

University of Alaska Academic Structure Change Management

Focus: Health

Session Notes, August 2019

First Session (Fairbanks and on-line)

Overall Session Goals:

- In a focused, systematic way, address changes being advanced by the University of Alaska Board of Regents in response to the current financial crisis and in service of the long-term vision for the university.
- Surface and address conflicting interests; identify and advance common interests.
- Generate constructive options and, to the extent possible, consensus recommendations.

Overall Note:

- This document is the product of brainstorming and dialogue. It is designed to be generative not definitive – as a way of providing broader input into the responses to the Board of Regents that might have happened otherwise. It does include options and some consensus recommendations, all of which need to be understood as the inputs of a diverse set of participants, but not the final word on any of these issues.

Welcome:

- Thank you all for participating
 - These are challenging times
 - This is a chance to discuss our university and the directions we should be going in
- The Board has asked us to look at the structure of our teaching and research
- They have also asked us to look at one university – including accreditation
- The budget situation is what brings us together
 - The initial cut would not have been sustainable
 - Even the \$70 million cut will be difficult
 - We have had a series of cuts over the years – some managed by attrition, but we became more vulnerable over time
 - This cut that we need to absorb over the coming years will be similarly challenging
- We need to explore alternative pathways
 - The 8 areas identified are ways of facilitating conversations, but we are not limited to conversations within these categories – there will also be need to explore across categories
- For September we will prepare thoughts for the Board taking into account these comments
- Challenging times, but there is capacity to have respectful conversations

First Alaskans Institute Agreements:

- In Every Chair, a Leader
- Speak to be Understood; Listen to Understand
- Be Present; Be Engaged
- Value Our Time Together
- Safe Space for Meaningful Conversation
- Challenges → Solutions
- Takest Thou Hats Off
- Our Value of Humor Helps Us
- We are Responsible for Our Experience

- Take Care of Yourself; Take Care of Each Other

Additional Proposed Groundrules:

- Focus on interest and options – avoid jumping to positions.
- Be hard on the issues, not each other.
- Operate with transparency – notes will be recorded live on a cloud-based, shared document.
- Be mindful of the time available in each session; issues that can't be resolved during the session will be placed on a "parking lot" in the notes.
- Turn off electronics during the session; observers may communicate (in person or electronically) with participants with whom they have connections before and after the sessions, but should only serve as observers during the sessions.

Change Management Model:

Phase 1: Hopes & Fears (20 min.)

Phase 2: Vision & Data (20 min.)

Phase 3: Stakeholders & Interests (20 min.)

Phase 4: Alignment & Options (Session 2)

Phase 5: Recommendations & Implementation (Session 2)

Phase 1a: Hopes

- Rise above institutional rivalries and distrust – making it easier for students to succeed
- Develop plans that maintain and improved access for students in all areas of the state to health care programming to advance health care in the state
- Enable programs to be more accessible for students and enhance student success
- That we can collaborate together
- Not loose health programs offered in community campuses
- Efficiently and effectively streamline health programs we have
- Advance social justice within programs, across communities
- Consolidate without contention and maintain essential social justice, particularly outside hub campuses
- Come together for the success of the students
- Community college mission be fully addressed
- Move forward to enhance access and collaboration – to enhance students and research that will serve our communities
- Health education system that is more responsive to the needs of students from across the state

Phase 1b: Fears

- Spend a lot of time with all this work, but nothing will change
- Silos, territorialism, self-protectionism and special interests will limit collaboration on truly innovative programs and prevent consolidation of resources and prevent access to programs
- Rural programs might get lost in a larger consolidation process, particularly programs that are in community campuses
- Great to not want to be territorial, but this is a real issue for many from campuses that are not Fairbanks or Anchorage
- That we may lose programs in community campuses and service to communities and regions – including employers – will be undercut, weakening local economies
- These are uncertain times and worry that student needs will be lost in the process
- Worried that students will feel the uncertainty

- Educational relationships will be marginalized – the community campus vision will not be addressed
- Worried that will experience no cost savings and will lose leadership with local expertise
- Loss of innovative programs from smaller campuses

Phase 2a: Elements of a Future Success Vision – 2025

- Streamlined access to health education and viable research for all students
 - Students regardless of where they live can pursue health education programs in various modalities
- Recognition of institutional excellence – drawing students from Alaska as first choice and recognized nationally
- Respond quickly within our own communities to health issues from industry partners
 - Not burdened by bureaucracy with local community programming – example of community campus response in a matter of weeks
- UA health programs in the forefront of working with industry partners on leading practices
- Health care expanding across the state, with access to quality care thanks to the University of Alaska
- Thinking about how to deliver via e-Campus, distance learning, and how to work as faculty in making these decisions in ways that are responsive to local needs
- Stabilize existing institutional knowledge across respective fields
- Reduce expenses and have a sustainable financial model, while doing all of the above
- Increased responsiveness to students
- Professional training for faculty and staff – so they are current
- Significant growth in health research meeting the needs of people in the state
- More – goal of most -- health care providers actually trained in the state
- A fully function reinvigoration of alliances – health research, behavioral health, etc. – fully staffed and functioning
- A medical school in Alaska – at least plans in place by 2025
- Student support be increased and more consistent – applications, financial aid, more advising

