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What Works in Healthcare-Focused High Schools

The Boston Case Study

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About the Project on Workforce

The Project on Workforce is an interdisciplinary, collaborative project between the Harvard Kennedy School's Mossavar-Rahmani Center for Business and Government, the Harvard Business School Managing the Future of Work Project, and the Harvard Graduate School of Education. The Project produces and catalyzes basic and applied research at the intersection of education and labor markets for leaders in business, education, and policy. The Project's research aims to help shape a postsecondary system of the future that creates more and better pathways to economic mobility and forges smoother transitions between education and careers. Learn more at www.pw.hks.harvard.edu.

Executive Summary	5
Introduction	6
Methodology	7
Model Overview and Context	9
Theme 1: Partnerships	14
Theme 2: Student Recruitment	22
Theme 3: Pathway and Curriculum Development	30
Looking Ahead	41
Conclusion	45
Appendix	46

Executive Summary

Established in 2024, the Bloomberg Philanthropies Healthcare-Focused High Schools Initiative supports innovative health-education system partnerships in 12 sites across the United States.

Each of these partnerships consists of a health system, at least one secondary school, and at least one postsecondary institution, with the goals of: (1) preparing high school students for in-demand healthcare careers that yield family-sustaining wages, and (2) providing health systems with a talent pipeline to fill key roles with workforce shortages. The Project on Workforce at Harvard University is conducting a multi-year, mixed methods evaluation of the Initiative to capture whether and how these goals are achieved. As a part of this evaluation, the evaluation team conducted this case study to document insights from Boston—one of five sites that launched in the 2024-25 school year.

The Boston partnership is jointly led by the Edward M. Kennedy Academy for Health Careers (EMK) and the Mass General Brigham (MGB) health system, with active support from the City of Boston and Boston Public Schools, and an emerging collaboration with Bunker Hill Community College. This case study examines the early planning and implementation of EMK’s redesign, based on interviews, site observations, and document reviews conducted between October 2025 and February 2026.

In this case study, we focus on three core themes: (1) the health-education system partnership, (2) student recruitment for the program, and (3) healthcare pathway and curriculum development. Student and caregiver experiences, as well as reflections on the transition to the Initiative’s second year, are integrated across all of the themes explored. The research yielded three key takeaways at this early stage of implementation:

1. Deep mission alignment and strong leadership have enabled a strong partnership between EMK and MGB. Intentional governance structures and a strong core team with pre-existing relationships and technical expertise have enabled deep engagement and

collaboration across stakeholders. The teams are focused on navigating structural challenges to acquire a new facility and optimizing partnership processes going forward.

- 2. Student recruitment is evolving into a more collaborative and data-driven process.** Early findings suggest that in-person, culturally-responsive approaches prioritizing student fit have been successful, even as the school faces some structural constraints and uncertainties during its transition.
- 3. Partners quickly launched sustainable, hands-on career pathways that align hospital needs with student interest and economic opportunity.** EMK and MGB mapped pathways in nursing, emergency services, perioperative services, medical imaging, and medical laboratory science/pathology to three state-approved Career Technical Education (CTE) programs and achieved Early College designation, requiring several programmatic and scheduling shifts. Experiential learning is emerging as a powerful driver of student engagement, even as certain staffing and coordination details are still being refined.

As the Boston partnership enters its next phase, the focus is shifting from launch to sustainability and scale. The case study insights reveal opportunities for EMK and MGB to further institutionalize partnership infrastructure, strengthen postsecondary partnerships, and advance long-term planning related to financial sustainability and graduate outcomes.

Introduction

In 2024, Bloomberg Philanthropies began investing more than \$250 million to launch a network of 12 healthcare-focused high school sites across urban and rural communities in the United States. Each school—whether newly established through this Initiative or created through the redesign of an existing school—aims to prepare students both for immediate entry into high-demand healthcare roles with family-sustaining wages and for continued advancement through postsecondary education, allowing graduates to select a career pathway that best aligns with their goals. The launch of the 12 sites has been staggered based on local readiness, with the first cohort of schools opening in the 2024–2025 school year.

The Project on Workforce at Harvard University is leading a multi-year evaluation for this Initiative. This case study focuses on the Boston site, one of five sites that launched in 2024. It presents an in-depth qualitative evaluation, based on 26 formal interviews and an estimated 42 informal engagements, 7.5 hours of in-person observations of programming over two days attended by over 100 students, and an extensive review of internal documents, including grant application and reporting, strategy documents, and related records. The purpose of this case study is to gain a detailed understanding of the experiences, successes, and challenges of program design and implementation in Boston.

The Boston partnership is jointly led by the Mass General Brigham (MGB) health system and the Edward M. Kennedy (EMK) Academy for Health Careers. Bunker Hill Community College (BHCC) serves as EMK’s Early College program partner, with plans to add additional institutes of higher education (IHE) partners in the future. Boston Public Schools (BPS) and the City of Boston were early champions of the partnership and supported the partnership’s competitive application to be selected as one of Bloomberg Philanthropies’ funded healthcare-focused high school sites. Following the site’s selection, BPS has played a central role providing financial commitment and

operational support, while the City of Boston has taken the lead in identifying both transition facilities to help with planned enrollment growth and a permanent school facility.

The report is structured as follows: it begins with a discussion of the study’s methodology, followed by a site overview that examines the Boston context, the core institutional partners, the partnership selection process, and a brief overview of EMK’s curriculum and programming. Having contextualized the Initiative, the report then analyzes **three central themes: partnerships, student recruitment, and pathway and curriculum development.**

The partnerships section examines how mission alignment, prior relationships, and senior-level leadership supported early implementation, while also exploring challenges associated with a compressed launch timeline and the ongoing search for a long-term facility. The student recruitment section examines outreach and enrollment strategies, alongside challenges related to declining districtwide enrollment and uncertainty experienced by prospective students and caregivers during EMK’s phased rollout. The pathway and curriculum development section focuses on how EMK and MGB selected and implemented career pathways and CTE programs that balance hospital workforce demand, student needs, and financial sustainability. It also examines how ongoing challenges connected to staffing sustainability, curriculum integration, and student awareness and attendance are shaping continued refinement. The report concludes with forward-looking reflections.

Methodology

This report employs a qualitative case study approach to examine the planning and early implementation of EMK’s redesign, launched in school year (SY) 2024-25 following the formalization of its partnership with MGB.

Data Collection and Qualitative Analysis

To explore our three central themes, the study draws on multiple data sources, combining desk-based research with primary data collection to triangulate findings across sources and perspectives.

Document Review and Ecosystem Mapping

The evaluation team conducted a targeted literature review and examined project documents shared by EMK, MGB, and Building Impact Partners—Bloomberg Philanthropies’ consulting partner for the Initiative. These materials included proposal documents, recruitment and promotional assets, curriculum outlines, and site reported data. The evaluation team also developed an ecosystem

map to identify key stakeholders and partnership relationships.

Primary Data Collection

Primary data collection was informed by the ecosystem map and further consultation with Building Impact, with additional study participants identified through snowball sampling. Data were collected between October 16 and November 21, 2025, through semi-structured interviews, focus group discussions, and site observations.

Semi-structured interviews were conducted with representatives from EMK, MGB, BHCC, and local government. In addition, the team carried out two student focus groups—one with ninth graders and one with tenth graders.

The evaluation team also conducted two site visits: one to observe the ninth-grade Health Career Day on October 28, 2025, and an additional hospital visit for tenth-grade students at the Brigham and Women’s Hospital on November 18, 2025. Table 1 below summarizes stakeholder engagement through both formal data collection and informal site-based interactions.

Table 1: Overview of Participants Engaged

Stakeholder Category	Formal Participants Engaged (n=26)	Informal Engagement Estimate (n ~42)
K-12 Partner <i>Edward M. Kennedy Academy for Health Careers</i>	6	~6
Boston Partner <i>City of Boston, Boston Public Schools</i>	4	N/A
Postsecondary Partner <i>Bunker Hill Community College</i>	1	1
Healthcare Partner <i>Mass General Brigham</i>	8	~17
Students	6	~18
Caregivers	1	N/A

Note: Informal engagement counts are approximate and intended to convey the breadth of exposure rather than a precise sample size.

For more details on primary data collection, please see Appendix Exhibit 1.

Qualitative Analysis

Interview and focus group transcripts, observation notes, and project documents were analyzed using thematic coding aligned with the three key research themes. Analysis focused on identifying patterns and areas of convergence and divergence across stakeholder perspectives. In this report, quotations have been lightly edited for clarity and concision, and participants are referred to interchangeably as partners, stakeholders, or interviewees.

Limitations

While the research is robust, we acknowledge that there are some limitations. First, the sample of students and caregivers was small, with formal interviews conducted with a limited number of students in focus group format and only one caregiver. Although the evaluation team engaged informally with additional students during site visits, these brief interactions cannot fully substitute for a broader set of formal interviews. Second, perspectives from postsecondary partners were preliminary, as the Early College partnership between EMK and BHCC had yet to be operationalized and discussions with other higher education institutions were still ongoing during the data collection period.

Despite these limitations, the perspectives captured provide valuable insight into the strategic choices and early implementation dynamics that are shaping the Healthcare-Focused High School Initiative in Boston.

Model Overview and Context

The Greater Boston area is widely recognized as a national center of healthcare delivery, biomedical research, life sciences innovation, and medical education.¹ In this context, school-industry partnerships play an important role connecting students to the region's rich educational and career opportunities.

The Partnership

Edward M. Kennedy Academy for Health Careers

Founded in 1995, EMK is a college preparatory and vocational high school focused on health-care-related career exposure and experiential learning. It is a Horace Mann Charter School—a type of “in-district charter” that operates with greater autonomy than traditional public schools.²

According to data collected annually by the Massachusetts Department of Elementary & Secondary Education, the school serves a student population that reflects the demographics of Boston neighborhoods. More than 88% of its student population is designated as High Needs (similar to the district's 81% high needs student population).³ 55.4% list a first language other than English, 19.3% are English Language learners, 75% are from low-income households (slightly higher than the 68% district level), and 27.1% are students with disabilities.⁴ EMK has a 91.5% 4-year graduation rate.⁵

Also reflecting Boston's demographic diversity, more than half (55.4%) of EMK students are Hispanic and over a third (36.3%) are Black or African American.⁶ In recruiting, admissions, and all aspects of its programs, EMK maintains and adheres to a nondiscrimination policy regarding race, gender, and other legally protected categories. The Project on Workforce evaluation team notes the importance of improving diversity in high-paying, high-mobility healthcare jobs.⁷ This is particularly salient given persistent inequities in the workforce: Black women, for example, are overrepresented in healthcare overall but

disproportionately concentrated in lower-paid, high-risk roles.⁸ Moreover, research links greater healthcare workforce diversity with improved access to culturally informed care and reduced racial and socioeconomic health disparities.⁹

Boston Public Schools

EMK operates in partnership with Boston Public Schools (BPS), the largest public school district in Massachusetts, which serves more than 44,000 students across 105 schools from pre-K through 12th grade.¹⁰ BPS enrolls a highly diverse student body, with nearly half of students speaking a non-English language at home and families representing 139 countries. One-fifth of students receive special education services, and about 50% come from economically disadvantaged households.¹¹ EMK's curriculum is grounded in Massachusetts's Career/Vocational Technical Education (CTE) framework, known as Chapter 74, which defines state-approved vocational and CTE programs.¹² It is also grounded in Massachusetts's Early College framework, which defines state-approved partnerships that allow high school students to earn transferable college credit at no cost while enrolled in high school.¹³ EMK is one of 5 schools within BPS that has Chapter 74-approved programs¹⁴ and one of 11 schools within BPS that has an Early College program.¹⁵ BPS has played a central role as district sponsor—providing financial commitment and operational support—while enabling EMK and its partners to lead the school's design and implementation.

Mass General Brigham

MGB is the largest private employer in Massachusetts, with approximately 80,000 employees across its integrated system of hospitals, community health centers, and care facilities.¹⁶ It also faces a workforce shortage, with more than 2,000 vacancies across its system.¹⁷ High vacancies are not unique to MGB; the healthcare industry persistently struggles with elevated vacancy and turnover rates.¹⁸ In Massachusetts in 2024, the direct care vacancy rate was 22% and the turnover rate was 34%.¹⁹ Research suggests

that these shortages are driven by a combination of financial barriers to training, uneven distribution of talent, burnout, and low compensation for direct care workers, among other factors.²⁰ Demographic trends such as the aging U.S. population also increase demand for care and intensify pressure on the healthcare workforce pipeline.²¹

Bunker Hill Community College

Bunker Hill Community College (BHCC) is an open-access public community college serving Greater Boston. Founded in 1973, it is the largest community college in Massachusetts, enrolling more than 16,000 students annually at campuses in Charlestown, Chelsea, and instructional centers across Greater Boston.²² As part of the Early College program partnership between EMK and Bunker Hill, students will have the opportunity to earn at least 12 college credits at no-cost before graduating high school with dedicated advising and coaching.

City of Boston

The City of Boston, led by Mayor Wu, plays a central role in supporting public education and workforce development through its municipal governance, planning, and capital infrastructure functions. The City of Boston also supported the Boston partners' application process to Bloomberg Philanthropies and is leading efforts to identify and secure a permanent school building.

Partnership Selection

Given its scale, workforce needs, and role as the state's largest healthcare employer, two interviewees explained that MGB was pre-selected as the healthcare partner when the Initiative was introduced to the City of Boston and Boston Public Schools. Boston stakeholders explained that the city and district were eager to participate, describing close alignment with the city's broader vision for education and workforce development (see **Pathway and Curriculum Development** section, **Successes, Key Finding #1**). Stakeholders also emphasized the scale of the philanthropic investment involved, noting that the Bloomberg Philanthropies grant was one of the *"largest philanthropic gift(s) that the district has ever received."*

EMK also quickly emerged as the clear school-level partner. Boston and healthcare interviewees cited EMK's existing healthcare focus and its strong, well-respected leadership. Additionally, its charter structure afforded the level of autonomy necessary for significant curricular change. Two healthcare stakeholders explained that EMK's prior relationship with MGB through youth programs further reinforced its readiness to participate in the Initiative. Several stakeholders emphasized a preference for investing in an existing district school rather than creating a new one. As a Boston interviewee described, *"We were most excited to see what this could do to expand and invest more deeply in our existing school."* Also, as another Boston stakeholder explained, given district capacity constraints, establishing a new school from scratch was likely not feasible.

This early selection of partners reduced political pressure and accelerated the planning phase. As one interviewee explained, *"Some of the very hardest political choices were made very quickly and right up front, either because they had been dictated by the funder or because they were intuitive given the project. And I think we've benefited quite a lot from that in terms of our ability to move relatively quickly."*

The Career Pathways

EMK's Industry-Aligned School Curriculum and Programming

A central question guiding the design of the EMK–MGB school model was which healthcare careers students should be prepared for, and how those careers could be aligned with existing state-approved CTE programs.

As described in the August 2023 Request for Proposal (RFP) submission, MGB was seeking roughly 1,500 nurses, 100 physician assistants, 120 surgical technicians, 200 imaging technicians, and 200 laboratory technicians and assistants. These projected needs informed the development of the partnership's "career pathways," defined in this case study as the healthcare careers for which students are being prepared. Through the partnership, students are exposed to and have the

opportunity to be further trained for five career pathways: nursing, emergency services, perioperative services, medical imaging, and medical laboratory science/pathology. Within each career pathway, the partners identified specific jobs that students may pursue. For example, within the nursing career pathway, EMK graduates may progress along a job continuum—from patient care associate to medical assistant to registered nurse—as they continue their education.

