HEALTHCARE ANCHOR NETWORK

Creating Economic Opportunity through Healthcare Career Pathways

An Impact Workforce Toolkit









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FOREWORD

by Amanda Cage
President and CEO of Shift Work Forward

What if workforce development could stretch beyond just managing the crucial work of the talent pipeline? What if it could be a force for innovation and shared prosperity? For large healthcare systems and other anchor institutions, hiring for impact isn't just a matter of human capital investment, it's one of the most powerful ways to improve the health and wellbeing of individuals and families, strengthen local economies, and expand opportunity in low-income communities.

At my organization, Shift Work Forward (formerly the National Fund for Workforce Solutions), our work centers on redefining what workforce systems can achieve to make them more inclusive, responsive, and effective for everyone. We believe that companies can bring the same level of intelligence and entrepreneurship to hiring for impact that they bring to designing products or services. In healthcare, that very much includes the patient experience. Employers can leverage their influence to create organizational and regional change where employers, workers, and communities thrive. This requires new approaches beyond traditional recruitment, hiring, and training practices, as well as new ways of thinking about job quality.

We also unite a dynamic network of regional workforce leaders who work with us to test new ideas, learn from setbacks, and share what works in the field. Our Network Partners have deep knowledge of workforce issues in their local regions, and they collectively support thousands of employers nationwide in moving step-by-step towards a more inclusive economy. Through long-standing, trusted relationships, these partners work alongside employers, helping them make sense of local labor markets, incorporate community perspective, and strengthen promising practices over time. Some of these employers include members of the Healthcare Anchor Network.

Across both our network and that of HAN, we have seen plenty of employers do things that both defied conventional wisdom and made their workplaces and employees more successful. Health systems such as The Johns Hopkins Health System and Advocate Health pioneered the adoption of fair chance hiring. Others, such as Baystate Health and University of Vermont Health, created sustained, successful apprenticeship programs for roles such as Medical Assistants and Licensed Practical Nurses, which even a decade ago were widely seen as impossible. They did it by listening to their employees and their communities, taking small chances, measuring the results, and iterating over time.

These success stories are proof that intentional, outside-in recruitment and career advancement programs aren't just good ideas in theory, they are practices that work. This toolkit was created to guide employers who want to make similar choices, to make their workplaces more successful, expand access to opportunity and mobility, and ultimately help their communities thrive. We invite you to explore the strategies within, experiment with new approaches, and join a growing movement to create a fairer and more inclusive workforce. The future of work is not just something we wait for — it's something we create, together.



PREFACE

by David Zuckerman
President and Founder of the Healthcare Anchor Network

Every day, across neighborhoods that have long faced economic challenges, community members bring talent, determination, and deep commitment to their families and communities—yet too often remain disconnected from stable, well-paying careers in healthcare. When residents gain access to quality jobs with opportunities for growth, the impact is immediate and generational: families achieve greater financial security, communities experience renewed economic vitality, and health systems gain dedicated team members whose lived experience strengthens patient care. These are the people at the heart of this work, and their aspirations motivated the creation of the first Inclusive, Local Hiring Toolkit in 2016.

At that time, the field of practice around building intentional, outside-in pathways into healthcare careers was still emerging. Only a small number of health systems had begun experimenting with new models that opened doors for local residents, especially those from communities most affected by health inequities. The network that would become the Healthcare Anchor Network (HAN) was in its early days, and the original toolkit drew on the insights of workforce pioneers who were testing new ideas, learning in real time, and often building their programs from the ground up. When the 2016 toolkit was released, workforce teams told us it finally provided a shared framework to efforts they had been trying to champion for years. As one member shared with us, "HAN gets you to start thinking in different ways...it just opens your eyes to what you can do that is much more impactful than what any one individual or organization could try to achieve."

Nearly a decade later, the early seeds of that work have grown into a flourishing anchor mission movement across healthcare. Health systems have recognized more clearly the connection between workforce strategy, community well-being, and organizational sustainability.

This evolution has also expanded our understanding of what we now call Impact Workforce—a core anchor mission strategy alongside place-based investing and impact purchasing. Impact workforce includes outside-in pathways that connect community members to quality jobs, inside-up advancement strategies that support existing employees, and systems-level changes that foster equitable access to opportunity. At HAN, we believe deeply in the power of this strategy. With this updated toolkit, we aim to capture the most comprehensive set of learnings from this growing field, with profiles of 33 health systems, highlighting what has evolved since 2016 and why this moment calls for renewed focus and innovation.

Health systems today face unprecedented staffing shortages, rising burnout, and long-term gaps in critical roles. Meanwhile, communities continue to bear the weight of longstanding inequities that drive poor health outcomes. These challenges are interconnected—and they can be addressed together. By aligning long-term workforce investments with intentional strategies to reach residents of neighborhoods facing the greatest economic barriers, health systems can build sustainable talent pathways that advance both organizational stability and community health by addressing worker shortages, reducing recruitment times and turnover, and developing a staff that is well-prepared to serve patients and community.

This resource reflects the dedication, creativity, and persistence of the leadership of the health systems and the workforce professionals who contributed to it—and of those doing this work every day. We hope this toolkit supports your work, helps you make the case for continued investment, and equips you with practical insights and models you can adapt. At HAN, our goal is to provide resources that meet the challenges of the moment and help you continue expanding opportunity—for your workforce, your organization, and your community.

About this Toolkit

The Healthcare Anchor Network (HAN) is pleased to present the **Impact Workforce Toolkit**. As a core component of the anchor mission framework—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—impact workforce strategies represent one of several ways health systems can leverage their economic assets to intentionally drive positive, long-term impact and support the health and well-being of the communities they serve.

This toolkit builds upon the fundamental insights of the *Inclusive, Local Hiring Toolkit*, published in September 2016 by The Democracy Collaborative as part of the Hospitals Aligned for Healthy Communities toolkit series. Over the past decade, the original toolkit served as a foundational resource for health systems to build community wealth through inclusive, local hiring practices.

Since 2016, health systems have significantly advanced their workforce strategies, and the term **Impact Workforce** reflects this evolution. It expands the focus beyond inclusive, local hiring to encompass a comprehensive approach that also includes career development components and intentional systems change. HAN has been documenting and capturing these evolving learnings and new perspectives, and this Impact Workforce Toolkit provides the latest best-in-class workforce strategies that advance the anchor mission. It features recent case studies and examples illustrating how health systems have implemented and advanced impact workforce strategies over the past several years.

This Impact Workforce Toolkit is designed to serve as an up-to-date, core resource for health systems dedicated to embracing their role in driving positive, long-term impact in the communities they serve. It offers the most current information, tools, and resources available to guide these efforts.

We recognize that impact workforce strategies will be unique to each health system's context and community. Therefore, this toolkit provides a breadth of resources and tools to support practitioners in identifying strategies that will be most impactful in their unique situations. Readers are encouraged to engage with the content in the way that best suits their needs—whether by reading chronologically or moving directly to sections of interest. This toolkit is intended for those who are new to, or seek to advance, their health systems' efforts to embrace their roles as anchor institutions in their communities.

This toolkit is organized into six primary sections and includes links to case studies and other examples of impact workforce initiatives in action.

Introduction

Provides the rationale and business case for impact workforce strategies as well as definitions of key terms.

Section 1: Outside-In Strategies

Outside-in strategies address broader workforce challenges and help build a sustainable talent pool. This section includes:

- Core elements of an intentional, outside-in strategy
- Best practices for setting up an intentional, outside-in pathway program
- Strategies for changing internal policies and building a culture of inclusion
- Key strategies for workforce intermediaries to implement

Section 2: Inside-Up Strategies

Inside-up refers to internal strategies that connect entry-level workers to pathways for career advancement within the institution. This section includes:

- Best practices for facilitating internal advancement
- Best practices for setting up career advancement programs
- Changing internal policies to facilitate equitable advancement
- Other resources to support inside-up strategies

Section 3: Laying the Foundation

Offers approaches to lay the groundwork and set up initiatives for success, including:

- Goal-setting to build a strong foundation
- Retention strategies to create a culture of belonging
- Setting the stage for transformative impact

Section 4: Diving In

Provides guidance on identifying internal policy projects with big impact, and how to look for unintended consequences, including:

- Policy fixes
- Impactful practice upgrades

Section 5: Return on Investment

Describes how impact workforce strategies benefit institutions, and how to measure impact, including:

- Calculating return on investment
- Opportunities for savings from impact workforce strategies
- Additional benefits from impact workforce strategies

Section 6: Tools for Getting Started

Provides hands-on tools to support implementation, including:

- Readiness Checklist for Developing an Impact Workforce Strategy
- Self-Assessment Tool
- Big Questions Worksheet
- Identify Your Partners
- Overcoming Barriers

Special thanks to the following health systems, whose work readers will find referenced throughout the toolkit.

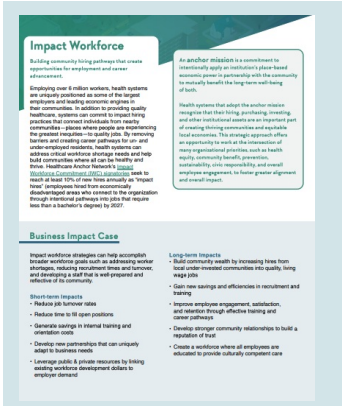
- Advocate Health
- Ascension
- Baystate Health
- Boston Children's Hospital
- Children's Hospital of Philadelphia
- CommonSpirit Health
- Dartmouth Health
- Fairview Health Services
- FMOL Health (formerly Franciscan Missionaries of our Lady Health System)
- Froedtert Health
- Hawaii Pacific Health
- Johns Hopkins University and Health System
- Kaiser Permanente
- Lurie Children's
- Memorial Hermann
- Nemours Children's Health
- NewYork-Presbyterian
- Nuvance Health, a part of Northwell Health
- Ochsner Health
- Ohio State University Wexner Medical Center
- ProMedica
- Providence
- Rush University System for Health
- San Mateo County Health
- Seattle Children's Hospital
- The MetroHealth System
- Trinity Health
- UC Davis Health
- UC San Francisco
- UMass Memorial Health
- University Hospitals
- University of Utah Health
- University of Vermont Health

Acknowledgements

HAN extends gratitude to The Democracy Collaborative (TDC) for originating the Inclusive, Local Hiring Toolkit, made possible by generous support from the Robert Wood Johnson Foundation. TDC is a national leader in community wealth building and equitable, inclusive, and sustainable development. The original 2016 Toolkit was authored by David Zuckerman and Katie Parker, both of whom were staff members at TDC at the time.

HAN also extends sincere appreciation to the many leaders who generously shared their perspectives, stories, and insights to enrich and inform this updated version, which will benefit health systems working to advance equitable economic development through impactful workforce strategies.

The Impact Workforce Toolkit was authored by Lauren Worth, HAN's senior manager for workforce & community engagement initiatives, and Debbi Perkul, impact workforce consultant. Lauren and Debbi lead HAN's Impact Workforce Initiative Group, which comprises a network of more than 50 health systems that seek to learn and implement best-in-class strategies for connecting residents of economically disadvantaged neighborhoods to quality jobs and career pathways. David Zuckerman, president and founder of the Healthcare Anchor Network, was an author of the original toolkit and provided substantial support throughout the updating process. Bich Ha Pham, senior director of communications and policy, reviewed all content and assisted in toolkit finalization. Other HAN staff who supported the development of the toolkit include Sophie Hearn, research intern (former); Nora Hennessey, program associate (former); Hue Phung, senior associate, research and impact workforce; and Melissa Richmond, director, research.



Impact Workforce Strategy Overview

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**.

Key Terms

ANCHOR INSTITUTION

Nonprofit or public institutions including hospitals, universities, local governments, utilities, large cultural organizations, and place-based foundations. Anchor institutions are geographically tied to their community through their social or public-facing mission, invested capital, or clientele. Due to the scale of their operations, anchor institutions produce a significant economic impact in their surrounding community, and given their social mission and place-based focus, have a vested interest in the long-term health and well-being of their surrounding community.

ANCHOR MISSION

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.

COMMUNITY BENEFIT

Activities of hospitals and health systems that contribute to the health and well-being of their surrounding community. Nonprofit hospitals and health systems must report on their community benefit activities in order to maintain their federal tax-exempt status. Traditionally, community benefit reporting has included free and discounted care, unreimbursed care, community health improvement efforts, efforts to expand access to care, training for health professionals, and research. In 2011, the IRS issued guidance that "community building activities" also counted as community benefit. Defined as hospital activities that foster health improvement through physical and environmental improvements, community capacity-building, and economic development, this expanded the range of community benefit activities to include sectors such as housing and workforce development.

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

A research process that nonprofit hospitals must implement as part of their community benefit reporting. Instituted by the Affordable Care Act of 2010, CHNAs must be completed by hospitals and health systems every three years and identify the most pressing community health concerns. An implementation plan must then be developed to address identified community health needs. CHNAs and the resulting implementation plans are publicly reported, and subject to review by the IRS.

COMMUNITY WEALTH BUILDING

A system-changing approach to community economic development that works to produce broadly shared economic prosperity, racial equity, and ecological sustainability through the reconfiguration of institutions and local economies on the basis of greater democratic ownership, participation, and control (The Democracy Collaborative).

ECONOMICALLY UNDER-RESOURCED

A wide set of factors contribute to economic inequality. Economic instability may look different in different contexts. Anchor institutions and their partners may choose to focus on multiple factors when determining where to focus their efforts and how to allocate resources. A common strategy is to refer to Community Health Needs Assessments or other assessments of health disparities by geography, which can identify zip codes with high percentages of families living below the poverty level, high unemployment rates, or low median household incomes.

HEALTH EQUITY

Health equity refers to the notion that all people should be able to achieve their highest level of health, regardless of their race, gender, class, sexual orientation, or other identities.

IMPACT HIRES

Individuals hired from economically under-resourced communities through an intentional, outside-in pathway program into jobs that require less than a bachelor's degree, pay a living wage, and offer benefits including health insurance, paid leave, retirement benefits, stable schedules, and growth opportunities.

IMPACT PROMOTIONS

Employees who are promoted from positions that require less than a bachelor's degree into a higher-skilled, higher-wage position, or a lateral position with a comparable wage level but greater career ladder opportunities, due to their participation in an intentional internal pathway program. This can include impact hires and other incumbent employees coming from roles requiring less than a bachelor's degree.

IMPACT WORKFORCE STRATEGIES

A comprehensive impact workforce strategy connects residents of economically under-resourced neighborhoods to quality jobs and to career pathways. Intentional, outside-in pathway programs prepare and provide specific entry points for individuals experiencing barriers to employment for high-demand, quality jobs at the institution through training and skills development, often in collaboration with community organizations. Inside-up, impact-promotion career pathways and workforce development programs connect these new hires and other incumbent employees to opportunities for career advancement through training, education and intentional programming. These strategies are complemented by policies that facilitate equitable advancement and provide benefits that help lower-wage employees achieve the financial security needed to maintain good health and live fuller lives.

LIVING WAGE

Per the MIT Living Wage Calculator (https://livingwage.mit.edu/), a living wage refers to the "local wage rate that a full-time worker requires to cover the costs of their family's basic needs where they live". The MIT Living Wage Calculator can be used to determine the local living wage for every county and metro area in the U.S. It provides hourly living-wage values that take into account the cost of living and household composition (family size), and estimates basic monthly expenses. Another living wage tool is ALICE (Asset Limited, Income Constrained, Employed), which was developed by United Way (https://unitedforalice.org/wage-tool).

QUALITY JOB

A quality job includes employer-paid/subsidized health insurance, paid leave, and employer-funded retirement benefits; pays at or above the local living wage; provides a stable schedule and stable hours; and has either an established career pathway or earning growth opportunities. For further reading, refer to the National Fund for Workforce Solutions' Job Design Framework and Job Quality Outcome Maps.

SOCIAL DRIVERS OF HEALTH (SDOH)

A complex set of social, economic, and environmental factors that drive health outcomes; also known as social determinants of health. The World Health Organization defines the social determinants of health as "the conditions in which people are born, grow, work, live, and age." They represent the wider set of forces and systems shaping the conditions of daily life that drive health outcomes, such as inequality, social mobility, community stability, and the quality of civic life. Sometimes referred to as upstream or structural drivers, research indicates that 40% of the factors that contribute to health are social and economic.

WORKFORCE DEVELOPMENT

A set of strategies, initiatives, and programs that have the dual focus of helping employers meet business needs and helping individuals obtain skills and competencies to gain employment and advance their careers in quality jobs. These strategies center around creating pathways to employment and educating and training people to build and improve their skills and knowledge to enhance their employability, further their career growth, and increase economic prosperity. These strategies are best deployed in a manner that meets current and future business needs in order to maintain a sustainable and competitive business environment.

Key components of workforce development include...

1. **Employer Engagement**: Collaborating with businesses to ensure that training programs align with industry needs, are inclusive to all (including those who face barriers to employment), and facilitate job placements.
2. **Education and Training**: Providing access to educational programs, technical training, and apprenticeships to help individuals acquire relevant and in-demand skills.
3. **Career Counseling**: Offering guidance to help individuals understand their career options based on in-demand jobs and opportunities, set goals, and navigate career pathways.
4. **Support Services**: Offering resources like resume writing, interview preparation, and job-search assistance to help individuals succeed in finding employment.
5. **Wraparound Services**: Offering resources and support to people who face social and economic barriers to employment, such as lack of transportation, childcare, and mental health support.
6. **Culture of Belonging**: Creating and maintaining an inclusive and equitable organizational culture where all employees feel welcome and can thrive.
7. **Policy and Planning**: Developing frameworks and policies that support workforce development initiatives at local, regional, and national levels.

Overall, workforce development aims to create a skilled and adaptable workforce that meets the demands of the business while supporting individual career growth.

WORKFORCE INTERMEDIARY

An organization that helps connect residents to jobs through training, access to employment opportunities, and wraparound support such as childcare and transportation assistance. They can be public agencies, nonprofits focused on job placement, community-based organizations focusing on serving specific populations—such as refugees or people leaving incarceration—educational and training organizations, union apprenticeship programs, or other workforce organizations.

Case Studies



Baystate Health

Springfield, Massachusetts

February 2024

Incorporating new, intentional, outside-in pathways focused on hiring residents in areas with some of the highest poverty rates in Springfield County in order to address the needs of the local community while providing a robust workforce to fill high-demand jobs.

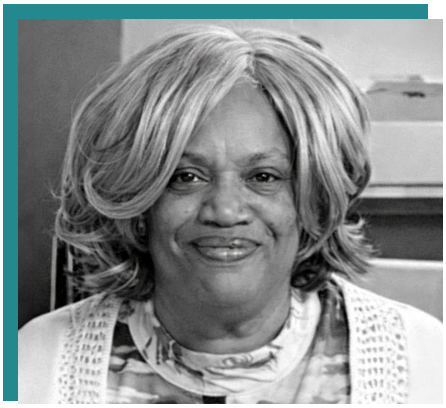


Dartmouth Health

Lebanon, New Hampshire

December 2023

Supporting sustainable talent pathways in rural communities through training interventions and academic partnerships; job readiness programs, skill development, and work redesign; population engagement; and addressing workforce barriers, especially housing.



University Hospitals

Cleveland, Ohio

August 2023

Implementing outside-in and inside-up programs that include apprenticeships, earn-and-learns, and a robust set of literacy-building and skills-training initiatives, with built-in supports such as career coaching, plus partnerships with education and training entities that can provide targeted skills development.



Franciscan Missionaries of Our Lady Health System's (FMOLHS)

Baton Rouge, Louisiana

March 2023

Improving employees' financial stability through The Faith Fund, a micro-lending program that provides an alternative to predatory payday loans.



Kaiser Permanente

Oakland, California

February 2023

Addressing workforce shortages through Futuro Health, a nonprofit career-advancement intermediary organization that seeks to expand the number of allied healthcare workers through a comprehensive education-to-work model.

CASE STUDY

Baystate Health

Outside-in and Inside-up Workforce Strategies



Key Strategies

Outside-in

- Partner with other local employers, community- based organizations, and educational partners to support an effective workforce ecosystem.
- Connect unsuccessful applicants with career development opportunities.
- Collaborate with community-based organizations and other community partners on initiatives such as cohort training programs.
- Holistically assess candidates and provide training opportunities and other support for those lacking formal work experience or technical skills.
- Hold focus groups with entry-level employees to better understand their perceptions of the organization.

Inside-up

- Increase retention rates with an inside-up workforce strategy that includes apprenticeships, internships, earn-and-learns, and “pay to train” models.
- Develop a strategy to help employees overcome financial instability.
- Enlist workforce planners to build programming to support incumbent employees’ career advancement.

Overview and Background

Baystate Health is a nonprofit, integrated health system serving over 800,000 people across western New England. Based in Springfield, Massachusetts, it is the largest healthcare organization in western Massachusetts, with a workforce of over 13,000 employees across its four hospitals. It is also an integrated academic health system, serving as the regional campus of the University of Massachusetts Medical School. As one of the largest employers in the region, Baystate Health plays a pivotal role in the economic and social well-being of the communities it serves.

Baystate Health launched its anchor mission strategy in 2016, with inclusive, local hiring as one of the core pillars of this strategy. Census data showed that a number of zip codes and census tracts in the Springfield area were some of the poorest in the country and the concentration of employees who made the lowest wages lived closest to the medical center. Baystate Health sought to incorporate new, intentional, “outside-in” pathways focused on hiring residents of these geographic areas with existing “inside- up workforce

development initiatives" to create a formalized inclusive, local hiring strategy. Combined, these outside-in and inside-up strategies could address the needs of the local community and advance the health system's community health goals and its overall mission "to improve the health of the people in our communities every day, with quality and compassion."

It would also provide a robust workforce pipeline that could fill high-demand jobs. As Patricia Samra, vice president of human resources, operations and total rewards at Baystate Health, put it, "this is the key to survival: having a healthy, sustainable pipeline of workers." Samra also added, "At the end of the day, the mission of our business is to be accountable to the health and wellness of our community, and more than 60% of that [is influenced by] the social determinants . . . we were unlikely to realize our full impact [on the] community if we didn't start doing things that address social determinants along with offering quality healthcare services."

Program Design

Samra and Jason Pacheco, director of workforce planning, led the effort to build out the inclusive, local hiring strategy. To help build buy-in with internal stakeholders, Samra and Pacheco leveraged existing case studies from the Healthcare Anchor Network that highlighted how leading healthcare institutions across the country were working to address zip code-based disparities in life expectancy and health outcomes in their local communities,1 and socialized the idea of "growing their own" talent by advancing employees from entry-level positions to fill high-need positions.

In 2020, Baystate Health established goals to increase local hiring between five to ten percent annually. Samra and Pacheco collaborated with Dr. Frank Robinson, vice president of public health and community relations at Baystate Health, to identify specific census codes to focus on (rather than zip codes, which they found to be too nebulous). "We had been struggling the most with identifying the underesourced neighborhoods that we want to be targeting," Samra admitted. "That's helping us really stay fact- based around what's happening in our organization," highlighted Samra. These local hiring goals were set at the executive level and linked with a leadership bonus incentive program. "There's some skin in the game in terms of achievement," stated Samra.

Rather than starting new initiatives, Samra and Pacheco initially focused on leveraging work already being done so that it was more aligned with Baystate Health's new emphasis on hiring from the local community. "It's not necessarily all about new investments. It's really about looking at the things you're already doing today, and [thinking about] how you can do them differently [so that] they really impact those social determinants [of health] for the people in your community," Samra pointed out.



Samra and Pacheco took steps to align the local workforce development ecosystem, including residents from the local community, community-based organizations (CBOs) and educational partners, and other employers in the Springfield area. "We have all the puzzle pieces here," Samra reflected. "We have people who want to work, we have training partners that have empty seats in their programs, and we have jobs that we can't get people in. So how do we change the flow of that experience for candidates?"

Baystate Health's president and CEO, Dr. Mark Keroack, played a pivotal role in socializing the health system's inclusive, local hiring strategy internally as well as highlighting new initiatives to the local press to build external awareness and internal support. "He's led by example, and I think that has trickled down," stated Pacheco.

Key Strategies

Outside-In

Partner with other local employers, CBOs, and educational partners to support an effective workforce ecosystem.

Baystate Health partners with numerous other local employers, CBOs, funders, and educational partners through Springfield WORKS, an initiative with the Western Mass Economic Development Council. The vision of Springfield WORKS is "to have thriving communities where economic opportunity, growth, and resilience are available for all," in which any resident who wants a job can find and succeed in one, and any employer can hire and retain qualified employees who meet their needs. This cross-sector partnership aims to achieve this vision through "ongoing, collaborative work to remove systemic and racial barriers and create pathways to economic opportunity and well-being."



Other partners involved in the collaboration include large employers like MGM Springfield (a local casino) and Big Y (a local supermarket chain); CBOs like Dress for Success of Western Massachusetts and Way Finders; and education providers including Holyoke Community College and Springfield Technical Community College.

One of Springfield WORKS' major initiatives is an online workforce hub called SkillSmart Seeker, which individuals can use to navigate the local job market. For candidates with limited formal job experience, the website helps them to articulate and emphasize their skills and abilities gained from life experiences. The website also provides candidates with assessments on how well they match with particular jobs and guidance on how to apply for positions.

Connect unsuccessful applicants with career development opportunities.

Samra described how Baystate Health had struggled to connect unsuccessful candidates to professional development opportunities because their recruiting staff did not have the capacity to provide this support, given that their focus was on hiring qualified candidates as quickly as possible. She recognized the need for a long-range approach with additional resources to complement the short-term focus of their recruiting efforts in order to build a sustainable talent pipeline. "What we're trying to do is to get [unsuccessful candidates] out of the recruitment stream and into a development stream, because they just get gobbled up with the 40,000 applications we get a year . . . Our recruiters have to be built for speed . . . We have to then dedicate other people who have more time to [provide that support]," said Samra.

In partnership with Springfield WORKS, Baystate Health launched an initiative which enabled it to refer unsuccessful candidates to Springfield WORKS through an email account affiliated with the health system. Utilizing a Baystate Health email creates a "warm bridge" connection to Springfield WORKS, which then leads to more individuals following up with the organization. Once connected, Springfield WORKS then provides the job seeker with a deeper assessment of their professional development needs and connects them with training opportunities. In addition to supporting these candidates' career development, the initiative has helped to improve the community's perception of Baystate Health by signaling the health system's interest in these candidates and commitment to supporting their growth.

Collaborate with CBOs and other community partners on initiatives such as cohort training programs.

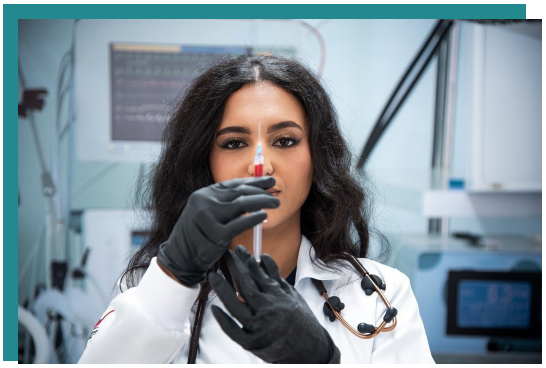
Baystate Health has expanded its partnerships with CBOs and developed cohort hiring initiatives to reach its local hiring goals. Baystate Health communicates to CBOs about the critical roles it needs to fill, for which there are many opportunities and not enough applicants from the local community. The CBO partners then work to develop the local workforce to meet the health system's critical hiring needs.

For instance, Baystate Health partnered with Dress for Success of Western Massachusetts (DFSWM)—a local nonprofit organization that provides women with professional support and development tools to achieve economic independence—to support the Foot in the Door program. The nine-week workforce readiness training program, offered at Springfield Technical Community College, supports unemployed and underemployed women to develop skills that will increase their professional development. Upon completion, participants receive a training certificate from Training & Workforce Options, a collaboration between Springfield Technical Community College and Holyoke Community College, as well as a National Career Readiness Certificate. Graduates of the program are guaranteed an interview with one of DFSWM's employer partners, including Baystate Health.

Holistically assess candidates and provide training opportunities and other support for those lacking formal work experience or technical skills.

One challenge for Baystate Health has been recruiting for positions that require a certain amount of work experience, which limits the number of candidates who are eligible. Baystate Health began reviewing job descriptions to identify unnecessary education and experience qualifications and making improvements to focus more on candidates' skills and abilities, and has worked to provide training opportunities and other support for individuals to gain formal work experience and develop technical skills. "[It's about] how you look at candidates, not only the credentials they bring, but what capabilities they bring to the job . . . [It's about] taking that leap of faith on someone who's eager to learn and advance and giving them a chance in your organization," reflected Samra.

> "We have all the puzzle pieces here," Samra reflected. "We have people who want to work, we have training partners that have empty seats in their programs, and we have jobs that we can't get people in. So how do we change the flow of that experience for candidates?"
>
> *— Patricia Samra, vice president of human resources*



In implementing these changes, Samra highlighted the importance of senior level buy-in as well as robust support infrastructure to enable employees to be successful. "It starts at the top and [letting that] trickle down as part of your cultural transformation . . . [and then] building infrastructure down at the management level," added Pacheco.

During the COVID-19 pandemic, Baystate Health struggled to hire enough phlebotomists, who were required to have a training certificate and a year of experience, performing a high number of blood draws in order to be considered as a candidate. Talent acquisition shifted to focus more on skills applicable to the position and qualities like customer service and empathy, and provided on-site training for those who lacked job experience and technical skills.

Hold focus groups with entry-level employees to better understand their perceptions of the organization.

To increase retention rates and improve outreach strategies to applicants, Pacheco held focus groups with entry-level employees, specifically environmental and food service employees. Pacheco solicited employees' feedback on what they valued about working at Baystate Health and their perception of the health system. "We really [got] to understand them [more deeply] in terms of how it's more than just a job [for them], how connected they were to [Baystate's] mission, [and] how proud they were of serving their communities through the hospital setting. That was a pivotal change in terms of how we sell ourselves as an employer to our local community," stated Samra.

Inside-Up

Increase retention rates with an inside-up workforce strategy that includes apprenticeships, internships, earn-and-learns, and "pay to train" models.

When developing its strategic workforce plan, Baystate Health employed the healthcare consulting firm, The Exeter Group, to assess to what extent Baystate Health's policies, practices, and procedures contribute to structural barriers to advancement and retention, including for entry-level employees.

The assessment helped lead Baystate to focus on connecting entry- level employees to pathways for career advancement. The health system has developed and scaled apprenticeships, internships, earn-and-learn trainings, and other workforce development programs. These programs provide work-based and contextual-based learning opportunities, typically for direct care or allied healthcare positions.

This allows Baystate Health to hire for more advanced positions both internally (incumbent employees in entry-level positions) and externally (individuals from the local community seeking to begin careers in the healthcare sector). "Structured inside-up pathways can be very effective" for increasing retention rates, shared Pacheco.

For example, Baystate Health was struggling to recruit pharmacy technicians during the pandemic. In response, they designed and implemented a pharmacy technician registered apprenticeship program, with an initial plan to recruit pharmacy technicians from retail stores and teach them the advanced competencies needed for the role. While people did join and complete the program, the health system found that the retention rate of program participants was not averaging the rates they had hoped to see.

In response, Baystate Health leveraged grant funding from the Commonwealth Corporation, a quasi publicly funded agency that disburses workforce development funding in Massachusetts, to develop a specialized pharmacy technician training curriculum for incumbent employees in partnership with a local community college. This included coursework on sterile compounding and hazardous substances, which enabled participants to earn basic certifications as well as advanced competencies. The program was delivered in a hybrid fashion, half online and asynchronous on participants' own time, and then half in the lab at the community college.

> "[We're] putting the spotlight on that segment of [our] employee population and making dedicated investments [in them] that not only help them better themselves and their careers, but [also] help the institution get people into jobs that we are so desperate [to fill.]"
>
> *— Patricia Samra, vice president of human resources*

Critically, Baystate Health guaranteed trainees a job as a pharmacy technician upon completing the program, with wage gains built in for those who moved up the career ladder. The health system also worked with the operations unit to hire the entire cohort. This resulted in a significantly reduced turnover rate within the pharmacy department and about a 90% retention rate. Since the pandemic, Baystate Health has successfully graduated three cohorts of pharmacy technicians, and secured additional funding to continue the program.

