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September 23, 2015

The Results Are In!

How H2P Developed, Implemented, and Produced a Comprehensive Programmatic Evaluation

Marianne Krismer, National Director H2P Consortium & Heather Fox, Project Coordinator, OCCRL

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TAACCCT ON! building tomorrows workforce today

Healing Healthcare

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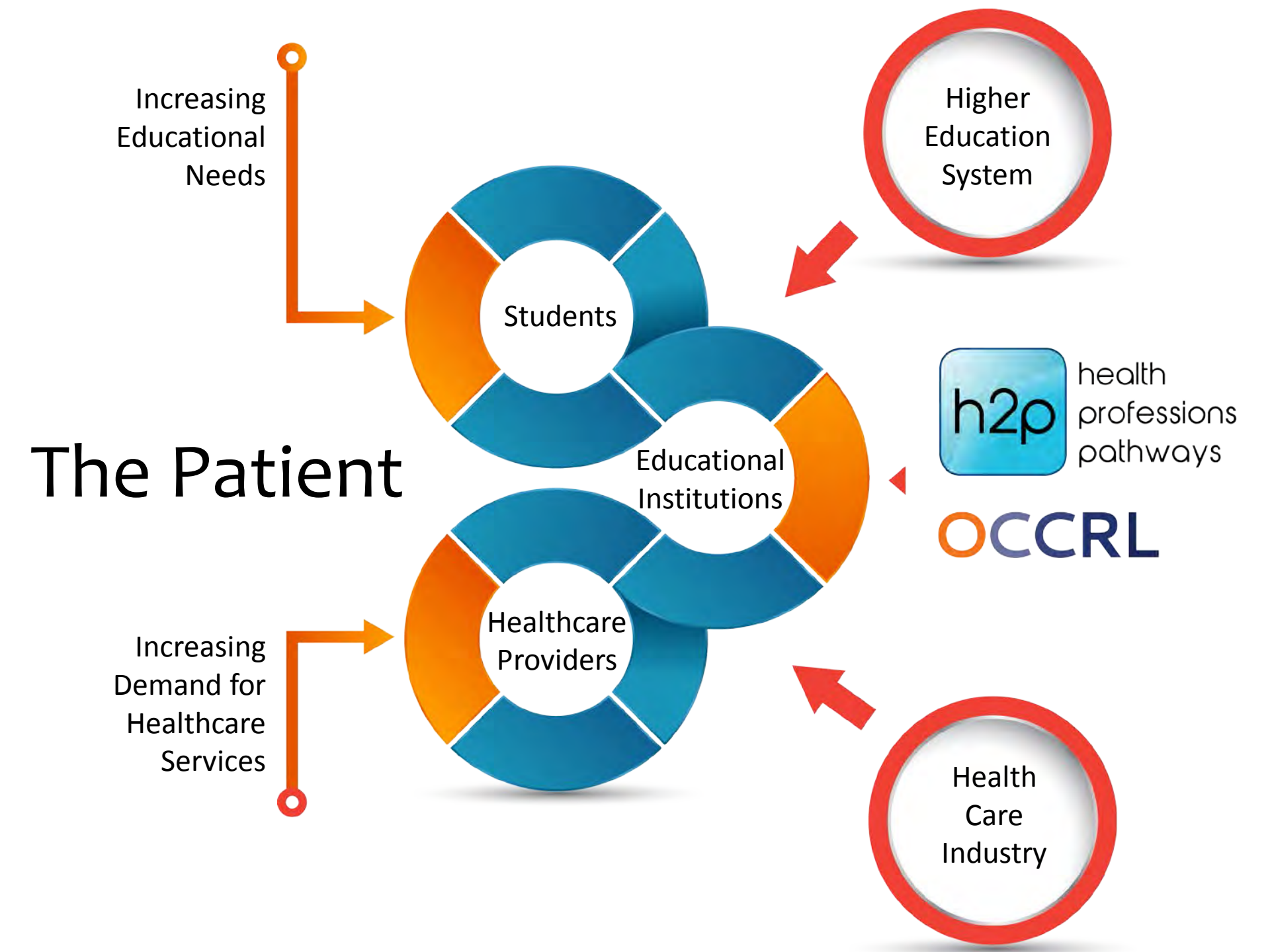
Increasing Educational Needs
Higher Education System
Students
Educational Institutions
The Patient
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Healthcare Providers
Increasing Demand for Healthcare Services
Health Care Industry

Presenting Symptoms

In Spring of 2011…

- GNP for **healthcare spiraling** out of control
- Bureau of Labor Statistics estimates **unmet demand** of 300,000 associate degree graduates
- **Healthcare demands for service** will continue to increase
- **Supply** of trained professionals will **not meet demand** at current pace
- Time to training is increasing: **degree creep**
- Community College **retention/graduation** statistics - **< 25%**

Crisis in Perception or Reality?

96% of college and University chief academic officers were confident in their ability to prepare students for workforce success.

11% of business leaders strongly agree that today's graduates have the skills and competencies their businesses need.

Source: Chronicle of Higher Education, 2.26.14

72% of education leaders say newly educated workers are ready for work.

42% of employers think these same workers are ready for work

Source: Bersin Study reported in CLO Magazine 3.22.13

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What Educators say about Employers…

* We invite employers and ask what they need, but they don't talk. They just sit.

* Employers want things done immediately.

* Employers just don't understand:
  * What our accreditation requires
  * How few resources (i.e., money) we have
  * Our internal processes

-CAEL, 2014

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What Employers Say About Educators…

* Educators ask for our advice after the courses are already developed
* Takes way too long to get things finished
* We tell educators what we think, but we never know what they do with it.

-CAEL, 2014

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The Bottom Line: Job Seekers/Newly Employed Are Just Confused!

* "I did exactly what I was supposed to do… why don't I have a job?"
* "This job is not what I am prepared to do."
* "They have unrealistic expectations of me."

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Initial Diagnosis

Current courses and linear curriculum model is resulting in poor completion of health credentials.

Healthcare education is not always in sync with employer needs.

Community Colleges infrastructure makes it difficult to make system changes that are proven to support student retention and completion.

There is no national consensus on what baseline competencies are needed for healthcare workers.

Employers and educators have few opportunities for true collaboration.

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Question

What is your system's initial diagnosis?

Planning the Treatment

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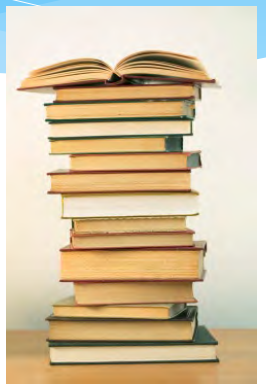
The Treatment Goal: Education and Workforce Transformation

From: Education Silos based upon **Courses and Curriculum**→



To: **Programs of Study** and **Career Pathways** identified and validated by the **workforce community** that lead to **high demand Health Care Jobs** →

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A Vision of Health

"Not only produce a highly skilled healthcare workforce but also **galvanize a national movement** to dramatically redesign and enhance health professional education and training though **national curricular reform, industry engagement, innovative practices and programs, and intensive usage of data and accountability systems** to ensure student success and program excellence" (H2P Proposal, 2009, pp. 1-2).

