

University of Alaska Health Review Committee

9/27/19 Meeting

Paraphrased/summarized conversation

Committee members in attendance:

In person: Jeff Jessee, Kathy Craft (replacement for Andre Rosay), Amy Samuel, Cheryl Stromme, Leslie Gordon, Greg Gallagher, John George, Stacey Cortez, Michelle Stalder, Maryann Kniffen, Max Kullberg

Via web conference: Jessica Aldabe

Committee members not present:

Evon Peter, Tanya Charoonsophonsak, Celeste Harrell, Erin Holmes, Roald Helgesen, Elizabeth Ripley

Non-committee members in attendance:

Lauren Stredny, LeeAnne Carrothers, Henry Randolph

Jeff Jessee: Welcome. We will extend the meeting to 4:00 today to maximize our time today.

People's university affiliations were left off nametags—this was intentional. We're hoping people will step away from campus affiliation and work together to figure out how to make health programs work across lines. We'd like to find win-wins so that everyone can advance individual interests.

Please let us know if there are errors or if there's anything missing from the materials—we will make sure to address. This also goes for the agenda.

We'll start with introductions.

Jessica Aldabe: I'm from the interior, and I'm a nontraditional student. I'm a CNA. I want to make sure education is prioritized.

Max Kullberg: I'm a faculty member in the WWAMI program. I want to be a voice for students—not dropping enrollment numbers just to save money; also local governance is important. I want to hear what UAF and UAS need for their students. Also want to get realistic numbers in: what are the losses in this process? Tuition dollars, research?

Maryann Kniffen: I also work in the WWAMI office. I started here a long time ago. I bring to the committee general information from administration point of view. How do we benefit both students and the community?

Lauren Stredny: I'm not on the committee but I'm one of the main data people for COH. Hoping we can work out the kinks in the different systems, so that we can have a more cohesive data system and work off of real numbers.

Michelle Stalder: I love everything we do that supports education. I'm concerned about unintended consequences when we think we're doing the right thing. The outcome is students first. The review

teams are just looking at speculative ideas given our restrictions right now. The timeline feels pre-determined and I think that's a concern.

Stacey Cortez: I'm the administrative assistant at Allied Health at UAF's CTC. I'm here to share my knowledge of programs. I work one-on-one with students, and I support our faculty in the nursing program. I'm also a nontraditional student.

John George: I'm faculty. I'm here for all of our students. My concern is that it feels like the reason we're here is because of fiscal constraints. In six hours, how are we going to make a change that's unprecedented, with such big consequences for our students, staff and faculty? There are a lot of programs not housed in the same places at the different MAUs. Also, these review committees aren't able to communicate with each other—how to make sure people are represented?

Greg Gallagher: I'm here to lend a voice to employer stakeholders. We want to keep our promising students in the state rather than them leaving, and the same goes for once they graduate from their programs and enter the workforce.

Leslie Gordon: I'm the campus director in Sitka. Before that I was the Health Information Management program director. Also a member of the Allied Health Alliance. We need to keep people here in Alaska rather than sending them away for education—also for jobs.

Cheryl Stromme: I'm also at Sitka and I'm a student advisor. I'm also concerned: how do we restructure in six hours? I have worked with students since I started at UAS 14 years ago. I hope we can keep education prioritized.

Amy Samuel: I teach in the Health Sciences Department at UAS and am faculty in the medical assisting program. I'm here as an advocate for the health sciences and for allied health in particular. I bring innovative ideas to the table to reach students where they're at.

Kathy Craft: I've worked for the Department of Health and Social Services and for the university for 15 years each. I'd like to see us grow our networking and relationships and strengths among ourselves—that extends to the rest of the work that we do.

LeeAnne Carrothers: I'm the UAA director for the School of Allied Health. I'm here to help answer questions about the programs there.

Jeff Jesse: I was at the Mental Health Trust for 23 years. What attracted me to this job is that the mission is to try to help meet the regents' goal of doubling the number of health graduates statewide by 2025—and that would require working across university lines and to see if we could get everyone working in a common direction. I share your feelings about the timing of this—I don't see how you develop a complete vision for restructuring any of these 13 groups. I'm also worried that there's no process for cross-committee conversation, as several of you have mentioned.

My goal is to maximize the university's ability to make our health programs accessible to as many different students across the state, as close to where they live. And to prevent students from having to move far away from where they live. That's particularly true in rural Alaska—if a student leaves their community to get an education, they're less likely to return to that community. That's very important to me, rather than us getting caught up in our issues about organizational structure. That doesn't matter to our students—they have a career goal, and they want to get there as quickly as possible. How do we

help students progress through their education in a way that ultimately fulfills their dreams and interests and career goals?

