

**Podcast Episode 81**

**Educators discuss how more Hispanics can enter the healthcare workforce.**

**Part 1, featuring Ed Alvarez.**

Ed Alvarez is President at the Latino Education Advancement Foundation in the San Francisco bay area, collaborating with other experienced nonprofits in developing initiatives focusing on college and career pathways, college persistence and completion. He is often joined in his work by podcast host Dr. Ramon Jimenez, an orthopedic surgeon who is deeply invested in his community and its ability to produce the diverse healthcare workforce of the future. Dr. Jimenez regularly visits local schools to encourage students to consider a career in healthcare, and help them see that there are many options beyond the most well-known careers of doctor and nurse. In this podcast Ed Alvarez and Dr. Jimenez discuss why it is so important for communities to participate in healthcare, not only as a great career, but also for the benefits a diverse workforce brings to a diverse patient population.

All views and opinions are participants own.

Dr. Jimenez: Welcome to The Health Disparities Podcast produced by Movement is Life. My name is Ramon Jimenez. I'm an orthopedic surgeon who's been involved in mentoring and reducing musculoskeletal healthcare disparities for our marginalized Hispanic population. I also serve on the steering committee of Movement is Life. We hope you are doing well. I'm sure you're experiencing at least some of the aspects of life that are being

disrupted by this pandemic, perhaps many. There is great concern that these disruptions may further exacerbate health disparities by making it more difficult to access care. In fact, many people are simply avoiding visiting their doctor or getting their flu shots and the like, hopefully we can find ways to go around these obstacles or avoid them. Another area where we see significant disruption is with our schools. We will focus in this mini-series on Hispanic education and specifically healthcare workforce diversity. For young people studying online has become the new normal. It is a worrying scenario, especially for families with least resources because studying online requires a good internet connection and a good computer. Not everyone has that, and this could further hamper the increase in diversity we are seeking in those professions which require the highest qualifications. Isn't it logical that we need education equity to achieve health equity? So, how do we go about achieving both? This is something we're going to explore in several podcasts with a focus on Hispanic education.

Our guest today is Ed Alvarez. He is the president of Latino education advancement foundation which is based in the East San José school district where there is a mix of public, charter and private schools. You might think that all the education systems in Silicon Valley are awash with money and opportunity. We're going to talk about how that simply is not

the case. A little about Ed's background, during his law practice tenure Ed's experience included representation of the San Francisco 49ers during the heydays and the five Super Bowls. He also had consulting roles with the city of San José and the county of Santa Clara relating to public private partnerships. Alvarez was recognized in 2019 as a recipient of the Silicon Valley Business Journal's first ever Latino Leadership Award. He served a seven-year term on the board of education of the Eastside Union High School district and the seven-year term on the board of trustees of Santa Clara University. Alvarez was also the founding member and trustee of Crystal Rey Jesuit High School. He also served as the chairman of the board and president of the National Hispanic University in San José and the foundation for Hispanic Education. Ed welcome to the Health Disparities Podcast, we appreciate all the great work you've been doing and we're looking forward to discussing how all this intersects with the goal of increasing healthcare workforce diversity and why that's so important.

Ed: Well, thank you for that introduction Ramon, I appreciate it. One project that I'm most proud of in terms of my past experience is the partnership we created with the University of Santa Clara to assume the teacher credential program of the National Hispanic University. There are clearly not enough teachers of color in our classrooms. In order to accomplish the

objective to increase the number of teachers of color in our classrooms the university now offers a 50% scholarship to students that commit to teach in low-income schools. So apropos to our today's topic, wouldn't it be great if we had teachers of color in every one of our science classrooms for example.

Dr. Jimenez: Why are more students not pursuing careers in health sciences and what are the obstacles?

Ed: Well, first of all, I think there's a lack of information at the high school level about what a career in health sciences is and what is required to pursue such a career. Schools and health providers need to do a better job of communicating the opportunities in the field of health. Our schools generally lack career education pathway programs which for example in the state of Texas have proven to be effective to motivate students to pursue careers; this would be true in health. You have to remember that students of color generally come into high schools having experience years of low expectations and with a lack of proficiency in math and English, so that's obstacle number one. We need to introduce science courses in a way that encourages them to pursue these courses and of course improve the math results, also parent outreach and support is

necessary. We need to expose parents of the possibilities in the health field.