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Kentucky

Jefferson Community & Technical College — Higher Education Begins Here

Ashland Community & Technical College

Minnesota

Pine Technical College

Anoka-Ramsey Community College — Cambridge · Coon Rapids

Ohio

Cincinnati State Technical and Community College

Owens Community College

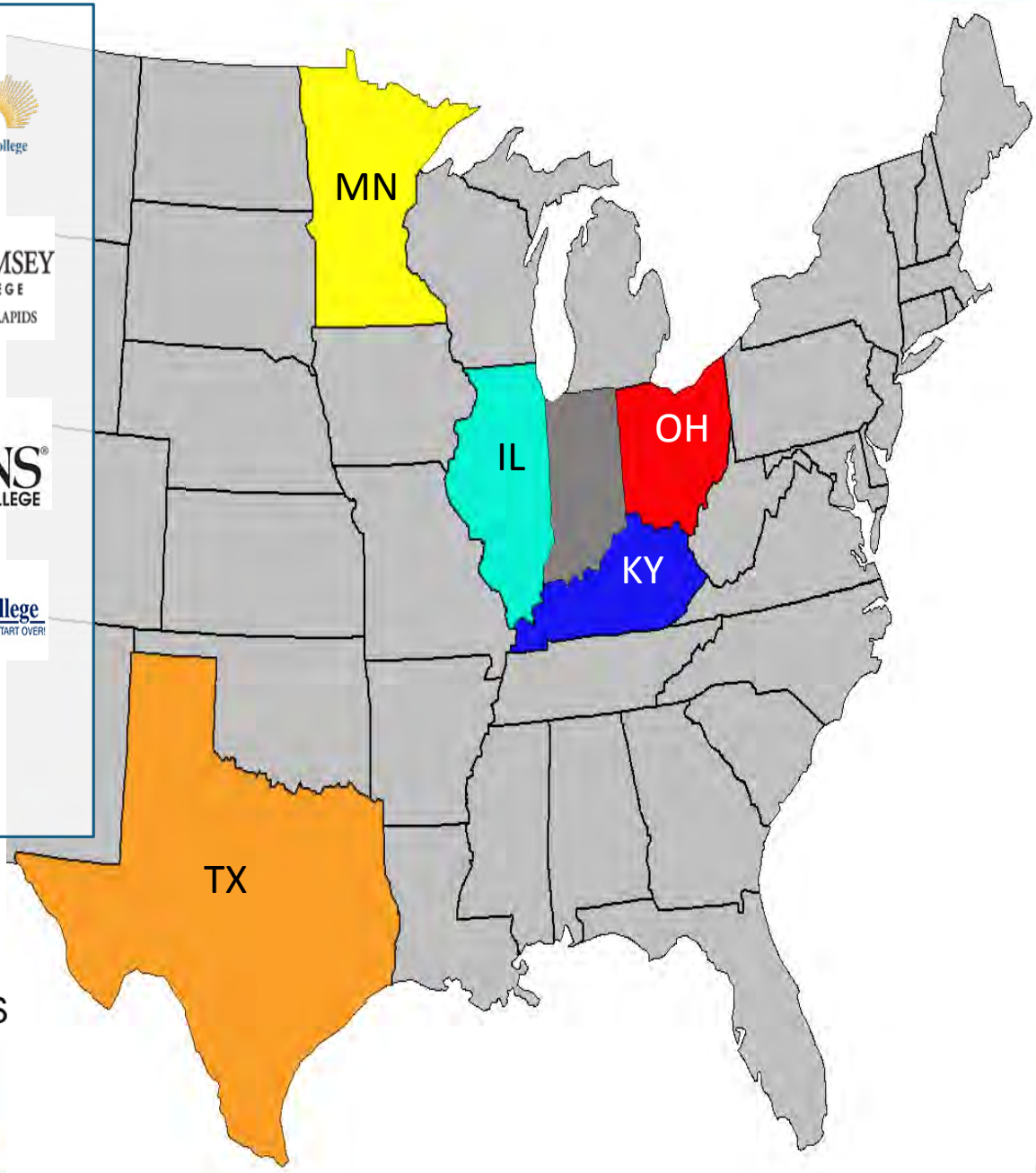
Texas

El Centro College — Dallas County Community College District

Texarkana College — A Great Place to Start, or Start Over!

Illinois

City Colleges of Chicago — Education that Works



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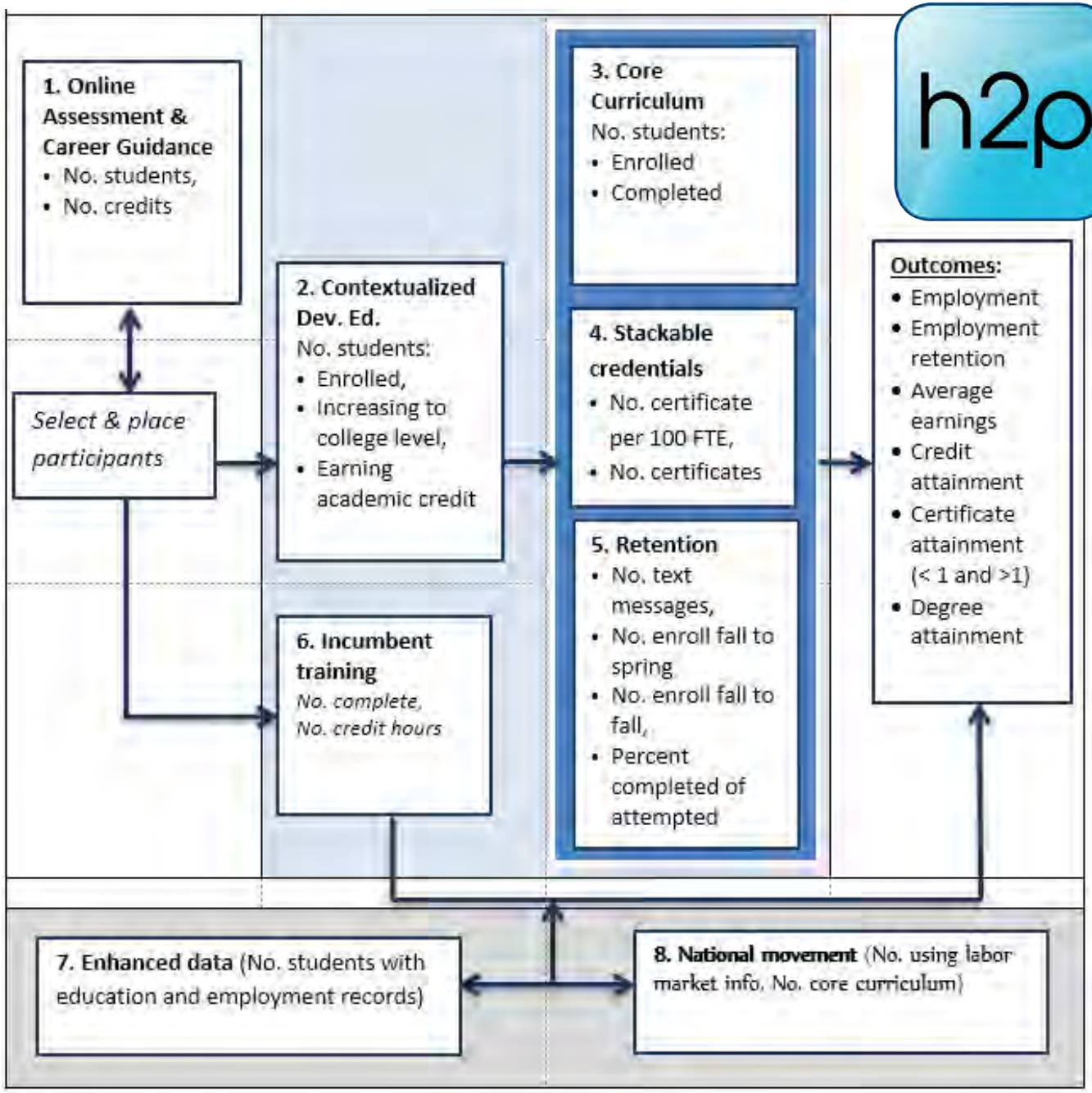

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The Treatment Plan

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Diagnostic Testing

Abbreviated Evaluation Questions

1) Who are the H2P students?
2) What are the grant-funded Programs of Study?
3) What strategies are being offered by the H2P consortium colleges?
4) What were the educational outcomes for H2P students?
5) What were the employment outcomes for H2P graduates?
6) What is the impact of H2P?

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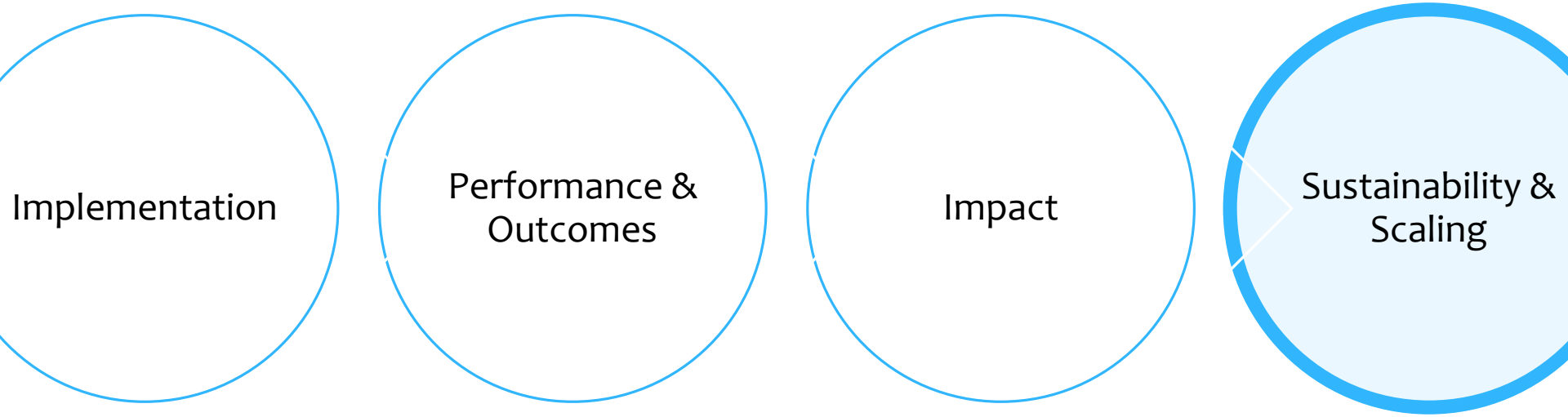
Components of the Evaluation



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Data Collection

Unemployment Wage Data

Implementation Toolkit (Partner, Strategy, and Program of Study Implementation Data)

Individual and Group Interviews

Document Review

Student Demographic, Course, and Credential Data

Program of Study Inventories

Site Visits

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Mixed-Methods Analysis of the Data

Qualitative Analysis	Quantitative Analysis
Content analysis with narrative descriptions Deductive and Inductive analysis Member Checks	Descriptive Logistic Regression Propensity Score Matching

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Strategy Implementation Evaluation Tool

Notes:

1. Apply your knowledge of program implementation and consider the accomplishments to date when making your assessment.
2. We understand that your implementation level might not fit neatly into one category. Use your best judgment while rating each strategy.
3. A sample strategy is shown on row 9.

