



Third Party Evaluation of
Implementation of the Health
Professions Pathways (H2P)
Consortium: Nine Co-Grantee
College Site Reports

September 2015

OCCRL

Office of Community College
Research and Leadership

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Third-Party Evaluation of Implementation of the Health Professions Pathways (H2P) Consortium

Office of Community College Research and Leadership
University of Illinois at Urbana-Champaign

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EXECUTIVE SUMMARY

The Trade Adjustment Assistance Community College and Career Training (TAACCCT) grant program was launched in 2011 by the United States Department of Labor (DOL) in partnership with the United States Department of Education. This report provides results of a comprehensive third-party implementation evaluation of the Health Professions Pathways (H2P) Consortium, including evaluation of Programs of Study (POS) and strategies designated as critical to the grant. The nine co-grantee colleges that were funded to be part of the H2P Consortium are:

- Anoka-Ramsey Community College in Coon Rapids, MN (ARCC)
- Ashland Community and Technical College in Ashland, KY (ACTC)
- Cincinnati State Technical and Community College in Cincinnati, OH (CSTCC – H2P Lead)
- El Centro College in Dallas, TX (ECC)
- Jefferson Community and Technical College in Louisville, KY (JCTC)
- Malcolm X College in Chicago, IL (MXC)
- Owens Community College in Toledo, OH (OCC)
- Pine Technical and Community College in Pine City, MN (PTCC)
- Texarkana College in Texarkana, TX (TC)

Reflecting the DOL priorities for TAACCCT, the H2P Consortium committed to recruiting Trade Adjustment Assistance (TAA)-eligible and lower skilled workers to participate in grant-modified or grant-created Healthcare Programs of Study (POS) that offer one or more of the following eight strategies:

- Online assessment and enhanced career guidance
- Contextualized developmental education
- Competency-based core curriculum
- Industry-recognized stackable credentials
- Enhanced retention support
- Training programs for incumbent health professions workers
- Enhance data and accountability systems
- Galvanize a national movement

The evaluation sought to understand how the healthcare POS and strategies were implemented and sustained from the first year through to the end of the grant, including understanding steps taken to achieve sustainability past the September 30, 2015 grant end date. Multiple forms of data were gathered, including two rounds of site visits to all nine colleges. The first round was conducted between December 2012 and February 2013, following the first full year of implementation of the H2P Consortium grant, and the second round was conducted between October and December of 2014 when implementation was expected to have reached a mature level of implementation. With support of the third-party evaluation team, the H2P Consortium colleges implemented Pathways to Results (PTR), which is a continuous improvement methodology to sustain and scale career pathways and POS that produce equitable student outcomes.

Overall, results of the third-party evaluation demonstrate that, across the H2P Consortium's nine co-grantee colleges, substantive change occurred under the grant to modify and improve programs and to create new programs that increase the capacity of the community colleges to deliver healthcare pathways that lead to family-living wage employment. Of particular importance to the H2P Consortium grant was the implementation and scale-up of healthcare occupations core curriculum (HOCC). Although the co-grantee colleges did not adopt one standard set of courses as the "core curriculum", all colleges did affirm the notion that their healthcare students would benefit from curriculum that introduces foundational



concepts and provides initial work experience in healthcare occupations. Allowing each co-grantee college to design its “core,” the resultant curriculum varied in length from one or two courses to six or seven courses, and the requirements to participate also varied by healthcare POS. Decisions made by the colleges were not dictated but rather guided by a set of principles that all co-grantee colleges adopted to establish shared priorities for employer and workforce engagement, faculty input, data utilization, and so forth. Across the consortium, core curriculum reform was viewed as dramatic for the colleges and transformative for the students. Perceived improvements for students had to do with demystifying admissions and curriculum requirements, and creating deeper understanding of the range of occupations associated with community college healthcare education.

Qualitative results on the retention support strategy, which was identified by all co-grantee colleges as one of the most critical strategies associated with the grant, were consistently positive. Going under a wide range of names (e.g., retention specialist, student academic advisor, student success coach), the notion that individuals should use “intrusive advising” to support and retain students was widespread. All co-grantee colleges dedicated grant dollars to hire personnel who performed this form of advising to help students learn how to access support services and be able to procure these services whenever and wherever they needed them. Consistently, H2P college grant leaders believed the TAACCCT grant dollars associated with intrusive advising were a wise investment. Curiously, few of the colleges planned to use institutional dollars to retain these advisor positions past the end of the grant, but rather most were seeking additional grant dollars for this function, and some had been successful with later rounds of TAACCCT or other funds.

As with any grant, the H2P Consortium experienced challenges to implementing grant-funded strategies. For example, only a few of the colleges were successful in implementing contextualized developmental education despite their desire to introduce developmental education reforms for the healthcare students. Struggles with contextualizing curriculum with healthcare content for students demonstrating a wide ranging academic needs and occupational interests complicated implementation. Further, in several cases where contextualized developmental education was developed, actual enrollments lagged behind required enrollments to the extent that courses were cancelled.

Moreover, some co-grantee colleges experienced challenges in gaining sufficient understanding and support for stackable credentials among administration, faculty and staff in order to create healthcare pathways that offered stacked credentials. Whereas most co-grantee colleges saw some success in introducing entry-level credentials, building stacked credentials from entry to the Associate’s Degree or beyond to the Baccalaureate was less evident in the qualitative data. Further, some colleges were unable to support incumbent worker training programs through the grant despite their initial intentions to do so. This strategy was also affected deleteriously when it became clear early that incumbent workers were not counted toward critical entry-level employment measures for the TAACCCT grant.

Finally, co-grantee college experiences with consortium-level implementation of the competency-based core curriculum, as well as the creation and/or reform of numerous healthcare POS, enhanced the collective capacity of the H2P Consortium to engage in “galvanizing a national movement.” Setting as its goal to reform healthcare education in the community college throughout the country, the H2P Consortium appeared to make considerable progress along this line. By creating curriculum that appears to be sustainable and by implementing strategies to support this curriculum, co-grantee college personnel are demonstrating that cross-organizational learning can be transferred to help other community colleges to bring about curriculum change. To this end, the H2P Consortium has carried out scaling activities from the start by presenting a vision that the TAACCCT grant will ignite enthusiasm to healthcare education reform throughout the United States and following through on this vision. Though a very tall order, the H2P Consortium’s National Office leadership has solidified the commitment of the co-grantee colleges to engage in a strategic enterprise to bring about healthcare education reform. Time will tell whether the consortium and its co-grantee colleges will continue to lead change, but these evaluation data provide clear evidence that groundwork has been laid through the TAACCCT grant to make a difference.



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INTRODUCTION

The Trade Adjustment Assistance Community College and Career Training (TAACCCT) grant program was launched in 2011 by the United States Department of Labor (DOL), in partnership with the United States Department of Education (DOE). As stated in the Round One Solicitation for Grant Applications (SGA), a primary goal of TAACCCT is to “increase attainment of degrees, certificates, and other industry-recognized credentials and better prepare the targeted population, and other beneficiaries, for high-wage, high-skill employment” (USDOL SGA, 2011, p. 5).¹ Since issuing this SGA, DOL has awarded an unprecedented level of funding to community and technical colleges throughout the country, exceeding any other single federal program to direct funding to community colleges. Through nearly \$2 billion awarded in grants since October 1, 2011, TAACCCT has focused on raising the skill level and employability of low-skilled American citizens, including those adversely impacted by the nation’s Great Recession.

The Office of Community College Research and Leadership (OCCRL) at the University of Illinois at Urbana-Champaign conducted the third-party evaluation of the Health Professions Pathways (H2P) Consortium that was funded with a Round One TAACCCT grant of over \$19M. The overall evaluation has three major components: 1) implementation evaluation, 2) impact evaluation, and 3) performance reporting on behalf of the H2P Consortium to the DOL.

This report focuses on implementation evaluation, including evaluation of Programs of Study (POS) and strategies associated with the H2P Consortium. The nine community and technical colleges that were funded to be co-grantees in the H2P Consortium grant were:

- Anoka-Ramsey Community College in Coon Rapids, MN (ARCC)
- Ashland Community and Technical College in Ashland, KY (ACTC)
- Cincinnati State Technical and Community College in Cincinnati, OH (CSTCC - H2P Lead)
- El Centro College in Dallas, TX (ECC)
- Jefferson Community and Technical College in Louisville, KY (JCTC)
- Malcolm X College in Chicago, IL (MXC)
- Owens Community College in Toledo, OH (OCC)
- Pine Technical and Community College in Pine City, MN (PTCC)
- Texarkana College in Texarkana, TX (TC)

METHODS

Implementation evaluation is an important element of this third-party evaluation of the H2P Consortium. A primary goal of implementation evaluation is to identify and evaluate progress on grant-funded activities, in this case Programs of Study (POS) and strategies. This collection of site evaluation reports provides a comprehensive picture of the implementation of POS and strategies that transpired under the grant, pointing to advancements under the grant as well as challenges experienced by the grantees. Obstacles to grant implementation were documented, as were the steps taken to overcome them.

¹ See: U.S. DOL, Employment and Training Administration, Notice of Availability of Funds and Solicitation for Grant Applications for Trade Adjustment Assistance Community College and Career Training Grants Program at <http://www.doleta.gov/grants/pdf/SGA-DFA-PY-10-03.pdf>

Reflecting the DOL priorities for TAACCCT, the H2P Consortium's stated vision is to "not only produce a highly skilled healthcare workforce but also galvanize a national movement to dramatically redesign and enhance health professional education and training through 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 Consortium Proposal, 2011, pp. 1-2). To realize this vision, the consortium committed in its grant proposal to implement the following eight strategies:

1. Online assessment and enhanced career guidance
2. Contextualized developmental education
3. Competency-based core curriculum
4. Industry-recognized stackable credentials
5. Enhanced retention support
6. Training programs for incumbent health professions workers
7. Enhance data and accountability systems
8. Galvanize a national movement

Also specified in its Statement of Work (SOW), the H2P Consortium committed to focusing funds on recruiting Trade Adjustment Assistance (TAA)-eligible and lower skilled workers who sought training in health-related occupations.

As third-party evaluator, OCCRL sought to understand how POS and strategies were implemented from the first year to and through the fourth year of the grant, including understanding steps taken to achieve sustainability past the September 30, 2015 grant end date. A number of activities were undertaken by the H2P Consortium to sustain POS and strategies beyond the grant, including the implementation of Pathways to Results (PTR), which is an equity- and outcomes-focused continuous improvement process developed by researchers at OCCRL.² With respect to PTR, three members of the OCCRL evaluation team were assigned to three colleges each to facilitate their implementation of PTR, in part to support the improvement of POS that were not fulfilling expectations in terms of equitable outcomes for their students and in part to encourage the scaling of healthcare pathways and POS. By emphasizing the use of data to improve and sustain improved healthcare pathways and POS through PTR, the grantees were better able to understand the full range of program performance, to understand outcomes gaps among diverse student sub-groups that point to potential inequities, and to apply lessons from data analysis to support program improvement and sustainability.

Two rounds of site visits were conducted with all nine community colleges (referred to as co-grantee colleges) in the H2P Consortium. The first round was conducted between December 2012 and February 2013, following the first full year of implementation of the grant. The second round was conducted between October and December of 2014 when the grant had reached full-scale implementation. At this latter point in the 4-year grant cycle, the POS and strategies were expected have achieved their most mature level of implementation, and OCCRL evaluated the nine co-grantee colleges with this expectation in mind. The evaluation team paid careful attention to H2P's collective negotiated SOW, as well as to each co-grantee college's negotiated SOW, and to unanticipated developments related to POS and strategies that may have led to new practices or changes in performance. Data

² Bragg, D. D., & Bennett, S. (2012). *Pathways to Results - Introduction to Pathways to Results* (Rev. ed.). Champaign, IL: Office of Community College Research and Leadership, University of Illinois at Urbana-Champaign. Retrieved from http://occril.illinois.edu/files/Projects/ptr/Modules/PTR_Intro_Module.pdf.

collection began prior to each site visit, using a self-assessment tool that co-grantee college leadership teams completed to help the OCCRL team understand the implementation of POS and strategies. In addition, telephone interviews were conducted; performance data and reports, such as the H2P Consortium Scorecards and quarterly and annual performance reports were reviewed³; and other documents and materials residing in the Consortium’s Basecamp folder and on college websites were reviewed.

Two-day site visits were conducted by two or three OCCRL evaluation team members wherein grantees were interviewed one-on-one or in groups; grant-funded classes, laboratories, and equipment were observed; and partners such as employers, workforce, community-based organizations (CBOs), etc. were interviewed. Whenever possible these interviews were conducted in the facilities where students, graduates, and other stakeholders learned or worked. Over the course of a site visit, the OCCRL evaluators typically interviewed a total of 30-40 people, including college administrators; faculty and staff; employers, workforce agencies, and other industry partners; and students and graduates. Especially important to the final site visits in 2014, college personnel who were not funded by the grant but who were in a position to help sustain grant-funded POS and strategies were interviewed. The dates that each H2P co-grantee college site visit was conducted appear in Table 1.

Table 1. On Campus Site Visit Dates by H2P Co-Grantee College

College	Baseline Site Visit	Final Site Visit
Anoka-Ramsey Community College	02/11/2013 – 02/12/2013	11/19/2014 – 11/20/2014
Ashland Community and Technical College	02/20/2013 – 02/21/2013	11/13/2014 – 11/14/2014
Cincinnati State Technical and Community College	12/03/2012 – 12/04/2012	10/13/2014 – 10/14/2014
El Centro College	01/29/2013	12/01/2014 – 12/02/2014
Jefferson Community and Technical College	01/28/2013 – 01/30/2013	11/11/2014 – 11/12/2014
Malcolm X College	01/28/2013 – 01/29/2013	10/28/2014 – 10/29/2014
Owens Community College	02/21/2013 – 02/22/2013	12/02/2014 – 12/03/2014
Pine Technical and Community College	02/13/2013 – 02/15/2013	11/17/2014 – 11/18/2014
Texarkana College	02/21/2013 – 02/22/2013	11/20/2014 – 11/21/2014

An implementation evaluation tool was developed by the OCCRL evaluation team to gather data, both through the self-assessment ratings of the co-grantees (mentioned above) and the OCCRL team members. These qualitative data helped the OCCRL evaluation team understand perceptions of implementation of grant strategies from the perspective of local practitioners who were integrally involved in the initiative and from the perspective of the external evaluation team. These different ratings were compared, providing an important vehicle for communication between the co-grantees and the OCCRL team about implementation.

Survey, interview, and other qualitative data were also used to triangulate and corroborate quantitative data gathered for the impact study. For example, colleges that implemented strategies such as Credit for Prior Learning

³ Performance data were readily accessible to the OCCRL evaluation team because OCCRL performed all performance reporting for the H2P Consortium, including gathering, analyzing and reporting all quarterly performance reports (QPRs) and annual performance reports (APRs).

(CPL) would be expected to have more students engaged in this strategy than colleges that did not offer this strategy, and the combination of more or fewer strategies created variation in implementation that was documented by the OCCRL team. These qualitative data, combined with transcript-level data revealing course-taking patterns and credential attainment, provided a rich dataset for understanding educational outcomes associated with the impact evaluation. Similarly, POS participation was examined relative to employment outcomes. These results are presented in a separate, companion report titled, *Third-Party Evaluation of the Impact of the Health Professions Pathway (H2P) Consortium*.⁴

Member checking was used to ensure the validity and reliability of the college site reports. This process involved the OCCRL evaluation team preparing a site report for each co-grantee college within 2-4 weeks of each visit. Feedback was provided to OCCRL personnel by co-grantee college personnel via email or telephone conference call. Reports were revised to the extent that they corrected inaccuracies or erroneous interpretation of implementation, keeping in mind the importance of respecting both internal and external perspectives. These revised site reports were then shared with the consortium leadership at Cincinnati State Technical and Community College (CSTCC) for the purpose of gathering additional perspectives on implementation of the overall H2P Consortium. Upon confirmation of all site reports, the nine individual site reports were combined into this comprehensive implementation report to be submitted to the U.S. DOL, in accordance with recommended closeout procedures.

The following section lists stakeholders who were engaged in one or both rounds of site visits conducted by the OCCRL team with each co-grantee college.

Co-Grantee Colleges' TAACCCT Teams

Qualitative data were gathered according to a detailed agenda established prior to each site visit. These persons were affiliated with the following groups:

- Local TAACCCT leadership: Local TAACCCT leader(s) served as point person(s) for agenda setting relative to the site visit, by communicating with other local educators and with employers and others about the site visit. An important aspect of their assignment was to ensure that both a broad and in-depth local perspective was provided on the grant.
- College Administration: President, Vice President(s), Dean(s), Department Chairs, and others who provided administrative support for units involved in the H2P grant.
- Faculty (CTE, developmental education, general education): Faculty who taught TAACCCT-impacted POS, contextualized developmental education, general education, and other content associated with the grant.
- Student Success Coaches/Completion Advisors: Counselors and advisors who worked directly to support students enrolled in TAACCCT-impacted POS.
- Data Managers: Data managers who were responsible for inputting and properly sharing student and program data to OCCRL for the purpose of performance reporting.

Students and Graduates

OCCRL evaluators interviewed students who enrolled in the TAACCCT-impacted POS and strategies, primarily using focus group interviews focusing on students' prior and current experiences as participants in the POS, and on their anticipated or actual employment experience related to the healthcare occupations for which they prepared.

⁴ Bragg, D., Giani, M., Fox, H., Bishop, C., & Bridges, K. *Third-Party Evaluation of the Impact of Health Professions Pathway (H2P) Consortium*. Retrieved from <http://occrll.illinois.edu/files/Projects/TAA/h2p-impact.pdf>.

Employer and Community Partners

Employer and community partners included individuals and groups who were selected by the co-grantee colleges to represent the interests of the healthcare industry and public sector healthcare providers, including partners who participated in planning or implementing the grant, who had played any role in curriculum development or delivery, and/or who anticipated hiring graduates of the TAACCCT-impacted POS and strategies.

Workforce Partners

State and local workforce partners, representatives of local Workforce Investment Boards (WIBs), Trade Adjustment Assistance administrators, economic development providers, and other related agencies and groups were interviewed about their involvement in and support of the grant. These individuals and groups were selected based on their level of engagement in the grant in such ways as identifying and recruiting students, identifying internship and employment opportunities for graduates, and enhancing activities designed to improve the local or regional workforce.

Other Stakeholders

When appropriate, other external individuals were interviewed who had a stake in implementation of the TAACCCT-impacted POS and strategies, including primarily representations of community-based organizations (CBOs).

THE THEORY OF CHANGE

Figure 1 provides a visual depiction of the theory of change pertaining to implementation of the H2P Consortium grant. This logic model displays expected implementation of grant-funded programs of study and strategies for H2P participants. It displays eight core strategies that are part of the grant and students' expected outcomes. The logic model depicts students through the programs of study, including student engagement with assessment and career guidance, prior to H2P participation. The graphic also shows how some but not all students participate in contextualized developmental education and incumbent worker training. These strategies are deployed by co-grantee colleges, as is appropriate to the needs of participants to satisfy the grant's SOW. The three strategies of core curriculum, retention supports, and stackable credentials that pertain to participation in the grant-funded POS were deemed necessary for all (or at least most) of the H2P participants. Across the bottom of the figure are boxes displaying two strategies that pertain to the Consortium's goal of enhancing data utilization within co-grantee colleges and to scale core curriculum as part of a larger national movement to reform community college healthcare education.

The extent to which the abovementioned strategies were implemented, and the relationships that were built between strategies, as displayed in the logic model, is discussed in this report. The remainder of the report presents the site reports for the nine co-grantee colleges in the H2P Consortium, including a description of partnerships, strategy implementation, strengths and challenges, and recommendations for implementation and sustainability.

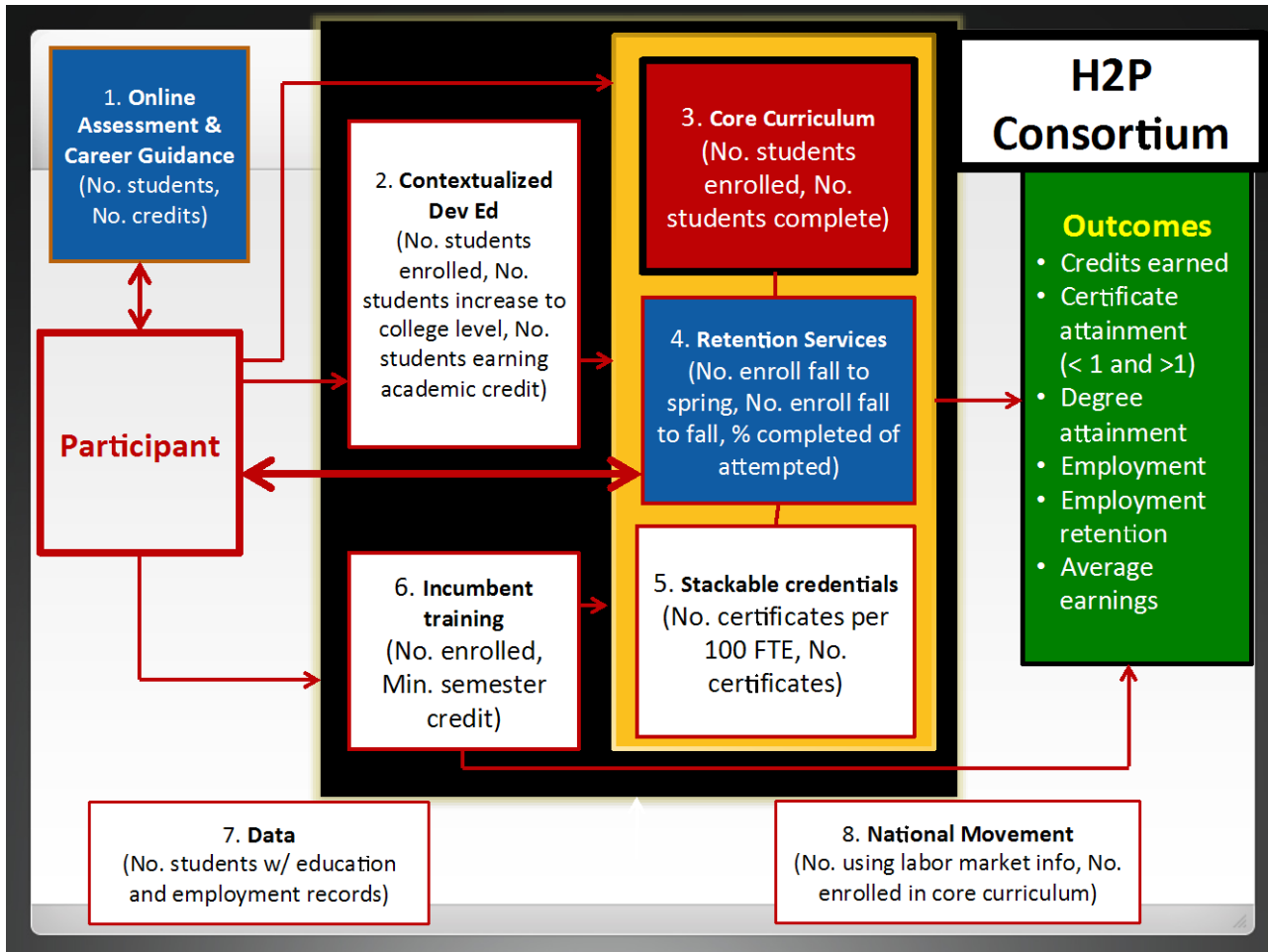


Figure 1. The H2P logic model defined at initial implementation of the grant.

H2P CO-GRANTEE COLLEGE SITE REPORTS

This section presents the nine co-grantee college site reports that are organized by five evaluation questions that guided the third-party evaluation of implementation of POS and strategies.

Anoka-Ramsey Community College

This subsection presents results on implementation of the TAACCCT grant at Anoka-Ramsey Community College (ARCC), as reported in this co-grantee college's interim implementation evaluation site report (2013) and final implementation evaluation site report (2014).

Evaluation Question 1

Who were ARCC's partners and what role did they play in supporting the implementation of TAACCCT-impacted POS and strategies?

This section provides a brief description of employer, workforce, and community-based organization (CBO) partnerships formed by February 2013 and later by November 2014.

February 2013. The OCCRL evaluators met with a representative from GracePointe Crossing, a long-term care and assisted living facility near the Cambridge campus of ARCC. According to GracePointe management, the H2P Consortium grant helped to maximize their partnership with ARCC. Most of GracePointe's Trained Medical Aide (TMA) and Certified Nursing Assistant (CNA) workforce were ARCC graduates. Non-credit TMA and CNA classes were taught onsite in the basement of GracePointe, and plans were made to add more classes. GracePointe was also offered clinical sites and hands-on classroom-based training for incumbent workers and new graduates. Also, H2P helped GracePointe's management enter into negotiations to use TAACCCT funds to refurbish and rent unused space in their building's basement and to retrofit a large room into a CNA classroom and laboratory.

November 2014. About a year prior to the visit, ARCC developed a new strategic plan that focused on partnerships with employers and K-12 school districts. These types of partnerships were already fruitful for ARCC, so expansion under TAACCCT was a logical step. With the support of new leadership, new connections were made, even among familiar players such as customized training and adult basic education (ABE) providers. ARCC health programs went from 14 to 31 partners over the TAACCCT grant period. Partner roles included service on advisory boards, the provision of clinical opportunities, participation in career activities, and the hiring of program graduates.

In addition, ARCC joined the Minnesota Alliance for Nursing Education (MANE), an organization dedicated to developing a common curriculum framework for the state of MN to produce knowledgeable, reflective nurses. Students from member colleges could begin a Registered Nurse (RN) program in one college and transfer those credits to any MANE institution.

ARCC also had an active and robust relationship with the local workforce center, the Anoka County WorkForce Center in nearby Blaine, MN. This large, bustling center had a long history with ARCC, and it offered multiple services, including job training, veterans' services, food and transportation assistance, job search skills and assistance, and ABE. Several employers recruited future employees at the Workforce Center, and the staff continued to provide assistance to clients who demonstrated an interest in enrolling programs at ARCC.

Evaluation Question 2

What strategies and activities did ARCC implement, and what was the impact on ARCC's POS?

A comparison of college personnel ratings and OCCRL ratings on the implementation evaluation tool is provided in Table 2, including ratings as of **February 2013** and subsequent ratings as of **November 2014**. The table lists each TAACCCT-funded strategy and sub-strategy associated with the grant.

Strategy 1 - Online Assessment and Enhanced Career Guidance

February 2013. OCCRL rated the online assessment and enhanced career guidance strategy at the *Implementation* level, similarly to ARCC. ARCC had several Credit for Prior Learning (CPL) assessment strategies in place, such as referral to Virtual Career Network (VCN) resources, portfolio-based assessments via the Individualized Educational Plan (ICBE 1101) course, American Council on Education Guidelines (ACE) challenge exams, Advanced Placement (AP) exams, College Level Examination Program (CLEP) exams, and DSST Credit by Exam (formerly DAN TES). H2P leaders observed that “not many students are entering ARCC with AP classes in their portfolio,” and the H2P staff mentioned difficulty gaining faculty participation and engagement in advancing this strategy. Earning credits by taking course-specific exams was the most common method of CPL at ARCC. At the time of OCCRL’s first site visit, the college was still in the process of planning their implementation of ISEEK.

Recruitment of students into TAACCCT-impacted POS was led by the retention coach and assisted by the data manager, both hired to work on the H2P consortium grant. As of February 2013, ARCC enrolled 271 H2P participants, which exceeded its target of 225, despite having what the staff believed to be a slow start to enrolling students. Growth in enrollment was attributed to ARCC personnel going into classrooms to recruit for H2P. Staff credited the classroom presentations with increasing buy-in by having some faculty talk about what H2P services could offer students. The recruitment team, aided by the Vocational Counselor at the WorkForce Center, explained various resources available at the college and the WorkForce Center that were directed at supporting students enrolled in the grant.

Expanding on the earlier description of the WorkForce Center, this Center is a collection of 21 social service and education agencies offered in one location that has had a “longstanding” and “collaborative” partnership with ARCC. The Workforce Center’s Assistant Director noted, “We can’t do workforce development without higher education and adult education at the table.” The WorkForce Center supported students in multiple ways, including tuition assistance, daycare, transportation assistance, resume and job-seeking skills assistance, career counseling, outreach to employers, and more. The Assistant Director also explained that, whereas students had the choice of pursuing short-term certificates, the WorkForce Center staff was “more prone to encourage students to seek one- to two-year credential options.” When students chose degree programs and were eligible for tuition assistance, the staff made sure that they were “provided career assistance to ensure that they had made informed career decisions.” Despite the focus of the grant on TAA recipients, the H2P retention coach and the WorkForce Center Assistant Director revealed that there were “not many” TAA-eligible individuals who sought assistance at the Center.

The local H2P staff stated that the college was “in transition” when it came to career guidance. The college’s last career advisor left the year prior to OCCRL’s site visit in 2013, and there was no college-level career planning office. The college offered a formal career development course each semester in live or hybrid formats. Additionally, students sought career resources online via the college website, such as the Strong Interest Inventory and the Myers-Briggs Type Indicator, if the students were willing to pay for them.

As far as enhanced career guidance as conceived by the grant, the H2P retention coach was responsible for activities that fell under this strategy. She worked collaboratively with student services and the healthcare disciplines to provide career development counseling to H2P students. She also worked closely with a vocational counselor at the WorkForce Center to jointly teach job search skills and to offer mock interviewing, employer days, resume preparation assistance, employer visits, and other career guidance activities. She worked with ARCC student services personnel to establish a virtual one stop, capitalizing on mobile applications such as Desire to Learn (D2L) and YouTube. The retention coach posted important dates to the D2L site where H2P

students accessed information, and a file was established to share information with H2P participants. There was also a discussion area that allowed participants to share comments on various topics related to their healthcare coursework. Also, modules were set up for employer workshops, texting services, free ABE healthcare-themed classes, the H2P newsletter, Veterans' services, and the Equal Opportunity Policy. The retention coach was assisted by the H2P data manager who helped with recruitment and retention and also worked with students on the text message-based HipCricket tool.

November 2014. OCCRL and ARCC rated the online assessment and enhanced career guidance strategy at the *Sustainability* level. Online assessment for CPL included exams (CLEP, AP, and DSST) and portfolio review. Though well established at ARCC, only a minority of students and faculty members engaged in this process. H2P staff discovered that, under CPL, students who tested out of courses were not granted the credits normally associated with those courses but rather, the courses were waived to maintain the student's financial aid eligibility. Only two healthcare courses were on the list of courses for which prior learning could be considered for credit. ARCC cited the use of the VCN as a means to sustain this strategy at the Career Center. The staff expected VCN to be continued after the grant, despite the decision by the state of Minnesota to discontinue its contract with ISEEK, the parent organization of the VCN. ARCC did not anticipate retaining the dedicated advisors who had been hired to help conduct enhanced career guidance activities or to assist students after the grant period ended.

Strategy 2 - Contextualized Developmental Education

February 2013. OCCRL and ARCC personnel rated the contextualized developmental education strategy at the *Planning* level. ARCC was in the process of planning contextualized reading and writing courses in March 2013, and ARCC enrolled its first students in developmental math course in January 2013. As of the first site visit, contextualizing pre-credit instruction was confined to ABE operated by the Metro North Adult Program and not the ARCC developmental education department, with ABE programs at both campuses providing pathways to health professions for underemployed, low-income, and low-skilled adults.

Also at the time of the first visit, ARCC planned to enhance Math 0110, Mathematics for Health Science. Staff from the developmental education department observed that this course was reviewed to improve alignment with Nursing program competencies. The H2P retention coach who led this strategy worked with a committee to establish a new policy whereby students whose assessment scores placed them in this course had a choice of taking the course; taking a test to move to the next level, if the test was passed; or taking ABE pre-Healthcare Math before the Math 0110 course examination. This last option was expected to improve student outcomes and help students avoid spending money on the developmental course. In Fall 2012, the ABE faculty and the Interim Nursing Director began to collaborate with the math department to contextualize curriculum for the health programs, although the math faculty was not aware of this connection, according to the H2P team. Additionally, H2P staff reported that it had "been a challenge to help students understand the value in taking contextualized courses." Finally, H2P's retention coach joined ARCC's newly formed Developmental Education Committee that was aligned with the larger Minnesota State Colleges and Universities (MnSCU) system to address the state's need to improve developmental education.

In addition, contextualized instruction was examined and piloted under the grant. The H2P retention coach considered implementing learning communities to support students enrolled in paired courses, such as developmental English with science, communications, or possibly a healthcare-themed course. At the time of OCCRL's first site visit, the H2P retention coach reported that she was collaborating with other members of the committee, including healthcare credit instructors, developmental instructors, and writing instructors.

According to English faculty and developmental education staff, developmental English focused on developmental education courses that integrated healthcare content. ARCC was also in the process of identifying educational needs, with the intent of contextualizing an English course based on their findings. A contextualized

developmental reading and English courses was anticipated for Fall 2013. Interviewees shared that the TAACCCT grant helped galvanize conversations around developmental education and enabled collaboration at the college to help developmental courses meet student needs. The Nursing and Physical Therapy (PT) departments were especially vocal about their students needing better language skills, and a Developmental Education Subcommittee helped to move these needs to the fore for future consideration.

November 2014. OCCRL rated the contextualized developmental education strategy as at the *Sustainability* level, as did ARCC. The H2P grant director attended developmental education department meetings and expressed an interest in developing learning communities, but these conversations had just begun at the time of OCCRL's second site visit. However, the H2P grant gave ARCC the opportunity to develop their first themed developmental education course in writing, which came together because an instructor showed interest and willingness to develop the course. The developmental writing class included an early exit option for healthcare students for the first time in Fall 2014. If students performed well and appeared to have mastered the content, they could exit at week 9 of the 16-week course. This early exit strategy was intended to increase student motivation and enable students to focus on their other courses for the remainder of the term, and this option was reviewed by MnSCU for adoption systemwide. ARCC was also exploring options for late entry into College Composition, and the developmental education faculty was also considering offering a new developmental reading course with a healthcare theme. By comparison, the Math for Health Sciences (Math 0110) course was removed as a requirement from some health programs.

At the beginning of the grant, the H2P team worked with ABE providers at the WorkForce Center to introduce pre-credit contextualized instruction, but staff reported some confusion about who should be involved in offering this instruction. In Minnesota, ABE is funded through the state K-12 system and not the community and technical college system, and there is limited alignment between ABE and community college programs. However, the college subcontracted with ABE to provide basic skills instruction in math and writing integrated with health topics, with feedback from ARCC's healthcare department. However, student recruitment was difficult, and the college never offered the writing class despite conducting extensive outreach and promoting the class through the college testing center, D2L, college-wide emails, flyers, and posters. The college staff concluded that students preferred paying tuition for developmental education classes offered at the college over the free ABE course.

Another approach to offering pre-credit instruction was focused on high-stakes exam preparation. At one H2P Operations Team meeting, the H2P leader proposed offering class to help students prepare for the Test of Essential Academic Skills (TEAS), a standardized multiple-choice exam required of students entering nursing programs. ABE developed such a course and offered two sections every semester after its inception in Fall 2013, but again the course had limited interest and sporadic attendance. To counter this problem, ARCC offered an incentive: if a student had 90% attendance, ABE covered the cost of the online practice exam (\$46). According to the dean, each section following this change was enrolled to capacity. The TEAS V Prep curriculum was offered at both campuses and expanded to Anoka Technical College.

POS that require students to take the TEAS V exam expanded from Nursing only to Physical Therapy, Licensed Practical Nurse (LPN), Physical Therapist Assistant (PTA), and Occupational Therapy Assistant (OTA). As a result, the course attracted students from all over the metropolitan Minneapolis area. Initially covered by H2P funding, this course was subsequently moved to the ABE operating budget. Beyond these offerings, OCCRL received no indication of plans to develop any other new healthcare courses that integrate developmental education.

Strategy 3 - Competency-Based Core Curriculum

February 2013. OCCRL rated the competency-based cored curriculum at the *Planning* level, as did ARCC. H2P leaders established a Core Curriculum Committee in November 2012 that was comprised of STEM, Nursing, Physical Therapy, and Pharmacy Technician faculty, and an Associate Dean who represented the Allied Health Department. The committee proposed a 3-credit hour "Introduction to Health Careers" course, similar to one

offered at Pine Technical and Community College (PTCC). This course was scheduled to go to the ARCC Academic Affairs and Standards Council in March 2013.

In the “Introduction to Health Careers” course, ARCC personnel aligned learner outcomes to the DOL’s Competency Model, with plans to offer the course in the Pharmacy Tech (PT) Certificate program, a new POS created through the H2P grant. Adoption of this course into other TAACCCT-impacted POS was not expected immediately but anticipated as an elective credit course once the curriculum committee gave its approval.

Other activities related to advancing the competency-based core curriculum strategy included:

- Establishing articulation with district high schools and the regional Perkins consortium to offer the “Introduction to Health Careers” at participating high schools.
- Adding faculty members from Anoka Technical College to the committee.
- Continued communication with nursing faculty who were involved in a statewide reform and standardization of a Bachelor’s of Science in Nursing (BSN) curriculum, with the option to opt out with an Associate of Science (AS) degree after five semesters (students then had three years to opt back in to complete their BSN in three additional semesters).
- Hosting ECC to discuss the development of core curriculum, and PTCC was also invited.
- Continued formal conversations with the Executive Director of HealthForce Minnesota and PTCC to build awareness of the need for a competency-based core curriculum, including showcasing individual colleges’ efforts toward establishing a statewide core.

November 2014. OCCRL rated the competency-based cored curriculum strategy at the *Scale-Up* level, as did ARCC. The Fall 2014 term marked the third semester that the course titled, “Introduction to Health Care Careers” 1000 (HCCC 1000), was offered, having had one round of evaluation. The 3-credit hour course was taught by an experienced adjunct faculty member who had a Health Science and Nutrition background. Course development started with a review of other core curriculum courses offered by other community colleges as well as advice and mentoring from the ECC H2P team whose responsibility to H2P colleges included advancing core curriculum within and beyond the Consortium. The course description and learning objectives were provided to the instructor and much of the content of the seven modules associated with this course was adapted from the core curriculum developed by HealthForce Minnesota, a statewide partnership of education, industry, and the community, and also a member of the MnSCU system. This core curriculum course was offered by high schools statewide for articulated credit. If high school students were successful, they received college credit if they eventually enrolled at ARCC.

HCCC 1000 included information on career pathways and the myriad occupations that fall within the broad career cluster of health science. The content level was described as “very introductory for students interested in healthcare with little or no experience,” including topics such as career exploration for all the POS offered at ARCC, standard precautions, teamwork and communication, problem solving, and other topics common to all healthcare careers. One section of the course was offered through alternating semesters, at either the Cambridge or the Coon Rapids campus. At ARCC, many students who took the core curriculum course were enrolled in the PT program, for which this course was required. The course was recommended by PTA faculty as an elective for students in the Integrative Health and Healing (Alternative Medicine) program and by Nursing faculty for students who had not been accepted but were trying to get into the POS. The course was not aligned with any particular course in Allied Health or Nursing; instead, topics were chosen for their general applicability and with healthcare career exploration as the foundation. In the 2013-14 academic year, the course material was cross-walked and updated to the Health Science Consortium National Standards.

The students enrolled in HCCC 1000 were described as being “more motivated” and prepared than the general student population, a description attributed to their having occupational direction and goals. Other students were described as not having chosen a major but as having taken the course to help them explore or choose a career in

the healthcare field. Faculty who demonstrated an interest in teaching this course could access professional development via the Educate the Educator course mentioned below in association with Strategy 6, Training Programs for Incumbent Healthcare Workers.

Strategy 4 - Industry-Recognized Stackable Credentials

February 2013. OCCRL rated the industry-recognized stackable credentials strategy at the *Planning* level, which differed from ARCC's rating of *Sustainability*. ARCC personnel based their rating on the addition of PT, a new POS that started in fall 2012. College staff reported they were working on sustainability, exemplified by ARCC's plan to move the POS from the leased space off-site to an underutilized space in the biology department of the Cambridge campus. According to faculty, the creation of stackable credentials leading into or out of the PT program was still in process, although there was discussion of extending the program to a 2-year degree. Thus, stackable credentials were still evolving at the time of the OCCRL team's initial visit.

November 2014. OCCRL team rated the industry-recognized stackable credentials strategy at the *Sustainability* level, as did ARCC, with both groups noting creation of the PT program was a major accomplishment. The 27-credit hour certificate program stacks into the new PT Associate's Degree program (60 credits) that, with added courses, allowed students to enter baccalaureate-level Healthcare Administration programs at two regional institutions. The OCCRL team was also told that the program was aligned with a doctoral program at the University of Minnesota.

In terms of immediate payoff, the certificate portion of the PT program allowed the college to create a sought-after short-term training program leading to a high demand job in a rural area. According to the state's Department of Employment and Economic Development (DEED), 350 PT positions were needed in east central Minnesota during the period of the TAACCCT grant. One ARCC staff member noted that filling these positions would not have been possible without H2P. PT graduates cited the program as both demanding and supportive, with promising job opportunities that offered career growth. Despite initial difficulties recruiting students to the program at the Cambridge campus and also in getting full accreditation, the staff persevered and the program was established. ARCC committed to funding a laboratory to mimic a pharmacy to help the program meet an accreditation requirement for more physical space. Moreover, student recruitment was enhanced by ARCC's PTR project, which OCCRL led to support the continuous improvement and sustainability of programs delivering equitable outcomes.

Strategy 5 - Enhanced Retention Support

February 2013. OCCRL rated the enhanced retention support strategy at the *Implementation* level, as did ARCC. The H2P retention coach was an experienced ARCC staff member familiar with the college and the community having worked in various social service agencies during her career. She had an established relationship with the WorkForce Center staff and, with their assistance, had "leverage[d] a lot of resources" in the college and the community to help H2P participants to enter and persist in TAACCCT-impacted POS. According to the WorkForce Center's Assistant Director, having the H2P retention coach located at ARCC provided the "missing link" to ensure that clients at the WorkForce Center had a single, knowledgeable "go to" person at the college.

The duties of the retention coach included helping students navigate on-campus services, such as tutoring and solving college-related problems. The WorkForce Center staff argued adamantly that this position was a necessity for H2P, based on earlier experience with a grant called Minnesota FastTRAC, which was part of Shifting

Gears.⁵ Before this position was put in place, WorkForce staff reported that their clients were lost and sometimes received conflicting information at ARCC, which was caused, at least in part, by high turnover of ARCC advising staff. With the amount of knowledge needed to advise on the wide variety of programs, H2P staff reported that it was challenging for someone unfamiliar with the college to give comprehensive and accurate information. Whereas ARCC staff recommended that students meet with an advisor, it was not required. Therefore, students typically made course selections and academic decisions without professional advice. POS faculty confirmed that the presence of the H2P retention coach provided someone the students felt comfortable with. The students saw this coach as someone who could offer career advice and more. One faculty member called her “the face of continuity.”

November 2014. OCCRL rated the enhanced retention support strategy at the *Implementation* level, as did ARCC. A partnership with the Anoka County WorkForce Center allowed the college to supplement services, including recruitment of the target population (i.e. veterans, dislocated workers, and TAA-eligible individuals). Although not close to the College, the WorkForce Center is located on many bus lines and near the interstate. The H2P grant funded a vocational counselor from the WorkForce Center who helped students find jobs through workshops located at the Center or on the ARCC campus. Once a week, the vocational counselor visited ARCC to engage in outreach, give assessments, and help students find financial aid. College H2P staff cited the sharing of referrals between the WorkForce Center and ARCC as “serving both programs very well.” Healthcare program leaders expressed satisfaction about the front-end advising that students received because it “helped students determine whether nursing was the correct choice” before spending time or money. This process allowed advisors to refer students who decided against or did not qualify for the Nursing program to programs such as Medical Assisting (MA), LPN, or to ABE services, based on students’ skills and interests.

Consistent with the recommendation of the H2P consortium leadership, ARCC implemented Blumen as a case management tool, but it did not prove to be as helpful as hoped. Instead, the grant staff tried to track student visits and outreach using other means. H2P funding supplemented college advising to include two H2P staff who served as support services advisors; however, there was no confirmation that this type of service or the WorkForce Center vocational counselor would continue past the grant, despite several college and H2P staff noting the value of the added services and extra attention paid to H2P participants.

According to one H2P staff member, H2P provided the impetus to address retention from several perspectives, including developing a college-wide enrollment management plan. Multiple ideas were discussed to improve retention, with one approach being to offer healthcare-themed sections of the First Year Experience (FYE) course. Another was to focus on adult learners. In addition, ARCC hired a Dean of Student Services who had primary responsibility for the Cambridge campus. Further, the ARCC Project Director led discussions on the feasibility of establishing a learning community for the purpose of increasing retention rates. Those talks continue, though no communities had been established at the time of the OCCRL team’s last visit.

Finally, HipCricket was implemented as a vehicle to keep in touch with students, beginning in the summer of 2013, but was discontinued as of September 30, 2014. H2P staff reported that they were able to maintain contact with students without this tool.

Strategy 6 - Training Programs for Incumbent Healthcare Workers

February 2013. OCCRL rated the training programs for incumbent health workers strategy at the *Planning* level, as did ARCC. The college was collaborating with ARCC’s Professional Training Center and the WorkForce

⁵ Shifting Gears, an initiative to encourage the development of accelerated career pathways for low-skilled adults, was funded by the Joyce Foundation located in Chicago, Illinois. Information about this Midwest multi-state workforce training and employment initiative can be found at <http://www.joycefdn.org/shifting-gears/>.

