CALIFORNIA JOBS FIRST



BAY AREA HEALTHCARE SECTOR REGIONAL ACTIVATION PLAN

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CALIFORNIA JOBS FIRST

Table of Contents

Bay Area Jobs First Overview 3

Target Sector Strategy 4-20

- Sector Strategy Overview 4-7
- Alignment of Strategies to Tactics 8
- Operating Structure to Organize and Execute 9-13
- Resourcing Across the Strategy 14-15
- Goals and Metrics Across the Strategy 16-17
- Dependencies and Challenges 18-20

Activation Plan: Tactical Workplan 22-51

- Tactic 1 (Tactic & Tasks) 22-26
- Tactic 2 (Tactic & Tasks) 27-30
- Tactic 3 (Tactic & Tasks) 31-33
- Tactic 4 (Tactic & Tasks) 34-37
- Tactic 5 (Tactic & Tasks) 38-41
- Tactic 6 (Tactic & Tasks) 42-46
- Tactic 7 (Tactic & Tasks) 47-51

Progress and Next Steps 52-54

- Activities and Progress 52-53
- Path Forward 54

Appendix 55

Acknowledgements 56

Bay Area Jobs First Overview

Introduction

In 2021, Governor Newsom launched the $600 million Regional Investment Initiative (formerly known as the Community Economic Resilience Fund, or CERF) to support California's 13 regions to create quality jobs and bolster their resilience to climate and global challenges impacting the state's diverse regional economies. As part of this program, each of the 13 regions has built a California Jobs First Collaborative tasked with developing a clear vision for their region's economic future.

California Jobs First will support high-road economic development plans to create equitable access to quality jobs. High-road economic development supports environmentally sustainable businesses that pay living wages and create opportunities for career growth. As California recovers from the economic distress of COVID-19, California Jobs First aims to ensure that the state's economy works for all California residents, particularly those who have historically been marginalized.

In the Bay Area, organizations have come together to create the Bay Area Jobs First Collaborative (formerly High Road Transition Collaborative) that include balanced representation from workforce, community, labor, business, government, economic development, education, philanthropy, and indigenous communities. All Home serves as the Regional Convener for the Bay Area Jobs First Collaborative. The Bay Area Good Jobs Partnership for Equity (BAGJPE), an association of ten workforce development boards and regional workforce planning units across the nine-county Bay Area region, serves as the Fiscal Agent, with the San Francisco Office of Economic and Workforce Development (SFOEWD) as the Fiscal Lead.

The Bay Area includes the nine counties of Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano and Sonoma.

Vision

The Bay Area Jobs First vision is to re-envision regional economic development planning, centered around the values of equity, high-road employment, sustainability and climate resilience, and shaped by workers and impacted community members themselves. To achieve this mission, the Collaborative relies on the following guiding principles:

1. Climate Resilience Led by Frontline Communities and Workers
2. Lift Up Job Quality, Grow High-Road Jobs, Elevate Racial Equity and Worker Voice
3. Honor Local Without Losing the Power of the Region
4. Inclusive, Democratic, Grassroots Governance
5. Take Action Towards Transformational Change

Target Sector Strategy - Overview

The Vision

This regional strategy is designed to strengthen the Bay Area's healthcare sector as both a driver of economic mobility and a foundation for equitable access to care. By building a skilled, resilient, and representative workforce, the strategy aims to expand access to quality healthcare across all communities—while creating pathways to good jobs. Health and wealth are deeply connected—barriers to care limit economic participation, and jobs with limited benefits make healthcare difficult to afford. This strategy aims to break that cycle by advancing efforts to expand access to care and access to opportunity. Through coordination across existing initiatives throughout the Bay Area subregions, alignment around shared goals, strategic engagement of healthcare anchor institutions and employers, and development of investment-ready projects, the region can meet urgent workforce needs and unlock the healthcare sector's full potential to advance equity and inclusive economic growth.

The Purpose of this Activation Plan

This activation plan outlines the first steps for putting the regional healthcare sector strategy into action, focusing on how to advance its core priorities through coordinated efforts. Like any ambitious initiative, this work will unfold in phases—beginning with planning and coordination, followed by project development, early execution, and eventually progressing toward measurable outputs, outcomes, and long-term impact, with a commitment to ongoing learning and continuous improvement throughout. The tasks in this plan focus primarily on the first 1–2 years, laying a strong foundation through planning, coordination, and the initial stages of implementation, with the understanding that this work will evolve and continue over time.

The Bay Area's healthcare sector is well-established, and many existing efforts have long aimed to create an economically resilient region with quality jobs. Workforce boards, educational institutions, training providers, and mission-driven health systems are already working to connect job seekers to opportunities, expand equitable hiring, and invest in community health. We are not starting from scratch—we are building on this foundation and connecting the dots. This plan focuses on aligning and coordinating these existing efforts to develop a healthcare workforce system that is cohesive, collaborative, and investment-ready. It also guides how we will build, advocate for, and position project portfolios to attract funding and move from planning into action.

> "Of all the forms of inequality, injustice in healthcare is the most shocking and inhumane."
>
> -Martin Luther King, Jr.

Target Sector Strategy - Overview (continued)

About the Sector

Healthcare is the backbone of both the Bay Area's economy and its communities. As the region's largest and fastest-growing employment sector, healthcare plays a dual role: safeguarding public well-being and driving inclusive economic opportunity. With over 383,000 [1] workers across hospitals, clinics, long-term care, behavioral health, home care, and health tech, the sector offers a vast range of jobs—from entry-level support roles to advanced clinical and research positions. The diverse ecosystem encompasses world-renowned research institutions (e.g., UCSF, Stanford), large integrated healthcare systems (e.g., Kaiser Permanente, Sutter Health), community hospitals (e.g., John Muir Health), an extensive network of community clinics and Federally Qualified Health Centers (FQHCs), and a burgeoning health technology industry. It provides a wide range of services from primary care to specialized treatments and employs a significant portion of the regional workforce.

Prioritizing Healthcare

Healthcare sits at the intersection of urgent workforce needs and transformative economic opportunity. It is one of the Bay Area's most essential and expansive sectors—yet it is also one of its most strained. The region is projected to add nearly 100,000 healthcare jobs by 2030, but current systems are ill-equipped to meet this demand. The Bay Area faces persistent and growing healthcare workforce shortages, particularly in direct care (e.g., Certified Nursing Assistants, Home Health Aides) and behavioral health roles. These shortages, highlighted in the Bay Area Jobs First Regional Plan, impact service delivery and equitable access to care, especially for disinvested communities and those requiring culturally competent services. The pressures of an aging population and a growing demand for behavioral health services further compound the urgency to build a more robust, inclusive, and responsive healthcare workforce. Many of the fastest-growing roles—such as home health aides, medical assistants, and behavioral health workers—offer low wages, inconsistent schedules, and limited advancement opportunities. These positions are overwhelmingly filled by women of color and immigrants, reflecting broader patterns of racial and gender inequity. Without intervention, growth in these occupations will only deepen existing disparities. [2]

At the same time, healthcare holds powerful potential to lead an inclusive economic recovery. With the right investments, the sector can serve as a launchpad for quality careers, a stabilizing force in underserved communities, and a model for high-road employment practices. Healthcare institutions—many of which are deeply rooted, mission-driven anchor employers—also have untapped potential to drive local economic development through equitable hiring, impact purchasing, and reinvestment in community priorities. Prioritizing healthcare allows the Bay Area to address immediate labor gaps while building long-term systems that reflect the region's values of ensuring access to economic opportunity and quality employment.

1. Lightcast Industry Sector Report, September 2026
2. California Open Data Portal. (n.d.). Long-term industry employment projections, 2020–2030. State of California Employment Development Department. https://data.ca.gov/dataset/long-term-industry-employment-projections

Target Sector Strategy - Overview (continued)

Prioritized Sub-Sectors

- **Long-Term Care (Skilled Nursing Facilities, Assisted Living, and Home-Based Care):** Prioritized based on the enormous current and projected demand for workers due to an aging population and surging demand, severe workforce shortages, significant opportunity (and need) for improving job quality, and accessible entry points
- **Behavioral Health:** Prioritized based on workforce shortages, current momentum in the region to fund and address behavioral health needs, innovative delivery models and potential for integration with primary care, and health equity goals
- **Primary Care (including Federally Qualified Health Centers - FQHCs):** Prioritized because of high demand and the foundational role primary care plays in the system, workforce shortages, and the direct link with access to care
- **Hospital Systems:** Prioritized because of the volume of healthcare jobs, diversity of career pathways, and power of anchor institutions to impact the regional economy

Rationale

Recognizing the unique challenges and breadth of the healthcare industry, it is important to focus the efforts of this plan on specific sub-sectors rather than attempt to address the entire sector. Prioritization of the chosen sub-sectors was driven by the following criteria:

- High-Demand Roles: Which direct-care roles are consistently in high demand (and are projected to continue to be in high demand) in the Bay Area?
- Barriers to Entry/Advancement: Which sub-sectors or roles face significant barriers that this plan can address?
- Equity: Which sub-sectors or roles offer opportunities for economic mobility for historically marginalized populations?
- Alignment with Goals: How do these sub-sectors contribute to improving job quality, expanding the talent pipeline, and adopting high-road practices?
- Momentum and Current Landscape: What does the existing Bay Area healthcare workforce landscape tell us about shortages, surpluses, and growth areas? Where is there momentum, existing collaborations, and dedicated funding to make work actionable?

Target Sector Strategy - Overview (continued)

Strategies and Tactics

To guide this work, the Bay Area Jobs First Collaborative Healthcare Sector Strategy is centering five core strategies:

1. **Job quality:** Improve job quality and retention for high-demand, direct-care roles

2. **Career pipelines:** Expand access to high-quality jobs in the healthcare sector

3. **Healthcare access:** Ensure equitable and comprehensive access to care, especially in disinvested communities

4. **Prepare for the future of healthcare delivery**: Ensure job seekers and workers are prepared for the shifting landscape of care

5. **Economic development:** Grow the regional economy by leveraging anchor institutions' commitment to equitable procurement, community investment, and workforce development

These strategies reflect a shared commitment to building a healthcare sector that works for everyone—workers, employers, and the communities they serve. As shown in the following heat map, each tactic in this activation plan has been assessed for its alignment with these five core strategies.

