



From Healthcare Workforce Pipeline to Economic Stability: How St. David's Foundation Is Reframing Workforce Investment

Asset Funders Network's **Members Making Impact: Case Studies for Change & Innovation** is a series that spotlights peer-driven investment strategies fueling systemic and policy change across AFN's eight issue areas. Through this series, members will:

- **Discover** innovative mechanisms to advance wealth-building initiatives aligned with AFN's issue areas.
- **Meet** new potential partners in crafting new grants, policies, and partnerships that support their mission.
- **Elevate** awareness of the intersection between AFN's issue areas and wealth-building opportunities.

[St. David's Foundation](#) is one of the largest health foundations in the United States, investing more than \$100 million annually to support health and well-being across five Central Texas counties. Efforts to increase access to care, including support for safety net clinics and mobile dental services, remain central to the foundation's work. At the same time, leaders have sharpened their focus on the economic conditions that shape long-term health outcomes. In Central Texas, one in three residents cannot earn enough to meet their basic needs, and the odds of earning a family-supporting wage without education or training beyond high school drop to just 12 percent.

For St. David's Foundation, this shift reflects a broader understanding of health itself. Economic stability is among the most powerful social determinants of health: reliable income, predictable employment, and opportunities for advancement. Workforce strategy, viewed through this lens, is not separate from health philanthropy. It is one way to intervene upstream.

That evolution is especially visible in how St. David's Foundation approaches the healthcare workforce. For many years, workforce investments focused on addressing regional shortages by expanding credential capacity. In 2024, as the Foundation adopted a new strategic plan elevating economic stability alongside access to care and community-driven change, leaders began examining healthcare workforce grantmaking differently. The question shifted from how many professionals the region needed to how healthcare careers could serve as entry points into multi-generational pathways to financial security. The result: the [Pathways to Economic Stability for the Healthcare Workforce](#) initiative, committing \$10 million across 10 collaborative grants and more than 30 partner organizations.

Rethinking the Frame: From Supply Side to Stability

The shift St. David's Foundation made was not simply about funding different organizations. It required adopting what **Andrew Levack, Senior Program Officer**, describes as a "beginner's mindset." Where the Foundation had once measured success in nursing credentials completed, their team began asking different questions: Which healthcare careers pay a family-supporting wage? Which careers are in high enough demand? And which have lower barriers to entry for people most often left out? High-demand roles don't always come with accessible entry points; lower-barrier careers don't always sustain a family. The Foundation's portfolio reflects an effort to build differentiated strategies that pursue all three dimensions at once.

Finding careers that check all three boxes (family-supporting wages, high regional demand, and low barriers to entry) is harder than it sounds, as Levack explains:

"It's rare that you find all three of those coming together. Typically, positions with a lower barrier to entry may not have as high a likelihood of earning a family-supporting wage or as high of a demand. That's a bit of our journey right now—creating differentiated strategies to address all three."

ANDREW LEVACK,
SENIOR PROGRAM OFFICER
St. David's Foundation

That reframing has also shifted who the Foundation sees as the center of the work. Where earlier efforts focused primarily on training institutions and credential outputs, the new strategy is organized around creating onramps and opportunities for people to move through the pipeline, particularly those from historically marginalized communities who face compounding barriers at every stage including working mothers returning to school, first-generation college students who need mentorship alongside coursework, and recent immigrants with professional credentials seeking a pathway to recognition in the U.S. system. The initiative is designed with their journeys, not just the labor market's needs, as the organizing frame.



A Portfolio of Collaborative Pathways

St. David's Foundation's \$10 million commitment is structured across 10 region-wide collaboratives, each taking a different approach to the same challenge and designed to generate learning for the whole. Some focus on secondary-to-postsecondary transitions, working with local school districts and workforce development boards to allow high school students to earn partial healthcare credentials before entering community college. Others work directly within Austin Community College's system, which [offers free tuition to in-district students](#) but faces real bottlenecks in nursing slots, clinical placements, and faculty capacity.

To address that bottleneck specifically, the Foundation has partnered with [Social Finance through the Renew Fund](#), a collaboration with Western Governors University that offers up to \$40,000 in interest-free loans for students completing RN programs. Repayment is tied directly to outcomes: the loan is forgiven until the graduate is earning \$60,000 or more. Central Health, the local hospital district, serves as an employer partner that will fully repay the loan within three years of hire. The result is a model that aligns funder, institution, and employer incentives around a shared outcome.

Two of the 10 grants focus specifically on community health workers (CHWs), a workforce category that sits at the intersection of clinical access and community trust, and where wages have historically failed to reflect the value of the role. These initiatives are testing the emerging Medicaid reimbursement pathway for CHW services in Texas, exploring whether a sustainable funding mechanism can be established that creates family-sustaining-wage careers while expanding access to care in underserved communities. If it works, the implications extend well beyond the Foundation's portfolio.

