Imagining a Population Health Model for Student Success
Feels Like the Stakes Have Never Been Higher

Intense Pressure to Improve Coming From All Sides

**External Pressures**
- Public Scrutiny Over Rising Student Debt
- Increased Oversight from Governments
- Pushback from Parents on Value

**Internal Pressures**
- Concern for the Achievement Gap
- National Rankings and Reputation
- Moral Imperative to Fulfill Our Promise

A Public Crisis of Confidence

- **$1 trillion**
  Total amount of student loan debt across the nation
- **44%**
  Underemployment rate for recent college graduates
- **32%**
  Americans who say that college is worth the investment
A Historic Demographic Shift

Students Coming From Less Affluent and Less Well-Prepared Backgrounds

Growth in Lower Income Families Outpacing Rest of Nation
Percent Growth, 2000-2013

- 30% growth in families with income 0-30
- 17% growth in families with income 30-60
- 9% growth in families with income 60-90
- 5% growth in families with income 90-120
- 6% growth in families with income 120+

Source: US Census Bureau;
Big Changes Already Being Felt
“Rank-And-File” Universities Disproportionately Affected

Change in SAT 75th Percentile by Sector and Grad Rate

Are We Prepared to Support Tomorrow’s Students?

- **Advising Staff**
  Already at max capacity, will our advisors be able to take on additional burden?

- **Academic Support**
  How will we serve a large influx of underprepared and developmental students?

- **Student Services**
  What new financial, career, and mental health needs might we anticipate?

Source: EAB analysis of IPEDS data.
What Might Health Care Teach Us About Student Success?
Not Exactly a Model Industry...
Straining an Inefficient Health Care Model

Demands of an Aging Population Will Outpace the Supply of MDs

Shortfall of Physician Supply v. Demand
Projected 2006-2025

Factors Driving Demand
- Population growth
- Disease trends and outbreaks
- Patient behaviors and choices
- Aging demographics

## Why PHM Might Also Work for Higher Education

Care Delivery Follows Very Similar Model... And Shares Similar Problems

<table>
<thead>
<tr>
<th>Traditional Health Care</th>
<th>The Almost Eerie Similarities in the Way Care Gets Delivered</th>
<th>Higher Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Providers optimized for throughput not outcomes</td>
<td>- PROVIDERS OPTIMIZED FOR THROUGHPUT NOT OUTCOMES</td>
<td>✓</td>
</tr>
<tr>
<td>- Care depends on periodic in-person contact</td>
<td>- CARE DEPENDS ON PERIODIC IN-PERSON CONTACT</td>
<td>✓</td>
</tr>
<tr>
<td>- Recipient often not trusted to care for self</td>
<td>- RECIPIENT OFTEN NOT TRUSTED TO CARE FOR SELF</td>
<td>✓</td>
</tr>
<tr>
<td>- Problems addressed reactively, not proactively</td>
<td>- PROBLEMS ADDRESSED REACTIVELY, NOT PROACTIVELY</td>
<td>✓</td>
</tr>
<tr>
<td>- Interactions often transactional in nature</td>
<td>- INTERACTIONS OFTEN TRANSACTIONAL IN NATURE</td>
<td>✓</td>
</tr>
<tr>
<td>- Records kept in silos, rarely shared or longitudinal</td>
<td>- RECORDS KEPT IN SILOS, RARELY SHARED OR LONGITUDINAL</td>
<td>✓</td>
</tr>
<tr>
<td>- Recipient must initiate follow-up as needed</td>
<td>- RECIPIENT MUST INITIATE FOLLOW-UP AS NEEDED</td>
<td>✓</td>
</tr>
<tr>
<td>- Capacity reaching the breaking point</td>
<td>- CAPACITY REACHING THE BREAKING POINT</td>
<td>✓</td>
</tr>
<tr>
<td>- Disruption forced from outside</td>
<td>- DISRUPTION FORCED FROM OUTSIDE</td>
<td>?</td>
</tr>
</tbody>
</table>

©2015 The Advisory Board Company • eab.com
How Is Healthcare Dealing With Its Own Demographic Crisis?

