

Youth Healthcare Pipeline Program:

An Upstream Approach to Addressing the
Healthcare Workforce Shortage in California

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Community Health Councils (CHC) is a non-profit, community-based health education and policy organization. Established in 1992, our mission is to promote social justice and achieve equity in community and environmental resources to improve the health and well-being of underserved populations.

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Executive Summary

In 2017, Community Health Councils (CHC) engaged South LA healthcare leaders in the development of a Youth Workforce Pipeline Model at Federally Qualified Health Centers (FQHCs) to address the shortage as well as the ongoing racial disparities in the healthcare workforce; and determine the elements and infrastructure necessary for 1) youth of color to gain the required skills to enter the healthcare workforce, and 2) increase community clinic capacity for hosting youth internship programs.

With an ever growing need to address the healthcare workforce crisis, improve the diversity of the workforce and provide youth a better sense of what the healthcare workforce has to offer, this report provides a first step toward understanding how we can create a workforce youth of color pipeline in a sustainable manner. Through 1) a literature review and landscape analysis of the healthcare workforce pipeline and 2) the implementation of the pipeline project, CHC was able to identify:

Policy Recommendations for school districts

- Develop or adopt a digital literacy curriculum and essential skills benchmarks to ensure that students at all grade levels are learning the skills necessary to succeed in an increasingly digital society.
- Develop curricula, policies, and programs to ensure students are entering college and/or the workforce with strong communication and literacy skills.

Future Research to financially sustain and improve healthcare workforce pipeline programs

1. Explore novel funding mechanisms to support healthcare workforce pipeline programs to ensure that youth, clinics, and schools are adequately compensated.
2. Identify ways to attract students from various racial and ethnic backgrounds, especially African-American students.
3. Explore entry-level healthcare job requirements and the student preparation necessary to be eligible for these jobs.

Lesson Learned & Next Steps for future iterations of the project

1. Before initiating student internships, involve clinic staff earlier on in curriculum planning.
2. Provide more mentorship opportunities to learn about career pathways during and after work hours.
3. Rotate interns through fewer departments for a longer amount of time as well as have fewer students in each department to increase intern-staff ratio.
4. Provide more soft-skills trainings during in-service sessions.
5. Provide students more opportunities to engage in healthcare policy advocacy.

Introduction

The national healthcare workforce shortage is prevalent in California with only 11 of 58 counties meeting required primary care physicians (PCP) rates (60-80 PCPs per 100,000 patients)ⁱ. In 2015, South LA had a rate of 13 PCPs per 100,000.ⁱⁱ Healthcare workforce shortages are often seen in rural areas or inner city urban areas—typically in places with high rates of poverty, and with vulnerable populations that crucially need healthcare access. Although workforce shortages are prevalent throughout the U.S., these are exacerbated in dense urban areas where there are more people waiting in a clinic for care. This clinic overcrowding, the long work hours and provider fatigue are avoidable, if additional healthcare professionals can be attracted to and retained in places such as South Los Angeles.^{iii, iv} In California, the Medi-Cal Expansion has further increased the demand for healthcare, and despite attempts to increase capacity, many Federally Qualified Health Centers (FOHCs) are struggling to meet current demand, with both provider and space shortages.^v A study by the California Primary Care Association (CPCA) has noted the significant and growing challenge of having enough primary care providers for the Medi-Cal population, which comprises 1/3 of Californians.^{vi} In order to address the healthcare workforce shortage, CPCA recommends five strategies, listed to the right.^{vii}

**Pathway Model
Recommendations**

1. Career Awareness and Education
2. Residencies and Graduate Medical Education Funding
3. Primary Care Transformation and Finance Innovations
4. Recruitment and Retention
5. State and Regional Strategies and Infrastructure

Source: Horizon 2030 Meeting California's Primary Care Workforce Needs

In addition to workforce shortage, there is a substantial lack of racial and ethnic minorities representation in healthcare professions.^{viii, ix} One study from the UCLA Center for the Study of Latino Health and Culture found a growing shortage of Latino healthcare professionals, although there is a growing Latino population in the U.S.^x; similarly, African Americans comprise disproportionately fewer healthcare professions than is representative of the total population.^{xi} Given that individuals often feel most comfortable interacting with people who look like them and speak their language, it is crucial to train and attract community members to become healthcare professionals in their own communities—thereby increasing cultural competence and reducing the workforce shortage. A particular upstream approach to strengthening the healthcare workforce is to focus on pre-college age youth of color pipeline, which could **begin addressing CPCA's first** recommended strategy of career awareness and education, as well as the ongoing racial disparities in the healthcare workforce.

Developing a healthcare workforce pipeline for youth of color presents many great opportunities. For one, it informs and empowers youth of color to pursue healthcare careers at various levels within their communities, thus having the potential to reduce the healthcare workforce shortage in South LA. Additionally, youth are exposed to the operational intricacies of a community clinic and healthcare system at a much earlier age so they can become advocates and inform their friends and family about the importance of having and utilizing healthcare coverage, thus, connecting individual well-being to population health. A recent report from the Brookings Institution found that teenagers and young adults experience greater challenges finding employment in Los Angeles than other age groups, and employment is harder to come by in Los Angeles than other metropolitan areas in the country. There are significant employment disparities related to race/ethnicity and education status and a strong correlation between youth employment and future employment. While all groups saw declines in employment after the 2008 recession, the gap between white teen employment (34%), Latino teen employment (26%), and black/African-American teen employment (21%) is substantial.^{xii} A report by JP Morgan Chase & Co. demonstrates that youth summer employment programs are a valuable way to provide work experience, job training, and pave the way for a successful economic future.^{xiii} Given that youth employment serves as an indicator for later employment, there is a crucial and demonstrated need to reduce the employment disparity among these youth ethnic groups. This can be done by integrating workforce training into high school programs, increasing workforce pipeline internship programs for high school youth, and developing educational programs that align with the employment needs in a region.^{xiv}

The healthcare workforce in Los Angeles is anticipated to grow by 14% or 83,440 jobs by 2019.

A youth of color healthcare workforce pipeline program in South LA is especially relevant, as the healthcare workforce in Los Angeles is anticipated to grow by 14% or 83,440 jobs by 2019.^{xv} Within the Los Angeles healthcare workforce, 23% of jobs are considered middle-skill, which can be obtained often with a two-year or trade school degree. Middle-skill jobs pay higher wages than low-skill jobs, while not requiring significant education and financial commitments.^{xvi} These jobs have a median hourly wage of \$37.51, substantially higher than the Los Angeles living wage of \$21.62 per hour. A youth of color workforce pipeline program can introduce youth to healthcare professions of various skill levels that have the opportunity for advanced career movement and higher income through additional education/training over time.^{xvii} Further, a report by the U.S. Chamber of Commerce Foundation has identified four ways that investing in youth can benefit businesses and organizations:

1. Creating a strong pipeline of future employees and talent;
2. Filling critical skills gaps;
3. Increasing workforce diversity; and
4. Spurring innovation.^{xviii}

Finally, youth of color are at higher risk of experiencing neglect and trauma, thereby making the role of productive citizenship more complex. Some studies have found that a sense of self-efficacy can be derived from youth employment and community service, especially for low-income youth. Purtell and McLoyd (2013) found that an association existed between youth employment and a sense of autonomy, greater optimism, and higher levels of efficacy. Hence, pipeline programs provide an opportunity to empower youth of color in addition to increasing their career options as they graduate high school and enter college, trade school, or the workforce.

Community Health Councils (CHC) engaged South LA healthcare leaders in the development of a Youth Workforce Pipeline Model at Federally Qualified Health Centers (FQHCs) to address the shortage and well as the ongoing racial disparities in the healthcare workforce as well as determine the elements and infrastructure necessary for 1) youth of color to gain the required skills to enter the healthcare workforce, and 2) increasing community clinic capacity for hosting youth internship programs. This report outlines the results from this engagement and provides:

1. A literature review and landscape analysis of the healthcare workforce pipeline
2. An overview of the pilot project including the healthcare partners and project design
3. Key findings from the pilot and recommended next steps

Literature Review and Landscape

A literature review and key informant interviews were conducted to assess the current state of the healthcare workforce pipeline programs in Los Angeles and nationally. All of the key informants also participated in the advisory committee to guide the development of this pilot project.

