COMMUNITY HEALTH WORKER EVALUATION

PROJECT OVERVIEW

Community Health Workers (CHWs) are frontline public health workers who are trusted members of and/or have an unusually close understanding of the community they serve. The goal of CHW's are to build trusting relationships that enable them to serve as a liaison, link, or intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. Training of students who desired to be CHW's took place in August, 2014 at two different colleges, North Central State College (class location was at the University of Toledo) and Mercy College (Toledo). A second cohort of students were enrolled October, 2014 at Mercy College, and January, 2015 at North Central State (class location at the University of Toledo).

Nationally, an average of 62% of students complete other certificate programs. Reasons student don’t complete include a lack of role models, rising college costs, financial aid not meeting student needs, and students entering with other responsibilities related to work and family (American Association of Community Colleges). The CHW program team was thoughtful in their process and accounted for these potential barriers. As a result, 91% of students enrolled in the community health worker program completed both the classes and practicum.

![Certificate Program Completion Rates](image)

Below represents an accounting of the students enrolled, number of scholarships received, classes/practicums completed, those currently employed, and those in the process of being employed. Of those student below, 26 are working in a Medicaid serving organization and 11 are still looking for employment.

### OUTCOMES OF COMMUNITY HEALTH WORKER PROGRAM

<table>
<thead>
<tr>
<th>Schools</th>
<th>Students Enrolled 2014-15</th>
<th># Receiving Scholarships</th>
<th># Completed Classes &amp; Practicum</th>
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<tr>
<td>Mercy College of Ohio</td>
<td>10</td>
<td>10</td>
<td>9</td>
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<tr>
<td>North Central State College</td>
<td>31</td>
<td>31</td>
<td>28</td>
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*The College Completion Fact Sheet. [http://www.aacc.nche.edu/About/completionchallenge/Documents/CompletionFact_Sheet.pdf](http://www.aacc.nche.edu/About/completionchallenge/Documents/CompletionFact_Sheet.pdf)*
Part I: Results of Student Evaluations of the Community Health Worker Courses

Through the North Central State Community Health Worker Program, students attended a total of 7 full day classes. At the end of the first 5 days of classes, the Community Health Worker (CHW) Training Evaluation form was distributed to and completed by 30 CHW students. The training evaluation form consisted of 26 multiple choice questions and 2 open ended essay questions. Three themes were identified upon analysis of the completed evaluation forms including the topics covered, training provided, and quality of the instruction and instructors. Qualitative comments are also provided, which included what students learned most, what they would have liked to learn, and general comments students wanted to make.

QUANTITATIVE OUTCOMES:

Topics Covered
100% of the 30 students responded “yes” or that information was “very helpful” to all of the questions asked. Thus students involved in classes thought they were provided a good overview of the community health worker program as well as related topics. The material was adequately covered in the time allotted, including both information relevant to the field as well as the interpersonal and communication skills needed to be a community health worker. Instructors covered topics related to the impact of socio-economic class on life resources as well as the best ways to communicate clearly and simply to educate their future clients. The fundamentals of becoming and performing as a CHW professional were provided as well as the Ohio Board of Nursing rules and laws for CHW’s, and guidelines for establishing appropriate CHW participant/client boundaries.

Training Provided
100% of students believed the training addressed the practical skills needed to be a community health worker and recognized and encouraged the development of student strengths and abilities. As part of the CHW training program, students were engaged in traditional studies as well as hands on learning. Theories and instruction on the Behavior of Change Model, the elements of home visitations, and an overview of community resources and entitlement programs were presented. A variety of medical information and practice skills were presented such as an explanation of body systems and functions, basic nutrition and
exercise to foster a healthy lifestyle, and a basic understanding of vital signs. An overview of behavioral health and substance abuse were also provided.

Over 96% of students reported the instruction was presented in a way that the course could be replicated in the field and that vital signs were presented in an understandable manner. All other questions received responses indicating “yes” or “very helpful” Perhaps the most encouraging statistic of all is the unanimous reporting of all CHW students who would 100% recommend the CHW training to others.

**Instructors**

100% of the students reported that presenters used flexible and effective teaching approaches, including case studies and health resource tools. Students thought that the presenters provided useful feedback to questions, they listened to student ideas and suggestions, and used current information. In addition to meeting students’ needs and course requirements, students reported that instructors offered additional resource information as needed.

**QUALITATIVE COMMENTS ARE BELOW:**

Students provided information on what they learned most, topics and training covered, intra and interpersonal gains they obtained as well as what they would have liked to learn more about. Some students added some general comments about the course. These are provided below:

*What I learned the most:*

- Everything
- Very patient ladies
- Great Instructors
- I really enjoyed this class. The teaching was great
- Much was a review for me, but really appreciated

*Topics Covered & Training Provided*

- The things the CHW role covers
- Body Systems
- CHW training
- Body systems and health related topics
- The body systems. It has been a long time since Health 101
- Motivational interviewing
- I learned a lot about behavior and the human body
- The nervous systems
- The body systems and more in depth CHW responsibilities

*Intra/ Interpersonal Gains*
• New methods of communication
• Living better and healthy lifestyle
• The importance of the CHW in our communities
• New methods of communication/process of change
• Empathy
• How to be appreciative while providing help to others
• Compassion, empathy, and respect for those less fortunate than myself
• Very helpful to me and changes I need to make
• A lot about community health worker qualities
• Seeing through the eyes of those we serve
• The importance of a community health worker
• Different perspectives and ways/forms to motivate

Students would like to have known more about the following:
• Specific techniques for communicating with clients
• Resources in the community
• About the overall program, but only time can do that
• How to further my education
• How I can help
• Behavioral health disorders
• Behavioral studies
• Vital signs – hands on
• Motivational interviewing
• Specific career paths with CHW certification

