Chicago AdvancingCities
Year 4
The West Side United
Employee Professional Pathways

April 2019 – December 2023
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About the evaluators

WSU has engaged the services of Sinai Urban Health Institute (SUHI) to serve as external evaluators of its AdvancingCities initiatives – the Employee Professional Pathways and Small Business Accelerator Grant Pool programs. SUHI is part of Sinai Health System and is known for its work in designing and implementing community health programs, conducting health equity research, and providing evaluation services. Learn more about SUHI at https://www.sinaichicago.org/en/suhi/. SUHI evaluators drafted this white paper, and West Side United staff input final program data.

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Executive Summary

West Side United and The Employment Professional Pathways

West Side United (WSU) is a collaborative of those who live, work, and congregate on Chicago’s West Side that aims to build health and economic wellness through interventions in four key areas: economic vitality, education, health & health care, and neighborhood & the physical environment. WSU includes health care institutions, civic leaders, residents, community-based nonprofits, religious organizations, and businesses. WSU is described in more detail in Chicago’s Advancing Cities Year 1 White Paper.

JPMorgan Chase funded two programs in WSU’s portfolio of economic vitality initiatives: the Employee Professional Pathways (EPP) from April 2019 through December 2023, and the Small Business Accelerator Grant Pool (SBG) from April 2019 through June 2022. Initial outcomes from the first two years of the project are described in the Chicago Advancing Cities Year 2 White Paper. Herein, we focus on EPP progress and outcomes through the conclusion of the grant period in December 2023. A detailed report on the SBG can be found in the Chicago Advancing Cities Year 3 White Paper. Since 2018, EPP has provided career training to Chicago West Side residents and incumbent hospital employees so that they can move into clinical positions with higher pay and growth opportunities. EPP has also offered hospitals an opportunity to fill high-demand clinical and IT roles with both existing and new staff. The overarching goals of EPP include: 1) Increase hospital workforce diversity by race/ethnicity, 2) Increase hospital workforce representation from WSU communities, and 3) Create greater economic opportunity and wealth for low-income individuals and people of color living in Chicago’s West Side neighborhoods.

Key Outcomes

The EPP programs were successful in providing new opportunities in health care for new and incumbent employees. Over the four-year Advancing Cities grant term, outcomes included:

**EPP progress through December 2023:**

- By the end of Grant Year 4, 292 individuals enrolled across all pathways: Medical Assistant Pathway Program (MAPP), Certified Nursing Assistant Pathway Program (CNA), Health Information Technology (Health IT) Pathway Program, and Phlebotomy Pathway Program.
- 195 had completed training in the MAPP, CNA, Health IT, and Phlebotomy, and 139 had earned certifications.
- 100 program graduates were hired as medical assistants, patient care technicians (PCTs), or Health IT workers with a 90-day retention rate of 97%.
- Program satisfaction through Grant Year 4 was promising: 83% of surveyed program participants were satisfied or very satisfied with the program, and 89% of surveyed program participants would recommend EPP to a friend. Overall, 79% of EPP survey respondents would participate in the program again, if given the choice.

Lessons Learned

Key insights from WSU’s experience facilitating EPP include: 1) a strategic approach to the application and selection process for each program ensures a strong fit for participants, 2) a unified and shared vision of EPP across participating institutions is critical for successful cross-sector collaboration, 3) programmatic and wraparound supports are essential for the success of EPP participants, 4) each institution must have staff dedicated to overseeing EPP programming to ensure systematic data tracking and cross-institutional data sharing, and 5) institutions should be willing and able to adapt and pivot EPP programming and recruitment methods to address current needs and barriers.
Introduction

West Side United and AdvancingCities

West Side United (WSU) is a collaborative of health care providers, educators, community-based organizations, faith communities, businesses, and government organizations on Chicago’s West Side with the collective goal of addressing health and economic gaps in their neighborhoods, including the gap in life expectancy. Life expectancy in parts of Chicago’s West Side is up to 14 years lower than in the wealthier downtown area. To reduce this life expectancy gap and improve health among those living in Chicago’s West Side, WSU addresses factors that drive inequities in health and wellbeing to build community wellness and support vibrant, healthy neighborhoods. WSU focuses on four impact areas: economic vitality, education, health and health care, and neighborhood and the physical environment. WSU holds West Side neighborhood residents’ needs and opinions at the center of their decision-making process.

Established in 2018, WSU developed and executes several programs to support its mission of building health and wellness on Chicago’s West Side. These include the Employee Professional Pathways (EPP) and Small Business Accelerator Grant Pool (SBG). Over the three-year AdvancingCities grant period of SBG concluding in June 2022, WSU distributed a total of $1,457,000 to 109 unique small businesses with grantees experiencing an average year-over-year revenue increase of 42%. Additionally, almost two of three of reporting SBG grantees’ current financial situation and overall wellbeing improved a year after receiving the grant, and on average, grantees reported improvements in expected future wellbeing and perceptions that they live a meaningful and purposeful life. Lastly, WSU generated $417,240 in additional funding for SBG, bringing in eight new funders. A detailed discussion of SBG outcomes can be found in the Chicago AdvancingCities Year 3 White Paper.

EPP successes and key outcomes of its four-year grant period are detailed below. This includes providing hundreds of incumbent workers and young professionals from divested Chicago communities with opportunities to obtain and grow in various careers in health care.

The Employee Professional Pathways

EPP are career pathway programs for both: 1) low wage incumbent hospital staff seeking clinical positions with higher pay and more potential for upward mobility; and 2) community residents, with a focus on West Side young adults aged 18-24. EPP aims to meet hospital workforce needs while increasing diversity and representation of local West Side communities. EPP included four career pathways: the Medical Assistant Pathway Program (MAPP), Certified Nursing Assistant Pathway (CNA), the Health Information Technology Pathway (Health IT), and Phlebotomy Pathway. Participants completed coursework, hands-on skills training, and earned credentials through EPP. Once completing an EPP program, participants were able to pursue positions at hospitals that prioritized EPP graduates.

Evaluation Approach

Sinai Urban Health Institute (SUHI) has tracked EPP progress since the AdvancingCities grant period started in 2019, with the goal in mind to answer several research questions (see Appendix 1 for complete list and Appendix 2 for a list of evaluation data):

- How does WSU use the AdvancingCities grant?
• How and to what extent does WSU increase economic opportunity for underserved populations?
• How and to what extent does WSU achieve meaningful internal and external systems change?
• What processes do WSU use to implement their grants?

Data used for the evaluation included administrative records, EPP participant surveys (267) and interviews (24), and EPP stakeholder interviews (16). Interviewed stakeholders included WSU staff, programmatic & technical assistance partner staff, and hospital partners (see Appendix 3 for a breakdown of interview participants).

White Paper Overview

Herein, we will discuss EPP across all four years of implementation. For each program, we start with a detailed description of progress through Year 4 of the AdvancingCities grant period and continue with highlights of successes and challenges. We feature two case studies and conclude with overarching takeaways and lessons learned. Key themes include: (1) the ability for hospitals to collaborate under a unified vision, (2) the value of community and programmatic supports for EPP program participants, and (3) the importance of institutionalizing the EPP programs for programmatic success.

