



**ASAHP and NN2:
*Confronting Allied Health
Education Challenges
in the 21st Century***

ASSOCIATION OF SCHOOLS OF ALLIED HEALTH PROFESSIONS (ASAHP)



NATIONAL NETWORK OF HEALTH CAREER PROGRAMS
IN TWO YEAR COLLEGES (NN2)

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INTRODUCTION

Allied health education faces challenges on several different fronts. Recent declines in student applications and enrollments pose a formidable obstacle to achieving and maintaining an adequate supply of competently prepared practitioners in many allied health professions. A related issue is attaining the goal of producing a health workforce that mirrors the diversity of the population of the United States. The high cost of education is just one factor affecting the size and the composition of the educational pipeline. Within academia, there also is the matter of research and the necessity of having faculty members who can function well as investigators who add to the knowledge base, in addition to performing effectively in the classroom setting.

It is common for issues of this nature to be discussed at various conferences and meetings around the country. Unfortunately, apart from identifying a series of problems and occasionally proposing solutions, these gatherings typically lack a mechanism to ensure that follow-up action is taken. That deficiency was confronted on October 11, 2001 when members of the Association of Schools of Allied Health Professions (ASAHP) and the National Network of Health Career Programs in Two-Year Colleges (NN2) met in Norfolk, VA while both organizations were conducting their annual conferences. Representatives of the two groups selected topics beforehand that would serve as a basis for a series of discussions in roundtable format.

What follows in these pages is a summary of the rich dialogue that occurred at each roundtable. Not only were problems and matters of mutual concern identified, recommendations were made regarding what to do about them. As a first step, the Board of Directors of ASAHP and NN2 will meet in Charlotte, NC on April 19, 2002 to consider what actions might be taken jointly. Meanwhile, this document will be distributed widely in the hope that it will serve as a springboard for action among other individuals and groups with an interest in the advancement of allied health education.

February 2002



MARKETING ALLIED HEALTH PROGRAMS AND PROFESSIONS

Problems

Several problems were identified that result in inadequate student enrollment and corresponding workforce shortages in many allied health professions. Negative perceptions exist of health careers in general and of many specific allied health disciplines in particular. Oftentimes, this perception is influenced by current practitioners who make statements like, “You don’t want to work in this field” or “I would never want my own son or daughter to be a (fill in the name of a profession).” A somewhat related perception is that there are few if any positions open for a number of allied health careers, when in reality, just the opposite is true, i.e., personnel shortages exist.

Two powerful factors may converge to exacerbate shortages in selected allied health careers: the negative press sometimes given to health care or health care providers and the low profile of many allied health professions. Shortages in different allied health professions may be attributed to many factors, but among the least often addressed is the so-called “graying factor.” Little is known (or at least published) about the anticipated retirement of professionals and the impact these retirements have on workforce numbers and the need for replacements.

Further complicating the dilemma of workforce shortages is the fact that increased degree requirements and the number of years necessary to complete professional education requirements are not commensurate with salaries and the earnings potential for most disciplines. Private colleges and universities face special challenges because of higher tuition costs and an even greater need for financial aid for students, especially in graduate programs. Fewer true scholarships and grants are available now, making it necessary for students to take out loans that result in significant debt before program completion occurs.

An overarching concern is a general lack of awareness among students and the general public about the existence of many allied health professions. Consequently, faculty and counselors at high schools and colleges need to become more knowledgeable about the allied health professions and the types of high school and undergraduate courses that are prerequi-

sites for admission to programs. Another challenge is to figure out ways of identifying older, more mature students and attracting them to the allied health professions.



ASAHP and NN2 members considered many issues affecting two-year and four-year institutions.

Marketing allied health education programs offers a mechanism for meeting student enrollment targets. Unfortunately, on most campuses dollars for marketing and recruitment initiatives are limited. Barriers to effective marketing exist in some institutions. For example, institutional marketing personnel may have prohibitions against “selling” individual programs rather than promoting the college or university as a whole. In addition, a high school’s policy may limit the number and kind of marketing or career visits and health fairs allowed. Allied health also consists of many different professions, making it difficult to focus on single professions in a marketing effort.