Alignment of Strategies to Tactics

The following heat map visually illustrates the degree (5 indicating high-alignment and 1 indicating lower-alignment) to which each tactic supports these strategic goals. This framework helps prioritize action and ensure that each tactic advances multiple, interconnected goals—reinforcing the need for coordinated investments across workforce, equity, and economic development.

Tactic	Job Quality	Career Pipeline	Healthcare Access	Future of HC delivery	Economic Development
Tactic 1: Establish Regional Convener & Task Force	5	5	5	5	5
Tactic 2: Identify & Prioritize Best-Practices and Essential Projects	5	5	2	4	3
Tactic 3: Create and Promote Specific Healthcare Career Pathway Maps	4	5	1	4	2
Tactic 4: Strengthen Employer Engagement in Healthcare Talent Pipeline & Job Quality	5	5	2	3	1
Tactic 5: Maintain the Capacity of Community Clinics and Place-Based Initiatives to Partner & Deliver Care	3	4	5	2	2
Tactic 6: Mobilize Anchor Institutions to Develop & Adopt a Shared Regional Anchor Mission Strategy	4	3	2	2	5
Tactic 7: Prepare for the Future of Healthcare	3	5	3	5	3

Operating Structure to Organize and Execute

The healthcare sector in the Bay Area includes collaboratives, partnerships, and organization-led programming that in some cases, has existed for decades or have been formed to address needs across its subregions. Many of the existing healthcare collaboratives or consortia in the Bay Area's subregions include industry, government, CBO, workforce, and education partners, and some statewide efforts have specifically focused on the Bay Area. Examples include OEWD's Healthcare Academy, the Bay Area Health Workforce Partnership, the California Health Workforce Alliance, the California Health Workforce Education and Training Council, Health Career Connection, Bay Area Regional Health Inequities Initiative, and and sub-regional tables through Working Partnerships USA. The operating structure for this activation plan must build upon these assets and serve to connect, coordinate, and learn from what is happening across the region to develop project portfolios that work to implement the strategic priorities for the sector that address the needs of each subregion.

Coordinating efforts along a regional strategy will require a dedicated entity composed of partners and collaborative leaders that are invested in implementing the strategies and tactics because they are aligned to their existing missions and priorities and have a health equity focus. Given the scope and scale of assets and needs in the Bay Area, a co-anchor convener structure that brings together healthcare leaders from each subregion under a regional umbrella to drive the implementation of the Bay Area Jobs First Collaborative healthcare strategies using a network approach.

Since there is no one regional entity that already brings together partners leading or implementing healthcare sector initiatives inclusive of all of the Bay Area subregions, this group will require support from the healthcare sector coordinator who will work closely with the Bay Area Jobs First Collaborative to identify co-anchors that will act as a Regional Convener of a Task Force. The Regional Convener leading the Task Force will drive the application of strategy (e.g. establish the governance structure that includes advisory and implementing partners, develop project portfolios, attract resources). Once this entity is formed, it will work to achieve the goals outlined in Tactic 1.

The following table identifies key stakeholder groups that will be involved in advancing the sector strategy. This list is not designed to be comprehensive, but rather outlines the types of stakeholders required for the strategy to be successful, their primary function, and examples of organizations that have been identified as potential participants.

See Appendix B for definitions of the key roles.

Stakeholder Groups

Stakeholder Type	Examples of Organizations	Primary Function
Workers & Community Stakeholders	Participants in healthcare workforce development programs, job seekers, current healthcare workers, and recipients of care	Inform strategy with lived experience; shape programs to be equitable and responsive to community and worker needs
Workforce Development Boards	Contra Costa Workforce Development Board, Alameda County Workforce Development Board, SF Office of Economic & Workforce Development	Connect job seekers to healthcare careers, administer public workforce funds, align training investments with regional labor need
Labor Organizations	SEIU UHW-West, Joint Employer Education Fund, California Nurses Association, AFSCME	Advocate for worker rights, support training and upskilling, promote job quality and career mobility in the healthcare workforce
Healthcare Employers & Employer Associations	Community Clinics and Federally Qualified Health Centers (e.g. La Clinica de la Raza), Hospitals & Hospital Systems (e.g. UCSF, Kaiser Permanente, John Muir), Long-term and memory care facilities (e.g. San Francisco Campus for Jewish Living), in-home care providers (e.g. Homebridge, HomeCare California), behavioral health providers (e.g. Anka Behavioral Health), oral health providers (individual dental clinics, dental groups and networks), additional primary care providers (such as public health departments) and employer networks and associations (e.g. Community Health Center Network, California Primary Care Association)	Provide jobs and training opportunities; partner in pathway development; identify needs; implement high-road practices to improve retention and job quality
Healthcare Anchor Institutions	Kaiser Permanente, UCSF, Stanford, Sutter Health	Act as place-based economic drivers; implement Anchor Mission strategies; support regional coordination and systems change

Stakeholder Groups (continued)

Stakeholder Type	Examples of Organizations	Primary Function
Philanthropic Organizations	Kaiser Permanente Community Benefits, Tipping Point, Crankstart, The California Endowment	Provide flexible funding to support planning and implementation; catalyze innovation, collaboration, and systems alignment
State and Local Government	California Labor and Workforce Development Agency, California Workforce Development Board	Shape statewide policy, coordinate regional planning, distribute workforce funds, and support long-term system improvements
Health and Workforce Collaboratives	Bay Area Health Workforce Partnership (BAHWP), Health Career Connection, Bay Area Regional Health Inequities Initiative, UC Anchor Institution Mission, San Francisco Office of Economic and Workforce Development (OEWD) Healthcare Academy, California Health Workforce Alliance, California Health Workforce Education and Training Council, sub-regional tables convened by Working Partnerships USA, Healthcare Anchor Network	Facilitate alignment across stakeholders; share data, best practices, and policy guidance; strengthen collaboration across subregions
Education and Training Providers	Bay Area Community Colleges, Health Workforce Initiative, Bay Area Medical Academy (BAMA), Opportunity Junction, JobTrain, San Francisco Office of Economic and Workforce Development Healthcare Academy training providers	Develop and deliver healthcare training programs; align curriculum with industry needs; support learners through pathways to high-quality jobs
Community- Based & Economic Development Organizations	County of Santa Clara, California Indian Museum and Cultural Center, UpValley Family Centers of Napa County, Indian Health Center Santa Clara Valley	Offer wraparound supports, community outreach, and localized service delivery to ensure strategies are rooted in community needs and promote access to healthcare careers

Examples of Existing Collaborations

The Bay Area region has been deploying healthcare pathways and access initiatives for decades, with collaboratives often organized sub-regionally, by county, or by issue area. The existence of these established partnerships and collaborations are strategic assets for the region. Below are a few examples to illustrate the type of assets that exist, though this is not a comprehensive list:

Alameda County hosts the Alameda County Health Pathway Partnership (ACHPP) focused on diversifying the healthcare workforce and facilitated by the Alameda County Healthcare Services Agency. They also have a HealthPATH program, the Alameda Cal-AIM collaborative, and Healthcare Career Pathway program among others. Oakland's Workforce Board also plays an important role in providing healthcare pathways and training, often working across community colleges, 4-year universities, leveraging their AJCCs (America's Job Centers of California) to provide wrap-around support and assistance to learners, and providing rapid assistance to dislocated workers. La Clinica de la Raza, Asian Health Services, Roots Community Clinic, the Native American Health Center and many more organizations all work across the East Bay on healthcare access and pathways initiatives and come together as part of the Community Health Center Network (CHCN).

Contra Costa County hosts a Health Career Pathways program that partners with K-12 institutions and hospitals to provide work-based learning and internship opportunities to students who experience health and wealth inequities. The County Workforce Development Board invests in several health career programs with partnerships across the community colleges, adult schools, and private training providers.

The South Bay also collaborates and convenes along their PATH program Providing Access and Transforming Health (PATH) that enables California community-based organizations (CBOs), hospitals, county agencies, Tribes and Indian Health Care Providers, among others to successfully participate in the Medi-Cal delivery system as California widely implements Enhanced Care Management (ECM) and Community Supports and Justice Involved services under CalAIM. The Indian Health Center in Santa Clara Valley is another aligned group serving communities in this subregion.

Examples of Existing Collaborations (continued)

The North Bay has organizations like UpValley Family Centers of Napa County who provide critical healthcare access, advocacy and resources to rural areas and marginalized communities in the subregion. They hold many cross-sector partnerships with the county and industry partners.

Aliados Health is a regional association of community health centers across **Napa, Sonoma, Marin, Contra Costa, Solano and Yolo counties** whose mission is to improve access to and the quality of care provided for underserved and uninsured people in our six counties. Other regional groups connected to healthcare access or pathways include: Bay Area Health Workforce Partnership, Bay Area Regional Health Inequities Initiative, the Bay Area Community College Consortium, Bay Area K-16 collaborative.

Many of the healthcare systems or hospitals in the region include an anchor institution mission that aligns with the goals of this work.



Resourcing Across the Strategy

The co-anchors, as defined in the previous section, will play a critical role in leading fundraising efforts. As key conveners, they help identify resources needs and steward investments that align with the strategic priorities. Over the next 12-18 months of planning, philanthropic funding presents a strong opportunity to catalyze progress, support foundational coordination efforts, and lay the groundwork for future implementation.

Potential Resources

Local Government

- **Local Workforce Development Boards (WDBs)**
  - Workforce Innovation and Opportunity Act (WIOA) Funds (Local Portion): WDBs receive federal WIOA funds. A portion of these can be used for administrative costs, system building, and regional planning/convening activities, especially when tied to direct service delivery.
  - Discretionary Funds: Some WDBs may have discretionary funds for innovative regional projects or backbone support for key sector strategies.
- **County/City General Funds**
  - Local government budgets, particularly from County Health Services Agencies or Economic Development Departments, may allocate funds for initiatives that directly benefit local residents and economic stability.
  - **Example:** Alameda County Health Pathway Partnership (ACHPP) is facilitated by the Alameda County Healthcare Services Agency.

