

TRENDS

Association of
Schools of
Allied Health
Professions

HIGHLIGHTS

March 2003

President's Message	2
Congressional Update	3
Membership Dues	3
Leadership Development	4
Teaching Materials	4
Fulbright Awards	5
Data Reports	5
Health Values	6
Health Information	6
Medicare Trustees	6
Available Resources	7
Change in Publishers	7
Learning Contexts	8
Photos	8
Deans' Memorial Lecture	9

CONGRESSIONAL VENTURE BEGINS

The path to enacting legislation often proves to be a long and arduous one. Apart from what happens after a bill is introduced in a legislature, the preliminary steps leading to that event can be just as momentous and challenging.

The Association's journey toward the goal of having an *Allied Health Reinvestment Act* become law began in August 2001 when an invitation letter was sent to the Executive Directors of 10 major professional organizations. They were requested to attend the ASAHP 2002 Winter Meeting in San Antonio, TX to present the views from their respective professions regarding student enrollment declines in academic programs. That topic was selected as a theme for the meeting, following Association surveys in 2000 and 2001 that showed significant drops in student applications and enrollment in many different allied health programs at member institutions.

That event was followed by a meeting of the Presidents and Executive Directors of these organizations in July 2002 to discuss the feasibility of working cooperatively to produce federal legislation to address health workforce problems. Subsequently, legislative staff from several of these organizations began discussing the ingredients of a proposed bill.

Several face-to-face deliberations and conference calls later, a bill was produced. Its contents were enriched by comments made by ASAHP members who visited Congressional offices on February 12-14 during this year's Winter Meeting in Washington, DC. Not only were they able to spark interest in such legislation, they obtained valuable comments from Hill staff, and in addition, were able to identify prospective sponsors and co-sponsors.

Next, the bill goes to the Legislative Counsel's Office in each chamber. It will emerge from there and at that juncture will acquire a number in both the Senate and the House, along with the names of sponsors and co-sponsors attached to it. The effort then will entail increasing the number of legislative supporters and moving the bill through the stages required for it to be sent to the White House for the President's signature.

Allegro Con Brio is an Italian musical term that means "fast, with spirit." It can be found at the heads of the 1st movements of Beethoven's 3rd and 5th Symphonies. Ideally, the coming months will be characterized by the efforts of ASAHP members and other supporters to facilitate the passage of an Allied Health Reinvestment Act in a fast and spirited way.



VANGUARD OF
ALLIED HEALTH EDUCATION

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PRESIDENTS' MESSAGE

By David D. Gale, ASAHP President



Last month, I had the distinct pleasure of being in Maastricht, Netherlands for the Annual Conference of the Consortium of Institutes for Higher Education in Health and Rehabilitation in Europe (COHEHRE). The theme of the meeting was “Training for the Future: Lifelong Learning for Health Care Workers and Teachers.”

Hogeschool Zuyd, a modern university of professional education in the province of Limburg, hosted the event. The site is in the heart of Europe with cities in Germany and Belgium within 18 miles of Maastricht. The opening general session was held in the room where the Treaty of Maastricht was signed in 1992, an episode that resulted in the creation of the European Union and the subsequent birth of Eurodollar currency.

A core element of the conference was a series of Thematic Work Groups in which participants meet during a maximum period of three consecutive conferences to work out goals that they have established for themselves. The work groups provide a forum for the transfer of knowledge, experience, and expertise concerning relevant items and trends within health care and health care education.

The aim is to achieve concrete results to improve the quality of the related health care professions and health care education in the 40 member institutions of COHEHRE. The topics addressed were: evidence-based practice and education, intercultural and multicultural cooperation in health care and health education, and information technology. Between conferences, participants stay in contact with one another through the COHEHRE website.

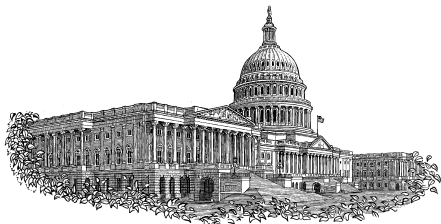
Several participants attended from the United States. Not only did we have an opportunity to learn something new about each of these topics, but education also occurred in the other direction. ASAHP's Immediate Past President **Stephen L. Wilson** and NACNAH President **Lillie Shortridge-Baggett** conducted a session on the importance of publishing for an international audience within one's own discipline and also for other disciplines.

ASAHP Board Member **Estela S. Estapé** (Dean, University of Puerto Rico Medical Sciences Campus) described the development of a multidisciplinary post-doctoral master of science in clinical research program. **Vincent S. Gallicchio** (Associate Dean, University of Kentucky) and **Ellen Hope Kearns** (California State University, Dominguez Hills) presented information on international cooperation within biomedical/clinical laboratory sciences education.

The next *World Congress on Allied Health* is tentatively scheduled to be held during the fourth week in March in 2005. ASAHP, COHEHRE, and other groups such as the North American Consortium of Nursing and Allied Health (NACNAH) will be partners in this endeavor. The Congress will occur in Brussels, Belgium. Future issues of TRENDS will keep readers apprised of developments in planning this event as they occur.