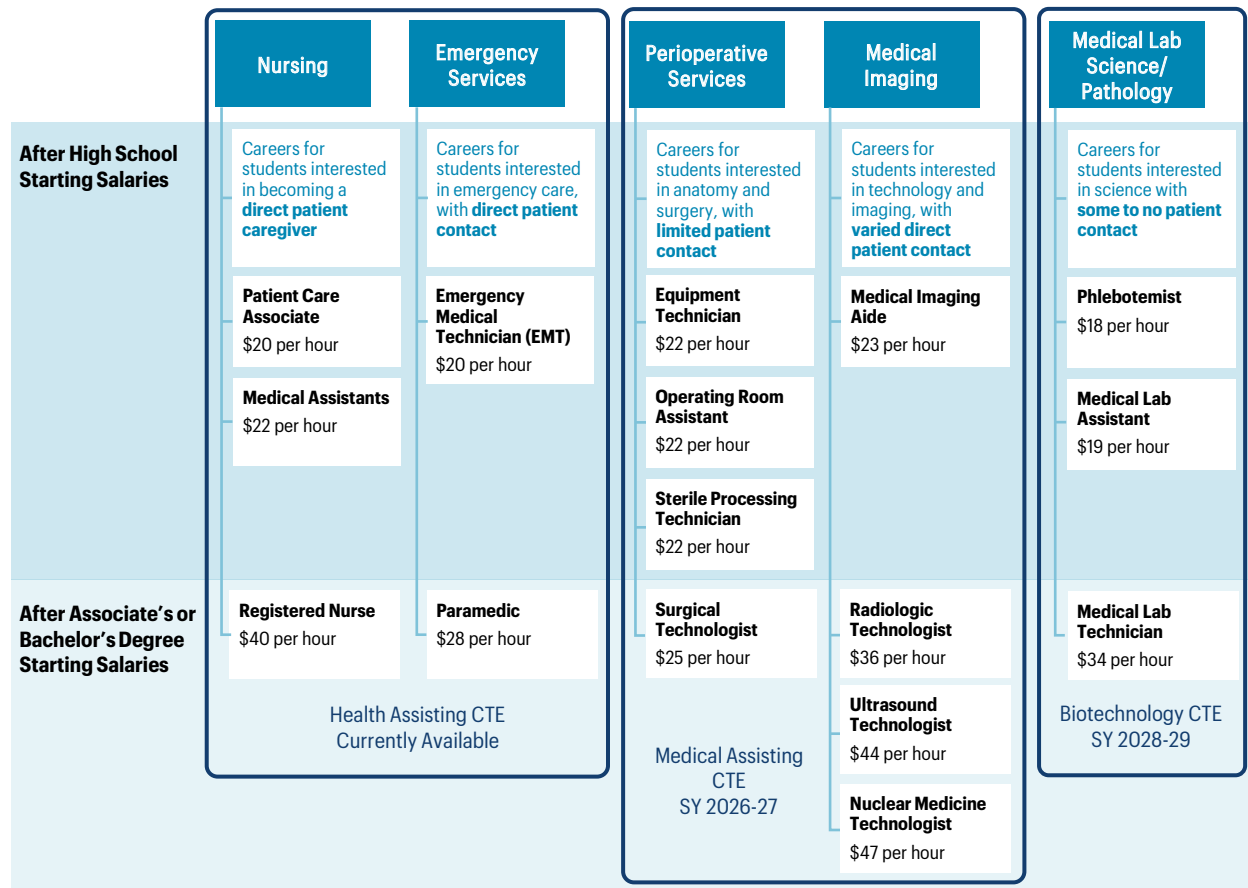
Each of those pathways is mapped to one of three “CTE programs” which refer to the pre-defined, Chapter 74 state-approved vocational programs that are eligible for state funding. EMK plans to offer three such programs: Health Assisting, Medical Assisting, and Biotechnology. Health Assisting is currently offered at EMK and pre-dated the EMK-MGB partnership. Medical Assisting will become available to tenth-grade students in SY

2026-27 and Biotechnology will become available in SY 2028-29.

Designing the school model required intentionally aligning these career pathways with the available CTE programs. Ultimately, EMK and MGB developed a new curriculum that mapped five career pathways to three CTE programs (Figure 1). Additional detail on pathway development is described in the **Pathway and Curriculum Development** section, **Successes, Key Finding #1**.

The first post-partnership cohort to experience the evolving model over a full four-year high school trajectory is the Class of 2028. As a result, some currently enrolled students, due solely to timing, were unable to fully benefit from the refreshed model. To support these students as they transitioned out of high school, Bloomberg Philanthropies funded a pilot twelfth-grade

Figure 1: Post-High School Career Pipelines at Mass General Brigham



Source: Healthcare High School Partnership Discussion with Boston PIC Presentation August 18, 2025

enrichment program. The pilot provided supplemental training and educational opportunities beyond those available prior to the Bloomberg Philanthropies grant. However, because this pilot operated outside the scope of the broader Initiative, it is not a focus of this case study.

While EMK predates the Bloomberg Philanthropies Healthcare-Focused High Schools Initiative, the school was “re-imagined” as a part of its participation.

The Initiative marks EMK’s transition from a comprehensive high school to a wall-to-wall CTE model, with all students enrolled in a CTE pathway, and represents the school’s first formal partnership with MGB to directly connect education to open jobs. Key changes to date to support this include:

1. Additional staff hired with healthcare industry experience to increase teaching capacity in classrooms
2. A revamped school block schedule to increase the number of clinical experience hours
3. The construction of new lab spaces for clinical experience training
4. An accelerated CTE curriculum in each year so that students will have more time in 11th and 12th grades for school-year internships and college courses
5. A newly received Early College designation, which in future years will give more students access to college courses with increased staff support
6. A newly received Chapter 74 Medical Assisting program approval, with programming available to students in 2026
7. A newly approved charter amendment, allowing for increased enrollment capacity from approximately 100 to 200 students per grade
8. A more targeted recruitment strategy to reflect enrollment aspirations
9. An increase in ninth-grade enrollment from 115 for the Class of 2028 to 151 for the Class of 2029²³
10. The relocation of grades 9–11 to a new school building

11. New career exposure programming including the “Career Day” and the “Hospital Site Visit” during which MGB staff presented at EMK and EMK students toured MGB
12. A newly launched five-week paid academic summer program to help incoming students transition from middle school to EMK²⁴

with additional changes, such as new CTE program course offerings, planned for the future.

Although EMK has a healthcare career focus, it offers a full academic program aligned with Massachusetts’ recommended college- and career-ready course of study (MassCore)²⁵ and BPS graduation requirements. Thus, all students take a Health Assisting CTE course in their freshman year, in addition to other core academic courses such as History and World Languages. A K-12 stakeholder described how teachers are beginning to integrate healthcare-focused content into the traditional academic courses. For example, they are starting to teach medical terminology in Spanish and the history of health disparities in History courses. EMK also offers extracurriculars, including special-interest clubs and athletics.

While EMK ultimately intends to offer three Chapter 74 CTE programs as part of the partnership with MGB, the only existing CTE program is Health Assisting. After the school’s redesign, beginning in Spring 2026, students will choose their CTE program—for example, Health Assisting or Medical Assisting—at the end of 9th grade, with courses starting in 10th grade. Students will then choose their healthcare career pathway—for example, either nursing or emergency services after committing to Health Assisting—at a later point. The timing of this decision for different career pathways is still under development. An overview of planned courses and programming received per grade is laid out in Figure 2.

Figure 2: **EMK Course of Study (2025-2026)**

Content Areas	Freshman Year	Sophomore Year	Junior Year	Senior Year
Career and Technical Education Pathways	<ul style="list-style-type: none"> Health Assisting 1 	<ul style="list-style-type: none"> Health Assisting 2 Medical Assisting 1 (starting SY26) Biotechnology 1 (starting SY28) 	<ul style="list-style-type: none"> Health Assisting 3 Medical Assisting 2 Biotechnology 2 	<ul style="list-style-type: none"> Health Assisting 4 Medical Assisting 3 Biotechnology 3
English and Arts	<ul style="list-style-type: none"> College ELA 9 Visual Arts 1 	<ul style="list-style-type: none"> College ELA 10 Visual Arts 2 	<ul style="list-style-type: none"> College ELA 11 AP Language Theatre Arts 3 	<ul style="list-style-type: none"> College ELA 12 AP Literature Theatre Arts 4
Math	<ul style="list-style-type: none"> Integrated Math 1 	<ul style="list-style-type: none"> Integrated Math 2 	<ul style="list-style-type: none"> Pre-Calculus Integrated Math 3 	<ul style="list-style-type: none"> Calculus Statistics
History	<ul style="list-style-type: none"> US History 1 	<ul style="list-style-type: none"> US History 2 	<ul style="list-style-type: none"> World History 2 	<ul style="list-style-type: none"> AP US History
Science	<ul style="list-style-type: none"> Biology 	<ul style="list-style-type: none"> Chemistry 	<ul style="list-style-type: none"> Physics AP Biology 	<ul style="list-style-type: none"> Exploring Computer Science
World Language	<ul style="list-style-type: none"> Spanish 1 Spanish 1 for Native Speakers 	<ul style="list-style-type: none"> Spanish 2 Spanish 2 for Native Speakers 		
Health	<ul style="list-style-type: none"> Health & Wellness 		<ul style="list-style-type: none"> Health/Anatomy 	
Physical Education	<ul style="list-style-type: none"> Cardiovascular Health Fitness Strength Training 	<ul style="list-style-type: none"> Cardiovascular Health Fitness Strength Training 	<ul style="list-style-type: none"> Cardiovascular Health Fitness Strength Training 	<ul style="list-style-type: none"> Cardiovascular Health Fitness Strength Training
Counseling and Student Support	<ul style="list-style-type: none"> MyCap: HS Career Development Readiness 1 	<ul style="list-style-type: none"> MyCap: HS Career Development Readiness 2 	<ul style="list-style-type: none"> MyCap: HS Career Development Readiness 3 	<ul style="list-style-type: none"> MyCap: HS Career Development Readiness 4
Academic Supports	<ul style="list-style-type: none"> Strategic for Success English as a Second Language Advanced Word Study 	<ul style="list-style-type: none"> Strategies for Success English as a Second Language Advanced Word Study Reading Comp. 	<ul style="list-style-type: none"> Strategies for Success English as a Second Language 	<ul style="list-style-type: none"> Strategies for Success English as a Second Language
Early College Program	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Opportunities for Early College at BHCC (see course catalog) 	<ul style="list-style-type: none"> Opportunities for Early College at BHCC (see course catalog)

Source: EMK Program of Studies 2025-2026²⁶

Theme 1: Partnerships

Strong, sustained partnerships create the foundation of this cross-sector Initiative. Collectively, the coordinated work of individuals and teams across EMK, MGB, BPS, the City of Boston, and postsecondary institutions drives the implementation and ongoing development of the proposed Bloomberg Philanthropies model.

The importance of strong partnerships in this Initiative is reinforced by research showing that cross-sector collaboration is essential for addressing complex challenges that no single institution can solve alone; well-structured collaborations enable shared purpose, coordinated action, and the pooling of distinct resources and expertise.²⁷ Additionally, workforce research points to collaboration between employers and educators, specifically high school and community colleges, as a key strategy for bridging skill gaps by aligning educational programs with industry needs.²⁸ Yet even at the higher education level, employers across the U.S. seldom establish direct connections between their senior leadership and community colleges.²⁹

Accordingly, strong partnerships among EMK, MGB, postsecondary institutions, BPS, and the City of Boston, are crucial for advancing the Initiative’s dual goals of addressing healthcare workforce shortages and expanding economic mobility opportunities for students.

Given the paramount role partnerships play in making this Initiative a reality, the evaluation team focused closely on asking interviewees about the history, evolution, and processes of these collaborations. Consequently, partnerships emerged as the most prominent theme across interviews; all interviewees spoke to the partnership processes to some extent.

In this section, we describe key findings on the factors driving the ongoing success of partnerships in this Initiative, how they are being developed and how they function, along with challenges that emerged repeatedly across interviews.

Successes

Three interconnected factors emerged as key enablers for effective collaboration among partners: foundational mission and strategic alignment, deliberate governance structures that clarified roles and decision-making, and strong relational trust among operational staff that translated formal agreements into day-to-day problem-solving. These factors worked synergistically—strategic alignment provided shared purpose, governance structures created accountability mechanisms, and relational trust enabled partners to navigate challenges that formal structures alone could not resolve.

Key Finding #1

Strong mission and strategic alignment built the foundation of the partnership

Research on cross-sector partnerships consistently identifies alignment of interests and shared vision as foundational success factors.³⁰ Across the board, interviewees emphasized that the Initiative advances the shared missions and interests of all partners: fostering community impact, expanding opportunities for Boston’s students, and filling workforce needs.

“There is a really firm sense of mission here. There is a deep belief that this is important and worth investing in. I think the City, the Boston Public School District, EMK, and MGB have shown that again and again and again.”

Boston Partner

Clear mission alignment allows partners to create value that extends beyond what any individual organization could achieve—combining

educational expertise, clinical resources, and workforce development infrastructure to build comprehensive pathways that simultaneously serve students, address healthcare workforce needs, and strengthen community impact.³¹ Together, these shared priorities contribute to strong institutional and personal commitment to the Initiative, providing a solid foundation for the partnership.

Partner Mission Alignment

Each of the Initiative partners identifies community engagement as a core part of its mission.

MGB's mission statement begins with: *"Mass General Brigham is committed to serving the community."*³² This commitment was evident across interviews and onsite visits, from both key leadership partners and healthcare educators—and research suggests that mission statements often serve as useful reflections of hospital culture and values.³³ Multiple healthcare interviewees, some of whom were raised in Boston themselves, emphasized a personal commitment to contributing to their community and mentoring students in their career journeys.

During the Hospital Site Visit and Career Day held at EMK, all four members of the evaluation team observed and documented the genuine enthusiasm of interactions between healthcare professionals and students, hearing firsthand the personal, impact-driven motivations of the healthcare educators. One healthcare partner specifically noted that the Initiative advanced their passion for diversifying the nursing population, observing that *"when you have such a predominantly white workforce, nurses of color tend to shy away from coming here."* This reflects MGB's stated institutional aim to *"dismantle inequities within their own healthcare system and ensure that the system supports a diverse workforce."*³⁴

EMK shares this community-driven mission. Its educational philosophy identifies multiple aims centered on present and future community impact, including: *"We help our students to become responsible adult citizens by nurturing their commitment to and responsibility for their own community."*³⁵ K-12 interviewees echoed this vision, expressing excitement about both the impactful

opportunities the Initiative provides for EMK students and the potential for EMK to serve as a model for other schools.

Similarly, BHCC articulates a clear commitment to community impact in its vision statement: *"Bunker Hill Community College empowers and inspires students, faculty and staff diverse in identities, experiences and ideas to make meaningful contributions to our local and global communities."*³⁶ In their letter of support provided for the RFP, BHCC further expresses excitement for deepening the partnership with EMK as it expands *"its impact on students, families, and the community through this Initiative."*

As the oldest public school district in the United States, BPS focuses on providing high-quality, equitable education for its students and identifies developing authentic community engagement practices as a district priority.³⁷ This emphasis was reinforced during the first ever State of the Schools address in October 2025, when Mayor Wu highlighted the importance of community-wide support for delivering an excellent education for Boston's students, stressing the importance of community partnerships to connect young people around Boston and ultimately set them up for career and life success.

Partner Strategic Alignment

The Initiative concurrently serves as part of MGB's larger talent strategy in navigating the healthcare worker shortage. A healthcare stakeholder explained that they view the Initiative as not just a community engagement initiative, but also as *"a talent strategy for the health system and for the greater healthcare workforce that very much needs it."* This approach is supported by research, which identifies investing in innovative training programs to build stronger talent pipelines as a key strategy for addressing healthcare worker shortages.³⁸

The Initiative also directly aligns with EMK's focus on advancing new and innovative education approaches. The school notes in its educational philosophy that it is *"part of a search for educational strategies that can have broader applicability and can lead to systemic change in the schools and in the community."*³⁹ The school recognizes its

role as a trailblazer and potential model for other schools in Boston and beyond. Boston interviewees similarly emphasized that the Initiative is “*work that we’re hoping to replicate across the district. Career-aligned, college credit-attaining, with strong mentorships, with work-based learning, with clearly articulated pathways where students are empowered to really take on their education.*” The alignment between EMK’s model and the BPS strategic vision is further discussed in the **Curriculum** section, **Successes, Key Finding #1**.

