Introduction

> Everyone should have an equal opportunity to live a healthy life

However, patients' health outcomes are tied not only to the healthcare they receive but also to the conditions of the communities in which they live. Economic insecurity and its consequences often emerge as leading factors explaining differences in health outcomes. In fact, the disparities between high-income and low-income communities often result in significant life expectancy gaps—of sometimes more than twenty years—between neighborhoods just a few miles apart in cities across the country.

Stable employment, a leading indicator of economic well-being, is a critical driver of health and is foundational to individual and community well-being. All people deserve the opportunity to access employment that provides safe working conditions, stability, a living wage, and an opportunity to build assets. Yet, residents in under-resourced communities—characterized as areas with concentrated, deep-seated poverty and low median incomes—face significant systemic barriers to finding good jobs and achieving economic stability. These neighborhood-level barriers encompass a range of factors, including historical neglect, discriminatory practices, and limited access to nearby employment options, quality education and childcare, and reliable transportation.

Unfortunately, the proportion of residents living in under-resourced communities continues to grow, and has expanded beyond traditional city centers into metropolitan suburbs.

Black and Hispanic/Latino populations continue to make up a disproportionately large share of people living in under-resourced communities; a stark imbalance underscored by the fact that non-Hisplanic White individuals make up only 25% of the population in under-resourced communities, compared to 61% of all U.S. residents.

Low-income rural families also face several challenges to achieving economic security such as lower rates of educational attainment, geographic isolation, and reduced access to healthcare and affordable child care, with persistently high-poverty counties being disproportionally rural., Compounding this, rural areas also suffer from a severe shortage of skilled professionals, especially in fields related to healthcare, education, and social assistance, which account for 22.3% of the employment sectors in rural communities.

These trends across the country highlight the urgent need for interventions that promote economic security and mobility, such as robust job training, supportive employment services, and policies ensuring living wages. By enabling stable employment, we can significantly improve residents' physical and mental health, thereby advancing overall well-being and prosperity for all.

In response to these challenges, health systems are advancing **impact workforce programs** as core components of an anchor mission strategy for improving health outcomes, building wealth, and increasing financial stability in the communities they serve. An impact workforce strategy has two main components: **outside-in and inside-up.** Outside-in strategies connect residents from nearby economically under-resourced neighborhoods to quality jobs and career pathways, preparing them for high-demand jobs at the healthcare institution through training, skills development, and support services; and providing specific entry points for these candidates. Inside-up strategies then connect these hires, and other incumbent

workers, to accessible learning opportunities and clear pathways to advancement within the institution. Each component also includes **institutional systems and policy change** to integrate these impact workforce programs as part of an organization's people strategy.

Through impact workforce programs, health systems can invest in an ecosystem of success that lifts up local residents through stable employment and high quality jobs, and support neighborhoods. In the process, health systems can develop a more effective way to hire and train workers, and ultimately improve the health of their communities. Building out an impact workforce strategy is an important first step towards embracing your health system's role as an anchor institution. This toolkit can help you get started.

The Business Impact Case

Impact workforce strategies can help accomplish broader workforce goals such as addressing worker shortages, reducing recruitment times and turnover, and developing a staff that is well-prepared and well-equipped to serve the community.

Short-term impacts

- reduce job turnover rates
- reduce time to fill open positions
- generate savings in internal training and orientation costs
- develop new partnerships that can uniquely adapt to business needs
- leverage public & private resources by linking existing workforce development dollars to employer demand

Long-term impacts

- build community wealth by increasing hires from local, under-resourced communities into quality, living-wage jobs
- gain new savings and efficiencies in recruitment and training
- improve employee engagement, satisfaction, and retention through effective training and career pathways
- develop stronger community relationships to build a reputation of trust
- build a workforce that better serves diverse communities and patient populations

Impact Workforce and the Anchor Mission Framework

Health systems, along with universities, local governments, and community foundations, are geographically tied to their communities through their social or public-facing mission, invested capital, or clientele. These anchor institutions have a vested interest in the long-term health and well-being of their surrounding communities, and they are economic engines—large purchasers, employers, and investors—offering opportunities to align resources to create new local opportunities.

When an institution is linked to the long-term well-being of the community it calls home, both the institution and the community can benefit from existing resources leveraged creatively to address key issues. An anchor mission is a commitment to intentionally apply an institution's place-based economic power in partnership with the community in order to mutually benefit the long-term well-being of both—leading to improvements in the health, well-being, resilience, and economic security of all community residents. By building intentional outside-in hiring pathways, expanding opportunities for career advancement, and reviewing internal policies and procedures around career paths for entry-level and mid-level employees (inside-up), health systems are investing in a workforce that is more productive and engaged, and in a community that is healthier and more economically secure.

This toolkit offers a comprehensive guide for health systems to develop and implement workforce strategies in partnership with communities.

The Widening Gap

The economic and racial divides that drive health disparities include the following key indicators:

- **17% of children** are living in poverty, a rate which is higher for Black, American Indian, and Latino children (31%, 30%, and 23%, respectively).
- The number of people living in high-poverty neighborhoods has doubled from 12 to **24 million** since 1980.
- White median family wealth in the U.S. is **eight times** greater than Black family wealth and about five times greater than Latino net wealth.
- Across the U.S., differences in life expectancy between high- and low-opportunity neighborhoods **can be as high as 25 years**.