Employee Professional Pathways (EPP) Progress

Since the AdvancingCities grant started in 2019, WSU has partnered with several local hospitals to implement the Employee Professional Pathways (EPP). In Years 3 and 4, WSU has continued with the MAPP and CNA programs, launched the Health IT Pathway, and introduced the Phlebotomy Pathway. A total of 27 cohorts have graduated from an EPP program. WSU grew collaborative relationships with several organizations that provide training and wraparound supports to EPP participants, including Malcolm X College, One Million Degrees (OMD), Tukiendorf Training Institute (TTI), Chicago Community Learning Center (CCLC), National Able Network, and others. A timeline of EPP Programs from 2021 through 2023 can be found in Appendix 4 and an overview of all programs from 2019 through 2023 can be found in Appendix 5. WSU planned additional pathways, including a Nursing Pathway and Respiratory Therapy Pathway (RTPP), but pivoted from those to expand offerings in MAPP and CNA as well as to launch the Phlebotomy Pathway.

Medical Assistant Pathway Program (MAPP)

Since MAPP began in 2019, a total of six cohorts completed MAPP under three program models. Cohorts 1-3 included incumbent workers across hospital partners with a focus on upskilling and transferring to a clinical role. Malcolm X College tailored a training schedule for these MAPP Cohorts to enable them to complete their studies part-time as a cohort while working. An updated model launched in 2021 for Cohorts 4-5 reached current Medical Assisting students at Malcolm X College to support the completion of their training and hiring opportunities at partner hospitals. One Million Degrees managed application supports, professional development, and wraparound services for MAPP participants through MAPP Cohort 5. WSU, Malcolm X College, OMD, and the hospital partners met regularly to coordinate supports for students. Over time, this group—The MAPP Collaborative—developed a close working relationship, each partner harnessing their strengths to support the MAPP participants. OMD used a case management model to support students in graduating from community college, providing each student with a consistent and regular touchpoint for everything from transportation stipends to resume building.
In 2023, MAPP expanded to University of Illinois in Chicago Hospital Health Sciences System (UI Health), which ran a separate cohort—UI Health MAPP Cohort 1— to train hospital volunteers to become medical assistants. Of the 110 students enrolling across those six cohorts, 72 students have graduated. Of those who have graduated, 41 have passed the Registered Medical Assistant (RMA) certification exam. 36 of the MAPP graduates have begun employment as medical assistants in anchor hospitals with a 100% 90-day retention rate.

**Figure 1. MAPP Application, Enrollment, and Employment Results, April 2019-December 2023**

<table>
<thead>
<tr>
<th>Total applicants</th>
<th>283</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total enrolled (participants)</td>
<td>110</td>
</tr>
<tr>
<td>Participants that completed training</td>
<td>72</td>
</tr>
<tr>
<td>Participants that passed state certification exam</td>
<td>41</td>
</tr>
<tr>
<td>Participants hired</td>
<td>36</td>
</tr>
</tbody>
</table>

**Figure 2. MAPP Results, April 2019-December 2023**

- **Participating hospitals**
  - Lurie
  - Sinai
  - Rush
  - UI Health
- **Wages**
  - Average hourly wage of those hired: $20.70
- **Other supports**
  - Accessed remedial education: 31
  - Attended case management sessions: 67
  - Attended professional development sessions: 67

- **Program costs**
  - Cost per participant: $7478
- **90 day retention**
  - Still in their position 90 days post-hire: 97%

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**Certified Nursing Assistant Pathway Program (CNA)**

Since March of 2019, a total of 19 CNA programs have been completed, including 18 cohorts supported by the AdvancingCities grant, across three hospital partners: seven cohorts at Rush University Medical Center (Rush), nine cohorts at Ann & Robert H. Lurie Children’s Hospital (Lurie), and two cohorts at the
University of Illinois in Chicago Hospital Health Sciences System (UI Health). Rush’s first CNA cohort is not included in this report, as it was a pilot that pre-dated AdvancingCities. The following information excludes two cohorts, for which data is missing. Of the 141 students enrolling across CNA cohorts, 104 students have graduated. Of those who have graduated, 93 have passed the state certification exam. 50 of the CNA graduates have begun employment a patient care technician (PCT) or CNA in anchor hospitals with a 90% 90-day retention rate.

Skills for Chicagoland’s Future supported recruitment for Rush CNA Cohorts 1-5, and Cohorts 6-8 ran under an updated model that recruited participants from the Rush Education and Career Hub (REACH) with the aiming of reaching more West Side participants. For these later cohorts, Rush provided assistance during the application process, clinical placements, and career coaching and mentoring. For Rush Cohorts 7 and 8, participants were employed at Rush as part of their training to facilitate the pipeline to a PCT role for graduates. For earlier cohorts, Malcolm X College was the training partner. For Cohorts 6-8, Rush partnered with Tukiendorf Training Institute (TTI). TTI offered a cost-effective training model and more flexibility, offering multiple course schedules and start dates to suit participant availability. Lurie CNA cohorts recruited from Lurie’s youth outreach program. TTI served as the training partner for most Lurie CNA cohorts, after an initial pilot with Chicago Community Learning Center (CCLC). In June 2023, UI Health launched a CNA pathway that recruited from the UI Health volunteer pool and partnered with TTI to offer training.

Figure 3. CNA Pathway Application, Enrollment, and Employment Results, April 2019-December 2023

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total applicants</td>
<td>3673</td>
</tr>
<tr>
<td>Total enrolled (participants)</td>
<td>141</td>
</tr>
<tr>
<td>Participants that completed training</td>
<td>104</td>
</tr>
<tr>
<td>Participants that passed state certification exam</td>
<td>93</td>
</tr>
<tr>
<td>Participants hired</td>
<td>50</td>
</tr>
</tbody>
</table>

Figure 4. CNA Pathway Program Results, April 2019-December 2023
Cook County Health ran two Health IT Pathway Program cohorts to upskill incumbent IT staff from 2021 to 2022 with National Able Network as the training partner. The two Cook County cohorts enrolled 14 students and graduated a total of 14 students; 93% remained in their position 90 days after the program completed.

Figure 5. Health IT Pathway Application, Enrollment, and Employment Results, April 2021-December 2023

- Total applicants: 14
- Total enrolled (participants): 14
- Participants that completed training: 14
- Participants hired: 14

Figure 6. Health IT Pathway Program Results, April 2021-December 2023
Phlebotomy

From September-December 2022, UI Health ran one cohort of a Phlebotomy Pathway program with TTI as the trainer. Phlebotomy is a high-demand career, and UI Health and WSU conceived of this pathway to rapidly train individuals to fill a hiring need with a focus on West Side residents. The thirteen-week program recruited from current UI Health volunteers and included clinical externships at Mile Square, a network of clinics affiliated with UI Health. A total of 21 individuals applied to the program, 5 began the program, and 5 individuals graduated in December 2022. Although program participants, overall, had positive experiences, graduates of the program did not attain full-time roles as phlebotomists because they were mostly current undergraduate students seeking additional advanced training for other health care careers.