Literature Review Findings

Based on the findings from the literature review, programs that provide a hands-on experience with positive role models are more successful in making an **impact on a student's career decisions**, especially when these programs provide leadership training.

*Programs that provide a hands-on experience with positive role models are more successful in making an impact on a **student's career decisions**.*

There are numerous healthcare pipeline programs focused on increasing the diversity of the healthcare workforce across the nation. Most programs are designed to combine training of direct skills associated with the healthcare sector with skills necessary for youth personal and professional development, such as career development, professionalism, life skills, and social services support. A review of the literature focusing on healthcare pipeline workforce programs shows the prevalence of this approach. The programs ranged from 16 weeks to 24 months long; during this time, students are exposed to a speaker series and other resources

to help facilitate transition into high school, college, and careers.^{xix} Table 1 below provides an overview of the programs that were identified through the literature review.

Programs that function in partnership with healthcare professionals and public schools can have even stronger positive outcomes in increasing the rate of youth of color entering the healthcare workforce. These partnerships can be impactful because they target youth, educators, and school curricula at various stages of education, which allows youth to grow into healthcare careers of their choice and fit. Specifically, effective strategies that promote health careers to youth include:

- Exposure to minority role models;
- Outline of positions, salaries, and the job functions of various roles in the healthcare sector;
- Programs with leadership and life skills training; and
- Parental involvement to reduce potential barriers for youth pursuing higher education.^{xx}

Table 1. Existing Healthcare Workforce Pipeline Programs

Program Name	Program Location(s)	Program Goals	Program Provides
Alameda County Health Pipeline Partnership (ACHPP) ^{xxi}	Various, Alameda County, CA	Increase diversity of health care workforce by providing mentorship, academic enrichment, leadership development, and career exposure to disadvantaged and minority youth.	<ul style="list-style-type: none"> • One-on-one mentoring • Academic tutoring • Internship (summer, yearlong) • College and career counseling • Networking • Support services (money management, resume writing, job placement, etc.)
FACES for the Future (FACES) ^{xxii}	Alameda, East Oakland, Hayward, Sacramento, San Diego, San Francisco, & Detroit	Support youth workforce development in health.	<ul style="list-style-type: none"> • Capacity-building support • Health careers exploration • Academic enrichment • Wellness support • Youth leadership development
Kaiser Permanente's KP Learn About Unlimited New Careers in Health Care (LAUNCH) ^{xxiii}	Various, CA	Introduce underrepresented and low-income high school and undergraduate interns to careers in health professions and higher education.	<ul style="list-style-type: none"> • Paid internship opportunities for high school and college students to engage in personal and professional development in the healthcare sector
Mentoring in Medicine and Sciences, Inc. (MIMS) ^{xxiv}	Oakland	Increase the number of underrepresented health professionals.	<ul style="list-style-type: none"> • Mentorship • Career exposure • Leadership development
Instituto Justice and Leadership Academy ^{xxv, xxvi}	Chicago, IL	Contribute to the fullest development of students by providing an educator which fosters growth as critical, active, and productive members of their families and communities.	<ul style="list-style-type: none"> • Competency-based curriculum with an interdisciplinary approach, divided by “Pods” – Leveling, Apprenticeship, and Mastery
Los Angeles Reconnections Career Academy (LARCA) ^{xxvii, xxviii}	Los Angeles, CA	Provide a pathway back to school for opportunity youth.	<ul style="list-style-type: none"> • Vocational skills training (CAN and HHA) • Internships and job placement support
Taller San Jose ^{xxix, xxx}	Santa Ana, CA	Empower disconnected young people with the job training and life skills needed to move out of poverty and achieve enduring personal and professional success.	<ul style="list-style-type: none"> • Contextualized learning • Academic and social support services • Employer engagement • Strong externship program • Bridges to other career pathways • Courses include: math, medical terminology, science and computer labs

Funding Youth Workforce Pipeline Programs

Unfortunately, urban high schools across the country struggle to obtain adequate funding to properly equip youth with the skills necessary to enter the workforce or higher education. This is especially true with the Los Angeles Unified School District (LAUSD), which spends about \$9,000 per student, which, when adjusted for cost of living, decreases even further to \$7,443 per student—a whopping 37% lower than the \$11,866 per student national average.^{xxxii} In order to provide youth with the best chances of a successful future and career trajectory, summer learning and after school programs are critical. Researchers from the RAND Corporation studied the value of out-of-school programs and found that most were understudied; therefore their benefits have been underreported. As a result, funding is often diminished or threatened, especially for summer programs, as many are federally funded.^{xxxiii}



Another funding challenge in programs that bolster the youth of color healthcare workforce pipeline is that, most funded programs are for youth that are already in college or have graduated with a baccalaureate degree. While these programs are important for fostering relationships between youth and clinics (oftentimes these youth go on to medical school and tend to return to the clinics), there is a high need for programs that foster and train youth at an earlier age, as demonstrated by the literature review.



Healthcare Pipeline Programs in Los Angeles

The LA Trust Youth Advisory Board

The Los Angeles Trust for Children’s Health (The L.A. Trust) was formed to address health challenges faced by students in the Los Angeles Unified School District (LAUSD). The organization supports comprehensive school-based healthcare services for high-needs students in the school setting^{xxxiii} and is informed, in part by their Youth Advisory Board (YAB). The L.A. Trust YAB members **offer feedback on “perceptions of the Wellness Centers and other related programs, identify issues affecting their peers, and give recommendations on how to respond to the needs and requests of students.”**^{xxxiv} Students are trained on a myriad of health topics, such as health policy and systems-level advocacy, minor consent laws, mental health, obesity-prevention, and reproductive health. Students represent each Wellness Center site and are members of campus-based Student Advisory Boards, which lead health awareness campaigns at their schools. Students are recruited from these Student Advisory

Boards and other school site programs, varying by campus. The Wellness Coordinating Councils¹ also share information on Student Advisory work and incorporate other on campus student clubs to serve as advisors and model health leadership. Students may receive stipends for their participation in the Youth Advisory Board. The L.A. Trust has also helped to develop students as peer providers within Augustus Hawkins High School's Community Health Advocate School and soon to be in Theodore Roosevelt High School's Medical Science Career Pathway.

Los Angeles Healthcare Competency to Care Consortium (LA H3C)

The LA H3C project is a multi-college initiative in the Los Angeles Community College District (LACCD). LA H3C creates a training model for trade-impacted workers and other long-term unemployed individuals in the Greater Los Angeles area.^{xxxv} The project partners with local healthcare organizations, many of whom are represented in the Youth Advisory Council described below. LA H3C seeks to:

- Improve entry and engagement through the Health Science Pathway Orientation which incorporates evidence-based practices, including an assessment of interpersonal, academic and career readiness;
- Improve retention and employability through the Health Science Foundation Credential, confirming readiness for entry-level health care employment;
- Develop new and strengthen existing health science programs within the LACCD; and
- Increase degree and certificate attainment, employment rates, and transfers to four-year institutions in collaboration with local workforce agencies, community-based organizations and employers.

LA H3C has the following components: 1) a Health Science Pathway Orientation to help bridge experiences and help students explore career options, 2) a Prior Learning Assessment to help guide student learning, 3) Digital Badges to verify competencies, 4) Stacked and Lattice Credentials with Industry Engagement, and 5) Technology Enrichment and Adaptive Learning.^{xxxvi}

Community Health Advocates School at Augustus Hawkins

The Community Health Advocates School (CHAS) has a mission to “nurture, empower, and inspire the future social workers and community health advocates of South Central,” and a vision to “prepare students with an understanding and a career pathway in contextually competent social work, behavioral health, and/or other community health professions in order to excel through higher education and become transformative leaders of our local and global communities.”^{xxxvii} More information regarding CHAS can be found in the partnership section below.

¹ The Wellness Coordinating Council is a group of stakeholders representing Wellness Center providers, school administrators, and representatives from the LAUSD and LA Trust staff. The Council meets monthly to discuss the Wellness Centers and student engagement.