A second example is recruiting medical assistants. Like many health systems, Baystate Health struggled to retain medical assistants during the pandemic. In response, Baystate Health worked with its community college partner to develop a custom 20-week medical assistant training program, which condensed the year-long coursework typically required for the role. This program utilized a "pay to train" model, where individuals are hired from the very beginning, either as external hires from the local community or as internal employees. Baystate Health braided funding sources to cover the costs of the program, with a mix of foundation funds and registered apprenticeship funding from the Massachusetts Department of Labor covering instruction costs, and vacancy dollars from the operations unit paying for the employees' time. This model yielded a 75% retention for medical assistants.

Baystate Health continues to expand its pay to train programming. Zachary Makol, a graduate of an apprenticeship program for operations associates/cardiac monitor technicians, reflected on the experience in 2023: "This apprenticeship has opened more doors for me than I could have ever imagined." Makol had completed 150 hours of educational instruction and 2,000 hours of paid, on-the- job training. "It has been empowering and life-changing for me, and I want to make sure others have the same opportunity."



Develop a strategy to help employees overcome financial instability.

In 2020, Baystate Health received $125,000 in grant funding from the Ascend at the Aspen Institute "Family Prosperity Innovation Community" to advance the growth and development of low-wage entry-level employees, and to increase employment opportunities for residents from surrounding neighborhoods with limited opportunities. The health system is partnering with Springfield Economic Development Center, Springfield WORKS, and the CBO Parent Villages to establish a network of organizations that advance children and their families toward educational achievement and economic security. Dr. Robinson described this initiative as "a strategic investment that promotes economic dignity for low- and moderate-income employees and equitably strengthens their families. Simply put, economic dignity means changing how we support employees to have a financially stable family life that brings with it fair access to opportunities and makes it easy for their children to live healthy lives."

Samra underlined, "It's a tough thing to look at your own employee base and think that you could have [some] of them not making a family-sustaining wage . . . [We're] putting the spotlight on that segment of [our] employee population and making dedicated investments [in them] that not only help them better themselves and their careers, but [also] help the institution get people into jobs that we are so desperate [to fill.]"



Enlist workforce planners to build programming to support incumbent employees' career advancement.

In 2018, Baystate Health launched an incumbent employee training program linked with its strategic workforce plan and focused on high- demand jobs in direct care, to increase the number of these positions filled by internal employees and reduce the health system's reliance on external recruitment efforts. "We want to track internal employees' [movement] into these occupations and really help them succeed, and at the same time, help them meet some of those wage gains and sustainability [goals]," said Pacheco.

They started by adding two full-time career mobility coaches to support employees in entry-level jobs and provide them with guidance and connect them with training opportunities to progress into clinical positions. This pilot fell short of expectations, so Baystate Health transitioned the two coaches to become workforce planners. In this capacity, they work more on the programming and planning for incumbent training as well as conduct intentional recruitment into those programs. The team was later expanded to four full-time workforce planners in 2023.

Program Impact

Pacheco shared, "At the entry-level, we're doing pretty well [relative] to particular benchmarks, from an EEO-14 and diversity and underrepresented in medicine standpoint." In addition, with the various internships, apprenticeships, and cohort training programs, Baystate has demonstrated positive outcomes for graduating participants and filling critical job roles.

Robust Staffing & Resources

Pacheco and Samra spearhead Baystate Health's inclusive, local hiring strategy, with three groups within the Human Resources Department providing support: (1) the recruitment team, led by the senior director of talent acquisition and physician and advanced practice providers recruitment, which is focused on external hiring efforts and reports to Samra; (2) two workforce planning consultants on Pacheco's staff, who work on programming and recruitment for the incumbent employee training programs; and (3) a career advisor within Talent Management.

In addition, the inclusive, local hiring strategy is embedded in other departments throughout the organization. Dr. Keroack, the CEO, has championed the strategy internally and externally. Dr. Robinson has helped align the inclusive, local hiring strategy with the organization's community health initiatives. Support from staff in community relations, community benefit, and a high school-to-career pathway program, has also been key. "We have identified some of our operational leaders who are of the same mindset, who appreciate taking on new people, and recognize that they need to restructure their operations," stated Samra.

Baystate Health has leveraged various resources and funding streams to support their inclusive, local hiring strategy. "Pathway funding is often available from multiple sources and requires combination with other funding sources," said Pacheco. The health system has leveraged grant support from the Massachusetts Department of Labor for their apprenticeship programs, and partnered with several institutions to secure grants through Commonwealth Corporation, workforce training funds, and other funding available at the state level. MassHire Springfield Career Center, the county's workforce development board, has served as a valuable partner, helping Baystate to leverage public and private funds and acting as a convener for regionally-based workforce development approaches.

Lessons Learned & Key Takeaways



Start small and build out the work over time.

Pacheco shared how Baystate Health started small by borrowing two FTEs from recruitment to develop an internal recruitment strategy. "The idea was that [the FTEs] were going to focus on internal recruitment so they would own the requisition from soup to nuts." Later, as programs demonstrated impact, additional staff were added, including four additional FTEs in 2022.

Obtain support from senior leadership and across the organization to embed outside-in and inside-up strategies into everyday operations.

Buy-in from leadership and across the entire organization has been pivotal in advancing the organization's inclusive, local hiring strategy. Samra highlighted, "That's how things start to happen. When you have your entire leadership team and organization connected, you start examining [your] own barriers that are preventing [the organization] from being successful. You get this tremendous collective effort around how to change the organization, how to remove those unintentional barriers, and how to make these pathways of outside-in and inside-up a reality for the workforce."

Given that strategies are embedded in numerous departments across the organization, Pacheco explained that there is often overlap between different initiatives, which can create confusion. "There is a need for us to streamline and really clarify [who's leading]," stated Pacheco. Samra added, "Things are starting to come into alignment and formulate a more comprehensive strategy that we believe we'll be able to sustain because we've done some of that foundational work, right down to our organizational cultural pillars about lifting up our employees . . . So how do we live these pillars everyday in our operations?"

Strengthen relationships with community partners to help build sustainable talent pipelines.

Through its inclusive, local hiring strategy, Baystate Health sought to strengthen relationships with community partners and improve the perception of the organization. "We need to do a lot of foundational work in terms of [improving] our community's perception of us as an employer," said Samra. Baystate Health has addressed this through initiatives such as referring unsuccessful candidates to Springfield WORKS for professional development, implementing cohort hiring programs in partnership with CBOs, supporting programs like Foot in the Door, assessing candidates more holistically, and providing candidates who lack formal work experience with on-the-job training and support. In addition, conducting focus groups with entry level employees helped to identify barriers and ideas for improving how the health system markets open roles.

Leverage learning from initiatives to build a sustainable and cohesive strategy.

Samra emphasized the need to sustainably integrate initiatives into their operations so that they are not just one-time pilot programs, but rather part of a long-term, cohesive strategy. "We are trying to bring different initiatives together and leverage learning from them," said Samra. In addition, she added, "highlighting success stories and trying to replicate them, [and spreading] that approach to other departments, will be critical."

"Fail quickly and move on," advised Pacheco. "Don't be afraid to change the model mid-way through and do something different. You may like the results."

Amplify impact through place-based collaboratives and leadership commitments.

To demonstrate its commitment to economic opportunity for all, Baystate Health signed an Impact Workforce Commitment (IWC) in 2022. The commitment, designed in partnership with a leadership group of Healthcare Anchor Network (HAN) member health systems and the National Fund for Workforce Solutions, includes goals related to aligning hiring and workforce power with clinical and community efforts to provide opportunities for individuals who may have faced barriers to employment due to low income,

lack of access to education and training, or other socioeconomic challenges.

"We have learned about the importance of the Social Determinants of Health through our work with the Medicaid ACO," Baystate Health President & CEO Mark Keroack, MD, said. "Addressing issues of housing insecurity, food insecurity, behavioral health support, legal services, and overall economic opportunity are critical to the success of our efforts to improve health in our community."

These institutional efforts are complemented by the work of a regional anchor collaborative, the Western Massachusetts Anchor Collaborative (WMAC), which Baystate Health launched in 2022 in partnership with the Economic Development Council and several large local employers. "Each of us has pledged to advancing social justice and economic opportunity in our community through local diverse hiring and advancement," Keroack stated.

In 2023, MassHire Hampden County Workforce Board, with support from Baystate Health and the anchor collaborative, applied for and was selected as a 2023 U.S. Economic Development Administration (EDA) Recompete Finalist and Strategy Development Grant Recipient. The project would support the anchor collaborative to tackle structural barriers to employment, develop additional outside-in pathways, and create a shared services hub in historically underrepresented communities.5

Table 1. Workforce Programming, 2022

Apprenticeships Programs	Non-Apprenticeship Certificate	Cohort Based Hiring (Paid to Train)
Certified Pharmacy Technician	Behavioral Resource Technician	Medical Assistants
Polysomnography Tech	Patient Care Technicians (Certified Nurse Aid)	Pharmacy Technicians
Certified Medical Interpreter	Digital In Life-Long Learning (Pharmacy Technician)	Patient Care Technicians (New)
Medical Assistants		
Multi-Skilled Imaging Technician (CT)		

Endnotes

1 This case study provides more information about University Hospital's workforce development initiatives: https:// hospitaltoolkits.org/workforce/case-studies/university-hospitals/

2 "Baystate Health Honors Graduates of Workforce Pipeline," Healthcare News, October 19, 2023, accessed January 5, 2024, https://healthcarenews.com/baystate-health-honors-graduates-of-workforce-pipeline/

3 "Springfield Initiative Receives National Funding For Workforce-Development Strategy," BusinessWest, October 5, 2020, accessed January 12, 2023, https://businesswest.com/blog/springfield-initiative-receives-national- funding-for-workforce-development-strategy/

4 "Baystate Health Honors Graduates of Workforce Pipeline," Healthcare News, October 19, 2023, accessed January 5, 2024, https://healthcarenews.com/baystate-health-honors-graduates-of-workforce-pipeline/

5 "Biden-Harris Administration Announces Recompete Finalist in Springfield, Massachusetts, to Connect Communities to Good Jobs," U.S. Economic Development Administration, accessed January 9,

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- Jason Pacheco and Patricia Samra, "Baystate Health's Inclusive, Local Hiring Strategy," Organization of Nurse Leaders & Healthcare Anchor Network, November 20, 2020.
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CASE STUDY

Dartmouth Health Workforce Development

Building sustainable talent pipelines in rural communities



Project Details:

Strategies

- Training Interventions & Academic Partnerships
- Job Readiness Programs/ Skill Development and Work Redesign
- Population Engagement
- Addressing Significant Workforce Barriers, Especially Housing

Overall Impact Metrics

- Since 2014, Dartmouth Health's Workforce Readiness Institute (WRI) has trained over 1,300 individuals. In 2023, this included 195 individuals who obtained a high-demand credential and directly entered the Dartmouth Health workforce or advanced their career.
- In 2023, the Workforce Housing and Relocation program supported 600 new hires and employees with finding housing in the region. The program manages 150 apartments that are subleased to new DH hires that will provide or directly impact patient care.
- $3 million of place-based investment in affordable housing with the Upper Valley Fund.

Overview

Dartmouth Health (DH), a member of the Healthcare Anchor Network (HAN), is a nonprofit academic health system that serves rural communities in New Hampshire and Vermont through six hospitals, a visiting nurse and hospice program, and numerous clinics. Dartmouth Health is the largest private employer in the state of New Hampshire with just under 14,000 employees.

Like other health systems, recruitment of talent is an ongoing challenge. For Dartmouth Health, that challenge is exacerbated by the region's low unemployment rates, an aging workforce, and limited access to affordable housing, childcare, and public transportation. These issues are also compounded by a large out-migration of young adults seeking opportunities in more urban settings. In response, DH has built programs to support a sustainable talent pipeline through the following strategies:

1. Training interventions & academic partnerships
2. Job readiness programs, skill development, and work redesign
3. Population engagement
4. Addressing workforce barriers, especially housing

Workforce Strategies

Training Interventions

Workforce Readiness Institute (WRI)

In 2014, the health system began taking steps to significantly expand intentional doorways into DH in response to a realization that traditional recruitment strategies weren't sufficiently filling critical workforce needs for many entry-level positions. With the intention of building in-house training opportunities, DH established a licensed career school, the DH Workforce Readiness Institute (WRI). Individuals trained through the WRI programs earn a training wage, while obtaining the foundational skill set and credential needed to start in a high-demand role in healthcare. There is no cost to the participants for the training and 100% of graduates transition to full- time, benefit-eligible roles in one of the DH member organizations.

In 2019, DH expanded their existing partnership with Colby-Sawyer College in order to provide no-cost college credits to students for the coursework completed in the Medical Assistant, Pharmacy Technician, and Surgical Technology training programs and apprenticeships, which lead to an Associate's Degree in Health Science.

Jenny Macaulay, Manager of Workforce Strategy at DH shares that "we are not able to recruit enough talent in the market that have the skill set and credentials required for critical healthcare roles. This being the case—we have to create a market; we have to build it.

Building talent and engaging people has become a cornerstone to our work."

Programming offered through the WRI has been developed around four pillars:

1. SPARK an interest in healthcare careers
2. Teach the SKILLS needed to be successful
3. SUPPORT participants while they learn and grow
4. With the hope that they STAY with the organization, industry and region

The first apprenticeship programs developed and offered through the WRI were for medical assistants and pharmacy technicians. Following early success with these programs, DH decided to expand their apprenticeship offerings to include certified surgical technologists. As of 2023, six paid training programs are offered through the WRI, including three U.S. Department of Labor Registered Apprenticeships (medical assistant, pharmacy technician, and surgical technologist), which include a pathway to an Associate's Degree in Health Science at Colby-Sawyer College, and three paid training programs for licensed nurse assistants, phlebotomists, and ophthalmic assistants. To date, over 1,300 individuals have participated in the training programs.

Academic Partnerships

DH has developed partnerships with regional academic institutions to create intentional pathways into the health system from local schools. Universities, community colleges, and technical schools are critical partners in developing and educating the healthcare workforce. As an academic health system, the goal is to support as many learning opportunities as possible and annually DH hosts over 500 nursing and 200 allied health college students completing their clinical trainings and rotations. These clinical training and rotational opportunities provide valuable learning experiences to students where they are able to make connections with the DH teams and leaders and upon graduation (or before) make the decision to join their workforce.

In 2019, DH was awarded a $2.5 million grant from the Department of Labor to support workforce development in rural areas. A key element of the grant strategy is to provide scholarships to current healthcare employees who are continuing their education at partner academic institutions towards a higher-level healthcare credential. In total, $1 million of this grant funding was allocated for scholarships and to date, support has been provided to over 180 individuals. Programs like this help employees continue their education and advance their career and earning potential without incurring significant debt. These scholarship dollars are additive to funding available through DH's existing tuition reimbursement program.



Job Readiness Programs and Skill Development

In order to attract and retain a qualified, diverse, and engaged workforce, DH has developed programming to recruit and support individuals who are eager to work but lack the minimum qualifications, skills or knowledge required for specific roles. Work readiness and skill-building programs have been implemented to address skill gaps and enhance individuals' preparedness for the DH workforce. For example, if an interested candidate lacks a high school diploma or GED, they can participate in a job readiness program and receive support to obtain their GED while working and earning a salary. From there, they are eligible to continue their training and education through WRI apprenticeship or training programs. If a candidate needs language assistance, the readiness program can help with access to English for Speakers of Other Languages (ESOL) classes. If scheduling is an issue, specialists on the Workforce Development team can help the individual create a flexible schedule that balances their career and education goals.

Additionally, DH has implemented a career counseling program that helps people understand the many ways to start or advance their healthcare career.



Population Engagement

Youth Engagement

To support the long-term investment in the regional healthcare workforce, DH expanded its workforce development portfolio from paid training programs designed to engage the current workforce, to regional youth with a focus on the future workforce. In 2017, DH began partnering with local high schools to support career exploration in the healthcare field and to promote DH's training programs as post- secondary options upon graduation.

Macaulay describes how many youth are not aware of the full diversity of opportunities that are available to them within the healthcare industry. In 2018, DH launched summer internship programs for students in college and high school. The internship programs combine paid work, professional skill development, mentoring, and experiential learning, creating a robust summer experience. It is DH's goal to spark a lasting interest in the many career pathways available in the healthcare industry while offering the opportunity to practice important workplace skills and support informed post-secondary planning.

Dartmouth Health's youth engagement programs also include paid internship and flexible work programs, paid pre-apprenticeships and co-ops, research projects, and for-credit student experiences.1 Macaulay says, "This is a workforce development strategy, but it is also a population health strategy. The team designed these opportunities to prepare young people to be successful contributors in the workforce, whether in healthcare or other industries, as this investment in our regional youth is also an investment in their personal success and the drivers/social determinants of health."

In addition to its youth engagement strategy, DH is also working to understand and remove barriers for other populations that are under-represented in the healthcare workforce including immigrants, people

changing careers or returning to the workforce, and veterans.

Addressing Workforce Barriers

Addressing the Housing Shortage

The availability and affordability of workforce housing is a significant barrier in the communities that Dartmouth Health operates in. It is estimated that an additional 10,000 housing units are needed in the greater Upper Valley region to meet demand. Limited inventory has also driven the cost of available housing to an unaffordable price point. As DH operates in a rural setting with a limited local talent pool to recruit from, it is reliant on people being able to relocate to the area in order to join its workforce. In 2020, there was a significant increase in the number of candidates that withdrew their acceptance of a job offer after trying to secure housing in proximity to their future workplace.

In response to the housing crisis, DH has developed a workforce housing program that provides access to workforce housing units, income-based subsidies, and relocation resources. Currently, this program is available to new hires who are relocating in order to start a position at DH. With direct support from the executive leadership team, DH has master leased 150 apartments in close proximity to its hospitals that are subleased to new hires who will provide or support direct patient care, are relocating from more than 50 miles away and need to work onsite (vs remote). A rental network and website has also been established where local landlords can post available units/ homes for rent. DH hired a full-time Housing Program Manager to support these efforts and work directly with new hires relocating to the area. To date in 2023, over 600 individuals were assisted with housing and relocation.

On a more macro level, Dartmouth Health is collaborating with seven other local employers including Dartmouth College, to develop and invest in the Upper Valley Loan Fund to increase the supply of affordable housing in the region. Led by Evernorth, a regional housing finance partner specializing in low-income housing investments, this collective effort will contribute to the development of approximately 250 units of affordable housing, most of which will rent for 80% of Area Median Income. Together, the Loan Fund partners have invested $9 million, each agreeing to a 1.5% rate of return on capital with a maturity of 15 years.

> “Jenny Macaulay, Manager of Workforce Strategy at DH shares that “we are not able to recruit enough talent in the market that have the skill set and credentials required for critical healthcare roles. This being the case—we have to create a market; we have to build it. Building talent and engaging people has become a cornerstone to our work.”

The Loan Fund aims to address the persistent shortage of affordable housing, particularly affecting individuals with low- to moderate-wage earnings and eligibility will not be restricted to employees of the seven employer investors. DH played a significant role in introducing the fund concept to the other co-investors and made a $3 million place-based investment in the Fund. Gregory Norman, Senior Director of Community Health, notes “DH was inspired by innovative investment models in other regions and the place-based investing work of healthcare anchor institutions. DH and its collaborating partners adapted this model to address challenges of our rural setting and promote collaboration among diverse local anchor institutions and socially conscious employers”.2

Addressing Childcare and Transportation Barriers

Dartmouth Health continues to partner with community-based organizations to address childcare and transportation barriers. In the region, it is estimated that there is demand for over 2,500 additional childcare spots and that there are currently 800 spots in existing centers that are closed due to staffing. Dartmouth Health is partnering closely with the Early Care & Education Association to support and provide funding for initiatives that recruit and train the Early Childhood Educator workforce, support expansion of the Home Provider Network, and stabilize existing centers. Separately, DH is evaluating how it might expand capacity at the childcare centers it operates at some system member locations.

Transportation in a rural geography poses a significant challenge especially as many employees have a 30 to 60-minute commute to work. This is compounded by winter weather and the need to operate 24 hours per day, 365 days per year. For many years, DH has been a financial supporter of the free local bus service, and has subsidized regional bus services in the towns near its academic medical center. In 2023, DH and other local employers worked with the local bus service provider to expand its routes to include evening and weekend service, making it more possible for people to consistently rely on free public transportation. DH has also been an advocate for and supporter of commuter bus services to and from communities where a number of employees live.

Program Structure

DH's workforce development programs were staffed by two individuals in 2014. Since then, staffing capacity has expanded to include 25 FTEs that support workforce development programs across the health system. The leadership team consists of a director of workforce development and planning and 2 workforce strategy managers. The team is made up of 2 workforce consultants, 7 workforce development specialists, 3 workforce development coordinators, 6 workforce development educators, and 2 grant program managers. Additional programming and support is provided by a housing program manager and administrative assistant. The workforce development department works in close collaboration with talent acquisition.

Program Impact



DH's Workforce Readiness Institute (WRI) has a completion rate of 95% or greater for each of the training programs. To date, the WRI has successfully trained over 1,300 individuals who have entered or advanced within the health system's workforce. In 2023, 195 individuals were trained, obtained a high- demand credential, and directly entered the Dartmouth Health workforce or advanced their careers. Moreover, training and apprenticeship programs provide a significant return on investment and for some roles, are the singular talent pipeline into these high-need, credentialed roles. In 2016, DH partnered with the U.S. Department of Commerce to measure the return on investment related to medical assistant apprenticeship programs and found reduced overtime expenses, reduced physician turnover, and decreased prescription refill response time. The study pointed to an almost 40% rate of return on investment compared to the cost of doing nothing.

The youth engagement programing has achieved success in both the short and long term. In the short term, it exposes young people to healthcare career opportunities and encourages them to participate in the WRI early in their career pathways. In the long term, the program's success is evident as youth participants

become brand ambassadors, sharing their valuable experiences with their communities.

Lessons Learned

Hire directly into the training program and have people understand the organization's investment in their training and development.

In the first few years, trainees participating in DH's programs were not hired until the end of their training and ready to start their apprenticeship. Trainees were viewed as students versus employees with the ability to develop skills on the job. This created an identity barrier, which led to the training program participants feeling isolated and like they did not belong. This also caused financial hardship for participants. The workforce development team pivoted to a training model that enabled trainees to be hired at the start of their program and paid a training wage. This made it financially possible for more people to pursue the training and also supported organizational onboarding, orientation, and enculturation during their program.

Get permission from leadership to "try and fail"

The scope of DH's workforce development strategies grew gradually and was pioneered by a small, yet entrepreneurial, group of individuals interested in trying out new solutions to address critical workforce shortages. This small group got permission from leadership to explore non-traditional and creative solutions to workforce shortages. "You always need to be evolving to try to stay current with what the talent market is doing," Macaulay explained. The support of the DH leadership facilitated the ability to discover what strategies worked. Grant funding was one way that DH was able to fund these programs and demonstrate their value to stakeholders, which led to operational funding, including for expanding staff capacity as noted previously.

> "DH was inspired by innovative investment models in other regions and the place-based investing work of healthcare anchor institutions. DH and its collaborating partners adapted this model to address challenges of our rural setting and promote collaboration among diverse local anchor institutions and socially conscious employers."
>
> *— Gregory Norman, Senior Director of Community Health*

With its demonstrated success, the team continued to grow and expanded its programming in other different operational departments with the new-found knowledge of how to implement impactful programs.

Fill positions quickly with rolling recruitment and guaranteed hires

Originally, the recruitment campaign for the training programs focused on a cohort-by-cohort model. A consequence of this model was if a candidate missed the application deadline they often would have found employment elsewhere by the time the next cohort recruitment cycle started again. To ensure that good candidates were not lost, a "rolling recruitment" strategy was implemented. This consists of bringing candidates into non-credentialed roles as they wait for their next program to start. This helps onboarding and productivity and can make it slightly quicker to complete the apprenticeship component of some programs while providing an opportunity for work while awaiting training.

You can address issues on the macro and individual levels concurrently

One of the keys to the success of the DH workforce development strategy is the realization that barriers to workforce development require a multi-faceted approach that operates on both the macro and micro levels concurrently. At the macro level, healthcare systems can implement strategic workforce planning initiatives and work with policymakers and other champions in multiple sectors outside of healthcare. At the micro level, healthcare systems can provide ongoing professional development opportunities, social and financial assistance, and coaching to enhance employees' skills and promote career growth. DH addressed the root causes of workforce barriers through policy advocacy (macro) instead of viewing them as beyond the scope of the strategy. DH actively engages on the issues of the affordable housing shortage, childcare needs, and transportation crisis. DH also directs investment funds towards alleviating these systemic challenges.

Footnotes

1 Dartmouth-Hitchcock Workforce Readiness Institute. (n.d.). Internship Programs.

https://dhwri.org/internship-programs/

2 Healthcare Anchor Network. (2022, June). Addressing Housing Shortage through Investing.

https://healthcareanchor.network/2022/06/addressing-housing-shortage-through-investing/

3 U.S. Department of Commerce. (2016, November). Benefits and Costs of Apprenticeships: A Business Perspective.

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- Carolyn Isabelle, Jenny Macaulay interview by Ndeye Boury Silla, Lauren Worth, and Debbi Perkul, Healthcare Anchor Network, 05/09/2023.

CASE STUDY

University Hospitals

The Evolution of Step Up to UH and Earn-and-Learn Programs

University Hospitals' intentional hiring pipelines and paid training programs help to address business needs while connecting residents from nearby neighborhoods in Cleveland with jobs and career ladder opportunities.



Goals

- Support economic development in high poverty neighborhoods surrounding the main hospital campus by increasing local hiring
- Address critical workforce needs and meet market demands in a changing market

Key Strategies

- Build and strengthen partnerships with community-based organizations, workforce intermediaries, and education partners to identify, prepare, and recruit local hires
- Invest in paid training opportunities such as earn-and-learns and apprenticeships as a key component of a sustainable talent pipeline
- Offer job coaching for entry-level hires and map out potential career pathways

Impact

- More than 420 individuals hired through Step Up to UH and the Career On- Ramp initiative (part of a regional Healthcare Sector Partnership) since 2013
- Average retention rate of 86% for employees who received career coaching support
- 97 hires made through a Pharmacy Technician Apprenticeship, 28 through a Community Health Worker Apprenticeship, and 84 through a Medical Assistant Apprenticeship

Overview and Background

Based in Cleveland, Ohio, University Hospitals (UH) employs over 27,000 non-physician employees and focuses its inclusive, local hiring and workforce development initiatives on building intentional pipelines that connect community residents to first jobs, and then to career advancement opportunities within the institution.

UH's inclusive, local hiring and workforce development strategy includes two types of initiatives. Outside-in programs are external facing, intentional programs that source candidates from specific, high-poverty neighborhoods. Inside-up programs are for current UH employees, connecting them to career

development and advancement opportunities.

UH's talent acquisition team has worked in tandem with a variety of community partners to identify and recruit applicants from neighborhoods near the main hospital campus that face socio- economic challenges. Once connected with the potential recruits, a workforce development organization uses a co-developed work-readiness program to help individuals learn how to set themselves up for success in the application process. UH sets aside a certain number of open positions and interviews from an applicant pool composed of graduates from this readiness program.

UH's inside-up programs include a robust set of literacy building and skills training initiatives, with built-in supports such as release time, and partnerships with education and training entities that can provide targeted skills development. Release time enables employees to participate in trainings during paid time while maintaining their full-time wage and benefits These earn-and-learn and apprenticeship programs provide opportunities for incumbent employees to receive paid, job- specific training to move into more advanced positions on the career ladder.

Program Design

UH's outside-in programs

In 2013, University Hospitals started the Step Up to UH program to support economic development in high poverty neighborhoods surrounding the main hospital campus by training residents to fill open positions at the institution. Prior to starting the program, UH had two major barriers to increasing local hiring: a large number of applications received by UH (over 17,000 a month), which prevented many local residents from gaining the attention of the recruiters, and high turnover rates for specific positions. This necessitated a different recruitment approach for local hires. Kim Shelnick, UH's vice president of talent acquisition, developed a new "funnel before the funnel" technique in which UH community partners would conduct the initial screening and training of neighborhood applicants. These local residents' applications would then be considered as a separate pool by target departments.

Since that time, UH's talent acquisition team has worked in partnership with a variety of organizations, including community-based organizations, workforce intermediaries, and a community college, to identify and recruit local hires, and has developed an employer customized job-readiness program that is delivered by their non-profit workforce development partner, Towards Employment. Once connected with the potential recruits, UH's team uses Towards Employment's readiness program to help potential applicants learn how to set themselves up for success in the application process.

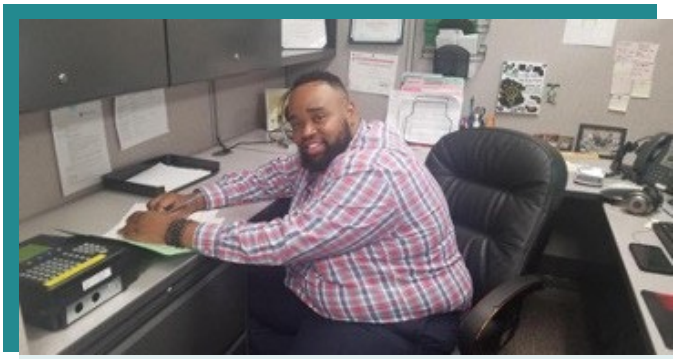
In 2020, UH shared the Step Up to UH model with their regional Healthcare Sector Partnership (which also includes Cleveland Clinic and The MetroHealth System), and co-branded the program as the Career On-Ramp initiative. As of January 2023, UH has hired more than 420 individuals through Step Up to UH and the Career On-Ramp initiative.

UH's inside-up programs

In addition, UH has built several inside-up programs to address critical workforce needs in a changing market that create career advancement opportunities for incumbent employees. Some of these programs are also available to community members who are not yet employees of UH. Earn-and- learns, apprenticeships, and other paid training programs that are open to both current employees and members of the community provide opportunities to receive paid training that results in either a new job for a community member or a promotion for a current employee. For example, a Professional Pathway program provides training for administrative support positions. Over the course of eleven weeks, employees participate in paid training in hard and soft skills during the day, work at the hospital at night, and upon

completion of the program, obtain positions in Patient Access, Revenue Cycle and as Unit Secretaries.

By utilizing an innovative "advance hire model," recruiters can fill positions that are currently available while UH's workforce development staff prepare individuals to fill roles that will become open later. Shelnick explains that, while there are risks associated with hiring someone before they're ready for a specific role, "I think it's worth the risk because turnover is increasing at such a rapid rate in healthcare." Given market trends and demographic shifts, adds Shelnick, "the days of 'right fit, right role' candidates that are job ready...those days will end."



Robert began working in UH's Dietary department in 2011 and participated in several incumbent training and workforce development programs, leading to promotions to roles in Patient Access and Human Resources. Today, he's a Talent Acquisition Coordinator.

Some other recently developed inside-up programs include new apprenticeship programs for Pharmacy Technicians, Community Health Workers, Medical Assistants, and a Patient Care Nursing Assistant (PCNA) to Licensed Practical Nurse (LPN) Apprenticeship. These are unregistered, earn-to-learn apprenticeships, where participants are paid to learn new skills while on the job. While program design varies based on the training and educational requirements, apprenticeships might include a mix of classroom-based instruction, practicums, and study halls. Roles that require technical certifications are typically one year or less in length, while roles that require an associate's degree require additional time. A design goal is to reduce as many barriers as possible for participants to study, for example by intentionally building in study time throughout the week.

As of 2020, 97 hires have been made through the Pharmacy Technician Apprenticeship, 28 through the Community Health Worker Apprenticeship, and 84 through the Medical Assistant Apprenticeship.



Graduates of Step Up to UH.

In an interview, Cleveland resident Lisa Pointer described applying to a role at UH and being turned down because she "didn't have the right keywords in [her] resumé." She began participating in the Healthcare Sector Partnership Career On-Ramp Program, which would lead to a PCNA role upon completion. Program administrators then interviewed Pointer about her skills and interests and suggested she transition to UH's community health worker (CHW) apprenticeship program, which would be a better match for her skills and interests. The paid CHW training took place during work hours, which Pointer noted was "great for me as someone who needs childcare." She described how throughout the process, "there were continuous touchpoints from the people running the program to ensure that it's the right role for you, making sure you're doing self-care, not feeling burnt out, and getting positive messaging." Today, Pointer is a successful Certified Community Health Worker.

A highly successful element of UH's strategy for advancing entry-level employees is the addition of a full-time career pathway coach. Career coaching is available to all employees to support their progression along a career pathway, as well as to help increase UH's internal hiring rate. Career pathway coaches help

employees navigate various options for advancement within the institution and the training opportunities offered, including pathway programs as well as college education.