Possible Solutions

Generating a series of actions to address these challenges was not a problem for the groups that discussed this issue. The following recommendations were made: Recruitment is something that should be a widespread responsibility involving the contributions of faculty, students, and alumni in effective marketing efforts. The best marketers are former graduates. Current students also can be effective in attracting new students. Faculty teach-in programs that are linked to career opportunities may be a way of attracting recruits to different allied health professions.

Outreach and recruiting activities should be coordinated with state Area Health Education Center (AHEC) programs, since in many states, AHEC recruiting projects may address only physician and nurse career options.

The anticipated number of forthcoming retirements should be established by profession to determine any new position openings. State chapters or national professional associations could be queried to compile realistic retirement estimates each year.

Beginning salaries for new graduates by profession should be compiled and posted in either bulletins or brochures and on web pages. Along somewhat similar lines, advertisements highlighting this information could be placed in Sunday newspaper "help wanted" classified sections. State hospital associations or state chapters of professional associations could be used to highlight job openings by state and county. To whatever extent possible, admissions criteria for various allied health professionals should be standardized and marketing materials should list the locations of job opportunities.

Partnerships should be formed with area hospitals and other health care facilities to market allied health programs to their employees. An adequate supply of current brochures should be made available to employees, preferably in high traffic areas such as cafeterias. Another approach would be to conduct a health fair in a local hospital, doing so in partnership with the facility's marketing personnel. Incentives could be developed for hospital preceptors. For example, 150 hours as a preceptor would entitle that person or a relative to a tuition-free course at the college or university.

Outreach and recruiting activities should be coordinated with state Area Health Education Center (AHEC) programs, since in many states, AHEC recruiting projects may address only physician and nurse career options. AHEC recruiters need to be made aware of allied health career options and be provided with relevant information to distribute.

College and university web pages should contain links to professional associations so that prospective students may gain a better understanding of the professions. Web sites should be easy to navigate and be constructed so that queries submitted are responded to

quickly. "Niche marketing" directed to students whose interests align with different health careers, e.g., chemistry majors in relation to clinical laboratory science and psychology majors in relation to rehabilitation counseling and occupational therapy may be an effective way of enlarging the applicant pool.

Allied health programs should be marketed among prospective scholarship funding sources, while assuring that all educational costs are disclosed for review and consideration by these potential supporters. An important task of marketing is the formal recognition of those individuals or agencies that already have supported students financially or guided them into allied health careers. Health-related industries that depend on allied health graduates might be willing to co-sponsor marketing programs to attract students to educational programs.

Applicants from allied health programs that are fully enrolled should be re-directed to related disciplines confronting enrollment challenges.

ASAHP and NN2 should have links to each other from their home pages on the World Wide Web and both should create links to the American Hospital Association (N.B. ASAHP's home page has more than 80 such links, including the aforementioned organizations).

Marketing efforts should concentrate on specific programs, especially low-profile professions with inadequate enrollments. Applicants from allied health programs that are fully enrolled should be re-directed to related disciplines confronting enrollment challenges. Upper-level schools should target undergraduate programs on campus for recruitment purposes.

Allied health advertising and marketing should have a national focus through ASAHP, thus highlighting allied health as a national, not just a local issue. Doing so may require dedicated funds and the pooling of resources with national associations. One way of proceeding would be to prepare a catalogue of all recruiting/awareness videotapes and CD-ROMs that have been developed by member institutions in both ASAHP and NN2 and create a list of those items that can be purchased for use by other programs.

Another step would be to develop generic, interactive CD-ROMs and a Web Site that provides basic information about career options, including “a day in the life of” snapshot of each career, salary and workforce information, education and training required, admission requirements, and links to education programs by state or region. Graphic illustrations and examples of allied health professionals at work should be used in all marketing materials. Marketing of programs and professions should be targeted to legislators and their key health and education staff. Such marketing must be a coordinated effort of more than one association.