BHCC also focuses on expanding partnerships with high schools as a core part of their strategy to “*increase opportunities for enrollment in early college, dual enrollment and bridge programs*” and “*deepen partnerships with civic, educational and community-based organizations.*”⁴⁰

Catalytic Power of the Bloomberg Philanthropies Grant

A K-12 stakeholder noted that it “took Bloomberg [Philanthropies] coming to the table” to fuel a deeper partnership between EMK and MGB, one intentionally focused on addressing workforce vacancies by expanding opportunities for students.

“Once you have the right people at the table, you can solve any problem there is. Bloomberg has allowed us to bring all of the stakeholders together to solve our healthcare issues around vacancies that the healthcare industry is suffering with and how we prepare our young people to fill those gaps.”

K-12 Partner

Such significant funding in support of a mutually beneficial mission creates a unique opportunity for organizations. A Boston stakeholder emphasized how “*rare*” and “*exciting*” an opportunity this Initiative is for BPS, both because of the substantial funding and the “*opportunity to have this level of support and to have the level of engagement from our city’s largest employer.*”

Furthermore, the Initiative changed stakeholders’ perception of their respective organizations’ relationships with each other, with a K-12 partner highlighting that there is now “*a recognition that our futures are tied together, that our success preparing students for health careers and their ability to satisfy their workforce needs are tied together.*”

Key Finding #2

Partners developed clear governance structures and created a core operational team

Prior to the Bloomberg Philanthropies grant, EMK had experience collaborating with MGB, BHCC, and the City of Boston, particularly through youth programming. For example, EMK students have historically participated in MGB’s Youth Scholars Program, which engages students in academic and career preparatory activities throughout the year, and participated in dual-enrollment courses at BHCC. However, interviewees noted that the number of students involved in such programming prior to the Initiative had typically been quite small.

Given prior collaborations, the evaluation team was particularly interested in understanding any changes that occurred as a result of the new Initiative. Multiple K-12 and healthcare interviewees discussed how the Initiative has significantly deepened the previous partnerships, pointing to the creation of formal governance structures and teams as driving factors of this change. The importance of a clear governance structure to the sustained success of partnerships is backed by research on network governance, which finds that interorganizational collaborations are most effective when they establish explicit structures for decision-making, coordination, and accountability.⁴¹

This formal structure, discussed below, was made possible by the Bloomberg Philanthropies grant which provided funding for new key positions and the involvement of Building Impact as a facilitator in organizing the structure and workflow of the committees.

Table 2: Overview of Partnership Governance Committees

Committee	Role	Members	Meeting Cadence
Executive Committee	A small decision-making group that focuses on major items (e.g., budget-related decisions, decisions requiring leadership voting)	Key leaders across institutions	Ad hoc
Steering Committee	Guides strategy and oversight for the Initiative as a whole, defining priorities, goals, metrics, targets, and tactics, sometimes facilitated by Building Impact	Executive Committee, plus key operational project leaders across institutions	Monthly
Advisory Committee	Advises primarily on planning, design, and delivery of work-based learning programming	Steering Committee, plus additional stakeholders such as clinical and youth program leads	Every 2 months
Operational Committee	Manages day-to-day operations and implementation of programming	Key full-time operational leads from EMK and MGB, plus K-12 consultants	Weekly, at a minimum

Source: Authors’ elaboration based on interviews and review of internal program documents

Governance Structure

With the assistance of Building Impact, the partners created a clear governance structure at the beginning of the Initiative to determine decision-making authorities and provide direct escalation pathways. The four committees are outlined in Table 2.

Multiple interviewees across institutions lauded this organized governance structure as being vital for staying updated on progress for the Initiative and ensuring overall alignment across partners. One K-12 partner emphasized that it provides a space and process for coming to clear agreements on shared goals, metrics, and targets, while a healthcare partner appreciated that the meeting discussions are substantive and focused, noting that the meetings are always productive.

The Core Team

In addition to the clear committee structure, a team of four key stakeholders—two EMK and two MGB representatives who hold core operational

roles—meet weekly in person at EMK to review upcoming plans and strategize on how to “pivot based on what happened the week before,” per a K-12 interviewee. We refer to this group as the Core Team. The Core Team members drive the Operational Committee, which includes additional advisors. Funded by the Bloomberg Philanthropies grant, these staff were hired to support the Initiative, with the MGB members housed within the health system’s Office of Community Health. The Core Team members were frequently referenced in interviews as the “bridge” between EMK and MGB, key points of contact for the Initiative, drivers of the Initiative’s success, and “operationally the most important leaders for the project.” During the Hospital Site Visit and Career Day, the Core Team was observed to be actively involved in coordinating students, school and hospital staff, EMK and MGB leadership, the evaluation team, and photographers. They were also problem-solving in real time—for example, locating props for hands-on activities or adjusting day-of programming as needed.

Key Finding #3

Relational trust, expertise, and visible leadership commitment translated governance structures into operational effectiveness

While the governance structures described above provide a framework for the partnership, their success benefits from three interconnected relational advantages: pre-existing professional relationships that established baseline trust, individuals with relevant cross-sector experience (often gained through prior roles in partner organizations), and visible C-suite commitment that signals institutional prioritization and sustains partner engagement.

Many of the Initiative's leaders emphasized that long-standing relationships established before the Bloomberg Philanthropies grant built confidence in each partner's abilities. This reflects research that recognizes trust as essential for developing and maintaining effective partnerships, with strong personal relationships playing a key facilitation role.⁴² The depths of these pre-existing relationships ranged from working on prior projects together across institutions to spending years to decades working within the institutions with which they are now responsible for coordinating. Interviewees attributed the ability to operate effectively together to this baseline of trust, providing examples such as acting quickly on Early College approval processes, being able to *"pick up the phone"* to solve problems, or having access to city leadership when needed.

Even within organizations, partners mentioned that prior relationships and established trust made Initiative implementation and operations smoother. One healthcare partner described a specific instance where internal relationships assisted in overcoming institutional barriers: when a concern arose that may have limited the inclusion of ninth-grade students in certain hospital programming, the partner leveraged their network to connect the team with the right contact in HR to solve the issue. Additionally, as members of the Core Team were hired, partners reported that transitions were

eased in part because the new staff had pre-existing relationships or experience that helped them understand how the organizations and various partners operated.

Notably, partners across organizations include longstanding well-respected staff, newly hired well-experienced staff with strong networks and deep understanding of their field, and consultants with decades of experience at EMK and BPS. Collectively, this institutional and cross-sectoral knowledge has been critical for navigating institutional systems and processes. A K-12 partner noted that their long-standing institutional knowledge positioned them well to help the new key partners *"come up to speed about the school generally, about the project as it was envisioned, and about how we navigate the changes that are inevitable as we move through implementation."*

The Initiative further benefits from the consistent and visible engagement from senior and political leadership across Boston, the school district, EMK, and MGB, described by a Boston partner as "C-suite level engagement on an ongoing basis." Interviewees noted that this clear presence and involvement of political and institutional leaders, including the mayor, BPS superintendent, EMK principal, and MGB leadership, has been particularly impactful, opening doors to resources, creating mutual accountability to maintain engagement and commitment to the Initiative, and accelerating momentum across all levels of the partnership.

MGB senior-level leadership has supported the partnership by leveraging various resources and connections to assist with the needs of the Initiative. One healthcare partner expressed MGB's eagerness to be helpful in any way possible and even referred to themselves as a *"troubleshooter"* who can *"move boulders out of the way of progress."*

The engagement of Boston's political leadership, in particular, signaled to the partners that the Initiative is a high-priority, citywide commitment and ensures widespread engagement. One K-12 interviewee highlighted that bringing the city and the mayor's office into the partnership has been *"a game changer."* This can be seen from the substantial financial assistance from the city and

the district, especially towards the goal of acquiring a permanent school building. A Boston partner expressed that this is “a significant investment in the city’s educational infrastructure” and noted that implementing this project would be difficult “to advance on the rapid timeline that we have moved it without a really direct, strong engagement and movement from the mayor’s office. Not impossible, but hard to imagine, at least in this city.” Beyond financial and infrastructure assistance, the city team acts as drivers of the Initiative by ensuring timely decision-making and consistent progress towards goals. A Boston stakeholder emphasized that the presence of the city indicates “the seriousness with which the city itself and the mayor herself take the project and to continue to move us along.”

“It’s been the very clear engagement and involvement from our senior executives that has been critical to moving the Boston project forward with the scale and ambition that it has.”

Boston Partner

Challenges

Despite strong alignment and effective governance structures, the partnership has encountered challenges. The findings described below demonstrate that even partnerships with strong foundations require adequate time for organizational learning and can face complexities around major resource decisions.

Key Finding #1

The compressed timeline made simultaneous organizational learning and program delivery challenging

With key staff hired in June 2024 and school starting in September 2024, K-12 and healthcare interviewees highlighted that the compressed timeline required them to adopt a “reactionary”

approach rather than a proactive one. They noted having to “hit the ground running” without the ability to step back and map out all the needed details.

Nearly all interviewees expressed the idea of “building the plane while flying it” as a major early challenge that is still being navigated. K-12 interviewees highlighted the difficulties of managing the daily operations of a school—handling student needs, organizations, and events—while actively devoting time and energy to expanding it. Similarly, despite an organized governance structure as discussed in **Successes, Key Finding #2** above, which outlined higher-level decision-making and division of roles, a healthcare partner noted that there was some ambiguity about who needed to approve day-to-day decisions, as the team had not yet had time to map out every decision-making responsibility of the complex Initiative. A healthcare interviewee acknowledged that a comprehensive division of responsibilities across and within partners is “something that we’re still figuring out as we go along, but we’re starting to reach our flow.” Now in SY 2025-26, that interviewee feels that the team now has a bit more “room to step back and really think strategically about what we want to do.”

Even though there was a pre-existing relationship between MGB and EMK, including EMK student participation in MGB summer programming, one healthcare partner noted that their takeaway from Year 1 was: “what got us here isn’t going to get us [to full expansion]” because this is “an elevated level of partnership.” Practices that were effective for the partnership in the past do not automatically translate to this Initiative. Collaborations prior to the Initiative created a foundation of trust and confidence between partners, but the daily operations and efforts of the new Initiative require consistent adaptation and clarification of processes and roles.

Adding to the complications of a compressed timeline were ongoing institutional shifts. In particular, in the spring of 2024, MGB progressed in its merger of Massachusetts General Hospital and Brigham and Women’s Hospital, prompting changes to the health systems and the

consolidation of two separate youth programs. While the MGB youth programming team continues to integrate its own teams, a healthcare interviewee emphasized that there is still some difficulty clarifying where EMK students sit within this new structure and how best to communicate that internally to healthcare educators who may want to contribute.

Navigating student data-sharing regulations within a compressed timeline also emerged as a significant challenge. Partners noted that the process has been particularly lengthy and complex because it requires alignment across EMK, MGB, and BPS. After roughly a year of negotiation about data sharing specifications, an agreement was finalized in early fall 2025. As a result, efforts to “gear up” data collection, track outcomes, and communicate data-driven evidence of the partnership’s impact have been relatively slow to advance. Multiple partners described needing patience and persistence to work through the systems in place.

Although there was an overall reflection that a planning year would have been useful before implementation, all partners shared pride in their SY 2024-25 accomplishments and expressed a collective commitment to using the lessons learned to improve implementation going forward. This commitment was evident across interviews, as multiple K-12 and healthcare partners emphasized that a major priority moving forward is improving hospital-school integration and communication to reduce lingering ambiguity and strengthen workflows. For example, they shared plans to hold a retreat focused on data processes and highlighted partnership integration as a central topic in ongoing meetings.

Key Finding #2

Limited progress on finding EMK’s permanent home

Despite early momentum on many goals of the Initiative, progress on securing a permanent facility for EMK has been slow and complex, emerging as a key challenge and ongoing primary focus for the partnership. Boston partners acknowledged that while they anticipated “a facilities challenge,”

they ultimately had to “*make the decision to prioritize this to deliver on the vision that we have,*” noting that the process has been far more time-consuming than expected. Although there is “*political will and financial resources to deliver on it,*” the work of translating that commitment into an actual site has been constrained by Boston’s legal, historical, geographical, and financial context.

Historically, EMK operated across two disconnected campuses, each serving about 200 students. In Fall 2025—the start of the second year of project implementation—EMK Lower Campus temporarily relocated to the Abraham Lincoln Building at 152 Arlington Street, which houses the newly renovated laboratory facilities to support expanded CTE programming. This Lower Campus now hosts students in grades 9–11, approximately 300 students,⁴³ while the Upper Campus at 10 Fenwood Road serves students in 12th grade. K-12 and Boston stakeholders emphasized that consolidating grades 9–11 in a single location for the first time represents a meaningful achievement of the revamp, contributing to a more cohesive and structured school environment.

However, the search for EMK’s permanent home continues. This multi-step process requires sustained collaboration among the City of Boston, EMK, BPS, and MGB. The mayor’s office in particular serves to ensure consistent engagement and to keep this process “*actively moving along.*” Boston partners described the process to be iterative and time-consuming. Initially, the team explored leases with local higher education institutions. Over time, however, they concluded that the only way to “*officially test the market and get to the point of negotiating a lease to secure an actual site that could be built out to be a school*” was to go through the formal legal process of issuing an RFP for educational space.

In hindsight, the stakeholder reflected that they “*would have started problem-solving this issue much more aggressively and much more intentionally from the day we decided to apply for the grant,*” and, more specifically, would have begun by scoping and issuing a formal RFP. Drafting the RFP—which required clearly articulating and agreeing upon “*must-haves*” and “*nice-to-haves*” in terms of space, location, and specialized

facilities—proved to be a crucial stakeholder-alignment exercise that clarified the school’s concrete needs while considering budget constraints. It was also, as the partner notes, the legal *“precondition to engaging in bilateral negotiations over a real estate transaction.”* The partner emphasized that starting this process earlier would likely have *“accelerated the process”* and reduced the current time pressure to deliver the new school.

The difficulty of finding a suitable permanent home is also rooted in Boston’s broader facilities landscape. The partner pointed to a long history of underinvestment in new school buildings as creating a facilities footprint that *“is just not what we need,”* particularly for a high school requiring specialized lab and CTE spaces.⁴⁴ This structural underinvestment means that, even as the school system’s enrollment declines, *“there’s nowhere to put a high school”* that meets EMK’s programmatic needs. The current plan is to secure a permanent facility for a grades 9–12 school serving approximately 800 students by 2028. In the interim, partners anticipate needing at least one additional temporary solution to manage the final year of expansion beyond what the Lincoln and Fenwood buildings can accommodate.

The search for a permanent home also surfaces questions among stakeholders about the school’s plan to add grades 7 and 8, in line with the district’s vision for high schools.⁴⁵ This will require further evaluation of school spaces and facilities. Partners are aware of these pending issues, noting that any potential middle-grades expansion will be considered separately and framed *“as much of a financial choice as anything else.”*

Overall, the challenges of securing EMK’s permanent home reflect the cumulative impact of historical facilities underinvestment, legal and procedural requirements for public real estate transactions, and the time required to navigate Boston’s formal real estate and procurement processes.