Los Angeles Promise Zone's Young Ethnographers Program

The Los Angeles Promise Zone (LAPZ) **was established in 2014, as part of President Obama's anti-poverty initiative.**^{xxxviii} The LAPZ strives to foster good jobs and healthy businesses, improve educational opportunities, make neighborhoods safe, and promote sustainable and livable communities.^{xxxix} **LAPZ's Youth Ethnographers Program (YEP)**² offers rising high school seniors an opportunity to participate in a multi-disciplinary, research-oriented workforce development program which seeks to help achieve the aforementioned goals. YEP promotes community and civic engagement while teaching students to examine community needs and assets to discover solutions to local programs. YEP is a six-week program providing summer employment, where students learn about team building, ethnography, administering surveys, data entry and management, and social media skills. Throughout the program, students also develop their leadership and professional skills, with youth development activities and opportunity for reflections. The YEP program trains youth in conducting community assessments while learning more about their community. Additionally, youth participate in research training, social justice seminars, higher education workshops, and self-care activities. The program is able to collect local community data, train youth in preparation for the workforce, community engagement, public health, and higher education. The program has also expanded to serve as a program evaluation tool for community partners.

The LAPZ YEP was modeled from the Watts Community Studio which created the program in 2013. It was brought back to Watts in 2017. Once the 2017-18 pilot is complete it will be implemented through Watts Rising³ for the next three years during summer months. The program is led by the Assistant Director of the Division of Community Engagement and Assistant Professor in the Masters of Public Health Program in Urban Health Disparities at Charles R. Drew University (CDU). The University is committed to strengthening its pipeline through which professors are able to conduct their research by training local youth and exposing them to the various programs offered by the University. Most recently, CDU launched the Urban Community Health Sciences undergraduate degree, where the students are trained on community health focusing on inner-city urban communities. The program is designed to have students participate in fellowships/internships and to take the Certified Health Education Specialist (CHES) exam, as well as preparing them to apply for the MPH program at CDU.

The following programs provide hands-on internship experience at a clinic or hospital. More information regarding these programs can be found in Appendix A.

² Although YEP is not a clinical pipeline program this is an important program to learn from. YEP numerous components to empower youth and prepare them for the workforce and higher education can be drawn from in designing future healthcare pipeline programs.

³ a partnership of non-profits, businesses, government agencies, residents and philanthropic funders who are working together to create a new vision for a healthier Watts.

Community Clinic Association of Los Angeles County—AmeriCorps VISTA and Health Care Fellows Programs

The Community Clinic Association of Los Angeles County (CCALAC) represents nonprofit community clinics and health centers operating as primary care sites throughout the county.^{xi} **CCALAC’s mission is “to promote community clinics and health centers as providers and advocates for expanding access to quality comprehensive health care for medically underserved people in Los Angeles County.”**^{xii} CCALAC hosts AmeriCorps Health Fellows and AmeriCorps VISTA (Volunteers in Service to America) members at their member clinics, both programs geared towards college students or graduates. These programs are suited for those interested in pursuing a career in community or public health.

The AmeriCorps Health Fellows Program at CCALAC is focused on increasing access to comprehensive primary care services for the medically underserved in LA County.^{xiii} This program places 23 Health Fellows at member clinics and community health centers, serving full-time for 11 months. Health Fellows focus on outreach, enrollment, and health education. AmeriCorps VISTA members follow a similar pathway; serving at a clinic full-time for one year.^{xiiii} VISTA members work on capacity building projects to increase access to primary care, health education and other health services. Specifically, projects may focus on: volunteer, recruitment, fundraising and grant writing, quality improvement, outreach and enrollment programs, homeless and military families programs, partnership development, research, and various economic, housing and health programs. CCALAC supplements the clinic experience with monthly trainings and check-ins with AmeriCorps members. The monthly trainings concentrate on developing soft skills, taught by external speakers.

COPE Health Scholars

COPE Health Scholars is a division of COPE Health Solutions, formerly known as Community Outreach Prevention and Education (COPE), a health care management and consulting company.^{xliv} The Health Scholars program began as the Clinical Care Extender program, for college students and recent college graduates; currently, the program also offers the Junior Health Scholar program for high school students—a Licensed Nurse Scholar program for those interested in pursuing careers as a registered nurse, and the Care Coordination Scholar program for students interested in care coordination.^{xlv} **COPE’s programs place** interns in a clinical setting where they rotate through departments in a hospital; many sites offer administrative rotations to complement the clinical rotations. Participants can have direct contact with patients and can use the experience to fulfill the graduate programs’ required clinical hours.

Health Careers Connections Programs

Health Career Connection (HCC) is a national nonprofit organization focused on empowering students, especially those from underrepresented or disadvantaged backgrounds, to pursue healthcare and public health careers.^{xlvi} Interns are connected to organizations representing a variety of health sectors where they

can support projects that improve population health in the communities served. This ten-week, paid, summer internship program integrates practical experience with professional development trainings, and fosters a supportive network with peer and alumni mentorship.

LA Promise Fund’s The Intern Project

The LA Promise Fund is a nonprofit organization that works to prepare “students in Los Angeles for success in college, career, and life.”^{xlvii} The Intern Project (TIP) through the LA Promise Fund connects high school juniors and seniors with paid summer internships to increase exposure to different careers, and has been in operation for four years. TIP devotes portions of their orientation and culminating event to teach interns about soft skills (communication, interpersonal skills, etc.). TIP also checks in with their interns on a weekly basis to follow their progress and provide guidance throughout their internships. Information regarding program recruitment, structure, and outcomes can be found in the partnership section below.

Kaiser Permanente—KP YES West LA Career Pipeline

Kaiser Permanente has established the KP YES West LA career pipeline program designed to engage 11th and 12th graders in healthcare careers by partnering with 8 local high schools and recruiting students to participate in a two-year volunteer and professional development program. Participation in KP YES aims to provide students with the following:

- Develop an understanding of the healthcare sector and career options;
- Gain pre-employment skills (interviewing, resume writing, etc.);
- Increase on-site professional skills (communication, leadership, cultural competency); and
- Offer access to summer youth employment

The design of the two-year program allows students to gradually gain more knowledge and experience about healthcare settings and careers over time. Students interested in the program must be in 11th or 12th grade and have a 3.0 grade point average. Once accepted, they attend an orientation and complete a health screening to ensure that all necessary vaccines are obtained. During the first year, students are expected to volunteer 100 hours (~4.5 hours/week) and attend workshops (topics include workplace and healthy lifestyle, seven habits of highly effective teens, and pre-employment skills). Upon completion of the first year of service, students are issued a service recognition level according to their participation (Certificate of Completion, Silver Service Recognition, and Gold Service Recognition), after which they can apply for Summer Youth Employment. Gold and Silver recognitions are prioritized for employment opportunities. During the second year of the program, students complete an additional 100 volunteer hours, attend weekend workshops, and participate on a Youth Leadership Council. The Youth Leadership Council, which takes place throughout the entire second year, is responsible for coordinating and presenting a team project.

Kaiser also offers a Youth Work Preparation Certificate Program that takes place over 8 Saturdays and aims to help youth develop a strong understanding of healthcare careers, pre-employment skills, communication skills, and cultural sensitivity. This program began in 1989 as a supplement to the Summer Youth Employment Program. It takes place at the Watts Counseling and Learning Center. Youth interested in the program must be at least 16 years old, have an overall GPA of 2.0 or higher, and be interested in a career in the medical field. The program prioritizes diversity from various schools, racial/ethnic breakdown, and gender representation, and most students come from low-income households.



Summary

Programs that empower youth and provide them with professional development are abundant in Los Angeles, and for good reason, especially in low-income communities of color where youth are often not exposed to as many opportunities as youth in more affluent communities. While most programs focus on college-aged youth, some internship programs exist at the high schools level to introduce youth to healthcare and other professional careers. One high school was identified that focused on training youth to become community health advocates, while other internship programs pulled youth from various schools. Learning from each of the identified programs, CHC determined that 1) it was important to focus on high school-aged youth

to introduce them to healthcare careers at an earlier age, 2) it was crucial to develop partnerships with existing school based, workforce and healthcare organizations, and 3) youth should be provided with supplemental education and experiences in addition to working their internship hours.

Training Needs for Youth Entering Healthcare

In California, the healthcare workforce is anticipated to grow by 450,000 jobs by 2020.^{xlviii} With an ever-increasing diversity across the state, it is important that the pipeline for the next generation of healthcare workforce reflects this increased diversity.