More flexibility is needed in admissions and in the way that programs are structured.

High school dual credit courses could be offered with titles such as: *Introduction to Allied Health Professions, Orientation to Health Careers, and Medical Terminology*. Students could earn as many as 14 hours of college credit by successfully completing these offerings. Conducting a “Health Careers Camp” may be a good way to provide exposure to a variety of health careers. Another possibility is to coordinate with local Boy Scout units that have a program called “learning for life,” which is designed for career exploration.

More flexibility is needed in admissions and in the way that programs are structured. For example, a certain number of slots might be guaranteed for transfer students. The rigidity of degree requirements, sequencing, and scheduling should be loosened. Friday/Saturday classes could be offered along with year-round programs to satisfy those individuals who want to get into the workforce as soon as possible. Moving educational activities off campus by providing a combination of distance learning and off-campus satellite offerings would make it easier for students from all over the state to take courses and enroll in programs. Efforts should be made to focus on students from “underserved” areas of the state for whom there may be set-aside financial aid available and who also might be more likely to return to locations where health professionals are in short supply.

Allied health academic institutions should form alliances with the Health Occupation Students of America (HOSA) as a means of setting up HOSA clubs for high school students. Career ladders should be developed between two-year and four-year institutions. The community colleges also should examine the curricula of proprietary schools for bridge possibilities. A special task force or commission with joint membership from ASAHP and NN2 should be created to identify strategies and policies to allow better articulation of degrees between two-year and four-year programs.

Recruitment assistance for colleges and individual programs should be sought from an institution’s central administration. Recruitment Open Houses should be held. An institution may experience a much higher conversion rate if advising, financial aid, and admissions are featured.



RECRUITMENT AND RETENTION

Faculty

Recruitment and retention pose challenges that apply as much to faculty as they do to students. An inability to have a sufficient cadre of qualified instructional personnel may jeopardize the continued existence of an individual allied health program or even an entire school.

Differences between the generations may affect work expectations. For example, so-called “baby boomers” appear satisfied being viewed as hard workers who are competitive and committed. So-called “generation x” members are perceived as being less likely to be joiners and more likely to strive to achieve greater balance and flexibility in their lives. Factors that may influence their entering a profession include: initial salary, cost-of-living and merit pay raises, flexible scheduling, travel allowances, range of benefits, and the extent of the workload.

At the community college level, workload and salaries are major issues. A market reality is that academia faces stiff competition from careers in health care delivery, business, and industry. Another issue is that faculty may be professionally competent, but untrained in teaching, objective writing, and research.

Several recommendations were made to improve recruitment and retention of faculty. In a sense, the entire immediate family should be recruited from the standpoint of identifying the benefits of moving to a new setting. As part of the recruitment approach, prospects could be brought to campus in a consultant capacity initially. As part of the negotiations, an offer could be made either to offset moving expenses or pay them fully. Spouses must be taken into account and should be provided with assistance. One mechanism for doing so is to establish an institutional spouse relocation service.

Recognition of faculty achievements should be shown on a regular basis, finding creative ways to demonstrate appreciation in an unappreciative system.

More attractive inducements might include a start-up package containing research funds and laboratory space. If feasible, the opportunity to work via telecommuting should be offered. The presence of endowed chairs can act as a powerful incentive for accepting a job offer. While salary always will be an important factor, the existence of an expansive and flexible array of benefits will play a role in hiring new faculty and retaining current faculty.

Having a “critical mass” of faculty will help to promote collegiality and collaboration. A faculty mentor program can be used both to help faculty learn how to teach and serve as an aid in academic acculturation. Conducting a formal faculty orientation program also would be beneficial. Incentives should be built into participation in these efforts. Recognition of faculty achievements should be shown on a regular basis, finding creative ways to demonstrate appreciation in an unappreciative system.

Other activities might include a program for retraining of good teachers, allowing sabbaticals, and arranging for multi-credentialing and certification. Sharing faculty with other institutions, hospitals, clinics, and schools may be an effective way of boosting morale. Workloads should be reviewed at regular intervals and consideration should be given to developing a faculty workload document.