Center to focus on extending the CNA, Emergency Medical Technician (EMT), TMA, and Phlebotomy programs to potential employer partners. As stated earlier, the TMA and CNA programs were rated in the *Implementation* stage at GracePointe as classes were ongoing and clinical training was provided to existing staff. ARCC was working towards making the offerings at GracePointe sustainable by leveraging the grant to take advantage of unutilized space in the basement, which would allow the college to build a large class and laboratory to expand opportunities for TMA and CNA worker training. According to ARCC staff, the college was in the *Planning* phase regarding its LPN Mobility, ADN, and BSN programs by “coordinating with MANE and additional MnSCU colleges to build a core curriculum and offer a seamless transfer from ADN to BSN programs, with an option to exit the program after five semesters to take the NCLEX exam and begin practicing nursing at the ADN level.” The PT program was in its first year at the time of the OCCRL team’s first visit, and it had enrolled only one incumbent worker. Online professional development was launched for PT instructors in Fall 2012, but no faculty interviewed by OCCRL’s team had connected this training to the H2P grant, nor did they view it as a new strategy that would be institutionalized by the college.

November 2014. OCCRL rated the training programs for incumbent health workers strategy at the *Sustainability* level, as did ARCC. ARCC’s main effort in developing new POS for incumbent health workers was partnering with GracePointe Crossings. This employer sought to reduce staff turnover by offering a CNA class on the worksite and recruiting and hiring individuals prior to beginning the class. Based on the intake process, some individuals were offered a scholarship to pay for the training, and the students enrolled as a cohort of employees. The class was successful in that their job retention was higher among program graduates than with other hires. A TMA course was also added, along with textbooks for students to use while in class as opposed to their having to purchase them. ARCC, through its customized training department, also offered PTA, Phlebotomy, and EMT training for incumbent workers.

The PTA Clinical Instructor Training Certification was offered by ARCC, along with employer partners. Though course development was not funded by H2P, ARCC supported creation of a new professional development course called “Educate the Educator” for instructors interested in teaching the new core curriculum associated with H2P. Created by health faculty at Minneapolis Community and Technical College, along with the director of HealthForce Minnesota who holds a PhD in Nursing, this self-paced online course was offered on D2L, with end-of-unit and –module evaluations. Growth of core curriculum resulted in greater demand for the “Educate the Educator” course, so ARCC put the course online using TAACCCT funds. Additionally, the H2P leaders mentored other community colleges that offered the core curriculum. All of these activities went beyond the College’s walls to grow demand statewide, earning this effort a *Scale-Up* rating.

Strategy 7 – Enhance Data and Accountability Systems

February 2013. OCCRL rated the enhance data and accountability systems strategy at the *Sustainability* level, due to ARCC’s implementation of enhancements to its data systems. The H2P Data Manager received training and permission to access the major data systems housing the H2P data, including Blumen, Hyperion, and ISRS. With instruction on use of institutional data systems, the Dean of Institutional Research (IR) and her team gave the data manager access to all data systems that stored the H2P data matched to a proxy ID created for the grant. The IR team anticipated working with the H2P data manager to provide technical assistance with electronically matching data using MS Access. The supportive relationship between the IR team and the H2P Data Manager was a strength of ARCC.

November 2014. OCCRL rated the enhance data and accountability systems strategy at the *Implementation* level, as did ARCC. Hiring a dedicated data manager was an asset to ARCC’s H2P grant. This person worked collaboratively with OCCRL, providing the best data possible, with careful attention paid to data quality. However, at the final site visit, we learned that this position, which enhanced data and accountability systems for the college remained 100% funded by the H2P grant, and a plan to sustain this position had not been created.

Strategy 8 – Galvanize a National Movement

February 2013. OCCRL rated the galvanize a national movement strategy at the *Planning* level. In regards to the adoption of a core curriculum in health, ARCC worked with fellow H2P co-grantee PTCC on the implementation of a core course, and also tapped the expertise of the ECC group. ARCC also took steps to engage non-consortium colleges by involving the leadership of Anoka Technical College in ongoing discussions. ARCC had also worked with the MnSCU System Office, Minnesota’s DEED, and Anoka Technical College to use labor market information to improve health professions training.

November 2014. OCCRL rated the galvanize a national movement strategy at the *Sustainability* level, as did ARCC. OCCRL noted ARCC’s strong efforts to galvanize a statewide movement, namely, by using H2P resources to put the “Educate the Educator” professional development model online to train healthcare faculty on teaching the core curriculum. ARCC also engaged numerous non-consortium colleges to move toward a competency-based core curriculum for healthcare programs and support MN’s state-level movement to accomplish a similar goal. Further, the H2P project director was tapped to mentor colleges in Michigan in a similar quest to advance the competency-based core curriculum concept.

Evaluation Question 3

What modifications and improvements were made to ARCC’s TAACCCT-impacted POS and strategies?

This question was evaluated as part of the baseline visit in **February 2013** but was not included in the 2014 site visit because this aspect of the evaluation was subsumed under the H2P curriculum review conducted by The Collaboratory, a private consulting firm employed the H2P Consortium.

Evaluation Question 4

What barriers and supports existed, and how did they impact ARCC’s efforts in creating and enhancing POS and strategies?

This evaluation question was part of the baseline study conducted in **February 2013** and was aimed at building an understanding of the barriers and supports that pre-existed before the grant and that would potentially impact grant implementation. For these purposes, the notion of supports and barriers refers to pre-existing conditions that created hurdles or facilitated advancements in the implementation of POS and strategies.

From this standpoint, the OCCRL evaluation team identified the following supports:

- **Partnerships:** Employer and workforce partners were positive and supportive about their existing relationship with ARCC and the potential that the H2P grant offered to improve training programs for employees and clients, including the presence of trained and knowledgeable support service staff on the college campus.
- **Cross-College Engagement:** ARCC’s history of engaging other community colleges within the state through MnSCU served as a strong base from which to launch strategies, such as competency-based core curriculum and galvanizing a national movement.

The OCCRL evaluation team identified the following barriers:

- **Lack of TAA-Eligible Recipients:** The local workforce board anticipated difficulty in identifying the target number of TAA participants to enroll in POS.
- **Hierarchical Instability:** At OCCRL’s initial visit, ARCC was in the midst of a search for a new president, which they hoped to complete by summer. Although the Interim President was reportedly supportive of H2P, the role was temporary and did not lend itself to active engagement. In addition, other personnel were new to their posts and not aware of how their roles intersected with the grant.

- **Critical Role of Developmental Education and ABE:** Developmental education and ABE could have helped to build the TAACCCT-impacted POS and related career pathways, if they worked in concert. OCCRL evaluators recognized that, while the roles, funding sources, costs and philosophies concerning pre-credit instruction differed, the goal was clear: to prepare students for college and careers. This grant offered the opportunity to develop and pilot a coordinated plan offering contextualized developmental and adult education courses. Because of Minnesota’s involvement in Shifting Gears and FastTRAC, the college was able to build upon past experience. Working as a team through the Developmental Education Committee, ARCC leveraged strengths and created a seamless pathway that aligned competencies to better prepare students for credit-bearing POS.

Evaluation Question 5

What strengths and opportunities for improvement exist that ARCC can capitalize on in supporting their TAACCCT-impacted POS and strategies?

This evaluation question focuses on the strengths and areas for improvement identified in **November 2014**. Recommendations are offered for each area in the spirit of encouraging a continuous improvement approach.

Strengths

The OCCRL evaluation team identified multiple strengths on which ARCC can capitalize to support their TAACCCT-impacted POS and strategies.

- **Contextualized Developmental Education:** The writing course with a healthcare theme was a promising and popular addition to developmental education, to address the needs of students who needed extra help to be ready for the rigor of the healthcare POS. As a result, the OCCRL team encouraged the college to expand contextualized developmental education options to include reading and mathematics. The H2P staff reported the cost for these courses was no more than conventional developmental education and yielding better student outcomes.
- **Scaling Innovations:** After creating the core curriculum, ARCC leadership noted its special ability to work with K-12 school districts and provide articulated credit for high school students more than other MN postsecondary institutions. College faculty members mentored high school teachers. As a result, students could begin their career pathways while still in high school and accumulate credit toward college credentials.

The TEAS V prep course was popular not only at ARCC but in the larger Minneapolis metro area. H2P provided seed funding but this course was maintained on its own due to its popularity.

ARCC took a leadership in expanding access to professional development for core curriculum instructors. “Educate the Educator” was expanded as more high school and community college faculty prepared to teach core curriculum. Developed by HealthForce Minnesota and partners, ARCC offered online modules using H2P funds, thereby increasing access to this resource.

- **PT Program:** The new PT program filled a need in the region, and students appeared to be satisfied with it. The program had a strong advisory committee that was supporting the college’s bid for accreditation.
- **Collaboration:** Through the H2P grant, ARCC began to collaborate with other nearby colleges, including PTCC (also an H2P co-grantee) and Anoka Technical College, which offered complementary allied health programs such as CNA. Staff reported that increased collaboration reduced competition for students among these schools. Also, ARCC staff improved student intake and assessment processes and recognized the benefits of referring students to other programs besides Nursing, even when those programs were housed at a different college.

- **Partnerships:** The Anoka County WorkForce Center offered a comprehensive resource, including job workshops, job search, ABE, computer literacy workshops, English language services, veterans' services, meal assistance, and transportation assistance. These service providers found that sharing space in this manner allowed them to collaborate easily. One of the ABE staff members said, "We'll pilot anything." ARCC contracted with the center to provide a vocational counselor on the ARCC campus once per week to work with students.

Opportunities for Improvement and Recommendations

The OCCRL evaluation team identified the following areas where ARCC had the potential to improve.

- **CPL:** The H2P staff noted that H2P funds were used to develop a policy at ARCC, but the policy was in its infancy. Difficulty institutionalizing the policy was one reason why college personnel reported losing enrollments to proprietary institutions that more readily awarded credit than the college. Students choose to attend the institution that was accepting their credit for prior learning because they could finish the programs in two years rather than three or more years, even though students would most likely end up paying more for their education. The OCCRL evaluators noted that CPL was evolving at ARCC and continued to gain traction under the grant. As a result, ARCC was encouraged to consider adopting policies offered by their competitor colleges. If there is momentum at the MnSCU level, ARCC may want to assign a staff person to provide leadership and support.
- **Intrusive Advising:** ARCC had done a good job with a small H2P staff in partnering with the WorkForce Center to meet the needs of H2P students. OCCRL evaluators were doubtful that one added position after the grant would meet the needs of the students, but they were encouraged to learn that the administration recognized the critical role that an intrusive advisor played in student retention. The OCCRL team recommended that ARCC conduct a return on investment (ROI) study to determine the cost of adding one or more dedicated positions to support students who enroll in POS where retention is an issue.
- **Core Curriculum:** Some students reported that the core curriculum was somewhat shallow and easy, especially for students who already knew what POS they wanted. However, for younger students or those who did not know about healthcare careers besides Nursing, the core curriculum was seen as a viable way to learn about these careers and the POS that prepared people for them. The OCCRL team recommended offering two sections of the core curriculum course: one for students who know their career goal and another for those who need further career exploration. The H2P leadership noted that healthcare advisory board members provided feedback and advice to tailor the core curriculum to meet the needs of both populations. If two sections were not possible, the OCCRL evaluation team recommended finding more challenging assignments for students having more in-depth knowledge of nursing and allied health programs.
- **Improve Data Capacity and Sharing:** The H2P data manager made a difference in the College's ability to meet the demands of DOL performance reporting. However, the power of enhanced data capacity related to expanding the college's capacity to provide data associated with adoption of practices that increased student outcomes. ABE providers worked with ARCC to develop the TEAS V exam prep courses that were popular across the state and demonstrated improved student outcomes. The fact that the TEAS exams calibrated to the 10th grade level made sense for ABE students; however, the ABE staff was unable to report on course outcomes and exam pass rates. ARCC was encouraged to consider taking the lead, along with Anoka Technical College, on encouraging students to take the TEAS prep course and share results with colleges as students apply to their programs. ARCC's IR office may be able to provide hard evidence on whether support strategies are working, including identifying strategies that need improvement.

Table 2. Comparison of Anoka-Ramsey Community College Self-Assessment and OCCRL Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
1. Online Assessment and Enhanced Career Guidance								
B = Baseline Rating in February 2013, I = Final implementation rating in November 2014								
ARCC rating:				B	I			
Online assessment of students' prior learning through:				B	I			
• Virtual Career Network (VCN)					B I			
• Portfolio-Based Assessments					B I			
• American Council of Education (ACE) Guides					B I			
• Challenge Exams					B I			
• Advanced Placement (AP) Exams					B I			
• College Level Examination Program (CLEP) Exams					B I			
• DSST Credit by Examination Program					B I			
Online assessment of student's foundational skills through:					I			
• Virtual Career Network (VCN)			B		I			
Online career advising through:					I			
• Virtual Career Network (VCN)				B	I			
• ISEEK Career Assessment				B				I
OCCRL rating:				B	I			
Online assessment of students' prior learning through:				B	I			
• Virtual Career Network (VCN)				B	I			
• Portfolio-Based Assessments				B	I			
• American Council of Education (ACE) Guides				B	I			
• Challenge Exams				B	I			
• Advanced Placement (AP) Exams				B	I			
• College Level Examination Program (CLEP) Exams				B	I			
• DSST Credit by Examination Program				B	I			
Online assessment of student's foundational skills through:			B		I			
• Virtual Career Network (VCN)			B		I			
Online career advising through:				B	I			
• Virtual Career Network (VCN)				B	I			
• ISEEK Career Assessment				B				I
2. Contextualized Developmental Education								
B = Baseline Rating in February 2013, I = Final implementation rating in November 2014								
ARCC rating:			B		I			
New Developmental courses that integrate health content:					I			
• Contextualized Math	I			B				
• Contextualized Reading			B	I				
• Contextualized Writing/English			B		I			
New health courses that integrate developmental content:	I		B					

Table 2. Comparison of Anoka-Ramsey Community College Self-Assessment and OCCRL Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
OCCRL rating:			B		I			
New Developmental courses that integrate health content:			B		I			
• Contextualized Math	I			B				
• Contextualized Reading			B	I				
• Contextualized Writing/English			B		I			
New health courses that integrate developmental content:	I		B					
3. Competency-based Core Curriculum								
B = Baseline Rating in February 2013, I = Final implementation rating in November 2014								
ARCC rating:			B			I		
New courses that are part of a competency-based core curriculum:						I		
• HCCC 1000 Introduction to Healthcare Careers			B			I		
Modified courses that are part of a competency-based core curriculum:	I		B					
OCCRL rating:			B			I		
New courses that are part of a competency-based core curriculum:			B			I		
• HCCC 1000 Introduction to Healthcare Careers			B			I		
Modified courses that are part of a competency-based core curriculum:	I		B					
4. Industry-recognized Stackable Credentials								
B = Baseline Rating in February 2013, I = Final implementation rating in November 2014								
ARCC rating:					B I			
New, employer-approved credentials:					I			
• Pharmacy Technician Certificate					B I			
• Pharmacy Technician AS Degree					B I			
OCCRL rating:			B		I			
New, employer-approved credentials:			B		I			
• Pharmacy Technician Certificate				B	I			
• Pharmacy Technician AS Degree					I			
5. Enhanced Retention Support								
B = Baseline Rating in February 2013, I = Final implementation rating in November 2014								
ARCC rating:				B I				
Hire a dedicated College Completion Advisor/Retention Specialist				I	B			
Student Support Service Functions				I				
• Intrusive academic supports				B	I			
• Non-academic support services				B	I			
• Career advising					B			
• Blumen					B			

Table 2. Comparison of Anoka-Ramsey Community College Self-Assessment and OCCRL Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
• D2L					B			
Text-based career information:			B					I
• HipCricket			B					I
OCCRL rating:				B I				
Hire a dedicated College Completion Advisor/Retention Specialist				I	B			
Student Support Service Functions				I				
• Intrusive academic supports				B I				
• Non-academic support services				B I				
• Career advising				I	B			
• Blumen				B				
• D2L				B				
Text-based career information:			B					I
• HipCricket			B					I
6. Training Programs for Incumbent Healthcare Professions								
B = Baseline Rating in February 2013, I = Final implementation rating in November 2014								
ARCC rating:			B		I			
New training program(s) for incumbent health professions.					I			
• CNA, EMT, TMA, Phlebotomy			B		I			
• LPN, ADN and BSN programs			B					
• Pharmacy Technician					B			
Professional Development for clinical instructors					I			
• Physical Therapy Instructors online professional development launched fall 2012				B				
• PTA Clinical Instructor Training Certification					I			
• Educate the Educator						I		
OCCRL rating:			B		I			
New training program(s) for incumbent health professions.			B		I			
• CNA, EMT, TMA, Phlebotomy			B		I			
• LPN, ADN and BSN programs			B					
• Pharmacy Technician				B				
Professional Development for clinical instructors			B		I			
• Physical Therapy Instructors online professional development launched fall 2012				B	I			
• PTA Clinical Instructor Training Certification					I			
• Educate the Educator						I		
7. Enhance Data and Accountability Systems								
B = Baseline Rating in February 2013, I = Final implementation rating in November 2014								
ARCC rating:				I				
Hire a dedicated Data Manager				I		B		

Table 2. Comparison of Anoka-Ramsey Community College Self-Assessment and OCCRL Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
Link strategy implementation data to outcomes data on the student level through Blumen.					B			I
Written agreement between the college and workforce systems that link student employment data.				I		B		
OCCRL rating:				I	B			
Hire a dedicated Data Manager				I	B			
Link strategy implementation data to outcomes data on the student level through Blumen.				B				I
Written agreement between the college and workforce systems that link student employment data.				I	B			
8. Galvanizing a National Movement								
B = Baseline Rating in February 2013, I = Final implementation rating in November 2014								
ARCC rating:					I			
Adoption of a core curriculum in health profession by consortium colleges.			B		I			
Engagement of non-consortium colleges in the development of a model core curriculum in the health professions.			B		I			
Participate in National Summit and use labor market information to improve health professions training.			B		I			
OCCRL rating:			B		I			
Adoption of a core curriculum in health profession by consortium colleges.			B		I			
Engagement of non-consortium colleges in the development of a model core curriculum in the health professions.			B		I			
Participate in National Summit and use labor market information to improve health professions training.			B		I			
<i>Notes:</i>								
1. Un-shaded rows show self-assessment rating provided by the co-grantee. Shaded rows show ratings provided by the OCCRL evaluation team after visiting the co-grantee.								
2. The ratings in the scale are defined as follows:								
<ul style="list-style-type: none"> • Not Planned: The College decided not to implement this strategy. • Pre-Planning: The College committed to the strategy but has not started planning it. • Planning: The College was engaged in a planning process to move forward with this strategy. • Implementation: The College was engaged in implementation of the strategy. • Sustainability: The strategy had been fully implemented, and the team was addressing sustainability of this strategy. • Scale-Up: The strategy was broadened in scope and scale to fit other college needs or adapted/replicated to suit other colleges. • Not Implemented: This was a strategy that the college elected not to bring to implementation during the course of the grant. • Discontinued: This was a strategy that was implemented during the course of the grant, but the college has discontinued the use of the strategy. 								
3. The ratings Not Implemented and Discontinued were added to provide further clarification by the research team after the November 2014 site visit.								

Ashland Community and Technical College

This subsection presents results on implementation of the TAACCCT grant at Ashland Community and Technical College (ACTC), as reported in this co-grantee college's site report (2013) and final implementation site report (2014).

Evaluation Question 1

Who were ACTC's partners and what role did they play in supporting the implementation of TAACCCT-impacted POS and strategies?

February 2013. The list of partners provided to OCCRL represented a wide range of providers in the Ashland area. Under the grant, the H2P leaders used a variety of techniques to connect with other employer and community partners, including cold calls, one-on-one meetings, and community-organized employee and student job fairs. These connections pointed to growing awareness of the H2P grant, and more importantly, ACTC's leadership role in providing healthcare programs for people within the region's tri-state community (Kentucky, Ohio, and West Virginia).

November 2014. ACTC named 15 partners in its H2P initiative, including hospitals, long-term care facilities, outpatient medical centers, home health agencies, and workforce partners. Five of these partners were attributed to the H2P grant. The partners' roles included identifying workforce needs and necessary skills and competencies, providing clinical experiences, employing graduates, referring potential students, and serving on advisory boards.

The OCCRL evaluators met with employers, including representatives from one hospital and two long-term care/rehabilitation centers in November 2014. Health careers were described as popular pursuits for students, in part based on the reputation of the Nursing and Allied Health programs and because the healthcare industry is a primary labor force in the region. Employer partners reported that ACTC and H2P staff were responsive to their needs and that relationships had grown since the start of H2P. Employers provided tuition reimbursement to employees to pursue certificates or degrees in Nursing or Allied Health. They pointed to recent hires of graduates of Patient Care Technician (PCT), State Registered Nursing Assistants (SRNA), and LPN. A hospital had initiated an on-site incumbent worker-training program for SRNA.

Employer representatives served on the H2P advisory board as well as the advisory boards of Nursing and Allied Health. Employers said they valued having input into the health programs and curriculum. Faculty and H2P staff reported that the relationship between employers and the college had grown closer over the first two years of the grant. At the beginning of H2P, employer partners provided input to the development of the Health Occupations Core Curriculum (HOCC). H2P staff reported that the local WIA staff made referrals to the Allied Health, SRNA, LPN, and RN programs, even though H2P intakes had stopped. These developments pointed to the emergence of a sustainable relationship despite limited WIA funds.

College leadership, staff, faculty, and H2P team members mentioned the importance of the local labor market because the large majority of students enrolled in Nursing and Allied Health programs did not want to relocate for employment. As such, the region's labor market needs drove the program offerings.

Evaluation Question 2

What strategies and activities did ACTC implement, and what was the impact on ACTC's POS?

A comparison of the College's self-assessment ratings to the OCCRL team's ratings for **February 2013** and **November 2014** is provided in Table 3.

Strategy 1 - Online Assessment and Enhanced Career Guidance

February 2013. OCCRL rated the online assessment and enhanced career guidance strategy at the *Implementation* level, as did ACTC. The rating was based on the use of several assessment tools for CPL. The VCN tool was selected by the H2P Consortium and recommended for use by the co-grantee colleges, and it was used for H2P participants at ACTC. In addition, H2P leaders made significant efforts to increase face-to-face contact, as evidenced by student attestations and by the H2P Success Coach's description of service provision.

November 2014. OCCRL rated the online assessment and enhanced career guidance strategy at the *Implementation* level, as did ACTC. This rating reflects the emphasis that the College placed on the career guidance aspects of this strategy. ACTC established multiple avenues through which students could receive CPL, including the VCN, portfolio-based assessments, challenge exams, AP exams, and CLEP exams. The team reported that efforts had been made to engage students in CPL, however, to date there were no students who had completed the CPL process. The team reported that there is a lack of interest in CPL, with students showing a preference for taking the classes versus testing out of them.

One of the tools used to help students explore their career opportunities was the VCN. The VCN had been integrated into courses at the college where students could submit assessments completed through VCN for extra credit. Additionally, students entering the Basic Health Care Foundations program through the [Accelerating Opportunity Kentucky](#) (AOKY) initiative⁶ were assisted with use of the VCN by the AOKY coordinator. The VCN was promoted and highly utilized by the Success Coach; however, when that position was reduced to part time, staff and faculty noted that the use of VCN became less systematic than earlier in the implementation.

Students in Health Sciences POS are encouraged to take HSE 101 (Introduction to Health Sciences), a one-credit seminar course that features presentations from health care professionals and colleges services. Although HSE 101 was not developed through H2P, students in TAACCCT-funded POS were encouraged to take the course concurrently with their Basic Health Care Foundations courses, although the course was not a requirement.

Strategy 2 - Contextualized Developmental Education

February 2013. OCCRL rated the contextualized developmental education strategy at the *Implementation* level. This rating recognized the accomplishments that ACTC had made with their contextualized developmental mathematics course. The foundation mathematics course for Allied Health was piloted in Fall 2012 and was offered for its second semester. ACTC reported a 65% passing rate, which was higher than that of traditional remedial mathematics courses, according to college leaders. Students who passed this class could bypass up to three remedial mathematics courses and enroll in MAT 110, a college-level mathematics course. H2P leadership shared that plans were made to implement a 4-hour developmental reading and writing course. Interviews with faculty and administrators as well as written documentation also substantiated these plans. ACTC used the ReadRight program throughout the College and was not planning to implement additional contextualized developmental education courses.

November 2014. OCCRL rated the contextualized developmental education strategy at the *Implementation* level, as did ACTC. H2P staff collaborated with staff from AOKY, a statewide initiative coordinated through the Kentucky Community and Technical College System (KCTCS). At ACTC, the AOKY program worked exclusively with the college's Industrial Maintenance Technology and Basic Health Care Foundations programs. Drawing from the I-BEST and Accelerating Opportunity models, AOKY students were provided a concurrent combination of basic skills and technical education. Cohorts of AOKY students who chose a career in healthcare were enrolled in HOCC courses taught by Allied Health or Nursing instructors and ABE instructors who used a

⁶ Information about the Accelerating Opportunity Kentucky initiative can be found at <http://aoky.kctcs.edu/>.

team-teaching model to collaborate on the assignments, rubrics, and supports provided to students. The ABE instructors supported students during approximately half of their healthcare classes. ACTC integrated developmental content into several courses in their HOCC (HST 101, HST 102, HST 103, and AHS 115). In addition to the contextualized developmental education that was integrated into their coursework, AOKY students were provided additional supports to develop their basic skills and pre-employment skills (e.g. resume development, interviewing, job searching). College leadership, as well as staff from both initiatives, highlighted the success of the collaboration between H2P and AOKY and the benefits for students.

ACTC had a contextualized developmental education mathematics course (AHS 095) that was offered in 2012 and 2013. H2P leaders reported that the contextualized course had a notably higher pass rate than the non-contextualized versions of the course. Faculty noted improvements in students' ability to apply mathematics in their health sciences courses for students who had completed the contextualized AHS 095. Students who passed the AHS 095 course were eligible to enroll in MAT 110 (Applied Mathematics). However, due to the mathematics department's work revamping and reorganizing the mathematics curriculum, including program requirements, the contextualized version of AHS 095 was discontinued.

The H2P leaders planned to continue working with the Mathematics department to provide a contextualized developmental education course in the future. Also, as noted in OCCRL's 2013 report, H2P leaders planned to contextualize a combined reading and writing course; however, the course was still in an early planning phase at the time of the OCCRL team's last visit. A separate contextualized developmental reading course was not planned, as ACTC used the ReadRight program throughout the College and did not feel that changing this program would be in their students' best interests.

Strategy 3 - Competency-Based Core Curriculum

February 2013. OCCRL rated the competency-based core curriculum strategy at the *Implementation* level, which differed from ACTC's rating of *Sustainability*. If there was one strategy that is serving as the linchpin for all other H2P activities at ACTC, it was the HOCC. This curriculum was piloted, and the list of courses associated with the HOCC was submitted to KCTCS. However, work remained to permanently establish it within ACTC as well as within KCTCS.

HOCC consists of seven modularized courses offered in a hybrid format involving face-to-face instruction, online learning, and associated labs. The faculty members for these courses were certified appropriately, and they completed the related professional development and credentialing. Healthcare faculty expressed their support of the HOCC, and they reported that students who enrolled and completed courses in the HOCC were better prepared. Faculty related a marked change between students who enrolled in and completed the HOCC as compared to students who enrolled prior to implementation of the HOCC. Similarly, students felt that the HOCC provided a targeted approach to making decisions about healthcare programs. Prior to enrolling in the HOCC, students were advised generically and many felt adrift regarding their education plans.

H2P leaders engaged in conversations with campus administration and faculty regarding the HOCC, and there was recognition that the HOCC development was essential to H2P success. ACTC saw the HOCC as a driver for change throughout the College, with expected outcomes including an overall increase in enrollment and completion in all ACTC healthcare programs.

November 2014. OCCRL rated the strategy of implementing a competency-based core curriculum at the *Sustainability* level, as did ACTC. ACTC's HOCC consisted of the following seven courses in two POS.

Basic Health Care Foundations Certificate:

- HST 101 Health Care Basic Skills I
- HST 102 Health Care Delivery and Management
- HST 103 Health Care Communication

- AHS 115 Medical Terminology

Intermediate Health Care Foundations Certificate:

- HST 121 Pharmacology
- HST 122 Clinical Pathophysiology
- HST 123 Health Care Basics Skills II

ACTC discontinued the HST 105 (Introduction to Health Occupations) course because the material was redundant with the HSE 101 (Introduction to Health Sciences) course already offered at the College. Clinical Pathophysiology was the only HOCC course with a prerequisite. To enroll for Clinical Pathophysiology, students must have completed a college-level biology course. To enroll in a biology course at ACTC, students must be eligible to take MAT 110 or higher. As such, students who either completed the contextualized developmental math course AHS 095 or tested at the MAT 110 level or higher became eligible to enroll in college-level biology.

The full-time course load to complete the Basic Health Care Foundation Certificate is 12 credit hours. This meant that qualified students could take a biology course during their first semester and Clinical Pathophysiology their second semester, thus making it possible to complete both HOCC programs in two semesters.

HOCC is a centerpiece achievement of the H2P project at ACTC. Implementation of the HOCC at ACTC was made possible because of cooperation of the faculty and leadership across the health sciences at ACTC, as well as the strategic choice to capitalize on the expertise of their Kentucky H2P consortium partner, JCTC. KCTCS's approval of the HOCC courses facilitated the potential spread and adoption of the HOCC among other community and technical colleges throughout Kentucky. Additionally, College leaders explored opportunities to expand and engage more students in the HOCC and build on the conceptual model behind the HOCC for other areas of the College. College leaders and H2P leaders noted the importance of the Health Care Foundations certificate programs retaining a high enough enrollment to be economically viable at the college, independent of grant funding.

Faculty reported that students who completed the HOCC were better prepared, had stronger skills, and were better retained in subsequent health sciences POS than students enrolled prior to the HOCC. Students who took the core courses were more informed about the healthcare industry, resulting in better decisions in the selection of a career pathway. Faculty also stated that students who had completed the Health Care Foundations certificates were able to get better jobs and were more economically stable. Faculty shared that they advised students in health science POS to use core courses as electives instead of selecting courses unrelated to healthcare. They valued these courses for strengthening students' foundations in healthcare and helping them to be well-rounded Health Sciences students and healthcare professionals. Faculty reported that the HOCC courses and the associated Health Care Foundations certificates helped build students' capacity to succeed in the rigorous healthcare courses.

The scheduling of the HOCC was condensed into morning classes to allow students the possibility of working or meeting family obligations. However, the early classes presented attendance problems for students who rely on public transportation. Even so, the ACTC faculty and staff felt the HOCC allowed them to serve student populations who would otherwise not enroll in health science programs.

Students' participation in the HOCC was not factored into the health sciences selective admission process. Thus, admission to Health Sciences POS was independent of the HOCC.

Strategy 4 - Industry-Recognized Stackable Credentials

February 2013. OCCRL rated the industry-recognized stackable credentials strategy at the *Planning* level, as did ACTC. H2P leaders were familiar with the idea of stackable credentials so while not formalized as a process, the language of stackable credentials was used by H2P leaders, faculty, and community partners. Phrases such as

“career ladder,” “options,” and “entry and re-entry into programs” were used when ACTC personnel detailed the particulars of H2P programs.

November 2014. OCCRL rated the industry-recognized stackable credentials strategy at the *Implementation* level, as did ACTC. ACTC offered three sets of stackable programs impacted by the H2P grant, one in each of the following areas: a) Health Science Technology (HST), b) Pharmacy Technology (PT), and c) Emergency Medical Services (EMS) – Paramedic. ACTC also offered two new certificate programs that stack sequentially through their HOCC: the Basic Health Care Foundations and the Intermediate Health Care Foundations programs. Students who completed the two Health Care Foundations certificates could apply those courses toward an Associate in Applied Science (AAS) Degree in HST. Students must have earned at least three industry credentials to be eligible to earn their degree in HST. The PT programs also stacked in that students could earn a certificate in PT I, and apply their coursework towards a PT II diploma. The EMS programs stacked as well in that students who achieved a certificate in EMS – Paramedic could apply their coursework towards an AAS in EMS – Paramedic. Both the PT and EMS – Paramedic programs were selective admissions while the Health Care Foundations certificates and HST degree were not.

ACTC leaders, faculty, staff, students, and graduates highlighted the benefits of providing short-term certificates that stack in a career pathway. The value of these short-term credentials was seen both as providing students with opportunities to improve their occupational prospects early in their educational work and to provide students with a short-term achievable goal with natural entry and exit points. This ability to return to work or to receive a better paying job was a key factor for students at ACTC. Faculty, staff, and students/graduates stated that many of the students entering their short-term credential program, especially Basic Health Care Foundations, initially committed to one program only. However, based on their experiences with the programs and the potential for greater earnings, most students elected to continue their coursework past the initial certificate program. Staff shared that the Health Care Foundations certificate programs were particularly attractive to students receiving benefits under the Kentucky Transitional Assistance Program (KTap), educational funding through WIA, or TAA funding as the programs were viewed as relatively short-term time investments for potential economic gain and as a low-risk entry point to a healthcare career.

Strategy 5 - Enhanced Retention Support

February 2013. OCCRL rated the enhanced retention support strategy at the *Implementation* level, which differed from ACTC’s rating of *Sustainability*. The plans presented to the OCCRL team were consistent with the original solicitation for grant proposals in the sense that resources were appropriated for a dedicated advisor. Whereas this advisor was one of two key staff who contributed to the success of H2P activities, the fact that the position was still funded by the grant precluded OCCRL from rating the strategy at the *Sustainability* level.

H2P students at ACTC were provided traditional advising and assessment as well as enhanced advising support by the H2P Success Coach who was proactive in many aspects of retention and advising. This work included building relationships with students, faculty, and community partners alike. A positive investment in several weeks of internal training in the student services office was afforded this position. Both print and online materials were distributed in various recruitment venues, which targeted strategic student populations such as undecided majors, some of whom were recruited to H2P programs. ACTC anticipated implementing HipCricket, a text-based career information system, in Spring 2013.

November 2014. OCCRL rated the enhanced retention support strategy at the *Implementation* level, which differed from ACTC’s rating of *Sustainability*. The Success Coach initiated a relationship with the WIA office prior to OCCRL’s first site visit. By OCCRL’s second visit, the Success Coach position was reduced to a part-time position, due to funding. However, ACTC continued to receive referrals from WIA through traditional college advisors, and the AOKY project director also provided support to students enrolling in the Basic Health Care Foundations program. Students and faculty both reported that faculty and program coordinators worked closely with students to address challenges, including extra one-on-one time, extra lab time, and referrals to

campus and community services. Students also had access to college advisors who supplemented services provided by the faculty and program advisors.

The Starfish Enterprise Success Program was student tracking and engagement software piloted in Spring 2014 with advisors and fully implemented college wide in Fall 2014. Faculty, staff, administration, and students all highlighted how the features of the Starfish system were an improvement over the previous system. Starfish was used to engage students through messages sent either by e-mail or text, using follow-up, inquiries, and encouragement. Starfish facilitated the scheduling of appointments by faculty, advisors, and students, and it stored advising and faculty notes on students. Finally, Starfish allowed for the immediate reporting of attendance, a notable improvement over the previous system where attendance was reported twice a semester. Students reported getting a call even if they missed one day of class.

Advisors, faculty, and students all had access to Starfish where they could review student progress, see what supports were being provided, and review student progress towards completion of their classwork and POS. Starfish was encouraged by the KCTCS system, which provided instructor and advisor guides for its implementation. Using Starfish allowed the College to provide a multi-tiered approach to supporting students that included college advising, faculty, project coordinators, and other college staff. All reported that students bond as a cohort and are supportive of each other, and that no teacher is “just a teacher,” because they also advise and mentor students and provide both academic and non-academic supports.

Initially, H2P staff hoped that HipCricket would fulfill the need for enhanced retention support. However, there were issues with its functionality. For example, HipCricket sent the wrong message or sent the right message but on the wrong date. Students did not want to participate and if and when they did, their responses were deemed inappropriate, which indicated to staff that students did not take the system seriously. ACTC stopped using HipCricket in 2013.

Students were encouraged to pursue additional higher education both at and beyond ACTC. This was highlighted in the college orientation that includes a Blackboard online orientation, a meeting with an advisor, and a tour of the College. College staff, H2P leaders, and faculty referred students to ACTC’s 2+2 transfer programs, a key strategy to support students’ continued education and long-term success. It was common for H2P students to not view themselves as “college material” when they initiated their studies, but to subsequently develop the confidence and skills necessary to succeed in college, including the potential to earn a bachelor’s degree (and beyond). These 2+2 programs were designed to support student transfer in the local area.

Strategy 6 - Training Programs for Incumbent Healthcare Workers

February 2013. OCCRL rated the training program for incumbent health workers strategy at the *Pre-Planning* level, as did ACTC. There was awareness among H2P leaders of the need to expand grant activities to include training programs for incumbent health workers. The same statement can be made about the different community partners who expressed an interest in using H2P resources for incumbent worker training. Two new partners expressed an interest in current workers continuing their education, one of which expressed an interest in on-site training that could meet continuing education requirements. H2P leaders seemed to be very close to entering the planning level for this strategy.

November 2014. OCCRL rated the training program for incumbent health workers strategy at the *Implementation* level, as did ACTC. Employers paid tuition and fees for students to attend classes at ACTC. This included a short-term incumbent worker training program that was created for King’s Daughters Medical Center (KDMC). This training provided incumbent workers on-site education that helped them earn SRNA certification. Seven of the ten students who enrolled in the program attended the training, and all seven completed and went on to pass their SRNA certification exam. This course was a 3-week intensive program that met eight hours per day. Students were paid by KDMC to attend and did not have to work at the hospital during the 3-week period. KDMC built on this experience to implement a similar but non-H2P program with ACTC’s Medical Office program, which was a

semester-long course. KDMC explored the possibility of repeating the SRNA program annually and developed more short-term incumbent worker training programs with ACTC. Recently, another long-term care provider and H2P partner inquired about offering an SRNA program for their incumbent workers. This provider was interested in a schedule that would fit workers' availability. Another long-term care and rehabilitation provider reported that they were requiring the SRNA credential for new hires. Finally, H2P staff reported that professional development for clinical instructors was paid for with grant funds and included the Methods of Instruction training for CPR and SRNA.

Strategy 7 – Enhance Data and Accountability Systems

February 2013. OCCRL rated the enhance data and accountability systems strategy at the *Implementation* level. ACTC was part of the student unit record computerized data system operated by KCTCS. A dedicated data manager was hired, plans were put in place to link outcome data using Blumen, workforce data were made accessible through written agreements, and program coordinators updated state data systems to keep records of student employment current.

Internally within the college, H2P had the support and backing of the Institutional Effectiveness (IE) division. Conversations between the H2P data manager and the IE division were frequent and problems that arose regarding data issues were dealt with promptly according to H2P and ACTC leaders. In addition, support was provided to ACTC by JCTC, another member of the H2P Consortium that had experience with grants. The ACTC and JCTC H2P data managers addressed consortium-wide data issues collectively.

November 2014. OCCRL rated the enhance data and accountability systems strategy at the *Implementation* level, as did ACTC. The H2P data manager was the primary contact for DOL reports and data collection. The IR office reported that data collection and review was not performed for this DOL grant by their staff; however, IR occasionally wrote queries, coded, and supported H2P staff with problem solving and reporting challenges. IR was represented in the PTR team and contributed data collection and analysis to support the project. In addition, ACTC staff reported that the college used data extensively as part of their IE process, which included four pathways: preparation, introduction to college, progression, and completion. ACTC did not plan to use Blumen. Finally, KCTCS secured the written agreement for UI Wage data, albeit in an aggregate reporting format that precluded OCCRL from including ACTC in OCCRL's impact study of employment outcomes.

Strategy 8 – Galvanize a National Movement

February 2013. OCCRL rated the galvanize a national movement strategy at the *Pre-Planning* level, as did ACTC. The signature HOCC core curriculum in health professions was approved for pilot status and was on its way to become part of the wider KCTCS course offerings. There was strong interest by KCTCS in expanding the HOCC to all 16 of the system's colleges.

November 2014. OCCRL rated the galvanize a national movement strategy at the *Implementation* level, as did ACTC. KCTCS approved the HOCC and made it available to all community colleges in the KCTCS. The co-adoption of the HOCC by JCTC was evidence of implementation; however, not all H2P co-grantees adopted the HOCC. The H2P meetings in Scottsdale, Arizona on the health pathways reform in Summer 2014 and the NN2 meeting held each fall during the grant engaged non-consortium colleges in the development of HOCC.

ACTC and JCTC coordinated a one-day H2P Summit for KCTCS. Personnel from 12 KCTCS college attended to learn about the Health Career Collaborative of the Greater Louisville Area, the national movement to reform healthcare education, and regional progress toward adoption of a HOCC. The summit concluded with teams developing plans to adopt the HOCC at their respective institutions. Presentations and information sharing with other KCTCS colleges represented steps towards adoption of the HOCC in the state. Also of note was relationship

building with Mountwest Community and Technical College in Huntington, West Virginia, which had adopted one of the core courses and was considering adopting the entire HOCC with the support of ACTC.

Evaluation Question 3

What modifications and improvements were made to ACTC's TAACCCT-impacted POS and strategies?

This question was evaluated as part of the baseline visit in **February 2013**. It was not included in the 2014 site visit, because this aspect of the evaluation was subsumed by the third-party curriculum review conducted by The Collaboratory and a private contractor hired by ACTC.

Evaluation Question 4

What barriers and supports existed, and how did they impact ACTC's efforts in creating and enhancing POS and strategies?

This evaluation question was part of the baseline study conducted in **February 2013** and was aimed at building an understanding of the barriers and supports that pre-existed the grant and that would impact implementation. For these purposes, the notion of supports and barriers refers to pre-existing conditions that created hurdles or facilitated advancements in the implementation of the POS and strategies at ACTC.

From this standpoint, the OCCRL evaluation team identified the following supports:

- High Demand: The economy in the tri-state area that surrounds ACTC was dominated by the healthcare industry, creating a high demand for employees with credentials.
- Connections to Healthcare Employers: ACTC had prior connections with local employers through clinical site agreements with Nursing and Allied Health as well as the PT programs. Through the H2P grant, the staff and leaders enhanced and expanded these relationships to garner more support and input for the programs. Most notably, several healthcare providers served an advisory role with the development of the new POS. Employer and workforce partners who were interviewed spoke highly of the opportunity to share input on the development of new programs and enhancement of existing ones. These enhanced relationships, along with input from new employer partners, enriched the POS. Graduates were expected to become employed and demonstrate the skill sets and procedures suggested by employer partners.
- Inter-departmental Support: The inter-departmental support both at the Academic Services and Student Services levels as well as among the Adult Education, Nursing Allied Health, H2P program, mathematics, and liberal arts departments helped in the development of a contextualized mathematics course, the provision of support services to participants, and networking with area employers.
- State System Support: ACTC participation in KCTCS helped in the development of new POS, with KCTCS helping to scale up these programs to the other Kentucky colleges. JCTC worked toward similar goals as ACTC.
- Working Relationship with WIA: H2P leaders and staff developed a positive relationship with workforce partners, including the local WIA Executive Director and staff who serve local unemployed individuals. Interviews with the Executive Director provided evidence of a close working knowledge of the H2P program and the process of making referrals to the H2P Success Coach.

The OCCRL evaluation team identified the following barriers:

- Lack of Awareness of Stackable Credentials: There was a lack of awareness of the term “stackable credentials” among employers and workforce partners.

- Lack of TAA-eligible Recipients: There was a lack of TAA-eligible recipients enrolled in the H2P program. Continued focus by the H2P leaders and staff on reaching this population was needed to recruit the targeted population.
- Rural Environment: Economic and environmental barriers existed within the rural and relatively impoverished area. These external pressures and social impediments were potentially constraining factors to student retention and completion. Participants gained awareness of support services at the college and in the community, seemingly through the H2P Success Coach and H2P leaders.

Evaluation Question 5

What strengths and opportunities for improvement exist that ACTC can capitalize on in supporting their TAACCCT-impacted POS and strategies?

This evaluation question focuses on the strengths and areas for improvement identified in **November 2014**. Recommendations are offered for each area in the spirit of encouraging a continuous improvement approach.

Strengths

The OCCRL evaluation team identified multiple strengths to help ACTC capitalize on their TAACCCT-impacted POS and strategies.

- Health Occupations Core Curriculum: ACTC institutionalized the HOCC into the college's system, gaining approval of the HOCC by KCTCS. The courses were listed in the statewide catalog, students were enrolling in the courses, and faculty reported that students' confidence levels were higher after taking the core courses. These factors may contribute to the HOCC being sustained past the sunset of the H2P grant. Qualitative data suggested that students who complete core courses were retained in healthcare POS/majors.
- Collaborative Culture: ACTC and the H2P team demonstrated a collaborative culture. The leaders, staff, and faculty achieved many goals, which indicated a cohesive, well-functioning team.
- Starfish: ACTC's use of the student tracking system helped to facilitate a rapid response to student needs.
- Incumbent Worker Training: The recent growth in incumbent worker training programs was a positive development that seemed sustainable with existing college resources. Early engagement of employer partners by H2P staff contributed to working relationships that resulted in new incumbent training programs.
- Partnerships: ACTC benefitted from the H2P team's efforts to build partnerships with employers and other workforce partners in the tri-state region. ACTC benefitted from the college's relationship with and investment in staff to support students who receive funding through the region's WIA offices, including offices in Kentucky, Ohio, and West Virginia. These offices were an active source of referrals that resulted in seven H2P students receiving WIA funding.

Opportunities for Improvement and Recommendations

The OCCRL evaluation team identified the following areas where ACTC has the potential to improve.

- Contextualized Developmental Education: There was a lack of clarity on the future of the contextualized math course, which had early positive results but had been discontinued by the Mathematics Department. ACTC was considering the future of the contextualized developmental math course.
- H2P Funding and Benefits to ACTC: Although the H2P staff, college leaders, and some faculty expressed a shared sense of ownership of the H2P program, not all faculty realized how the grant impacted the program.

There was an opportunity to fully inform and advertise H2P-purchased equipment as the grant sunsets. The college should consider communicating broadly about the implementation and impact of the HOCC.

