

TRENDS

Association of
Schools of
Allied Health
Professions

HIGHLIGHTS

JULY/AUGUST 2003

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VANGUARD OF
ALLIED HEALTH EDUCATION

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ALLIED HEALTH LEGISLATION

The Association developed proposed legislation known as the *Allied Health Reinvestment Act* (AHRA) in conjunction with staff from several major professional Associations. Since then, a total of 15 other organizations already have agreed to support this initiative. The latest additions to the roster are the American Association for Clinical Chemistry and the National Cancer Registrars Association.

Efforts are underway to identify key persons on Capitol Hill to serve as the sponsor in each chamber. Each year, the legislative landscape is strewn with the carcasses of bills that never saw the light of day once they were referred to committees. As of July 30 of this year, 2,989 bills had been introduced in the House. As of August 1, there were 1,569 bills introduced in the Senate. Thus far, fewer than 70 have been enacted.

Several factors characterize whether a proposed measure can reach the enactment stage. Typically, a bill should have a national impact. A good example is an out-patient Medicare drug benefit. Strong leadership on the part of an influential group of key legislators usually is associated with the ability to move a bill through the process. Widespread recognition that a problem cries out for an immediate solution also may be a key ingredient.

Even when all these attributes are in place, there is no guarantee of success. Budget deficits and concerted action by opponents are only two of the obstacles that may bring matters to a halt. As far as the AHRA is concerned, a national workforce shortage in some professions is a pressing issue. Unfortunately, widespread recognition of the problem is not as apparent in comparison to nursing shortages. Some efforts have been expended in that direction lately, however, as ASAHP has orchestrated the recent appearance of articles in newspapers such as the Washington Post and the Los Angeles Times.

Confounding variables at present include the possibility that legislators would prefer to deal with all health professions education programs under Titles VII and VIII of the Public Health Service Act at once rather than on a piecemeal basis. A looming huge federal budget deficit does not help much. A proposal to provide loan repayments for a relatively small number of pharmacy students and graduates is estimated to cost \$51 million for the period 2004-2008. Proposed allied health legislation will cost significantly more than that amount.

The key right now is to identify the sponsor in each chamber. The list of possibilities has been narrowed down and the hope is that those individuals will lend their names to AHRA in coming weeks. Several potential co-sponsors have been identified. Then, all the supporting organizations can swing into action to push passage of the bill.

PRESIDENTS' MESSAGE

By David D. Gale, ASAHP President



The Association's Board of Directors met in Washington, DC during the last week in July. The main item on the agenda was to revise and update the organization's *Strategic Plan*. This document has undergone revisions at the rate of approximately every three years. It does not mean, however, that each new iteration remains in a state of inanimate suspension during such time periods.

Instead, every major Board discussion involves a review of what has transpired programmatically in relation to the Plan. As progress is made, certain items are retired either because required action on them has been completed or the issue is no longer as critical to perform when it first was formulated. Readers of the *ASAHP Annual Report* will recognize that it is structured around the components of the Strategic Plan. In an important sense, the Annual Report serves as a scorecard that indicates how successful we were during the previous 12 months in fulfilling our intentions.

This time around, we agreed to maintain a focus on the same overall goals of collaboration, influencing health and education policy, research and scholarship, leadership development, and promoting high quality education. Acknowledging that considerable success already has been achieved in some of these areas, the action plan steps underwent some streamlining.

At this juncture, we have a clear sense of what our priorities will be over the next few years and how the budget should be structured accordingly to carry out designated actions. The next step will be to convey this information to the membership for review and comment. Once those responses have been gathered and analyzed, necessary modifications will be made and the final product will be disseminated widely.

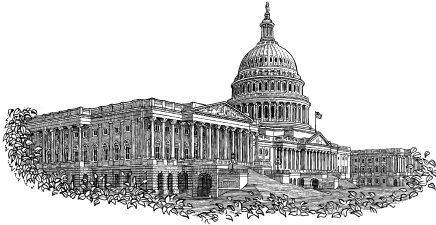
On a related note, the Board had a lengthy discussion on how we as Board Members and staff can serve the Association's membership to the fullest capacity. A proposal to create a Deans' Council was resurrected once again, only this time around the notion was approved. What form such a Council will take or how it will be operationalized are details that await further clarification. The intent is to ensure that the deans and directors of our member institutions have a voice both in what ASAHP does and how it does it.