Making some allied health career programs seem attractive remains a huge challenge because of the long hours and relatively low pay associated with these professions.

Students

As evidenced by surveys conducted by the Association of Schools of Allied Health Professions (ASAHP) and from other sources, the number of applicants and enrollments in many programs is on the decline. Student interest in pursuing a health career tends to be cyclical. The challenge is how to manage having an appropriate pool of recruits during low periods.

A lack of data exists on the effectiveness of recruitment strategies and tracking of students. Making some allied health career programs seem attractive remains a huge challenge because of the long hours and relatively low pay associated with these professions. It is difficult to compete with other technical areas in recruiting students because good salaries simply do not exist. Hospitals can play a vital role by taking more responsibility for their workers. If they are perceived as bad places to work, it makes the task of recruiting students all that much more difficult. Moreover, these facilities can help both in recruiting students and in providing scholarship support for them



Julie O'Sullivan Maillet (University of Medicine and Dentistry of New Jersey) has described off-campus health career programs for high school students to many avid listeners.

Only a small percentage of high school students may be aware of allied health careers. The need to recruit non-traditional students is obvious. Repackaging curricula, such as having all the medical technology technical courses scheduled for completion in one year can help in recruiting non-traditional students who already may have a degree and the necessary science background. It also may be possible to recruit older workers by appealing to their social sense of wanting to help others, but high school students appear to be more interested in money. Meanwhile, older students may need strong support services.

On the retention side of the ledger, the rigor demanded by various science courses poses a huge challenge for many students. The high cost of a post-secondary education and the inability to obtain sufficient financial aid can jeopardize the ability of a student to remain in school. Course load management must occur to prevent the academic schedule from becoming too heavily burdensome. Lack of diversity among the student body can be an issue for the few representatives of a particular racial or ethnic group.

A serious problem is that there is a lack of awareness by secondary education counselors of career opportunities in allied health.

Various solutions to recruitment and retention problems were mentioned by participants in the roundtable discussion groups. A key is to reach students early, even in Middle School. One way would be for health professionals to visit schools at this level to describe health careers and then seek responses from the students through essays.

A serious problem is that there is a lack of awareness by secondary education counselors of career opportunities in allied health. Programs should be arranged for students to explore health careers through the development of sustained efforts with high schools since one-shot efforts may not be as productive with the current generation. A good example is the Health Career Opportunity Program (HCOP), which has benefited students of minority racial and ethnic groups. High school students need to be made aware of the undergraduate courses they must take to pursue a health career. Moreover, as a means of ensuring that they succeed, proper mentoring must be provided.

Establishing clear school-to-career pathways is an important ingredient to success. Developing and conducting Health Professions Academy courses, which are college offerings up to one-year in length and designed to let students understand the skill set needed for a health career, prepare students to make informed decisions. Related activities include hands-on exercises such as using a Doppler transducer, shadowing, summer health camps, and medical exploration programs with scouting groups.

One way of tracking the effectiveness of recruitment efforts would be to enable students to apply on-line to programs of choice.

Another approach would be to have allied health faculty teach an advanced placement biology course and incorporate into the instruction some encouragement to select particular allied health careers. A team of health care instructors could perform teaching simulations of how they work together, while also demonstrating what services they provide for patients. An alternative would be to allow high school students to attend “mini-medicine” sessions to help them to relate concepts learned in the classroom to careers available through college enrollment.

One way of tracking the effectiveness of recruitment efforts would be to enable students to apply on-line to programs of choice. Applications then could go directly to the appropriate allied health program coordinator’s office, where in turn, they would be forwarded to the Admissions Office. A database could be established and maintained. Prospective students then could be invited to tour on-campus laboratories and facilities.

A retention initiative involving a charter high school focusing on health careers provides an apt illustration of a successful recruitment effort. The community

college offers courses in the high school to expose students to health careers and to develop general information and skills (i.e., medical terminology). Students receive academic credit at both the high school and the college. College faculty go to the high school to teach classes, which can be done as part of a normal teaching load or as an overload with additional pay, but the program also includes built-in visits to the college. Shadowing, either with a health professional or with a student enrolled in a health career program at the college, is included in the program.