Figure 7. Phlebotomy Pathway Application, Enrollment, and Employment Results, September 2022-December 2022

<table>
<thead>
<tr>
<th>Total applicants</th>
<th>21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total eligible</td>
<td>21</td>
</tr>
<tr>
<td>Total enrolled (participants)</td>
<td>5</td>
</tr>
<tr>
<td>Participants that completed training</td>
<td>5</td>
</tr>
<tr>
<td>Participants that passed state certification exam</td>
<td>5</td>
</tr>
</tbody>
</table>

Figure 8. Phlebotomy Pathway Program Results, September 2022-December 2022
Unlaunched Programs

WSU explored several other potential pathways to expand opportunities in health care. Two pathway programs that were planned but not launched include Respiratory Therapy Pathway (RTPP) and Nursing. Although RTPP was developed and set to launch in August 2021, the program faced several barriers, including limited staff to deliver the program and a smaller applicant pool. The major barrier for the Nursing program was program length; after running MAPP as a two-year program, the collaborative had learned that longer pathways can be more challenging to sustain. Additionally, Lurie had planned to run a Health IT program with training partner Microtrain, however, questions around pricing and sustainability prevented the program from launching. Lastly, Sinai Chicago had discussions about facilitating a CNA pathway in 2021-2022, but this program did not launch due to changes in leadership. Even when programs did not come to fruition, the collaboration across institutions strengthened partnerships between members of the collaborative and created learning opportunities (discussed further under Lessons Learned).

Progress Across EPP Programming

Through December 2023, 6 MAPP cohorts, 16 CNA cohorts, 2 Health IT cohorts, and 1 Phlebotomy cohorts were completed. Aggregated outputs and outcomes for the EPP are listed in Figure 11 and Figure 12. The success of EPP programming has addressed the inequities of those living in historically divested Black and Brown communities in Chicago by supporting wealth building opportunities and economic growth. A total of 100 participants were hired in a similar position after graduating from their respective program with an overall high job retention rate of 97%. Further, administrators understood the importance of providing additional supports to EPP Program participants. Therefore, programs emphasized providing participants adequate wraparound services (including tuition and travel reimbursement), programmatic support (including application and educational supports), and professional development opportunities (including resume development workshops and job fairs). Additional details can be found under Successes.

Figure 11. Enrollment and Hiring Results Across Pathways, April 2019-March 2021
Participant Outcomes

As part of our evaluation, we surveyed each EPP cohort at both their start and end. Additionally, those who completed the exit survey had the option to provide further feedback via voluntary, in-depth interviews upon program completion. We offered small financial incentives for both survey and interview opportunities. A total of 24 participants were interviewed from various programs, including MAPP, CNA (Rush and Lurie), Health IT, and Phlebotomy. Quotes from participant interviews are included below (in pink). Participants reported promising results that indicated the programs increased career opportunities, improved financial situations, and increased skills for participants.
Table 1. Participant Changes in Wellbeing

<table>
<thead>
<tr>
<th>Dimension of Wellbeing*</th>
<th>% Reporting Positive Change</th>
<th>% Reporting No Change</th>
<th>% Reporting Negative Change</th>
<th>Average change in score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perception of Current Financial Situation (n=56)</td>
<td>50%</td>
<td>23%</td>
<td>27%</td>
<td>0.37</td>
</tr>
<tr>
<td>Overall Wellbeing (n=55)</td>
<td>38%</td>
<td>36%</td>
<td>25%</td>
<td>0.22</td>
</tr>
<tr>
<td>Expectation of Wellbeing in 5 Years’ Time (n=56)</td>
<td>29%</td>
<td>52%</td>
<td>20%</td>
<td>0.23</td>
</tr>
<tr>
<td>Perception of Living a Meaningful Life (n=56)</td>
<td>36%</td>
<td>50%</td>
<td>14%</td>
<td>0.34</td>
</tr>
<tr>
<td>Self-Efficacy at (n=56)</td>
<td>14%</td>
<td>71%</td>
<td>14%</td>
<td>0.04</td>
</tr>
<tr>
<td>Perception of Physical Health (n=56)</td>
<td>23%</td>
<td>57%</td>
<td>20%</td>
<td>0.05</td>
</tr>
<tr>
<td>Perception of Mental Health (n=56)</td>
<td>34%</td>
<td>43%</td>
<td>23%</td>
<td>0.14</td>
</tr>
<tr>
<td>Perception of Social and Emotional Support (n=56)</td>
<td>29%</td>
<td>43%</td>
<td>29%</td>
<td>-0.04</td>
</tr>
</tbody>
</table>

*Responses gathered from MAPP Cohorts 4 and 5, Rush CNA cohorts 6 through 8, Lurie CNA cohorts 2 through 8 and Health IT cohort 2.

Both the entrance and exit surveys included a set of questions on wellbeing. Table 1 shows findings from participants in Grant Years 3 and 4 who completed both an entrance and exit survey so we could directly compare their responses for change; a total of 56 answered both. The cohorts included were MAPP 4 and 5, RUSH CNA 6 through 8, Lurie CNA 2 through 8, and Health IT Cohort 1. Half of respondents reported an increase in perception of their financial wellbeing after participating in EPP. Sizable portions reported positive changes in other wellbeing questions as well. Perception of current financial situation showed the greatest mean change in score. The only question that reflected a negative mean change is participant’s perception of social and emotional support which is minimally negative. This data reflects participants’ perspectives at the conclusion of their training programs, so the long-term impacts of their training programs are unknown. Future evaluation efforts could include participant follow-up to assess perceived long-term program benefits.

We also analyzed exit surveys separately to gauge participant satisfaction with the EPP. For this we analyzed satisfaction cumulatively for all cohorts that completed between April 2019 and October 2023. Out of 292 total participants in the EPP cohorts 100 completed an exit survey. We found that:

- 83% of respondents were satisfied with the program
- 89% of respondents would recommend EPP to a friend
- 79% of respondents would participant in EPP again

Case Study – MAPP Participant

Many EPP participants had competing priorities while participating in the respective EPP programs, including full-time jobs, childcare, and other responsibilities. One MAPP participant, Tina¹, highlighted

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¹ Name changed
how she was able to navigate several personal priorities while pursuing her MA certificate, her resiliency throughout the program, and how program supports and instructors were critical to her eventual success.

Tina was initially accepted into the MAPP program in 2019, however, she had a number of life events while in the program that derailed her progress and potential completion of the program. Shortly after beginning the MAPP program, Tina broke her foot and was put on light duty from work. Shortly thereafter, the COVID-19 pandemic added more issues. Due to COVID-19, many businesses were shut down, including the physical therapy organization that was treating her, and she was also then furloughed from her job. Furthermore, she had multiple deaths in her family. Due to the combined physical and mental distress of these events, Tina ended up having to take an incomplete in the program.

Fortunately, Tina was able to get back into the program and received extra support from her instructors that was critical to her success and eventual completion of the program. However, when she was finally able to rejoin the workforce, she was attacked by a patient and again put on light work duty. Subsequently, Tina reported she had trouble studying or completing work related to the program because of the consistent stress and trauma. However, she maintained her resiliency during this time and underscored that the MAPP staff went above and beyond to provide additional support and mentoring to help her to eventually graduate from the program.

“*They were right there with me every step of the way. If I needed anything, if I had any questions, if I needed extra study guides or anything like that, they were right there. If I needed to talk to them, they were right there for me to talk to, and was just so supportive... Like I said, in my other degrees that I have, had support, but not support like that... I think it was hey, they were in it for the long haul. They said, "Hey, we’re not going to let you fail," and I believe they pride themselves on that. They would not let us fail. Would not. And we didn’t. We did not. And so, we all made it through.*”

**Collaborative Goals and Key Findings**

Institutional goals were identified through a series of 16 semi-structured key informant interviews with EPP stakeholders, including EPP training and hospital partners, and WSU staff. EPP stakeholder quotes are in blue. EPP stakeholders identified several key goals of the EPP program.