Preliminary overtures in that direction recently were made by having a conference call between the Board and the Presidents of the five regional deans' groups. Recognizing the interlocking nature of having academic administrators involved at these different levels, the goal is to create something that does more than simply replicate what already exists.

Lastly, the Board also approved supplementing the upcoming Spring Meeting in Washington, DC next March with a day-long workshop on fund development. The rest of the program will be devoted to activities aimed at advancing allied health legislation, including visits to Capitol Hill by meeting participants.



APPROPRIATIONS PICTURE STILL UNCLEAR



The federal government's new fiscal year begins on October 1, but not one of the appropriations bills has been enacted. Last year at this time, the picture was much dimmer and it took until the end of February 2003, nearly five months after the start of fiscal year 2003 before an omnibus bill was enacted (P.L. 108-7) that contained 11 of the 13 bills that must become law each year.

Since 1981, in only two years have all spending bills cleared before October 1. Last year and the year before, not a single bill had been cleared by that date. As of early August of this year, no spending bills have been cleared in conference committee, one of the final steps in the process whereby key appropriators from the two chambers reconcile differences in the bills passed by the House and the Senate.

The largest domestic spending bill involves the Departments of Labor, Health and Human Services, Education and Related Agencies. It also usually proves to be the most contentious. Oftentimes, a battle over spending any money on abortion will be enough cause for the deadline to be missed by several months.

Both the House and the Senate are on recess until after Labor Day, but appropriations staff persons are continuing to work on spending amounts that legislators will agree to approve. The Bush Administration is requesting only \$109,114,000 for the various health professions education programs (\$98,214,000 of the amount would be for nursing) in its FY 2004 budget. The current fiscal year funding level for all these programs is \$421,203,000. The House passed its bill with a total of \$391,203,000. The Section 755 Allied Health & Other Disciplines Grant Program would remain at \$11,922,000. The Senate Appropriations Committee has proposed \$423.7 million for "health professions appropriations." The Senate report directs \$290 million of this total toward Children's Hospital Graduate Medical Education and \$112.7 million to the Title VIII nursing programs, **leaving just \$21 million for the Title VII health professions programs, a 93 percent cut below the FY 2003 level of \$308 million**.

So, once again it will be an uphill struggle to obtain funding for allied health and other health professions education programs. Undoubtedly, amendments will be offered to increase funding. Thus far, however, the GOP leadership has imposed tough fiscal discipline by adhering to the spending ceiling set by the 2004 budget resolution. As usual, battle lines have been drawn and when the final outcome will be known still is open to conjecture.

MEMBERS IN THE NEWS

Vincent S. Gallicchio (Associate Dean, University of Kentucky) will be the project director for a program that will create the "Transatlantic Health Science Consortium." Funded through a FIPSE grant from the U.S. Dept of Education, with additional support from the European Community, the Consortium will link the University of Kentucky (lead institution), University of Alabama, University of Kansas, and the University of Puerto Rico with four universities based in Europe. The program begins in September and the focus will be on the "cross-training" of clinical laboratory scientists/biomedical scientists.

Sidney Stohs has accepted a position as Senior Vice President of Research and Development of AdvoCare International, a nutrition and wellness company located in the Dallas area. He recently retired as Dean of the School of Pharmacy and Health Professions at Creighton University.

COST OF HEALTH PROFESSIONS EDUCATION PROGRAMS

As allied health professionals begin the task of seeking federal support for allied health education, it is helpful to remind them that such efforts have a price tag that some legislators may be somewhat apprehensive about paying. As an example, S. 648, the Pharmacy Education Act of 2003 would establish two programs within the Health Resources and Services Administration (HRSA). The bill would authorize the agency to pay principal and interest on education loans owed by pharmacists possessing bachelor or doctorate degrees who agree to work for at least two years in areas where there is a shortage of pharmacists. S. 648 also would provide for loan repayments for students and graduates who become members of the faculty of a pharmacy school for a minimum of two years. The bill would assume such sums as necessary from 2004 through 2008.

The Congressional Budget Office (CBO) estimates that implementing this legislation would require new discretionary spending of about \$51 million over the next five years. Additionally, CBO estimates that about 50 graduates in 2004 would participate who agree to work in shortage areas, rising to about 250 graduates each year by 2008. Annual loan repayments, including payments for tax liability, would average about \$30,000 per participant in 2004 with the expectation that participants would receive this aid for two to three years. The implementation cost would be less than \$2 million in 2004 and \$49 million over the 2004-2008 period.