Other remedies in the area of retention include establishing preceptor relationships and improved mentoring between students and faculty. Formation of a Retention Committee would be a way of providing a concentrated focus on a variety of issues that affect student attrition.

Supplemental Instruction Services should be made available for at-risk students, aiming them at under-prepared individuals who have minimal socialization and critical-thinking skills. Tutorial science laboratories should be offered. Summer Incentive Programs could be used for the purpose of assuring those students who pass certain courses that they will gain automatic entrance into specific allied health programs. Vocational-rehabilitation counseling should be provided to second-career individuals who enter allied health programs with good foundational skills already in place.

DISTANCE LEARNING

The topic of Distance Learning encompasses a broad range of concerns. These issues were grouped into the following three general areas:

Technology and Technical Support

Technical support for development and implementation was identified as an area meriting further attention. Support can be provided both by in-house staff and outside vendors. A problem with the in-house variety stems from competition for the attention of technical staff. They often have many different responsibilities such that support for distance learning courses may not have a high enough priority to ensure that they will be implemented smoothly. Similar concerns

Other than individual faculty members, in many instances no single person or center has responsibility for technical requirements and for the design and production of distance learning courses.

were voiced regarding the quality of customer support received from outside vendors.

Other than individual faculty members, in many instances no single person or center has responsibility for technical requirements and for the design and production of distance learning courses. It would be

helpful to create a 24/7 help desk or some variation thereof, which could be housed within a college or university and paid for through student technology fees. Ideally, a school of allied health would have its own instructional technology faculty member. Grant support might be used initially with later aid built into the academic tuition structure.

Student technical consultants might be used for support or technicians could be hired. Another possibility is to contract with an agency such as e-college that also provides faculty development, places courses on-line, and has troubleshooting expertise. Other ways of addressing the situation include having a distance learning ombudsman to mediate problems for faculty and students, creating and staffing a 1-800 telephone number, and using telementors (on-line mentors to assist students and faculty).

The use of Internet II will enhance the reliability of technology in distance learning. Currently, there may be too much software for the level of hardware capabilities. For example, still photos are satisfactory, but streaming video may pose a problem. If so, CD-ROM technology could be employed for images. Internal restrictions on campus also could be implemented such as limiting Napster access so that students do not tie up a system by placing huge memory demands on it. Some campuses do not specify minimal student/faculty hardware capabilities or policies which suggests that the same course management and delivery systems be used. In such cases, the institution should set standards so that students and faculty alike follow criteria across campus.

A recommendation was made by one group to replace equipment every three years either by leasing or purchasing new equipment. In a related vein, minimum standards should be revised annually and all computers replaced that do not meet minimal specifications. On some campuses, computers for students are replaced every two years and the faculty members

are given the equipment that previously had been used in student laboratories.

Finally, the availability of adequate space may be an issue in the development and maintenance of distance learning activities. A university administrator should be assigned the task of evaluating space needs for these endeavors and making recommendations on how to furnish what is required.

Faculty Development

A matter of serious concern is that the amount of faculty time needed for course development and the contact time spent with students often are underestimated. For example, faculty who teach distance learning courses spend a significant amount of time communicating with students through e-mail.

Moreover, faculty members who voice legitimate concerns regarding the amount of institutional support available for the delivery of distance learning courses find themselves labeled as being "resistant" to course delivery.

Considerable variation in policy exists along a continuum of full faculty ownership to "work for hire"

Rodger Marion (University of Texas Medical Branch at Galveston) is adept at using the web for clinical simulations.

by the university, resulting in full institutional ownership. Some institutions have no distance learning workload policies and differentiated compensation policies. To raise awareness about the cost and the amount of expertise necessary, educational administrators should be encouraged to teach via this medium. One approach might be to pay a salary stipend for faculty who teach via distance learning. A related question is how much should the institution pay for modem costs if faculty members teach from home? In states where there is a lack of payment for credit hours taught by distance learning, there is no incentive for a university to promote or encourage its development.