Phase 2b: Relevant and Available Data

- Number of students currently enrolled in health programs across the system, including locations
- Any data on students who go to work in the Alaska workforce (may not be possible in the time frame)
- A list of all relevant courses in the university system, indicating modality for delivery – whatever is the way enrollment is recorded (averages, for example)
- A listing of what we mean by “industry” or “employers”
- Which programs are nationally accredited outside the institution
- Financial data – cost to students and fraction of the overall budget
- Graduation rates
- Pell grant availability
- FTE instructional cost data
- Tuition revenue for various programs, but administrative units

Phase 3: Stakeholders & Interests

| Stakeholders | Interests |
|--------------------|---|
| Community campuses | <ul style="list-style-type: none"> • Place-based student access to health education • Tuition and fees affordable |

| | |
|---|---|
| | <ul style="list-style-type: none"> • Mechanisms to allocate community fees to campuses • Responsiveness to industry • Limited administrative layers |
| Hub campuses (UAA, UAF, UAS) | <ul style="list-style-type: none"> • Streamlining administrative and academic student services processes |
| Students | <ul style="list-style-type: none"> • Ease of access • High quality education • Academic and financial support • Programming and support specific to community • Assistance in placement • Ease of serving community |
| Employers and health care institutions | <ul style="list-style-type: none"> • Successful clinical placements • A long-term commitment with programming • Local accessibility to cohorts • A role in shaping what is a local level • Graduates meet demand • Students are well qualified – can hit the ground running |
| Community advisory boards | <ul style="list-style-type: none"> • Know that there is awareness of diversity of need across all communities state wide |
| Research funding agencies | <ul style="list-style-type: none"> • Confidence will follow through on commitments when providing funding |
| Programmatic accreditation bodies | <ul style="list-style-type: none"> • Make sure can maintain compliance through transition |
| Health alliances (BHA, AHA) | <ul style="list-style-type: none"> • Looking at how behavior health and allied health can work together |
| State government | <ul style="list-style-type: none"> • Reducing expenses and maintaining quality – value for the dollar |
| Community members at large (health in Alaska) | <ul style="list-style-type: none"> • Can get the health care they need – locally if at all possible • Locally trained practitioners with local knowledge – historical trauma and remote needs |

Phase 4a: Alignment

Points of Alignment:

- Access
 - Students for training
 - Community for health care needs
- All have an interest in the graduates being prepared quickly to begin work – job ready

Points of Misalignment:

- Are we just looking to be a job training center or will we be addressing the bigger research issues?
- An issue around what we mean when we say “health programs” – a need to define what we mean
- There is the importance of the GER for students to be ready – including developmental

Second Session (Anchorage and on-line)

Welcome:

- Appreciation for participation in this second session
- There are pressures on the budget that we are facing – a \$25 million cut this year and \$75 million over three years
- There will also be a formal process of figuring out what a more unified approach to health will be moving forward, which is the focus of this session

Alignment Maps Discussion

- Note that there are strengths between some domains, with dotted as opportunities – examples are:
 - eLearning
 - Student services, Alumni relations
- Research Centers and Institutes are an opportunity that is not pursued statewide
- There are links with Engineering and this is something that we can continue to look at
- There are already MPH courses with Management and Business
- Most of the lines need to have more than one color – many strong and need to be stronger
- Circle missing for employers and workforce needs
- Don't lose sight of innovative delivery – eLearning and clinical at the site
- Looking at the four maps – all have eLearning lines (with at least one that is red)
- It is really important to keep in mind the workforce connections, which are local for internships, clinical arrangements, and are local collaborations
- Looking at the diagrams highlights the needs for data across locations

Phase 4b: Options

(Note: These are options (a product of brainstorming) meant to be thought starters, not formal recommendations. They can be built on, through consultation and planning, as inputs into ways forward that improve collaboration, efficiency, and effectiveness in a resource constrained historical moment, as well as a foundation for the future.)

- We need to increase the ability to collaborate across the state in all health areas, particularly links to rural areas
 - Goal to have most health care providers in the state training in the state
- Important to think about the range of health domains where there are degree and certificate programs
- One Health is an area where we can be a world leader
- Indigenous health is also an area where we can be a world leader
- Increased access to pre-nursing science course – particularly in rural areas
- The college of health will protect and enhance community campuses and campuses to offer the broadest array of health education, workforce development, and research to answer local and regional industry needs, and serve local community needs
 - Use the allied health and behavioral health alliances
 - Expand on successful programs, example
 - There is the AHEC scholars program to get students to clinical and this can be expanded