A report from the Hospital Association of Southern California has identified critical need occupations, which include: health information coder, medical laboratory technician, case managers (registered nurse), and radiology technologist.^{xlix} A similar report from Allied for Health identified a high need for difficult to fill positions including nurse practitioner, registered nurse, health coder, physician assistant, and case manager.[!] While the internship program with high school students cannot train on medical or nursing specific roles, clinic specific skills required of all staff can be taught.

In LA County there is a demand for healthcare middle skill positions but a limited pool of adequately skilled, trained and diverse individuals. A report on the state of the economy in Los Angeles County underscores the **fact that the county’s healthcare sector is growing strongly and that there is a high demand for middle-skill jobs**, which comprise 23% of all healthcare jobs, including jobs such as physical therapy assistant, registered nurse, health information technician, and medical assistant.^{li} These middle-skill jobs have earning potentials of up to \$44.04 and do not require lengthy or expensive higher education. Youth entering the healthcare workforce require several core competencies, as identified in both the literature and in stakeholder interviews with local healthcare administrators. Prior to recruiting youth into its pilot program, CHC met with staff from **St. John’s** Well Child and Family Center (the clinical partner in this pilot) to gain an understanding of the minimum requirements for any entry level positions within their



clinics, which corroborated the literature review findings. Competencies can be divided into 3 categories: 1) interpersonal and communication skills (customer service, approaching patients with compassion and empathy, communicating with other clinic staff professionally and effectively); 2) technical skills (languages, computer skills, etc.); and 3) health literacy. Feedback from stakeholders and partners have emphasized that it is very important for young people entering the healthcare workforce to have basic computer skills and the ability to draft professional communications such as emails, memos, and case notes.

Public schools across the nation struggle to maintain adequate funding. The national journal, Education Week calculates a nationwide average school finance grade of C, based on equity and spending per student. This grade is even worse in California, with a grade of D, resulting in poor graduation rates and low educational outcomes.^{liii} While graduation rates are improving at LAUSD, with a recent record breaking 75% rate,^{liiv} students are still not adequately prepared for college and career readiness.^{li} Overall, in 2016 only 39% of LAUSD students met English/Language Arts achievement standards on standardized tests, and only 28% of students met Mathematics achievement standards.^{livi} With the range of skills and knowledge necessary to enter the healthcare workforce, K-12 education alone cannot be expected to train youth for high-demand careers; and, young people interested in healthcare careers should receive training from both their formal K-12 education and workforce pipeline programs. While K-12 schools should provide pupils with reading, writing, mathematics, and computer skills, out-of-school programs should also exist to provide industry-specific skills and networking opportunities.

In the case of healthcare careers, programs need to provide youth with career-specific knowledge, training on public speaking and other communication skills, and health literacy. Given the current and ongoing

demands on community clinics, it is unreasonable to expect them to provide all of this required training—thus, making partnerships with broader pipeline programs necessary. For example, CCALAC’s AmeriCorps Vista program pairs youth with clinics wherein clinics provide the necessary job-specific training, but monthly professional development trainings are provided by CCALAC.

Pilot Project Overview

Community Health Councils’ youth of color workforce pipeline pilot internship program took place during the summer of 2017. Prior to the internship starting, a literature review was conducted and an Advisory Committee was convened to develop the internship curriculum. Students were recruited through two project partners to intern in 7 departments at St. John’s Well Child and Family Center. These organizations were chosen because of their successful history of working with CHC as well as because through their existing programming and engagement in the community they have shown an interest in improving the healthcare workforce pipeline.

Advisory Committee

An Advisory Committee was established to guide the development of the summer internship curriculum, share best practices from other programs, and provide input to the program along the way. The Advisory Committee is comprised of representatives from eight local organizations⁴:



⁴ Young adults from CHC staff participated on the advisory council and provided recommendations based on their lived experiences

These advisory members represent partner organizations and local programs that have a shared commitment in advancing youth through personal and professional wellbeing. Organizations represent a range of sectors that engage with youth, including: academic, healthcare, and nonprofit organizations focused on improving youth health, wellbeing, and professional outcomes.

Pilot Partnerships

Community Health Councils (CHC) partnered with three programs to pilot its healthcare workforce pipeline program in the summer of 2017, 1) St. **John’s Well Child and Family Clinic in South Los Angeles**, 2) LA Promise Fund, and 3) Community Health Advocates School (CHAS) at Augustus Hawkins High School.

St. John’s Well Child and Family Center

St. John’s Well Child and Family Center (St. John’s) is a community health center with a network of FOHCs and school-based clinics in Central and South Los Angeles, and Compton.^{lvii} In addition to providing **comprehensive health care services, St. John’s offers supportive services to address families’ educational, socioeconomic, and mental health needs. St. John’s conducts outreach, health education, child development** and literacy education, case management, insurance enrollment, and mental health assessments in collaboration with health, educational, social service and developmental agencies.^{lviii} St. John’s also promotes community outreach and advocacy to support a progressive public health agenda. The Right to Health Committee, a patient-led community organizing project advocates to fix the health care system in South Los Angeles by ensuring health care is accessible, affordable, and high quality.^{lix} The committee engages community residents of all ages in advocating for improvements in health care, health outcomes, **and access to quality care in South Los Angeles. Additionally, St. John’s supports numerous student interns** and engages them in their advocacy efforts.

LA Promise Fund – The Intern Program (TIP)

TIP’s internship program is open to students of public and charter schools throughout LA County. **LA’s** Promise recruits students through social media promotion, newsletters, and e-blasts to an already existing network of schools, school districts, and alumni. In addition to their social media promotion, TIP provides informational presentations to recruit students. Interested students can apply online and the application has three components: personal information, short essay, and video submission. The short essay and video submission asks students to answer the following questions:

- What sets the applicant apart from other students/applicants;
- Why the applicant should be accepted; and
- A difficult situation the applicant went through and how they addressed it.

The applicants are reviewed by an internal committee, using a rubric to score them. Students are entered into an applicant pool based on their scores and then matched with organizations based on their interests.

At this stage, the organizations may hold interviews with candidates if they choose to do so. Once an organization accepts a student as an intern, they are officially a part of the TIP cohort.

The cohort begins their immersive experience with a day-long orientation that prepares them to join a professional setting. The orientation provides an overview of soft skills and competencies that will be developed over the summer, as well as tips on professional etiquette and what to expect throughout the internship. While interning at their respective sites, interns also attend up to three field trips throughout the summer (Google, Headspace and La Cretz Cleantech Incubator), participate in webinars, and check in with their coaches on a weekly basis. Although coaches have talking points for the check-ins, the conversation is fluid and spans the internship experience, lessons learned, future career goals and aspirations, and any other topics the interns might want to discuss.

At the end of the summer, LA's Promise has a culminating event for interns in the program. The program agenda complements the orientation held at the start of the program and provides additional workshops on resume writing, networking, cover letters, professionalism, and other related skills. Guest speakers from a variety of sectors also attend and lead workshops. Interns also have the opportunity to take professional photos.

CHAS at Augustus Hawkins High School

Student learning outcomes at CHAS include becoming: health advocates, critical thinkers, collaborators, and researchers. Students in the program use evidence-based interventions and conceptual frameworks to understand the work of health professionals.^{ix} In the first semester of the program, students participate in a school-based peer mentor program, with a two-day mentorship retreat to develop leadership and coaching skills. Mentors support incoming 9th grade students in many capacities, such as with academics and social skills. Students also have a mentor/mentee caseload, participate in case study analysis, simulations, and experiential learning to help build a strong foundation for working in their community.

Seniors at CHAS are required to participate in field internships in order to gain real-world experience during the second semester of the program. The internship provides students with an opportunity to utilize a systems thinking approach to understand health systems in practice, building on their in-class learning. These student internships take place during the school year for 4-6 hours per week from February to May **and are typically unpaid. Many students intern with St. John's Well Child and Family Clinic and UMMA Clinic.** CHAS students can apply to **the LA Promise Fund's TIP to further bolster their healthcare education** during the summer.