State Grants

- **California Department of Health Care Access and Information (HCAI):** While HCAI has faced budget reductions, they are a key state agency for health workforce planning and data. They may offer specific grants for health workforce planning, data infrastructure, or evaluation that could support a convener's activities.
- **California Department of Social Services (CDSS):** Given the focus on In-Home Supportive Services workers, CDSS programs related to long-term care workforce development or caregiver support might have funding for coordination efforts that strengthen the In-Home Supportive Services system.
- **California Strategic Growth Council (SGC):** The SGC often funds initiatives that promote sustainable communities and integrate economic, environmental, and equity goals. Regional planning and coordination for a critical sector like healthcare, especially with a climate resilience lens, could align with their mission.

Resourcing Across the Strategy (continued)

Potential Resources

Federal Grants

- **Federal Department of Labor (DOL) Grants**
  - Workforce Innovation and Opportunity Act (WIOA) National Discretionary Grants: DOL regularly offers national grants for workforce development, sectoral partnerships, apprenticeships, and capacity building.
  - Apprenticeship Building America Grants: Specifically focused on expanding apprenticeship ecosystems, which includes coordinating partners.
- **Health Resources and Services Administration (HRSA) Grants:** HRSA, under the U.S. Department of Health and Human Services, provides various grants to strengthen the health workforce, improve healthcare access in rural/underserved areas, and support specific health professions training. Some may be applicable to regional coordination.

Philanthropy

- **Local/Regional Foundations:** Numerous philanthropic foundations in the Bay Area (e.g., California Endowment, San Francisco Foundation, East Bay Community Foundation, Silicon Valley Community Foundation) focus on health equity, workforce development, economic opportunity, and community-led initiatives.
- **State Philanthropic sources:** The California Wellness Foundation, Blue Shield of California Foundation, The California Endowment, Kaiser Foundation, IGNITE fund
- **National Philanthropic Foundations:** Major foundations with national reach (e.g., Robert Wood Johnson Foundation, Bill & Melinda Gates Foundation, Kaiser Permanente Foundation) often support systemic change, health equity, and workforce development initiatives.

Employer Contributions

- **Hospital Community Benefit Funds:** Large non-profit healthcare systems like Kaiser Permanente, Sutter Health, UCSF Health, and John Muir Health allocate significant funds for community benefit programs. These often include investments in workforce development, community health initiatives, and partnerships that improve the health of local populations.
- **Anchor Institution Direct Investments:** Beyond community benefit funds, major anchor institutions may make direct investments in regional coordinating bodies that serve their workforce pipeline or community health goals.

Goals and Metrics Across the Strategy

The following outcomes and milestones provide a starting point for measuring the impact of this strategy. As implementation unfolds, these metrics will be refined—shaped by the initiatives that take root, the partnerships that emerge, and the lessons learned along the way. This adaptive approach ensures we remain responsive to regional needs while staying aligned with our long-term vision.

Sector-Level Outcomes: 5-10 years

The following sector-level outcomes represent the impact that can be achieved if the core strategies in this plan are successfully advanced. These outcomes are not tied to any single initiative, but reflect cross-cutting goals supported by the full set of strategies and tactics.

The outcomes include:

- **Increase in high-quality healthcare jobs**, particularly in direct-care and behavioral health roles.
- **Healthcare workforce is more reflective of the patient population**, especially in higher-level healthcare roles.
- **Improved retention and career mobility in high-demand roles**, supported by stronger advancement pathways and better working conditions.
- **Expanded access to culturally competent care in underserved areas**, through strengthened community-based provider capacity.
- **Greater share of procurement dollars spent locally and equitably**, including with BIPOC-owned businesses.
- **Sustained participation of healthcare anchor institutions** in shared economic development and workforce goals.
- **Established systems for ongoing collaboration and peer learning** across regional healthcare stakeholders.
- **Increased readiness for the future of healthcare**, with more workers trained in digital literacy, AI tools, and innovative care delivery models such as value-based care and remote monitoring.



Goals and Metrics Across the Strategy (continued)

Shorter-term Milestones: 1-5 years

By the end of Year 5, the Bay Area's healthcare sector strategy will have established foundational infrastructure, catalyzed cross-sector collaboration, and launched coordinated implementation efforts.

Key milestones include:

- **Regional Governance & Coordination**
  - A regional convening body is operational and routinely engaging diverse stakeholders to align healthcare workforce, equity, and economic development initiatives.
  - A regional convening body is operational and coordinating healthcare workforce efforts across stakeholders and initiatives.
  - Established governance structures are guiding implementation and facilitating shared decision-making.

- **Project Development and Implementation**
  - A clear portfolio of high-impact, investment-ready projects is developed and aligned with strategic priorities.
  - 5–10 priority implementation projects are launched or scaled, with early outcomes and lessons documented.

- **Partnerships and Capacity-Building**
  - Strategic partnerships are in place to support all core tactics, including anchor institution engagement, community clinic capacity-building, and pathway development.
  - Technical assistance infrastructure is developed and in active use by partners to accelerate project success.

- **Sustainability and Resource Mobilization**
  - Mechanisms for long-term sustainability are established (e.g., funding pipelines, institutional commitments, feedback loops).
  - Cross-project resource sharing is occurring, and additional public/private resources are being leveraged and invested.

- **Evaluation and Learning**
  - Early project evaluations and shared learning processes are informing iteration and continuous improvement across the strategy.
  - Milestones for Years 1–2 are embedded within each tactic to ensure early progress, inform iteration, and lay the groundwork for long-term impact.

Milestones for Years 1–2 are embedded within each tactic to ensure early progress, inform iteration, and lay the groundwork for long-term impact.

Dependencies and Challenges

Federal Policy Shifting the Healthcare Sector

Since the original publication of this report, the healthcare sector has been significantly impacted by a federal policy change: House Resolution 1, otherwise known as the "One Big Beautiful Bill Act" (OBBBA). While the full impact of the changes made by this resolution are still being assessed, it is clear that these changes will have both immediate and long term effects on the sector. As of the publication of this report,

Healthcare Coverage Loss

Community engagement rules (i.e. work requirements), shorter retroactive coverage windows, and more frequent documentation checks are projected to lead to higher rates of Medicaid disenrollment. The California Legislative Analyst's Office estimates these changes could result in disenrollment of around 1 to 2 million people in California, both from insufficient hours of engagement as well as administrative burden.[1,3]

Job Losses in the Sector

Healthcare providers across the state are announcing layoffs in response to federal and state funding cuts; between July 1st and September 23rd 2027, WARN notices were issued for over 1800 healthcare and social assistance workers in California. In the Bay Area, two large healthcare providers have announced layoffs in 2026 due to federal funding cuts, impacting over 600 workers.[4,5]

Hospital and Clinic Closures

With more uninsured patients and fewer Medicaid dollars, providers may see increases in uncompensated care, with rural hospitals being particularly vulnerable. According to one report, 83 hospitals in California are considered to be "at-risk" of closing, reducing the medical services they provide, or laying off workers due to Medicaid cuts imposed by H.R.1. This includes over 10 hospitals in the 9-county Bay Area.[2]

Additional Impacts

OBBBA also includes changes to SNAP; by current estimates up to 560,000 Californians may lose their CalFresh food benefits as a result. Coupled with a new public charge rule and immigrant coverage limitations for Medi-Cal, hundreds of thousands of Bay Area residents will have less access food and healthcare in the coming years. This has deep, significant implications for individuals and families and their ability to participate in the local workforce and pursue economic mobiltiy.[6]

1. Report: "Projected Reductions in Medicaid Expansion Enrollment Under OBBBA's Work Requirements and Six-Month Redeterminations", Robert Wood Johnson Foundation
2. Report: 'The Big Ugly Threat to Safety Net Hospitals", Public Citizen
3. "Key Impacts of H.R. 1 on Medi-Cal and CalFresh", Legislative Analyst's Office, 2/11/2026
4. Warn notices, California Economic Development Department
5. California Community Health Layoff Tracker
6. 'Public Charge' in California: How Chilling Effects from Harmful Immigration Policy Hurt Communities, California Budget and Policy Center

Additional Dependencies and Challenges

The success of this Activation Plan is reliant on several critical dependencies:

Dependency: Sustained, Cross-Sector Collaborative Engagement

The plan's effectiveness relies on the continuous and active participation of all identified partners, at a time where each of these partner entities have significant competing priorities. Without their buy-in, shared commitment, and resource contributions (time, expertise, data), the proposed tactics will not have the input required to be successful. The "Establish Regional Convener" and "Strengthen Employer Engagement" tactics are explicitly designed to foster and formalize this collaborative structure and required industry participation, ensuring dedicated staff and resourcing to facilitate ongoing communication, alignment, and accountability among partners. Regular convenings, clear communication protocols, and a focus on resource development will reinforce engagement.

Dependency: Alignment with Employer Needs & Hiring Practices

The success of talent pipeline development and direct hiring hinges on the willingness and capacity of healthcare employers to genuinely engage with pipeline programs, host work-based learning, provide timely feedback on curriculum, and commit to hiring graduates. Additionally, their internal HR processes must be adaptable to new recruitment pathways. The "Strengthen Employer Engagement in Healthcare Talent Pipeline & Job Quality" tactic is central to addressing this. It focuses on demonstrating the value proposition for employers, providing technical assistance to streamline hiring, and promoting "high-road" employment practices that align employer interests with workforce development goals.

Dependency: Shifting Regulations Around Addressing Equity and Attacks on Immigrant Communities

The ability to cultivate a diverse, culturally responsive healthcare workforce and ensure equitable access to care is critically dependent on a socio-political environment that fosters trust, minimizes fear, and supports inclusive practices. Attacks on immigrant communities, coupled with fears of detainment by anti-immigrant actors or mistrust of institutions, directly prevent individuals from seeking necessary healthcare and can deter individuals from these communities from pursuing healthcare careers. Additionally, complex (and sometimes contradictory) federal guidelines regarding equity terminology and community benefits may deter or prevent stakeholders from engaging in economic and workforce development activities that address health and economic inequities.

