

HIGHLIGHTS

APRIL 2018

| | |
|--------------------------|---|
| President's Message | 2 |
| Rural Health Workforce | 3 |
| ASAHP Calendar of Events | 3 |
| ACA Developments | 4 |
| Higher Ed Developments | 5 |
| Quick STAT | 6 |
| Health Technology Corner | 6 |
| Available Resources | 7 |
| Tarnished Golden Years | 8 |
| Opening Closed Minds | 8 |

PARADOXES, ANOMALIES, AND UNCERTAIN PATHWAYS

Health sciences research continues to advance in many constructive directions, including some efforts aiming to untangle conflicting investigational results that may assume the form of so-called paradoxes, anomalies, and uncertain pathways as illustrated by the following oddities and puzzles:

- *Hispanic Paradox*—Older Mexicans with limited socioeconomic resources in the U.S. experience better health outcomes than non-Hispanic Whites.
- *Obesity Paradox*—Overweight and obesity patients with cardiovascular disorders (CVD) have a better prognosis than leaner patients with the same degree of CVD severity.
- *Stressfulness Paradox*—Although older patients can be afflicted with several co-morbidities, higher levels of self-perceived stress occur among individuals in the age group 20-50 than among individuals in the age group older than 50.
- *U.S. Health Care Anomaly*—Other wealthy nations spend half as much on health care as the U.S., but the inhabitants of our nation have shorter, sicker lives.
- *Definitional Anomaly*—Urban-rural inequities exist in health care. According to the U.S. Census Bureau, the federal government defines the word “rural” in at least 15 different ways.
- *Definitional Anomaly*—Why is there a lack of a consistent definition of what constitutes a high performing health care delivery system?
- *Detection Anomaly*—What can be done realistically if a degenerative disease can be detected for which there is no available effective treatment or cure?
- *Clinical Trial Anomaly*—Why are older individuals and women often excluded from pharmaceutical clinical trials when products that eventually reach the marketplace are aimed primarily at those groups?
- *Uncertain Pathway*—Do individuals acquire diseases from aging or are certain aspects of aging caused by disease?
- *Uncertain Pathway*—Is inflammaging (chronic, low-grade inflammation) a cause or a consequence of an altered gut microbiota?

As recently as February 2018, a projection estimating future health care expenditures was issued from the Office of the Actuary in the Centers for Medicare & Medicaid Services, indicating that the health share of GDP will rise from 17.9% in 2016 to 19.7% by 2026. Other sources project that the increase could be as high as 19.9% by then. During that period, it can be expected that the research enterprise also will expand. The U.S. population will continue to grow in size, with the fastest amount of growth occurring in the oldest age brackets. Conceivably, new discoveries might emerge that can affect treatment patterns in dramatic ways. Old puzzles may be solved, but demographic changes involving population sub-groups may pose new challenges to addressing health disparities and other relevant concerns more effectively. As progress unfolds, perhaps new kinds of paradoxes, anomalies, and uncertain pathways also will manifest themselves.



ASSOCIATION OF SCHOOLS OF
ALLIED HEALTH PROFESSIONS

*Vanguard of
Allied Health Education*

Trends is the official newsletter of the Association of Schools of Allied Health Professions (122 C St. NW, Suite 200, Washington, D.C., 20001. Tel: 202-237-6481) Trends is published 10 times each year and is available on the Association's website at www.asahp.org. For more information, contact the editor, Thomas W. Elwood, Dr.PH.

PRESIDENT'S CORNER—ASAHP MEMBER FOCUS

By Susan N. Hanrahan, ASAHP President



I hope you have been enjoying the “meet your member” profiles that we have featured in the last three editions of the newsletter. Our face-to-face time at a conference always seems too short, so this is an opportunity to informally network with someone you may have not met personally and now find you share some similar interests. Or you thought you knew this person well until you read their “secret.” I have solicited these from some of you, but if you would like to be featured, let me know and I can send you the template to complete. My email address is hanrahan@astate.edu.