Dr. Jimenez: You know, I've had the opportunity to speak to some of these students and I find that they are intimidated just by the number of years it takes to be an orthopedic surgeon or so. I've had particular students that asked me that question. Do you believe that's true?

Ed: Oh absolutely, again I think that there's a lot of research that indicates that low-income students coming and families that they come from aren't really self-advocates. When they see challenges to how much longer it's going to take for them to achieve any career goal, it's pretty daunting.

Dr. Jimenez: Sure, besides socioeconomic reasons, I've also found that parents can be a positive enforcer or motivator and they also can be a negative in their needs for the student to generate income to contribute to the family pot.

Ed: Well, I don't think there's any question that, especially in today's environment and especially with respect to low-income students who are typically going through school with some type of employment or another and college in particular that is a factor. It's particularly true, obviously, with respect to the boys and the boys often use the employment as kind of

an excuse not to proceed ahead and I think we have to overcome that as well.

Dr. Jimenez: I know, what I've tried to tell these students when they asked me about being an orthopedic surgeon, I try to say take it step by step and you don't have to be an orthopedic surgeon you can stop short of that. In fact, using that word was not good saying 'stop short,' but encouraging to say that there are other fields within, be it a medical assistant, be it an x-ray technician, be it physical therapy. I encountered a dental hygienist the other day who was from Oaxaca which is a region in eastern Mexico and her parents are from there and she came here when she was about 10, but she ended up becoming a dental hygienist, which is I didn't know for sure, she informed me that you can do it after an associate degree, or you can get a bachelor's degree.

Ed: It goes back to the basic lack of information about what a career in health is all about and what options are available in that career. And so, with more information in early years, I think that students will understand better that there are options available to them in a thousand or more different possibilities. And so, yeah, I think more needs to be done to inform them of those possibilities.

Dr. Jimenez: Right and we'll probably talk about this more later, but I think role models in the different areas might also be a great factor for them. So, let me ask you another question. Why is it imperative? Why do you see it imperative that we get more students directed towards health care jobs?

Ed: Well, I think that it stems from the fact that 56% of the population in California is Hispanic. You probably know better than I, having been in the health system itself that the need for bilingual workers is pretty clear. We have all the data in terms of the large number of English learners there are in our schools and the fact that a majority of low-income students graduate not being proficient in English and are classified as long-term English learners. Well given that fact, it seems pretty clear that we need bilingual workers and, in the case, today of the pandemic it's even more important than it would otherwise be, so I think it's pretty clear that we need to get more students into the system.

Dr. Jimenez: Well, I think that the point that you make about the 56% in California in a way and you know that the Hispanic population is rising and there's a concept in health care that of racial concordance. There are statistics to show that patients will gravitate more to racial concordant health care providers. In other words, doctors or healthcare providers that are of the same race or ethnicity that they are. Interpreters are good, a

staff is good if it's bilingual, but if they see a doctor or a healthcare provider of some sort be it a physician's assistant or walk into an office that is a high percentage or other medical assistants are bilingual and bicultural, they feel more comfortable and will open up and communicate with their doctor. And so, what you said is absolutely true that because of the increasing Hispanic population, which is going to reach, they figure 28% of the whole nation will be Hispanic in about 10-12 years.

Ed: The comparable is in our classrooms that all the research indicates that students of color perform better when there's a teacher of color in the classroom. That's why I made the comment about science.

Dr. Jimenez: In Silicon Valley itself with the demand for tech jobs being so high is their opportunity, are there jobs available in healthcare for these young people?

Ed: Well, actually it's the other way around; the demand for jobs in tech is not as great in the Bay Area as demand as the demand for health care jobs. Two years ago, there were 34,000 jobs in health care available and only seven thousand were filled and that gap is going to increase unless more students are guided into health care pathways. And again, the pandemic is making matters worse as students lag-behind educationally or opt out of

college. And so, the pathways to enter the health care field are being I think dramatically impacted right now on account of the pandemic.

Dr. Jimenez: Is this because there's lack of practical opportunities in other words, I think we all realize that the healthcare jobs require hands-on clinical exposure to patients etc. Is there a lack of that or are there plenty of opportunities available for them or they're just not people entering the field?