These goals included:

- Remove social and economic barriers to pathway programs
- Incumbent worker growth and development
- Program sustainability
- Cross-institutional collaboration

**Remove social and economic barriers to pathway programs**

To achieve this goal, it was vital that EPP partners worked together to remove barriers of participation in these pathways in every aspect of the programming - from applying to the program to finding work post certification completion. During the application process, participants indicated that they received timely
assistance and had application fees waived when they posed a financial barrier. During the program, participants indicated that several supports, including transportation stipends, flexible class hours, and the ability to retake an incomplete course was critical to their ability to complete the program. Lastly, many participants indicated that the skills, experience, and credentials they achieved, in addition to program staff support, had helped them attain an internal promotion or find a job related to their completed certificate.

“Traditionally, several of the certificate programs have limited flexibility for individuals, specifically like the CNA program for instance, you have to go full-time. Well, that’s not feasible for everyone in our community. And so, how do we reduce the access barriers was always number one in my mind, of making sure everybody had an equitable chance of accessing the resources needed to get their foot in the door.”

Incumbent worker growth and development

Hospital systems needed a way to fill gaps in technical positions while also maintaining their mission to hire from Chicago’s West Side. Therefore, from the onset of EPP programming, providing the necessary training and education to offer incumbent hospital staff members the skills and credentials to be promoted internally was a focal point of the EPP programs. To achieve this, hospital partners recruited intensively internally to create interest for incumbent workers. This includes promoting flexible class hours that works with their current schedules and even online opportunities. Additionally, hospitals worked to develop increased pay within these technical positions for incumbent workers to continue to build internal interest.

Program sustainability

Across the collaborative, EPP program sustainability was identified as a key goal and was often equated with overall success. Institutional stakeholders described two areas required to maintain institutional programmatic sustainability:

1) Building an institution-specific roadmap and internal stability to be able to create and self-sustain programs beyond support from WSU.
2) Building a network of institutional collaborations to support the various aspects of programming.

First, institutions need to develop an internal infrastructure to create and maintain programs based on their own specific needs. This includes various aspects, such as funding and internal support. To maintain funding for these pathways, hospitals need to structure them as part of a business model—with the capacity to support workforce growth—to maintain buy-in from their leadership. To accomplish this, hospitals also need to prioritize workforce development—hospital administrations must commit to embed program-specific pathways into their institutions.
Second, institutions need to continue to build relationships both internally with institutional departments and staff and externally with workforce development organizations and partner hospitals to provide adequate support to build out institution-specific pathway programming. It’s important that relationships between partners be sustained even if a pathway does not continue in its current form. These relationships serve as a launching pad for other hospital workforce development programs.

“I think for us, a big part of the success will be whether it continues. So, we know this is a pilot. We’ve all seen that over and over again, that you start a pilot, there are barriers. You have to circle back and address those barriers... But having a program, having these programs be sustainable over time for us is probably the greatest success measure. Even understanding that you may start out with a few participants initially, but then hopefully that grows over time. And just that this pipeline stays in place.”

Cross-Institutional Collaboration

A key driver of the success of the EPP was cohesive collaboration across institutions. First, it was critical to get buy-in from influential leaders to generate an initial push from health care partners to integrate these pathway programs into their hospital systems. Once initial buy-in was achieved, EPP hospital and training partners had to develop alignment in goals and outcomes of EPP programming. This led to hospitals collaborating in new ways, including working together to address pathway-related issues and to share potential solutions for overall success. This also provided an opportunity for hospitals to coordinate strategies to address hospital employment needs.

There were several factors that contributed to the collaborative’s ability to achieve cohesion. From the outset, the partners aimed to establish shared goals and trust. This trust led to resource-sharing (e.g., at health fairs) and providing recommendations and strategies to streamline certain program processes, including recruitment tools like interview questions and participant pre-screening tools; as well as best practices for wraparound supports for participants. Additionally, WSU leadership helped guide institutional program management and spurred communication across institutions.

Systems Changes

The EPP aims to improve economic vitality of those living on Chicago’s West Side by creating both internal systems changes, i.e. streamlining how the collaborative members work together; as well as external systems changes, i.e. improvements to pipelines to train and hire West Side residents (Appendix 6 outlines the internal and external systems issues that EPP addresses, goals, and progress). Three highlights include:

1) Enabling flexibility for pathway programs to integrate continuous updates and improvements. It was important for the collaborative to systematically monitor and evaluate pathway programs to continually provide program updates. For example, when the initial MAPP cohorts had lower completion rates partially due to the length of the program, WSU reprioritized planned pathways to focus on shorter programs, ultimately pivoting to offer a Phlebotomy pathway in part because it enabled participants to quickly graduate, earn credentials and fill in-demand positions. Additionally, continuous updates and improvements were key to getting programs off the ground and ensuring support for participants. After participants in early cohorts communicated unanticipated needs for wraparound and financial supports, the pathways pivoted to include additional stipends and services, like funds for
transportation and additional career counseling, when needed. This was especially important for participants who were moving into entry-level positions.

2) Coordinating funding opportunities to maintain and grow institutional pathways.
Expansion of resources and partners was essential to grow and sustain the pathway programs; this includes managing braided funding streams such as by identifying new funding opportunities and sustaining existing funding. Through a combination of philanthropic, corporate, and public funding, the pathways created opportunities for West Side residents. Philanthropic funding supported wraparound services and supports, such as tuition reimbursements and participant transportation costs. Corporate funding was critical to supporting the development and execution of new pathway programs (e.g., MAPP, CNA, and Health IT). The hospital partners also provided critical backbone support through in-kind contributions of staffing and coordination. Particularly in Years 3 and 4, public funding, such as funds from the Workforce Innovation and Opportunity Act (WIOA) supported program sustainability.

3) Prioritizing and institutionalizing pathway programs.
For the EPP programs to be successful on the institutional level, it was vital that each health care partner invest in systems and processes to manage the programs on an ongoing basis. For example, for Rush CNA cohorts 7 and 8, Rush hired an individual to specifically oversee and manage the program. In addition to managing the program, they worked with multiple departments (e.g., nursing, HR, etc.) to consolidate programmatic data across all their pathway programs. The institutionalization of the programming and dedicated hire to oversee these programs led to successful and sustainable programming for Rush.

Case Study – Evolution of the MAPP Program

A key part of the pathways was the need to be flexible to adjust to demand and capacity of organizations and to provide supports to address participant needs. MAPP initially recruited hospital incumbent workers, who would continue working while they applied and trained to be medical assistants, with the goal of upskilling these employees and hiring them as medical assistants at their home institutions. However, there were a few unforeseen barriers that required MAPP to adjust their recruitment strategies. First, many incumbent workers had been out of school for decades, so it was a substantial shift for some to be back in a school setting. Incumbent workers highlighted the challenges of balancing a full-time schedule and being a student along with other personal priorities. Second, there was a low completion rate in early MAPP cohorts because many individuals were not able to pass the prerequisite exams to start the program. Intensive remedial training was required for these students which prolonged the program. Lastly, incumbent workers, particularly those with seniority in nonclinical roles, did not see a significant increase in medical assistant salaries. For these reasons, MAPP adapted its recruitment strategies to enroll current students rather than incumbent workers.