General comments from Students Regarding the Class:
• Thanks. You guys were great!
• I enjoyed the class very much especially appreciated the statistical health information. Some of the recent/current statistics were surprising and powerful. I feel these will be useful in working with clients, and very motivational for some. For example, 1 lb. of weight loss results in 4 lbs. pressure off the joints. The only thing I did not like was the disrespectfulness of some of the students while the speaker was speaking. I feel it is important to make students aware of the expectation to be quiet and respectful on the first day – especially for those who have not been in a classroom setting. As a CHW there is an expectation of he/she to listen and be respectful, so why not start now? My opinion of course. Both Anne and Sarah were wonderful!! Thanks!
• I really enjoyed this class. The teaching was great.
• Thank you for this opportunity to help my community!!
• I would like it to be quieter. The group was too loud during class.
• Side talk and cell phones were distracting at times
• Ms. Anne and Dr. Sarah were awesome. Can’t wait to see them in April!!!
• Appreciate the organization and thoughtfulness of all materials; info
• Enjoyed very much! Learned so much!
• This class was very informative and helpful
Part II: Results of Evaluator Interviews with Project Staff & Classroom Observations

CLASSROOM MILIEU & STUDENT BUY IN

The evaluator observed some of the Community Health Worker classes. Classes were focused on providing both clear instruction and seeking and providing feedback. The instructor separated larger learning tasks into small attainable tasks. She also color coded various sections so that students could easily connect which assignments and materials went with its corresponding section. Materials were explained very clearly. Lectures were interactive. Once a learning task was mastered, each instructor built on the task before to introduce a new learning task. This may be identified as a progressive, step-wise, learning approach where students continue to build their level of mastery.

The morning of the first day of classes, students seemed tense and unsure during the first half hour to two hours. Within 2 hours, students were asking questions and accurately responding to questions about the lecture being presented. Small verbal quizzes were provided throughout. Students felt confident in answering correctly, which continued to build their confidence. Soon students began to relate concepts to their past experiences, the experiences of their loved ones, and future health related decisions.

The Operations Coordinator

The operations coordinator was the invaluable glue that held the project together and moved it forward in a way that promoted the most success. Because the operations coordinator interacts with a variety of people, including the instructors, the administrative team, and the students, this position is critical. This project required that the operations coordinator pivot when necessary, taking on the role of organizer, developer of community health worker sites, and at times care coordinator for students.

The Project Tutor

The project identified a “project tutor” to assist the women with any academic as they progressed through the program. The tutor, with a bachelor’s degree in Applied Health Science (specialization in community health) and pursuing a master’s in Health Promotion and Education, also assisted in removing barriers and/or providing linkages as needed so that basic needs of some of the students would continue.
During the first week of classes, the evaluator and tutor were introduced to the students. Both the evaluator and tutor spent various times in and out of classes observing the class and student’s verbal and nonverbal responses to the classes. At the end of the week, the tutor met with students and collected information on those students interested in tutoring.

The first week following the in-person full day classes, the tutor reached out to everyone via phone and/or email to gather schedules and created and coordinated a tutoring schedule based on availability. The tutor stayed in weekly contact with those students via email, phone, and texts that were interested in tutoring and was involved in individual tutoring sessions with those students that couldn’t meet the scheduled tutoring times. Some assignments were emailed to the tutor to review prior to submitting them. These were teachable moments for the tutor to help understand what the student was attempting to answer and to help explain what the student read for the assignment or wrote in response. At one point, the tutor obtained a blood pressure cuff to further demonstrate blood pressure to students. The tutor remained available and “on demand” as the students needed and often times used herself, her background, and experiences as a motivator for the women to succeed.

AREAS OF IMPROVEMENT

Staff identified several areas of improvement. From their perspective there were four areas of potential improvement: tuition reimbursement, transportation, background checks, the introduction of a soft skills component, and various class improvements.

Tuition Reimbursement

During the project year, students were told about the requirement for receiving a scholarship to attend classes and eventually earn a community health worker certification. In exchange for a scholarship, students are required to work in an agency serving the Medicaid population for one year. The requirement also appeared in materials provided to the students. The program then offered to have those students that did not meet the standard of working for one year in a Medicaid serving organization, to volunteer instead. Consequently, there was no formalized structure or desire on the part of the program to pursue legal action against students that didn’t complete. Without the structure, the difficulty in pursuing students would result in an overwhelming burden to the program and would further burden women who were already financially strapped. To remedy this problem, the program will work to make this requirement clearer to potential students by requiring they sign a document that memorializes their understanding, in writing, of the requirement and provides a stronger opportunity for the program to pursue legal action if warranted.

Background Checks

Completing background checks is a requirement for involvement in the community health worker program. Some of the women enrolled in the program were referred from a program that helped women recover the victimization they suffered as a human trafficking victim.
These women spent a substantial amount of time in recovery programs and were ready to take the next step into becoming a community health worker. The project team was aware of the potential criminal background of some of the women enrolled. While it was anticipated that work would have to be done to understand any criminal backgrounds and cross check them with the Ohio Board of Nursing certification requirement, it was the timing of when the background checks were requested that presented a problem. It took an average of one month to receive the background checks back. Each student then had to provide an explanation regarding the background check. In some cases attorneys assisted, free of charge, in providing the written response required and obtained letters from others than spoke about a candidate’s character. This process delayed the start of practicums and made some students nervous, thinking they may be eliminated from the program. To address this unintended barrier, the project team will require background checks be completed prior to being officially accepted into the program and/or being awarded a scholarship to enter the program.

Transportation
Transportation is a significant issue with women in the class. Transportation systems in moderately sized cities such as Toledo can present barriers. Bus run times are not as convenient and connections may take two to four hours per day to get back and forth to a class, a practicum site, or a job. Class time was altered slightly to accommodate some students’ needs. For those practicum sites and subsequent jobs that require students to conduct home visits, meet clients at health care appointments, or social service agencies, transportation was a significant barrier. However, some sites did not have home visits as a requirement for employment. To address this issue, the project team will ask screening questions prior to students enrolling in community health worker classes. Screening questions will consist of asking about access to reliable transportation and/or a transportation plan.

