Southern Vermont College (SVC) and Wheelock College (WC): 2010 Urban and Rural Healthcare Academy Program (HAP) for College Progress and Workforce Development

by
Albert C. DeCiccio (SVC)
with assistance from

Karen Gross (SVC), Anne Hopkins Gross (SVC), and Adrian Haugabrook (WC)

October 18, 2010

Introduction

The following is a description about the Urban and Rural Healthcare Academy Pilot Program (HAP) that launched at Southern Vermont College (SVC) and Wheelock College (WC) in summer 2010. Based on the results reported here, we intend to replicate and to expand this initiative in summer 2011, enabling a growing number of vulnerable students to progress to college, easing their transition when they arrive on college campuses, and educating them for the workforce. While this initiative is focused on healthcare, other similar academies could be launched in areas with key career opportunities (protective services; social services; education; entrepreneurship). With President Obama's launch of the 2020 Initiative, designed to assist a growing number of students in progressing to and through higher education and to meet the need for a skilled workforce of people with bachelor's degrees, HAP is one step in furthering these critically important national goals. The simultaneous goals of promoting college progress and workforce development animate the HAP.

The Problem: Shortages in the Healthcare Workforce

Dependable access to quality, affordable healthcare is not available in many urban and rural areas of our country, particularly for low-income populations. The U.S. currently has approximately five million healthcare professionals. But many experts predict that, by 2020, there will be a shortage of up to 200,000 physicians and 1 million nurses (Center for American Progress 2009). Urban and rural Americans, particularly those living in other underserved areas across the country, are especially vulnerable to these current and growing health workforce shortages. According to the U.S. Department of Health and Human Services, more than 20% of the U.S. population lives in rural areas, yet they are served by only 9% of the nation's physicians. This discrepancy is expected to increase as fewer medical students choose primary care and fewer still are tied to or appreciate rural life (Center for Rural Affairs 2009). As a result, there will be even greater demand for primary-care providers and other healthcare practitioners.

Moreover, many of these workforce needs demand individuals who possess a college degree; therefore, it is incumbent upon colleges to graduate individuals who can meet the workforce needs of the coming decades. College entry and success among vulnerable students is a critically important and challenging issue, and we need more and more members of this population to progress to and through college. Without them, the demands of the workforce cannot be met.

Our Innovation: Urban and Rural Healthcare Academy Program (HAP)

To address the challenges of workforce development and college access and completion, Southern Vermont College (Bennington, VT) and Wheelock College (Boston, MA) collaborated to offer a summer-intensive, credit-bearing program of study (1 college credit). This initiative was designed to provide motivated, low-income students with a unique opportunity to experience healthcare from both the urban and rural perspectives, with the hope that many of them would enter college and pursue healthcare careers.

During an intensive eight-day experience, the students examined essential healthcare questions facing the U.S., such as the following: How far down the road shall we travel with stem cell research? Can collaboration help healthcare workers navigate life-and-death situations? The program was designed to enable students to discover answers by practicing in urban clinical sites, in rural clinical sites, in a simulation laboratory site, and in several science laboratory/hospital sites.

The Answer: The Healthcare Academy Program (HAP) Pilot

The Healthcare Academy Program (HAP) Pilot was launched during eight days (July 28-August 4) between the two campuses, bringing together 18 low-income, vulnerable, high school students from urban and rural areas (12 Urban; 6 Rural). This initial cohort of students was comprised of junior and senior students who expressed interest in pursuing a healthcare career. These were the intended goals for HAP:

- Create academic activities aligned to flexible and adaptive curricula that prepare students as innovative and proficient learners who can translate basic knowledge skills into applied skills, particularly as they relate to urban and rural healthcare;
- Identify focused activities that assist students in understanding the interdisciplinary context of healthcare professions as well as the opportunity to compare and contrast urban and rural healthcare issues;
- Explore urban and rural collegiate opportunities and the tools needed to be college-ready, particularly for enrollment in bachelor degree programs; and
- Provide networking experience (at hospitals and clinical sites and in social settings) to prepare young learners for the workforce.

After successful completion of the HAP, students earned one college credit and became eligible for "fast-track" admission into either Wheelock College or Southern Vermont College.

The Healthcare Academy Program Pilot: Schedule Overview

The program began in Boston at Wheelock College, with cohort formation exercises. An overview of the HAP activities was provided, and the concept of "journaling" was introduced along with the "Essential Questions" that the students were to keep in mind and process during the program. Those questions were as follows:

- Genetics: How far should the healthcare field go with genetic discoveries that may alter the so-called natural design of things, i.e., as with stem cell research, cloning, and the like?
- Microbiology: How does the scientific method as exemplified in a microbiology laboratory assist with healthcare assessment and treatment?
- Lab Simulation: How does collaboration and trans-disciplinarity affect the way in which healthcare providers negotiate life-and-death situations?

The academic and career portions of the WC experience included a panel of urban healthcare professionals who discussed healthcare policy and careers, a tour of Massachusetts College of

Pharmacy and Health Sciences, and an amazing, behind-the-scenes tour of the Boston Children's Hospital. Programmatic activities in Boston included a tour of the town, a visit to the Boston Aquarium, and a professionally organized scavenger hunt.

In the middle of the eight days, the students left Boston on a coach bus and arrived at Southern Vermont College. SVC provided academic activities, including work in the microbiology laboratory on the topic of the scientific method and healthcare, genetics and alteration of natural design, a real-life scenario in the Simulation Lab, and a tour of Southwestern Vermont Medical Center. Programmatic activities in Vermont included bonfires, tubing on the Battenkill River, swimming and boating at Woodford State Park, and a trip to a favored ice cream shop.

