

ACT for Healthcare in Wisconsin

Final Evaluation Report Executive Summary

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DVP-PRAXIS LTD is an action-oriented consulting firm focused on higher education and the workforce. We specialize in mixed method formative and summative evaluation services to inform implementation and measure impact. We also provide strategic advising services for project development and implementation, and conduct research and policy analysis on critical issues facing higher education and the economy. We listen with a keen ear to client's needs, and leverage our experience and knowledge to support foundations, non-profit organizations, state agencies, and colleges and universities committed to improving postsecondary education and skills-development practices and public policies.

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Equal Measure is a Philadelphia-based nonprofit organization that works with foundations, nonprofit organizations, and public entities to advance social change. For more than 30 years, Equal Measure has partnered with organizations like these working on complex, often messy, social issues to help create more powerful, equitable, and enduring systems and positive outcomes. To have a more direct impact with clients, Equal Measure offers five service lines—program design, evaluation, capacity building, technical assistance, and communications. Through these services, Equal Measure helps its clients clarify program goals, support implementation, engage in learning and plan improvement, conduct mixed-method developmental evaluations, frame narratives to have the strongest impact, and share what it has learned with the field. Whether it's improving access to college education and careers, expanding access to healthy foods, or building opportunities for financial empowerment, Equal Measure helps its clients make communities stronger, healthier, more equitable, and more inclusive.

About Brandon Roberts + Associates

Brandon Roberts + Associates is a public policy consulting firm focused on issues of postsecondary education, workforce, and economic development. The firm has more than 25 years of experience providing evaluation, planning, program development, and research, as well as strategic analysis and technical assistance services to a diverse group of clients including private foundations, governmental agencies, and national nonprofit organizations. The firm organizes its work around the overall concept that sound data and objective analyses are the essential foundations for effective findings, recommendations and actions.

Executive Summary

Advancing Careers and Training (ACT) for Healthcare in Wisconsin

In 2014, Wisconsin was granted a \$15 million, four-year grant from the U.S. Department of Labor to fund *Advancing Careers and Training for Healthcare (ACT for Healthcare)*, a statewide project with participation from all colleges in the Wisconsin Technical College System (WTCS) to develop, improve, and expand education and training pathways for healthcare related occupations. Wisconsin's technical colleges provided training and support services to adult learners including TAA-eligible workers, veterans, and others, preparing them for high-growth careers in the healthcare industry. The project builds on the two previous rounds of statewide TAACCCT funding in advanced manufacturing and information technology. Each consortium grant enabled the technical colleges to further strengthen career pathways across the state by engaging educators, employers, workforce systems, the Department of Veterans Affairs, and the WTCS to expand, enhance, and deliver industry-relevant training to adult learners.

The *ACT for Healthcare* consortium sought to address gaps in healthcare education and training in Wisconsin, working collaboratively to increase attainment of degrees, certifications, certificates, diplomas, and other industry-recognized credentials needed by employers. The consortium planned to introduce or replicate innovative and effective methods for designing and delivering healthcare programs and short-term education and training opportunities; and provide academic and non-academic support services to improve program retention and employment outcomes.

Wisconsin's technical colleges aimed to serve more than 2,452 unique participants during the grant period. **Preliminary performance numbers indicate the consortium surpassed its original goal by 62%—serving 3,928 unique participants.** Among participants who enrolled in healthcare degree and diploma programs and short-term education and training opportunities, 44% of those who were unemployed when they began their grant-funded program gained employment immediately after exiting, while 78% of incumbent workers saw earnings gains at some point after initial enrollment. These results demonstrate the overall benefits of the ACT Healthcare initiative for students, colleges, and employers.

Evaluation Design

The comprehensive evaluation of ACT for Healthcare included regular, formative feedback on the implementation progress among the ACT for Healthcare colleges, a summative assessment of implementation strengths and challenges, and a quantitative analysis of the impact of grant strategies on educational and employment outcomes for ACT participants receiving support services.