Theme 2: Student Recruitment

Student recruitment represents a critical dimension of the project, as enrollment outcomes signal whether there is student demand for the redesigned healthcare model. Success in recruitment is also foundational to partners’ ability to advance access to educational opportunities and deliver impact at scale. This section examines how partners designed and implemented strategies to attract students to EMK. We explore how enrollment targets were set, how recruitment messaging was developed, how families learned about EMK, and what factors appeared to shape student and caregiver decision-making.

As stated in the Boston proposal to Bloomberg Philanthropies, partners set out to double EMK’s total enrollment from 400 to 800 students across grades 9–12 by SY 2028-29.⁴⁶ To support its expanded enrollment target, EMK submitted a charter amendment request to the Boston School Committee and Massachusetts Department of Elementary and Secondary Education (DESE) in September 2024.⁴⁷ DESE approved the amendment in February 2025, increasing maximum enrollment capacity and phasing this planned growth over five years (see Table 3).

While the Class of 2028 is the inaugural cohort to receive new programming under the Initiative, the Class of 2029 (entering Fall 2025) marked EMK’s first attempt to recruit an expanded cohort of 200 ninth graders. As described by a K-12 stakeholder, EMK has its own application process that feeds into the BPS lottery system, in addition to BPS’ school choice application where families rank schools. EMK admits students by randomized lottery without entrance exams or consideration of prior academic achievement, following a non-discrimination and zero-tolerance policy, while giving preference to siblings of current students and those already in BPS.⁴⁹ The recruitment window typically opens in October, with applications due in early February, lottery results announced in mid-March, and enrollment decisions due in April.

At the conclusion of the recruitment cycle, EMK received over 400⁵⁰ applications for Fall 2025 and enrolled 151⁵¹ students. EMK’s recruitment efforts reflect clear progress in collaboration, in-person outreach, student fit, and the use of data to inform planning. These advances have been constrained by broader structural challenges, including district-wide enrollment decline, competitive school choice dynamics, and uncertainty associated with the school’s ongoing transition.

Table 3: EMK Planned Enrollment Expansion

Grade	Current Charter Maximum	Expected SY 2025-26	Expected SY 2026-27	Expected SY 2027-28	Requested Charter Maximum Expected SY 2028-29
Grade 9	112	224	224	224	224
Grade 10	112	104	208	208	208
Grade 11	112	90	100	192	192
Grade 12	112	86	86	96	176
Total	448	504	619	720	800

Source: Charter Amendment Request to Expand EMK Enrollment⁴⁸

Successes

Key Finding #1

Class of 2029 recruitment benefitted from early collaboration and a strong emphasis on in-person engagement and learner-centered messaging

Within Boston’s citywide school choice framework, high schools must actively recruit students rather than rely on neighborhood assignment, making effective outreach central to enrollment outcomes. **From the outset, recruitment for the Class of 2029 reflected collaboration across EMK, MGB, and BPS, with partners aligning around a shared value proposition and taking up complementary roles.**

MGB contributed institutional resources and visibility that strengthened EMK’s recruitment efforts. In particular, multiple stakeholders highlighted that MGB leveraged its network to enlist pro bono support from an advertising and marketing firm, Boathouse Group Inc. A joint EMK-MGB subcommittee was created to work with Boathouse Group on recruitment messaging and content, providing a structured opportunity for partners to clarify EMK’s value proposition and align on how it is communicated to families.⁵² This resulted in a variety of video assets and printed assets (see Figure 3 below and Appendix Exhibit 2).

Their messaging aligns with best practices in crafting learner-centered communications for program recruitment: “preparing for the real world” is the most effective message to recruit prospective families.⁵³ Furthermore, the co-branding in these materials, including materials used in in-person events like banners, reinforced the EMK-MGB partnership. During the Career Day site visit, the evaluation team also observed the continued use of these co-branded materials within the school environment, suggesting that the partnership’s joint identity has been incorporated into EMK’s physical spaces and day-to-day presentation. As one healthcare stakeholder noted, having MGB’s logo on materials “gives it some credibility,” reinforcing to families that EMK’s healthcare focus is backed by a major employer rather than simply a thematic emphasis. MGB staff were also present at recruitment events.

Utilizing its existing recruitment channels, EMK served as the primary driver of in-person student recruitment, investing resources in face-to-face engagement with middle school students and families across the city. Between October 2024 and January 2025, EMK staff conducted visits to more than 30 middle schools, including participation in eighth-grade career fairs, school-based information sessions, and citywide recruitment events.⁵⁵ Staff emphasized EMK’s distinct healthcare focus and helped students connect their interests—whether in STEM, technology, or working with people—to the five career pathways. A K-12 stakeholder described

Figure 3: Sample of Recruitment Materials



Source: Boathouse Group Inc.⁵³

this approach as intentionally relational: *“it is that one-on-one, meeting students and saying, this is our school.”* Another interviewee explained their conscious effort in *“being really thoughtful about the language”* used, breaking down healthcare acronyms and adapting presentation style to be age-appropriate for different audiences. Hands-on activities and props, such as mannequins, were highlighted as engaging tools for prospective students during recruitment events.

The success of this in-person engagement and the importance of informal word-of-mouth networks were reflected in student focus groups. One ninth-grade student reported first learning about EMK through a middle school recruitment event. Four out of the six students interviewed shared that they became aware of EMK through trusted personal connections, including a teacher recommendation, a cousin already enrolled, a family friend, or peers’ siblings. Notably, while they often conducted further research, students did not reference social media or online outreach in describing how they first learned about the school.

In parallel, BPS supported recruitment by organizing district-led events, promoting awareness of CTE, and providing support for equitable access to information. For example, EMK and MGB participated in BPS’ College, Career & STEM Fair in December 2024, which was designed to raise awareness of CTE programs, postsecondary options, and connections with industry. A Boston stakeholder noted the importance of communicating that *“a Chapter 74 program opportunity at the high school level is unique”*—programs must meet rigorous quality standards, including that teachers must have industry experience and students must have the chance to engage in internships.

These district-led efforts are particularly important given the challenges associated with communicating the value of CTE programs to students and families. There is evidence that awareness of CTE terminology remains uneven among EMK students, as several interviewed students were unfamiliar with the term, asking *“what is CTE?”* This aligns with studies on awareness and perception of education-to-workforce pathways. A report finds that 19% of parents and young adults say that they “don’t know” if CTE, work-based learning, or

industry-recognized credentials are available in their school or district.⁵⁶

BPS’ support for multilingual communication, such as translation tablets provided to EMK, and community engagement—for example, with different faith-based communities—were also cited by K-12 stakeholders as enablers for more inclusive, culturally responsive outreach.

Key Finding #2

Class of 2029 recruitment outcomes reflect progress in attracting health-focused students for EMK

EMK’s recruitment for the Class of 2029 yielded qualitative shifts in student applicants. While the total number of applications was lower than in some prior years and did not result in a waitlist, EMK achieved a substantially higher yield rate of accepted students. Student yield refers to the percentage of admitted students who ultimately chose to enroll. A K-12 stakeholder reports that *“[EMK’s] yield is typically about 24 or 26%, but was 39% yield last year,”* which they interpreted as evidence that recruitment was increasingly *“reaching the right families, the right students.”* Stakeholders viewed this as a signal of improved alignment between EMK’s recruitment efforts and families’ understanding of the school’s healthcare-focused model. Having interacted with these students since their arrival in Fall 2025, three interviewees, as well as an additional stakeholder engaged informally, independently remarked that *“these ninth graders are different,”* citing higher levels of motivation and clearer resonance with EMK’s healthcare mission. One K-12 stakeholder reflected that, unlike in previous years, *“they know what this school is about. Their parents know. They want them to be here.”*

Student perspectives further validated these assessments. Current ninth-grade students (Class of 2029) interviewed frequently described pre-existing interests in healthcare that drew them to EMK, often tracing these interests to early aspirations, family encouragement, or exposure through media. One student shared, *“since I was younger...*

“I feel like I really see a difference. This year for EMK was the first year that they were really focused on students who wanted to go into health careers, as opposed to having students who were just placed in the school. So I was able to see the difference in the level of engagement and curiosity from the students this year compared to last year.”

Healthcare Partner

I wanted to be a pediatrician,” while another explained that watching medical shows sparked their desire to *“help people or make people feel better.”* Visual and symbolic cues—such as EMK-branded scrubs—also reinforced students’ sense of identity and excitement about attending a healthcare-focused school since joining. Observational data further supported this finding. At the Career Day and the Hospital Site Visit, the evaluation team recorded responses when students were asked to introduce themselves and share career interests, and also informally spoke with students one-on-one. The majority of students identified healthcare-related aspirations, including nursing, paramedicine, ultrasound technology, and radiology. A minority cited non-healthcare interests, such as becoming a social media influencer or baker. Some students also described interests in adjacent fields, including engineering or social work, but described these as outside the healthcare field. A K-12 stakeholder described ongoing efforts to help students recognize how such interests might translate into healthcare careers, for example by linking technical interests to roles in health informatics or related fields.

At the same time, it is worth noting that EMK’s healthcare appeal predates the Class of 2029 recruitment cycle, and that not all students arrived through an intentional decision-making process. The focus group with current tenth-grade students (Class of 2028), recruited before the Initiative, indicated that EMK already had a strong healthcare identity that resonated with prospective students, as students described similar motivations for enrolling. One student shared that they chose EMK because EMK *“[would get] me into the EMT field.”* A K-12 interviewee shared that, across

grades, *“a lot of the families that we see coming in for parent-teacher conferences during the school year were in scrubs.”* Additionally, a small number of students described applying to EMK late in the process or selecting it from a limited set of options rather than through deliberate pathway exploration. One ninth-grade student explained that their decision to enroll was *“less about medical reasons, more like convenience and other factors.”* One tenth-grade student recalled applying just weeks before the start of the school year, while another described choosing EMK over alternatives they were less interested in attending.

Several students that we spoke to in 9th and 10th grade showed limited understanding of the EMK-MGB partnership; while they could describe specific programming, they did not recognize it as part of a formal partnership between the school and the hospital. Instead, students consistently spoke enthusiastically about pre-existing programming with Harvard Medical School. This suggests that the partnership’s core value proposition—formal, deep engagement with a health system—may not yet be fully visible to students.

Key Finding #3

Partners are adopting a more intentional, coordinated, and data-informed recruitment approach for Class of 2030

After structured reflection at the close of the first year of project implementation—including a half-day cross-organizational team retreat over the summer—recruitment emerged as one of the top five priority areas for improvement.

This focus has been reinforced in subsequent Steering Committee meetings, and new members of the Core Team were briefed on recruitment as a *“shared responsibility”* from their first day. Several partners acknowledged that recruitment efforts for the Class of 2029 were exploratory rather than systematic. Beyond the professional marketing collateral developed with Boathouse Group, increased middle school visits, and a series of incremental tactics (e.g., additional information sessions, postcards, community fairs), a K-12 stakeholder reflected, *“last year was kind*

of just like, well, let's do what we've done in past years." Another staff member noted that while EMK interacted with many families, the school lacked systems to understand how families moved through the recruitment funnel or to identify the "X factor" that ultimately drove enrollment decisions.

In response, partners now describe a clear shift toward more intentional planning, clearer roles, and stronger use of data to inform outreach.

To operationalize this shift for the Class of 2030, partners developed a comprehensive recruitment project plan—vetted by both EMK and MGB—structured around an 18-month cycle with defined phases for planning, execution, monitoring, and evaluation, and a built-in six-month overlap between recruitment cycles to support continuity and rapid learning.⁵⁷ Implementation is anchored by a ten-person cross-organizational project team, including EMK leadership and MGB core operational team members performing advisory roles, designed to support EMK's Coordinator for Admissions, Enrollment, and Recruitment as the Project Lead and strengthen recruitment as a more strategic function. Steering Committee discussions also ultimately led to the hiring of a former K-8 BPS principal—who had led one of EMK's feeder schools—as a consultant, following a recommendation from city leadership. The project plan articulates clear goals, metrics, targets, and tactics—for example, enrolling 224 ninth-grade students by October 1, 2026, with interim targets of 800 interest forms and more than 500 applications—supported by a month-by-month execution calendar and defined data checkpoints.

As the active recruitment window proceeds during the period of this study, partners have begun implementing several priority initiatives.

EMK has started identifying high-yield or "feeder" middle schools to prioritize, while also seeking to increase the share of applicants from out-of-district K-8 and middle schools. For the Class of 2029, nearly 55% of enrolled students came from 12 out of 32 BPS K-8/Middle Schools.⁵⁸ As one stakeholder explained, having data allows partners to be more strategic about where and how to deploy MGB's presence, rather than spreading efforts evenly across all events. Additional changes include multilingual interest forms beyond district

requirements, multiple touchpoints with families throughout the fall and winter, and expanded use of recruitment materials developed with external partners. Digital strategies—which played a limited role in earlier cycles—are also being expanded to reinforce in-person outreach rather than replace it.

Hospital stakeholders emphasized the importance of sustained presence at recruitment events—including "*bringing MGB swag and little stethoscopes*"—to help EMK stand out. As one K-12 stakeholder noted, MGB's visibility "*in the building*" carries significant weight with families considering EMK. Moreover, MGB is identifying ways to leverage its system's scale as the largest employer in Massachusetts. MGB has begun activating its internal and external communication channels to promote EMK, joint EMK-MGB programming like the Career Day and the Hospital Site Visit, and the broader partnership. These efforts include LinkedIn posts, intranet newsletters, digital EMK signage displayed across MGB hospitals, offices, and clinics, and the distribution of EMK flyers through MGB Community Care Vans operating throughout the city. Additionally, BHCC has adopted many of these tactics within its own ecosystem, leveraging digital signage, digital newsletters, and flyers on campus.

Challenges

Key Finding #1

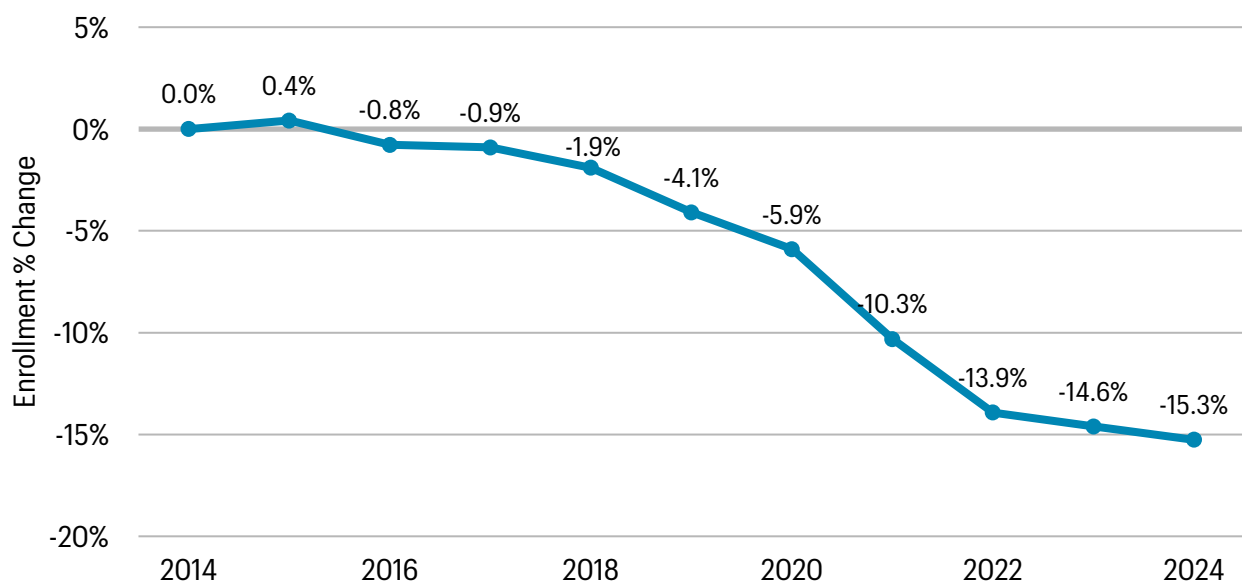
EMK is navigating the districtwide challenge of declining enrollment and operates within a competitive high-school ecosystem

Districtwide enrollment decline represents a structural constraint on EMK’s recruitment efforts. Since 2014, BPS enrollment has fallen by 15.3% (8,299 students), with the pace of decline accelerating during the COVID-19 pandemic, when annual losses roughly doubled (see Figure 4).⁵⁹ While total student enrollment declined citywide in the past five years, losses have been more pronounced in BPS than in other schooling sectors (see Figure 5 on Page 28).⁶⁰ These patterns reflect broader demographic shifts in Boston, including falling birth rates and rising outmigration rates—trends that have been exacerbated by rising housing costs and reduced the number of school-age children in the city.⁶¹ In response, BPS has pursued consolidation strategies, including school closures and mergers. Most recently, the district announced plans in November 2025 to close three

schools at the end of SY 2026-27, including the Community Academy of Science and Health.⁶² Across stakeholder groups, four interviewees identified declining enrollment as a macro-level challenge to meeting recruitment goals. As one Boston stakeholder described it, declining enrollment represents BPS’ “biggest challenge,” driven not only by recent demographic shifts but by “decades of students finding other options.”