Soft Skills
While the education and training was the focus of the project, some reported that attention to the “soft skills” of preparing students to be professionally successful while on the job could be improved. Soft skills may be defined as the personal attributes that enable someone to interact effectively and harmoniously with other people. Some of the students were well prepared both academically and professionally, but others struggled, making it either difficult or a part of the practicum site’s responsibility to help students obtain soft skills. To respond to this potential barrier to employment for students, the program located a program at the University of Toledo’s Eberly Center called “Women’s Success Series” that offers 10 sessions that focus on those soft skills needed to be successful including goal setting, assertiveness, interviewing skills, dressing for success, financial planning, coping skills and job readiness skills that includes writing cover letters and resumes, among other critical topics. They also offer one-on-one sessions geared toward non-traditional students as well as Kate’s Closet, a program that allows women to obtain clothes for work. Both the series and one-on-one services are offered in both the fall and spring semesters. It is the hope that these sessions will
help women to build confidence, increase their communication skills, and be better socialized into their employment sites.

**Class Improvements**

Students who participated in the North Central State College’s program were brought onto the University of Toledo’s Medical Campus. This was initially very intimidating to the students, some of who have never attended a university class or been on a university campus. Overtime, students became more comfortable, but the days were long. The instructor suggested perhaps stretching the initial 5 full days into 4 full day over the course of 2 weeks, or some variation.

From the tutor’s perspective, she also identified having shorter classes, or more breaks or access to coffee. In terms of what she would improve in her own delivery, she reported the following: To add in regular communication with the instructor as some of the students would say they are doing well and then would be a few assignments behind. She would work to obtain any special equipment that may be helpful earlier on to assist students such as a blood pressure cuff.
Part III: FINDINGS FROM FOCUS GROUPS WITH STUDENTS

HOW STUDENTS GOT INVOLVED IN THE COMMUNITY HEALTH WORKER PROGRAM

Being Approached in a Personal Way by Someone Trusted and/or in Authority

None of the students involved in focus groups reported they enrolled because they saw a flyer, read about it on the internet, or first received materials. Most students reported they became involved because someone in a trusted role or position reached out to them and had a conversation about the program along with an assessment of the goodness of fit between the potential student and the CHW philosophy, responsibilities, and/or duties. One student commented, “The lady that runs the program, she actually asked me....She was like I think you would be a good candidate for it, so are you interested?” Another student reported that someone approached her said, “Seeing you out in the community, we just think it might be good, and they offered it to me.” Yet another commented, “I was giving a speech....and Chris [operations coordinator] just happened to be there and she just talked to my director about it.” Finally, another commented that someone “just pulled a few of us aside and talked to us about it.”

Reaching Out to Learn More about the Program

Some students became involved because they were curious and reached out. One student reported, “I was at one of the presentations at the Catherine Eberly Center. And they had a woman’s series and they had one of the presenters there and Jan [project director] was there...I was just telling her that I want to get more involved with the community and do something more grassroots...so when I decide whatever it is I want to do that I’ve taken out that time to really work with the community.”

WHAT MADE THE PROGRAM ATTRACTIVE & WHY STUDENTS BECAME INVOLVED

Perceived Lack of Barriers

Some students made the choice to attend the program because, after assessing their fit, they believed the potential financial barriers and time constraints were removed and they could be successful. One student summed up the experience of some others when she said, “All my life I wanted to go to college and do something with my life, but I had three kids and so it kind of
got pushed off and then I found out this program was offering scholarships so I didn’t have to worry about the financial responsibilities of it and it was only a short time where I actually had to go a class, so I was able to get a babysitter for that short amount of time. And I liked how it actually combined with my schedule where I could fit it in better and I just want to help my family progress instead of working at fast food all of my life.”

To Better Themselves & The Community

Some students reported the reason they were attracted to the program was because they wanted to learn. One student commented, “It’s always good to gain that knowledge….It’s something new. I’m going to try it.” Many students reported they wanted to be an advocate and help people in their community. One student reported, “I want to be a person that helps people, maybe people that don’t know how to speak up for themselves.” Yet another responded, “I have a heart for people.” Finally another added, “I knew it was being involved in the community…. [and] I’d like to be hands on.”

Some student also believed they had something to offer. One student reported, “Because I’ve been poor my whole life I know a lot about resources.” Another student wanted a sense of purpose in her life when she said, “I will take less pay any day…because I believe that purpose is what’s going to sustain me and keep me going.” Yet another student, on the same wave length commented, “What interests me is the people that we’ll be serving because I’ve been there, you know?….Poverty, homelessness and not knowing what to do or where to go or the resources…”

Many students saw the opportunity as a stepping stone to launch their professional career or as an attainable goal. One student reported the sentiments of some others when she said, “[It’s] a short term goal right now.” Another student reported, “I think it’s a good step to go into if you want to go into the medical field or the social work field….it opens a lot of doors. It’s going to give you a lot of experience…” Finally, another student commented, “We are done taking detours in our life I’m on a one way street to success and I don’t want no stop signs.” However, some other students thought it was an end goal for them. One student commented, “I’m older, I’m pushing 50. I don’t see myself at this point in my life going to get a master’s degree. Yet others saw it as an opportunity to make a livable wage. One student commented, “This would be a job I could get in the field and get enough to support myself.”

WHAT STUDENT’S HOPE TO ACHIEVE WITH A CHW CERTIFICATION

Several students spoke about what they hoped to achieve with the community health worker certification. One student simply commented, “My goal is to use my certification.” Another student reported, “It’s a pilot program and I’m really hoping an opportunity will open up where a position is created….to be a part of the inter-professional…to work together for the
betterment of the community....With that certification I can say I’m a part of that health care team now.”

Other students focused on what they would be able to achieve with potential clients. One student stated, “If I’m in the community and I’m working with this individual, and I’ve spent time with them, then I can bridge that gap to help you understand where they’re coming from and their perspective and sort of be their advocate....Because a lot of times individuals won’t even tell their health care professional that they don’t truly understand; even with medication...Individuals feel intimidated or in a vulnerable situation. So I think it opens up a wonderful opportunity to be connectors.” Another student commented she would use her certificate to, “be in the community and make the people comfortable so they can communicate to us, so we can communicate [to professionals] for them.” Yet another commented that she thought some professionals have lost the very essence of health care when she said, “I think with professionals, the whole servant attitude, that you’re there to serve as been reversed. It has changed. It’s about you instead of them and it’s not supposed to be like that .....We can help other professionals by role modeling that....I can also advocate for that.”