The week culminated at SVC with the "Showcase of Learning," where students visually presented what they had learned and explored in relation to the "Big Questions." Staff from both colleges attended the culminating event. In addition, they participated in a Reception and Dinner where SVC Success Center staff served the students and discussed proper business etiquette as well as while enjoying a wonderful reception and dinner together.

The Participants

Two students from each of the following sites were selected by their sending institution¹ to participate:

Urban: Academy of the Pacific Rim, Codman Academy, Prospect Hill, City on a Hill, and

Boston Prep;

Rural: Casey Foundation New Hampshire and Vermont; Gear-Up.

The Evaluation

On the morning of departure, each of the students completed a fifteen-question online survey about their HAP experiences. Based on a five-point Likert scale of "strongly disagree" to "strongly agree," the responses were overwhelmingly positive.

Regarding the check-in process, most of the students agreed or strongly agreed that the process went smoothly. Approximately 95% of the students agreed or strongly agreed that the ice breakers and team builders throughout the week helped them to get to know each other. There is prospective value in "cohort bonding" as an initiative that promotes collegiate success.

Each of the academic activities was rated with the panel discussion on healthcare (66.7%), the Boston Children's Hospital visit (72.2%), and the Simulation Scenario with the Southern Vermont College Nursing faculty (61.1%) ranking the highest in the strongly agree category. It is important to note that, with minimal exceptions, the other activities (e.g., introduction to healthcare policy and careers, microbiology, tour of SVMC) were also well-received with a high mark of "agree."

The programmatic activities that were highly regarded included the Boston Scavenger Hunt (94.1%), Bonfires at SVC (72.2%), Beach Volleyball at SVC (72.2%) and the Social Networking Reception and Dinner (83.3%) were all marked at "strongly agree." "What I Wish I Knew before

Selection by the sending institutions as opposed to the receiving colleges is a major feature of this program. Sending institutions, whether organizations or schools, are in the best position to determine whom among their students could most benefit from programs such as HAP. Moreover, the shift in the admissions paradigm increases the accountability of the sending institutions in student success.

Going to College," the Boston "Tomb" activity, tubing on the Battenkill, trip to the lake, and healthcare trivia all scored between "agree" and "strongly agree."

The daily journaling experience was well-received with 55.6% stating that they agreed that the activity helped to process the overall experience and 27.8% rated this as "strongly agree."

The HAP staff members were well-received and had a resounding "strongly agree" by the students with 94.4% stating that the staff was helpful and supportive. The faculty members also received high marks with 88.2% of the students indicating that they "strongly agreed" the HAP faculty members were informative and approachable.

When asked if they would consider attending each of the colleges, 58.8% agreed that they would attend Wheelock and 23.5% stated "strongly agree." For SVC, 41.2% agreed and 41.2% were also "neutral." Note that 12 of the 18 participants were from the city and stated their desire to remain in the urban environment, despite the value of visiting a rural setting.

Finally, to sum up the overall experience based on qualitative data collected, an amazing 94.1% "strongly agreed" that they enjoyed the HAP program.

We are in the process of developing a mechanism to track the participants in the HAP and, in particular, we are looking to gather data on the following items: 1) enrollment in a four-year college; 2) completion of the first year in college; and 3) entry into a healthcare major/career. These more quantitative data points can be compared to the more qualitative data just described.

We are also considering more formally collecting feedback from the sending institutions that, while anecdotal, does inform the planning for prospective academies. One staff member from a sending institution remarked that he "saw hope" for the first time in one of his students who had not believed she could succeed in college and is now in the process of applying. The same staff member observed a sizable change in student behavior before the program launched and thereafter; before the HAP, the students were silent as they arrived at the Wheelock campus. After the program, these same students could not stop talking about the experience and what they learned on the ride back to their homes. These more qualitative observations are worthy of being collected and analyzed.

Conclusion

One of the HAP students wrote this in her journal: "Doing this program has helped every one of us to get a taste of the healthcare world from the urban and rural perspectives and to get a better understanding of college life and work in these two areas. We are all a little closer to knowing what we want to do once we attend and complete college." We believe that this participating student closely sums up what we aimed to accomplish in the Healthcare Academy Program piloted this past summer. All the other students expressed, in writing and in their beaming smiles and wonderful posters and mature comportment, their appreciation to all who helped to design and run the program. They were deeply appreciative and very satisfied with the experiences in and outside the classroom/lab/hospital/campuses.

Dr. David Heckel, the Dean of Humanities at Pfeiffer University in North Carolina, visited SVC to learn more about the HAP pilot while the students were on that campus. To contextualize, this individual has worked for 30 years on the social construction of knowledge, on collaborative learning, and on how education can prepare students to work in a socially just world. After seeing all the posters and talking with all the students, he made two striking points: (1) All the students

want to work in a healthcare field because they want to give to others; and (2), more importantly, what Wheelock College and Southern Vermont College undertook in the summer 2010 is what is really meant by service-learning. That is, we didn't enter these students' lives simply as liberal-minded people who will HELP the participants be like us. Instead, we offered these students the resources and services of two campuses dedicated to raising up a generation of citizens who might not otherwise have the chance to pursue their healthcare career dreams in a higher education institution.

What we started this past summer will be the first step toward re-defining service-learning and showing all students everywhere that colleges are committed to them and to the worlds in which they will ultimately live and work.