

# Institutional Research & Analysis



2019

ANNUAL REPORT OF PROGRAM DATA



UNIVERSITY of HAWAII®  
**KAUA'I**  
COMMUNITY COLLEGE

At a minimum, each program or unit Annual Program Review Update shall include measures described in [UHCCP 5.202](#). Additional measures may also be used for program or unit assessment.

## 1. Program Description

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### Program or Unit Mission Statement

The Office of Institutional Research & Analysis at Kaua'i Community College serves as a resource by providing systematic, timely, user-friendly official data and research services that are used to enhance decision making and policy formulation, prepare mandated reports, and to measure institutional effectiveness.

### Part I. Program Description

<b>Date of Last Comprehensive Review</b>	N/A
<b>Date Website Last Reviewed/Updated</b>	9/30/2019
<b>Target Student Population</b>	All Kauai Community College Students University Center Students Potential Students
<b>External Factor(s) that Affected the Program or Unit</b>	Technical Support needed to make the move from CLSO to PSLO driven Assessment.

## 2. Analysis of the Program

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Strengths and weaknesses in terms of demand, efficiency, and effectiveness based on an analysis of the Quantitative Indicators. CTE programs must include an analysis of Perkins Core indicators for which the program did not meet the performance level. Include Significant Program Actions (new certificates, stop outs, gain/loss of positions, results of prior year's action plan).

Include the Annual Review of Program Data (ARPD; all [Instructional programs](#) and [Academic Support](#) programs - Library, Technology Resources, Testing Center, Tutoring, and Financial Aid), program-developed metrics (Institutional Effectiveness programs, Office of Continuing Education and Training, campus committees), or metrics required by [UHCCP 5.202](#) that are not

provided as ARPD ([Administrative Service](#) programs and some Student Support [programs](#)) under review in table format below (EP 5.202 and UHCCP 5.202).

**The Overall Program Health is Healthy**

Describe and discuss demand, efficiency, effectiveness, and overall health categories. What has been the trend over the past three years in each of these categories? What factors (internal or external) may have contributed to the program or unit health categories? For Career and Technical Education (CTE) programs, provide a discussion on any unmet Perkins Core Indicator that includes contributing factors (UHCCP 5.202).

Based on this analysis, what are the program’s strengths and areas to improve regarding demand, efficiency, and effectiveness?

Describe any significant program actions that occurred in the prior year (e.g., new certificate(s), stop outs, gain/loss of position(s), reduction in funding, new or completed grant(s), etc.).

Career and Technical (CTE) programs should provide an analysis for any unmet Perkins Core Indicators.

	2017-2018 <sup>1, 2</sup>	2018-2019 <sup>1, 2</sup>	2019-2020	2020-2021
<b>DEMAND</b>				
# Internal IR Requests	217	275		
# External IR Requests	18	6		
# Trainings/Workshops	11	18		
# Dashboards & Self-service Tools Created	22	8		
<b>EFFICIENCY</b>				
% Internal IR Requests Completed On-time	96%*	99%		
% External IR Requests Completed On-time	100%	100%		
# Processes	108	140		

Improved/Streamlined				
# Dashboard & Self-service Tool Users/Views	1,106	1,425		
<b>EFFECTIVENESS</b>				
<a href="#">Net Promoter Score</a>	95	96		

*\*Target Date adjusted to accommodate competing priorities*

<sup>1</sup> *Data glossary is located in Appendix 1*

<sup>2</sup> *Health call scoring rubric is located in Appendix 2*

This is the second year Institutional Research & Analysis is reporting for the Annual Report of Program Data. Methods for collecting data on user requests were established two years ago with last year being the first year metrics were reported. The data for Quantitative Indicators were collected by using a request tracking database developed by the department; 281 requests were closed in the 2019 fiscal year (e.g., 61% were requested by faculty, 36% by staff and 3% were for external reporting purposes). Ninety-nine percent of all requests were completed by the target date indicated when the ticket was received. Many of the requesters did not provide the recommended two-weeks needed to complete a project and the average time to complete requests was less than 5 days.

An area of improvement identified in the last APRU was increasing the number of training, workshops and consultations being offered. The department has increased this measure (by 63%) and offered 18 workshops this year, three of which were workshops to help faculty and staff with their APRU. Institutional Research & Analysis also helped non-instructional programs identify meaningful key performance indicators to use in determining their health call and assisted in assembling metric glossaries for programs that did not have health calls or glossaries already in place. This feedback occurred in one-on-one consultation with the program lead prior to their APRU due date.

