



Good Jobs Challenge Final Report

Public Health Workforce Collaborative

December 12, 2025

Initial Proposal and Vision

The Good Jobs Challenge was a COVID-19 relief-funded, community-driven, employer-led workforce development federal grant housed at the Economic Development Administration at the national level and administered by the Chicago Cook Workforce Partnership at the regional level. When Health & Medicine accepted the Good Jobs Challenge award in September 2022, we saw it as an innovative, equity-focused federal investment to strengthen and stabilize the health workforce, prioritizing populations that live on the South and West sides and have experienced intergenerational poverty exacerbated by the COVID-19 pandemic.

Over the three-year grant period, Good Jobs Challenge funding sustained the Public Health Workforce Collaborative (PHWC) quarterly convenings and set a goal to train 300 public health workers with an 80% employment retention rate after 6 months by August 30, 2025.

The Good Jobs Challenge funded the training, wraparound support, and administrative costs associated with training participants – funds were not allowed to be used for wages, stipends, or to otherwise subsidize employment, marking a departure from traditional workforce funding such as the Workforce Innovation and Opportunity Act (WIOA). We conducted a rapid employment needs assessment in fall 2023 to identify employers' chronic vacancies, skills gaps, and overall workforce needs. We engaged local training providers to utilize GJC funds to scale their capacity to train participants, thereby closing the skills gap and meeting employer workforce needs. Additionally, GJC employers were offered free technical assistance in workplace equity from Women Employed to ensure that participants were placed into "Good Jobs."

Five Public Health Pathways

The Public Health Workforce Collaborative allocated 300 participants and \$1M across five

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pathways: Community Health, Reproductive Health, Crisis Response, Behavioral Health, and Medical Assistants for Safety Net Clinics.

Employer Engagement

Employer engagement was a crucial part of the Good Jobs Challenge. Before any training dollars were operationalized, public health employers had to sign the proposal indicating they would interview and hire each participant to the best of their ability.

Key takeaways:

- Employers prioritized job-ready candidates, meaning training and certification had to be completed before hiring, a significant challenge in health sector jobs that can require lengthy internships or externships
- Employers value wraparound support (e.g., case management, coaching) as much as specific skills training
- Employer engagement was primarily driven by personal referrals and word-of-mouth connections
- Some employers expressed hesitation about committing to hire participants prior to candidate identification, as program administrators could not provide details on individual reliability, demeanor, or prior experience
- Stronger connections between workforce development program administrators and employer decision-makers are needed to advance hiring commitments
- It was challenging to position the workforce equity training as a distinct and value-added component of the grant

High-Level Qualitative Impacts

- Growth and sustainability of the Public Health Workforce Collaborative, Chicagoland Healthcare Workforce Collaborative, and the Youth Pathways Committee, building on the industry sector partnership model, a proven workforce development strategy
- Strengthened partnerships across **5 pathways, 14 training providers, and 27 employers**
- Established training-to-employment pathways that will continue beyond the grant period
- Expanded collaboration with workforce development agencies in Chicagoland and across the country

Key Numbers

Pathway	Participants Allocated	Participants Started Training	Participants Completed Training	Participants Employed	Participants employed for 6 months	Employer Partners
Community Health	55	17	17	17	9	8
Reproductive Health	65	59	48	37	8	8
Crisis Response	75	15	0	0	0	1
Medical Assistant (Safety Net)	38	26	22	5	3	9
Behavioral Health	77	67	40	27	27	8
Totals	310	184	127	86	47	34

Top Zip Codes

1	60623	Little Village/ South Lawndale
2	60629	Chicago Lawn
3	60620	Auburn Gresham
4	60608	Pilsen
5	60628	Roseland

Additional Figures

- 43 organizations indicated interest by completing the Employer Needs Assessment
- 34 organizations in total were involved in the Good Jobs Challenge Public Health program

Limitations on Data Collection

Reporting for Good Jobs Challenge was on a quarterly basis, and the PHWC relied upon community training providers and employers to report the participant level training and employment data shown above. Several issues impeded accurate data collection and reporting:

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- Delays in contract execution, invoicing, and compliance reviews
- Administrative halts that created long pauses in program advancement
- Erosion of trust due to reimbursement delays, which discouraged full reporting
- Insufficient time remaining to both conclude training and collect final data

The reporting in the above table only reflects data that Health & Medicine was able to collect. Due to the unpredictability of the administration of the Good Jobs Challenge, there may be additional figures or discrepancies that are not reflected.

Program Design Challenges and Recommendations

This grant required training providers and employers to fulfill pre-agreed-upon metrics and allocations; allocating funding and participant numbers *before* securing employment became a significant setback. Backbone staff had to engage employers on an ongoing basis until we were able to secure employment for the entirety of the participants, as outlined in the training proposal, which could be as high as 75 trainees, before a training program received approval.

This element of the program design made it impossible to predict when each training program was set to begin, and employers who agreed to hire GJC participants expressed a desire for immediate, job-ready candidates. Because backbone staff had to recruit and convince numerous employers to sign on to the program (bringing a level of uncertainty and legal liability to the process) there was no way to establish a reliable timeline, in turn creating a cycle where employers would then opt out of GJC because they could not hold vacancies open for an indefinite period of time. Program staff would then have to engage more employers to fill the gaps left by those who opted out.

A more flexible, phased approach to metrics, such as monthly or quarterly reviews tied to open vacancies, might have allowed continuous training and hiring instead of waiting to meet employment requirements for large cohort targets.

Lastly, requiring training providers to take on financial risk by expanding or standing up new training programs while awaiting reimbursement on an unclear timeline strained relationships and capacity. In fact, due to staff turnover at the federal level and compliance issues at the regional level, it was unclear whether training providers would be reimbursed at all, straining relationships and eroding trust even further. A cadence-based funding model could have facilitated more sustainable training advancements while still meeting accountability requirements.

Lessons Learned

- Communities targeted by government-funded initiatives often approach them with skepticism, since many of these programs in the past have promised transformation but failed to deliver lasting results. Inconsistent communication, shifting protocols for payment submission and data collection, and delayed payments, contribute to uneven outcomes that further disadvantage historically underserved communities and deepen mistrust
- Public-private partnerships have multiple layers of complexity
- Public sector project management skills are crucial to the success of public-private partnerships
- Transparent, consistent communication is critical to maintaining partner trust
- Frequent risk assessments and mitigation strategies prevent bottlenecks
- Rigid, outcome-driven advancement timelines can stall progress; flexible, iterative approaches are needed
- Staff turnover must be managed with succession planning and clear documentation of policy and program commitments at all levels of hierarchy
- Payment processes and data reporting infrastructure should be defined, stable, and consistent throughout the entire project. Because reporting expectations changed midstream, providers were asked for new and different data late in the project, a time when many were already frustrated by payment issues. This reduced both the quality of the data and willingness to participate.

Thank you to all GJC training providers and employers. Health & Medicine is grateful for your partnership and participation in GJC. Although this significant financial investment came with its challenges and frustrations, Health & Medicine is committed to continuing to strengthen and stabilize the Public Health workforce through our coalition building, policy and advocacy work, and sector-based expertise.

In Partnership,

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To get involved with our Public Health Workforce Collaborative, please contact Anna Yankelev at ayankelev@hmprg.org. For any ongoing questions about the Good Jobs Challenge, please reach out to Claudia Cattouse at the Chicago-Cook Workforce Partnership (ccattouse@chicookworks.org).