



PROLOGUE

From the Welcome Back Initiative website:

Nabil attended medical school in Eastern Europe. Upon returning to his home country of Yemen, he attempted to raise awareness among his female patients of the dangers of genital mutilation. For this he was accused of being “too Western” and was forced to flee. He was granted political asylum in the U.S. Though he spoke four languages fluently and was a M.D., he was parking cars in a garage when he came to Welcome Back.

PROBLEM: CALIFORNIA’S CONTINUING NEED FOR HEALTH CARE PROFESSIONALS

While California needs more highly-trained employees in many key industries, the state currently has a great need for more health care professionals such as nurses, respiratory technicians, dental hygienist, and physicians. This problem has received much media attention in the last few years. California’s need for these professionals is often greatest in ethnic communities where there are high populations and language barriers. The medical system is actively looking for professionals who can communicate both linguistically and culturally with these populations.

FIRST VISION: THE SAN FRANCISCO BAY AREA REGIONAL HEALTH OCCUPATION RESOURCE CENTER

Some years ago, José Ramón Fernández-Peña trained to be a physician in his native Mexico. When he immigrated to the United States, his degrees were not accepted and he not other option than to work for many years outside his area of expertise. These days, Dr. Fernández-Peña is an associate professor in Health Education at San Francisco State University (SFSU)—but he remembers suffering the disconnection between his old life as a practicing physician and his new life, in which he was not allowed to practice.

In 1999 Dr. Fernández-Peña became the director of the San Francisco Bay Area Regional Health Occupations Resource Center (part of the California Community Colleges’ Economic and Workforce Development Initiative). As he took on this role, Dr. Fernández-Peña asked himself what could be done to improve the size of, and especially the diversity within, California’s healthcare workforce. He perceived a need to **actively change the healthcare workforce demographics in California**; he also remembered his own experiences as a foreign-trained medical professional unable to work in the United States. At a Regional Health Occupations Centers retreat that year, he posed the idea of accessing and training and/or re-certifying foreign-trained health care professionals from within the immigrant populations themselves.

WORD GETS TO THE CALIFORNIA ENDOWMENT

*The Welcome Back Initiative's
Mission:*

“To build a bridge between the pool of internationally trained health workers living in California and the need for linguistically and culturally competent health services in underserved communities.

Dr. Fernández-Peña received a phone call some months later from a consultant representing The California Endowment, one of the largest private health foundations that provides grants to community-based organizations throughout the state. The California Endowment had hired the consultant to follow up on a group of current California Endowment grantees, and during the course of the conversation, the consultant asked Dr. Fernández-Peña if he had any new ideas needing funding. Dr. Fernández-Peña said yes,

and explained his idea. The California Endowment came back and asked for a proposal for a Bay Area entity to search for and train and/or re-certify professionals from underserved communities. The California Endowment also required a sister location in southern California. The California Endowment pledged to fund each site individually, and in two stages: first, initial planning and basic start-up funds to see if the program would even be feasible; then, additional implementation funds to revise and augment the initial proposal and get the program moving and advance the agenda statewide.

In response to this generous offer, City College of San Francisco (CCSF) in partnership with SFSU developed the proposal, which ended up including four sites: San Francisco, the Central Valley, Los Angeles and San Diego. With the San Francisco site serving as the flagship, these became the *Welcome Back Centers*, with Dr. Fernández-Peña as the initiative's director.

PLANNING AND FORESIGHT: TALKING WITH PROGRAM CANDIDATES; TALKING WITH EMPLOYERS; ADJUSTING PROGRAM MODELS

During the planning phase, the San Francisco Welcome Back Center, using SFSU methodology, formed ten **focus groups** to interview prospective program participants about their origins, past training and certification, and current training and certification needs. The focus groups also spoke with healthcare employers about their workforce needs.

After one year, the groups came to several conclusions. First, their program model—which would utilize some **One-Stop Career Centers, many Community Colleges, a few California State University and University of California campuses, and partnering local medical facilities**—was best suited to an urban environment. Prospective program participants in the Central Valley frequently had inadequate transportation, for example, to get to college campuses for classes. The Welcome Back Centers plan to return to the Central Valley region once they have devised a more suitable program model.

