



Early College High School: Health Sciences Program Blueprint Narrative

M.S. Hall + Associates has been contracted with Home Care Association of New York State to produce a blueprint of one of their collaborative projects funded by the Mother Cabrini Foundation. The project chosen was a collaborative effort between Fulton School District, Cayuga Community College, and Oswego Health. M.S. Hall's method has used the business model canvas as a template to act as the aforementioned blueprint. Definitions of each element, key questions asked, and explanation of the connections between the nine elements comprise the following narrative which supports and enhances the visual representation of the business model canvas. This blueprint acts as a foundational, high-level starting point for imitation by other organizations in other contexts. Innovation based on this model is expected. It is not a detailed, step-by-step set of directions to be followed bereft of organizational nuance and context.

Beneficiaries

Beneficiaries are the different groups of people or institutions an organization specifically and intentionally aims to reach and serve. Within this model, the beneficiaries were 9th-12th grade public school students and their families. Within the long-term goals of the project, the healthcare system within the community, namely Oswego Health, was also seen as a beneficiary as they are the ultimate end where students who complete the program will find themselves employed. Students are sought after via recruitment strategies starting in the 8th grade. Moreover, targeted students are especially sought after from first-generation college student populations and socio-economic differentiated students, as one of the main goals of this collaborative effort is the creation of access to a living wage. For many of these first-generation college students, livable wages are predominantly accessible through college-level education and training through the program in high school, into college, and then into the healthcare workforce within their community. Families of these students benefit from this program by way of their students accumulating 30+ college credits in high school towards their healthcare related college programs. This eliminates roughly a year's worth of tuition for credits earned.

Value Proposition

The service or bundle of services an organization provides that meets the needs of a specific beneficiaries is its value proposition. Questions of value creation, pain points being alleviated, problems being solved, and needs being satisfied are at the center of clarifying organizational value propositions. Within this collaborative model, there are several value propositions. Starting from the students, 30+ college credits towards a healthcare related college program is the main tangible value proposition offered by this program. Besides the education and earned credits, students are offered immersive experiences in specific healthcare occupations which allow them to outline career path opportunities

that otherwise would not be accessible to them. All of this takes place within a facilitated and highly supported network of peers, teachers, and healthcare staff which breeds, perhaps the most important aspect of this program: belonging. Belonging allows students to experience safety and trust through an environment and process for self-assessment, knowledge, and empowerment for the sake of decision making in their own lives. As such, this is not a program centered in classroom education alone; students are given the opportunity to receive experiential knowledge allowing them to decide if a healthcare occupation is what they desire. And, finally, as students are successful, the healthcare system receives a highly skilled, motivated, and prepared healthcare workforce from within the community.

Buy-in & Support

Models have both external and internal relationships that permit the success of the model by approving its resource allocation, channel utilization, targeted beneficiaries, and overall service creation. Buy-in and support in this collaborative model was vital and diverse. Firstly, it came from students themselves and their families. Secondly, administrators and other key decision-makers within all three institutions had to be informed and able to approve efforts. Staff members at all levels were instrumental for the implementation of the program. Buy-in from external organizations and entities were also needed: community workforce development committees, county agencies, the State Education Department, and top college and school district leadership must be committed. Some of these groups provided direct support to the model while others provided “behind the scenes” decisions. For instance, the grant was secured after an RFP from State Education Department, indicating there needs to be support from them. This grant request was successful because of previously established early college partnerships that demonstrated the team’s commitment and ability to partner and meet the intended outcomes. Regardless, without the integrated buy-in and support of these groups, the value proposition would have never connected with the beneficiaries at the core of this model.

Beyond the technical approval processes and competencies needed to provide support, we found the culture of “buy-in and support” integral to this model’s success. All interviews and conversations with the core team members illuminated the high level of buy-in surrounding this project stemming from years of relationships and dependencies between and among the collaborating organizations. The implementation of this program occurred via a nuanced and complex system of a variety of stakeholders, i.e. project champions, educators, transportation services, and healthcare providers. Any link in this series could falter without the buy-in and support of every team member. The systemic cultivation of this posture and practice of collaboration was essential to the model’s achievements.

Channels

Channels are the methods of communication utilized to disseminate information about the value proposition of the model to its targeted beneficiaries. Channels can take many forms, but the success of this model was predicated upon the experiences and stories of students and their families. Direct communication from students in the program connected their experiences – whether “good” or “bad” – to other students’ questions and curiosities. This vital channel was supplemented by the school’s, hospital’s, and college’s social media, website, and other online platforms.

Key Resources

Key resources can be physical, technological, human, and/or specific competencies, among other categories. They are the assets or supplies by which the model draws from for its implementation. First and foremost, years of networked relationships along with a culture of trust between the organizations

and their project champions were the primary resources. Together, they acted as the glue for the technical interventions employed across the various stakeholders. Those key resources were staff who can teach at both the high school and college levels, awarded grant funding, workforce partners, institutional empowerment to make decisions, and the local high school, college, and healthcare institutions themselves.

Key Activities

These are the integral actions an organization must take for their model to work. These activities allow for each element of the business model to function properly and to systemically connect to each other. At the core of these activities, two were primary: recruitment of students and the early connection of students to the college and workforce spaces/experiences. Without the former, students would not have been properly given access to the program and its affects; without the latter, empowering students to make decisions regarding their futures would not have been possible. Other key activities included course work development and completion by students, continued student and program evaluation, navigation of organizational values between collaborative institutions, proximity, trust, and transparency between collaborating organizations, and deeper student development through life and career planning.

Key Partners

Key partners are those individuals and organizations external to the main creator of the model's value proposition that provide additional supplies and/or support integral to the model. These partners provide assets the main organization cannot provide for itself. This collaborative model utilized NYS Grants, Steering Committee Members, and The Manufacturers Association of Central New York (MACNY) as key partners.

Mission Success

Every project has certain criteria it deems as appropriate and indicative of success. These key indicators allow for measurement and evaluation of accomplishment and/or failure. The collaborative organizations in this model have developed the following indicators: development of healthcare talent with communities; empowered students through education and experience in healthcare settings; students who become employees without crippling school debt; student retention and completion throughout the program; and, ultimately, creation of access to a living wage. These indicators are being monitored as the program is still in its early stages and cohorts of students progress through the program.

Cost Structure

Costs within a program amount to the financial lift needed to implement and execute the program objectives. While still being evaluated for costs, the main two elements of expense are grant monies and hospital costs in the form of financial awards and staff/employee time.

The grant for this program runs five years and is based on the number of students enrolled in the program. In the third year of this collaboration, the grant monies totaled \$200,000 but will increase to \$250,000 as a fourth cohort will be added.

Presently, the workforce pipeline costs within the hospital system are comprised of time from specific roles and programs (student liaison, steering committee participation, nurse practitioner program,

pharmacists, and physical therapist) and financial awards within specific programs (medical imaging, ASN nursing, BSN nursing, and medical lab technologists). Over the course of this collaboration's 4 years, the aforementioned costs total \$1,808,030.