STRENGTHS OF THE COMMUNITY HEALTH WORKER PROGRAM

Potential to Earn More than Poverty Wage or Minimum Wage

Students discussed both the inability to make a livable wage and the inflexibility of minimum wage jobs as traditional a barrier for them. One student explained, “A lot of times...if you work at McDonalds, you don’t make enough to support yourself.... How can you pay rent, utilities, you can’t.” Another student commented, “You live check to check. Don’t get things that you need and an emergency comes up and you can’t get what you need....The car breaks down and you just don’t go to work and you lose your job.”

While transportation was expressed by some women as a barrier to job success. One student saw the community health worker program as a way to remove that barrier. She said, “I take the bus, and I barely enough money to get my bus pass and pay everything that I need. But then it’s happened like two times. I’ve lost my bus pass and that’s my way to work. And I don’t have the money to go buy another one...then I have to be begging people to give me a ride...Things like that happen, I know if [through] the community health worker program I get a good job, I’ll have a little bit more money in case of those emergencies.”

Flexibility of the Community Health Worker Classes

Many students reported on the flexibility of the classes and the emphasis on learning instead of imposing strict rules and deadlines. Many students commented on the individualized assistance they received when they experienced a problem. One student talked about the consideration given to students who took the bus to class. She said, “The class was actually very good. I appreciated it. I take the bus. So she actually let us get our earlier than we were
supposed to, so that we could catch the bus, instead of waiting an hour and a half for the next one.”

Placements Chosen that Were Convenient to Student Bus Takers

The CHW program worked hard to increase the success of women in their practicums by finding women that took the bus placements that were as accessible to them as possible. One student commented that she had to be brave enough to communicate her transportation difficulty to the operations coordinator. Having communicated, the operations coordinator successfully worked to remove her barrier. “When I got into this. I'm excited, I meet new people, and now was the time for me to be talking about how I catch the bus... let them know that you’re capable of getting on the bus and getting where you need to be at; and I'm so happy I communicated with her.” This student was provide a practicum that was accessible for her.

Mastery of the Material & Developing Courage & Confidence to Effectively Communicate

When students had the courage to speak up and communicate the barriers that were in their way, the CHW program staff worked to immediately respond in a nonjudgmental manner. Again, having to take the bus was not only a barrier, but a source of initial embarrassment for some. One woman explains, “And then here I come and I'm like you know everybody rode up in their cars and I had to figure out how to get to the Collier Building from way over here at the Orthopedic Center and everybody just pulled up at the door. So like I said, I had a hard time expressing that...I was on the bus line.” The student felt relieved when she found out others took the bus. “Well I wasn’t the only one. It was like 6 of us that was on the bus.”

Some students perceived that they may be stigmatized or rejected if they revealed that they had to take the bus and/or had a criminal background. One student commented on her fear to share this information. “...I was scared to be honest about my situation as far as I take the bus and as far as I have a petty theft charge on my background check....I don't want to tell these people this and they're giving me a scholarship...”

Once these were revealed, students were both relieved and comforted by the response from the CHW program, and didn’t want to overburden the program with their individual needs. One student reported, “Hello? I was made to feel so comfortable from the get go that it was easy for me to say ‘Hey Chris [Demko], you know I am taking the bus’ then....I didn’t want her to feel like she had to give me somewhere easy to go, you know? I want to be treated like everyone else. If you want to send me here and you feel like it would be best for me then do so. I didn't want her to have to take all of this stuff into consideration. I didn't want that feeling, you know what I mean?” She further commented, “Me being honest took the stress off of me and it made it easier for her, because then I had to think about well what if she did put me somewhere [that] the bus just doesn’t go.”
Students that participated in the Community Health Worker Program, by in large, felt more confident in their abilities to master the content and succeed. One student commented, “It’s getting easier as time goes [with] my confidence level.” Another student also recounted how she became confident in class over time. She reported, “…At first I got to the point where I was like, ‘ok...the homework is real, you know, learning the stuff, this is real....Because at first It’s a little overwhelming, you know, like wow ok, ‘I got to get into a routine’. Once I got that first week, and actually got the homework done, I’m like, ‘dang...you look at that 100% you got on the computer, It’s like (Finger snap), you know,...I can’t wait till next week to see what’s going to happen and so like... it gets easier. Then the more you learn, the more passionate I’m becoming by the time midterms came, I wasn’t really as nervous until I actually clicked on the start button for the midterm, you know,...but when it was time when I knew midterms were coming up it was like, you know, I got this, and hey I got Brittney (Tutor) emailing me study guides.... [And it] helps also knowing you have someone there.”

CHW Courses & Promotion of Healthy Practices

Reportedly CHW students were also motivated to promote a healthier lifestyle. One CHW student explained, “You know what this class has done for me? I started the Community Health Worker class, and talking about nutrition and if somebody is overweight. It made me want to get healthier. I’ve lost 18 lbs.” Another participant reported, “I keep telling my mom how am I gonna tell people about losing weight and eating healthier.” One CHW student reported, “This has made me want to get healthier in every way spiritually, mentally, physically, everything.”

Support System & Positive Connection with CHW Staff

Despite the frustrations and overcoming the obstacles and barriers, many CHW students expressed positive regard for personnel directly involved with the project. The women expressed the importance of and their appreciation for the support system in place for them and it aided in their success. One student directly expressed it, “I think the support system is very good. We have direct access to Chris, and she is very good in making sure that whatever we needed was met and if we had questions or concerns she is really good...I never felt like if something happened that there wasn’t going to be someone working with me.” Several additional comments were made affirming the CHW support system. Overall students believed, as one student concluded, “They want us to succeed.”