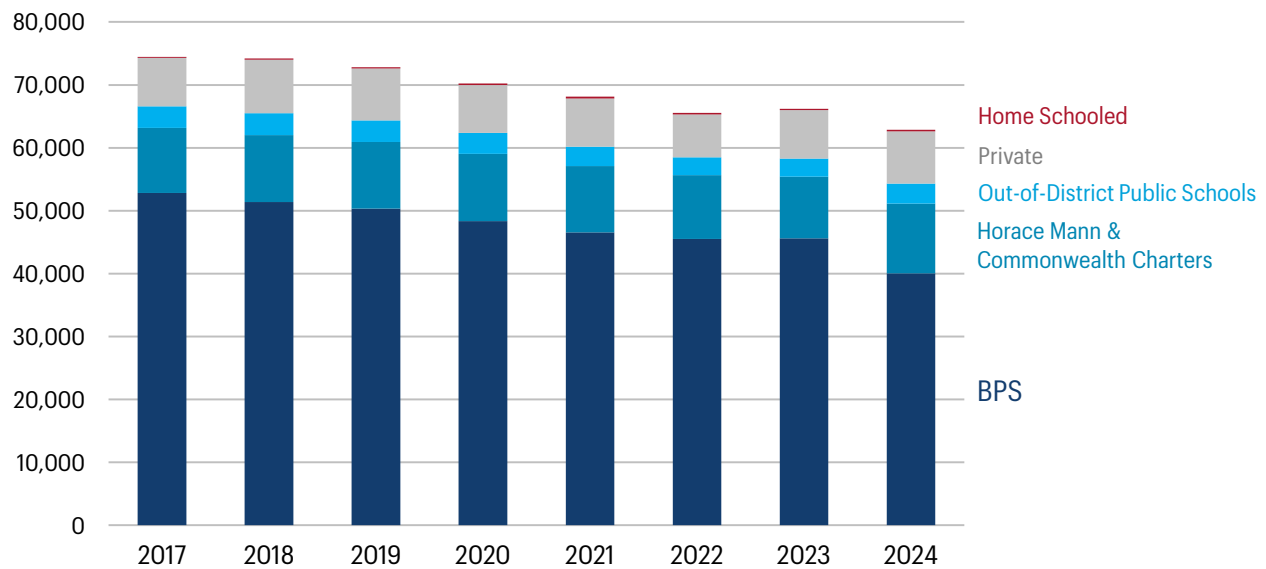
These “other options”—spanning other CTE schools, exam schools, as well as schools beyond BPS—highlight the competitive ecosystem in which EMK operates. While a Boston stakeholder emphasized that EMK represents “BPS’ strongest healthcare partnership,” they also noted that the school is not the only healthcare option in the district. Madison Park Technical Vocational High School, for example, can be categorized as a competitor. Madison Park offers 20 vocational training programs, including Nursing Assistant and Medical Assistant career pathways.⁶³ Moreover, competition is intensified by Boston’s exam schools, such as Boston Latin School, which are widely “perceived as among the highest quality schools in the district” with “elite status.”⁶⁴ Three K-12 stakeholders reported that many students offered admission to EMK ultimately declined in

Figure 4: BPS Enrollment: Percentage Change Since 2014



Source: Massachusetts Department of Elementary and Secondary Education (DESE)⁶⁵

Figure 5: **Boston School-Aged Enrollment, 2017-2024**



Source: Massachusetts Department of Elementary and Secondary Education (DESE)⁶⁶

favor of exam school placements. As one ninth-grade student described during a focus group discussion, “EMK was my top four school. My top three were all the exam schools. And yeah, I got into this one.” This dynamic reflects broader challenges facing CTE, which has historically been perceived as a “second-class” alternative.⁶⁷

Changes in school configuration are further shaping EMK’s competitive landscape. A 2019 Boston School Committee decision to shift primarily from K-8/9-12 to K-6/7-12 school configurations means that many eighth graders are already enrolled in a high school. Fewer students are actively seeking a new school at the ninth-grade transition point, narrowing the pool of potential applications for schools like EMK. Four interviewees across sectors highlighted this shift as a meaningful recruitment challenge. Boston stakeholders described efforts to manage these inter-school dynamics and embrace a student-centered approach. As one interviewee explained when discussing how schools navigate competition for student enrollment, “...it’s my job... to say to that principal: we know that you don’t want to lose that student, but if she’s got a passion that this other school’s going to meet for her, she needs to be empowered to make that choice.”

Taken together, these structural dynamics shaped mixed reflections on how ambitious EMK’s enrollment targets were relative to market realities. For example, one K-12 stakeholder said that they thought “we were being realistic,” (the August 2023 RFP noted that EMK anticipated a wait list of 500 students in SY 2023-24⁶⁸) while another argued that the target was “not supported by data.” Reflecting on recruitment for the Class of 2029, a healthcare stakeholder suggested that a more gradual ramp up—moving from 100 to 150 students before reaching 200—might have been better aligned with conditions on the ground. Looking ahead, partners remain committed to strengthening recruitment, with one interviewee viewing the EMK-MGB partnership as a strategic opportunity to attract students back to BPS. At the same time, stakeholders pointed to school closures—particularly those affecting schools with similar student interests, such as the Community Academy of Science and Health—and the possible addition of grades 7 and 8 to EMK⁶⁹ as factors that could reshape the school’s recruitment strategy over time. While the former presents an opportunity to catch up on enrollment targets, a K-12 interviewee recognizes the associated challenges: “And if we do have to take 50 kids, it’s going to be a challenge. We would have 50 kids who are a year

behind in the health CTE side of the work here. And we're going to have to do something special if we are required to take them and get them up to speed."

Key Finding #2

Prospective families experience uncertainty during EMK's transition and phased rollout

Implementation decisions around facilities and phased programming during EMK's revamp introduced uncertainty that influenced families' decision-making. In the interim, as noted in **Partnerships** section **Challenges, Key Finding #2**, EMK has successfully consolidated grades 9–11 at their Lower Campus at the Abraham Lincoln Building, with grade 12 students located at the Upper Campus at 10 Fenwood Road. However, uncertainty about EMK's current and future location complicated recruitment. Public communications indicated that EMK would relocate to a permanent site within two years,⁷⁰ but shifting timelines made it difficult for staff to provide consistent information to families. This uncertainty matters as research shows that location, transportation, and safety are central factors in school choice, particularly for families relying on public transit.⁷¹ A K–12 stakeholder noted that, at recruitment events, the most common question was, *"where are you guys located again?"* In some cases, this confusion persisted even after enrollment: two out of three ninth-grade focus group participants reported going to the wrong campus on the first day of school. A caregiver also raised concerns shared by some families over increased commute after Lower Campus relocation. Location also factors into students' and families' assessment of safety. A K–12 stakeholder described how perceptions of safety were closely tied to location, with caregivers frequently asking, *"is the neighborhood safe?"*

In the context of this transition and shifting information environment, students described reputational perceptions about EMK's safety that influenced their decisions. Several students recalled hearing that the school was *"a bad*

school," which initially deterred them from applying, though they later reported that these perceptions did not reflect their lived experience at EMK. By contrast, another student described choosing EMK specifically because they had heard *"there [were] no fights,"* highlighting how safety-related reputation can influence prospective students. While these reputational perceptions may predate EMK's current transition, they became salient for students navigating enrollment decisions amid shifting information and uncertainty.

Families also expressed confusion about the rollout of programming. Recruitment and marketing materials promote five healthcare pathways, but families were often unclear about when students—particularly incoming ninth graders—would gain access to specific pathways. As one K–12 stakeholder explained, families frequently asked, *"for my kid this year, if they come in as a freshman, when are they actually going to be able to access biotechnology, X-ray and medical imaging, or surgical tech?"* This confusion also surfaced among enrolled students, observed through informal conversations with multiple students during the Hospital Site Visit, indicating that uncertainty extended beyond the point of application. Looking ahead, additional questions are likely to emerge as students begin choosing among multiple Chapter 74 programs and, within them, more specific healthcare career pathways—raising implementation considerations around how partners will manage expectations, sequencing, and potential imbalances in demand across pathways.

These findings suggest that recruitment would benefit from stronger coordination between internal planning and external messaging, helping build trust with families and support more informed enrollment decisions as the school continues to scale.

Theme 3: Pathway and Curriculum Development

This section examines how EMK and MGB selected and aligned career pathways and CTE programs that balance hospital workforce demand, student needs, and financial sustainability. This section also explores how EMK, BHCC, and MGB collaborated to build an integrated curriculum that connects core academics, CTE, Early College coursework, and work-based learning into a single program of study at EMK.

EMK’s curriculum is grounded in Massachusetts’s Chapter 74 Career/Vocational Technical Education (CTE) framework and Massachusetts’s Early College framework.

Massachusetts’s Chapter 74 Career/Vocational Technical Education (CTE) programs are defined by rigorous, state-established quality standards. These standards include at least 900 hours of immersive, hands-on learning; structured co-operative education and work-based learning with local employers; and opportunities for students to earn high-value, industry-recognized credentials. In recognition of these quality standards and higher instructional costs, Chapter 74 programs also receive additional per-student state funding.⁷²

Massachusetts’s Early College programs are based on state-approved partnerships between a high school and an institution of higher education. The programs blend high school and college coursework to provide students with structured opportunities to complete college-level classes for credit during the regular school day, at no cost to students, while receiving enhanced academic and advising support. Early College programs are particularly focused on increasing college and career readiness for populations traditionally underrepresented in higher education.⁷³ EMK received Early College designation in June 2025 and is in the process of implementing its Early College partnership and integrating college courses into its curriculum.⁷⁴ Consequently, a discussion of Early College is primarily explored in the **Looking Ahead** section, **Opportunity #3**.

Together, these two frameworks establish the policy and instructional foundation within which EMK and MGB designed and aligned career pathways, CTE programs, and an integrated curriculum.

Successes

Key Finding #1

MGB and EMK balanced workforce demands and student needs while working towards financial sustainability in selecting the school’s three Chapter 74 CTE programs and five career pathways

Career Pathway Alignment with CTE Programs

To select the career pathways and CTE programs, partners engaged in a deliberate process that weighed MGB’s workforce needs alongside EMK’s educational mission and long-term financial sustainability. Per two interviewees, an EMK consultant with deep knowledge of Massachusetts Chapter 74 and an MGB human resources staff worked closely together to identify where regional healthcare workforce needs aligned with the state-approved CTE program options. Several K-12 and Boston stakeholders also highlighted the critical role that an external consultant played in helping to synthesize labor market data, workforce development research, and student outcome projections into a coherent decision-making framework that enabled partners to choose programs that lead to high-paying, in-demand roles.

Aligning CTE programs with MGB career pathways was not a straightforward process. For example, a K-12 stakeholder described MGB’s initial reluctance to pursue the Medical Assisting pathway because MGB already had “another [medical assisting] partner.” However, the process of mapping specific healthcare roles to Chapter 74 CTE programs revealed that while Medical Assisting may not be the perfect fit for all roles,

it was a better fit than the other available CTE programs. As one K-12 stakeholder explained regarding this decision, it was *“the most flexible we could be while maintaining the funding source”* and while still providing a framework for skills-relevant training.

There are only three Chapter 74 programs in the healthcare career cluster—Health Assisting, Medical Assisting, and Dental Assisting—but there was little to no interest from MGB in the Dental Assisting pathway, which did not align with their priority roles or projected workforce gaps.

Stackable Credentials and Career Progression

Four interviewees, including K-12, healthcare, and Boston stakeholders, emphasized the importance of immediate employability combined with long-term career progression in career pathway selection. EMK and MGB staff worked together to explore how Health Assisting and Medical Assisting foundations could serve as on-ramps to a range of roles, particularly those with clear career ladders, such as Certified Nursing Assistant (CNA), Licensed Practical Nurse (LPN), Registered Nurse (RN) or Emergency Medical Technician (EMT) pathways. As a K-12 interviewee observed from reviewing MGB job descriptions, *“Almost all of [the job descriptions] said, if you had your CNA, they’d take you. They could train you.”*

MGB leaders stressed the need to consider not just current vacancies and shortages, but also the advancement opportunities available to students over time. Consequently, as one healthcare stakeholder noted, despite *“huge”* demand for pharmacy technicians, the role was ultimately excluded as a career pathway because the jump from pharmacy technician to pharmacist was viewed as too large and insufficiently scaffolded for high school graduates. Stakeholders also described building on EMK’s existing strength in nursing and prioritizing credentials that are stackable and transferable across institutions and roles, such as CNA and EMT, to support multiple entry and advancement points.

This approach aligns with research on career pathways, which emphasizes the value of

articulated, stepwise credential structures with multiple entry and exit points, enabling learners to make incremental progress while maintaining access to further education and advancement.⁷⁵ Large-scale evaluations of career pathways initiatives find consistent positive impacts on credential attainment and industry-specific employment, and research on credential stacking shows that earning sequential credentials—particularly in health-related fields—is associated with improved employment outcomes and, in some studies, higher earnings.⁷⁶

EMK’s decision to align college and career programming was not made in isolation, but emerged at a moment of close alignment with Boston Public Schools’ broader strategic priorities around college and career alignment and the simultaneous growth of student enrollment in Early College programs and Chapter 74 CTE programs. Across Massachusetts, Early College program enrollment has grown from 4,000 students in SY 2021-22 to nearly 9,000 students in SY 2024-25. Concurrently, Chapter 74 CTE program enrollment has increased from roughly 54,000 students in SY 2021-22 to approximately 57,500 students in SY 2024-25.⁷⁷

Within this context, a Boston stakeholder discussed the state’s vision to move towards a *“hybrid middle space”* that intentionally blends career exposure with advanced, credit-bearing coursework. The interviewee said that district leaders viewed EMK’s expansion as an opportunity to operationalize this hybrid vision in practice. Rather than treating Early College and CTE as distinct or competing models, the goal was to move both toward the center: embedding stronger career components into Early College pathways while designing CTE programs that explicitly advanced students toward higher education. This logic informed what two interviewees described as *“multiple output pathways,”* in which students could exit high school with industry-recognized credentials, while simultaneously earning Early College credits that kept longer-term educational options open. In this sense, as one Boston interviewee noted, EMK functioned as a *“microcosm for what we wanted to do in a larger way as a district.”*

Student Needs and Financial Sustainability

A key goal across the Bloomberg Philanthropies-funded Healthcare-Focused High School network is movement towards financial sustainability after the grant period ends. To that end, two interviewees discussed a focus on increasing funds received through Chapter 74. As a K-12 stakeholder stated, “We live and die by [the] Chapter 74 [programs]” because the school/district receives supplemental tuition dollars for every student that is in a Chapter 74 CTE program. **As a result, CTE program enrollment has become a critical component of financial viability.** Accordingly, EMK pursued not only enrollment growth but also a shift toward placing all students in a CTE program. One interviewee estimated that prior to the grant, EMK may have had only about 20 out of 100 students per grade enrolled in a CTE program. By contrast, in the Class of 2028, all 105 students are enrolled in the Health Assisting CTE program.⁷⁸

Achieving universal pathway enrollment required careful attention to student needs and preferences. In particular, partners sought to ensure that students had options with varying levels of direct patient care because “not every student is going to want to do what nurses do” and “we wanted to make sure there was some place for everybody.” This consideration informed the inclusion of Biotechnology as a Chapter 74 CTE program at EMK. Although formally classified within the “manufacturing, engineering, and technology” career cluster rather than the “healthcare” career cluster,⁷⁹ Biotech offered a framework for teaching skills relevant to in-demand healthcare roles that involve “almost no patient-facing time.” Stakeholders are focused on offering a diversity of pathways and occupational options to improve student engagement and persistence by better aligning programs with their interests.