Instructions:

1. Read each strategy in column A and add any additional activities that reflect your college's TAACCCT initative.
2. Using your best judgment, choose the level of implementation that most closely describes each activitity from the drop-down list in column B.
3. Using your best judgment, choose the level of implementation that most closely describes the corresponding sub-strategies and overall strategy from the drop-down list in column B.
3. In the explanation section please provide any clarification or details you deem necessary. You may also highlight achievements and barriers to success impacting the implementation processes.

Implementation Scale Definitions:

1. Not Planned: The College has decided not to implement this strategy.
2. Pre-Planning: The College has committed to the strategy but has not started planning it.
3. Planning: The College is engaged in a planning process to move forward with this strategy.
4. Implementation: The College is engaged in implementation of the strategy.
5. Sustainability: The strategy has been fully implemented, and the team is addressing sustainability of this strategy.
6. Scale-up: The strategy can be broadened in scope and scale to fit other college needs or adapted/replicated to suit other colleges.

Strategies & Implementation Measures	Implementation Scale	Additional Explanation
Sample strategy	Planning	Expect to launch activity in Spring 2012 after a new hire is made.
1. Online assessment and enhanced career guidance		
1a. Online assessment of students' prior learning through:		
the Virtual Career Network		
Portfolio-Based Assessments		
Evaluation of Local Training		
American Council of Education (ACE) Guides		
Challenge Exams		
Advanced Placement (AP) Exams		
College Level Examination Program (CLEP) Exams		

Question

How are you or will you use the evidence developed through your evaluation?

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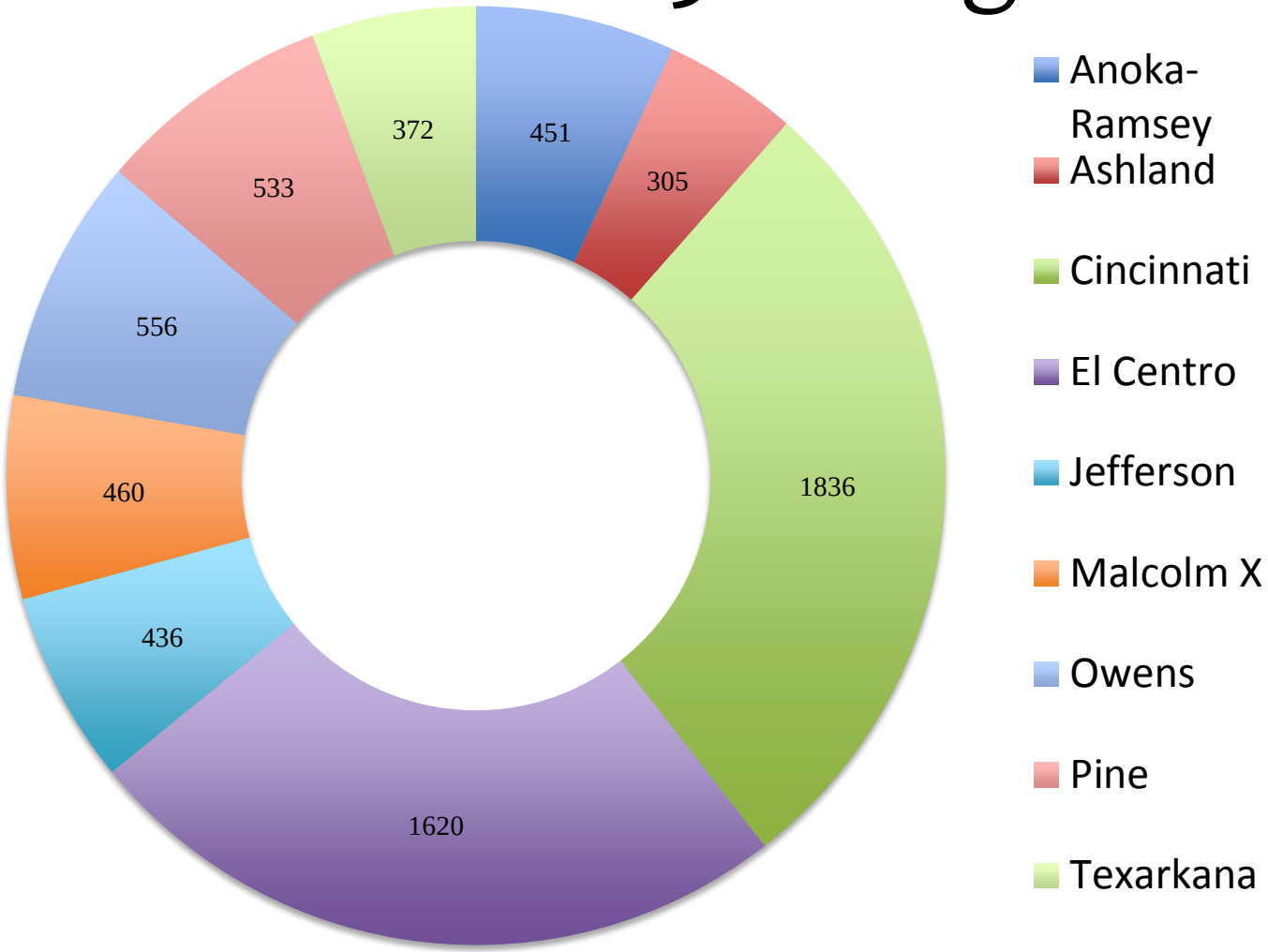
Administering the Treatment

The H2P consortia served 6,569 students across 9 colleges



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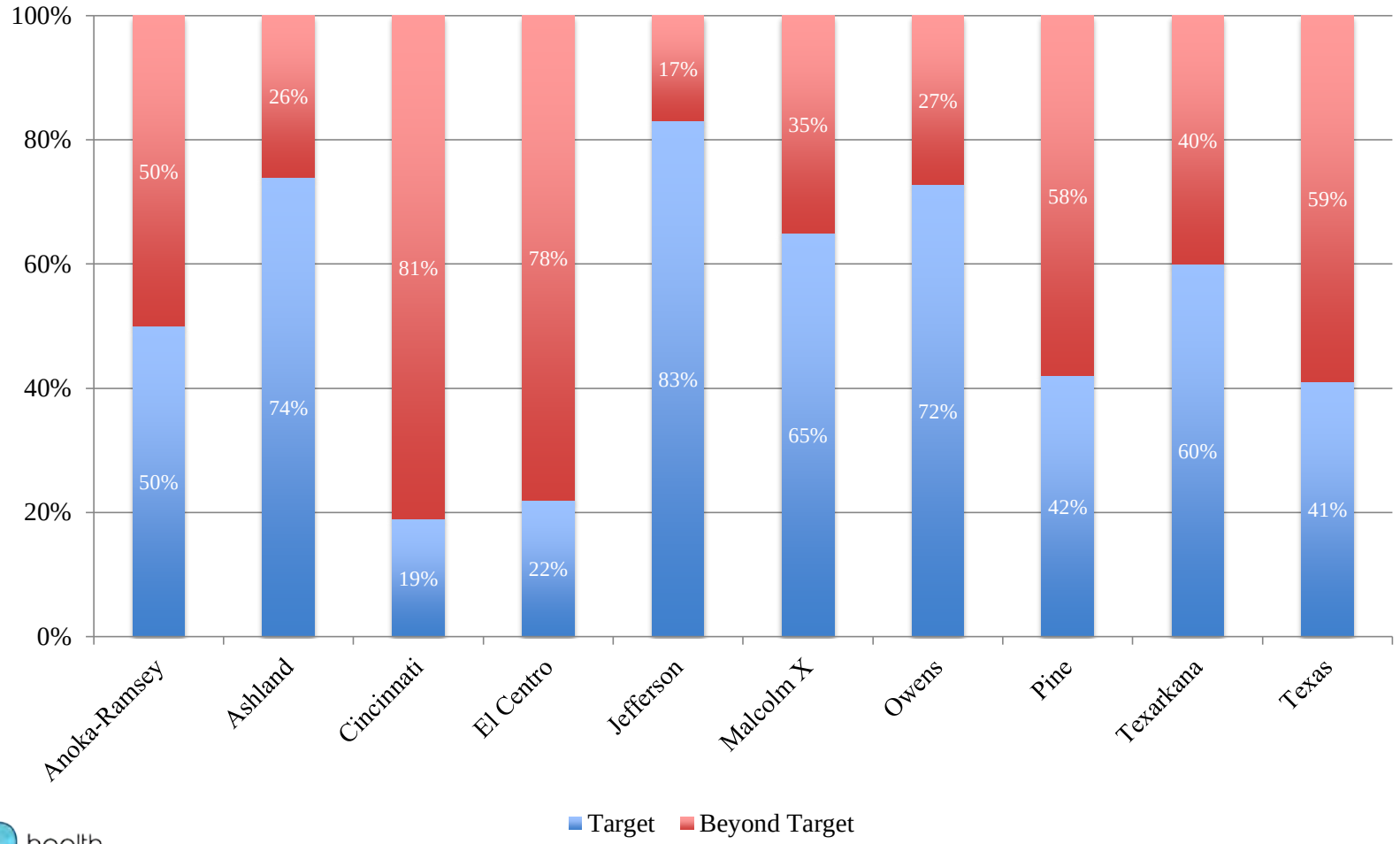
All Nine Colleges Exceeded Their Targets Number of Students



