Building a Workforce That Heals: Van Ton-Quinlivan's Vision for America's Care Future Transcript

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Introduction to Heartline and Von Quinlivan

Welcome to Heartline, Changemaking in Healthcare. I'm your host, Dr. Andrea Austin, a board-certified emergency physician, physician development coach, and educator.

After years on the front lines, I've learned that real change in healthcare starts within. Each episode invites you to explore the inner work that unlocks clarity and bold leadership, because healing systems through changemaking begins with following our heartlines.

I am so excited today to have Von Thon Quinlivan. She's a nationally recognized workforce development leader with a career spanning the private, public, and nonprofit sectors.

As founder and CEO of Futuro Health, she's building the nation's largest network of allied healthcare workers. In 2022, she was appointed by Governor Newsom to help shape California's healthcare workforce education and training.

Vaughn is the author and podcast host of Workforce RX, promoting agile multicultural solutions for employers, educators, and workers. Featured in major media and a sought after keynote speaker, she's been named one of the top 50 women leaders in healthcare in 2024. and among the 100 most influential higher education leaders in 2025. Wow.

I am so excited to meet you. Thank you for joining us on the podcast. It's my absolute pleasure, Andrea. So I'd like to start with what is a belief or experience that has influenced how you show up as a healthcare changemaker?

I wonder, Andrea, if any of your speakers come on and they say when they were young, they wanted to grow up and be a changemaker. I wouldn't be surprised if anybody says that.

It's one of these things that we don't think that it's within us, but when we're doing something that is of importance, that touches on our core values, then it really just, it's incredible what superpowers it unlocks and how you can become fierce.

So just a little bit on my background, you know, I was actually born in Vietnam and my family escaped from the Vietnam War back when I was roughly six and made seven when I came to the United States.

And so one of the things that I was always appreciative was that education was open to me. And my father had been a brain surgeon back in Vietnam and he had to restart his whole residency process coming to the United States.

My mother was in the revered occupation of a teacher back in Vietnam and then restarted here as a bookkeeper to make ends meet. And interestingly enough, neither of them ever carried any bitterness about the transition.

And we're always very grateful to have the opportunity for their children to be able to restart. So I carry that with me.

Finding Purpose Through Values and Risk

And it wasn't until a later point in life when I was given the opportunity to transition from the private sector and the workforce development work I was doing in the private sector to the public sector as a governor's appointee.

heading up the workforce mission of the largest system of higher education in the country, which is the California Community Colleges. And there I began to discover that because I was grounded in this issue of how do you unlock opportunities for others to get into the workforce, to get their credential, that it really enabled me to become fierce and think about things differently and engage in collaborations in different ways.

I didn't know I had it in me. And then in my most recent incarnation as CEO of Futuro Health, I was challenged by Kaiser Permanente and its partners. You know, we have this massive and growing shortage in healthcare workers, especially as the country ages.

How do we grow talent from local communities? How do we bring untapped talent to get the credentials and qualifications so that they can be in their first or second healthcare career?

And I didn't know I had it in me to bring all of those skill sets in order to launch a national nonprofit. And in five years, you know, we've now been featured with the World Health Organization.

The National Governors Association was just recently at the G7 in Canada and the General Assembly to share some of our learnings. And all of this is possible because you're trying to work on a problem in which you have great passion.

and my passion is around unlocking opportunities for others. Oh my gosh, there is so much for us to unpack. Very early on in what you just said, you said my favorite word, values.

Could you share with our listeners what some of your core values are? You know, there was a moment in my career when I had a very good job where I was the sort of the right hand to the CEO of a major organization.

And it was a great job where I had glass on every side of my office and all the amenities. But yet I was beginning to hear that the company could not find quality, diverse, and skilled workers.

And I knew from communities that really sought these good roles that there were populations out there, there were individuals out there, there were communities out there that would love to have and participate in these jobs, unlike healthcare jobs, if they only could figure out how to bridge from where they are to where they need to be.

And so it was one of those moments where do you give up what you have to become what you could be. And it's a moment of great self-risk. So I remember going on a camping trip with a longtime girlfriend.

And fortunately, she was there to talk me through that moment. I mean, do I want to give up what I had in terms of this great role in order to begin to work on this issue and show the company that there was a different model to approach workforce development?

And it was a model that was going to engage in collaboration with other entities within the community rather than trying to do it all ourselves. I knew it could work because I had studied similar models in different industry, but this organization, this company of 20,000 had no opinion in workforce development.