- Starfish: H2P staff was encouraged to review data collected through Starfish as part of their continuous improvement efforts, specifically, to use data to learn which supports were most effective for student retention. In addition, the staff were encouraged to consider timing of interventions to support students through their studies and as they enter the workforce.

Table 3. Comparison of Ashland Community and Technical College’s (ACTC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
1. Online Assessment and Enhanced Career Guidance								
B = Baseline Rating in February 2013, I = Final implementation rating in November 2014								
ACTC rating:				B I				
Online assessment of students’ prior learning through:				B I				
• Virtual Career Network (VCN)				B	I			
• Portfolio-Based Assessments				B I				
• American Council of Education (ACE) Guides				B I				
• Challenge Exams				B I				
• Advanced Placement (AP) Exams				B I				
• College Level Examination Program (CLEP) Exams				B I				
• DSST Credit by Examination Program	B I							
• Evaluation of Local Training				B I				
Online assessment of student’s foundational skills through:								
• Virtual Career Network (VCN)				B I				
Online career advising through:								
• Virtual Career Network (VCN)				B I				
• ISEEK Career Assessment	I	B						
OCCRL rating:				B I				
Online assessment of students’ prior learning through:				B I				
• Virtual Career Network (VCN)			I	B				
• Portfolio-Based Assessments				B I				
• American Council of Education (ACE) Guides				B I				
• Challenge Exams				B I				
• Advanced Placement (AP) Exams				B I				
• College Level Examination Program (CLEP) Exams				B I				
• DSST Credit by Examination Program	B I							
• Evaluation of Local Training				B I				
Online assessment of student’s foundational skills through:								
• Virtual Career Network (VCN)				B I				
Online career advising through:								
• Virtual Career Network (VCN)				B I				
• ISEEK Career Assessment	I	B						
2. Contextualized Developmental Education								
B = Baseline Rating in February 2013, I = Final implementation rating in November 2014								
ACTC rating:				I				
New Developmental courses that integrate health content:				I				
• Contextualized Math					B I			
• Contextualized Reading	B I							
• Contextualized Writing/English		B						

Table 3. Comparison of Ashland Community and Technical College’s (ACTC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
New health courses that integrate developmental content:		B I						
• HST 101 Basic Core Skills I		B			I			
• HST 102 Health Care Delivery and Management		B			I			
• HST 103 Communication for Health Professionals		B			I			
• AHS 115 Medical Terminology		B			I			
OCCRL rating:				B I				
New Developmental courses that integrate health content:			I					
• Contextualized Math				I	B			
• Contextualized Reading	B I							
• Contextualized Writing/English		B I						
New health courses that integrate developmental content:		B			I			
• HST 101 Basic Core Skills I		B			I			
• HST 102 Health Care Delivery and Management		B			I			
• HST 103 Communication for Health Professionals		B			I			
• AHS 115 Medical Terminology		B			I			
3. Competency-based Core Curriculum								
B = Baseline Rating in February 2013, I = Final implementation rating in November 2014								
ACTC rating:					B I			
New courses that are part of a competency-based core curriculum:					I			
• HST 101 Basic Core Skills I					I			
• HST 102 Health Care Delivery and Management					I			
• HST 103 Communication for Health Professionals					I			
• HST 121 Pharmacology					I			
• HST 122 Pathophysiology					I			
• HST 123 Basic Core Skills II					I			
• AHS 115 Medical Terminology					I			
Modified courses that are part of a competency-based core curriculum:	B I							
OCCRL rating:				B	I			
New courses that are part of a competency-based core curriculum:				B	I			
• HST 101 Basic Core Skills I					I			
• HST 102 Health Care Delivery and Management					I			
• HST 103 Communication for Health Professionals					I			
• HST 121 Pharmacology					I			
• HST 122 Pathophysiology					I			
• HST 123 Basic Core Skills II					I			
• AHS 115 Medical Terminology					I			

Table 3. Comparison of Ashland Community and Technical College’s (ACTC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
Modified courses that are part of a competency-based core curriculum:	B I							
4. Industry-recognized Stackable Credentials								
B = Baseline Rating in February 2013, I = Final implementation rating in November 2014								
ACTC rating:			B	I				
New, employer-approved credentials:			B	I				
• Health Care Foundations – Basic			B	I				
• Health Care Foundations – Intermediate			B	I				
OCCRL rating:			B	I				
New, employer-approved credentials:			B	I				
• Health Care Foundations – Basic			B	I				
• Health Care Foundations – Intermediate			B	I				
5. Enhanced Retention Support								
B = Baseline Rating in February 2013, I = Final implementation rating in November 2014								
ACTC rating:				B	I			
Hire a dedicated College Completion Advisor/Retention Specialist				I				
Student Support Service Functions				I	B			
• Intrusive academic supports				I	B			
• Non-academic support services				I	B			
• Career advising				I				
Text-based career information:				I				
• HipCricket			B	I				
OCCRL rating:				B I				
Hire a dedicated College Completion Advisor/Retention Specialist				B I				
Student Support Service Functions				B I				
• Intrusive academic supports				B I				
• Non-academic support services				B I				
• Career advising				B I				
Text-based career information:			B					I
• HipCricket			B					I
6. Training Programs for Incumbent Healthcare Professions								
B = Baseline Rating in February 2013, I = Final implementation rating in November 2014								
ACTC rating:		B		I				
New training program(s) for incumbent health professions.				I				
• King’s Daughters Medical Center SRNA program				I				
Professional Development for clinical instructors				B I				
• King’s Daughters Medical Center SRNA program				I				
OCCRL rating:		B		I				

Table 3. Comparison of Ashland Community and Technical College’s (ACTC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
New training program(s) for incumbent health professions.		B		I				
• King’s Daughters Medical Center SRNA program				I				
Professional Development for clinical instructors				B I				
• King’s Daughters Medical Center SRNA program				I				
7. Enhance Data and Accountability Systems								
B = Baseline Rating in February 2013, I = Final implementation rating in November 2014								
ACTC rating:				I				
Hire a dedicated Data Manager				B I				
Link strategy implementation data to outcomes data on the student level through Blumen.		B		I				
Written agreement between the college and workforce systems that link student employment data.				B I				
OCCRL rating:				B I				
Hire a dedicated Data Manager				B I				
Link strategy implementation data to outcomes data on the student level through Blumen.	I	B						
Written agreement between the college and workforce systems that link student employment data.				B I				
8. Galvanizing a National Movement								
B = Baseline Rating in February 2013, I = Final implementation rating in November 2014								
ACTC rating:				I				
Adoption of a core curriculum in health profession by consortium colleges.		B		I				
Engagement of non-consortium colleges in the development of a model core curriculum in the health professions.		B		I				
Participate in National Summit and use labor market information to improve health professions training.				I				
OCCRL rating:		B		I				
Adoption of a core curriculum in health profession by consortium colleges.		B		I				
Engagement of non-consortium colleges in the development of a model core curriculum in the health professions.		B		I				
Participate in National Summit and use labor market information to improve health professions training.	B		I					
<i>Notes:</i>								
1. Un-shaded rows show self-assessment rating provided by the co-grantee. Shaded rows show ratings provided by the OCCRL evaluation team after visiting the co-grantee.								
2. The ratings in the scale are defined as follows:								
• Not Planned: The College decided not to implement this strategy.								
• Pre-Planning: The College committed to the strategy but has not started planning it.								
• Planning: The College was engaged in a planning process to move forward with this strategy.								
• Implementation: The College was engaged in implementation of the strategy.								

Table 3. Comparison of Ashland Community and Technical College’s (ACTC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
<ul style="list-style-type: none"> • Sustainability: The strategy had been fully implemented, and the team was addressing sustainability of this strategy. • Scale-Up: The strategy was broadened in scope and scale to fit other college needs or adapted/replicated to suit other colleges. • Not Implemented: This was a strategy that the college elected not to bring to implementation during the course of the grant. • Discontinued: This was a strategy that was implemented during the course of the grant, but the college has discontinued the use of the strategy. <p>3. The ratings Not Implemented and Discontinued were added to provide further clarification by the research team after the November 2014 site visit.</p>								

Cincinnati State Technical and Community College

This subsection presents results on implementation of the TAACCCT grant at Cincinnati State Technical and Community College (CSTCC), as reported in this co-grantee college's interim implementation evaluation site report (2013) and final implementation evaluation site report (2014).

Evaluation Question 1

Who were CSTCC's partners and what role did they play in supporting the implementation of TAACCCT-impacted POS and strategies?

December 2012. Employer representatives attributed several strengths to CSTCC's use of TAACCCT grant funds. Employers praised the physical location and staff of the new Pathways to Employment Center (PTEC), which occupied the renovated lower level of the Super Jobs Center located only 10 minutes from the campus. Employer representatives reported that when they referred employees or interviewees to PTEC, the participants received immediate attention and quality assistance. This high level of service provided a foundation for a good working relationship between PTEC staff and local employers who spoke about PTEC as a "seamless" process through which they could send employees to access coaching, training, and career pathways. Representatives from two hospitals and two outpatient clinics that were interviewed by the OCCRL team were not familiar with advisory board roles relative to the grant; however, they had placed interns, hired graduates, and referred employees to CSTCC for further education.

The Hamilton County Southwest Ohio Regional Workforce Investment Board (SWORWIB) played an instrumental role in creating PTEC, including investing substantial funds in remodeling space for the H2P national office and CSTCC staff. The main goal of the SWORWIB was described as informing industry-sector and customer workforce-training choices, evaluating eligible training providers, and supporting economic development in the region (i.e., 15 years of experience with NeighborWorks, a nationwide community development network). SWORWIB leaders also described the healthcare curriculum as "breaking the mold" in terms of its vision for the way the college could work with the SWORWIB and employer partners on credit- and non-credit programming. The adoption of ACT's National Career Readiness Certificate (NCRC) was viewed as a major contributor to "preparing students for a pathway," and the incumbent worker training program was described as making a strong contribution to "on-boarding" people for jobs. The approach to NCRC and incumbent worker training programs was also seen as a model for building new partnerships.

October 2014. Begun prior to TAACCCT grant with prior DOL grant funding, the Health Careers Collaborative (HCC) continued to be an important point of access for employers and workforce partners. Doubling as H2P's advisory committee, the HCC facilitated the identification of needs, skills, and competencies of local healthcare industry employers, workforce partners, and other stakeholders, and contributed to CSTCC and PTEC building new and enhancing existing partner relationships. Also in conjunction with H2P partnerships, faculty surveyed employers to gather their input to the core curriculum and TAACCCT-impacted POS. Among others, Children's Hospital and Tri-Health provided input on the core curriculum that was integrated into H2P grant activities.

Student assessments implemented by PTEC, including the ACT Fit, Performance, and Talent assessments and the NCRC, were identified by employers as a positive contribution. One employer reported using the NCRC for applicants and existing employees who desired to enhance their careers. In addition to administering the tests, the PTEC staff helped students prepare because they believed the tests were good predictors of students' potential to be successful in their chosen program of study, if they were well prepared. Given the value placed on NCRC by CSTCC staff, it was noteworthy that concern was voiced by several individuals about how these assessments would be sustained after the grant ends. Without grant funding, it was unclear where resources would come from to keep these assessments going. To this end, leaders of the SWORWIB reported having limited funds available to pay for assessments; however, in order to pay for the assessment with SWORWIB funds, the individual must be enrolled in a class.

Personnel from Ohio Means Jobs, the state's name for its One Stop Career Centers, described the co-location of their office with PTEC as a strength, particularly because the building was located in an area of the city with large numbers of low-income citizens. People seeking unemployment services were referred to the PTEC, which was downstairs from the main floor of Ohio Means Jobs. Another collaboration between CSTCC and WIA that was mentioned as a strength was that the CSTCC bookstore accepted Hamilton County WIA funds for book purchases, reducing a financial burden for WIA-qualified participants. Additionally, CSTCC's collaboration with the non-profits City Link and Dress for Success was of importance in supporting low-income students. These organizations assisted with the program's outreach and recruitment efforts, and they provided other support services. For example, Dress for Success assisted female students with business attire for in-person interviews. Overall, the PTEC staff reported that several students persevered because of the services these organizations provided, pointing to students who had received credentials and also found employment. PTEC staff also reported positive feedback from employers who had hired their students.

Evaluation Question 2

What strategies and activities did CSTCC implement, and what was the impact on CSTCC's POS?

An overview that compares the College's self-assessment with the OCCRL assessment is provided in Table 4. This table includes a baseline rating from **December 2012** and a subsequent rating from **October 2014**. The table lists each strategy and sub-strategy and the ratings supplied by each group using the implementation scale provided by OCCRL.

Strategy 1 - Online Assessment and Enhanced Career Guidance

December 2012. OCCRL rated the online assessment and enhanced career guidance strategy at the *Implementation* level. The college's H2P leaders, the PTEC staff, and the academic advisor consistently used online versions of ACT's Fit and Talent and to a lesser degree, the VCN. The ACT's Fit and Talent was repeatedly referenced as a remarkably useful form of assessment. It was the "first tool" students were given to help guide them to a suitable program of study. To exemplify the importance of assessment to CSTCC's approach, the staff made visits to the Children's Hospital and Mercy Hospital, bringing their own laptops or using the hospitals' computers to give career assessments that helped individuals place into training and education programs that best fit their needs, values, skills, and talents.

According to interviews with the academic advisor and CSTCC's most recent quarterly report, CPL was being assessed by the academic advisor who examined transcripts, military records, and COMPASS scores, and transmitted this information to the data manager who entered it into the system. This process replicates what CSTCC had been doing historically, wherein CPL was done on a "case by case basis" with old official policy that was not widely known or followed by staff. Contrary to the TAACCCT proposal, "online approaches to prior learning assessment (PLA), working within their current methods such as student portfolios and exams or implementing PLA for the first time..." (H2P Proposal, p. 14) were not evident at the time of OCCRL's site visit. The CSTCC team "continue[s] to utilize WorkKeys" to assess foundational skills. However, at the time of the site visit, it was unclear if there would be funds to cover the costs associated with the WorkKeys assessments after the TAACCCT grant ends.

October 2014. OCCRL rated the online assessment and enhanced career guidance strategy at the *Pre-Planning* level whereas CSTCC rated this strategy at the *Implementation* level. Members of the staff reported continued use of versions of Fit and Talent to help students to identify a suitable career pathway. For example, one advisor said, "One thing that has made a difference is the Fit and Talent testing... My anecdotal information tells me that [students] who have taken it are more focused than those who haven't." These anecdotal observations were bolstered by findings reported by institutional research staff that suggested students who take the ACT's Fit and Talent change majors less often than students who do not take it, and this stability of the major was believed to contribute to higher retention rates. The grant team and the PTEC staff reported the use of VCN and O*Net were

discontinued because the VCN was found to have limitations. Other forms of online assessment for prior learning, such as portfolio-based assessments, challenge exams, etc. were either not planned or in the early planning stages at the time of the OCCRL team's final visit. To this end, a task force was formed to develop an institution-wide policy on CPL, including actively seeking faculty buy-in and moving beyond institutional practice that mostly focused on waiving credit on a "case by case basis." CSTCC staff found the VCN useful as a reference for reviewing and establishing a preliminary inventory for granting CPL for certificates earned in either education or the military, but this approach did not deal fully with work experience. It was noted that work experience could be counted for credit if students tested out of proficiency tests and paid for 1 of the 3 credit hours that they passed, which they called "Advanced Standing."

The H2P team reported that CPL was not used much in healthcare programs, except for the State Tested Nurse Aid (STNA) and the Health Science Technology (HST) program wherein students had to complete three separate industry-recognized credentials of their choosing, totaling approximately 20 credit hours. The college accepted Advance Standing applications for healthcare STNA, and, as a result, requirements were waived. The HST program accepted an outside certificate in EKG, PT, Health Unit Coordinator, or Orthopedic Technician (OT), and the credits associated with these POS were waived. CSTCC chose to waive credits so the students did not have to pay for them, which was an advantage to students; however, waiving credits created issues in counting the number of credits earned by grant participants, since these were not "earned" yet they were recorded and students advanced. A reported advantage of this system was that students who did not earn credits did not experience a detrimental effect on financial aid eligibility, potentially extending the amount of federal aid students could apply toward their POS. Overall, processes around awarding CPL did not progress far beyond the pre-grant practice; rather, CPL continued to be done on a "case by case basis."

The assessment of foundational skills assessment through VCN was discontinued after the grant started, but CSTCC continued to use WorkKeys, specifically the NCRC, to assess foundational skills along with KeyTrain as a tutorial resource for students to be better prepared to complete the NCRC assessments. Rather than continuing to use VCN, CSTCC offered ACT instruments to assess skills and to refer students to boot camps and individualized tutorial services. Despite voiced intentions to continue these assessments, there was no plan for sustaining WorkKeys (NCRC) or ACT's Fit and Talent beyond the grant. In fact, funding shifts within TAACCCT were already impacting the grant at the time of the OCCRL team's 2014 visit in that an H2P advisor who had used ACT's Fit and Talent had been moved to a different TAACCCT grant in another department. One plan that was shared with the OCCRL team was to extend the ACT's Fit and Talent and other assessments by bringing the PTEC intake process to campus. Whereas this idea sounded promising, the campus administration had not assigned personnel to providing the ACT's Fit and Talent to healthcare students, nor did it have a means of paying the \$75/student cost of the exam. The workforce assessments had already been launched and offered with a Round 3 TAACCCT grant that has an industry focus on advanced manufacturing. Plans were also underway to incorporate these assessment instruments into the two new Round 4 grants that CSTCC had won that were associated with welding and logistics POS. There were no plans to sustain these assessment practices for CSTCC's healthcare students beyond the grant.

Strategy 2 - Contextualized Developmental Education

December 2012. OCCRL rated the contextualized developmental education strategy at the *Planning* level, but there was extensive evidence that implementation would begin in January 2013 when BIO 100, Developmental Education Math in Biology, was to commence. Advanced enrollment in the course indicated a need for more sections, with 66 students enrolled at the date of the site visit, with a total of 72 spots according to a biology teacher who was instrumental in developing the course. Described as "very controlled," the course was to be taught by full-time and adjunct instructors who were "handpicked." At the time of OCCRL's site visit, one CSTCC employee said "approval [for this course was] pending after [the] pilot phase is completed." Another interviewee reported that the concept of the course had been "in process for three to four years," preceding the

college receiving the TAACCCT grant. Even so, the TAACCCT grant was attributed with providing the impetus for developing and implementing the course.

The design of the BIO 100 course accelerates student completion of developmental-level course work while providing them with a projected 5 credit hours of course work. Student eligibility for enrollment was limited to students who tested at the 085 level in language and 090 level in math. The instructor emphasized the importance of student success in the “rigorous” course, which combined content from three existing courses in biology, biochemistry, and math. According to an instructor, this course had the potential to be sustainable because “it was well supported in the [Health and Public Safety] division,” adding, “We would have done this with or without the grant.”

October 2014. OCCRL rated the contextualized developmental education strategy at the *Not Implemented* level, which differs from CSTCC’s rating of *Not Planning*. This difference is attributable to a different interpretation of the applicability of BIO 100 to the contextualized developmental education strategy. No question BIO 100 was integrated into the healthcare curriculum and strongly recommended for students who intended to pursue a career in a health-related POS, including recognition of the course serving as a prerequisite for Anatomy and Physiology I and integrated into the Health and Public Safety division, beginning Fall 2014. To be clear, however, BIO 100 is not a traditional developmental education level course (in fact, the course has two prerequisite courses, AFL 085 and AFM 090, that require students’ passing with grades with C or “an appropriate COMPASS score” for Writing and Reading, 70-100 and 89-100 respectively, and for Math, 44-100.) The BIO 100 course offers 6 credits, 5 lecture hours and 3 lab hours and includes scientific, mathematical, and laboratory skills and concepts needed for success in the Anatomy and Physiology courses required for Health and Public Safety majors and science courses for most health sciences majors. Topics offered in the course include biologic processes, biochemical principles, math fundamentals, and introductory lab skills. Students have to pass a comprehensive competency exam and WorkKeys assessments that are part of this course, as is supplemental instruction and intrusive advising. Students who complete the course also receive the NCRC credential. According to a Spring 2013 report produced by one of the creators of this course, the H2P grant was used to develop the science hybrid portion of the course, which accounts for 30% of the course content and represents the portion of the course that H2P leaders see as having potential to be customized into a “beginning part of a core curriculum” (Preliminary Report, n.d.).

OCCRL concurs with CSTCC on the sustainability of the BIO 100 course, and commends CSTCC on its analysis of qualitative and quantitative data that indicate BIO 100 is improving student outcomes. A preliminary study compared the performance of two student groups who took the Anatomy and Physiology course. One group included 100 students who took and successfully completed BIO 100, and a second group included 867 students who did not take BIO 100 before taking Anatomy and Physiology. Results showed the BIO 100 completers exceeded the BIO 100 non-participants on course retention, achievement of an A grade, and overall passing grade in Anatomy and Physiology. The OCCRL team noted that whereas there have been early plans to develop contextualized reading and writing, these plans had not materialized.

Strategy 3 - Competency-Based Core Curriculum

December 2012. OCCRL rated the competency-based core curriculum strategy at the *Planning* level based on faculty interviewed about core curriculum who said they were engaged in the “research stage” of curriculum development. These faculty described their focus on “soft skills” and “DOL skill sets.” The faculty developed a survey to collect information from faculty members and employers on the curriculum to develop “better buy-in.” CSTCC planned to build on the use of the NCRC, believing it would motivate students to determine a “career ladder” and “get college-level credentials.”

The timeline for the development of the core curriculum was described as follows:

- Professional development in Spring 2013
- Pilot testing of curriculum in Summer 2013
- Curriculum roll-out Fall 2013

CSTCC faculty benefitted from curriculum materials developed by ECC, which were posted on a website. The staff mentioned looking forward to a January 2013 meeting with ECC faculty whom they saw as experienced and knowledgeable about core curriculum in ways that would facilitate CSTCC's curriculum development activities. They also pointed to a DOL website "Soft Skills to Pay the Bills" as being useful to their curriculum development efforts.

When asked how students would be assessed for admission to the core curriculum, the faculty said students would have to pass the First Year Experience (FYE) course as well as prerequisite courses for their identified POS. The faculty pointed out that most healthcare education POS use a selection process, and they believed selective admission would be inevitable for enrollment in the core curriculum. The faculty members were optimistic that the core curriculum would contribute to a career leader for students, allowing CSTCC to assess students at admission and at higher levels. The curriculum was also anticipated to give students the opportunity to get a better job and "work together better in the hospital" (referring again to the importance of soft skills).

October 2014. OCCRL rated the competency-based core curriculum strategy at the *Planning* level, as did CSTCC. CSTCC identified BIO 100 as both its core curriculum course and its contextualized developmental education course (see Strategy 2). OCCRL evaluators found that although BIO 100 was undoubtedly a valuable course that had utility for healthcare students, it may not fully meet the intent of the competency-based core curriculum strategy. Even so, the OCCRL team recognized that important elements of contextualized curriculum were present in the course, including aspects of academic and college readiness combined with some basic core curriculum content. Further, the H2P staff observed that this course was not what was ultimately envisioned for the core curriculum, but rather it represented a compromise to address faculty resistance and impending state policy change. To this end, the state of Ohio mandated that, by 2016, no more than 65 credit hours would be allowed for an associate degree, resulting in stifling the healthcare faculty's willingness to add credit courses in the form of core curriculum. The faculty indicated that they were already struggling to find ways to reduce the number of current credit hours in some healthcare POS. It is commendable that CSTCC chose core curriculum as the topic to address for its PTR project. Efforts to map current curriculum with other institutions' curricula took place, and a PTR team led by two healthcare faculty.

Strategy 4 - Industry-Recognized Stackable Credentials

December 2012. OCCRL rated the industry-recognized stackable credentials strategy at the *Planning* stage. The evaluation received limited information about industry-recognized stackable credentials during the visit, creating uncertainty about when the long-term care credential had been or would be approved. The Program Manager verbally reported that PTEC staff had focused on short-term credentials, and the long-term care credential would be a logical extension of this focus. Overall, OCCRL found that at the initial site visit in December 2012, there was a general lack of understanding of what was meant by "stackable credentials" among the faculty.

Many employer representatives reported an awareness of the MA, STNA, and OT, as well as the Health Information Technologist (HIT) programs. These programs were respected by area employers who reported having positive working relationships with PTEC staff. They also reported the importance of the co-location at the Super Jobs Center to give low-skilled adults ready access to these POS.

October 2014. OCCRL rated the industry-recognized stackable credentials strategy at the *Planning* stage, which differed from CSTCC's rating of *Sustainability*. OCCRL's rating was *Planning* because, despite advancements, the OCCRL team gathered mixed information about the application of stackable credentials to the healthcare POS, including delays in application in some areas. For example, one respondent described the notion of stackable credentials in healthcare POS by saying, "It's there, but we don't really practice it." Some respondents expressed concerns about stackable credentials, including worries about whether students could finance the entire career pathway if they need financial aid to move from the STNA to the LPN, and on to the ADN.

By October 2014, there was widespread understanding of what was meant by the term “stackable credentials.” In numerous interviews, the faculty (and others) spoke about stackable credentials, demonstrating an understanding of which curricula were utilizing this concept and which were not. Moreover, the faculty noted that some healthcare POS were an easy fit with the career pathway concept, but others were not. When asked to point to a POS that uses the stackable credentials concept, several administrators and faculty cited the HST Associate’s Degree because it allowed students to package certificates from “multiple functions in more than one discipline, while working toward completion of the AAS degree” (CSTCC website). The HST curriculum bundled entry-level certificates and led towards the associate’s degree rather than sequencing credentials that build upon one another, which is a typical way of conceptualizing stackable credentials.

Strategy 5 - Enhanced Retention Support

December 2012. OCCRL rated the enhanced retention support strategy at the *Implementation* level. Interviews with several CSTCC staff, including the Student Academic Advisor, the Job Coach, and the Business Developer revealed an appreciation of the genuine care for students. They provided multiple examples of how their daily connections with students went beyond traditional advising roles. The staff and especially the advisor were selected based on their experience and because they were thought to possess the right attitude and approach to guiding the target population. It was especially noteworthy that the PTEC staff dedicated time to walk students through the myriad processes necessary to assess and address their needs, helped them to complete paperwork, and provided students with tools to facilitate their success. In the PTEC model, advising was brought to the student rather than the student needing to seek out advising services. Additionally, although the PTEC staff referred to Facebook as the most effective tool currently available for student outreach, they expressed enthusiasm about adding HipCricket to their intrusive advising arsenal.

The value of the tailored guidance and support provided by the tutoring staff was also evident. Upon observation of the tutor’s work, the OCCRL team noted students were empowered to learn in a safe and supportive environment which supported students’ self-directed learning. The tutor’s 20-plus years of experience contributed to a high level of competence, combined with a welcoming and encouraging attitude. The tutor projected a strong awareness of what students need to do to be successful.

Beginning with an American Recovery and Reinvestment Act (ARRA) grant, job coaches were hired and placed at area employers to enhance student retention and support. The job coaches who were interviewed by OCCRL team members described their jobs as providing services to employees who were seeking to earn credentials that would lead to job retention or promotion. Despite the fact that the actions of these employees accounted for only 5% of referrals (according to CSTCC/PTEC leaders), the potential of this pipeline seemed significant to program success. Several stakeholders, including the job coaches themselves, spoke positively of the impact of the job coaches on student retention and success in the labor market. Given this, OCCRL learned that the job coaches were uncertain of their future employment, resulting in the OCCRL team’s recommendation to encourage local leaders (CSTCC, employers, and others) to clarify communications with job coaches.

Discussions with CSTCC’s partners reflected the value provided by the PTEC staff, as they commented on the increased visibility and accessibility of the PTEC to the community and employers. One employer highlighted the high level of skill and commitment that the PTEC staff had in matching students to open job positions, noting the improvement of services since the PTEC staff’s involvement. The positions of Career Coach/Retention Advisor were budgeted as full-time with grant funds, but a funding plan was needed beyond the sunset of the grant.

October 2014. OCCRL rated the enhanced retention support strategy at the *Implementation* level, which differed from CSTCC’s rating of *Sustainability*. OCCRL evaluators confirmed that intensive advising and related support services were delivered to H2P students, and also confirmed that H2P participants received these services. Moreover, OCCRL confirmed that enrolled H2P participants would continue to receive support services until they completed their POS.

Daily connections by the PTEC staff with students went well beyond traditional advising roles, including transporting students to school who needed a ride. Another example involved the Career Coach/Retention Advisor calling the state's attorney general's office to rectify a bill for a background check that had been paid by a student. In both cases, the Career Coach/Retention Advisor stated that the students would likely not have had the confidence or the knowledge to navigate these systems or advocate for themselves. Moreover, tutoring services were provided through a contact from the CSTCC academic advisor as well as the program coordinator if a student's GPA dropped below 2.5.

Proactive advising through PTEC refers to Career Coaches/Retention Advisors reaching out to students to anticipate and counteract potential problems, rather than students seeking out advising after problems occur. A major role of proactive advising is finding sources of funding for extra fees required for students' credentialing and for filing FAFSA and other grants for which they may be eligible. The Career Coach/Retention Advisor calculated that efforts to this end had surfaced over \$40,000 in support for students counseled through the H2P grant. This advisor had recently taken a similar position in another division that had landed a new TAACCCT grant. Whereas sustaining the Career Coach/Retention Advisor's position at the college boded well for other students, worry was expressed about supporting the retention of H2P participants through the end of the grant.

Speaking further to this strategy, PTEC played a critical role in student advising and retention, as perceived by the OCCRL evaluation team. Discussions with CSTCC's personnel and partners reflected the value provided by the PTEC staff as they increased visibility and accessibility to the community and employers. One employer highlighted the high level of skill and commitment that the PTEC staff had in matching students to open job positions and improving services. CSTCC was beginning to work on a plan to incorporate PTEC intake, advising, and counseling processes institution-wide, but had not yet developed sustainable funding.

Moreover, PTEC was responsible for providing employment services for grant-funded program completers but the focus on job coaches changed from a previous DOL grant, where job coaching positions were embedded with employers. According to PTEC leaders, job coaches accounted for only 5% of referrals whereas they played a more major role in the previous grant, including assisting with the retention of new employees. Individuals who were interviewed about job coaches said they were highly effective and important to student success; sustaining these positions was a matter of finding institutional funding and integrating grant-funded positions into the college. OCCRL learned that an H2P advisor had assumed responsibility for job placement, including resume review, practice interviews, and service to a local employer intermediary. More than one student mentioned that the services they received were very helpful in "boosting confidence" and providing information about job openings. Although positive, several members of the CSTCC grant team reported that there were currently no alternative job placement services on campus. Given this, it was noteworthy that the full-time advisor position was eliminated for Year Four of the H2P Consortium grant, as the advisor was moved to another TAACCCT grant. Similarly, the business development position was not filled when it became vacant the previous summer. With the focus of the H2P Consortium grant on retention and completion, the full-time employment specialist was charged with providing retention services and maintaining relationships with potential employers.

Despite replacing Job Rooster with HipCricket in hopes of securing a functional texting service, reports from HipCricket did not arrive at the College in a timely fashion, and concerns about the ability of the vendor to appropriately address the accuracy of some reports led to the H2P Consortium's decision to discontinue it. H2P administrators reported that email was more effective than texting to let students know of employment opportunities, to encourage them to pursue continued studies, or to remind them of tutoring sessions. The response to texts from one staff member and from all who used email was reported as "good," but again, the H2P staff who sent these emails were transferred to a different department. The employment specialist planned to use emails and telephone calls to continue communication with students as they completed their POS.

In Fall 2014, CSTCC began to use Starfish, an automated early alert contact system. Part-time early alert advisors were assigned to each of the five divisions, but the H2P advisors thought that Starfish was not as intrusive as their

emails. In addition, the text function of Starfish was not implemented at CSTCC, reinforcing the concern that outreach was not as extensive as what the Retention Advisors were providing to H2P participants.

Also, CSTCC developed a completion plan that was submitted to the Ohio Board of Regents in July 2014, and the college had received other retention-oriented grants to sustain promising practices, such as the PTEC intake processes. As mentioned before, the CSTCC hired division-based Retention Advisors institution-wide, but their caseload, part-time status, and focus on academic support meant the Retention Advisors could not offer the comprehensive services previously offered under the TAACCCT grant.

Strategy 6 - Training Programs for Incumbent Healthcare Workers

December 2012. OCCRL rated the training programs for incumbent health workers at the *Pre-Planning* level, as did CSTCC. A concern about whether the H2P Consortium would meet its target numbers for incumbent health worker training was raised by CSTCC staff. Specifically, leaders of the H2P National Office suggested that it may be useful to measure this strategy in such a way that incumbent healthcare workers were counted when they enrolled and participated in dedicated incumbent training programs, and also when they enrolled and participated in H2P-funded healthcare programs offered through traditional formats. A decision about whether and how this measure could be changed would have been required in order for the consortium to modify its data collection and reporting system.

October 2014. OCCRL rated incumbent worker training programs for incumbent health workers at the *Implementation* level, as did CSTCC. The CSTCC team reported three major employers participating in the provision of tuition dollars for existing employees. However, evidence that H2P participants were employed in the healthcare field and had received classes on-site was not provided, although this was undoubtedly the case, given CSTCC's long history of providing incumbent healthcare worker training through the HCC. Thus, it seems likely that students will continue to receive tuition reimbursement or some level of support by their employer, which points to sustainability. Incumbent students praised the college for providing training opportunities, and they pointed to the financial support of tuition payments and flexible working hours as important to their retention. Incumbent workers also reported that PTEC staff helped them register for appropriate courses for their majors, identified support services and resources, and supported them in dealing with stressful situations. Without the PTEC support, it was unclear whether the incumbent workers would have the support to negotiate the college processes. The HCC job coach and division advisor may have been able to provide some services, but the support from the H2P grant appeared to be an important factor.

Strategy 7 – Enhance Data and Accountability Systems

December 2012. OCCRL rated the enhance data and accountability systems strategy at the *Implementation* level, as did CSTCC. CSTCC purchased Blumen software and used it to track data needed for the grant that were not tracked in Datatel. The data stored in Blumen included data collected on the *H2P Intake Form*, descriptions of individual student meetings with academic advisors and job coaches, COMPASS scores before and after tutoring, and information regarding proof of eligibility for TAA and Veterans' benefits. The Blumen data also provided identifying information to match individual-level to institution-level data from Datatel.

CSTCC implemented Blumen successfully and the data manager from this college traveled to all other H2P colleges to support the implementation of Blumen. In the end, only a few H2P co-grantee colleges ended up using Blumen.

October 2014. OCCRL rated the enhanced data and accountability systems strategy at the *Sustainability* level, as did CSTCC. Building on its experience with the Blumen software and Datatel, CSTCC enhanced its already strong data capacity with the addition of a highly competent data manager housed in the college's IR office. The CSTCC employees who supported the research function were an asset to the entire consortium grant because of their extensive knowledge of both the grant's performance reporting functions as well as impact studies. CSTCC

had also made a commitment to sustainability by procuring a new case management system to be used across the college, funded by the general college budget.

Strategy 8 – Galvanize a National Movement

December 2012. OCCRL rated the strategy to galvanize a national movement at the *Planning* level, as did CSTCC. At the time of the OCCRL’s team initial visit, the college was completing the initial year of implementation, and many strategies were in the planning and implementation stage. More experience with the strategies, including moving them to the sustainability stage, would give CSTCC employees insight into scaling up to the national level. For example, the core curriculum strategy, which was especially pertinent to the grant, was still in the planning stage. Whereas CSTCC engaged in outreach to share promising practices by joining the University System of Ohio Talent Development Network and participating in the daylong Ohio Association of Community Colleges Student Success Convocation, most of this work was expected to take place in the future.

October 2014. OCCRL rated the galvanizing a national movement strategy at the *Planning* level, as did CSTCC. This rating was primarily due to the College’s stage of adoption of core curriculum. As noted previously in this report, to date, CSTCC has relied on BIO 100 as its core curriculum offering, but additional work was underway in conjunction with PTR.

In addition, while much of the activity related to galvanizing a national movement was the responsibility of the Consortium, all co-grantee colleges were asked and expected to participate. To this end, H2P Consortium leaders invited Sinclair Community College (SCC) located in Dayton, Ohio, to participate in the national movement, noting Sinclair was one of several “committed colleges to be involved with the national movement.” According to CSTCC’s grant team, Sinclair attended the two core curriculum events and continued to be actively engaged by participating in webinars. The CSTCC team also considered inviting Columbus State Community College (CSCC) to part of the national movement, but there was uncertainty about whether this college was officially invited or not, and the OCCRL team did not find evidence that CSCC was participating. Since the Consortium’s goal was to have each co-grantee invite one college and get their commitment to participate, CSTCC met the Consortium’s expectation. In addition, CSTCC invited Gateway Community and Technical College in Florence, KY to participate in the Workforce Summit, held in conjunction with the National Alliance of Workforce Boards (NAWB) in late March 2014 in Washington D.C. A Gateway College representative did attend that convening.

Evaluation Question 3

What modifications and improvements were made to CSTCC’s TAACCCT-impacted POS and strategies?

This question was evaluated as part of the baseline visit in **December 2012**. It was not included in the 2014 site visit, because this aspect of the evaluation was subsumed by the third-party curriculum review conducted by The Collaboratory and a private contractor hired by CSTCC.

Evaluation Question 4

What barriers and supports existed, and how did they impact CSTCC’s efforts in creating and enhancing POS and strategies?

This evaluation question was part of the baseline study conducted in **December 2012** and was aimed at building an understanding of the barriers and supports that pre-dated the grant that could impact implementation. For these purposes, the notion of supports and barriers refers to pre-existing conditions that created hurdles or facilitated advancements in the implementation of the POS and strategies at CSTCC.

From this standpoint, the OCCRL evaluation team identified the following supports:

- **PTEC Location:** The co-location of PTEC with the Super Jobs Center had two clear advantages: 1) it enabled the provision of timely and responsive support to potential and active students, particularly students who would not go to the College without support, and 2) it helped improve and increase referrals from the Super

Jobs Center and related workforce agencies as well as employers to CSTCC and specifically to H2P healthcare programs. This location also benefited the community, which was a positive development for CSTCC, PTEC and H2P. PTEC's location was popular with all external partners whom OCCRL evaluators interviewed.

- PTEC Services: College administrators expressed support for early outcomes of the PTEC services. Tutoring and support services were thought to reduce the number of academic foundation courses that students were required to take before enrolling in college-level classes.
- PTEC Service Delivery: WIB administrators expressed support for PTEC's approach to advising services. The cross training of college advisors and career advisors was mentioned as offering a promising approach to broaden the positive impact of advising on student outcomes.
- Employer Partnerships: Local employers recognized that PTEC complements the efforts that CSTCC made as a member of the HCC. They were positive and supportive about the HCC, recognizing and valuing the resources that PTEC provides to entry-level workers.
- Workforce Partnerships: The positive relationship between the Super Jobs Center and PTEC bodes well for the future, and these relationships were expected to contribute to successful student outcomes.

The OCCRL evaluation team identified the following barriers:

- CSTCC's Primary Focus on Credit Instruction: Several interviewees spoke about CSTCC's focus on credit instruction and lack of understanding of programming for low-skilled adults. The healthcare curriculum was identified as a potential model for the rest of the college. Whether it would be accepted college-wide was unknown, but change appears possible if CSTCC administration commits to learning from the H2P grant experience.
- Off-Campus Location of PTEC: The off-campus and co-location of PTEC with other workforce and community providers offered numerous advantages for recruiting, assessing, and monitoring students' learning experiences; however, the distance from the campus may be a barrier once students progress into college-level courses offered on campus.
- Lack of Affordable Parking on Campus: Parking on campus is limited and perceived as costly for low-income students (the current CSTCC website shows \$5/day or \$50/term for on-campus parking). As enrollment in healthcare-related POS grows and H2P students need to take classes on campus, the college needs to assess how affordable parking may affect retention. Although there was a free shuttle to transport students between PTEC and a free parking lot located at a nearby church, it is important to make students aware of this option on a continual basis.

Evaluation Question 5

What strengths and opportunities for improvement exist that CSTCC can capitalize on in supporting their TAACCCT-impacted POS and strategies?

This evaluation question focuses on the strengths and areas for improvement identified in **October 2014**. Recommendations are offered for each area in the spirit of encouraging a continuous improvement approach.

Strengths

The OCCRL evaluation team identified multiple strengths on which CSTCC can support TAACCCT-impacted POS and strategies.

- **Pathways to Employment Center (PTEC):** The OCCRL team recognized the PTEC as an area of strength in 2012, and continued to see the importance of PTEC to the TAACCCT grant (Round One as well as subsequent rounds). As noted in 2012, PTEC's constituents, from employers and administrators to students and faculty, had positive feedback about PTEC, including its accessible location to a low-income area of Cincinnati. For these citizens, PTEC offers a comprehensive array of services and positive, student-focused supports from staff who demonstrate proactive attitudes and actions. The OCCRL team recognized and commended the role that the HCC played as an advisory partner to PTEC, as well as to the healthcare programs at CSTCC. The interdependence of PTEC and HCC created a powerful partnership to support transformative change. Beyond delivering services, PTEC served as a community hub for serving low-skilled/low-income citizens in an economically depressed region of Cincinnati. A responsibility to reach out to all citizens was embodied in the PTEC staff.
- **BIO 100:** The BIO 100 course was pointed to as the primary means of addressing three strategies in the TAACCCT grant: 1) contextualized developmental education, 2) competency-based core curriculum, and 3) stackable credentials. There was great pride in CSTCC's having implemented the BIO 100 course because its potential to enhance the preparation of incoming healthcare students while simultaneously providing the NCRC credential as part of a competency-based core curriculum. This contextualization of multiple sciences (chemistry, biochemistry, etc.) was pointed to as a model for other course development for healthcare POS and extending to other areas of the health and safety curriculum. Faculty familiar with the course explained that it was noteworthy for its creative blending of multiple subjects that are often difficult for students to learn. Real-world applications are integrated into the course, allowing for contextualization needed to accelerate students' learning.
- **Data Expertise and Data Utilization:** CSTCC showed a strong interest in data analysis and data utilization since the beginning of the TAACCCT grant. Building on evaluation experience from a previous DOL grant, CSTCC personnel helped to conceptualize the student services measures to be used in the Consortium evaluation. CSTCC personnel also provided training in Blumen to the other eight co-grantee colleges since Blumen was chosen by CSTCC as the preferred software to measure the implementation. To this end, the H2P Consortium grant purchased Blumen for each of the nine co-grantee colleges. With the change in data managers at about mid-point of the grant, the position was integrated into the college's institutional research (IR) function, and college personnel were working toward a connected, strategic approach. As a result, a close and productive working relationship was developed between grant-funded, IR, and OCCRL personnel. The OCCRL team was impressed by CSTCC's commitment to research and evaluation, and its genuine interest in using data to answer impact questions beyond the required DOL-performance reporting. The strength of this marriage between the TAACCCT grant data management and IR resulted in local research, including studies of the impact of Fit and Talent and NCRC. The OCCRL team was told that data from these studies have impressed college leaders and board members, laying a foundation to build a case for sustainability of PTEC.

Opportunities for Improvement and Recommendations

The OCCRL evaluation team identified the following areas for CSTCC improvement.

- **Core Curriculum:** This strategy was a major focus of the H2P Consortium, and its implementation was important to galvanizing a national movement. Efforts to implement a core curriculum materialized during the fourth year of the grant, through the PTR project. To bring this strategy to fruition, the OCCRL team recommended that CSTCC maintain clear communication of the goals and intentions of new curriculum, including consistently explaining the goals of the new curriculum and how it will contribute to healthcare reform. Finding ways to address concerns about the meaning and significance of healthcare core curriculum is important, including capitalizing on momentum started through PTR.
- **Stackable Credentials:** The OCCRL evaluators were aware of the implementation of stackable credentials through the Multi-Competency Health (MCH) Technology AAS degree program, and in the nursing pathway

(STNA, LPN, and ADN). Although enrollment appeared robust in these programs, retention outcomes appeared low, especially in the MCH program, where relatively few students progressed to secure multiple credentials. Beyond these programs, OCCRL did not see evidence of widespread use of the career pathway concept in the healthcare curriculum. It was true that all students took the NCRC and that it was considered a stackable credential, but this entry-level credential was relevant at the lowest level of employment only. Since stackable credentials imply a laddering of credentials from entry level to degree level, it was unclear how far this concept contributed to and extended to the rest of the healthcare pathways. To this end, the OCCRL team recommended that CSTCC pursue ways to advance career pathways to help students build transparent and articulated credential ladders from entry level to Associate's Degree, including degrees that transfer to baccalaureate-granting institutions. Positive developments have started by benchmarking other colleges such as SCC that have adopted stackable credentials. With respect to this goal, the OCCRL team understood difficulties meeting the new 65-credit hour rule of the state of Ohio, and recommended that CSTCC personnel ensure that the law was met while also addressing the instructional integrity for new and evolving POS.

- Prior Learning Assessment: OCCRL evaluators commend CSTCC for efforts to help students find the right POS, but cautioned advisors to not oversubscribe to the assessment results of Fit and Talent and WorkKeys assessments, as they were not intended to prescribe college majors. CSTCC leaders should ensure assessment results are used properly and not track students into majors tied to scores on these instruments. Also, with respect to CPL, the OCCRL team did not see substantial progress since its 2012 visit, except in response to the state's adoption of a policy to better serve veterans. To this end, the OCCRL team recommended that CSTCC pursue opportunities to award CPL, especially credits for military service, which has been a project that has received local and state support. By building on the larger support structure associated with state policy, college support may broaden and deepen.
- Employer Partners: Several employers shared that they were willing to contribute more time and resources to CSTCC, but they were not asked. They were supportive of the PTEC concept and were appreciative of the services their employees received (e.g., Fit & Talent). Specifically, employers stated they were willing to provide employment transition assistance (e.g., resume review, interview practice, etc.), and they were willing to share career/job information regarding what skills and knowledge jobs require. They appeared eager to bring their experience to PTEC and the college campus to describe to students what healthcare industry jobs are like. To this end, CSTCC should reach out to employers and include them in capacity-building exercises to optimize employer contributions to student success, to provide a highly prepared and competent workforce, and to ultimately benefit the local economy.

