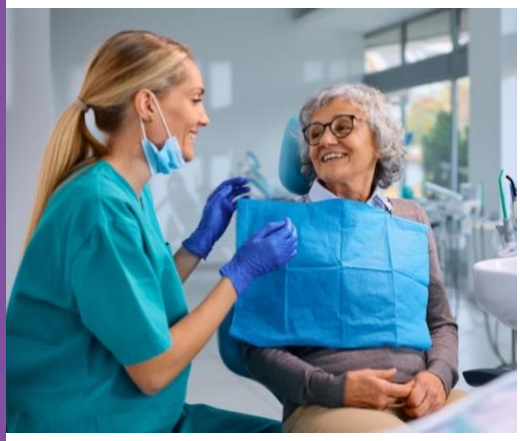
SECTOR PROFILE

Health



SEPTEMBER 2026

CENTER OF EXCELLENCE FOR LABOR MARKET RESEARCH
BAY AREA

BACCC BAY AREA
COMMUNITY COLLEGE CONSORTIUM

POWERED BY
California Community Colleges

Introduction

To support the planning and development of career education programs and provide insights into career pathways within the sector, the Bay Region Center of Excellence (COE) has developed a series of sector profiles. These profiles highlight labor market trends and their implications for postsecondary education and workforce development within each sector in the Bay Region. They categorize jobs into three skill levels: below middle-skill, middle-skill, and above middle-skill jobs. Middle-skill occupations typically require more than a high school diploma, but less than a bachelor's degree except in cases where a bachelor's degree is required, but more than one-third of the workforce has less than a bachelor's degree. These occupations play a crucial role in the regional workforce and contribute to the economic vitality of the 12-county Bay Region, which includes the following counties: Alameda, Contra Costa, Marin, Monterey, Napa, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, and Sonoma.

This health profile summarizes key findings on current and projected workforce demand, hourly wages for occupations within the sector by career pathways, and program information from community colleges in the region that offer training programs in health. This report is intended for decision-makers and practitioners to support funding and grant proposals, the development of key courses and pathways, and the alignment of programs between K-12, community colleges, and four-year institutions. Workforce professionals in the sector can also use the data to gain valuable insights into employment trends and educational preparation within this pathway.

What Pathways Make Up the Health Sector?

This profile highlights the labor market for health, focusing on six key career pathways. The labor market data presented in this profile includes in-demand occupations within these pathways that are related to health occupations and community college training programs across the Bay Region.

These health career pathways collectively represent the full spectrum of the health sector, spanning everything from patient care in direct clinical and dental settings, to working in administrative roles and behind-the-scenes work in health facilities. Professionals in diagnostics and imaging and research and science drive medical discovery and diagnosis, using advanced technology and scientific inquiry to detect diseases and guide treatments. Those working in behavioral and mental health, and public health and research, help address the psychological and social factors that shape individual and community health outcomes. Across these pathways, roles exist at every skill level, from entry-level aides and assistants to highly specialized clinicians and scientists, making the health sector one of the most accessible and expansive fields for career growth. Please note that this list does not include all occupations in the health sector.

HEALTH CAREER PATHWAYS
Behavioral & Mental Health
Dental & Oral Health
Diagnostics & Imaging
Direct Clinical Care
Health Information & Administration
Public Health & Research

Quick Facts About Health in the Bay Region

Quick facts provide data related to the health sector (see below), featuring labor market projections between 2024 and 2029 in the Bay Region, as well as community college program information for the program years 2021-22 to 2023-24. Enrolled students include students who were enrolled in at least one term of the selected year at a Bay Region community college.[1]

The health sector accounted for approximately 581,450 jobs in the Bay Region in 2024, and is projected to grow by 7% between 2024 and 2029. This represents modest growth, driven primarily by replacement demand rather than the creation of new jobs. During this five-year period, the occupations specified in this report are expected to account for 78,260 average annual job openings, and an average of 83% of job openings in the pathways are replacement openings. Note that numbers related to labor market data in this report are rounded to the nearest 10.

Health programs were offered at 27 community colleges in the Bay Region (see Table 8 for the health programs included). An average of more than 28,475 students enrolled in health programs annually at a Bay Region community college during the program years 2021-22 to 2023-24, and an average of 3,851 awards were conferred each year. As for demographics, approximately 30% of students who enrolled between program years 2021-22 to 2023-24 were between 20 and 24 years old. Females comprised the majority among students who enrolled in health programs (67%), as well as students who identify as Hispanic (41%) or White (22%).

Bay Region Quick Facts

581,450
Number of Jobs in Pathways, 2024

7%
5-year Pathway Job Growth, 2024-2029

78,260
5-year Avg. Annual Job Openings, 2024-2029

27
Community Colleges (CC) Offering Health Programs

28,475
Students Enrolled in CC Health Programs (2021-22 to 2023-24)

3,851
CC Degrees/Certificates Awarded on Average in Health (2021-22 to 2023-24)

[1] This term was updated in DataVista from "non-special admit students" used in previous reports. General admit students are defined as all students who enrolled as first-time in higher education general admit credit students in at least one primary term of the selected year with a minimal credit enrollment at the selected college who are tracked for one, two, three, four and six years from first term of enrollment. https://datavista.cccco.edu/metrics/126.

Employment for the Health Sector

Industry Employment Demand

The health sector includes sub-sectors and industries classified under North American Industry Classification System (NAICS) codes 45, 52, 54, 62, and 90 based on staffing patterns (see Appendix A: Methodology for the six-digit NAICS codes used to define the sector). A two-digit NAICS code can represent multiple sub-sectors and industry groups within the broader sector. These codes are used to organize and categorize industries within the job market.

Table 1 shows that the number of industry jobs in the health sector is projected to grow over the next several years (2024-2029). In 2024, approximately 986,785 workers were employed in health-related industries in the region, and this number is projected to increase by 9% through 2029. Industry employment includes all jobs within relevant industries, while occupational data in this report focuses on selected occupations in the pathways. More information about trends is provided in the beyond labor market and supply data section.

Table 1: Industry Demand for the Health Sector

2024 JOBS	2029 JOBS	JOB CHANGE	% CHANGE
986,785	1,074,295	87,510	9%

Source: Lightcast, Projected Number of Industry Jobs for Health by NAICS, 2024-2029 [2026.1].

Occupational Demand

To connect overall industry trends with specific roles, the following section examines occupational demand in more detail. When examining demand for the health career pathways, Table 2 summarizes the number of workers employed in this pathway in 2024 and the total projected openings between 2024 and 2029 in the Bay Region. The health career pathways employed 581,450 workers in 2024 and are projected to generate 391,140 total openings over the five-year projection period.

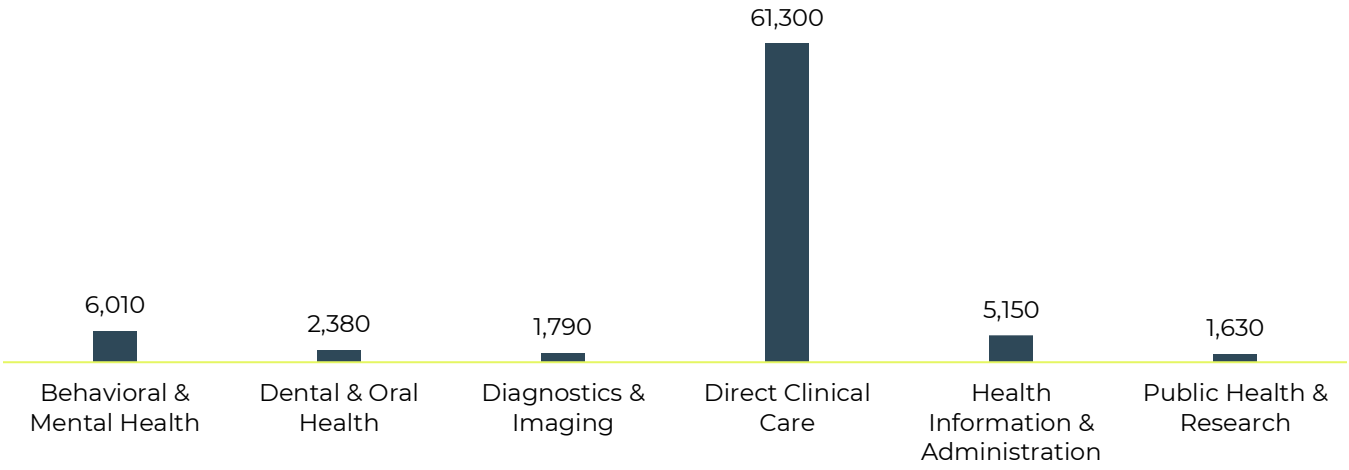
Table 2: Number of Jobs and Total Openings for Health Career Pathways (2024-2029)

PATHWAYS	2024 JOBS	2024 - 2029 TOTAL OPENINGS*
Behavioral & Mental Health	53,250	29,990
Dental & Oral Health	23,440	11,880
Diagnostics & Imaging	19,880	8,870
Direct Clinical Care	416,870	306,490
Health Information & Administration	49,310	25,730
Public Health & Research	18,700	8,180

Source: Lightcast, Number of Jobs and Total Openings, 2024-2029 [2026.1].
*2024-2029 total openings are new job openings and replacement job openings across the five-year period. Replacement openings are created as workers switch jobs, retire or leave for other reasons.

In terms of average annual openings, Figure 1 shows the projected average annual job openings for the health pathways. More than 78,260 average annual job openings are projected for occupations in the health career pathways between 2024 and 2029, and over 61,300 average annual openings were for the direct clinical care pathway.

Figure 1: Average Annual Job Openings for Health Career Pathways (2024-2029)



Source: Lightcast, Average Annual Job Openings, 2024-2029 [2026.1].

Occupations and Skill Levels by Health Career Pathways

When examining specific occupations within the health sector, Table 3 below presents data on employment and projected demand by occupation, grouped by career pathways and skill levels. The direct clinical care pathway is the largest, with a total of 22 occupations. This pathway includes the greatest number of occupations and is also projected to experience an increase in jobs over five years. The highest number of annual openings demand is for direct clinical care, with 61,300 annual openings. Across all pathways, occupations are projected to grow by 7% overall, while individual occupations range from 30% growth to 9% decline.

Please note that the figures in Table 3 are rounded to the nearest 10, and totals represent the summed averages. On average, 83% of job openings in the pathways are replacement openings. Replacement openings occur when workers switch jobs, retire or leave for other reasons. Please refer to Appendix A: Methodology for more information on how the pathways were defined.