Support System Team Member: Operations Coordinator Chris Demko

Several students discussed the importance of having someone that made them feel comfortable, accepted, and that believed they could be successful in the program. One CHW student reported, “She [Chris Demko] just made me comfortable from the moment I talked to her on the phone. I don’t know how she does it. I don’t know much about her.” Another CHW student expressed, “She’s [Chris Demko] got your heart.”
Chris Demko served as a mentor for many of the women and as a symbol for how a community health worker may interact with clients. One CHW student expressed appreciation for Chris Demko’s empathy and professionalism and wanted to emulate her. She stated, “That’s why I try to listen to her when she talks and how she talks, because I think that’s a great skill to learn and I think if I’m going to be asking people to open up their homes for me and open up their minds and talk to me about their personal situations, I think that I want to be like a Chris and I want to have that type of skill...” Another student reported on how she would work with clients, “I want to let them know I’m here for whatever you need, make that very clear. I’m here to help you get all of your needs met. How can I help you?....That’s what Chris does. That’s how Chris is... That’s exactly how Chris comes off, ’What can I do to help you’? Yeah she’s awesome” Finally another student commented, “You want to bear your soul to that woman [Chris Demko]”

Support System Team Member: Instructors Anne Seifert & Sarah Redding

When students didn’t trust in their ability to be successful, they learned to trust in the program staff and in turn, in themselves. While doubting their ability to return to a classroom and succeed, the instructors made the material interesting and clear and treated the students as if they could master the material. Even when students doubted themselves, some chose to stick with the program and rely on the confidence that the instructor and operations coordinator had in them. One student summed it up, “Like I talk to Anne and she’s like ‘don’t worry about. It’ll be okay’ and Chris [says] ‘don’t worry about it it’ll be okay’, so I’m putting this trust on myself because they told me don’t worry it’ll be okay.” Another student commented, “They are wonderful” when referring to Ann Siefert & Chris Demko.

When students had a problem completing the homework on time or understanding an assignment, the instructor was reportedly understanding, flexible, and placed more importance on the students learning the concepts instead of meeting strict deadlines. One student stated, “Anne is great. She was really patient with me in the beginning of the homework. I ended up getting the worse flu bug ever...and I don’t have a computer at home. I have to go to the library....I was having trouble with Canvas and I felt like such a moron saying I don’t know how to do an assignment, ...but a lot of people my age who have worked jobs where they don’t use a lot of computers are the same way, but sometimes you just feel stupid.” Reportedly Anne worked with student and gave her time to master the content without making her feel unintelligent. Students were also very impressed with Dr. Sarah Redding, finding it refreshing to have a conversation with a medical doctor and to be taught by one. One student commented, “Sarah’s great.... So down to earth for being a doctor.”

Support System Team Member: Project Tutor Brittney Thames

Students also very much appreciated having a tutor available. While some students used the tutor to help them understand an assignment from beginning to end, many that used the tutor
wanted the reassurance that they were completing the homework correctly. And some only wanted the reassurance that there was a tutor available, even if they chose not to use her.

One student commented, “I was so nervous at first; I am 43 years old. I have not went to school since high school and didn’t do good in high school. I had some college but they was— we had basket weaving type classes, you know really easy classes, so I could have a good grade point average. But I haven’t went since I’ve been in the 20s. So I was really nervous [I] didn’t know how to study. [I] thought I’d need Brittany there all the time. Just knowing she would be there was wonderful. Now... I’m at a point where I call Brittany and said I’ll just email you and check it over.” Another student commented, “She checks on me and she gives us our times that she’s available, but I really [hadn’t needed] to utilize her. I did ask her a couple of questions and she answered me back.”

One student commented that her confidence and mastery of the material grew over time. She reported, “By the time when I knew midterms was coming up I was like, ‘hey I got this, and hey I got Brittany emailing me study guides and letting me know’. And that’s what helps. Also is just knowing there’s someone there. And I haven’t seen Brittany yet, but I guarantee you, Brittany emails me and you know enough where I’m confident to feel like... ‘I got this right now.’ If I need you, I know where I can find you. And so that helps.”

Some students commented, “Brittney is awesome” and “Brittney is wonderful”, and “She is there for us.” One student commented on the tutor’s responsiveness when she said, “I mean I texted her last night [and] said ‘When you have time, call me’. She called me right back and this was late last night. I told her, I said ‘I’m all done with this week’s homework already’. I just want to email her...and she’d say “Girl, you got this.” But she would be there no matter what, so Brittany is wonderful.”

Another student reported on her comfort level and closeness to the tutor. She said, “I’m just happy I had someone who I feel a little bit closer to, to say ‘Hey help me out with this so I don’t feel like a freak to Ann’ and I already feel like I did, you know what I mean? So yeah Brittany is great.”

Another student suggested that if another class occurs, the program be sure to maintain a tutoring component. She commented, “I think that if you guys do consider doing a class like this...[again] have a Brittany, because I think that is very important. Especially like for someone that hasn’t been in school long or someone that has been in school and um just haven’t upgraded herself, like myself.”

Connection & Support from Other Students

Some were inspired by the connections they made with other students. This also served as a subtle confidence builder. One student expressed how meeting people in class was powerful for her. She said, “Like I’ve been talking to the women in Cleveland. They’ve been emailing me, Holly and Diane, they came here for training. That’s how I met them and so we’ve been talking. So now I feel like I’m somebody, you know? I know people in Cleveland! So they’ve been calling
me and we’ve been talking about homework and how we’re feeling about homework and all that fun stuff.”

REPORTED BARRIERS TO INVOLVEMENT

Students discussed the barriers they experienced while involved in the CHW program. Overall, they discussed four barriers, transportation, difficulty with background checks, their practicums, and some self-imposed internal barriers they experienced.

Transportation

Transportation was a persistent barrier for some CHW students that relied on public transportation. They expressed the added time demands when taking “the bus.” One student commented, “It’s a barrier—sometimes you’re on a bus for 3 hours, there and back.” Another student reported, “If you’re on a bus you might as well leave 2 hours early just ’cause the bus schedules.” Finally another student commented that for her, “that’s 3 hours a day, just by riding buses.” Some people understood taking the bus was what was called for and took it in stride. One student commented, “I catch the bus, but you know that’s just what I’m used to doing so it’s not a barrier. But I don’t have a car.”

Background Checks

The time it took for background checks to be returned and the previous knowledge that some of the women had convictions on their record, was an issue that caused anxiety and apprehensiveness among women who were working to build confidence and look toward a bright future. Waiting for the background check caused some students, who wanted to meet the identified deadline for completion, to be stressed. One student commented, “I don’t think the background checks came back quick enough…. [I] had to do like 40 hours a week, which made me not be able to work you know. It was my choice you know….I could of worked part time and finished this program part time, [but] I wanted to go ahead and finish because that’s what my plans were already to be finished by April 9th.”