Dependency: Disruptions to Reimbursement and Implementation of CalAIM

The long-term sustainability and expansion of critical community-based direct-care roles, particularly Community Health Workers (CHWs) and Navigators, heavily rely on the successful implementation of California Advancing and Innovating Medi-Cal (CalAIM) and robust, consistent reimbursement for services delivered by these roles. If healthcare providers are unable to meet their bottom line through these reimbursement mechanisms, their capacity for broader community investment, including workforce development and partnerships with CBOs, will be severely curtailed.

Additional Dependencies and Challenges

Dependency: Accessible and Sufficient Funding Streams

The implementation of the recommended strategies and tactics, including technical assistance, work-based-learning stipends, capacity building for community clinics, and new program development, will require diverse, braided, and sustained funding. This plan is being published at a time of significant flux in the federal funding landscape, where healthcare systems are reeling from budget implications of changes to Medicaid and many non profits and other stakeholders are experiencing uncertainty and delays in funding. This level of uncertainty as well as potential delays in reimbursement and payment for existing contracts could make implementation challenging. This plan explicitly includes tactics and tasks that are designed to increase investment in the region as well as provide support for organizations to access existing funding to support these activities.



Activation Plan: Tactical Workplan

The Tactical Workplan outlines seven tactics to achieve the sector strategy. Each tactic includes an overview with purpose and design considerations, proposed team, costs and potential resources, and metrics. Additionally, each tactic is broken down into specific tasks along with a named responsible party (or parties) and timeline.

The following heat map visually illustrates the degree (5 indicating high-alignment and 1 indicating lower-alignment) to which each tactic supports the strategic goals. This framework helps prioritize action and ensure that each tactic advances multiple, interconnected goals—reinforcing the need for coordinated investments across workforce, equity, and economic development.

Tactic	Job Quality	Career Pipeline	Healthcare Access	Future of HC delivery	Economic Development
Tactic 1: Establish Regional Convener & Task Force	5	5	5	5	5
Tactic 2: Identify & Prioritize Best-Practices and Essential Projects	5	5	2	4	3
Tactic 3: Create and Promote Specific Healthcare Career Pathway Maps	4	5	1	4	2
Tactic 4: Strengthen Employer Engagement in Healthcare Talent Pipeline & Job Quality	5	5	2	3	1
Tactic 5: Maintain the Capacity of Community Clinics and Place-Based Initiatives to Partner & Deliver Care	3	4	5	2	2
Tactic 6: Mobilize Anchor Institutions to Develop & Adopt a Shared Regional Anchor Mission Strategy	4	3	2	2	5
Tactic 7: Prepare for the Future of Healthcare	3	5	3	5	3

Strategy Alignment	Job Quality	Career Pipeline	Healthcare Access	Future of HC delivery	Economic Development
	5	5	5	5	5

Tactic 1: Establish Regional Convener and Task Force

Purpose and Design Considerations

Coordinated action and shared knowledge are essential across this multi-jurisdictional region. This coordination is needed to effectively address existing healthcare workforce shortages, expand access to economic opportunity through career pathways, and ensure long-term, sustained community investment with industry partners in each subregion. This group will bring together leaders from the healthcare collaboratives, aligned initiatives, and system partners to coordinate approaches across the vast network of activity across the Bay Area's subregion.

The group will be tasked with leveraging the existing place-based approaches that each subregion and their cross-sector partners use to implement healthcare strategies in a way that is contextualized to their specific assets and needs, so the region can build from the existing partnerships with local healthcare systems and anchor institutions to drive implementation of the regional strategies.

Making a regional impact in the healthcare sector requires coordination across those subregions, sharing of best practices and subregional partnerships, and establishing a system of active engagement across public, private, labor, academic, and philanthropic partnerships. Given the scope and scale of assets and needs in the Bay Area, we recommend a Regional Healthcare Convening body made up of co-anchors who oversee a larger Task Force. This approach will leverage existing strengths and distributed leadership, bringing together healthcare leaders from each subregion to guide the implementation of the Bay Area Jobs First Collaborative healthcare strategies.

This group is charged with the following main functions:

1. Establishing feedback loops to understand regional implementation and ensure alignment with strategies and tactics.
2. Providing internal and external communication (e.g. maintain consistent communication across the subregional partners, communicate regional needs/opportunities to external partners, state or other stakeholders outside of the region).
3. Identifying existing and potential areas for coordination and collaboration among partners.
4. Building out project portfolios for strategy and tactic implementation, including identifying resource needs and impact objectives.
5. Coordinating efforts across various jurisdictions and sectors.
6. Identifying and activating regional advocacy for policy changes or resource allocation.
7. Establishing regional impact metrics and a robust evaluation framework.
8. Fostering continuous improvement and attracting continued capital investments.

Tactic 1: Establish Regional Convener and Task Force (continued)

Team

In order to establish a credible regional convener and task force, existing healthcare collaboratives across the Bay Area would need to be consulted to determine which partners are in the best position (have the willingness and capacity) to lead each tactic and mobilize needed partners accordingly. For the purposes of this plan we have included examples under responsible parties, however, this is not intended to signal an existing commitment.

Potential Team Members:

- Regional Healthcare Sector Coordinator
- Workforce Development Boards (e.g., Oakland WDB, SF OEWD, Alameda WDB, Contra Costa WDB)
- Educational Providers & Collaboratives: Bay Area K-16 Collaborative, Bay Area Community College Consortium, individual Community Colleges (e.g., City College of San Francisco, Merritt College, Chabot), Universities & Colleges (e.g., CSU East Bay, SF State) and Adult Schools (e.g., Mt. Diablo Adult Education, Berkeley Adult School)
- CBOs providing career services (e.g., Goodwill, JVS, JobTrain)
- Healthcare Employers (from across healthcare subsectors and types of care, including FQHCs, hospital systems, behavioral health, long-term care, in-home care)
- Labor organizations (e.g., SEIU-UHW, SEIU 2015, UPDE, CNA)
- Job seekers, community members, and current healthcare workers
- Labor Organizations (e.g., SEIU-UHW, CNA)
- Community-Based Organizations (CBOs) who provide or serve people involved in healthcare workforce programs (e.g, JVS, Opportunity Junction, Unity Council, JobTrain)
- Educational providers of healthcare workforce programs (e.g. the Bay Area Community College Consortium, Bay Area K-16 Collaborative)
- Regional consortia involved in healthcare projects in implementation plans (see above list of existing healthcare collaboratives)

Tactic 1: Establish Regional Convener and Task Force (continued)

Total Costs: $500,000-$750,000

Personnel/Staffing Costs (Over 3-5 Years): $150,000-$250,000
- Lead (0.5-0.75 FTE): Project management, stakeholder coordination, research oversight, direct project work
- Project Coordinator/Administrative Support (0.25-0.5 FTE): Event coordination, administrative tasks
- Stipends for external stakeholders for participation in events or specific activities

Programmatic & Operational Costs (Over 3-5 Years): $150,000-$250,000
- Convening & workshop expenses, including professional facilitation
- Development and production of communications and graphics materials

Research & Evaluation (Contracted Services - Over 3-5 Years): $200,000- $250,000
- Research and evaluation firm: Leads development of metrics, learning and evaluation activities for the regional healthcare strategies

Potential Funding Sources:

- Federal and State planning and/or coordination grants
- Philanthropy
- Employer Contributions
- Local Government

Metrics

Collaboration and engagement:
- Regional coordination group established
- Development of project portfolios for each strategy: number, type, outcomes
- Identification of leads to implement each strategy
- Resource and policy advocacy: number, type, and outcome
- Collaboration across subregions on strategies, projects, best practices, initiatives, and advocacy: number, type, and outcomes

Project portfolio outcomes:
- Investments for projects in portfolio
- Key Performance Indicators (KPIs): to understand progress along each strategy
- Qualitative data: to capture worker, learner, and community voices
- Impact dashboard: tied to project outcomes across each project portfolio to be developed with research and evaluation partners

Tasks for Tactic 1: Establish Regional Convener and Task Force

Task	Responsible Party	Timeline
Task 1: Establish the Regional Healthcare Sector Coordinator and Task Force to drive implementation of Bay Area Jobs First Collaborative Healthcare strategies and identified tactics in this plan. • Identify appropriate co-anchors to act as the Regional Healthcare Sector Coordinator. • Establish entities to make up the Regional Task Force. • Bring together information on existing Bay Area healthcare collaborations, consortia, and other assets aligned to the tactics needed to implement the regional healthcare strategies (e.g. Alameda Health Pathways Consortium, Bay Area Health Partnerships, HealthPATH, CHAMPS, Aliados Health, etc.) to inform the structure of the Task Force. • Formalize governance structure of Task Force.	Lead: Regional Healthcare Sector Coordinator Support: all stakeholders	First quarter of Year 1
Task 2: Convene Task Force aligned with each strategy to participate in the development of implementations plans. This task intersects and aligns with tasks in the other tactics outlined in this plan. • Ensure worker voice, job quality, and healthcare access advocates are represented in the coordination group leadership model. • Confirm start up resource needs for launching regional coordination group activities across a 3-5 year timeline. • Launch work on tactics and implementation plans, identifying resource needs, braided funding opportunities, TA needs, and setting outcomes and impact targets for each strategy.	Lead: Regional Healthcare Sector Coordinator + consultant Support: Partners leading implementation plan projects, policy advocates, consultants	Year 1

Tasks for Tactic 1: Establish Regional Convener and Task Force (continued)

Task	Responsible Party	Timeline
Task 3: Begin resource advocacy through a series of activities that highlight the impact goals and opportunities for investment across the project portfolios developed described in the implementation plans. This could include the following: • Deliver funder briefings that convene aligned public and private funders in healthcare. • Work with state leadership invested in healthcare, workforce, policy, health and human services, and any other related areas to advocate for needs or opportunities to advance the region's healthcare strategies. • Provide opportunities to showcase innovative models, best practices, or other assets that elevate the investment and impact opportunities for improving healthcare and community well-being in the region.	Lead: Regional Healthcare Sector Coordinator + consultant Support: Partners leading implementation plan projects, policy advocates, consultants	Year 1-3
Task 4: Establish regional impact metrics and evaluation for continuous improvement and continued capital investments. • Determine regional impact metrics model (e.g. dashboard, KPIs, surveys, focus groups or other qualitative approaches) to understand progress on regional healthcare vision and strategies. • Refine, adjust or develop new tactics, approaches, projects, and partnerships to stay focused on impact goals. • Publish results, hold community, learner/workers and other stakeholder focus groups or feedback sessions to understand progress of healthcare strategies, affirm priorities, needs, opportunities, and mobilize for action.	Lead: Regional Healthcare Sector Coordinator + research and evaluation consultants Support: Partners leading implementation plan projects	Year 2-5

Strategy Alignment	Job Quality	Career Pipeline	Healthcare Access	Future of HC delivery	Economic Development
	5	5	2	4	3

Tactic 2: Identify and Prioritize Best-Practices and Essential Projects

To identify, codify, and disseminate proven strategies that enhance job quality and worker retention in high-demand, direct-care roles across Bay Area healthcare organizations, and create a portfolio of "ready for investment" projects for funders.