For graduates and near-graduates who serve on the faculty at a pharmacy school, CBO estimates that the number of participants would grow from five in 2004 to 30 in 2008. Loan reimbursement would average between \$22,000 and \$25,000 per year for an average of two years. The implementation cost would be less than \$500,000 in 2004 and \$3 million over the 2004-2008 period. The low number of participants would stem from a matching requirement by the schools doing the hiring, which would not be able to reduce faculty members' salaries to account for the loan repayments.

As much as another \$500,000 in the period 2004-2008 also would have to be spent for settlements and tort claims expected to arise from the actions of licensed health care providers in federally funded health centers.

BOARD ACTIONS

The ASAHP Board of Directors had a meeting in Washington, DC on July 28-30. Several actions were taken, including the following:

- Unanimously approved the Minutes of Board conference calls conducted on April 29 and June 16.
- Unanimously approved a motion to form a three-person Finance Committee appointed by the ASAHP President to make recommendations regarding the investment of available funds.
- Unanimously approved a motion to have the most recent Past President be the chairperson of the ASAHP Fellows Group and have them recommend to the Board of Directors the Group's responsibilities
- Unanimously approved a motion to retain the name of the organization as the Association of Schools of Allied Health Professions.
- Unanimously approved a motion to use money from the Helen Hickey Fund for a workshop on development during the Association's Spring Meeting in March 2004 in Washington, DC.
- Approved a motion to form a Council of Deans.

NEW MEMBERS



Gary Sayed recently was appointed Dean of the College of Allied Health at the Charles Drew University of Medicine and Science. Prior to joining Drew, he was the Chairman and Associate Professor of the Department of Diagnostic Imaging at the Thomas Jefferson University in Philadelphia, Pennsylvania. He also has served as Assistant Professor of Radiological Science and Acting Director of Nuclear Medicine Institute at the University of Findlay in Findlay, Ohio.

Dean Sayed earned his Ph.D. in radiological science from the Department of Radiology at the Medical College of Ohio at Toledo and has a Master of Science degree in radiochemistry from the University of Iowa. His Bachelor of Science degree in nuclear medicine science is from the University of the Incarnate Word (then the Incarnate Word College) in San Antonio, Texas.

In addition to being a Diplomate of the American Board of Science in Nuclear Medicine, Dean Sayed is the recipient of numerous honors and awards, including the prestigious Senior Fulbright Scholar Award in Radiology and the Distinguished Fellow of the American College of Nuclear Medicine. Active professionally at the local, national and international level, he is the President-Elect of the Medical Health Physics Section and serves as a member of the Board of Directors of the American College of Nuclear Medicine and the Board of Governors of the Nuclear Medicine Computers and Instrumental Council. He was a member of the initial cohort of Coalition of Allied Health Leadership of the Association of Schools of Allied Health Professions.

Charlotte Royeen is the new dean of the Edward and Margaret Doisy School of Allied Health Professions at Saint Louis University. She is not new to St. Louis where she obtained a portion of her formal education. Nor is she new to Jesuit education. Dean Royeen spent the last seven years at Creighton, a sister Jesuit institution in Omaha, where she was professor of occupational therapy and focused on the varied research within the School of Pharmacy and Allied Health Professions there.

Prior to that, she was the founding chair and professor of occupational therapy at Shenandoah University in Winchester, Va., and worked for several years for the U.S. Department of Education's Office of Special Education Programs. She also has taught at Howard University and Virginia Polytechnic Institute and State University. She holds a doctorate from Virginia Polytechnic Institute and State University in Blacksburg, VA; an M.S. in occupational therapy from Washington University School of Medicine; and a B.S. in occupational therapy and anatomy from Tufts University. She also studied psychology and fine arts painting as an undergraduate at Ohio University in Athens, Ohio. She has been a private practitioner and consultant in occupational therapy for more than 25 years.



A national leader in occupational therapy, at the recent annual conference of the American Occupational Therapy Association, Dean Royeen was awarded the 2002 Eleanor Clarke Slagle Lectureship award, which is the highest scholarly achievement bestowed in the field of occupational therapy. She has published extensively, with books, book chapters, and numerous peer-reviewed journal articles. Her past research has been funded by the Department of Health and Human Services, the Fund for the Improvement of Post-Secondary Education, the National Institute of Drug Abuse, the Bureau of Health and Human Services, the U.S. Department of Education and other sources.