The **implementation evaluation** was designed to provide formative feedback on program implementation at each technical college during the first two years of the initiative, and to gather data for the summative implementation study. The evaluation team documented and assessed key elements of program implementation, including efforts to develop and enact key grant strategies like curricular and instructional innovations and support services, and to sustain such efforts upon conclusion of the TAACCCT grant. Key research questions for the implementation study included:

1. *What kinds of curricular and instructional innovations, student support services, and partnership engagement strategies were implemented?*
2. *What were the strengths and challenges affecting implementation progress?*

3. *Which curricular and instructional innovations, student support services, and partnership engagement strategies will be sustained; and what factors contributed to sustainability?*

Over three years, the evaluation team engaged in several data collection activities to assess and document implementation efforts among ACT for Healthcare colleges. These data collection efforts included interviews with key stakeholders, such as college administrators, faculty, support staff, and students, in addition to external stakeholders such as employers and workforce groups. Overall, the evaluation team conducted 30 in-depth site visits—visiting each ACT for Healthcare college twice during the grant and interviewing more than 400 stakeholders. The evaluation team also conducted approximately 30 phone interviews with the key consortium leads at each college. Finally, the evaluation team developed a survey that was administered to project leads at each college in spring 2017. The survey was used to gain additional quantitative information on implementation efforts at each college, focusing on implementation of consortium strategies, and engagement of employers and workforce development boards.

The participant **impact study** focused on ACT for Healthcare participants enrolled in programs of study who received grant-funded support services, including academic and non-academic supports provided inside and outside the classroom. The delivery of support services was the most common strategy implemented across the consortium to improve participant outcomes. Various student-level academic and employment outcomes were examined, including within-institution retention, credential attainment, employment, and earnings. The research questions for the impact study are listed below:

1. *Do participants who received support services earn credentials, and are they retained within institutions at higher rates than a matched comparison group of healthcare students?*
2. *Are participants who were not employed at the start of their ACT for Healthcare program, and who received support services, employed one quarter after program exit at higher rates than a matched comparison group of non-incumbent healthcare students?*
3. *Do participants who were incumbent workers at the start of their ACT for Healthcare program, and who received support services, have greater earnings gains than a comparison group of incumbent healthcare students?*

To answer these research questions, the evaluation team obtained administrative data from each consortium college for the entire grant period (fall 2014 through spring 2018). The team also utilized student-level data recorded by colleges on academic and non-academic support services delivered to TAACCCT participants outside of a regular classroom setting. These additional participant-level data collected by colleges on student support services allowed for a robust assessment of education and labor market impacts for students affected by this strategy. The evaluation team further partnered with the WTCS and the Department of Workforce Development (DWD) to gain access to employment records and data on workforce program participation (e.g., TAA, WIOA Title 1, veterans programs). Using these data, the evaluation team used Propensity Score Matching (PSM) to generate a comparison group that is similar to the treatment group along a set of background characteristics that could affect the likelihood of receiving treatment, which enabled the evaluation to meet standards of rigor for non-experimental research studies as defined by the Clearinghouse for Labor Evaluation and Research (CLEAR) and the Institute of Education Sciences What Works Clearinghouse (WWC).

Implementation Findings

The summative implementation study focuses on the strengths and challenges—and sustainability—of three core areas: curricular and instructional innovations, student support services, and partnership engagement. Overall, the implementation study documents that ACT consortium colleges:

- Delivered education and training opportunities to 3,376 participants in 35 ACT for healthcare programs that included 14 new credentials with labor market value;
- Provided a wide variety of academic and non-academic support services to 2,297 participants that were either integrated into program curriculum and/or embedded in the classroom, or delivered outside of class through one-on-one and group-level sessions;
- Enhanced their strong foundation with employer partners, leveraging employer advisory committees, expanding opportunities to support incumbent worker training, and collaborating with a handful of employers to provide tuition reimbursement for participants; and
- Served 230 participants who were WIOA Title I, TAA, or Veterans program clients enrolling in ACT for Healthcare programs.

With rare exception, **the curricular and instructional innovations implemented among consortia colleges will be sustained after the grant.** This includes the consortium-developed Augmented Reality Integrated Simulation Education (ARISE) scenarios; the statewide VA Medic to RN Pathway for veterans; two new courses in Digital Literacy and Culture of Healthcare; and the new programs, degrees and diplomas, embedded credentials, and local certificates developed and implemented by colleges during the grant. Notably, these curricular and instructional innovations were implemented in credit-based programming rather than as non-credit, customized training approaches; and accordingly went through a formal review process to assure these innovations met quality standards and would result in employment opportunities and career advancement.