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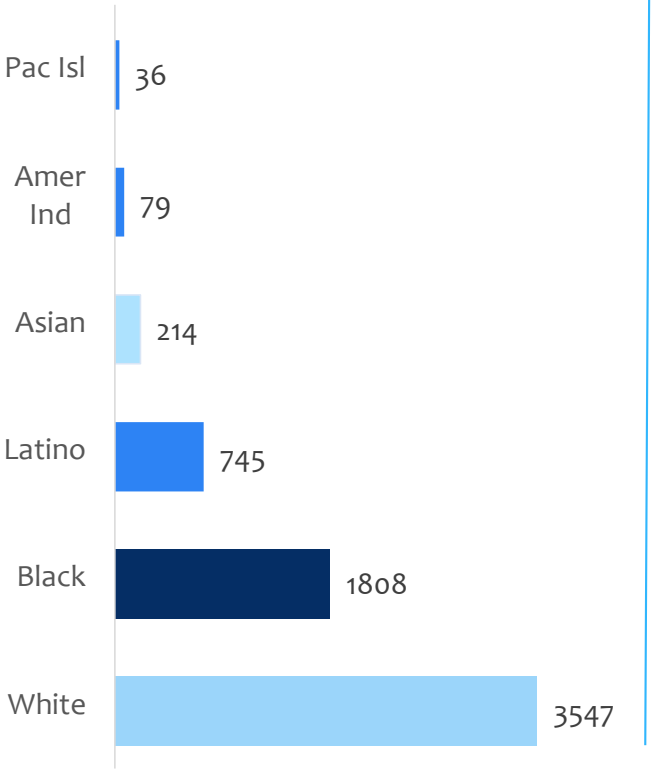
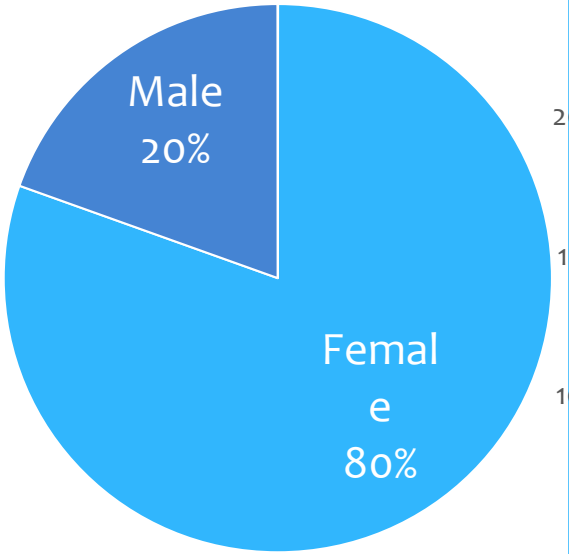
Demographics

(these figures include all 6,569 in H2P)

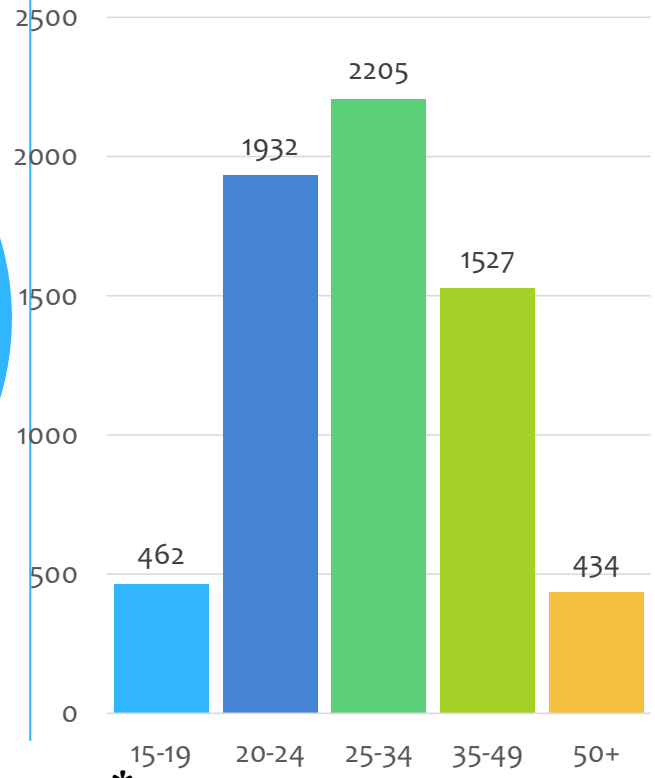
Race



Gender



Age*



*Groupings based on IPEDS categories

Demographics, continued

(these figures include all 6,569 students in H2P)

41%

Of H2P students are **Pell eligible or Pell recipients**

62%

Of students were **employed at intake** into H2P

275

Veterans were enrolled in the consortia

61

TAA workers were enrolled in the consortia

H2P Programs of Study

Program Category	Definition	Number of Grant Funded Programs
Very Short Term Certificate	12 credits or less, including non-credit	22
Short Term Certificate	One year or less, but more than 12 credits	20
Long Term Certificate	Greater than 1 year and less than 2 years	24
Degree	Associate Degree	34

* 4,888 H2P students enrolled in 100 grant-funded programs of study

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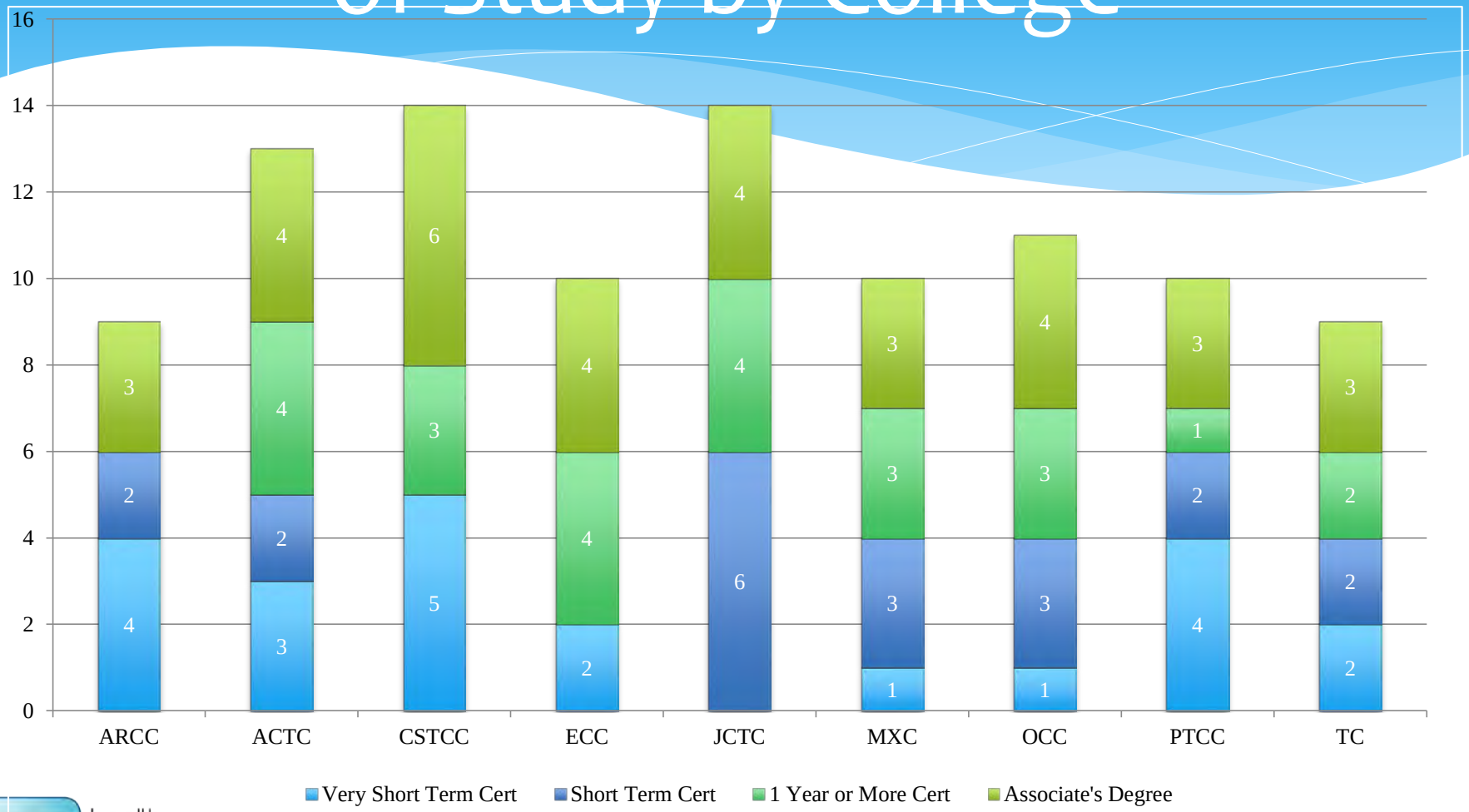
New and Enhanced H2P Programs of Study by College



