

Testimony submitted by Futuro Health for 9/24/2020 hearing

Good morning. My name is Debbie Yaddow, Senior Director of Pathway Development with Futuro Health. I am a registered nurse by training for 37 years, was a healthcare dean with a community college in California. Thank you for the invitation to present to the Commission today.

Futuro Health is a new nonprofit established with a \$130 million dollar commitment by Kaiser Permanente and Service Employees International Union, or SEIU - United Health Workers West. Our mission is to improve the health and wealth of communities by growing the largest network of credentialed allied healthcare workers in the nation, starting in California.

Most people ask what is allied health. If you were to get seriously ill and needed to be transported to the hospital, all the healthcare professionals who touch you – the emergency medical technicians who get you in the ambulance; the person who checks you in at the hospital; the people who do your bloodwork and xrays; everyone throughout that stay until you check out -- minus the doctors, registered nurses and administrators– they are all allied health workers and are usually trained with more than a high school degree but less than a bachelors degree.

Despite comprising 60% of the healthcare workforce, these allied health workers have worked largely hidden roles, not discussed much around the dinner table when parents ask their children what they want to be when they grow up. With the pandemic, these roles have come front and center in their importance. I am sure we all would all want our fair share of these workers in our backyard should we fall ill.

In California alone, there is a need for an estimated 500,000 allied health workers by 2024. Pre-pandemic, our state was not on track to produce anywhere near those numbers. These are largely good jobs, and the demand for healthcare is only expected to increase as California grows and grays.

That is where Futuro Health comes in. We believe investing in education and skills training and retraining results in better-paying jobs for workers, better

service for patients, and better workers for employers. We follow the needs of the labor market and create opportunity for individuals to have social and economic mobility.

Our model of workforce development is unusual. With the \$130 million, we could have chosen to become a college that provides the education, like the establishment of the fully online, workforce focused community college called CalBright – as was established by Governor Brown with \$120 million. The private sector has also done similar ventures. For example, Kaiser built the Kaiser School Allied Health.

Futuro Health instead took a different approach. Our model is to build a partner ecosystem across the private/public/non-profit sectors. We curate, bring together education and supports, and bundle and rebundle them as needed by students. And we do this in partnership, at scale, and with data science.

In our ninth month of existence, we are on track to move 1,500 students across the state into education programs where they can become medical assistants, health IT specialists, care coordinators, and telehealth coordinators. We have also up-skilled more than 3,500 existing health workers on skillsets necessary to be on the front lines of COVID-19. Everything this year is tuition-free to the students and workers.

The ecosystem model gives us the flexibility and agility to pivot as demanded by the times.

For example, when the pandemic came, we added Pandemic Readiness for Allied Health Workers in under 3 weeks by leveraging existing education partners to create new curriculum. Three months into the pandemic, employers gave feedback on their struggles to deliver telehealth, so we sourced a 15-week fully online Advanced Telehealth Coordinator program from the University of Delaware to up-skill their staff.

For our health Information technology specialist program, or Health IT, we partnered with Coursera who, based on our specifications, brought in John Hopkins University to add new content to existing Google IT coursework.

We are also working with six accredited higher education institutions to get over 1000 students into Medical Assistant Programs across the state. Some of these institutions are community colleges. Others include Pima Medical Institute, MTI College, and Western Governors University.

Our partner, SEIU-United Health Workers West, with its 100,000 members who work in hospital, handle the outreach into communities to scout and recruit candidates for us.

And, as the labor market need changes, our ecosystem also shifts. The point of an ecosystem model is to be better able to withstand changes.

Our average student is in their 30s, usually female with young children, and highly diverse. During downturns, more people go back to school for new skills. For many, going to school presents a financial hardship.

That's the first and a well-known policy issue, given the "free college" debate.

Why would someone pick a library science pathway versus a health data science education path? Both careers share similar underlying skillsets and aptitudes. One is in demand. The other is not. Given the smorgasbord of education offerings out there, it is hard for a student to know which education program is best. That's the first problem students face. So, Futuro Health does the work to hone in on what is in demand, source quality partners, and negotiate pricing.

And, with skillsets shifting so quickly, there is no curriculum out there that can be experienced by hundreds of students at a time. Futuro Health's ability to purchase seats at large quantities makes it inviting for education providers to partner deeply with us to create or evolve curriculum.

The second problem is that our student demographics tend to need a higher level of support. And, depending on which education provider we work with, those supports may or may not be available. So, to ensure learners receive the support they need, we bundle Inside Track onto their student journey. Inside Track is a provider who specializes in student support services.

What is shifting? If you listen to the employers, the traditional ways of delivering higher education never worked quite well enough for job preparation and re-skilling. Then came COVID-19, wreaking havoc on the world of work and effectively deconstructing the college experience. At least for now, the pandemic has decoupled dorms, sports, in-person instruction, socialization, tuition, and other elements of the college experience from the learning itself. This unbundling of education creates the space to reimagine how the future of learning will reassemble its component parts – especially for adults. Can higher education be re-bundled in better ways to ready adults for the future of work? Can learning systems reassemble to enable continuous and lifelong learning that keeps pace with the unrelenting rate of change?

While some may say this type of ecosystem is slower to form, we've learned that once cultivated, it allows the collective a greater agility to shift. It allows for scaling up and down more quickly. The collective can take on more risks than any one organization can bear alone.

Have there been efforts similar in model to Futuro Health? Yes, and they were grown through smart public policy that prioritized workforce career education along the industry sectors of greatest importance to each of California's regional economies.

NextFlex is an ecosystem in the Bay Area region. This consortium brings manufacturing employers, education, and other partners together to improve the workforce education pipeline to advance the manufacture of flexible hybrid electronics.

The Los Angeles Economic Development Corporation and the Inland Empire Economic Partnership both began clustering employers into industry councils to make it easier for all levels of education to engage for mutual benefit.

These examples of ecosystems gained traction thanks to the California Economic Summit and California Forward. Public policies, most notably the Strong Workforce Program, reshaped public funding to flow to regions for prioritization along the industries that mattered the most to them. Healthcare happens to be a priority sector across all the regions.

The Futuro Health model has a few added advantages. Because we hold the funds and can curate how we invest these dollars, we are reshaping the learning ecosystem for career training and re-skilling. We can cast a wider net and look around the nation to pull together the partners and create the bundle needed by students and employers.

As you look at a the future where there is expected erosion in public funds to higher education in proportion to shrinking state budget coffers, ecosystems like the Futuro Health model may offer a workforce development model where students, workers, employers, and labor unions can keep up with the speed of need – and better prepare for the future of work.

Ecosystems, if well designed, can draw upon collectively ingenuity to uncover ways to develop work, workers, and economic opportunity.

Respectfully Submitted,
Debbie Yaddow, RN, MSN
Senior Policy Director of Pathway Development
Futuro Health
dyaddow@futurohealth.org