The healthcare and social services focus at CHAS means that students take classes in social work, health advocacy, statistics, child development, and psychology. Students gain computers skills including: typing, Microsoft Office Suite, Google applications, and social media. They also participate in mock interviews with

industry professionals, take seminars in interpersonal communication techniques, oral presentation skills, and workplace etiquette. All students at CHAS typically participate in the internship class unless otherwise unable to do so, due to other academic commitments. Students self-select organizations and submit resumes to the sites at which they would like to pursue an internship. Organizations undergo a selection process to **identify their interns. CHAS interns placed at St. John's were then invited to participate in the TIP program in conjunction with TIP interns also interning at St. John's.**

Pilot Design

Participants

A total of 17 youth⁵ from South Los Angeles participated in the **summer internship program with CHC and St. John's Well Child & Family Clinic.** Youth were assigned to participate in the program **after being vetted through the CHAS and LA's Promise TIP staff.** For the pilot project, CHC did not engage in any further vetting of students. CHAS students were integrated into TIP in order to participate in their additional programming.

Most interns (66%) were rising seniors in high school, while 27% had recently graduated high school and 1 intern was a rising junior. Ninety-three percent of the youth were Latino/Hispanic, while the other 7% identified as mixed-ethnicity, an 80% reported speaking primarily Spanish at home.

A pre-internship questionnaire was completed by all interns prior to the first day of the summer internship. At baseline, 93% of participants had educational attainment goal of completing a 4 year degree or higher, and 80% of the youth (n=12) had specific career goals (i.e. becoming a pediatrician or gynecologist), and **weren't interested in taking a job solely for financial reasons, demonstrating a desire for sense of purpose in their career.** Of the students with specific career goals, most (83%) had goals in the medical field, including becoming a nurse or specialist (neurosurgeon, pediatrician, gynecologist, etc.). The remaining two interns were interested in pursuing careers in criminology or criminal justice.

Internship

Summer interns **worked for 10 hours per week in 7 departments at St. John's, rotating to a new department each week.** The departments were: 1) call center; 2) human resources; 3) medical; 4) billing; 5) finance; 6) benefits; and, 7) clinic operations. In addition to the 10 hours in the clinic, interns participated in approximately 5 hours of additional weekly in-service learning, which included webinars, speaker presentations from various professionals in the healthcare field, and field trips (offered by TIP and detailed in the previous section). TIP and CHC offered webinars on the following topics: advocacy, college readiness,



⁵ 18 youth were recruited to participate in the pilot program, but one dropped out for personal reasons.

and financial aid. Speakers were invited to share their journey and experiences in their respective healthcare settings while also helping to develop soft skills (public speaking and networking, for example).

Interns were also required to respond to weekly reflections (see appendix B) to help them gain a deeper understanding of the various healthcare roles that exist and how they may fit into the healthcare system as they pursue their careers.



The interns led a culminating event where teams of four presented a summary of their experiences and lessons learned. Interns described the skills needed to be successful in their internships: respect, trust, efficiency, leadership, communication, commitment, patience, teamwork, personal management skills, and time management. Students used this opportunity to share what they learned as well; many strengthened their communication and networking skills while gaining a stronger understanding of the healthcare system. In

addition to collaborating partners, the audience included 15 family members of their choosing. Many interns expressed that through this experience, they received exposure to a professional setting for the first time. Interns participated in the planning process for this culminating event by preparing the agenda and playing an active role in meeting facilitation.

Each intern received \$15 per hour for working up to a total of 117 hours over the course of seven weeks (interns worked an average of 98 hours each). In order to familiarize youth with the experience of full-time work, they were paid for participating in an orientation, working 10 hours per week in the clinic, and a variety of other activities that required interns to learn about time management (i.e. writing self-reflections weekly, participating in webinars and in-service sessions, etc.). Table 2 below provides a summary of the activities for which interns were paid.

Table 2. Internship Activities

Activity	Hours per Activity	Total Hours
Orientation at St. John's	2 hours in-depth training on what to expect	2
Clinic Experience at St. John's	5 hours per day, 2 days per week for 7 weeks	70
In service sessions with St John's & CHC	2 hours once per week for 6 weeks	12
Webinar Participation	1.5 hours per webinar, 3 webinars total	4.5
2 Field Trips	6 hours per trip	12
Self-Reflection and Social Media Engagements	1.5 hours per week for 6 weeks	10.5
Culminating Event-Service Learning for Parents	2 hours of preparation and a 2 hour culminating event	4
Debrief with CHC	2 hours	2
	Total Hours	117 hours

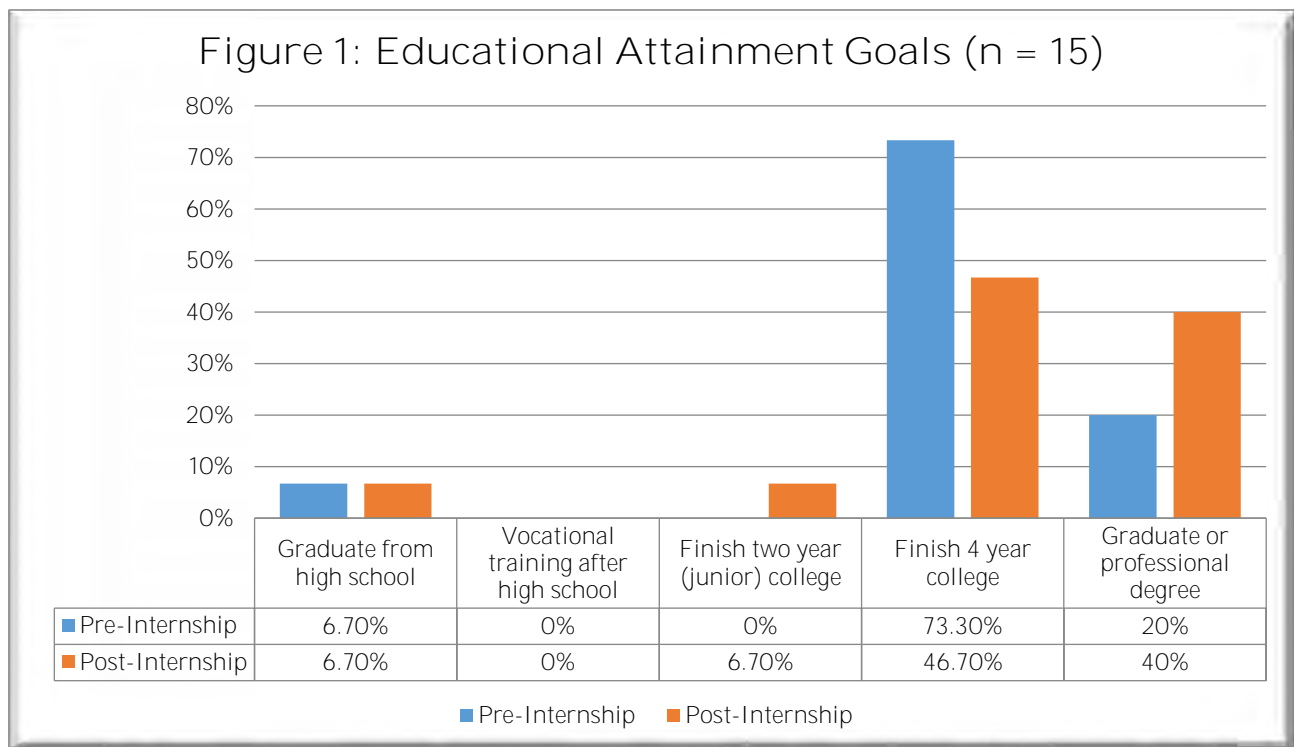
Findings

Of the 17 interns, 15 interns completed a pre- and post-assessment on SurveyMonkey at the beginning and end of the internship program. This assessment measured 1) demographics; 2) self-esteem and well-being; 3) educational and career goals; 4) clinic skills and knowledge; and 5) digital literacy. Qualitative data from the assessments and weekly reflections was thematically analyzed to complement quantitative survey data.

Pre-Post Survey Results

Education and Career Goals

The number of interns with educational attainment goals of completing a 4 year degree or higher reduced by one (from 93% to 87%). Based on anecdotal accounts from participants, the internship allowed them to more clearly understand their career goals and the pathways necessary to get there, with one participant now having a goal of completing a 2 year degree, and more participants having the goal of completing a graduate or professional degree. Figure 1 presents the breakdown of educational attainment goals pre- and post- internship.