“So, the MAPP pathways, that’s the most complex one. So that obviously is the pathway that started as a pathway for incumbent workers. It was recruiting incumbent workers from the health care providers, getting them into and then through the Malcolm X Medical Assistant Training Program and then hiring them at the end. I mean, I think part of what the change was early on was just the number of supports and the level of support that was required to help folks.”
Challenges, Successes, and Lessons Learned

Challenges: Participant Engagement

Various forms of participant engagement were a challenge across all programs. This included challenges of recruiting EPP participants from the 10 target Chicago neighborhoods (e.g., spreading pathway program awareness on the West Side, and prioritizing West Side applicants) and competing participant priorities (e.g., work, family, COVID-19, etc.).

Recruitment of EPP participants from the 10 target Chicago West Side residents was challenging across all programs. Some of the initial recruitment strategies, for example enrolling incumbent workers from partner institutions beyond the West Side, led to large numbers of participants who were not West Side residents. Further, there were limitations to spreading awareness of EPP programs across EPP partners and community. The majority of interviewed participants indicated that they learned about EPP programs through pre-existing affiliations with the hospitals, training partners or their employers; and only a few learned through recruitment efforts via social media. There is an opportunity to increase community engagement in recruitment for the EPP. Lastly, some of the participants, particularly incumbent workers, were hesitant to change their careers and start back at an entry level position when it required such an investment of their time, and they might not see a significant pay increase as a result.

Most EPP participants interviewed indicated that they had at least one competing priority during their participation in an EPP program. This included overlapping work or school schedules, family and personal issues, and obstacles relating to COVID-19. Some participants indicated that they had to reduce their work hours to meet EPP curriculum demands and others indicated that they had to take days off work to focus more on their schoolwork. A few participants indicated that they had family and personal issues during the curriculum that negatively impacted their participation and ability to finish the curriculum. Additionally, many EPP participants, particularly incumbent workers, had not been back to school in decades and it was an obstacle to commit at the level required to excel at school.

Lastly, the COVID-19 pandemic impacted participant engagement both personally and academically. For example, participants listed various personal obstacles caused by COVID-19 that impacted their ability to be successful in their program, such as losing their full-time job, personal and family

“Well, I will say one big issue is that a lot of the participants haven’t been West Siders. They’ve been low-income people and people of color, that’s still obviously very important and mission adjacent to serve those populations. But we haven’t been able to serve as many West Siders as we wanted to.”

“I took some of my work hours off to be able to go to the clinic that they have so that I can learn. So I took, I don’t know, maybe five days off of work so that I can push myself and learn.”

“I guess my only thing with the program, because I know because of COVID a lot of the classes were made online, but I’m hoping that going forward that’s something that we’ll cease, just because it really takes away a lot from the learning.”
medical emergencies, and increased stress. Programmaticallly, COVID-19 caused all of the programs to shift temporarily to remote learning, which many participants did not prefer because they missed the in-person dynamic of the class which had provided them additional opportunities to connect with their teachers and other cohort members. A few participants also indicated technological issues they had while trying to complete their course virtually. However, a couple of participants indicated that they would not mind a hybrid course with an opportunity to still connect with their professor directly.

Challenges: Sustainability

According to most stakeholders, sustaining their organizations’ pathway programs was a primary goal for their organization. However, a majority of stakeholders identified various challenges to future sustainability of their pathway programs.

First, there has been evolution in the program models for each pathway program, so it has been challenging to establish a standard workflow with set responsibilities for each partner organization. Stakeholders described benefits and drawbacks to recruiting from incumbent workers vs. opportunity youth; EPP has included both models and has mostly seen shifts toward programs for opportunity youth, but stakeholders voiced interest in revisiting incumbent worker models. An incumbent model offers the opportunity to use tuition reimbursement to support their programming and incentivizes hospitals to hire from their own employee pool into needed clinical roles. However, the pool of potential program participants from incumbent workers will shrink over time. Additionally, the pathway program may not provide a meaningful step up in salary for the participants, and going to school while working may lead to greater attrition. The opportunity youth model has a larger pool to recruit participants from, can be more cost-effective when it functions similarly to a scholarship model, and may help meet institutional hiring challenges. However, there is little incentive for hospitals to pay for the participant’s education, especially if they are not already employed by the hospital. Additionally, the extent to which programs have or have not been embedded into each partner institution varies by institution. There are several factors causing this disconnect, including lack of hospital capacity to have dedicated staff to oversee these programs, specific hospital positions may be unionized with their own rules and regulations, and some pathways changed, so it was difficult to build a consistent program.

Although hospitals universally wanted to prioritize professional development among their staff, programmatic funding was an area of concern for stakeholders. EPP needed additional funding to continue. Potential funding options that stakeholders discussed included direct funding from the hospital systems, grant funding, organizational tuition reimbursement, and public funding (e.g., Workforce Innovation and Opportunity Act (WIOA)). Stakeholders also indicated that although managing braided funding was complicated at times, it eased the cost burden for participants and health care partners. Additionally, some health care partners were not able to demonstrate a return on investment to their leadership to incentivize the continuation of the EPP. In a few instances, hospital stakeholders indicated that hospitals needed to create a business case to provide justification to fund these programs. Although some hospitals had developed a business case for their programs, they indicated that it was developed for their shorter pathways.

“Our return on investment is not as great as we thought it was going to be initially.”
One key area of concern was organizational capacity to lead the pathway programs. Organizational stakeholders indicated that a dedicated team with clearly defined roles was required to oversee these programs within each of their institutions. They indicated that overseeing the EPP within their own organizations was added onto their current tasks, so dedicated time for this project was not always a priority. Turnover of program staff also created several issues. The discontinuity in staffing sometimes diminished buy-in, as there was not a consistent advocate for the programs at each partner organization. Also, since many of the program tasks were overseen by only small number of staff members, any turnover meant that program knowledge would be lost with them. Additionally, stakeholders shared that a high-level program manager, or even multiple program managers, was essential to coordinate across the partners.

“...if [hospitals] want to be in this and committed to this, they need to have committed employees and continuity of the people who work on these programs. It seems like they would assign great people to do this work, but it was always an add-on to their job. And there have been examples where people have left and nobody filled that role for months, for long periods of time.”

Successes: Participant Supports and Resources

The EPP provided opportunities and supports for participants to excel and thrive. Additionally, these programs offered careers in the health care field that otherwise would not have been available to participants. These supports were essential to eliminating barriers to continuing education and providing linkages to hiring. One aspect of EPP that participants found exceptionally helpful was the financial assistance. Participants received full tuition reimbursement and stipends for public transportation or gas for their vehicles. Participants indicated that this was a significant facilitator supporting their ability to join these programs. Further, participants shared that program staff and teachers were critical to their success in all aspects of the program. Participants mentioned that administrative staff supported them in their application processes and were extremely responsive. Additionally, participants indicated that their teachers and mentors went above and beyond to ensure their success. This included continuing to work with students who were having trouble, providing additional assistance and study resources, and being an engaging mentor. Lastly, participants indicated that these resources, in addition to post programmatic resources, were extremely useful to finding and landing a career in health care. This included professional development, resume workshops, and career fair opportunities. Many participants mentioned that a medical career was a lifelong dream of theirs.