SKILL LEVEL LEGEND

• = Below Middle-Skill **• • = Middle-Skill** **• • • = Above Middle-Skill**

Table 3: Occupations and Projected Demand for Health (2024-2029)

Skill Level	Occupation	Avg. Annual Openings	2024 Jobs	5-Yr Change	5-Yr % Change	5-Yr Annual Replacement Jobs	Replacements as % of Openings
Behavioral & Mental Health							
• •	Social and Human Service Assistants	1,690	12,870	1,490	12%	1,390	82%
• •	Psychiatric Technicians	280	1,820	550	30%	170	62%
• •	Psychiatric Aides	70	350	90	25%	50	77%
• • •	Substance Abuse, Behavioral Disorder, and Mental Health Counselors	1,610	14,390	2,170	15%	1,180	73%
• • •	Child, Family, and School Social Workers	1,040	10,040	880	9%	860	83%
• • •	Healthcare Social Workers	520	4,500	600	13%	400	78%
• • •	Rehabilitation Counselors	370	2,990	190	6%	330	89%
• • •	Clinical and Counseling Psychologists	290	3,850	440	11%	200	70%
• • •	School Psychologists	100	1,550	50	3%	90	85%
• • •	Psychiatrists	40	890	60	7%	20	69%
	TOTAL	**6,010**	**53,250**	**6,520**	**13%**	**4,690**	**77%**

Skill Level	Occupation	Avg. Annual Openings	2024 Jobs	5-Yr Change	5-Yr % Change	5-Yr Annual Replacement Jobs	Replacements as % of Openings
Dental & Oral Health							
• •	Dental Assistants	1,740	12,580	480	4%	1,640	94%
• •	Dental Hygienists	410	5,800	260	4%	350	86%
• •	Dental Laboratory Technicians	80	640	-40	-7%	70	96%
• • •	Dentists, General	150	4,420	50	1%	120	76%
	TOTAL	**2,380**	**23,440**	**750**	**1%**	**2,180**	**88%**
Diagnostics & Imaging							
•	Medical Appliance Technicians	40	340	-10	-3%	40	95%
• •	Health Technologists and Technicians, All Other	510	5,340	590	11%	380	76%
• •	Medical Equipment Preparers	320	2,240	120	5%	290	92%
• •	Radiologic Technologists and Technicians	310	4,530	320	7%	240	79%
• •	Surgical Technologists	190	2,560	210	8%	150	80%
• •	Ophthalmic Medical Technicians	180	1,160	130	11%	150	82%
• •	Diagnostic Medical Sonographers	140	2,100	140	7%	100	79%
• •	Cardiovascular Technologists and Technicians	70	1,020	50	4%	60	84%
• •	Nuclear Medicine Technologists	20	410	10	2%	20	87%
• •	Medical Dosimetrists	10	180	20	7%	10	65%
	TOTAL	**1,790**	**19,880**	**1,580**	**6%**	**1,440**	**82%**
Direct Clinical Care							
•	Pharmacy Aides	230	1,640	-150	-9%	230	99%
• •	Home Health and Personal Care Aides	42,850	218,120	40,660	19%	34,650	81%
• •	Registered Nurses	5,030	78,610	4,730	6%	4,020	83%
• •	Medical Assistants	3,810	27,020	2,310	9%	3,320	89%
• •	Nursing Assistants	3,620	21,590	2,410	11%	3,130	87%
• •	Licensed Practical and Licensed Vocational Nurses	1,500	14,730	1,330	9%	1,220	83%
• •	Pharmacy Technicians	780	8,410	-160	-2%	750	96%

Skill Level	Occupation	Avg. Annual Openings	2024 Jobs	5-Yr Change	5-Yr % Change	5-Yr Annual Replacement Jobs	Replacements as % of Openings
• •	Phlebotomists	310	2,230	110	5%	280	90%
• •	Physical Therapist Assistants	290	1,490	330	22%	230	81%
• •	Physical Therapist Aides	230	1,470	50	4%	210	95%
• •	Respiratory Therapists	220	3,490	190	6%	170	78%
• •	Occupational Therapy Assistants	100	600	140	22%	80	77%
• • •	Nurse Practitioners	540	5,430	1,420	26%	260	49%
• • •	Physical Therapists	360	5,850	620	11%	230	69%
• • •	Pharmacists	310	7,490	-100	-1%	270	92%
• • •	Speech-Language Pathologists	310	3,840	510	13%	210	69%
• • •	Physician Assistants	250	3,430	370	11%	180	70%
• • •	Occupational Therapists	230	2,840	410	14%	140	66%
• • •	Family Medicine Physicians	180	5,710	80	1%	140	82%
• • •	Optometrists	90	1,820	50	3%	70	74%
• • •	Nurse Anesthetists	50	860	70	8%	40	75%
• • •	Cardiologists	10	200	-10	-1%	0	82%
	TOTAL	**61,300**	**416,870**	**55,370**	**9%**	**49,830**	**80%**
Health Information & Administration							
• •	Medical Secretaries and Administrative Assistants	2,600	24,310	1,140	5%	2,350	92%
• •	Medical Records Specialists	340	4,010	350	9%	260	84%
• •	Medical Transcriptionists	170	980	-30	-2%	170	98%
• •	Health Information Technologists and Medical Registrars	80	890	130	15%	50	73%
• • •	Medical and Health Services Managers	1,960	19,120	2,730	14%	1,410	73%
	TOTAL	**5,150**	**49,310**	**4,320**	**8%**	**4,240**	**84%**
Public Health & Research							
• •	Community Health Workers	330	2,620	250	9%	280	84%

Skill Level	Occupation	Avg. Annual Openings	2024 Jobs	5-Yr Change	5-Yr % Change	5-Yr Annual Replacement Jobs	Replacements as % of Openings
• •	Social Science Research Assistants	200	1,570	20	1%	190	94%
• •	Opticians, Dispensing	140	1,590	30	2%	130	87%
• • •	Medical Scientists, Except Epidemiologists	560	9,130	430	5%	430	83%
• • •	Health Education Specialists	370	3,310	120	4%	340	92%
• • •	Epidemiologists	30	480	40	9%	20	70%
	TOTAL	**1,630**	**18,700**	**890**	**5%**	**1,390**	**85%**
	HEALTH TOTAL	**78,260**	**581,450**	**69,430**	**7%**	**63,770**	**83%**

Source: Lightcast, Projected Demand for Health Occupations, 2024-2029 [2026.1].

Occupational Wages by Health Pathways

In the Bay Region, the median living wage is $46 per hour for one adult and one school-aged child, though it varies by subregion (see Table 12 in the Appendix for details). Figure 2 presents the average median hourly earnings for below middle-skill, middle-skill, and above middle-skill jobs by career pathways. Table 4 provides a summary of wages by the 25th percentile, median, and 75th percentile hourly earnings for each occupation. Hourly earnings represent the median wage across the 12-county Bay Region. The 25th percentile wage represents entry-level earnings, while the 75th percentile wage reflects the earnings of experienced workers.

Figure 2: Average Median Hourly Earnings by Health Career Pathways

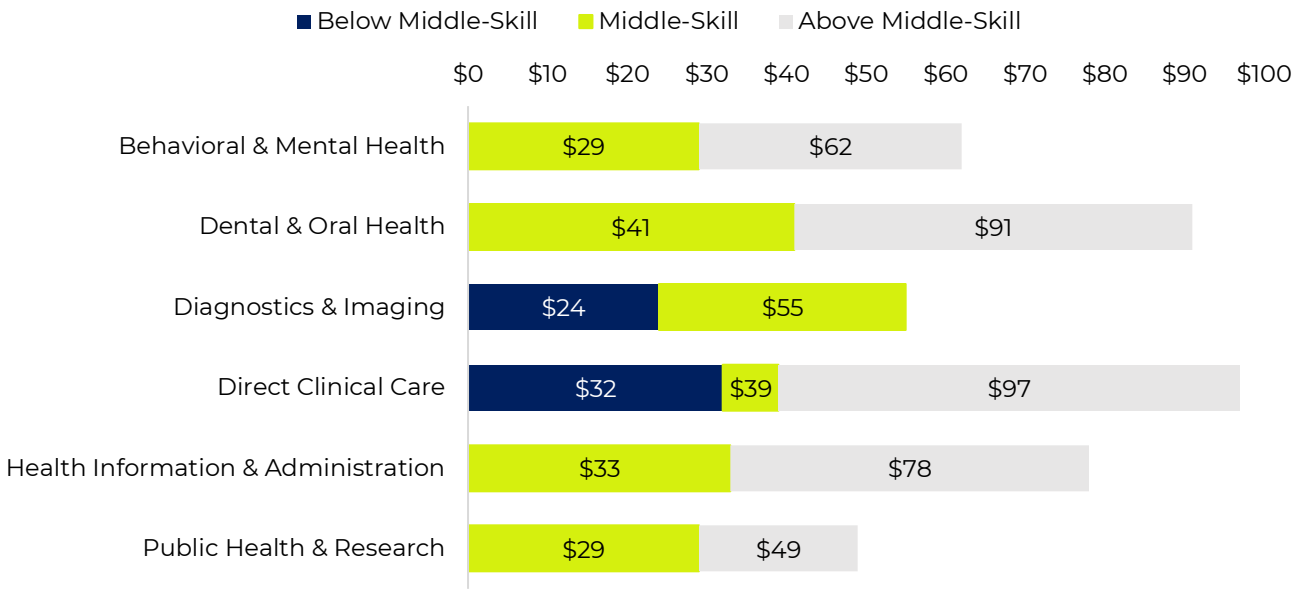


Table 4: Hourly Earnings for Occupations by Health Career Pathways

SKILL LEVEL LEGEND

• = Below Middle-Skill **• • = Middle-Skill** **• • • = Above Middle-Skill**

Skill Level	Occupation	25th Pct. Hourly Earnings	Median Hourly Earnings	75th Pct. Hourly Earnings
Behavioral & Mental Health				
• •	Psychiatric Technicians	$25	$35	$43
• •	Social and Human Service Assistants	$23	$27	$32
• •	Psychiatric Aides	$21	$24	$30
• • •	Psychiatrists	$109	$167	$198

Skill Level	Occupation	25th Pct. Hourly Earnings	Median Hourly Earnings	75th Pct. Hourly Earnings
• • •	Clinical and Counseling Psychologists	$41	$64	$80
• • •	School Psychologists	$51	$60	$67
• • •	Healthcare Social Workers	$37	$51	$64
• • •	Substance Abuse, Behavioral Disorder, and Mental Health Counselors	$25	$35	$47
• • •	Child, Family, and School Social Workers	$25	$34	$46
• • •	Rehabilitation Counselors	$21	$23	$27
	TOTAL	**$38**	**$52**	**$63**
Dental & Oral Health				
• •	Dental Hygienists	$64	$65	$69
• •	Dental Assistants	$28	$29	$34
• •	Dental Laboratory Technicians	$23	$28	$40
• • •	Dentists, General	$55	$91	$111
	TOTAL	**$43**	**$53**	**$64**
Diagnostics & Imaging				
•	Medical Appliance Technicians	$21	$24	$32
• •	Medical Dosimetrists	$29	$86	$96
• •	Nuclear Medicine Technologists	$72	$83	$91
• •	Diagnostic Medical Sonographers	$57	$75	$85
• •	Radiologic Technologists and Technicians	$54	$65	$80
• •	Surgical Technologists	$39	$48	$55
• •	Cardiovascular Technologists and Technicians	$36	$45	$68
• •	Medical Equipment Preparers	$32	$38	$41
• •	Health Technologists and Technicians, All Other	$27	$32	$39
• •	Ophthalmic Medical Technicians	$22	$26	$40
	TOTAL	**$39**	**$52**	**$63**
Direct Clinical Care				
•	Pharmacy Aides	$21	$32	$34