Let me share some of our work since my last note. The *Leadership Development Program* (subcommittee of our Leadership Committee) is operational for 2018 with 15 very capable students who will be visible at the Annual Conference in October where they will present their capstone project. Our leadership team of instructors and mentors is headed by **Phyllis King**. The team has organized a great program and the participants seem very enthused about the experience to date.

The *IPE Group* (subcommittee of our Professional Education Committee) has two new projects that you have already read about---the new award for *Institutional Excellence and Innovation in IPE and Collaborative Health Care* and the *ASAHP Summit* that will be held on July 28th entitled “Healthcare Workforce Readiness for Interprofessional Collaborative Practice.” **Anthony Breitbach**, the subcommittee chair, is also engaged with the Interprofessional Education Collaborative (IPEC) and the American Interprofessional Health Collaborative (AIHC). Since we are a member of IPEC, I would encourage you to take advantage of their free webinars on various aspects of IPE.

The *Clinical Education Taskforce* (subcommittee of our Research Committee) is finalizing their paper on “Clinical Education Models,” which should be available soon. They are also working on a 2018 summer summit that will focus on critical aspects of clinical education.

Our *Student Assembly* is still active and currently changing some of the composition of its leadership secondary to graduation. You will see them again at the October conference.

The *Institutional Profile Survey* is a hallmark document of ASAHP. With a number of issues coming together over the last year or so that suggested “change”, the BOD has been working to “revise, overhaul and refresh” the survey instrument. We will be contracting with a new vendor to host the survey and modifying the questionnaire itself. Our goal is to make it user friendly, substantive and of value to our members. Information distilled from the report can certainly be used in a variety of ways and we are excited about these new opportunities. Of course, that will only happen if you fill it out,

The *Board of Directors* will be participating in a strategic visioning exercise this summer. If there are articles we need to read or subjects we need to explore, please bring those to my attention.

There is certainly a lot more going on, but hopefully you are staying in touch through the ASAHP UPDATE, TRENDS, ASAHP: The Week in Review and our website posts. You are an important part of our organization. If you have a need that we can assist with, please bring it to my attention.

Susan

THE RURAL HEALTH WORKFORCE



Apart from passing legislation, an important function of Congress is to conduct hearings on matters of national significance. Page one of this issue of the newsletter refers to the unusually high and ever growing percentage of the country's GDP that is devoted to health compared to what other nations spend. As a means of monitoring what occurs in the health sphere and determining what should happen, hearings are a regular activity of many committees and sub-committees in both legislative chambers. One such event was held on April 12, 2018 by the House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies regarding the topic of investments in the health workforce and rural communities.

Officials from both the Federal Office of Rural Health Policy and the Bureau of Health Workforce in the Health Resources and Services Administration (HRSA) provided relevant information. For example, as of September 2017, more than 72 million individuals live in primary care health professional shortage areas (HPSAs), more than 54 million live in dental HPSAs, and more than 111 million live in mental health HPSAs. Moreover, many of these residents live in areas identified as having all three types of shortages.

Hospitals play a critical role in the rural health infrastructure, serving as a locus for health care in small communities. They help to attract and retain health care providers and ensure access to emergency and inpatient medical services. The delivery system also includes community health centers and rural health clinics that play a key role in ensuring access to primary care. Over 40% of the community health centers nationally are either located in or serve rural populations and may be the only source of care for behavioral health, substance abuse treatment, and oral health.

As of September 2017, the National Health Service Corps (NHSC) had over 10,200 clinicians providing care to over 10.7 million patients nationwide with at least one NHSC clinician in every state and territory. These practitioners have a lasting impact on their communities insofar as 93% continue to serve beyond their services commitment. Of those currently serving, more than 34% are in rural areas.

Meanwhile, HRSA is working to address policy barriers such as cross-state licensure for telehealth clinicians who often practice across state lines. HRSA's licensure and portability program is working with physician and psychology boards to look at ways to reduce the burden for telehealth clinicians who have to apply for licensure in multiple states. The agency meets this charge by monitoring the environment for rural hospitals through the Rural Health Research Center grant program, which focuses a significant part of its efforts on assessing hospital finance, quality, and access to care.