- As part of the Allied health alliance, there was a review of courses, programs, etc. with articulation agreements on transfer credits, etc.
 - A similar process would be beneficial here
 - Adding eLearning and the MAUs
 - There was funding to bring people together – with faculty and staff
- For eLearning, we agreed on the need for a common or stable delivery method, but there are limits in broadband access in rural areas
 - Hybrid programs won't work in some parts of the NW and SW regions, for example, where you need internet
 - We need to emphasize better connectivity across the state as a structural priority – infrastructure that is essential for state health objectives
- The very title of the college needs to expand to “health and social welfare” or other term to include behavioral health
- There are accreditation issues if it is just eLearning – there are hand-on dimensions that are essential
- Building on and combining programs already in place and successful
 - Don't need to be centralized into one place
- If we were one school we could reduce redundancy, such as:
 - Medical assisting, Health information management, Health science, and Paramedics – one of each
 - These have national accreditation and could be combined under the two accreditations – content could be integrated
 - It would take a lot of work – the current programs are very different in Health Sciences, but not MA, and MIM
 - Another option would be to combine Dental assisting
 - There are requirements under standards and guidelines to have a program director visit each program every 14 days – which is a limitation in Alaska
 - Cost savings? Is a key consideration
- There is a tension between close connections with students and centralization
 - An option would be the development of a board to make recommendations to leadership – to manage the tension
- There is the importance of explicitly supporting the community campus mission
 - Not a “one size fits all” model – addressing diverse needs for community campus students
- How to make all this happen with constrained resources?
- Importance of internal and external communications
- Double down on what we have – through AHEC and the Alliances
- Co-locate different disciplinary departments for cost savings and benefits
 - Example of justice center, school of social work, department of human services – new ways to come together (lower overhead and improved inter-professional education and research) – a recent innovation
- An opportunity to improve existing pathways and programs
 - A Medical assistant to become also a Paramedic
 - Paramedic to Nurse
- For the new College of Health and Social Services (new name being suggested), which could exist legislatively
 - Paramedics in an Emergency Department
 - Workforce development opportunity if the policy context changes
- There are recommendations coming from Science, Arts, Humanities, and Social Science that could work in a consortium model as well
 - It is important to disentangle the budget issues from the restructuring or consolidation issues

- Administrative comment:
 - There will not be a final decision on the structure, but a need for a process going forward
- One option would be to follow the model of Nursing – an All Health Program, including
 - Allied health
 - Social work
 - Justice
 - All part of a single statewide College of Health and Social Services
- It is important to keep research integrated with the academic units

Phase 5a: Consensus Recommendations

- **Consensus:** The integration of eLearning as a support system (not providers of content, particularly given accreditation) woven throughout health education, in addition to place-based learning
 - Not placed in an eCollege, but with eLearning support and integrated IT support advancing health education
 - Centralized entities as support, not control
- **Consensus:** An expanded partnership with state government and other relevant partners (tribal governments, GCI, etc.)
 - Broadband for health
 - Policy support for health professionals crossing policy boundaries in productive ways
 - Advancing tribal health with telemedicine linked to health education
 - Program evaluation with science for evidence-based policy decisions
 - Recognition of the current resource constrained environment with the state budget
- **Needs further discussion:** A need for a model that is both a single college, with additional lateral mechanisms for coordination and integration
 - Not a consensus yet – complex issues around what is in a health college and what is in a community campus (1 and 2 year programs) – an issue that needs to be more fully engaged in order to define the model going forward – there may be creative options
 - Bring this to the Alliances as a forum for dialogue on this
 - Nimble, with industry on the ground is important
 - Sensitivity to students out on the community campuses who can be intimidated by the main campuses – as non-traditional students – though there can be different issues where students are coming from the community campuses to the main campuses – so it is a mix that can respond to students where they are at

Phase 5b: Implementation Planning Template

- **What:**
 - (recommendation)
- **Who:**
 - (listing of stakeholders relevant to the recommendation)
- **When:**
 - (milestones with timing)
- **Where:**
 - (any specific locational considerations)
- **Why:**
 - (the crisp 1 sentence elevator speech on “why change”)
- **How:**
 - (tools, methods, and other mechanisms to be utilized)

Concluding Comments from the College:

- Encourage continued conversation on health, CTE, etc. – don't be constrained by what we have – consider what a clean slate design might look like
- In this ongoing conversation it all comes back to giving Alaska students successful health related careers – keep the focus

Concluding Administrative Comments:

- At the September Board meeting there will not be a specific structure recommended, but rather a process to get to a recommendation – perhaps looking to the November meeting of the Board
 - A need to engage students, advisory groups, faculty governance, and other key stakeholders
- The budget is part of the conversation
 - There are three administrative structures associated with the three universities and a statewide administration that do need to be taken into account
 - There are great opportunities and challenges associated with being in Alaska that need to be taken into account
 - There will have to be expedited program reviews in this process
 - There are small unique programs that are valuable, so this isn't just finding small programs to cut
- There has to be openness to alternative models that will help higher education best serve the state and beyond

Appendix:

Session Overview:

- ***Fairbanks (part I sessions)***
 - Monday, August 19th
 - Health ... Science/Arts/Humanities
 - Tuesday, August 20th
 - Management and Business ... Research ... Engineering
 - Wednesday, August 21st
 - Education ... eLearning ... CTE / Community Campuses
- ***Anchorage (part II sessions)***
 - Thursday, August 22nd
 - Health ... Management and Business ... Research ... Engineering
 - Friday, August 23rd
 - Education ... eLearning ... CTE / Community Campuses ...
Science/Arts/Humanities