Table 4. Comparison of Cincinnati State Technical and Community College's (CSTCC) Self-Assessment and OCCRL's Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
1. Online Assessment and Enhanced Career Guidance								
B = Baseline Rating in December 2012, I = Final implementation rating in October 2014								
CSTCC rating:				I				
Online assessment of students' prior learning through:								
• Virtual Career Network (VCN)	B			I				
• Portfolio-Based Assessments		I						
• Challenge Exams	I							
• Advanced Placement (AP) Exams				I				
• College Level Examination Program (CLEP) Exams	I							
• Program Checklists				B				
Online assessment of student's foundational skills through:	I							
• Virtual Career Network (VCN)	I			B				
• WorkKeys, ACT Fit and Talent Instrument				I	B			
Online career advising through:				I				
• Virtual Career Network (VCN)				I				
• ISEEK Career Assessment				I				
OCCRL rating:		I		B				
Online assessment of students' prior learning through:		I						
• Virtual Career Network (VCN)		B						I
• Portfolio-Based Assessments	I							
• Challenge Exams	I							
• Advanced Placement (AP) Exams	I							
• College Level Examination Program (CLEP) Exams	I							
• Program Checklists								
Online assessment of student's foundational skills through:								
• Virtual Career Network (VCN)				B				I
• WorkKeys, ACT Fit and Talent Instrument				B I				
Online career advising through:								
• Virtual Career Network (VCN)								I
• ISEEK Career Assessment		I						
2. Contextualized Developmental Education								
B = Baseline Rating in December 2012, I = Final implementation rating in October 2014								
CSTCC rating:	I							
New Developmental courses that integrate health content:	I							
• Contextualized Math				B I				
• Contextualized Reading	I			B				
• Contextualized Writing/English	I			B				
New health courses that integrate developmental content:				I				
• BIO 100 (Biology/Science Skills)/ Contextualization of				B I				

Table 4. Comparison of Cincinnati State Technical and Community College's (CSTCC) Self-Assessment and OCCRL's Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
Biology and Chemistry								
OCCRL rating:			B				I	
New Developmental courses that integrate health content:							I	
• Contextualized Math				B			I	
• Contextualized Reading				B			I	
• Contextualized Writing/English				B			I	
New health courses that integrate developmental content:				I				
• BIO 100 (Biology/Science Skills)/ Contextualization of Biology and Chemistry				B I				
3. Competency-based Core Curriculum								
B = Baseline Rating in December 2012, I = Final implementation rating in October 2014								
CSTCC rating:			I					
New courses that are part of a competency-based core curriculum:				I				
• Nursing Skills				B				
• BIO 100 (Biology/Science Skills)/ Contextualization of Biology and Chemistry				I				
Modified courses that are part of a competency-based core curriculum:				I				
• BIO 100 (Biology/Science Skills)/ Contextualization of Biology and Chemistry				I				
OCCRL rating:			B I					
New courses that are part of a competency-based core curriculum:								
• Nursing Skills				B I				
• BIO 100 (Biology/Science Skills)/ Contextualization of Biology and Chemistry								
Modified courses that are part of a competency-based core curriculum:								
• BIO 100 (Biology/Science Skills)/ Contextualization of Biology and Chemistry				I				
4. Industry-recognized Stackable Credentials								
B = Baseline Rating in December 2012, I = Final implementation rating in October 2014								
CSTCC rating:					I			
New, employer-approved credentials:								
• Long-term care credential		B						
• NCRC WorkKeys Credential					I			
OCCRL rating:			B I					
New, employer-approved credentials:								
• Long-term care credential			B					

Table 4. Comparison of Cincinnati State Technical and Community College's (CSTCC) Self-Assessment and OCCRL's Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
<ul style="list-style-type: none"> NCRC WorkKeys Credential 			I					
5. Enhanced Retention Support								
B = Baseline Rating in December 2012, I = Final implementation rating in October 2014								
CSTCC rating:					I			
Hire a dedicated College Completion Advisor/Retention Specialist				B	I			
Student Support Service Functions					I			
<ul style="list-style-type: none"> Intrusive academic supports 				B	I			
<ul style="list-style-type: none"> Non-academic support services 					I			
<ul style="list-style-type: none"> Career advising 			B		I			
Text-based career information:				I				
<ul style="list-style-type: none"> HipCricket 				I				
OCCRL rating:				B I				
Hire a dedicated College Completion Advisor/Retention Specialist				B I				
Student Support Service Functions				I				
<ul style="list-style-type: none"> Intrusive academic supports 				B I				
<ul style="list-style-type: none"> Non-academic support services 				I				
<ul style="list-style-type: none"> Career advising 			B	I				
Text-based career information:								I
<ul style="list-style-type: none"> HipCricket 								I
6. Training Programs for Incumbent Healthcare Professions								
B = Baseline Rating in December 2012, I = Final implementation rating in October 2014								
CSTCC rating:		B	I					
New training program(s) for incumbent health professions.			I					
<ul style="list-style-type: none"> Long-term care credential 		B						
<ul style="list-style-type: none"> School at Work Initiative (SAW) or "Grow Your Own" 			I					
Professional Development for clinical instructors			B I					
OCCRL rating:		B	I					
New training program(s) for incumbent health professions.			I					
<ul style="list-style-type: none"> Long-term care credential 		B						
<ul style="list-style-type: none"> School at Work Initiative (SAW) or "Grow Your Own" 			I					
Professional Development for clinical instructors			B I					
7. Enhance Data and Accountability Systems								
B = Baseline Rating in December 2012, I = Final implementation rating in October 2014								
CSTCC rating:					I			
Hire a dedicated Data Manager					I			
Link strategy implementation data to outcomes data on the student level through Blumen.				B	I			
Written agreement between the college and workforce systems			B		I			

Table 4. Comparison of Cincinnati State Technical and Community College’s (CSTCC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
that link student employment data.								
OCCRL rating:				B	I			
Hire a dedicated Data Manager					I			
Link strategy implementation data to outcomes data on the student level through Blumen.				B	I			
Written agreement between the college and workforce systems that link student employment data.			B		I			
8. Galvanizing a National Movement								
B = Baseline Rating in December 2012, I = Final implementation rating in October 2014								
CSTCC rating:			BI					
Adoption of a core curriculum in health profession by consortium colleges.		I						
Engagement of non-consortium colleges in the development of a model core curriculum in the health professions.			B I					
Participate in National Summit and use labor market information to improve health professions training.			B	I				
OCCRL rating:			B I					
Adoption of a core curriculum in health profession by consortium colleges.			I					
Engagement of non-consortium colleges in the development of a model core curriculum in the health professions.			B	I				
Participate in National Summit and use labor market information to improve health professions training.			B	I				
<i>Notes:</i>								
1. Un-shaded rows show self-assessment rating provided by the co-grantee. Shaded rows show ratings provided by the OCCRL evaluation team after visiting the co-grantee.								
2. The ratings in the scale are defined as follows:								
<ul style="list-style-type: none"> • Not Planned: The College decided not to implement this strategy. • Pre-Planning: The College committed to the strategy but has not started planning it. • Planning: The College was engaged in a planning process to move forward with this strategy. • Implementation: The College was engaged in implementation of the strategy. • Sustainability: The strategy had been fully implemented, and the team was addressing sustainability of this strategy. • Scale-Up: The strategy was broadened in scope and scale to fit other college needs or adapted/replicated to suit other colleges. • Not Implemented: This was a strategy that the college elected not to bring to implementation during the course of the grant. • Discontinued: This was a strategy that was implemented during the course of the grant, but the college has discontinued the use of the strategy. 								
3. The ratings Not Implemented and Discontinued were added to provide further clarification by the research team after the October 2014 site visit.								

El Centro College

This subsection presents results on implementation of the TAACCCT grant at El Centro College (ECC), as reported in this co-grantee college's interim implementation evaluation site report (2013) and final implementation evaluation site report (2014).

Evaluation Question 1

Who were ECC's partners and what role did they play in supporting the implementation of TAACCCT-impacted POS and strategies?

January 2013. Sharing Life, a faith-based community organization that assists low-income individuals in "obtaining the basic necessities of life" was identified as an important partner to ECC. With support from H2P, Sharing Life hosted an on-site Nurse Aide Certificate Program that served clients who received other support services through ECC's Center for Nursing and Allied Health. ECC's newly hired Recruitment Specialist worked with Sharing Life staff to identify and recruit eight students who began their program February 2, 2013. These staff members described the first cohort as primarily single Latina mothers who worked in long-term care facilities or with home healthcare agencies. The duties they performed in these jobs were similar to those associated with a CNA. However, without certification, most of the students were earning minimum wage only.

Despite the compensation issue, one advantage to offering the Nurse Aide program at Sharing Life is its location in Mesquite, Texas where many Nursing Aide students live. Due to a lack of public transportation to the Center from the Mesquite area, most students would not have been able to access the program if it had been offered at the downtown location only. Further, the familiar location in Mesquite helped to alleviate students' reported fear of attending college. Sharing Life also offered a variety of support services, including covering costs of immunizations, background checks, and drug screening. ECC's leadership team expressed pleasure with forming this partnership and being able to provide training and support services in the Mesquite satellite location to help students achieve their goals. One member of the leadership team mentioned capturing "success stories from Sharing Life" as one of their top expectations for the upcoming year.

Other partners identified by ECC leaders were the Urban League and four local hospitals. The primary role of the hospital partnerships was to support incumbent worker training programs, which are described under Strategy 6. The Urban League is a CBO that provides supports and services for low- to moderate-income individuals. One key service provided by the Urban League was employment and career development. The Urban League identified clients who were interested in health careers and provided referral information to both students and the college, in addition to providing resources and supports for students. For qualified clients enrolled at ECC, the Urban League provided financial and non-financial supports.

December 2014. By December 2014, ECC named seven key partners, including four comprehensive hospitals, a pediatric hospital, and two CBOs. Four of these partnerships were developed through H2P. The hospital partners provided input on curriculum; information on emerging trends, policies, and regulations in the healthcare industry; and clinical sites and instructors. The CBOs worked closely with ECC to support capacity development in basic skills areas for students and provide holistic non-academic support systems.

Continuing its partnership with Sharing Life in Mesquite, Texas, the first CNA cohort started in February 2013. Building on the success of the early cohorts, ECC expanded the programs offered at Sharing Life to include EKG and Phlebotomy. Students who earned CNA, EKG, and Phlebotomy credentials possessed the labor market skills to qualify for higher paying positions than those with the CNA only. Students in ECC programs at Sharing Life were also clients of Sharing Life and received case management services offered by Sharing Life and a wide array of non-academic and academic supports from ECC. The non-academic supports provided by Sharing Life included direct financial assistance, such as paying utilities, arranging transportation and child care, providing food, and providing training on personal financial management and nutrition. These ECC students also received

academic support and advisement through an ECC Retention Specialist, and they had access to services provided to all ECC students. ECC and Sharing Life Community Outreach secured funding through August 2016 to sustain these programs through the [United Way of Metropolitan Dallas](#). Finally, ECC continued its partnership with the [Urban League](#), a CBO that referred potential students to ECC. The Urban League provided financial and non-financial supports for qualifying ECC students.

Evaluation Question 2

What strategies and activities did ECC implement, and what was the impact on ECC's POS?

Table 5 compares the College's self-assessment ratings with OCCRL's assessment ratings on implementation of strategies. This table includes a baseline rating from **January 2013** and a subsequent rating from **December 2014** for each strategy and sub-strategy. This rating scale was developed by OCCRL.

Strategy 1 - Online Assessment and Enhanced Career Guidance

January 2013. OCCRL rated the online assessment and enhanced career guidance strategy at the *Implementation* level. There was evidence that some aspects of this strategy were sustainable and existed prior to the TAACCCT grant; however, it was not clear whether students were aware of what was available to them. ECC offered a one-credit online course, Assessment of Prior Learning (HDEV 0110), wherein students can document their prior learning by creating a career portfolio that was assessed for CPL. College officials reported that, of the seven students who took this course, four received CPL. Part of the course included exploration of education and career goals.

ECC also used the VCN to enhance career guidance and to assess students' prior learning. ECC recruitment and student support staff referred students to the VCN, and they were also referred via the ECC Health and Legal Careers Division's homepage. The description provided on this page highlighted the "career exploration and training tools" available through VCN, but no information about CPL. ECC partnered with the Dallas County Community College District (DCCCD) Health Care Resource Center to provide a link to the VCN for potential students. Additionally, ECC used ACT's WorkKeys, a job skills assessment system, administered during class to every student at the beginning of the first semester of a health professions POS.

Despite these systems, none of the students interviewed by the OCCRL team could provide an example of career guidance or advising. OCCRL evaluators recognized that this feedback could reflect the fact that a large proportion of students interviewed were incumbent workers employed at partner hospitals, or that students received these services but did not recognize them as career guidance. It is also possible that the convenience sample of students was enrolled prior to the offering of these services.

December 2014. OCCRL rated the online assessment and enhanced career guidance strategy at the *Implementation* level, which differed from ECC's rating of *Sustainability*. As outlined in the [information packets](#) for the grant-impacted POS, students had the following options to secure CPL, in addition to transferred coursework:

- CLEP exams,
- High school Advanced Placement exams,
- Credit by examination,
- Assessment of Prior Learning Course (HDEV 0110).

Most of these options existed at ECC prior to the grant, with the exception of the portfolio course, HDEV 0110, which was offered through Summer 2014, as follows:

- Fall 2012, three sections (September, October, and November start dates)
- Spring 2013, three sections (February, March, and April start dates)

- Summer 2013, three sections (Summer I, and two Summer II start dates)
- Fall 2013, three sections (August, September, and October start dates)
- Spring 2014, two sections (February and March start dates)
- Summer 2014, four sections (three May and one Summer I start dates)
- Fall 2014, no sections scheduled
- Spring 2015, four sections – all canceled

In total, 53 of the 65 students who enrolled in HDEV 0110 completed the course with an A, B, or C grade, indicating that the students created the portfolio successfully. However, successful completion of the course was not an indicator that the student received CPL. CPL earned through this course was credited as Basic Health Professions Skills (HPRS 1204).

With respect to this process, the H2P team observed a pattern in which students were able to successfully meet most, but not all, required skills to gain CPL. In response, the college created a short-term non-credit course featuring common skills needed to earn CPL. The college offered the course to a cohort of students who completed HDEV 0110 but needed these additional skills to gain CPL for HPRS 1204. Students who were awarded CPL had to complete a minimum of 12 credit hours at ECC before the earned CPL credit was transcribed. At the time, only a small fraction of the 53 students applied to an Allied Health or Nursing program at ECC. It was likely that there were students who were continuing to prepare for the selective admission process through participation in Health Occupations Core Curriculum (HOCC) courses. Additionally, students may not have had the opportunity to apply because most of the TAACCCT-impacted programs admitted students on an annual basis only. Staff relayed that HDEV 0110 course would be sustained by the College; however, according to the DCCCD website, HDEV 0110 was not currently offered as of Fall 2014, and sections scheduled for Spring 2015 were canceled.

ECC continued to utilize the VCN and the DCCCD's online Health Careers Resource Center as part of their career guidance supports for students. Students were referred to these services by H2P staff, healthcare faculty, and via ECC's Health and Legal Career Division's homepage. Additionally, the H2P team used a Career Exploration Career Exploration and Student Success Toolkit created by iSEEK Solutions to guide students through the career exploration process.

Strategy 2 - Contextualized Developmental Education

January 2013. OCCRL rated the contextualized developmental education strategy at the *Implementation* level, recognizing that contextualized developmental education in health professions was a new strategy for ECC. During Fall 2012, the college created a contextualized developmental education course that consisted of developmental reading, writing, and math content embedded in one core curriculum course, General Health Professions Management (HPRS 2231). This course was developed by health professions faculty working with developmental education faculty, and administrators in both areas participated in the course's creation. To qualify to take the course, students' assessment scores had to fall in the highest developmental level. At the intended start date of Fall 2012, no students met the minimal entrance criteria in all developmental areas, so the course was postponed. Administrators and faculty determined that the course would be a better match for students' needs if they removed the developmental math component, and the course was offered in Spring 2013 (developmental math is currently a stand-alone course and is not contextualized to health occupations). A recruitment specialist is responsible for both recruiting and providing academic support for students in this course. The H2P leadership team mentioned that contextualized developmental education is new to the college, and they will continue to review ways to develop their understanding and refine their approach to this strategy.

December 2014. OCCRL rated the contextualized developmental education strategy at the *Discontinued* level, which differed from ECC's rating of *Sustainability*. This difference in rating was in part due to the fact that the rating *Discontinued* was added to the scale after ECC completed its ratings. While ECC implemented

contextualized developmental education courses, the last time that these courses were offered was Spring 2014 at which time the class was split into two separate courses, one focusing on developmental math and one on developmental reading and writing. These courses were provided in the Spring 2013, Fall 2013, and Spring 2014. However, due to low levels of enrollment and completion, these courses were deemed unsuccessful and discontinued. By Fall 2014, ECC personnel reinitiated its plans to reform their developmental education, and the faculty was looking at theme-based developmental courses, including a set of healthcare-themed courses. Faculty who teach developmental education were leading this work.

Strategy 3 - Competency-Based Core Curriculum

January 2013. OCCRL rated the competency-based core curriculum strategy at the *Sustainability* level. ECC's Health Occupations Core Curriculum (HOCC) consisted of six courses. Although the courses were aligned with healthcare competencies, ECC was redesigning the courses to align with the DOL's Health: Allied Health Competency Model, an enhancement they credited to their participation in H2P.

The implementation of HOCC has a long history at ECC as this college is partly responsible for the focus on core curriculum in H2P. ECC started to develop HOCC in the mid-1990s at about the same time that they established relationships with allied health deans at some of the other colleges in the H2P Consortium. Through their mutual involvement in national, nursing-related professional organizations, ECC became recognized as a national leader of HOCC and served as a mentor college to other H2P co-grantee colleges, as well as colleges outside the grant. In fact, the originators and leaders of the HOCC called it their "passion." Parallel to the HOCC implementation was the national movement in nursing to streamline and standardize nursing education. In Texas, this change led to cap credits for both the Associate's degree and Bachelor's degree at 60 and 120 credits, respectively.

Despite these promising national and state developments, the ECC nursing leadership acknowledged that employers were not driving this work. The H2P leadership at ECC noted, "Our employers know we are willing to adapt and do a lot, and they see us as a player [but] they don't really understand core [curriculum]... All the literature is pointing to that is the kind of employee that is needed. I think they are starting to wake up to that. So we are heading into a perfect storm." The implication of this statement is that core curriculum contributes to a better prepared employee, a perception that the OCCRL team observed among other educators and employer partners involved in H2P. Having said that, the early focus of the HOCC was on what educators perceived healthcare graduates need for successful employment more than what employers perceive their employees need. Through the H2P Consortium, partnerships with employers have strengthened, as noted below.

December 2014. OCCRL rated the competency-based core curriculum strategy at the *Scale-Up* level, and ECC rated it at *Sustainability*. The HOCC consists of six courses developed to align with foundational healthcare competencies, and these courses were further refined through alignment with the health industry sector competencies outlined in the DOL's Health: Allied Health Competency Model. As noted above, ECC developed and offered a core curriculum for over 10 years and as a result, was considered a national leader in HOCC. ECC provided a wide variety of technical assistance to colleges inside and outside of the H2P Consortium to support the adoption and adaptation of ECC's HOCC model.

The core curriculum was implemented differently in various programs at ECC. In two programs, Medical Assisting and Radiologic Sciences, the core courses were required. For Nursing, two core courses were required initially but dropped when the total number of credits was reduced from 72 to 60. Subsequently, students who applied to the Nursing program received points in the selective admissions process for each of the two core curriculum courses.

Through the TAACCCT grant, ECC worked with Cinecraft Productions to develop 10 e-learning, case-based, interactive modules to support and supplement learning through the HOCC, and ECC planned to publish the modules to make them publically available. These modules, while designed to complement courses in the HOCC, could be used as supplementary materials in a wide range of nursing and allied health courses. The intentional

design of the modules enabled a wide range of clinical settings, clinical roles, and patients to be represented, reflecting the diverse POS and occupations for which the HOCC students prepare.

ECC planned to expand the HOCC staffing by creating a full-time position to develop HOCC dual credit offerings at area high schools. ECC had seen rapid growth in this area, and additional staff would allow ECC to maintain existing and develop new relationships needed to build this aspect of the HOCC.

Strategy 4 - Industry-Recognized Stackable Credentials

January 2013. The OCCRL team rated the industry-recognized stackable credentials strategy at the *Planning* level. There was ample evidence that ECC's H2P leadership had made advances toward both implementation and sustainability, but limited implementation had occurred at the time of OCCRL's visit in January 2013. The desire to have clearly articulated career pathways for students that include sequential, industry-recognized stackable credentials was expressed repeatedly by ECC's H2P leaders who recognized the need for multiple entry and exit points for students to step in and out of their educational path. One ECC leader stated:

We have always envisioned this pathway -- that we would have a map that students would follow, from wherever they came in, whether they are in developmental education or on the continuing education side, [we could say] 'Here is your roadmap. What do you want to be -- eventually? What is your life goal? Here is how you can get there.' That has always been our vision, to provide that map.

ECC leaders explained that part of the problem in creating pathways is that the health programs have a reputation of being "elite" and as a result, are not given serious consideration by some students. Leaders had taken advantage of the opportunity presented by this grant to look at the admissions process and revise admissions criteria in ways intended to achieve a more diverse student population. Instead of admissions being "in the hands of faculty" who based admission on a specific grade point average (GPA), it was revised to be based on a broader set of criteria that include consideration of accumulated credits in general education courses, a GPA of B, an intention to pursue advanced education, and work experience (or volunteer experience) in healthcare settings. The leaders reported that faculty had responded positively to this change and that these measures had diversified the students in the health professions POS. They reported that their success was due in part to the strong leadership, vision, and support of the college's Dean of Nursing, who established and supported a culture of innovation.

Despite the early history and national reputation with the HOCC, the ECC leaders recognized that they were "not there yet." They were continuing to develop curriculum, including working towards providing a certificate in Healthcare Tech I and Healthcare Tech II upon completion of the HOCC. Students reported to OCCRL that they were appreciative of the various entry points into career pathways that led to employment in the healthcare industry upon their completion. For example, students engaged in an entry-level certificate program said they saw the certificate as the first step in a line of POS that they were interested in pursuing, while students in Associate's Degree programs expressed excitement about the college's articulation agreements with baccalaureate-level programs. Additionally, students working towards entry-level certificates expressed appreciation for the opportunity to enter into the healthcare field at a level that met their immediate needs and that provided them with additional opportunities for advancement.

ECC's H2P leaders encouraged students to look beyond the Associate's Degree and "continue on and get their Bachelor's degree." To support this goal, incoming students who indicated Nursing as their desired major and the Bachelor's Degree as their academic goal were awarded additional points towards admission. The administration's encouragement of students to complete the BSN, accompanied by the admissions incentive, was conducive to preparing the future workforce and supporting the trend of many hospitals and hospital associations to advocate for the minimum educational credential of RN at the BSN level.

OCCRL team members asked ECC leaders to provide information about the healthcare career pathways on the college's website and in its recruitment materials. A well-articulated, graphic representation of the career

pathways could help students and prospective students understand the range of options available to them. ECC was also encouraged to market the healthcare career pathways to historically underrepresented students who have not participated in healthcare programs due to the perception that ECC is elite. Finally, OCCRL encouraged the college to implement systems and strategies to ensure that it offers the supports necessary to ensure that its diverse student population is successful.

December 2014. OCCRL rated the industry-recognized stackable credentials strategy at the *Planning* level. ECC's H2P leaders continued to express a desire to build clearly articulated career pathways that include industry-recognized stackable credentials. ECC developed programs and expanded on existing programs; however, these new programs did not build linearly with existing POS and did not create stackable credentials.

At the time of OCCRL's previous visit in 2013, ECC worked to develop Healthcare Tech I and Healthcare Tech II credentials for the core curriculum. However, based on concerns about the labor market applicability of these credentials, their development was put on hold. Instead, through its Continuing Education division, ECC created a Community Healthcare Worker (CHW) program that includes Basic Health Professions Skills (HPRS 1004) as a core curriculum course. At the time of its development, whether there was sufficient labor market demand for the program was a concern, but ECC leaders reported that demand for CHW had grown with the implementation of the Affordable Care Act, and graduates were securing employment. Pathways that would provide a fully developed sequence of POS were being explored, including connecting the CHW program to the CNA program, and the LVN program to the RN bridge program.

Strategy 5 - Enhanced Retention Support

January 2013. OCCRL rated the enhanced retention support strategy at the *Implementation* level. ECC had two new dedicated Retention Specialists and a Program Services Specialist (also newly hired) who recruited students and provided student support services for H2P participants. The Program Services Specialist efforts focused on recruitment, including drafting marketing materials (e.g., fliers, business cards, tri-fold brochures). However, this individual reported that the most successful strategy was talking with students who indicated an interest in the healthcare field. This person admitted having limited familiarity with healthcare occupations, which was problematic, because a required role of the job was to connect interested students with healthcare advisors.

At the time of the OCCRL team's 2013 visit, credit-seeking students were beginning to benefit from non-academic support services funded through the H2P grant. Students who had been recruited into the off-site, non-credit Nursing Aide program at Sharing Life had received support services organized by the Retention Specialist, in coordination with services provided by Sharing Life. The Retention Specialist reported a holistic and intrusive approach to supporting students, including being intentional about scheduling. The Retention Specialist surveyed students and advocated for a class schedule that suited their needs by "looking at where [students] are coming from and where they want to go, and the transitioning of what it is going to take for them to get there as well as the obstacles they face on [a typical] day." At the time of the site visit, one support staff member reporting spending a majority of time recruiting from CBOs where relationships had come about in a previous job. This person reported not receiving specific or detailed instructions on H2P, but believed that such direction would come.

When OCCRL team members posed the question to students, "To whom do you go if you need support and what kinds of support are available to you?" they responded that they primarily turned to each other for support and guidance. Further, they expressed that "some faculty" are approachable and supportive, implying that some were not perceived as such. Some students were candid about past negative experiences with one (non-TAACCT) advisor for health care students. As a result of this advisor's reported negative attitudes and advice, students avoided the individual, if possible. Because of the critical role of the Retention Specialist in improving student outcomes, college leaders strongly encouraged help for new support services staff to overcome the students' negative impression of advising. Efforts to actively build trust were needed to fully engage students and convince them to take advantage of comprehensive student support services envisioned in this grant.

December 2014. OCCRL rated the enhanced retention support strategy at the *Implementation* level, which differed from ECC's rating of *Sustainability*. ECC had institutionalized the academic advisor/ retention specialist position as of Fall 2014 to provide ongoing academic and non-academic supports for students in the Division of Health and Legal Studies. This aspect of the grant was one of the earliest that ECC made a commitment to fund. In addition, the Nursing program added two dedicated retention specialists as a result of seeing the benefit that students in the Allied Health programs experienced.

ECC implemented HipCricket, a text-based student engagement software aligned with the H2P grant. ECC staff encouraged students to sign up for the text blasts through in-class presentations. ECC reported that they reviewed the final report from HipCricket and estimated that between 60-70 students responded to the blasts. ECC noted that the software was not easy to use and did not provide accurate reports of utilization, so it supported the Consortium's decision to discontinuation of HipCricket.

Also during the period of the H2P grant, ECC piloted the Starfish Enterprise Success Program with approximately 1000 students across select programs, including some H2P participants, and the college was in the process of expanding its implementation. This software allows staff, faculty, and students to track student progress in coursework and support interaction. Faculty can set up flags in the Starfish system instructing it to automatically send messages to students who have missed classes, who have late assignments, or who receive test scores below a set threshold. Messages called "kudos" are sent to students who meet or exceed expectations. Additionally, faculty and advisors record advising notes in the system, which are accessible to the student as well as other faculty and staff.

Strategy 6 - Training Programs for Incumbent Healthcare Workers

January 2013. OCCRL rated the incumbent healthcare worker strategy at the *Implementation* level. However, OCCRL did note that some incumbent worker programs had reached a sustainable level, a status that was confirmed by the H2P leadership. Four hospital partners supported students in ECC's incumbent worker Nursing and Radiologic Sciences programs. Upon entering the hospital-based incumbent worker ADN program, students were dually enrolled in the BSN program at the University of Texas at Arlington (UTA). Students took all of their general education requirements at ECC. UTA charged ECC students a reduced tuition for completion of the BSN. Students' clinical courses are completed at hospitals within the Baylor Health Care System, the largest healthcare provider in the Dallas region. Baylor accepts ECC students for clinical placement because they consider ECC students enrolled in the Nursing POS to be BSN students, a requirement for clinical placement at the hospital. Currently, Texas was moving towards requiring the BSN as the minimum credential for hospital-based nursing positions. Students who were dually enrolled in their ADN and BSN programs expressed excitement about the articulation between ADN and BSN and the fact the BSN was an accelerated program. One of the advantages of this dual enrollment model was that students' time to completion of the BSN was compressed to 13 months following completion of the associate degree, which is shorter than many BSN degree completion models. After completing the BSN, students were contractually obligated to continue their employment at the sponsoring hospital for a period specified by each hospital (typically two years). H2P leaders credited the ECC's Dean of Nursing as the person responsible for negotiating the articulation agreements, contracts, reduced tuition, and the creation of the dual admission program which helped to build out the higher end of the Nursing career pathway at ECC.

December 2014. OCCRL rated the incumbent healthcare worker strategy at the *Sustainability* level, as did ECC. In their work with four area hospitals, ECC continues to support the three incumbent worker programs in Nursing that existed prior to the grant, including revising the curriculum and technology for those programs. In addition, ECC developed a new program in Radiologic Sciences with Baylor Health Care System, and was in the process of developing two additional programs, including one with the VA North Texas Health Care System. ECC staff reported that there had been a total of 52 professional development activities for clinical faculty as part of the H2P

grant. Examples of topics were teaching methodologies, instructional technologies, and core curriculum development.

H2P leadership and other college administrators described the incumbent worker programs as financially viable. ECC's partner hospitals paid the tuition and provided the clinical faculty necessary for the programs wherein faculty hold adjunct non-paid appointments, allowing ECC to expand enrollment at substantially lower cost. Various individuals highlighted that the incumbent worker programs attracted employees representing a wide array of jobs, including patient technicians, medical recorders, dietary technicians, and housekeeping. Students in the incumbent ADN programs were dually enrolled in a BSN program that they had committed to complete within two years of completing their Associate's Degree. Additionally, they had committed to continue to work at the hospital during their studies and for two years after earning their Associate's Degrees.

Strategy 7 – Enhance Data and Accountability Systems

January 2013. OCCRL rated the enhance data and accountability systems strategy at the *Planning* level at the onset of Year Two of the H2P grant when the volume and complexity of data and data sources increased drastically, with strategy data stored in Blumen and unemployment wage data that had to be matched to intake form data and education data. OCCRL did not find evidence of a team approach to conceptualizing how data from multiple data sources could be collected and stored. As such, OCCRL shared with the ECC staff that H2P colleges that had moved to the *Implementation* phase had developed a strong partnership with Institutional Research (IR). In these cases, at least one IR staff person was committed to working with the H2P Data Manager to provide training on working with the college's data system and to match data from multiple sources. ECC was strongly urged to adopt a team approach to conceptualizing and implementing a systematic and integrated method for collecting, storing, matching, and reporting data from multiple data sources.

December 2014. OCCRL rated the enhance data and accountability systems strategy at the *Implementation* level, which differed from ECC's rating of *Sustainability*. The Data Manager was hired as a Research Associate in the College's Research & Institutional Effectiveness (RIE) office, and this hiring decision was made, in part, to support the continuation of H2P data reporting and to apply methods learned through H2P to other grants and college initiatives. The RIE office was working on a system to improve access to aggregate data throughout the college, and this new system was expected to provide online access to aggregate data commonly requested by administration, faculty, and staff. A strategy was also planned to move the focus of the RIE office away from a reactive pattern of answering sometimes repetitive data requests to supporting proactive research to help build the college's capacity to make data-informed decisions.

ECC obtained a written contract with the Texas Workforce Commission in Summer 2014, with the first data received in Fall 2014. Staff reported that the contract extends beyond the end of the grant and will continue to be used to request and review participant data for employment outcomes and trends. The DCCCD was continuing to work with the Texas Workforce Commission to provide some of these data to colleges across the district in the future.

Strategy 8 – Galvanize a National Movement

January 2013. OCCRL rated the galvanize a national movement strategy at the *Implementation* level. The HOCC is undergoing revision as a part of continuous improvement, but ECC acknowledged that it existed before H2P, and ECC was committed to its existence beyond the grant. Some of the H2P colleges, including ECC, were leading and implementing scaling activities, such as providing technical assistance in the development and implementation of HOCC at other colleges in and outside the consortium. ECC's role in maintaining a national presence in professional associations in healthcare, recruiting and working with non-partner colleges, and providing technical assistance and mentorship for partner colleges made them a leader in the movement. Additionally, the team provided leadership for the H2P Consortium's HOCC community of practice. ECC's H2P

leadership recognized and acknowledged that there were still colleges and employers outside the Consortium who were unfamiliar with the HOCC concept who may also fail to recognize its potential to improve healthcare education. Two key aspects of their plan were to develop general awareness about HOCC and gather evidence regarding successful application of the HOCC.

December 2014. OCCRL rated the galvanize a national movement strategy at the *Scale-Up* level. ECC was the leader of the consortium's HOCC community of practice with over 10 years of experience in the development and implementation of this core curriculum. The college had experience that included developing buy-in for HOCC with cross-disciplinary groups of faculty and staff (including Nursing and Allied Health, and non-credit and academic programs); engaging regional employers in the development and recognition of core; navigating the curriculum approval process at the college and state level; and mentoring other colleges in the adoption and adaptation of core curriculum courses. Throughout the grant, ECC provided technical assistance to H2P Consortium colleges, as well as colleges outside the Consortium. This technical assistance included on-site visits and training, webinars, conference calls, sharing curriculum and resource materials, and organizing two national core curriculum meetings in 2014.

ECC reported that through recruitment efforts performed by H2P's HOCC community of practice, 17 colleges outside of the H2P Consortium signed agreements to implement the HOCC and supporting strategies. ECC mentored: a) Laredo Community College located in Laredo, Texas, b) San Juan College located in Farmington, New Mexico, and c) Coleman College, in Houston, Texas. ECC also worked to engage other TAACCCT recipients of healthcare-focused grants on the possibility of implementing HOCC. Specifically, the Los Angeles Healthcare Competency-to-Career Consortium leadership approached ECC for mentorship and technical assistance in implementing HOCC in its nine colleges in the greater Los Angeles area, and this work is proceeding under the leadership of the H2P Consortium National Office, in partnership with ECC's healthcare education leaders.

Evaluation Question 3

What modifications and improvements were made to ECC's TAACCCT-impacted POS and strategies?

This question was evaluated as part of the baseline visit in **January 2013** but not included in the 2014 site visit because this aspect of the evaluation was subsumed by the third-party curriculum review conducted by The Collaboratory and a private contractor hired by ECC.

Evaluation Question 4

What barriers and supports existed, and how did they impact ECC's efforts in creating and enhancing POS and strategies?

This evaluation question was part of the baseline study conducted in **January 2013** and was aimed at building an understanding of the barriers and supports that pre-existed the grant and that would impact implementation. For these purposes, the notion of supports and barriers refers to pre-existing conditions that created hurdles or facilitated advancements in the implementation of the POS and strategies at ECC.

From this standpoint, the OCCRL evaluation team identified the following supports:

- **National Leadership:** ECC had a long history of involvement and leadership at the national level in health professions organizations and had a supportive college president and other college leadership.
- **Strong Reputation:** ECC had a strong reputation for excellence built on its historical relationships with partners, including ongoing incumbent worker programs at area hospitals and involvement with CBOs.
- **State-of-the-art Facilities:** ECC featured state-of-the-art classrooms and laboratories (including multiple simulation labs) both within and outside of the TAACCCT-impacted POS.

The OCCRL evaluation team identified the following barriers:

- Lack of TAA-eligible recipients: There was a lack of TAA-eligible recipients enrolled in the H2P program.
- Reputation of Exclusive Admissions: ECC's previous admissions policies created a reputation of exclusivity for the healthcare programs. Changes enacted through the grant were proactive and inclusive; however, the reputation externally and some internal resistance from faculty, staff, and students were barriers for ECC.
- Lack of Experience with Contextualized Developmental Education: ECC leadership expressed a commitment to learning and applying contextualized developmental education opportunities; however, the college lacked experience and expertise in this area.
- New Student Populations: Meeting the academic and non-academic needs of a new, more diverse population than in the past was a challenge for ECC.

Evaluation Question 5

What strengths and opportunities for improvement exist that ECC can capitalize on in supporting their TAACCCT-impacted POS and strategies?

This evaluation question focuses on the strengths and areas for improvement identified in **December 2014**. Recommendations are offered for each area in the spirit of encouraging a continuous improvement approach.

Strengths

The OCCRL evaluation team identified multiple strengths on which ECC could capitalize to support their TAACCCT-impacted POS and strategies.

- Receptive Culture: The culture of ECC was receptive to piloting initiatives viewed as having the potential to improve student outcomes. This culture was supported by the college's new leadership, and it created a flexible, low-risk environment for administrators, staff, and faculty to develop both programs and student support services.
- New Partnerships: The H2P team's continued work to develop new and existing partnerships with employers and CBOs had clear benefits for students. Specifically, the relationships the college developed with Sharing Life and Baylor Health Care Systems were assets.
- Institutional Learning: The impact of this grant on institutional learning was noted by ECC leadership and by individuals in different divisions/units at the college. The H2P team consistently demonstrated a willingness to both share what it learned and implemented through H2P and to learn from other college initiatives.
- National Scaling: ECC H2P team's dedication to national excellence in healthcare through mentorship, sharing, and learning with other Nursing and Allied Health programs were strengths for ECC and the H2P Consortium.
- Increased Capacity to Serve Diverse Learners: Expansion of student support services to Nursing and Allied Health students, in combination with the piloting (and anticipated implementation) of the Starfish Enterprise Success Program software, built the overall capacity of the division to serve an increasingly diverse student population.

Opportunities for Improvement and Recommendations

The OCCRL evaluation team identified the following areas where ECC had the potential to improve.

- Credit for Prior Learning (CPL): ECC was encouraged to continue developing and monitoring its new process for assessing CPL. Specifically, the H2P team was advised to evaluate benefits to students of completing the HDEV 0110 (portfolio class) instead of taking HPRS 1204, including reviewing student outcomes data, examining the number of students receiving CPL and entering POS, and assessing other student outcomes.
- Student Support Services: ECC was encouraged to establish a comprehensive student support plan to fully utilize the capacity of the new Starfish Enterprise Success Program to improve student access to services and success.
- Communications: ECC was encouraged to improve communications with students about the programs, services, and pathways available to them, giving attention to multiple access points (e.g., online information, ECC admissions, Health Sciences Division). Additionally, ECC was encouraged to review the organization and structure of the courses to ensure that requirements are current and understandable. ECC was also encouraged to improve transparency around the selective admissions process, including ensuring the timely provision of application materials and entrance requirements (especially when these change), and providing students with information that would allow them to assess their chances of being admitted to the program.
- Developmental Education Reform: ECC was advised to continue working on revising developmental courses to increase contextual content and accelerate completion, including monitoring outcomes for the health-themed developmental math courses, learning from other community colleges that had successfully implemented contextualized developmental education, and providing subject matter expertise and technical support to implement healthcare-themed developmental courses. ECC was encouraged to support collaboration between the staff and faculty developing these courses to ensure that the new courses are aligned with the HOCC courses, ensuring pathways for students through developmental education to their selected POS.
- Student Outcomes Tracking: ECC was encouraged to examine the impact of HOCC on participating students, specifically, to gather and analyze outcomes data for students who complete HOCC courses, including tracking the student outcomes for participants in HOCC courses that subsequently apply for a healthcare POS, who are accepted into a healthcare POS, and who complete these POS.

Table 5. Comparison of El Centro College’s (ECC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
1. Online Assessment and Enhanced Career Guidance								
B = Baseline Rating in January 2013, I = Final implementation rating in December 2014								
ECC rating:					I			
Online assessment of students’ prior learning through:					I			
• Virtual Career Network (VCN)					B I			
• Portfolio-Based Assessments					B I			
• Evaluation of Local Training	I							
• Challenge Exams	I							
• Advanced Placement (AP) Exams	I							
• College Level Examination Program (CLEP) Exams	I							
• Dallas County Community College District’s Health Career Resources (HCRC)					B I			
Online assessment of student’s foundational skills through:					I			
• Virtual Career Network (VCN)					B I			
• WorkKeys				B				
Online career advising through:					I			
• Virtual Career Network (VCN)					I			
• ISEEK Career Assessment		B			I			
• Student Success Toolkit (iSEEK)					I			
OCCRL rating:				B I				
Online assessment of students’ prior learning through:				I				
• Virtual Career Network (VCN)				B	I			
• Portfolio-Based Assessments				I	B			
• Evaluation of Local Training	I							
• Challenge Exams					I			
• Advanced Placement (AP) Exams					I			
• College Level Examination Program (CLEP) Exams					I			
• Dallas County Community College District’s Health Career Resources (HCRC)					B I			
Online assessment of student’s foundational skills through:	I							
• Virtual Career Network (VCN)	I				B			
• WorkKeys				B				
Online career advising through:				I				
• Virtual Career Network (VCN)		B		I				

Table 5. Comparison of El Centro College’s (ECC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
• ISEEK Career Assessment				I				
• Student Success Toolkit (iSEEK)					I			
2. Contextualized Developmental Education								
B = Baseline Rating in January 2013, I = Final implementation rating in December 2014								
ECC rating:					I			
New Developmental courses that integrate health content:				B	I			
• Contextualized Math				B	I			
• Contextualized Reading				B I				
• Contextualized Writing/English				B I				
New health courses that integrate developmental content:				B				
• Management (w/ Embedded Development Ed.)				B I				
OCCRL rating:				B				I
New Developmental courses that integrate health content:				B				I
• Contextualized Math			B					I
• Contextualized Reading				B				I
• Contextualized Writing/English				B				I
New health courses that integrate developmental content:				B				I
• Management (w/ Embedded Development Ed.)				B				I
3. Competency-based Core Curriculum								
B = Baseline Rating in January 2013, I = Final implementation rating in December 2014								
ECC rating:					I			
New courses that are part of a competency-based core curriculum:	B I							
Modified courses that are part of a competency-based core curriculum:					B I			
• HPRS 1204					B I			
• HPRS 2210					B I			
• HPRS 2231					B I			
• All HPRS Courses modified to align with DOL Competency Model			B		I			
OCCRL rating:					B	I		
New courses that are part of a competency-based core curriculum:	B I							
Modified courses that are part of a competency-based core curriculum:					B	I		
• HPRS 1204					B	I		
• HPRS 2210					B	I		
• HPRS 2231					B	I		
• All HPRS Courses modified to align with DOL			B			I		

Table 5. Comparison of El Centro College’s (ECC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
Competency Model								
4. Industry-recognized Stackable Credentials								
B = Baseline Rating in January 2013, I = Final implementation rating in December 2014								
ECC rating:								
New, employer-approved credentials:					I			
• Health Care Tech I		I	B					
• Health Care Tech II		I	B					
• Work Keys						I		
• Community Health Care Worker					I			
• CNA (Sharing Life Community Outreach, SLCO)						I		
OCCRL rating:								
New, employer-approved credentials:	I		B I					
• Health Care Tech I			B I					
• Health Care Tech II			B I					
• Community Health Care Worker				I				
• CNA (Sharing Life Community Outreach, SLCO)					I			
5. Enhanced Retention Support								
B = Baseline Rating in January 2013, I = Final implementation rating in December 2014								
ECC rating:								
Hire a dedicated College Completion Advisor/Retention Specialist				B	I			
Student Support Service Functions				B	I			
• Intrusive academic supports				B	I			
• Non-academic support services				B	I			
• Career advising				B	I			
Text-based career information:				I				
• HipCricket			B	I				
OCCRL rating:								
Hire a dedicated College Completion Advisor/Retention Specialist				B	I			
Student Support Service Functions				B I				
• Intrusive academic supports				B I				
• Non-academic support services				B I				
• Career advising				B I				
Text-based career information:			B					I
• HipCricket			B					I
6. Training Programs for Incumbent Healthcare Professions								
B = Baseline Rating in January 2013, I = Final implementation rating in December 2014								
ECC rating:								
					I			

Table 5. Comparison of El Centro College’s (ECC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
New training program(s) for incumbent health professions.					I			
• Radiology				B	I			
Professional Development for clinical instructors					I			
• Radiology National Conference (ASERT)			B					
OCCRL rating:				B	I			
New training program(s) for incumbent health professions.					I			
• Radiology				B	I			
Professional Development for clinical instructors					I			
• Radiology National Conference (ASERT)			B					
7. Enhance Data and Accountability Systems								
B = Baseline Rating in January 2013, I = Final implementation rating in December 2014								
ECC rating:					I			
Hire a dedicated Data Manager					B I			
Link strategy implementation data to outcomes data on the student level through Blumen.			B	I				
Written agreement between the college and workforce systems that link student employment data.			B		I			
OCCRL rating:			B	I				
Hire a dedicated Data Manager				B	I			
Link strategy implementation data to outcomes data on the student level through Blumen.			B					I
Written agreement between the college and workforce systems that link student employment data.			B		I			
8. Galvanizing a National Movement								
B = Baseline Rating in January 2013, I = Final implementation rating in December 2014								
ECC rating:						I		
Adoption of a core curriculum in health profession by consortium colleges.					B I			
Engagement of non-consortium colleges in the development of a model core curriculum in the health professions.					B	I		
Participate in National Summit and use labor market information to improve health professions training.					B I			
OCCRL rating:				B		I		
Adoption of a core curriculum in health profession by consortium colleges.					B I			
Engagement of non-consortium colleges in the development of a model core curriculum in the health professions.				B		I		

Table 5. Comparison of El Centro College’s (ECC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
Participate in National Summit and use labor market information to improve health professions training.			B		I			
<p><i>Notes:</i></p> <p>1. Un-shaded rows show self-assessment rating provided by the co-grantee. Shaded rows show ratings provided by the OCCRL evaluation team after visiting the co-grantee.</p> <p>2. The ratings in the scale are defined as follows:</p> <ul style="list-style-type: none"> • Not Planned: The College decided not to implement this strategy. • Pre-Planning: The College committed to the strategy but has not started planning it. • Planning: The College was engaged in a planning process to move forward with this strategy. • Implementation: The College was engaged in implementation of the strategy. • Sustainability: The strategy had been fully implemented, and the team was addressing sustainability of this strategy. • Scale-Up: The strategy was broadened in scope and scale to fit other college needs or adapted/replicated to suit other colleges. • Not Implemented: This was a strategy that the college elected not to bring to implementation during the course of the grant. • Discontinued: This was a strategy that was implemented during the course of the grant, but the college has discontinued the use of the strategy. <p>3. The ratings Not Implemented and Discontinued were added to provide further clarification by the research team after the December 2014 site visit.</p>								

Jefferson Community and Technical College

This subsection presents results on implementation of the TAACCCT grant at Jefferson Community and Technical College (JCTC), as reported in this co-grantee college's interim implementation evaluation site report (2013) and final implementation evaluation site report (2014).