The evaluation identified four reasons why these curricular and instructional innovations were successfully implemented and are likely to be sustained:

- **Curricular and instructional innovations were implemented in programs that reflected high employer demand for new workers and upskilled incumbent workers.**
- **Curricular and instructional innovations utilized new technologies that better aligned with state-of-the-art skills demanded by employers, and thus upgraded the quality of training for participants.**
- **Curricular and instructional innovations responded to the needs of adult students by offering flexible access to working students and to students who live far from campus locations.**
- **Curricular and instructional innovations were supported by faculty who championed their development and adoption.**

Colleges also faced some challenges implementing curricular and instructional innovations not fully addressed during the grant period, which may have hindered their ability to serve more adult students needing additional skill enhancement prior to enrolling in a healthcare program, and WIOA Title I and Veterans program clients who were seeking very short-term training that would prepare them for entry-level job opportunities.

The evaluation identified two challenges in particular:

- The US Department of Labor issued guidance to colleges that limited participants to those enrolled in programs of study—or in required courses that were part of a program of study. This guidance resulted in few colleges creating short-term onramps to healthcare programs, such as bootcamps, which can be especially beneficial for less-skilled adults who may be

moving from one employment sector to another, and who have not enrolled in an education program for many years.

- Several colleges pursued a large number of innovations in multiple program areas, which made it difficult to focus effectively on implementation progress and continuous improvement. In these colleges, building support to sustain grant-funded curricular innovations was more difficult; and the broader campus community seemed less aware of grant-funded efforts.

The enhanced and strengthened partnerships with employers will also be sustained after the grant; whereas college partnerships with the workforce system were not notably enhanced during the grant. The ACT for Healthcare consortium partnered with employers around a diverse array of activities to develop and improve programs, and recruit and support students in these healthcare programs. By comparison, there was lower engagement overall by workforce partners despite considerable outreach efforts by colleges. According to a spring 2017 survey of senior college leaders, almost 80% of project leads that responded (11 of 14) reported that employers were involved at least a moderate amount in their ACT for Healthcare efforts. By comparison, only 57% of project leads (8 of 14) said the workforce system was involved to the same degree.

The evaluation team identified three reasons why these employer partnerships were successfully enhanced and are likely to be sustained:

- **Wisconsin technical colleges had a strong foundation of employer involvement through program advisory committees that provided ready access to a diverse group of employer partners.**
- **All Wisconsin technical colleges focused on education and training programs that met local employer workforce needs and regional labor market demand for entry-level or middle-skilled positions in healthcare.**
- **Employers were willingly and sometimes eagerly involved in providing experiential learning opportunities for ACT for healthcare participants to practice their skills through clinical rotations or internships.**

Compared with generally strong employer partnerships characterizing ACT for Healthcare efforts, engagement by colleges with local and regional workforce partners during the grant period was more limited in scope, with modest workforce client referrals to ACT training programs and minimal leveraging of workforce system resources for ACT participants, such as training dollars, childcare assistance, and transportation supports.

The evaluation team identified two challenges regarding partnership engagement—one focused on the workforce system and the second focused on employers:

- Employers were interested in short-term training and credentials for their incumbent workforce, yet federal guidelines for the TAACCCT grant created uncertainty among colleges around serving incumbent workers who may have been disallowed as participants if they were not enrolled in a grant-funded program of study.
- Workforce groups by and large did not enhance their existing relationships with colleges by expanding recruitment efforts and referring more clients to ACT for Healthcare programs, nor by proactively seeking to provide supports to participants eligible for workforce services. Workforce system representatives suggested that healthcare programs developed by colleges were “too intimidating” for some workforce clients (e.g., Associate degree programs), or indicated that short-term programs (e.g., Nursing Assistant) did not result in wages appropriate for assistance under the guidelines of local Workforce Investment Boards.

Although colleges successfully implemented support services during the grant period, most support services delivered by colleges will not be sustained after the grant. These supports spanned academic, personal and career services; and were provided in the classroom or lab setting as well as outside class through workshops or 1:1 interaction. Students almost universally spoke very favorably about these support services, and faculty and deans expressed anecdotally they felt the supports were helping to improve student performance.