HEALTH PROMOTION

The Association will have an opportunity to comment on a Health Promotion-Disease Prevention Curriculum Framework that is being developed by a Task Force working under the auspices of the Association of Academic Health Centers and the Association of Teachers of Preventive Medicine. The purpose of the project is to fulfill *Healthy People 2010 Objective 1.7* – “Increase the proportion of schools of medicine, schools of nursing and health professional training schools whose basic curriculum for health care providers includes the core competencies in health promotion and disease prevention.”

The Curriculum Framework is being designed to allow considerable flexibility for each clinical health profession to determine the depth of the curriculum that is recommended, the timing of the material, and the methods of delivering the curriculum. It also is the intent to point out opportunities for interdisciplinary education and discussion.

Major areas being addressed by the curriculum are as follows:

- Evidence Base for Practice (epidemiology and biostatistics, methods for evaluating health research literature, measuring outcomes including quality and costs, health surveillance, and determinants of health).
- Clinical Preventive Services – (health promotion screening, counseling, immunization, and chemoprevention).
- Health Systems and Health Policy (organization of clinical and public health systems, health services financing, health workforce, and public policy process).
- Community Aspects of Practice (communicating health information with the public, occupational and environmental, global health issues, cultural dimensions of practice, community services).

The Framework will be posted on the web and members will be able to comment upon its contents in early September. In a related development, the Association will act as a conduit for several national professional associations. ASAHP will solicit their comments and funnel them to the Task Force sometime during the month of September.

PAST PRESIDENT WARREN PERRY AWARD RECIPIENT

The Buffalo and Erie County Historical Society in New York presented its *Annual Red Jacket Award* on June 12 to J. Warren Perry who served as ASAHP's 2nd President in 1969. This annual distinction recognizes "quiet, continued, unbroken devotion to our civic progress and needs by one who, through such devotion, has thereby enlarged our awareness of our heritage in order that it may be built upon for the enrichment of our future." Separately, he also was honored in the naming of the *J. Warren Perry Dean's Suite* in the new building of the University at Buffalo School of Public Health and Health Professions.

WORKFORCE COMMISSION

Legislation was introduced in the Senate (S. 1498) on July 30 that is aimed at creating a Health Workforce Advisory Commission. The issue of shortages among the health professions, both now and projected, is a growing problem. For example, it is estimated that by 2050 the U.S. will need to more than triple its number of long-term care workers.

A problem is that health workforce policies tend to be profession or position-specific. These different workforce policies tend not to be viewed from an interactive and global perspective. To remedy the situation, a Commission is proposed to review and make recommendations pertaining to federal health workforce policies. Specifically, the commission will perform a variety of functions such as: Review federal health workforce policy, Analyze and make recommendations to improve the methods used to measure and monitor the U.S. health workforce, Analyze and make recommendations about the appropriate supply and distribution of health professionals, and Analyze the role(s) and global implications of internationally trained health professionals and personnel in the U.S. workforce.

They may be examined by going to the World Wide Web at <http://thomas.loc.gov/>. Once at the site, type in S.1498 in the box entitled, Bill Number.

NIH REORGANIZATION

The continued growth in the number of organizational units of the National Institutes of Health (NIH) has been a cause of both concern and celebration for decades. Numerous NIH officials and external advisory committees have suggested that the continued creation of new units (institutes, centers, and programmatic offices) could impair NIH's functioning by making it unmanageable and impeding its ability to carry out its mission.

In report language accompanying the appropriations bill for the Department of Health and Human Services (DHHS) for FY 2001, Congress directed NIH to have the National Academy of Sciences study "whether the current structure and organization of NIH are optimally configured for the scientific needs of the 21st century."

The Committee on the Organizational Structure of the NIH was formed at the National Academy of Sciences to carry out this assignment. The committee's report was issued in late July. The following are among the recommendations made:

- The National Institute on Alcohol Abuse and Alcoholism (NIAAAA) should be combined with the National Institute on Drug Abuse (NIDA).
- The National Human Genome Research Institute (NHGRI) should be folded into the National Institute of General Medicine Sciences (NIGMS).
- Congress should give the NIH director more discretion and money for programs that cut across institutes, allocating 5% of the overall budget to these trans-NIH initiatives, ramping up to 10% or more over 4-5 years.