Shelnick describes career pathway coaching as an "invaluable and worthwhile" strategy for retention, as coaches are able to build trusting relationships with employees and provide guidance around their options for navigating careers in healthcare. By meeting with employees on their own terms—for example, in their department, the Employee Enrichment Center, the cafeteria, or even offsite at libraries and restaurants—the coach is able to build trust with employees, thus enabling them to feel more comfortable speaking honestly about challenges such as housing or transportation. The coach then works with the employee to connect them with institutional resources or social services that may not otherwise be easily accessible.

In 2021, more than 1,200 employees came into contact with UH's full-time career pathway coach, 199 employees received individual coaching support, 23 employees who received coaching support were promoted into higher skill positions. A total of 61 employees transferred to higher skill positions or lateral positions with greater career ladder opportunities. The average retention rate of employees who received coaching support was 86%.

In addition to implementing pathway programs and providing coaching support, UH trains managers and supervisors to better support employees in entry-level positions. Shelnick explained, "[We're] training our leaders on how to be more understanding of the everyday problems that this level of employee is experiencing from social and economic standpoints…If they're having a babysitter problem, or just having other day-to-day problems as single moms or dads, we can give training to our leaders to know how to work through those issues."

Program Impact

STEP UP TO UH AND CAREER ON-RAMP INITIATIVE:

- 420 hires since 2013
- Reduced interview to hire ratio for recruiters
- One-year retention rate at 88% for pipeline graduates, compared with 72% overall

POSITIONS GRADUATES ARE HIRED INTO:

- Environmental services
- Nutrition services
- Patient care assistant

CAREER PATHWAY PROGRAMS OPEN TO INCUMBENTS INCLUDE:

- Pharm Tech Apprenticeship - 97 hires since 2020
- Community Health Worker Apprenticeship – 28 hires since 2020
- Medical Assistant Apprenticeship – 84 hires since 2022
- Licensed Practical Nurse Apprenticeship – 16 hires since 2022

Funding

UH's inclusive, local hiring initiative was originally supported with significant grant funding and community-based support. Over time, as the initiative became established at UH, funding sources shifted to utilizing internal resources. Other costs, such as training and outreach for the Career On-Ramp program, are funded by braiding internal resources with community partners' funding.

Apprenticeships are funded through a combination of internal funding, tuition assistance dollars, employer training reimbursements available through the county, and training provider grants that cover aspects of program implementation.



Since joining UH as an Environmental Service Worker, Rhonda has participated in several pathway programs and has been promoted three times. She is now a Revenue Cycle Specialist.

Shelnick advised that when budgeting for earn-and-learn programs, there should be a broad understanding that employees will be contributing part-time productivity during the training period even though they will receive full-time wages.

Staffing

Shelnick emphasized the importance of investing in workforce development infrastructure internally given the returns on increased retention. UH's inclusive, local hiring and workforce development programming is staffed by an FTE manager of workforce development, an FTE career coach, an FTE program specialist, and supported by a Diversity, Equity, and Inclusion, Social Justice and Equity team. Recruiters in functional areas of the pipeline programs have partial FTEs devoted to pipeline program recruitment. In addition, UH trains hiring managers and department educators to manage the apprenticeship programs.

Partners

Towards Employment, UH's external workforce development partner, provides grassroots recruitment and screening, job readiness training, coaching, soft skills training, and curriculum development. In addition, UH works with the workforce arms of educational institutions such as the local community college, NewBridge Cleveland, and OhioMeansJobs (the public workforce system in Ohio).

Lessons Learned and Takeaways

Earn-and-learns and apprenticeship programs are an investment in a sustainable talent pipeline. "With a shortage of candidates, we have to rethink traditional policies," says Shelnick. "[Sometimes] you can't wait two weeks to hire someone." Through paid training programs, she says, "[you can support] some people and help them to adapt [to new roles], but recognize that some will turn over and return to the local workforce development ecosystem."

Kim Shelnick, UH's vice president of talent acquisition, developed a new "funnel before the funnel" technique, in which UH community partners would conduct the initial screening and training of neighborhood applicants, who would then apply to job openings in target departments as part of a separate pool.



From nicety to necessity: be nimble and grow with the initiative

As an initiative gets older it shifts from a nicety to a necessity as the system becomes reliant on it as a crucial hiring stream. As this shift occurs the needs and abilities grow and change, so the system must be flexible and adapt appropriately. Over time, UH has evolved its pipeline programs and expanded its portfolio of paid career advancement programs in order to fill critical roles and meet market demands.



Geographic focus on high-poverty neighborhoods

Prioritize specific neighborhoods and people who might not be able to successfully apply to these jobs through the regular recruitment process. As the inclusive, local hiring program grows, the focus for recruitment can be expanded to include additional local communities.



Set aside positions for pipeline cohort graduates

This process ensures that program candidates do not get lost in the large volume of applications for open positions.



Offer job coaching for new hires and map out potential career pathways

Outline clear pathways for entry-level employees to advance to higher-wage positions by mapping out training opportunities that will allow employees to learn new skills. This helps employees identify career opportunities and promotes increased retention, and can also help to meet system diversity goals by creating intentional pathways through which employees of color in entry-level roles can rise into higher level positions.



Tuition assistance for entry-level employees to access training

When possible, allow employees to get release time, which enables employees to participate in trainings during paid hours while maintaining their full-time wage and benefits. Have human resources connect employees to tuition assistance for both degree granting programs and for skill building and certificate programs. UH offers both tuition reimbursement and deferred direct billing.



Regularly re-evaluate partnerships

Re-evaluate partnerships with regularity to determine if the needs of the initiative are being met by the partnership. When establishing partnerships ensure partners are willing to adjust the partnership or the deliverables to grow with the needs of the initiative.

Sources

- Kim Shelnick, interview by Debbi Perkul and Lauren Worth, August 24, 2022.
- Adrianne Shadd and Kim Shelnick, interview by Debbi Perkul and Lauren Worth, January 21, 2022.
- Lisa Lennette Pointer, interview by Debbi Perkul, June 9, 2022.
- Adrianne Shadd and Kim Shelnick, interview by Debbi Perkul and Lauren Worth, January 6, 2023.

Video overview of the UH Pharmacy Technician Training Program

CASE STUDY

Franciscan Missionaries of Our Lady Health System

The Faith Fund

Developing a strategy to improve employees' financial security



Key Strategies

- Leveraged an initial grant of $50,000 to create a financial assistance fund and used unspent FSA funds to re-seed the fund
- Offer a continuum of services to help lower- wage employees overcome financial instability, from advance paycheck services to micro-loans to financial counseling

Impact

- $263,953 worth of fees and interest payments avoided for employees in the first 3 months of operation
- Delinquency rate for borrowers sits between 2.8% and 6.3%, below the industry standard of 10%
- Over 1,600 employees have attended financial education sessions or received support from financial counselors.

Overview & Background

Based in Baton Rouge, Louisiana, Franciscan Missionaries of Our Lady Health System (FMOLHS) is a Catholic ministry- based health system with eight hospitals serving communities in Louisiana and Mississippi. FMOLHS adopted an Economic Justice for All framework in 2018 to ensure that institutional decision- making aligns with its mission as an organization. This framework centers the understanding that "economic decisions have human consequences and moral content," according to Coletta Barrett, vice president of mission at Our Lady of the Lake (OLOL) Regional Medical Center, the flagship hospital of FMOLHS. As an extension of this philosophy, OLOL partnered with Catholic Charities of the Diocese of Baton Rouge in October 2018 to launch a micro-loan investment fund called The Faith Fund to address a key driver of health: financial stability.

> "This framework centers the understanding that economic decisions have human consequences and moral content."
>
> *— Coletta Barrett, Vice President of Mission, Our Lady of the Lake (OLOL) Regional Medical Center*

Prior to the launch of this program, OLOL had operated an emergency financial assistance program called

the Team Member Assistance Fund, through which employees experiencing a significant event could apply for emergency funds to cover basic expenses such as rent, utilities, and car payments. In order to receive funds, employees were required to complete a financial assessment. Through these assessments, OLOL found that many employees who utilized the assistance fund were also using payday loans—loans taken out of the borrowers' next paycheck which are accompanied by excessive interest rates ranging from 300 – 1000%. Three out of ten employees who used financial assistance funds "were trapped in payday lending hell," says Barrett, and caught in a long-term cycle of debt. In order to cover basic living expenses like food, rent, and utilities, people would take out small loans of about $300 from payday lenders while paying a $50 fee, often with a 100% interest rate, to access the funds.

OLOL turned to a policy advocacy organization called the Louisiana Budget Project to understand the data on payday lending in the state. They found that the average borrower takes out nine loans per year, with a typical loan of $350. More than 900 payday lenders are operating statewide, with a high concentration in low-income communities and communities of color. These lenders outnumber McDonald's restaurants four-to-one.



All photos provided by The Faith Fund

In 2015, OLOL joined a coalition with the Louisiana Budget Project, Catholic Charities of the Diocese of Baton Rouge, and other community-based organizations to advocate for a policy solution to predatory payday lending, including a prohibition on interest rates above 36%. Barrett described how the legislators they spoke with argued that people need payday loans because they are often the only option available for accessing money, and in a competitive market, lenders shouldn't be regulated. Faced with legislators' insistence that "there are no alternatives," OLOL "took that as a challenge and worked on an alternative," says Barrett.

While FMOLHS is committed to paying fair and just wages, and has a timeline for moving employees up to a minimum of $15 an hour, the health system recognizes that many employees have reported experiences with financial instability and indicated their need for financial assistance funds and other forms of support.

Next, OLOL established an internal workgroup to formulate an alternative to predatory lending for its employees. Could the hospital take some of its emergency assistance dollars and invest them in a fund that provides financial assistance on the front end before any emergencies occur? The workgroup landed on a solution: a micro-lending program that could help employees escape what Barrett describes as the "vicious cycle" of predatory lending—and hopefully prevent additional people from ever entering the cycle.

Program Design

The Faith Fund was established at OLOL in 2018 as a not-for-profit partnership with the Catholic Charities of the Diocese of Baton Rouge, Our Lady of the Lake, and MetroMorphosis, a local community non-profit. The Faith Fund utilizes a holistic approach that combines material financial assistance for employees in the form of lower interest (~5.96%) loans with free financial coaching to create a debt recovery plan and build financial stability.

Employees who have been a member of the FMOLHS workforce for at least one year are eligible to apply for loans. These loans are complemented by financial education and counseling from a third-party partnering community development financing institution, the New Orleans Firemen's Federal Credit Union

(NOFFCU). Financial counselors meet with employees in person and on site to provide confidential coaching and to help loan recipients develop a budget and sustainability plan. “This education is paramount,” Barrett says, as it helps participants understand their options and build confidence around responding to financial stresses. While some applications for loans are denied, anyone who applies for a loan can access and receive one-on-one financial coaching.

Every 12 to 24 months, The Faith Fund engages in planning sessions led by the fund’s Board of Directors, half of whom must be The Faith Fund clientele—employees who’ve utilized the Fund’s services—or represent an underserved population of the community. This has enabled the fund to be responsive to needs as they arise. The crises wrought by the COVID-19 pandemic in 2020 and Hurricane Ida in 2021 required FMOLHS to identify community needs and quickly pivot to create products to address employees’ financial insecurity.



The Faith Fund

In 2020, when the pandemic and resulting financial strains forced FMOLHS to furlough some of its employees and reduce working hours for others, mission leaders from each region of the system advocated for an expansion of The Faith Fund so employees across FMOLHS could access its financial aid resources. Mission leaders acted as “internal champions” by sharing stories at leadership meetings of employees gaining financial security. Once The Faith Fund was expanded across the system, mission leaders encouraged local leadership to connect employees in need with the fund’s financial counselors and promoted messages about financial aid resources through internal communications.

In addition to expanding the reach of The Faith Fund, FMOLHS established the COVID-19 Faith Fund Emergency Income Stabilization Loan Program in 2020. This initiative enabled employees to borrow up to $3,000 at a 6% interest rate and pay it back over a two-year period, offering some financial cushion and stability to those who were hit hard financially by the pandemic.

In late 2020, FMOLHS learned that some employees who were utilizing The Faith Fund’s services were still turning to payday loans between biweekly pay periods. In response, mission leaders partnered with human resources to introduce the PayActiv program, which enables employees to access their pay immediately after earning it, instead of having to wait until the end of their pay period. “[Our vision is] that we have a continuum of financial resources for our team members,” Barrett stated. “PayActiv is the prevention strategy and The Faith Fund is the recovery strategy.”

Community Banking Solutions

While the health system was advancing strategies to help its workforce overcome financial instability during the pandemic, many low-income communities in their service area in Baton Rouge were experiencing business closures, including many traditional banks, leaving “banking deserts” in their wake. This meant community residents had limited access to financial services such as cashing checks and obtaining loans. FMOLHS responded by expanding its partnership with the Catholic Charities of the Diocese of Baton Rouge and the New Orleans Firemen’s Federal Credit Union to establish a brick-and-mortar storefront for The Faith Fund in North Baton Rouge that is open to the community at large—not just FMOLHS employees.

"It was important if we were going to have a physical presence that we are embedded in a community with a high Community Needs Index rating," explained Barrett. The Faith Fund storefront is situated in an area of North Baton Rouge with more payday lending storefronts than Wendy's, McDonald's, and Burger Kings combined. It fills a gap for North Baton Rouge residents by providing an alternative to payday lending, as well as financial coaching in individual and group settings. Barrett reports that financial coaching has helped clients to improve their credit scores, making homeownership a possibility for many. A vital goal of the storefront is to help community members fill in knowledge gaps around personal financial management to overcome economic insecurity and ultimately break patterns of intergenerational poverty.

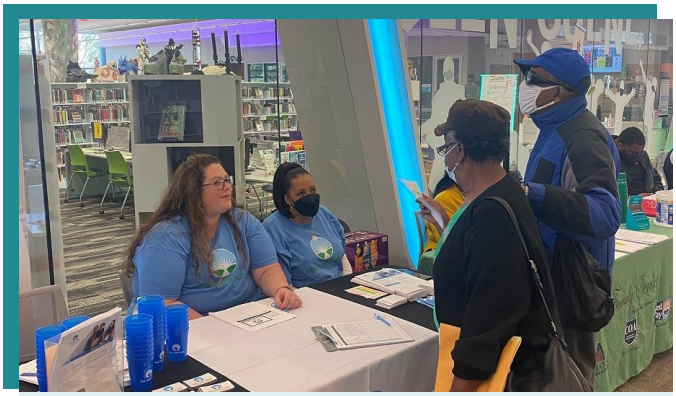
Program Impact

To assess impact, FMOLHS tracks the total dollar amount of loans borrowed through The Faith Fund, the amount paid, and the number of fees and interest payments avoided by employees. These metrics are measured in addition to tracking the usage of financial products by employees who reside in the zip codes of focus.

Approximately three months after establishing The Faith Fund, FMOLHS' workforce members had avoided $263,953 worth of fees and interest payments. As of January 2023, the delinquency rate for borrowers sits between 2.8% and 6.3%, below the industry standard of 10%, which Barrett describes as "very good, solid numbers." Since 2018, there have been 1,742 loans provided, $6,403,880 borrowed, and $18,273,991 of total impact. Over 1,600 team members have attended financial education sessions or received support from financial counselors. A total of 1,654 employees have been served by The Faith Fund as of January 2023, approximately 95% of the 1,742 total members.

> Many low-income communities in their service area in Baton Rouge were experiencing business closures, including many traditional banks, leaving "banking deserts" in their wake. This meant community residents had limited access to financial services such as cashing checks and obtaining loans. FMOLHS responded by expanding its partnership with the Catholic Charities of the Diocese of Baton Rouge and the New Orleans Firemen's Federal Credit Union to establish a brick-and-mortar storefront for The Faith Fund in North Baton Rouge that is open to the community at large—not just FMOLHS employees.

PayActiv data shows that more than 899 employees have accessed advance funds from their paychecks since the program's inception. The average amount accessed is $100. The total amount withdrawn early from wages is over $2.8 million. Nearly 47% of those accessing funds fall into the hourly income group making less than $16/hr. These employees represent diverse job roles, including Certified Nursing Assistants, Registered Nurses, and Pharmacy Technicians.



The Faith Fund

"You may be surprised at the number of your team members that fall to these predatory lenders and find themselves in these financial traps," says Barrett.

"When we help someone [get] out of payday lending, we have a return on that [investment] of almost three to one," Barrett shared. "When they get out of having to pay these exorbitant interest rates, it allows them

[to save] so much money."

In addition, Barrett shared that investing in employees' financial health can lead to intangible benefits. "When someone feels as though their organization genuinely cares about them—not just the work that they're doing, but their overall financial health, their credit, and those types of things—that has a way of building a certain level of loyalty that even a pay increase may not be able to buy. It feels as though you're working for [people] who genuinely care about you."

Impact Story

A Faith Fund board member shared the following story in a 2022 board meeting:

"A Faith Fund member reached out to us after Hurricane Ida. She had extensive damage to her home from a tree falling on it. She qualified for our Emergency Loan, but those funds were only enough to pay for the tree removal. After about a month or so, she reached back out to me. Her insurance deductible was $4,500. She said that they had a little bit of savings and that she did receive some help from FEMA, but they were still going to be short approximately $2500. She said she wanted to see if there was anything else we could do before she tried to withdraw from her 401k. We decided to put in a personal loan for the $2500 and have her husband be a co-borrower. The application was indeed approved! But that is not all.

Through the process, we reviewed both credit bureaus with the couple. We mentioned to the wife that even though they had some struggles in the beginning of COVID, her credit score had gone up 60 points since then. The husband was so impressed that he began to ask questions about his score. He was laid off in the beginning of the pandemic which caused them some financial struggles. We reviewed his credit report and recommended that he needed some form of revolving debt in his credit portfolio. We got him approved for a $1000 credit limit with an APR of 12.9%. He was very impressed with our program. He wants to have follow-up sessions every three months, and he wants us to continue to help them with their budget and savings."

> "When someone feels as though their organization genuinely cares about them—not just the work that they're doing, but their overall financial health, their credit, and those types of things—that has a way of building a certain level of loyalty that even a pay increase may not be able to buy. It feels as though you're working for [people] who genuinely care about you."

Funding

Use of unspent FSA funds to create a financial assistance fund

The Faith Fund's sustainability to date can be attributed partly to the resourceful usage of a sustainable funding source: unspent funds from employees' Flexible Medical and Dependent Care Accounts. Barrett recalls "lamenting about how to raise money for the [Team Member Assistance Fund]" before finding out that OLOL had access to about $30,000 in unused Flexible Spending Account (FSA) funds annually that were getting added back to organizational line items. These funds are generated through employee deductions for health savings accounts and dependent care. Because some of the dollars are "use it or lose it," any funds not used by the employees that year become available to the employer. The president and CEO of OLOL in 2006 agreed to deposit these unspent funds annually into the Team Member Assistance fund.

To establish The Faith Fund, OLOL leveraged an initial grant of $50,000 from its existing Team Member

Assistance Fund account. As a sustainability measure, OLOL pledged to reseed the FMOLHS Faith Fund account when the savings account balance fell to less than $35,000. The FMOLHS Faith Fund account secures employees' loans. When employees default on loans, FMOLHS commits to replenishing the funds. The first re-basing fee was required in April 2021—two and a half years after The Faith Fund was established. To date, FMOLHS has contributed $158,468 to offset the defaults of team members.

NOFFCU covers 40% of the write-offs, and FMOLHS covers 60%.

The Faith Fund storefront and services made available to community residents are funded by an unrestricted, three-year $50,000 annual grant from the FMOL Sisters' congregation.

Staffing, Partnerships & Resources

The Faith Fund was launched in 2018 in partnership with the Catholic Charities of the Diocese of Baton Rouge, local nonprofit MetroMorphosis (which works to transform urban communities), the New Orleans Firemen's Federal Credit Union (NOFFCU), and OLOL. The Faith Fund later achieved 501(c)(3) nonprofit status before opening its storefront location in 2021. The Faith Fund community storefront is operated by NOFFCU.

Catholic Charities put out a request for proposals for a financial institution partner in implementing The Faith Fund and selected NOFFCU, a local community development financial institution (CDFI). CDFIs are mission-driven financial institutions that provide services in financially underserved communities. The Credit Union offers financial counselors to staff the educational services.

The Faith Fund's executive director is responsible for managing the Fund, with oversight from the Board of Directors, which includes representatives from FMOLHS, Catholic Charities of the Diocese of Baton Rouge, MetroMorphosis, and a community advisory team made up of community stakeholders. FMOLHS conducts outreach to identify individuals for the community advisory team who are willing to attend four to six meetings over the course of a two-year term. Community advisory team members are assigned a task or area of The Faith Fund strategy to focus on and share recommendations for improvement.

Lessons Learned and Takeaways

Offer a continuum of services to help employees overcome financial instability and achieve long-term financial stability

As a faith-based organization and an anchor institution, FMOLHS's economic security strategy is one example of how the health system can "[achieve] our mission for our team members as well as for the community that we serve." The continuum of services offered ranges from small funds available to employees through their earned wages (with PayActiv), to microloans through The Faith Fund, to larger income stabilization loans—with financial education and counseling available to people across the income spectrum.

Be flexible and responsive to emerging needs

Over time, FMOLHS evolved its economic security strategy to fill gaps and needs as they emerged. While The Faith Fund provided support for employees experiencing debt and financial hardship, the addition of PayActiv to the suite of financial aid resources filled a gap in the prevention strategy by making it easier for employees to access earned wages, typically smaller amounts than the loans from The Faith Fund. Similarly, the COVID-19 Faith Fund Emergency Income Stabilization Loan Program and the Hurricane Ida

relief loan offered relief to employees facing added financial strain during the pandemic and hurricane.

Top 10 Positions Enrolled in PayActiv, 2021

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Certified Nursing Assistant	Certified Nursing Assistant	Certified Nursing Assistant	Certified Nursing Assistant	Certified Nursing Assistant
Patient Access Representative 1-Hospital	Patient Access Representative 1-Hospital	Patient Access Representative 1-Hospital	Medical Assistant 1	Medical Assistant 1
Medical Assistant 1	Patient Access Representative 1-Hospital	Patient Access Representative 1-Hospital	Patient Access Representative 1-Hospital	Patient Access Representative 1-Hospital
Clinical Services Representative 1	Medical Assistant 1	Medical Assistant 1	Patient Access Representative 1-Hospital	Clinical Services Representative 1
Patient Access Representative 1 - Clinic	Clinical Services Representative 1	Clinical Services Representative 1	Clinical Services Representative 1	Patient Access Representative 1 - Clinic
Patient Access Representative 2 - Clinic	Licensed Practical Nurse 1 - Clinic	Registered Nurse 2	Nursing Assistant	Nursing Assistant
Nursing Assistant	Licensed Practical Nurse	Licensed Practical Nurse 1- Clinic	Registered Nurse 2	Registered Nurse 2
Pharmacy Technician 1	Nursing Assistant	Nursing Assistant	Licensed Practical Nurse 1 - Clinic	Patient Access Representative 2 - Clinic
Licensed Practical Nurse	Patient Access Representative 2 - Clinic	Patient Access Representative 2 - Clinic	Patient Access Representative 2 - Clinic	Licensed Practical Nurse 1 - Clinic
Licensed Practical Nurse 1 - Clinic	Registered Nurse 2	Licensed Practical Nurse	Licensed Practical Nurse	Security Guard 1

The Faith Fund Website

Endnotes

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CASE STUDY

Kaiser Permanente & Futuro Health

Futuro Health, a nonprofit launched in January 2020, is a career advancement intermediary organization that seeks to expand the number of allied healthcare workers in the nation, starting with California.



Challenge:

By 2025, California will need 500,000 new allied healthcare workers. The nation is expected to have a shortage of 1.5 million of these allied healthcare workers.

Solution:

Futuro Health creates education journeys into allied health careers.

With 80% diversity and averaging 29 in age, Futuro Health Scholars 1) earn a healthcare credential, 2) develop essential Human Touch Healthcare™ skills, and 3) receive support and coaching throughout to prepare for future career opportunities. Futuro Health assembles a network that includes employers, higher education entities, and community organizations who collaborate to deliver on the goal of training 10,000 workers to meet the growing need for care.

Overview & Background

Allied healthcare workers work within the allied health sector, which encompasses a wide range of clinical, administrative, and support positions including licensed vocational/practice nurses (LVN/LPNs), medical assistants, sterile processing technicians, pharmacy technicians, and health information technicians. These positions are critical to the healthcare industry, and often require associate degrees or technical training certificates. Futuro Health, which was born out of a bargaining session between Kaiser Permanente and its union partners at SEIU United Healthcare Workers West (SEIU- UHW), was established with a $130 million commitment paid out of Kaiser Permanente Community Benefits. Futuro Health's model currently focuses on meeting the healthcare workforce needs of California but has the potential to be scaled across the country.

With demographic shifts in California, including a growing and more diverse general population and an expanding elderly population, there is an increasing demand for allied healthcare workers. By 2025, the state is projected to need approximately 500,000 new allied healthcare workers. The nation is expected to have a shortage of 1.5 million of these allied healthcare workers, mostly trained through some college education or an associate's degree, but not necessarily a bachelor's degree.

> It's vital, especially in the healthcare realm, that there [is a] pipeline of workers [who are] going to serve future need . . . [we wanted] to do something big, bold, and catalytic that could be a great platform for meeting this need, stated John Vu, vice president of strategy for community health.

There are numerous challenges to addressing this upcoming shortage, including lack of awareness of career opportunities, lack of understanding of pathways for advancement in the allied health sector, and lack of access to needed credentials. "It's vital, especially in the healthcare realm, that there [is a] pipeline of workers [who are] going to serve future need . . . [we wanted] to do something big, bold, and catalytic that could be a great platform for meeting this need," stated John Vu, vice president of strategy for community health at Kaiser Permanente.

Futuro Health is on track to train 10,000 allied health workers in California to meet the growing need. Through this, Futuro Health seeks to build health and wealth in communities by ensuring high-quality, affordable healthcare for all, and connecting individuals to allied healthcare careers with a living wage and opportunities for career advancement. Moreover, Futuro Health places particular emphasis on promoting diversity and inclusion in the allied healthcare sector. "We've exceeded expectations in welcoming diversity in our Futuro Health Scholars—for they need to reflect the communities being served," stated Van Ton-Quinlivan, CEO of Futuro Health.

In addition to the 10,000 individuals who will be credentialed through Futuro Health's model, the organization's efforts will help create and scale best-in-class allied healthcare training and credentialing programs across the state and potentially beyond. Kaiser Permanente expects to hire a portion of the Futuro Health graduates, but the program is not a targeted pipeline strategy built to feed solely into Kaiser Permanente's workforce. Rather, Kaiser Permanente's involvement in Futuro Health is a broader investment in pipeline capacity and quality meant to serve the healthcare sector across the state.

Program Design

Futuro Health was set up as an independent 501(c)(3) organization. Though Kaiser Permanente is not involved in Futuro Health staffing, they are represented on the Futuro Health Board of Directors, through which they offer guidance and support to inform organizational direction and impact.

Futuro Health's online catalog offers training that falls under two main categories: 1) programs for earning a healthcare credential and 2) microcredentials to improve skills—either for a current role or to prepare for future opportunities. A key component of Futuro Health's approach is their education-to-work model, which "supports candidates through career exploration and coaching, education financing, and determining the best pathway toward credential or licensure attainment."

SEIU-UHW's nearly 100,000 members mostly work in hospitals, including with Kaiser Permanente, but also with CommonSpirit Health, Prime Healthcare, Sutter Health, Tenet Healthcare, and Verity Health. SEIU-UHW provides assistance with scouting and recruiting applicants. To promote equity and inclusion, Futuro Health works to eliminate barriers to enrollment and completion of their program by providing wraparound support, which includes enrollment support, crisis counseling, and preparation for employment. All Futuro Health Scholars participating in entry-level gateway programs attend tuition free to invite diversity in the workforce pipeline.

Futuro Health takes a collaborative, ecosystem approach to solving workforce development challenges in the healthcare industry. Ton-Quinlivan described a "three-legged stool of workforce development." In an ideal state, this three-legged stool consists of employers, who focus on articulating their needs and hiring qualified employees; community organizations, that conduct outreach, screen candidates, and provide case management; and educational institutions, which close the gap between the candidate pool and employers. "When the three legs of the stool come together and work well, then you really have a humming workforce development ecosystem," Ton-Quinlivan stated. In reality, this collaboration is often lacking, due to competition among employers for talent and a disconnect between employers and higher education institutions. As a result, employers often have trouble navigating the higher education system and may attempt to solve workforce development challenges on their own.

By building a network of healthcare employers, higher education entities, and community organizations, the Futuro Health model allows health models to collaboratively foster a growing pipeline of allied healthcare workers, rather than compete in the face of a growing demand for these workers. Additionally, this model helps healthcare institutions draw upon and work with a broader portfolio of higher education entities than would be possible if they were trying to develop individual partnerships with each institution. The open communication approach between these institutions allows for agility and creativity by helping education partners to innovate faster and better adapt to industry needs, which Ton-Quinlivan described as "the great unbundling and re-bundling of education, [where Futuro Health] can bundle differently based on industry needs." By bringing together various higher education institutions and creating a common vision around metrics, Futuro Health also makes it easier for employers to engage in workforce development initiatives, allowing them to focus on regional challenges and solutions. Importantly, in addition to meeting operational needs, this collaborative approach builds goodwill from the community. Moreover, this collaborative, multi-sector approach allows for scalability of Futuro Health programs. "The future is multiple states, rather than one state," emphasized Ton-Quinlivan.

Program Impact

Using data to measure and increase the impact of Futuro Health's programs has been a central component of Futuro Health strategy. "Evaluation and measurement weren't an afterthought. [Futuro Health CEO Van Ton Quinlivan] hired a chief data scientist, and they are being very precise about measuring what works for whom, and how, and why," stated Vu. In addition to helping Futuro Health design effective interventions and programming, using data also allows Futuro Health to geolocate students and match them to nearby Futuro Health programs and employers. Futuro Health uses a number of metrics to measure the impact of its programs. These include the numbers of students who enroll in and complete Futuro Health programs and the success of Futuro Health graduates in the workforce, as measured by increase in wage, social mobility, employer satisfaction, and retention.



Since its launch in 2020, Futuro Health has exceeded its enrollment goals, with over 5,000 students enrolled in tuition-free courses through its higher education partners, including 1,691 total enrollments in 2020 and 3,606 total enrollments in 2021. Moreover, "this model is successfully getting the type of inclusion and diversity that we all want and care about," stated Ton-Quinlivan. As of May 2021, 78% of students are female; 44% are Hispanic or Latino; 22% are Black/African American; 13% are Asian American; 37% are bilingual; and students have an average age of 29 years. Notably, by being involved in scouting and recruiting applicants for Futuro Health, Kaiser Permanente's union members also increased utilization of employee professional development resources to upskill.

Programs Launched

In 2020, Futuro Health launched four programs in areas of high demand in the allied health sector: the Medical Assistant Program, the Health IT Specialist Program, the Advanced Telehealth Coordinator Program, and the Care Coordinator: Chronically Ill Populations Program.

The **Medical Assistant Program** was launched in partnership with Bay Area Medical Academy, Concorde College, Merced College, MTI College, Northwest College, Pima Medical Institute, Santa Barbara Community College, and Western Governors University. Debbie Yaddow, Futuro Health's director of pathway development, highlighted the benefits of the Medical Assistant Program: "The medical assistant role is a good entry point into healthcare, among the few leading to an industry-valued credential in under one year." In addition, the medical assistant credential also offers opportunities for career advancement into panel manager and care coordinator positions. While debt often acts as a barrier to getting the medical assistant credential, Futuro Health addresses this barrier by underwriting tuition. The program had 1,200 students in 2021.

The **Health IT Specialist Program** was established in partnership with Coursera and Johns Hopkins School of Medicine. To establish the program, Futuro Health combined Google's IT course, Johns Hopkins' healthcare curriculum, and IBM's customer service curriculum to create a novel IT training program specifically for the healthcare environment. The program had 660 students in 2021.

The **Advanced Telehealth Coordinator Program**, offered by the University of Delaware, provides healthcare workers with the foundations of using technology to deliver healthcare from a distance. The first two cohorts of the program have had high completion rates: the first cohort in September 2020 of 162 students had an 87% completion rate; and the second cohort in February 2021 of 69 students had a 91% completion rate.

The **Care Coordinator Program**, with a focus on chronically ill populations, prepares students to help manage and coordinate the details of a patient's care and facilitate communication between patients and medical and administrative staff. The program had 200 students in 2021.