Purpose and Design Considerations

Research & Documentation: User-friendly documentation of best practices for addressing barriers to entry into and advancement in healthcare careers, and existing exemplary programs/projects within the Bay Area that demonstrate success in improving job quality and retention for direct-care roles (e.g., CNAs, Medical Assistants, Home Health Aides, Peer Support Specialists).

Peer Learning and Collaboration: Connecting stakeholders and potential partners (employers, workers, training providers, community organizations) to learn from identified projects, explore partnerships and make connections, apply new approaches to existing or new programs, and prioritize those with the highest potential for impact and scalability in the Bay Area.

"Investment-Ready" Packaging: Developing concise profiles or "investment-ready" packages for prioritized projects, outlining their needs, impact, and pathways for replication or scaling.

Team

- Regional Healthcare Sector Coordinator
- Research Partner(s) (e.g., local universities like UCSF Institute for Health Policy Studies, UC Berkeley Labor Center, or a specialized consulting firm)
- Employers & Employer Associations (e.g., CPCA, CHCN and the Alameda Health Consortium, Bay Area Community Health)
- Labor Organizations (e.g., SEIU-UHW, CNA)
- Community-Based Organizations (CBOs) who provide or serve people involved in healthcare workforce programs (e.g, JVS, Opportunity Junction, Unity Council, JobTrain)
- Educational providers of healthcare workforce programs (e.g. the Bay Area Community College Consortium, SF State, the Kaiser School of Allied Health),
- Local Workforce Boards

Tactic 2: Identify and Prioritize Best-Practices and Essential Projects (continued)

Total Costs: $340,000-$435,000

Personnel / Staffing: $250,000-$325,000

- .5-.75 FTE Workforce Lead for project management, stakeholder coordination, oversight of research, direct project work
- .25-.5FTE Project Coordinator/Administrative support
- Research partner/consultant (contract)

Programmatic & Operational: $90,000-$120,000

- Research tools & subscriptions
- Convening & workshop expenses, facilitation
- Communications/graphics materials

Potential Funding sources:

- State and federal planning grants
- Philanthropy (especially those supportive of planning and capacity building, e.g., Tipping Point)

Metrics

- Number of best-practice projects identified and documented
- Number of projects prioritized for investment/scaling
- Number of "investment-ready" project packages developed
- Number of partners connected for coordination & peer learning
- Number of stakeholders engaged in the dissemination & outreach process

Tasks for Tactic 2: Identify and Prioritize Best-Practices and Essential Projects

Task	Responsible Party	Timeline
Task 1: Develop criteria & guidance for "best practice" and "essential project" status: including documentation of most significant barriers to accessing quality jobs & approaches for mitigating them.	Lead: Regional Healthcare Sector Coordinator Support: representatives from the team section above	Year 1
Task 2: Produce/highlight list of programs/efforts/models that should be invested in, including: • Training new workers • Advancing workers • Anchor institution practices • Alternative allied health staffing organizations (e.g. AlliedUp Cooperative, UpValley Family Centers of Napa County, Promotoras Activas SF) • Barrier removal for entering into and advancing in the field (e.g. licensure challenges, stacking credentials) • Advocacy/organizing/policy (across strategies. example: who is organizing campaigns to raise wages? who is mobilizing patients to advocate for funding and strategies that increase access to care?) • Integrating digital literacy & future-looking models into healthcare training	Lead: Regional Healthcare Sector Coordinator, Research Partner Support: organizations engaged in providing identified best practice models, Research Partner	Year 1

Tasks for Tactic 2: Identify and Prioritize Best-Practices and Essential Projects (continued)

Task	Responsible Party	Timeline
Task 3: Connect partners who can learn from each other/grow their programs through connections.	Lead: Regional Healthcare Sector Coordinator Support: Participants of local consortia & existing regional tables and workgroups	Year 1
Task 4: Develop "Investment-Ready" project profiles & portfolio: Including details of partners, resource requirements, project descriptions, objectives and data measurement.	Lead: Regional Healthcare Sector Coordinator Support: Organizations engaged in providing identified best practice models, Research Partner	Year 1
Task 5: Dissemination & outreach: Present prioritized projects to potential funders, and develop a communications plan to share best practices and project profiles with the broader healthcare ecosystem.	Lead: Regional Healthcare Sector Coordinator Support: Representatives from all team members named in tactic	Year 1-2

Strategy Alignment	Job Quality	Career Pipeline	Healthcare Access	Future of HC delivery	Economic Development
	4	5	1	4	2

Tactic 3: Create and Promote Specific Healthcare Career Pathway Maps

To provide clear, accessible, and actionable guidance for job seekers and incumbent workers on entry points, progression opportunities, and necessary skills/credentials for high-quality jobs in the healthcare sector, with a focus on direct-care roles, and to identify current barriers to moving through pathways as well as opportunities to mitigate these barriers.

Purpose and Design Considerations

Research & Mapping: Collaborating with educational institutions, employers, and workforce boards to identify and map existing and emerging career pathways, including entry points, mid-level roles, and advanced specializations. This will highlight required education, certifications, and skills.

User-Centric Design: Developing user-friendly, visually engaging pathway maps (digital and print) tailored for diverse audiences, including those with limited prior healthcare experience or from disinvested communities.

Promotion & Navigation: Establishing a robust promotion and navigation strategy to ensure these maps reach target populations through career counselors, community centers, schools, and online platforms.

Team

- Regional Healthcare Sector Coordinator
- Workforce Development Boards (e.g., Oakland WDB, SF OEWD, Alameda WDB, Contra Costa WDB)
- Educational Providers & Collaboratives: Bay Area K-16 Collaborative, Bay Area Community College Consortium, individual Community Colleges (e.g., City College of San Francisco, Merritt College, Chabot), Universities & Colleges (e.g., CSU East Bay, SF State) and Adult Schools (e.g., Mt. Diablo Adult Education, Berkeley Adult School)
- CBOs providing career services (e.g., Goodwill, JVS, JobTrain)
- Healthcare Employers (from across healthcare subsectors and types of care, including FQHCs, hospital systems, behavioral health, long-term care, in-home care)
- Labor organizations (e.g., SEIU-UHW, SEIU 2015, UPDE, CNA), organization to lead map development (specialized firm or consultant with graphic designer)
- Job seekers, community members, and current healthcare workers
- Research Partner or Consultant

Tactic 3: Create and Promote Specific Healthcare Career Pathway Maps (continued)

Total Costs: $375,000-475,000

Personnel / Staffing: $300,000-375,000

- .4-.6 FTE Workforce Lead for project management, stakeholder coordination, oversight of research, direct project work
- .2-.3FTE Marketing & Communications Specialist
- Research & Pathway Mapping Specialist/Consultant (contract)
- Graphic Designer / UX/UI Designer (Contract/Firm)

Programmatic & Operational: $75,000-100,000

- Data Acquisition & Labor Market Information Tools
- Software/Platform for Digital Map Development
- User Testing / Focus Group Expenses
- Communication Materials: (printing & distribution of maps, promotional materials & outreach)
- Training for Career Counselors/Navigators

Potential Funding sources:

- Federal and state grants
- Philanthropy
- Employer Contributions
- Local Government

Metrics

- Number of comprehensive career pathways mapped and published
- Number of unique users accessing digital pathway maps; number of print maps distributed
- Reported satisfaction/understanding from job seekers and workers using the maps
- Increase in inquiries to training programs identified on the maps

Tasks for Tactic 3: Create and Promote Specific Healthcare Career Pathway Maps

Task	Responsible Party	Timeline
Task 1: Pathway research & initial mapping: Identify current state & gaps in career pathways/webs; both the theoretical and where application of pathways is in practice. Identify 5-7 direct-care roles for additional pathway mapping. Document barriers to current pathways and best practices or innovative methods for mitigating barriers.	Lead: Regional Healthcare Sector Coordinator, Research Partner or Consultant, Bay Area K-16 Collaborative Support: Bay Area Community College Consortium, Healthcare employers, education and training providers, labor organizations	Year 1
Task 2: Draft Pathway Maps and Community Stakeholder Testing: Develop initial drafts of 3-4 digital and print pathway maps that include the resources and navigation supports necessary for success. Test clarity, usability, and effectiveness of draft maps with stakeholders including job seekers, incumbent workers, career counselors, and employers. Incorporate feedback from user testing to finalize pathway maps, and launch an updated version of the maps.	Lead: Research Partner or Consultant, Regional Healthcare Sector Coordinator Support: Education and training providers, community-based organizations, Job seekers/community members/current healthcare workers	Year 1 -2
Task 3: Develop promotion strategy and training: Create & implement a comprehensive promotion plan for the pathway maps targeting CBOs, high schools, adult education centers, libraries, and unemployment offices.	Lead: Regional Healthcare Sector Coordinator, Bay Area K-16 Collaborative Support: Representatives from all team members named in tactic	Year 2

Strategy Alignment	Job Quality	Career Pipeline	Healthcare Access	Future of HC delivery	Economic Development
	5	5	2	3	1

Tactic 4: Strengthen Employer Engagement in Healthcare Talent Pipeline & Job Quality

To deepen employer investment in training, expand work-based-learning and direct hiring for healthcare graduates, ensure employers are informing healthcare workforce training, and enable and support employers in adopting high-road employment practices.