I'm glad that the regents added the last question [Question #6 in the report template] about other models. I think there are other models we can consider. What we're looking for is the development of a seamless, student-centered organizational structure. I hope we get to consider what those options might look like as we do this. I also want to make sure we look at how to make every campus sustainable—it goes back to the idea that we need to educate Alaskan students as close to their homes as we can. That means we need to invest in our community campuses. We can't consolidate programs at the expense of students having access to those programs. Which programs make sense for us to build up and teach statewide? I know that's different from the centralization move, but if we stay true to our principles—maximize student access, individualize programs, etc.—I think we can justify the legitimacy of having health programs spread across the university system.

I think we can present a report with some options and some different perspectives that will hopefully help the regents chart a path forward.

Max Kullberg: The expedited review is a necessary step for President Johnson to eliminate programs. We need to write a report that is a very clear and strong vision. We need to be clear about what we're talking about so that our vision is unambiguous.

Jessee: In the health arena, I think we can do everything we need to do for our students in either structure, as long as we stay true to our principles. I'd like for us to have something that works for our students. We can adapt to the big picture.

Gallagher: Do you have a prioritization for these six questions, given that they're all big tasks? What's the order in which we need to tackle them?

Jessee: We have to first figure out what's going to be in the college. I think that all of a certain type of program needs to be either in or out of the college. I don't think a bifurcated system will work—where you've got similar programs in different units. For the students, I think that's difficult. It needs to be all in COH or all in CTC. I want to separate the program from the location.

Stalder: What I think can help the university as a whole: it's critical that the university support the community college mission. Some students enter the university through community college. We're not serving CC students if they're in a traditional four-year college structure, in terms of price, etc. Right now we have community college students paying fees for which they get nothing. I think students look for a CC entry because they were told they weren't "college material"—we need to make the CC doorway clear to them. If CC students are all in one organizational structure, we can make more resources available to them. We need to make articulation pathways clear for CC students—so that they can start in CC and go on to a COH degree.

Jessee: Right now some colleges charge more tuition. Why can't a college also charge less? Especially if we're trying to individualize programs, and if we have a different type of student that's more interested in occupational endorsement.

George: Local governance is important because you know your industry partners—you know what works and doesn't work.

Jessee: Let's go through the packet we have. It includes the charge letter, with the questions we need to answer, our timeline, and our town hall [scheduled for October 16, 2019 at 9 am]. Next is the expedited program review report template, with the six questions we need to answer.

The priorities for me are a system for health programs that works whether we're in a three-accredited system or a single-accredited system. I also want us to think outside the box. Questions two and three are a lower priority for me. We're obviously cost-conscious, but because we're not merging colleges, I'm not in favor of trying to centralize programs at a campus. So I'm not expecting us to show lots of savings. What I want us to show is that we can deliver high-quality health programs to students all across the state, using the campuses we have. As for the question about the faculty-student ratio: in health programs, there are a lot of complications to this: clinical and accreditation requirements, etc.

Again, this goes back to the BOR mandate to double the number of health graduates. Reducing programs and campuses doesn't help us do that, necessarily.

Gallagher: We also need to make sure that we're answering the questions that the board has asked—to find a way to make it work, even if we don't have all the resources and data that we'd like to have. We do need to make sure that we're demonstrating our ability to self-govern.

Jessee: In your packets, the preamble document gives you our framing of the issues before us. Next is the BOR motion in 2011 that created the College of Health. The memo attached to the motion talks about principle goals, student success as a strategic priority, and research. I thought this was a good framework and rationale for how the college got to where it is.

The last set of documents are data about our programs. I want to make sure we have all programs included.

Stalder: Before 2018, anything CTC did was under CRCD. As of 2018, all health programs are under UAF CTC. So, for example, the medical and dental assisting are under CTC.

Stredny: This is an issue with IR data, which is pulled from Banner. This can be updated in the system.

Stalder: I want to make sure that we can accurately pull the costs, because CTC pays all our own bills. So this data can skew the numbers in terms of cost comparisons.

Jessee: This group is not going to be developing a report that will actually be used to determine which programs remain and which are cut. Let's identify which programs should be in the college, and figure out how we can be more efficient at delivering them. We need all of these programs—we're not meeting the workforce need in any of these. We need to get them to be more efficient and sustainable, then to justify them as being required in order to meet the regents' needs.

Stromme: We have a medical assisting program at UAS, but it's grouped under health science.

Kniffen: WWAMI numbers are off in terms of tuition versus faculty pay.

George: CTC at UAF is structured very differently than CTC at UAA. We've found a national structure for career structures, and the university has adopted it. So it's worth looking at these in terms of figuring out how our arrangement aligns with this.

Kullberg: If we're talking about taking a program out of CTC and putting it into COH, doesn't that change the governance structure?

Jessee: That's where we start looking at alternative options—these may not be binary choices.