Ed: I think that it's twofold. First of all, there's little exposure at the high school level so when students graduate from high school expressing an interest in this field for whatever reason, maybe it's because of programs such as Movement for Life as presented in the classroom or Kaiser Permanente's programs in our classrooms, they become interested in the field but then they're left with where to go from there. I think that's where the focus has to be paid because I think that they're starting late in that process of filling these jobs. The answer I think is the jobs are there, the demand is there but the pipeline is not yet anywhere near full.

Dr. Jimenez: Exactly and from your point of view I know we're going to be having a podcast and some questions with Dr. Segura who is the CEO of the high schools in which you're affiliated with. So, specifically, how can healthcare

providers such as hospitals help increase the number of students who want to pursue a health career?

Ed: Well first of all let me cite some facts. In Santa Clara County for example and we may not be unique in this regard, there are 20 hospitals operating in the county and the county health department has a 400-million -dollar budget and employs nearly 2,000 persons. An example of what's experienced in the field today in just one small example is the demand for bilingual clinical psychologists. That demand is so high that those psychologists are generally not available at the high school level and the county is having trouble hiring them because they're competing with the tech corporations who are starting to provide health services, while I don't think hospitals are addressing the issue of increasing healthcare workforce. Kaiser Permanente for example provides 65% of the health services in the county. The County of Santa Clara Health Department operates the largest hospital chain in the county. So, we've got two large players in this arena that need to invest in the schools in the community. They need to adopt the model being developed by the high-tech companies, which provide scholarships and pathway certificates to fill their employment needs. Unfortunately, I think the hospitals and government are still looking at an investment in healthcare as more philanthropy as opposed to a necessity like the tech companies do. So, I think they need

to invest and that isn't happening and like anything else it's probably going to take a lot of advocacy to bring that to the attention that we've got 30,000 jobs in health care available that aren't being filled. I think they can do more but I think they're going to have to be pushed to do more.

Dr. Jimenez: Do you think that healthcare providers can allow students to perhaps come in and do an externship or where they shadow the provider, not necessarily have a job but just a learning exposure opportunity? I know that the Crystal Rey Jesuit model in Boston, Chicago and in San Jose, which you've been part of, they partner with banks, with attorney's offices and hospitals, too and they try to get them jobs there. That's not what I'm talking about. I'm just talking about the opportunity for exposure.

Ed: I don't think there's any question about it; the whole concept of internship. Kaiser has an intern program but the numbers of students that are that are participating in that intern program are less than a dozen and of course they're highly competitive. Kaiser, I think would increase their intern program if there were funding available to pay the interns. And I think that's possible too because the state of California has a strong workforce program in career technical education which actually provides to fund internships. What's missing is that nobody's brought that together, nobody has gone and put the program together and then said to the hospital,

“How many more interns can you handle?” And, of course, there are 20 hospitals in the county, so I think really in one sense that's the most immediate pathway, that's the most immediate bang for the buck so to speak is to expand and develop the internships. And I think that can be done with the county health department as well which is such a large provider.

Dr. Jimenez:           So, do you think the problem is also that it requires long-term thinking, but we live in the short-term world especially in business?

Ed:                       Well, I have to tell you that until I explored this a little bit, I didn't realize that, again and I hate to keep referring to Kaiser but they're providing two-thirds of the health care. And so, the issue there is that Kaiser operates in a model that has physicians on one side and the corporation on the other side and so, if you go to the corporation and say, “This is what we'd like to see happen,” they've got to go to the doctor corporate entity to really make it work. I've just seen that that is an obstacle and it's also an obstacle in terms of funding because the revenues that are produced from this system are really split between the doctors on one side and the corporation on the other side. Its complex but I think with advocacy you can make a change.

Dr. Jimenez: I'm from this area and I trained in San Francisco and I was affiliated with Kaiser and so I know that system pretty well and the Permanente Medical Group is the doctor group if you would as opposed to Kaiser Foundation. What do you feel the role of parents is in guiding students into healthcare careers?