The evaluation identified four reasons why institutions were successful in their implementation of support services:

- **Growing industry demand for skilled workers incentivized colleges to bolster credential completion rates and providing support services for students was an intentional strategy to meet this demand.**
- **Students and faculty recognized the value of support services, which reinforced colleges' commitment to implementation during the grant period.**
- **Embedding support services within classrooms enabled colleges to easily reach a "captured audience" of students and resulted in a large number of participants receiving supports.**
- **Colleges targeted support strategies to address well-known bottlenecks facing students at various stages of the Nursing program pathway, thus addressing issues that students needed to overcome to be successful.**

The evaluation also identified three challenges affecting implementation that likely contributed to support services generally not being sustained beyond the grant period:

- Grant-funded staff providing support services were seldom integrated with existing support service operations and were often housed organizationally within the grants department. This disconnect undermined administrative commitment to the role and function of academic and non-academic support staff.
- Support services provided outside of class were almost always optional for students, which led to lower take-up of these services compared to in-class services. Out-of-class supports are more likely to be individualized, but in ACT for Healthcare colleges they were almost never required. Research suggests that optional supports tend to be accessed by fewer students, and not always by the students with the greatest need.
- Colleges struggled to clearly communicate the role and activities of staff providing non-academic supports (e.g., Navigators) and to build connections with faculty. This lack of communication limited faculty buy-in for non-academic supports and contributed to challenges in sustaining these positions post-grant.

Participant Impact

The evaluation impact study focuses on ACT for Healthcare participants enrolled in programs of study who received a variety of grant-funded academic and non-academic support services. The development and delivery of support services was the most common strategy implemented by ACT for Healthcare colleges and is the primary reason for focusing the impact study on these participants.

Approximately 70% of ACT for Healthcare participants in grant-funded programs, representing 2,297 students, received at least one grant-funded support service. Academic supports were more widespread across the consortium than non-academic supports, reaching a larger number of students. Academic supports delivered in class reached the largest number of participants (1,173 students) while out-of-class academic supports was the second largest support service type, reaching 785 participants. Grant-funded non-academic supports also reached a substantial number of participants; for example, non-academic supports delivered within classrooms reached 715 participants. It is important to note that many colleges implemented multiple support types; for example, a combination of academic and non-academic supports, or a combination of supports delivered both in-class and out-of-class. Of the nearly 2,300 participants receiving support services, **one-third received more than one support service type.**

The impact study found that average treatment effects on the treated (ATT) were substantial and significant ($p < .05$) for all outcomes of interest (see Table ES1). PSM impact analyses indicate that participants receiving grant-funded support services were significantly more likely to earn credentials and to remain enrolled within their academic institutions; they were also significantly more likely to experience employment and earnings gains. Specifically:

- **74% of treatment students earned a postsecondary credential, versus 51% for a matched comparison group.**
- **Treatment students were eight percentage points more likely to be retained into the next semester, and seven percentage points more likely to be retained one year later, compared to a matched comparison group.**
- **45% of treatment students who were unemployed at the start of their program had gained employment one quarter after program exit, compared to 37% for a matched comparison group of non-incumbent workers.**
- **Treatment students who were incumbent workers were six percentage points more likely to experience quarterly earnings gains following program exit, compared to a matched comparison group of incumbent workers.**

Table ES1: Impact Analysis Results Summary

Outcome	Treatment Group	Comparison Group	ATT	P-value
Credential attainment	74%	51%	23%	0.00
Within-Institution Retention (1-Semester)	63%	55%	8%	0.00
Within-Institution Retention (1-Year)	48%	41%	7%	0.00
Employment	45%	37%	8%	0.02
Average Earnings Gains	66%	60%	6%	0.01

Lessons Learned and Implications

The impact study documented that credential completion impacts were consistently positive across healthcare programs and across a variety of credential types. Notably, the most commonly earned credentials for ACT for Healthcare participants were shorter-term technical diplomas or certificates of one year or less, which is consistent with the TAACCCT grant objective of helping adult students earn credentials with labor market value more quickly. In addition, within-institution retention impacts were particularly pronounced for participants receiving non-academic supports outside of a regular classroom setting, as well as for Nursing participants who accessed out-of-class academic supports targeted to challenging first-year Nursing courses. Lastly, the employment and earnings gains

experienced by participants who received support services suggests the benefits of these supports extend beyond the classroom and into the labor market.

In short, **providing support services for healthcare students generates benefits for students, colleges, and employers—suggesting that this approach to enhanced education and training should be an essential aspect of institutional reform efforts with potential replicability to sectors beyond healthcare.** By investing in academic and non-academic support services, colleges can increase the number of students with the skills needed to enter the labor market prepared for employment and upward mobility; while enhancing their revenue through improved institutional retention and completion rates. Moreover, these supports help colleges better serve adult students who need additional skills and re-training, and who reflect an increasingly diverse pool of potential students and workers.