Samuel: I asked program directors for input. Our paramedic program director felt that program shouldn't be in COH. It should be in public safety.

Stromme: As an advisor, I work across all three MAUs, and our students are from all three MAUs. There are a lot of roadblocks that I run into problems with, with students. How do we reduce those roadblocks? This is how we lose students—we can't get them to the college-level work that will keep them here. It would be easier if there was a more seamless way to do that.

Jessee: What college a program is in, and who is delivering that program—these don't have to be the same thing. An example is the occupational therapy program—the College of Health hosts the program, but another university awards the degree. Just because you're in the college doesn't mean the college needs to run the program.

Gallagher: There are many examples of consortium models that work smoothly despite decentralized management, because they have a common understanding of things. There are a lot of structural rules that need to be cleaned up—that's something we probably all agree on.

Kullberg: Taking away local governance means removing leadership that is already making things work on a local level. We should ask UAF and UAS programs whether or not they want to be in the COH.

Jessee: If "x" program was in the College of Health, what would we have to do to make that work? And if that same program was in CTC, what would we have to do to make *that* work? And then we need to figure out what the best path is.

Stalder: We need a structure where processes are specific and responsive to students who want to come into an occupational endorsement, a one-year, a two-year program. The structure and process need to be different from what we have for four-year programs. Because the processes are the biggest barrier for these students. How can we make sure we can offer courses when those students can actually take them? That's the responsiveness of community colleges.

George: The community college mission works for my students. Our students are different. I'm not sure that if it were to change, it would be as successful. My local industry partners let us use equipment—our industry partnership and community college means our students feel welcome and well-served. They tell me that when they go to the UAF campus, they feel treated differently—it's less responsive. So what is in the CTC model right now, it's working. And the students that go to UAF are different than the students that come to UAA, which are different from the students on the Kenai.

Jessee: So if a program like that were to move into COH, one of the issues to be resolved would be to figure out how to continue to be responsive to the needs of those students. A college really needs to be responsive to students that are not in four-year degrees. Fee structures need to be different for someone in an occupational endorsement and someone in an MD program.

Kullberg: One of the risks is if there is a leadership change, that may depart from this vision. If we maintain local governance and let things develop organically, then we avoid this. They are able to make

things work. So we shouldn't change what's already working. We let the programs decide whether they want to be part of COH and receive the college's support.

Gallagher: The board won't accept the answer, "It's complicated." Then they will just tell us what to do. We need to acknowledge that there will be a state unit for health education. But it shouldn't be a binary. We should also acknowledge that other programs won't be in the college, but they need to have agency, so that there is an opportunity and a timeline for these programs to decide their future. So we make a proposal, but we also build in the flexibility for programs.

Jessee: We may need to develop a structure for shared governance—these are some other options. I don't think it's going to work to keep similar programs in separate colleges. It isn't working very well. If we can't figure out a way for these programs to work in COH, we need to figure out a way to make them work elsewhere, like in CTC.

Stalder: I would like for Alaska to recognize the community college mission again: it's a support system, a non-threatening pathway. I think this will open the door to other funding. UAF's CTC recently received a million-dollar legacy gift to support students in workforce development programs. There's opportunity when you pull those kinds of programs together. The key would be working with whatever relevant program it is in the four-year and graduate colleges.

Stromme: We're already doing that at UAS. We are all three community colleges, and we're already tied to the university. We should make that an important piece of UA.

Gordon: It's important to distinguish between community campuses and community colleges. We're not community colleges any more. Community campuses are a lot more than just the technical, welding, construction programs. There are a lot of undergrad GERs that allow the community campuses to exist, like for the mining technologies programs. It's important to keep in mind that community campuses are not the same thing as community colleges (CTC), and they're also not the same thing as career and technical education (CTE).

Jessee: Is there anything that would prevent the COH from providing career and technical education programming?

Stalder: The short answer is no. Students might not want to run around to very different colleges.

Jessee: We'd need to address cultural, financial and governance issues.

Samuel: We also have programmatic accreditation issues—depending on what your model is, there is one program in which the accreditation exists. The accreditation lives with its campus.

Jessee: That would also have to be reconciled. If it did get reconciled, it would make it more seamless for students.

Kullberg: You're taking away local governance. I'd answer question number 1 like this: "Programs not in the college would have the choice about whether to join COH."

Jessee: I think that will lead to more bifurcation of programs. There's not just one CTC—if everyone gets to choose, then it just becomes random. How does that help the students?

Kullberg: Those programs are working as they are now. Why change them?

Jessee: The problem is that a lot of these programs are not necessarily working as they are now.

Gordon: Another problem is that there are multiple programs that are represented in multiple areas.

George: The issue is how you decide. People are going to be passionate and entrenched. At UAF, Justice will argue that they're in CLA.