Faced with an Aging Population, Hospitals Using Risk Segmentation to Deliver Care More Efficiently

Risk Segmentation Enables Scalable Care

- **High-Risk Patients**: Minimize hospital readmissions by surrounding the patient with an in-home “care team”
- **Rising-Risk Patients**: Prevent costly escalations by using analytics to monitor risk factors and intervene quickly
- **Low-Risk Patients**: Reduce demand on the system by shifting patients to e-medicine and promoting healthy lifestyles

**Reported Results**

- Fewer avoidable hospital visits
- Fewer patient re-admissions
- Reduced traffic through the ED
- Lower cost of care per patient

**Four Pillars of Population Health Management**

- World Class Risk Analytics
- Coordinated Care Network
- Differentiated Care Strategy
- Ownership and Accountability
Defining Our Differentiated Care Strategy
Data Analytics to Assess Student Risk Level

Graduation Rate in Biology Major by Course Grade

**Precalculus**
- A: 64%
- B: 52%
- C: 28%
- D/F: 21%

**Calculus**
- A: 83%
- B: 78%
- C: 67%
- D/F: 25%

**Introduction to Biology**
- A: 63%
- B: 40%
- C: 23%
- D/F: 22%

**FIRST YEAR GPA 2.0**
- **High Risk**: Most do not return for a second year
- **Moderate Risk**: Outcome difficult to predict without advanced data
- **Low Risk**: Vast majority will ultimately graduate

(SSI national data)
Defining a Differential Care Strategy

What Would Population Health Management Look Like in Higher Education?

- **Low Risk**: Moderate Risk
- **High Risk**

### Differentiated Care Strategies

- **High-Touch Care**
  - Work closely with students and manage their interactions with support offices

- **Proactively Monitor and Intervene**
  - Create an analytics “safety net” to catch common problems before they escalate

- **Enable Effective Self-Direction**
  - Provide easy access to information to leverage students themselves

**Time and Cost Savings**

- **Preventative Measures**
  - Preventative Measures
  - Preventative Measures

Source: EAB Interviews and Analysis
Behavioral Nudges

Proactive Prompts and Nudge Policies Prevent Problems Before They Occur

University of Hawai‘i “15 to Finish” Campaign

- Multi-media PR blitz promotes benefits of taking full 15 credits
- Multi-medium PR blitz
- YouTube, Radio, Newspaper
- +16% Students taking full 15 credits in first year of program

Cleveland State University Multi-Term Registration

- Custom portal prompts registration for full year of courses all at once
- Fall Term + Spring Term
- +3% Fall-to-spring retention in first year of use

James Madison University Co-Location of Services

- Services relocated near the things that students use every day
- Student Services, Desirable Dining, Social / Study Space
- +20% Increase in foot traffic to the counseling center
The Celebrity Risk Population of 2015

Large Numbers of “Murky Middle” Students Leaving Later in College

Histogram of All Students by First-Year GPA
SSC National Data Set

- Graduates within 6 Years (357,405 students)
- Continued Enrollees Past 6 Years (29,826 students)
- 2nd to 6th Year Departures (183,827 students)
- 1st Year Departures (167,697 students)

The Murky Middle

- 84% return for a second year
- 48% graduate within six years

Source: EAB research and data analysis.
RISING RISK

Is This What Rising Risk Looks Like?

Murky Middle GPA Trends Foreshadow Departure Several Terms in Advance

Murky Middle Term GPA Trends Over Time
Students With First-Year GPA 2.0 to 3.0

1. Problems appear well in advance of attrition
2. Trends cut across demographics and programs
3. What other key indicators should we monitor?

Source: EAB research and data analysis.
**RISING RISK**

Big Incentive to Catch Rising Risk Early

Delayed Corrective Action Often Requires Much Higher Levels of Support

"Rising Risk" is More Like a Slippery Slope

- **Starts Okay**
  - Finishes first year with 2.5 GPA

- **Small Mistake**
  - Forgets to resubmit FAFSA, misses out on financial aid

- **Poor Decision**
  - Picks up more hours at work, creates conflict with coursework

- **Trending Downward**
  - Missing classes, does poorly on midterms

- **Academic and Emotional Distress**
  - Fails two courses and placed on probation

**Cost to Course Correct**

- **Low-Effort Early Intervention**
  - Nudge reminder and FAFSA process support

- **High-Effort Late Intervention**
  - Intensive tutoring to quickly improve GPA
  - Emergency assistance to avoid bursar hold
  - Counseling support to remediate confidence
The SSC Risk Factor Safety Net

Schools Should Monitor a Multitude of Indicators to Spot Rising Risk

Creating a Comprehensive Risk Indicator Safety Net

- Late-Stage Undeclared
- Missed Success Marker
- Earned 120+ Credits
- Change in Risk Score*
- Success Marker Grade
- Midterm Grade
- Faculty Early Alerts
- Unregistered for Next Term
- Registration Hold*
- Incomplete FAFSA*

* 2016 under development

Phone Calls Are the Rate-Limiting Step to Implementing Escalating Interventions

Nudge emails → Phone calls → Meetings

Break in the pipeline

Where do we find the capacity?