Skill Level	Occupation	25th Pct. Hourly Earnings	Median Hourly Earnings	75th Pct. Hourly Earnings
• •	Registered Nurses	$70	$89	$101
• •	Respiratory Therapists	$50	$63	$69
• •	Occupational Therapy Assistants	$38	$45	$50
• •	Physical Therapist Assistants	$39	$44	$50
• •	Licensed Practical and Licensed Vocational Nurses	$36	$41	$48
• •	Pharmacy Technicians	$24	$30	$39
• •	Medical Assistants	$23	$29	$36
• •	Phlebotomists	$23	$27	$32
• •	Nursing Assistants	$23	$25	$27
• •	Physical Therapist Aides	$18	$19	$22
• •	Home Health and Personal Care Aides	$17	$17	$18
• • •	Cardiologists	$126	$177	$208
• • •	Family Medicine Physicians	$82	$139	$178
• • •	Nurse Anesthetists	$118	$128	$144
• • •	Nurse Practitioners	$78	$101	$108
• • •	Pharmacists	$77	$87	$99
• • •	Physician Assistants	$70	$84	$102
• • •	Optometrists	$59	$72	$94
• • •	Physical Therapists	$53	$64	$71
• • •	Occupational Therapists	$52	$61	$70
• • •	Speech-Language Pathologists	$44	$59	$67
	TOTAL	**$52**	**$65**	**$76**
Health Information & Administration				
• •	Health Information Technologists and Medical Registrars	$36	$46	$69
• •	Medical Records Specialists	$25	$35	$38

Skill Level	Occupation	25th Pct. Hourly Earnings	Median Hourly Earnings	75th Pct. Hourly Earnings
• •	Medical Secretaries and Administrative Assistants	$24	$29	$36
• •	Medical Transcriptionists	$19	$22	$26
• • •	Medical and Health Services Managers	$48	$78	$102
	TOTAL	**$30**	**$42**	**$54**
Public Health & Research				
• •	Community Health Workers	$27	$33	$39
• •	Opticians, Dispensing	$25	$29	$36
• •	Social Science Research Assistants	$20	$25	$38
• • •	Medical Scientists, Except Epidemiologists	$56	$67	$74
• • •	Epidemiologists	$43	$49	$60
• • •	Health Education Specialists	$26	$32	$49
	TOTAL	**$33**	**$39**	**$49**
	HEALTH TOTAL	**$41**	**$52**	**$63**

Source: Lightcast, 25th pct., Median, and 75th pct. Hourly Earnings for Health Occupations [2026.1].

Job Postings for Health Occupations

Job postings represent the number of online jobs advertised in the Bay Region for occupations in the health pathways specified in this report. Unique online job postings are de-duplicated based on job title, employer, and region. Across occupations in the health sector, there were 129,318 unique online job postings in the Bay Region from January 2025 to December 2025 (see Table 5). These postings represent job postings for the selected occupations and may not capture all hiring activity. Table 6 highlights the top skills sought by employers, categorized into specialized, soft, and technical skills.

Table 5: Online Job Postings for Health Occupations in the Bay Region, 2025

Unique Online Job Postings in the Bay Region
129,318

Table 6: Top Skills for Health Occupations

Specialized Skills	Soft Skills	Technical Skills
Nursing	Communication	Microsoft Office
Medical Records	Management	Microsoft Excel
Caregiving	Customer Service	Microsoft Outlook
Treatment Planning	Leadership	Epic EMR
Home Health Care	Coordinating	Microsoft PowerPoint
Electronic Medical Record	Operations	Microsoft Word
Care Coordination	Interpersonal Communications	Patient Management Software
Patient Education And Counseling	English Language	Dentrix

Table 7 lists the top employers in the health sector in the Bay Region, which include employers in hospitals and clinics, businesses, educational institutions, and healthcare agencies.

Table 7: Employers for Health Occupations

Top Employers	Kaiser Permanente	Alameda Health System
	Sutter Health	University of California-San Francisco
	Providence	Walgreens Boots Alliance
	Stanford Health Care	Maxim Healthcare Services
	CVS Health	One Medical

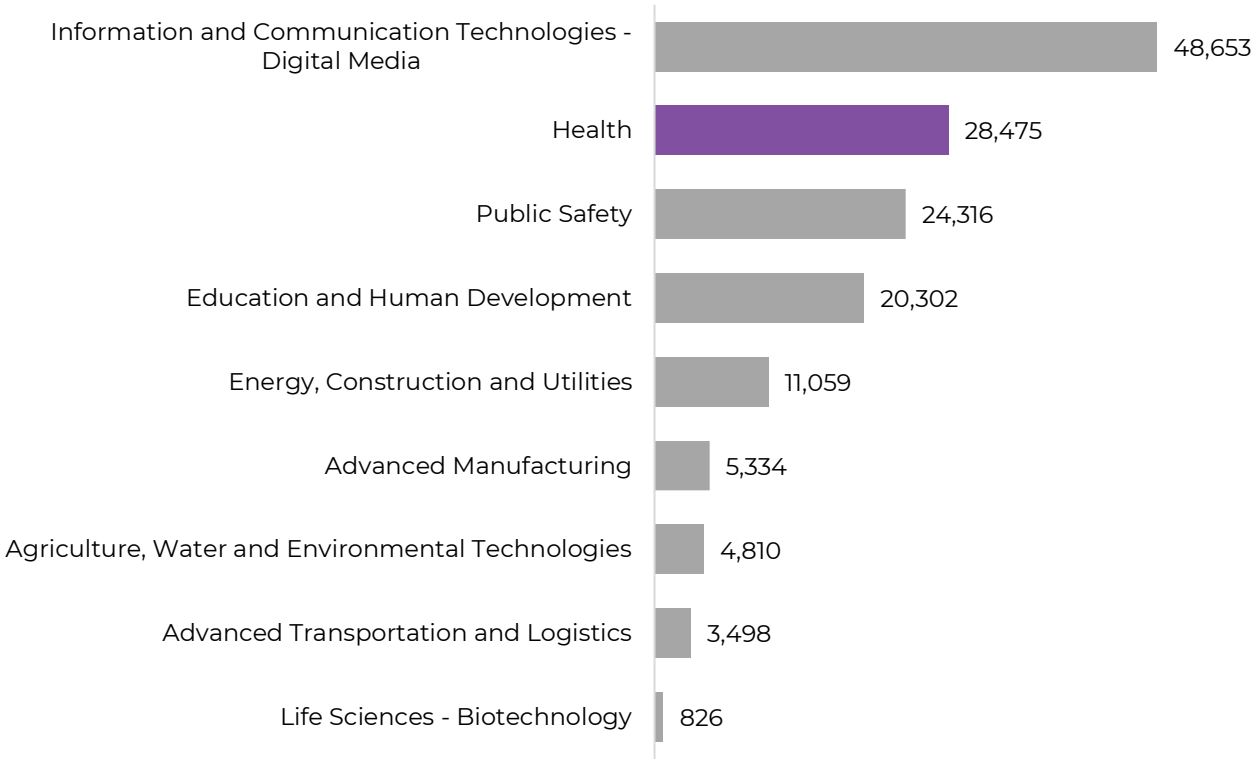
Source: Lightcast, Job Posting Analytics, January 2025-December 2025 [2026.1].

Health Community College Programs

California community colleges offer a variety of programs in health. Colleges combine classroom instruction on campus, online, or through external work experiences. Of the 28 community colleges in the Bay Region, 27 offer a program related to health. These community colleges include Alameda College, Berkeley City College, Cabrillo College, Cañada College, Chabot College, Contra Costa College, De Anza College, Diablo Valley College, Evergreen Valley College, Foothill College, Gavilan College, Hartnell College, Las Positas College, Los Medanos College, College of Marin, Merritt College, Mission College, Monterey Peninsula College, Napa Valley College, Ohlone College, City College of San Francisco, San Jose City College, San Mateo College, Santa Rosa College, Skyline College, Solano College, and West Valley College.

Figure 3 shows the number of students enrolled by each of the Bay Region's nine sectors. These sectors refer to the priority sectors identified by the California Community Colleges Chancellor's Office. During program years 2021-22 to 2023-24, an average of more than 28,475 students enrolled in health programs each year. For more information about the selection of programs and data sources for student outcomes see the Appendix A: Methodology.

Figure 3: Students Enrolled* by Sector (3-YR Average, 2021-22 to 2023-24)



Source: DataVista. Program Years 2021-22 to 2023-24, Bay Region Community Colleges.
*All students who were enrolled as a general admit student in at least one term of the selected year.

Thirty-nine (39) Taxonomy of Program (TOP) codes related to health are presented in Table 8, and these TOP codes also have active or approved programs prior to October 2024 in Bay Region community colleges. This is based on information reported to the California Community Colleges Chancellor's Office Curriculum Inventory (COCI).

Table 8: Health Programs at Community Colleges in the Bay Region

TOP6	TOP6 Program Title	# Colleges w/Programs
051420	Medical Office Technology	4
120100	Health Occupations, General	6
120100	Public Health	14
120200	Hospital and Health Care Administration	1
120500	Medical Laboratory Technology	3
120510	Phlebotomy	2
120800	Medical Assisting	12
120810	Clinical Medical Assisting	5
120820	Administrative Medical Assisting	7
121000	Respiratory Care/Therapy	5
121400	Orthopedic Assistant	1
121500	Electrocardiography	1
121700	Surgical Technician	1
121900	Optical Technology	1
122100	Pharmacy Technology	4
122200	Physical Therapist Assistant	2
122300	Health Information Technology	2
122310	Health Information Coding	3
122500	Radiologic Technology	6
122600	Radiation Therapy Technician	1
122700	Diagnostic Medical Sonography	2

TOP6	TOP6 Program Title	# Colleges w/Programs
122800	Athletic Training and Sports Medicine	9
123000	Nursing	1
123010	Registered Nursing	18
123020	Licensed Vocational Nursing	6
123030	Certified Nurse Assistant	2
123080	Home Health Aide	1
123900	Psychiatric Technician	1
124000	Dental Occupations	1
124010	Dental Assistant	9
124020	Dental Hygienist	5
125000	Emergency Medical Services	8
125100	Paramedic	8
126100	Community Health Care Worker	11
129900	Other Health Occupations	3
130600	Nutrition, Foods, and Culinary Arts	19
130620	Dietetic Services and Management	3
130660	Dietetic Technology	2
210440	Alcohol and Controlled Substances	8

Source: California Community Colleges Chancellor's Office Curriculum Inventory (COCI). This list includes the programs under the TOP code that were currently active or approved in Bay Region community colleges prior to October 2024.

Tables 9 and 10 summarize educational supply by analyzing the number of certificates and degrees awarded in related TOP and Classification of Instructional Programs (CIP) codes, respectively. According to TOP data, an average of 3,851 awards were conferred at Bay Region community colleges between program years 2022-24 (Table 9). The average number of awards in programs may include students who earned multiple degrees, certificates, or awards. Compared to approximately 78,260 annual job openings, this suggests a substantial gap between workforce demand and the number of program completers.