In addition, according to documents published by the San Francisco Welcome Back Center, “the four barriers consistently identified in the focus groups and in our individual contact with participants are [English] language, limited financial resources and time, a lack of familiarity with the U.S. healthcare system, and lack of credit being given by education institutions for their foreign education.”

The focus groups found that program participants would benefit most if they were offered, in addition to time- and cost-effective coursework and vocational English classes, guidance throughout their re-certification process. This guidance would begin with an introductory class revealing America’s health care system structure, continue through choosing and completing the proper coursework, and carry through certification and job placement. The Welcome Back Initiative decided to center its services around this guiding role and called it the Educational Case Manager, a role Dr. Fernández-Peña describes as “social worker meets community college counselor.” The Educational Case Manager assists each client in forming an attainable, fulfilling educational strategy.

NETWORKING THROUGH RELATIONSHIPS: THE SAN FRANCISCO, LOS ANGELES AND SAN DIEGO WELCOME BACK CENTERS

The Welcome Back Initiative website (www.e-welcomeback.org) contains the following insightful comments on regional center formation and variation; key points have been bolded for the purposes of this study:

Each center evolved somewhat differently because of geographical location, vision of the local leadership, size of the service area, preexisting relationships with local employers and educational institutions, and staffing needs of the regional health sector. Clearly, **well-established relationships through the Regional Health Occupations Resource Centers networks** helped identify employer partners, particularly in San Diego and Los Angeles. **The three centers began within the existing structure of the RHORCs**, which had proven track records of success in health workforce development. The RHORCs also had well-established networks that included community colleges and employers. This was not the case for the Fresno [Central Valley] center, where new partnerships were difficult to establish. The directors of the RHORCs were essential insiders that knew both the mechanics of the educational institutions and the employer landscape and early on facilitated important working relationships.

In San Diego **local employers were incorporated early on the center’s advisory committee** helping to structure policies and provide in-kind assistance. The sheer large size of the participant pool (even with little outreach) in Los Angeles necessitated a modification in the client flow algorithm to accommodate group orientations. The preexisting strong relationships between San Francisco staff and safety net providers gave this center a distinctive character including the **incorporation of safety net providers on their advisory committee**.

The strong **existent relationship between City College of San Francisco Community College and San Francisco State University and institutionalized through Community Health Works**, helped pave the way for smooth inter-institutional relationships. Finally, the nursing shortage throughout California provided opportunities for all WB centers to find employment for participants. Additional information about each center demonstrating these regional variations can

be found on each center's website or by examining client level data through the Initiative Logic Map¹.

CONTRIBUTING STAKEHOLDERS

As noted above, a factor in the great success of the Welcome Back Initiative is the **financial and in-kind support of its diverse stakeholders**. Some funding providers include The California Endowment, The California Wellness Foundation, Kaiser Permanente, Sharp Healthcare, The Grossmont Healthcare District, Scripps/Mercy Hospital, the Department of Health and Human Services and the Children's Hospital of Los Angeles. The Welcome Back Centers are housed at and receive in-kind support from City College of San Francisco, Mount San Antonio College in Los Angeles and a Kaiser Permanente Clinic in San Diego. The program has many additional educational partners, which are listed in their entirety on the website. The UCLA Medical Center is a notable example; the Welcome Back Centers have recently established a program in conjunction with UCLA to give Spanish-speaking physicians completing the Welcome Back process excellent opportunities for residencies.

LEVERAGING RESOURCES: ONE STOP CAREER CENTERS AND THE WELCOME BACK CENTERS

Debbie Smith had worked at a One Stop Career Center for 15 years when she agreed to take on a role in the San Diego Welcome Back Center. These days Ms. Smith works closely with the East County Career Center to get her clients into job search training workshops (which focus on résumé writing, interviewing and related skills) for which Welcome Back lacks funding. Ms. Smith works as an employment advisor at the San Diego Welcome Back Center, and is a Welcome Back client's last stop in the program as the client heads into the job or internship market (though clients are contacted in follow-up at least every six months after completion). The staff at the East County Career Center also assists Welcome Back educational case managers by helping new program candidates to make contact with Welcome Back and by communicating with case managers about each current client's status and needs.