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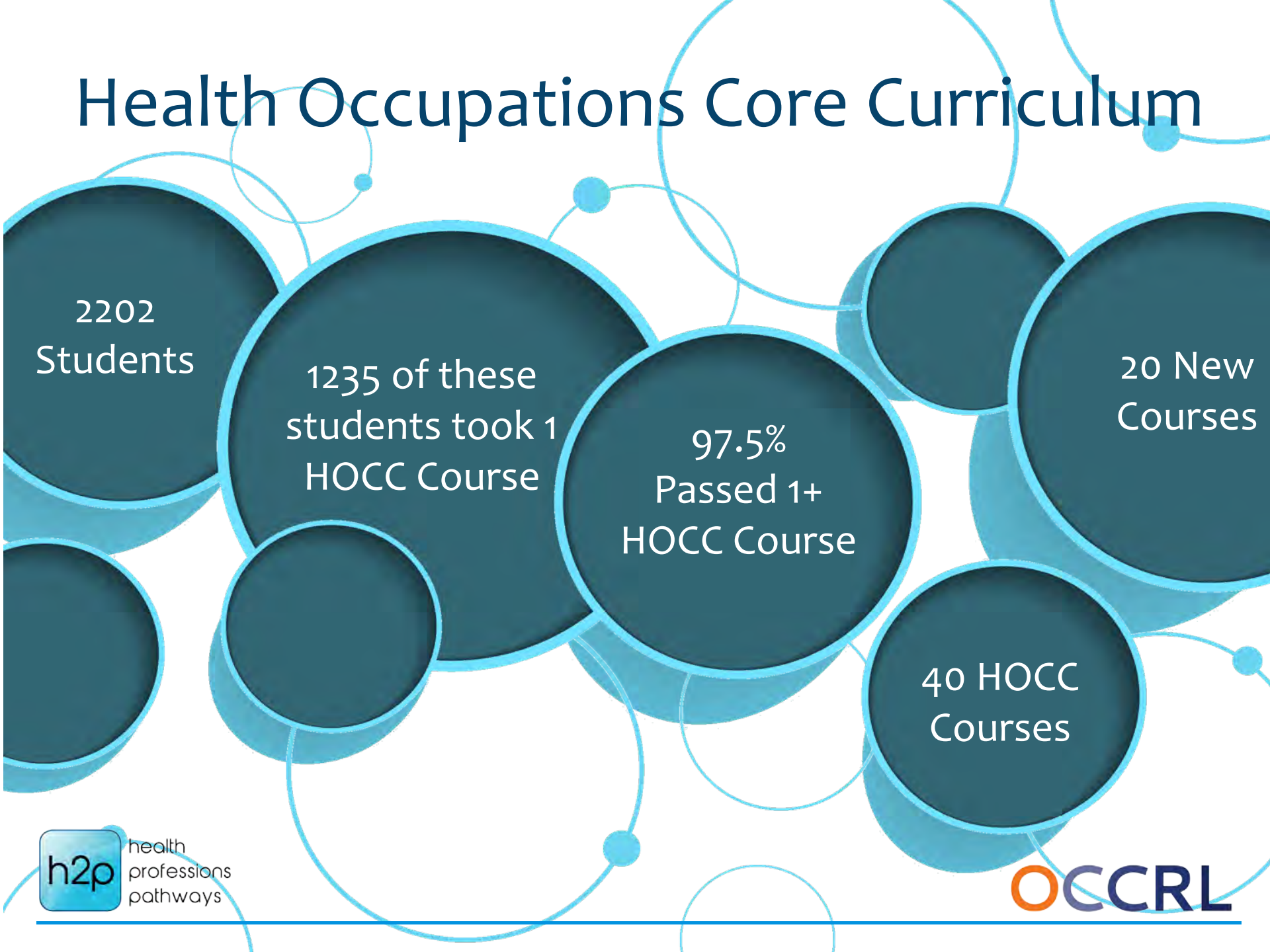
Health Occupations Core Curriculum



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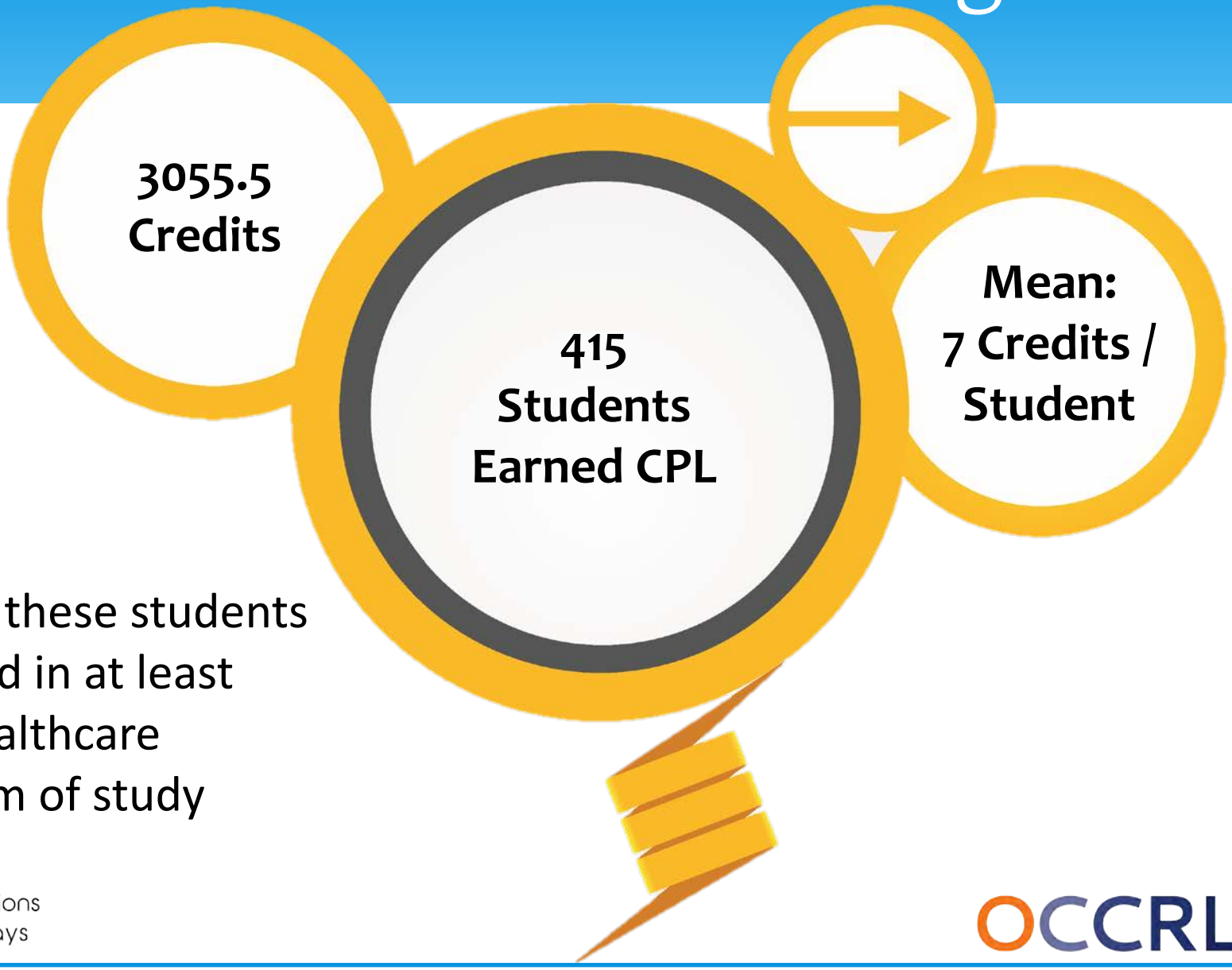
Credit for Prior Learning



88% of these students enrolled in at least one healthcare program of study

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Enhanced Retention Services

Sub-study with CSTCC, OCC, and PTCC

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- Academic Advising
- Assessment
- Career Services
- Employment Services
- Financial Services
- Nonacademic Advising
- Social Services & Counseling

2221 Students

14,483 Service Instances

9,505 Hours

3.2 Hours per Student

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Treatment Outcomes for Students

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Credential Attainment

Program Category	Any Credential	Highest Credential
No Credential	2867	2867
Very Short Certificate	924	824
Short Certificates	218	144
Long Certificates	565	501
Associate's Degrees	552	552
Multiple Credentials	191	-

* 2,021 of the 4,888 H2P students enrolled in grant-funded programs of study earned at least one credential by Fall of 2014.