“I feel like we have good mentors to try and guide us through the whole process. I felt like through every step of the way, I had somebody that was like a little cheerleader that was helping us go through it... the instructors and everything really cared and took their own time to really make sure that you knew what you were doing to help you be more successful.”
Successes: Participant Impact

In addition to educational and employment success, participation in EPP tended to lead to improved personal wellbeing. Participants indicated an increase in self-confidence, personal motivation, and career aspirations after completing their pathway program. Additionally, participants indicated that they were able to build new and deepen existing relationships. For example, many participants indicated that they created new peer networks within their program cohorts during the training. Several participants even indicated that they keep in contact with their cohort members after participating in the pathway program. Furthermore, some participants indicated that they were able to improve relationships with close family and friends and these relationships were key to supporting their success in the pathway program. For example, one participant shared that their neighbor supported them by babysitting their child while they were in class.

Lessons Learned

WSU and its partners learned several important lessons to apply to the future of the EPP and other collaborative endeavors. These lessons include feedback in strategic recruitment of pathway participants, the importance of a unified vision across partners, and the ability to adapt when needed.

Program stakeholders indicated the importance of ensuring the application and selection processes include the right questions in order to enroll participants who are the best fit for the pathway. A few things to consider when accepting a specific applicant include the length of the pathway, the trajectory for wages, and whether the participant is going to be able to take full advantage of the opportunity. For example, a participant who is further into their original career may have a different career trajectory than a young professional and may not benefit as much from a career pivot. Program format is another important consideration. Some participants prefer in-person class engagement, and others were satisfied with a hybrid in-class/online model or an entirely online model. Recruitment should specify program formats and timelines whenever possible.

Another lesson learned is that partners, including health care institutions, must strive for a unified vision of the pathway programs. It is important that hospital systems are working together in a collaborative manner for an efficient and effective pathway program, regardless of their propensity to compete for business in other areas. There are several steps to support alignment between partners. First, identify key programmatic

“...it’s really important to have a great understanding of what the student’s future educational plans are before they’re enrolled. And really helping young people think this program through long term...”

“One of the lessons, I think is really, when you have such a big group like this, or you have so many stakeholders, I think there really has to be a proper onboarding to, what is our goal here together? What is the vision for this? I don’t know that the stage was really set in that way.... So I think a big lesson for me is, if we’re all working on this, I want everybody at the table. I want to make sure we’re all here and we all understand what we’re trying to build.”
needs and bring on the right partners who have appropriately aligned services, including participant recruitment, wraparound services, and career development. Second, set realistic program goals for participant recruitment and completion. Sometimes, scaling up slowly will lead to better participant outcomes and program completion rates than a more ambitious rollout plan because programmatic success is dependent on understanding and adequately addressing individual barriers and needs. Additionally, shifting how hospital human resources departments recruit and identify talent (e.g., prioritizing historically underrepresented candidates and candidates with non-traditional work trajectories) can improve opportunities to fill hiring gaps and diversify their workforce. Third, there is a strong need for participant wraparound supports. It is vital that a variety of resources, including economic and professional development, are available for participants across all aspects of programming. This includes application and tuition reimbursements, travel reimbursements, resume building courses, and career mentorships. Fourth, it is important to establish cross-organizational teams dedicated to EPP with clear roles and strong leadership to build an efficient and effective model. A lead team should oversee the entirety of the EPP and connect with each institution’s pathway program teams. This will ensure systematic data tracking, improved cross-organization data sharing, and increased partner collaboration.

Lastly, hospital systems need to be able and willing to adapt their programming and recruitment methods when needed. This was exemplified by the MAPP pivot from recruiting incumbent workers to opportunity youth. Additionally, an initial goal was to increase the workforce of EPP partner hospitals through hiring and development of residents living in Chicago West Side communities. However, due to several limitations including incumbent worker and opportunity youth candidates not all originating from the West Side and service areas of partner hospitals extending beyond the West Side, the focus shifted towards identifying and hiring historically underrepresented individuals. Further, although RTPP had developed the program model, schedule, and health care partner, they had to pivot away from this program due to a limited interest from students.

“So I think some lessons that we’ve learned is, one, we really need to figure out who is the owner of communications. And what everybody’s role and responsibilities are. That has to be very clear from the very beginning, especially with so many partners in collaboration with one another day-to-day. So establishing those roles and responsibilities from day one is important.”

“Pivot when you need to pivot. Be flexible to meet the needs of not only the students, but also the partners that are involved.”
Conclusion

Over the past four years, AdvancingCities has supported WSU’s cross-sector institutional collaborative to improve the economic vitality of those living on Chicago’s West Side by providing employment opportunities in health care. Throughout EPP, 14 cross-sector institutions came together to create four pathway programs and provide an opportunity for 292 participants to graduate and move forward in a health care-related career.

“That competing organizations can work together. I think that was my biggest takeaway away from this... We kind of created a group so that we can throw ideas off each other, which never would've occurred because we would've been like, oh, I'm from this school. I just realized from watching everyone else, it doesn't matter. We all have one goal, we can help each other out. That was my biggest takeaway, that you can compete and still collaborate.

Advancing Cities Takeaways

Under a unified vision and mission, competing hospitals can work together for a greater cause.

The EPP programs could not have been successful without the collaboration of cross-sector institutions, but most importantly, across hospital partners. Although local hospitals often see each other as competitors, creating a unified mission and vision under EPP created a relationship between partners that can be sustained even if the pathways do not continue in their current form. The EPP has been a launching pad for other hospital workforce development programs.

Community and programmatic supports are essential to create accessible opportunities for participants.

A key goal of EPP was to provide individuals living on Chicago’s West Side an opportunity to grow or earn a career in health care at one of Chicago’s West Side hospitals. West Side residents experience various barriers to pursuing a career in health care, including high tuition costs, personal expenses, and inadequate support. Therefore, participant supports such as tuition reimbursement, wraparound services, and professional development and mentoring were important aspects of EPP.

Institutionalizing the employee pathway program is important for programmatic success.

Hospitals that institutionalized their pathway programs were able to develop organized and systematic processes to managing these programs internally. Further, the institutionalization of EPP created the capacity for organizations to effectively communicate directly with each other to provide feedback and share data.