Evaluation Question 1

Who were JCTC's partners and what role did they play in supporting the implementation of TAACCCT-impacted POS and strategies?

January 2013. The OCCRL evaluation team met with three representatives from Norton Healthcare and a representative from Signature Healthcare who represented area hospital, clinic, laboratory, physician office, and long-term care healthcare workplaces. The partners were very familiar with JCTC initiatives, effusive in their support of the resulting programs, and highly complimentary of the Dean, the faculty, and the career coach. JCTC's strong relationship with partners ranged from significant investments to active advisory support and the development of a collaborative "Grow Your Own" POS designed to up-skill and credential incumbent employees. Partners placed interns and supported clinical practice needs.

Employer partners were engaged in the conceptualization and competency review of the HOCC and the MA and the (Limited) Medical Office Radiography (LMR) programs. Norton provided tuition assistance to incumbent employees enrolled in POS, and participated in the selection of and ongoing support for their student employees. Norton shared that JCTC's stackable credentials fulfilled a significant need for employers, based on recent changes in healthcare legislation. They also noted that employees participating in the Grow Your Own MA and LMR programs demonstrated increased confidence and critical questioning, and they noted positive impacts on patients.

The Dean worked collaboratively with partners to increase engagement, based on a partnership collaboration model from CSTCC, including efforts to develop a stronger partnership with WIB staff. One WIB representative became involved in the newly developed collaborative of their partnership, and advised more broadly as a community member and less as a WIB representative.

Employer partners were aware of the investments made in healthcare POS, participating faculty, and courses offered as a result of the TAACCCT grant. They were also aware of the agenda of the H2P Consortium. The employer partners collectively praised the responsiveness of JCTC in meeting business needs, developing timely responses to requests, and engaging as active partners in the improvement of healthcare outcomes in the region.

November 2014. JCTC's H2P leadership facilitated the collaboration and development of the Health Careers Collaborative of the Greater Louisville Area (HCCGLA), a regional industry-led initiative based on the Health Careers Collaborative of Greater Cincinnati. CSTCC provided JCTC information and technical assistance supporting the development of the HCCGLA. Development of this new initiative ran through 2013, with meetings taking place in April, May, August, and September. On November 14, 2013, 28 partners participated in a charter signing ceremony. Partners in this initiative came from a variety of regional healthcare industries, including hospitals, clinical care centers, nursing homes, and home health care providers from both Kentucky and Indiana. Additionally, the local WIB is an active member of the HCCGLA. Through the HCCGLA, JCTC strengthened existing partnerships and established new ones.

JCTC partners described a paradigm shift among the region's healthcare providers and for the college as a result of the development of the HCCGLA. Whereas healthcare remained a competitive field for industry partners, both JCTC and partners in the HCCGLA expressed the goal of collaboratively building the healthcare industry in the region which resulted in an increased willingness to collectively engage with JCTC and other education partners. The HCCGLA provided JCTC information on trends, labor market needs, and changes in the healthcare industry. The HCCGLA allowed partners to recognize shared workforce needs, thus facilitating their collaboration with

educational providers, such as JCTC. This regional collaboration facilitated the alignment of POS with the region's labor market needs. HCCGLA worked collectively to pursue resources and supports, such as grants and contracts. One opportunity under development at the time of the site visit was the HCCGLA and WIB collaborating to create a Health Care Careers Center. This workforce center was designed to provide support for individuals who expressed interest in entering the healthcare field, as well as incumbent workers who wanted additional education and training. JCTC leadership, staff, and partners all expressed enthusiasm for this new center. Repeatedly, partners credited JCTC for its leadership and contribution to the viability of the healthcare industry in the region.

Evaluation Question 2

What strategies and activities did JCTC implement, and what was the impact on JCTC's POS?

Table 6 shows the college's self-assessment ratings are compared to the OCCRL team's assessment ratings. This table includes a baseline rating from **January 2013** and a subsequent rating from **November 2014**, including sub-strategies. The ratings are based on an implementation scale developed by OCCRL.

Strategy 1 - Online Assessment and Enhanced Career Guidance

January 2013. OCCRL rated the online assessment and enhanced career guidance strategy at the *Implementation* level, as did JCTC. The College's Student Success Coach used the COMPASS and the ACT WorkKeys assessments as entrance markers to identify low-skilled students, and she used the VCN for career advisement. The Student Success Coach was not involved in conducting online assessments of students' prior learning, which was done through portfolios and challenge exams. Only one student completed this assessment at the time of the first site visit. The students who had participated in the incumbent worker programs through local industry did not take additional assessments beyond those required for admissions; however, there was interest in expanding the use of the NCRC assessment.

November 2014. OCCRL rated the online assessment and enhanced career guidance strategy at the *Implementation* stage, which differed from JCTC's rating of *Sustainability*. JCTC did not plan to use online assessment or online career guidance either through VCN or another comparable tool. However, JCTC improved their career guidance and CPL systems to help students gain credit for their previous experiences. JCTC did this by: a) streamlining and formalizing their CPL process, b) creating new competency-based examinations (CBE), c) recognizing veteran status in the admissions process, d) designating an individual contact person for CPL in the college's admissions office, and e) integrating career information into the HOCC (Introduction to Health Occupations – see strategy 3).

JCTC streamlined the CPL process for healthcare students by creating a one-sheet guide on the CPL process. Previously, students could reference a college handbook on CPL; however, this document was lengthy and its target audience was college faculty and staff. Faculty and staff described this handbook as being a barrier that discouraged students from engaging in CPL. The Kentucky Community and Technical College System (KCTCS) created a booklet that provided students with description of the types of prior learning assessments and helped students to explore if accessing CPL would help them to achieve their goals. This new KCTCS booklet, in combination with the guide created by JCTC, provided students with information about what CPL is and how to access it. The college designated an individual in the Admissions Office as a primary point of contact for students interested in CPL. In addition to reviewing applications for CPL and working with faculty who assessed CPL, this individual answered students' questions and helped guide them through JCTC's CPL process. As this was a relatively new process, there was not sufficient time to know if these new processes would encourage more students to engage in the process or to know how much credit they would be awarded.

JCTC created CBE for: a) HOCC courses, b) POS where recent changes in certification requirements allowed incumbent employees to gain certifications, and c) articulation of credentials from unaccredited institutions toward a POS at JCTC. These CBE examinations were still new and only a few students had taken advantage of

them at the time of OCCRL's visit. However, employers and JCTC leaders noted that healthcare providers were increasingly interested in training their incumbent workers at every level of their career pathways to ensure a stable, educated workforce. Both the college and its partners expressed an expectation that CBE exams were increasingly important for recognizing the existing skills and knowledge of incoming students and accelerating their progress. CBE exams were expected to be of particular importance for students whose previous education was at unaccredited institutions, as these students faced barriers to progressing in the career pathways without receiving credentials from an accredited institution such as JCTC.

JCTC's Allied Health and Nursing programs changed their admissions process to provide preference for military veterans, which was seen by the H2P team and other staff as positive recognition of skills demonstrated by veterans through their military service. Veterans were able to submit their military transcripts and be awarded CPL for their experiences with the military. However, this process for military members was problematic. At the time of the visit, if a student submitted their military transcripts, the transcripts were reviewed in their entirety and the student was awarded CPL for all applicable credits to the college, inflating the number of credits that students received. Not only did most of the credit awarded not count towards the students' elected POS, it counted toward students' financial aid, which many students did not understand. Two issues needed to be examined at the college level to help avoid these complications for veterans. First, the process of awarding CPL to veterans needed to be reviewed and, if possible, improved to more accurately reflect the needs of incoming veteran students. Second, communication to potential students about: a) what transcripts are required to be submitted with their application, b) how submitting a military transcript can impact their educational progress, and c) how submitting a military transcript can impact their financial aid, needed to be improved to ensure students made informed decisions about whether or not to pursue CPL related to their military experience.

Strategy 2 - Contextualized Developmental Education

January 2013. The OCCRL team rated the contextualized developmental education strategy at the *Implementation* level. Contextualized math, which includes Basic Algebra (MAT 65) and Intermediate Algebra (MAT 85), were fully implemented and entering the sustainability phase, having moved beyond the TAACCCT funding needed to develop it since this class was in its third semester as a regular course offering. This course integrated math content into the healthcare context, employing both lecture and online pedagogies. Faculty reported improved student outcomes, citing a 50% pass rate in Summer 2012 and 100% pass rate in Fall 2012. Five students earned A grades in MAT 65 in Summer 2012 and 13 received passing grades in Fall 2012. According to the faculty, the redesigned format of the math class allowed students to maintain a better pace. Additionally, faculty perceived that students' understanding of the material was improved due to efforts to relate the math curriculum to "real life." The faculty also reported that student feedback indicated that they were better able to grasp the need for math in their chosen field, and that they were grateful for their stronger math skills. Although the faculty was not aware of a sustainability plan to maintain the course long term, they expressed confidence that growing enrollment would prompt the college to make contextualized developmental math a mainstay at JCTC. The OCCRL evaluation team was not able to collect any data on the contextualized reading and writing courses, but we were told that an ESL offering was planned.

November 2014. OCCRL rated contextualized developmental education at the *Implementation* level, as did JCTC. H2P staff was collaborating with staff from the college's Accelerating Opportunity Kentucky (AOKY) initiative, which is a statewide initiative coordinated through the KCTCS. At JCTC, the AOKY program initially worked exclusively with the college's Automotive Technology, Interdisciplinary Early Childhood Education, and Multi-Skilled Machine Maintenance programs. Starting in Summer 2013, the AOKY program expanded to include the HOCC basic certificate POS. Drawing from the I-BEST and Accelerating Opportunity models, AOKY students were provided a concurrent combination of basic skills and technical education. Cohorts of AOKY students that had selected to pursue a career in healthcare were enrolled in two common HOCC courses (see strategy 3 for information on JCTC's HOCC courses) taught by Allied Health and Nursing instructors. JCTC integrated developmental content into the four courses in their HOCC (HST 101, HST 102, HST 103, and AHS

115). In addition to the integrated contextualized developmental education in these courses, AOKY students were provided additional developmental instruction scheduled between the students' two health classes. Instructors used a team-teaching model wherein instructors for the cohort collaborated on the assignments, rubrics, and supports provided to students, and where ABE instructors would provide support to students during approximately half of their healthcare courses. College leadership, as well as staff from both initiatives, highlighted the success of the collaboration between H2P and AOKY, pointing to high course completion rates in the HOCC basic certificate POS through AOKY.

JCTC integrated healthcare information into two math courses, MAT 65 and MAT 85. These courses were first offered in Summer 2012 and Fall 2012, respectively. Staff related that a Nursing text was integrated into an existing ESL course to help build students' familiarity with the terms and concepts in healthcare. Additionally, H2P staff worked with faculty teaching developmental English to integrate information about American Psychological Association (APA) style guidelines to help students build skills to access relevant research in healthcare. Whereas these efforts to contextualize their English and ESL courses helped prepare students for coursework in healthcare, it was clear that JCTC's work with the MAT 65 and MAT 85 courses remained a strength.

Strategy 3 - Competency-Based Core Curriculum

January 2013. OCCRL rated the competency-based core curriculum strategy at the *Implementation* level because of the progress made at JCTC to develop and implement the HOCC. According to the JCTC staff, five HOCC courses were offered in Spring 2013, three of them as pilot offerings. JCTC anticipated offering Pathophysiology (HST 122) in Summer 2013. Although the HOCC course proposals were pending approval at the system level, JCTC had curriculum structures in place that allowed them to pilot these courses as "Special Topics" courses.

Reflecting on the long term, JCTC staff reported engaging in discussions about establishing the HOCC prior to receiving the H2P grant. Employer partners participated in a competency review early in the process, and they were knowledgeable about the core curriculum and recognized its ability to extend opportunities to students beyond traditional Nursing programs. H2P enabled JCTC to accelerate the design of a HOCC by allocating stipends to faculty for course development and by offering professional development opportunities (e.g., a leadership retreat and travel to H2P co-grantee colleges for core curriculum development discussions). JCTC also brought in staff from H2P co-grantee ECC, where a HOCC model was already in use. The HOCC committee at JCTC anticipated continuing revisions to the course content when more information became available as students moved into their healthcare major(s).

Personnel at JCTC anticipated sustaining the HOCC, and they were already in discussion with other community colleges in KCTCS regarding scaling up the HOCC statewide. The JCTC HOCC committee had a meeting with the chair of the system-wide curriculum committee towards this goal. In addition, a JCTC H2P team member served as the chair of the system-wide HOCC committee. However, the need for supplemental resources to offer additional sections of HOCC courses that have full enrollment represented a potential barrier for scaling up the HOCC.

There was unanimous and enthusiastic agreement among members of the JCTC HOCC committee, college leadership, and the H2P team that the HOCC was a significant improvement to healthcare offerings. Faculty members thought that having a group of students with common interests in the HOCC would create a positive learning environment. One faculty member who had implemented the HOCC said it had "spoken to humanity," believing that the quality of healthcare would be improved as a result of better quality training. The faculty also recognized the role of the HOCC in accelerating educational achievement. It removed duplication of content and provided alternate healthcare pathways for those students who started an academic program without a clear understanding of the multiple career paths available. The HOCC committee emphasized the importance of all Allied Health and Nursing POS incorporating the HOCC.

November 2014. OCCRL rated the competency-based core curriculum strategy as at the *Scale-Up* level, as did JCTC. JCTC's HOCC consists of seven foundational courses in health care. The seven courses are:

- AHS 115 Medical Terminology
- HST 101 Health Care Basic Skills I
- HST 102 Health Care Delivery and Management
- HST 103 Health Care Communication
- HST 121 Pharmacology
- HST 122 Clinical Pathophysiology
- HST 123 Health Care Basics Skills II

The AHS 115 course existed at JCTC prior to the H2P grant; however, enhancements were made to the existing curriculum during the grant period. The remaining six courses were new to the college and implemented as part of their H2P initiative.

Development and implementation of the HOCC was considered a centerpiece achievement of the H2P initiative. Implementation of the HOCC was made possible because of the cooperation of the faculty and the leadership of both the Allied Health and Nursing divisions, as well as the strategic choice to capitalize on the expertise of their H2P Consortium partner, ECC. KCTCS's approval of the HOCC courses also facilitated the spread and adoption of the HOCC among other community and technical colleges throughout Kentucky wherein JCTC implemented online versions of five HOCC courses, and these online courses attracted students from colleges across the KCTCS and from outside of Kentucky.

Strategy 4 - Industry-Recognized Stackable Credentials

January 2013. OCCRL rated the industry-recognized stackable credentials strategy at the *Implementation* level. HOCC Certificate I and HOCC Certificate II were designed with industry input as stackable certificates. JCTC developed stackable credentials prior to the H2P grant activities and, specifically, stackable credentials existed in PT prior to H2P. Because of pending legislative changes that required all PTs in Kentucky to be certified by an accredited institution, students volunteered that these programs will become even more valuable to them in their careers.

Through interviews with nearly two dozen students, the OCCRL evaluation team identified multiple students in the LMR program who had already completed the MA diploma. Students and JCTC staff commented that the LMR certificate was useful in gaining employment because employers prefer these additional skills beyond the MA diploma. Two LMR students indicated they would start Bachelor's Degree programs in Fall 2013, and one student planned to transfer to a non-healthcare program. Students expressed worries that scheduling conflicts might create a barrier to the next stage of their stackable credentials. The OCCRL evaluators speculated that this perceived barrier could have stemmed from incomplete information about scheduling.

Employer partners recognized the need for additional and stackable credentials for their employees. This was due, in part, to new medical procedures and pending legislative changes that require medical technicians to be certified. JCTC, in partnership with employer partners, was responding to the anticipated legislative changes in the Kentucky healthcare system. One partner stated that stackable credentials, starting with short-term certificates and leading to Associate's Degrees, would be useful in meeting industry needs for training of incumbent workers.

November 2014. OCCRL rated the industry-recognized stackable credentials strategy at the *Sustainability* level, as did JCTC. The industry-recognized stackable credentials developed and enhanced through H2P appeared to be institutionalized and accepted by regional employers.

At the time of the 2013 site visit, JCTC had successfully implemented stackable credentials as part of their HOCC, PT, and MA POS. Employer partners continued to reinforce the importance of stackable credentials that

start with short-term certificates leading to Associate's Degrees and beyond as an important strategy for engaging incumbent workers and training the region's healthcare workforce. Short-term entry certificates were seen as a stepping-stone to help students engage and learn about the healthcare industry. Additionally, these certificates were viewed positively by employers who observed that they demonstrated students' foundational knowledge in healthcare and also reflected their commitment to the field.

As noted in OCCRL's 2013 interim implementation evaluation report, the stackable credentials of both HOCC Certificate I and II were designed with industry input, which garnered an enthusiastic response from both employer and workforce partners, although area employers had not adopted either of the HOCC Certificates as a requirement for employment. This appeared largely a reflection on the complex human resources systems in place at larger healthcare employers and their complications in changing existing job descriptions. However, employers highlighted that students with these credentials gained a competitive advantage in their hiring processes. One employer partner stated that the HOCC Certificates are a key element of their human resource development strategy and, as such, they anticipate growth in the number of their employees who participate in the programs. Additionally, the new Health Care Careers Center was designed to help potential students, including incumbent healthcare workers, learn about and engage with JCTC's programs, specifically the HOCC Certificate programs.

Strategy 5 - Enhanced Retention Support

January 2013. OCCRL rated the enhanced retention support strategy at the *Implementation* level. Interviews with several JCTC staff, including the JCTC executive leadership, faculty, students, and the business partners recognized the Student Success Coach for her dedication and genuine concern for the welfare of students. The JCTC staff provided multiple examples of how her daily connections with students went beyond a traditional advising role. She assisted students in their academic planning using the VCN assessment, and students were encouraged to explore multiple pathways and align opportunities with their interests. Additionally, the Student Success Coach provided insight and support to the H2P grant initiative that extended beyond her role in student advisement. She actively solicited student participation in coaching through classroom visits and other efforts to remain visible to students. Her schedule included flexible and extended hours to address students' scheduling needs, and H2P students reported that they felt she was available to them and responsive to their needs.

November 2014. OCCRL rated the enhanced retention support strategy at the *Implementation* level, as did JCTC. Early in the grant, the Student Success Coach's role focused heavily on recruitment. Starting in July of 2012, the First Year Experience (FYE) instructors invited the Student Success Coach to classes to provide information, resulting in her recruitment expanding to include students in remedial courses and other entry-level classes. The Student Success Coach also recruited students at rapid response meetings held for recently unemployed workers whose jobs were outsourced overseas. As the grant progressed, the Student Success Coach shifted some of her focus from recruitment to helping students find employment, although her retention efforts continued. The Student Success Coach reported good working relationships with workforce partners and local healthcare employers.

Employees in numerous college departments and students spoke highly of the support services provided by the Student Success Coach, and they perceived a positive impact on student outcomes. JCTC implemented the Starfish Enterprise Success Program, a student tracking and engagement software that allowed staff, faculty, and students to track student progress in coursework and to provide a venue for interaction with staff and faculty. This system also allowed students to choose to receive notifications via e-mail or texting services. Notices about job fairs, tutoring services, and registration deadlines were sent by the Student Success Coach through Starfish. JCTC planned to sustain Starfish as it was into KCTCS. However, JCTC did not plan to sustain the Student Success Coach position.

Strategy 6 - Training Programs for Incumbent Healthcare Workers

January 2013. OCCRL rated the training programs for incumbent healthcare workers strategy at the *Sustainability* level. The incumbent healthcare workers programs established in partnership with healthcare employers had a solid footing and ongoing commitment from both the JCTC and employer partners. The employers identified the partnership as a cornerstone component of workforce planning and commented that their strategy was focused on promotion from within based on competency development through programs such as the MA Diploma program and LMR Certificate.

Employers saw the need to increase skill levels, particularly in response to new federal healthcare laws and regulations aimed at reducing errors and costs while improving care. Employers noted that there was significant growth in long-term care needs, a focus of multiple companies in the Louisville area that had formed partnerships with JCTC recently. One of these employers shared a commitment to employee development “from GED to PhD,” with JCTC playing a key role. The partners saw the incumbent healthcare worker programs as a core aspect of their response to incumbent training needs and expressed a commitment to a long-term partnership based on satisfaction with progress and a desire to focus on promotion from within as a preferred method of increasing the skills of their labor force.

November 2014. OCCRL rated the incumbent worker training programs at the *Implementation* level, as did JCTC. H2P was considered a catalyst to help shape these programs. Their focus was on incumbent workers who wanted to advance their careers in an allied health-related position while accessing education at an employer location or on campus. The programs were offered in MA, Medical Office Radiography (MOR), and HST. Employers provided funding for tuition, fees, books, and clinical supplies, and evening classes were offered to provide training opportunities for those who worked during the day. Employers reported higher retention rates for these employees than their on-campus students.

JCTC reported hosting clinical workshops and offering continuing education credit to nurses and those in allied health fields. A clinical workshop was presented in August 2013 with 55 individuals in attendance, and a second workshop was offered in August 2014 with 98 attendees. A third clinical half-day workshop was being planned for 2015. The H2P team had secured institutional funding to cover the catering expenses associated with these workshops. Additionally, Workforce Solutions of JCTC had applied to be a continuing education unit (CEU) provider, so that professional development could be provided for area healthcare professionals, staff, and faculty.

Strategy 7 – Enhance Data and Accountability Systems

January 2013. OCCRL rated the enhance data and accountability systems strategy at the *Implementation* level. The H2P team was highly motivated and took a systematic approach to collecting and storing the data needed for performance reporting to the DOL, including flagging H2P students in the college’s PeopleSoft system. As part of KCTCS, JCTC submitted requests to the system for many of the changes needed for H2P, resulting in delays. For instance, JCTC submitted the common H2P intake form to KCTCS for approval, delaying its implementation until Spring 2013.

JCTC was also interested in moving forward with the Blumen system. The college already implemented Starfish to collect retention services data at the student level (which was the primary function of Blumen), and JCTC staff worried about the extra time needed to enter data into both systems. Additionally, JCTC implemented an internal SharePoint site to collect data that needed to be tracked for performance reporting. This approach was perceived locally as a more efficient way to track data than Blumen.

November 2014. OCCRL rated the enhance data and accountability systems strategy at the *Implementation* level, as did JCTC. The H2P team at JCTC included members of the College’s Institutional Effectiveness, Research, and Planning Office. Representatives from different areas of the college reported that H2P, in conjunction with other current initiatives, had improved the use of data in their decision-making process. The change had been

especially notable in the divisions of Nursing and Allied Health. Several areas of the college were informing more people about data available to improve college processes. Additionally, JCTC was moving towards a more data-focused strategy to identify funding streams that could better meet the needs of their students and promote student success. Due to perceived limitations and based on the data collection systems in place at JCTC, the college decided against using Blumen to collect intake and students services data. Finally, KCTCS secured a written agreement to receive unemployment insurance (UI) wage records, albeit in an aggregate reporting format. Despite the directive from DOL to report student-level data for the TAACCCT grant, the KCTCS never allowed student-level UI Wage data to be used for performance reporting or impact evaluation.

Strategy 8 – Galvanize a National Movement

January 2013. OCCRL rated the strategy of galvanizing a national movement at the *Planning* level. According to H2P leadership, JCTC was actively looking for ways to scale up promising practices across the institution, as well as regionally, and the college planned to use TAACCCT funding to promote systemic change. JCTC actively worked to engage with other colleges throughout the KCTCS, which spans 68 campuses across the state of Kentucky. JCTC saw this collection of colleges as one of their best sources of allies, and they engaged these colleges on a systems level to foster the development of a statewide HOCC. ACTC, a co-grantee in the H2P Consortium, was a partner in this effort. JCTC leaders believed that strengthening and solidifying these partnerships would help increase core curriculum acceptance and adoption across the state, bringing transformative change to the institutions.

JCTC and ACTC actively built a partnership between education and their partners (employer and workforce), with the core curriculum foundation in place. According to college leaders, the TAACCCT grant was the catalyst for forming these collaborative partnerships, allowing for work to begin on scaling up core curriculum redesign across Kentucky's 15 other community colleges. H2P leaders were an asset in providing an influential voice to disseminate information and input to these colleges and create a model for expanding other college programs to non-H2P audiences across their colleges and the state.

November 2014. OCCRL rated the galvanizing a national movement strategy at the *Sustainability* level, which differed from JCTC's rating of *Scale-Up*. KCTCS approved the HOCC and made it available to all community colleges in the KCTCS; however, not all H2P co-grantees adopted the HOCC. The H2P meeting in Scottsdale, AZ and the annual NN2 meetings provided evidence of efforts to engage non-consortium colleges in development of HOCC. JCTC leaders did presentations at the KCTCS Summit and shared information with other KCTCS colleges but these efforts were still in early stages. Also, JCTC was building a relationship with Ivy Tech Community College, Sellersburg Campus. Ivy Tech was exploring the possibility of adopting and adapting the HOCC with the support of JCTC.

JCTC coordinated two one-day H2P statewide summits, with 12 KCTCS colleges attending to learn about the HOCC, the national movement around the HOCC, and regional progress toward adoption of the HOCC. These summits concluded with teams developing plans for next steps in the adoption of a core curriculum at their respective institutions.

Evaluation Question 3

What modifications and improvements were made to JCTC's TAACCCT-impacted POS and strategies?

This question was evaluated as part of the baseline visit in **January 2013**. It was not included in the 2014 site visit, because this aspect of the evaluation was subsumed by the third-party curriculum review conducted by The Collaboratory and a private contractor hired by JCTC.

Evaluation Question 4

What barriers and supports existed, and how did they impact JCTC's efforts in creating and enhancing POS and strategies?

This evaluation question was part of the baseline study conducted in **January 2013** and was aimed at building an understanding of the barriers and supports that pre-existed the grant and that would impact implementation. For these purposes, the notion of supports and barriers refers to pre-existing conditions that created hurdles or facilitated advancements in the implementation of the POS and strategies at JCTC.

From this standpoint, the OCCRL evaluation team identified the following supports:

- Employer Partnerships: The employers were positive and supportive about their relationship with JCTC, recognizing and valuing the programming that JCTC provided to incumbent workers and future staff. JCTC was featured in the Hechinger Report as a model for business-community college partnerships, referring to partnerships with Norton Healthcare.
- Internal Teamwork: The committed work of the Nursing and Allied Health departments in fostering a working partnership was especially notable given these departments' past independence regarding curricular development and programming.
- Cross-College Engagement: JCTC's past history of engaging other community colleges within the state served as a strong base from which to anchor a model for scaling up promising practices statewide as well as nationwide.
- Multiple Grants – As the recipient of multiple grants, JCTC had a financial support structure in place to leverage improvement and growth.

The OCCRL evaluation team identified the following barriers:

- Lack of TAA-Eligible Recipients in the Area: According to a WIB representative, the economic situation for TAA-eligible workers was reversing during the grant. Pointing to the reopening of a local General Electric (GE) plant and reintroduction of shift work, the WIB anticipated difficulty in identifying a significant number of TAA-eligible participants to enroll in JCTC's H2P programs.
- Lack of Clinical Placements: JCTC faculty and students revealed that clinical placements were an ongoing challenge with existing employer partners.
- State Systems and Structures: H2P team members identified hurdles to overcome regarding program success, including securing data necessary to measure student outcomes and challenges scaling up programs statewide.
- Assessment of Remedial Math Needs for Grow Your Own Programs: Staff referred to the need for better pre-assessment of math skills prior to program entry, especially for incumbent worker training program participants.

Evaluation Question 5

What strengths and opportunities for improvement exist that JCTC can capitalize on in supporting their TAACCCT-impacted POS and strategies?

This evaluation question focuses on the strengths and areas for improvement identified in **November 2014**. Recommendations are offered for each area in the spirit of encouraging a continuous improvement approach.

Strengths

The OCCRL evaluation team identified multiple strengths on which JCTC can capitalize to support their TAACCCT-impacted POS and strategies.

- **JCTC Leadership:** JCTC leaders represented a cohesive and well-functioning team focused on collaborative action and continuous improvement, with strong support from college administration. Faculty, administrators, employers, and the WIB staff testified to the exceptional quality of the JCTC leaders and their continued commitment to quality programs that serve the needs of the region's healthcare employers and their students.
- **JCTC's Reputation:** In collaboration with program leadership, the faculty and staff built programs that were perceived internally and externally as high quality and meeting the needs of a diverse student population and the regional healthcare industry. This reputation was strengthened through the alliance that was being built between the Nursing and Allied Health divisions and through the support of the region's employers.
- **Employer Partnerships:** The HCCGLA represented a clear indication of JCTC's ability to leverage and strengthen long-standing relationships with regional healthcare employers while engaging new partners. By encouraging the HCCGLA to be industry driven and regionally focused, its potential for sustainability beyond the grant was enhanced. Development of the new Health Care Careers Center was expected to create a centralized, community-focused location for workforce information for individuals wanting to enter into or progress in a healthcare career pathway.
- **Relationship with the WIB:** Over the course of the H2P initiative, JCTC strengthened its partnership with the local WIB and expanded partner roles in locating, recruiting, and guiding potential students to JCTC's healthcare programs.

Opportunities for Improvement and Recommendations

The OCCRL evaluation team identified the following areas where JCTC had the potential to improve.

- **Employment Supports:** The OCCRL team found minimal evidence of support to ensure graduates could secure employment. Primarily, students found employment either through their clinical sites or because an employer called a contact in the college and requested graduates. This informal process, while in many respects successful, limited the college's ability to strategically develop relationships with employers, track their impact on employment, and provide support to students who wanted employment at sites outside of their clinical experiences.
- **Students Support Data:** JCTC was encouraged to implement the Starfish system fully. Data collected through this system were thought to be important to recognizing the value of student support systems as well as to improving the support provided to students.
- **Rapid Implementation of Strategies:** JCTC accomplished a wide range of goals through the H2P initiative, including the rapid integration of new strategies and curriculum. JCTC was advised to ensure that, as new services, strategies, and curriculum were implemented in the future, to seek feedback and make adjustments to ensure that these efforts reach their intended objectives.
- **PLA for Veterans:** To ensure that veterans in Nursing and Allied Health programs did not lose access to critical financial aid, the JCTC H2P leadership team was encouraged to work with the college to improve the process for veterans to obtain CPL, as outlined in Strategy 1 above.

Table 6. Comparison of Jefferson Community and Technical College’s (JCTC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
1. Online Assessment and Enhanced Career Guidance								
B = Baseline Rating in January 2013, I = Final implementation rating in November 2014								
JCTC rating:					I			
Online assessment of students’ prior learning through:					I			
• Virtual Career Network (VCN)	I							
• Portfolio-Based Assessments				B	I			
• Challenge Exams					I	B		
• Advanced Placement (AP) Exams					I			
• College Level Examination Program (CLEP) Exams					I			
Online assessment of student’s foundational skills through:	I							
• Virtual Career Network (VCN)	I	B						
Online career advising through:	I							
• Virtual Career Network (VCN)	I		B					
• ISEEK Career Assessment	I							
OCCRL rating:				B I				
Online assessment of students’ prior learning through:				B I				
• Virtual Career Network (VCN)	I							
• Portfolio-Based Assessments				B I				
• Challenge Exams				I				
• Advanced Placement (AP) Exams				I				
• College Level Examination Program (CLEP) Exams				I				
Online assessment of student’s foundational skills through:	I	B						
• Virtual Career Network (VCN)	I	B						
Online career advising through:	I							
• Virtual Career Network (VCN)	I		B					
• ISEEK Career Assessment	I		B					
2. Contextualized Developmental Education								
B = Baseline Rating in January 2013, I = Final implementation rating in November 2014								
JCTC rating:				I				
New Developmental courses that integrate health content:					I			
• Contextualized Math (MAT 065, MAT 085)					B I			
• Contextualized Reading			B		I			
• Contextualized Writing/English					I			
New health courses that integrate developmental content:			B		I			
• HST 101 Health Care Basic Skills I			B		I			
• HST 102 Health Care Delivery and Management			B		I			
• HST 103 Health Care Communication			B		I			
• AHS 105 Introduction to Health Occupations			B	I				
• AHS 115 Medical Terminology			B		I			

Table 6. Comparison of Jefferson Community and Technical College’s (JCTC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
OCCRL rating:				B I				
New Developmental courses that integrate health content:				B I				
• Contextualized Math					B I			
• Contextualized Reading		B	I					
• Contextualized Writing/English		B	I					
New health courses that integrate developmental content:			B		I			
• HST 101 Basic Core Skills I			B		I			
• HST 102 Health Care Delivery and Management			B		I			
• HST 103 Communication for Health Professionals			B		I			
• AHS 115 Medical Terminology			B		I			
3. Competency-based Core Curriculum								
B = Baseline Rating in January 2013, I = Final implementation rating in November 2014								
JCTC rating:						I		
New courses that are part of a competency-based core curriculum:				B		I		
• HST 101 Health Care Basic Skills I				B		I		
• HST 102 Health Care Delivery and Management				B		I		
• HST 103 Health Care Communication				B		I		
• HST 121 Pharmacology				B		I		
• HST 122 Clinical Pathophysiology				B		I		
• HST 123 Health Care Basic Skills II				B		I		
Modified courses that are part of a competency-based core curriculum:				B I				
• AHS 115 Medical Terminology				B I				
OCCRL rating:				B		I		
New courses that are part of a competency-based core curriculum:				B		I		
• HST 101 Basic Core Skills I				B		I		
• HST 102 Health Care Delivery and Management				B		I		
• HST 103 Communication for Health Professionals				B		I		
• HST 121 Pharmacology				B		I		
• HST 122 Pathophysiology				B		I		
• HST 123 Basic Core Skills II				B		I		
Modified courses that are part of a competency-based core curriculum:				B I				
• AHS 115 Medical Terminology				B I				
4. Industry-recognized Stackable Credentials								
B = Baseline Rating in January 2013, I = Final implementation rating in November 2014								
JCTC rating:					I			

Table 6. Comparison of Jefferson Community and Technical College's (JCTC) Self-Assessment and OCCRL's Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
New, employer-approved credentials:					I			
• Health Care Foundations – Basic				B	I			
• Health Care Foundations – Intermediate				B	I			
• Associate in Applied Science Degree in Medical Assisting				B I				
OCCRL rating:				B	I			
New, employer-approved credentials:				B	I			
• Health Care Foundations – Basic				B	I			
• Health Care Foundations – Intermediate				B	I			
• Associate in Applied Science Degree in Medical Assisting				B I				
5. Enhanced Retention Support								
B = Baseline Rating in January 2013, I = Final implementation rating in November 2014								
JCTC rating:				I				
Hire a dedicated College Completion Advisor/Retention Specialist				I	B			
Student Support Service Functions				I				
• Intrusive academic supports				I	B			
• Non-academic support services				I	B			
• Career advising				I	B			
Text-based career information:				I				
• HipCricket	I		B					
OCCRL rating:				B I				
Hire a dedicated College Completion Advisor/Retention Specialist				I	B			
Student Support Service Functions				B I				
• Intrusive academic supports				B I				
• Non-academic support services				B I				
• Career advising				B I				
Text-based career information:			B	I				
• HipCricket			B				I	
6. Training Programs for Incumbent Healthcare Professions								
B = Baseline Rating in January 2013, I = Final implementation rating in November 2014								
JCTC rating:				I				
New training program(s) for incumbent health professions.				I				
• Norton Grow Your Own Programs				I		B		
Professional Development for clinical instructors			B	I				
OCCRL rating:				I	B			
New training program(s) for incumbent health professions.				I	B			
• Norton Grow Your Own Programs				I	B			

Table 6. Comparison of Jefferson Community and Technical College’s (JCTC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
Professional Development for clinical instructors				B I				
7. Enhance Data and Accountability Systems								
B = Baseline Rating in January 2013, I = Final implementation rating in November 2014								
JCTC rating:				I				
Hire a dedicated Data Manager				I	B			
Link strategy implementation data to outcomes data on the student level through Blumen.	I		B					
Written agreement between the college and workforce systems that link student employment data.			B		I			
OCCRL rating:				B I				
Hire a dedicated Data Manager				I	B			
Link strategy implementation data to outcomes data on the student level through Blumen.	I		B					
Written agreement between the college and workforce systems that link student employment data.			B		I			
8. Galvanizing a National Movement								
B = Baseline Rating in January 2013, I = Final implementation rating in November 2014								
JCTC rating:						I		
Adoption of a core curriculum in health profession by consortium colleges.		I	B					
Engagement of non-consortium colleges in the development of a model core curriculum in the health professions.		I		B				
Participate in National Summit and use labor market information to improve health professions training.		I	B					
OCCRL rating:			B		I			
Adoption of a core curriculum in health profession by consortium colleges.			B	I				
Engagement of non-consortium colleges in the development of a model core curriculum in the health professions.				B I				
Participate in National Summit and use labor market information to improve health professions training.			B I					
<p><i>Notes:</i></p> <p>1. Un-shaded rows show self-assessment rating provided by the co-grantee. Shaded rows show ratings provided by the OCCRL evaluation team after visiting the co-grantee.</p> <p>2. The ratings in the scale are defined as follows:</p> <ul style="list-style-type: none"> • Not Planned: The College decided not to implement this strategy. • Pre-Planning: The College committed to the strategy but has not started planning it. • Planning: The College was engaged in a planning process to move forward with this strategy. • Implementation: The College was engaged in implementation of the strategy. • Sustainability: The strategy had been fully implemented, and the team was addressing sustainability of this strategy. • Scale-Up: The strategy was broadened in scope and scale to fit other college needs or adapted/replicated to suit other colleges. 								

Table 6. Comparison of Jefferson Community and Technical College’s (JCTC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
<ul style="list-style-type: none"> • Not Implemented: This was a strategy that the college elected not to bring to implementation during the course of the grant. • Discontinued: This was a strategy that was implemented during the course of the grant, but the college has discontinued the use of the strategy. <p>3. The ratings Not Implemented and Discontinued were added to provide further clarification by the research team after the November 2014 site visit.</p>								

Malcolm X College

This subsection presents results on implementation of the TAACCCT grant at Malcolm X College (MXC), as reported in this co-grantee college's interim implementation evaluation site report (2013) and final implementation evaluation site report (2014).

Evaluation Question 1

Who were MXC's partners and what role did they play in supporting the implementation of TAACCCT-impacted POS and strategies?

January 2013. The list of partners provided to OCCRL by MXC's H2P leaders was limited, particularly given the large population of the city of Chicago and the college's close proximity to a large medical complex just west of the Chicago loop. Interviews with the college's leadership suggested that there was an awareness of the need to expand employer and workforce partners, and there was speculation that newly hired members of the H2P leadership team may assume the role of soliciting and nurturing partners as the grant matured.

October/November 2014. The list of partners had nearly quadrupled when the OCCRL evaluation team visited the college in January 2013. MXC named 19 partners to its H2P initiative, including hospitals, pharmacies, and healthcare providers, and the college identified multiple ways in which organizations served as partners, including serving on the Program Advisory Committees (PAC) to provide clinical sites for students, participating as guest speakers in classes, and participating in job fairs. In fact, MXC dedicated a full-time staff member to conduct outreach to employers, partly to support H2P but also to support the college's larger role as the designated healthcare education hub for the City College of Chicago (CCC) system.

Evaluation Question 2

What strategies and activities did MXC implement, and what was the impact on MXC's POS?

Table 7 compares the College's self-assessment ratings with the OCCRL team's assessment ratings on implementation of strategies. This table includes a baseline rating from **January 2013** and a subsequent rating from **October/November 2014** for strategies and sub-strategies. This implementation rating scale was developed by OCCRL.

Strategy 1 - Online Assessment and Enhanced Career Guidance

January 2013. OCCRL rated the online assessment and enhanced career guidance strategy at the *Pre-Planning* level. MXC administrators showed commitment to implementing credit for prior learning (CPL) for veterans and interest in broadening the strategy to other student populations, but there were no concrete developments by the time of the site visit. The OCCRL team was told that CPL would be led by division deans on a case-by-case basis rather than on an institutional basis. The OCCRL team did not observe that H2P participants used online career advising.

October/November 2014. OCCRL rated the online assessment and enhanced career guidance strategy at the *Implementation* level, as did MXC. This rating was based principally on progress made in developing a process for awarding CPL. Also, by this time, H2P students were receiving career guidance through the Career Center services of MXC. Whereas MXC was not implementing online assessment, the CCC had drafted a district policy on CPL. This policy included a portfolio approach and received mixed support from MXC personnel. Some worried cost was a potential barrier that they were hoping the district offices of CCC would address. In addition to CPL policy development, the OCCRL team learned of the following specific cases in which CPL would be granted:

- Students in the LVN program were being assessed for possible CPL in Nursing 101 and 102 courses.
- Biology credit could be granted for students in the Medical Terminology (MT) course and the Consumer Health Nutrition (CHN) course. Faculty members evaluate students' records against the course content and requirements to decide whether to award students college credit.
- MXC was working with Rush University Medical Center to develop an assessment tool for granting CPL to students in the Community Health Worker (CHW) program.
- Faculty was identified to build a district-level system for granting CPL for military experience. Additionally, MXC leadership reported that the college was working with the Council for Adult and Experiential Learning (CAEL) on the transfer of credit for military police experience.

Strategy 2 - Contextualized Developmental Education

January 2013. OCCRL rated the contextualized developmental education strategy at the *Planning* level. Currently, contextualization was occurring in the CNA Healthcare Bridge program operated by the Adult Education Program, and college personnel showed an interest in implementation of contextualization in both the developmental and general education (writing) curricula for students in the health sciences. Discussions were also underway with physics and mathematics faculty to identify sections of courses to be contextualized, and a task force was established to focus on developmental education reform. H2P leaders reported serving on a committee since May 2012 to facilitate the offering of contextualized developmental education to students considering H2P programs, including integrating medical terminology and related constructs from the Adult Education developmental education classes. The OCCRL team did not gather evidence that this model would be adapted to other POS.

The Healthcare Bridge program that was being offered at a facility west of the main campus appeared to be drawing reasonable enrollment. Due to earlier involvement of OCCRL in evaluation of adult bridge programs in Illinois, the OCCRL team deduced that these bridge programs were an extension of MXC's earlier involvement in the state of Illinois' Shifting Gears initiative; however, no one involved in H2P knew of Shifting Gears or earlier adult bridge programs to understand where these programs originated.⁷

October/November 2014. OCCRL rated the contextualized developmental education strategy at the *Implementation* level. MXC continued to support the idea of modifying developmental education, but implementation lagged. Progress was made in some areas, but MXC had not yet identified which faculty members to involve in development of the contextualized developmental math course. Of note, efforts were underway to add contextualized content to a BIO 100-level course. In addition, college personnel reported that the College Success Course taken by health science students included contextualized material, although it was unclear how this course was contextualized. Also, MXC offered the Level Up program, which was an intensive, 6-week program to help students prepare for college placement tests. Previously the program was offered in the summer, and plans were underway to expand it to the regular semesters.

Strategy 3 - Competency-Based Core Curriculum

January 2013. OCCRL rated the competency-based core curriculum strategy at the *Planning* level as the MXC's H2P leadership team engaged in conversations with campus administration and faculty regarding a competency-based core curriculum. Proposals were reviewed and vetted by appropriate occupational faculty groups, and the leadership team anticipated a decision by April 2013. The team recognized that core curriculum development required the healthcare faculty to come together around an acceptable proposal, although there was considerable uncertainty about which approach the faculty would choose. One issue that emerged during these deliberations

⁷ The report on Illinois' Shifting Gears pilot sites can be found at http://occril.illinois.edu/files/Projects/shifting_gears/Report/SG_Eval_Report%20PRINT.pdf

was the importance of awarding a credential as part of the common core curriculum. There was concern that the CNA was not an appropriate credential because of changes in the structure of the Nursing workforce among area hospitals that include some of the largest teaching hospitals in the nation. Feedback from employers was leading the group to consider a credential a level up from the CNA called the Patient Care Technician (PCT). If curriculum development proceeded as the leadership team anticipated, the PCT would be awarded as part of the common core, along with career-oriented information about the healthcare field, employability skills, and other technical skills not yet defined.