Ms. Smith is a great supporter of Welcome Back, both for its humanity and its practicality. The Department of Labor funds One Stop Centers nationwide, and sets aside money to re-train people for new careers when necessary. These funds allow up to \$10,000 per participant for healthcare industry training. One thing Ms. Smith likes about Welcome Back is **that the Welcome Back program has used its network of support to make training much cheaper**—costing the federal government only \$500 per participant—and it gets highly trained and experienced medical professionals into underserved communities much faster than traditional education and certification programs.

¹ For this passage, go to: <http://www.e-welcomeback.org/WelcomeBackLogicMap/Cross%20Cutting%20themes.htm#regional>; for the logic map, go to <http://www.e-welcomeback.org/WelcomeBackLogicMap/splash.htm>

One way Ms. Smith helps to keep costs down for the clients *and* for the government is by applying for Special Populations grant money within Workforce Investment Act funds. Because most Welcome Back clients fit cultural diversity and certain barrier (usually language barriers) requirements, they qualify for this money – which has already been aside. Ms. Smith also forged relationships with the San Diego Workforce Partnership, which has provided equipment, public transportation services, and other benefits to Welcome Back students. Ms. Smith says she “doesn’t want to be an island” when it comes to Welcome Back, and is glad to report she isn’t. She remains energized by the large and growing network of Welcome Back supporters.

PROGRAM OUTCOMES: A++

Thus far, the Welcome Back Initiative has these marks on its report card:

- 1,371 people validated their credentials.
- 766 people passed a licensing exam.
- 283 people obtained license in their original professions.
- 472 people entered new careers in health.
- 821 people obtained new employment in the health sector.
- 55 M.D.’s have been accepted into residency programs.

Dr. Rolando Castillo, program director at the San Diego Welcome Back Center, is very pleased with Welcome Back’s record. Dr. Castillo was for many years part of the University of California, Irvine, Department of Internal Medicine and Pediatrics Missions Committee, which facilitated the entry of medical students into the school’s program. Dr. Castillo recalls a huge drop in the number of ethnic students entering the program after Affirmative Action was dismantled. He is happy to see such experienced medical professionals, with their own unique cultural knowledge, entering the medical field today.

Welcome Back Initiative director Dr. Fernández-Peña, along with Dr. Castillo, is also pleased that **other cities across the nation are using the Welcome Back model to create a better-trained workforce that can reach out to underserved communities.** Dr. Castillo says the Welcome Back program’s structure is readily “designed for replication,” and both he and Initiative director Dr. Fernández-Peña are excited that affiliated sites have emerged in Boston, New York, and Maryland; Houston and Rhode Island are in early implementation phases. Seattle and the state of Nebraska are also interested in implementing Welcome Back’s structure to meet their communities’ needs. Dr. Fernández-Peña wants to continue to make Welcome Back’s processes “transferable, but while keeping quality control high.”

As one of Welcome Back’s initial and largest supporters, The California Endowment is also pleased with these outcomes. Dianne Yamashiro-Omi, a senior program officer at The California Endowment, says her group was surprised by three key aspects of Welcome Back’s success. First, the number of people Welcome Back has processed was unexpected, as there is no way of collecting accurate data on how many people in immigrant communities already have health care training. Second, these numbers

indicate that there really are large communities of trained immigrants, and that a program like this really could be successfully developed at the state level. The California Endowment is encouraging the California Community College System to aid in the program's expansion. Third, interest in the Welcome Back program at the national level came as a wonderful surprise.

PROGRAM GROWTH; SOME GROWING PAINS

The Welcome Back Initiative has grown incredibly over the few years it has been in service. Nancy Mullenax, director of the San Francisco Welcome Back Center, was happy to share a bit about a new project in the Bay Area:

The Bay Area Workforce Collaborative has recently provided a collaborative partnership, of which the San Francisco Welcome Back Center is one partner, for the Alameda County Immigrant Nurse Reentry Program (INRP) whose mission it is to provide services to assist foreign-trained nurses attain employment in the U.S. Healthcare sector. The other partners include: Chabot Community College, Alameda County Medical Center, Oakland Adult Education, the English Language Institute, and Jewish Vocational Services.