Purpose and Design Considerations

Direct Hiring & Pipeline Connection: Identify and support mechanisms for employers to directly connect with and hire graduates from local training programs.

Employer Investment & Participation Across the Training Lifecycle: Increase employer contributions beyond just hiring, such as financial contributions to training programs, staff time for curriculum input, and dedicated personnel for work-based learning supervision. Establish formal channels for continuous feedback from employers to educational and training providers. Engage at least 20 employers from across regions and provider types to reach sufficient level of input and engagement.

Expansion of Work-Based Learning (WBL): Prioritize creating, expanding, and formalizing WBL opportunities (internships, clinical rotations, apprenticeships, externships, pre-apprenticeships).

Diverse Employer Engagement: Efforts will actively engage a wide range of healthcare employers, including large hospital systems (e.g., Kaiser Permanente, UCSF), Federally Qualified Health Centers (FQHCs), long-term care facilities, home health agencies, and behavioral and oral health providers, recognizing their varied needs and capacities.

Team

- Regional Healthcare Sector Coordinator
- Anchor Institutions (e.g. UCSF Anchor Institution Mission)
- Workforce Development Boards (WDBs) (e.g., Oakland WDB, SF OEWD, Alameda WDB, Contra Costa WDB)
- Community Colleges, Universities & Adult Schools (e.g., City College of San Francisco, Merritt College, Chabot, CSU East Bay, SF State, Mt. Diablo Adult Education, Berkeley Adult School, Kaiser School of Allied Health)
- Healthcare Employers from across industry sub-sectors (FQHCs, hospital systems, behavioral health, long-term care, in-home care)
- Labor Organizations (e.g., SEIU-UHW, SEIU 2015, UPDE, CNA)
- Community-Based Organizations that provide or direct community members to healthcare training (CBOs)(e.g., Goodwill, JVS, Opportunity Junction, Unity Council, JobTrain)

Tactic 4: Strengthen Employer Engagement in Healthcare Talent Pipeline & Job Quality (continued)

Total Costs: $400,000-$715,000

Personnel / Staffing: $150,000-$215,000

- .3-.5 FTE Workforce Lead for project management, stakeholder coordination, oversight of research, direct project work
- .5-75FTE Employer Engagement Specialist/Work-Based-Learning Coordinator
- Technical Assistance providers for high-road employment practices (contract)

Programmatic & Operational: $250,000-$500,000

- Coverage of wages during WBL to test employer incentives for training
- Convening & events
- Work-based-learning program supports

Potential Funding sources:

- State Grants
- Federal Grants
- Philanthropy
- Employer Contributions
- Local Government

Metrics

- Number of unique healthcare employers participating in convenings
- Number of employers reporting increased investment
- Number of employers committing to "High-Road Employer" practices
- Number of new work-based learning opportunities created
- Number of graduates from partner pipeline programs placed directly into jobs with participating employers
- Number of curriculum updates or new modules developed based on employer feedback

Tasks for Tactic 4: Strengthen Employer Engagement in Healthcare Talent Pipeline & Job Quality

Task	Responsible Party	Timeline
Task 1: Map & profile target list of healthcare employers: Identify 30-50 key Bay Area healthcare employers across industry sub-sectors (e.g. hospitals, FQHCs, long-term care, home health, behavioral/oral health). Research their current workforce needs, existing training partnerships, and potential for WBL/direct hiring.	Lead: Regional Healthcare Sector Coordinator Support: Local Workforce Development Boards, healthcare employers, training providers with strong industry relationships, labor organizations	Year 2
Task 2: Conduct employer outreach: Document the "ask" and value proposition for employers to engage, and conduct initial introductory meetings. Collect information about barriers to participation and resource needs.	Lead: Regional Healthcare Sector Coordinator Support: Local Workforce Development Boards, training & educational providers with strong industry relationships	Year 3

Tasks for Tactic 4: Strengthen Employer Engagement in Healthcare Talent Pipeline & Job Quality (continued)

Task	Responsible Party	Timeline
Task 3: Convene employers to build partnerships and make connections: Hold initial 2-3 convenings to build understanding with employers about the importance of participating in the full lifecycle of workforce training. Gather deep insights on curriculum needs, emerging skills, and effective hiring/retention strategies. Document feedback to inform training providers and other stakeholders. Support employers in connecting to existing programs and ecosystem partners for work-based-learning and hiring.	Lead: Regional Healthcare Sector Coordinator, Anchor Institutions Support: Anchor institutions, local healthcare employers	Year 3
Task 4: Test work-based-learning wage incentives: Identify connection points between employers who are willing to host WBL but can't pay for wages and existing training programs in need of WBL placements; provide funding to cover wages and measure impact on employer engagement and participation.	Lead: Local Workforce Boards (WDB) (potentially the Oakland WDB), community organizations providing workforce programs Support: healthcare training providers, labor organizations	Years 3-4

Strategy Alignment	Job Quality	Career Pipeline	Healthcare Access	Future of HC delivery	Economic Development
	3	4	5	2	2

Tactic 5: Maintain the capacity of community clinics and place-based initiatives to partner and deliver care

To ensure community clinics and other place-based healthcare initiatives are able to effectively deliver comprehensive and culturally competent care (particularly in underserved areas), and to ensure they are able to actively participate in and benefit from the healthcare workforce ecosystem.

Purpose and Design Considerations

Needs Assessment & Gap Analysis: Identifying specific capacity-building needs of community clinics and place-based initiatives (e.g., administrative, financial, human resources, technology, partnership development).

Targeted Technical Assistance: Providing tailored technical assistance, training, and resources to address identified gaps, particularly in areas related to workforce development, talent pipeline engagement, and accessing funding.

Facilitating Partnerships: Actively connecting community clinics with workforce development boards, training providers, and larger healthcare systems for collaborative initiatives (e.g., shared training programs, internship opportunities, patient referral networks).

Funding Navigation Support: Assisting clinics in identifying and applying for grants and funding opportunities relevant to workforce development, service expansion, and technology adoption.

Team

- Regional Healthcare Sector Coordinator
- Community Clinic Associations & Community Clinics (e.g., California Primary Care Association, Community Health Center Network)
- Community-Based Organizations who connect community members to care (e.g., Bay Area Community Health, Bay Area Community Resources)
- Local Public Health and Social Services Departments
- Philanthropy (e.g., Kaiser Community Benefits, California Healthcare Foundation, Cal Endowment)
- Anchor Institutions (e.g. UCSF Anchor Institution Mission)
- Organizations that provide advocacy and mobilize patients around access to care (e.g., BARHII, California Budget and Policy Center)
- Specialty TA providers (e.g., consultants specializing in non-profit capacity building)

Tactic 5: Maintain the capacity of community clinics and place-based initiatives to partner and deliver care (continued)

Total Costs: $350,000-$510,000

Personnel / Staffing: $275,000 - $390,000

- .45-.65FTE Regional Healthcare Sector Coordinator staff
- .75-1.0FTE Capacity Building/Clinic Engagement Specialist
- .25-.5FTE Project Coordinator/Administrative Support
- Speciality Technical Assistance providers (contract)

Programmatic & Operational: $75,000 - $120,000

- Needs assessment tools & data collection (tools, stipends, software)
- TA resource development & dissemination
- Training & workshop delivery expenses
- Grant writing support for clinics
- Communication & outreach materials

Potential Funding sources:

- Federal and state funding that supports community clinics (Health Center Program, Community Services Block Grants)
- Philanthropy
- Local government

Metrics

- Number of community clinics participating in capacity-building & technical assistance
- Number of community clinics participating in workforce development programs
- Number of new partnerships formed between clinics and workforce ecosystem partners
- Amount of new funding secured by participating clinics
- Reported improvements in clinic capacity (e.g., increased staffing, expanded services, improved financial sustainability)
- Patient access metrics in supported communities (e.g., new patient registrations, reduced wait times)

Tasks for Tactic 5: Maintain the capacity of community clinics and place-based initiatives to partner and deliver care

Task	Responsible Party	Timeline
Task 1: Confirm community clinic needs: analyze information (and collect additional information as needed) to identify FQHC's priorities and primary capacity-building needs related to workforce and service delivery.	Lead: Research lead or organizations bringing together community clinics (examples: California Primary Care Association, regional clinic consortia such as the Community Health Center Network), Advocacy organizations Support: Regional Healthcare Sector Coordinator, community clinic consortia	First half of Year 1
Task 2: Develop & launch Technical Assistance resources: Based on needs assessment, develop a phased technical assistance plan focusing on 2-3 critical areas (e.g., HR best practices, grant writing, developing internship programs).	Lead: Technical Assistance providers (example: staff at the California Primary Care Association, Community Health Synergy) Support: Regional Healthcare Sector Coordinator	Year 1 - 2

Tasks for Tactic 5: Maintain the capacity of community clinics and place-based initiatives to partner and deliver care (continued)

Task	Responsible Party	Timeline
Task 3: Provide grant navigation & access support: Offer targeted support to clinics in navigating and applying for workforce development and health equity grants (e.g., state HCAI grants, philanthropic opportunities).	Lead: Technical Assistance providers Support: Regional Healthcare Sector Coordinator, program officers for grant programs, advocacy organizations	Years 1 - 2
Task 4: Connect & Coordinate: Provide opportunities for partners and providers to learn from and connect to peers for learning, building partnerships, and to coordinate requests to funders.	Lead: Regional Healthcare Sector Coordinator Support: Anchor Institutions, advocacy organizations	Years 1 - 2

Strategy Alignment	Job Quality	Career Pipeline	Healthcare Access	Future of HC delivery	Economic Development
	4	3	2	2	5

Tactic 6: Mobilize anchor institutions to develop and adopt a shared regional Anchor Mission Strategy

To expand access to quality healthcare careers and build regional economic resilience by promoting high-road employment practices, leveraging philanthropic resources to address the root causes of health inequities, strengthening local supply chains through impact purchasing, and pioneering climate solutions through sustainable procurement and green infrastructure investments.