While most interns stated similar career goals in the medical profession, the internship allowed them to understand the educational requirement **to obtain those goals. Similarly, when asked “How do you see**

yourself in the year?”, **responses were similar pre-** and post-internship: most students saw themselves graduating high school and entering college, or successfully finishing their first year of college.

Competencies and Skills

The post-assessment included rating their knowledge of and ability to complete the skills necessary to work in a clinic setting. Overall, interns felt that they were strongly aware of a clinic’s operations and had the competencies necessary to work in multiple clinic departments. Interns identified several competencies where additional training is needed. Table 3 presents the set of competencies that interns felt less confident with, thus requiring more training and experience.

Table 3. Post-Assessment Results: Competencies Requiring Additional Training

Competencies Requiring Additional Training	Yes	No	Not Sure
I am comfortable speaking to strangers about important issues	66.7%	13.3%	20%
I know how to participate in an advocacy tactic	78.6%	14.3%	7.1%
I am able to present my point of view at meetings and at work	71.4%	0%	28.6%
I feel confident to speak to patients that may need assistance and referrals	71.4%	0%	28.6%
I can understand what patients need to enroll in care	78.6%	0%	21.4%
If I work in a clinic again, I would feel comfortable speaking to patients that call or come to the clinic for care	78.6%	7.1%	14.3%

Overall participants felt that their involvement in the internship increased their competency in several key areas as outlined in Table 4. This table presents the set of competencies that interns felt confident with, which was determined by 80% or more of **interns reporting “yes” to the prompt**. While scores were still rather high, some areas of additional training could focus on advocacy 101 and interpersonal communication.

Table 4. Post-Assessment Results: Competencies Gained

Competencies	Yes	No	Not Sure
I am aware of how a clinic operates	100%	0%	0%
I can identify methods for appropriate, private, and confidential record keeping	92.9%	0%	7.1%
I can explain how the healthcare system works to serve vulnerable populations	85.7%	7.1%	7.1%
I know what it means to participate in advocacy and how it relates to the healthcare system	85.7%	7.1%	7.1%
I feel ready to work on a team and get a project done	100%	0%	0%
I am comfortable speaking to my family and friends about important issues	85.7%	7.1%	7.1%

Interns self-assessed their ability to complete tasks specific to each clinic job they were exposed to. Of the 15 skills assessed:

- Interns were generally confident with their communication skills with all levels of staff, technical skills (operating computers and scanners, filing records), and health literacy or clinic-specific knowledge (importance of healthcare, different healthcare options, verifying eligibility for insurance programs, clinic policies).
- Interns identified two skills where they lacked capacity: conducting data entry and retrieving financial files for month-end reports; and understanding asset mapping and completing it to identify health resources for specific populations.

Digital Literacy

Interns entered the clinic with varying digital literacy skills and some struggled with different software or interfaces (including social media) that were necessary for their jobs. This was an unexpected observation, thus digital literacy questions were added to the post-internship assessment.

- While 93% of interns owned a smartphone, only 67% felt very confident using computers, smartphones, or other electronic devices.
- Most interns reported learning in a classroom or offline as the primary method of learning, while 6.7% of interns reported learning something entirely online, and 53% of interns reported learning some content online.

Student Assessment of Internship Experience

Interns were asked open-ended questions about their experience with the summer internship. A content analysis identified several emerging themes, which are listed below:

- Students were pleased with the internship program overall and liked rotating between departments and meeting supervisors and other adults, which allowed them to get a fuller perspective of the healthcare environment and its inner workings;
- Top criticisms of the program related to them feeling under-utilized or under-stimulated. Students were expecting to have more direct patient interaction and proactive roles within the clinic. In their overall assessment, interns recommended that supervisors could be better prepared to receive students by having clear assignments at the onset of the program;
- Interns were genuinely interested in learning about healthcare careers and would have enjoyed more work experience (some felt they were shadowing supervisors rather than contributing to



departments). As such, students wished for more time at the clinic to truly gain work experience within each department.

- Students said it would have been beneficial if the work experience had offered more structured tasks and more communication with colleagues and supervisors; and
- Based on the students reporting and their overall experience, they could have used more support to enhance their growth in the following ways: communication, public speaking, and computer skills.
- Clinic supervisors provided similar feedback which is further described later in the report.

Qualitative Analysis of Reflections

Over the course of the internship, youth were asked to write brief (250 word) weekly reflections on their time at the clinic and in the different departments. While most interns entered the program with the future goal of becoming a doctor, they were pleased to learn about the many different types of jobs that exist within a community clinic. Whether interns continue with their original career path or switch gears to one of the careers they were exposed to, all of them learned valuable skills including: clerical skills, organization skills, professionalism and communication, and customer service.

“The most surprising thing this week was how many people choose not to apply for medical insurance even though it helps out a lot in any emergency that comes in life.”

“Who knew that St. John’s had so many benefits for the community? While working in the benefits counseling [department] I was amazed of how many resources are offered there for undocumented people and how people can get healthcare depending on their family household and their monthly income and I was also amazed by the fact that if you’re a U.S. citizen and low-income you can apply for Medi-Cal and be able to get treated with no cost at all.”

“From what I learned [in the medical department], persons with additions are scared to seek treatment due to fearing that they will get caught or told on. But, at St. John’s, the people are very strict on their patient confidentiality rule.”

Exposing interns to various departments allowed them to understand the complexities of running a community clinic. It gave them the opportunity to learn many critical job skills and healthcare specific information, and helped solidify their desire to pursue careers in healthcare at various levels.

“I would absolutely enjoy working in this department because I like helping people and it would be interesting being in the call center environment. I didn’t really change my perspective on what I want to pursue in the future, however, I would consider working in the call center in the meantime.”

“Working in HR gave me an insight on how I would much more enjoy being on my feet, attending to people, rather than working on a computer all day.”

“One thing I did learn was that I realized that my job is not going to be fun all the time and that I have to accept the fact that I’m not always going to have fun or do something interesting at work.”

“Some of the pros of working in the call center are that you are in your own little space, which means you are constantly communicating with patients but not forced to make physical contact with them. This can be a good thing for a person that gets shy communicating with someone face-to-face.”

Clinic Supervisors' Assessment of Internship Experience

At the end of the program, intern supervisors from each department were asked to complete an evaluation of their experience. According to the supervisors, the minimum skills required across all departments were similar to any entry-level clinic job, including:

- Clerical tasks such as filing and sorting paperwork, collecting and dropping off mail;
- Customer service and patience;
- Professional verbal and written communication skills; and
- The ability for critical thinking; basic reading, writing, computer, and arithmetic skills.

At the onset of the program, supervisors were all involved in creating the intern tasks for their respective departments. Overall, supervisors felt that the interns were prepared with most of the skills necessary to conduct the job roles in each department, however, when asked what additional training youth needed, supervisors said: an open mind, computer classes, confidence, and stronger writing skills.

Clinic departments benefitted from the internship program by having extra help to complete tasks, and they thought the program could improve by having interns stay within a department for a longer amount of time, as well as having fewer interns in each department at a time. Most departments had 3 interns per week, but all felt that the department and the interns would have benefitted if there were only 1-2 interns per department.

Finally, while the department supervisors had an overall positive experience with the program, they identified room for improvement. In future iterations, department supervisors would like to be involved in the planning of the program earlier on in the year so they have a strong understanding of what is expected by all parties involved. The clinic also identified **that they didn't have enough work** stations and would have benefitted from standard orientation materials for interns that were unique to each department.

Advisory Committee Feedback

The results of the project were presented to the Advisory Committee. They provided the following feedback for the next iteration of the project:

- Students need to be connected to information and activities around healthcare rights and social justice. **For example, there could have been coordination with the St. Johns' Rights to Healthcare Committee**, especially the youth involved in that project
- There needs to be a stronger emphasis on the Social Determinants of Health, how it impacts healthcare, and showing them how their lived experiences can support what they learn in their work environment.
- We need to introduce health disparities and equity so the students have an understanding of how it surfaces in their own experiences in life.

- Create a job application and orientation process even when students come from existing programs.