2018-2019 ASSOCIATION CALENDAR OF EVENTS

July 28, 2018—ASAHP Interprofessional Education Summit in Minneapolis, MN

October 8-9, 2018—Part Two of Leadership Development Program in St. Petersburg, FL

October 10-12, 2018—ASAHP Annual Conference in St. Petersburg, FL

Fall 2018—Institutional Profile Survey Conducted

October 16-18, 2019—ASAHP Annual Conference in Charleston, SC

AFFORDABLE CARE ACT DEVELOPMENTS

One way in which politics at the national level resembles the weather is the amount of variability that both exhibit. Beginning with the biennial election cycle in 2012, Republican Senators and House Members began a crusade to undo the Affordable Care Act that became law two years earlier. As they gained ascendancy in both chambers by outnumbering Democrats, the only barrier to repealing and replacing the ACA was President **Barack Obama**, who could be expected to refuse to sign any legislation of that nature.

The picture changed dramatically in 2016 when not only did Republicans maintain numerical superiority in both the House and the Senate, they now had a key ally in the White House with the election of **Donald Trump** who shared their views on the desirability of jettisoning the ACA. As they tried to do so on more than one occasion in 2017, their combined efforts came to naught. Not only does the ACA still exist, albeit with some alterations, it has become more popularly supported by the general electorate. This new enthusiasm attests to an apparent truism that it is hard to extinguish any kind of social benefit once it has been made available.

For the past five years, Democrats have been on the defensive in their efforts to protect the ACA. Now that the political winds have shifted and there are predictions that in this coming November they possibly may be able to assume control of one or both chambers, not only do they want to protect this law from any further Republican encroachments, their campaigns will emphasize building upon what already exists.

Building On ObamaCare While Simultaneously Eroding Some Of Its Provisions

April 18 of this year marked the date when a bill was introduced by Senators **Christopher Murphy** (D-CT) and **Jeff Merkley** (D-OR) to expand health insurance as a means of bolstering ObamaCare. S. 2708 would establish Medicare Part E Public Health Plans. During his campaign for the presidency in 2016, Senator **Bernard Sanders** (I-VT) advocated for a “Medicare for all” approach to addressing the nation’s health care needs. The Murphy-Merkley measure is less ambitious insofar as it would allow beneficiaries to retain private insurance coverage if they want to do so. That way, it eventually should be possible to gauge just how much actual public supports exists for shifting to a plan that excludes the private sector.

As one initiative has the prospect of building on ObamaCare, Republicans continue to move in the opposite direction. What cannot be accomplished in the legislative arena can be altered through actions taken in the administrative realm. As a direct response to an Executive Order by President Trump, the Departments of Health and Human Services (HHS), Labor, and the Treasury issued a proposed rule that is intended to increase competition, choice, and access to lower-cost healthcare options for beneficiaries. The rule proposes to expand the availability of short-term, limited-duration health insurance by allowing consumers to buy plans providing coverage for any period of less than 12 months, rather than the current maximum period of less than three months. The rule also would provide additional options to Americans who cannot afford to pay the costs of soaring healthcare premiums or do not have access to healthcare choices that meet their needs under current law.

Insurance Company Use Of Social Media To Learn About Policyholders

Is it a wise idea to be depicted in social media vehicles smoking a cigarette or after falling down from consuming too much alcohol? According to an article that appeared in *National Journal Daily AM* on April 5 of this year, what users of Facebook and other social media platforms may not know is that there is no federal law restricting insurers from using such information to set premiums and make coverage decisions for certain types of health insurance. The Trump administration’s plan to expand the use of smaller, cheaper plans on the individual market will be able to take preexisting conditions and health status into account, including information that is publicly shared on social-media platforms. Life insurers already use social media to assess the risk of potential policyholders. Another use of information from those sources would be to deny a worker’s compensation benefit, who supposedly while still incapacitated, was filmed swimming the English Channel.

DEVELOPMENTS IN HIGHER EDUCATION

The United States continues to move in the direction of requiring a bachelor's degree as an entry-level qualification for many kinds of employment. The relatively high cost of obtaining a college education has proven to be beyond the academic reach of a great many families. An article on page eight of this issue of the newsletter describes the hardships encountered by retirees who enter that stage of life encumbered with various debts. Given that health costs in old age may exceed the ability to pay for them out-of-pocket, debts represent a serious drain on limited financial resources.

