



HEALTHCARE CAREER
ADVANCEMENT PROGRAM

BUILDING EQUITY AND WORKER POWER THROUGH HEALTHCARE EDUCATION

Worker Perspectives and Policy Implications from
Labor-Management Training Partnerships

EXECUTIVE SUMMARY

Healthcare Career Advancement Program (H-CAP) engaged researchers from the University of Illinois Chicago to conduct a participatory research project with workers engaged in healthcare training and other programming provided by **labor-management training partnership** (LMTP) organizations across the country. The findings reinforce existing evidence showing that LMTPs play a crucial role in promoting equity, career mobility, and job quality in a healthcare workforce that is disproportionately made up of Black, Indigenous, and people of color (BIPOC), women, and immigrants.

Participating workers identified concrete program features that improve access and success—particularly financial supports, flexible delivery models, and wraparound services—while also highlighting persistent structural barriers that constrain equity impacts. Workers also made recommendations to enhance and expand LMTP models and maximize their effectiveness against systemic racism, sexism, and xenophobia. This brief concludes with policy implications based on participants' recommendations and insights.

PROJECT BACKGROUND AND PURPOSE

LMTP organizations are worker-centered institutions that serve more than 800,000 healthcare workers nationwide and provide training, education, and wraparound supports to more than 220,000 unique workers annually. They function as essential hubs supporting worker agency and power—spaces where healthcare workers shape their own career trajectories, build leadership skills, and influence training and workforce benefits that reflect their needs and aspirations, all in service of workers from underserved communities attaining good, union jobs.

LMTPs operate within a challenging healthcare landscape, especially in the direct care sector, in which frontline caregiving jobs are characterized by low quality, high turnover, and frequent vacancies. BIPOC, women, and immigrants are disproportion-



ABOUT H-CAP

H-CAP is a national labor-management organization transforming the healthcare sector through high-road training partnerships that create good union jobs, advance equity, and enhance the quality of care in our communities.

Through our affiliate organization, H-CAP Education Association, we convene over 1,050 leading healthcare employers and thousands of Service Employees International Union (SEIU) members across 22 states plus the District of Columbia in a national network of 17 affiliated Labor-Management Training Partnerships (LMTPs) and projects.

Together, H-CAP and our network deliver evidence-based, adult-learner-centric career education options and employee benefits directly to over 800,000 healthcare workers throughout the sector, including home care, nursing facilities, hospitals/health systems, and behavioral health.

ately concentrated in direct care: 85% of direct care workers are women, 64% are people of color, and 29% are immigrants,ⁱ making direct care one of the most occupationally segregated industries in the country. The demographic makeup of the caregiving workforce is no coincidence: it is the result of a series of intentional policy choices over the course of our country's history (and present). Policies such as the 1938 Fair Labor Standards Act excluded domestic workers (who were predominantly Black women) from the protections of minimum wage and overtime pay afforded to other (whiter, more male) professions. The concentrations of BIPOC women in undervalued occupations such as home care aide and nursing assistant, and the parallel racial disparities in wages and benefits, are rooted in the institution of chattel slavery and how the U.S. economy was built on the extracted care and domestic labor of enslaved Black women.ⁱⁱ

LMTPs intentionally confront occupational segregation by building pathways to good jobs *within* direct care—improving the quality of the roles that BIPOC, women, and immigrants already hold, rather than moving workers “up and out” of them. These organizations are leaders in healthcare workforce innovations that center frontline healthcare workers within training,

recruitment, and retention strategies, marking a contrast to traditional public workforce systems that largely exclude and marginalize these workers in non-union jobs that offer few opportunities for advancement.ⁱⁱⁱ With extensive infrastructure across 22 states plus D.C. and Ontario, Canada, LMTPs mobilize their considerable capacity to demonstrate and scale worker-centered programs and practices—embedding worker voice in training program design and implementing what works, sharing lessons across the field, and advancing policy change.