Ed: Clearly the role of parents is vitally important, but we need to change the perception that careers in healthcare are limited to becoming a doctor or registered nurse. That needs to start with the parents, so that they understand the system a little better and how complex the system is. I always use the example of nutrition and becoming a nutritionist and I don't think that people immediately recognize that as part of the healthcare system as such. There's extensive research supporting the fact that parent involvement is critical to supporting student career choices. What's missing is a directed program or directed programs providing parents with the needed background information on career possibilities. For example, there's a national non-profit organization, Alexianza and they've done a study on the impact of career pathways improving academic results for students of color. The same can be said in the field of health. You can take the same approach. Remembering that a lot of these programs that actually do exist are populated by not students of color but other students who actually rushed to get into these programs and I'm talking about

career pathway programs in health. Those are students who come from families where the parents are college educated and the parent can support that career choice, they can provide some background information. Here we're talking about students who are the first themselves to attend college. So, I think it's important to provide parents with much more information than they now have on the opportunities for their children to enter this field.

Dr. Jimenez: Right, I came across some statistics the other day on three zip codes around east San Jose. I was surprised to learn that the combined income of some if there are two parents working \$80,000 and one \$110,000 another, \$140,000 or \$150,000 in another. But I think that Silicon Valley, Santa Clara Valley, where the schools are located is hamstrung by the cost of living for sure. One of the things I was asked directly when I gave kind of a career day, "Doctor how much money do you make a year?" This question was asked me by one of the students and I said, "I do very well and I'm comfortable." I was a little bit nebulous in the answer but your response have made me think that our parents and students being told that as an x-ray technician you can make \$80,000 a year, as a nurse you can make \$90 to \$100,000 a year depending. I mean is there a listing of that, are they told that?

Ed: That's a great point I mean clearly that's part of what people are talking about now as they try to engage in this particular field and that is, students need to understand what the income possibilities are and that directly relates to how they will finance their education. So, if you're looking at a job that pays \$80,000 then it's no different for example in the trades, in the trades, average salary is around \$80,000 but when you go into trades you immediately go into an apprenticeship program and so you begin earning that early on. In pursuing a career as a medical technician or whatever that earns \$80,000 then that has to be related to what is it going to cost to get there and I think that parents and students would be surprised to learn that it's pretty short-term and it's not that expensive, at least not in the community college.

Dr. Jimenez: Right, I think programs student loan forgiveness or reduction of debt or what have you would also be good enticers or good motivators for them to enter the field because in becoming an orthopedic surgeon I did not make any money until eight years after college. Because it was belief at that time was that you just work, you learn, and you come out with this huge debt that's really a turnout for of a lot of young people. Another question is since most high schools do not offer health science career pathway programs, what options are available for students who do wish to pursue such a career?

Ed: Yeah, clearly as we say the options at the high school level are limited. So, the reality is there are really only two viable options. One is the community college and the other is the menu of programs that are offered by for-profit schools and primarily focusing in on certificates. There's a cost associated with both but clearly the best bang for the buck is at the community college, especially with remote learning becoming more prevalent. An ambitious student can not only gain information but can actually enter into these into these programs.

If you look at the course offerings at community college, they cover a significant number of possibilities. If you look at the for-profit courses, they cover an even greater number of possibilities; they just have the ability to address all the different levels. The problem with the for-profits and you just mentioned it is the debt. These programs are not cheap. You have to go into debt and there's more than one example. In fact, the state of California is looking at expanding their career technical education because they're concerned about the number of students who are dropping out of these for-profit certificate courses with debt. So, they haven't completed the course, they borrowed to get through the first six months of it or whatever, so I really think that the community colleges can do a better job than they're doing now in providing students with the career option

opportunities and the different pathways that exist. I know that recently for example, Cal State Monterey entered into a partnership with the community college and with the state to provide scholarships for physician's assistants and so that's a specific attempt to try to bring more low-income students into this career.

Dr. Jimenez: I can tell you that for medical school and for residency, it's a long time but if you join the armed forces and you commit to them year for year, you come out with not only a career, I mean, say it's six years, they'll pay for everything and you just commit to them a six-year commitment but then when you come out you're already there 13 years and then at 20 years you can retire from the armed forces but you come out with no debt. If something analogous to that could be made at a lower level if you would or a shortened level for a two-year program or for a dental hygienist, a two-year program for a radiation technician or something more sophisticated like that that takes two years then I think that that might be an avenue.