All too many college graduates today begin their careers saddled with educational debt that is approaching an average of \$40,000 in student loans. That burden can undermine their financial well-being and prevent them from owning a home someday or being able to pay for their own children's education. The situation assumes a more serious concern when viewed in the context of vast inequities that persist in the country's K-12 education system with students of color disproportionately enrolled in public schools that are underfunded, understaffed, and thus more likely to underperform when compared with schools attended by their white peers.

Gaps In College Spending Shortchange Students Of Color

An analysis by the Center for American Progress of education spending at public two- and four-year colleges shows that the amount spent per student of color, defined here as black and Latino students, is more than \$1,000 less per year than what is spent on their white counterparts. This disparity in spending can mean students of color do not receive the same supports as other students in a variety of crucial dimensions, including opportunities to work with advisers and tutors, as well as access to mental health services. Those differences in expenditures accumulate. Nationally, as a result of these spending gaps, public colleges spend approximately \$5 billion less educating students of color in one year than they do educating white students.

According to the report, these spending gaps are a function of two key factors. First, as a result of direct policy choices, most states fund their public colleges in a way that provides more money for elite research institutions over less selective community and four-year colleges. Consequently, resources available to spend on education at community colleges and less selective institutions are often more limited. Second, across the nation, there is an inequitable system of access to higher education that disproportionately sends students of color to those very same colleges receiving fewer resources where less money will be spent on education per student.

The State Of Innovation In Higher Education

Innovation unmistakably is a trending topic currently. Despite its popularity, what innovation is and looks like varies widely. It takes many forms, in both theory and practice. Defining innovation as "the implementation of new initiatives in order to drive growth, increase revenue, reduce cost, differentiate experience, or adjust the value proposition," the Learning House, Inc., and the Online Learning Consortium (OLC) collaborated to produce a report that explores what an innovative culture looks like at institutions across the country and how they define and employ innovation.

A survey of more than 100 academic administrators aimed to: understand how innovation manifests itself at an institution; identify common barriers to innovation, such as institutional culture and/or structure; and recommend ways to foster innovation and navigate challenges that arise when implementing it. Key findings are:

- Higher education does not have a standard definition for innovation.
- At its core, higher education views innovation as a means to solve problems.
- A balance between administrative leadership and operational initiative is key.
- As innovation often relies on interdepartmental collaboration, structural issues and cultural factors are the most common barriers to success.

QUICK STAT (SHORT, TIMELY, AND TOPICAL)

Trends In Mortality Among Females In The United States

According to the March 2018 issue of *Preventing Chronic Disease*, in 1900, unadjusted death rates (UDRs) and age-adjusted all-cause death rates (AADRs) were higher for nonwhites than whites and decreased more rapidly for nonwhite females than for white females. Reductions were highest among younger females and lowest among older females. Rates for infectious diseases decreased the most. AADRs for heart disease increased 96.5% in the first five decades, then declined by 70.6%. AADRs for cancer rose, then decreased. Stroke decreased steadily. Differences between white and nonwhite female all-cause AADRs almost disappeared during the study period (5.4 per 100,000); differences in white and black AADRs remained high (121.7 per 100,000). Improvements in social and environmental determinants of health probably account for decreased mortality rates among females in the early 20th century, partially offset by increased smoking. Other public health and clinical measures contributed to reductions in the 2nd half of the century.

Prevalence Of Total And Untreated Dental Caries Among U.S. Youth

Untreated caries can cause pain and infections. Monitoring prevalence of untreated and treated caries is key to preventing and controlling oral diseases. An April 2018 report from the National Center for Health Statistics (NCHS) presents the prevalence of total and untreated caries in primary or permanent teeth among youth aged 2–19 years for 2015–2016, and trends from 2011–2012 through 2015–2016. For 2015–2016, prevalence of total caries (untreated and treated) was 43.1% and untreated caries was 13.0% among youth aged 2–19 years. Prevalence was lowest in youth aged 2–5 years compared with those aged 6–11 and 12–19 for total (17.7%, 45.2%, 53.5%) and untreated caries (8.8%, 15.3%, 13.4%). Hispanic youth had the highest prevalence of total caries. Non-Hispanic black youth had the highest prevalence of untreated caries. For both total and untreated caries, prevalence decreased as family income level increased.