LMTPs are seeing continued growth in hospitals and long-term care, even as they decline in many other sectors.^{iv} They have been shown to generate a range of desirable outcomes for workers and employers, including career advancement, higher retention rates and improved care quality.^v

With the goal of exploring the effectiveness of LMTPs in advancing equity and worker voice through programs and practices, H-CAP conducted a participatory research project—made possible by the generous support of the W.K. Kellogg Foundation—examining how worker-centered programs and practices offered by labor-management training partnerships (LMTPs) are experienced by healthcare work-



ers. Conducted by researchers at the University of Illinois Chicago, the study draws on in-depth interviews with 23 workers who had participated in programs at 12 LMTP organizations.¹ Workers were recruited and interviewed in September 2025.

The research specifically explored three main areas:

- (1)** understanding which (if any) LMTP programs and practices workers find most useful,
- (2)** exploring how participation in LMTP pro-

grams impacts workers' lives and careers, and **(3)** surfacing equity-related pain points and opportunities to strengthen LMTP design and delivery of key services.

Participants worked across diverse healthcare settings, including nursing homes, hospitals, home care, community-based care, and mental health services. 15 of the 23 interviewees (65%) were women of color, reflecting both workforce demographics and the project's explicit equity focus. Participants received a modest stipend in recognition of their time.

PRACTICES AND ELEMENTS THAT ADVANCE EQUITY IN A CHALLENGING HEALTHCARE LANDSCAPE

Our nation's frontline healthcare workforce faces a challenging healthcare landscape. These workers are frequently employed in direct care jobs that are essential to the sector yet offer low pay, few benefits, and limited opportunities for advancement. This is no coincidence—most frontline caregivers are Black and brown women and immigrants who, as a result of deliberate policy decisions, are overrepresented in low-paying caregiving occupations. Care

jobs are among the fastest-growing professions in the United States, yet these jobs are growing without adequate attention to the systemic racial and gender inequities that are deeply connected to poor job quality.²

In addition to systemic challenges, prior **participatory research with caregivers** has revealed that many workers are dissatisfied with current training and educational options, particularly those in states with low union density. Workers

¹ **Participating LMTPs included:** the SEIU 775 Benefits Group, the 1199 Training and Upgrading Fund, 1199 Training and Employment Funds, the District 1199C Training & Upgrading Fund, the SEIU 1199NW Multi-Employer Education Fund, the Center for Caregiver Advancement, SEIU-UHW West & Joint Employer Education Fund, the Helen Miller SEIU Member Education and Training Center, the SEIU Healthcare Pennsylvania Training & Education Fund, Worker Education and Resource Center, United We Heal, and RISE Partnership.

These organizations represent a broad cross-section of healthcare labor-management partnerships nationwide.

² See H-CAP's **Direct Care Workforce Development Platform** for additional context and recommended policy solutions.

report that training is often rushed, compromising health and safety for people receiving care and workers alike. In contrast, high-quality training improves patient health outcomes and enhances care workers' job satisfaction and pride in their work. Barriers to success within traditional healthcare training programs include a lack of availability and awareness of opportunities; inaccessibility due to a lack of paid compensation; scheduling classes at inconvenient times of day for working adults; transportation issues; and healthcare understaffing, which limits time off.^{vi}

Amid the persistent challenges endemic to traditional healthcare education, workers consistently described participating in LMTP programs and training as transformative and an exception to the norm. The most commonly cited benefits among participants were higher wages, career advancement, increased self-confidence, and a stronger professional identity.

Many workers attributed these gains to the improved quality of care they could provide after completing training and other programming, as well as to positive mental health outcomes associated with increased confidence, hope, and self-worth. Importantly, workers emphasized the sense of community fostered by LMTPs. Feeling supported by peers and staff helped sustain engagement, particularly for workers balancing demanding jobs, caregiving responsibilities, and educational commitments.

Workers identified several design features as especially critical to accessing and thriving within LMTP programs. Many LMTPs offer "earn and learn" training programs in which workers are compensated for their time in training, a practice proven to be effective in advancing equity and increasing retention, yet rare in the healthcare sector.^{vii} All LMTP training and educational

classes are offered at no cost to participants. Workers emphasized the importance of financial support for pursuing healthcare education, particularly stipends and tuition assistance for attending programs at external institutions. Several participants described financial support as very helpful in accessing education, with one participant calling it "life-changing."