Dashboard development continued in 2018-2019. Eight new dashboards were created and existing dashboards on the Institutional Research & Analysis webpage were updated to include program level data. Kauai Community College also lead a system initiative to improve reporting via visual analytics for all campuses beginning 2019-2020. A pilot Tableau Online site was developed and several reports were deployed so decision-makers unfamiliar with Tableau could get a proof of concept before committing to a new reporting solution. The system procured a 3-year contract in September 2019.

Institutional Research & Analysis provided consultation, deployment and/or reporting services for several surveys administered in the 2018-2019 Academic Year. Highlights include the Kauai

CC Campus Survey, Counseling & Advising Evaluation, Career Center Survey, Native Hawaiian Survey, Resident & Workforce Survey, Division Chair Survey, LiveText User Survey, OCET End of Course Survey, Cohort Based 8 Week Course Survey, Library Survey and Institutional Research & Analysis User Satisfaction Survey. In order to facilitate a more streamlined approach to reporting a template was created to report Likert Response data in a similar format across all IR administered surveys.

In summary, strengths remain consistent for this department: Demand by faculty and staff, on-time deliverables, and a world-class NPS. The department will continue to refine dashboarding best practices as more employees are provided Tableau Server access in the coming academic year. Survey consultation and process specifications will be reviewed and updated in the 2019-2020 Academic Year. Part of that ongoing process will include developing a question bank and repository of invitees and respondents per survey to mitigate over-surveying and associated fatigue in an effort to increase response rates.

### **3. Program Student Learning Outcomes**

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- a) List of the Program Student Learning Outcomes
- b) Program Student Learning Outcomes that have been assessed in the year of the Annual Review of Program Data.
- c) Assessment Results
- d) Changes that have been made as a result of the assessments.

Report on PSLO assessment for the prior year.

1. List of the PSLOs.
2. Indicate PLSOs that were assessed in the year of this APRU.
3. Assessment findings.
4. Changes that have been made as a result of the assessment findings.
5. Next planned assessment date.

<b>PSLO</b>	<b>Assessed During this APRU Cycle (Y or N)</b>	<b>Findings</b>	<b>Improvements Implemented</b>	<b>Next Assessment Date</b>
Provide accurate, usable data for faculty and staff	Yes	100% of requests in closed status for Fiscal Year. A request goes from resolved to closed once stakeholder confirms data met request needs	None	2019-2020
Provide timely and effective customer service	Yes	NPS = 96	None	2019-2020
Reduce the number of ad hoc requests through self-service reporting tools	Yes	1,425 Dashboard & Self-Service Users/Views	None	2019-2020

#### 4. Action Plan

Include how the actions within the plan support the college's mission. In addition to the overall action plan for the program, include specific action plans for any Perkins Core Indicator for which the program did not meet the performance level.

<b>Action Plan</b>	<b>Anticipated Outcome</b>	<b>Actual Outcome</b>
Tableau Professional License Funded from Department Budget (\$655.20)	<ul style="list-style-type: none"> <li>•Implement Self-Service Reporting</li> <li>•Provide consistency in reported measures</li> <li>•Create Online University Factbook</li> <li>•Report at Program Level to reduce ad hoc requests</li> </ul>	8 dashboards created; Dashboards created last year were augmented to report program level data

List any additional significant actions that impacted your program (e.g., new certificate, loss or gain of faculty or staff, stop outs, etc.).

A huge unplanned effort taken on by the department this year concerned the shift from Course to Program level assessment and desiloing of assessment data for reporting purposes. Program Leads were asked to submit a 5-year Academic Plan to the Assessment Coordinator so we may transition to PSLO tracking. LiveText C1 and Via data were extracted from the application, transformed, normalized and imported into UH ODS so that longitudinal assessment reporting may be supported. Reports were created to provide visibility to the Program Assessment plan and identify the percentage of students met standard for each PSLO with drill-down capability. All of the logistics, technical requirements and system architecture of this project were planned, managed and executed by the Institutional Research and Analysis department.

## Analysis of Alignment with CPR

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List the goals that were identified to be initiated, continued, or completed during this APRU cycle, in your last CPR, and if they were achieved. Be sure to include the benchmark, desired outcome, actual outcome, and unit of measure. If you completed your last CPR prior to 2018, please refer to \* in this section.