HEALTH TECHNOLOGY CORNER

Developing A Biologically-Based Definition Of Alzheimer's Disease

The research community has a new framework toward developing a biologically-based definition of Alzheimer's disease. This proposed "biological construct" is based on measurable changes in the brain and is expected to facilitate better understanding of the disease process and the sequence of events that lead to cognitive impairment and dementia. With this construct, researchers can study Alzheimer's, from its earliest biological underpinnings to outward signs of memory loss and other clinical symptoms, which could result in a more precise and faster approach to testing drug and other interventions. Convened by the National Institute on Aging (NIA) and the Alzheimer's Association (AA), the framework will apply to clinical trials and can be used for observational and natural history studies as well. This common language approach will unify how different stages of the disease are measured so that studies easily can be compared and presented more clearly to the medical field and public.

Injectable Bandage To Prevent Fatality From Excessive Blood Loss

An article entitled "Nanoengineered Injectable Hydrogels for Wound Healing Application" published on April 1, 2018 in *Acta Biomaterialia* describes how kappa-carrageenan and nanosilicates are used to form injectable hydrogels to promote hemostasis (the process to stop bleeding) and facilitate wound healing via a controlled release of therapeutics. For example, a penetrating injury from shrapnel is a serious obstacle in overcoming battlefield wounds that ultimately could lead to death. Given the high mortality rates due to hemorrhaging, there is an unmet need to self-administer materials quickly to prevent fatality due to excessive blood loss. With a gelling agent commonly used in preparing pastries, researchers successfully have fabricated an injectable bandage to stop bleeding and promote wound healing. This multifunctional nanocomposite hydrogel can be used as an injectable hemostat and an efficient vehicle for therapeutic delivery to facilitate tissue regeneration.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Pay For Success Model To Reduce Health Care Spending

Health care spending in the United States is high, and nearly half is paid by the federal government and by state and local governments. Given these costs, public and private entities have led several different efforts to reduce health care spending, but many social programs that can improve health outcomes are not typically covered by health insurance. This deficiency recently has led several states, local governments, and nonprofit organizations to explore the pay for success (PFS) model as a potential financing solution. Despite this interest, the existing health care system presents several unique challenges that have created obstacles to launching PFS projects. A Brief from the Urban Institute explores these challenges and provides recommendations on the path forward for organizations with an interest in pursuing health care-related PFS projects. The Brief can be obtained at https://www.urban.org/sites/default/files/publication/98106/pay_for_success_in_health_care_1.pdf.

Do States Regret Expanding Medicaid?

An analysis from the Leonard D. Schaeffer Initiative for Innovation in Health Policy, which is a partnership between the Center for Health Policy at Brookings and the USC Schaeffer Center for Health Policy & Economics, aims to inform the national health care debate with rigorous, evidence-based analysis leading to practical recommendations. With the ACA in its fifth year of full expansion, an established track record in the expanding states exists to help estimate what the actual costs of expansion will be to the states and how those costs have compared to states' projections. An Issue Brief reviews that evidence and evaluates continuing claims by Medicaid opponents that expansion is a "proven disaster" for state budgets. The strong balance of objective evidence indicates that actual costs to states so far from expanding Medicaid are negligible or minor, and that states across the political spectrum do not regret their decisions to expand Medicaid. The Issue Brief can be obtained at <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2018/03/26/do-states-regret-expanding-medicaid/>.