Together, these efforts resulted in five career pathways mapped to three CTE programs that are not only aligned to MGB’s hiring needs, but also designed to offer EMK students realistic, supported routes into and through the healthcare workforce.

Key Finding #2

Partners achieved key transformational changes to facilitate revamped programming

Partners achieved key transformational changes to facilitate revamped programming at EMK, including the implementation of a redesigned school schedule and condensed academic coursework. In partnership with external stakeholders, EMK also secured an Early College designation, obtained state approval for its Medical Assisting program, and built out new laboratory spaces. These structural changes enabled the launch of new programming such as Career Day and the Hospital Site Visits.

Revamped School Schedule

EMK restructured its school day from a six-block to a seven-block schedule to support both hands-on technical learning and Early College participation (Figure 6). One goal of the revised schedule was to increase instructional time for immersive, skills-based learning—a critical component of CTE. Tenth-grade students now participate in two consecutive instructional blocks with their CTE Health Assisting instructor, creating a two-hour instructional period. This expanded block effectively doubles students’ time in the CTE lab, enabling deeper skill development and greater opportunities to earn industry-recognized credentials. The new schedule also increased opportunities for additional work-based learning experiences with MGB and other EMK partners—including Hebrew Life Center, Sherrill House, and Harvard Medical School.

Another goal was to ensure that twelfth-grade students had consecutive blocks available to participate in Early College coursework. College classes typically require longer instructional periods than EMK’s standard class blocks and additional time for travel to the college campus. The extended scheduling structure accommodates both requirements.

A K–12 stakeholder attributed EMK’s ability to design and implement this revised schedule within

Figure 6: EMK Daily Schedule SY 2025-26

Monday	Tuesday	Wednesday	Thursday	Friday
A BLOCK 8:00-8:30a	E BLOCK 8:00-8:30a	A BLOCK 8:00-8:52a	E BLOCK 8:00-8:52a	A BLOCK 8:00-8:52a
B BLOCK 8:43-9:21a	F BLOCK 8:57-9:59a	B BLOCK 8:57-9:49a	F BLOCK 8:57-9:49a	B BLOCK 8:57-9:49a
C BLOCK 9:26-10:04a	G BLOCK 9:54-10:46a	C BLOCK 9:54-10:46a	G BLOCK 9:54-10:46a	C BLOCK 9:54-10:46a
D1 BLOCK 10:09-10:33a				
D1 LUNCH 10:38-11:02a				
D3 BLOCK 11:07-11:21a	D1 LUNCH 10:51-11:15a	D1 BLOCK 10:51-11:15a	D1 LUNCH 10:51-11:15a	D1 BLOCK 10:51-11:15a
E BLOCK 11:26-12:04p	D2 BLOCK 11:20-11:44a	D2 LUNCH 11:20-11:44a	D2 BLOCK 11:20-11:44a	D2 BLOCK 11:20-11:44a
	D3 BLOCK 11:49-12:09p	D3 BLOCK 11:49-12:09p	D3 BLOCK 11:49-12:09p	D3 LUNCH 11:49-12:09p
F BLOCK 12:09-12:40p	A BLOCK 12:14-1:06p	E BLOCK 12:14-1:06p	A BLOCK 12:14-1:06p	E BLOCK 12:14-1:06p
G BLOCK 12:51-1:30p	B BLOCK 1:11-2:03p	F BLOCK 1:11-2:03p	B BLOCK 1:11-2:03p	F BLOCK 1:11-2:03p
Staff Professional Development 2:00-4:00p	C BLOCK 2:08-3:00p	G BLOCK 2:08-3:00p	C BLOCK 2:08-3:00p	G BLOCK 2:08-3:00p

Source: EMK Student Handbook 2025-2026

“a matter of months” to the expertise of newly hired core staff, who brought deep familiarity with EMK operations, BPS requirements, and BHCC’s Early College offerings.

Condensed Core Academics

EMK condensed its core academic and health-focused CTE coursework into grades 9–11 to ensure students had sufficient time in 12th grade for Early College enrollment and school-year internships. This restructuring required intentional staffing decisions, including placing “a very skilled teacher” in 10th grade, a grade that leaders identified as “critical to get those kids really ready.” The reassignment brought “a whole different life to that program of seriousness,” signaling increased rigor earlier in students’ academic pathways.

As academic demands increased, staff recognized that students “weren’t doing well” and “didn’t

know how to study,” which prompted revisions to curriculum and pedagogy and additional instructional scaffolding. Teachers introduced more structured supports, such as vocabulary quizzes and “word walls” focused on breaking down complex terminology. Notably, student-led demonstrations—where groups “taught the class” using self-selected modalities such as dance, visual art, and rap—led to higher levels of engagement and ownership. This approach maintained academic rigor, as evidenced by strong assessment outcomes, with students commonly scoring in the “90, 92, 93” range on post-instruction tests.

Stakeholders view the condensed model as successful, citing student performance on the CNA exam as a key outcome. Although historically taken in 12th grade, 37 eleventh graders sat for the exam for the first time following the curricular

shift, with 34 students passing the exam. Despite initial reluctance from students, a K-12 stakeholder observed that this result served as “*our first indicator*” that the model was effective. Success was attributed to well-structured programming and effective time-management in the classroom, a highly motivating teacher, and students’ willingness to rise to the challenge, enabling many to “*move the needle forward they never thought possible.*” Beginning in SY 2026, EMK will formally transition the CNA exam to 11th grade for all students, creating additional space in senior-year schedules for work-based learning and dual enrollment opportunities as licensed CNAs.

Medical Assisting Application

EMK also secured approval for the Chapter 74 Medical Assisting program, giving students an additional route from high school coursework to industry-recognized credentials and entry-level jobs in healthcare. The school also outfitted one new Medical Assisting CTE lab and two new Health Assisting CTE labs. School leaders see it as their role to “*make sure [pathways] are following the CTE frameworks*” and that students have “*state-of-the-art facilities*” and “*the right industry-recognized credentials,*” which shaped the design of the new Medical Assisting program. In the classroom, this meant school leaders were intentional about how the classrooms and labs were set up. School leaders worked with MGB staff to seek out the same vendors MGB uses to design spaces that mirror real medical care environments, “*almost everything in there is exactly the same as what you would see in...[an] MGB clinic.*” Beds, exam tables, and workstations are intentionally arranged to simulate an actual clinical environment so that, when students enter the lab, they experience a setting that looks and feels like the spaces they may one day work in.

Early College

Alongside these changes, EMK and BHCC secured Early College designation on an accelerated timeline. They completed Part A of the state’s multi-round application in just eight weeks, a phase that a K-12 stakeholder estimated typically takes six months to a year. This portion of the application requires outlining the program

model, course sequences, student supports, staffing, and shared accountability structures.

Partners from EMK, BHCC, and BPS emphasized that having leaders with prior Early College experience, existing relationships, and the right expertise “in the room” was critical to moving this designation process forward so quickly. This accelerated work was not only about securing approval, but about intentionally aligning Early College coursework so that the college credits stack directly within students’ existing CTE programs of study, rather than sit alongside them as a separate option. Integrating Early College and Chapter 74 CTE into one coordinated program structure instead of two parallel paths required additional negotiation with the state to reconcile the multiple requirements and clarify roles and accountability for both the high school and higher education partners.

Outside of these structural and partnership changes, curriculum has been updated to support career learning. EMK’s internal College, Career, and Life (CCL) Readiness work uses a rubric and point system to define and reward “meeting” and “exceeding” expectations across key areas: attendance, punctuality, discipline, GPA, CTE coursework, community service, postsecondary planning, college credit accumulation, industry certification, and work experience. CCL makes use of Massachusetts’s My Career and Academic Plan (MyCAP), a once-a-week course that each student participates in across all grade levels, further supporting and helping students build the habits and milestones needed for life after graduation. Additional discussion of future Early College planning is primarily explored in the **Looking Ahead** section, **Opportunity #2.**

Implemented Site Visit Days

EMK and MGB designed two complementary career exposure experiences to broaden students’ awareness of healthcare careers: (1) an EMK-hosted Career Day featuring panels and interactive tables staffed by MGB personnel, and (2) Hospital Site Visits at Mass General Hospital and Brigham and Women’s Hospital with brief, pathway-aligned activities in clinical spaces. Documents describe these experiences as forms

of “work-based learning,” which partners framed as exposure and not instruction. As one healthcare partner summarized, “in 9th and 10th grade, the focus is really on that career pathway exploration.” While some students currently participate in MGB internships, work-based learning that builds technical and professional competencies will be available in the form of school-year internships and clinical placements in grades 11 and 12 (see Figure 7).

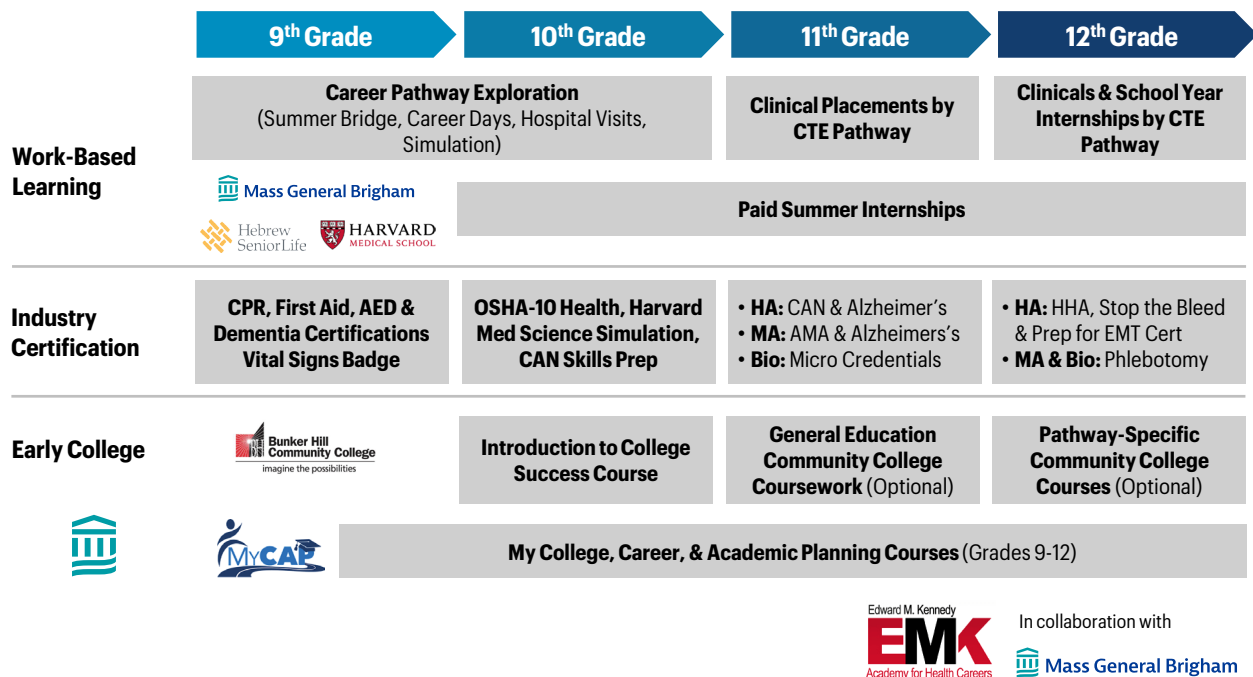
EMK and MGB used multiple feedback mechanisms to continually refine the Career Day and Hospital Site Visits over time. Students completed a joint EMK–MGB survey and wrote reflections before and after MGB onsite programming. These surveys intended to gather feedback on what students found engaging or confusing. School and hospital staff also debriefed after each cycle. Clinicians noted differences in engagement between ninth and tenth graders and fatigue with giving “that same talk nine times,” prompting a shift away from guest-speaker–style presentations toward more interactive programming that combines short panels with hands-on career fair stations. Based on feedback

from both the school and the clinicians, partners “totally reworked” the format, and are now focused on equipping teachers to support more intentional pre- and post-visit structures. As a healthcare stakeholder noted, they are exploring ways to integrate more meaningful student reflections because it makes the programming “an even richer and much stickier experience.”

Key Finding #3
Hands-on learning coupled with strong support from healthcare professionals energizes and deepens student engagement and confidence with the material

Across student, K-12, and healthcare interviews, as well as on-site observations, hands-on, practical learning experiences emerged as a core driver of student engagement. Students consistently reported that they are most energized when they can actively “do” rather than just

Figure 7: Scaffolded Work-Based Learning and Post-Secondary Career Prep



Source: New Pathways Conference Presentation October 6, 2025

listen—including by practicing skills such as taking blood pressure and vital signs, engaging in health-related activities, and applying content in realistic or simulated healthcare contexts. Students mentioned that these activities feel relevant to their future goals, help them better understand complex concepts, and make them more excited about health-related coursework.

Students also emphasized that the support of EMK educators and MGB staff during these hands-on experiences is just as important as the activities themselves. They describe classrooms as spaces where they can make mistakes, ask questions, and receive individualized help until they master a skill. One ninth-grade student recounted how, when struggling with using a blood pressure cuff, the teacher came over, practiced it with them, re-explained the steps, and checked for understanding. The student contrasted this with teachers elsewhere who might simply say they “*should have been listening.*” Other students noted that teachers break concepts down in accessible ways, ensuring they understand the material, and then provide opportunities to apply it through practice.

In addition to these supports, students reported experiencing high expectations from their teachers, interpreting this “*strictness*” as a form of care and preparation. Several tenth-grade students noted that their teachers “*expect a lot*” from them because they want students to succeed, describing this tough feedback and rigorous standards as part of getting ready for college and the “*hard things*” in the future. This blend of warmth, individualized support, and high expectations appears to give students the confidence to ask questions more freely and persist through challenges in both healthcare and

“I know it’s a hard curriculum. It’s probably the equivalent of freshman year, first semester college material. So it’s difficult, right? So what makes you say, I’m willing to do this?”

K-12 Partner

non-healthcare classes. The teaching style and curriculum reflect an understanding of both the age and preparation level of high school students and the seriousness of the healthcare profession.

Direct interaction with healthcare professionals, both in EMK classrooms and during MGB visits, further deepen students’ engagement and sense of curiosity in the healthcare profession. Many stakeholders explained that it is critical for ninth and tenth graders not only to hear about industry partnerships from their teachers, but also to see and interact with professionals in their classrooms and during site visits. These early relationships help set strong foundations for engagement, build familiarity with MGB staff, and make healthcare careers feel more tangible. In observations at site visits, students were seen greeting returning presenters and clinicians and they appeared more eager to ask questions of those professionals, a sign of how repeated exposure creates a more comfortable environment.