A copy may be accessed by clicking <http://search.nap.edu/books/0309089670/html/> on the World Wide Web.

ANNUAL CONFERENCE WILL FEATURE OXFORD DEBATE

The 2003 *ASAHP Annual Conference* will feature an Oxford-style debate on the morning of Saturday, October 25. The topic is International Accreditation. Adapted from a popular activity at Oxford University in England, the debate promises to combine the qualities of being informative, entertaining, and humorous. An outline of the procedures is as follows:

A motion is put forward. Speakers who support the motion are called the "Proposition." Speakers who oppose the motion are called the "Opposition." The debating hall is divided into four parts. As many as six individuals will be allowed to give prepared speeches (seven minutes in length), with an opportunity for two persons from the audience to give short speeches (two minutes) during the debate ("floor speeches").

The audience's role is to be active participants and judges. After two speakers from each side have presented, the Chairperson will ask for one floor speech in favor of and one opposed to the motion. In addition, interventions are allowed, which can be done by any person in the audience by standing and waiting for the speaker to call on this individual. The speaker does not have to do so. If after a few seconds, the speaker does not call on the person, the audience member sits down and awaits another opportunity. Oftentimes, a speaker will accept two or three interventions. The key ingredient of an Oxford-style debate is that the audience members "vote with their feet" by (a) moving from one side of the room to the other during the presentations, as speakers make compelling points for their side – or, inadvertently, for their opponents' side – and (b) voting for one team or the other by exiting through one of two doors, with votes counted and a winning side declared. The latter activity is contingent upon the room having two separate exits. Otherwise, if there is only one door, one group can exit first, followed by the other group.

The Annual Conference begins on October 22. Additional information may be obtained on the Web at <http://www.asahp.org>.



View of Toronto from Toronto Islands

AVAILABLE RESOURCES

IOM Report Available

The 2001 Institute of Medicine report *Crossing the Quality Chasm: A New Health System for the 21st Century* recommended that an interdisciplinary summit be held to develop next steps for reform of health professions education in order to enhance patient care quality and safety. The IOM convened this summit in June 2002. A follow-up report entitled, *Health Professions Education: A Bridge To Quality* recently became available. It may be accessed from the World Wide Web at <http://search.nap.edu/books/0309089670/html/>.

Virtual Universities

A monograph from the Pew Symposia in Learning and Technology entitled, *Expanding Access to Learning: The Role of Virtual Universities* is now available in PDF format and can be accessed on the Web at <http://www.center.rpi.edu/PewSym/mono6.html>. It assesses statewide virtual university initiatives, discusses critical success factors, and offers an alternative strategy to the predominant collaborative model that can improve current practice.

Racial/Ethnic Disparities

A chart book is available to serve as a quick reference on racial/ethnic disparities in health, health insurance coverage, and health care access and quality. The document highlights the best available data and research, providing a selective review of the literature. Section One gives an overview of the demographic characteristics of the U.S. population. Section Two presents measures of health status. Section Three profiles patterns of health insurance coverage. Section Four describes findings on access to primary and preventive care. Section Five documents findings on the use of specialty care for heart disease, cancer, asthma, and HIV/AIDS. The chartbook may be found on the Web at <http://www.kff.org/content/2003/6069/6069v1.pdf>.

Addressing Racial And Ethnic Disparities

Senate Majority Leader Bill Frist requested the General Accounting Office (GAO), the investigative arm of Congress, to identify approaches that experts view as promising to address racial and ethnic disparities in health care. Sources of information included studies, journal articles, reports, and evaluations by the Institute of Medicine, federal agencies, researchers at academic institutions and research organizations such as the Institute of Medicine, representatives from large employers and a health plan, and officials at philanthropic foundations and other organizations. The report may be accessed on the Web at <http://www.gao.gov/new.items/d03862r.pdf>.

Role Of Community-Based Participatory Research

Health-related research studies may develop new treatments or find ways to prevent disease, but it can take years before these treatments become available in most clinics, doctors' offices, or community health centers. This observation especially is true for disadvantaged communities even when they are the subject of the research. A new type of health care research promises to benefit directly the persons studied. To learn more about this approach, go to <http://www.ahcpr.gov/research/cbprrole.pdf> on the Web.