Improving Health Professional Education and Practice Through Technology

The *Global Forum on Innovation in Health Professional Education*, an endeavor by the National Academy of Medicine, hosted a day-and-one-half public workshop in November 2017 to explore gaps within education and across the continuum of health professional education to practice. The discussions looked at current and future technologies that could bridge the identified gaps in order to optimize health and education system performance and access in high-, middle-, and low-income regions. The Proceedings of a Workshop summarize the presentations and discussions at the workshop, an event that confronts a major problem in the preparation of health professionals: the gap between academia and clinical practice. While health professional students are learning new knowledge, skills, and attitudes when in their educational environments, it is not clear that what they are learning matches the demand for what is needed in practice. The health care market theoretically should respond to demand, resulting in a good match between the health needs of the population and the preparedness and supply of health professionals. In real life, however, there are mismatches in the market that result in inefficiencies, underserved populations, and expensive care. The true population health needs are not reflected in the demand for care, in part because of perverse incentives that prioritize curative care over preventive care, which is often not reimbursed. The Proceedings can be obtained at <https://www.nap.edu/catalog/25072/improving-health-professional-education-and-practice-through-technology-proceedings-of>

THE GOLDEN YEARS MAY BE TARNISHED

Retirement traditionally has been viewed as the commencement of life's golden years, but for some workers, the patina of gold may undergo some tarnishing. Last December, the Employee Benefit Research Institute (EBRI) hosted a Policy Forum to examine retirement security topics with a special focus on overall financial wellbeing. One issue entailed how sufficiently individuals saved for retirement. A related concern is that the incidence of debt for families with heads ages 55 or older has increased significantly since 1992. For families with debt, the percentage of assets that debt represents increased sharply from that year. The overall trend has been driven by housing debt since 2001. Entering retirement and living in retirement with debt increases financial fragility, making older individuals more vulnerable to: financial shocks: unforeseen hospitalization, unexpected repairs, and other emergencies. Risky approaches to managing debt may include forgoing necessities, such as medication.

Regardless of whether a retiree continues to have health insurance coverage that is carried over from full-time employment or has Medicare and Medicaid coverage, retirement assets will be drained by deductibles, co-insurance, co-payments, and the fact that some needed health services will be excluded as benefits. Some reasons why these deficiencies matter are: In 2017, a 65-year-old man needs \$73,000 in savings and a 65-year-old woman needs \$95,000 if each have a goal of having a 50 percent chance of having enough savings to cover premiums and median prescription drug expenses in retirement. If they want a 90 percent chance of having enough savings, the man needs \$131,000 and the woman needs \$147,000. A couple with median prescription drug expenses needs \$169,000 if they have a goal of having a 50 percent chance of having enough savings to cover health care expenses in retirement. If the couple wants a 90 percent chance of having enough savings, they need \$273,000. For a couple with drug expenses at the 90th percentile throughout retirement who want a 90 percent chance of having enough money saved for health care expenses in retirement by age 65, targeted savings is \$368,000 in 2017.

ARE CLOSED MINDS OPEN TO ANY CHANGES?

Americans are bombarded with up-to-the-minute processions of news from print vehicles (e.g., newspapers and magazines), talk radio shows, and cable TV networks. Alternative universes are described among these conflicting sources on important topics, such as health reform, marijuana legalization, and physician-assisted suicide. An interesting study appeared in the March 2018 issue of the *Quarterly Issue of Political Science* on the topic of newspaper op-ed articles and their influence on changing minds. Employing two randomized experiments, researchers found that op-ed pieces had large and long-lasting effects on individual's views among both the general public and policy experts. The study also found that Democrats and Republicans altered their views in the direction of the op-ed piece in roughly equal measure.

The investigators enrolled 3,567 subjects in the study who were randomly assigned into a control group or one of five "treatment" groups shown one of five op-eds that appeared in *The New York Times*, *The Wall Street Journal*, *USA Today*, or *Newsweek*, advocating libertarian policy positions on issues, such as climate change. The same experiment was performed on a group of 2,169 "elites," including journalists, law professors, policy-focused academics, think tank scholars, bankers, and congressional staffers. In both experiments, respondents exposed to op-eds shifted their views to support the argument presented in the piece, with the general public being marginally more persuaded than the elites. If an op-ed can produce this effect of opening minds to accept information that heretofore was less acceptable, it is worth speculating whether presentations at conferences could be equally as successful. A great deal of hidebound polarization exists on important health matters. Allowing more intellectual fresh air to enter closed minds might help opposing policymakers to consider ways of bypassing obstacles that inhibit meaningful compromises.