Purpose and Design Considerations

The healthcare anchor institutions in the Bay Area have distinct institutional priorities, varied governance structures, operational autonomy, and compliance constraints. Some of the institutions are part of statewide or larger national systems which limits their ability to shift procurement, hiring, or investment practices based just on regional priorities.

Leadership Engagement & Strategy Alignment: Engaging system-level leadership and operational decision-makers within anchor institutions early in the process to understand organizational incentives, operational constraints, and opportunities for alignment across hiring, procurement, and community investment strategies.

Shared Metrics: Establishing common metrics to track progress on regional goals such as local hiring, diverse supplier contracting, wage growth, job retention, and advancement outcomes.

Procurement & Hiring Readiness Technical Assistance: Delivering tailored technical assistance and capacity-building for anchor institutions, training providers, and local suppliers to align procurement processes, credentialing, and workforce development systems with inclusive hiring and impact purchasing goals.

Regional Coordination Mechanism: Developing a convening mechanism to support ongoing coordination among healthcare systems, workforce boards, local governments, CBOs, and labor partners to guide strategy implementation and ensure accountability.

Team

- Regional Healthcare Sector Coordinator
- Anchor Institutions (e.g., University of California, San Francisco (UCSF), Kaiser Permanente, Sutter Health)
- Small Business Associations
- Healthcare Collaboratives
- Local Workforce Boards

Tactic 6: Mobilize anchor institutions to develop and adopt a shared regional Anchor Mission Strategy (continued)

Total Costs: $325,000–$475,000

Personnel / Staffing: $125,000-$200,000

- .25-.5FTE Project Lead to act as anchor liaison, convening facilitator, and researcher
- .25-.5FTE Project Manager to support project lead
- Speciality Technical Assistance providers (contract)

Programmatic & Operational: $200,000–$275,000

- Facilitation & Convening Support: Meeting design, facilitation services, venue costs, and logistics for multi-anchor workshops or working sessions
- Shared Metrics Platform Development: Tools or systems to aggregate and track commitments, procurement spend, and workforce metrics
- TA Infrastructure Development: Onboarding of technical assistance providers, development of support tools/resources, creation of peer learning mechanisms
- Marketing and communications: Design of strategy document

Potential Funding sources:

- Philanthropic sources, including the charitable arms of anchor institutions

Metrics

- Number of new or expanded career pathway programs supported by anchors
- Participant enrollment, completion, and placement rates in training programs
- Retention rates in high-turnover roles
- Implementation of worker engagement/feedback practices
- Impact outcomes of philanthropic investments made in local communities
- Percentage of total procurement spend directed to local, small, or BIPOC-owned businesses
- Number of suppliers receiving technical assistance or capacity-building support
- Number of anchor institutions that have formally adopted the shared regional Anchor Mission Strategy

Tasks for Tactic 6: Mobilize anchor institutions to develop and adopt a shared regional Anchor Mission Strategy

Task	Responsible Party	Timeline
Task 1: Engage Anchor Institutions by initiating outreach to key healthcare anchors to introduce the concept, assess interest, and surface institutional priorities and challenges.	Lead: Regional Healthcare Sector Coordinator Support: Healthcare collaboratives (examples: Healthcare Anchor Network and UC Anchor Institution Mission)	Year 1
Task 2: Conduct a landscape scan of existing anchor commitments and initiatives within the Bay Area to identify alignment opportunities, gaps, and local momentum. Supplement with research on national models and best practices—such as the Healthcare Anchor Network—to surface effective strategies across workforce, procurement, and investment. Use findings to design a draft regional Anchor Mission Strategy aligned with local priorities and institutional capacity.	Lead: Regional Healthcare Sector Coordinator Support: Regional healthcare anchor institutions (examples: Kaiser Permanente UCSF, and Sutter Health)	Year 1
Task 3: Determine lead entity and establish governance structure to guide strategy development and implementation.	Lead: Regional Healthcare Sector Coordinator Support: Regional healthcare anchor institutions; Healthcare collaboratives	Year 1 - 2

Tasks for Tactic 6: Mobilize anchor institutions to develop and adopt a shared regional Anchor Mission Strategy (continued)

Task	Responsible Party	Timeline
Task 4: Co-create clear and actionable commitments for participating institutions across workforce, procurement, and investment domains; gather input and iterate with stakeholders.	Lead: Regional Healthcare Sector Coordinator Support: Regional healthcare anchor institutions (examples: Kaiser Permanente UCSF, and Sutter Health); Healthcare collaboratives (examples: Healthcare Anchor Network and UC Anchor Institution Mission); Small Business Associations; Local Workforce Boards	Years 1 - 2
Task 5: Secure anchor commitments and formalize participation to adopt and implement the regional Anchor Mission Strategy.	Lead: Regional Healthcare Sector Coordinator Support: Regional healthcare anchor institutions; Healthcare collaboratives	Year 2

Tasks for Tactic 6: Mobilize anchor institutions to develop and adopt a shared regional Anchor Mission Strategy (continued)

Task	Responsible Party	Timeline
Task 6: Plan for long-term sustainability by identifying long-term funding sources and establishing mechanisms for institutions to regularly review, update, and reaffirm their commitments.	Lead: Regional Healthcare Sector Coordinator Support: Regional healthcare anchor institutions (examples: Kaiser Permanente UCSF, and Sutter Health); Healthcare collaboratives (examples: Healthcare Anchor Network and UC Anchor Institution Mission)	Year 2
Task 7: Establish technical assistance infrastructure to provide ongoing support to anchor institutions, including TA providers, peer learning opportunities, and data/reporting tools to track progress and outcomes.	Lead: Regional Healthcare Sector Coordinator Support: Technical assistance providers	Begin in Year 2, continues beyond Year 2

Strategy Alignment	Job Quality	Career Pipeline	Healthcare Access	Future of HC delivery	Economic Development
	3	5	3	5	3

Tactic 7: Prepare for the Future of Healthcare

Integrate Digital Literacy and AI Training into Healthcare Workforce Development to set up workforce training to equip current and future healthcare workers with the essential digital skills and understanding of artificial intelligence (AI) necessary to adapt to evolving healthcare technologies and "future-proof" their careers.

Update Workforce Development Training to Include Innovative Healthcare Delivery Models to proactively understand and prepare the Bay Area healthcare workforce for emerging trends in healthcare delivery, such as integrated care models, value-based care, remote patient monitoring, and preventative health.

Purpose and Design Considerations

Creating shared understanding: Provide opportunities for ecosystem stakeholders to understand technological changes, new models of care, and updated skills requirements for the healthcare field, and the resources available to update training.

Curriculum Development & Integration: Working with educational institutions to adapt existing curricula and develop new training modules that reflect these trends in delivery models (e.g., increasing shift to outpatient/home care, emphasis on population health, team-based care) and embed core digital literacy and introductory AI concepts into existing healthcare training programs. This should include ensuring that healthcare educators and trainers are themselves up-to-date on emerging care models and technological requirements.

Upskilling for Incumbent Workers: Developing targeted, accessible training modules or micro-credentials for current healthcare workers to enhance their digital proficiency and introduce them to AI applications in healthcare. This could include topics like advanced EHR utilization, telehealth platforms, data privacy in a digital age, and understanding AI-driven diagnostic tools, as well as trends in the delivery of care such as integrated and preventative health care models and mobile health units.

Partnerships with Tech Sector: Collaborating with Bay Area tech companies and AI developers to ensure training content is relevant and aligned with industry trends, potentially including guest speakers, internships, or shared curriculum development.

Strategy Alignment	Job Quality	Career Pipeline	Healthcare Access	Future of HC delivery	Economic Development
	3	5	3	5	3

Tactic 7: Prepare for the Future of Healthcare (continued)

Team

- Regional Healthcare Sector Coordinator
- Academic Medical Centers & Hospital Systems (e.g., UCSF, Stanford Health Care, Kaiser Permanente)
- Other healthcare providers (Public Health Departments, FQHCs, behavioral and oral health providers)
- Higher Education Providers (Community Colleges, Universities, Adult Schools)
- Healthcare vocational trainers (CBOs, vocational schools)
- Innovative care model organizations (e.g. UCSF Center for Excellence in Primary Care)
- Labor organizations (e.g., SEIU-UHW, SEIU 2015, UPDE, CNA)
- Research Partner/Consultant (to complete applied research project)
- Job seekers, community members, and current healthcare workers



Tactic 7: Prepare for the Future of Healthcare (continued)

Total Costs: $300,000-$555,000

Personnel / Staffing: $260,000-475,000

- .5-.75FTE Bay Area Jobs First Healthcare Coordinator
- .25-.5FTE Industry Liaison/Partnership Coordinator
- .25-.5FTE Program Coordinator/Administrative Support
- Applied Research/Foresight Consultant (contract)
- Curriculum Development Specialist (Contract)

Programmatic & Operational: $40,000-$80,000

- Data & research tools/subscriptions
- Stakeholder convenings/workshops
- User feedback/focus group expenses
- Curriculum planning resources

Potential Funding sources:

- Federal grants aimed at preparing the workforce for the adoption of AI and other technology (e.g. funding through the Department of Energy, National Institutes of Health, Department of Health and Human Services)
- Philanthropy (e.g. Google.org's AI Opportunity Fund, the Spencer Foundation)
- Employer contributions
- Local government

Metrics

- Number of ecosystem partners participating in convenings/trainings
- Reported increase in training/educational provider confidence and competency in providing training in digital/AI tools.
- Reported increase in training/educational provider confidence and competency in providing training in future healthcare models
- Feedback from employers on worker readiness for new technologies and healthcare delivery models
- Future metrics: Number of training programs that begin development of or integrate new digital literacy/AI components, Development of new micro-credentials or certifications