EPP Future Directions

The United Parcel Service Foundation (TUPSF)

Funding from the United Parcel Service Foundation (TUPSF) will support Chicago West Side residents seeking opportunities in careers that can deliver long-term earning potential. This includes connecting community residents to employment opportunities and resources, and supports such as uniform and transportation assistance, career coaching, mentorship, and professional development.
### Appendices

**Appendix 1: National and Chicago AdvancingCities Research Questions**

<table>
<thead>
<tr>
<th>RQ Number (Focus Area)</th>
<th>National Research Question(s)</th>
<th>Chicago Research Question(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RQ 1</strong> (Outputs)</td>
<td>How does WSU use the AdvancingCities grant?</td>
<td>Not applicable.</td>
</tr>
<tr>
<td><strong>RQ 2</strong> (Outcomes)</td>
<td>How and to what extent does WSU increase economic opportunity for underserved populations?</td>
<td>EPP-RQ2a: Overall and by career pathway, what intervention activities contribute most to participant success (defined as higher wages, increased earning potential, obtaining a new position, and higher retention)? Are solutions to address barriers that are pursued by the EPP reducing challenges for participants and contributing to their success? EPP-RQ2b/SBG-RQ2: As WSU is focused on improving overall life expectancy and wellbeing, explore the ways in which programming enhances participant and grantee wellbeing (e.g., emotional wellbeing, self-efficacy, confidence, sense of purpose, self-reported life skills), beyond current outcomes indicators.</td>
</tr>
<tr>
<td><strong>RQ 3</strong> (Internal Systems Changes)</td>
<td>How and to what extent does WSU achieve meaningful internal systems change?</td>
<td>EPP-RQ3: Develop, refine, and test an internal systems change framework for hospital-driven career pathways that identifies the domains of internal systems change (both within hospitals and across partners) required for building a successful program.</td>
</tr>
<tr>
<td><strong>RQ 4</strong> (External Systems Changes)</td>
<td>How and to what extent does WSU achieve meaningful external systems change through better-aligned and integrated systems?</td>
<td>Not applicable.</td>
</tr>
<tr>
<td><strong>RQ 5</strong> (Processes)</td>
<td>What processes did WSU use to implement its grants?</td>
<td>EPP-RQ5/SBG-RQ5: What is the utility of an assessment and learning approach that uses real time data to target rapid quality improvements to programs? What actions did the rapid assessment approach produce and how did these changes result in improved program outcomes?</td>
</tr>
</tbody>
</table>
Appendix 2. Data Used for EPP

<table>
<thead>
<tr>
<th>Type</th>
<th>Employee Professional Pathways</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Records</td>
<td>• Records on additional funding, community partners, and outreach efforts&lt;br&gt;• Application information&lt;br&gt;• Participant use of support services&lt;br&gt;• Participation information (# of applicants, enrollees, graduates, licensees)&lt;br&gt;• Records tracking program costs</td>
</tr>
<tr>
<td>Educational Institution Records</td>
<td>• Placement testing information&lt;br&gt;• Records related to graduation and attaining credentials, licensures, or certifications</td>
</tr>
<tr>
<td>Participant/Grantee Surveys</td>
<td>• Satisfaction with program&lt;br&gt;• Ongoing challenges</td>
</tr>
<tr>
<td>Participant Interviews</td>
<td>• Participant experiences in program, Ongoing challenges&lt;br&gt;• Improved outcomes</td>
</tr>
<tr>
<td>Employer Data</td>
<td>• Participant employment, position, pay, and retention</td>
</tr>
<tr>
<td>Program Management Team</td>
<td>• Qualitative information on project protocols, program expansion, program improvements, and policy and systems changes&lt;br&gt;• Qualitative information on working with employers, recruitment efforts, and career pathway development</td>
</tr>
</tbody>
</table>
Appendix 3. Interview Participant Information

**EPP Participant Interview Programs**

<table>
<thead>
<tr>
<th>EPP Program</th>
<th># of Participants</th>
<th>% of Interview Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNA</td>
<td>13</td>
<td>54%</td>
</tr>
<tr>
<td>Health IT</td>
<td>1</td>
<td>4%</td>
</tr>
<tr>
<td>MAPP</td>
<td>8</td>
<td>33%</td>
</tr>
<tr>
<td>Phlebotomy</td>
<td>2</td>
<td>8%</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Stakeholder Interview Participant Roles**

<table>
<thead>
<tr>
<th>Role</th>
<th># of Participants</th>
<th>% of Interview Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>WSU staff</td>
<td>5</td>
<td>31%</td>
</tr>
<tr>
<td>Programmatic &amp; technical assistance partner staff</td>
<td>6</td>
<td>38%</td>
</tr>
<tr>
<td>Hospital partners</td>
<td>5</td>
<td>31%</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>100%</td>
</tr>
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</table>
## Appendix 4. Updated EPP Planning and Implementation Timeline, 2021-2023

<table>
<thead>
<tr>
<th>Medical Assistant</th>
<th>Certified Nursing Assistant</th>
<th>Health IT</th>
<th>Phlebotomy</th>
<th>Community Health Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rush Cohort 6 4-8/2021</td>
<td>Lurie Cohort 2 10/2021-2/2022</td>
<td>Cook County Cohort 1 4-8/2021</td>
<td>UI Health Cohort 1 9-12/2022</td>
</tr>
<tr>
<td></td>
<td>Lurie Cohort 3 1-4/2022</td>
<td>Lurie Cohort 3 1-4/2022</td>
<td>Cook County Cohort 2 9/2021-2/2022</td>
<td>Cohort 1 12/2023</td>
</tr>
<tr>
<td></td>
<td>Lurie Cohort 4 5-8/2022</td>
<td>Lurie Cohort 4 5-8/2022</td>
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<td></td>
</tr>
<tr>
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<td>Lurie Cohort 5 7-10/2022</td>
<td>Lurie Cohort 5 7-10/2022</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Lurie Cohort 6 8-12/2022</td>
<td>Lurie Cohort 6 8-12/2022</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rush Cohort 7 8-12/2022</td>
<td>Rush Cohort 7 8-12/2022</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lurie Cohort 7 begins 10/2022</td>
<td>Lurie Cohort 7 begins 10/2022</td>
<td>Lurie Cohort 7 begins 10/2022</td>
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<tr>
<td></td>
<td></td>
<td>Lurie Cohort 8 1-4/2023</td>
<td>Lurie Cohort 8 1-4/2023</td>
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<td></td>
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<td>Lurie Cohort 9 5-8/2023</td>
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<tr>
<td></td>
<td></td>
<td>UI Health Cohort 1 6-10/2023</td>
<td>UI Health Cohort 1 6-10/2023</td>
<td>UI Health Cohort 2 7-10/2023</td>
</tr>
</tbody>
</table>

**2021**

- Cohort 4 4/2021-5/2022
- UI Health Cohort 1 10/2022-10/2023

**2022**

- Cohort 5 8/2022-7/2023

**2023**

- UI Health Cohort 1 10/2022-10/2023
Appendix 5. EPP Timeline

*Rush Cohort 1 is not included as it was a pilot that pre-dated AdvancingCities*
## Appendix 6. EPP Systems Issues and Progress Through Grant Year 4 (April 2019-December 2023)

