rate health overall (n=30)		
Excellent	0	0
Very good	8	26.6
Good	12	40.0
Fair	9	30.0
Poor	1	3.4

Indicator	N=29	%
Blood Pressure: n=29		
<120/80 Normal	18	62.1
120/80- 139/89 Pre High BP	11	37.9
≥ 140/90 High BP	0	0
Self-report high BP	3	9.7
Take BP meds	0	0
Cholesterol: n=29		
Total		
<200 Normal	26	89.7
201-239 Borderline	2	6.9
≥240 High	1	3.4
HDL		
<40 (male) Low	5	19
<50(female) Low	3	60
Total Low	8	27.6
Ratio		
≤4.5 Ideal	25	86
Self-report High Chol	0	0
Take Chol meds	0	0

Indicator	N=29	%
Diabetes: n=29		
A1c		
<5.7	15	51.7
5.7-6.4	13	44.8
≥ 6.5	1	3.5
Self-report diabetes	0	0
Take Diabetes meds	0	0

Indicator		N=29	%
Weight: n=29			
BMI < 25	Normal Weight	11	38
25-29	Overweight	8	27.5
≥30	Obese	10	34.5

Indicator	N=31	%
Perceived Stress (range 0-40); higher scores = more stress	*NA*	*NA*
Total Score = 526		
Mean Score = 16.97		
Median Score = 16.5		
CES-D Depression		
<16	20	64.5
16+ (indicates depression)	11	35.5
GAD-7 Anxiety Scores range from 0-21; Follow up score ≥10		
Cut offs:		
Normal	15	48.4
Mild (5-9)	7	22.6
Moderate (10-14)	5	16.1
Severe (15+)	4	12.9

CHALLENGES

- Loss of EARN center as referral source
- Multiple IRB submissions
- Training/orientation at Philadelphia Prison System for working with pre-release prisoners
- Service team organization/scheduling
- Coordinating of cohorts at various stages of enrollment