Table 9: Total Awards at Community Colleges in the Bay Region (2022-24)

TOP6	TOP6 Title	Certificate	Associate Degree	Credit Award	Noncredit Award	Bachelor's	Total Awards
051420	Medical Office Technology	32	6	0	0	0	38
120100	Health Occupations, General	0	136	0	0	0	136
120500	Medical Laboratory Technology	8	1	0	0	0	9
120510	Phlebotomy	90	0	0	0	0	90
120800	Medical Assisting	149	116	0	0	0	265
120810	Clinical Medical Assisting	65	23	0	0	0	88
120820	Administrative Medical Assisting	62	14	0	0	0	76
120830	Health Facility Unit Coordinator	11	0	0	0	0	11
120900	Hospital Central Service Technician	4	0	0	0	0	4
121000	Respiratory Care/Therapy	5	90	0	0	10	105
121300	Cardiovascular Technician	1	4	0	0	0	5
121400	Orthopedic Assistant	7	0	0	0	0	7
121500	Electrocardiography	18	0	0	0	0	18
121700	Surgical Technician	0	12	0	0	0	12
122100	Pharmacy Technology	32	14	0	0	0	46
122200	Physical Therapist Assistant	0	20	0	0	0	20
122300	Health Information Technology	36	12	0	0	0	48
122310	Health Information Coding	18	9	0	0	0	27

TOP6	TOP6 Title	Certificate	Associate Degree	Credit Award	Noncredit Award	Bachelor's	Total Awards
122500	Radiologic Technology	39	95	0	0	0	134
122700	Diagnostic Medical Sonography	0	4	0	0	0	4
122800	Athletic Training and Sports Medicine	6	15	0	0	0	21
123000	Nursing	0	1	0	0	0	1
123010	Registered Nursing	0	762	0	0	0	762
123020	Licensed Vocational Nursing	114	66	0	0	0	180
123030	Certified Nurse Assistant	107	0	0	0	0	107
123080	Home Health Aide	19	0	0	0	0	19
123900	Psychiatric Technician	21	13	0	0	0	34
124000	Dental Occupations	0	0	0	33	0	33
124010	Dental Assistant	143	60	0	6	0	209
124020	Dental Hygienist	11	64	0	0	63	138
125000	Emergency Medical Services	324	0	459	7	0	790
125100	Paramedic	30	28	0	0	0	58
126100	Community Health Care Worker	104	0	0	80	0	184
129900	Other Health Occupations	1	0	0	0	0	1
130600	Nutrition, Foods, and Culinary Arts	3	37	0	0	0	40
130620	Dietetic Services and Management	10	1	0	0	0	11
130660	Dietetic Technology	0	8	0	0	0	8
210440	Alcohol and Controlled Substances	76	36	0	0	0	112
	Total Awards	**1,546**	**1,647**	**459**	**126**	**73**	**3,851**

Source: CCCCO Data Mart. Program Years 2021-22 to 2023-24 Annual Awards, by TOP6 Code, Bay Region Community Colleges.

According to CIP data (Table 10), non-community college institutions in the Bay Region conferred an average of 7,846 CIP awards between program years 2021-23.

Table 10: Awards for Non-Community College Programs in the Bay Region (2021-23)

CIP - CIP Program Title	Certificate	Associate Degree	Bachelor's	Total Awards
12.0500 - Cooking and Related Culinary Arts, General	18	0	0	18
51.0000 - Health Services/Allied Health/Health Sciences, General	0	0	411	411
51.0601 - Dental Assisting/Assistant	291	39	0	330
51.0602 - Dental Hygiene/Hygienist	0	37	0	37
51.0710 - Medical Office Assistant/Specialist	95	0	0	95
51.0713 - Medical Insurance Coding Specialist/Coder	28	0	0	28
51.0714 - Medical Insurance Specialist/Medical Biller	26	0	0	26
51.0716 - Medical Administrative/Executive Assistant and Medical Secretary	9	1	0	10
51.0799 - Health and Medical Administrative Services, Other	5	0	0	5
51.0801 - Medical/Clinical Assistant	1,859	13	0	1,872
51.0805 - Pharmacy Technician/Assistant	67	0	0	67
51.0806 - Physical Therapy Assistant	0	45	0	45
51.0812 - Respiratory Therapy Technician/Assistant	0	48	0	48
51.0902 - Electrocardiograph Technology/Technician	32	0	0	32
51.0904 - Emergency Medical Technology/Technician (EMT Paramedic)	0	2	2	4
51.0909 - Surgical Technology/Technologist	49	18	0	67
51.0910 - Diagnostic Medical Sonography/Sonographer and Ultrasound Technician	37	83	20	140
51.0911 - Radiologic Technology/Science - Radiographer	42	84	0	126
51.0913 - Athletic Training/Trainer	0	0	2	2
51.0920 - Magnetic Resonance Imaging (MRI) Technology/Technician	0	86	0	86
51.1009 - Phlebotomy Technician/Phlebotomist	380	0	0	380

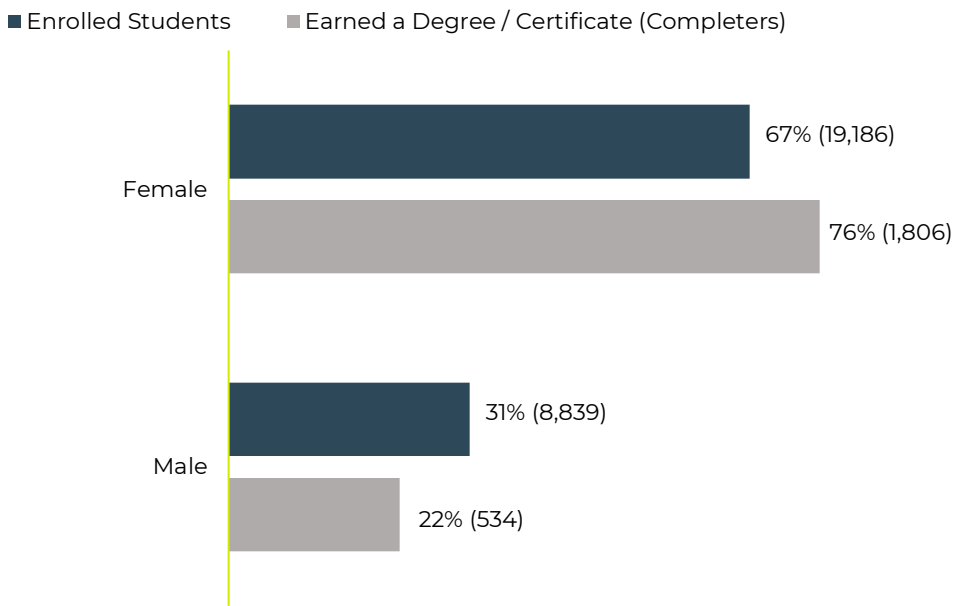
CIP - CIP Program Title	Certificate	Associate Degree	Bachelor's	Total Awards
51.1502 - Psychiatric/Mental Health Services Technician	10	0	0	10
51.3801 - Registered Nursing/Registered Nurse	0	182	1,706	1,888
51.3901 - Licensed Practical/Vocational Nurse Training	1,854	140	0	1,994
51.3902 - Nursing Assistant/Aide and Patient Care Assistant/Aide	97	0	0	97
51.9999 - Health Professions and Related Clinical Sciences, Other	0	0	28	28
Total Awards	**4,899**	**778**	**2,169**	**7,846**

Demographic Profile of Students in Community College Health Programs

This sector profile also summarizes the demographics of community college students who enroll in and complete a degree or certificate in health programs. Figures 4 through 6 present data on students by gender, race/ethnicity, and age. Enrolled students include all general admit students[2] who were enrolled in at least one term of the selected year at a Bay Region community college. Completers represent the number of students who earned one or more of the following: Chancellor's Office approved certificate, associate degree, or non-credit awards.

On average, female students comprised 67% of enrollees and 76% of award earners, compared to 31% and 22% of male students, respectively. Students who identified as Hispanic (41%) and White (22%) represented the two largest racial/ethnic groups among enrolled students, and were also the largest groups that earned degrees (37% and 24%, respectively). Students aged 20 to 24 were the most represented age group among those who enrolled (30%) and earned degrees (26%). Students over 50 years old were the least represented age group among those who enrolled (5%). The figures below provide greater detail on the demographic profiles of students who enrolled in and completed health programs in the Bay Region.

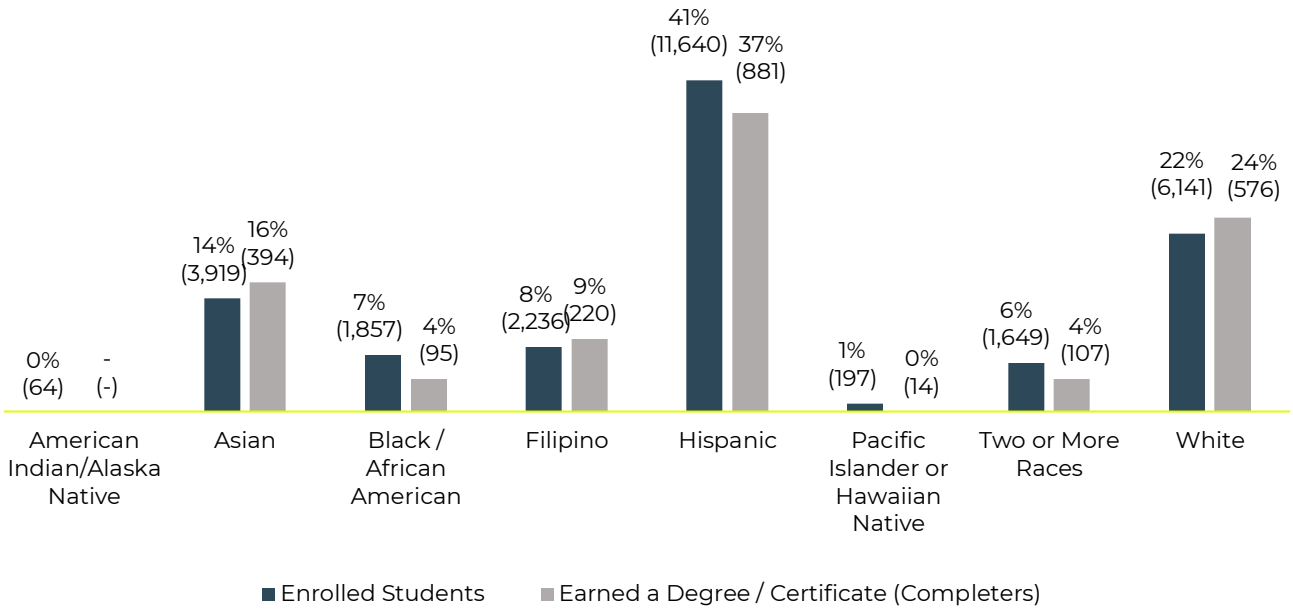
Figure 4: Gender of Students in Health Programs in the Bay Region (2021-22 to 2023-24)



Note: May not total 100 percent due to non-respondent/non-binary.
Source: DataVista. Program Years 2021-22 to 2023-24 Programs, Bay Region Community Colleges.