Some students believed problems related to the timing of the background checks would have been avoided with the proper structure and planning in place. One student commented that in general, “They should have had a lot more structure before they gave it [scholarships] out to us.” Another student reported on timing when she said, “They should’ve thought more about the practicum sites. I think the background checks shouldn’t have been done the same time we got accepted for our scholarship.”

Students who were aware of their criminal background thought that the program could have been more proactive in having placements ready that would take someone with a felony. One
student commented, “They should've already said, okay well we can place you here with these felonies or there with these felonies.”

Practicums

There was a significant amount of nervousness, uncertainty, and frustration with regard to obtaining access to a practicum site and then satisfaction with the practicum site. Some students were waiting on clearance regarding their background check before they could access a practicum site. For some, once the background check came back, they spent time writing the explanation, while the operations coordinator attempted to find a placement that would accept them. One student reported, “Some of us started our practicum sites like weeks after and going into some difficulty even at those sites, as far as getting our hours in or getting the type of experience that we wanted.” However this student reported that the program was “really flexible” and she was eventually able to complete. Another student commented on timing, “Everything should've been set up. We will apply for this scholarship and got accepted for the scholarship and had to do all those references and all that....They should've already been trying to see what practicum sites are [available].”

At some point, students must become involved in their practicum and begin the experiential learning component of the project. As many students were initially nervous, there comes a time when it’s up to them to begin to engage with their sites. One student discussed her anxiety. She said, “I felt like, ‘oh my God, she [Chris] just threw me to the wolves. She was just like, ‘Call her. Let her know, you know, this is who you are. She’s expecting for you to call’.” She went on to explain, “I have to call this lady and say not only do I want to come do hours there, this is what I want to do. I talked her for a good half hour to an hour she was just blown away”, meaning very pleased with the level of worker she would be receiving.

However, a few students thought that the CHW program should have worked more to make the agencies aware of what CHW's do and ensure in some manner that CHW students would get the opportunity to put their education into practice. Thus some students reported they didn’t believe they were learning what they needed to learn at some of their sites. Early on in the placement, one student reported, “I haven’t done any interviewing skills or intakes. I’ve just been doing paperwork. I’ve been filing papers, putting stickers on boxes...I don’t feel like I’m learning what I should be learning.” This student was still being acclimated to the culture and new system where she would be completing her practicum. However another student commented, “I think the problem was that they gave to much leeway to the organization. There should be certain things already established...because it actually went more in their benefit [agencies] and not CHW [students].” Finally another student commented, “There are certain themes, certain objectives of the practicum site that must be connected with what we’re doing. We are not supposed be helping with lunch unless I mean it absolutely needs to be done.” Thus while some students loved their practicum site, others thought they were not being able to practice what they needed to be a quality CHW. One student reported, “Well the
site I’m at, don’t get me wrong, I love where I am at, I love the kids that we work with, I just don’t think it’s preparing me to be a community health worker.”

Another student reported on what she thought was a limited number of practicum sites and selection when she said, “I don’t think they have enough practicum sites. They are not open to enough variety.” Finally, another commented about the inadequacy of placement site. She said, “At our site they did not have the supervisor I guess, when Chris or whoever, came up with the practicum thing they told them basically, they [the CHW program] have to oversee us.”

Some students had a good experience and a good practicum site. One student commented, “I was fortunate to be in an environment where I can [do things]. This student was more aware and reported, “I chose my site.”

Some students understood that part of the success of the practicum was to both acclimate yourself into the practicum site environment and make yourself valuable by helping them to better understand what a CHW can do for an organization. One student explained how she sold herself and made her skills fit with the organization and seem attractive to the organization. She commented that the CHW program wants a student to assist in explaining to an agency what they can offer. She said, “It was my job to adjust myself to the people I’m going to be working with and I got to let them know what I am capable of doing. After I gave her [site supervisor] my list of what I’m capable of doing, [she said], ‘well you know what I do need someone who knows how to research….Can you talk to clients about certain situations? I do need someone like that.’” This student also offered advice, “[I’d] let her know what you are capable [of]. I’m doing [well] because when I talked to her over the phone I rambled on so much that by the time I got done talking I apologized and then she goes, ‘no I’m glad you did because I didn’t even know you were capable of doing all that stuff’…..I was supposed to have started Tuesday, but I turned it around a whole 360, that now she actually wants me to work under her starting Monday because she actually has some projects and things with clients that she has that she would like for me to do now.”

Internal Barriers

Women who may have had poor academic experiences in school or who suffered from a lack of confidence, would engage in negative self-talk that promoted increased stress and low self-confidence regarding the program and their future career. One student commented on what several women experienced, “Sometimes I’m bad about creating my own barriers in my own mind like, ‘I’m never going to get this’” She reported that once someone shows her, she typically does well. Another reported, “Like with the homework assignments, I get overwhelmed….and you’re going like, ‘oh my Gosh, I can’t do this’. You gotta study it, and write it, and then type it, but then once you start, it’s not that bad. And I ended up getting almost all A’s...And I’m in shock. Because here I am thinking, ‘oh my God, this is terrible’, you know, and then I look at my grades and A, A, A, or 100% or 90%....’wow. I can do this’. I didn’t think I could, but I can.” Another student named it when she said, “You know the self-talk in your head, that I was so used to, the self-doubt.” One student seemingly affected by earlier school
Experiences commented, “I tend to do it overly and it’s not that stringent....It’s not like she’s going through and putting red marks all over.”

EMPLOYMENT AS A COMMUNITY HEALTH WORKER

The evaluators sampled two CHW graduates that are currently employed, one who believed she was doing the job of a community health worker and one who did not. The CHW who believed she was performing as a CHW reported, “I work directly with clients in my practicum and obviously my job now.” She was excited to report that “I like what I do and it’s interesting” and that CHW education was both relevant to what she is currently doing and that she uses the education she received on her job. She further commented that the agency where she was placed, “understood what I was there to do.” This graduate rated the program a ‘10’ on a scale of ‘0’ poor to ‘10’ excellent.