In addition to financial support, workers shared best practices that make LMTP program participation more accessible, including flexible scheduling and multiple learning formats, such as in-person, online, and asynchronous options. Also important for accessibility were language supports that facilitate the full engagement of workers with limited English proficiency, such as translation and in-language instruction and materials. These practices have been shown to increase completion rates and decrease socio-demographic and economic inequalities in participation among adult learners.^{viii}

Finally, workers consistently highlighted mentorship and wraparound supports as vital services. Whole-person wraparound supports provided by LMTPs include childcare, dependent care, transportation, access to technology and tech training, ongoing coaching and peer mentorship, and case management. These supportive services were especially crucial for workers returning to education after long absences. Additionally, several participants praised LMTPs' inclusive recruitment practices, which they felt helped support workers from diverse backgrounds. They expressed a sense that LMTPs are actively working to serve workers from all communities, fostering feelings of belonging and welcome.

PARTICIPANT RECOMMENDATIONS AND POLICY IMPLICATIONS

Participating workers surfaced barriers to further advancing workforce and educational equity through LMTP programs and practices, many of which are structural and reflect broader problems facing the workforce and higher education systems. For example, even with stipends and support provided by LMTPs, participants cited how many workers face ongoing financial strain that impedes participation in programs, particularly for those with families or who are unable to work while enrolled in training or education. Some pain points also emerged from the sheer popularity of LMTP programs—limited program capacity and long waitlists for career-advancing classes were raised as equity issues inhibiting more workers from benefiting from LMTP programs and services. Workers also reported on cases of misalignment with educational partners, such as community colleges and

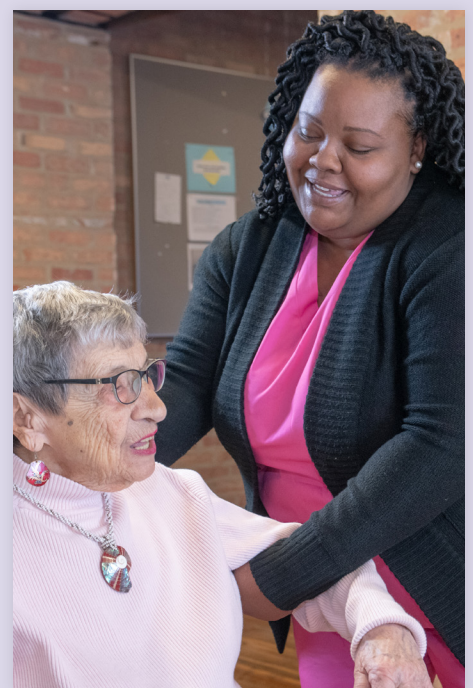
universities, in which institutional practices were perceived as less inclusive or worker-centered than LMTPs' practices and orientation. One participant described problems with an external institution hosting her licensed practical nursing program, funded through her LMTP's tuition assistance. According to the participant, the institution was disorganized and required learners to use unfamiliar software without providing any training or support, leaving participants without the help they needed to fully access the program.

These participatory research findings and workers' recommendations have several implications for workforce policy, public funding strategies, and the design of equitable education and training systems in healthcare that promote worker voice and power.

1. Worker-centered design is a vital strategy to ensure success for all workers—especially historically marginalized workers—not an optional “add-on.”

Workers explicitly recommend expanding tutoring, mentoring, and post-completion support to ensure credentials translate into job advancement, as well as prioritizing consistent language support for workers with limited English proficiency.

Workers' experiences underscore that program features often labeled as “supportive services”—such as stipends, flexible scheduling, language access, and mentoring—are foundational to equitable participation and outcomes. Workforce policies and funding streams that prioritize credential attainment without adequately resourcing these elements risk reproducing inequities, particularly for workers with caregiving responsibilities, limited English proficiency, or long gaps in formal education. Policymakers



should view worker-centered and equity-focused design as core infrastructure for workforce systems.