Challenges

Key Finding #1

Hiring challenges, volunteer-dependent models, and the lack of high school-specific teacher training pose risks to program scalability

As EMK and MGB expand enrollment and deepen work-based learning opportunities, both partners face structural staffing challenges that may affect long-term sustainability. These include difficulty recruiting industry-experienced CTE educators, reliance on volunteer-driven hospital participation, and limited high school-specific training for clinical partners.

EMK Hiring Challenges

Over the past year, EMK’s CTE department staff doubled in size, including the hiring of four healthcare-focused teachers—each a registered nurse and licensed vocational educator—and three Health Staff Assistants—each with prior healthcare experience. These additions were

necessary to support increased instructional time in CTE coursework and growing student enrollment in EMK's CTE programs. This staffing model ensures that every ninth- and tenth-grade Health Assisting classroom is supported by both a lead teacher and a teaching assistant. **However, according to stakeholders, recruiting staff with relevant industry experience has been one of EMK's biggest challenges, reflecting broader workforce constraints across health-focused CTE programs.**⁸⁰ Schools must compete directly with industry for experienced professionals, and EMK leaders reported that despite transparent salary postings, many applicants were surprised by the substantial pay gap between healthcare positions and school-based roles. This compensation differential has deterred otherwise qualified candidates, making it difficult to attract individuals with the requisite skills. MGB has provided some support to strengthen teacher hiring efforts, such as connecting EMK to MGB recruiting contractors. K-12 stakeholders remain focused on planning for the next phase of CTE staff hiring.

MGB Staff Volunteers

At MGB, interviewees described educational programming as relying heavily on the goodwill and enthusiasm of hospital staff who volunteer to participate in programming such as the Career Day and the Hospital Site Visit. While two healthcare stakeholders explained that these staff are compensated at their regular rate of pay or overtime pay (depending on scheduling), interviewees consistently characterized this involvement as voluntary and driven by individual initiative rather than formal job requirements. One healthcare partner explained that participation is *"not something that's built into my schedule"* and often requires staff to *"make the time for it,"* sometimes blocking off clinical shifts in advance or participating on days they are not otherwise scheduled to work. Proposals such as offering continuing education credits to clinical staff for their engagement are still in very early stages.

Stakeholders emphasized that clinical staff who serve as volunteers are motivated by a desire to support EMK students. Many described recruiting colleagues who enjoy working with young people and can relate to students' backgrounds. As one

partner noted, these staff *"really care about the partnership and are really excited to be involved."* One staff member described volunteering at an EMK event even while on scheduled vacation, underscoring the depth of personal commitment to the partnership.

At the same time, healthcare interviewees described challenges in recruiting colleagues to participate. One stakeholder suggested that more hospital staff might be interested if volunteer opportunities were better publicized across MGB. Another discussed the difficulty of recruiting from teams that were already overextended, noting that workforce shortages meant potential volunteers *"were already being taxed."* Furthermore, an interviewee explained that unionized staff cannot be asked to work during their day off, which further limits the pool of available volunteers.

Additionally, interviewees recognized that as programming scales and becomes more complex, *"relying on volunteers for whom this is a passion project is probably not going to work anymore."* **This perspective suggests that sustaining and expanding the partnership may require more formalized staffing structures and dedicated resources.**

High School-Specific Teacher Training

Although there is currently no formal training offered to MGB staff for working with EMK students, many MGB participants felt comfortable drawing on their experience as clinical instructors and adapting college-level teaching practices for younger learners. This has worked reasonably well for current on-site programming, which is focused on short-term career exposure. However, interviewees repeatedly emphasized that teaching high school students is different from teaching college students or adult learners. Staff noted meaningful differences even between ninth and tenth graders in terms of maturity, attention, and readiness, and described how they needed to adjust their explanations accordingly. As one healthcare partner reflected, *"what's really important for all of us to remember...is that these kids are so young,"* recalling that ninth graders on hospital tours could be *"a little rambunctious"* in a space where patients and families are ill, noting

that this experience was “a good reminder...that I’m not used to dealing with young kids at work.” **Integrating high school-specific teacher training for MGB staff on topics such as adolescent development, engagement strategies for younger learners, and approaches to scaffolding complex content may be helpful to MGB staff who will spend extended periods of time teaching EMK students.**

Key Finding #2

While engaging, EMK–MGB’s site visits would benefit from tighter coordination and stronger alignment with classroom instruction

EMK–MGB’s career-exposure site visits are engaging for students, but their instructional value is currently constrained by brief windows for interaction, uneven facilitation, and space limitations. Stakeholders plan to amplify the program’s impact by tightening and routinizing cross-partner coordination and strengthening alignment between classroom instruction and hospital-based activities.

Student Experience: Limited Depth, Consistency of Engagement, and Space Constraints

At both the Career Day and the Hospital Site Visit, the evaluation team observed that students strongly prefer hands-on engagement; however, the visits’ structure limits the amount of authentic, medically relevant activities that can be offered. For example, at the Career Day, clinical staff were instructed to spend roughly eight minutes with each student group, which allows for minimal time for explanation, practice, and Q&A—raising the risk that “hands-on” becomes repetitive rather than progressively challenging (e.g., a student noted they had “*already done*” the same needle-and-sponge activity at different events “*three times*”).

Students were divided into smaller groups to facilitate more personalized instruction; however, the evaluation team observed that the depth and substance of student discussions varied

considerably depending on the staff member facilitating the group and the questions they posed. During the Hospital Site Visit, for example, students supported by an EMK staff member received more detailed information as a result of targeted questioning about certifications, career progression, hours worked per week, employment with different types of providers, and salary levels. In contrast, a group working with the same hospital staff partner but without EMK staff support did not receive comparable information, as students were quieter and asked fewer questions without prompting by EMK staff. While it may not be feasible for an EMK staff member to be present in every small-group activity, this variation could be mitigated by establishing clear learning objectives or standardized materials to ensure more consistent student exposure and learning.

Lastly, dividing students into smaller groups introduced logistical challenges related to space within EMK and MGB facilities. As one healthcare partner noted, “*the largest challenge for me is [finding] space at the hospital...everybody’s fighting for space.*” In some cases, limited space required multiple student groups to operate in close proximity, creating distractions and making it difficult for students to focus on their facilitator. In other instances, groups were dispersed across large areas of the hospital across different floors, resulting in transitions of up to approximately 10 minutes between activities. Because students are on their feet for most of the programming, these extended transitions likely contributed to fatigue. Hospital stakeholders acknowledged this concern, and the evaluation team observed that physical fatigue appeared to reduce students’ focus and engagement over the course of the visit.

Cross-Partner Communication and Instructional Alignment

Stakeholders identified regular and ongoing communication as the key lever for strengthening quality and coherence as the program scales.

Healthcare stakeholders expressed a desire for stronger horizontal collaboration across departments and clinical areas to inform their curricular activities. Although there was an event to introduce hospital staff to each other, an

interviewee explained that there was no ongoing communication and they did not actually know who their counterparts were in the other career pathways. They expressed that they *“Would love to collaborate with the other [pathways] and say, hey, what are you going to do? How can we build off of what you’re doing?”*

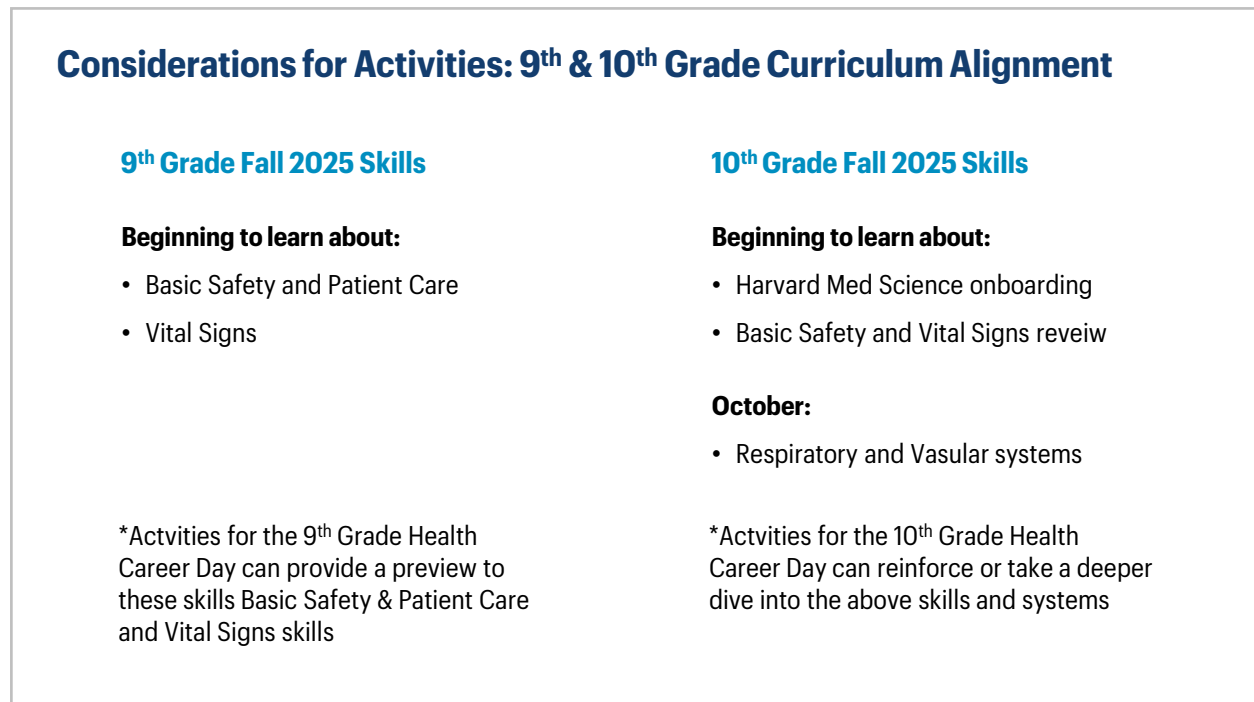
While the MGB Core Team provides general guidance on what students are learning in school and encourages hospital programming to align with this curriculum (see Figure 8), healthcare stakeholders reported limited direct communication with EMK teachers. **Some healthcare stakeholders noted that additional communication would enable closer alignment between the EMK curriculum and hospital programming.** As one healthcare stakeholder noted, *“it’s important for us to be just as connected to the school...we’re going to have an ongoing relationship for many, many years....[more] collaborative conversations would go a long way for everybody to be on the same page.”* That said, some stakeholders mentioned that filtering information through the Core Team may serve to protect their time.

Encouragingly, stakeholders described early movement toward a more integrated instructional model that intentionally links academic coursework, clinical exposure, and work-based learning into a coherent progression. One healthcare stakeholder noted that clinical educators were recently invited to planning meetings, *“so they can take more ownership... that helps build capacity on their end.”* Increased collaboration can help ensure that experiences at school and at the hospital are not duplicative or disparate, but rather, work towards aligned learning objectives.

Key Finding #3
Gaps in student awareness and economic barriers represent foundational challenges to realizing the full benefits of programming

Even when high-quality programming is in place, if EMK students are unclear about the educational journey or are chronically absent,⁸¹ they are less likely to access and complete the

Figure 8: EMK Curriculum Information Shared with Hospital Staff



Source: Advisory Committee Meeting Health Careers Training Partnership September 15, 2025

opportunities EMK and MGB provide. Many students demonstrated confusion about the CTE programs, career pathways, and the sequence of opportunities available to them over four years (e.g., summer programming, credentials, or work-based learning). Students described varying levels of clarity about when and how they choose their CTE program and career pathway. Several tenth-grade students reported being told to apply for MGB internships through standard processes, without clarity on whether they would receive priority consideration or guaranteed placement. Similarly, during the Career Day, information shared by MGB staff to ninth graders conveyed the same message. These patterns suggest that pathways and opportunities are not yet consistently visible or comprehensible from a student perspective.

Many students face harsh economic realities that prevent them from taking full advantage of curricular opportunities. Three K-12 stakeholders noted the important role some students play in contributing to household income and as a result sometimes forgo EMK opportunities in favor of paid work. For example, one partner explained that some students operate informal service-based businesses and occasionally arrive late to school because they must choose between attending class on time and earning an income, asking, *“Why wouldn’t they come [to school] two hours late if they can make 40 bucks an hour before school?”* Another interviewee described losing students to city-funded summer job programs, noting that students said, *“We’re not going to do the [EMK] summer enrichment program—we got this job.”*

In response, EMK leaders began incorporating paid programming—particularly stipends for summer programming—to reduce the tradeoff between participation and income. After stipends were added, a K-12 stakeholder reported substantially higher participation and persistence, noting that summer programming attendance rates were much higher than EMK’s regular daily attendance.

EMK and MGB have also stepped up wraparound support to address related barriers. A family liaison connects families to housing, food, mental health, and legal resources. Interviewees mentioned that MGB has helped bring in services such as

ThriveLink, which helps families apply for safety-net programs, and the YMCA Mobile Market, which provides free produce and shelf-stable groceries. Together, these supports—and efforts to pair key opportunities with stipends when feasible—help reduce barriers to sustained participation.

Ensuring students understand how and when to access key milestones and opportunities, alongside meeting students’ basic needs, will be key to sustaining participation.

Looking Ahead

As partners move through the second year of implementation in SY 2025-26, the project has shifted from initial launch questions toward deeper considerations of system integration, scale, and long-term sustainability. The opportunities outlined below are based on reflections from interviewees and observations from the evaluation team, identifying higher-level strategic considerations that complement the challenges identified in earlier sections.

Opportunities

Opportunity #1 Transition from champion-driven coordination to institutionalized partnership infrastructure

Partners consistently emphasized that deepening EMK-MGB integration is recognized as a top priority for SY 2025-26, a goal affirmed in Steering Committee meetings and cascaded to day-to-day operations. As discussed in the Partnerships section, **Successes, Key Finding #2**, the partnership has benefited from a highly committed Core Team navigating across two large and complex organizations. Interviewees described a launch phase characterized by role flexibility, informal problem-solving, and individuals stepping in wherever gaps emerged. While this approach enabled early momentum, reliance on a small group of individuals may create structural vulnerabilities as the program scales. Sustainability will increasingly depend on formalizing the structures that are already beginning to take shape—embedding knowledge, authority, and processes within organizational systems.⁸² With support from Building Impact, partners have continued to develop joint governance mechanisms, data-sharing agreements, multi-year planning processes, codified roles and responsibilities, and knowledge transfer mechanisms to ensure continuity through personnel transitions.

As these structures take shape, a related design question emerges: where core partnership functions are best situated within MGB in the long-term. Organizational design research suggests that structure determines the location of decision-making power and authority, meaning that where a function sits, or how it is formally linked to other units, shapes its access to resources, operational systems, and legitimacy to act.⁸³ Currently, the core MGB team is housed within the Office of Community Health, a placement that aligns closely with the partnership’s community health equity mission and reflects the office’s operational experience in youth programming. One healthcare stakeholder emphasized the connection between the program and “real community health and health equity benefits.” However, as another healthcare interviewee observed, “for this to be sustainable long-term, the project needs to be connected to HR” to access recruitment pipelines, credentialing systems, and workforce planning processes, adding that “[helping] people get the skills and abilities to be able to do certain jobs” sits within MGB’s Workforce Development function. If EMK is to become a durable talent pipeline, human resources functions may therefore require clearer ownership and accountability, not solely consultative involvement. Talent pipeline utilization is discussed further in **Key Finding #3** below.

Furthermore, beyond leadership and the Core Team, formalizing and strengthening a sustainable educator pipeline across both the school and hospital represents an important opportunity moving forward. EMK has already encountered teacher recruitment challenges, which will likely intensify as new Chapter 74 programs launch. On the hospital side, three stakeholders underlined that hospital workforce capacity constraints—as explored earlier in the **Curriculum section, Challenges, Key Finding #1**—shape the feasibility of expanding work-based learning. As one healthcare partner explained, “We are overcapacity all the time. The nurses that are on the floor have to be there to take care of the patients... So it’s really going to be bringing in people on their day off. And we need to incentivize them to do that

by paying them overtime.” While this interviewee shared that they would be “willing to [compensate] on my budget right now,” their comment raises broader questions about formalized staffing and compensation models. This challenge will escalate as students enter grades 11-12 with more intensive clinical experiences, and becomes more complex at unionized facilities within MGB’s health system.