And fortunately, because I chose to take that step because I cared so much about unlocking opportunity for others, my value, that I was willing to what I call like step off from the 27th floor and then go to the second floor, work in a different organization, really, and take on that sort of professional risk.

in order to demonstrate what was possible. And from there, I've been able to go on to be able to share best practices and inform a lot of conversations as well as models.

And it opened up a lot of career opportunity as a result. I suppose maybe the learning there was that when you have a pulse on or when you can touch your values, it really does unlock all sorts of things, but that is not without a sense of feeling like you're taking a big risk.

And those moments are sometimes can be worth it because it sends you off a different journey than maybe the one

that you would have gone.

Career Path from Education to Workforce Development

Yeah, I mean, there is so much there for the listener. And I think one of the observations I have about healthcare right now is we really need service-driven, courageous leaders right now that are connected to their values.

And when you attain a certain point in your career and you have some financial stability, and you paid your dues and you have some credibility. The question I ask people is, what are you waiting for?

You've now got the stature, you've got the skills, and what are you waiting for to start making a difference? What was the point of doing all this? You've played it safe for a while, you had to, right?

You had to play by the rules, you had to color in the lines, and then Now what what are you going to do and I just love that story that you took the risk and you know I want to take a step back and can you.

describe a little bit of your professional background and kind of getting like HR vibes. Like, what was your professional training leading up to this point?

Sure. So actually, my graduate education, I did dual degrees in education policy and an MBA at Stanford University. So I did both of those degrees in the two year timeframe.

And so I had gone out, started off in actively the high tech sector. And then what I discovered was that over time in my off hours, I was reading education apology journals instead of technology magazines.

And I thought, my goodness, I need to figure out how to combine my avocation with my vocation, right? My avocation, my interest in education, education policy.

And so that set me off on a journey to figure out where can I make the biggest difference. And one advice that I do give for people who are looking to make a difference is, where's the puck heading, right?

It's probably less crowded. I mean, there's many, many, many people before me working in the field of education. What can I bring? And so a friend said to me, he said, oh, I'm so tired of hearing you talk about education.

Why don't you come into my classroom and just try teaching one class? And that was at the community colleges. So this was back at a time when the community colleges were not a focus of public policy.

And I knew because I did my graduate studies in education as well. And when I stepped into the classroom of 50, I realized that this is the future of the workforce.

The composition of the workforce was right here in my community college class. And yet it was not a focus whatsoever. And I began to look at the future of the workforce.

How do we begin a workforce preparation? I began to study up on the models and best practices of the workforce, learning from Genentech, for example, and then evolving into many other models.

And then I sought an opportunity to really be in the trenches. And that was when I worked with Pacific gas and electric a company of 20,000 men and women who had no opinion in workforce development and shepherding that work I was able to take it to a nationally recognized best practice.

Then I was appointed by the governor of the state to the community colleges where I was able to take public investment in workforce development from a hundred million to two hundred to seven hundred to a billion dollars in my two terms under the governor.

And then after that, I was approached by Kaiser Permanente and its partners to say, hey, you've done all of this in

workforce development in multiple industry sectors.

Could you help us figure out how to grow the next generation of allied health worker? Andrea, you know that in the future, the AMA has already stated there's going to be a great physician shortage.

somewhere between 86,000 to 124,000 by the mid 2030s.

Understanding Allied Health and Workforce Shortages

So healthcare is going to be facing a lot of great changes as we figure out how to deliver more collaborative care, team-based care, value-based care.

So the allied portion of the workforce is going to be very important. And so I launched Futura Health with the knowledge that the allied health workforce component of the healthcare workforce already is in short a demand, but there's going to be a lot of transition for that workforce as we reorient towards team-based care and other models of care.

So let's level set for a minute. You know, I'm a physician. I work a lot with nurses and I know I work with allied health care professionals. Can you define what an allied health care professional is?

Oh, great question. So about 60, 65% of the health care workforce are called the allied roles. And so everybody around the dinner table can talk about nurses and doctors.

But imagine if you were in a car accident, which I don't wish on anybody who's listening, but it's the emergency medical technician that shows up at the site or the medical assistant that checks you in, the phlebotomist that takes your blood, the x-ray tech.

So there's a whole world of these healthcare workers that require a credential, not necessarily a bachelor's degree. And so they add to the vibrancy and every community needs their fair share of these allied roles.

Yeah, 100%. And can you paint the picture for the listeners of what the current state of allied healthcare is and where we're going, what keeps you up at night, why your nonprofit is so needed at this moment?

Well, you know, I have the honor of chairing the California Health Care Workforce Education and Training Council on behalf of our current governor. And in our last meeting, there were a set of experts that came into the room to talk about the aging of California, but also the nation.