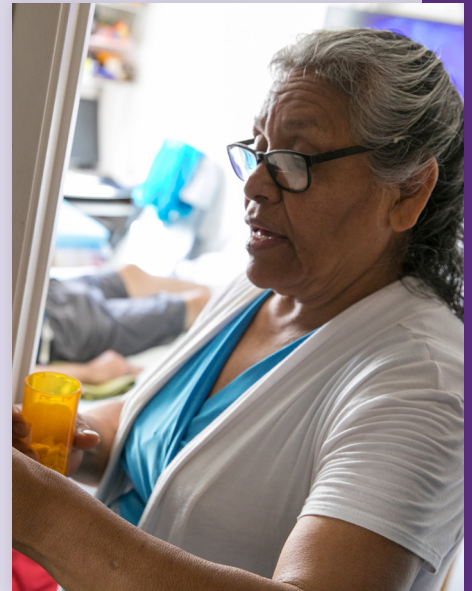
2. Alignment across workforce, education, and employer systems remains uneven.

Workers' experiences point to persistent misalignment between worker-centered LMTP practices and the administrative, instructional, and technological systems of some educational partners and employers. Policymakers can incentivize investment in successful alternative solutions developed by LMTPs that advance job quality and work-based learning in frontline care jobs, in ways that the "traditional" workforce development and community college models do not.^{ix} Successful educational solutions include utilizing alternative providers such as **Reach University**, which works with frontline workers, employers, labor and government partners to offer "Apprenticeship Degrees" with a fully job-embedded curriculum.

Workers also note the importance of employer support for worker participation in education and training, such as through workplaces enabling flexible work scheduling during program participation or engaging supervisors in becoming invested in the training and education of staff they manage. Some participants suggested that such workplace policies would help ensure more workers complete training programs and that training translates into advancement and improved job quality.

3. Financial support must be calibrated to real cost-of-living constraints.

While stipends and tuition assistance are essential, workers reported that existing financial supports often fall short, given the realities of the cost of living, especially for those unable to work while enrolled in training due to caregiving or other responsibilities. This suggests a need for public and philanthropic support for training models that more fully account for the true costs of participating, including lost wages, childcare, transportation, and access to technology. Aligning financial supports with lived economic realities can improve completion rates and reduce attrition among workers facing the greatest barriers to success.



4. Capacity constraints limit the equity potential of this proven model.

Long waitlists and limited training slots indicate that demand for LMTP programs exceeds current capacity. From a policy perspective, this represents a missed opportunity: training and educational programs delivered by LMTPs with demonstrated benefits for retention, advancement, and care quality are unable to reach all eligible workers. Targeted public and private investment to scale LMTPs could improve workforce stability and quality-of-care outcomes, particularly in long-term care and other high-demand settings.

5. Worker voice and power in decision-making about educational programs and practices should inform continuous improvement and system design.

Finally, this research demonstrates the value of participatory approaches that center on worker perspectives. For example, workers indicate a hunger for learning on specific topics, even when those topics may not necessarily lead to a credential or wage increase. Workers recommend diversifying program offerings, including modules on self-care,

condition-specific training (e.g., Alzheimer's and dementia), and education on technology skills and digital literacy—specifics gleaned from directly asking workers about their needs and interests.

Embedding worker voice into program evaluation, quality improvement, and policy design can surface barriers that may not be visible through quantitative metrics alone. Policymakers and funders seeking long-lasting equity impacts should support LMTP models that elevate worker experience as a core source of evidence. Leaders should incentivize LMTP healthcare career education in our communities because doing so intentionally builds worker power and agency in concert with job-related skills. These organizations serve as crucial sites of worker-centered innovation, promoting economic security and career mobility for workers who have long been devalued by workforce systems (and often, until recently, denied the benefits of a union). With the support and empowerment of LMTP organizations, many workers are able to realize career dreams that did not seem possible before, attaining the skills and education they need to thrive.