The implementation study documented that curricular and instructional innovations and employer partnerships will be sustained, while the provision of academic and non-academic supports, with a few exceptions, will not be sustained. The evaluation team identified five *institutional* factors that influenced the sustainability of curricular and instructional innovations, support services, and employer partnerships.

Institutional Factors that Influenced Sustainability and Instructional Innovations

1. **Faculty buy-in and support.** The evaluation documented extensive faculty leadership on the design and implementation of curricular and instructional innovations, which in turn generated faculty ownership for new programs and for modifications to existing programs. Faculty also leveraged existing and new employer partnerships through longstanding advisory committees and relationships with clinical rotation sites, and through professional affiliations with local and regional employers. In addition, when support services were offered in the classroom or tied to the curriculum and delivered by program experts and specialists, they were more likely to be sustained.
2. **Administrative ownership and support, especially among program or divisional deans.** Program deans supported faculty leadership in the development and implementation of curricular and instructional innovations, including augmented reality simulations and a new VA medic to RN pathway, through professional development in-service training, course release time, and enabling participation on consortium committees. By comparison, support service deans were less involved in grant activities, in part because grant-funded support services staff seldom reported organizationally within the support services division; rather, these temporary support staff reported to grants administration. The result was more limited buy-in and support from existing support services administrative leaders.
3. **Budgetary issues.** Wisconsin technical colleges face the cyclical pattern of declining enrollment as the local and regional economy improves and unemployment is down. As a result, senior leaders are wary of adding costs to the college budget unless a revenue stream to offset those added costs is identified. Thus, decisions to sustain curricular and instructional innovations are more readily made as education and training programs do not add costs to the delivery of instruction once the startup and training costs are expended; and the costs for these programs are covered by tuition and fees paid by students and employers. By comparison, senior leaders expressed uncertainty about sustaining support services positions—which are seen as additional costs to institutional budgets—in light of declining enrollments.
4. **The use of data to build awareness and support for grant-funded strategies.** Colleges provided performance data to the consortium lead, collected support services data for the evaluation, and provided administrative data for the evaluation; and a few colleges engaged in additional data collection efforts related to program enrollment growth, course pass rates, or

program retention rates. Overall, however, colleges collected and used data inconsistently to build awareness and support for grant-funded strategies. Moreover, as noted above, in a constrained budgetary environment (see factor #4), even when colleges did conduct data analysis suggesting support services were yielding better student outcomes, these improvements were deemed an insufficient return on investment to support sustaining these grant-funded positions.

5. **Employer engagement and buy-in**, especially for new programs and credentials, and innovative ways to deliver curriculum and instruction. Colleges were proactive in their outreach to employers, gathering input and guidance for new programs and for shorter term credentials that would result in more qualified new workers and upskilled incumbent workers. The result was a stronger, enhanced relationship between employers and the college around the growing demand for healthcare workers, and new opportunities for the college to provide training for incumbent workers. Engagement with employers around support services, and their value in growing the number of qualified workers who completed healthcare programs, was rare.

The evaluation also identified three implications for future workforce and education programs and evaluation:

First, workforce education and training programs need to strike an appropriate balance between targeting resources for high-demand jobs, often requiring mid-to-high-level skills, and providing resources to enhance opportunities for lower-skilled workers and people who are unemployed. The Round IV TAACCCT guidelines de-emphasized the latter, which resulted in a limited focus on important career pathway onramps for WIOA Title I clients and for Adult Basic Education programming. Future efforts could enhance upward mobility for participants and address important equity goals by encouraging an intentional focus on lower-skilled adults through postsecondary program onramps, such as those offered by adult education bridges.

Second, access to publicly reported employment and earnings data should be more readily available—especially when necessary for evaluation and performance reporting on federally-funded grants. The Wisconsin Technical College System and Wisconsin Department of Workforce Development were exceptional partners in our efforts, collaborating to provide quarterly employment and earnings data on a timetable conducive to our evaluation requests that included historical and contemporaneous records. Their efforts to support the evaluation can serve as a notable example of how such data sharing and reporting should be done for all federal grant programs when employment and earnings are essential outcomes.

Finally, the end-result of the time-bound nature of federal grant programs and the inflexibility of reporting timelines and deliverables is a lack of longer-term employment and earnings outcomes. Often, the payoff of education and training programs does not appear during the first three quarters of earnings; a longer time horizon for reporting these outcomes for participants could yield critical insight into the value-add of these grant programs.