It was recommended that schools of allied health professions have an associate dean with primary responsibility for distance education. This individual also should investigate possible working relationship(s) with local and area junior colleges and community colleges to facilitate a financial and academic venture to provide “stepping stones” from the associate to the baccalaureate degree. An Associate Dean should be the key person to facilitate obtaining information on all possible grants and contracts that may be acquired.

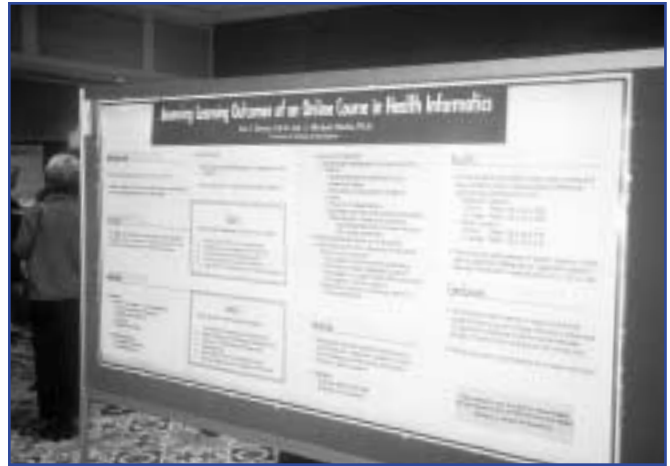
Another recommendation was that faculty should be given appropriate time to develop and implement such courses by reducing teaching load in their other areas of responsibility. A constructive approach would be to create a series of progressive workshops for faculty. A contract also could be developed with an external agency to provide courses directly to faculty or to develop a “train the trainer” type of operation. Material available on the World Wide Web also could be put to beneficial use.

Quality of Education

Some real concerns are a lack of institutional support for services for distance learning students such as access to the bookstore and also to financial aid services. In some cases, students enrolled in such courses expect 24/7 customer service, but unfortunately, services offered by the institution are not available at that frequency. Related questions are: What are the advantages and disadvantages of offering Web-enhanced courses vs. “pure” distance learning courses? Which type of course or curriculum is better suited for different delivery systems? Participants in the roundtable discussion groups did not have answers to these questions.

Discussion also took place regarding the optimal class size for a distance learning course. Some roundtable participants indicated that approximately 10 students per class (or dividing larger classes into groups of 10) worked satisfactorily while having 30 students in a class seemed to be overbearing. An issue brought up by a participant from a professional association was the problem of students signing up for distance learning continuing education courses and then deciding not to participate in the course. One suggestion to remedy this situation was for the association to collect the course fee at the time of registration.

Another topic discussed was that of security. Questions raised dealing with course security included:



Posters offer a convenient means of explaining topics such as online courses.

How does an instructor know whether or not a student is doing his/her own work? Suggestions to minimize this problem and related security issues included: educate students on computer ethics and the meaning of plagiarism, utilize software to detect plagiarism, bring students in for face-to-face sessions for testing, inform students about standards and expectations during orientation to avoid problems, and hire proctors for face-to-face examinations at distance learning sites.

A major consideration is how to teach the clinical component of a course via distance learning.

In some cases, no specific distance learning criteria or university standard exist for the development of these kinds of courses and degrees. In addition, no specific criteria are in existence for the review and approval of these entities. Courses are evaluated individually versus program evaluation. Program accreditors will look for similar outcomes at each site while some accrediting agencies charge a separate fee to accredit each distance learning venue, which can prove to be highly expensive.

A major consideration is how to teach the clinical component of a course via distance learning. This issue deserves special consideration and further investigation into various methods of technology that may facilitate the delivery of this component of a course. Use of “palm pilot” video streaming for clinical instruction may be a way of addressing the situation.

