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Diverse Pathways? The Impact of a Federal Investment in Health Professions Programs on Enrollment of Underserved Students

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Abstract

Purpose: This study examined one case of a federal human capital investment in health professions education by comparing enrollment patterns of underserved students in health professions programs of study in a consortium of community colleges before and after they received a \$19.6 million U.S. Department of Labor grant.

Method: Pearson's chi-square tests of independence were used to analyze in the proportion of underserved students across the consortium who enrolled in health professions programs of study prior to and after receiving funding and to examine students' enrollments by program of study length.

Results: The changes made by the consortium after receiving the grant funding supported more students from underserved subgroups engaged in health professions programs. Despite the gains seen, Latino and Black students were still significantly underrepresented in associate degree programs, and a significant proportion of Latino students were either delayed or diverted from enrolling in any program of study.

Discussion: While there were significant gains for most of the underserved subgroups of students in the study, the variation in enrollment patterns of subgroups of students in programs of study of different lengths provides evidence of persistent systemic educational inequities.

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Keywords: Diversity; Health professions education; Stackable credentials; Federal grants; Human capital

1. Introduction

Disparities in the representation of minoritized populations in health professions is a rising concern for educators, scholars, and policymakers.^{1,2} This reflects growing evidence of the relationships among the utilization of healthcare, patient outcomes, and the diversity of health professionals at healthcare institutions.^{3–5} Additionally, health professionals from under-

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served populations are more likely to provide care for medically underserved populations, who in turn are more likely to seek care from providers who have the same racial and ethnic background as themselves^{1,6}.

In the United States, courts, researchers, and policy makers at the federal level have advocated for strategic action to improve representations and diversity in health professions.^{1,6–8} Most of the effort to improve equity in health professions has focused on expanding representation of underserved subgroups in health professions education.⁸ At the same time, health professions educators are being called on to meet a rapidly growing demand for more graduates across most health occupations.⁹ As a result, health professions educators are charged with both increasing the supply and diversity of health professionals by engaging underserved populations in health professions education.^{1,8} While efforts to increase the supply and diversity of health professionals through health professions education has had limited success, the question remains, do significant federal human capital investments in health professions education contribute to diversity among health professionals?

Human capital theory posits that investments in human capital, including those that support education, result in positive returns for both individuals and society.¹⁰ Human capital investments in underserved populations are argued to provide the means for socioeconomic mobility for those directly and indirectly impacted by the investment, including their children and future generations.^{12,13} Moreover, it is argued that when human capital investments are made in underserved populations they have the highest potential for economic and social returns and that the federal government has a strong interest in promoting both the economic benefits and diverse society that are associated with human capital investments.^{11,12} Towards this end, the federal government invests in human capital investments in the form of federal grants that are intended to build a more diverse workforce and improve economic mobility¹².

The Trade Adjustment Assistance Community College and Career Training (TAACCCT) grant program provided an excellent opportunity to examine the impact of a federal investment in human capital on educational equity in a consortium of colleges focused on innovating their health professions programs of study. As part of the Health Care and Education Reconciliation Act of 2010, nearly \$2 billion was allocated for the TAACCCT grant program in a nationwide effort to build human capital (Reconciliation Act, Public Law No. 111–152, 19 USC 2372–2372a). TAACCCT funding was distributed in four annual rounds

(2010–2014) to individual community colleges and consortia of community colleges to support the development and enhancement of vocational education and career training programs of study at community colleges that are two-years or less and that result in high-wage, high-skilled jobs in advanced manufacturing, transportation, healthcare, and STEM occupations.¹⁴ The U. S. Department of Labor priorities for TAACCCT funding included a) accelerating progress for low-skilled and other workers; b) improving retention and achievement rates to reduce time to completion; c) building programs that meet industry needs, including developing career pathways; and d) strengthening online- and technology-enabled learning.¹⁵ The U. S. Department of Labor awarded a total of 256 TAACCCT grant awards ranging from \$2.5 million to \$25 million involving over 800 educational institutions across all 50 states.¹⁴ In total, 90 grants were awarded to consortia and individual colleges whose funded projects focused on health professions education¹⁴.

Health Professions Pathways (H2P) a national consortium of nine colleges, across seven states, was awarded a \$19.6 million TAACCCT grant that was initiated on October 1, 2011, and ended on September 30, 2015. The nine colleges that made up H2P were selected to represent a spectrum of campus sizes, and all had a shared commitment “to galvanize a national movement to dramatically redesign and enhance health professions 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”.¹⁶ H2P used TAACCCT funding in an effort to effect transformative change in health professions education through the development and enhancement of health professions programs of study and through a set of eight strategies intended to improve student educational and employment outcomes.

One key strategy implemented by H2P was to implement stackable credentials. Stackable credentials are a part of sequence of credentials that can be accumulated over time to build up an individual's qualifications and help them to move along a career pathway or up a career ladder to different and potentially higher-paying jobs. H2P colleges implemented a total of 13 new programs. These 13 programs were part of 11 sets of stackable credentials, 8 that included a combination of certificate programs and associate degree programs and 3 that include multiple levels of certificate programs of study.

This study compared the enrollment of underserved subgroups of students prior to and after the H2P consortium received federal funding. This study

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