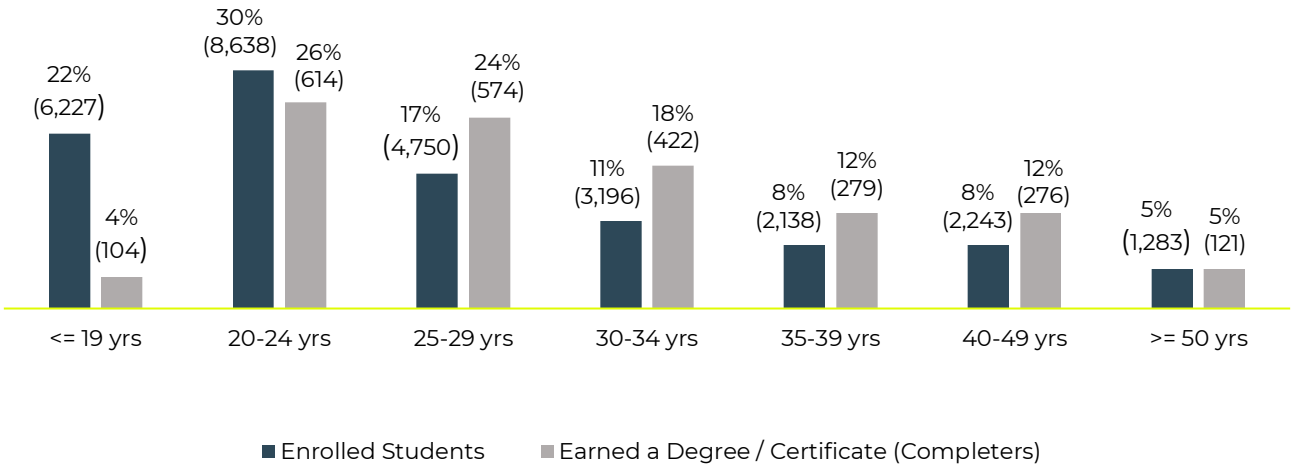
[2] This term was updated in DataVista from "non-special admit students" used in previous reports. General admit students are defined as all students who enrolled as first-time in higher education general admit credit students in at least one primary term of the selected year with a minimal credit enrollment at the selected college who are tracked for one, two, three, four and six years from first term of enrollment. https://datavista.cccco.edu/metrics/126.

Figure 5: Race/Ethnicity of Students in Health Programs in the Bay Region (2021-22 to 2023-24)



Note: May not total 100 percent due to non-respondent/unknown/masked values.
Source: DataVista. Program Years 2021-22 to 2023-24 Programs, Bay Region Community Colleges.

Figure 6: Ages of Students in Health Programs in the Bay Region (2021-22 to 2023-24)



Note: May not total 100 percent due to non-respondent/unknown/masked values.
Source: DataVista. Program Years 2021-22 to 2023-24 Programs, Bay Region Community Colleges.

Beyond Labor Market and Supply Data: Insights and Ideas to Inspire Action

This section looks beyond the labor market and supply data presented in this report. The data in previous sections capture current employment levels, wage trends, projected openings, and program completions, but numbers alone cannot convey the structural challenges and policy levers that shape the health workforce in the Bay Region. The Health Sector Director and the Bay Region COE partnered to write this section. Our goal is to spark new ideas and inspire action among community college administrators, workforce development professionals, policymakers, employer partners, and funding agencies by offering a deeper look at conditions on the ground.

The health sector is among the most complex in the regional economy, employing more than 580,000 workers across six pathways and generating more than 78,000 average annual job openings.[3] Yet persistent shortages, clinical bottlenecks, wage stratification, and regulatory ambiguity constrain the pipeline at every level. The six themes below offer targeted insights into some of the most pressing workforce challenges and practical opportunities that the labor market data alone does not capture.

The Six Themes at a Glance

1) ***High-impact training.*** Job openings measure how many workers an occupation needs. Some health occupations have real need spread too thinly across twelve counties for any one college to sustain a program but enough for the region. Others, like LVN, have ample demand that is currently filled predominantly by private 'for profit' institutions.
2) ***Career pathways.*** The workers doing the region's care work earn $17 to $25 an hour, and the routes from those jobs into higher-wage clinical roles are often discontinuous, unclear, and are not readily accessible to people who already work. Two opportunities exist to address this: 1) multicriterion admissions that weigh experience alongside grades, and 2) seats saved for employer and union-sponsored incumbent workers. Both can help ensure these workers are both admitted and fully funded.
3) ***Sustainable funding.*** Nursing has the only dedicated state funding stream among community college healthcare training programs. Allied health programs have no comparable funding and compete on college campuses with other CTE programs for limited SWP funds, Perkins or other general funds.
4) ***Nursing data.*** Labor market data counts licenses, not experience. A retiring thirty-year nurse and a new graduate are identical in the data, but nothing alike on a hospital floor which is how the region can be both saturated with new graduates and short of experienced nurses.

[3] Average annual openings are the average number of positions that need to be filled in an occupation each year. This includes new positions created by employment growth and existing positions that become available when workers retire or leave the occupation (replacement demand). Annual openings estimate the number of workers employers are expected to hire each year. They are not the same as current job openings or job vacancies, and they do not account for the education, experience, or training employers may require. They also do not measure worker shortages or the gap between labor demand and labor supply.

5) ***Data quality.*** Making headway on the age-old challenge of accurately tracking data would greatly aid strategic planning and investment. Current reporting overstates the region's training capacity in some fields and understates it in others, therefore distorting the picture funders and planners rely on.
6) ***Single programs.*** When a region has only one program in an in-demand field (e.g., surgical technician) and that program closes, the labor market need goes unmet. Radiation Therapy is a stark example of program closure and how it left a current gap in the Bay Region. Starting from scratch is more difficult and time consuming than building upon an existing offering.

THEME 1) High-Impact Healthcare Training: Two Very Different Problems

Labor market data ranks occupations by how many workers they need. But what happens when those workers do not exist? A hospital that cannot fully staff its operating rooms does not simply run a little short; instead, it delays procedures or even cancels them. While the demand for these occupations may be small, the consequences of their absence are not.

Two types of workforce investments are needed, which the conventional approach to funding only occupations with the largest projected job openings fails to address. The first involves occupations that employ relatively few people but are essential to patient care. Without surgical technologists, and radiation therapists, critical healthcare services cannot function. Although regional demand for these occupations is real, that demand is spread too thinly across the region for any single college to justify offering a program.

The second is the reverse: Licensed Vocational Nurses (LVN) have high and growing demand, and livable wages. The Bay Region has six programs, and based on demand, could support more, acknowledging that new programs require investments in clinical simulation laboratories, faculty with clinical credentials, and clinical placement agreements with healthcare providers. These are structural barriers that regional collaboration and dedicated funding can lower. The end result is that most LVN training now occurs outside the public system: the

Call to Action

> Organize a regional healthcare focused consortium for occupations with substantial but geographically dispersed demand. Colleges could jointly develop and fund programs strategically located to serve hospitals across all twelve counties. The consortium should also advocate for funding formulas that account for clinical criticality so that programs with small cohorts can be sustained.

> Set a regional goal to double the number of colleges offering LVN programs within five years, supported by a phased capital and faculty investment plan and a cost comparison between community college and private training.

> Partner with health systems to co-fund both these regional specialty programs and expanded LVN capacity, framing employer investment as a workforce pipeline strategy.

majority of LVN credentials in the region are awarded by private institutions, where students often pay more for the same credential. The labor market need is being met, but at the highest cost to students.

Part One: When a Small Occupation Carries an Outsized Consequence

Surgical technologists are the clearest case. With 190 average annual openings and projected growth of 8 percent over five years, the occupation is critical. Only one Bay Region community college has a program, which shows a reflection of how demanding these programs are to establish and sustain, not of their importance. During the 2021-23 academic years that college granted 12 awards, while private institutions granted 67. When a hospital cannot fill these roles, the effect appears immediately on the operating schedule. The gap between the clinical importance of these occupations and the region's current training capacity is wide.

There are also other examples. For instance, the neurodiagnostic technician occupation (grouped under Health Technologists and Technicians, All Other in this report) is another. Bay Region hospitals such as Stanford, University of California San Francisco (UCSF), Mercy, and UC Davis have approached Foothill College seeking training for workers who perform electroencephalograms (EEGs) and other neurological monitoring essential for diagnosing epilepsy, sleep disorders, and brain injuries. Yet, a single hospital may need only one or two new technicians a year, which is too few for any college to justify the specialized equipment, new curriculum, and faculty that a program requires. UCSF donated seed funding; however, the college must still secure the remainder, which is a heavy lift for any single institution.

This is a challenge not of demand but of scale. It reflects a mismatch between how clinical need accumulates across a region and how programs are funded and evaluated at a single institution. The solution is not a dozen colleges each running a program of two or three students. Instead, it is to establish a small number of strategically located programs that are jointly developed, jointly funded, and designed to serve hospitals across all twelve counties. Employer co-investment in capital equipment, rotating clinical placements across partner hospitals, and shared faculty appointments can help make these programs financially sustainable.

This approach is reflected in the Community College Dual-Value Framework, developed by Education Equity Solutions.[4] The framework argues that states should prioritize credentials using two dimensions: their economic value to individuals, measured by access to living-wage employment, and their value to the community, measured by whether the occupation performs an essential public function, rather than relying solely on projected workforce demand. Programs that score highly on both dimensions, such as neurodiagnostic technology and radiation therapy, warrant the removal of the barriers that have historically prevented them from being established.

Part Two: When Demand Is High and Community Colleges Can Play a More Pivotal Role

The challenge for LVN programs is not a lack of student interest or demand. Rather, there are too few affordable training opportunities available to prepare enough LVNs to meet the large and

[4] Dadgar, M., Laffitte, M., & Palmer, K. (2025). Community College Dual-Value Framework: A Guide for Strategic State Action. Education Equity Solutions. https://b2cfba7a-6384-4193-adf5-8d143645a9b6.filesusr.com/ugd/e9bb81_979b22d3083147afaf64c76359a3d8e5.pdf

growing workforce need. LVN employment is projected to grow 9% over the next five years, outpacing the health sector's 7%, with 1,500 average annual openings, 83% of which are replacement demand. At a median wage of $41 per hour, LVN is one of the most accessible entry points to a near-living-wage health career, and a direct on-ramp toward Registered Nursing.

Today, six of the Bay Region's 28 community colleges with active health programs offer an LVN program, awarding an average of 180 credentials annually between 2021 and 2023. The remaining demand is being met by other providers: during the same period, private vocational schools and for-profit colleges awarded an average of 1,994 LVN credentials annually. Workers are being trained but primarily at a cost that many students cannot afford. The cost difference is substantial. According to program cost information published by the California Board of Vocational Nursing and Psychiatric Technicians (BVNPT) tuition at private LVN programs ranges from $18,197 to $39,995. These costs place the credential out of reach for many prospective students and often leave graduates repaying significant debt while earning entry-level wages. By comparison, the BVNPT lists tuition of $4,152 at Gavilan College and $6,975 at Mission College. In addition to significantly lower tuition, community colleges offer access to financial aid, student support services, and campuses located within the communities they serve.