October/November 2014. OCCRL rated the competency-based core curriculum strategy at the *Implementation* level, which differed from MXC's rating of *Sustainability*. OCCRL's rating was based on implementation of the Health Professions 102 (HeaPro 102) course. MXC anticipated that this new course would be sustained by the CCC system as part of the recently merged health science curriculum, but the timing of the site visit did not provide sufficient time to know if this would indeed happen. This aspect of the H2P grant was considered an important contribution to the longer-term CCC strategic plan that designated MXC as the lead college in health sciences in the district. As planned, the HeaPro 102 course would be core to all health sciences POS, except for the Respiratory Therapy (RT) program. HeaPro 102 was also offered as part of a college summer program for high school students who expressed interest in STEM fields. Given positive testimonials, MXC personnel reported that students who had taken HeaPro 102 persisted at a higher rate than students who enrolled in comparable health science POS prior to the implementation of HeaPro 102. Another course, Health Professions 101, had been offered by MXC for some time and was being revised with an implementation anticipated in Spring 2015.

Strategy 4 - Industry-Recognized Stackable Credentials

January 2013. OCCRL rated the industry-recognized stackable credentials strategy at the *Planning* level. Whereas MXC's H2P leadership team viewed areas of the healthcare curriculum as established and unlikely to change, there was optimism that new POS would be implemented to provide opportunities for students to pursue multiple credentials on the way to an Associate's Degree. An especially impressive aspect of the MXC healthcare curriculum was the partnership with Rush University Hospital, and the interest these hospital officials expressed in MXC's building a pathway from entry-level credential to the Bachelor's Degree. Plans were underway to build this pathway, and there was strong encouragement and support from Rush University Hospital's administration to make this happen.

The CHW certificate in the MXC plan was a joint effort with two employer partners, according to the POS overview handout provided to OCCRL evaluators. This specific program was not mentioned by an employer partner (nor was it mentioned by other interviewees); however, plans for new certificate programs were mentioned by employers. The MXC leadership team indicated a system-level college committee (Committee A) that reviewed proposed new courses, certificates, and degrees to create new stackable credentials. The H2P staff was playing a major role in these efforts, according to college and district leadership. H2P leaders reported serving on a taskforce that led to the development of courses for the CHW certificate. Once these courses were approved and implemented, MXC leaders recognized that they needed to build awareness of the CWH certificate program.

October/November 2014. OCCRL rated the industry-recognized stackable credentials strategy at the *Implementation* level, which differed from MXC's rating of *Sustainability*. Recognition of the importance of career pathways that offered students the option of securing industry-recognized stackable credentials was widespread at MXC. This recognition differed substantially from the OCCRL team's first visit in that the team heard verbal commitments to and appreciation for the creation of POS that clearly designate credential options that enable a student to progress from one POS to another. The RN and EMT pathways were fully developed to help students progress from the entry-level to the advanced credential level. In the case of Nursing, the curriculum moved from the Basic Nursing Assistant program to the LPN program to the RN. MXC also offered an EMT

Basic and an EMT Advanced that awards an Associate's Degree, but these POS were not tightly connected and student enrollment in the two programs was quite different. The website indicated that two additional pathway programs were under development.

In discussing the notion of career pathways and credentials with the MXC team, OCCRL evaluators learned that there was a widely held perception within the college that the H2P grant had come at an opportune time in terms of CCC's own goal-driven Reinvention initiative. Reinvention aligned well with TAACCCT as well as the district's College to Careers (C2C) initiative that sought to align occupational programs with growing industry sectors through employer partnerships. CCC also implemented Guided Pathways to Success (GPS) associated with Complete College America (CCA). Alignment between H2P and GPS was conducive to encouraging the City College campuses to create coherent, default course sequences that provide a clear path to completion, with the "guided" element of GPS referring to intrusive advising to monitor success along the pathway. At both the college and district levels, administrators understood that pathways and credentials were intertwined, and they both also noted that buy-in was growing in favor of widespread adoption of these concepts. The OCCRL team concluded that MXC was well underway in its reform of curriculum to ensure that career pathways were progressive and logically sequenced to lead to more educational and credential opportunities for students.

Strategy 5 - Enhanced Retention Support

January 2013. OCCRL rated the enhanced retention support strategy at the *Planning* level. A MXC leader presented their plan to enhance retention supports in a manner consistent with the TAACCCT Round One Solicitation for Grant Applications (p. 17) in the sense that resources were appropriated for a dedicated advisor. This advisor was expected to be knowledgeable about employment needs in the healthcare field and committed to helping students make choices that would lead to completion of credentials. College leaders reported that this position was planned as part of improving advising, but it was not clear what intrusive advising techniques would be used with students beyond use of the district-wide Grades First student support software program.

Aligned with CCC's Reinvention initiative, H2P leaders at MXC were planning to establish a pathway to education and employment with a clearly defined pipeline to high-demand positions in the healthcare field. Committees at the college and at the district levels were supportive of this planning process due to the close alignment of Reinvention, especially C2C, with H2P. To ensure that these plans would lead to the implementation and accomplishment of the H2P Consortium's goals, MXC was advised to follow through and support H2P students with dedicated advising and to capture data on how the TAACCCT grant was supporting enhanced retention and advising supports.

October/November 2014. OCCRL rated the enhanced retention support strategy at the *Implementation* level, which differed from MXC's rating of *Sustainability*. OCCRL's rating was reflective of the many positive changes that were made in retention support services, but a lack of commitment to sustaining the Completion Advisor position beyond the grant.

Of all strategies employed at MXC through the H2P initiative, the enhanced retention support strategy seemed to have advanced the most over the course of the grant. Under new H2P leadership at MXC, MXC had revitalized its student support function to better utilize grant resources, redefine advising and support services policies and processes, and reengineer critical elements of the grant to potentially impact student success. This function was coordinated with other personnel at MXC who contributed to regular communications about student success under H2P, and who aligned their broader work roles to include information about the H2P grant. The MXC advising staff was knowledgeable about the grant's expected outcomes and about the complementary roles that they were playing with college personnel to encourage student success.

When the Completion Advisor was hired, there were myriad concerns with the administration of the grant and how its support services were being offered to students. With the advent of the new Completion Advisor, who

brought previous experience with student services and advising, MXC began a process of reforming and improving intrusive student services well aligned with the H2P grant. The Completion Advisor regularly monitored and reached out to H2P students who were at risk of falling behind. Additionally, the Completion Advisor conducted semester audits of H2P students' performance and followed up with students who showed signs of benefiting from additional support. MXC staff used a "tag team" strategy that connected the Completion Advisor to POS staff and faculty to coordinate communications and support students who were struggling.

The Completion Advisor also worked closely with others in the college to focus on graduate employment, including partnering with the college on clinical sites, internships, and job placements. There was a collective understanding among student support professionals at MXC of the need for students to gain work experience in order to later find family living-wage employment. Efforts were made to call employers about positions (intern or permanent) and to assist students to overcome challenges that could be addressed to position them favorably to secure these positions. MXC was interested in strengthening existing relationships and building new relationships to support student employment. In this light, workshops were offered to prepare students for interviews, internships, and jobs, and students were beginning to gain a better understanding of the competencies, demeanor, and communications style needed to secure employment.

Strategy 6 - Training Programs for Incumbent Healthcare Workers

January 2013. OCCRL rated the training programs for incumbent healthcare workers strategy at the *Planning* level. Relationships with local employers established prior to the H2P grant improved, including plans aligned with the district office to employ a dedicated recruiter. The fact that MXC had recently hired Nursing faculty members who had experience in human resources was a positive sign that the training programs for incumbent healthcare workers would proceed from planning to implementation.

Programs at Rush University Hospital appeared to be in the process of being implemented. Presentations provided by Rush University Hospital faculty, physicians, and medical staff to MXC faculty and students resulted in increased interaction between the partners and more training opportunities. There was an awareness of how the partnership between MXC and Rush University Hospital could help grow the diversity of Rush University Hospital's workforce. Additionally, MXC's history of preparing quality RT graduates subsequently employed by Rush University Hospital supported this partnership.

The OCCRL evaluation team documented a desire to develop a PCT program. A clear pathway from the PCT program to the LPN and RN programs was less evident, pointing to the need to communicate the goals of H2P and how these efforts could bring about stackable credentials to help incumbent workers achieve higher positions. At the time of the site visit, MXC was renewing its MOU with Rush University Hospital and negotiating more clinical sites and improving job placement for MXC graduates.

October/November 2014. OCCRL rated the training programs for incumbent healthcare workers strategy at the *Not Planned* level. The H2P team at MXC indicated that this strategy was no longer planned. OCCRL observed uncertainty among MXC personnel regarding what they thought they could do relative to the district's role, due to CCC's decision to centralize incumbent worker training under the district's Workforce and Economic Development unit. Whereas MXC did not have incumbent healthcare worker programs, as of June 2014, MXC did have 51 participants employed in healthcare and whose employer was providing student supporting in terms of release time, tuition, or other assistance.

Strategy 7 – Enhance Data and Accountability Systems

January 2013. OCCRL rated the enhance data and accountability systems strategy at the *Pre-Planning* level. MXC was part of the student unit record computerized data system operated by CCC. From discussions with personnel who dealt with data and accountability, MXC should be able to link strategy implementation to

outcomes data at the student level, and then integrate that information into the POS level. However, it was not clear whether MXC had the capability to link student unit record data to workforce systems data. At the time of OCCRL's visit, written agreements had not been created to transfer data; however, MXC had recently hired new personnel with the expertise to perform accountability reporting, data analysis, and outcomes evaluation. To move towards implementation, MXC was advised to: a) use existing connections with the district office to build a formal process for the collection and transfer of data, b) use the services of OCCRL data specialists to routinize regular reporting and accountability requirements for H2P, and c) engage with the district IR office to formalize a request to secure UI wage records.

October/November 2014. OCCRL rated the enhance data and accountability systems strategy at the *Implementation* level, as did MXC. MXC continued to obtain student-level records for the H2P grant from the computerized data system operated by CCC, and MXC advanced in its capacity to gather and process data needed to address the quarterly and annual reports for the DOL with the hiring of a dedicated data manager. The H2P leadership team commended the data manager and the entire leadership team for strengthening the college's data capacity and nurturing interest in using data to address important questions. Since the turnover of grant leadership, MXC linked student unit record data to workforce systems data, addressing a concern that was expressed in the previous evaluation report. Additionally, MXC conceptualized a PTR project that would yield meaningful results for the purposes of translating lessons learned from H2P to the broader healthcare curriculum at MXC.

Strategy 8 – Galvanize a National Movement

January 2013. OCCRL rated the galvanizing a national movement strategy at the *Pre-Planning* level. MXC was primarily looking inwards to build alignment among and across the health professions programs of the college with regard to the core curriculum. MXC was linking its H2P activities to the broader C2C and Reinvention initiatives at the forefront of policy discussions across CCC. Beyond these activities, it was not evident to OCCRL that actions were taken to scale-up healthcare curriculum in conjunction with H2P's national movement.

October/November 2014. OCCRL rated the galvanizing a national movement strategy at the *Implementation* level. This assessment reflected MXC's implementation of core curriculum and its involvement in the National Summit and other meetings aligned with galvanizing the national healthcare education reform movement. The OCCRL team observed that H2P activities continued to be linked to C2C and Reinvention, both signature reform initiatives of the CCC leadership. In addition, both MXC and CCC employees noted the strong alignment between H2P's enhanced retention supports (intrusive advising) and CCC's implementation of GPS, to which positive completion outcomes were attributed.

Evaluation Question 3

What modifications and improvements were made to MXC's TAACCCT-impacted POS and strategies?

This question was evaluated as part of the baseline visit in **January 2013**. It was not included in the 2014 site visit, because this aspect of the evaluation was subsumed by the third-party curriculum review conducted by The Collaboratory and a private contractor hired by MXC.

Evaluation Question 4

What barriers and supports existed, and how did they impact MXC's efforts in creating and enhancing POS and strategies?

This evaluation question was part of the baseline study conducted in **January 2013** and was aimed at building an understanding of the barriers and supports that pre-existed the grant and that would impact implementation. For these purposes, the notion of supports and barriers refers to pre-existing conditions that created hurdles or facilitated advancements in the implementation of the POS and strategies at MXC.

From this standpoint, the OCCRL evaluation team identified the following supports:

- **System Change:** Through Reinvention, MXC was designated as the community college within the CCC system that held the primary responsibility for health sciences programs, including the construction of a new building to house the health sciences programs. These facilities were expected to contribute to the re-building of MXC at large and also contribute to major improvements to the health sciences programs. This change with the CCC system presented an opportunity to dedicate institutional and system resources to building these programs, tracking effectiveness, and disseminating promising practices.
- **Strengthened Partnerships:** MXC was poised through its H2P work to strengthen previously established partnerships with area employers. A major university hospital near the campus was visited by the OCCRL evaluation team and found to be engaged and ready to explore the concept of stackable credentials, including credentials that lead to the Baccalaureate degree.
- **New Employer Relationships:** Under the Reinvention and C2C initiatives, the CCC district office built relationships with area employers using dedicated funding to focus on this task. Additionally, the H2P team strengthened its working relationship with the district office.
- **Outreach to Target Populations:** The location of the West Side Learning Center of MXC in a low-income neighborhood seemed well positioned for reaching H2P-targeted populations. Target students were especially well represented in courses in MT and developmental reading and writing, as well as the adult bridge and GED curricula.

The OCCRL evaluation team identified the following barriers:

- **Lack of TAA-eligible Recipients:** There was a lack of TAA-eligible recipients enrolled in the H2P program.
- **Weak Links to the Labor Market:** Because past linkages to the workforce focused strongly at the district level, MXC had weaker links to the labor market and to the workforce system than was useful in the new context where MXC will serve as the health sciences education hub for the district. Efforts to build more direct linkages were evolving, but still somewhat limited and tentative (based, in part, on personal relationships).
- **Weak Ties to H2P Consortium:** The OCCRL team observed a limited understanding of how MXC would operate as part of the larger H2P Consortium and its national effort to build health professions pathways programs.
- **Grant Visibility:** Although positive in many respects, the OCCRL team observed that the alignment of H2P with Reinvention and C2C had the potential to subsume the H2P grant, making its contributions appear less important and potentially invisible. If the H2P leadership fails to clearly articulate its unique niche and the potential to continue to develop and implement new and improved POS, the benefits of H2P could be lost. In this regard, it seemed especially critical for H2P leaders to advocate for the recruitment of the target student population and support the progress of these students through the college to employment.

Evaluation Question 5

What strengths and opportunities for improvement exist that MXC can capitalize on in supporting their TAACCCT-impacted POS and strategies?

This evaluation question focuses on the strengths and areas for improvement identified in **October/November 2014**. Recommendations are offered for each area in the spirit of encouraging a continuous improvement approach.

Strengths

The OCCRL evaluation team identified multiple strengths on which MXC can capitalize to support their TAACCCT-impacted POS and strategies.

- **Grant Leadership:** MXC reconfigured and responded positively to change in leadership and membership on the H2P team. Examples of increased focus on project tasks included advising services, building and strengthening employer-partner relationships, and shoring up data collection. Knowledge of the H2P grant deepened, including greater understanding of components and requirements of the grant. Sincere interest was demonstrated among MXC personnel to capitalize on being named the main site in its district for health career education, in addition to leveraging the Reinvention and the C2C initiatives.
- **Grant Compliance:** In association with the change in H2P grant leadership at MXC, the OCCRL team commended the current leaders for their accuracy and clarity in identifying POS appropriate to receive funding to create new or modified curriculum with grant funding. This was also especially critical to the district in light of MXC's role in leading healthcare education for CCC.
- **Core Curriculum:** MXC's work on a core curriculum was evolving (particularly HeaPro 102), with support from administration, faculty, and students for the notion of a core curriculum. The HeaPro 101 course was revised for implementation in Spring 2015. Though fairly limited in scope in terms of the number of courses involved in the core curriculum, the various constituents at MXC believed that the core would benefit students, and they expressed confidence that the HeaPro 102 course would help students to make wise decisions about majoring in healthcare and be successful in a MXC healthcare POS.
- **System Synergies:** Synergy between the H2P and the C2C initiatives strengthened considerably, with shared goals and program elements identified by a number of constituent groups. From MXC administrators and faculty to CCC administrators, there was recognition and agreement that H2P and C2C had complementary goals and reinforced each other in terms of promoting a career-focused reform of the curriculum and related support services.

Opportunities for Improvement and Recommendations

The OCCRL evaluation team identified the following areas where MXC has the potential to improve.

- **Implementation Challenges:** The OCCRL evaluation team identified a number of strategies that were not implemented fully, which was problematic since the H2P grant had entered the no-cost extension period when the second site visit was conducted. These strategies included CPL and contextualized developmental education.
- **Definitional Challenges:** MXC should consider re-defining incumbent workers for the purposes of reporting H2P results to the DOL and distinguishing this definition from incumbent worker training programs to fulfill one of the eight strategies in the H2P grant. MXC had MOUs on file for all local hospitals, and the college was implementing a strategy to recruit more incumbent workers.
- **Communications:** There was evidence of a need to strengthen communications between the MXC and CCC on policies, processes, and support associated with the H2P initiative. Information gathered by the OCCRL team suggested that both MXC and CCC had similar goals and aspirations, but communications challenges sometimes resulted in confusion about roles and responsibilities, particularly with respect to Reinvention. At a time when so many fundamental changes were taking place across the district, it seemed understandable that some roles and responsibilities would be unclear, but time should help with clarity. Both groups expressed a sincere willingness to resolve concerns that had arisen related to the grant and longer-term implementation of health science education reforms. Resolving roadblocks (real or perceived) in these areas would help MXC advance strategy important to the H2P grant and sustainability over the long term.

Table 7. Comparison of Malcolm X College’s (MXC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
1. Online Assessment and Enhanced Career Guidance								
B = Baseline Rating in January 2013, I = Final implementation rating in October/November 2014								
MXC rating:				I				
Online assessment of students’ prior learning through:		B	I					
• Virtual Career Network (VCN)								
• Portfolio-Based Assessments								
• Challenge Exams		B	I					
• Advanced Placement (AP) Exams					I			
• College Level Examination Program (CLEP) Exams		B			I			
• Credit by Assessments				I				
• Military			I					
Online assessment of student’s foundational skills through:	I							
• Virtual Career Network (VCN)								
Online career advising through:	I							
• Virtual Career Network (VCN)				B				
• ISEEK Career Assessment								
• CareerFinder					B			
OCCRL rating:		B		I				
Online assessment of students’ prior learning through:		B						
• Virtual Career Network (VCN)								I
• Portfolio-Based Assessments			I					
• Challenge Exams								
• Advanced Placement (AP) Exams								
• College Level Examination Program (CLEP) Exams								
• Credit by Assessments				I				
• Military			I					
Online assessment of student’s foundational skills through:								
• Virtual Career Network (VCN)								I
Online career advising through:								
• Virtual Career Network (VCN)		B						I
• ISEEK Career Assessment								
• CareerFinder				B				
2. Contextualized Developmental Education								
B = Baseline Rating in January 2013, I = Final implementation rating in October/November 2014								
MXC rating:								
New Developmental courses that integrate health content:				B I				
• Contextualized Math			I	B				
• Contextualized Reading			I	B				
• Contextualized Writing/English			I	B				

Table 7. Comparison of Malcolm X College’s (MXC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
• INTDSP 101				I				
New health courses that integrate developmental content:					I			
• Healthcare Bridge				B				
• Healthcare Bridge/ Vocational				B				
• Health Information Management - HIM 101, 102, 103, 104					I			
• Health Professions - HEAPRO 102					I			
• Exercise Science and Sports Studies: ESSS 101, 102					I			
OCCRL rating:			B	I				
New Developmental courses that integrate health content:		B	I					
• Contextualized Math		B	I					
• Contextualized Reading		B	I					
• Contextualized Writing/English		B	I					
• INTDSP 101				I	I			
New health courses that integrate developmental content:				B				
• Healthcare Bridge				B				
• Healthcare Bridge/ Vocational				B				
• Health Information Management - HIM 101, 102, 103, 104					I			
• Health Professions - HEAPRO 102					I			
• Exercise Science and Sports Studies: ESSS 101, 102					I			
3. Competency-based Core Curriculum								
B = Baseline Rating in January 2013, I = Final implementation rating in October/November 2014								
MXC rating:					I			
New courses that are part of a competency-based core curriculum:				I				
• Health professions 101			B	I				
• Health professions 102			B		I			
Modified courses that are part of a competency-based core curriculum:	I	B						
OCCRL rating:			B	I				
New courses that are part of a competency-based core curriculum:								
• Health professions 101			B	I				
• Health professions 102			B		I			
Modified courses that are part of a competency-based core curriculum:		B		I				
4. Industry-recognized Stackable Credentials								
B = Baseline Rating in January 2013, I = Final implementation rating in October/November 2014								

Table 7. Comparison of Malcolm X College’s (MXC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
MXC rating:					I			
New, employer-approved credentials:					I			
• Community Health Worker certificate		B						
• Community Health Worker degree		B						
• PT- Personal Training					I			
• HPBC					I			
• Medical Billing and Coding					I			
OCCRL rating:			B	I				
New, employer-approved credentials:		B		I				
• Community Health Worker certificate		B						
• Community Health Worker degree		B						
• PT- Personal Training				I				
• HPBC				I				
• Medical Billing and Coding				I				
5. Enhanced Retention Support								
B = Baseline Rating in January 2013, I = Final implementation rating in October/November 2014								
MXC rating:					I			
Hire a dedicated College Completion Advisor/Retention Specialist			B		I			
Student Support Service Functions				B	I			
• Intrusive academic supports				B I				
• Non-academic support services			I	B				
• Career advising				B	I			
Text-based career information:				I				
• HipCricket			B	I				
OCCRL rating:			B	I				
Hire a dedicated College Completion Advisor/Retention Specialist			B	I				
Student Support Service Functions			B	I				
• Intrusive academic supports			B	I				
• Non-academic support services			B I					
• Career advising			B		I			
Text-based career information:		B					I	
• HipCricket		B					I	
6. Training Programs for Incumbent Healthcare Professions								
B = Baseline Rating in January 2013, I = Final implementation rating in October/November 2014								
MXC rating:								I
New training program(s) for incumbent health professions.								I
• Chicago Department of Public Health (Phlebotomy)			B					

Table 7. Comparison of Malcolm X College’s (MXC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
Professional Development for clinical instructors								I
• Nursing Faculty Development			B					
OCCRL rating:			B					I
New training program(s) for incumbent health professions.			B					I
• Chicago Department of Public Health (Phlebotomy)			B					
Professional Development for clinical instructors			B					
• Nursing Faculty Development			B					I
7. Enhance Data and Accountability Systems								
B = Baseline Rating in January 2013, I = Final implementation rating in October/November 2014								
MXC rating:				I				
Hire a dedicated Data Manager				I	B			
Link strategy implementation data to outcomes data on the student level through Blumen.	I		B					
Written agreement between the college and workforce systems that link student employment data.				B I				
OCCRL rating:		B		I				
Hire a dedicated Data Manager				B I				
Link strategy implementation data to outcomes data on the student level through Blumen.			B				I	
Written agreement between the college and workforce systems that link student employment data.			B	I				
8. Galvanizing a National Movement								
B = Baseline Rating in January 2013, I = Final implementation rating in October/November 2014								
MXC rating:				I				
Adoption of a core curriculum in health profession by consortium colleges.		B		I				
Engagement of non-consortium colleges in the development of a model core curriculum in the health professions.		B		I				
Participate in National Summit and use labor market information to improve health professions training.		B						
OCCRL rating:		B		I				
Adoption of a core curriculum in health profession by consortium colleges.		B		I				
Engagement of non-consortium colleges in the development of a model core curriculum in the health professions.		B		I				
Participate in National Summit and use labor market information to improve health professions training.		B		I				
<i>Notes:</i>								
1. Un-shaded rows show self-assessment rating provided by the co-grantee. Shaded rows show ratings provided by the OCCRL evaluation team after visiting the co-grantee.								
2. The ratings in the scale are defined as follows:								

Table 7. Comparison of Malcolm X College’s (MXC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
<ul style="list-style-type: none"> • Not Planned: The College decided not to implement this strategy. • Pre-Planning: The College committed to the strategy but has not started planning it. • Planning: The College was engaged in a planning process to move forward with this strategy. • Implementation: The College was engaged in implementation of the strategy. • Sustainability: The strategy had been fully implemented, and the team was addressing sustainability of this strategy. • Scale-Up: The strategy was broadened in scope and scale to fit other college needs or adapted/replicated to suit other colleges. • Not Implemented: This was a strategy that the college elected not to bring to implementation during the course of the grant. • Discontinued: This was a strategy that was implemented during the course of the grant, but the college has discontinued the use of the strategy. <p>3. The ratings Not Implemented and Discontinued were added to provide further clarification by the research team after the November 2014 site visit.</p>								

Owens Community College

This subsection presents results on implementation of the TAACCCT grant at Owens Community College (OCC), as reported in this co-grantee college's interim implementation evaluation site report (2013) and final implementation evaluation site report (2014).

Evaluation Question 1

Who were OCC's partners and what role did they play in supporting the implementation of TAACCCT-impacted POS and strategies?

February 2013. OCCRL evaluators interviewed employer representatives from ProMedica and Mercy College of Northwest Ohio. At the time of the OCCRL team's site visit, the Program Advisory Council (PAC) consisting of the college's partners had formed building on some longstanding relationships between employers and the college. One PAC member stated his/her goal was to take a closer look at student outcomes, and another said the PAC served to inform the college of emerging trends in the workplace, including changes in healthcare practice.

Employer partners described supportive relationships with the college, noting advantages to working closely with OCC to help recruit students. As one employer stated, "Toledo is not a growing population. We want to grow our current employees." The largest regional hospital system, ProMedica, employs over 14,000 people, with 1,100 employees enrolled in education and training. ProMedica also offers tuition reimbursement and worked with OCC to develop a pre-pay arrangement to pay tuition costs for H2P and other students. A H2P-funded career coach on the ProMedica campus helps employees with career plans and offers workshops on resume writing, interview skills, and more, and ProMedica representatives were "hopeful" that the position would continue after the H2P grant ends. One representative stated, "We need to work on a culture of upward mobility... and the sustainability of this partnership is exactly what we need."

December 2014. Employer and workforce agency partners reported serving on the H2P advisory board, referring students to the H2P program, and providing information on employment. Employer partners also provided clinical placement and information on trends in the industry, as well as hiring graduates.

By 2014, ProMedica remained the largest employer in Northwest Ohio, employing 15,000 people. ProMedica representatives remained active on the PACs of many OCC healthcare programs. Other employer representatives provided information on clinical opportunities, attended job fairs, and hired graduates. They also offered feedback to prospective clinical students on employment, including physical appearance (mentioning advisement on tattoos) and criminal records, including prior felonies that make employment difficult in healthcare. This advice was intended to help students prepare to apply for clinical sites, as well as employment. Hearing the information from employers reinforced the information provided by OCC instructors and H2P staff.

To coincide with advisement provided by the college's retention advisors, employers expressed hope that the H2P effort would lower turnover among State Tested Nurse Assistants (STNAs) who were prevalent in the workforce, making up 85% at one facility. One employer reported with pride that H2P trained local citizens, supporting the ability of local citizens to live in the area where they were raised and where they made their homes.

Existing partnerships with employers were enhanced through the purchase of Magnetic Resonant Imaging (MRI) training equipment, including a full-sized MRI simulator (not including the prohibitively expensive magnet and radiology devices). The equipment included the outer shell, patient bed, computer system, and a wide range of attachments for MRI technicians. This was the first MRI simulator built by a leading manufacturer, and OCC was on track to be the first community college in the nation to be accredited to provide instruction on an MRI simulator. OCC offered professional development to radiologists in the community for the first time in November 2014, and student clinical placements were expanded to set a positive expectation for graduate employment. A

recent graduate had secured a position at a local hospital and graduates who sought transfer opportunities benefitted from articulation agreements with two universities.

The H2P team enhanced OCC's existing relationship with the local Workforce Investment Agency (WIA) of Lucas County. The WIA representative reported that serving on the H2P advisory board helped him form closer relationships with the OCC healthcare departments and staff, improving WIA partnerships to secure credentials for unemployed individuals that would lead to employment in the region. WIA reported funding students to pursue STNA and RN credentials at OCC.

Evaluation Question 2

What strategies and activities did OCC implement, and what was the impact on OCC's POS?

Table 8 compares the College's self-assessment ratings with the OCCRL team's assessment ratings on strategy implementation. This table includes a baseline rating from **February 2013** and a subsequent rating from **December 2014** on strategies and sub-strategies. The implementation rating scale was developed by OCCRL.

Strategy 1 - Online Assessment and Enhanced Career Guidance

February 2013. OCCRL rated the online assessment and enhanced career guidance strategy at the *Implementation* level, which differed from OCC's rating of *Scale-Up*. CPL was inconsistent throughout the college as it was typically dealt with at the departmental level. Some students were denied CPL when requesting credit for courses taken at other institutions, and others stated that success in securing CPL required assertiveness and persistence on the part of students. OCC staff suggested that many students did not apply for CPL because they lacked the confidence to try.

Enhanced career guidance was provided by the Career Coach at ProMedica and by the Retention Advisor. The Career Coach helped ProMedica employees with career plans, resume writing, and interview skills, in addition to referrals to the college. OCC's Retention Advisor helped students make informed career decisions about choosing Nursing or other healthcare POS. She reached out to students who indicated an interest in healthcare, providing specialized career guidance and assisting with program and course choices. Without this guidance, students would have wasted time and money on pre-requisite courses for POS for which they did not ultimately enroll. A college official explained that, because of the large number of students who indicated interest in healthcare POS, coupled with limited positions in the selective admissions programs, "Many students [without career guidance] apply to several programs, hoping they get into one of them," but leaving them unclear of program requirements. The Retention Advisor also helped students prepare for the COMPASS, including advising them to take the COMPASS prep course.

December 2014. OCCRL rated the online assessment and enhanced career guidance strategy at the *Implementation* level, which differed from OCC's rating of *Sustainability*. OCC developed a CPL policy that was approved by the Board of Trustees wherein students could receive CPL based on AP and CLEP exams. Students or high school counselors filled out an online form that was reviewed by the OCC Registrar and forwarded to an identified college representative, usually a department chair. CPL determinations were made on a student-by-student basis. The AP and the CLEP exams were used by OCC healthcare programs prior to the grant and were expected to continue after the grant ended. OCC reported 80 participants received a collective total of 741.5 credits through these assessments.

In terms of process for securing CPL, OCC did not plan to implement portfolio-based assessments or challenge exams, nor did the college intend to use VCN to assess prior learning. However, the H2P staff reported helping students to access and use the VCN for career exploration. They also advised students to use other career information tools on the Ohio Means Jobs (i.e., state WIA service providers) website. There was no evidence that the VCN would be used past the end of the grant because there would be no staff to provide these services.

Strategy 2 - Contextualized Developmental Education

February 2013. OCCRL rated the contextualized developmental education strategy at the *Implementation* level, which differed from OCC's rating of *Scale-Up*. OCC sought to contextualize one developmental education reading course to be taught in Spring 2013 by bringing together the deans of Nursing and Arts and Sciences. Whereas it was typical for OCC to involve faculty and department chairs in the course development process, the deans recognized the value of exposing students to general health concepts before they took introductory courses in healthcare, a perspective that was shared by faculty who saw contextualized developmental education as a way to accelerate student progress. According to the faculty, the course was based on an 8th-grade reading level and utilized a textbook that was accessible, filled with meaningful graphics, and divided into short, easily readable sections. Students, especially those already working in healthcare jobs, were advised to take the course. OCCRL team members observed this course and noted the instructor's affable and approachable manner and proclivity to engage with her students and encourage them to engage with one another in the learning experience.

OCC planned to develop a contextualized writing course, building on OCC's success with the reading course, but OCC was not planning to develop a contextualized developmental math course. According to executive leaders of the college, OCC was implementing a different, college-wide strategy for developmental math, making a contextualized math course unnecessary. OCC advising staff verified adoption of the "Math Emporium" model, which does not contextualize coursework to a specific field. This college-wide approach was intended to deal with the fact that math was the biggest developmental education need of OCC students.

December 2014. OCCRL rated the contextualized developmental education strategy at the *Implementation* level, as did OCC. OCC's H2P team noted that, rather than increasing options in developmental education, OCC was "collapsing" developmental education courses by eliminating most seated sections in favor of online instruction. College staff reported that this approach was taken because of a substantial loss in student enrollment, declining by 25 to 33%, that made implementing new courses difficult. In fact, the healthcare department had lost a number of faculty members due to this enrollment decline.

OCC faculty reaffirmed that 90% of entering students required developmental instruction, most commonly mathematics. With respect to new contextualized developmental courses that integrate health content, OCC created a developmental math workbook that integrated healthcare content. It contained chapters on fractions, whole numbers, mixed numbers, and percentages, among other fundamental mathematics topics, and was used in courses taught in the Fall 2013 and Spring 2014. However, this course was discontinued due to low enrollment, but a tutor paid by the H2P grant continued to use the workbook.

Despite the perceived success of the developmental reading course that integrated health content, the course was discontinued after two semesters due to declining enrollment. OCC reported that a total of 32 students had enrolled in the course, with 14 earning academic credit. Since extant healthcare articles were used to teach the course and no new materials were developed, no unique curriculum remained. OCCRL saw no other evidence that OCC integrated developmental education content into healthcare courses.

Strategy 3 - Competency-Based Core Curriculum

February 2013. OCCRL rated the competency-based core curriculum strategy at the *Pre-Planning* level, as did OCC. One dean in the School of Nursing and Health Professions stated that what had ignited their initial excitement in the TAACCCT grant was "the idea of a curriculum that ran through all of Nursing" and also applied to other allied health POS. OCC's executive leadership expressed support for core curriculum development in this way:

The core curriculum could be so advantageous for students – especially those transferring from other colleges and universities – so there is a seamless pathway for transfer. By having a core

curriculum that is widely accepted, it would really assist students so that they would have mobility in moving in and out of nursing programs. [We're] hoping that is the wave of the future.

This strong support was necessary to propel OCC to implementing a core curriculum and support from the H2P consortium added momentum. A visit from ECC staff was planned for March 2013, in which ECC staff provided advisement on core curriculum. The H2P team considered the competency-based core curriculum to be “the biggest chunk of unfinished business” at the time of OCCRL’s visit in 2012, and they looked forward to benefiting from ECC’s advice and expertise.

Executive leaders also acknowledged the role of the TAACCCT grant in establishing their FYE course for healthcare students. Prior to the TAACCCT grant, OCC’s introductory course focused on general knowledge. TAACCCT funding allowed for a second FYE course tailored towards healthcare. Because this course and the Introduction to the Healthcare Professions (SSC 290) course did not provide students with a common set of knowledge, skills, and competencies necessary to perform in the evolving healthcare workplace, they did not fall within the core curriculum. These courses were developed by 10-12 faculty of the Schools of Nursing and Health Sciences, indicating a culture of collaboration necessary to work towards building a core curriculum.

December 2014. OCCRL rated the competency-based core curriculum strategy at the *Sustainability* level, as did OCC. OCC’s core curriculum consisted of five college-level foundational courses that existed prior to the grant and which, separately or in some combination, made up the core for all but a few of their programs (e.g., Massage Therapy, Dental Hygiene). OCC did not implement any new courses as part of this core. The following courses comprise OCC’s core curriculum:

- HIT 125 Language of Medicine
- HIT 236 Pathophysiology
- HIT 231 Pharmacology
- BIO 211 Anatomy Physiology I
- BIO 212 Anatomy Physiology II

Of these core curriculum courses, the H2P team reported that HIT 236 and HIT 231 were modified using H2P funds. The H2P project director worked with OCC leaders and faculty in the Nursing and Allied Health divisions to form a core curriculum committee to move common content (e.g., Medical Terminology, Pathology, Physiology) forward from each department’s courses into a core curriculum that allowed more students to enroll and receive the same set of foundational skills.

Strategy 4 - Industry-Recognized Stackable Credentials

February 2013. OCCRL rated the industry-recognized stackable credentials strategy at the *Not Planned* level, as did OCC. Although OCC was not pursuing new stackable credentials due to decreasing enrollments, they were continuing to enhance extant POS. The college was committed to reaching their co-grantee targets of awarding 164 students with a one year or less healthcare certificate, 144 students with healthcare certificates that require more than one year to complete, and 35 students with a two-year Associate’s Degree.

December 2014. OCCRL rated the industry-recognized stackable credentials strategy at the *Implementation* level, as did OCC. OCC implemented ACT’s NCRC, which the H2P team described as the “lower rung” of stackable credentials. OCC described the NCRC as useful for transitioning workers and for high school students without a work history. It was recommended but not required for healthcare students taking any core curriculum course. The exam fee was paid from the grant, but no H2P students had registered to take the exam by December 2014. The H2P team expressed a need for employers to recognize the NCRC to help the region achieve the “Work Ready Community” designation, which was encouraged by the state, and local WIB representatives were working on building employer recognition.

The H2P team reported that shrinking enrollments were limiting the development of new POS. However, they laid a foundation for healthcare stackable credentials through the H2P grant by introducing the NCRC in 2014, funding equipment that could lead to stackable credentials in the future (i.e., the MRI simulator), and enhancing training offered in existing stackable credential programs (e.g., state-of-the-art lifts and patient simulators).

Strategy 5 - Enhanced Retention Support

February 2013. OCCRL rated the enhanced retention support strategy at the *Implementation* level, as did OCC. Besides TAACCCT, OCC had a Title III grant for the five years prior and that grant assisted the college to develop the FYE course that established intrusive advising and supplemental instruction, and also created a Retention Research Associate position.

With the H2P grant, the college hired an experienced Retention Advisor who was familiar with the college, its healthcare POS, and the target population. Described by stakeholders as “someone with a good foundation” of knowledge and an “enhancement to the advising team,” the Retention Advisor helped students navigate course choices and academic support services while still enrolled in prerequisite courses for POS or in non-credit courses, as was consistent with other H2P co-grantee efforts. Recruitment included participating in new student orientations, visiting classrooms to recruit H2P participants, and collaborating with Admissions staff so that they became knowledgeable about H2P. The Retention Advisor stated that she could “work with everyone – from students who don’t know what they want, to students who have made the choice already but still need support.” Several members of the advising staff in the Nursing and Allied Health programs, as well as Admissions staff, participated in the evaluation interviews. These administrators indicated that, although the student-to-advisor ratio was larger than ideal, their advising function’s “intellectual infrastructure” was solid. The Retention Advisor made referrals to offices and agencies in the College and in the community for non-academic support services. Students stated on more than one occasion that “if you hear of a student struggling to go see [the Retention Advisor].”

December 2014. OCCRL rated the enhanced retention support strategy at the *Implementation* level, which differed from OCC’s rating of *Scale-Up*. OCC hired a Retention Specialist in 2013, and this Retention Specialist visited classes to share information regarding H2P and its benefits to students interested in healthcare careers, and this individual also provided retention services in the form of intrusive academic supports and non-academic services. College leaders knew about the enhanced retention services that the H2P grant provided, and they anticipated seeing evaluation results to understand which services were most effective. Despite serious budget concerns, administrators were interested in implementing retention services that demonstrated results, thus the H2P team was analyzing data to support the need for continued enhanced retention services.

HipCricket was implemented early in the H2P grant to disseminate career and advising information via text, but it was discontinued. The Retention Specialist replaced HipCricket with Banner Relationship Management (BRM), which is an add-on to the Banner software system that creates early alerts for students based on indicators, such as low attendance or low midterm grades. Once the Retention Specialist is alerted, contact with the student is made. The system, called “Early Alert, enables faculty to submit alerts about struggling students to advisors, triggering emails from advisors requesting to meet with the students. These alerts were scheduled to start as early as two weeks into the semester. The OCC leaders intended to implement this system throughout the college, but the Retention Specialist position was not expected to continue after the grant.

The Retention Specialist offered financial literacy through one-on-one advising appointments and programming to H2P students who were often the first in their families to attend college and unfamiliar with financial obligations associated with college. The default rate on student loans was increasing, so information regarding financial literacy was disseminated to H2P students before they graduated. The goal was to build awareness of student loan obligations and choices of repayment plans. This effort was launched just prior to the OCCRL’s December 2014 visit, and initial student response to letter and email invitations was low. The H2P team reported

that participating students expressed satisfaction with the service, though few students signed up. There was hope that word-of-mouth referrals would increase participation.

The Retention Specialist assisted H2P students with writing resumes and cover letters, as well as job placement. H2P staff was invited by instructors to present this information to classes. Although there was no central career center on the OCC campus, the Human Resources Office reviewed student resumes by appointment to help students prepare for the job market.

Strategy 6 - Training Programs for Incumbent Healthcare Workers

February 2013. OCCRL rated the training programs for incumbent healthcare workers strategy at the *Not Planned* level. OCC did the same, noting that despite no incumbent worker training programs being planned, course offerings may be available in the future. ProMedica expressed an interest in building a bridge program, in addition to the externships that they currently provided. OCC was trying to “serve the gap between what employees are currently doing and what they want to do,” and this intentionality toward this employer may lead to additional programming. Demonstrating a high regard for the “high quality” of OCC students, it is possible that an incumbent worker training program may emerge in the future. OCCRL considered this strategy to be one that OCC should revisit, given the strengths and interest of ProMedica.

December 2014. OCCRL rated the training programs for incumbent healthcare workers strategy at the *Not Planned* level, and OCC rated itself at the *Implementation* level but this rating was based on counting current employees as enrolled in OCC’s healthcare POS rather than dedicated incumbent worker programming for a group of employees of a local employer. OCC’s major partner, ProMedica, continued to offer its own incumbent worker education programs rather than seek this service from the college.

Also not incumbent worker training but worth mentioning, OCC’s purchase of the MRI simulator included professional development by the vendor. Area professionals received training in November 2014 and another one was being planned for 2015, sustaining this incumbent worker training opportunity beyond the grant period.

Strategy 7 – Enhance Data and Accountability Systems

February 2013. OCCRL rated the enhance data and accountability strategy at the *Implementation* level, as did OCC. The H2P data manager was new to the position but had previous experience working with college data systems, including having requisite technical skills. The data manager was in the process of receiving various permissions necessary to query the grant-required data from Banner. Once these permissions were granted, the data manager was oriented to the college’s data policies, and with the imminent addition of Blumen, the OCCRL evaluators believed that OCC would have the software and personnel required for an enhanced data system.

December 2014. OCCRL rated the enhance data and accountability strategy at the *Implementation* level, as did OCC. The H2P data manager was experienced in data organization and accountability, and worked with the IR office to query data through Banner. The Retention Specialist used Blumen as well to enter student contact and participation data. The H2P team added some Blumen information to the OCC Banner system so that this additional information was saved in the official student file.

There was no plan to sustain a data manager position serving healthcare students after the H2P grant; therefore, the enhanced data collection activity was not sustainable. Many OCC personnel related that it was hard to discuss sustainability in OCC’s current fiscal environment, which was characterized by decreases in enrollment and college-wide wage reductions.

With respect to student employment data, the H2P team received UI wage records, but found the report difficult to decipher. They chose to collect supplemental information from students, especially on those for whom they

would otherwise not have data. To collect this information, the Retention Advisor called graduates and requested copies of paystubs and W2 forms. Despite repeated phone calls, the response rate was limited.

Strategy 8 – Galvanize a National Movement

February 2013. OCCRL rated the galvanizing a national movement strategy at the *Pre-Planning* level, which differed from OCC’s rating of *Planning*. OCC was scheduled to host ECC in March 2013 to learn more about the core curriculum development and implementation process. No other activities towards this strategy were planned.

December 2014. OCCRL rated the galvanizing a national movement strategy at the *Implementation* level, as did OCC. Core curriculum at OCC consisted of content from existing courses that faculty collaborated to designate as the “common core,” plus some courses that were identified for state transferability. This combination of courses was considered sustainable. OCC had invited Cuyahoga Community College and the Cleveland Clinic, both located in Cleveland, Ohio, to participate in conversations about their core curriculum, thus contributing to the national movement. According to OCC’s H2P team, representatives from both Cleveland institutions attended the national core curriculum meeting. Additionally, the OCC team participated in the national consortium meetings and efforts to reach the goals set forth by the H2P Consortium.

Evaluation Question 3

What modifications and improvements were made to OCC’s TAACCCT-impacted POS and strategies?

This question was evaluated as part of the baseline visit in **February 2013**, but not included in the 2014 site visit because this aspect of the evaluation was subsumed by the third-party curriculum review conducted by The Collaboratory and a private contractor hired by OCC.

Evaluation Question 4

What barriers and supports existed, and how did they impact OCC’s efforts in creating and enhancing POS and strategies?

This evaluation question was part of the baseline study conducted in **February 2013** and was aimed at building an understanding of pre-existing conditions that created barriers or facilitated advancements (supports) in implementation of POS and strategies.

From this standpoint, the OCCRL evaluation team identified the following supports:

- **College Administration Support:** The H2P initiative enjoyed support from the administration, including deans and personnel who brought a “can-do” attitude to the project.
- **Coordination with Employer Community:** With the advent of the new PAC, the college and its healthcare programs stood to increase coordination of the employer community with services offered to Health Sciences and Nursing students.

The OCCRL evaluation team identified the following barriers:

- **Lack of TAA-eligible Recipients:** There was a lack of TAA-eligible recipients enrolled in the H2P program.
- **Budget Constraints:** The most notable barrier was the falling budget and college enrollments. However, ongoing discussion with the PAC members could yield opportunities for collaboration to support program development.
- **Competition with Accreditation:** The college’s accreditation process slowed down implementation, and called for the executive leadership to be strategic about getting implementation back on track.

Evaluation Question 5

What strengths and opportunities for improvement exist that OCC can capitalize on in supporting their TAACCCT-impacted POS and strategies?

This evaluation question focuses on the strengths and areas for improvement identified in **December 2014**. Recommendations are offered for each area in the spirit of encouraging a continuous improvement approach.

Strengths

The OCCRL evaluation team identified multiple strengths on which OCC can capitalize to support their TAACCCT-impacted POS and strategies.