The graduate who did not believe she was performing to the level of a CHW reported that she loved to be employed, but that the “person working now [supervisor], really don’t know what community health workers do....What I thought a CHW did wasn’t what they thought a CHW did.” This student reportedly is going on to school, motivated by her involvement in the CHW program. She rated the CHW program as an 8 on a scale of ‘0’ poor to ‘10’ excellent, reporting “I learned a lot from it.”

PROFILE OF A SOLID CHW CANDIDATE

In assessing what students thought were the qualities that would make a good community health worker, students thought that empathy, having a nonjudgmental attitude, a natural desire to help people, and a good support system were good qualities. One student pointed out that individuals that have had problems, have the empathy needed. She said, “I think that’s gonna be the biggest asset of a community health worker, is if you’ve been through the troubles and stuff like that. You don’t judge people.” Also, when helping people “seems natural” and “you just want to help them as much as possible to get where they need to be so they can thrive.” Another student thought that she was successful because of her support system that helped her juggle the responsibilities of daily life along with the class and a practicum. She commented, “My son is helping me take care of kids etc...That’s like my support...If there are timelines between day care, he’ll pick up that slack” Thus a candidate with a solid informal and/or formal support system may also be ideal.

SUGGESTIONS FOR PROGRAM IMPROVEMENT

Some students offered suggestions on how to improve the program for the next year. One student first began by saying, “Really I feel privileged to be a part of it....It is something that is needed...the need in the community is there, but there’s not the people.” Another added, “I think it would be great to be offered again.”

Students believed that the CHW program should educate each potential organization that will offer a practicum about the community health worker program and give them time to better
understand what they can offer a CHW student. One student suggested, “That would've given the organization time to prepare in advance to say that we know that this is coming that this is their role in the community and how we can utilize them in a way that will benefit our organization.” In addition, being able to have agencies come and talk to a group of CHW students and report on how they would use CHW workers in their agencies would help students to understand their placement, but more importantly would get agencies to better understand the role of a CHW and how they would be of benefit to the agency. As one student suggested, “Agencies should come and say, this is how we’re going to utilize community health workers that would be an opportunity to educate them on the possibilities.”

Bringing students together at a halfway point to process, was a suggestion targeted to improve the program. One student suggested, “What I would have like to have [is] if midway maybe have a another day where we can come in and maybe ask questions, share stories, or get this information like you’re asking us now. To get some feedback like midway through, as far as our experiences and how are we incorporating some of the things that have been presented in the course and how is that going?, so that each one could teach one and learn from each other.” The student also liked the idea of both processing the experiences at the practicum site and being able to have someone assist in making improvements before the experience is over. She said, “Like if you’re at your practicum site and you don’t feel like you are getting the experience, you can go back and, you know, open up that conversation. That would be good, like a midterm meeting.” This processing meeting may even assist CHW’s that haven’t had client interaction yet or minimal interaction. They could learn from the experience of another CHW. One student explains, “Even an interaction with a client. This person may not have had that interaction, but it may come up [later at the site] and, ‘oh, I know how she handled it’. Cause it’s all a learning process you know.”

Finally, one student suggested the community health workers have a field trip to an agency that effectively uses community health workers. She commented, “It would have been nice to have a field trip” – take them to a site that uses community health workers and “possibly shadow that person. I think for people who aren’t at an agency that has embraced the concept, to actually see an agency that has embraced the concept….then you have hope and you know what it looks like and you can advocate better.”

FINDINGS FROM A FOCUS GROUP WITH PRACTICUM SITE SUPERVISORS

In analyzing the data from the focus group with site supervisors, four themes were apparent: the genuineness, authenticity, and commitment of the CHW student, the need for job readiness and soft skills, the process for placing interns, student barriers, and interest in future interns.

Genuineness, Authenticity, & Commitment to Being a Community Health Worker

Site supervisors discussed the genuineness and authenticity with which the CHW interns presented themselves. One supervisor commented, “They were actually individuals that had life experiences. They may not have had a formal educational experience, but...they had a lot
of life experiences that I see would be very helpful in making relationship connections in the community. And then also...what I like about it is being able to connect with someone who’s having issues and difficulties and...the whole concept of community health workers brings hope, especially to underserved populations.” This supervisor went on to say that CHWs also serve as mentors, living by example when they work with clients. Commenting as if she were a CHW, she said, “You can get out of this, and here I am as an example to help you.” This supervisor ended up hiring her student. She commented at a previous meeting that she had several qualified candidates, but she chose the student because of her additional lived experience that is a richness needed.

Students reported that CHWs were very well prepared to take on duties as a community health worker. One supervisor reported, “My interns were very well versed on the main diseases that were focused on. They were very motivated and really wanted to ...do this and were excited to learn more and really felt that this was an opportunity to better themselves and they really took it seriously.” Another reported, “One I couldn’t keep her busy and she loved it and you could tell she was proud of what she’d done...and she was ready for more. Always ready for more....she likes challenges.”

Supervisors witnessed the CHW student connect what they learned in the classroom with their own health. One supervisor reported, “When you have community health workers that have lived the lifestyle of many of the individuals that we are now assisting with chronic diseases, and once they go through that training, all of the sudden the lightbulb goes on and they have more of an understanding of their own circumstances and how to assist themselves.” Another saw students grow and blossom as interns. One supervisor commented, “I’ve actually seen the growth of having sit in the back and be real quiet and taking her along to meetings and that and making her stand up and introduce herself. So in the very beginning, she was very timid and then towards the end, she was saying what her name was and being very confident.” Another commented, “I think this program offers a real boost of confidence.”

**Job Readiness of CHWs and the Need for Soft Skills**

Site supervisors discussed the need for some sort of formal instruction on the “soft skills” needed to maintain a professional job. For some, this was their first professional work experience and some CHW’s, while knowledgeable about what they were taught in classes, many were not socialized and competent in the area of professionalism.

One site supervisor discussed talking on the phone in a professional manner. She reported, “my intern was really, really nervous about talking on the phone. So I sat there with her quite bit and we just sat there together and made those phone calls and did that.” She then commented, “She was a fast learner....I left her on her own probably after that second day.”