There are several reasons why LVN programs are difficult to launch. New programs require investments in clinical simulation laboratories, faculty with current clinical credentials, recruited in competition with hospital salaries, and clinical placement agreements with healthcare providers. These are precisely the structural barriers that regional collaboration and dedicated funding can lower. When these investments are spread across programs that prepare students at public tuition rates, they represent a sustainable and equitable use of public workforce resources, and they place a credential that can cost students up to $40,000 within financial reach.

THEME 2) Developing Pathways from Lower-Wage, High-Demand Occupations into High-Wage, High-Demand Occupations

Part One: The Largest Workforce and the Lowest Wages

Health sector data reveal a striking wage stratification that mirrors patterns across the broader economy: workers in the largest occupational categories earn the lowest wages. Home Health Aides (HHAs), Personal Care Aides (PCAs), and Certified Nursing Assistants (CNAs) constitute the largest occupational group, accounting for 239,710 jobs in 2024 and an average of 46,470 annual openings. The median wage of HHA/PCA is just $17 per hour; for CNA it is $25, both well below the Bay Region living wage of $46 per hour for a single adult with one school-aged child.[5] These occupations form the backbone of the health care delivery system, and they are disproportionately filled by women from historically underserved Hispanic and Black communities.

These are precisely the Californians that the community college system has pledged to serve. The Chancellor's Vision 2030 strategic plan describes itself as "a living plan to meet California's learners

[5] California Board of Vocational Nursing and Psychiatric Technicians: https://www.bvnpt.ca.gov/

where they are," built on "a commitment to working learners, first-generation students, and underserved populations" and an aim to "unlock opportunities for our 2.1 million students, and 6.8 million more adults ready to earn a credential."[6] Among its goals is one that speaks directly to this sector: "Expand access to innovative health care pathway programs with a concentrated focus on nursing, allied health, and mental/behavioral health." The care workforce sits at the intersection of every one of these commitments (working learners, drawn from underserved communities, already employed in health care, and ready to earn the next credential).

How, then, can CNAs and HHAs find educationally accessible pathways into higher-wage jobs? The community college system can create pathways that advance its own goals because the care workforce already embodies the future these commitments envision: a healthcare workforce that reflects the communities it serves by bringing the languages and cultural knowledge of the region's population into care settings every day.

Yet these workers remain concentrated in the sector's lowest-paying jobs, because the credentials they hold were never designed to stack toward the licensed occupations above them. No defined pathway yet builds on CNA, HHA, or Personal Care Aide experience, leaving a gap the system is well positioned to close.

Call to Action

- Work with regional health employers to create paid release time, tuition support, and emergency financial resources for incumbent workers pursuing career advancement.
- Share model multicriterion admissions rubric from colleges that use MCA to heavily weight prior healthcare work experience and/or a professional license. Include NCLEX pass rates, attrition and where possible retention in the community to demonstrate impact.
- Request formal guidance from the California Community Colleges Chancellor's Office, with the Workforce and Economic Development Division serving as a drafting partner, on how California Code of Regulations, Title 5, section 58106(b)(4) can be applied to allow impacted nursing programs to reserve seats for incumbent workers. The provision permits colleges to limit enrollment in certain course sections to cohorts of students enrolled in related courses, provided that a reasonable percentage of the course sections remain open without such restrictions.

Part Two: Pathways that Work

For Licensed Vocational Nurses (LVN), by contrast, the community college system has already built a clear pathway that provides students with a structured route into the nursing workforce. LVNs earn

[6] California Community Colleges Chancellor's Office, Vision 2030: A Roadmap for California Community Colleges. https://vision2030.cccco.edu/

a median of $41 per hour and can advance into RN positions. The outcomes of the Bay Region's existing LVN-to-RN bridge programs make a compelling case for expansion. In 2024–25, graduates of Gavilan College and Mission College achieved National Council Licensure Examination (NCLEX) pass rates of 96% and 94%, respectively, exceeding the pass rates of many traditional Associate Degree in Nursing (ADN) programs.[7] This strong performance may reflect the years of patient care experience that LVN-to-RN students bring to their programs, which can strengthen clinical reasoning and professional judgment. These programs deserve to be far more widely available than they are, and their success provides a strong case for broader availability.

The LVN-to-RN model points toward a broader opportunity by extending competency-based recognition to other allied health workers seeking to enter nursing. Gavilan College has an Advanced Placement admissions option in nursing, currently available to licensed healthcare professionals. This mechanism is effective, and the opportunity now is to extend it more broadly to licensed allied health workers. Doing so recognizes the knowledge and experiences these workers already possess, reduces the financial and time burdens associated with relearning previously mastered skills, and accelerates their entry into occupations that are urgently needed across the region.

Part Three: Admission Is Where the Pathway Narrows

For incumbent workers, however, the climb is not without challenges. The pathways between levels are discontinuous; the process for advancement is unclear; few programs are compatible with shift work; and financial support for incumbent workers pursuing advancement is limited and inconsistent. Admission, however, is where the pathway narrows most: nursing programs often have far more qualified applicants than available seats, limiting the number of students who can move forward. The Bay Region's 18 RN programs averaged only 762 ADN completions per year between 2022 and 2024, so admissions criteria become a de facto workforce policy instrument. Historically, many programs have admitted applicants through a lottery that is drawn from individuals who meet minimum qualifications, typically completion of prerequisite courses and/or high GPAs. This approach is transparent, administratively fair, and treats qualified applicants equally. But it was designed to allocate seats fairly, not to develop the workforce that is urgently needed. A student with a 4.0 GPA in a prerequisite course but no experience is not necessarily better prepared than a CNA with three years of direct patient care experience and a 3.5 GPA. Two mechanisms could help align admissions with workforce needs, and both build on authority colleges already have.

Part Four: Holistic Admissions

The first mechanism is multicriteria selection (MCS), also known as holistic admissions. Instead of relying solely on traditional academic criteria, this approach assesses applicants on a weighted combination of factors such as academic performance, relevant work or volunteer experience, healthcare credentials, proficiency in languages other than English, and life experiences or special circumstances. The Legislature has opened this door: AB 1891 and SB 1183, enacted in 2024, expressly

[7] NCLEX-RN Pass Rates - First Time CA Educated Exam Testers. https://www.rn.ca.gov/education/passrates.shtml

authorize and encourage community college nursing and allied health programs to adopt MCS, and the Chancellor's Office issued implementation guidance in February 2025.[8]

MCS is still a new policy, and programs are understandably proceeding carefully. Adoption remains optional, and many programs continue to use the admissions processes they know well. Where MCS has been adopted, early rubric designs often assign an active healthcare license only one or two points while prerequisite GPA receives the overwhelming share of the weighting, meaning that admissions outcomes differ little from those produced by GPA ranking alone. The opportunity here is to weigh verified patient care experience, healthcare credentials, and language ability substantially rather than symbolically. This would allow the rubric to do what the Legislature envisioned.

The new reporting requirements will help. Beginning in 2025–26, colleges using MCS report annually to the Chancellor's Office the weight assigned to each criterion, along with participation, retention, and completion outcomes, so the region will be able to see and share which admissions designs most effectively move incumbent workers into nursing seats.

Part Five: Saving Seats

The second mechanism is "saving seats": reserving a defined number of seats in a clinical cohort for incumbent healthcare workers sponsored by their employer or union. The sponsor identifies employees who meet the program's minimum admission requirements and pays tuition, books, and related costs, often adding paid release time; the college reserves an agreed number of seats. No standard is lowered, as students must satisfy every academic and clinical requirement. What changes is that admission is assured for the sponsored cohort, and every student is supported by their employer and, in some cases, through the financial support that so often decides whether a working adult can enroll and persist.

The model has demonstrated strong results. At San Joaquin Delta College, the Helping Our People Elevate (HOPE) Program reserves nursing seats for hospital-sponsored incumbent workers. Of the first 71 students admitted, 64 completed the Associate Degree in Nursing program, and all 64 passed the National Council Licensure Examination (NCLEX) on their first attempt. During the same period, first-year emergency department turnover at the sponsoring hospital declined from 34% to 12%.[9] Because sponsoring employers contribute resources, reserved cohorts can be implemented by adding program capacity rather than reducing the number of seats available to other applicants. In the case of the HOPE Program, the California Board of Registered Nursing approved additional accelerated seats to support the cohort.

Adoption of the model has nevertheless been limited, and for good reason: the primary challenge is regulatory uncertainty rather than college willingness. The Education Fund, which administers training dollars for unions including the Service Employees International Union (SEIU) and SEIU-United Healthcare Workers West (SEIU-UHW), secured a High Road Training Program (HRTP) grant

[8] California Community Colleges Chancellor's Office, WED 25-07, "Allied Health and Nursing – Updates to Multicriteria Screening Admissions Processes (AB 1891 and SB 1183)," February 27, 2025.
[9] Helping Our People Elevate, a Community Supported Program for Employees on the Path to Registered Nurse (April 2025): https://www.nurseleader.com/article/S1541-4612(24)00242-8/abstract.

to send 100 incumbent union members to community college nursing programs at no cost to the students. To deploy the funding, the Fund asked colleges to reserve seats so the grant could be fully expended. Colleges found themselves being asked to do something that current Title 5 regulation and Chancellor's Office guidance do not clearly authorize. Weighing open access principles and facing possible legal exposure, loss of apportionment, or accreditation complications, some concluded that they could not proceed, and grant money designated for low-wage healthcare workers went underutilized.

The obstacle was not institutional reluctance; it was the absence of clear guidance colleges could rely on. Title 5 § 58106, Limitations on Enrollment, appears to provide the needed authority: it permits limiting enrollment in one or more sections of a course to a cohort of students enrolled in one or more other courses, provided that a reasonable percentage of all sections of the course do not have such restrictions. The equity concern, taken seriously, points in the same direction: a process neutral in form can still produce results inequitable in substance. Title 5's equity provisions exist to prevent arbitrary and discriminatory exclusion, and reserving seats on the basis of verified clinical experience and employer sponsorship is neither.

What colleges need is clarity. Explicit regulatory guidance or a Chancellor's Office memo would not require changing Title 5's equity principles; it would simply confirm that experience and sponsorship are legitimate, non-discriminatory bases for a differentiated admissions pathway and give colleges the confidence to say yes the next time funded students are waiting.

Part Six: More Than a Workforce Strategy

Bridge programs built on this principle, in which prior clinical experience is formally recognized, are more than a workforce development strategy. They are also an equity strategy, a retention strategy, and an investment in the community. Workers who advance within the health sector are more likely to remain in the region and in the field, strengthening institutional knowledge and cultural competency in ways that cannot be replicated through temporary staffing.

THEME 3) The Need for Sustainable Funding Specifically Earmarked for Healthcare Training

Health care training is among the most expensive forms of instruction delivered by community colleges, yet it is financed through a fragmented funding system that cannot adequately support these demands. Bay Region community colleges conferred an average of 3,851 health-related awards annually between 2022 and 2024, compared with 78,260 average annual job openings.

The programs responsible for producing these graduates face substantial recurring costs, including simulation laboratories, faculty salaries that must compete with hospital wages, accreditation requirements, and the ongoing challenge of securing limited clinical placements. However, supplemental funding for these programs comes largely through Perkins, Strong Workforce Program, CAI, and periodic federal grants. These funding sources are typically short-term, highly competitive among career education programs on a given campus, and often restricted in ways that prevent colleges from investing in the sustained infrastructure health care programs require.