Futuro Health has also made efforts to expand the bilingual healthcare workforce. Ton-Quinlivan stated, "There are healthcare employers who would prefer that more bilingual candidates knock on their door . . .For the future of care to be equitable, we need the workforce to reflect the communities being served." To meet the need for Spanish-speaking healthcare workers, Futuro Health piloted the Tu Nuevo Futuro Health campaign in partnership with Voxy to offer the tuition-free online course, **English Readiness for Allied Health**, in order to increase the number of Spanish speakers in the allied healthcare sector.

Futuro Health has also responded to the shifting needs of the healthcare industry brought about by the COVID-19 pandemic, launching two pandemic readiness courses tuition-free to equip healthcare workers and first responders with important skills relating to telehealth technology, screening and testing, infection control, and stress management. Donna Norton, a Licensed Vocational Nurse (LVN) who took one of these courses, stated, "As nurses, we are being asked to be flexible and transition into roles that we may not be comfortable with. The modules presented by Futuro Health are accessible online and can be done at your own pace giving you control—in a time where things seem out of control—and some peace of mind [through] the skills and competencies learned." In 2020, Bechara Choucair, MD, senior vice president and chief health officer for Kaiser Permanente, emphasized the importance of equipping LVNs and licensed practical nurses (LPNs) with appropriate training during the pandemic. "California will need licensed vocational nurses equipped with the right training to help patients through this pandemic. LVNs and LPNs will have a big role to play, not only in hospitals but also in alternate care facilities and non-hospital settings," stated Choucair. Through these programs, Futuro Health has provided much-needed support for the public health system, with over 4,000 people across 20 states completing Futuro Health pandemic

readiness courses as of late 2021.

> For the future of care to be equitable, we need the workforce to reflect the communities being served, said Van Ton-Quinlivan, CEO of Futuro Health.

California Vaccination Campaign



Futuro Health also supported the California Vaccination Campaign effort as part of a consortium of health organizations during the COVID-19 pandemic. In addition to Futuro Health, the consortium consisted of Kaiser Permanente, Adventist Health, CommonSpirit Health, American Red Cross, California Primary Care Association, and California Medical Association. For the campaign, the consortium organized 11 vaccination supersites with the goal of administering 10,000 vaccinations per day across all sites. Kaiser Permanente chairman and CEO Greg A. Adams stated, "We have helped form this consortium because our respective organizations recognize that we need to harness our collective efforts to make immediate and meaningful progress toward mass vaccination."

To support this vaccination effort, Futuro Health conducted outreach to higher education institutions with nursing and allied health programs to invite their participation, and three colleges participated—College of San Mateo, Unitek College, and Quest Nursing. In addition to providing the vaccination campaign with needed personnel, Futuro Health also provided direct patient care opportunities for students. Ton-Quinlivan stated, "This mass vaccination creates opportunity for students to help out and engage in direct patient care, gaining clinical hours required for licensure which has been so difficult to obtain during the pandemic. We need to ensure we have the next generation of workers to deliver care."

Futuro Health's involvement in the campaign finished as of April 26, 2021, and over the course of their involvement, Futuro Health provided 4,350 shifts of workers to the Moscone Center vaccination site in San Francisco. In all, 387 individuals affiliated with Futuro Health staffed the vaccination site, including 100 licensed staff, 14 instructors, 7 shift managers, and 266 students. Students worked an estimated 25,500 hours across various roles, including vaccinators, vaccine instructors, shift managers, and students. Students earned an estimated 7,500 clinical hours toward their graduation and licensure requirements. As students worked at no-cost, the collaboration saved the vaccination campaign an estimated $757,500, which would have been the cost had the care been provided by licensed personnel. One student who worked at Moscone shared, "This clinical experience has made me feel like I have finally entered the clinical learning environment where I [began] to experience the way multiple disciplines work together to care for patients."

Partnerships



In addition to its partnerships with Kaiser Permanente and SEIU- UHW, Futuro Health has a number of other partners in the higher education and workforce development sectors. These include the Education Fund, Western Governors University, Voxy, Bay Area Medical Academy, Pima Medical Institute, Santa Barbara City College, MTI College, InsideTrack, Concorde Career Colleges, Inc., North-West College, and Merced College. Through Futuro Health's partnership with the Education Fund, SEIU-UHW members who meet specific eligibility requirements can take advantage of a number of Futuro Health services and programs at no cost, including the Medical Assistant Program. In August 2020, Futuro Health joined Rework America Alliance, a new nationwide collaboration formed by the Markle Foundation that works to enable unemployed and low-wage workers to emerge from the COVID-19 pandemic stronger by connecting them with career advancement opportunities that are aligned with employer needs. CommonSpirit Health partnered with Futuro Health to build its health IT workforce.

Futuro Health's partnerships have been an integral part of its success, allowing it to create programs that best align with their goals and also meet the needs of the healthcare industry. When seeking and establishing partnerships, Futuro Health draws upon a variety of higher education institutions in the local Bay Area region, across the state of California, and across the country, as local institutions may not have the capacity or interest. "If institutions don't have what you need, then you need to shop around," stated Ton-Quinlivan.

Lessons Learned & Takeaways

Take a collaborative, multi-sector, ecosystem approach to address workforce development challenges in the healthcare industry.

Futuro Health's collaborative, multi-sector, ecosystem approach to solving workforce development challenges in the healthcare sector provides the program with agility and creativity. First, this approach makes it easier for employers to engage with higher education partners and other healthcare employers, which they are often disconnected from or compete with. This increased engagement allows higher education partners to innovate faster and better adapt to and meet industry needs. For instance, during the COVID-19 pandemic, Futuro Health was able to rapidly respond to the shifting needs of the healthcare industry by launching two pandemic readiness courses and participating in the California Vaccination Campaign to provide needed personnel for the campaign as well as clinical opportunities for students. In addition, this approach breeds goodwill from the community and allows for scalability of Futuro Health programs.

Partner with higher education and workforce development organizations across the country to meet program needs and increase capacity and equity.

Futuro Health's partnerships have played a pivotal role in the program's success by allowing the organization to create programs that meet the needs of the healthcare industry and that best align with Futuro Health's goals and the candidate pool. For instance, their partner InsideTrack helps students enroll in programs, thereby promoting equity and inclusion for candidates with barriers to enrollment. When

selecting partners, Futuro Health considers partners from a range of geographic locations, focusing on those that can best meet their needs rather than limiting them to those in close geographic proximity. The locations of their higher education partners range from the local Bay Area, throughout the state of California, and across the country.



Provide students with wraparound support services to promote opportunities for equity and inclusion.

Futuro Health provides students with wraparound support services to help them with enrollment, career exploration, education financing, attaining credential or licensure, and finding and transitioning into healthcare positions. For instance, its partner InsideTrack helps students enroll in programs, its partner Voxy helps Spanish speaking students develop career-based English skills, and SEIU-UHW took the lead to scout and recruit applicants to become Futuro Health Scholars. By supporting students with barriers to enrolling in and successfully completing its programs, Futuro Health promotes a workforce that is more culturally competent and promotes equity and inclusion.



Use data to measure and increase the impact of programs.

A central part of Futuro Health's strategy has been to use data to measure and increase the impact of its programs. Futuro Health's chief data scientist uses data to assess what intervention works best, for whom interventions work best for, and how and why interventions are effective. Additionally, the program uses data to connect potential and current students with nearby educational and employment opportunities.

> "We sourced 68 candidates—with 80 percent diversity. 64 gained admittance into the Pharmacy Tech Program offered by our education partner. Normally, their students complete at a 75 percent rate. Our Futuro Health Scholars came in at 96 percent!
>
> *Van Ton-Quinlivan, CEO of Futuro Health.*"

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1 Outside-in Strategies

> Outside-in strategies address broader workforce challenges and help build a sustainable talent pool. By proactively engaging with and training members of local communities, health systems can more effectively meet staffing demands while fostering economic growth in the areas they serve.

Due to the sheer volume of applicants, traditional hiring practices are designed to whittle down the application pool. Many local residents who may be qualified for positions are screened out for reasons unrelated to their ability to do the job. These include organizational barriers such as inflated education and experience qualifications on job descriptions or unconscious bias in the hiring process. At the same time, individuals face practical challenges, such as the cost of pursuing education and training, difficulty navigating the application and interview process, and transportation and childcare challenges. Health systems that equip local residents for high-demand jobs through training and skills development, and connect these candidates to pathways that provide entry points to the institution, improve the efficiency of their own recruiting and hiring processes and expand employment opportunities for local residents. By developing intentional outside-in pathways to employment, health systems lay the foundation for a healthier and more vibrant community, and help to ensure greater economic opportunity for all.

In this section

1.1 Core Elements of Outside-in Programs

Key components of an intentional, outside-in strategy

1. Partner with an effective workforce intermediary
2. Benefits of intermediary partnerships
3. Utilize a cohort training model focused on specific positions
4. Develop paid training programs with pathways to hire, such as internships and apprenticeships

1.2 Outside-in Program Design Strategies

Best practices for setting up an intentional, outside-in pathway program

1. Designate geographic focus on economically under-resourced areas
2. Focus on the needs of residents facing employment challenges
3. Focus on jobs with clear career pathways
4. Include soft skills or foundational skills training along with technical training
5. Guarantee interviews for cohort graduates
6. Involve hiring managers in the training process from the beginning

1.3 Institutional System Changes

Strategies for changing internal policies and building a culture of inclusion

1. Provide transparency to candidates about the recruitment process
2. Analyze ideas and standards of professionalism for unintended bias
3. Align with other institutional goals
4. Foster collaboration between human resources and community health and engagement departments

5. Connect workforce planning, organizational development and learning, and talent acquisition activities
6. Leverage capital projects for outside-in recruitment and training opportunities

1.4 Strategies for Intermediary Organization Partners

Key strategies for workforce intermediaries to implement

1. Function in a hub/navigator role to connect residents to job opportunities that best fit their skills, work experience, and interests
2. Offer wraparound supports and soft skills training
3. Continue to support graduates as they enter their new jobs
4. Collaborate with other anchor institutions or local economic development efforts

1.1 Core Elements of Outside-in Programs

Partner with an Effective Workforce Intermediary

What Is a Workforce Intermediary?

A workforce intermediary is an organization that helps connect people to jobs through training, access to employment opportunities, and other wraparound supports. A publication from the Aspen Institute on sector-based workforce approaches defined intermediaries as "organizational homes" that can "broker resources and services to improve how workers and employers come together in their regional labor markets." This organizational home can take many forms. Intermediaries can be public agencies, nonprofits focused on preparing people for work and providing job placement and supports, community based organizations focused on specific geographies or neighborhoods, educational and training organizations, union apprenticeship programs, or other workforce training partners.

While the make-up and structure of organizations might vary, successful intermediaries can bring the following resources to the table:

- Credibility with and knowledge of the community
- Access to data, funding streams, and training resources
- Time and staffing to recruit, screen, and train candidates prior to application at the institution
- Capacity and skills to support people as they transition to their new job
- Provision of retention support and services
- Ability to reduce training costs through cohort models with multiple employers

Identifying a workforce intermediary to partner with is a critical first step in developing an intentional, outside-in pathway program. Intermediaries bring many assets and resources to the table that can make existing institutional hiring processes more time efficient, targeted, and effective.

Intermediaries can reduce time spent on recruitment and onboarding, and heighten access to high-quality applicants who have received customized training, including job readiness skills. Moreover, intermediaries can help address strategic goals. For example, they can help broaden the pool of potential applicants by connecting with various populations and communities. Intermediaries often have funding streams that include both public funding and philanthropic dollars that can be leveraged to train candidates for high-turnover or hard-to-fill positions. In addition, intermediaries can help the healthcare system make deeper connections in the communities they serve.

However, intermediaries do best when working in close collaboration with the employers, because without knowing the variety of positions, qualifications, and the ins-and-outs of the hiring process, they cannot adequately prepare candidates for specific job openings. With input and guidance from the healthcare system, intermediaries are able to create training and job readiness programs that meet the needs of the healthcare system.

Much of the investment needed to effectively partner with a workforce development intermediary is in-kind —use of space, meeting time to establish training and hiring criteria, access to data, staff time for training and interviews, and adjustments to internal practices. These relatively low-cost investments can bolster existing workforce development programming, and in turn make the recruitment process more efficient and increase long-term employee retention.

Common success metrics

When collaborating with intermediaries and community-based organizations (CBOs), it's important to understand the measures of success for each organization and ensure alignment so each is working towards common goals. Some common success metrics are:

- number of individuals who enrolled in a program
- number of individuals who completed a program
- number of individuals who transitioned to jobs
- retention rate at 30-60-90 days

FROM THE FIELD

To determine which CBOs to collaborate with, University of California San Francisco (UCSF) used a tiered model to rank organizations based on how well they could help meet the health system's hiring needs. To do this, UCSF assessed the CBOs' specialties and how their strengths aligned with the institution's hiring needs. For instance, some CBOs specialized in intake and connecting individuals to support services, while others specialized in assisting individuals with the "last mile" of workforce development, such as submitting applications and preparing for interviews. After conducting this assessment, UCSF prioritized building relationships with CBOs that were best situated to provide the services in the areas that UCSF needed most. This approach improved the experience of recruiters, thereby increasing internal buy-in for collaborating with CBOs to implement intentional, outside-in pathways to hire.

In some cases, an institution or several institutions have helped to incubate a workforce intermediary organization when one did not exist that met their specific needs. For example, West Side United grew from an initiative at Rush University System for Health, where they partnered with other anchor institutions to provide new investments in workforce development programming in order to improve access to jobs in Chicago's West Side—a key priority identified by community members.

Benefits of Intermediary Partnerships

Intermediary partners provide value through their deep community connections, access to funding and resources, knowledge and insights of the local labor market, candidate recruitment and training programs, and ability to reduce training costs through cohort models with multiple employers.

Credibility with and knowledge of the community

Effective workforce intermediaries are often embedded in the community and work directly with grassroots community-based organizations. They often have a network of people they can recruit from, and have a good reputation and credibility in the community. Intermediaries are also positioned to connect with a wide array of employers who could co-sponsor training programs when necessary, helping to scale impact in a community by offering additional employment opportunities. For example, if an individual is not a good fit with an employer, or in a particular job, the intermediary can still connect them to a position with a different employer.

One health system partners with a local community development corporation (CDC) on monthly hiring fairs. This CDC is known as "the go-to organization in the community" because of its knowledge, expertise, and roots in the community, and it acts in a pre-screening function, helping to advertise job opportunities and prepare local residents for employment at the health system. The CDC plays a key role in promoting health system hiring events with a strong presence at libraries, coffee shops, and churches in the neighborhood.

At the hiring events, individuals can apply at an onsite computer lab for entry-level jobs in environmental services and patient care, as well as pre-apprenticeship programs. If they fulfill the necessary requirements, they are invited to interview with a hiring manager from the health system that same day. This streamlined process has helped the health system to increase impact hires.

Access to data, funding streams, and training resources

Workforce intermediaries have the infrastructure and staffing to apply for grants, and often are funded with streams of public and/or philanthropic dollars. Intermediaries can bring these resources to the table, which can then be leveraged for programming that will benefit both the community and the institution. Hospital fund development staff might not have the capacity nor mandate to search for external funding for workforce development, and current hospital staff might not have the ability or capacity to operationalize training programs. However, intermediaries can bring the expertise necessary to make outside-in pathway programs successful by utilizing their staff, which may include job coaches, sector-specific trainers, and other positions that are critical to program success.

University Hospitals' (UH) outside-in program initially began with grant funding and community-based support from its partner Towards Employment, a workforce intermediary. However, as the work progressed and became successful, the program became established at UH and internal resources were used as the funding source. Establishing funding through internal resources provides stability for impact workforce programs and enables consideration of where additional resources can be contributed, such as allocating employees' time even during training periods.

Information about the state of the local labor market

Intermediaries can also provide health systems with useful data on workforce development trends and workforce issues. Workforce intermediaries often receive funding to conduct research on workforce trends and develop sector-specific training strategies. This research can be an important resource for hospital human resource departments. Dr. Cinda Herndon-King, director of Atlanta CareerRise based in Atlanta, Georgia, emphasizes that the workforce intermediary helps to track outcomes and employer and community benefits. As she explains it: "We can track and calculate what effect a program has had on a cohort, an occupation, or community... it seems that many hospitals aren't prepared to evaluate outcomes, either because of manpower or available data systems." Project QUEST, a workforce intermediary based in San Antonio, Texas, provides a similar function. Former executive director Sister Pearl Caesar described their role: "We identify in-demand occupations, recruit people who have a high school diploma, a GED, or are interested in obtaining a GED, and then move those people into the training for those high-demand occupations that pay a living wage." Investing resources into researching job and training needs—and applying those findings to program design—will produce a more qualified and relevant applicant pool for area anchor institutions.

Time and staffing to recruit, screen, and train candidates prior to application at the institution

The candidates presented by intermediaries have already gone through the organization's program application process and training. Staff has screened each candidate and coaches can share their experiences working and interacting with them on a consistent basis. This in-depth knowledge of a candidate is more than a recruiter or hiring manager would learn from an online job application. Thus, intermediaries can help to reduce risk in hiring decisions, as they are able to put forward candidates that have demonstrated commitment, engagement, and skill.

Ability to reduce training costs through cohort models with multiple employers

Sometimes, high-need positions do not necessarily correspond to high-volume positions. In these instances, it might not be worth it for an individual institution to invest resources in a training program. However, an intermediary that works with multiple employers could bring together an entire cohort to train

for a commonly shared position category, thus lowering the cost per participant. Cohort models ensure a steady stream of applicants, even if there are fluctuations in individual institution hiring.

Utilize Position-Specific Cohort Training Models

Cohort training models function by training a group of participants around a specific curriculum at the same time. This enables efficient use of training resources, facilitates peer learning, and ensures that training programming produces results at a scale that can have impact on the hiring needs of the health system. With the cohort curriculum focused on specific high-need positions, cohort participants are trained for specific open positions, thus making the time invested into training worthwhile. This model also offers hiring departments a qualified pool of applicants, which allows them to fill positions more quickly and save on recruitment resources.

Cohort setup and design

The practice of designing specific cohorts around employer needs ensures that candidates receive training for skills that are actually in demand. In this model, the curriculum is tailored to specific institutions and for specific job responsibilities. Job-specific training increases the value-add to institutions, as it enables them to target hard-to-fill or high-turnover positions and complement the traditional recruitment process.

A successful approach for developing cohorts involves extending institutional efforts to the regional level and filling in-demand jobs through collaborative partnerships. In 2020, local hospital systems across northeast Ohio worked together to launch the Career On-Ramp program. Putting participants in training programs as a cohort, beginning and ending together, resulted in a greater number of community residents hired into entry-level healthcare roles.

The number of participants in a cohort varies by position type and number of participating institutions. One example is a Medical Assistant Accelerated Pathway to Employment Training developed by the Center for Healthcare Careers of Southeast Wisconsin in partnership with local health systems Children's Wisconsin, Advocate Health, Ascension, and Froedtert Health. Compared to a typical medical assistant training period of one to two years, this program prepares participants over 14 weeks, combining paid classroom-learning experience and a clinical placement. Class sizes range between 12 to 16 people. To date, 48 participants have been enrolled at Froedtert since 2020, with the majority coming from lower-income backgrounds.

If a particular institution does not have a need for that many new hires, intermediary organizations can work with multiple anchor institution employers to form a cohort whose graduates may go to one of several employers. For example, West Side United, the anchor collaborative in Chicago, is supported by several other health systems that may hire people from the intermediary's workforce initiatives.

Develop Paid Training Programs with Pathways to Hire

Paid training programs with pathways to hire, such as internships and apprenticeships, expand employment opportunities for local residents who earn training wages while obtaining foundational skills training, technical skills, and credentials.

Internship programs

Internship programs offer entry points into an institution's workforce, help provide relevant work experience, and introduce candidates to a healthcare environment. In addition, they offer future jobseekers the opportunity to build relationships with hiring managers and co-workers. Temporary staffing departments can provide some of the same benefits of an internship program, since candidates receive on-the-job training and get the opportunity to build relationships. With additional supports, this can be an

effective way to provide an entry point to the institution as well. However, all of these approaches must include a path to more permanent employment for them to be successful, intentional outside-in hiring pathways. Below, we highlight a few examples:

High school internship programs

Internship programs for youth can help to build the future healthcare workforce and catalyze interest in healthcare careers. This can be critical to address skills shortages in the long-term, especially in rural areas where recruitment is a pressing challenge. Moreover, the best-in-class high school internship programs provide young people with financial benefits. Participants are connected to paid part-time or summer work, and many programs offer college scholarships and access to other forms of financial support.

Nemours Children's Health in the Delaware Valley strategically focuses on developing youth pipelines as part of its workforce pipeline development efforts. To address high turnover rates among nursing and medical assistant roles, the health system partnered with a local community college and vocational high schools to introduce students to pediatric careers. Students choose areas of interest and gain foundational skills starting in the 9th and 10th grades. Then, they engage in a hybrid learning model that includes professional shadowing. If the students opt to pursue a career in pediatric care, they can sit for their certification at the end of their 11th grade year and can join a paid co-op program in 12th grade. This approach aligns job training with institutional needs, enhances skill relevance for high-turnover positions, and supports career planning to better match students' goals with job responsibilities.

The MetroHealth System in Cleveland, Ohio has a partnership with the Cleveland Metropolitan School District, where the school offers opportunities for young people in the community to learn about healthcare careers through experiential learning, internships, mentoring support, and professional development and certification programs, all while in high school. The program was designed to provide opportunities to the local students and to prepare the next generation for the healthcare workforce. The culmination of the high school experience is a 120-hour internship, during which students work one day per week at the health system in departments such as nursing, radiology, orthopedics, public safety, patient experience, and physical therapy.

The school's first class graduated in 2019. As of 2024, the school has continued to reach at or above a 90% graduation rate year after year, and 25% of students have obtained professional certifications and/or have been hired into full and part time roles at the hospital. "Agility is key," says Tiffany Short, director of workforce development and external education at MetroHealth. Short emphasizes that "[you need to] meet the students where they are. This may require you to change the curriculum every year." In addition, in 2023, MetroHealth committed $125,000 to the United Negro College Fund to support scholarships and internship opportunities for students from economically disinvested areas. This initiative addresses the need for the health system's workforce to better care for their patient population.

> Internship programs may include a job-shadowing component, allowing students to gain exposure to multiple departments and roles.

Internship programs serve as important development and networking experiences for students as well as a recruitment strategy for employers. Internships connect high school and college students to career paths and training opportunities in their local area that lead to high demand positions. Dartmouth Health, which serves rural communities in New Hampshire and Vermont, sees its internship programs as a necessary investment in its future workforce. In a region with low unemployment rates and high out-migration of young adults, "we need more people to see the healthcare sector as a place to start and grow a career," says Jenny Macaulay, director of workforce development and planning. Internships and job readiness programs "[create] access and opportunity for people to directly experience being in meaningful jobs that

have pathways to advance education, career and income potential." Summer internships combine paid work, professional skill development, mentoring, and experiential learning. A rotational model gives interns practical experience in multiple departments, exposing them to the wide variety of roles available within healthcare.

Another option for a youth internship program is hosting a camp. Camps provide young people with an introduction to the healthcare field and can spark interest in healthcare jobs. An example of this model is the Scrubs Camp, developed at Winona State University, located in southeastern Minnesota. The camp was initially conceived of as a way to connect middle school and high school students who would be first generation college attendees to a college environment and expose them to healthcare careers. Scrubs Camp has since partnered with Healthforce Minnesota—a collaboration of industry, education, and government—in order to help the state meet its healthcare workforce needs, and it has expanded to twenty sites across the state.

Although it focuses on introducing youth to healthcare careers and college environments, Scrubs Camp also provides an entry point to the employer partners. For Fairview Health Services in Minneapolis, Scrubs Camp functions as part of its network of intentional, outside-in hiring pathways and part-time work opportunities that help connect community members to career pathways. Scrubs Camp has introduced middle and high school students to healthcare careers, and about 50% of camp students receive scholarships. In total, Fairview has sponsored 181 students for Scrubs Camp since 2008. Fairview also sources interns through Step Up, an initiative facilitated by the nonprofit organization Achieve Twin Cities, which connects youth aged 16 to 21 to work readiness training and paid internships with local employers. One graduate of the Step Up program is Mary Yang, who interned within Fairview's human resources department while exploring career options. Yang reports, "I did Step Up as a high school student, and now, many years later, I work in the human resources department doing something I love."

Fairview also offers paid internships in nursing, information technologies, finance, medical records, and communications. In total, Fairview provides approximately one hundred paid internships that range from high school summer experiences to year-round graduate level fellowships. In addition, they support the Central Corridor Fellows program, which provides work experience and career coaching support to metro-area community college and university students, many of whom are lower-income.

Community resident internship programs

While the internship program examples cited above focus on secondary students, internship programs can also be designed to focus on community residents of a wider age range. Internships for community residents can be more targeted towards immediate careers than youth programs, since individuals are less likely to move towards full-time, post-secondary education. Internship programs create opportunities for career-shadowing, allow residents to gain exposure to a healthcare setting, and connect them to individual departments and hiring managers. In addition, community resident internships have the dual benefit of providing training while fulfilling labor needs at the institution. Institutions such as The Johns Hopkins University and Health System have taken advantage of this by utilizing internships to fill positions vacated by their staff pursuing internal career development. Interns become accustomed to the norms and expectations of the institution, which can then reduce the cost of onboarding and training if they are hired on permanently.

NewYork-Presbyterian (NYP) launched a community resident internship program in 2022 in response to COVID-19-related staffing shortages. The health system partners with Phipps Neighborhoods, a community-based organization that serves low-income families across New York City, in order to help individuals aged 18 to 30 secure employment in healthcare and obtain professional certifications. Phipps' Career Network is a cohort-based training program that consists of three weeks of classroom instruction, six weeks of onsite learning at NYP, and a final week to focus on interview scheduling, certification testing,

and graduation. Participating departments include Environmental Services, Food and Nutrition, Patient Transport, Linen, Amenities, Finance, Surgical Stepdown, and Workforce Health and Safety.

When designing the program, NYP and Phipps agreed on the importance of creating a supportive environment where participants could learn life skills or "soft skills," and realize their strengths before entering into the hospital setting. Participants also earn stipends and receive assistance from Phipps to address any barriers that might impact their participation, such as transportation or finding necessary work attire. According to recruiter Monique Daniels, "keeping a clear line of communication open [with Phipps] in the event of challenges" has been key to the internship program's success. This has led to improvements such as adding skill development in areas of conflict resolution, identifying resources, and self-advocacy. Since the program began, NYP has hosted an average of 30 community resident interns per year and hired 18 individuals into full-time roles. "The candidates [from the first cohort] blew everyone away," says Daniels. "They were ready to work. We've heard from hiring managers about how well it's working."

Build a knowledgeable workforce via apprenticeship programs

One health system launched several apprenticeship programs to address critical workforce needs and create economic opportunity for residents of low-income neighborhoods, as identified through the health system's CHNA. These paid apprenticeships combine on-the-job experience with classroom learning, and participants receive full healthcare benefits. For example, through an accelerated pharmacy technician apprenticeship, participants are able to graduate in 18 weeks and be prepared to sit for a national certification in Pharmacy Technology. Apprenticeship opportunities are promoted at community hiring fairs with community partners. An internal career coach helps to secure resources for program participants. In addition, the coach provides support on work and life needs, and soft skills development.

Internships and apprenticeships are tied to pathways for advancement within the institution

One health system seeks to provide multiple opportunities that meet both the needs of the system and the career pathways employees desire to follow. To that end, it runs several apprenticeship tracks for positions such as nurse assistants, medical lab technicians, and certified medical assistants. During the apprenticeship program, participants receive on-the-job training and support from career mentors, and upon completion they earn a credential. In 2024, data pointed to a reduced turnover rate for apprenticeship program participants.

Providence turned to apprenticeships to address a critical workforce shortage of medical assistants. With turnover at 22%, "we had to find a unique way to recruit and retain our caregivers," says Nicole Stuart-Pesevic, executive director of clinical operations. "[We felt] the apprenticeship approach was the most sustainable to recruit, retain, and help grow individuals into a healthcare career." Providence partnered with Stepful, a healthcare training organization, to develop and launch registered medical assistant apprenticeships across four states. It was important that the program be open to incumbent employees and community members, and that the medical assistant position would be connected to a career laddering program. Stepful recruits participants, focusing on reaching working adults from low-income communities, and provides them with online, cohort-based training. Providence then selects preceptors and runs the on-the-job training component of the apprenticeship. The costs of starting up this program were covered by grant funding. Providence has identified first-year turnover following completion of the program as one of the metrics for success of the apprenticeship program.

Outside-in Program Design Strategies

Designate Geographic Focus

A core component of any outside-in program is having a geographic focus on economically under-resourced areas. Targeting specific zip codes for recruitment ensures that resources are focused on the communities most affected by un- and underemployment. Focusing on particular neighborhoods concentrates impact, as intentional, outside-in pathway programs can reach a measurable percentage of individuals living in those areas. Often these same neighborhoods already have economic development efforts underway that can be leveraged, either through community-based organizations and intermediaries with existing networks in the community or through other hospital-led efforts. Having a geographic focus is a way to align investments across the health system and across institutions.

FROM THE FIELD

Some examples of this aligned investment can be found in Minneapolis, where Fairview Health Services partners with a local workforce intermediary to recruit residents of the Cedar Riverside neighborhood, where the unemployment rate is six times greater than the Minnesota state average. Another health system reviews CHNAs and community health improvement plans, and compares those against census data on economic disadvantage by zip code in order to identify their focus areas. From there, the health system's workforce leaders collaborate with talent acquisition leaders in the identified zip codes to determine opportunities for focused recruitment.

Focus on Resident Needs

To serve low-income individuals successfully, training programs should include specific strategies to address the challenges posed by inadequate, or lack of, income, which often prevents participants from joining or completing a training program. Strategies that directly mitigate these financial barriers include offering training at no cost to participants, offering a training stipend to participants while they are in the program, providing bus tickets or ride vouchers so people can get to training, and providing resources to help with childcare, housing, or other basic needs.

FROM THE FIELD

Hawaii Pacific Health (HPH) supports youth with barriers to employment through its public high-school-based clinical education programs. The health system partners with the Hawaii Department of Education to provide training programs which are integrated into the Department of Education curriculum to students at 18 high schools across the state, including several that serve lower-income, Native Hawaiian, and immigrant communities. Students may receive instruction in five job roles: medical assistant, nurse aide, patient service representative, phlebotomist, and surgical instrument processing technician. Training programs range from one academic quarter to two semesters, and the curriculum includes a combination of classroom and online learning, clinical lab training, and externships. Students who successfully complete the training programs receive

primary consideration for employment at the health system upon graduation.

Focus on Jobs with Clear Career Pathways

An intentional outside-in pathway program should not be designed in isolation. It is critical that the end point for a particular applicant is not the position they are hired into, but instead, that there are pathways for advancement within the institution. Explicitly connecting outside-in pathways to future career pathways can be an important recruitment tool. This is a critical strategy of Hawaii Pacific Health.

FROM THE FIELD

Hawaii Pacific Health (HPH) launched a 501(c)(3) subsidiary school named the Academy for Healthcare Innovation (AHI). AHI was developed with the participation of Hawaii's post-secondary educational institutions, four other Hawaii health systems, and the Healthcare Association of Hawaii. AHI's primary goal is to stabilize the shortage of entry-level prepared candidates while providing work and education pathways to upskill and elevate students and the community. With 50% of Hawaii's public high school graduates deciding not to pursue higher education, AHI provides students with the ability to anchor their households with starting salaries ranging from $60,000-$122,000 while providing a clear pathway to life-changing, post-secondary degree acquisition.

AHI opened its doors to adult learners in June 2025, offering access to both education and hands-on clinical practicum experiences that prepare them for certificate-qualified positions in healthcare. Four certificate programs—nurse aide, medical assistant, surgical instrument processing technician, and surgical technologist—are provided in-person at community locations convenient for students, including several HPH sites and a YMCA campus. Approximately 175 students are anticipated in the first academic year, with annual enrollment of 275 anticipated in subsequent years.

The curriculum places an emphasis on opportunities for career advancement from these entry-level positions. To encourage post-secondary degree acquisition, AHI has partnered with every post-secondary educational institution in Hawaii, and is finalizing articulation agreements to allow for AHI credit transfer.