Recommendations and Next Steps

Overall, the pilot internship program was successful in providing high school youth with a high level of exposure to the various healthcare careers that exist within a community clinic. While most interns wanted to work directly with patients, they all reported satisfaction with their experience even without direct medical patient interaction. Interns were able to learn more about the types of careers they are interested in, and what types of careers they would not enjoy doing. This is a unique and important opportunity for youth of color to have, as this type of exposure is either nonexistent or minimal. Besides the increased skills building and career choice knowledge, the program inspired all of the participants to pursue various levels of higher education in order to obtain the healthcare career they desire most.

While we were not able to identify ways for the clinic to financially sustain a program like this, the clinic was able to gain buy-in from the staff to continue hosting and training youth in career paths not usually offered to high school interns. As a result of what was learned and observed with this pilot we have: 1) developed a set of policy recommendations, 2) identified future research needs for healthcare workforce pipeline programs, and 3) outlined lessons learned and **next steps for CHC's** workforce pipeline program.

Policy Recommendations

Given that schools are struggling to graduate students and adequately prepare them for careers and college, there is an opportunity to reflect on policy solutions that could more adequately prepare the next generation for those high demand careers. CHC has identified several policy recommendations for school districts to consider adopting which takes into account resources, basic foundational student preparation, and strategic partnerships.

Digital Literacy

In order for public schools to adequately prepare youth for college and careers in the 21st century, it is crucial that schools increase digital literacy. A recent Brookings Institution study highlighted the digitalization of the U.S. economy and jobs and the growing digital divide in literacy among Americans. The study finds that highly digitized jobs come with higher wages and those jobs are growing at a faster rate than other jobs. While many healthcare careers fall into the medium-digitalization job category, it is crucial that public schools are able to increase **students' digital literacy** in order to set them up for career success. There are several ways schools could work to increase digital literacy, including developing partnerships with community-based organizations and summer programs.^{ixi} School districts should uniformly develop or

adopt a digital literacy curriculum and essential skills benchmarks to ensure that students at all grade levels are learning the skills necessary to succeed in an increasingly digital society.^{lxii}

Several school districts already have curriculum that could easily be adapted. Here are a few examples: Hillsborough County Public Schools in Florida has developed a digital citizenship curriculum for middle and high schoolers,^{lxiii} and Adams 12 Five Star Schools in Colorado has implemented a digital literacy curriculum for K-12 students, which includes a Digital Literacy Skills Matrix to provide students with the necessary opportunities to develop crucial digital literacy skills.^{lxiv} Finally, the Obama Administration developed a digital literacy portal to provide educators with resources and research into best practices for educating digital natives about digital literacy.^{lxv}

Communication Skills

Feedback from clinic supervisors and interns both pointed to the need for high school students to have better oral and written communication skills. Given that fewer than 50% of LAUSD students are meeting achievement standards in English/Language Arts, it is clear that the school district must reconsider how it is educating students in these areas.^{lxvi} In addition to the challenge of improving oral and written communication skills in English, there is a high need for healthcare professionals to develop multi-lingual **communication skills. In Los Angeles County, only half of Spanish speakers report speaking English “very well,” highlighting the need for Spanish speaking healthcare professionals.**^{lxvii} While many youth come from multi-lingual households, it is important for LAUSD to provide opportunities for students from different ethnic backgrounds to increase language literacy. Communication is such an important part of any successful career, not just healthcare, that **in today’s global economy** it is critical that school districts develop curricula, policies, and programs to ensure students are entering college and/or the workforce with strong communication and literacy skills.

Future Research

CHC has also identified several areas that could benefit from further research to understand how workforce pipeline programs can be financially sustained and improved.

4. Explore novel funding mechanisms to support healthcare workforce pipeline programs to ensure that youth, clinics, and schools are adequately compensated. The literature and key informant interviews pointed to the importance of paying students for their internship experience, which provides an early foundation for future career and economic success. We have also found that clinics participating in pipeline programs such as this pilot require funding to support the staff time needed to adequately train and interact with interns. Finally, given the funding challenges most public schools face, it is important to identify funding and strategic partnership mechanisms between public schools, clinics, and community-based organizations

working on workforce pipeline programs. While this and many programs are supported through grant funding, identifying a more permanent funding stream for workforce pipeline programs will not only ensure sustainability, but will also strengthen the connections between K-12 schools and local career opportunities. Private industry could also play a key role in ensuring pipeline support and is another sector we would like to explore.

5. Identify ways to attract students from various racial and ethnic backgrounds, especially African-American students. The healthcare workforce shortage in South LA is further exacerbated by a shortage of African-American health professionals. Interviews with our clinic partners revealed that, they consistently struggled with being able to attract and retain qualified African Americans, especially those who are bilingual. This is the same issue for our educational partners, who struggle with recruitment of African-American students. Identifying ways to attract African-American youth to healthcare careers is one way to begin addressing employment disparities.
6. Explore entry-level healthcare job requirements and the student preparation necessary to be eligible for these jobs. Not all students have the desire, skills, or finances to go to college, and it is a disservice to youth to not provide them with entry level career opportunities. Recent data from LAUSD shows that 1 in 4 graduates enroll in a four year college.^{lxviii} While we were able to scratch the surface of the types entry level jobs that young people could enter straight out of high school, there is more to learn about all possible entry ways, the skills and competencies required and identifying where and how youth can gain preparation for those jobs.

Lesson Learned & Next Steps

Many lessons were garnered from this youth of color healthcare workforce pipeline pilot project, and CHC has determined that another iteration of the program is necessary to continue to identify the policy barriers and facilitators leading to sustainable programs. As such, we aim to replicate the project with modifications based on what we learned during the pilot. The following are the lessons we learned which will be incorporated into the next iteration:

Lesson 1: Involve clinic staff earlier on in curriculum planning. As noted in the findings the clinic staff did not feel as prepared to receive the youth as they would have liked. Involving them earlier in the process will allow them to take ownership of the program, have activities prepared and be able to engage the entire department in the process.

Lesson 2: Provide more mentorship opportunities to learn about career pathways during and after work hours. Involving multiple partners that represent the various career choices could offer

students with one-on-one council and begin to develop their professional networks. Partnering with other organizations that are already working with private and public industries in recruiting and connecting mentors with youth of color could be particularly useful. Connecting low income youth to strong professional networks and mentors can greatly improve their academic and professional attainment.^{lxix}

Lesson 3: Rotate interns through fewer departments for a longer amount of time as well as have fewer students in each department to increase intern-staff ratio. Youth needed more time to engage with the staff and to learn what occurred in each department. Lesser rotations for a longer time would give them that opportunity. Furthermore, fewer interns would make things more manageable for the clinic staff.

Lesson 4: Provide more soft-skills trainings during in-service sessions. Although students were previously vetted by our educational partners, most came into the project with varying skill and knowledge gaps. Before placing students into any program, it is important that students are assessed for 1) knowledge, 2) previous exposure to professional settings, 3) computer and internet access at home/school, and 4) basic writing and communication skills. In future iterations, a longer duration internship (9 months, for example) allows youth more time to learn and practice soft-skills. CHC will conduct a student needs assessment to determine the most pertinent soft-skills trainings to provide in future programs.

Lesson 5: Provide students more opportunities to engage in healthcare policy advocacy. As more clinics find it necessary to engage in advocacy to support access to and utilization of healthcare, this is becoming a valuable added skill for anyone entering the healthcare workforce. Therefore, future iterations of the program will have a component that includes more intentional training and opportunities for individual and community engagement.

Conclusion

Regardless of how healthcare is funded in the future, a gap remains—we need a stronger and more diverse healthcare workforce. While a diverse set of organizations are working to determine the best ways to address the healthcare workforce crisis; and others are staying focused on ways to increase youth employment opportunities, there are not as many dedicated to addressing the intersection between healthcare and youth employment. As we have demonstrated throughout this report, there is a huge demand in the healthcare landscape for a variety of occupations that have high potential for career advancement and increased earning potential; hence, it is critical to create a strong pipeline that starts at a minimum at the high school level if not sooner.

This report and the CHC Health Advocates Project provides a first step toward understanding how we can create a workforce youth of color pipeline in a sustainable manner. As we continue to implement the next phase of this project and engage with healthcare, youth development and workforce experts, we expect to obtain deeper insights on how to create a sustainable model that can be used broadly across various school systems in partnership with local clinics and community groups.