- Faculty and Chairs' Awareness of Core Courses and H2P Funding: Both Nursing and Allied Health faculty and department chairs expressed an awareness of core courses and equipment purchased with H2P grant funds.
- Virtual Career Network and Ohio Means Jobs Website: Use of the VCN and the link to the Ohio Means Jobs website was a resource for students and H2P staff. Faculty reported awareness that students could access this website for information about career decision-making in the healthcare industry.
- Partnerships: The H2P team developed two consequential partnerships during the H2P grant period: one with medical equipment provider Philips, and another with Toledo's largest employer, ProMedica. The OCC MRI program partnered with Philips to acquire simulation equipment for training purposes, and these efforts were expected to benefit the college after the grant ends. OCC was on track to be the first community college in the nation to be accredited to provide MRI training and credentials. Professional development provided through this new partnership may lead to more employer partnerships. Second, the H2P team forged a partnership with ProMedica, and ProMedica agreed to hire an H2P-funded career coach who was recruited to conduct H2P student intakes at ProMedica worksites.
- WIB Partnership: OCC strengthened its partnership with the local WIB whose director served on the H2P advisory board and supported H2P by providing WIA funding to students seeking healthcare careers. Finally, the Allied Health department's partnership with OCC's Workforce Training Division facilitated moving the Expanded Functions Dental Auxiliary (EFDA) Certificate program to continuing education.
- Financial Literacy: OCC had a growing student loan default rate as many students were the first in their families to attend college. Implementing financial literacy services showed awareness of the student population and was important to meet the needs of H2P students.

Opportunities for Improvement and Recommendations

The OCCRL evaluation team identified the following areas where OCC has the potential to improve.

- Contextualized Developmental Education Courses: OCCRL recognized the development of a math workbook that was available online and in hard copy. However, the lack of contextualized healthcare developmental education course offerings was a concern. To this end, OCCRL encouraged OCC to pursue contextualized developmental math and reading courses. OCC was also encouraged to use declining enrollments as an impetus to design contextualized, accelerated developmental education courses to support and instill confidence in students.
- Stackable Credentials: The OCCRL team did not see evidence of the career pathway concept. Students were encouraged to take the NCRC, but this entry-level credential was mostly relevant to the lowest level of employment. The career pathway structure, with stackable credentials, was not described on the college website. To advance this strategy, OCC was encouraged to advance career pathways to help students see

transparent and articulated credential ladders from entry level to degree, including degrees that transfer to baccalaureate institutions. Materials that map these pathways, including visual tools, should be created and shared with students. The Nursing and Health Professions website should present graphic representations of career pathways and stackable credentials to help students and stakeholders understand program trajectory.

Table 8. Comparison of Owens Community College’s (OCC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
1. Online Assessment and Enhanced Career Guidance								
B = Baseline Rating in February 2013, I = Final implementation rating in December 2014								
OCC rating:					I	B		
Online assessment of students’ prior learning through:					I	B		
• Virtual Career Network (VCN)				B I				
• Portfolio-Based Assessments	I							
• Challenge Exams	I							
• Advanced Placement (AP) Exams				B	I			
• College Level Examination Program (CLEP) Exams				B	I			
• Advanced Standing Placement				B				
• Proficiency Exams				B				
Online assessment of student’s foundational skills through:	B				I			
• Virtual Career Network (VCN)	B				I			
Online career advising through:				I				
• Virtual Career Network (VCN)				B	I			
• ISEEK Career Assessment	B			I				
OCCRL rating:				B I				
Online assessment of students’ prior learning through:				B I				
• Virtual Career Network (VCN)							I	
• Portfolio-Based Assessments							I	
• Challenge Exams				B			I	
• Advanced Placement (AP) Exams				B I				
• College Level Examination Program (CLEP) Exams				B I				
• Advanced Standing Placement				B				
• Proficiency Exams				B				
Online assessment of student’s foundational skills through:	B			I				
• Virtual Career Network (VCN)	B			I				
Online career advising through:				B I				
• Virtual Career Network (VCN)				B I				
• ISEEK Career Assessment				B I				
2. Contextualized Developmental Education								
B = Baseline Rating in February 2013, I = Final implementation rating in December 2014								
OCC rating:				I		B		
New Developmental courses that integrate health content:				I				
• Contextualized Math	B				I			
• Contextualized Reading				B				I
• Contextualized Writing/English	I		B					
New health courses that integrate developmental content:	I	B						

Table 8. Comparison of Owens Community College’s (OCC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
OCCRL rating:				B I				
New Developmental courses that integrate health content:				B I				
• Contextualized Math	B				I			
• Contextualized Reading				B				I
• Contextualized Writing/English			B				I	
New health courses that integrate developmental content:		B					I	
• Pre-health courses that are not major specific		B						
3. Competency-based Core Curriculum								
B = Baseline Rating in February 2013, I = Final implementation rating in December 2014								
OCC rating:					I			
New courses that are part of a competency-based core curriculum:		B			I			
Modified courses that are part of a competency-based core curriculum:		B			I			
• HIT 236 Pathophysiology					I			
• HIT 231 Pharmacology					I			
OCCRL rating:		B			I			
New courses that are part of a competency-based core curriculum:		B					I	
Modified courses that are part of a competency-based core curriculum:		B			I			
• HIT 236 Pathophysiology					I			
• HIT 231 Pharmacology					I			
4. Industry-recognized Stackable Credentials								
B = Baseline Rating in February 2013, I = Final implementation rating in December 2014								
OCC rating:	B			I				
New, employer-approved credentials:		B		I				
• NCRC Credential included in core curriculum				I				
OCCRL rating:	B			I				
New, employer-approved credentials:	B			I				
• NCRC Credential included in core curriculum				I				
5. Enhanced Retention Support								
B = Baseline Rating in February 2013, I = Final implementation rating in December 2014								
OCC rating:				B		I		
Hire a dedicated College Completion Advisor/Retention Specialist				B I				
Student Support Service Functions				B		I		
• Intrusive academic supports				B		I		
• Non-academic support services				B		I		
• Career advising				B		I		

Table 8. Comparison of Owens Community College’s (OCC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
Text-based career information:			B	I				
• HipCricket			B	I				
OCCRL rating:				B I				
Hire a dedicated College Completion Advisor/Retention Specialist				B I				
Student Support Service Functions				B I				
• Intrusive academic supports				B		I		
• Non-academic support services				B I				
• Career advising				B I				
Text-based career information:			B	I				
• HipCricket			B	I				
6. Training Programs for Incumbent Healthcare Professions								
B = Baseline Rating in February 2013, I = Final implementation rating in December 2014								
OCC rating:	B			I				
New training program(s) for incumbent health professions.	B			I				
Professional Development for clinical instructors		B		I				
OCCRL rating:	B			I				
New training program(s) for incumbent health professions.	B			I				
Professional Development for clinical instructors		B			I			
7. Enhance Data and Accountability Systems								
B = Baseline Rating in February 2013, I = Final implementation rating in December 2014								
OCC rating:				B I				
Hire a dedicated Data Manager				B I				
Link strategy implementation data to outcomes data on the student level through Blumen.				B I				
Written agreement between the college and workforce systems that link student employment data.			B	I				
OCCRL rating:				B I				
Hire a dedicated Data Manager				B I				
Link strategy implementation data to outcomes data on the student level through Blumen.				B I				
Written agreement between the college and workforce systems that link student employment data.			B	I				
8. Galvanizing a National Movement								
B = Baseline Rating in February 2013, I = Final implementation rating in December 2014								
OCC rating:			B	I				
Adoption of a core curriculum in health profession by consortium colleges.		B		I				
Engagement of non-consortium colleges in the development of a model core curriculum in the health professions.		B		I				

Table 8. Comparison of Owens Community College’s (OCC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
Participate in National Summit and use labor market information to improve health professions training.				B I				
OCCRL rating:		B		I				
Adoption of a core curriculum in health profession by consortium colleges.		B			I			
Engagement of non-consortium colleges in the development of a model core curriculum in the health professions.		B		I				
Participate in National Summit and use labor market information to improve health professions training.		B		I				
<p><i>Notes:</i></p> <p>1. Un-shaded rows show self-assessment rating provided by the co-grantee. Shaded rows show ratings provided by the OCCRL evaluation team after visiting the co-grantee.</p> <p>2. The ratings in the scale are defined as follows:</p> <ul style="list-style-type: none"> • Not Planned: The College decided not to implement this strategy. • Pre-Planning: The College committed to the strategy but has not started planning it. • Planning: The College was engaged in a planning process to move forward with this strategy. • Implementation: The College was engaged in implementation of the strategy. • Sustainability: The strategy had been fully implemented, and the team was addressing sustainability of this strategy. • Scale-Up: The strategy was broadened in scope and scale to fit other college needs or adapted/replicated to suit other colleges. • Not Implemented: This was a strategy that the college elected not to bring to implementation during the course of the grant. • Discontinued: This was a strategy that was implemented during the course of the grant, but the college has discontinued the use of the strategy. <p>3. The ratings Not Implemented and Discontinued were added to provide further clarification by the research team after the December 2014 site visit.</p>								

Pine Technical and Community College

This subsection presents results on implementation of the TAACCCT grant at Pine Technical and Community College (PTCC), as reported in this co-grantee college's interim implementation evaluation site report (2013) and final implementation evaluation site report (2014).

Evaluation Question 1

Who were PTCC's partners and what role did they play in supporting the implementation of TAACCCT-impacted POS and strategies?

February 2013. PTCC led the Healthcare Alliance, a partner group comprised of business, education, and community-based organizations to support the college's healthcare pathways and POS. Established prior to the H2P grant, regular attendees included K-12 representatives and employees of a regional CBO that contracts with WIA. An H2P staff person reported that the previous meeting of this group included 26 participants. The college was also a welfare-to-work site for Minnesota and administrators had dual responsibility for college programs and client services.

OCCRL met on site with a representative from First Light Health Systems and a representative from Allina Health Cambridge Medical Center. Both of these partners were familiar with college initiatives and had been long-term members of the Healthcare Alliance. They were aware of details of the H2P grant, supportive of POS, and highly complementary of PTCC leaders for adopting an industry-engaged approach. These partners reviewed core curriculum and competencies, regularly attended quarterly Health Alliance meetings, and supported the clinical practice needs of PTCC. However, neither location was a hiring site for MA positions due to their hiring policies being limited to LPN and RN occupations. They were supportive of the RN to BSN partnership between PTCC and Bethel College wherein Bethel offers classes at PTCC that align with PTCC's LPN and RN programs.

Recruitment was a priority for employer partners. One partner reported that placing a call to the PTCC was a first step in their recruiting strategy, indicating the importance of the college to the local healthcare workforce. PTCC posted job openings on its website for area employers and conducted a vacancy survey on a regular basis. With respect to the MA program, college staff reported that employer hiring data and a "listening session" was the basis for a second review and subsequent approval after initial rejection by the state. Whereas two employer partners did not hire MAs, college personnel indicated that they were hired by other employers.

The college also established a partnership with ARCC, an H2P co-grantee college also located in Minnesota. ARCC will provide the PT program at its Cambridge campus and PTCC the MA program, increasing options for students at both schools and leveraging investments in program development and faculty.

November 2014. Starting in 2007, PTCC's president established the Healthcare Alliance that involved representatives from the local healthcare industry, the K-12 education system, ABE, and the Workforce system. This group was critical to PTCC being awarded a \$4.2 Million ARRA grant called HOPES. Partnerships continued to play key roles in the H2P grant. The addition of the MA program brought PTCC new partners, some of whom had not heard of PTCC. Now these employers contacted PTCC with job openings, and the college recently held its first Healthcare Job Fair, which attracted many employers.

Employer partners noted the Healthcare Alliance wherein PTCC asks employers "What do you need?" and "What is working?" For example, one employer reported they had noticed room for improvement in the critical thinking skills of some new hires, and in response, PTCC enhanced curriculum to include interactive video modules with scenarios for students to engage and receive feedback. Another employer asked a new CNA hire what s/he wished to have learned in school before coming to work and the employer reported this information to PTCC staff. Employers explained that this type of open communication with PTCC staff led to the modification of curriculum and assurance that students who completed their programs had skills to obtain employment and remain employed. Other roles that employers played included membership on the program advisory board, affirmation of the

accreditation process (for the MA program), internships and practicums, donations of supplies, and guest speakers in classrooms.

Evaluation Question 2

What strategies and activities did PTCC implement, and what was the impact on PTCC's POS?

The college's self-assessment ratings are compared to OCCRL assessment ratings in Table 9. This table includes a baseline rating of strategy implementation from **February 2013** and a subsequent rating from **November 2014** for each strategy and sub-strategy.

Strategy 1 - Online Assessment and Enhanced Career Guidance

February 2013. OCCRL rated the online assessment and enhanced career guidance strategy at the *Implementation* level, as did PTCC. At the time of the visit, the Employment and Education Advisor (EEA) position was vacant, and PTCC anticipated filling the position in the near future. During this transition, the program manager provided advising services to students, which was beyond the duties regularly assigned to the program manager position. The Student Success Coach and the EEA organized face-to-face resume assistance and mock interviews for students, as well as career exploration options through VCN. Additionally, H2P staff used VCN to assess students. Whereas PTCC had policies for awarding CPL, there was limited use of CPL activities.

November 2014. OCCRL rated the online assessment and enhanced career guidance strategy at the *Implementation* level, which differed from PTCC's rating of *Sustainability*. Statewide policies on assessing and awarding CPL were being addressed by MnSCU. PTCC created and implemented a guide for awarding CPL; however, the unionized faculty had not reached an agreement on the guidelines. The decision to grant CPL was fully in the hands of faculty, as stipulated in their labor contract. Deans could add input to the evaluation but the final decision was made by the faculty. Some agreements were made system-wide, but this was the exception not the norm. Work had stalled on granting credit by portfolio assessment at PTCC due to the discussions at MnSCU, but students continued to take exams to test out of courses, including Challenge, AP, and CLEP exams. Although PTCC met its target on this measure, H2P staff felt that their efforts had been somewhat thwarted by MnSCU's ongoing policy discussion.

PTCC was involved in a statewide pilot to award credit for competencies earned in military service. Through the initiative, they had identified every rank and occupation in every branch of the military and cross-walked every occupation with every course at the college. Other colleges did the same. As a result, a veteran can go to a website maintained by MnSCU and find out how many credits can be granted for their military experience. This initiative was accomplished with the input of faculty across the state, and thus has faculty support.

PTCC assessed the foundational skills of students using the VCN. Use of VCN had been scaled to the rest of the college and was included as part of the college's budget. The VCN was used by the affiliate workforce center, which was located on the PTCC campus in the same suite as the H2P team and student services staff. The Temporary Assistance for Needy Families (TANF) office provided VCN free of charge to the college.

PTCC had added a Career Center with computers that included VCN career exploration software in a convenient location for all students. While there was no single person assigned to run the Career Center, H2P staff said that because of its convenient location, several people who worked in nearby offices pitched in to help students access materials if they indicated they needed help. Both OCCRL and PTCC saw the use of VCN for these purposes as sustainable; however, PTCC was not intending to continue its use of ISEEK materials for this purpose.

Strategy 2 - Contextualized Developmental Education

February 2013. OCCRL rated the contextualized developmental education strategy at the *Planning* level. Although there are multiple tutoring and enrichments efforts, the number of program participants and PTCC's status as a technical college had limited the development of contextualized healthcare developmental education courses. However, the core curriculum at PTCC has embedded some developmental reading and writing content. The college was pursuing a status change to a community and technical college, which would modify credit hour limits and create further opportunity for developmental education options. PTCC had embedded tutoring efforts and recently added mandatory face-to-face remediation as a component of the online foundation core course.

November 2014. OCCRL rated the contextualized developmental education strategy at the *Sustainability* level, as did PTCC. Due to its enrollment size, PTCC was not able to support an entire section of developmental education contextualized to healthcare. However, PTCC integrated developmental-level content into healthcare courses, and healthcare content into general developmental education courses. This alternative approach was deemed necessary for sustainability in a small, rural college.

PTCC integrated healthcare content, as well as content from other POS into existing developmental education courses. For example, a developmental writing instructor might assign students to interview a healthcare program instructor on the writing that is important in their field. PTCC first integrated developmental education content into pre-healthcare courses through a grant from FastTRAC, a Minnesota initiative similar to Washington's I-BEST model in which an ABE instructor was paired with an occupational program instructor in the classroom to teach basic skills in the context of the content of their chosen career. When the FastTRAC funding ended, PTCC had writing and math modules that continued to be used at this level. H2P staff reported that some H2P students were also served by the FastTRAC initiative.

PTCC used H2P funds to create a developmental reading strategies supplement to the healthcare core curriculum. This curriculum was offered online only, as a supplement to the first core curriculum course (HCCC 1215). It consisted mostly of study strategies, such as navigating the college-wide instructional delivery platform Desire-to-Learn (D2L), time management, and using an online library. Some elements, such as memorization tips, were integrated with healthcare content. The instructor served as a resource for students as opposed to a traditional instructor. There was also a face-to-face component that met once a week for two hours for students who failed to meet an Accuplacer cutoff score, but students were not required to participate. Tutoring and enrichment were also part of the program.

PTCC leveraged another strategy directed at pre-credit instruction. H2P students were enrolled in the FastTRAC model. Several options, including bridge courses, were addressing developmental and adult education reform at the ABE level. The size of the college prohibited dedicating one section of developmental education exclusively to students interested in healthcare. However, H2P was implemented at the same time that the state was undergoing research and policy change as it related to developmental education. The first step in that process was to analyze learning outcomes for every course to determine college-level material. If a course was found to not contain college-level material, it had to make changes – and on a quick timetable. As a result, PTCC had to revise its reading and writing course immediately; they had slightly longer to revise developmental math. At the same time, the cut scores on the Accuplacer were changed. If students scored lower than the new threshold for credit-level courses, they were referred to ABE. For those scoring above the threshold but close to it, a 4th credit hour was required in the entry-level credit course. Some of those additional assignments included healthcare-related material. Early anecdotal reports indicate that these changes were working to increase student attainment.

H2P staff reported that developmental education content was integrated at the core course level or below because the core curriculum serves to “weed and feed” students into various healthcare programs. The goal was to assist students as much as possible to obtain the skills they needed to pass the Accuplacer and move from pre-healthcare

to healthcare programs. For this reason, these developmental education supplements would be sustained after the H2P grant.

Strategy 3 - Competency-Based Core Curriculum

February 2013. OCCRL rated the competency-based core curriculum strategy at the *Implementation* level, as did PTCC. The Healthcare Careers Core Curriculum (HCCC) consisted of two courses bearing two credit hours each, Introduction to Healthcare Careers I (HCCC 1215) and Introduction to Healthcare Careers II (HCCC 1220). The HCCC served as a pre-requisite substitute for the Practical Nursing and the Long-Term Care Assistant certificate programs. The two core curriculum courses were taught in one semester and were primarily offered online using D2L. There was an additional two-credit elective, the Healthcare Core Curriculum Skills Set, which allowed students to sit for the CNA examination. In Fall 2012, the core curriculum was offered online with a weekly optional on-campus meeting with Developmental Education faculty. In Spring 2013, this on-campus session was made compulsory to ensure students met with the EEA monthly, with optional weekly sessions.

Employer partners indicated they had contributed to the core curriculum development in terms of providing information about industry needs. ABE partners and Central Minnesota Jobs and Training Services were also participants in developing the online core curriculum. The development of core curriculum through H2P had enabled PTCC to offer these courses for dual credit to high school students through Interactive TV (ITV). Although the H2P grant provided resources for curriculum development, delivery of courses to high school students was supported through a different consortium, the East Central Minnesota Educational Cable Cooperative. College stakeholders stated that the ITV offering allowed high school students an opportunity to explore healthcare options and better prepared them for college program selection. This option for healthcare career exploration had not been available for high school students before the H2P grant supported the development of the core curriculum.

November 2014. OCCRL rated the competency-based core curriculum strategy at the *Scale-Up* level, which differed from PTCC's rating of *Sustainability*. The HCCC was part of the stackable credentials healthcare model offered at PTCC. The HCCC remained largely the same as it was in February 2013; however, it had been scaled to area high school students as a dual credit option.

Strategy 4 - Industry-Recognized Stackable Credentials

February 2013. OCCRL rated the industry-recognized stackable credentials strategy at the *Implementation* level, as did PTCC. PTCC had launched a new MA program with strong early retention (100%, as reported by PTCC faculty). The MA program had EKG and Phlebotomy curricula embedded because they were required training within the MA associate degree program. The EKG and Phlebotomy credentials are available for licensed returning workers including LPN, RN, and EMT as added options in the pathway. The partnership with ARCC will create an option for a PT credential and the partnership with Bethel College extends the nursing pathway to include an ADN to BSN option. PTCC was planning on adding an additional credential for Limited Scope X-Ray (LXMO).

November 2014. OCCRL rated the industry-recognized stackable credentials strategy at the *Sustainability* level, as did PTCC. A linchpin of the stackable credential model, the new MA program, continues to enjoy high enrollment and completion rates. Retention was 100% for the first two cohorts that went through the 2-year program. PTCC was happy to share that the MA program received full accreditation at the onset. It had also been well received by students in terms of their enrollment and in terms of employer satisfaction. College officials noted that there was a need for this certification program in the region, and the H2P grant provided the opportunity to develop it.

EKG and Phlebotomy coursework were embedded in the MA program. With one additional semester, students had the option of earning a LXMO certificate. Students who completed these credential programs were very well

prepared for local clinics that needed staff with these diverse skill sets. Further, the EKG and Phlebotomy credentials continued to be available as freestanding credential opportunities for incumbent workers.

Not every POS was aligned with the stackable credential model, meaning that the credentials did not build on one another to demonstrate increasing levels of competence. Instead, some were latticed, requiring another Nursing or Allied Health credential from an accredited institution. In the Nursing pathway, each credential was aligned with credentials preceding and following it. College personnel pointed out that multiple credentials worked well in this rural region, because small employers need people to be multi-skilled.

The partnership with ARCC was credited with creating an option for a new PT credential. PTCC officials reported that as soon as that program is accredited, it will be considered for adoption at PTCC.

Strategy 5 - Enhanced Retention Support

February 2013. OCCRL rated the enhanced retention support strategy at the *Implementation* level, as did PTCC. College stakeholders indicated that there was a significant increase in fall to spring retention rates in the 2012-2013 academic year compared to the previous academic year. The strong (100%) retention of students in the new MA program from Fall 2012 to Spring 2013 was noteworthy. The College had a Student Success Coach who interacted with students, faculty, and staff. Resume assistance and mock interviews were organized by the Student Success Coach and EEA. H2P staff had integrated the Academic Alert System available at the college to counsel and assist H2P students. Staff interviews indicated H2P Nursing faculty members were early adopters of this alert system. The Student Success Coach shared H2P student alerts with the H2P Program Manager (formerly the EEA), who provided additional and timely support as necessary. Interviews with faculty indicated regular communication occurred between faculty, staff, and administrators to promote student retention. Faculty commented positively that the timely student support provided by the H2P staff helped in student retention. At least one faculty member had incorporated resume assistance sessions in the H2P courses to help students in upcoming externship searches.

PTCC utilized the MnSCU Texting System for intrusive advising. This texting service was sustainable as it was provided through the state system. Similarly, the Academic Alert system was sustainable due to the college-wide adoption of the technology. Concern was raised by PTCC about implementing HipCricket, a text-based intrusive advising tool, due to the potential cost to students associated with receiving texts from multiple texting systems.

November 2014. OCCRL rated the enhanced retention support strategy at the *Implementation* level. Before H2P, PTCC had a HOPES grant, which they credit with providing momentum on the issue of increased student retention activities. Beginning with HOPES and continuing with H2P, the College had: a) implemented a more robust enrollment management plan, including an academic alert system, b) revised their student orientation process, c) provided new cohort advising sessions, and d) developed clear and cogent career pathways. It was clear to the evaluators from interviews with staff and administrators that PTCC was attuned to its student population's needs and that it actively seeks additional funding to support its ability as a small rural college to meet them.

The EEA worked as part of the enhanced retention team. This position was reduced to a half-time position until the end of the grant. PTCC was not going to continue this position in healthcare programs after the end of the grant. The person hired for H2P had moved to the same role in a subsequent TAACCCT grant. Many persons in different roles at the college remarked how helpful this person had been in the department. This person's role shifted from recruitment in the early stages of the grant to completion and transition to work in the later phases. As an example, at the start of every term, she held evening potluck dinners that built relationships among the students and staff. She worked with the MA instructor to incorporate writing assignments into the class and scheduled workshops for resumes and mock interviews.

PTCC had hired a full-time person to provide intrusive academic supports for the college as a whole. She had experience in non-academic support services as well. Unlike the fate of the EEA position, the academic advisor role, which runs the Early Alert and intrusive academic support system, had been fully funded in the Student Affairs office under the regular college budget. Given this staff person's history in the healthcare department as part of the H2P grant, she will continue supporting these programs, and she has assistance to reach the rest of the student population. Faculty commented positively that the timely student support provided by the H2P staff helped student retention. Faculty had responsibility for student advising, and so they quickly saw the value of these advisors, but the advisors needed to "gently" convince the rest of the unionized faculty of the need to support the advisor role college-wide.

PTCC had strengthened their orientation process college-wide as a result of this newly funded position. They looked at best practices and dropped their 4-hour orientation in the auditorium. Instead they separated students by program and these cohorts of students toured the facilities, met faculty, and signed up for courses during a shorter orientation. Workshops were offered on topics such as financial aid and time management. College staff reported that as a result of the changes to orientation processes, PTCC went from a rate of 40% of students continuing from application to enrollment to 70%. In addition, PTCC's overall retention rate increased over the grant period, which they attributed to the Academic Alert system, revised orientation process, and group advising that they put in place as part of their H2P initiative.

The H2P team reported that HipCricket was not useful at PTCC. Email was also unsuccessful although they continued to push its use with students as a professional necessity. Email blasts were sent to all students in a given program, and some students had missed out on good opportunities by not checking their email. Jobs were posted on the Healthcare Alliance website. H2P staff learned about graduates who had gained employment through LinkedIn. An obstacle cited to using HipCricket was that students had to opt in, resulting in low response rates.

Strategy 6 - Training Programs for Incumbent Healthcare Workers

February 2013. OCCRL rated the incumbent healthcare workers strategy at the *Planning* level, which differed from PTCC's rating of *Implementation*. The OCCRL rating was due to the fact that incumbent workers had not yet enrolled in the programs identified as incumbent worker training POS. The partners interviewed were enthusiastic about ADN and BSN opportunities for their staff. The EKG and Phlebotomy credentials were designed for licensed healthcare workers. Several options existed within the pathways from long-term care TMA credentials through LPN to ADN that enabled incumbent workers to continue to develop and advance in healthcare careers. A partner reported that the College conducted information sessions with employees and materials were made available to encourage workers to take advantage of programs. Opportunities to expand programs may have been available through the ITV system, online courses, and flexible scheduling, as well as employer-sponsored cohorts and onsite delivery.

November 2014. OCCRL rated the incumbent healthcare workers strategy at the *Sustainability* level, as did PTCC. Incumbent workers had graduated from the LXMO program, and some had found new positions in chiropractic offices. The EKG and Phlebotomy credentials were also designed for licensed, incumbent healthcare workers. Several options existed within the pathways from long-term care TMA credentials through LPN to ADN that enabled incumbent workers to continue to develop and advance in healthcare careers. One H2P graduate interviewed had graduated from PTCC as an LPN, went to work, and then returned to PTCC in the RN program (during the H2P grant). The student noted the increase in student support services during the H2P grant timeframe. The student returned again for the BSN as part of the new partnership program with Bethel College, which provides a BSN program located at PTCC. This student recently landed a new job opening and was leading an urgent care center. Additionally, all healthcare instructors had received professional development in the form of training on the new equipment purchased by the grant, including the simulation lab and the electronic record system, and thus this strategy is rated Sustainable as well.

Strategy 7 – Enhance Data and Accountability Systems

February 2013. OCCRL rated the enhance data and accountability systems strategy at the *Implementation* level, as did PTCC. At the time of the visit, PTCC did not have an IR office. With the onset of Year Two of the H2P grant, the volume and complexity of data and data sources was anticipated to increase dramatically; strategy data stored in Blumen as well as UI wage records would need to be matched to intake form data and educational data. With more than 200 participants expected by the end of Year Two, it would no longer be feasible to manually copy and paste individual participants' information, one by one, from various MnSCU databases into an Excel spreadsheet. More importantly, due to the meaningful threat to data validity, it will not be advisable to match each individual student's data from multiple data sources by hand. An integrated method for collecting, storing, matching, and reporting data from multiple data sources was needed.

November 2014. OCCRL rated the enhance data and accountability systems strategy at the *Implementation* level, as did PTCC. PTCC hired a data manager for the H2P grant who set up the data reporting system and that position will continue until the end of the grant. The position description as classified by the MnSCU system (Office Administrative Specialist) somewhat hampered the College's ability to meet the needs of this grant. However, the person hired had been able to learn the job quickly and did not hesitate to seek answers to questions related to tracking students' progress according to the guidelines provided by OCCRL and the national H2P office. OCCRL data staff confirmed there existed a sincere and consistent effort at PTCC to provide the most accurate data possible to meet the requirements of the grant in spite of the disadvantage of not having an IR office.

Although PTCC had implemented Blumen, they will not continue to use Blumen software after the grant period ends. It took the data manager and a colleague many hours dealing with technical issues in order to be able to link student implementation and outcome to data on Blumen. They accomplished what they needed to do in order to report outcomes, but wished that what was being requested was more comparable with what was being collected. A written agreement between PTCC and the state employment office to link data was completed by the time of the last report.

Strategy 8 – Galvanize a National Movement

February 2013. OCCRL rated the galvanizing a national movement strategy at the *Planning* level, as did PTCC. PTCC had implemented the use of labor market data to improve healthcare training, as noted in the successful approval of the MA program after the initial denial by state authorities. PTCC planned to leverage its membership in the HealthForce Minnesota network to further the adoption of the HCCC within non-H2P colleges in the state. HealthForce Minnesota was represented on the National Advisory Board of the H2P Consortium. PTCC anticipated that its relationship with HealthForce Minnesota would allow the college to scale up HCCC.

November 2014. OCCRL rated the galvanizing a national movement strategy at the *Sustainability* level, which differed from PTCC's rating of *Implementation*. PTCC had met its obligation to involve other non-H2P colleges in the core curriculum movement. Further, PTCC's HCCC program was stable at the college. As a member of the MnSCU system, PTCC serves as a mentor to other colleges in their efforts to implement a core curriculum. Being involved with other colleges in the consortium as well as regionally was cited by PTCC as a positive outcome of H2P and of this strategy in particular. Officials stated, "Brainstorming and networking have been valuable, strengthening each institution through sharing concepts of core curriculum and other strategies."

Evaluation Question 3

What modifications and improvements were made to PTCC's TAACCCT-impacted POS and strategies?

This question was evaluated as part of the baseline visit in **February 2013**. It was not included in the 2014 site visit, because this aspect of the evaluation was subsumed by the third-party curriculum review conducted by The Collaboratory and a private contractor hired by PTCC.

Evaluation Question 4

What barriers and supports existed, and how did they impact PTCC's efforts in creating and enhancing POS and strategies?

This evaluation question was part of the baseline study conducted in **February 2013** and was aimed at building an understanding of the barriers and supports that pre-existed the grant and that would impact implementation. For these purposes, the notion of supports and barriers refers to pre-existing conditions that created hurdles or facilitated advancements in the implementation of the POS and strategies at PTCC.

From this standpoint, the OCCRL evaluation team identified the following supports:

- Culture of Innovation: PTCC had a strong culture of innovation that permeated to H2P grant activities.
- Cohesive College Leadership: The employer partners, college administrators, faculty, and the H2P team commented that the college leadership at PTCC provided cohesive and strong leadership towards a shared mission and supported the development of effective partnerships that were built with external constituents.
- Focus on Student Success: PTCC leadership, staff, and faculty were focused on student success. PTCC adopted an Academic Alert system to provide interventions for at-risk students. The system was a collaborative effort in which both faculty and staff played a role. There was college-wide tutoring available to all students, including H2P students. In addition, PTCC students had access to on-site childcare facilities. Additional referrals were also provided for other childcare facilities in the area. As a welfare-to-work contractor, college staff directed students to multiple resources (for example, emergency funds for auto repairs and a local thrift store for scrubs for nursing students) as needs arose.
- Partnerships with External Constituents: PTCC had long-standing partnerships with the K-12 system, workforce agencies, and area employers, formalized as the Healthcare Alliance. PTCC was able to leverage these partnerships for H2P activities.

The OCCRL evaluation team identified the following barriers:

- TAA-Eligible Recipients in the Area: The identification of TAA-eligible participants was difficult due to Minnesota state policies. Workforce partners explained that their agencies are able to identify eligible recipients only if recipients registered with the agency. Workforce agencies do not have access to a comprehensive list of eligible recipients from state authorities.
- Assessment of Credit for Prior Learning: Although CPL policies exist on campus, grant staff indicated there had been limited awareness about these policies. Further, substantial time commitments were needed from faculty for case-by-case assessments.
- Lack of an Institutional Research (IR) Office: The fact that the college does not have an Institutional Research office was a barrier. It is worth noting that all H2P colleges that have moved through the implementation phase of Strategy 7 had a strong partnership with their IR office and at least one IR associate who was committed to working with the H2P Data Manager.
- Infrastructure and Space: The anticipated enrollment growth at PTCC could be impacted by the limited infrastructure at the college. Although PTCC has been able to successfully reorganize some laboratory and faculty office space, any additional expansions could prove to be difficult.

Evaluation Question 5

What strengths and opportunities for improvement exist that PTCC can capitalize on in supporting their TAACCCT-impacted POS and strategies?

This evaluation question focuses on the strengths and areas for improvement identified in **November 2014**. Recommendations are offered for each area in the spirit of encouraging a continuous improvement approach.

Strengths

The OCCRL evaluation team identified multiple strengths on which PTCC can capitalize to support their TAACCCT-impacted POS and strategies.

- **Core Curriculum:** The ability of PTCC to create a core curriculum that works at a small, rural college was notable. The HCCC provided a foundation for students that helped them enter into multiple career pathways and multiple credential programs with stop-out points along the way. The HCCC was described as a “solid product,” the result of much revision and work that began prior to the H2P grant and involved staff from secondary systems as well as ABE. The first two core courses were also offered at high schools as a dual credit option if the school had a qualified K-12 teacher with a healthcare background. PTCC credited ECC staff, who visited and advised them, with assistance on the development and revision of the HCCC.
- **Stackable Credentials:** The creation of the MA program provided a solid foundation from which students and employees could build a career. The MA program provided a critical option for students who wanted employment in the medical field but did not want to pursue a nursing career. The employment opportunities for MAs in the area were good. The stackable credentials were valuable to employers, providing evidence of skills in sought-after areas. The number of incumbent workers who earned the credentials that are part of this program was a testament to their value.
- **Student Support and Advising:** The academic advisor who revamped the student orientation and runs the early academic alert system was a strong hire for a permanent position in student support services. She was familiar with the college, the students, and how the advising was done under H2P for healthcare students, so she was uniquely qualified to take the permanent position and help implement more intrusive activities. Even though the college was not able to continue all the positions that provided the complete package of intrusive student support, there was evidence that PTCC has learned from the opportunities H2P provided and as a result, was able to add an advisor on a full-time basis who was attuned to the needs of the students, especially the unique needs of underserved populations.
- **Partnerships:** PTCC has many partners who were involved in multiple activities. PTCC’s President was very engaged and understood the importance of reaching out to employers and the larger community. “Small but mighty” was a phrase used multiple times during the visit by staff describing the attitude at the college. Beginning in the Office of the President, the recognition that partnerships are critical to PTCC’s mission was expressed by almost all interviewees. Employer partners echoed that, “Working with Pine Tech has been a very positive experience.”
- **Leadership:** There was strong, committed leadership at all levels that contributed to the H2P initiative. PTCC was successful in landing several major grants in recent years. Several persons interviewed stated that the President had established an atmosphere of family that includes not only the internal partners but also the many partners involved in the Healthcare Alliance. One H2P staff member stated, “We have the kind of college where we can walk into the President’s office to get his signature on an MOU.” The President relayed that, “Everyone [at PTCC] knows what the TAACCCT grants are, even if they are not involved. That’s how you effect a culture change.” With consistency, H2P staff pointed to the strong leadership exhibited by the Project Director as another factor that led to their success implementing H2P strategies.

Opportunities for Improvement and Recommendations

The OCCRL evaluation team identified the following areas where PTCC has the potential to improve.

- **Credit for Prior Learning:** Finding ways to grant CPL was a challenge across the Consortium. Although PTCC met their target on this measure (13), that target was low. As the state of Minnesota develops its policy with respect to granting credit for various forms of prior learning, PTCC may be able to increase the number of students who are granted CPL. Other forms of CPL are determined by faculty decision. OCCRL encouraged PTCC to continue to play an active role in advancing state policy, capturing the momentum from the veterans' initiative, continuing to advocate for a college policy, and working with the union so that the result is a faculty-led initiative.
- **Contextualized Developmental Education:** Contextualized developmental education had presented a challenge to PTCC. Contextualized offerings did not achieve the level of contextualization that the grant envisioned. To this end, PTCC was encouraged to continue to use data to support students who need additional instruction and student services to succeed in their college courses.

Table 9. Comparison of Pine Technical and Community College’s (PTCC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
1. Online Assessment and Enhanced Career Guidance								
B = Baseline Rating in February 2013, I = Final implementation rating in November 2014								
PTCC rating:				B	I			
Online assessment of students’ prior learning through:					I			
• Virtual Career Network (VCN)				B				
• Portfolio-Based Assessments			B	I				
• Challenge Exams				B	I			
• Advanced Placement (AP) Exams				B	I			
• College Level Examination Program (CLEP) Exams				B	I			
• Evaluation of Local Training			B					
• American Council of Education (ACE) Guides			B					
Online assessment of student’s foundational skills through:					I			
• Virtual Career Network (VCN)				B	I			
Online career advising through:					I			
• Virtual Career Network (VCN)				B	I			
• ISEEK Career Assessment			B					I
Career Guidance through:				B				
• Resume Assistance				B				
• Mock Interviews				B				
OCCRL rating:				B I				
Online assessment of students’ prior learning through:			B					
• Virtual Career Network (VCN)				B I				
• Portfolio-Based Assessments		I	B					
• Challenge Exams				B I				
• Advanced Placement (AP) Exams			B	I				
• College Level Examination Program (CLEP) Exams			B	I				
• Evaluation of Local Training			B					
• American Council of Education (ACE) Guides		B						
Online assessment of student’s foundational skills through:				B I				
• Virtual Career Network (VCN)				B I				
Online career advising through:				I				
• Virtual Career Network (VCN)				B I				
• ISEEK Career Assessment			B					I
Career Guidance through:								
• Resume Assistance				B				
• Mock Interviews				B				
2. Contextualized Developmental Education								
B = Baseline Rating in February 2013, I = Final implementation rating in November 2014								
PTCC rating:			B		I			

Table 9. Comparison of Pine Technical and Community College’s (PTCC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
New Developmental courses that integrate health content:					I			
• Contextualized Math		B			I			
• Contextualized Reading		B			I			
• Contextualized Writing/English		B			I			
New health courses that integrate developmental content:					I			
• Healthcare Careers I (Embedded Reading & Writing)			B					
• Healthcare Careers II (Embedded Reading & Writing)			B					
OCCRL rating:			B		I			
New Developmental courses that integrate health content:		B			I			
• Contextualized Math		B			I			
• Contextualized Reading		B			I			
• Contextualized Writing/English		B			I			
New health courses that integrate developmental content:				B	I			
• Healthcare Careers I (Embedded Reading & Writing)				B				
• Healthcare Careers II (Embedded Reading & Writing)				B				
3. Competency-based Core Curriculum								
B = Baseline Rating in February 2013, I = Final implementation rating in November 2014								
PTCC rating:				B	I			
New courses that are part of a competency-based core curriculum:					I			
• Intro to Healthcare Careers I (HCCC 1215)				B	I			
• Intro to Healthcare Careers II(HCCC 1220)				B	I			
• Skills Set (HCCC 1210)				B I				
Modified courses that are part of a competency-based core curriculum:	B I							
OCCRL rating:				B		I		
New courses that are part of a competency-based core curriculum:				B		I		
• Intro to Healthcare Careers I (HCCC 1215)				B		I		
• Intro to Healthcare Careers II(HCCC 1220)				B		I		
• Skills Set (HCCC 1210)				B I				
Modified courses that are part of a competency-based core curriculum:	B I							
4. Industry-recognized Stackable Credentials								
B = Baseline Rating in February 2013, I = Final implementation rating in November 2014								
PTCC rating:				B	I			
New, employer-approved credentials:				B	I			
• ECG/EKG				B	I			
• Phlebotomy				B	I			

Table 9. Comparison of Pine Technical and Community College’s (PTCC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
• Limited Scope X-Ray (LXMO)			B		I			
• Bethel ADN to BSN				B				
Enhanced, employer-approved credentials:								
• Trained Medication Aide				B				
• Long Term Care Nursing Assistant				B				
• Practical Nursing				B				
• Nursing Mobility				B				
OCCRL rating:				B	I			
New, employer-approved credentials:				B	I			
• ECG/EKG				B	I			
• Phlebotomy				B	I			
• Limited Scope X-Ray (LXMO)				B	I			
• Bethel ADN to BSN			B					
Enhanced, employer-approved credentials:				B				
• Trained Medication Aide				B				
• Long Term Care Nursing Assistant				B				
• Practical Nursing				B				
• Nursing Mobility					B			
5. Enhanced Retention Support								
B = Baseline Rating in February 2013, I = Final implementation rating in November 2014								
PTCC rating:				B				
Hire a dedicated College Completion Advisor/Retention Specialist				B I				
Student Support Service Functions								
• Intrusive academic supports				B	I			
• Non-academic support services				B I				
• Career advising				B	I			
• Academic alert system				B				
Text-based career information:								I
• HipCricket			B					I
• MnSCU Texting System				B				
OCCRL rating:				B I				
Hire a dedicated College Completion Advisor/Retention Specialist				B I				
Student Support Service Functions				I				
• Intrusive academic supports				B	I			
• Non-academic support services				B I				
• Career advising				B	I			

Table 9. Comparison of Pine Technical and Community College’s (PTCC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
<ul style="list-style-type: none"> Academic alert system 					B			
Text-based career information:								I
<ul style="list-style-type: none"> HipCricket 			B					I
<ul style="list-style-type: none"> MnSCU Texting System 				B				
6. Training Programs for Incumbent Healthcare Professions								
B = Baseline Rating in February 2013, I = Final implementation rating in November 2014								
PTCC rating:				B	I			
New training program(s) for incumbent health professions.					I			
<ul style="list-style-type: none"> ECG/EKG 				B	I			
<ul style="list-style-type: none"> Phlebotomy 				B	I			
<ul style="list-style-type: none"> Limited Scope X-Ray (LXMO) 			B		I			
<ul style="list-style-type: none"> Bethel ADN to BSN 				B				
Professional Development for clinical instructors					I			
<ul style="list-style-type: none"> Phlebotomy Instructor Training 				B				
OCCRL rating:			B		I			
New training program(s) for incumbent health professions.			B		I			
<ul style="list-style-type: none"> ECG/EKG 			B		I			
<ul style="list-style-type: none"> Phlebotomy 			B		I			
<ul style="list-style-type: none"> Limited Scope X-Ray (LXMO) 			B		I			
<ul style="list-style-type: none"> Bethel ADN to BSN 			B					
Professional Development for clinical instructors					I			
<ul style="list-style-type: none"> Phlebotomy Instructor Training 				B				
7. Enhance Data and Accountability Systems								
B = Baseline Rating in February 2013, I = Final implementation rating in November 2014								
PTCC rating:				B	I			
Hire a dedicated Data Manager				B	I			
Link strategy implementation data to outcomes data on the student level through Blumen.			B	I				
Written agreement between the college and workforce systems that link student employment data.			B	I				
OCCRL rating:				B	I			
Hire a dedicated Data Manager				B	I			
Link strategy implementation data to outcomes data on the student level through Blumen.			B	I				
Written agreement between the college and workforce systems that link student employment data.			B	I				
8. Galvanizing a National Movement								
B = Baseline Rating in February 2013, I = Final implementation rating in November 2014								
PTCC rating:			B	I				
Adoption of a core curriculum in health profession by			B		I			

Table 9. Comparison of Pine Technical and Community College’s (PTCC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
consortium colleges.								
Engagement of non-consortium colleges in the development of a model core curriculum in the health professions.		B		I				
Participate in National Summit and use labor market information to improve health professions training.			B	I				
OCCRL rating:			B		I			
Adoption of a core curriculum in health profession by consortium colleges.			B			I		
Engagement of non-consortium colleges in the development of a model core curriculum in the health professions.		B		I				
Participate in National Summit and use labor market information to improve health professions training.				B I				
<p><i>Notes:</i></p> <ol style="list-style-type: none"> 1. Un-shaded rows show self-assessment rating provided by the co-grantee. Shaded rows show ratings provided by the OCCRL evaluation team after visiting the co-grantee. 2. The ratings in the scale are defined as follows: <ul style="list-style-type: none"> • Not Planned: The College decided not to implement this strategy. • Pre-Planning: The College committed to the strategy but has not started planning it. • Planning: The College was engaged in a planning process to move forward with this strategy. • Implementation: The College was engaged in implementation of the strategy. • Sustainability: The strategy had been fully implemented, and the team was addressing sustainability of this strategy. • Scale-Up: The strategy was broadened in scope and scale to fit other college needs or adapted/replicated to suit other colleges. • Not Implemented: This was a strategy that the college elected not to bring to implementation during the course of the grant. • Discontinued: This was a strategy that was implemented during the course of the grant, but the college has discontinued the use of the strategy. 3. The ratings Not Implemented and Discontinued were added to provide further clarification by the research team after the November 2014 site visit. 								

Texarkana College

This subsection presents results on implementation of the TAACCCT grant at Texarkana College (TC), as reported in this co-grantee college's interim implementation evaluation site report (2013) and final implementation evaluation site report (2014).