Another healthcare system that uses this strategy is the University Hospitals in Cleveland. Jobs that do not offer possibilities for advancement are not selected for training programs. At times, advancement first involves a lateral move—or opportunity move—to a position with greater career ladder opportunities. This is the case for University Hospitals' pathway program, which helps prepare environmental and nutrition services staff to move into patient care positions. In these cases, employees still have the ability to move into higher-skill and higher-wage positions and are made aware of the process for advancement before they are even hired.

> "We cannot recruit enough existing talent with the required skills and credentials. To fill critical healthcare roles, we must create and build our own workforce by engaging people, helping them see themselves in healthcare, and supporting their skill development and career advancement.

Jenny Macaulay, director of workforce development and planning at Dartmouth Health.

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FROM THE FIELD

Nuvance/Northwell Health connects disengaged young adults, ages 18 to 26, to meaningful healthcare careers through its Academy for Career Readiness. The program is grounded in a strategy of providing structured pathways into employment that combine intentional employability training, experiential learning, and community-based support. Pathways into both clinical and nonclinical roles provide participants with 4-6 weeks of hands-on training, along with wraparound services that provide basic needs supports such as housing, transportation, childcare, and mental health assistance.

Training emphasizes not only technical skills but also critical workplace skills, such as communication, cultural competency, strategic thinking, teamwork, and resiliency, helping participants achieve long-term professional success. “This high level of comprehensive engagement resonates with the young people that we serve,” says Marcus Paca, director of workforce and career development. “Nuvance Health’s willingness to holistically invest in the futures of the communities that we serve is a unique approach that few other healthcare systems embrace.”

One of the key success factors is a deep commitment to building authentic, long-term relationships with community-based organizations, academic institutions, training organizations and philanthropy. Community partnerships are not just transactional—they are the foundation for building trust within communities and are critical to identifying, recruiting, and preparing young people for the workforce. Paca describes how the health system enters new relationships with openness and a willingness to bring resources to the table. “We say, ‘Here’s what we would like to accomplish. Does this align with your mission/objectives? How can we support each other and accomplish our goals?’” This helps to orient the collaboration towards a mutually beneficial, outcomes-based approach where all partners’ contributions are valued and efforts are aligned toward shared goals.

In addition, hospital hiring managers and stakeholders are engaged throughout the planning and training process, many times working alongside community-based organizations and getting to know trainees as they are developed. This helps to build additional trust within the collaboration and demonstrate to hiring managers that the pathway programs are effective and can meet their hiring needs.

Upon program completion, participants are guided through the job application process. “It’s our goal to convert as many program participants into FTE positions [as possible],” explains Paca. “We place young people in the best possible position to earn jobs through positive interactions with hospital stakeholders and hiring managers.”

In 2023, Paca’s’ team converted 100 community member trainees into the health system’s employees; in 2024, that number grew to 131 hires. By the end of the fiscal year 2025, the workforce development team contributed 165 hires to Nuvance/Northwell Health, once again exceeding expectations. In addition, the job placement rate for community hires has increased by approximately four times, from 13% in 2022/23 to over 50% in 2025. “We are also seeing some longer-term data showing that community hires stay at the organization for longer,” says Paca, with reduced turnover rates recorded for roles including patient care technician, patient access liaison, and environmental services roles.

By embedding into community networks and aligning employment pathways with wraparound services, Nuvance/Northwell Health is creating sustainable career opportunities for disconnected youth while meeting its workforce needs.

Include Foundational Skills Training

"Soft skills," or "foundational skills" is a category of skills that refer to a person's ability to work with other people, engage in critical thinking, communicate effectively, solve problems, and manage time. Intentional, outside-in hiring pathways should provide comprehensive training that addresses a range of workforce skills, including communication skills, understanding and managing workplace norms, technical skills, time management, problem-solving, and conflict resolution.

One health system, for example, provides a combination of job training, career development, and soft skills training to the young adults who participate in its workforce development initiatives. The soft skills component includes instruction on communication norms in the workplace, such as how to write an email and how to communicate (what to say) if you're going to be late to work; how to manage time and realistically plan a schedule; how to follow privacy norms and dress codes; and how to build empathy and manage emotions, including when interacting with patients for those on a clinical job-track.

Guarantee Interviews for Cohort Graduates

Cohort models can reduce outreach, recruitment, and screening costs for hiring departments by relying on workforce intermediaries to do some of that upfront work. However, unless entry points for cohort graduates are clearly defined and well understood by all parties, these benefits may not be fully realized. One strategy is to set up processes and systems to identify graduates of a cohort program and guarantee them interviews. If recruiters and hiring managers are able to identify program graduates and interview them for the positions for which they've been trained, it can decrease the time to fill a position, identify qualified candidates, as they've been trained for the position, and increase engagement in the program, as other potential program participants will see that going through the program results in employment.

FROM THE FIELD

In Northeast Ohio, recruiters and hiring managers work together to ensure that participants in the Career On-Ramp initiative are aware of the specific open roles at local health system. This initiative is part of a regional healthcare sector partnership. Since participants in the Career On-Ramp programs undergo preliminary screening, the workforce training partner—Towards Employment—is able to ensure they only train people eligible to work at participating hospital systems. This gives hiring managers greater confidence that Towards Employment's training programs adequately prepare participants for the jobs for which they will be interviewing. The training program then connects hiring managers directly to applicants who have been trained for particular positions and who have learned about the hospital system's culture and practices.

Involve Hiring Managers from the Beginning

Hiring managers are critical actors in the implementation of an intentional, outside-in pathway program because they ultimately make the decision on whether to hire a particular candidate. Without their buy-in and input during the program design stage, even the best training programs can stall. Adjustments will need

to be made to hiring processes in order to facilitate more inclusive hiring, and many of these processes apply directly to the role of the hiring managers. Therefore, hiring managers should be involved in designing training programs in order to ensure that programming is able to meet their workforce needs.

FROM THE FIELD

One health system ensured that its program was co-designed by the medical assistants' hiring managers, who understood the value of the program and the process for building a development pathway. In addition to their training, apprentices are mentored by medical assistants who are one or two levels ahead of them in the work. The goal is that all apprentices feel safe asking their questions and understand the process for moving up in their positions.

Jenny Macaulay from Dartmouth Health expressed that a key strategy for building relationships and developing insight is to "[be] visible by learning the operational/clinical environment and celebrating people so leaders and colleagues know about [our] work." In Workforce Development, we see ourselves as a service partner - listening, asking questions, and responding quickly to understand and solve problems."[i] At another health system, one leader recommends interviewing managers, directors, and leadership to understand their pain points. This enables workforce leads to identify outside-in strategies that could address their challenges, which could then be presented back to leaders and hiring managers to build confidence in the new approach.

Involvement of the hiring managers should extend past initial feedback and program refinement into the implementation of the program itself. The benefits are twofold: candidates have the opportunity to gain experience with interviews and interface with managers, and hiring managers become familiar with particular candidates. This can help increase managers' enthusiasm about the program because it enables them to identify individuals they are particularly excited to hire. One health system regularly brings talent acquisition leaders to meet with workforce intermediary partners to help them better understand partners' work and advocate for candidates trained through these programs with other recruiters and hiring managers. The talent acquisitions team then notifies hiring managers whenever a workforce intermediary is ready to refer candidates who have completed a training program, along with information about what it means to hire individuals from that community and the advantages the candidates will bring by coming through that program.

FROM THE FIELD

An example of this sort of collaboration can be found at Memorial Hermann Health System, which partners with the United Way of Greater Houston and the THRIVE Program on a grant-funded, community-hiring pipeline program. Lori Colson, director of workforce development programs, shared how "some leaders were hesitant to fully engage" with the program. In response, Colson invited hiring managers to attend hiring events and get to know the community partners. "That's where we started to gain our champions," she said. "They were so excited to come to the events, [and] then they started spreading that feedback to their peers, which made it more likely that [they would be] willing to entertain the candidates [and] give them an opportunity to interview."[i] Thanks to this engagement from hiring leaders, combined with data-tracking improvements, the health system counted 37 community hires in 2024.

One of the major obstacles to entry for applicants that face barriers to employment is that due to the sheer volume of applications, automated recruitment processes make it likely that an application will be screened

out before it even gets to an initial recruiter interview. Involving hiring managers in the training process ensures not only that candidates get time with those who have the power to hire, but hiring and departmental managers and recruiters can assist with mock interviews, provide information particular to the institution, help with job-specific training, and explain the application process.

1.3 Institutional Systems Changes

In order for outside-in strategies to be successful, internal systems, processes, or policies may need to be implemented or changed to ensure that individuals who successfully complete training programs are able to transition into full-time roles. Sometimes program graduates are lost to "the system" when processes and policies have not been put in place to identify these graduates. Recruiters need to be aware of the program and know how to identify and process graduates. Recruitment systems should be evaluated for general applicants also. Even the most prepared candidate may face additional barriers to hire unless systems, policies, and processes are reviewed for unintended barriers.

One common barrier is job descriptions that are written at a reading level above the literacy level of applicants when the job does not require that level of literacy. Another common barrier is lack of access to technology by potential applicants, and only accepting online applications, without providing support and resources to those who lack the technology. Some solutions to these barriers could include analyzing job postings for reading level and partnering with community organizations to help candidates with online applications.

Significant barriers to hire may be faced by people who have had involvement with the justice system. In many states and localities, job applicants may be asked about their arrest and conviction history early in the application process, which causes many individuals to screen themselves out of roles they may be qualified and eligible for. A common practice is to "ban the box" on job applications that asks for individuals' arrest and conviction history, and move any background checks or inquiries into their history to later in the hiring process.

Additional steps can be taken to prevent bias towards the formerly incarcerated and ensure they receive a fair chance in the hiring process. Human resources and talent acquisition leaders can collaborate with their organization's legal department to assess current policies and develop processes to better match applicants to specific jobs that they are eligible for, based on state laws and the applicant's backgrounds and skills. Health systems can also partner with community-based organizations that provide support services to people who have been involved in the justice system to develop intentional pathways to employment.

Provide Transparency about the Recruitment Process

Often, to the applicant, the recruitment process of a health system is opaque. When a person goes to apply, they often have no idea what happens after they press the "submit" button on the webpage. They do not know how long they will wait to hear from a recruiter or even if they will hear back at all. They do not know how many interviews they might have and how long it will take to receive an offer, if accepted. This lack of transparency can reduce the number of qualified applicants for an opening because people are discouraged from applying. By creating more transparency in the hiring process and explaining to applicants what happens after they apply for the position, a level of confidence in the system is built and

people will be more likely to apply.

A common practice when partnering with community-based organizations on outside-in pathways is to provide an overview of the health system's application and hiring process to staff at those organizations who will help to source and prepare candidates for interviews. When community partners understand hiring managers' needs and the experience of the job seeker, they can help to reduce confusion and ensure candidates are poised for success in the application process.

FROM THE FIELD

Rush University System for Health operates 16 community application hubs in collaboration with community-based organizations on the West Side of Chicago to help residents navigate the process of applying and interviewing for quality jobs at the health system. Community application hubs host meet-and-greet sessions where job seekers can learn about Rush's culture and values and ask any questions of the Rush talent acquisition team. In addition, community partner organizations promote employment opportunities, provide access to computers and internet service for completing online applications, and provide training on job preparation and interviewing skills. In 2023, Rush participated in over 30 hiring events, which contributed to 18% of new hires coming from anchor mission focus communities. By expanding local hiring, Rush aims to strengthen economic vitality and close life expectancy gaps in 12 West Side communities.

FROM THE FIELD

In 2021, the University of California, San Francisco (UCSF) convened an internal workgroup consisting of leaders from human resources, legal, and risk management, as well as community partners, to review the hospital and campus' background check process, and identify opportunities to mitigate bias against individuals with justice system involvement. The workgroup advised UCSF to provide clear information on its public candidate website about any background checks and/or substance use screenings that would be required as part of any job application, along with information on what would preclude an applicant from gaining employment. UCSF then revised language on public job postings and created an FAQ resource with added information on specific questions applicants may be asked to answer related to criminal convictions.

In doing so, UCSF was able to increase transparency with community members about the types of information that would be gathered during the application process, preventing instances in which justice-involved individuals who might be qualified for a position may not apply, as well as the less frequent instances when an otherwise qualified candidate applies but is later deemed ineligible. "We want to ensure that we identify [what] candidates need to be successful in that process," says Michael Jones, program director for workforce pathways at UCSF. And moreover, "it's an opportunity for our managers, our people leaders, to look at a candidate from a skills-based perspective."

Analyze Standards of Professionalism for Bias

Obtaining and maintaining a job often requires a person to have attributes beyond the explicitly defined skills and experience for a particular position. Sometimes these attributes fall into the category of

"professionalism". Standards of professionalism have evolved over the years, and have conformed to what the employer deems to be acceptable workplace behavior, dress, communication, and other ways of presenting oneself at work.

Creating an inclusive workplace begins with acknowledging and addressing the implicit biases that exist within the institution around the concept of professionalism, and recognizing that there may be instances where the standards of professionalism may be discriminatory to people from other cultures and backgrounds.

As organizations committed to connecting residents of economically under-resourced communities to quality jobs and career pathways, it is essential for healthcare anchor institutions to assess how certain unspoken expectations may affect recruitment, hiring practices, promotions to higher-wage positions, and termination decisions. This includes determining which qualities of outward-facing appearance and demeanor are deemed essential to the specific position. An example of changing the nature behind the idea of "professionalism" can be accepting different hairstyles in the workplace as professional. The way that an individual person does their hairstyle often reflects the individual's culture or religion—which can be legally protected rights.

Align with Other Institutional Goals

Connecting outside-in pathway programs to existing organizational goals—in particular those related to creating a workforce that can best meet the needs of the populations it serves—is key to building a successful, long-term impact workforce strategy.

Defining a focus for an organizational impact workforce strategy can start with a landscape analysis to understand critical workforce needs and pain points across relevant departments, such as cultivation, hiring, retention, and representation. "Start with [asking], 'What's our primary objective as an organization?'" recommends Seanna Ruvkun, workforce planning consultant at Seattle Children's Hospital. "Leverage what you have in place already, and take advantage of emerging opportunities." Conducting an assessment of existing organizational goals that could be impacted by impact workforce strategies can help to narrow the focus. For Seattle Children's, an organizational priority to cultivate a workforce that supports the diverse needs of the patients and families served by the health system has been a key driver for its impact workforce programs.

Belonging and inclusion efforts

Workforce intermediaries and community-based organizations often work in low-income communities. Through strong relationships with these organizations, health systems can gain access to existing local community networks and relationships in order to develop programming and impact workforce initiatives that can lead to expanded sourcing pools and greater opportunities to hire people from these communities. For example, one health system partners with a local workforce intermediary to implement apprenticeship programs, hiring events, and outreach events with middle and high school students to build awareness of career opportunities in healthcare. These partnerships are complemented by internal policies and programs at the health system that facilitate fair opportunities for advancement.

Lurie Children's began developing outside-in initiatives in 2001 in order to increase access to healthcare careers for individuals in its workforce to reflect the changing demographics among its patients in the Chicagoland area. The health system adopted a long-term commitment to increase recruitment, including neighborhoods on the south and west sides of Chicago communities that are disproportionately affected by unequal health outcomes. A wide array of workforce development and mentoring programs for students in elementary school, high school, and at the college level provide access points to developing careers in healthcare. The programs are designed to educate students about the wide range of healthcare careers

available, provide mentorship as students continue their education, and encourage alumni to apply for full-time roles. From 2021 to 2024, Lurie Children's has hired 75 program alumni into full-time roles.

Community engagement goals

Outside-in programs can also be targeted to fill specific positions that require knowledge of the community, such as community health workers (CHWs), health coaches, and community health center employees. For example, UCSF partners with the Transitions Clinic Network to recruit candidates with lived experience of incarceration to fill CHW roles that require engaging community members returning from incarceration. These CHWs provide specialized support and navigation of social services unique to returning citizens. At one county jail, 70% of patients who met a TCN-trained CHW before jail release attended their follow-up appointment, compared to only 33% of patients attending a scheduled follow-up appointment when they did not meet with a CHW before release.

Foster Collaboration between Internal Departments

Workforce efforts are an important strategy for community/population health and community benefit departments. Explicitly linking impact workforce efforts to community health departments can bring additional resources to the table, particularly for measuring impact. The act of documenting unemployment and underemployment as health needs can also help make the case for local hiring efforts. At institutions serving large uninsured populations and with high rates of uncompensated care, this becomes especially strategic. Linking community residents to employment not only provides greater economic stability, but also connects more residents to health insurance.

FROM THE FIELD

One health system's neighborhood hiring pathways and career ladder programs represent an acknowledgment that positive health outcomes are achieved through factors such as stable employment and economic mobility. The health system implements intentional, outside-in pathways in under-resourced communities, using the United Way's ALICE (Asset Limited, Income Constrained, and Employed) framework as a guide. This framework accounts for families who earn incomes above the federal poverty level but who remain unable to afford household necessities such as housing, child care, food, transportation, healthcare, and a basic smartphone plan. The health system identified zip codes with high proportions of ALICE households within the footprint of its many hospitals and then layered in life expectancy data to come up with a prioritized list of zip codes for targeted recruitment. With the support of an HR data-analytics team, the social impact team tracks impact hires and hires from ALICE zip codes on a monthly basis.

UC Davis Health has utilized social determinants of health, rather than race and ethnicity categories, to identify local, socioeconomically underserved communities for targeted recruitment as part of an organizational priority to create a workforce well-equipped to address the diverse needs of the populations served. Its outside-in hiring strategy focuses on place and incorporates consideration of social and economic disadvantages based on its 2019 CHNA, which identified ten zip codes with the greatest socioeconomic and health needs. According to UC Davis Health, benefits of local hiring include: "preventing displacement of preexisting residents; building economic resilience and wealth that lead to healthier and safer communities; and facilitating more trustworthy community partnerships that help to advance our service, education, and research missions.....[as well as bringing] additional environmental benefits by eliminating the consequences of long commutes." Strategies leveraged by the Talent Acquisition team to engage community members in the identified zip codes include virtual career chats; using inclusive language in outreach and recruitment materials; offering training to recruitment committees on how to apply antidiscrimination strategies

for hiring decisions; and advertising through networks used by socioeconomically underserved communities. Leaders of the UC Davis Health's Anchor Institution Mission have also educated leadership, managers, and staff about the benefits of local hiring, and increased outreach events in the targeted communities in partnership with local government and workforce development agencies, as well as trusted CBOs.

Connect Different Function Areas of HR

A crucial first step in designing programs is ensuring communication between human resources, talent acquisition, and workforce development. This ensures that staff in all these focus areas have knowledge of important factors such as turnover rates, predicted vacancies, and skills gaps. Coordination in these areas will result in a more synchronized and efficient program. Moreover, making sure that organizational development and learning teams have this information will help them to share it with workforce intermediaries and training partners as they design new programs. Susan Salomone, assistant vice president for executive and workforce development at Ochsner Health, stresses the importance of workforce planning and forecasting as part of this work. "We ask ourselves, what will we need five years out [to maintain our workforce]?" This is also a key strategy employed by The Johns Hopkins University and Health System in Baltimore, Maryland, where forecasting, training, and human resources are coordinated as part of its larger workforce development strategy.

Leverage Capital Projects

Another interdepartmental collaboration that can help amplify an organizational impact-workforce strategy is between the talent acquisition and supply chain teams. Supply chain managers can include local hiring provisions in requests for proposals (RFPs) to ensure that vendors create intentional hiring pathways for local candidates. Local hiring can also play a role in contract negotiations.

FROM THE FIELD

For example, one healthcare system invested in an organization to develop local manufacturing capabilities for personal protective equipment (PPE) following supply chain shortages during the COVID-19 pandemic. The healthcare system and its supply-chain-solutions subsidiary company, collaborated with the manufacturing company to identify a location for a new facility in Ohio focusing on communities facing unemployment challenges.

This initiative combines workforce development with an impact purchasing strategy, creating jobs while strengthening supply chain resilience.

FROM THE FIELD

In June 2024, University of California, San Francisco (UCSF) and UCSF Benioff Children's Hospitals signed a joint community workforce agreement, which included a commitment to hire local union workers for the construction of a hospital building and site improvements in Oakland, California. The project is anticipated to hire 400 workers annually from 2024 to 2030, totaling 4.1 million work hours over a five-year period. The agreement includes job training for apprentices and a 30% local hiring goal for both contractors and subcontractors, which will contribute towards UCSF's goal of increasing the economic security and opportunity for under-resourced populations in the San

Francisco Bay Area. Nicholas Holmes, MD, president of UCSF Benioff Children's Hospitals, stated, "This hospital and project are vital to the city of Oakland, and so, too, is supporting the construction and trades workers of our community."

FROM THE FIELD

Another innovative strategy is to build opportunities for jobs within a health system's supply chain and distribution. For example, Rush University System for Health partnered with Concordance Health to establish a new medical distribution center on Chicago's West Side. This partnership developed because Rush needed to upgrade its supply chain processes, which required the health system to close down its existing medical distribution warehouse. Concordance agreed to build a facility on the West Side if Rush could provide the space. In the contract, provisions were included to retain workers from Concordance's original distribution center while also expanding job opportunities for local residents.

Over the course of five years, the project created 40 new jobs, with 35% of those being hires from West Side communities. Rush's anchor mission and HR team also works to connect Concordance staff to local workforce-development organizations, such as Cara Chicago and Skills for Chicagoland's Future, to help local talent prepare for and access jobs.

Rush also partners with JumpHire, a West Side-based organization, to prepare community members to enter into supply chain management careers. JumpHire provides job preparation and interviewing support to program participants, while Rush's supply chain teams host trainings at health system facilities on supply-chain specific knowledge, skills, and technology. To ensure the program is accessible, JumpHire provides a weekly stipend to participants and offers transportation and child care assistance. Upon completion of the program, participants are guaranteed an interview with Rush, Concordance, or another local health system.

Strategies for Intermediary Organization Partners

Function in a Hub/Navigator Role

Hiring processes at large institutions can be opaque and confusing. Another key piece of infrastructure for outside-in programs is a job hub or job center, which serves as a resource for residents interested in positions at the health system. Providing clear application instructions and descriptions of the process can help applicants who are already qualified get through the initial screening process. Moreover, the host of the job hub, usually an intermediary organization, can perform the initial task of sorting applicants and pairing them to job opportunities that best fit their skills, work experience, and interests, and providing interview training to help them succeed in the hiring process.

Offer Wraparound Supports and Soft Skills Training

One of the value-adds that workforce development organizations can offer to health systems' outside-in programs is providing soft skills or foundational skills training and practice. Studies have shown that adding this component to a pathway program can increase hiring of program graduates as well as increase retention of those who are hired. In addition, adding support services such as access to resources for housing stability, transportation, and childcare can add to the graduate's ability to obtain and retain a job in the health system.

Continue to Support Graduates as They Enter Their New Jobs

An additional component workforce organizations can provide that adds great value to the health system is coaching support to graduates of the program and supporting them through year-one of employment. This helps the new employee acclimate to the new job and work environment, and overcome "bumps" they may encounter in their new employment situation. By providing regular, "just-in-time" support, such as a bus ticket if a car breaks down, or talking through a conflict with a coworker or manager just as it occurs, a coach can help avert a corrective action—or even termination—as they help the employee navigate situations they face in both their professional and personal lives.

Collaborate with Other Anchor Institutions or Local Economic Development Efforts

Another best practice is to connect training programs to broader economic development efforts. This can facilitate collaboration between multiple institutions, which in turn allows programs to reach more participants. Although workforce development is traditionally thought of as a competitive field, in reality there are many benefits that come from collaboration. Lurie Children's and Rush are participants in West Side United (WSU), an anchor collaborative that coordinates training for positions such as certified nursing assistants, medical assistants, phlebotomists, and health IT professionals. WSU brings together Chicagoland-area health systems to identify common workforce needs, and in turn partners with several educational institutions to develop specialized courses that can prepare individuals to fill high-need roles. In addition, WSU provides wraparound support to training program participants. This yields a more efficient, structured approach for all participating employers. Since 2018, approximately 100 people have been hired

into anchor institutions through WSU workforce programs.

Publicly connecting organizational impact-workforce programs to city- or county-level economic development efforts is another strategy for scaling impact. In 2022, San Mateo County Health helped to spearhead the successful and unanimous adoption of a resolution committing the County of San Mateo in California to the anchor mission framework, making it the first county jurisdiction to formally approve of their role as an anchor institution. The resolution called for the development of a plan for inclusive staffing, procurement, and place-based investing in order to promote shared prosperity in the county.



Activating Place-Based Partnerships for Equitable Economic Development: A Playbook for Anchor Collaboratives provides a strategic framework for anchor institutions to work in partnership through an anchor collaborative, and includes best practices and examples of impact workforce strategies implemented by anchor collaboratives across the country.

Another health system partners with their regional anchor collaborative to develop intentional pathways to jobs at the health system and other large employers. Participating employers commit to recruiting from neighborhoods that are struggling economically, examining and revising hiring policies, and tracking data on employee retention, promotion rates, and the proportion of staff earning a living wage. If candidates to the health system are unsuccessful, they are referred to a partnering workforce intermediary for professional development support and for referral to other employers.

Collaboration is also a success factor in a similar effort in Ohio at the Health Careers Collaborative of Greater Cincinnati. Part of a larger, strategic initiative of United Way of Greater Cincinnati, the Collaborative is one of the career pathway programs of its Partners for a Competitive Workforce. The healthcare career pathway was initially developed in response to a nursing shortage in 2002. In order to fill open positions, competing health systems began raising wages to attract nursing talent. This strategy, however, primarily resulted in increased turnover as nurses moved between hospitals and failed to address the region's overall nursing shortage. In response, the hospitals came together to develop training programs in partnership with the local community, career technical colleges, and the local workforce investment board. This collaboration helped address the nursing shortage and created a strong foundation for future workforce development efforts. "Part of [our] secret sauce is that we have a history of being collaborative and coming together, of dropping egos and individual agendas when it comes to creating good work," explained Sharron DiMario, former senior manager of the collaborative.

2 Inside-up Strategies

> Inside-Up refers to internal strategies that connect entry-level workers to pathways for career advancement within the institution. These strategies include infrastructure and resource investment dedicated to career development, programs designed to provide employees with additional skills so they can move into higher-paying jobs, and policies and system changes to support and encourage employees to develop their careers within the health system.

Intentional, outside-in pathways do not end at the moment of hire. The success of outside-in programs lies in employee retention and employee advancement, not only to fully capture the benefits of the hire for that particular position, but also to ensure that more entry-level positions open up for local residents, thus keeping the flow of people moving in and up through the health system. Furthermore, health systems can maximize their investment in training programs when jobs that are the focus of training programs are connected to career ladders, and employees have opportunities to gain experience and skills and then advance to higher-skill jobs with higher wages. Tracking the number of **impact promotions**, or employees who are promoted into a higher-skilled, higher-wage position—or a lateral position with greater career ladder opportunities—due to an intentional career pathway program is a key strategy for demonstrating impact.

2.1 Core Elements of Inside-up Programs

Best practices for facilitating internal advancement

1. Offer job coaching and map out potential career pathways
2. Provide tuition assistance and advancement to entry-level employees
3. Provide earn-and-learn education opportunities and on-site training
4. Partner with local education institutions and community organizations

2.2 Inside-up Program Design Strategies

Best practices for setting up career advancement programs

1. Utilize a cohort training model targeted at filling specific high-need positions
2. Invest in a career center and locate training programs on-site or nearby
3. Provide resources for employees who continue to face barriers to employment such as childcare access and reliable transportation

2.3 Institutional System Changes

Changing internal policies to facilitate equitable advancement

1. Connect workforce planning, training, and talent acquisition departments
2. Connect programming to health system community-impact goals
3. Develop and map transparent career pathways and opportunities
4. Educate managers to ensure staffing support
5. Provide benefits to help employees overcome financial instability and build wealth

2.1 Core Elements of Inside-up Programs

Offer Job Coaching and Map Out Potential Career Pathways

Providing entry-level workers with job coaching is an important first step in setting them up on a pathway to advancement. Just as the initial application process can be a barrier for candidates, navigating the many departments within a health system can also be a challenge for employees, especially if they are interested in applying to a new job category. Coaches can help bring to light possible pathways and connect employees to individuals already working in areas of interest for informational interviews, job shadowing, and mentoring. They can also identify critical skills gaps and help employees find opportunities for getting necessary training. Ultimately, career coaches support employee retention by allowing employees to navigate new career opportunities within the health system.

An inside-up strategy demonstrates to the employees that the health system is invested in them as people and wants to help them reach their full potential. Job coaching is a way to show employees what's possible as they navigate to new career opportunities within the health system with the help of the coach. For example, at Ochsner Health in Louisiana, entry-level employees are connected to a career coach who works with them to identify strengths and areas for growth, map out a career pathway, and navigate training programs, tuition assistance, and other benefits that could help them to grow in the organization.

Career Navigators can provide targeted support to employees in specific roles, for example, those hired through outside-in programs. This is the case with Trinity Health's R.I.S.E. Up (Reach out, Investigate, Seek, Elevate) program, which provides career navigation and wraparound services to medical assistants, patient care assistants, pharmacy technicians, and employees with roles in phlebotomy and environmental and nutritional services. R.I.S.E. Up includes an outside-in, career readiness training component that connects local job seekers to career navigation support provided by the local workforce development board. These individuals are then supported through the process of applying for and interviewing for jobs at the health system. With the navigation support for incumbent employees, one goal is to support the promotion of employees in specific job categories of focus each year. Since the inception of this program, they have intentionally scaled it across the system expanding its reach, standardizing implementation and driving measurable impact system wide. What began as a focused initiative has evolved into a fully integrated, system wide strategy aligned with their organizational priorities and long-term workforce goals.

Coaching models

Coaches can be contracted through a workforce intermediary (such as the organization that provided the initial training in the pathway program) or can be hired on as staff at the health system. One benefit of contracting with coaches employed through intermediaries is that they are often connected to other wraparound support organizations and have expertise in soft skills support. Job coaches hired on as staff are often more knowledgeable of employment needs within the hospital and are familiar with the positions —therefore they can be more effective in connecting employees to new opportunities. This approach can be helpful in filling positions quickly and ensuring employee success.

FROM THE FIELD

Advocate Health developed a Teammate Success Coaching (TMSC) program to support departments and sites with high turnover rates, particularly among new hires, entry-level teammates, and those hired through the organization's Returning Citizens Initiative. Internal success coaches work with teammates to identify barriers to retention and then connect them to resources for immediate support. This could include grocery or cafeteria vouchers, bus or rail passes, a personal hygiene care package, a voucher for emergency backup childcare, or uniform clothing (through a partnership with Goodwill). From there, coaches connect one-on-one with teammates to discuss goals, provide personal and professional guidance, and share referrals for long-term support, including financial wellness coaching. The program also facilitates essential skill-building and career exploration for participants.



Click here to view this video on YouTube

To date, 311 teammates have received coaching support, with 178 (57%) receiving assistance around food, transportation, and clothing, averaging 45 requests per month. Bainyamin, a Technician II in Environmental Services, who goes by "Bain," is a successful graduate of the TMSC program. Bain was previously unhoused and faced significant challenges entering his new role at Advocate Health, including high levels of stress and a four-hour daily commute from a housing shelter. Bain received immediate support, including a 30-day transit pass, cafeteria vouchers, access to a food pantry, a hygiene care package, and essential items such as shoes and a belt. Bain's success coach connected with him more than 50 times in his first three months of employment, providing encouragement and addressing needs as they came up. For long-term support, Bain was referred to an Employee Assistance Program for stress management and a financial coach to help with budget planning. Bain's accomplishments include celebrating two years at Advocate Health, improved self-care and wellbeing, perfect attendance to date, and securing stable housing close to work.

Provide Tuition Assistance and Advancement to Entry-level Employees

Tuition assistance for technical certificates

An essential strategy for ensuring that inside-up initiatives lead to career advancement is to ensure that tuition assistance is accessible to entry-level employees. Some health systems have policies whereby only degree-granting programs are eligible for tuition assistance and short-term technical certificates are not eligible. The term "certification" may cause confusion, as short-term technical training programs that ensure a person has the necessary skills to perform a job, such as a pharmacy technician or phlebotomist, use the term certification in a different way than professional enhancement certifications such as a Lean certification, a program management certification, or a Human Resource SHRM certification. Being able to explain the difference to internal leaders who create tuition assistance policy will be important to affecting change.