Ed: I think that is absolutely correct, for example Foothill College which is in the affluent areas of our county offers a program in radiology and again it's a community college. Of course, I'm high on community colleges so directing students into those programs at schools that offer a specific area

of training I think is just part of the whole process that has to take place. I had a conversation just recently with the University of Santa Clara, who as a private college is looking to increase their enrollment with low-income students. What came out of that conversation is that because it's so expensive to finance a four-year private university education that what Santa Clara is studying is a model that is called the Arupe college model that would be basically a two-year community college low-cost education with a transfer into the four-year program as a junior. So, basically, it's cut the cost for the student by two years and it cuts the cost for the university because they can offer twice as many scholarships in a two-year mode than they can in a four-year mode. I think it's that kind of creativity that's got to take place with the focus being to increase the number of students that enter into the health field in one form or another.

Dr. Jimenez:           You know that's exciting and I had heard about that Arupian program and the way you just described it just is very exciting if it can come to fruition and keep going and growing. I know you run across students and stuff at your schools and so if you encounter a student from a low-income family how do you approach them about the feasibility?

Ed:                   I think you touched on it a minute ago about the step by step. I think that's a great point and I think that there's recognition that those careers

obviously require four-year degrees. There's that recognition and the obstacles of course are costs on the one side and again, I will continue to say a two-year transfer is a way to cut costs and the other is impacted programs. This is particularly true in nursing. I'm not as familiar with the medical schools as such but in nursing I can repeat to you example after example of students that I have spoken to. In fact, I have a granddaughter who's been through the two-year preliminary part of this and now is having to go to Oregon to get her nursing certificate and I know you're familiar with that as well. So, these programs are impacted and it's just really interesting how all this wraps around to how it affects our kids and when I say all this, I'm referring specifically to a conversation I had with San Jose State within the last two weeks about Proposition 16. The reality that students of color aren't getting any preference in any aspect of the programs they offer and since all the programs are impacted. I take teaching for example, that's an impacted program and San Jose State has not figured out a way in which they can increase the number of low-income students into their teaching program. It was totally surprising when they cited Proposition 16 to me and said, "You know if it passes, we might be able to do more about this." Well, of course, it didn't pass affirmative action yet Harvard and some of the Ivy League schools that have been sued on this point have actually been successful in increasing the number of students of color. So, I don't know exactly how it is in the medical

schools, but I do know that if everybody wants to be a doctor then how does the low-income kid get in there, get into those schools and I know that's true in nursing. So, I just think that it goes back to your one step at a time so my first step to all of these students is go to community college for two years and make sure you're there for only two years. I have an intern that works for me right now who is a public health mate, actually I have two interns, they're both majors in public health. One of them went two years to Evergreen Valley College and now is at the University of California as a public health major. The other went to San Jose State for two years and is now at the University of Santa Clara. San Jose State majoring in public health but was attracted to the program at Santa Clara being much more robust. They had a scholarship for low-income kids. So, now, he's there so it's almost a case-by-case basis, but I'm not sure there's any ready answer to how you can direct them in the case of a physician or a certified nurse.

Dr. Jimenez: Great, before we sum up, I'd like you to for our listeners who are not all from California for sure could you give me the quick and dirty or give us the quick and dirty of Proposition 16?

Ed: Some years ago, now, almost 30 years ago legislation was passed in California that would prohibit a school of higher education to discriminate

in favor of students of color. This legislation was brought in by Governor Pete Wilson and it's been in existence for 30 years. So, for 30 years, schools have had to kind of gerrymander around how they could admit more students of color when they were an equal number of students, other students who wanted admission. So, Proposition 16 proposed to repeal that law and to make it permissible for schools using certain criteria to admit students of color based on the fact that they were students of color and that proposition was defeated. And because again, there are there are segments of the population that are not Hispanic or African American who in particular attend the UC schools in California, which are considered some of the best worldwide and so the competition is intense. This proposition was intended to change that so that there could be a certain number of students that would be admitted; equally qualified but would be admitted over other students who were equally qualified. That's what Proposition 16 was all about; it's not over yet and hopefully it'll come back.

Dr. Jimenez: Ed, our time is up but I know we could have discussed this more and more and I hope we can talk about it in a future episode and we'll plan on it, so thank you for your time, your input and your cogent ideas.

Ed: Thank you for the opportunity. It's been a great experience for me.

Dr. Jimenez: And I also would like to thank our listeners for joining us today. Subscribe to the podcast on iTunes or on spotify so you won't miss the next episode in this mini-series. It will feature another Hispanic leader, Dr. Sherry Segura who is CEO of the Foundation for Hispanic Education. Stay safe, be well, be smart and its goodbye from San Jose.

(End of recording)