There's some very startling statistics, like, for example, in 2040, one in four Californians will be over 60. So if you hold up your fingers, one person will be over 60. The second person will likely be in the K-12 system.

And then there's just two of us left to do all the other jobs in the community. And this is indicative of the demographics of the nation, because the nation is aging.

We're going to double our over 65 population as well. So as you think of that phenomenon that is happening where the consumption of care increases as you age, but then we have less doctors available, the mass just doesn't add up.

So how are we going to provide the care that is going to be needed? when we have these demographics and we have these shortages. So we have to think about how to activate in all communities people who may be sitting on the sidelines of healthcare jobs to be able to get them credentials and qualifications.

especially at the allied level, so that they can augment, supplement, and be caregivers or get into the healthcare workforce in their respective community.

None of us want to be short caregivers when it comes time for ourselves to need care or for our loved ones to need

care. And where do you see AI fitting in here?

I mean, I feel like every problem that somebody brings up right now, it's like, oh, well, AI is going to fix this. So can you kind of paint a picture where you pull out your crystal ball and will AI fill some of these jobs or some of these gaps?

Well, one of the positive areas about AI, you know, I sit through a lot of CEO, healthcare CEO gatherings where they're talking about adoption of AI and the governance of AI.

So undoubtedly, there will be more ingestion of these technologies. in care delivery. But I think one of the great benefits of AI is that you can begin to turn around what is needed in training and upskilling for the moment much faster than today.

So having come from the higher education system, I do know that there's a longer process that can't keep up with the speed of need. And with AI, you can begin to evolve curriculum much faster and have these kind of micro doses, micro credentials that begin to upskill all of us.

So the rate in which we can train and ingest the training will be better in the future. Okay. So I like that. It's not replacing a lot of allied health jobs.

It's more hopefully going to grease the wheels in the education process and speed things up. But it will be one of the benefits. Where does Futuro fit in?

What does your nonprofit do and why is this so important right now? Yeah, so, you know, almost 80% of healthcare facilities are reporting shortages today.

in allied health workers. And that's not even accounting for tomorrow's problems, right? So what Futura Health was formed to do by these major health system was to look at how do we bring untapped talent in communities, communities that may be sitting on the sideline, equip them with the healthcare credentials and qualifications debt-free so that they can begin their first or next career in healthcare.

AI, Training, and Futuro Health's Mission

So what does that mean? So I'd love the story of Tamika. She was in her thirties. She was a security guard at a hospital taking care of her mother also who had cancer.

And as she was taking care of her mother, Andrea, she realized, maybe I can be a caregiver. I like being a caregiver to my mother. And she saw the futurohealth flyer at her hospital and became a phlebotomist, right?

She became a phlebotomist. So we got her into healthcare. Or Yoshiko, who empty nested, has a bachelor's degree, is fluent in a second language, but it lost some self-confidence during the process of being stayed at home.

We equipped her with a patient care representative credential. She was able to go into an interview with a panel of five, including two doctors, you know, which can be pretty intimidating.

And she got the role, right? It's building her confidence and equipping her with the vocabulary to compete for the role. Here's my third story, but there's so many good stories, like Justice, who had lost his job during the pandemic.

And he wanted to be a nurse, was working at a ramen noodle shop. trying to earn monies in order to go to nursing. His aunt told him about Futuro Health.

He became a medical assistant through us debt-free. And he became a medical assistant and has been promoted several times already. He was actually featured as one of our two Futuro Health scholars in the BBC series.

called Caring with Courage. And that series is focused on nursing and the sort of the shortage in nursing and

federal health was featured as one of the two solutions that was US based.

Oh my gosh. I love that story. I've heard you mention it a couple of times. So what are the barriers? So I'm hearing that student loan debt is a definite one.

What else is keeping people out of allied health? Yeah. That is a good question. We actually did four focus groups before we launched, including one in all Spanish.

And what we learned was one theme was flexibility. People led very complicated lives between their children and other situations, and they needed flexible instructional delivery.

So that's one theme. The second theme had to do with navigation. Even if they wanted to go into healthcare, Like how do you go from A to B, right? How do you get to that credential and with whom and the whole navigation was very complicated.

And then, of course, lastly, even for those who made it into these entry-level allied health roles, the debt, those that made it had so much debt they were stuck on that first rung.

And so when we founded FuturoHealth, we looked at those three factors and tried to structure education journeys to in-demand allied health roles. And thanks to sponsorship from state agencies, healthcare systems, their community benefits, foundations, we've been able to bring thousands and thousands of adults from underserved communities into the credentials and qualifications that they need to work in healthcare now.