Writing policies regarding tuition assistance eligibility without the full understanding of the word "certificate" may have the unintended consequence of eliminating the pursuit of important technical certificates by those who would most likely engage in this training—entry-level employees—even though these employees may gain the most from financial support. Therefore, tuition assistance should be made available for certification programs that include occupations such as medical coding, patient care, surgery technician, and phlebotomy. Other courses that could be considered for tuition assistance eligibility that would benefit entry-level employees include English for Speakers of Other Languages (ESOL), literacy and numeracy, college preparation, and paths to citizenship.

It is crucial that institutions communicate clearly to entry-level workers about the availability of education and training opportunities. One strategy employed by Baystate Health is to host in-person "opportunity fairs" where employees, especially those with limited access to computers, can learn about the benefits and programs available to them that can help to build financial security, including financial assistance for education. In addition, it is important that employees become eligible for internal training programs within a reasonable timeframe. Workforce planners can also help connect new employees to tuition support opportunities. Even if employees are not yet eligible for tuition assistance until after three months of employment, for example, they can begin working with a workforce planner early on, who can help them assess their skills and identify trainings they might be interested in for when they do reach the tenure requirement to qualify for this benefit.

Tuition advancement or grants

Since the upfront cost of college degrees or technical training programs can be a barrier to participation for entry-level workers, as many cost hundreds or even thousands of dollars, tuition advancement and direct payment for education help make these programs more accessible. Hospitals that provide tuition advancement often ask employees to sign agreements stating that they will work at the institution for a designated period of time after completing the training, and that they will complete the degree program. These accountability measures allow institutions to more clearly trace the impact of what are often costly tuition programs. Other measures include requiring back payments if the employee does not finish or pass the program. With agreements such as these, it is critical that job coaching and academic support be provided to troubleshoot problems as they arise in order to improve completion rates.

Ascension has taken this approach, providing debt-free education to employees who seek to pursue certain clinical pathways. Through the health system's Vocare program, tuition is paid directly to the partnering education institutions so that employees face no out-of-pocket costs. "The Vocare Program has granted me the freedom to pursue a career I am passionate about without the financial burden," reflected Renata, an employee studying to become a surgical technologist. "I am grateful it has created an

opportunity for learning and growth within a space that recognizes my unique needs as a full-time employee and student."

The Johns Hopkins University and Health System works with their vendor Guild to help employees fund degree programs as well as access tuition-free learning opportunities with the myTuition education benefit program.

An example of adapting tuition payment to help facilitate participation can be found at University of Vermont Health (UVM Health), which enables employees to earn wages and benefits while pursuing advanced studies to further their career—often with full tuition support. Facing a shortage of nurses in its rural setting, the health system developed a nurse education pathway program to remove barriers for individuals seeking to enter or advance in the nursing field, with grant support for tuition advancement from the Vermont Agency of Human Services. Launched in 2023, the program covers the tuition, fees, and books for 25 individuals pursuing a master's in nursing education. "We [previously] had traditional tuition reimbursement, which is limited," explains Betsy Hassan, director of nursing education and professional development. "The finances of going back for a graduate degree are hard for many."

In order to access tuition advancement, individuals are asked to commit to a two-year, dual work-service agreement that includes working with UVM Health and teaching with a partnering college of nursing. "The candidates who came forward [for the nurse education pathway program] were people who already wanted this career and were thinking about doing it at some point," says Hassan. With tuition advancement, they can meet their career goals, while UVM Health is able to prepare additional employees to progress into nursing roles. For example, individuals with little to no prior experience can go through a Licensed Nursing Assistant (LNA) earn-and-learn program, and at a later point, participate in an LNA-to-RN Pathway Program with tuition advancement.

Xi Chen, a newcomer to Vermont with limited English proficiency, started at UVM Health as a hospital cleaner and participated in an English language training program, leading to a LNA certification. She has since obtained her practical nursing certificate and is now training to become a registered nurse through a local university partnership. Xi is receiving tuition support through an employer-funded loan program called the Workforce Opportunity Loan Program (WOLP). UVM Medical Center and UVM Health provide the funds and repay the loan payments as Xi continues through the program and the first three years of employment as a registered nurse, fully funding her education. Xi has stated that she has "a strong desire and a calling to be a caregiver, [and] I'm able to do that and provide for myself because of the support I get from our leaders and my coworkers."

Provide Earn-and-learn Education Opportunities and On-site Training

On-site training programs

While tuition assistance might make training programs financially accessible, there can still be major barriers for participation, especially for low-income workers. Individuals might have multiple jobs or may not have access to reliable transportation. Providing on-site training opportunities can help facilitate participation by reducing commute time and making it easier for employees to attend. Moreover, if the training has a clinical component, employees become familiar with institution-specific equipment and facilities.

On-site career centers

The University of Utah Health's on-site Workforce Development Center connects residents with resources and tools for job searching, resume building, and interview preparation, and provides internal career

development services such as internal career fairs and career development courses for employees. Resources are available online through an enhanced website, which includes tools to support career advancement, job searching, and resume development. A workforce development counselor is available for one-on-one consultations to support career advancement, providing overviews of career pathways and guidance on the requirements for each role. Internal programs include pharmacy technician, medical assisting for radiology specialties, nurse residency, critical care, and operating room internships. In addition, the workforce development counselor acts as a liaison between the university and partner organizations that support career pathway programs for roles in surgical technology, sterile processing, and radiation therapy. By being located on-site, the Workforce Development Center is better positioned to deliver on its goals of increasing job growth, investing in employees, improving retention, and enhancing employee satisfaction.

Release time and paid training opportunities

Another way to facilitate participation in training programs is to provide release time for employees so that they can complete training during work hours and thus maintain their full-time wage and benefits. In this case, the employee's department may cover the wages, especially when the employee is being trained to move into a high-need position within that department. Other models include having wages covered by the department where the newly trained employee will work once their training is complete, or utilizing grant funds that pay wages.

Partner with Local Education Institutions and Community Organizations

Universities, community colleges, and technical schools are critical partners in developing worker-training programs. Often, these partners have the relevant expertise and have developed the necessary curriculum to run training programs, or they are in good positions to develop specific programs if there is enough demand.

Central Valley Medical Center & Snow College

An example of a successful education partnership is the creation of a Licensed Practice Nurse (LPN) program at Central Valley Medical Center in Nephi, Utah. In the early 2000s, the rural hospital faced a nursing shortage, and had difficulty hiring LPNs. To address the shortage, leadership from the hospital and a local community college, Snow College, came together and created the LPN program. The community college is located 40 miles from the hospital, but the classes are offered on-site and instructors from the community college tele-teach, using virtual classroom technology. Central Valley provides the classroom space and coordinates the clinical rotation component of the course. Through this partnership, Central Valley trains and recruits LPNs, and Snow College offers students training connected to local employment opportunities. Partnerships such as these benefit both the health system and the educational partner. In these partnerships, the health system can provide access to clinical space and on-site training—in-kind resources that are a necessary component of high-quality medical training.

Dartmouth Health Career Institute & Colby-Sawyer College

The Dartmouth Health Career Institute partners with Colby-Sawyer College to design education programs that expand healthcare career opportunities and strengthen critical workforce pipelines. Participants in the Medical Assistant, Pharmacy Technician, and Surgical Technology apprenticeship programs are hired at the onset of training as full-time employees, earning a training wage and free college credits towards an

Associate's Degree in Health Science. After completing the programs, participants advance into the certified or licensed roles for which they trained.

Kaiser Permanente, SEIU United Healthcare Workers West & Education Institutions

Kaiser Permanente provided $130 million in funding to establish Futuro Health in 2019 in partnership with SEIU United Healthcare Workers West and contributed an additional $100 million in 2023 to further expand its impact. Futuro Health is a career-advancement intermediary organization that works collaboratively with higher education entities, healthcare institutions, and community organizations to place graduates into full-time employment as allied healthcare workers. Futuro Health's education-to-work model was designed to support candidates through every stage—including enrollment, career exploration, education financing, coaching on pathways toward credential or licensure, and employment preparation. Since its launch in 2020, Futuro Health has had 10,025 scholars who pursued a personalized education journey to earn an in-demand healthcare credential and qualifications; 48% of the students are bilingual.

2.3 Institutional System Changes

Connect Different Function Areas of HR

Just like outside-in programs, inside-up programs can be leveraged to address pressing hiring needs. Hiring internal candidates can be more cost effective than recruiting, vetting, and training external candidates. Moreover, if an employee moves within the same department, managers may already have experience with the candidate and understand their competencies and skill sets. Connecting employee services, such as coaching and skills assessments, to workforce forecasting not only helps in planning, but it also ensures that employees are connected to training opportunities for available jobs within the institution.

Develop and Map Transparent Career Pathways

Mapping out potential career pathways can help to enhance coaching. Institutions that outline the necessary training steps for employees to advance can help employees and coaches understand the necessary steps and timeframe to pursue advancement opportunities, and evaluate whether they are realistic. Mapping pathways within the institution can also illuminate where lateral pathways might facilitate career advancement. For instance, University Hospitals has outlined specific pathways from entry-level positions to career ladders within the institution. A training participant hired into an environmental services role can participate in training that will allow them to move laterally into a patient care assistant position. From here, they can advance into higher-level patient care work, and eventually to nursing, taking advantage of tuition support and coaching resources along the way.

Educate Managers to Ensure Staffing Support

An important element of an inside-up strategy is creating buy-in among department managers who are on both the sending and receiving sides of a program. For managers who are being asked to release employees for training with the possibility that those employees will leave their department at the end of the training, buy-in is essential.

In this situation, not only are the long-term implications of staff moving on impending, but there are also immediate logistics to work out. When employees leave the floor for training, managers must cover that time by switching around shifts, offering overtime, or utilizing temporary workers. All of these options require time and/or resources on the part of the manager. Educating managers about the importance of career advancement opportunities can help them see the benefit of investing in their employees. When managers have a shared understanding of what growth can look like, including lateral or opportunity moves, they can be powerful champions of impact promotion programs.

Creating communication channels between the organizational learning or workforce development department and other department managers helps to ensure this education piece happens, and that managers are able to troubleshoot and find solutions when scheduling is a challenge. In addition to this logistical support, workforce development or organizational learning may also be able to provide resources such as coaches or additional funding to alleviate short-term staffing shortages while employees are in training, to reduce the burden on managers.

Another critical component to building support among managers is to ensure that there is a pool of qualified applicants who can move into positions that are vacated by current employees moving on to other opportunities once their training is completed.

Provide Benefits to Overcome Financial Instability and Build Wealth

The goal of inside-up worker training programs is to move entry-level employees into career-level jobs with higher wages, added benefits, and greater stability. One of the results of this career pathway approach is that it can create measurable impacts on employment and wages in particular neighborhoods. Given that financial status is a primary determinant of health, these efforts can help to improve the overall health of the community by increasing economic security and resilience over time. In order to further sustain the investment in their employees and communities, health system leadership should consider implementing other programs that represent long-term investments in the physical and economic health of those they serve. Examples of these long-term investments are included below.

Increasing financial stability and its unintended consequences: The benefits cliff

Some people are surprised to learn that low-wage earners may still qualify for certain public benefits, even though they work full time. If wage thresholds are under a certain level, employees may be receiving SNAP benefits, childcare vouchers, and/or Section 8 housing vouchers. When the employee's income level rises due to promotions and wage increases, they may lose eligibility for some of those benefits, and their actual household income would drop due to the loss of the benefits. This is called the "benefits cliff."

Understanding the benefits cliff can be helpful in understanding why an employee may turn down a promotion or decline a raise. A key step is to determine at which wage level a person's household income would be at parity with the benefits they have lost due to increased pay. Some health systems are addressing the benefits cliff with the help of policymakers and education sessions. For example, Baystate Health partners with the Western Massachusetts Economic Development Council and Springfield WORKS, which have expertise on economic development and regional workforce trends, to assess how lower-wage employees may be impacted by the benefits cliff.

Advance equity in benefits utilization

One strategy to improve benefits is to implement tiered pricing for costs associated with employment, such as parking and health insurance, so that employees pay a proportion of their wages or salaries instead of a fixed cost. Ascension, for example, has adopted a policy where health insurance and parking fees are proportional to an employee's income.

Help employees avoid predatory payday lending, pay down debt, and build credit

ProMedica, headquartered in Toledo, Ohio, is the nation's first health system to operate a Financial Opportunity Center (FOC). Launched in 2016 in partnership with LISC, United Way, and the Toledo Community Foundation, the program connects low- to moderate-income individuals with job training and financial support services. The FOC offers valuable resources to help community members and employees improve their financial wellness. Financial coaches provide one-on-one guidance to address specific challenges, such as debt resolution, credit repair, navigating public benefits, free tax preparation, preventing eviction, and working toward long-term financial goals. Since its inception, the FOC has served 9,861 individuals in the community and among ProMedica's employees.

In Louisiana and Mississippi, Franciscan Missionaries of Our Lady Health System (FMOLHS) developed an innovative strategy to help employees avoid predatory payday lenders, which charge prohibitively high interest rates for small loans, often exceeding 100%. The Faith Fund is a micro-loan investment fund which

offers low interest loans and financial education services to employees who have been members of the FMOLHS workforce for at least one year. The health system initially supported this fund by tapping into the system's unspent Flexible Spending Account dependent care and medical spending savings account funds. Since the Faith Fund's launch in 2018, more than 1,900 employees have accessed $8.1 million in low interest loans, effectively averting long-term cycles of debt. FMOLHS estimates that this has resulted in the retention of more than $21 million of personal wealth when accounting for interest payments, penalties, and additional fees. In recognition of the disparities in the banking system and the barriers they pose to generational wealth-building, FMOLHS has also partnered with local credit unions and banks to expand access to banking services and financial counseling.

Health systems can also provide support to employees to help them pay down student loan debt, an issue that prevents many individuals from achieving financial stability. Across disciplines, borrowers from the lowest income quintile face substantially higher default rates compared to those in higher income brackets. People of color are more likely to take on student debt, and are five times more likely to default on loans than white undergraduates. , Meanwhile, women hold nearly two-thirds of the outstanding student debt, and three-quarters of nursing students graduate with student loan debt. , In 2019, Children's Hospital of Philadelphia (CHOP) began partnering with PeopleJoy to provide public student-loan forgiveness repayment planning and loan forgiveness advice to employees with student loan debt. Additionally, in April 2022, CHOP introduced a new student loan repayment benefit through Bright Horizons (EdAssist), which is paid for by the health system. These benefits have helped the system attract talent and bolster the HR recruiting team's efforts. Eric Breniman, senior benefits manager, stated: "It's truly a differentiator when [our HR recruiting team] is speaking to a candidate." Since introducing these benefits, CHOP has documented exponential interest and employee engagement in public student-loan forgiveness. About 70% of employees who take steps to utilize these benefits are consistently receiving 4 or 5 out of 5 in their annual performance review ratings.

EMPLOYER-ASSISTED HOUSING PROGRAMS

Employer-assisted housing programs offer several employee and community benefits. For lower-wage employees, homeownership is a critical tool for building wealth and achieving economic well-being and security. There are many strategies for structuring such a program, including forgivable loans, down payment assistance, or a mortgage buy-down. With built-in support measures, such as connections to financial institutions with stable loan products and homeowner financial literacy trainings, these programs often provide sustainable paths to homeownership. This strategy can help to address the displacement pressure lower-wage employees can face in high-cost neighborhoods or neighborhoods experiencing gentrification.

Intentionally linking impact workforce programs to an employer-assisted housing program can ensure that a broader range of employees can take advantage of this type of benefit. Although many institutions already have employer-assisted housing programs, special measures can be employed to consider how such a program can complement an impact workforce strategy so that entry-level workers also have realistic access to such employee benefits.

The MetroHealth System is collaborating with community development partners in Cleveland on an integrated approach to housing development that fosters a mixed-income neighborhood and expands access to safe, healthy, and affordable housing. Through a two-year community engagement process, the health system found that housing was a major health issue and as a result, initiated the development of a neighborhood master plan and began making direct investments in expanding housing stock. In 2024, MetroHealth partnered with The NRP Group to open Via Sana, a 72-unit, affordable housing complex located in the Clark-Fulton community, adjacent to MetroHealth's main

campus. The Via Sana building also offers community space, workforce training, computer access and training, and financial coaching at no cost to community members and residents.

In the Upper Valley of New Hampshire and Vermont, limited access to affordable housing poses a significant recruitment challenge for Dartmouth Health. To address this, the health system launched the Relocation and Community Resource program in March 2021, offering workforce housing units, income-based subsidies, and relocation support for new hires moving to the area. Since then, the program has expanded to master lease 189 apartments near its hospitals, currently subleased to 227 new employees who provide or support direct patient care and relocate from over 50 miles away. Additionally, a rental network and website enable local landlords to list available units, increasing housing options. The program is managed by a dedicated director and coordinator who assist new hires throughout their relocation process. In the first three quarters of 2025, over 1,025 individuals received housing and relocation support, with more than 3,800 assisted since the program's inception. Complementing these efforts, the Dartmouth Health system collaborates with local employers and a regional housing finance partner through the Upper Valley Loan Fund, contributing $9 million to expand affordable housing supply in the region.

MATCHED RETIREMENT SAVINGS PROGRAM

Another way to help magnify the impact of higher wages is to help facilitate employee savings. Employer contributions to a retirement plan—a common employer strategy—help do this. Rush University System for Health has an auto-enrollment and auto-escalation program for employees' 403(b) retirement savings plans. All new employees are automatically enrolled with Rush matching 6% of employees' contributions. For employees who were already employed when the auto-enrollment program began, Rush increases that percentage from an initial 3 to 4% by 1% each year until it reaches 6%. With this example, Rush monitors internally whether employees opt out of this program on a monthly basis, and have found that employees typically remain auto-enrolled.

Further Reading: Financial Benefits for Employees

The following resources from Commonwealth, a national nonprofit building financial security and opportunity for people earning low-to-moderate income through innovation and partnerships, offer employers practical guidance and research on implementing intentional workplace benefits to strengthen employee financial well-being.

Focus: **Benefit Overview**		
RESOURCE	**DESCRIPTION**	**RELEVANCE FOR EMPLOYERS**
Intentional Employee Benefits That Support Retirement Savings for Workers Living on Low to Moderate Incomes	Brief that explores six promising benefit areas that support short- and mid-term financial needs while strengthening long-term retirement security: • Emergency savings • Retirement match for student loan payments • Education savings	Resource for employers exploring intentional benefit options to strengthen employee financial well being. Content can be used all together—or one or more sections used separately.

	(529s) • Healthcare savings (HSAs) • Employee equity • Tax time supports	
Focus: Student Loans		
The Hidden Burdens of Student Debt & The Potential of Employer- Provided Solutions	Summary of Commonwealth research on the impact of student loans and employer options to support employees—including direct support for student loans and retirement matching for student loan payments.	Resource for employers considering benefit options to support employees with student loans. May be especially relevant for healthcare organizations.
Focus: Education Savings (529s)		
How Employers Can Help Workers Save for Their Child's Education Through 529 College Savings Plans	Report that summarizes insights from Commonwealth's research on the cost of post-secondary education as a significant barrier to wealth building and the role employers can play as partners in providing 529 college savings plans support to workers earning low to moderate incomes.	Resource for employers considering offering education savings options as a benefit, such as 529 education savings plans, with payroll deduction.
Promoting Financial Wellness Through 529 Workplace Benefits	Blog post highlighting the benefits of 529s education savings and the opportunity for employees to offer 529s as an optional workplace benefit.	Practical tips for employers considering offering 529 education and payroll deduction as a benefit
Focus: Emergency Savings		
Catalyzing Financial Resilience	Case study of a healthcare company's emergency savings rollout, achieving nearly 70% opt-in enrollment in two months —driven by targeted incentives, integrated payroll deposits, and strong uptake among low to moderate income and diverse employee groups.	Practical summary resource for healthcare employers considering offering emergency savings.
The Power of Payroll: Driving 'Sticky' Savings Behaviors with GXO's New Emergency Savings Benefit	Case study of GXO's effort to launch and promote an emergency savings tool for employees integrated with	Practical resources and examples for employers considering emergency savings benefits for employees.

	payroll to save directly from their paycheck. GXO leveraged creative communication channels, going beyond email—for instance posters and in-person engagement— to reach their workers without regular access to a computer and email as part of their jobs.	
How AutoNation Brought a Multi-Solution Emergency Savings Benefit Program Access to 24,000 Employees	Case study of AutoNation's effort to identify, launch, and drive engagement with an emergency savings benefit for AutoNation's 24,000 employees.	
How UPS and Voya Designed a Solution Resulting in $10 Million in Savings	Case study of UPS' effort to boost employee emergency savings participation through targeted outreach and an in-plan solution, revealing that employees who increased after-tax emergency contributions were twice as likely to also increase their retirement savings.	
Focus: **Financial Education**		
Tax Time Is The Perfect Time To Increase The Financial Well- Being of Your Employees	Practical tips on how employers can help employees maximize tax season to improve financial security.	Resource for employers looking for high-impact but low-lift opportunities to provide employee financial education.

3 Laying the Foundations

This section focuses on institutionalizing impact workforce strategies, providing guidance for setting goals, designing programs for retention, and setting the stage for transformative, long-term impact.

3.1 Goal Setting

1. Who is at the table?
2. Understand key terms
3. Define “local”
4. How to set goals
5. Understanding goals over time
6. Develop buy-in and sense of ownership across all levels of leadership
7. Setting the groundwork and gaining trust for successful community relationships

3.2 Retention Strategies

1. Trainings to promote belonging and inclusion
2. Encourage long-term vision
3. Provide wraparound services
4. Collect feedback
5. Maintain realistic expectations

3.3 Setting the Stage for Transformative Impact

1. Design around data and metrics
2. Create a workforce development department
3. Survey your workforce policies and practices
4. Map your community’s assets
5. Plan for sustainability

3.1 Goal Setting

Taking the time to set goals will help build a strong foundation for your impact workforce strategy, enable you to measure success and impact, and lead to further buy-in from stakeholders. Building this strong foundation will then lead to greater chances of long-term sustainability, as impact workforce programs can then be embedded into the culture and business of the institution.

The people or department(s) responsible for setting the high-level goals for an impact workforce strategy varies among healthcare systems. However, it is common for the executive leaders to set the vision while leaving the goal setting to the departments that are tasked with implementation. Much of the goal setting process, such as interpretation of the vision and metrics development, is often done by the leaders of those departments, while the designing, planning, and implementing of the programs are done by the designated team within those departments.

The purpose of this section is to help with the formation of goals, ensure that critical partners are at the table as goals are being set, and make sure that all stakeholders' voices are heard and considered.

Form an Advisory Planning Group

Form an advisory planning group made up of leaders of all departments who have a stake in the strategy's success, will be affected by impact workforce programs, and whose buy-in and leadership are critical to achieving success. These leaders will ensure the goals and objectives that are created reflect the vision and the values of the organization—and its anchor mission—as well as meet business needs. Consider a planning group made up of leaders from departments such as:

- Human Resources (particularly including Talent Acquisition, Workforce Development, and possibly Organizational Learning and Development)
- Community Health
- Community Engagement
- Department leaders of the areas you will want to include in your impact workforce efforts

Additionally, consider bringing in the perspectives of:

- *Key hiring managers*, who, when involved at an early stage, will be invested in the success of the program and will be champions and supporters of intentional, outside-in programs. They can then help develop buy-in from additional managers who will be supervising new employees.
- *Community partners*, who can identify needs and resources and bring knowledge about the communities of focus to the goal-setting process.
- *Data and information system professionals* who can advise about tracking metrics and setting up systems to measure impact.
- *Internal government relations and/or policy-advocacy teams*, who can advance a policy agenda that could accelerate workforce development.

Through an educational and collaborative process, ensure that all involved understand and are committed to the work. As goals are created, ensure that each stakeholder is able to execute on their role in order to reach those goals, and take the time to consider the implications of a goal to make sure it will benefit both

the community and the health system as intended, and that it will be a driver to build community wealth.

Setting Goals Note

We have found it to be best practice to have a dedicated workforce development professional lead the advisory planning group. Once the advisory group sets the goals and strategy, the workforce development leader will coordinate efforts among the stakeholders and various departments. However, even during the implementation phase, the advisory group should continue to meet from time to time to make sure everything is on track. Other people that can be added to this group once the goals are set may include other managers of the target departments who can inform the team about implementation details, successes, and challenges. In addition, a career coach who helps people navigate the internal systems of advancement would be a great addition to help realize the system's goals, as they often have greater insight into personal issues and barriers that may need to be addressed, such as childcare and transportation.

Understand Key Terms

When collaborating across departments, it is important to make sure everyone involved is using a set of mutually understood terms. It is critical for communication and for metrics collection that there be a clear understanding of terms such as ***impact hire, quality jobs, and impact promotion***.

- Impact hires are individuals who are hired into a quality job requiring less than a Bachelor's degree through an intentional, outside-in pathway or program or partnership which has a focus on place. Individuals must either:
  - Reside, at the time of hire, in targeted economically disadvantaged zip codes or more granular geographic areas (e.g., Area Deprivation Index zones, Census block or tract) that your organization serves.
  - Or, they can enter the institution through a partnership with a community-based, workforce, or educational organization that has a focus on reaching communities within economically disadvantaged geographies that your organization serves.

- A Quality Job:
  - includes employer-paid/subsidized health insurance
  - includes paid leave
  - includes employer-funded retirement benefits (e.g., employer contributions to 401(k))
  - pays at or above the local living wage (see MIT Local Living Wage calculator)
  - provides a stable schedule and stable hours
  - has either an established career pathway or earning growth opportunities

- Impact promotions are current employees in positions requiring less than a bachelor's degree who, through an intentional internal pathway program or initiative, obtain either 1) a promotional opportunity into a higher-skilled job with higher wages or 2) a lateral move to a position at a comparable wage level with greater career ladder opportunities.

> Make sure to define terms so that they can be used to track metrics for new hires and employees involved in any impact workforce program.

Define "Local"

Define ***local*** by zip codes, neighborhoods, or areas where your system would like to have an impact that have high numbers of households with low incomes and/or high poverty levels. This can include more granular geographic areas (e.g., neighborhoods identified as most disadvantaged through the Area Deprivation Index, which ranks census block groups according to relative economic disadvantage), in your catchment area that are experiencing health disparities as identified by your Community Health Needs Assessment (CHNA).

How to Set Goals for Impact Workforce Strategies

The goal-setting process will differ depending on the type of program being implemented, but certain common aspects of goal setting can be utilized in this process.

Include local populations and specific job codes for recruitment and workforce development goals

- *Focus geographies:* Ensure that recruitment efforts include outreach and support in economically disadvantaged zip codes and neighborhoods in which your healthcare system has hospital campuses or which fall within the system's service area.
- *Target job codes:* Assess the jobs that are high-demand, high volume, and/or have high turnover, then determine which of those jobs match up with the skill sets and educational attainment in your local zip codes. Set outreach goals around job codes that are accessible for people who live in these areas.
    - Successful outside-in programs often focus goals on the cross section of jobs that are high-demand and also align with the range of skills and education level that your data shows people in the focus neighborhoods possess. Paying attention to both the system's hiring needs, as well as to the positions that are accessible, can ensure a strong business case for buy-in and longevity of the program.

Set goals for local sourcing, recruitment and retention

- *If your institution is developing new outside-in pathway programs:* Assess how these programs could be leveraged to make progress towards strengthening the local talent pool and enhancing economic opportunity for residents in the health system's service area, with specific attention paid to economically under-resourced geographies. This can be accomplished by tracking local hiring practices within the service area (such as specific geographies identified in the CHNAs), and developing strategies to source and recruit from those areas. Examine data that shows local hiring numbers currently, and consider these questions:
    - How many people from specific targeted geographies are currently hired through the traditional application process?
    - Where are there gaps in access to career opportunities within the organization?
    - Where are the opportunities to partner with local institutions to build and strengthen the talent pool?

- *If your institution has developed baselines for outside-in pathway programs:* Choose both a realistic and aspirational goal—this can be numerical or a percentage—to reach for growth year-over-year of impact hires and workforce development programs. For example, health systems that signed onto HAN's Impact Workforce Commitment set goals to reach at least 10% of new hires as impact hires annually by the end of 2027. Some systems set incremental goals to reach ahead of the 2027 target aligned with their anticipated addition or expansion of intentional, outside-in pathways and programs.

Plan for longevity and set goals for success

- *Be cohesive:* While most programs start small (oftentimes at a single hospital or within a single

department), whenever possible set up a structure for goals and objectives that are scalable and in the future could be implemented hospital-wide and then system-wide. Running three differently structured initiatives at three different hospitals will likely make it hard to grow and implement a larger practice should the initiatives be successful.

- *Set goals for retention:* Create goals for retention to track success of the program and understand how the program may need to adapt or adjust to result in higher retention of new hires.
- *Plan for attrition:* There are times when things just do not work out because we are working with human beings, so factor in a reasonable turnover rate.

Assess Goals Over Time

A program's goals may need to change over time as business needs change and adjustments are made to priority jobs. Build goals for impact workforce programs to reach year-over-year growth, even if this growth is not always achieved. This sets up a vision for growth that encourages regular innovation, supervision, and improvement of the program to help meet the program's goals.

Goals and Metrics Over Time

The first few years will likely be spent testing different program and process models to understand what is possible and realistic for growth. In these early years, plan for goals to be revisited and adjusted to best fit the findings and outcomes of the previous year, acknowledging that initial goals may not always align with reality and that adjustments may be necessary. As not all pilots or programs are successful, it is best practice to regularly reevaluate the needs of hiring managers and the health system and track the number of people going through specific training programs or pathways from local geographies, in order to pivot the current programming if needed.

In future years, once a baseline of data and metrics is established, you can leverage this information to expand goals, find places for innovation within the program, and create buy-in for other related programs.

Institutionalizing Impact Workforce Practices

In the life cycle of impact workforce programs, there comes an inflection point at which a program will either terminate or will become institutionalized as part of the way the health system does business. As your team works to embed new programs and practices into the fabric of the organization, consider these key enabling factors in the areas of leadership and mission alignment, strategic partnerships and collaboration, communications, and data:

Leadership and Organizational Alignment

- Have key leaders at multiple levels of the organization developed a vested interest and sense of ownership in the program's success?
- Have new leaders and stakeholders received an orientation about the program and developed a deep understanding of the importance of the work and how it should be prioritized?
- Has the organization clearly articulated how its impact workforce/anchor mission strategies fit with its organizational goals, values, and commitments?
- Are there dedicated leaders accountable for impact workforce programs?
- Have the organization's policies and practices been adapted to accommodate the programs beyond the tenure of those who initially designed and implemented them?
- Is there a cross-functional team that comes together regularly to plan, problem-solve, and collaborate on shared goals (e.g., HR, community engagement, departments of focus of the program)?
- How does your organizational culture encourage shared learning and new ideas among all levels of leadership?
- If funding is needed to continue the program, have sustainable funding streams been developed?

Strategic Partnerships and Collaboration

- Are you engaging in peer learning and collaboration to address problems and to build and share best practices?
- How are you listening to and centering community voices, priorities, and assets in your partnership strategies?
- Are you building strong and lasting relationships with intermediaries and community partners to help advance impact workforce goals?

Communications

- Do you have internal communications strategies that increase system-wide awareness of the program and its successes?
- Do you have external communication strategies that build trust and support with external stakeholders?
- Have you widely communicated the success of the program? Do employees beyond the leaders know about it? Do your communities and populations of focus know about it?

Data

- Have you clearly defined what you want to achieve with your initiatives and how you will track progress?
- What metrics are you collecting to help show how the program has met key business needs?
- Do you have in place tools and systems needed to collect and keep track of your program participation and outcomes?
- Are you regularly using data to drive learning and improvement, inform goals, and highlight successes?
- Are your data and metrics effective in monitoring progress, identifying gaps, and measuring the impact of your strategies?

Generally, most systems find that if the above points are considered, as a pilot program or initiative is implemented and becomes successful, it becomes easier to grow the initiative—often to the point where the initial pilot evolves into a well-established program that is an effective hiring stream. As an initiative grows, it may be necessary to expand initial goals around focus populations beyond the original geographies in order to adjust for attrition and additional hiring opportunities. Similarly, it may become possible, and perhaps necessary, to expand and develop outside-in pathway programs for additional jobs beyond those originally planned.

Develop Buy-in and Sense of Ownership Across All Levels of Leadership

Strategize working with leaders at all levels, and ensure that each person understands that they are a critical part of the impact workforce strategy as well as the role they will play to drive success. This level of ownership and buy-in will lead to the success of new outside-in programs and workforce development initiatives.