Central Michigan University

Student Call Center

6+ Student workers

$8.15 Hourly pay rate

Nudge: students to do required tasks
Resolve: simple student issues
Escalate: complex cases to professionals
High-Risk Coaching

How Do We Scale Proven High-Risk Strategies Via Coordinated Care?

Northeastern University
Academic Persistence Specialist

**Identifying the cohort**

<table>
<thead>
<tr>
<th>Automatic</th>
<th>By Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provisional admits</td>
<td>Students with 2+ early alerts</td>
</tr>
<tr>
<td>Probationary students</td>
<td>Referred by other advisors</td>
</tr>
</tbody>
</table>

150:1 case load

**Frequent Interactions**
Often weekly or bi-weekly meetings

**Pivot Point to Other Services**
Improves student access to support

**Next Challenge:**
Scaling to cover more students

---

Could Coordinated Case Management Extend Capacity of High-Risk Coaches?

- Academic Support
- Career Center
- Advising
- Financial Aid
- Social Services

Source: EAB research and analysis.
Student Success Ownership and Accountability
Suddenly, “Owned by Everyone, Owned By No One” No Longer Applies

Who Owns Student Success?

Provost

Who oversees key services and can manage numbers?
Who has academic credibility and runs the first year?
Who owns the curriculum and the purse strings?
Student success just needs to be someone’s job
Who understands the non-academic roots of attrition?

Enrollment Manager

VP of Undergrad Studies

Academic Deans

VP of Student Success (new)

VP of Student Affairs

Admissions

The First Year Experience

Departmental Programming

Success data and dashboards

Orientation

Scholarships and Aid

Honors Programs

Curricular Design

Overseeing initiatives

Student Involvement

Stop-Out Recruitment

Undeclared Advising

Academic Advising

Advising policies and practices

Counseling Interventions

The Hypothetical Student Success Office

Source: EAB interviews and analysis.
The Evolving Role of the Advisor

Moving Beyond Registration to Put Student Success at the Core

How Many Advisors View Their Role...
Student success often seen by advisors as an add-on responsibility to registration

Student Success
- Early alert response
- Case management

Registration
- Course planning
- Major guidance

Specializations
- First-year seminars
- Personal counseling
- Financial advising
- Career advising

...And How that Role is Evolving
Advisors increasingly asked to play many roles, with student success at the center

Student Success
Financial Well-Being
Registration
Engagement
Academic Performance
Building Ownership for Student Success

Even the Best Technologies Will Fail Without Proper Institutional Alignment

Six Common Pathologies Hindering Student Success Efforts

- **Senior Leaders**
  - Lack of clear ownership by a single senior leader

- **Faculty**
  - Unclear role of the faculty and departments

- **Metrics**
  - Lack of KPI metrics and oversight

- **Advising**
  - Balkanized institution-wide advising organization

- **Ownership**
  - No assigned responsibility for cohort success

- **Incentives**
  - Lack of incentives to reward performance

EAB Assets Help You Address Your Toughest Change Management Challenges

- **EAB Research Experts**
  - Work across the Collaborative to identify best practices and provide expert guidance that fits your needs

- **Your Dedicated Consultant**
  - Serves as your single point of contact for the project, from implementation to training, and on an ongoing basis

- **Network of Peers**
  - Facilitated calls, webconferences, and summits foster idea exchange and collaboration among cohort institutions
The New Blueprint for Student Success

Managing Student Populations

- High Risk
  - High-touch advising
  - Coordinated care

- Rising Risk
  - Continuous monitoring
  - Scaled intervention

- Low Risk
  - Migrate to self-service
  - Nudge healthy behavior

Senior Leadership

Faculty Specialists
- Budgetary Incentives
  - Faculty Lines

Retention Advisors
- Data-Driven Evaluations
  - Promotion

Population Managers
- Data-Driven Evaluations
  - Promotion

Strategy Setting

Public Goal Tracking

Proactive Tracking