I love that. And so then once somebody becomes an allied health professional, so as a physician, and I'm an emergency physician, we have the top burnout rate.

We have about 60% of emergency physicians are burned out. We are experiencing significant attrition from emergency medicine in particular, and this is incredibly concerning.

with, as you alluded to, this massive physician shortage that's going to be coming. So what does the workforce look like once they're in? Do they stay in?

Are they happy? Are they well compensated? So what's that side of the story? I know exactly what you're talking about. Some of our board members who are with a big healthcare system talk about the joy for physicians, how that's a big struggle these days.

We'd like to see our scholars not only make it into the first role, but then begin their journey. And there's a resiliency that you have to keep on navigating that career journey.

So we work to support them, you know, beyond that moment that they finished the program with us. We stay in touch with them in the first two years. to be able to check in and see how they're doing.

And as part of that, it's also developing their social network, their peer network with other federal health scholars so that you have a community in which you can turn to and help you persist.

Andrea, you know what's interesting? All of our scholars are thousands and thousands and thousands. Actually, at the end of this year, we've produced over 10,000 graduates of certificates in our first five years of life.

Even though the investments we've made in them may be around $10,000 in scholarships and education support, They never talk about that part. They talk about how during the moments when they thought they were going to quit their education or the moment they were going to give up, that it was the success coaches that they turned to, the success coaches who talked them through those difficult moments that got them through.

And so I think that's something to be learned about how in this moment in time, especially this tier of worker, what do they need in order for them to persist in healthcare?

Barriers, Success Stories, and Persistence

It's not like they don't want to be in healthcare anymore or they don't want to be in their role, you know, but there's a lot of stressors going on right now that seem to be continuing to increase in the lives of workers.

This has been just an incredibly fascinating conversation. What haven't I asked that you want the listeners to know about your professional journey, futuro, allied healthcare professionals?

Ooh, what a good question. I would say this, you know, I've had the fortune to speak in front of forums of healthcare CEOs, for example, in New York and DC and Orange County.

And the one myth that I have to bust is that when it comes to workforce development, companies, organizations, hospital systems, providers, they do not have to go at it alone.

The tendency, because many of these systems are so competitive that for talent, they will build their own or compete against each other. But the big lesson learned in my career is that when it comes to workforce development, it's a team sport, not an individual sport.

It's a team sport. And so what I mean by that is we have to rethink the point of competition. I love that. Because we have a talent puddle. Instead of competing for the talent puddle, which only drives up wages, what we have to do is change from a talent puddle to a talent pool.

So the point of competition is not at the beginning of creating the talent pool. We should actually collaborate amongst organizations in order to create a talent pool.

and compete at the point of either the externship, the clinical externship, or the point of hiring. So compete at the end of the workforce development process, not the beginning.

So the lesson that I learned went back when I was in the private sector. was that my supposed competitor organizations were very helpful because we could pull our need for medical assistance, for example.

If you pull the need for medical assistance, then you have volume. And when you have volume, you can interact with education institutions in a different way.

I call this problem the problem of the fire hose and the garden hose. Most of employers drip out jobs, one job, two job, three job. Well, that's not very interesting to education when we ask education, hey, can you improve your curriculum?

Can you add lab space? Can you do this and that? And they're not going to do that because their economy of scale is to fill up a classroom. But they have the problem where they gush out graduates.

So they graduate 25 students at a time. So we have this mismatch where the jobs drip out and then the graduation on the education side just gushes out.

So how do you solve that mismatch such that the two sets of parties want to play together to develop a talent pool? And that is to begin to aggregate up what we have in common.

So I began to look at maybe those that were my competitors. And hey, let's add up all of our medical assistants, right? Or all of our phlebotomists. And then when we added all those volume together, it became very interesting to the education provider to start playing with us.

And so, you know, that is a suggestion where you don't have to do it on your own. You can leverage education institutions you can leverage community organizations, go out and reach into communities that you don't have time to reach into.

These can be all activated, but it requires us to sort of rethink and have a different mindset on how do you build talent. I'm just going to give a quick example of how I saw this in action yesterday.

So I was invited to a local college yesterday because we're starting this new residency program where I live. And simulation is a really important issue.

I'm sure simulation is a part of allied health training. And simulation is really expensive, right? And mannequin can cost $100,000. And so, you know, I'm looking at the simulation center that we toured, and it's honestly quite fantastic.

and the rooms aren't being used every day. Does our health care system need to build another one? Maybe. Or maybe there's a collaboration. Or one of the ideas we had yesterday was maybe we collaborate on a mobile simulation center.

And the branding of one health care systems on one side, one college on the other side, And it's a joint asset that we can deploy. And everyone's eyes lit up when I mentioned this, because they said, we can take that to a high school.