Buy-in from executive leadership

- *Leverage data:* Build your business case and communicate it openly and regularly with executive leadership. Leverage metrics and data to emphasize the business need by highlighting:
  - Supply and demand opportunities around the neighborhoods of focus, job codes, and how the program can fill a needs gap.
  - Expected return on investment (ROI) or impact on the business, which could include:

        - improved retention
        - improved skill levels of workers by incorporating training into the hiring process
        - the many ways this program can bring value to the organization that might not be easily quantifiable—for example, by improving the institution's reputation in the community and improving employee engagement through stronger community connections

- *Identify champions from within the executive leadership team*: Leverage their expertise and interest in this work to gain further support from other leaders. The support of a champion can be used to garner traction for a pilot program or for further growth of existing programs.
- *Start with a pilot program:* Use the data and information from the business case to help shape a small program that targets departments or positions where there is recognizable demand. Once in place, use the experiences of those within the program to craft stories about the value added, and convey those stories to leadership and the system at large.
- *Bring leadership and community members together:* Create opportunities for leaders who may not initially understand the value of the program to meet community members and team members who have been positively impacted by the effort. This can be an effective means to help leadership recognize the importance and value of these strategies.
- *Utilize a strong communication strategy:* Executive leaders often need information on a regular basis to help keep this priority at the top of their minds. A communication strategy that regularly highlights success stories and the positive business case of the program can influence leadership during the budgeting process and can set a strong foundation for potential appeals to grow the program.
- *Designate an accountable executive:* Impact workforce programs are most sustainable when leaders actively sponsor this work. Encourage champions and interested executive leaders to play an active role in the program and become regularly involved in the program's planning and management.

Buy-in from Hiring Managers

- *Actively engage hiring managers from the start:* Working with hiring managers during the planning process can provide them with the ability to shape the program in a way that will benefit their team. It will encourage managers to consider the program's participants when making future hiring decisions.
- *Highlight the program's purpose, goals, and impact on retention:* Working with hiring managers on the front end to understand the purpose and structure of the program will help set the program up for success. Hiring managers will be more likely to be on board and support the program when they understand that increased training for applicants can lead to higher skilled candidates and improved retention rates for those new employees.
- *Work with champions*: Work with hiring managers who are already aligned and on board to encourage involvement of and support from other hiring managers.
- *Identify and change policies that may penalize managers for this work:* Analyze data collection and review processes for hiring managers, and consider these questions:
    - What incentives or disincentives do managers receive to pay attention to retention strategies?
    - Are managers required to guide their teams towards professional development opportunities?
    - Do managers get "credit" for helping employees move to higher-skilled jobs even if it means the person leaves their department?
    - Managers who are rewarded for helping employees move up the career ladder despite causing increased departmental turnover are more likely to support the strategy than those who may be negatively impacted for these same actions.

Buy-in from staff

- *Utilize mentorship structures:* Connecting new hires to mentors from within the staff often leads to the mentors becoming champions for this work. Mentors can uplift personal stories in daily conversations as well as within internal and external communication strategies, which can lead to additional staff

becoming involved. Broader participation builds greater staff buy-in.

- *Introduce new hires to the anchor mission during orientation*: Create a foundation for this work by introducing all new hires throughout the system to the anchor mission framework. Create buy-in by embedding the anchor mission as a value and goal of the organization, and develop a shared set of vocabulary for staff to communicate around impact workforce programs from the very start of a new hire's career with the system.
    - In particular, prepare to orient new leaders and managers who come into the system. Create an orientation that educates them on the goals, strategies, business case, and how it all aligns to the values and mission of the organization.

- *Protect against siloing*: Use the framework of a committee or working group that is made up of representatives from multiple departments (including members of HR, community health, executive leaders, and hiring managers) to communicate the purpose and goals of this work throughout the health system. Encourage committee or working group members to actively report back to their individual departments and spread the word about their programs and the anchor mission.

Internal communication to leverage successful buy-in

Robust internal communication

Communication strategies which highlight impact workforce programs should be shared with executives, physicians, and employees. Communications should highlight impactful stories of success and make a positive business case that emphasizes that intentional, outside-in recruitment, impact promotion, and the anchor mission are priorities for the system. By defining and regularly utilizing key terms throughout these communications, this strategy can also be critical to building a shared vocabulary around the anchor mission.

Know your audience

When communicating with different groups of stakeholders, such as leaders or employees, use your knowledge of the audience to recognize what type of story will best resonate with that audience. While some individuals will be most swayed with a story shaped by metrics and business data, others will be more motivated to hear about individual employees' successes. Some will be impacted by how an outside-in program or impact promotion initiative resolved a business challenge, while others may become a champion when the story highlights the success of an individual.

Align internal communication across departments

Aligning communication strategies across involved departments such as community health, human resources, and impacted clinical and operational departments as early as possible will lead to more coherent system-wide communications.

Encourage active discussion to ensure workplace expectations are clearly communicated and relevant to successful job performance

Bring awareness and education to executives, managers, and staff to understand potential cultural differences that may exist among employees that may impact hiring decisions, workplace culture, and employee retention. Having clear definitions of what makes a worker "good" or "bad" at their job and what "professional" means is critical to both creating buy-in as well as building a foundation for the success of any impact workforce program. Recognizing and acknowledging potential implicit bias in hiring, onboarding, training, and advancement may lead to adapting processes and policies for more successful hiring, retention, and advancement of people who enter the organization through intentional, outside-in pathways.

Setting the Groundwork and Gaining Trust for Successful Community Relationships

Buy-in from community partners

- *Discuss the benefit of quality over quantity:* Have a conversation with workforce intermediaries discussing the benefits of preparing their clients and customers for positions in the healthcare system. Pay particular attention to building an understanding of the skills, experience, and behaviors an ideal applicant has, as well as how the hiring process works. Provide a clear overview of your screening and interview process to help community partners find, prepare, and guide qualified applicants. While workforce intermediaries may sometimes be inclined to send large quantities of applications, explaining in detail the hiring process from the side of the health system can help intermediaries narrow down the applicant pool to find the best fit for the open opportunities.

Buy-in from potential applicants

- *Showing up:* To build trust in new communities you need to show up. This means physically attending meetings such as community town halls, hiring fairs held by workforce intermediaries, or community health events. To ensure the community both knows of the opportunities and sees these opportunities for themselves, consistent and long-term visibility at a community level is critical.
- *Know the community's history as well as your healthcare system's place in that history:* Before designing or implementing any strategies, it is critical to understand your community and its history and your healthcare system's place in that history. Understanding history helps break down any historical barriers or mistrust of the healthcare system. For example, historically in the U.S. many health systems have operated segregated facilities, provided substandard care to people of color, and excluded Black doctors from medical societies. If you know that your health system played a past role in discriminating against and excluding members of the community, acknowledging this history can help to build trust.
- *Work with community partners when choosing specific positions to target:* Work with community partners to pick job categories and career pathways that match up with the interests, skills, and education level of residents of the focus geographies. Make sure that there is also a concerted effort to educate the organizations about the different jobs in your system. Beyond nurses and doctors, the hundreds of jobs in the system may be quite hidden from the primary audience. Use data to determine education levels of people living in your targeted geographic areas. Consider going beyond entry-level jobs when choosing your targeted jobs. A program is more likely to succeed if the job codes are selected with input from the community as to what level or types of jobs they actually may be qualified for. The same is true of career pathways programs. A community intermediary or partner is more likely to have insight into the career pathways and growth opportunities that are most likely to engage and interest community members.
- *Assist applicants directly with the recruitment process:* Work with potential applicants to help them understand the application and training process as well as the services that will be available to help them succeed with application, training, and job placement.

3.2 Retention Strategies

Creating a culture where every person's strengths and assets are celebrated—and each employee understands how important they are to the mission of the institution—is critical to employee retention. Impact workforce strategies can become tangible examples of a culture of belonging and the health system's shared values.

What is a culture of belonging?

A workplace culture of belonging is one in which all employees receive the support they need to thrive in their jobs, find meaning in the work that they do, and are recognized for the contribution they make towards patient care. Developing specific retention strategies that address these elements will create a culture in which all employees, including those hired through outside-in pathway programs, succeed beyond their initial 90 days. In addition, increased retention can improve the business case for these programs and can buoy further support from executive leadership and hiring managers.

There are several important elements to effective retention strategies with impact workforce programs:

- appreciate everyone
- encourage long-term vision
- provide wraparound services
- collect feedback
- maintain realistic expectations

Deliver Trainings to Promote Belonging and Inclusion

All individuals deserve a working environment where they feel valued, respected, and heard. However, individual biases can have significant impacts on daily working-life for staff, especially when biases negatively impact peer-to-peer relationships and interactions. As a result, implicit and explicit biases could decrease the effectiveness of any program, reducing success in hiring and retention of those hired or promoted outside of traditional recruitment practices. Creating an inclusive community that is supportive of all staff regardless of race, education level, financial background, sexual orientation, gender identity, and other factors thought of as traditional barriers to entry is essential to ensuring a work environment that enables long-term retention for a diverse workplace.

Workforce training programs to increase belonging and retention

Workplace trainings that promote belonging and inclusion can increase retention. Training on topics such as implicit bias or rethinking "professionalism" can help create a working environment that is cognizant of

implicit and explicit biases, and can work towards breaking down attitudes and behaviors that compromise psychological safety, ensuring that all employees, regardless of identity or background, can thrive. Employees who are hired outside of the traditional hiring process may face biases from peers who did not participate in the outside-in pathway program. Providing training, or otherwise working with hiring managers and staff to develop cultural competency, can help mitigate challenges and allow for better integration and retention of new hires from different cultural backgrounds. CommonSpirit Health, for example, educates hiring managers about more inclusive hiring through behavioral-based interview training and training about implicit and unconscious biases.

Role-playing simulations are another tool for promoting individual understanding of biases. Advocate Health has utilized a returning-citizen simulation with HR leaders. The simulation helps participants realize the many challenges and barriers people face upon leaving incarceration and re-entering the workforce—such as establishing a home address, finding reliable transportation, getting a driver's license, and registering with job services. This approach has also helped to build internal support for Advocate Health's Returning Citizens Initiative. Role-playing simulations can also be used to understand how employees are impacted when wages don't cover all basic living expenses, including housing, food, healthcare, childcare, and transportation. For example, one health system has conducted poverty simulations, which helped HR leadership understand that the challenges that exist in daily life from low wages may prevent employees from getting to work on time. This new knowledge prompted them to change the health system's policy around attendance.

Working with hiring managers on cultural competency

Hiring managers are on the frontline in matters of retention. Working directly with hiring managers to ensure they are properly prepared and engaged when hiring employees of different ethnicities, identities, backgrounds, or cultural norms than the majority of existing employees can help create a successful hiring and retention initiative in both the short and long term. Preparation for outside-in pathway program graduates might include taking extra steps to learn about the culture of incoming new hires if their culture is different from the existing majority workforce. For example, taking the step to learn about a new employee's culture can create space for understanding of differences in religious or cultural practices. This understanding can also prepare a hiring manager to create a plan on how to integrate the new employees into the team in a way that is respectful and inclusive of the new employee's culture.

One example of successful collaboration with hiring managers can be found at Trinity Health, the Michigan region, which developed a competency-based approach to hiring, promotion, and development that is being scaled to other organizations through a program called HireReach. This work has led to the reduction of first-year turnover (improving the quality of hire), enabling their external hires to be more reflective of the patients and families served by the healthcare system, among other outcomes.

Encourage Long-term Vision

Building a culture that encourages employees to envision long-term careers with space for advancement is an important strategy for retention. Employees who see themselves as having career pathway opportunities are more likely to stay within an organization than those who see themselves as unable to move from their current position. Having a long-term career goal coupled with tangible steps and support for advancement encourages employees to begin to take those steps. In particular, paying for training and education programs upfront—especially when combined with the offer of future employment opportunities—can help improve retention. Career coaches can help both new and existing employees understand and recognize career development opportunities and get a more complete picture of the opportunities available to them in the long-term.

Provide Wraparound Services

Centralized, easy-to-access information and resources for social services and wraparound services can help employees weather personal life challenges that may otherwise lead to an employee leaving the health system. For parents whose childcare is suddenly disrupted, employer supported benefits for childcare can ensure an employee can continue coming to work; for an employee whose car breaks down, transportation benefits may be the difference between being able to afford getting to work or having to quit to find work closer to home. Additionally, providing financial planning services can help employees adjust their spending and saving habits to better prepare themselves for such emergencies. Partnering with community organizations to better understand the barriers employees may face and leveraging their expertise and services may uncover more solutions that would enable people to maintain employment and increase retention.

Collect Feedback

Collecting feedback and intentionally engaging employees to understand their experiences is a useful strategy to identify items to address that could increase retention. According to Shift Work Forward, worker voice is a core pillar of a quality job, which can contribute to employees' increased job satisfaction, greater influence, inclusion, and sense of "mattering," and better opportunities for professional development. In one workplace, Paradise Tomato Kitchens found that centering workers' voices led to a reduced turnover rate of new hires, dropping from 72 percent to 32 percent in the year since the HR team introduced "checkpoint interviews" to actively listen to new employees about what was working well or could be improved.

Surveys and informational interviews are two means of collecting feedback that can lead to helpful suggestions for improvements. Additionally, providing space for feedback during annual reviews or other periods of reflection can promote a healthy workplace. Providing incentives and rewards to fill out or return feedback is a commonly used strategy.

When collecting feedback, "reading between the lines" may be necessary, especially in regards to understanding personal life challenges that may be impacting an employee's work life. Certain topics are challenging to broach for both employees and managers, but the ability to recognize when a staff member may need extra support to accomplish their work can be critical to retention.

> Recognize that collecting feedback alone is not effective, however. It is critical that when soliciting feedback, said feedback must be thoroughly considered and solutions should be discussed and implemented. Soliciting feedback without acting on it often leads to a lack of faith in the feedback system, and will result in lower feedback returns in the future. Failure to act on feedback can also be taken as acting in bad faith by employees and can negatively impact retention—the knowledge that an employer actively knows about an issue and is not listening or taking action to create a solution is both frustrating and disheartening.

Maintain Realistic Expectations

Retention strategies help, but turnover will always exist. It is necessary to maintain realistic expectations and understand that retention plans should always prepare for attrition. The purpose of intentional, outside-

in programs is to provide opportunities for people who have been left out of your system's workforce for a variety of reasons; at the same time, there are many reasons you may see attrition and turnover by those who have been hired through the new programs you have designed.

Additionally, it is ideal to prepare for the fact that some people may need further training beyond the initial educational or training periods. Some may need one-on-one support to help them fully grasp concepts or to learn a new skill. Realistic expectations recognize that people make mistakes, may need second or third chances, may require extra time to process a new idea or perform a challenging task, and may need job coaching. This is normal; to expect otherwise will not lead to success in hiring or retaining employees, especially for those facing barriers to entering the workforce.

Who is in charge of retention?

- Managers and HR business partners can collaborate on retention strategies. If an employee is not being successful, work together to determine whether a corrective action or a supportive conversation that determines the issue will be more conducive for retention. If an employee is having transportation or childcare issues, is there a way to troubleshoot and resolve the issue without corrective action? Are there outside resources or a job coach that can help the employee navigate to a successful resolution? It has been shown that retention increases when department managers and HR business partners are actively on board and involved as partners working with employees hired through outside-in pathway programs.
- Designating someone as a job coach who regularly works with new employees and helps them integrate into the system can be very effective in increasing retention.

3.3 Setting the Stage for Transformative Impact

Achieving the transformative impact of a new impact workforce strategy requires laying the groundwork for long-term success. This section outlines key strategies for embedding these programs into the organization's culture and operations. These strategies include: establishing clear metrics, building system-wide infrastructure, reviewing existing policies and and processes to remove barriers, leveraging community strengths, and ensuring longevity through stakeholder buy-in and ongoing education. By implementing these elements, your health system can ensure these initiatives become permanent, effective drivers of economic opportunity in your communities.

Design Around Data and Metrics

Tracking impact is critical to making the long-term case for institutional investments in and maintaining community interest in impact workforce programs. By examining the demographic characteristics of the current workforce in the context of your goals and needs, you are better equipped to measure progress and identify successes and challenges as you implement these programs.

An important first step in establishing these programs is to ensure that you are collecting the right data, and that your data systems are able to track the information you want. In order to measure impact, variables should be tracked for both the general applicant pool (those who go through traditional channels when applying to jobs) and the talent pool from your focus geographies, which could include those who go through pathway programs, cohort training, internship programs, or local workforce-intermediary partnerships.

Variables To Measure

Evaluating the Hiring Process

- Average number of applications per position posting
- Average number of applications per month
- Percentage interviewed
- Percentage hired
- Percentage of applicants that re-apply
- Average days to hire
- Location of applicants, by zip code
- Location of successful applicants, by zip code
- New hire starting wages
- Demographics of applicant pool including city, zip code, percentage who reside in communities of focus
- Staff time spent recruiting and hiring, by position category

Evaluating the New Hire Success and Retention

- Retention rate after one year
- Manager feedback on candidate performance
- Employee satisfaction scores
- Staff time spent on recruitment
- Staff time spent on training and orientation
- Administrative costs

Evaluating Career Ladder Success

- Changes in wages of training participants
- Retention rate of training participants
- Employee satisfaction scores
- Number of positions filled from internal candidates
- Average cost of recruiting external candidates for positions requiring training
- Location of employees taking advantage of training opportunities

How to Measure:

Identifying the metrics to measure is the easy part—the work begins when you set up the infrastructure necessary to collect and report on this data. This will involve agreements with the workforce intermediary around collecting applicant data, creating common metrics and measurement standards across organizations and departments, engaging the information technology department, and identifying a skilled analyst (internally or externally) to calculate the return on investment. This staff time, in addition to software upgrades and other data infrastructure investments, should be included in the budgeting process when beginning an impact workforce strategy.

Measure Your Current Workforce

Demographics	Location	Turnover And Forecasting
What is the demographic profile of your workforce and applicants? • By race, ethnicity, and gender identity • By position type (e.g., entry-level, mid-level, leadership) • By wage level	**Where does your workforce currently live?** • By city or metro area • By zip code • Percentage of employees who reside in economically under-resourced zip codes	**What are your workforce needs?** • Overall turnover rate • Positions with high turnover • Termination rate • Positions that will be affected by retirement or other workforce trends

Assess Data Infrastructure

- How is the data about employee demographics stored?
- What applications are used, and do multiple systems "talk" to each other?
- Are these data systems maintained by human resources or at a department level?
- Are there barriers to tracking this sort of employee data?
- Is it easy to track when and where an employee moves within the institution (e.g., if they switch departments to move into a higher-paying job)? Is it possible to track the recruitment source or program a new hire came from?

Create a Workforce Development Department

UMass Memorial Health (UMMH) established its Workforce Development department following an internal assessment that revealed the need to create system-wide infrastructure and a dedicated budget to support multi-year workforce initiatives. The department is housed within the talent acquisition and workforce development division of human resources and overseen by the chief human resources officer, with clinical leaders partnering to help identify critical vacancies and implement quality programs. These "hot jobs" guided the department's priorities to build new outside-in hiring streams, fill gaps in existing roles, and pilot new inside-up or "grow-your-own" career pathway programs for employees. In the department's first full year of operation, UMMH established an anchor goal of launching three career-pathway programs for 50 employees and community members. Designed using an earn-and-learn program model, each program offers employees full salary and benefits while learning new skills. In addition, all tuition costs are paid for by the organization. Community-based organizations, colleges, and high schools were critical implementation partners.

While filling critical positions is the short-term priority for UMMH, offering foundational support for employees interested in growing their careers is essential to creating equitable access to those jobs in the long run. Workplace English for Speakers of Other Languages (ESOL) and U.S. citizenship prep courses are now offered, along with career exploration and coaching. This work is supported by a five-person team, including four new full-time employees and one full-time role that transferred from talent acquisition. According to Kelly Aiken, director of the workforce development and planning department, "dedicated resources, senior leader support, and deep collaboration helped us to meet our first-year goal and laid the foundation for refining our system-wide workforce development plan." This plan ensures that community members and caregivers receive the opportunities, support, education, and training needed to secure, retain, and grow in good jobs within the UMass Memorial Health System.

Survey Your Workforce Policies and Practices

Which policies and processes are working? Which are barriers to success?

Hiring Policies To Consider

Background check

Policies such as ban-the-box ensure that candidates with justice system involvement are not discriminated against during the hiring process and are an important step in connecting returning citizens to jobs. However, even with ban-the-box in place, barriers to entry can still exist. Evaluate whether there are policies that unnecessarily prevent individuals with justice system involvement in their backgrounds from working in specific positions. Although there is the perception that working in a hospital with such a background is not possible, for certain positions this is not necessarily codified in statute.

Credit check

Some institutions require credit checks for positions that do not involve handling a significant amount of money or expensive goods. This ends up barring candidates with debt above a certain threshold or who may have written checks with insufficient funds in the past, regardless of their current financial status or the degree of the misdemeanor. This provision can end up being a major obstacle to strong local-hiring efforts, as many administrative positions have to handle smaller financial transactions. New Haven Works, a workforce intermediary based in New Haven, Connecticut, partnered with Yale University to reevaluate these thresholds and refine an overly broad policy so that they were no longer barring qualified applicants from these low-risk positions. Assessing these policies and determining more reasonable thresholds can help ensure that current practices do not discriminate unnecessarily against candidates with debt.

Hiring Practices To Consider

Post open positions in accessible places

Where open positions are posted can make a huge difference in terms of whether individuals can access them. Therefore, it is important to post open position announcements in places that local community members are likely to see them. Having a job portal that is easy to navigate is also an important outreach step.

Hiring manager engagement

Changing the point at which a hiring manager engages with applicants is a significant step in linking candidates to job opportunities. When hiring managers assist with pre-employment training, conduct mock interviews, and meet with candidates, it can help them to forge personal connections that benefit both the candidate and the manager. Map your current hiring processes and determine whether there are any points at which hiring managers could meet with candidates from outside-in programs. Small adjustments to these processes can make investments and partnerships more effective and efficient.

Training Policies To Consider

Eligibility for tuition assistance

Access to training opportunities soon after hire not only helps employees build job skills and strengthen performance, but can improve engagement and satisfaction. When are employees eligible for tuition assistance at your institution? Although employers frequently wait for a year to allow employees to access this benefit, opening up tuition assistance after three to six months can connect new employees to career pathways right away. Another important factor to consider is what programs are eligible. Ensure that your policies do not only cover degree-granting programs, as these programs are often not the trainings that entry-level workers can access right away. Tuition assistance policies that are only for degree-granting programs increase the bifurcation of opportunities between lower- and higher-wage employees.

Eligibility for tuition advancement

Although tuition reimbursement is an important employer benefit, paying for training up-front can be a significant burden to the lowest wage employees that likely have limited savings. Policies such as direct pay, by which tuition is advanced rather than reimbursed, can help address these financial barriers. Some institutions have paired this with a requirement that the employee given a tuition advance commits to working at the institution for a certain amount of time after training. This requirement is designed to reduce the risk that trainings are not finished and to ensure the agreement benefits the institution. Other policy solutions can include: working out payment plans with employees, partnering with educational institutions that allow for delayed payment, or developing partnerships with local financial institutions that can provide short-term, low-interest loans.

Training Practices To Consider

Release time

Release time for training can also be critical for enabling entry-level workers to access career development opportunities. Employees might work multiple jobs or have other time constraints, such as childcare, which can create barriers to learn outside the work day. Allowing trainings to be completed on-the-job can help guarantee that they are truly accessible. Since release time is a cost burden, some institutions have used funds from training or human resource departments to pay for this time, or they have utilized internship programs to help fill the gap created by paid employee training.

Retention Policies To Consider

Employer-assisted housing

A critical component to any sustainable impact workforce strategy is ensuring that there are affordable housing options near the hospital. This is especially critical in cities with high cost of living, or where neighborhoods immediately surrounding the hospital are being redeveloped and lower-wage employees face the risk of being displaced as property values rise. Employer-assisted housing programs are increasingly being used to draw investment to a particular place that will enable lower-wage employees to live closer to work and increase retention. For lower-wage employees, homeownership is a critical tool for building wealth and achieving economic well-being. Intentionally linking outside-in pathway programs to an employer-assisted housing program can ensure that a broader range of employees can take advantage of this type of benefit.

There are many strategies for structuring such a program, including forgivable loans, down payment assistance, or a mortgage buy-down. One of the most sustainable models for implementing this policy is a community land trust, which provides permanently affordable housing and ownership opportunities to low-income residents. Community development corporations and other affordable housing intermediaries are potential partners for implementing these strategies.

Retention Practices To Consider

Provide employees with opportunities for broader skills development

Practices such as connecting entry-level workers to a variety of supplemental skill development opportunities can help increase retention. Focusing on a wider array of skills can create a more inclusive working environment and can have a tremendous impact. One such example is financial education. On-site financial education programs provide important information to employees—about banking, home ownership, and general financial planning. Knowledge in these areas can help employees retain or build wealth, which in turn can help improve job stability. Other opportunities to offer could include English for Speakers of Other Languages (ESOL), and basic literacy and numeracy building classes. All these other courses could dramatically improve an employee's chances of success on the job and in their career.

What Policies Might Help Make The Case?

Identify any existing policies and plans that are aligned with the goals of your impact workforce strategy. This can help to refine goals and make the case for investing in workforce programs.

Policy documents to draw from:

- Strategic Plan
- Sustainability Plan
- Mission and Vision Statements
- Community Health Needs Implementation Plan

Map Your Community's Assets

You know your community needs jobs—but do you know the strengths it can offer?

The Applicant Pool

What skills are present in the community? Conduct focus groups or interviews to determine what types of jobs residents have skills for already or would like to train into. Local workforce intermediaries and job placement organizations might already have this data, and will have a good sense of community assets.

FROM THE FIELD

When beginning their local hiring planning process, University of Colorado Anschutz Medical Campus in Aurora conducted community focus groups to determine what the priorities were for local hiring programs. Through this process, and by working with local intermediaries, they discovered that within the local refugee population were people with skills from previous jobs in the healthcare industry in their home countries. However, they lacked the necessary U.S. credentials for working in the same positions here. The manager of the Hire Local program worked to find positions requiring similar skill sets that would provide opportunities for training and advancement into roles more closely aligned with the individual's expertise and past experience. In one specific case, the manager found a position for a refugee candidate within an animal research laboratory; the candidate came in with the necessary skills to do the job and the institution did not have to pay to train anyone.

Mapping The Workforce Development Ecosystem

- What organizations might residents looking for jobs already interact with? What do these organizations bring to the table? Meet with key stakeholders from your list of identified partners to see what trainings and skills they already offer, and what they might be interested in building out.
- What are other nearby anchor institutions doing around workforce development? Are there any other local hospitals with similar workforce needs? Are there other employers with similar position categories in which hiring could be streamlined? Meet with workforce representatives to discuss areas of alignment and opportunities to partner.

In some cases, a new organization may need to be incubated based on the specific geographic or demographic focus of the local and inclusive hiring effort. Some examples include New Haven Works, a workforce intermediary in New Haven, Connecticut connecting local residents to Yale University and other local employers; University of Colorado Anschutz Medical Campus' Local Hire Program; and the West Philadelphia Skills Initiative in Philadelphia, Pennsylvania. All these organizations were established or supported to provide effective workforce development services to health systems.

Plan for Sustainability

How do you institutionalize programs and get the whole team on board?

Invest Time in Research and Planning

Buy-in begins in the design stage. If you engage stakeholders from the beginning and understand their priorities, it becomes easier to link impact workforce goals with managers' specific goals.

Focus First on High-turnover or In-demand Positions

As health systems are considering which positions to focus on for their impact workforce programs, it would serve them well to focus on positions that are in-demand and/or have high turnover. Aligning business needs with impact workforce programs serves the dual purpose of benefiting the institution as well as individuals. This strategy garners more buy-in, gains more champions, and ensures greater sustainability. One example of an institution aligning investments in workforce development with business needs can be found in Kaiser Permanente's effort to support the implementation and scaling of non-degreed healthcare and behavioral health pathways for youth and young adults in its Colorado region. In partnership with Jobs for the Future and the Colorado Health Institute, Kaiser Permanente is helping to strengthen the healthcare apprenticeship pathway by expanding current infrastructure, filling programming gaps, and building capacity. This is done through the development of comprehensive career pathway maps, technical assistance to support the implementation and utilization of the pathway maps, capacity building to strengthen the regional career navigation supports for young people, engagement of employer networks to expand youth career pathways, and strengthening regional workforce programs to enhance accessibility and scale. By building workforce pathways that are broad and inclusive, Kaiser Permanente not only addresses workforce shortages in high-demand clinical and nonclinical positions but also creates a sustainable workforce that meets the needs of the patient population being served in the area.

Set Public Goals

Public goals are an important way for leadership to demonstrate that the impact workforce strategy is a priority. They serve not only as a tool to publicize efforts and generate interest in impact workforce programs, but also to hold the institution accountable for its efforts. The Johns Hopkins University and Health System has local hire initiatives under its HopkinsLocal program where it publicizes goals and progress. In 2023, health systems that signed onto HAN's Impact Workforce Commitment set public goals to reach at least 10% of new hires annually as impact hires by the end of 2027.

Track and Report on What Matters

Even after just one year, impact workforce programs can have a tremendous positive effect. But high quality data needs to be consistently tracked in order to tell this story. By investing time into establishing your workforce baseline and setting up data infrastructure systems, it will be easier to report back to stakeholders on the success of programs.

"It can be a challenge to get the data you need and may take time to define the right metrics," says Seanna Ruvkun, Workforce Planning Consultant. "But think early about what success would look like and [understand] what you *can* measure."

Educate All Staff

Although it's easy to think of hiring as just a human resources function, in reality, the success of an impact workforce effort crosses all departments: administrative staff may need to shift payroll practices, department managers may need to change release time policy, etc. Dedicating resources to training all staff on the effort can significantly increase the program's long-term impact. Best practices include doing presentations at monthly departmental staff meetings, or requiring that mandatory professional development training hours be dedicated to the effort.

Ask for Feedback

It is important to ensure that there are processes for all stakeholders—job applicants, new employees, managers, intermediaries—to provide feedback. This is not only essential in ensuring that the program is effective, but it will also help generate narratives about the program's achievements. Often it is the individual stories that are the most compelling. Creating mechanisms to solicit qualitative feedback will help you gather evidence on the various ways in which these initiatives matter.

4 Diving In

Internal Policy Projects With Big Impact

This section highlights places to get started with your impact workforce strategy, identifying quick wins.

Policy Fixes

Adjust Tuition Reimbursement Programs to Allow for Tuition Advancement

Tuition advancement, rather than tuition reimbursement, can provide significant benefit to employees who might not have the savings to pay for technical training certificates out-of-pocket. Instituting a policy that provides tuition advancement for employees below a certain wage threshold or for certain programs can make training opportunities more accessible.

FROM THE FIELD

To support equitable advancement, one healthcare system continues to champion its education benefits program, which provides up to 100% tuition coverage for associates looking to pursue careers in priority clinical pathways. These supported pathways include nursing, nursing support, medical assisting, surgical technology, imaging, sterile processing, laboratory, and respiratory services.

To further expand opportunity, the health system is building partnerships with innovative national and local schools to provide access to quality programs that support various learning styles and needs.

Change Policies Preventing the Hire of Individuals with Justice System Involvement

Justice-involved individuals, and in particular people returning from incarceration (also known as "returning citizens"), face some of the steepest barriers to finding jobs. More than half a million people reenter society from incarceration each year in the U.S., and many are unable to find work. Unemployment rates are particularly high for formerly incarcerated Black men and women.

Health systems can take steps to ensure returning citizens in their communities have access to life-changing opportunities at their institutions by adjusting background check policies to be fairer and more appropriate, and developing intentional, outside-in pathways to employment. By doing so, systems can gain skilled workers who can help to fill critical roles, who might otherwise be turned away.

FROM THE FIELD

The University of California, San Francisco (UCSF) convened a workgroup in 2021 to evaluate its processes for conducting background checks, which then led to proposed internal process changes that could remove barriers for people with records. With support from leadership, UCSF began to adjust policies and procedures such as: eliminating a requirement to include conviction disclosures

as part of candidates' background checks, increasing transparency about the background check process to make clear to applicants when they would be asked about their records, removing marijuana from the drug screening process (which is consistent with state law), and introducing a process to refer candidates to community partners for support if their job offer is rescinded due to a background check. To build support for this novel approach and to help mitigate bias against individuals involved in the justice system, UCSF provides cultural and belonging training to hiring managers, recruiters, and other staff.