Interns using cell phones to make and receive personal calls or texts was a problem. There wasn’t an automatic sense that it shouldn’t be done at work. One site supervisor reported, “It’s an intern, so I wanted her to know what’s appropriate and what’s not appropriate, so I spent a lot of time. I spent a lot of time just with her personal cell phone usage. Another supervisor reported that her intern had the idea that she shouldn’t use the cell phone while engaging a client but reported, “as soon as she hit the car, she wasn’t doing the
documentation. She was checking her cell phone and texting.” Finally one supervisor suggested, “Interns must tell their family members, their dudes, whoever these people are, that they cannot be calling them during the day and they cannot call them back.”

Knowing how to dress appropriately was another piece of information lacking in what students understood about working in a professional setting. One site supervisor commented that her CHW intern wasn’t dressed appropriately. She reported, “The very first day she came, she looked nice, but she was in jeans.” Another commented, “Mine came with a top down to here, showing almost every asset she had.”

Smoking was another issue. One supervisor reported, “I spent a lot of time...with the expectation...code of conduct at our agency in terms of smoking and what the smoking policy is, even if you’re taking your ok break. You can’t carry the cigarette and lighter out.”

Congruency between the message of health that CHWs convey and the behavioral choices they make may be an issue. As one site supervisor explained, “When you’re a community health worker role model, when you’re working with a client, one of the things that you’re going to be talking to them about is smoking and getting them to cut back or even to quit smoking. So where are you in that process? She discuss it with her intern who was a smoker. She said, “We had a really long conversation about that” Another supervisor reported that CHWs simply needed to have more of a “professional image.”

Professional boundaries was another issue that supervisors thought could be addressed. While one supervisor reported, “I’ve had no complaints at all with my CHW in terms of speaking professionally to a clients”, but she reported that her intern and eventual hire, “gets very familiar with the coworkers and probably too much. She still needs to be professional with coworkers. Your coworkers at work are not your peeps at home that you share your stories with necessarily.”

Site supervisors suggest being socialized into a professional role takes both the CHW program to teach those overall soft skills such as not talking on the cell phone, manner of dress, maintaining appropriate boundaries with colleagues, and as one supervisor added “time management skills”; while the responsibility of the practicum site should be to reinforce what was learned and to socialize the intern to the rules and policies of that individual site. Because as one supervisor put it as, “There are so many variations between agencies”

**Process of Placing Interns**

Supervisors reported that “Chris was very helpful” in both understanding the process and in placing interns. The operations coordinator reportedly worked very closely with the sites. One supervisor explains, “She worked with us. She sent resumes and cover letters so I would have an opportunity to see what they said about themselves and their goals and then I interviewed them. I had a very positive experience working with Chris. She is very open to questions. I had tons of them.”

While most supervisors involved in the focus group understood what a community health worker did, because they went through a training, another didn’t know much about it. She was provided a student through a nurse in her agency who informed her that she had a new
student. She commented, “I didn’t even realize....but there was another person in our building who was doing supervision. Which was interesting because if they’re riding around with me, how are you supervising them. It was a nurse that was assigned to do the evaluation. Because I’m thinking, ‘ok, who’s logging the hours,...one of the individuals, I didn’t even do an evaluation....And she was with me probably 60 hours before they pulled her and placed her in another location.” This may be an internal agency issue, but may be an important point about communication provided to agencies that want to serve as a CHW practicum site.

**Student Barriers**

Site supervisors reported that many students were those also in need of the services that their clients may need. Most supervisors involved reported that transportation was a barrier. One supervisor reported, “I picked her up at home”, when referring to her intern that had transportation problems. One site supervisor reported, “I’m wondering if ....they [students] should all have an adult intake. And let them all have their own CHW while they’re in the program, because they have a lot of needs and that would help them be the recipient ....My intern needed to have things and needed to know where she was gonna get food and how she was going to do this. She was going through that while she was in the program...and it might be helpful for them to experience that first hand knowing that this is what they are training to do.”

Site supervisors discussed the process and timing of background checks. Similar to the project team, site supervisors also thought that background checks should be done earlier. One supervisor reported, “As students are showing interest, letting them know up front. Because a couple of the barriers or issues I had, I would have loved to have taken [a student] but they couldn’t pass the background check....Maybe some of them could have been working on things prior to having to go to a site.”

Some supervisors wondered if there couldn’t be some sort of “readiness assessment” that would assess some potential issues. One supervisor offered, “Even like readiness assessment where it covers your background check. It covers the smoking, you know, ways to address some of those concerns before you spend 3, 4 months in the program only to find out that you can’t be certified and you can’t go into those agencies.”

One supervisor really wanted to hire a particular CHW that was sent to her for a practicum. However this student didn’t have a care or insurance, a requirement for the job. She responded, “I couldn’t even consider her for employment”

**Interest in Future Interns**

Everyone involved in the focus group reported they were interested in taking community health worker interns or in having a practicum in the future. One site supervisor went further and said, “If we’re going to bridge the gap in health disparities...And who is most impacted, and it’s always the minority community...The only way we’re going to do it is with community health workers. We can’t do it ourselves and a lot of our agencies don’t believe in coming out of the four walls....Community health workers are feet on the ground...In order for us to be healthier, I don’t know how else we would do it.”
Supervisors really appreciated the type of students they received as interns, including those that weren’t traditional college students, although that would be alright because in one supervisors words, “we need both”, however they really valued receiving the student from communities similar to the ones they would be working in with the experiences that many clients have had.

**SUMMARY OF STRENGTHS, AREAS OF IMPROVEMENT, & SUGGESTIONS**

Below is the summary of the strengths, areas of improvement, and suggestions for improvements offered by students and project staff. In analyzing these areas, it appears that the program was extremely strong on the front end e.g. recruitment, choosing quality students, and providing quality instruction and during the second year will work to strengthen a moderately strong back end e.g. preparing potential community health worker sites to better understand what CHW’s can do and providing those experiences. In addition, other procedural and structural issues such as background checks and the barriers of transportation will be the added focus for the following year. Comments are not offered in any particular order.

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