Jessee: What Leslie brought up is that CTC is not the same thing as community campuses, and CTC is not the same thing as career and technical education (CTE). The CTC is one way to provide career and technical education. Our community campuses are not just CTE. This is critical for the College of Health, because those prerequisites drive other health programs.

Gordon: Well over 50% of GERs for Juneau are provided online by Sitka.

Stalder: My perception of community campuses is that they're there serving their communities at the point of need—whatever they need.

Aldabe: I don't know all the politics, but I can speak for my community. We need to be able to cater to people like the military—we're going to have lots of new people coming into the community. They can't get into the nursing program because it's so competitive. I'd like to speak for them as well, just to make sure that things are available for people coming out of state. Fairbanks is different from Anchorage. I've heard from my peers here that they want to be able to respond to industry needs. I would like to see CTC stay strong. I also know that a lot of students do better in person rather than in online programs.

Stalder: Is it possible to consider two options: to do a draft of the community college option, to do the framework on this and articulate what the community college mission would look like for these programs? I think there are unintended consequences of not having someone on hand who understands the subject area, to help faculty move education forward. If it's not broken, why are we trying to fix it? What options can we give to recognize the strengths we have?

George: I think local governance is important. But we also have to be careful about saying that everything should stay the same—there are things we need to deal with. A lot of the people who come into our programs are not traditional. Maybe they'll go on to a bachelor's degree, but they need to get their foot in the door. For example, we have a specific scholarship, we have a campus fire department.

Jessee: Those things would not necessarily have to change. But if every program gets to decide, how can that work for the students? If a new program director comes in, maybe they would choose something different. If we put all the career and technical education under a CTC, that would build more consistency. That makes more sense to me than everybody deciding whenever they want to. But that structure doesn't exist yet.

Stalder: I think we need one of the two.

Jessee: Maybe we should develop two visions: Here's what a model would look like with career and technical education in the CTC, to maintain values and consistency. Then we come up with what that would look like with career and technical education under a College of Health. If there are more transitions under one of those models, how are we going to make that work? Especially considering articulation between programs.

Carrothers: There are many things that are not working as they are now. We have duplicative programs that are not full—there are opportunities for us to join the programs that we've got, and continue to provide the services to students, and use the money we're saving for growth. We have had conversations about condensing our medical assisting programs already. This would allow us to make sure that students get the clinical experiences they need. Didactic courses can be done by distance, and clinicals take place where students are.

Cortez: Not all students do well in online courses.

Carrothers: Logistically it makes sense to combine some programs, even if that means closing our program, combining with the UAS program, and continuing to offer the program in two different locations under one accreditation.

Stromme: My fear is that the BOR is going to just cut duplicative programs unilaterally, if we do not figure out how to combine them first.

Jessee: I agree. We can't sustain programs the way we've been doing it. If we let people vote individually, they'll vote themselves into annihilation. If we can construct a CTC model that pulls things into CTC, we should do that. We can't keep thinking about programs as falling within a specific university.

Stromme/Gordon: If we don't, the president and the regents are going to do it for us.

Stalder: Part of the consortium model is developing a way for the programs to communicate statewide and work together to save money. The best thing we can do is provide information. I think the best suggestion is to let each MAU cut what they want this year.

George: If we could have more time and money, people could find ways to reduce costs that impact our students. This is what we need to do in order to be successful—to identify what to share and collaborate on, and what not to.

Jessee: Let's figure out what we're going to do next. For the meeting schedule, can we stick with what we have? I think what we're coming to is that there are at least two or three ways of looking at this. Either putting things under the CTC model, or doing things under the College of Health model, or individual voting—maybe we can get back together and discuss. We either give the BOR options, or we let them decide.

Kullberg: We should vote on the vision we agree on and go with that one, because if we don't the BOR will just pick the option that the president supports. Or we make it clear what the respective votes are.

Jessee: We will come up with multiple visions. But we also need to identify what about our respective visions or plans won't work if they're not done right.

Cortez: I think we still need to have two more meetings, so that we can think about what we come up with and then finalize.

Gordon: This is so important that we just need to commit to more time.

Gallagher: John George mentioned something important. I want to get an idea of what programs we're talking about. My feeling is that we're *not* talking about programs that nobody will doubt should be part

of the College of Health, or shouldn't. Are we specifically talking about programs that constitute the same course of study, but that are on different campuses or within different colleges? Is that the one big question, or are there other things we need to resolve? If that's the one thing, in resolving it, maybe our end product is a "health" list, a "not health" list, and then there's the list of programs that you need to give a chance to figure it out themselves. If they're given the chance, the deadline and the ultimatum, that might be a process that would work.

[Meeting end]

Upcoming committee meetings: Friday, October 4, (10:00 am to 3:30 pm) and Tuesday, October 8 (10:30 am to 12:30 pm)