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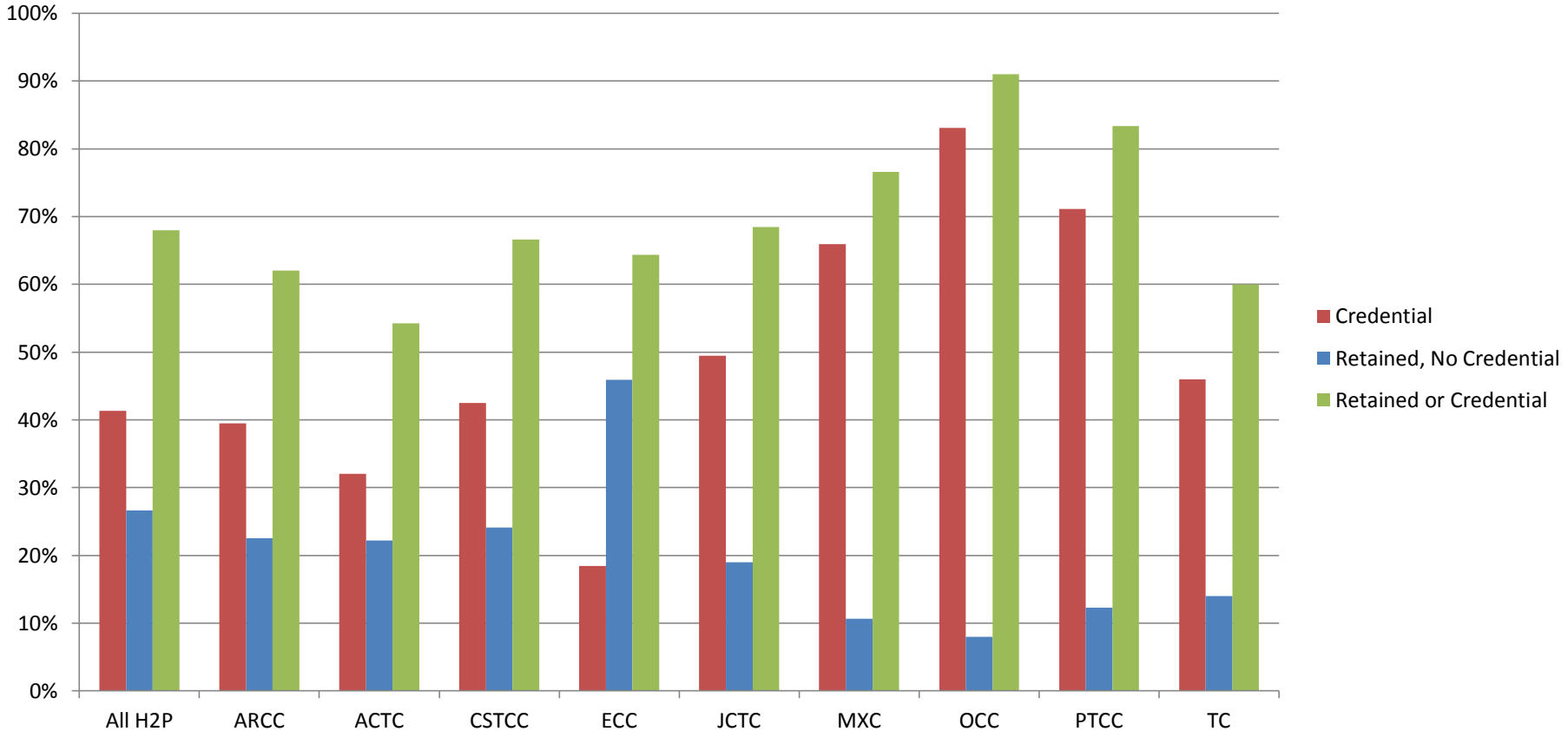
Credential Attainment and Retention Rates for H2P Participants Enrolled in Programs of Study by College



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Summary Educational Outcomes

- 4,888 students enrolled in the 100 grant-funded programs of study
- 2,021 earned a credential including 552 associate degrees
- Nearly 1 in 10 students earned multiple credentials
- H2P increased the likelihood of students completing a credential by ~7%

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Employment Outcomes for H2P Participants in Programs of Study

	Employed Post-H2P	Mean Final Earnings	Median Final Earnings
Sex			
Men	72.6	$5,251	$5,275
Women	75.6	$5,259	$5,256
Race/Ethnicity[1]			
American Indian / Alaskan Native	85.7	$5,810	$5,728
Asian	65.8	$4,274	$4,286
Black	79.4	$5,529	$5,530
Latino	76.7	$5,056	$5,241
Multi-race	85.0	$4,677	$4,671
Native Hawaiian / Pacific Islander	75.0	$4,845	$4,887
White	73.7	$5,282	$5,282
Age at H2P Intake			
19 and Under	78.2	$3,009	$3,031
20-21	80.0	$4,203	$4,126
22-24	79.9	$4,492	$4,682
25-29	76.0	$5,693	$5,665
30-34	74.7	$5,966	$5,983
35-49	70.8	$6,643	$6,729
50+	59.0	$6,840	$6,861
Pell Eligibility			
Eligible	76.4	$4,940	$4,982
Not Eligible	73.5	$5,726	$5,814

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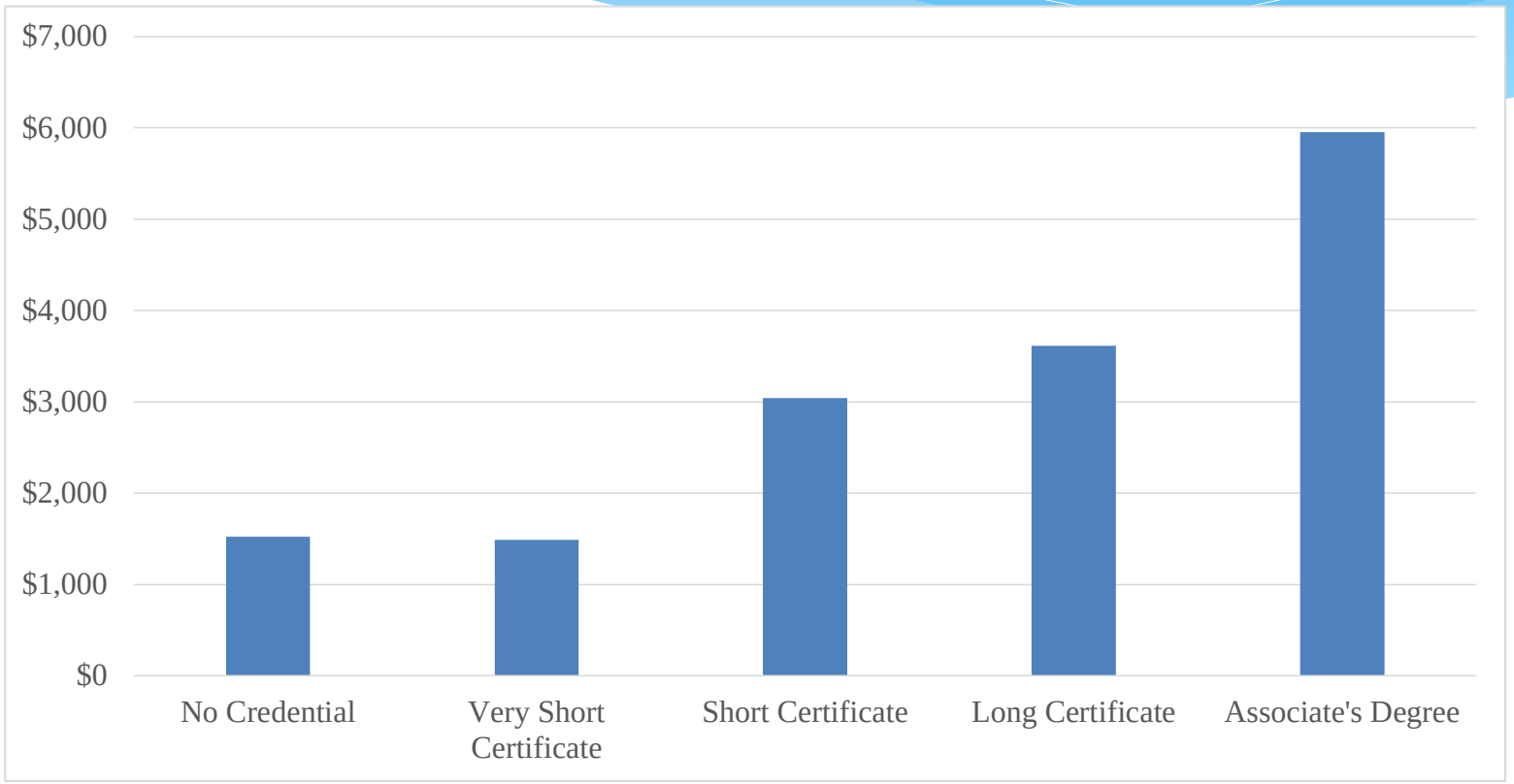
Medium Earning Gains by Highest Level of Credential Earned



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Summary Employment Outcomes

- Mean quarterly earning rose $1,932/quarter from pre-H2P to post-H2P for employed H2P participants
- H2P students were between 7-8% more likely to gain employment than a previous student cohort*.
- H2P students earnings were between 10-22% higher than previous students cohort*.