Opportunity #2
Prepare for Early College operationalization and strengthen access to postsecondary education

As noted in the Curriculum section, EMK and BHCC achieved Early College designation on an accelerated timeline—an accomplishment that positions partners to increase college credit accumulation among EMK students. Partners are now working towards launching Early College programming in SY 2026-27, with students set to take classes from a catalog of over 30 college courses spanning general education, medical imaging, surgical technology, and more.⁸⁴ The program follows an intentional developmental sequence: tenth-grade students complete an “Introduction to College Success” workshop series co-delivered by EMK and BHCC; eleventh-grade students can replace traditional high school courses in English, mathematics, and science with dual-credit college courses; and twelfth-grade students pursue electives aligned with their Chapter 74 programs, alongside smaller credentials such as CPR certifications.⁸⁵ Based on their Early College designation application, by the end of SY 2029-30, partners “aim for 70% of EMK graduates to have completed at least one college course, 55% to have earned a minimum of 12 college credits, and 15-20% to have accumulated 24 or more credits before graduation.”⁸⁶ This plan will realize a significant change in college-level coursetaking for EMK students. As a postsecondary stakeholder explained, prior to the designation, college course-taking has been limited; “one semester, we might have had five or six [EMK] students and another semester, none.”

EMK and BHCC demonstrate strong operational readiness and aligned expectations for the initial implementation phase. A postsecondary interviewee identified potential logistical challenges—including travel time between campuses, schedule coordination between secondary and postsecondary systems, and faculty availability—but emphasized that EMK has proactively addressed these barriers. Affirming the importance of EMK’s new schedule to minimize these challenges, they noted that “[EMK] spent all summer working on revamping their schedule... That’s something that no one else has done.” Looking ahead to program scaling, the interviewee raised the possibility of having an “embedded” BHCC staff member based daily at EMK, a model implemented at their other Early College partner schools that led to “a huge turn in student outcomes.” Based on interviews across organizations, both appear aligned on prioritizing participation quality over enrollment quantity during the ramp-up period, focusing on attendance rates and academic success rather than maximizing student numbers.

However, Early College course-taking alone does not guarantee postsecondary success for EMK’s predominantly low-income student population. Research demonstrates that the benefits of dual enrollment depend significantly on whether credits are transferable to students’ institutions of choice and whether financial barriers to participation are addressed.⁸⁷ While BHCC courses are designed to meet MassTransfer requirements—ensuring seamless transfer within Massachusetts’ public higher education system—private institutions are not bound by these agreements and maintain independent policies on accepting community college credits. As outlined by a K-12 stakeholder, EMK is actively working on building partnerships with postsecondary institutions that will recognize these BHCC credits and offer financial aid.

A K-12 interviewee described the goal as presenting students with a menu: “here are the places that are going to be credit-friendly for you.” EMK is actively working to secure credit articulation agreements and Letters of Intent from four-year institutions that will recognize BHCC credits earned during high school. The school has already secured one Letter of Intent from Benjamin Franklin

Cummings Institute of Technology and is engaging with organizations like the Massachusetts Alliance for Early College to advocate for systemic solutions to credit portability challenges. As the K-12 partner explained, *“the Early College work does not stop at designation. In order for that to be successful, you have to start working on all the systems, both internal and external, to ensure students are not wasting their time.”*

Realizing the promise of Early College will be an important test for EMK in coming years. This work is particularly critical given the aspiration-enrollment gap evident in EMK’s historic data: while 88% of the Class of 2022 planned to enroll in higher education, only 64% followed through.⁸⁸ As Early College programming is launched next year, the Boston site will begin navigating a full hospital-school-college tri-partnership in curriculum development and delivery—creating new opportunities for direct coordination across all three partners.

Opportunity #3

Continue advanced planning for long-term financial sustainability and talent pipeline utilization

Planning for financial sustainability beyond the Bloomberg Philanthropies grant is already in progress across stakeholders. As described in the **Curriculum** section, centering career pathways around Chapter 74 programs was a strategic decision aimed at securing ongoing state funding. One Boston stakeholder underlined this intentionality: *“We had to make sure whatever we were putting in place was going to be a Chapter 74 program so that we could maintain the funding.”* Beyond state funding, partners are considering multiple complementary revenue streams, including district and city contributions, hospital investment, and philanthropic dollars. For example, EMK is exploring how to grow funding for its five-week academic summer program through three pillars: public education grants (e.g., DESE, Department of Higher Education), private philanthropy and foundation support, and establishing an endowment fund (including corporate donors and alumni gifts).⁸⁹ For example, partners have already received a

multi-year grant from an anonymous local foundation to help fund this summer program and to hire a Career Navigator within MGB dedicated to serving EMK students. Healthcare stakeholders also report ongoing conversations with potential donors for the Initiative overall.

Complementary to this effort is demonstrating the project’s return on investment (ROI). Two healthcare stakeholders described explicit ROI modeling—including projecting reduced recruitment costs and lower turnover—designed to ensure institutional commitment survives leadership transitions. As one explained, *“I was very concerned that we have an ROI formula to make sure that when I’m not around anymore, there is a reason for the company to continue to support this.”* This focus on measurable outcomes is further evidenced by the inclusion of specific success metrics for MGB in the original RFP and subsequent grant reporting, including the proportion of EMK graduates hired at MGB, retention rates for EMK graduates employed at the hospital, and average salaries for EMK graduates in full-time positions.⁹⁰

However, realizing this ROI requires moving from conceptual modeling to systematic talent pipeline utilization. Research on sectoral training programs shows that partnerships produce stronger employment outcomes when employers make firm institutional commitments to use the program as a hiring pipeline and provide structured supports to connect participants to job opportunities.⁹¹ In practice, this may look like explicit hiring targets, transparent selection criteria, and clearly communicated career progression opportunities for program graduates. MGB has made a commitment to hire EMK graduates, but the specific terms of this commitment remain undefined. Multiple interviewees noted *“active conversations”* around MGB hiring EMK graduates, and a K-12 stakeholder shared that discussions are underway about graduates accessing jobs at other Boston-area health systems as well. A healthcare interviewee observed that, *“longer term, there needs to be more conversation around what this could look like and how we could consider splitting FTEs so that EMK grads... could work and go to school at the same time.”* One K-12 partner describes their aspirations, *“I’d love to see in April when they have*

their offer sheets from colleges with financial aid, where's the offer sheet from MGB?"

Overall, partners are actively exploring multiple post-graduation pathways for students, including direct workforce entry, continued higher education, and employment alongside ongoing postsecondary study. While MGB and EMK have not yet articulated specific mechanisms to formalize hiring processes for EMK graduates—such as guaranteed interviews or reserved positions—the partnership has a two-year planning window before the Class of 2028 graduates. A K–12 stakeholder also noted that MGB has existing resources to support career advancement, including career coaches and a youth workforce development team, and emphasized MGB's commitment to EMK graduates' continued advancement: *"We didn't plan this to be a dead end job for anybody."*

Conclusion

Over its first two years, the Bloomberg Healthcare-Focused High School Initiative has established a strong foundation in Boston: deep commitment from school and hospital leadership, a shared focus on community impact, increasingly cohesive operations, and early successes in student recruitment as well as healthcare pathway and curriculum development.

At the same time, the findings in this case study underscore that long-term success will hinge on continued attention to sustainable institutional design. As the partnership matures, key challenges—including staffing capacity, postsecondary credit portability, recruitment and enrollment dynamics, and the transition from person-dependent to system-embedded operations—are becoming more visible.

The next phase of implementation presents a critical opportunity. Planned expansions in enrollment, pathway offerings, Early College participation, and work-based learning will test the partnership's ability to maintain coherence and quality while scaling. Parallel efforts to formalize governance structures, clarify the talent pipeline value proposition, strengthen data and accountability systems, and secure long-term financial sustainability will be central to this transition.

As the Boston partnership evolves, it will continue to offer valuable insight into what it takes to build and sustain health-education system partnerships that are responsive to both workforce demand and student aspirations.

Appendix

Exhibit 1. Primary Data Collection

1.1 Interviews

The evaluation team developed a semi-structured interview guide organized as a matrix by evaluation theme and stakeholder type. For each theme—for example, Partnerships—the guide included role-specific question sets tailored to different respondent groups (e.g., school leadership, program staff, teachers). Rather than relying on a single standardized script, the protocol was designed to be modular and adaptive, enabling interviewers to tailor questions based on respondents’

responsibilities and experience while ensuring consistent coverage of core evaluation questions. Interviews were conducted via Zoom and typically lasted 60 minutes. Each interview focused on six to eight core questions, plus general reflections on the transition to the second year of project implementation and long-term program sustainability. The table below presents a simplified overview of the interview protocol, including illustrative sample questions for each theme.

Theme	Sample Questions
Partnerships	<p>What does the school-hospital-college partnership look like?</p> <p>What stakeholders are involved? Who is in leadership positions and what are their roles/responsibilities?</p> <p>How are decisions made? What are the processes?</p> <p>How do you share data across partners (e.g., student progress, program metrics)?</p> <p>What challenges have partnerships faced in working collaboratively? How have they been addressed?</p>
Student Recruitment	<p>What were your enrollment goals, and how were they determined?</p> <p>How did you identify and reach potential students and families?</p> <p>Which recruitment strategies or messages worked best?</p> <p>What misconceptions or barriers did you encounter during recruitment?</p>
Pathway and Curriculum Development	<p>How were the healthcare career pathways selected?</p> <p>How was the four-year curriculum sequence designed? Who was involved in that process?</p> <p>How are state and district requirements balanced with hospital or college input?</p> <p>What continuum of work-based learning experiences does MGB offer to support career exploration and readiness?</p> <p>What healthcare-related in-school, afterschool, and summer opportunities are offered?</p>

1.2 Focus Group Discussions

Two focus group discussions with EMK students were conducted in collaboration with school leadership. EMK staff selected three ninth-grade students and three tenth-grade students to participate in separate grade-level sessions. Each focus group lasted approximately 40 minutes and was conducted via Zoom. The discussions explored students' motivations for enrolling at EMK, their overall experiences to date, their perceptions of academic and social-emotional supports, and their suggestions for program improvements.


Focus Group	Questions
Grade 9	<p>How did you first hear about EMK, and what made you decide to apply or enroll?</p> <p>What did you expect EMK to be like when you applied? How is it similar or different from what you imagined?</p> <p>What has been your favorite thing to learn or do at EMK so far?</p> <p>What has been the hardest part of adjusting to learning at EMK or starting high school?</p> <p>What have you learned so far about healthcare or future careers—whether in class, at the hospital, or through special events?</p> <p>What kinds of healthcare experiences are you looking forward to in the coming years?</p> <p>Can you describe a time when you felt particularly supported—or unsupported—in the EMK CTE program?</p> <p>What could the school do to make 9th graders feel more prepared for the year ahead?</p> <p>If you could change one thing about the program—big or small—what would it be?</p> <p>What do you hope to achieve by the time you graduate from EMK?</p>
Grade 10	<p>When you were thinking about where to go for high school, how did you first hear about EMK? What made you decide to apply and enroll?</p> <p>What did you expect EMK to be like when you applied? How is it similar or different from what you imagined?</p> <p>What has been the most interesting or meaningful experience you've had so far—whether in class, at the hospital, or through a special event or project?</p> <p>Do you feel like you're building skills or confidence for college or careers? Why or why not?</p>

1.3 Site Visits


Four researchers participated in each observation, taking independent field notes that were later compared and synthesized. During these site visits, researchers also engaged in brief, informal conversations with EMK staff, MGB staff, and students. These interactions provided additional insight into program implementation and end-user experiences, but were not recorded or treated as formal interviews.

Exhibit 2. EMK Recruitment Assets

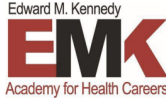
2.1 EMK Recruitment Card




BOSTON
Public Schools
Focus on Children



Mass General Brigham



Edward M. Kennedy
EMK
Academy for Health Careers



The easiest way to apply is ONLINE on our school's website at www.kennedyacademy.org. You may also download and print the application, which is translated into several languages from our school's website.

Application Due Date	February 3, 2025
Enrollment Lottery	February 18, 2025
Enrollment Notifications	March 14, 2025
Decisions Due	April 11, 2025

For more information, please contact Ms. Molina Cabrera via email at lmolina@bostonpublicschools.org or (617) 635-8450 (*hablo Español*).

Please note that we are accepting applications for grades 9, 10, 11, and 12.
Tenga en cuenta que también estamos aceptando solicitudes para los grados 9, 10, 11, y 12.

We encourage families to meet our students and staff by attending an information session virtually on the following dates:

Animamos a las familias a conocer a nuestros estudiantes y personal asistiendo a una sesión informativa virtualmente en las siguientes fechas:

Wednesday	December 4, 2024	7PM-8PM
Click HERE to register		
Saturday	January 4, 2025	11AM-Noon
Click HERE to register		
Wednesday	January 15, 2025	7PM-8PM
Click HERE to register		
Saturday	January 25, 2025	11AM-Noon
Click HERE to register		

BPS will be hosting a CITYWIDE Showcase of Schools at Bolling Municipal Building, 2300 Washington Street, Roxbury 02119 on December 14, 2024 from 9 AM. to 1 PM.

Attention Boston Families and Students!!
¡Atención familias y estudiantes de Boston!

Are you looking for a great high school?
¿Estás buscando la mejor escuela secundaria?

Are you interested in a supportive learning community?
¿Está interesado en una buena comunidad de aprendizaje?

Are you willing to work hard to achieve your goals?
¿Está dispuesto a trabajar duro para alcanzar sus metas?

Are you interested in exploring careers in the world of healthcare?
¿Está interesado en la exploración de carreras de la salud?


Kennedy Academy for Health Careers is a college preparatory and vocational high school for Boston students exploring careers in health and health-related professions. The Academy provides a supportive learning environment that promotes respect and embraces diversity. Students will attain the life skills needed to become productive and positive members of society.

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We are a college preparatory and vocational public high school. We offer internships and work experiences in hospitals and health centers. We help students build skills, confidence, and leadership. We provide extra support for all special education students and English Language learners. We work closely with students and families to help every student succeed.

Somos un colegio preparatorio y vocacional de la escuela secundaria pública. Ofrecemos prácticas y experiencias de trabajo en los hospitales y centros de salud. Ayudamos a los estudiantes a desarrollar habilidades, confianza y liderazgo. Ofrecemos apoyo adicional a todos los estudiantes de educación especial y a los alumnos que el primer idioma no es inglés. Colaboramos con los estudiantes y las familias para ayudar a cada estudiante a tener éxito.

APPLY HERE → 

Source: Edward M. Kennedy Academy for Health Careers⁹²

2.2 EMK Video Script

**This is the Edward M Kennedy
Academy
for Health Careers.
My high school.
My high school.
My high school.
And more than that.
The starting line for my future.
This is a school.
Classrooms and hallways.
Sports and clubs.
And it's more.**

**Here I'm more likely to graduate,
to do better on standardized
tests,
and pick up a sense of pride that
is more than
a pompom or t-shirt...
This is the Edward M Kennedy
Academy
for Health Careers.
My high school.
Open to all.
And where my career,
my passion,
my successful life
begins.**

**A way to begin building who I am
and who I will be - today.
Not the next stop on the path to
adulthood.
The opening of the rest of my life.
Here they don't just teach 'STEM.'
In collaboration with Mass
General Brigham,
We live science and technology,
engineering and mathematics
every day.**

Source: Edward M. Kennedy Academy for Health Careers⁹³

Notes

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