Nursing is the exception, and that deserves acknowledgment. The Nursing Enrollment Growth and Retention (NERG) program, established in the Education Code in 2006 (Section 78261),[10] provides ongoing annual grants to community college ADN programs for enrollment expansion, attrition reduction, and student support. In the 2025-26 fiscal year, the Budget Act provided $13.38 million statewide under a revised performance-based formula; the Bay Region's 18 funded colleges share roughly $2.2 million in allocations ranging from about $68,000 to $266,000 per college.

However, this funding remains insufficient for two reasons. First, its scale has not kept pace with rising costs. NERG received $12.886 million in 2006–07 and $13.38 million in 2025–26, representing little nominal growth over nearly two decades and a substantial decline in real value. During the same period, the costs of simulation equipment, clinical faculty, and accreditation continued to increase. Second, the funding was restricted. NERG supports attrition reduction and enrollment growth, but it does not address the underlying structural costs that make nursing one of the most expensive programs for a college to operate.

The state's largest recent intervention follows the same pattern on a broader scale. Established by the Legislature in 2024 under Education Code section 88770 et seq. and Senate Bill 155, Chapter 71,[11] the Rebuilding Nursing Infrastructure (RNI) Grant Program redirects $300 million in Strong Workforce Program funds to community college nursing programs over five years. However, the funding is competitive, meaning that not every program receives an award, and the funding is also temporary. The Chancellor's Office requires grant recipients to commit to sustaining these investments after the grant period ends, and colleges have made those commitments in good faith. Still, a commitment to sustain an investment does not necessarily mean that a college has the financial capacity to do so. When RNI funding expires, the costs it supports

Call to Action

- Advocate at the state level for a dedicated health care workforce training fund modeled on, but broader and more substantial than, the Nursing Education and Retention Grant (NERG). The fund should operate separately from general Strong Workforce Program allocations, restore the real value of nursing's dedicated funding stream, and extend comparable support to allied health fields that currently lack dedicated funding.
- Establish multi-year employer co-investment agreements with regional health systems and county public health departments, and pursue Health Resources & Services Administration (HRSA) workforce grants as a bridge while advocating for structural state funding.
- Convene community college presidents, health system CEOs, and county supervisors in a regional compact to align workforce funding priorities with projected clinical needs.

[10] https://codes.findlaw.com/ca/education-code/edc-sect-78261/
[11] https://legiscan.com/CA/text/SB155/id/3011017

will remain and will shift to institutional budgets that were already strained before the grant became available.

There is also a broader cost to this funding approach, one that extends beyond nursing. The $300 million was drawn from the same Strong Workforce pool that funds surgical technology, respiratory therapy, medical assisting, dental hygiene, and diagnostic imaging. In effect, a pipeline problem in one health field was addressed, in part, by deepening a pipeline problem in another. This is not a criticism of the legislative intent. The nursing shortage is real, and the investment was warranted. However, it also exposes the underlying funding challenge. Nursing represents the best-case scenario because it is the only health field with a dedicated statute, yet even it remains underfunded. The rest of the allied health portfolio has no NERG equivalent, no dedicated statute, no annual line item, and no funding formula.

What is needed is a dedicated, sustainable funding stream at the state or federal level that is earmarked for all health care workforce training in community colleges, not just nursing. The funding should be multiyear, flexible enough to cover both capital and operating costs, and grounded in the recognition that health workforce shortages are structural conditions rather than temporary fluctuations.

THEME 4) Understanding the Difference Between LMI Data on the "Nursing Workforce" and the Need for "Newly Graduated Nurses"

One of the most consequential data interpretation errors in health workforce planning is treating annual openings as the number of newly prepared nurses a region needs each year. For most occupations, that shortcut is tolerable. For nursing, it is not, because the openings figure only tells the full story when it is read together with the replacement demand inside it, and a newly graduated nurse cannot fill the role of an experienced nurse who has retired or left the profession.

The LMI data show that 78,610 Registered Nurses are employed in the Bay Region, with an average of 5,030 annual openings. Replacement demand accounts for 80% of these openings, or approximately 4,020 positions vacated each year as experienced nurses retire or leave nursing. Beneath these figures is an assumption the data do not state: that any licensed nurse is interchangeable with any other. When a nurse with 30 years of experience retires, the data record one opening and count one new graduate as an equivalent replacement. The occupational classification recognizes the license, but not the experience behind it. No health system operates this way. A new graduate cannot assume the responsibilities of a veteran intensive care, emergency department, or charge nurse. Experienced nurses advance into those vacancies, while new graduates enter at the bottom and even then require residencies, preceptorships, and a period of supervised development before practicing independently.

Read the numbers this way, and the arithmetic changes. Of the Bay Region's approximately 5,030 annual RN openings, roughly 4,020 are generated by replacement demand and must largely be filled by nurses who already have experience. That leaves approximately 1,010 openings generated

by employment growth, along with some entry-level vacancies created as experienced nurses advance into higher-level roles. Against that need, Bay Region programs produced an average of 2,650 new RN graduates annually between 2022 and 2024: 762 ADN graduates from community colleges, as well as 182 ADN and 1,706 BSN graduates from four-year and other institutions. This is an estimate, not a precise gap analysis, but even under generous assumptions, the region appears to be producing more than double the number of new nurses its labor market can absorb each year. This is not a story of program overbuilding. Every institution expanded in response to the same widely reported signal: a nursing shortage reinforced by the headline openings number. The miscalibration lies in how that number is interpreted, which is precisely why it deserves attention here.

The limited outcome data we have point in the same direction. Self-reported graduate surveys, which carry low response rates but represent the data currently available, suggest that only about half of the region's new nursing graduates in recent years were employed as nurses within six months of graduation. Employer-side signals agree: in conversations with the BACCC Regional Director for the Healthcare Sector, several of the region's largest health systems report that new-graduate cohorts are fully subscribed and that hiring of newly licensed nurses has slowed or paused, even as they continue to struggle to fill experienced and specialty roles. Nursing programs, in turn, report graduates taking longer to secure their first positions.

The Bay Region is not alone. The Los Angeles County Nursing 2035 analysis documents the same split. Los Angeles produced an average of 4,433 RN awards annually between 2019 and 2023, while job postings targeting entry-level nurses averaged 2,360, and only about half of RN openings were available to new graduates.

Call to Action

- Commission a Bay Region nursing workforce study that goes beyond traditional LMI data and draws on the Board of Registered Nursing's annual workforce survey. The study should assess operational vacancy rates, reliance on agency nurses, use of overtime, and the capacity of major health systems to absorb and support new graduates.
- Partner with health system HR and nursing leadership to build a shared vacancy and pipeline dashboard distinguishing licensed nurses, working nurses, nurses in direct care, and the experience mix within each.
- Present LMI nursing data with explicit caveats distinguishing "current employment" and "total annual openings" from "annual need for newly prepared nurses."
- Track new graduate time-to-first-employment as a real-time demand signal, and advocate for a statewide standard requiring employers to report vacancies by role type, acuity, experience level, and temporary staffing reliance.

Within six months of licensure, approximately 60% of new ADN graduates and 80% of new BSN graduates were employed. Employers reported large volumes of new-graduate applications while still struggling to fill experienced nursing roles. As one health system put it, "the problem now is experience," even as RN remained the region's most-advertised occupation online.

The conclusion is uncomfortable but clear: the Bay Region does not lack new nurses; it lacks experienced nurses. The risk is that continued expansion of entry-level nursing capacity could increase the number of newly licensed nurses competing for a limited number of entry-level positions while doing little to address the shortage of experienced nurses that health systems continue to report.

THEME 5) Program Coding Errors and the Case for Regional Data Stewardship

The program and award data presented in this report (Tables 8 and 9) are drawn from what the 28 community colleges within the BACCC footprint report to statewide systems: the Chancellor's Office Curriculum Inventory (COCI) and Data Mart.

The Bay Region Center of Excellence presents these data as submitted and cannot alter or correct records at the source. In reviewing the data for this report, however, discrepancies emerged between what the statewide systems show and what is actually happening on campuses, with discrepancies significant enough to distort the regional picture in both directions.

These discrepancies are less a reflection of college effort than a predictable outcome of how the reporting structures work. TOP coding is complex, noncredit offerings lack consistent coding guidance, curriculum offices manage these systems alongside many other responsibilities, and COCI, by design, records approval status rather than operational status. Any regional analysis built on these systems inherits those limitations.

In some cases, the systems overstate the region's training capacity. Table 8 indicates that multiple colleges offer Physical Therapist Assistant and Diagnostic Medical Sonography programs, and that an active Radiation Therapy Technician program exists. Yet, as discussed in the theme on sole-provider fragility, the region's radiation therapy programs have closed. An inventory that

Call to Action

- Establish an annual regional data verification cycle in which each college confirms its active health programs in COCI and its reported award counts in Data Mart prior to sector profile publication.
- Partner with curriculum offices and Chief Instructional Officers to reconcile the coding discrepancies identified here, and request Chancellor's Office guidance on consistent coding of noncredit CNA and HHA offerings.
- Cross-validate program listings and award counts against external sources such as accreditation and approval bodies, CDPH program lists, and direct confirmation from program deans, and annotate future editions with known data limitations until corrections are made at the source.

reflects approval status rather than operational status will systematically overstate what is actually available to students, although this occurs through no fault of the colleges reporting into it. In other cases, the data understate capacity. Table 8 shows only two colleges offering Certified Nurse Assistant programs and one offering Home Health Aide, figures that do not reflect the

number of colleges actually delivering this training. Much of this training is offered through noncredit pathways that current guidance does not consistently map to health TOP codes. The result is that the region's largest entry-level care training pipeline is nearly invisible in its own planning data, while colleges doing this work are not getting credit for it. The undercounting that obscures CNA and HHA programs in Table 8 carries through to their award counts in Table 9. When both the program inventory and the completion data are unreliable for the same fields, the supply side of the regional supply-demand equation cannot be read at face value.

Funders, grant reviewers, legislators, and college planners use these tables to judge where gaps exist and where investment should flow. A field that appears served when it is not may be passed over for funding. A field that appears absent when it is thriving may attract redundant investment. Getting the data right protects the colleges as much as anyone: accurate data is what ensures their programs are recognized, funded, and counted. Data quality is, in a very practical sense, workforce policy, and improving it is a shared regional responsibility.

THEME 6) The Fragility of Sole-Provider Programs and the Case for Regional Resilience

When a region has only one community college program training workers in a given clinical field, it has not secured a pipeline; it has a single point of failure, vulnerable to collapse or discontinuation through no fault of the institution that carries it. More than a decade ago, the Bay Region had two community college-based radiation therapy programs. Both programs ended when their program directors departed and replacement faculty with the required clinical credentials and accreditation experience could not be found. The Bay Region now has no community college radiation therapy program. Students seeking this credential must turn to private institutions, at substantially higher cost, or leave the region entirely. A workforce the region depends on is now being trained, if at all, outside the public system that ideally would be serving it.