Goal/Strategic Goal or Priority**	Achieved (Y or N)?	Benchmark	Desired Outcome	Actual Outcome	Unit of Measure
Provide Survey Development Support	No	N/A	Coordinate and streamline survey process so a repository of student data is available for actionable response to identified need	Worked with stakeholders to develop or revise 12 surveys but did not create survey SOP or repository. Pushing goal into 2019-2020	Number of Surveys Developed
Provide Assessment Data Support	Yes	N/A	Move from Course Learning Outcome	Successfully supporting both approaches	Tableau Assessment Reports at Program

Goal/Strategic Goal or Priority**	Achieved (Y or N)?	Benchmark	Desired Outcome	Actual Outcome	Unit of Measure
(was not in original plan)			reporting to Program Learning Outcome Reporting		and Course Level

\*\*All Strategic Goals and Priorities are Aligned to the College Mission.

**Describe any impacts these goals had on your health indicator(s).**

Dashboard creation to automate processes and lower the number of ad hoc requests the department received helped Demand Indicator 4 (# Dashboards & Self-service Tools Created) and Efficiency Indicators 3 and 4 (# Processes Improved/Streamlined, # Dashboard & Self-service Tool Users/Views). Survey Data included as evidence to support healthy status for Effectiveness indicator. Survey deployed in 2018-2019 with anonymous feature so users could provide honest (critical) feedback without concern about revealing their identity.

\*Based on findings in Parts I – IV, develop an action plan for your program or unit from now until your next CPR date. This should include goals that align with the College Mission, measurable outcomes, benchmarks, and alignment to the College’s Strategic Priorities, and/or Strategic Goals. Be sure to focus on weaknesses identified in ARPD data, PSLO outcomes, results of survey data, and other data used to assess your unit or program. This plan should guide your program and subsequent APRUs, but may be amended based on new initiatives, updated data, or unforeseen external factors.

Goal	Strategic Goal/Priority (List number)	Benchmark	Desired Outcome	Unit of Measure	Year(s) Implemented
Provide Survey Development Support	1, 2, 3, 4, 5, 7, 8, 10, 17, 20	N/A	Coordinate and streamline survey process so a repository of student data is available for actionable	Useable repository for survey item (question) bank, Student response tracking, Intervention tracking	Year 3 (2019-2020)



<b>Goal</b>	<b>Strategic Goal/Priority (List number)</b>	<b>Benchmark</b>	<b>Desired Outcome</b>	<b>Unit of Measure</b>	<b>Year(s) Implemented</b>
			response to identified need		
Assist System in Tableau deployment for Reporting*  *new action plan added to support system with new reporting solution	1, 2, 3, 4, 5, 7, 8, 10, 17, 20	N/A	Successful launch of Tableau Online site with Role based permissions and robust report refresh schedules.	Tableau Online Site Adoption and potential user satisfaction items around initiative added to IR Survey for feedback.	Year 3 (2019-2020)
Build inferential analysis capability to support more advanced analysesDevelop predictive models to identify opportunities for intervention throughout the student lifecycle using attributes indicative of risk types extracted in inferential analysis efforts from Year 3	1, 4, 6, 7	N/A	Predict student attrition from first term to second term with 85% accuracy	Predictive model accuracy	Year 4 (2020-2021)

## **5. Resource Implications**

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**Resource Request(s) for next year (from CPR Plan for your program or unit, or one(s) developed in Part V above if CPR was completed prior to 2018).**

**I am NOT requiring resources for my program/unit.**

## 5. Resource Implications

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**Resource Request(s) for next year (from CPR Plan for your program or unit, or one(s) developed in Part V above if CPR was completed prior to 2018).**

<b>Program Goal</b>	All Program Reporters will have Tableau Online License
<b>Resource Requested*</b>	3 Year Tableau Viewer License
<b>Cost and Vendor</b>	\$140 per license per year for 20 programs – Tableau via SHI
<b>Annual Recurring Cost</b>	\$2,800 x 3 Years = \$8,400
<b>Useful Life of Resource</b>	3 Years
<b>Person(s) Responsible and Collaborators</b>	Amanda Fluharty, Program Leads
<b>Timeline</b>	2019-2020, 2020-2021, 2021-2022

**\*An approved ITAC Request Form must be attached for all technology requests**