Tasks for Tactic 7: Prepare for the Future of Healthcare

Task	Responsible Party	Timeline
Task 1: Research & documentation of skills gaps and future needs for the healthcare workforce: Complete applied research project to establish projections and points of view around technological changes and other trends in healthcare (such as integrated and preventative care models) and associated implications for workforce. Collaborate with healthcare employers and tech companies to identify the most critical digital skills and AI concepts relevant to current and future direct-care roles. Assess intersections and overlaps with other industries including public safety (e.g. firefighters & paramedics, other first responders) and different sub-sectors within the industry (e.g. behavioral health & oral health). (This should include current practices, e.g. how are educational providers and employers already teaching these skills? What already exists vs what's coming?).	Lead: Regional Healthcare Sector Coordinator, Research Partner Support: Healthcare employers, anchor institutions, technology companies, education and training providers, labor organizations	Year 1
Task 2: Engage with job seekers and workers: Collect feedback from prospective and current workers in the healthcare field to understand skills gaps and training needs.	Lead: Community-based organizations with expertise in worker-voice and collecting community feedback Support: Community-based organizations, educational providers, labor organizations, job seekers/community members/current healthcare workers	Year 1

Tasks for Tactic 7: Prepare for the Future of Healthcare (continued)

Task	Responsible Party	Timeline
Task 3: Convene partners: Bring together stakeholders from across the ecosystem to learn and build a shared understanding of what's coming in the field and the workforce and economic implications.	Lead: Regional Healthcare Sector Coordinator Support: Representatives from all team members named in tactic	Years 1 - 2
Task 4: Create plan for development of integrated curriculum modules: Work with stakeholders to identify resource needs, timelines, required partners needed to update training. Research existing resources (funding, etc.) to support projects to build/expand/adjust digital skills training.	Lead: Regional Healthcare Sector Coordinator Support: Educational & training providers	Years 1 - 2
Future task: Create updated curriculum	TBD	Year 2
Future task: Integrate and deploy new curriculum	TBD	Years 2-4

Healthcare Sector Investment Coordinator Activities and Progress

Outreach, Engagement, and Technical Assistance

Our technical assistance and engagement strategy since the original publication of this activation plan focused on two main elements: 1) connecting Bay Area healthcare sector partners to available funding to sustain and scale activation plan priorities and 2) convening stakeholders to learn from each other, share resources, and support local coordination and connections. The first strategy was significantly constrained by shifts in public funding at the state level. Although we conducted landscape scanning across state and philanthropic sources on behalf of the sector group throughout the period, healthcare-specific funding opportunities identified during this window were narrowly scoped to specific healthcare educational or workforce training programs and were not structured to fund activation plan-level, cross-sector coordination work.

Our second strategy was far more successful: we hosted four stakeholder convenings throughout the year, including:

- **Peer learning sessions:**
  - In October 2025, we brought together over 50 regional stakeholders including workforce and community orgs, funders, workforce development boards, and healthcare providers. Through panel discussions with UC Berkeley Labor Center (speaking on the impacts of federal cuts to MediCaid), Tipping Point, UCSF, and JVS as well as small group discussions, we explored how recent policy changes are affecting the sector and local organizations.
  - In April 2026 over 40 stakeholders from across the region (including workforce training providers, labor organizations, employers, foundations, and local government) attended our second peer learning session. The session covered three interconnected topics that are reshaping the healthcare workforce landscape across our region: healthcare job seeker and worker priorities, H.R.1 work and community engagement requirements, and healthcare employer perspectives.
- **Funder briefings:**
  - In November 2025 we gathered philanthropic and state agencies for a candid conversation about the realities of healthcare workforce funding. Attendees left with a better understanding of both funding gaps and needs, and requested support with continuing the momentum toward collective action.
  - We gathered funders again in early June 2026, bringing together 20 representatives from philanthropy and government funding organizations to build a shared understanding of the current dynamics affecting stakeholders and the healthcare sector. We also focused on exploring funding mechanisms to support the activities needed for equitable growth of the sector. This conversation led directly to building a direct case to funders for sustained investment in sector coordination infrastructure.

In addition to the main strategies named above, throughout the 15 months following the publication of the activation plan we also focused on facilitating connections between sector partners and funders, training providers, and policymakers, positioning sector stakeholders to respond to future funding opportunities.

Healthcare Sector Investment Coordinator Activities and Progress (continued)

Equity Practices and Strategies

One of the key strengths of our Sector Investment Coordinator team was JVS's direct connection to healthcare workers and job seekers, and its deep partnerships with other regional training and service providers. Throughout our creation and implementation of the activation plan, we engaged directly with individuals hoping to enter into and currently working in the healthcare sector, listening for their priorities, needs, and career aspirations. This included direct surveying of JVS's program participants, qualitative conversations with other training providers, and engagement with labor organizations about the data they track on current worker needs and priorities. Wherever possible, we brought these findings back to other stakeholders and integrated them into our strategies and tactics.

At our spring peer learning session, we presented findings about the needs of healthcare job seekers and workers, including rising pressures (especially financial pressures) for workforce trainees. We found continued interest from disinvested communities in healthcare roles, including clinical roles and apprenticeship pathways from current healthcare workers. At the same time, there is some evidence that current healthcare workers and job seekers are increasingly worried about technological changes and the impacts of AI, both on the availability of certain types of jobs and on job quality within those roles.

With the new work requirements under H.R.1, the number of people projected to lose their CalFresh and MediCal benefits is staggering, which has enormous equity implications for vulnerable populations. As we secure additional resource investments beyond the Bay Area Jobs First initiative, we plan to continue to explore opportunities to mitigate these disastrous impacts, including engaging Anchor Institutions to play a role in providing resources and opportunities for individuals to meet work requirements to maintain their benefits.



Path Forward

Reflections from the Healthcare Sector Investment Coordinator team at the closeout of the Bay Area Jobs First Initiative:

As we come to the end of the of the Bay Area Jobs First initiative, the goals, strategies, and tasks in this activation plan remain as relevant and urgent as ever for the Bay Area healthcare sector. Throughout this initiative, we were struck by the level of stakeholder engagement and interest in coming together, sharing information and resources, and coming up with solutions to challenging issues for the sector.

To ensure the Bay Area's healthcare sector remains both a provider of high-quality care and a source of quality jobs, we need a coordinated and adaptive strategy. This activation plan is a starting point—designed to align and build upon the many efforts already underway across the region. Successful implementation of the tactics outlined in this plan depends on securing funding to support planning, coordination, and early execution over the next 12–18 months, as well as mobilizing resources to advance identified projects beyond that period. Progress will also be shaped by several external dependencies—including sustained cross-sector engagement, alignment with employer practices, and state and federal policy shifts. These factors may require the plan to evolve in response to changing conditions. As such, this strategy is intended to be flexible and iterative—anchored by a clear vision to expand access to care, create pathways to good jobs, and unlock the healthcare sector's full potential to drive equity and inclusive economic growth.

The Bay Area's healthcare sector is one of its greatest regional assets. With shared vision, aligned investment, and cross-sector collaboration, this plan can help unlock the sector's full potential to advance equity, economic resilience, and improved health outcomes across the region.

Appendix

Appendix A. Key Definitions

Allied Health: Non-physician, non-nurse roles that support healthcare delivery (e.g., medical assistants, radiologic techs, lab technicians).

Anchor Institutions: Large, place-based employers (e.g., hospitals, universities) that are rooted in communities and can drive local economic and social impact.

Behavioral Health: Encompasses mental health as well as substance use disorders, and the behaviors that impact wellness, often involving counseling, psychiatric care, and recovery support.

FQHCs (Federally Qualified Health Centers): Community-based healthcare providers that receive federal funding to offer comprehensive primary care services to underserved populations, regardless of ability to pay.

High-Road Jobs: Employment that offers family-sustaining wages, benefits, safe working conditions, opportunities for advancement, and worker voice.

In-Home Care: Healthcare or personal assistance provided in a patient's home, including services such as skilled nursing, physical therapy, and personal care for daily living activities.

Long-Term Care: A range of services that help people with chronic illnesses or disabilities meet their health or personal care needs, often provided in nursing homes, assisted living facilities, or at home.

Primary Care: Basic or general healthcare typically provided by family physicians, internists, pediatricians, or nurse practitioners; it is often the first point of contact for patients.
Oral Health: The care and treatment of teeth, gums, and the mouth, including preventive and restorative dental services.

Appendix B. Key Roles in the Regional Healthcare Sector Strategy

The following roles define the key entities responsible for driving and supporting this work across the Bay Area:

Healthcare Sector Coordinators: JVS has been awarded funding by the Bay Area Jobs First Collaborative to serve as the Healthcare Sector Coordinator over the next 18 months. In this role, JVS will work closely with the Collaborative to guide and support implementation of this activation plan—helping establish the regional operating structure, convene stakeholders, and coordinate early-stage planning and strategy execution.

Regional Healthcare Sector Coordinator: The Regional Healthcare Sector Coordinator will be a group of co-anchor organizations representing the Bay Area's diverse subregions and healthcare subsectors. Using a network-based approach, the Convener will lead the development and governance of the regional strategy, coordinate across stakeholders, and guide implementation efforts.

Task Force: The Task Force, led by the Regional Healthcare Sector Coordinator, will consist of advisory and implementing partners spanning healthcare providers, workforce agencies, workers and community stakeholders, education and training providers, labor, government, community-based organizations, and funders. This group will support strategy execution. See the Stakeholder Groups Table for more details.

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- Alameda County Community Health Center Network (CHCN)
- Bay Area Community College Consortium/Health Workforce Initiative
- Bay Area Health Workforce Partnership
- Bay Area K-16 Collaborative
- California Labor and Workforce Development Agency (LWDA)
- City EMT Program
- Contra Costa Workforce Development Board
- County of Santa Clara
- HCAI Health Workforce Education and Training Council
- Homebridge
- Homeless Children's Network
- IGNITE fund
- Oakland Workforce Development Board
- Positive Resource Center
- SEIU UHW-West & Joint Employer Education Fund
- San Francisco Office of Economic and Workforce Development (OEWD)
- San Francisco Foundation / Rework the Bay
- UpValley Family Centers of Napa County
- Working Partnerships USA

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