Radiation therapy is not an isolated case; it illustrates a vulnerability that runs across allied health. Clinical program directors are not interchangeable with general faculty, as they must hold active professional credentials, meet accreditation requirements for specific clinical and educational experience, and maintain relationships with placement sites. The pool of qualified candidates is narrow, competition with healthcare employers for their time is real, and community college compensation often cannot compete with what is available in the clinical environment. When a director leaves, accreditation can lapse, clinical agreements can become uncertain, and years of institutional knowledge go with them.

The risk grows when a program exists at only one college in a region of this size. There is no redundancy and no neighboring program available to absorb displaced students or share faculty during a crisis. The region's entire training capacity in that field depends on a single institution, a

single program director, and a single set of accreditation relationships. No single college can be expected to carry that risk alone; it is a regional risk that calls for a regional response.

Part One: Building Regional Resilience Through Innovation

Addressing this fragility requires treating the region, not the individual college, as the unit of planning. Three models deserve serious exploration, and none of them is mutually exclusive.

A consortium model would distribute responsibility for a single accredited program across multiple colleges, sharing governance, costs, and risk. Students would complete didactic coursework at their home college while rotating through consortium-affiliated clinical placements; faculty could hold appointments across colleges; and accreditation would be held regionally, providing continuity when any single college faces a transition.

A hybrid delivery model offers another option. A well-resourced program could deliver lectures, simulations, case-based learning, and competency assessments online while arranging clinical hours locally. Although this approach does not eliminate dependence on a program director, it expands regional access while spreading fixed program costs across a broader service area.

A regional program director model addresses the faculty pipeline more directly: a shared director position, jointly funded by multiple colleges and potentially by health system partners, with responsibility across the region rather than a single campus, maintaining accreditation relationships, developing clinical placement networks, and anchoring several smaller programs at once. No California region appears to have implemented such a position, and the regulatory framework currently assumes otherwise. The Board of Registered Nursing requires each program's director to be individually board-approved, with sufficient time and authority to manage all aspects of that program (California Code of Regulations,

Call to Action

- Conduct a regional audit of allied health programs with only one community college provider, assessing faculty succession risk at each, and use the radiation therapy closures as a documented case study in statewide conversations about program fragility.
- Convene Bay Region colleges, health systems, and the Chancellor's Office to design consortium governance for sole-provider programs, and pilot a hybrid delivery expansion for at least one, documenting instructional design, clinical placements, and student outcomes.
- Explore joint funding with regional health care employers for shared program directors in high-risk fields with limited redundancy. Engage relevant licensing and accrediting bodies early to determine whether shared leadership models are permissible, and advocate for state funding that supports program resilience as well as program creation.

Sections 1420 and 1425).[12] A regional model would therefore require early engagement with the BRN and the accrediting bodies of each affected field. But the absence of precedent is not an argument against the model; rather, it presents an opportunity for the Bay Region to address a problem the state has not yet resolved.

None of these models is simple. Consortium governance requires trust and negotiated agreements between institutions that do not always share priorities; hybrid delivery requires investment in instructional technology; and shared directors require funding commitments that cross institutional boundaries. But the alternative, relying on sole-provider programs that can be ended by a single personnel transition, leaves the region exposed to a vulnerability it has already experienced in radiation therapy and will face again unless the underlying conditions change.

A Note on Data and Action

The labor market and supply data in this report are an essential foundation for planning. However, the Bay Region health sector faces challenges that are structural, regulatory, financial, and cultural, and no dataset can fully represent these challenges on its own. The six themes above are offered in that spirit, not as exhaustive policy prescriptions, but as invitations to deeper inquiry and more intentional action. The Bay Region Center of Excellence welcomes dialogue with community colleges, health systems, policymakers, and community partners working to strengthen this workforce, and we are committed to supporting that work with data, technical assistance, and a sustained focus on the communities that depend on it most.

[12] https://regulations.justia.com/states/california/title-16/division-14/article-3/section-1425/

Appendix A: Methodology

The Bay Region COE selected the occupations in this profile by examining job descriptions and skills listed in O*Net. Labor market and job postings data were sourced from Lightcast [data 2026.1]. Online job postings included all unique job postings from January 2025 to December 2025 in the 12-county Bay Region for occupations in the health pathways specified in this report.

In addition, to evaluate industry data, the health sector included industries classified under North American Industry Classification System (NAICS) six-digit codes in Table 11. The COE selected these NAICS codes using inverse staffing patterns to determine the industries in which the occupations in this report were employed, and included industries related to health (see Table 11). Please note that these NAICS codes include industries with more than 1% of the occupation employed in the industry.

Table 11: NAICS codes for the Health Sector

NAICS	Description
456110	Pharmacies and Drug Retailers
524114	Direct Health and Medical Insurance Carriers
541715	Research and Development in the Physical, Engineering, and Life Sciences (except Nanotechnology and Biotechnology)
541720	Research and Development in the Social Sciences and Humanities
621111	Offices of Physicians (except Mental Health Specialists)
621112	Offices of Physicians, Mental Health Specialists
621210	Offices of Dentists
621310	Offices of Chiropractors
621320	Offices of Optometrists
621330	Offices of Mental Health Practitioners (except Physicians)
621340	Offices of Physical, Occupational and Speech Therapists, and Audiologists
621399	Offices of All Other Miscellaneous Health Practitioners
621410	Family Planning Centers
621420	Outpatient Mental Health and Substance Abuse Centers
621491	HMO Medical Centers
621492	Kidney Dialysis Centers
621493	Freestanding Ambulatory Surgical and Emergency Centers
621498	All Other Outpatient Care Centers
621511	Medical Laboratories
621512	Diagnostic Imaging Centers
621610	Home Health Care Services
621910	Ambulance Services

NAICS	Description
621999	All Other Miscellaneous Ambulatory Health Care Services
622110	General Medical and Surgical Hospitals
622210	Psychiatric and Substance Abuse Hospitals
622310	Specialty (except Psychiatric and Substance Abuse) Hospitals
623110	Nursing Care Facilities (Skilled Nursing Facilities)
623210	Residential Intellectual and Developmental Disability Facilities
623220	Residential Mental Health and Substance Abuse Facilities
623311	Continuing Care Retirement Communities
623312	Assisted Living Facilities for the Elderly
623990	Other Residential Care Facilities
624110	Child and Youth Services
624120	Services for the Elderly and Persons with Disabilities
624190	Other Individual and Family Services
624221	Temporary Shelters
624229	Other Community Housing Services
624310	Vocational Rehabilitation Services
624410	Child Care Services
902622	Hospitals (State Government)
903622	Hospitals (Local Government)

The Bay Region COE selected health programs based on DataVista's Mapping of Taxonomy of Program (TOP) Codes to Sectors.[13] To evaluate active or approved programs in Bay Region community colleges we examined data reported to the California Community Colleges Chancellor's Office Curriculum Inventory (COCI). This report included active or approved programs prior to October 2024. Educational supply data was retrieved from Data Mart for TOP data and Integrated Postsecondary Education Data System (IPEDS) for CIP data. The total number of degrees awarded for a given TOP or CIP code was calculated as a three-year average.

[13] https://datavista.cccco.edu/resources/8.

Definitions

Average Annual Job Openings: In Lightcast, average annual job openings refer to the estimated number of job openings in a given occupation or group of occupations within a specific geographic area during the course of a year. When calculating this metric for more than a year, the average across those years is determined by adding the annual job openings over the period and dividing the total by the number of years (e.g., for a five-year period, this means adding the total openings across those five years and dividing that number by 5).

This metric is calculated based on:

- New Growth: Openings that arise due to the creation of new jobs as a result of industry or economic growth.
- Replacement Needs: Openings that occur because of workers leaving the occupation (e.g., due to retirement, career changes, or other factors).

Together, these components provide a comprehensive view of the total demand for workers in a specific role or field each year.

Average Annual Replacement Jobs: Average annual projected number of replacement job openings during 2024-2029.

CIP code: The Classification of Instructional Programs (CIP) is a taxonomic coding scheme, developed by the U.S. Department of Education's National Center for Education Statistics (NCES), used to classify and categorize academic programs for federal surveys and reporting of institutional data. Program data from CIP codes comes from the Integrated Postsecondary Education Data System (IPEDS). CIP codes are used to facilitate the alignment of similar programs offered by 2- and 4-year postsecondary institutions with the needs of the labor market.

Living wage: The living wage is the hourly rate that an individual in a household must earn to support themselves and/or their family, working full-time, or 2,080 hours per year. In the Bay Region the living wage is calculated as $46 per hour for one adult and school-aged child using the median across the 12 counties in the Bay Region (Table 12). [14]

Table 12: Living Wage for an Adult + School-Aged Child by County

County	Living Wage	County	Living Wage
Alameda County	$46	San Francisco County	$50
Contra Costa County	$46	San Mateo County	$57
Marin County	$55	Santa Clara County	$51
Monterey County	$44	Santa Cruz County	$59
Napa County	$44	Solano County	$39
San Benito County	$42	Sonoma County	$42

[14] "Self-Sufficiency Standard," Center for Women's Welfare, University of Washington, 2023, accessed May 9, 2025, https://selfsufficiencystandard.org/California.

NAICS codes: North American Industry Classification System (NAICS) codes are used to organize and categorize industries within the job market for this sector. A single two-digit NAICS code can represent multiple sub-sectors and industry groups within the broader sector.

Replacements as Percent of Openings: Percent of replacements of all job openings during 2024-2029.

Skill Level: Occupations are categorized into three skill levels: below middle-skill, middle-skill, and above middle-skill jobs. Classification is based on the typical entry-level education below.

Table 13: Skill Level Definition

Skill Level	Entry-Level Education
Below Middle-Skill	No formal education required
	High school diploma
Middle-Skill	Some college, no award
	Postsecondary certificate (non-degree award)
	Associate degree
	Bachelor's degree (selected occupations where ~33% or greater of positions are held by workers with less than a bachelor's degree)
Above Middle-Skill	Bachelor's degree (All other occupations not identified as middle-skill)
	Advanced degree

TOP code: The Taxonomy of Programs (TOP) is a system of codes used by the California Community College Chancellor's Office to compare differently named academic programs with similar outcomes across community colleges. Programs and courses offered by Community Colleges are assigned a TOP code to identify similar programs and their alignment with the labor market.

Unique Job Postings: Lightcast's deduplication process involves identifying duplicate job postings and counting them as a unique posting. The unique job posting count is the number of postings after the deduplication process has taken place. For example, multiple postings could list the same job, from the same company, and in the same region, and these multiple postings would be reduced to one unique job posting.

Sources

California Community Colleges Chancellor's Office Curriculum Inventory (COCI)
Chancellor's Office Management Information Systems (MIS) Data Mart
DataVista
Integrated Postsecondary Education Data System (IPEDS)
Lightcast
O*Net Online

Contact

For more information about this report, please contact:

- **Marcela Reyes, Director**
  marcela@baccc.net or (831) 219-8875
- **Liza Chavac, Assistant Director**
  liza@baccc.net or (831) 291-5895
- **Yumi Huang, Research Analyst**
  yumi@baccc.net or (831) 275-0043
- **Nanette Solvason, Health Sector Director**
  nanette@baccc.net or (650) 440-2890

The Bay Region COE would also like to acknowledge the expertise and support of Priscilla Fernandez, Independent Research Consultant, in the development of this report.