PARTNERSHIPS WITH INDUSTRY AND THE COMMUNITY

Problems and Issues

A problem on many campuses is that the personnel in continuing education departments are more likely to respond to the needs expressed by a community's industries. Individuals working in the academic credit side of an institution do not always listen and respond appropriately or they are constrained from acting as quickly.

Current cost constraints make it difficult to maintain high quality courses. In addition, institutions must figure out ways of bypassing the red tape involved in starting new programs so that they can be more responsive to community needs. Difficult questions to answer are how do colleges set up advisory committees that are effective and how to form partnerships with hospitals and other employer groups to recruit students? Another challenge is to obtain the support of the legislature in starting new programs, especially when there is opposition by certain other components within the health care community. Legislators also must be helped in understanding that faculty do more than just teach 12 hours per week and that it is unrealistic to expect graduates to be produced overnight.

Examples of meeting the needs of the community in spite of cost constraints involve getting the industries themselves involved in solutions to the problem such as donating classrooms, laboratories, equipment, or money.

Recommendations

Academic institutions need to be flexible and be able to change courses according to industry's needs, without compromising quality. Examples of meeting the needs of the community in spite of cost constraints involve getting the industries themselves involved in solutions to the problem such as donating classrooms, laboratories, equipment, or money. Colleges must lobby the so-called "powers that be" such as the Board of Regents in order to have faster start-up processes for

programs and courses. Encouraging industry representatives to advocate on behalf of academic institutions hastens the likelihood that states will provide support.

Advisory committees should consist of decision-makers, employees, and graduates of allied health programs. Student recruitment should involve area hospitals, high schools, and other employers as well as Area Health Education Centers (AHECs). Examples that have worked include the use of grants and related funding as a way of involving community agencies in a comprehensive marketing plan and outreach program.



Roundtable discussions are a popular way of examining important issues such as partnership formation.

Coalitions with a membership that includes hospital and college CEO's can be effective in providing money for increasing enrollment via scholarships with work obligations upon graduation. Also, forming partnerships with health occupations programs, where courses are partially offered at the college and at the high school, has the potential to increase the number of students going into allied health programs. Another possibility is forming a partnership with a proprietary school and using its accreditation and facilities for certain parts of the program. Lists of industry/community/educational institutions should be placed on interactive web sites to aid in identifying likely candidates for partnerships.

A sound approach is to look for niches where an academic institution can be of value to a community since legislators are more likely to direct state tax dollars to higher education when they know that a school is making a difference in those niches.

Partnerships between academic institutions and industry may take many different forms. One way is to conduct research for a company or a hospital. In return, these groups could establish an endowment and seek state matching funds. Inviting company representatives to serve on advisory committees for allied health programs offers an opportunity for them to identify student recruits and find clinical sites. Appointing preceptors from industry as adjunct faculty represents another type of partnership. In return, they could be awarded certificates and be given the option of obtaining continuing education units at no cost.

A sound approach is to look for niches where an academic institution can be of value to a community since legislators are more likely to direct state tax dollars to higher education when they know that a school is making a difference in those niches. Building a retirement home on campus presents older persons

with educational opportunities. Individuals who return to live in these communities are more inclined to give money.

A good example is afforded by Eastern Michigan University and the Catherine McAuley Health Center, which in the early 1990s, jointly developed and implemented an Alzheimer's Care and Training Center that was housed in the Catherine McAuley Center. The demonstration project had three components: a 13-bed special care unit for individuals with dementia; education and training for health care professionals and family members; and clinical research in the behavioral and cognitive aspects of dementia. The project was extremely successful and resulted in the creation of several new dementia units at Catherine McAuley as well as a post-graduate certificate in Alzheimer's Care.

Selected, indirect impacts of the project include the wonderful relationships that were established with the families of patients. Several of them sponsored endowments in memory of their loved ones as a result of the project. Endowments were created for two major state-wide conferences, an endowment was established to continue university research efforts, and another endowment was created for a scholarship. One family member decided to include the school in her will. These gifts make it possible to continue to work with Alzheimer's patients.