Revise Job Descriptions to Eliminate Unnecessary Requirements

Job descriptions can include requirements that inadvertently screen out candidates that are actually qualified for the job. This can happen if job descriptions have not been updated in a long time or if position categories are grouped together. An important first step in addressing unnecessary requirements is to look at job descriptions for entry-level and mid-level employees and evaluate the requirements. One example of requirements that pose an unnecessary barrier for applicants is requiring years of experience in the healthcare field, even if the candidate has transferable skills from a different field. Another example is adding software experience requirements to all positions even if these skills are needed in one department but not another. Many of these restrictions keep qualified people out.

FROM THE FIELD

One health system reviewed job descriptions to evaluate the need for including a degree requirement versus certain skills and experience (while excluding licensure requirements), as part of an overall strategy to recruit residents from local lower-income communities and provide opportunities for career advancement. Many job descriptions were rewritten with more inclusive, skills–based language, and connections to career pathways were also incorporated in the process.

Impactful Practice Upgrade

Communicate with Workforce Partners and Intermediaries About Forecasted Job Needs

One easy, first step institutions can take to help address local hiring needs is to create regular communication channels between human resources, departmental job forecasting, local workforce intermediaries, and other training and employment partners. Workforce partners are able to channel philanthropic funds towards tailored job training. By creating channels of communication about anticipated job needs, intermediaries are able to create specific trainings for those high-need positions.

Work with Intermediaries to Address Personal Life Challenges

Many health systems provide wraparound services to employees to help them overcome challenges in their personal life that may make it difficult to show up to work on time and be fully engaged.

FROM THE FIELD

Advocate Health, which serves patients in six states, partners with several community-based organizations to support the recruitment and retention of justice-involved individuals. These organizations include the Center for Self-Sufficiency, Goodwill Workforce Connection, City Startup Labs in North Carolina, SEMBDC in Georgia, Employ Milwaukee in Wisconsin, and Cara and Safer

Foundation in Illinois. As organizations that work directly with justice-involved individuals, they are equipped to guide people to overcome structural and societal barriers, such as finding employment and succeeding in their jobs. This support may include providing soft skills training, helping to set up reliable transportation, navigating complex hiring processes and state laws, addressing healthcare needs, or identifying childcare solutions.

One partner organization provides a job coach to justice-involved hires during their first year of employment at the health system. This job coach works with the new employee's manager to identify potential solutions to job performance issues before corrective actions or termination may occur. For example, when one teammate had issues showing up to work on time, the job coach helped by troubleshooting transportation challenges and ensuring the teammate had access to a reliable bus line.

Flag or Tag Candidates Sourced by Workforce Intermediaries

A best practice is to tag applicants who come to the organization through an intentional, outside-in pathway in the organization's applicant tracking system or human capital management (HCM) system, or amend the system to allow for such tagging. By tracking these employees' progress, health systems can monitor program effectiveness and workforce outcomes, assess how individuals are progressing in their career journeys, and identify additional supports for new employees to help facilitate the transition into their roles. Baystate Health, for example, uses their HCM system to track their employees' promotional activity. Possible options to consider include using employee ID numbers or applicant tracking IDs, and designating a common tracking source.

FROM THE FIELD

At Kaiser Permanente, the talent acquisition team developed a process to provide priority consideration for U.S. veteran candidates in their applicant tracking system as part of the health system's High Impact Hiring model. Job applicants are asked whether they served in the U.S. military. By answering affirmatively, they are given priority status in the candidate flow to place them in a position to be considered by the hiring managers. This provides a mechanism to ensure that consideration is given through a process and resources. This process has helped to increase the number of veteran candidates being considered by 15% and provides an internal investment in this group that has been historically disadvantaged.

5 Return on Investment and Measuring Impact

> Critical to understanding ROI and measuring impact is defining clear objectives for workforce development programs and utilizing a streamlined approach to track progress.

Quite often healthcare systems that are beginning an impact workforce journey ask what their return on investment (ROI) is going to be. People may look for a dollar amount that benefits the healthcare system and can justify any expense spent on these programs. It can be complicated to get a specific dollar amount of ROI for a number of reasons that will be explained in this section. However, additional metrics that measure impact can be used to support and give ample justification for impact workforce strategies.

Short-term objectives may include the target number of participants, training program completion rates, and post-program placement measured by minimum retention rates. This allows the workforce development team to identify areas of success and improvement when collected alongside qualitative feedback from supervisors and program participants.

Longer-term, key performance indicators may include retention rate of trained employees, internal mobility and promotion rates of both external and internal talent, engagement, and manager satisfaction. Human resources and talent acquisition systems are used to track career progression, performance, and engagement so sustained impact can be assessed.

Return on Investment

Calculating your return on investment

Investment in impact workforce strategies can create cost savings by:

- Reducing turnover and increasing retention rates
- Making the recruitment process more efficient
- Reducing time to fill open positions
- Saving on orientation and internal training costs

Investment in impact workforce programs can also be measured by the impact it has on both your healthcare system and the surrounding communities in areas such as:

- Addressing issues of health equity and identified community health needs
- Creating a workforce that better serves the local community
- Improving employee engagement and morale
- Improving the institution’s reputation in the community
- Increasing the number of residents with access to health insurance

Savings

Reduce Job Turnover Rates

Local hiring and impact promotion programs have been shown to reduce turnover rates and improve

retention, which can lead to significant cost savings. To demonstrate savings and better understand return on investment, it is important to calculate the cost of turnover. It must be noted that the cost-of-turnover calculation often encompasses some of the other savings listed below, and care should be taken not to double count savings.

Turnover Variables	The cost of turnover includes: • separation costs (cost of administering exit interview, severance pay) • recruitment costs (advertising, recruiter staff time) • selection costs (interview time, background and reference checks, drug screens, administrative time) • hiring costs (human resource administrative costs and staff time, relocation costs, orientation, and job training) • lost-productivity costs (vacancy cost, cost of hiring temporary staff or covering position's responsibilities with overtime, peer disruption)



Healthcare human resources literature identifies turnover cost rates per job category, which can be used as a multiplier when calculating return on investment.

To calculate the turnover rate of program participants compared to general employees, compare employee turnover among participants of specific training or outside-in pathway programs to general turnover rates in that specific position.

Make the Recruitment Process More Efficient

Many of the best practices to train local residents for jobs (e.g., working with an intermediary for outreach, utilizing a cohort model, etc.) also save time and resources on recruitment. Workforce intermediaries and community organizations can source, screen, and prepare a qualified pool of applicants to your specifications who can then apply to targeted positions.

Recruitment Variables	• Cost to source applicants through standard recruitment channels • Cost and time for recruiters to sort through large volumes of applicants • Number of qualified candidates provided by intermediary

Reduce Time to Fill Open Positions

Working with an intermediary may also yield savings due to a decrease in time to fill open positions. When given enough notice or with a regular cadence of training, intermediaries can develop training cohorts for high volume or high turnover jobs. For positions where there may be a shortage of qualified applicants, this can yield a qualified pool of applicants much faster than the normal application process. The time spent to fill positions is important to consider because the cost of vacancy can be significant. For example, filling the position through overtime or through a staffing agency often results in rates that are much higher than standard wages.

Time To Fill Variables	• Average time spent to fill a particular position category, from vacancy to hire • Average time spent to fill a targeted cohort position, from vacancy to hire • Cost of overtime or staffing agency replacement

Save on Orientation and Internal Onboarding Costs

Every incumbent that is hired to fill a position represents a cost savings from the elimination of the need for corporate onboarding and orientation.

Both outside-in and inside-up training programs often involve a customized curriculum adjusted to employer needs. Pre-employment training programs can incorporate specific skills-training on the institution's software programs, organizational practices, and position-specific tasks. Candidates often tour the institution prior to hire, and even complete job shadowing or internship programs. Since the cost of such training is often covered by the workforce intermediary or training partner, these are time and resource savings for orientation. It is important to note that these savings might already be captured in the cost-of-turnover multiplier, so these should only be measured if you are not utilizing that multiplier.

Onboarding Cost Variables	• Cost and length of standard new-employee onboarding and training • Cost of resources used in standard new-employee onboarding and training • Cost and length of new employee orientation and training for impact promotions

FROM THE FIELD

One example of calculating return on investment comes from Rush University System for Health, which has documented financial savings from career pathway programs due to improved retention, filled vacancies, and reduced overtime costs. The health system experienced staff shortages for Patient Care Technicians (PCT) in 2022, leading to increased spending on overtime pay for PCTs, which costs 1.5 times more than employees' hourly wages. The workforce development team proposed a solution: by developing a PCT career pathway program, Rush could fill vacancies and reduce overtime hours by 50%, yielding a projected cost savings of approximately $67,474 annually.

The PCT career pathway program, with a cost of $15,877, quickly paid for itself through these overtime savings. The reduction in overtime alone more than covered the program's expenses, providing a strong return on investment. In addition, increased retention rates were documented due to the program design where participants receive tailored support and build relationships with one another throughout their training. In justifying the program, William Krech, associate vice president of talent strategy at Rush, referred to a 2019 Gallup study which found that replacing an employee typically ranges from one-half to two times their annual salary. By improving retention—evidenced by a 2.9% decrease in turnover from May to December 2022—Rush's PCT career pathway program helps reduce recruitment and training costs, further increasing its return on investment.

Save on Training Costs Through Leveraging Public and Philanthropic Resources

In order to address skills gaps, health systems must invest resources in training programs. However, in developing an impact workforce strategy, health systems are often able to leverage public funds for training efforts focused on meeting employer demand. Workforce development boards, city offices of economic development, local chambers of commerce, and federal workforce grants can often be used to develop employer-specific training. Similarly, local intermediaries often receive philanthropic grants or use public funding to develop this type of training. By partnering with these organizations and local intermediaries, the cost that the individual institution would have had to outlay to invest in building employee capacity converts into a savings. In addition, grant applications for federal funding and national philanthropy are often more competitive when they quantify demand for training programs across a sector or coalition of partners and demonstrate the benefits beyond just one employer or community.

Training Cost Variables	• Cost of recruiting external candidates for training programs • Cost of training applicants for positions • Cost of partnering with workforce development organizations to do that recruiting

	and training

Other Cost Variables to Include in ROI Calculations

When examining the ROI for impact workforce strategies, it is helpful to consider all costs associated with implementing and operating the programs. By incorporating these additional programmatic and institutional costs, it becomes easier to plan for the program's long-term sustainability.

Other Variables	• Staff time for administering program • Tuition assistance provided for internal candidates • Training costs for internal candidates or candidates sourced through outside-in pathways • Costs of space and training equipment

Additional Benefits

As explained in the prior section, in addition to metrics that can demonstrate financial returns for the investments made in impact workforce programs, health systems can measure other tangible benefits and positive outcomes from these efforts that lead to the greater well-being of employees, and thus, improved health outcomes in the community.

Increase Economic Stability

Economic conditions are critical to health and well-being. Stable employment accompanied by higher wages, health insurance, and other financial benefits gained by employment in the health system can lead to greater economic stability in local neighborhoods.

Variables	• Results from Community Health Needs Assessments • Data on wage increases and length of employment from program participants

Enhance Patient Satisfaction

Hiring employees from communities facing health disparities can positively impact patient experiences. When patients can connect with care team members who share similar backgrounds, languages, or life experiences, it may foster trust and improve communication. This enhanced connection has the potential to lead to greater patient satisfaction and increased engagement in care.

Variables	• Improved patient satisfaction • Increased participation in healthcare services

Improve Employee Morale

Training and investment in employees can improve employee morale. Moreover, managers who participate in job training programs may show increased pride in working at the institution. Improved morale is an important factor in retention, and thus an important benefit.

Variables	• Data from employee satisfaction surveys over time and between control group and trained group • Data from employee satisfaction of managers who serve in coaching and mentoring roles compared to control group • Benefits of employee engagement and loyalty that results from advancing internal candidates

	• Community health benefits from community health worker positions

Bolster Reputation in the Community

An impact workforce strategy can help to strengthen the health system's reputation as the local provider of choice. When patients and community members see that the health system is catalyzing local job creation and career development, it demonstrates a commitment to improving overall community health and well-being.

Variables	• Data from community surveys • Number of visits from patients in surrounding zip codes • Positive press from impact workforce programs

Apprenticeship ROI Calculator

MI Apprenticeship is a state program in Michigan that is managed by the Workforce Intelligence Network and its partners. It works to provide Michigan employers the resources and support to improve their apprenticeship programs, and provide job-seekers with the resources to find apprenticeship opportunities and achieve long-term career growth. MI Apprenticeship has a useful calculator that determines the return on investment of an apprentice. The calculator takes into account wage progression during the apprenticeship program, costs of training the apprentice, and many other variables. The calculator can be accessed here: https://miapprenticeship.org/employers/roi_calculator.php.

6 Tools for Getting Started

These checklists, worksheets, and other tools will help you to get started and to implement your Impact Workforce programs at your institution.

6.1 Readiness Checklist for Developing an Impact Workforce Strategy
6.2 Self-assessment Tool for Impact Workforce
6.3 Big Questions Worksheet
6.4 Identify Your Partners
6.5 Overcoming Barriers
6.6 Additional Resources

Readiness Checklist for Developing an Impact Workforce Strategy

Readiness Checklist for Developing an Impact Workforce Strategy

Do this basic assessment to determine how much of the foundation of a successful impact workforce strategy has been built, identify the steps you need to take to firm up that foundation, and begin to implement your impact workforce strategy. All of the boxes on the checklist do not need to be checked before getting started. Some programs and strategies can occur at a local or departmental level while working toward checking the rest of the boxes for your entire system. Some systems choose to implement at a local level first, and others implement systems-level initiatives. This checklist can serve as an initial assessment preceding the more detailed self-assessment that follows. Either tool can also be used independently.

Leadership

- ☐ Leadership and the board have communicated organizational support
- ☐ An accountable executive for impact workforce strategies is selected
- ☐ Human resources and hiring managers are supportive of the program
- ☐ Dedicated staff have been identified to manage organizational objectives
- ☐ A business case for impact workforce strategies has been developed, institutionalized, and communicated

Partnerships and Community Engagement

- ☐ Focus groups, interviews, or other community engagement processes have identified community priorities around local hiring and workforce development
- ☐ Community-based organizations working within the communities of focus, or with populations identified as priorities—related to employment, education, or economic development—have been identified
- ☐ A workforce intermediary that can provide pre-employment training and/or other wraparound services has been identified
- ☐ A workforce intermediary or community-based organization that can provide ongoing employee support during the first year of employment has been identified; this can be the same organization that provided the pre-employment training
- ☐ An educational partner or intermediary that can provide skill development and training for low-wage workers has been identified
- ☐ Opportunities and access points for engaging community partners in identifying needs, designing strategies, and defining metrics for success have been identified

Data and Reporting Infrastructure

- ☐ The current software system can track applicants and employees by zip code
- ☐ Current software allows tracking of employees as they move throughout the institution
- ☐ Workforce demographics such as residency location, race or ethnicity, and level of schooling are tracked and can be sorted by job category
- ☐ Current software can track changes in employee wages over time
- ☐ Current software can track changes in residency location over time

Staffing and Interdepartmental Infrastructure

- [ ] Representatives from human resources (especially talent acquisition), community engagement, organizational learning, departmental jobs forecasting, and community engagement teams meet regularly or are part of an impact-workforce taskforce
- [ ] Forecasted job needs are communicated to staff working with local intermediaries

Alignment with Institutional Goals

- [ ] Systems are in place to examine the extent to which institutional policies, practices, and culture promote accessibility and inclusion
- [ ] Employee demographics across all jobs—from entry-level staff to the executive level—have been analyzed to identify potential barriers to entry and advancement for everyone.
- [ ] Training programs that help low-wage employees rise up in the organization are linked to community health goals, and demographic information about those employees who advance is tracked and reported

Decision-making Structure

- [ ] Hiring managers and supervisors are educated about impact workforce strategies and professional development and promotion, focusing on competencies and skills needed to be successful
- [ ] Hiring managers have a system for ensuring the application materials of outside-in pathway program candidates are reviewed and appropriately considered

Staffing and Accountability

- [ ] There is a stated and specific goal to increase hires from economically under-resourced geographies
- [ ] There is a stated and specific goal to reduce turnover

Legal Requirements Around Hiring

- [ ] There is a ban-the-box or similar policy to remove unnecessary barriers for people re-entering the workforce following incarceration and otherwise qualified for the position
- [ ] Job families or positions have been evaluated to see where it is possible to hire justice-involved individuals
- [ ] The legal department has provided feedback on when it is possible to hire justice-involved individuals and people re-entering the workforce following incarceration based on state and other regulations
- [ ] Credit checks have been eliminated or significantly reduced to highest-risk positions only
- [ ] The legal department has provided feedback on equal opportunity requirements as they pertain to providing job opportunities to applicants

Existing Training Opportunities and Funding Options

- [ ] Employee advancement and training opportunities are discussed at orientation
- [ ] Employees have access to job or career coaches
- [ ] Employees have access to skills assessment tools and job shadowing opportunities
- [ ] Employees below a particular wage threshold are eligible for tuition advancement

Board and Governance

- [ ] The board is educated about and supportive of impact workforce strategies

Communication Channels

- [ ] Career pathways and opportunities for advancement within the institution are clearly defined, and this information is readily accessible to all employees
- [ ] The jobs portal website clearly communicates information about outside-in pathway programs
- [ ] Employees receive regular communications about training opportunities and tuition advancement programs

- [ ] Hiring managers and departmental managers are engaged throughout the process

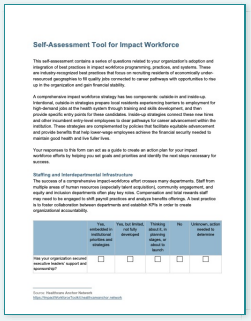
Self-assessment Tool for Impact Workforce

This self-assessment contains a series of questions related to your organization's adoption and integration of best practices in impact workforce programming, practices, and systems. These are industry-recognized best practices that focus on recruiting residents of economically under-resourced geographies to fill quality jobs connected to career pathways with opportunities to rise up in the organization and gain financial stability.

A comprehensive impact workforce strategy has two components: outside-in and inside-up. Intentional, outside-in strategies prepare local residents experiencing barriers to employment for high-demand jobs at the health system through training and skills development, and then provide specific entry points for these candidates. Inside-up strategies connect these new hires and other incumbent entry-level employees to clear pathways for career advancement within the institution. These strategies are complemented by policies that facilitate equitable advancement and provide benefits that help lower-wage employees achieve the financial security needed to maintain good health and live fuller lives.

Your responses to this form can act as a guide to create an action plan for your impact workforce efforts by helping you set goals and priorities and identify the next steps necessary for success.

Download Tool



Self-Assessment Tool for Impact Workforce

This self-assessment contains a series of questions related to your organization's adoption and integration of best practices in impact workforce programming, practices, and systems. These are industry-recognized best practices that focus on recruiting residents of economically under-resourced geographies to fill quality jobs connected to career pathways with opportunities to rise up in the organization and gain financial stability.

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Your responses to this form can act as a guide to create an action plan for your impact workforce efforts by helping you set goals and priorities and identify the next steps necessary for success.

Staffing and Interdepartmental Infrastructure

The success of a comprehensive impact-workforce effort crosses many departments. Staff from multiple areas of human resources (especially talent acquisition), community engagement, and equity and inclusion departments often play key roles. Compensation and total rewards staff may need to be engaged to shift payroll practices and analyze benefits offerings. A lead practice is to foster collaboration between departments and establish KPIs in order to create organizational accountability.

	Yes, embedded in institutional practices and strategies	Yes, but limited, not fully developed	Thinking about it, in planning stages, or short on launch	No	Unknown, action needed to determine
Has your organization secured executive leaders' support and sponsorship?	☐	☐	☐	☐	☐

Source: Healthcare Anchor Network
https://impactworkforcehub.healthcareanchor.network

FORMAT:

- Microsoft Word
- PDF

6.3 Big Questions Worksheet

Big Questions Worksheet

Getting clarity on what matters for your mission, strategies, culture, and values

This worksheet contains a series of questions for you and your team to review as you begin building the foundation of your impact workforce strategy. Consider bringing together staff from multiple areas of human resources (especially talent acquisition) and community engagement departments to brainstorm responses to the questions and reach consensus.

Why?

Why are you embarking on impact workforce strategies? Mission alignment? Long-term business case? Both?

Factors To Consider

- Are you looking at impact workforce strategies to fill a business need and/or resolve specific pressing human resource challenges, such as high turnover and/or low retention? Are there hard-to-fill positions, or positions that are projected to have vacancies in the future you would like to address? Would you like to increase the applicant pool in designated high-volume, high-turnover positions? Are there other business needs you are considering?
- Have unemployment, underemployment or low wages been identified as concerns in your community health needs assessment? Do patient populations you serve struggle with unemployment or underemployment? Would you like to increase opportunities for employment for under-resourced or economically disadvantaged communities in your service area footprint?
- Does your mission identify community health and well-being as a priority? Would you like to improve metrics for social drivers of health in focus zip codes?
- Does your institution participate in any collaborative economic-revitalization efforts? Are there workforce development and hiring initiatives at the city, county, regional, and/or state level?
- Would you like to increase community engagement?

NOTES:

Who?

Who is "community" to your institution? Who is the focus of your outside-in strategy?

Factors To Consider

- How is "community" defined in your mission statement? Your strategic plan? Your community health needs assessment?
- Have you disaggregated employee data on race, ethnicity, gender identity, and geography?
- Are there any specific populations identified in your community health needs assessment as underserved or experiencing health disparities?
- What are the demographics of your surrounding area? How do they compare to the demographics of current staff?

NOTES:

Where? What does “local” mean to your institution?

Factors To Consider

- Where do your patients live? Where do your patients with the most pressing health needs live?
- Who do local workforce intermediaries currently serve, and what are their service areas? What kinds of training do they offer?
- Are there any economically under-resourced or under-invested zip codes in your service area? Are there any zip codes with significant health disparities?
- How far do employees travel on average to get to work? What modes of transportation are available to get to your institution? Are there any areas that are not accessible? Are there areas that may be further away but easily accessible via public transit?
- Where do most employees currently live? Where do most applicants currently live?
- Have specific geographic areas of need been identified in your strategic plan or community health needs assessment?
- Has “local” been defined in any other area of your institution such as procurement?
- Is there housing that is affordable and accessible to employees? Is there a need to support increasing housing options?

NOTES:

6.4 Identify Your Partners

An impact workforce strategy doesn't have to be built alone—who will be on your team?

Outside Partners

List the following organizations in your community

Organization Type	Potential Partners
Workforce development boards: Regional entities that direct public workforce development programs	
Mayor's office of economic development, or similar public agency	
Job training organizations	
Workforce intermediaries and placement organizations	
Community-based organizations focused on employment and job readiness	
Community-based organizations focused on youth	
Community-based organizations that provide services to justice-involved individuals	
Community-based organizations focused on specific populations such as refugees and immigrants or young people aging out of the foster care system	
Community-based organizations focused on literacy and skill building	
Place-based initiatives focused on advancing cradle-to-career outcomes	
Place-based initiatives focused on economic mobility	

Community colleges	
Professional schools, nursing schools, and other allied health-profession training institutions	

Inside Partners

Who are the key players within your own organization that can help move this effort forward?

Internal Role	Key Staff Members
Directors and managers in charge of hiring in the largest departments	
Recruitment staff	
Community outreach and government relations	
Workforce development, training, and learning	
Human resources benefits staff (in charge of tuition assistance)	
Temporary hiring and intra-staffing	
Information technology and software management	
Legal department (staff in charge of restrictions around hiring justice-involved individuals, assessing equal opportunity compliance)	
Strategic planning team	
Employee bargaining units and union representation	
Board members from other major employers	
Procurement and supply chain (staff in charge of writing contracts that could include provisions for recruiting contracted employees from geographies of focus)	
Construction (staff in charge of writing contracts that could include provisions for recruiting from geographies of focus)	

6.5 Overcoming Barriers

Promising Solutions To Common Challenges

Challenges to Entry (outside-in)

Challenge	Solutions
High volume of applications prevent recruiters from seeing applicants sourced through outside-in programs who may be great employees.	Partner with a workforce intermediary to provide outreach, recruitment, preparation, and support services to your focus populations, and tag or flag resumes that come from your intermediary partner or communities of focus. Connect hiring managers directly with applicants participating in training programs. Hold “hiring day” events where hiring managers have face-to-face meetings with larger numbers of applicants. In addition to giving hiring managers opportunities to more quickly identify candidates who would be a good match for open positions, hiring days also give candidates opportunities to meet hiring managers, be considered for positions, and practice interviewing skills.
Poorly written resumes that may not reflect all the skills a person has acquired during pre-employment training or life experiences prevent individuals from advancing beyond the initial screening process.	Provide supplemental application materials, including evaluation data from program staff, to demonstrate a candidate’s past performance and future potential. Instead of using resumes to evaluate candidates, use letters that allow applicants to speak to their motivation, personal growth, and resiliency.
Blanket policies prevent the hire of formerly incarcerated applicants.	Develop the capacity of human resources staff to understand categories of justice-system involvement and state laws so they can match applicants to departments where there are no legal barriers. Convene a work group including leaders from HR and legal/compliance to evaluate existing processes for conducting background checks and assess the opportunities for removing legal barriers.
Applicants referred through outside-in pathway programs do not know how to interview well.	Provide training or collaborate with workforce intermediaries to prepare applicants for the interview process. Provide training for hiring managers and recruiters so that

	they do not rule out qualified candidates solely based on interview performance. Consider skills-based hiring models that emphasize a person's job skills and experience rather than their interviewing skills.
Lack of awareness about job postings or career ladder opportunities.	Work with intermediaries to share job information with local communities and ensure that people understand what the job is, how to apply, and how the application and hiring processes work. Review job descriptions to ensure they are understandable for all potential qualified applicants.

Challenges to Success & Internal Advancement (inside-up)

Challenge	Solution
Employees are unable to take advantage of training opportunities due to time constraints and changing shifts.	Provide financial and scheduling support to managers to allow for release time, a practice employed by Fairview Health Services among others. Release time allows employees to complete training opportunities during paid work time and maintain their full-time wages and benefits. Offer onsite training to reduce time away from work and family obligations.
Entry-level employees are unable to take advantage of tuition reimbursement because of the upfront costs.	Work with local colleges to set up a process where the health system pays upfront for employees' tuition using tuition assistance funds.
Employees hired through an outside-in pathway program may encounter difficulties fulfilling work responsibilities due to personal challenges, making it hard to retain their jobs.	Educate managers to understand challenges employees face, and adjust HR policies to provide resources and supports to overcome these challenges and avert terminations that are due to these challenges. Provide wraparound services—including financial literacy training, childcare support, and transportation benefits—or partner with intermediary organizations to provide these services. Assign or hire a job coach to help employees deal with barriers they face.

Workforce Ecosystem Challenges

Challenge	Solution
In-demand jobs require education and credentials that many people in your communities of focus do not possess.	Partner with upstream workforce and training organizations to source and prepare candidates for your jobs. Examine your sourcing partners to ensure they are connected to your communities of focus.
Your organization struggles to find an intermediary organization that can collaborate effectively on an outside-in pathway program, or that can prepare applicants adequately to work within your organization.	Partner with a local United Way, or communicate with your employees from focus communities to determine which intermediary organizations they currently work with and find to be effective and trustworthy. Identify an intermediary organization that has promising practices and help them increase their capacity and effectiveness to meet your hiring needs. If your community does not have an intermediary organization that is able to meet your needs, consider starting a new organization specifically to help prepare people to work within your health system.
Your health system or hospital is too small to warrant an outside-in strategy, as there are not enough open positions to make this approach worthwhile.	Partner with other institutions or a workforce intermediary that works with other anchor institutions with similar employment needs. These partnerships can even be outside the healthcare sector, such as partnering around facilities or maintenance positions.

Internal Cultural Challenges

Challenge	Solution
Hiring managers or leadership question the quality or qualifications of applicants from local communities.	Provide training on implicit bias to ensure everyone is treated fairly and able to succeed in their jobs.
Buy-in is a challenge with leadership or hiring managers.	Focus on one pilot program initially, demonstrate its impact, and then replicate and scale it. Ensure communications are cohesive and consistent. Find individuals in your system that are interested in and committed to this work, and then collaborate with them to start a pilot program.
The anchor mission is not yet part of your organization's culture.	Refer to the Big Questions worksheet for discussion questions that can be used to gain clarity on anchor mission alignment with your organization's mission, strategy, culture, and values.

	Implement an awareness and communication campaign to define the organizational imperative to advance the anchor mission. Determine connections between specific implementation projects and the larger anchor mission strategy and goals.

Resources

Introduction

- Income, employment and wealth, County Health Rankings & Roadmaps
- Economic Stability, Healthy People 2030

1. Outside-in Strategies

- Connecting People to Work: Workforce Intermediaries and Sector Strategies, Aspen Institute (2014)
- University Hospitals (UH): The Evolution of Step to UH and Earn-and-Learn Programs, Healthcare Anchor Network (2023)
- Dartmouth Health Workforce Development: Building sustainable talent pipelines in rural communities, Healthcare Anchor Network (2023)
- Rush Community Application Hub, RUSH
- United for Alice Wage Tool: Exploring the Impact of Wage Levels and Occupations on ALICE, United for Alice Wage
- Business Supplier Diversity, Healthcare Anchor Network (2023)
- Activating place-based partnerships for equitable economic development: A playbook for anchor collaboratives, Healthcare Anchor Network (2024)

2. Inside-up Strategies

- Activating place-based partnerships for equitable economic development: A playbook for anchor collaboratives, Healthcare Anchor Network (2024)
- New Arguments for Employer-Assisted Housing, New England Community Developments: Federal Reserve Bank of Boston (2006)
- Dartmouth Health: Building sustainable talent pipelines in rural communities, Healthcare Anchor Network (2023)

3. Laying the Foundations

- Making Neighborhood Disadvantage Metrics Accessible: The Neighborhood Atlas, The New England Journgal of Medicine (2018)
- About the Neighborhood Atlas® and Area Deprivation Index (ADI), Center for Health Disparities Research University of Wisconsin School of Medicine and Public Health

6. Tools for Getting Started

- Shift Work Forward (Formerly the National Fund for Workforce Solutions)
  Shift Work Forward is a nationally powered, locally driven organization that partners with a network of regional workforce leaders to reshape systems of work and opportunity. Its work centers three key priorities:
  - addressing systemic to success in the workforce to ensure people have access to opportunities
  - transforming career navigation and training systems to create pathways to good jobs
  - engaging industry leaders to improve job quality in order to create workplaces where all workers have a chance to succeed

  Shift Work Forward offers many tools and resources on job quality, systems change, and industry partnerships. To learn more about Shift Work Forward visit: https://shiftworkforward.org/our-work/.

- The Aspen Institute
  The Aspen Institute is a global nonprofit dedicated to fostering a free, just, and equitable society. It facilitates change through dialogue, leadership, and action to address various challenges faced by the United States and the international community. This engagement takes many forms, including conferences, events, programs, leadership initiatives, youth leadership programs, seminars, media resources, and collaborations with international partners. The Institute has built a strong reputation for bringing together a diverse array of nonpartisan thought leaders, creatives, scholars, and members of the public to tackle some of the world's most pressing issues.

Endnotes

Introduction

1. *Community Health and Economic Prosperity: Engaging Businesses as Stewards and Stakeholders–A Report of the Surgeon General [Internet]* (Washington (DC): U.S. Department of Health and Human Services, 2021), Chapter 2: How Neighborhoods Shape Health and Opportunity, https://www.ncbi.nlm.nih.gov/books/NBK568862/.

2. "Income, employment and wealth," County Health Rankings and Roadmaps, accessed June, 2025, https://www.countyhealthrankings.org/health-data/community-conditions/social-and-economic-factors/income-employment-and-wealth.

3. Matthew Hall, Howard Wial, Devon Yee, The evolution and landscape of under-resourced communities in U.S. metropolitan areas, Economic Development Quarterly, 37(4), 302-327, 2023, https://journals.sagepub.com/doi/10.1177/08912424231189654.

4. "Economic Stability," U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, accessed 2025, https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability.

5. *Community Health and Economic Prosperity: Engaging Businesses as Stewards and Stakeholders–A Report of the Surgeon General [Internet]* (Washington (DC): U.S. Department of Health and Human Services, 2021), Chapter 2: How Neighborhoods Shape Health and Opportunity, https://www.ncbi.nlm.nih.gov/books/NBK568862/.

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