You know, they said they use a mobile asset to recruit people as welders. And they're like, we never thought about doing it for healthcare. So I said, yeah, we could have this mobile asset.

that we train, we use for the doctors, we use for the nurses, and then we do community outreach. And yes, bring that mobile simulation unit to a high school and teach CPR, teach a Stop the Bleed course.

There's a million different things. So as we close out, I think the learning point for the audience is what we just talked about is avoiding a scarcity mindset.

Collaboration Over Competition in Healthcare Workforce

Instead of thinking about how I keep all my resources, well, guess what? There's not enough resources right now in healthcare. So how do we expand the pie?

That's where you take away those limiting beliefs that we could only do one thing. This institution's a competitor of ours. There's nothing that we could ever collaborate on.

Really? Nothing? Absolutely nothing? There's never a moment? And you just opened our eyes that this pre, before you're hiring people, let's all expand that pie so then we can all eat our serving of pie afterwards.

I'm so glad you brought up that example and this trying to overcome our own scarcity mindset. And the framing that I sometimes use to bring people to think about beyond what their own needs are is the question, what can we do together that we can't do alone?

And that is a good framing question for change makers who want to figure out is there something that we could solve in a different way because there are more of us together working on the issue.

I love it. As we move into our rapid fire questions, what's giving you hope right now in healthcare? Because man, it's tough out there. I have a clinical shift tomorrow and I'm always praying before I go in, like, let there be nurses, let there be staff.

So what's giving you hope? Well, you know, when I'm chairing the conversations of the Health Care Workforce Council, it's a pretty tough set of discussions.

You know, we are short on doctors, we're short on nurses, we're short on oral care, we're short on allied health, we're short on mental behavioral health.

So what does give me hope is in these moments where times are difficult is the moments of reinvention and rethinking of our process and perhaps how we think about the reimbursement model and how we think about team-based care or collaborative care, the window opens for us to really dive into some of these models more deeply in the future.

Yeah, I think that's been a really good message that Dan Kendall, that was on the podcast earlier, mentioned that a lot of us feel like the system's crumbling right now and a lot of things are falling apart.

And the only good news about that is it does create these opportunities that it really wasn't working for us patients or allied health nursing physicians before.

So maybe this is our opportunity to build it back differently. That's a good call to action, Andrea. Yeah, absolutely. Any books that you would recommend, anything that's really shaped your leadership philosophy?

I don't know if you've read Built to Last by Jim Collins. It's a very provocative book because it talks about how there are models of leadership of CEOs who have led organizations and they are just like us.

They're just maybe quiet individuals, thoughtful individuals. I mean, just everyday people can become leaders of organizations. If you had to recommend a conference, you know, we have a lot of physicians that listen to this podcast.

They get very kind of in their specialty conferences that they go to. And one of the things I want people to take away from this podcast is breaking into new networks.

So what's a conference that you've spoken at or you've attended that has opened up new networks and that you really look forward to? I always come up with new ideas or think about things differently when I attend an event or a conference or get together in a gathering where people are not talking about the things that I normally do on a daily basis.

So I always welcome, for example, like I mentioned, I came back from the G7 and it was a brain economy summit discussion where countries are getting together and thinking about, well, what is the research that we can do?

What are the technologies? What are the approaches that we can do towards preventive care or treatment of diseases of the brain. I would just recommend seeking out something that is just nonlinear, you know, not about your day-to-day job.

Hope, Leadership Advice, and Closing Resources

And I always find that a technology-oriented event tackles a problem in a different way than perhaps I would normally take. Oh, that's great advice. How could our listeners connect with you or learn more about Futuro Health?

Please find FuturoHealth at www. Futuro. So that's just like a future, but with the O on the end and then FuturoHealth.org. And my book, Workforce Rx, is anywhere you buy a book.

And I also am able to interview leaders who are thinking about the future of work, the future of learning and future of health. on my podcast and it's called Workforce RX as well.

And you can find that wherever you listen to podcasts. That's wonderful. Well, this has honestly been just a delight. I learned so much from you. It's got me thinking about healthcare in a different way.

I love the community focus. I love bringing people off the sidelines. That's something that Susanna Fox has said on our podcast before, that there's a lot of people on the sidelines right now.

Let's bring them up. Let's bring them in. And it's given me hope. So Von, I'm really thankful for everything that

you're doing. Likewise. And please let me know if we can be of help.

Awesome. All right. Well, until next time. Thank you, Von. Thank you, Andrea. It's been a pleasure. Thanks for listening to Heartline, Changemaking, and Healthcare.

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