Beginning with nursing, physician's assistant and various technician certifications, the Welcome Back Initiative has expanded to include coursework for physicians, pharmacists, medical assistants, and many other specialties. A dental hygiene and dentistry program has also been added, and a mental health program is being considered.

The Welcome Back Initiative still has its growing pains, however. Diahna Leon is an educational case manager working in San Diego's satellite office in Imperial Valley, where she is housed in the One Stop Career Center. The California Wellness Foundation granted money for the San Diego program to create this satellite office, and Ms. Leon is Welcome Back's first and only representative in a rural area where language proficiency is markedly lower than other areas of the state. "You can live here your whole life and never have to speak English," she says, and this barrier presents one of several needs unique to implementing the Welcome Back program in rural areas. Ms. Leon sometimes gets discouraged because "the Welcome Back curriculum is so good, but our location does not have the funds to pay a full-time instructor. It's hard to maintain the resources we *do* have when only a few people access them...Wal-Mart sometimes pays more than medical industry jobs here, so why would someone spend time and money to get trained or certified?"

"For many of my clients, learning English is more intimidating than performing surgery!"

*Diahna Leon,
Educational Case
Manager*

Ms. Leon reports that, on top of more severe economic constraints and limited course offerings, her clients often require a great deal of monitoring and encouragement to get them through any English courses. As she notes, "For many of my clients, learning English is more intimidating than performing surgery!" Ms. Leon has learned that in rural areas, Welcome Back "has to take smaller steps" when it comes to its clients. She knows that the program will

continue to grow and change to better accommodate the needs of her unique population. Bob Yarris, director of the San Diego and Imperial Valley Regional Health Occupations Resource Center and San Diego Welcome Back Center, corroborates Ms. Leon's findings about client preparation and program readiness. Mr. Yarris says the differences between urban client populations and rural client populations can sometimes be subtle, but that English language acquisition has emerged as a significant obstacle for Imperial Valley clients, and a significant challenge for the Welcome Back Center there. Mr. Yarris reports that, in response to Imperial Valley's unique client demographics, Welcome Back is planning to re-design its operation in there before the end of the second year of The Wellness Foundation's grant.

CONTINUING CHALLENGES

Procuring funds remains one of the largest continuing challenges of the Welcome Back Initiative. While generous donations in start-up funds and in-kind support have helped the program to start out at a high level of quality, additional funds are required to allow the program to continue to grow and maintain that quality. Some funds that have been “earmarked” for the Welcome Back Initiative through the Health Resources and Services Administration (HRSA), for instance, have just come through, but expire in three years; other funds expire yearly or every few years and grants must be revised and resubmitted. Funding remains a concern of every individual interviewed for this article. However, the Welcome Back Centers continue to identify additional funding sources to sustain the program, through routine monthly meetings. As Mr. Yarris points out, “there is so much work to be done to ensure the continued growth of the diverse workforce California’s increasingly varied population will need in the coming years. Ultimate success would be to have the State of California include the Welcome Back Programs in the State’s annual budget.”

“A RESTORATION OF IDENTITY”

It is clear that the Welcome Back Initiative is putting highly-trained workers quickly into an industry that desperately needs them. As Mr. Yarris points out, “Welcome Back is closing the gap between diversity in the healthcare workforce and patient demographics throughout California.”

But solving this practical problem is only half of Welcome Back’s success. Perhaps the program’s greater success is its ability to bring about what Dr. Fernández-Peña calls “a restoration of identity” in its diverse clientele. The Welcome Back Centers, through the integral role of the educational case manager, strive “to understand who these professionals were, who they are, and who they want to be,” says Dr. Fernández-Peña. He points out that most Welcome Back clients have lost only parts of their cultural identities, but their professional identities as well, and that “the Welcome Back Centers give clients room to heal those losses” by offering them guidance and support on a one-on-one basis...so these professionals – in turn – can guide, support, and care for the young, the old, and the suffering in their own communities.

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