Evaluation Question 1

Who were TC's partners and what role did they play in supporting the implementation of TAACCCT-impacted POS and strategies?

February 2013. The OCCRL evaluators met with representatives from three partners who were very familiar with and enthusiastic about supporting programs and college initiatives. They expressed understanding and support for core curriculum and stackable credentials, and they were highly complimentary of the TC leadership. A strong relationship was established with partners engaged in a number of activities, from providing advisory support, to serving as a clinical site, to hiring graduates. Strong support was especially evident for the new CNA program at TC, progress toward using technology, and interest in flexible program offerings, including weekend clinical rotations.

The regional WIB was a long-term partner of importance to the college. Initially, the WIB provided letters of support and helped with initial planning and over time proceeded to host WIB-sponsored quarterly meetings of college presidents in its seven county jurisdiction. Progress on the TAACCCT grant was a regular topic at these meetings, including recognizing the WIB's role in recruiting, qualifying WIA services for students, and awarding TAA eligibility certification. The WIB sponsored a regional healthcare summit in 2013 with plans for another summit in Spring 2013.

Employer partners were engaged in shaping H2P approaches, including long-term clinical placement sites for traditional healthcare programs, along with posting college information for their employees. Employer partners indicated they were pleased with introductory courses offering "soft skills" and "employability skills". Prior to H2P, a formal advisory committee was not utilized regularly. Additionally, TC did not have a long-term healthcare partner who was engaged in program design and review activities.

October 2014. TC developed 35 new partnerships since the OCCRL evaluation team's visit in February 2013, including hospitals, pharmacies, healthcare providers, and WIBs in the district. All employer partners provided clinical sites for students, and some were members of advisory boards, participated in curriculum review, and hired graduates. As evidence of the college's commitment to partnerships, a TC administrator served on the WIB. Likewise, a WIB representative served on the College Presidents Roundtable, a group of regional community college leaders and partners who forecasted issues that would impact their communities and residents. A WIB representative described the WIB's relationship with TC as "working hand in glove," with the WIB providing student support services and tuition assistance to qualifying students at TC enrolled in healthcare POS. The WIB also referred clients to TC who indicated an interest in healthcare and other POS offered at TC.

Evaluation Question 2

What strategies and activities did TC implement, and what was the impact on TC's POS?

A comparison of the college's self-assessment with OCCRL's assessment is provided in Table 10. This table includes a baseline rating from **February 2013** and a subsequent rating from **October 2014**. The table lists each strategy and sub-strategy and the ratings supplied by each group using the implementation scale provided by OCCRL.

Strategy 1 - Online Assessment and Enhanced Career Guidance

February 2013. OCCRL rated the online assessment and enhanced career guidance strategy at the *Planning* level. TC used online assessments to enhance career guidance. Students in a variety of settings were oriented to the VCN, including: a) all students in H2P POS, b) new advisees to the college, and c) prospective H2P students. Additionally, students in the Introduction to Health Professions, a core course for both CNA and PT programs, were oriented to the VCN. CPL was conducted on a case-by-case basis by faculty and academic administrators. TC was in the early stages of planning policies and processes for awarding CPL. Administrators and faculty expressed a commitment to implementing CPL for veterans and an interest in broadening the strategy to other student populations.

October 2014. OCCRL rated the online assessment and enhanced career guidance strategy at the *Sustainability* level, which differed from TC's rating of *Scale-Up*.

TC adopted a CPL policy in Spring 2014 that outlined the process by which a student could apply for CPL, and the policy was described in the college's student handbook. Formalization of the policy resulted in greater awareness of opportunities for awarding CPL. TC staff indicated that the college would continue to explore portfolio assessment, but it was not part of the CPL policy because the faculty was not supportive of portfolios to assess prior learning. Advising and enrollment management staff members were trained and shared information about CPL with prospective and incoming students. As an example of how this policy and strategy impacted H2P participants, LVN students who participated in the LVN-to-ADN Transition program were awarded five hours of CPL towards the ADN program after successful completion of 8 hours of summer coursework. By Fall 2015, the college planned to increase CPL awarded up to 13 hours of coursework completed in the LVN program.

TC adopted the VCN to assess prior learning and as a career exploration tool. Computers were added to a central location where students could access them, and advisors made aware of the VCN. The VCN was available to all students via advising computers, and college-level advisors were familiar with VCN. In the CNA POS, VCN career advising software was incorporated into the Introduction to Health Professions course; however, the College was not enrolling students into the CNA program due to low enrollment. Career advising was included in the wide range of services provided by college advisors.

In addition, the college purchased Career Coach, a tool that links local job opportunities to a college's program offerings. Career Coach was also made available to students on the college website. The Office of Admissions had a dedicated staff member for students interested in Health Sciences, and this person advised students on the admissions process, program requirements, and how to use VCN to explore career options. TC planned to use ISEEK until the end of the H2P grant, when it would be discontinued. However, TC was not planning to use VCN or any other online assessment to determine students' foundational skills.

Strategy 2 - Contextualized Developmental Education

February 2013. OCCRL rated the contextualized developmental education strategy at the *Planning* level. TC's approach to developmental education was to limit enrollment in traditional developmental courses and instead focus on individualized support through online modules and short non-credit courses. Students took the COMPASS or Accuplacer tests and met college-level reading requirements for admission to the PT program. College-level mathematics was not required for this POS.

TC implemented a new course, Body Systems (NURA 1407), a for-credit developmental education course for students who needed support for Anatomy and Physiology (A&P, and primarily LVN students). Healthcare mathematics, a 1-week, non-credit intensive program, was planned for Summer 2013. Contextualized reading was offered through USDOL online tools, with the expressed interest in developing a college-specific course. There were no efforts within the grant to modify traditional developmental education courses.

October 2014. OCCRL rated the contextualized developmental education strategy at the *Planning* level, which differed from TC's rating of *Implementation*. TC's developmental education offerings were housed within the academic departments, but would be coordinated in a separate division under a Developmental Education Coordinator in the future. TC staff expected that there would be more room for innovation once this change occurred. Meanwhile, TC continued to offer the for-credit course NURA 1407 as part of the CNA curriculum.

Many students who entered the CNA program were not college-ready in reading; however, passing a college-level reading assessment was required before they could take A&P I. To prepare, students could either take NURA 1407 or BIOL 2401, with NURA 1407 being used as a developmental course to help students succeed in BIOL 2401, BIOL 2402, A&P I, and A&P II.

At one point in the H2P grant, a contextualized developmental math course was offered, but it only enrolled five students and could not be maintained with such low enrollment. Also, because there was no syllabus that documented the contextualized assignments, this course was not counted toward meeting the H2P requirement that the college offer contextualized developmental education.

Pre-credit instruction was undergoing transformation at TC, and various innovations were piloted in the Workforce and Adult Education units. Pre-credit instruction contextualized to healthcare was offered through Accelerate Texas, a grant affiliated with Adult Education. Another reform was the Academic Prep course offered through the Workforce Division for students enrolled in automotive, welding, cosmetology, and other areas. This course was mandatory for those who score 9 points below the cut score on the TABE, which is equivalent to the 6th-grade level and is offered as a no-cost alternative to traditional developmental education. Offered on Fridays, this program showed success, increasing grade-level gains rates to 63% compared to lower gains rates for traditional adult education courses. A case manager/success coach funded by Perkins was offered to these students.

Strategy 3 - Competency-Based Core Curriculum

February 2013. OCCRL rated the competency-based core curriculum strategy at the *Implementation* level, and the leadership team expressed interest in moving forward to plan a core curriculum across Health Sciences. Two new courses were developed, Introduction to Health Professions and Health Care Spanish, which were shared by the two POS of CNA and PT. Additionally, TC modified the LVN program to integrate three courses into the core curriculum: A&P I and II, along with Pharmacology. Additionally, the LVN program was switched to follow the semester calendar.

Whereas the H2P grant leadership team expressed interest in healthcare core curriculum, the OCCRL evaluators did not hear faculty and staff articulate a shared understanding or vision for a core curriculum. This lack of shared vision did not reflect a lack of support but rather recognition of the complexity inherent in developing a universal, college-wide understanding of core curriculum. Faculty, staff, and employers expressed support for a common set of courses for the CNA, PT, and LVN programs. College leaders acknowledged that a curricular change to develop a common core would require review and approval by requisite boards.

October 2014. OCCRL rated the competency-based core curriculum strategy at the *Implementation* level, as did TC. Six courses were identified as the TC core curriculum:

- Introduction to Health Professions
- Basic Health Professions Skills I
- Anatomy and Physiology I
- Pharmacology
- Anatomy and Physiology II
- Medical Assistant Communication and Interpersonal Skills

Half of the core courses were identified as new and the other half as modified. The core courses were not offered to or required for many of TC's Health Sciences POS. Complicating the adoption of the core was the state-level mandate that all Associate's Degree programs be capped at 63 credit hours. TC personnel saw the potential to expand the core curriculum to other Health Sciences programs such as EMT and EMT to ADN bridge programs. According to H2P faculty and staff, a change in leadership had resulted in more "open thinking" about the inclusion of core curriculum in more Health Sciences programs.

Strategy 4 - Industry-Recognized Stackable Credentials

February 2013. OCCRL rated the industry-recognized stackable credentials strategy at the *Planning* level. The focus of grant activities was to develop two credit-bearing certificate programs, CNA and PT, and both programs were seen as entry-level steps to employment and opportunities for continuing education. Many stakeholders, including students, faculty, and employers, appreciated that completion of either of these new certificate programs could position a student to advance in their education, particularly into the Nursing program. Students commented that the two certification programs enabled them to "start working and make money" while they considered the possibility of future schooling. Faculty described the CNA program, in particular, as a "stepping stone" for students interested in going on to the LVN and RN programs, with multiple exit points for employment. While the vision for new programs was that they would be part of a stackable sequence, and some discussions occurred within the college and community, integration within the Health Sciences Division had not begun formally.

Advisors and faculty saw these new courses and approaches associated with the H2P grant as exciting starts to a broader effort that would occur as momentum built. The programs have served as conceptual pilots with a high level of sensitivity to resistance to change and concerns about modifying long-standing and recognized healthcare programs. Faculty recognized opportunities associated with H2P, including the retention coach, the reduction of redundant course-work, and the integration of technology in classes through online support and new computer assets, along with the modernization of simulators for use across healthcare pathways.

October 2014. OCCRL rated the industry-recognized stackable credentials strategy at the *Pre-Planning* level, as did TC, based, in part, on the inability to stack the CNA and PT programs into longer term certificate or degree programs. In fact, there was confusion about the definition of this strategy, which impacted implementation. As the grant approached conclusion, college personnel indicated that they had increased in understanding that this strategy represented more than the accumulation of certificates. TC personnel were at the beginning stage of thinking about programs as part of a career pathway that incorporates stackable credentials, and they hoped that new credentials offered in the CNA and PT would be articulated and stacked with other healthcare programs in the future.

Strategy 5 - Enhanced Retention Support

February 2013. OCCRL rated the enhanced retention support strategy at the *Implementation* level. TC provided advising to all first-time students, employed an early-alert system, and provided tutoring geared toward Health Sciences POS. In addition to the various academic advising activities, students in H2P POS were provided with seminars, workshops, and co-curricular activities that focused on academic skill building and career preparation. Student comments were particularly positive about the career preparation activities offered as part of the grant.

October 2014. OCCRL rated the enhanced retention support strategy as *Discontinued*, which differed from TC's rating of *Pre-Planning*. At one point during the grant, there was a dedicated Advisor/Retention Specialist, but the college could not sustain the position once funding ran out August 2014. For the 16 H2P students who remained enrolled at the time of the OCCRL's team site visit, faculty assumed the role of advising on retention issues but these services were not consistently intrusive. General advising on retention and other support was shared with the academic advising office, and the college used other grant funds to hire a Retention Specialist to work with all students. An Accelerate Texas grant funded another advisor position who was dedicated to adult education

students. In addition, TC hired a part-time “life advisor.” Nursing students had access to a tutor a few times a week.

HipCricket was adopted by the college, and TC had 213 students “opt in” to use this service. However, only 23 students replied to texts sent to them. Of those, H2P staff reported that email addresses and phone numbers did not correspond to students in their programs. This information was shared with the H2P Consortium’s National Office, contributing to discontinuation of the service for all co-grantee colleges.

Strategy 6 - Training Programs for Incumbent Healthcare Workers

February 2013. OCCRL rated the training programs for incumbent healthcare workers strategy at the *Pre-Planning* level. Because credentialing requirements were evolving in the healthcare industry, both the CNA and PT programs were designed to support incumbent workers who may have needed to earn further credentials. Multiple stakeholders expressed support for the development of evening and weekend courses that appealed to incumbent worker schedules, although no courses were planned as of the date of the OCCRL site visit.

October 2014. OCCRL rated the training programs for incumbent healthcare workers strategy at the *Implementation* level, which differed from TC’s rating of *Pre-Planning*. The H2P initiative tried to establish courses at the beginning of the grant, but employers were not willing to provide enough supports (e.g., tuition) for employees to participate. However, employers did make some accommodations, and so the strategy was considered implemented because H2P counts as incumbent workers any H2P student who was employed by a partner who has made any accommodation for their employee to attend class. Interest was expressed by area employers in two traditional incumbent worker training courses (Communications and Introduction to Health Professions), but neither succeeded in being implemented. The Office Careers program under Workforce and Career Development planned to offer Office Careers courses to incumbent healthcare workers in Fall 2015. H2P funds were not used for staff development other than training for the Simulation Lab, but there professional development was offered four days per year to clinical instructors using College funds.

Strategy 7 – Enhance Data and Accountability Systems

February 2013. OCCRL rated the enhance data and accountability systems strategy at the *Implementation* level. TC’s data manager was highly skilled and motivated, and this individual had permission and the technical skills necessary to query data required for performance reporting.

October 2014. OCCRL rated the enhance data and accountability strategy at the *Sustainability* level, as did TC. TC staff continued to obtain student-level records for the H2P grant from its computerized data system and from Blumen and Jenzabar, and TC advanced in its capacity to gather and process data for quarterly and annual reports. The H2P leadership team included the data manager, and this team strengthened the college’s data capacity and nurtured interest among team members and others who played a role in using data. Over time, three people were skilled at performing the duties of the H2P data manager, but TC did not intend to sustain a data manager position dedicated to healthcare POS. Even so, staff reported increased awareness of the need to gather and use data to demonstrate students’ progress through POS and into employment. Prior to H2P, TC did not access employment data post program completion other than self-reported information from Nursing graduates. After H2P, TC recognized the value of employment data in supporting program improvement needs, including appreciating knowing when students lacked success in obtaining employment. Also related to the enhanced use of data was TC’s ability to track student transition within individual POS using Jenzabar.

Strategy 8 – Galvanize a National Movement

February 2013. OCCRL rated galvanizing a national movement at the *Pre-Planning* level. There was interest at TC in revamping the Health Sciences division, including the development of a core curriculum. Activities were underway to learn from the work that took place at other H2P Consortium colleges, especially ECC.

October 2014. OCCRL rated the galvanizing a national movement strategy at the *Implementation* level, which differed from TC's rating of *Scale-Up*. TC met its obligation to expand the core curriculum conversation to another area college and to participate in the national meetings convened by H2P, inviting Laredo College to the national meetings on core curriculum. ECC mentored Laredo College in the development of a core curriculum; however, Laredo was not making changes to the Nursing program because this program was undergoing its accreditation review. Instead, Laredo was working on core curriculum for their PTA program, and one other Health Sciences program.

Evaluation Question 3

What modifications and improvements were made to TC's TAACCCT-impacted POS and strategies?

This question was evaluated as part of the baseline visit in **February 2013**. It was not included in the 2014 site visit, because this aspect of the evaluation was subsumed by the third-party curriculum review conducted by The Collaboratory and a private contractor hired by TC.

Evaluation Question 4

What barriers and supports existed, and how did they impact TC's efforts in creating and enhancing POS and strategies?

This evaluation question was part of the baseline study conducted in **February 2013** and was aimed at building an understanding of the barriers and supports that pre-existed the grant and that would impact implementation. For these purposes, the notion of supports and barriers refers to pre-existing conditions that created hurdles or facilitated advancements in the implementation of the POS and strategies at TC.

From this standpoint, the OCCRL evaluation team identified the following supports:

- **Employer Partnerships:** The employers were positive and supportive about their existing relationship with TC, recognizing and valuing the programming that TC provides to future staff. Their role as college advisory board members has and should continue to play a significant role in the continued implementation of the H2P grant.
- **Internal Teamwork:** Across the college, OCCRL observed a strong collaborative spirit among all the stakeholders with shared commitment to student success and enthusiasm about the opportunities brought by the H2P grant. The committed work of the Allied Health and Nursing departments in fostering a working partnership was especially notable given these departments' past independence regarding curricular development and programming.
- **Location:** Texarkana college was in an economically depressed region and well positioned to reach the targeted populations of the H2P grant. Students were reported to commute from communities within several hours of the campus to access the Health Sciences programs.
- **History and Tradition:** There were repeated references to role of TC in educating the healthcare workers in the region, and the college finds itself with new leadership partnered with a strong sense of history and commitment to the college as an educational institution.

The OCCRL evaluation team identified the following barriers:

- **Lack of TAA-Eligible Recipients.** As with other H2P colleges, TC had little success in identifying and recruiting students who were TAA eligible.

- Lack of Shared Vision for Core Curriculum. Progress made toward core curriculum fell short of the H2P expectation of a core that spans all healthcare program offerings. However, there was interest in expanding efforts to match H2P expectations.

Evaluation Question 5

What strengths and opportunities for improvement exist that TC can capitalize on in supporting their TAACCCT-impacted POS and strategies?

This evaluation question focuses on the strengths and areas for improvement identified in **October 2014**. Recommendations are offered for each area in the spirit of encouraging a continuous improvement approach.

Strengths

The OCCRL evaluation team identified multiple strengths on which TC can capitalize to support their TAACCCT-impacted POS and strategies.

- Pharmacy Technician (PT) Program: TC had success with implementation of the PT program as a credit-bearing certificate. TC monitored the program's effectiveness and reduced it from a 2- to 1-semester, which had a positive impact on student retention and graduate employment. Additionally, the advisory board provided input to this curriculum from the beginning.
- Connections and Collaborations: Discussions within TC and with other co-grantee colleges and employers helped TC learn about and advance planning in grant-related areas, including developmental education redesign, core curriculum, student advising and retention, and engagement with the local WIB.
- Emerging Culture of Innovation: Several changes occurred under the grant as a result of new college leadership. For one, the H2P grant was moved from the Workforce Division to Health Sciences where it was aligned with the career pathway framework. TC staff was curious about and open to innovations that showed promising results on improving student outcomes.

Opportunities for Improvement and Recommendations

The OCCRL evaluation team identified the following areas where TC has the potential to improve.

- Strategies Not Fully Implemented: The OCCRL evaluation team identified three strategies (stackable credentials, contextualized developmental education, and core curriculum) that were not fully implemented, which was problematic since the H2P grant had entered the no-cost extension period when implementation was considered complete.
- Stackable Credentials: New POS were developed with the assistance of H2P grant funds. The popular PT program, in particular, was meeting a labor force need, according to faculty, students, and employers. This program would be strengthened further if TC could establish articulation agreements with institutions that provide additional credentials, such as an Associate's Degree and higher degree level programs in this pathway.
- Contextualized Developmental (or Pre-Credit) Education: OCCRL strongly encouraged TC to use outcome measures and other data gathered in the Innovation Grant/Accelerate Texas to inform the developmental education reform approach. With those data, the team could conduct a ROI study that could help TC adopt and sustain positions and practices known to help improve student retention and completion.
- Core Curriculum: OCCRL recognized that TC progressed in core curriculum, with six courses listed as core by fall 2014. However, more conceptualization and operationalization was needed due to restrictions imposed on credit hours that could necessitate fewer courses but facilitate adoption of core curriculum across POS.

Table 10. Comparison of Texarkana College’s (TC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
1. Online Assessment and Enhanced Career Guidance								
B = Baseline Rating in February 2013, I = Final implementation rating in October 2014								
TC rating:						I		
Online assessment of students’ prior learning through:						I		
• Virtual Career Network (VCN)			B			I		
• Portfolio-Based Assessments	I							
• Challenge Exams					I			
• Advanced Placement (AP) Exams					I			
• College Level Examination Program (CLEP) Exams					I			
• Non-Portfolio, Continuing Education Units to Semester Credit Hours				B				
Online assessment of student’s foundational skills through:	I							
• Virtual Career Network (VCN)	I			B				
Online career advising through:						I		
• Virtual Career Network (VCN)				B		I		
• ISEEK Career Assessment				I				
OCCRL rating:			B		I			
Online assessment of students’ prior learning through:			B		I			
• Virtual Career Network (VCN)						I		
• Portfolio-Based Assessments	I							
• Challenge Exams					I			
• Advanced Placement (AP) Exams					I			
• College Level Examination Program (CLEP) Exams					I			
• Non-Portfolio, Continuing Education Units to Semester Credit Hours		B						
Online assessment of student’s foundational skills through:	I							
• Virtual Career Network (VCN)	I							
Online career advising through:						I		
• Virtual Career Network (VCN)						I		
• ISEEK Career Assessment				B I				
2. Contextualized Developmental Education								
B = Baseline Rating in February 2013, I = Final implementation rating in October 2014								
TC rating:				I				
New Developmental courses that integrate health content:				I				
• Contextualized Math			B	I				
• Contextualized Reading			B	I				
• Contextualized Writing/English			B					
New health courses that integrate developmental content:				I				
• NURA 1407: Body Systems				B I				

Table 10. Comparison of Texarkana College’s (TC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
OCCRL rating:			B I					
New Developmental courses that integrate health content:								
• Contextualized Math			B I					
• Contextualized Reading			B I					
• Contextualized Writing/English		B	I					
New health courses that integrate developmental content:								
• NURA 1407: Body Systems				B				
3. Competency-based Core Curriculum								
B = Baseline Rating in February 2013, I = Final implementation rating in October 2014								
TC rating:				I				
New courses that are part of a competency-based core curriculum:				I				
• HPRS 1304: Basic Health Professions Skills				B I				
• HPRS 1201: Intro to Health Professions				B I				
• SPNL 1201: Healthcare Spanish				B I				
• RNSG 1201: Pharmacology					B			
• BIOL 2401: Anatomy and Physiology I					B			
• BIOL 2402: Anatomy and Physiology II					B			
• MDCA 1310 Medical Assistant Communication and Interpersonal Skills				I				
Modified courses that are part of a competency-based core curriculum:								
• RNSG 1204 Pharmacology				I				
• Anatomy & Physiology I					I			
• Anatomy & Physiology II					I			
OCCRL rating:				B I				
New courses that are part of a competency-based core curriculum:				I				
• HPRS 1304: Basic Health Professions Skills				B I				
• HPRS 1201: Intro to Health Professions			B	I				
• SPNL 1201: Healthcare Spanish				B				
• RNSG 1201: Pharmacology				B				
• BIOL 2401: Anatomy and Physiology I				B				
• BIOL 2402: Anatomy and Physiology II				B				
• MDCA 1310 Medical Assistant Communication and Interpersonal Skills				I				
Modified courses that are part of a competency-based core curriculum:								
• RNSG 1204 Pharmacology								

Table 10. Comparison of Texarkana College’s (TC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
• Anatomy & Physiology I					I			
• Anatomy & Physiology II					I			
4. Industry-recognized Stackable Credentials								
B = Baseline Rating in February 2013, I = Final implementation rating in October 2014								
TC rating:		I						
New, employer-approved credentials:								
• Pharmacy Technician Certificate				B I				
• Nurse Assistant Certificate				B I				
OCCRL rating:		I	B					
New, employer-approved credentials:								
• Pharmacy Technician Certificate				B I				
• Nurse Assistant Certificate				B I				
5. Enhanced Retention Support								
B = Baseline Rating in February 2013, I = Final implementation rating in October 2014								
TC rating:		I						
Hire a dedicated College Completion Advisor/Retention Specialist		I		B				
Student Support Service Functions								
• Intrusive academic supports				B				I
• Non-academic support services				B				I
• Career advising				B	I			
Text-based career information:								
• HipCricket				B				I
OCCRL rating:				B				I
Hire a dedicated College Completion Advisor/Retention Specialist				B				I
Student Support Service Functions								
• Intrusive academic supports				B				I
• Non-academic support services				B				I
• Career advising				B I				
Text-based career information:								
• HipCricket				B				I
6. Training Programs for Incumbent Healthcare Professions								
B = Baseline Rating in February 2013, I = Final implementation rating in October 2014								
TC rating:		I						
New training program(s) for incumbent health professions.		B I						
• CHRISTUS St. Michael (CSM)-- Certified Nurse Assistant								

Table 10. Comparison of Texarkana College’s (TC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
<ul style="list-style-type: none"> Sim Lab training 				I				
Professional Development for clinical instructors					I			
<ul style="list-style-type: none"> 1 8 hour day each in the months of January, March, August, and November 2012 				B				
<ul style="list-style-type: none"> 1 8 hour day in January, 2013 				B				
OCCRL rating:		B		I				
New training program(s) for incumbent health professions.		B		I				
<ul style="list-style-type: none"> CHRISTUS St. Michael (CSM)-- Certified Nurse Assistant 								
<ul style="list-style-type: none"> Sim Lab training 				I				
Professional Development for clinical instructors					I			
<ul style="list-style-type: none"> 1 8 hour day each in the months of January, March, August, and November 2012 								
<ul style="list-style-type: none"> 1 8 hour day in January, 2013 								
7. Enhance Data and Accountability Systems								
B = Baseline Rating in February 2013, I = Final implementation rating in October 2014								
TC rating:					I			
Hire a dedicated Data Manager				B I				
Link strategy implementation data to outcomes data on the student level through Blumen.			B		I			
Written agreement between the college and workforce systems that link student employment data.			B		I			
OCCRL rating:				B	I			
Hire a dedicated Data Manager				B I				
Link strategy implementation data to outcomes data on the student level through Blumen.			B		I			
Written agreement between the college and workforce systems that link student employment data.				B	I			
8. Galvanizing a National Movement								
B = Baseline Rating in February 2013, I = Final implementation rating in October 2014								
TC rating:						I		
Adoption of a core curriculum in health profession by consortium colleges.			B	I				
Engagement of non-consortium colleges in the development of a model core curriculum in the health professions.			B	I				
Participate in National Summit and use labor market information to improve health professions training.		B		I				
OCCRL rating:		B		I				
Adoption of a core curriculum in health profession by consortium colleges.		B		I				

Table 10. Comparison of Texarkana College’s (TC) Self-Assessment and OCCRL’s Assessment of H2P Strategies (2013 and 2014)

H2P Strategy	Not Planning	Pre-Planning	Planning	Implementation	Sustainability	Scale-Up	Not Implemented	Discontinued
Engagement of non-consortium colleges in the development of a model core curriculum in the health professions.		B		I				
Participate in National Summit and use labor market information to improve health professions training.		B		I				
<p><i>Notes:</i></p> <p>1. Un-shaded rows show self-assessment rating provided by the co-grantee. Shaded rows show ratings provided by the OCCRL evaluation team after visiting the co-grantee.</p> <p>2. The ratings in the scale are defined as follows:</p> <ul style="list-style-type: none"> • Not Planned: The College decided not to implement this strategy. • Pre-Planning: The College committed to the strategy but has not started planning it. • Planning: The College was engaged in a planning process to move forward with this strategy. • Implementation: The College was engaged in implementation of the strategy. • Sustainability: The strategy had been fully implemented, and the team was addressing sustainability of this strategy. • Scale-Up: The strategy was broadened in scope and scale to fit other college needs or adapted/replicated to suit other colleges. • Not Implemented: This was a strategy that the college elected not to bring to implementation during the course of the grant. • Discontinued: This was a strategy that was implemented during the course of the grant, but the college has discontinued the use of the strategy. <p>3. The ratings Not Implemented and Discontinued were added to provide further clarification by the research team after the October 2014 site visit.</p>								

SUMMARY AND CONCLUSIONS

The Trade Adjustment Assistance Community College and Career Training (TAACCCT) grant program was launched in 2011 by the United States Department of Labor (DOL), in partnership with the United States Department of Education (DOE). This report presents results of a comprehensive implementation evaluation of the Health Professions Pathways (H2P) Consortium, including evaluation of Programs of Study (POS) and strategies designated as critical to the grant. The nine co-grantee colleges that were funded to be part of the Consortium are:

- Anoka-Ramsey Community College in Coon Rapids, MN
- Ashland Community and Technical College in Ashland, KY
- Cincinnati State Technical and Community College in Cincinnati, OH (H2P Lead)
- El Centro College in Dallas, TX
- Jefferson Community and Technical College in Louisville, KY
- Malcolm X College in Chicago, IL
- Owens Community College in Toledo, OH
- Pine Technical and Community College in Pine City, MN
- Texarkana College in Texarkana, TX

Reflecting the DOL priorities for TAACCCT, the H2P Consortium committed to recruiting Trade Adjustment Assistance (TAA)-eligible and lower skilled workers to participate in grant-modified or grant-created Healthcare Programs of Study (POS) that offer one or more of the following eight strategies:

- Online assessment and enhanced career guidance
- Contextualized developmental education
- Competency-based core curriculum
- Industry-recognized stackable credentials
- Enhanced retention support
- Training programs for incumbent health professions workers
- Enhance data and accountability systems
- Galvanize a national movement

The third-party evaluation sought to understand how the Healthcare POS and strategies were implemented and sustained from the first year through to the end of the grant, including understanding steps taken to achieve sustainability past the September 30, 2015 grant end date. With respect to sustainability, the H2P co-grantee colleges implemented Pathways to Results (PTR), which is a continuous improvement methodology to encourage the scaling of equitable career pathways and POS. Multiple forms of data were gathered, including two rounds of site visits to all nine colleges. The first round was conducted between December 2012 and February 2013, following the first full year of implementation of the H2P Consortium grant, and the second round was conducted between October and December of 2014 when implementation was expected to have reached a mature level of implementation.

Each college had common but also uniquely individualized experiences in conjunction with the TAACCCT grant. The following short vignettes depict some of the major developments of each co-grantee college, beginning with the lead college, Cincinnati State Technical and Community College (CSTCC).

Cincinnati State Technical and Community College (CSTCC)

CSTCC offered the consortium several assets due to earlier institutional commitments to enhance workforce partnerships and capitalize on previous DOL grant experience. First, co-location of PTEC with the Super Jobs Center offered the H2P Consortium an institutional leader that had a track record of community engagement. PTEC's location was popular with all external partners, including WIA, employers, and CBOs, and resulting services to the larger community were attributed with positive student outcomes. Specifically, tutoring and support services were attributed with reducing the number of developmental courses that students were required to take before enrolling in college classes. In addition, the Health Careers Collaborative of Greater Cincinnati (HCCGC) offered considerable experience with developing employer and community support for healthcare education reform. Ultimately, CSTCC's focus on creating and sustaining external partnerships was its greatest gift to the H2P Consortium, as some aspects of healthcare curriculum (e.g., credit for prior learning, core curriculum, stackable credentials) were slow to take hold within the college. BIO 100 was an exception to the slow pace of internal curriculum change as this course helped the college on several fronts associated with the TAACCCT grant in that it offered: 1) contextualized developmental education, 2) competency-based curriculum, and 3) stackable credentials. CSTCC faculty and staff took pride in the BIO 100 course because of demonstrated capacity to help incoming healthcare students to prepare for advanced healthcare coursework while also providing the NCRC credential. Faculty familiar with BIO 100 noted its creative blending of multiple subjects that are often difficult for students to learn, along with offering real-world applications. Finally, CSTCC demonstrated a high level of capacity to analyze and utilize data throughout the TAACCCT grant. CSTCC supported consortium-wide data collection pertaining to performance reporting and third-party evaluation, and as a result, a productive relationship was formed between CSTCC grant-funded personnel, CSTCC IR staff, and the OCCRL evaluation team that benefited the entire H2P Consortium.

Anoka-Ramsey Community College (ARCC)

ARCC had strong relationships with employer and workforce partners that continued to strengthen throughout the grant. ARCC experienced a number of successes through the grant that are important to mention. First, ARCC served as a strong base from which to scale competency-based core curriculum. ARCC's leadership role in Minnesota expanded access to the "Educate the Educator" course to help Minnesota faculty to teach the core curriculum. ARCC used H2P funds to offer online modules, thereby increasing access to this important faculty resource to support core curriculum. ARCC also created a new Pharmacy Technician (PT) program that was awarded full accreditation status and filled a critical employment need in the region. ARCC also developed and offered a healthcare contextualized developmental writing course that was important to the H2P Consortium because it was one of only a few such courses to achieve sustainable enrollment levels. Also, ARCC's experience with K-12 school districts contributed to spin off activities (not paid for directly by TAACCCT) wherein high school students could begin healthcare pathways while enrolled in high school, and accumulate credit toward college credentials. Collaboration was an important element of ARCC's successes, both in terms of relationships internal to the college and with other colleges and partners external to the college. Through the H2P grant, ARCC collaborated mostly closely with PTCC, another H2P co-grantee college, and Anoka Technical College, but colleges and other organizations throughout the region were influenced by ARCC's grant work. Anoka County WorkForce Center was one such critical partner. Through its partnership with ARCC, the WorkForce Center offered job workshops, job searches, ABE instruction, computer literacy workshops, English language services, veterans' services, meal assistance, and transportation assistance to qualified clients.

Ashland Community and Technical College (ACTC)

The economy in the tri-state area that surrounds ACTC was dominated by the healthcare industry, creating a high demand for employees with credentials, and ACTC had considerable experience partnering with employers in the area. ACTC's staff and leaders enhanced and expanded these relationships to garner more support and input for the healthcare POS during the grant. Healthcare program graduates were expected to become employed and

demonstrate the skill sets and procedures suggested by employer partners who served on program advisory committees (PACs). College inter-departmental support was strong for healthcare POS, including from both the academic services and student services sides of the house, as well as from adult education. Working with JCTC, another co-grantee college, ACTC was actively engaged in curriculum development efforts internally wherein the KCTCS approved the Healthcare Occupations Core Curriculum (HOCC) so that ACTC could communicate the programs in the ACTC catalog and actively recruit students, but also support scale up of the HOCC throughout Kentucky's community college system. ACTC worked together with JCTC on supporting the state's scale-up activity, contributing to a model of statewide scale-up that other states involved in the national movement to scale up HOCC can replicate. Throughout the grant, H2P leaders and staff also drew on positive relationships with workforce partners that resulted in referrals of prospective students to the H2P Success Coach and ultimately to the participation of many in grant-funded healthcare POS.

El Centro College (ECC)

ECC brought a seasoned team of healthcare leaders into the H2P Consortium grant, including contributing a great deal of the initial conceptual and operational work associated with implementation of competency-based core curriculum. ECC personnel had a long history of involvement and leadership at the national level in health professions organizations, along with a supportive college president and other college leadership. ECC's strong reputation for excellence in healthcare education included having ongoing incumbent worker training programs at area hospitals and strong relationships with CBOs, both of which were critical to serving the diverse learner population associated with the H2P Consortium grant. In addition, ECC offered their students state-of-the-art classrooms and laboratories (including multiple simulation labs) that were useful to the development of core curriculum modules. The H2P Consortium capitalized on these assets in numerous ways, including supporting ECC healthcare faculty to provide professional development to other H2P co-grantee colleges on healthcare core curriculum. The ECC team's dedication to national excellence in scaling healthcare through mentorship, sharing, and learning were critical to stimulating and supporting the H2P Consortium's eighth strategy, to galvanize a national movement in healthcare education reform. Though already attentive to the diverse needs of area residents, through the H2P Consortium grant, ECC continued to develop new partnerships with employers and CBOs that would benefit students, including partnerships with Sharing Life and the Baylor Health Care Systems. The culture of ECC to pilot initiatives viewed as having the potential to improve student outcomes was an asset to the college but also to the H2P Consortium. This culture stimulated enthusiasm to reform healthcare curriculum that extended to all co-grantee colleges and to other colleges that have joined the national movement.

Jefferson Community and Technical College (JCTC)

JCTC nurtured positive and supportive relationship with regional employers, including replicating the Health Careers Collaborative of Greater Cincinnati in the form of the Health Careers Collaborative of Great Louisville Area (HCCGLA), recognizing and valuing the programming that JCTC provided to incumbent workers and future staff. JCTC was featured in the Hechinger Report as a model for business-community college partnerships, referring to partnerships with Norton Healthcare, and the HCCGLA represented a clear indication of JCTC's ability to leverage and strengthen long-standing relationships with regional healthcare employers while engaging new partners. Development of the new Health Care Careers Center was another example of how college had developed a community-focused location for workforce information for individuals wanting to enter into or progress in a healthcare career pathway. JCTC was also instrumental in supporting statewide scale-up of the HOCC throughout the KCTCS, drawing on past history with engaging other community colleges within the state to scale up promising practices statewide, as well as to contribute to the H2P Consortium's goal of galvanizing a national movement to reform healthcare education through competency-based core curriculum. Committed personnel of the Nursing and Allied Health departments fostered collaboration and independent action that encouraged curriculum reform that was spreading throughout the state. Moreover, through the grant, JCTC strengthened its partnership with the local WIB, expanding relationships to help recruit and guide potential students to JCTC's healthcare programs.

Malcolm X College (MXC)

New grant leadership at MXC had helped the college to enhance implementation of key strategies. Through the efforts of the H2P grant team, MXC was working to strengthen partnerships with area employers, including a major hospital complex near the campus. Also, bolstered by City Colleges of Chicago (CCC) district initiatives such as Reinvention and College To Careers (C2C), the H2P leadership team was exploring the concept of stackable credentials, including credentials that would lead to the baccalaureate degree. Under Reinvention and C2C, the CCC district office had built relationships with area employers using dedicated funding to focus on this task, and the H2P team had strengthened its working relationship with the district office. Moreover, the college's location on the west side of Chicago, including its West Side Learning Center, facilitated enrollment by citizens of low-income neighborhoods that contributed to the H2P Consortium's goal of serving underserved student populations. These students were represented in healthcare POS as well as in contextualized developmental reading and writing, as well as adult bridge and GED curricula. With respect to HOCC, MXC's work on a core curriculum was evolving, with strong support from administration, faculty, and students. Numerous constituents believed that the core curriculum would benefit students, expressing confidence in the curriculum's ability to help students to make wise decisions about majoring in healthcare. MXC and CCC administrators agreed that the H2P had strengthened C2C by reinforcing career-focused curriculum reform and related support services. For MXC, these developments have the potential to have long-term impact as MXC has been designated as the one college in CCC's 7-member college district to offer healthcare education for the entire city of Chicago. Supporting this important transformative, MXC's Pathways to Results (PTR) project provided an outstanding example of how a community college team can analyze and use student level data to identify equity gaps in student outcomes and work toward solutions that can have widespread impact.

Owens Community College (OCC)

Despite budgetary challenges that were challenging the college during the time of the TAACCCT grant, the H2P initiative enjoyed strong support from the college administration, including deans and personnel who brought a "can-do" attitude to the project. With the advent of a new PAC for healthcare education, the college and its healthcare POS stood to benefit from increased coordination of the healthcare education programs with the employer community. Nursing and Allied Health faculty and department chairs were aware and supportive of the notion of creating competency-based core curriculum, and they were appreciative of the new equipment that TAACCCT grant funds provided, including starting the MRI program. This program was created through a partnership with Philips Inc., including the acquisition of simulation equipment for training that would continue after the grant ends. The H2P team also developed a new partnership with Toledo's largest employer, ProMedica, and this employer agreed to hire an H2P-funded career coach who was recruited to conduct H2P student intakes at ProMedica worksites. OCC also strengthened its partnership with the local WIB whose director served on the H2P advisory board and supported H2P by providing WIA funding to students seeking healthcare careers. Finally, the Allied Health department's partnership with OCC's Workforce Training Division facilitated moving the Expanded Functions Dental Auxiliary (EFDA) Certificate program to continuing education. OCC's effort to implement PTR to address a growing student loan default rate was exemplary as it demonstrated a willingness to address the needs of student population with serious financial needs.

Pine Technical and Community College (PTCC)

PTCC had a strong culture of innovation that permeated to H2P grant activities. The employer partners, college administrators, faculty, and the H2P team commented that the college leadership at PTCC provided cohesive and strong leadership towards a shared mission and supported the development of solid partnerships that were built with external constituents. PTCC leaders, faculty and staff also focused a great deal of attention on student success, adopting an academic alert system to provide interventions for students who experienced academic challenges. PTCC had long-standing partnerships with the K-12 system, workforce agencies, and area employers,

formalized as the Healthcare Alliance that were leveraged to strengthen and create new partnerships for H2P. With respect to core curriculum, PTCC created a curriculum that worked at this small, rural college. At PTCC, the Health Care Core Curriculum (HCCC) provided a foundation to help students enter into multiple healthcare career pathways offering multiple credentials with stop-out points along the way. The Medical Assisting (MA) program provides a good example of how the core curriculum provides a solid foundation from which students and employees could build a career. The MA program provides an on-ramp for students who want employment in the medical field but who do not want to pursue a nursing career. Also in support of student success, PTCC's academic advisor revamped the student orientation to include an early academic alert system that has led to a permanent position in student support services. Even though the college was not able to continue all positions funded by the grant, there was evidence that PTCC had learned from H2P and was adding a full-time advisor to address the needs underserved populations. Finally, strong, committed leadership at all levels of the college contributed to the H2P initiative, and consistently, the H2P staff pointed to strong leadership exhibited by the H2P project director as an important factor leading to the success of H2P strategies.

Texarkana College (TC)

TC demonstrated positive and supportive employer engagement as part of the H2P grant by building on existing employer relationships and creating new ones. The role that local employers played in serving on college advisory boards was identified as particularly important to implementation of the H2P grant. Adding to these external relationships, collaborations within the college were identified as an asset. The OCCRL team noted that TC personnel demonstrated a strong collaborative spirit and high level of commitment to student success that permeated a great deal of the grant-related activities. The committed work of administration and faculty associated with the Allied Health and Nursing departments was especially important to supporting curriculum development and new healthcare education programming. The Pharmacy Technician (PT) program was identified as an important example of the impact of the grant on TC that was yielding positive outcomes for students. In this case TAACCCT funds were used to offer the program for credit but with reduced time. Specifically, PT students were able to complete the PT program in one semester rather than two. According to TC personnel, student retention and graduate employment were both reported to have risen from the old PT program, despite the condensed format. Advancements were also being made at TC to plan and implement other grant-related activities, including developmental education redesign, competency-based core curriculum, student advising and retention, and WIB engagement.

These results demonstrate that, across the H2P Consortium's nine co-grantee colleges, substantive change occurred under the grant to improve and grow the capacity of healthcare education. Of particular importance to the grant was the implementation and scale-up of healthcare core curriculum. Although the co-grantee colleges did not adopt one standard set of courses as "core curriculum", the notion that students would benefit from an entry-level healthcare curriculum that would introduce foundational concepts and provide initial work experiences was adopted by all nine colleges. Varying in length from one or two courses to six or seven courses, the core curriculum requirements often varied in the course work that would be required for various healthcare POS. These kinds of decisions were made by the colleges based on a standard set of guiding principles that established a priority of securing employer and workforce engagement, faculty input on key curricular decisions, and so forth. Altogether, the changes to the curriculum tended to be viewed as dramatic and transformative to the students' only demystified how a student gets accepted into healthcare POS but provides students with much deeper understanding of the range of occupations that are possible from studying healthcare education the community college.

Qualitative results on the retention support strategy were consistently positive across the consortium. Going under a wide range of names, the notion that "intrusive advisors" made a substantial difference in the retention of H2P participants was widespread. All co-grantee colleges dedicated grant dollars to hire and train personnel who performed this up-close form of advising to ensure that students knew how to access support services and were able to procure these services whenever and wherever they needed them. Consistently, grant leaders believe the

grant dollars associated with TAACCCT were wisely invested when dedicated to this function. Disappointingly, few (if any) of the colleges appeared to be able to invest institutional dollars to retain these special advisory positions past the end of the grant. Thus, despite the perceived importance to retention, the ending of the grant meant depletion of resources needed to support this supposed critical function. Interestingly, when additional grant dollars were secured through TAACCCT or another state or federal program, the retention specialist position as often the first to be funded, and this occurred in several co-grantee colleges.

As with any grant, challenges in implementing grant-funded strategies were evidenced across the consortium. For example, only a few of the colleges were successful in implementing contextualized developmental education. Struggles with contextualizing curriculum with healthcare content appropriate to a diversity of students with wide ranging academic needs and occupational interests made implementation difficult. And, in the relatively few cases when contextualized developmental courses were developed, actual enrollments lagged behind required enrollments such that the courses had to be cancelled when they were not considered viable. Some colleges also experienced challenges in gaining sufficient understanding and support for stackable credentials to create healthcare pathways, and some colleges were unable to support incumbent worker training programs through the grant, particularly when it became clear that the way performance measures were designed these programs could actually diminish some of the consortium's DOL performance results.

Finally, co-grantee college experiences with consortium-level implementation of the competency-based core curriculum, as well as the creation and/or reform of numerous healthcare POS, enhanced the collective capacity of the H2P Consortium to engage in "galvanizing a national movement". Setting as it's goal to reform healthcare education in the community college throughout the country, the H2P Consortium appeared to make considerable progress along this line. By creating changes in curriculum that appear to be sustainable and implementing selected strategies, key co-grantee college personnel have engaged in cross-organizational learning that is transferable to other community colleges. To this end, the H2P Consortium has carried out scaling activities from the start, presenting a vision that the TAACCCT grant will ignite enthusiasm to healthcare education reform throughout the United States. A tall order indeed, the H2P National Office has solidified the co-grantee colleges into a strategic enterprise that shows enthusiasm to bring about healthcare education reform in community college education. Time will tell whether the consortium and its co-grantee colleges will continue to lead change, but the groundwork has been laid through the TAACCCT grant to make a difference.

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