CONCLUSION

LMTPs play an increasingly important role in shaping equitable career paths for a frontline healthcare workforce that is disproportionately made up of BIPOC, women, and immigrants. The ongoing expansion of LMTPs in hospitals and long-term care is expanding their reach as a worker-centered, equity-focused alternative to traditional workforce development models. Yet, there are opportunities to deepen and broaden the impacts of the LMTP model in the healthcare arena. These research findings reveal clear opportunities to expand LMTP training capacity, improve access, diversify programmatic offerings, and boost engagement by employers, policymakers, and funders. In capturing the benefits of a more worker-centered and equity-focused approach, the insights of participants in LMTP programs can also help to shape broader policies and investments aimed at improving healthcare delivery and better supporting the workers who make care possible.

ACKNOWLEDGMENTS

Thank you to the W.K. Kellogg Foundation for the generous support that made this research possible. Many thanks to Dr. Beth Gutelius and Dr. Sanjay Pinto of the Center for Urban Economic Development at the University of Illinois Chicago for the research that we drew from in writing this brief, as well as to Mary Alice McCarthy for her review during the drafting process.



REFERENCES

- ⁱ PHI. "Workforce Data Center." Last modified September 2025. <https://phinational.org/policy-research/workforce-data-center/>
- ⁱⁱ Betts, B. (2021). The Racial Equity and Job Quality Crisis in Long-Term Care. The Center for Equity at H-CAP. https://www.hcapinc.org/_files/ugd/83a424_4ef6481a28134ca097e62a8190107958.pdf
- ⁱⁱⁱ Andrews, E., Betts, B., Dresser, L., Heckstall, I., Rickman, P., Reyes, T., Schwartz, D., & Sigamani, P. (2024, March 8). Unleashing worker power: Building good jobs beyond the traditional workforce system. Good Jobs Collaborative & New America. <https://www.newamerica.org/education-policy/reports/building-good-jobs-workforce-development/>
- ^{iv} Eaton, A., Givan, R., and Lazes, P. Labor-Management Partnerships in Health Care: Responding to the Evolving Landscape. *The Evolving Healthcare Landscape: How Employees, Organizations, and Institutions Are Adapting and Innovating*, ed. A. Avgar and T. Vogus (Ithaca, NY: Cornell University Press, Labor and Employment Research Association, 2016)
- ^v Bustillo, D., & Lam, L. (2020, June 18). Health Care Workforce Challenges Require Transformative Thinking on Equity, Pay. *Center for American Progress*. <https://www.americanprogress.org/article/health-care-workforce-challenges-require-transformative-thinking-equity-pay/>; Klingel, S., & Lipsky, D. B. (2010). Joint Labor-Management Training Programs for Healthcare Worker Advancement and Retention. <https://hdl.handle.net/1813/74336>; Fong, M. C., Russell, D., Brickner, C., Gao, O., Vito, S., & McDonald, M. (2022). Medicaid Long-Term Care Workforce Training Intervention and Value-Based Payment Metrics. *Health Services Research*, 57(2), 340–350. <https://doi.org/10.1111/1475-6773.13930>
- ^{vi} Betts, B. (2023). Recruiting and Retaining Caregivers: Top 5 Solutions from Care Workers. The Center for Equity at H-CAP. https://www.hcapinc.org/_files/ugd/83a424_675d29291aa74efbbf0dac62ab-04c7f9.pdf
- ^{vii} Goger, A. (2020). Desegregating Work and Learning Through "Earn-and-Learn" Models. Brookings Institution. <https://www.brookings.edu/articles/desegregating-work-and-learning/>.
- ^{viii} OECD (2025). Trends in Adult Learning: New Data from the 2023 Survey of Adult Skills, Getting Skills Right, OECD Publishing, Paris, <https://doi.org/10.1787/ec0624a6-en>.
- ^{ix} Love, I., & Rush-Marlowe, R. (2024). Making Work-Based Learning Work Better for Community College Students. New America. <https://www.newamerica.org/insights/making-work-based-learning-work-better-for-community-college-students/>

Author: Breanna Betts Anderson
Designer: Rachel Greider