DIVERSITY ISSUES

Diversity is a broad concept that encompasses: age, race, culture, religion, sexual preference, disability, personality, learning style, and gender. Discussion participants noted that it may be difficult to recruit students of color if, for example, there are few teachers of color. A major aim is to achieve cross-cultural competency. A cross-culturally attuned faculty may be created in the absence of a diversified group of instructional personnel by working with communities of color and differing cultures. It is important to support culturally diverse students and faculty after and outside of classes. Otherwise, why would they want to go to a particular institution when there is no support?

An important issue is figuring out how to assure that graduates are prepared to provide high quality health care to diverse populations of patients in institutions that lack diversity among its health care practitioners.

An important issue is figuring out how to assure that graduates are prepared to provide high quality health care to diverse populations of patients in institutions that lack diversity among its health care practitioners. Students and graduates may not reflect racial and ethnic composition of the communities in which they provide service. Are they sufficiently prepared for this kind of work setting? Related questions are:

- Is there a “diversity curriculum” in allied health programs?
- What are the opportunities for “diverse” graduates?
- What is a reasonable level of cross-cultural competency?

One recommendation was to achieve partnerships with two- and four-year institutions and also with Area Health Education Centers (AHEC). Service learning presents a realistic option for increasing cultural understanding. At clinical sites, workers could be supported with scholarships.



Lilless Shilling and Laurine Charles (Medical University of South Carolina) have examined the issue of cultural competence among faculty.

For an institution to diversify, it must take into account changes at many levels, including the course catalogue, policies, procedures, curriculum, and the administration. Mentors need to be made available and there should be options for service learning. Faculty will need support to participate in cross-cultural competency activities. Access must be sought to governmental policy-makers to assist in various ways.

Additional recommendations were made to have a special issue of the *Journal of Allied Health* with diversity and cultural competency as the theme and for the Association of Schools of Allied Health Professions (ASAHP) to establish a web site discussion group on this particular topic.

EVOLVING DISCIPLINES AND INNOVATIVE PROGRAMS

As technology changes and innovations in health care continue to occur, it can be expected that new disciplines will come into existence. While this evolution is occurring, the professions themselves also continue to evolve. Sometimes, the alteration involves the necessity of increasing the amount of academic preparation as manifested by higher degree levels. Various associate degree-level programs have advanced to the baccalaureate level while baccalaureate degree programs have moved to the masters degree as the credential required for entry-level practice. The last few years also have witnessed a steady growth in the number of clinical doctorate programs in physical therapy.

The groups that discussed this topic placed an emphasis on particular initiatives at individual institutions. One recommendation was to have more collaborative sessions between the Association of Schools of Allied Health Professions (ASAHP) and the National Network of Health Career Programs in Two-Year Colleges (NN2). A second recommendation was for both groups to publish descriptions of innovative programs.

One institution developed a *Pharmacy Technician* program because of a demand by the community. It was the result of a partnership and collaboration with another college. A community college degree can be applied to the bachelor degree and to a path that leads easily to the Master's program. One hospital developed a partnership with a local community college to train *Cardiovascular Technicians*. The hospital offers its employees training for one-and one-half years at the community college to obtain the cardiovascular technician certificate.

One recommendation was to have more collaborative sessions between the Association of Schools of Allied Health Professions (ASAHP) and the National Network of Health Career Programs in Two-Year Colleges (NN2).

Another community college developed a distance learning program for *Dental Technicians* that utilizes two-way video and two-way audio technology. A *Physical Therapy Program* at one university provides early entry into the physical therapy program, which allows students to complete a bachelors and masters program in five years. Coping with the problem of low enrollment in entities such as the *Physical Therapy Assistant* program might occur by developing a career ladder to the physical therapy degree programs. In another instance, a concept is being explored that will involve developing a program that combines the skills, education, and training for the *Veterinary Medicine and Physician Assistant* Programs into a single program.

An *Applied Health Science* Program was developed on an articulation basis at one university, while at another four-year institution the Health and Human Services Department developed an articulation agreement with the local community college, with the former accepting 90 credits from the latter.

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