<table>
<thead>
<tr>
<th>Goal</th>
<th>Status</th>
<th>Progress in Grant Year 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Systems Issue</strong>: Hospitals have limited or nonexistent partnerships with local educational institutions and service providers, leading to a dearth of programs for employees when they want to grow their skills and advance their careers.</td>
<td>Complete</td>
<td>Identified hospitals with willingness to support training for: Medical Assistants, Certified Nursing Assistants, Health IT workers, and Phlebotomists.</td>
</tr>
<tr>
<td><strong>Target System(s)</strong>: Hospitals, Educational Institutions, Local Service Providers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify areas of need within hospital systems that are conducive to EPP career pathways and confirm initial hospital partners.</td>
<td>Complete</td>
<td>Fourteen partners are engaged in ongoing program oversight, including WSU, participating partner hospitals, consulting partners, educational partners, and funders. In addition, six partners signed a global MOU for administration of the EPP.</td>
</tr>
<tr>
<td>Pursue and establish official partnerships with educational institutions and partners to support career pathways.</td>
<td>Complete</td>
<td>WSU developed its Readiness Program (Level UP) for MAPP applicants in late 2019 in response to a need for increased applicant support in passing college entrance placement tests. MAPP Cohort 3 applicants began the Level UP Readiness Program in March 2020. Due to changes in recruitment strategy, Readiness Programming did not move forward.</td>
</tr>
<tr>
<td>Develop and start Readiness Program (Target: Begin first cohort before April 2021).</td>
<td>Complete</td>
<td>MAPP Cohort 5 completed programming in Spring 2023, and UI Health MAPP Cohort 1 completed programming in October 2023.</td>
</tr>
<tr>
<td>Continue administration of Medical Assistant Professional Pathway (MAPP).</td>
<td>Complete</td>
<td>Rush CNA Cohort 8 completed programming in Summer 2023. Lurie CNA Cohort 9 completed programming in August 2023. UI Health CNA Cohort 2 completed programming in October 2023.</td>
</tr>
<tr>
<td>Create and expand Certified Nursing Assistant (CNA) Pathway (Target: begin first incumbent cohort before April 2020).</td>
<td>Complete</td>
<td>Cook County Health IT Cohort 2 completed programming in February 2022.</td>
</tr>
<tr>
<td>Develop and start Health IT Pathway (Target: Begin first cohort before April 2021).</td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td>Develop and start Nursing Pathway (Target: Begin first cohort before April 2022).</td>
<td>No longer planned</td>
<td>After planning Nursing Pathway and assessing feasibility, the WSU team decided to pivot and forgo pursuing the development of a Nursing Pathway.</td>
</tr>
</tbody>
</table>
Develop and start Career Coaching Program (Target: Begin first cohort before April 2022). | No longer planned | Due to changes in recruitment strategy, a separate career coaching program is no longer necessary. WSU focused on the development of five career pathways with wraparound services.

**Systems Issue:** Hospitals had limited capacity to centrally coordinate a program of EPP’s size across service providers and hospitals, which posed a challenge to students trying to navigate training.

**Target System(s):** Hospitals, Educational Institutions, Local Service Providers, West Side United

| Centralize coordination of student supports across providers and employers. | Complete | For MAPP, OMD coordinated the application process across MXC departments, assisted with debt payment plans, and provided wraparound supports for students. OMD also supported Rush and Lurie CNA Cohorts. Cook County Health IT Cohorts and UI Health Cohorts receive student supports through their host institutions.

| Identify partners to provide wraparound supports critical to student success. | Complete | For MAPP and some CNA cohorts, OMD provided professional development sessions and individual student coaching. For example, Lurie prepared students for training and offered student supports, such as mentorship. Additionally, Cook County Health IT participants were incumbent employees with access to employee benefits that encompass wraparound supports.

**Systems Issue:** Existing hospital educational assistance and tuition reimbursement policies do not sufficiently support students who are working full-time while earning credentials, especially those that are unable to pay for their own training up front and wait to be reimbursed.

**Target System(s):** Hospital

| Change hospital reimbursement policies to cover Readiness Program (currently provided through Level UP) and remediation courses so that applicants who need additional support to pass placement exams can be reimbursed through the hospital. Currently, hospitals do not reimburse for programs and courses that are not part of a certificate or degree program. | In progress | WSU held meetings with hospital HR staff in Year 1 to encourage adoption of reimbursement policies that covered the Readiness Program and remedial coursework, especially because this training is critical to ensuring enough students are able to join the MAPP. In Year 2, hospital reimbursement for tuition remained a challenge; the COVID-19 pandemic led one participating institution to freeze tuition reimbursement for the duration of Grant Year 2. Updated recruitment strategies for the pathways emphasize opportunities for West Side residents who are not incumbent workers, so hospital reimbursement had become a smaller piece of sustainability plans for the pathways moving forward.

| Change hospital reimbursement policies to cover training providers that are not universities. For example, in the Health IT Pathway, training providers are not universities. | In progress | The Health IT Pathway team discussed this issue with invested hospitals; due to barriers with updating hospital policies, the EPP ultimately focused on opportunities for sustainability through other funding sources such as public funding (e.g., WIOA). |
**Systems Issue**: Hospital tuition reimbursement may be insufficient to provide students the wraparound supports needed to succeed within the EPP.

**Target System(s)**: Hospital, Foundation, Corporate, Federal

| Leverage federal workforce dollars and other complementary funding to achieve a sustainable mix of funding. | Complete | WSU established channels for WIOA funding to support the CNA Pathway and Health IT Pathway. |

**Systems Issue**: Prior to AdvancingCities funding, there was limited data exchange between institutions, making it difficult to share information and effectively support students and limiting WSU’s ability to understand program progress, needs, and accomplishments.

**Target System(s)**: Hospitals, Educational Institutions, Local Service Providers, West Side United

| Identify process for centralizing data and improve data sharing across stakeholders. | Complete | WSU worked across partners to determine an agreeable process and list of indicators to be shared by each institution. WSU’s Director of Data and Evaluation oversaw data collection and centralization on WSU servers. Data was provided at the individual participant level once an updated Data Use Agreement was signed. |

| Complete a signed Data Use Agreement (DUA) between key program partners, particularly those involved in AdvancingCities-funded program elements. | In progress | WSU finalized a data sharing memorandum of understanding with 10 partners including WSU, participating hospitals, evaluators, educational providers, and program administrators, and updated that memorandum to incorporate new training partners. |
Appendix 7. Glossary of Terms and Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>CCA</td>
<td>Civic Consulting Alliance</td>
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<tr>
<td>CCLC</td>
<td>Chicago Community Learning Center</td>
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<tr>
<td>Cook County</td>
<td>Cook County Health</td>
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<tr>
<td>CNA</td>
<td>Certified Nursing Assistant; Certified Nursing Assistant Professional Pathway</td>
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<tr>
<td>CROWD</td>
<td>Center for CHW Research, Outcomes, &amp; Workforce Development</td>
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<tr>
<td>EPP</td>
<td>Employee Professional Pathways</td>
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<tr>
<td>Lurie</td>
<td>Ann &amp; Robert H. Lurie Children's Hospital</td>
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<tr>
<td>MAPP</td>
<td>Medical Assistant Professional Pathway</td>
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<tr>
<td>NorthShore</td>
<td>NorthShore University Health System</td>
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<tr>
<td>PCT</td>
<td>Patient care technician</td>
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<td>RTPP</td>
<td>Respiratory Therapy Professional Pathway</td>
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<tr>
<td>Rush</td>
<td>Rush University Medical Center</td>
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<tr>
<td>SBG</td>
<td>Small Business Accelerator Grant Pool</td>
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<tr>
<td>Sinai</td>
<td>Sinai Chicago</td>
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<tr>
<td>SUHI</td>
<td>Sinai Urban Health Institute</td>
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<td>TUPSF</td>
<td>The United Parcel Service Foundation</td>
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<td>UI Health</td>
<td>University of Illinois in Chicago Hospital Health Sciences System</td>
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<tr>
<td>WIOA</td>
<td>Workforce Innovation and Opportunity Act</td>
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<tr>
<td>WSU</td>
<td>West Side United</td>
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