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Proactive Health Improvement

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Pathways to Results for H2P

Pathways to Results (PTR) is an outcomes-focused, equity-guided process to improve student transition to postsecondary education and employment.

As of 2015, 90 teams involving community colleges and their partners have used PTR to address equity and outcomes gaps in their pathways and programs of study.

PATHWAYS TO RESULTS GOALS:

- Improve degree pathways and programs of study planning and implementation.
- Improve transition outcomes for all students, especially underserved learners.
- Align PTR to public policies dedicated to improving student transition to college and careers.
- Improve access to data and tools that support evidence-based decision making and continuous improvement.

WITH THE PATHWAYS TO RESULTS STRATEGY...

- Partnerships are the key
- Equity is a priority
- Critical processes are examined
- Solutions are planned, implemented and evaluated
- Learning is continuous

PROFESSIONAL DEVELOPMENT AND TECHNICAL ASSISTANCE AVAILABLE ON PTR

- Facilitation & Coaching
- PTR Networking and Cross-site Meetings
- E-learning Modules
- Technology Enhancements
- Annual Scaling Up PTR Conference
- Regional Network Workshops

TO GET MORE INFORMATION ABOUT PATHWAYS TO RESULTS CONTACT:

Office of Community College Research and Leadership
University of Illinois
51 Gerty Drive, 129 Children's Research Center
Champaign, IL 61820
occrl@illinois.edu
http://occrl.illinois.edu
217-244-9390

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ENGAGEMENT AND COMMITMENT
Identify the PTR team, decide on the initial improvement objective and outcomes, and secure buy-in from all the partners.

OUTCOMES AND EQUITY ASSESSMENT
Student-level data is collected to examine outcomes and identify gaps in results between racial, ethnic, low income, and other groups and special populations.

PROCESS ASSESSMENT
Processes such as recruiting, advising, teaching, and learning are probed to understand why desired results are not being produced and identify "promising processes" that should be replicated.

PROCESS IMPROVEMENT
Solutions and evaluation plans are developed to improve student outcomes, address equity gaps, and enhance programs of study.

REVIEW AND REFLECTION
Solutions and evaluation plans are developed to improve student outcomes, address equity gaps, and enhance programs of study.

PTR in Action at H2P Colleges

Anoka-Ramsey Community College:
Pharmacy Technician Certificate and Pharmacy Technician Associate of Science Degree

Ashland Community and Technical College:
Core Curriculum

Cincinnati State Technical and Community College:
Allied Health Programs in Health & Public Safety Division

El Centro College:
Prior Learning Assessment

Jefferson Community and Technical College:
Medical Assisting

Malcolm X College:
Ethnicity, 10 Years College Credentials/Degree Trend and Healthcare Program Enrollment

Owens Community College:
Financial Literacy Project

Pine Technical and Community College:
Healthcare Pre-Professional Certificate

Texarkana College:
Vocational Nursing Program

H2P PTR Coaches: Debra Bragg, Heather Fox, Catherine Kirby

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H2P PTR Projects

H2P College	PTR Project
Anoka	Building Diversity in the Pharmacy Technician Program through Targeted Youth (K-12) Recruitment
Ashland	Strengthening Completion of the Core Curriculum: Access and Equity in Healthcare Curriculum
Cincinnati State	Core Curriculum Design: Access and Equity in Healthcare Curriculum
El Centro	Portfolio Based Prior Learning Assessment to Promote Equity for African American Students
Jefferson	Early Intrusive Support Services to Improve Medical Assisting Associates Degree Completion for African American Students
Malcolm X	EMT to Paramedic Pathway: Addressing Attrition of Students of Color
Owens	Financial Literacy of Low Income Students
Pine	Pre-Health Professional Certificate to Improve LPN Transition for Underserved Populations
Texarkana	LVN Program: Addressing Attrition of Students of Color

Question

Are you collecting, analyzing, and using evidence for continuous improvement?

Transforming Healthcare

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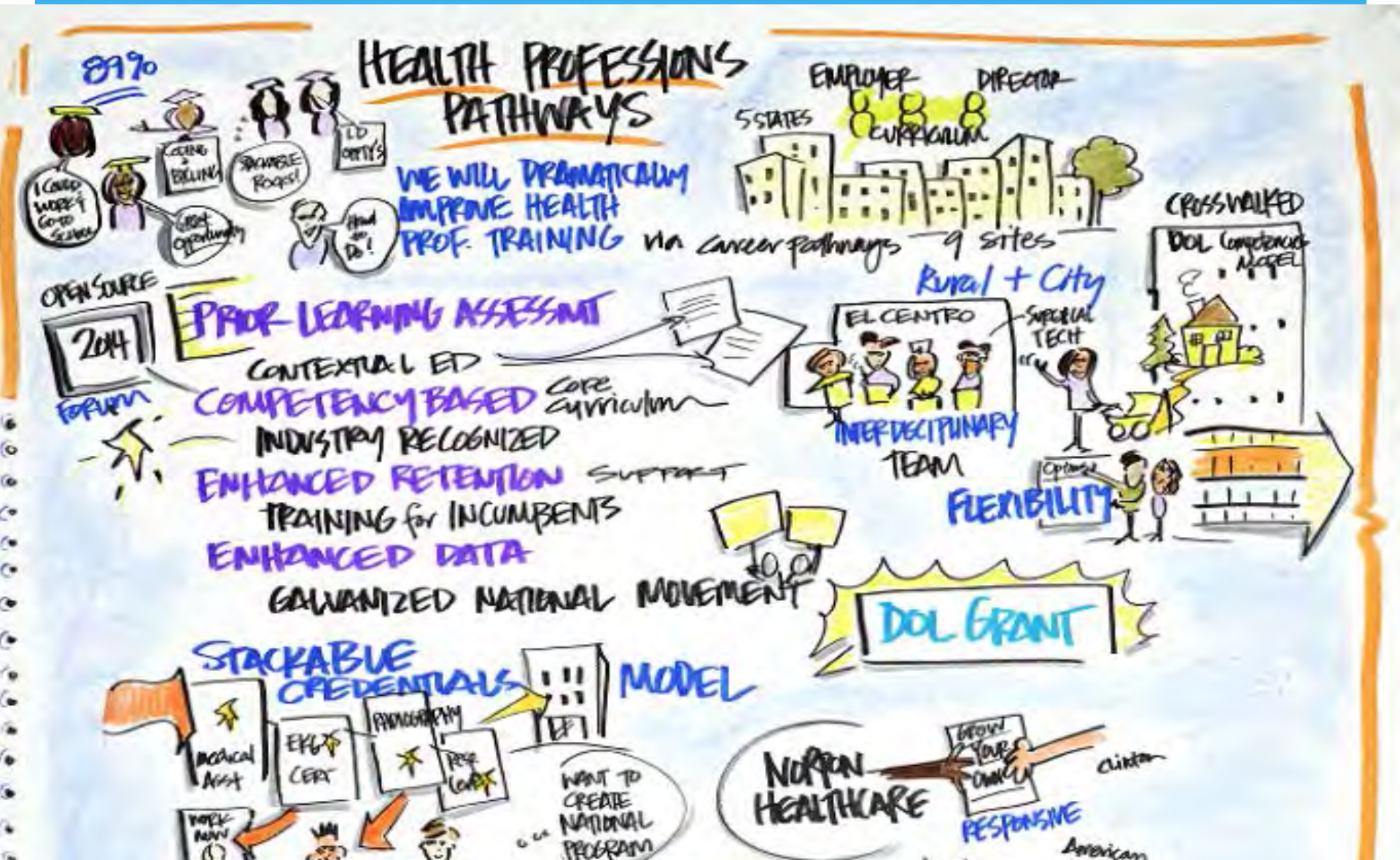
Galvanizing a National Movement



Question

Are you championing transformation?