A common thread across all 10 collaboratives is a recognition that wraparound supports are not add-ons—they are the infrastructure that makes everything else possible. Transportation, childcare,

"By listening to community, we were able to hear some of the nuances of what was working, where barriers were. One of the big supports that we knew to be true—and really saw as applications came in—was the need for wrap-around supports."

JOYCELYN JURADO,
PROGRAM OFFICER
St. David's Foundation

food security, case management, housing stability: these are the supports that allow a working mother to complete a certification program, or a first-generation student to stay enrolled through the hardest semesters. The Foundation's grantees were already building these supports into their work before the open call; what the investment does is resource that work more fully and connect it across a region where it was previously happening in isolation.

Economic Stability is a Health Strategy

St. David's Foundation's work surfaces a point that health-focused funders across the country are increasingly confronting: **economic stability is not a parallel track to health equity—it is one of its most powerful drivers.** In Central Texas, economic instability doesn't merely correlate with poor health outcomes—it causes them. Housing insecurity, food insufficiency, and the chronic stress of financial precarity all show up in emergency rooms, in preventable chronic disease, and in shortened lives. A foundation committed to health equity that does not engage the economic conditions shaping that health is working with one hand tied behind its back.

St. David's Foundation's decision to name economic stability as a formal strategic pillar, backing it with a \$10 million workforce investment, reflects that logic made operational. Healthcare careers are a particularly compelling entry point: they are among the region's highest-demand, best-compensated pathways, and a health foundation is uniquely positioned to broker the relationships between training institutions, employers, and community that make those pathways real for people who have been locked out of them.

Early Lessons from the *Pathways Portfolio*

1) THE SUPPLY-SIDE-FRAME IS NECESSARY BUT NOT SUFFICIENT.

Training more healthcare workers without addressing their economic conditions leaves the system perpetually underpowered. Foundations focused on credential pipelines should ask: are we measuring labor market outputs, or family economic outcomes? Those are related but distinct questions.



2) WRAPAROUND SUPPORTS ARE STRUCTURAL, NOT SUPPLEMENTAL.

The barriers that keep people from completing healthcare training are transportation, childcare, housing instability, and food insecurity—not academic readiness alone. Funding wraparound resources through collaborative grantees who integrate it into the pathway is a fundamentally different investment than funding the credential program alone.

3) PORTFOLIO LOGIC OUTPERFORMS SINGLE-PROGRAM THINKING.

No one collaborative will solve this. Funding 10 distinct approaches—spanning secondary transitions, income-share lending, CHW Medicaid pathways, and rural workforce development—reflects an understanding that the barriers are varied and the population is diverse. Learning across the portfolio is itself a form of systems knowledge.

4) LEAN INTO WHAT MAKES HEALTH FUNDERS UNIQUELY POSITIONED.

Health-focused foundations have existing relationships with healthcare employers, training institutions, and clinical systems that other funders don't. Those connections are leverage: for brokering partnerships, shaping employer behavior, and opening doors for communities that have been locked out of stable healthcare careers.

5) COALITION EXTENDS WHAT ANY SINGLE FUNDER CAN DO.

Working in alignment with regional AFN chapters, policy partners, and cross-sector coalitions allows foundations to advance systems change on issues where their own position makes direct advocacy complicated. Expanding the Austin Community College district—which could open free tuition pathways to far more of the region—is one example of the kind of systemic lever the Central Texas AFN chapter is positioned to pursue, informed by what St. David's Foundation grantees are surfacing on the ground. Know where your role ends. Invest in the infrastructure that picks it up.



The Road Ahead

St. David's Foundation is two years into a strategy that will take years to fully evaluate. The leaders guiding this work are clear-eyed about that timeline: their current \$10 million investment is as much about learning as impact. What barriers are most determinative? Which models show the most promise for scale? Where do collaboratives generate something no single organization could? Those questions will shape the next iteration. What is already clear is that reframing healthcare workforce investment around economic stability changes who is centered, what is funded, and how success is measured.

The data from Central Texas makes a compelling case, but so does the approach itself. For health-focused funders wondering where economic stability fits in their portfolio, St. David's Foundation's journey offers a practical starting point – and an open invitation to learn alongside them.



AUTHORS

JOYCELYN JURADO

Program Officer
St. David's Foundation
jjurado@stdaidsfoundation.org

ANDREW LEVACK

Senior Program Officer
St. David's Foundation
alevack@stdaidsfoundation.org

REGAN GRUBER MOFFITT

Vice President of
Community Investments
St. David's Foundation
rmoffitt@stdaidsfoundation.org

SARA BISHOP

Strategic Communications Director
Asset Funders Network
sara@assetfunders.org

Copyright © February 2026 by
Asset Funders Network. All rights reserved.
This report or any portion thereof may not be
reproduced or used in any manner whatsoever
without the express written permission of
the publisher, except for the use of brief
quotations in a review.