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Appendix A: Clinic and Hospital Pipeline Programs

Program/Host	Population Served & Sites	Application Process	Program Duration & Compensation	Program Structure	Outcomes
<p>AmeriCorps VISTA</p> <p><i>Community Clinic Association of Los Angeles County</i></p>	<p>College graduates from across the country (required to hold a BA/BS). Must also be U.S. citizens or lawful permanent residents and pass three background checks</p> <p>Eight clinic sites (affiliated with CCALAC)</p>	<p>Application process online through AmeriCorps portal. CCALAC interviews applicants prior to clinic sites interviewing them</p>	<p>12 months</p> <p>\$17,000/year allowance + \$5,815 education award upon completion of program)</p>	<p>Administrative offices of clinics and focus on capacity building for the clinic: homeless outreach, quality improvement, volunteer generation, etc.</p> <p>CCALAC responsible for orientation with overview on soft skills and for conducting monthly check-ins (professional development, updates)</p>	<p>AmeriCorps members gain hands-on experience while working with vulnerable populations, building their skillset, and preparing them for a career in healthcare</p> <p>Increased capacity for clinics to serve patients and emphasis on workforce pipeline</p>
<p>AmeriCorps Health Fellows</p> <p><i>Community Clinic Association of Los Angeles County</i></p>	<p>College graduates from across the country (required to hold a BA/BS). Must also be U.S. citizens or lawful permanent residents and pass three background checks</p> <p>Seven clinic sites (affiliated with CCALAC)</p>	<p>Application process online through AmeriCorps portal. CCALAC interviews applicants prior to clinic sites interviewing them</p>	<p>11 months; 1,700 hours</p> <p>\$14,500/year + \$5,815 education award upon completion of program</p>	<p>Perform direct services: outreach, insurance enrollment, and health education</p> <p>CCALAC responsible for orientation with overview on soft skills and for conducting monthly check-ins (professional development, updates)</p>	<p>AmeriCorps members gain hands-on experience while working with vulnerable populations, building their skillset, and preparing them for a career in healthcare</p> <p>Increased capacity for clinics to serve patients and emphasis on workforce pipeline</p>
<p>COPE Health Scholars/Clinical Care Extender Program</p> <p><i>COPE Health Solutions</i></p>	<p>18 year old students who are accepted to, enrolled in, or graduated from an accredited college or university</p> <p>Various sites in LA County</p>	<p>\$225 Tuition + \$20 Application Fee</p> <p>Online application+ essays. Interviews, background check, clearance appointment</p>	<p>15+ months</p> <ul style="list-style-type: none"> • 30 hours of training • Rotations <p>Unpaid</p>	<p>Clinical rotations and some administrative rotations available</p>	<p>Interns can decide if a career in healthcare is right and which profession is best fit by rotating through various departments while completing the clinical hours required by graduate programs</p>
<p>COPE Health Leaders</p> <p><i>COPE Health Solutions</i></p>	<p>Students who have completed at least one three-month rotation and be actively participating in the Health Scholar or Junior Health Scholar program</p> <p>Various sites in LA County</p>	<p>Not known</p>	<p>Duration varies based on role</p> <p>Unpaid</p>	<p>Serve under direction of site manager. Involved in recruiting and training new Scholars, managing Scholars in their departments and leading community service projects.</p>	<p>Scholars receive additional leadership-building experience to further their career goals</p>

Program/Host	Population Served & Sites	Application Process	Program Duration & Compensation	Program Structure	Outcomes
COPE Health Junior Scholars <i>COPE Health Solutions</i>	Students enrolled in high school or an accredited college/university who are also between 16-18 years old St. Mary's Medical Center in Long Beach	\$225 Tuition + \$20 Application Fee Online application+ essays. Interviews, background check, clearance appointment	9 months. - 20 hours Prep Training - 144 hours Rotations Unpaid	Rotate through departments to learn about department functions	Interns are able to observe how patient care teams work together, help vulnerable communities for whom health care is often out of reach, and explore whether a health career is right for them while building their resume for college and job applications
Health Career Connections	Undergraduate students and recent college graduates with a demonstrated commitment to health care, public health, and/or working with underserved communities. ^{lxx} Interns must be able to work ten consecutive weeks for 40 hours per week Sites vary by region: Northern California (Sacramento and Greater San Francisco Bay Area), Central California Valley, Coachella Valley California, Southern California (Greater LA Metropolitan Area, Inland Empire and San Diego), Long Beach/Orange County. Sites also available on the east coast	Online application with submission of resume or CV, and statement of purpose. Selected applicants are interviewed by region Candidates interview with potential placement sites before final placement decisions are made	Ten weeks (summer: start date late May-mid June depending on region), 40 hours per week Stipends ranging from \$3,000-\$4,000 depending on what the host organizations can provide.	Interns are exposed to work experience in the public health and healthcare settings under the guidance of a preceptor. Interns will work on projects during their ten weeks	Interns receive experience, mentoring, training and networking opportunities to help them pursue healthcare careers. The program provides trainings on health advocacy, cultural humility and competency, career development, life and career planning, graduate school preparation, professional networking, and leadership. The program also fosters a supportive network and community amongst interns (current and past), partner organizations, and leaders

Program/Host	Population Served & Sites	Application Process	Program Duration & Compensation	Program Structure	Outcomes
The Intern Project <i>LA Promise Fund</i>	High school juniors at LA County public or charter schools.	Online; Application collects demographic information, has three short answer questions, requires video submission. Applicants reviewed by internal committee with a rubric. Top candidates matched with organizations based on ranking (some organizations hold interviews with prospective matches)	Minimum four weeks Paid, varies	Interns can match with organizations in different fields (healthcare, film production, finance, engineering, etc.) and do a certain amount of hours. TIP also conducts an orientation, ongoing coaching and check-ins, and soft skills development	Interns gain exposure to various industries and gain experiences that make them more competitive for the job market Real-world application of skills and classroom learning, understanding of technical concepts, increased exposure to technology, and soft skills
KP YES West LA Career Pipeline <i>Kaiser Permanente</i>	11 th and 12 th grade students with a minimum 3.0 grade point average in the West Los Angeles area	Applicants must fill out a junior volunteer application form, attend a mandatory orientation, and complete a health screening	2 years, unpaid	Year 1: <ul style="list-style-type: none"> - 106 volunteer hours - Two workshops: Workplace & Healthy Lifestyle and Pre-Employment Skills 101 - One “7 Habits of Highly Effective Teens” workshop Year 2: <ul style="list-style-type: none"> - 106 volunteer hours - Two weekend workshops - One team project In between the two years students apply for Summer Youth Employment based on service recognition	Students are introduced to the healthcare workplace, effective work habits and have the opportunity to develop professional and leadership skills while gaining work experience. Students also receive priority placement for Summer Youth Employment (SYE)

Appendix B: Reflection Questions

Week	Questions
Week 1	<ul style="list-style-type: none"> • What are some pros and cons of the department you worked in?
	<ul style="list-style-type: none"> • What did you observe?
	<ul style="list-style-type: none"> • Would you enjoy working in this type of department in the future and did this exposure change your perspective on what you want to do in the future?
Week 2	<ul style="list-style-type: none"> • What was most surprising to you with your experience last week and what was most challenging?
	<ul style="list-style-type: none"> • What types of tasks did you enjoy completing and what types of tasks were less attractive or enjoyable?
	<ul style="list-style-type: none"> • What are some things you regret and would have done differently from the last week?
Week 3	<ul style="list-style-type: none"> • Describe the culture of your department. Do you feel this is a culture you can fit into?
	<ul style="list-style-type: none"> • How does the physical space (furniture, office layout, decorations, windows, doors, etc.) impact the day-to-day work?
Week 4	<ul style="list-style-type: none"> • Talk about the relationships and networks you are building with your colleagues, supervisors, etc. How can you continue to build and maintain these relationships/networks?
Week 5	<ul style="list-style-type: none"> • How has a bad day (personal or professional) impacted your work? What can you do to make sure that your work is not affected by a bad day?
Final Reflection	<ul style="list-style-type: none"> • Please reflect on your experience with this program from beginning to end and address the following: <ol style="list-style-type: none"> 1. What have you learned during this experience? Please describe what you learned personally and what skills you have learned. 2. What are some challenges you faced in this experience? How did you overcome them? 3. What was your favorite part of the internship? Least favorite? 4. How will this experience help you in the future?