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Transformative Change Initiative

The Guiding Principles

The guiding principles that emerged from TCI follow:

LEADERSHIP
Scaling of transformative change will occur when leaders envision, encourage, and support innovation that supports all learners.

ADOPTION AND ADAPTATION
Scaling of transformative change will occur when adoption and adaptation honor and influence the cultures of the settings involved.

EVIDENCE
Scaling of transformative change will occur when evidence collected through ongoing and responsive evaluation is used strategically.

STORYTELLING
Scaling of transformative change will occur if storytelling is used to facilitate learning about innovation and transformative change.

NETWORKS
Scaling of transformative change will occur when individuals engage in networks to gain access to expertise, professional development, and other vital resources.

DISSEMINATION
Scaling of transformative change will occur when dissemination is led by individuals with deep knowledge of their settings.

TECHNOLOGY
Scaling of transformative change will occur when effective and appropriate technology is used to strengthen resources and expertise.

SPREAD AND ENDURANCE
Scaling of transformative change will occur when innovations are chosen for scaling that show the potential to spread and endure.

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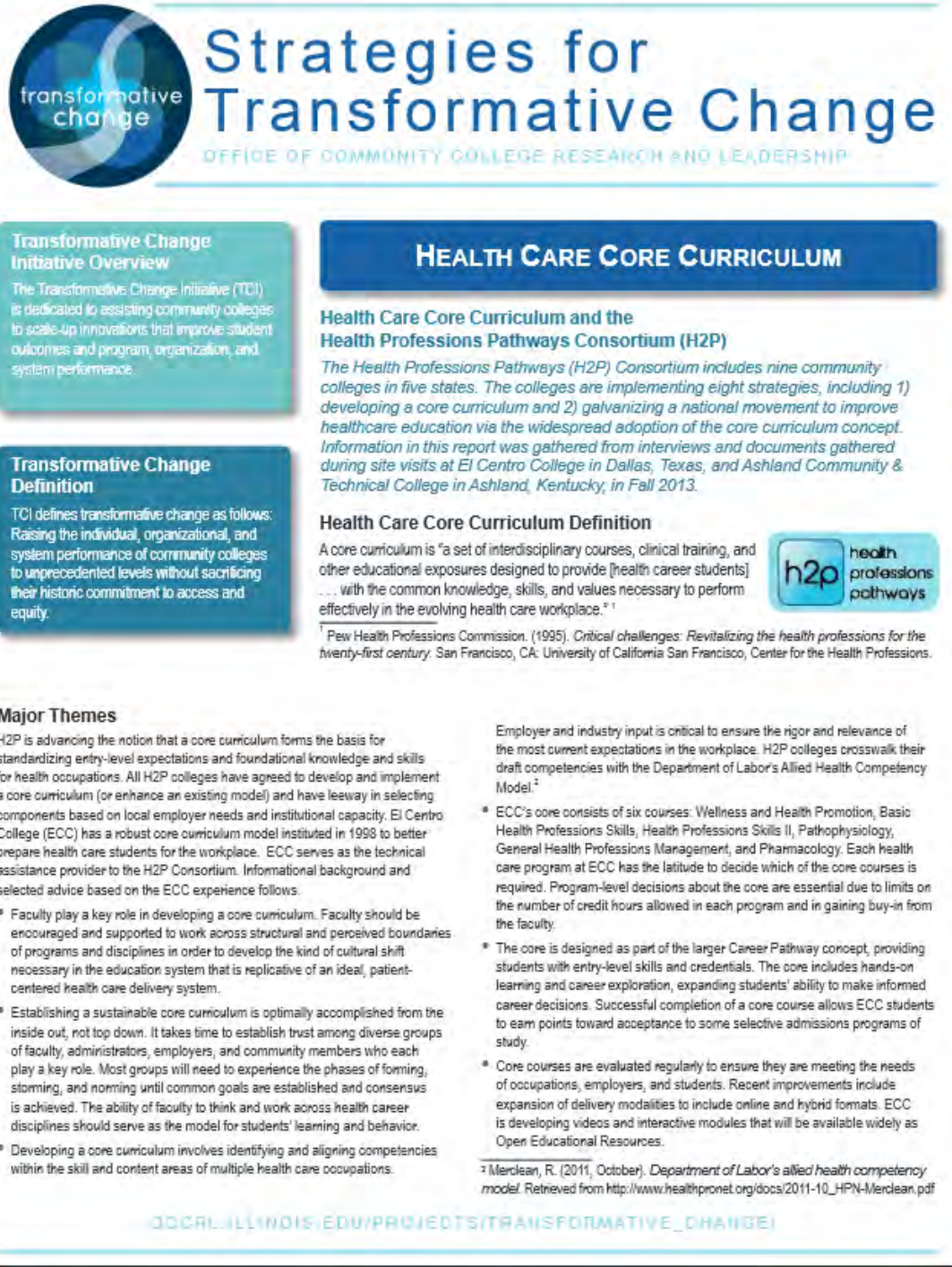

Strategies for Transformative Change

OFFICE OF COMMUNITY COLLEGE RESEARCH AND LEADERSHIP

Transformative Change Initiative Overview

The Transformative Change Initiative (TCI) is dedicated to assisting community colleges to scale-up innovations that improve student outcomes and program, organization, and system performance.

Transformative Change Definition

TCI defines transformative change as follows: Raising the individual, organizational, and system performance of community colleges to unprecedented levels without sacrificing their historic commitment to access and equity.

HEALTH CARE CORE CURRICULUM

Health Care Core Curriculum and the Health Professions Pathways Consortium (H2P)

The Health Professions Pathways (H2P) Consortium includes nine community colleges in five states. The colleges are implementing eight strategies, including 1) developing a core curriculum and 2) galvanizing a national movement to improve healthcare education via the widespread adoption of the core curriculum concept. Information in this report was gathered from interviews and documents gathered during site visits at El Centro College in Dallas, Texas, and Ashland Community & Technical College in Ashland, Kentucky, in Fall 2013.

Health Care Core Curriculum Definition

A core curriculum is "a set of interdisciplinary courses, clinical training, and other educational exposures designed to provide [health career students] . . . with the common knowledge, skills, and values necessary to perform effectively in the evolving health care workplace."[1]

[1] Pew Health Professions Commission. (1995). *Critical challenges: Revitalizing the health professions for the twenty-first century.* San Francisco, CA: University of California San Francisco, Center for the Health Professions.

Major Themes

H2P is advancing the notion that a core curriculum forms the basis for standardizing entry-level expectations and foundational knowledge and skills for health occupations. All H2P colleges have agreed to develop and implement a core curriculum (or enhance an existing model) and have leeway in selecting components based on local employer needs and institutional capacity. El Centro College (ECC) has a robust core curriculum model instituted in 1998 to better prepare health care students for the workplace. ECC serves as the technical assistance provider to the H2P Consortium. Informational background and selected advice based on the ECC experience follows.

- Faculty play a key role in developing a core curriculum. Faculty should be encouraged and supported to work across structural and perceived boundaries of programs and disciplines in order to develop the kind of cultural shift necessary in the education system that is replicative of an ideal, patient-centered health care delivery system.
- Establishing a sustainable core curriculum is optimally accomplished from the inside out, not top down. It takes time to establish trust among diverse groups of faculty, administrators, employers, and community members who each play a key role. Most groups will need to experience the phases of forming, storming, and norming until common goals are established and consensus is achieved. The ability of faculty to think and work across health career disciplines should serve as the model for students' learning and behavior.
- Developing a core curriculum involves identifying and aligning competencies within the skill and content areas of multiple health care occupations. Employer and industry input is critical to ensure the rigor and relevance of the most current expectations in the workplace. H2P colleges crosswalk their draft competencies with the Department of Labor's Allied Health Competency Model.[2]
- ECC's core consists of six courses: Wellness and Health Promotion, Basic Health Professions Skills, Health Professions Skills II, Pathophysiology, General Health Professions Management, and Pharmacology. Each health care program at ECC has the latitude to decide which of the core courses is required. Program-level decisions about the core are essential due to limits on the number of credit hours allowed in each program and in gaining buy-in from the faculty.
- The core is designed as part of the larger Career Pathway concept, providing students with entry-level skills and credentials. The core includes hands-on learning and career exploration, expanding students' ability to make informed career decisions. Successful completion of a core course allows ECC students to earn points toward acceptance to some selective admissions programs of study.
- Core courses are evaluated regularly to ensure they are meeting the needs of occupations, employers, and students. Recent improvements include expansion of delivery modalities to include online and hybrid formats. ECC is developing videos and interactive modules that will be available widely as Open Educational Resources.

[2] Merclean, R. (2011, October). *Department of Labor's allied health competency model.* Retrieved from http://www.healthpronet.org/docs/2011-10_HPN-Merclean.pdf

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Resources for Scaling

- Innovative Strategy Briefs
- Guiding Principle Briefs
- Scaling Tool Kit
- Podcasts
- Events

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OCCRL Acknowledgements

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