CONGRESSIONAL STRUGGLE OVER CONCURRENT BUDGET RESOLUTION



Once again, members of Congress begin the annual task of arriving at a concurrent budget resolution. Last year, the Senate was unable to adopt a budget, the first time that omission has occurred since the current budget law (P.L. 93-344) took effect in 1975. The absence of a budget resolution may have been a contributing factor to the inability to produce appropriations legislation in a timelier manner. Instead of having the 13 spending bills enacted by the start of the FY 2003 fiscal year on October 1 of 2002, it took until the end of February 2003 to complete action on 11 of them (defense and military spending bills were completed at an earlier date).

Budget committees in the two chambers often do not head in quite the same ideological direction and this year is no exception. The House measure would impose reductions in spending to the tune of \$467 billion over a 10-year period in mandatory programs such as Medicare, Medicaid, veterans' benefits, and farm subsidies. Linkages are made between those cuts to a willingness to provide \$400 million for a prescription drug benefit for Medicare beneficiaries.

The final outcome in achieving a concurrent budget resolution will affect how much is spent on discretionary programs such as health professions education. Approximately one-third of all federal spending is discretionary, i.e., Congress has the ability to control the amounts spent each year through the 13 different appropriations bills.

A chief aim of President Bush is to have legislation enacted that will stimulate economic growth through a \$726 billion tax cut over an 11-year period. Approximately \$396 billion of that amount would result from the elimination of taxation of corporate dividends. Just when it appeared that the Senate would agree to the proposal, a vote was approved during the week of March 23 to reduce the tax cut to \$350 million.

A huge concern is the cost of the war in Iraq. The amount required to support that effort will depend on how long the conflict lasts. Another imponderable is the cost of reconstructing that nation along more democratic lines. The unknowns associated with that effort pertain to the amount of time it will take and the extent to which other countries participate by furnishing resources. Meanwhile, the U.S. economy continues to sputter along and the gap between federal revenues in the form of taxes and the current amount of expenditures portends a budget deficit that will become larger for many years to come. Obviously, none of these factors bodes well in the ongoing quest to obtain funding for allied health and other health professions education programs.

MEMBERSHIP DUES INVOICES

Membership dues invoices for the fiscal year that begins on July 1 have been mailed. The rates will remain the same for the coming year.

LEADERSHIP DEVELOPMENT PROGRAM OFFERED

The first segment of a Leadership Development Program will begin in Washington, DC on April 30 and end on May 5. The second part will occur on September 9-13. Participants will work on group projects during the period between the two sessions. They represent ASAHP, the National Network of Health Career Programs in Two-Year Colleges (NN2), the Health Professions Network (HPN), and the National Society of Allied Health.

The following individuals were selected from ASAHP member institutions:

Doris Baker	University of Kentucky
Felecia Banks	Howard University
Geraldine Buck	Drexel University
Mamie Byrd	Howard University
Susan Dougherty	Weber State University
Rebecca Ludwig	University of Arkansas for Medical Sciences
Edward O'Connor	Quinnipiac University
Doris Pierce	Eastern Kentucky University
William Siler	Saint Louis University
Kathy Thompson	Baptist College of Health Sciences

The program is under the direction of the Association's Immediate Past-President **Stephen L. Wilson** (The Ohio State University). Support is provided through a contract from the Bureau of Health Professions in the U.S. Public Health Service.

HEALTH SCIENCES TEACHING MATERIALS

Digital multimedia files, such as images and videos, have become essential teaching aids in health sciences education. Educators, however, often do not have the time or resources to create new materials, and web-based searches are unlikely to yield suitable, high-quality materials. To meet this need, the Health Education Assets Library (HEAL) was started in 2000 with funding from the National Science Foundation in collaboration with the National Library of Medicine and the Association of American Medical Colleges. HEAL is creating a national repository of free, web-based multimedia teaching materials in the health sciences, as a component of the National Science Digital Library, an initiative of the National Science Foundation.

The prototype version of the HEAL application is available for use online. The prototype is a fully functional, multi-tiered application for searching, browsing, and contributing to the library of files. This prototype will be user-tested in the upcoming months, with continual improvements planned. Resources will be included in the HEAL database if they meet various requirements, including: The resource is appropriate for students in medical schools, undergraduate colleges, allied health education, or K-12 education, or is designed for patient education. Resources deemed irrelevant or inappropriate and those violating federal law or regulations will be excluded.

For additional information, go to <http://www.healcentral.org/index.htm> on the World Wide Web.

FULBRIGHT AWARDS

The *Fulbright Scholar Program* is offering lecturing/research awards in some 140 countries for the 2004-2005 academic years. Opportunities are available not only for college and university faculty and administrators, but also for professionals from business and government, as well as journalists, lawyers, scientists, artists, independent scholars and many others.

Traditional Fulbright awards are available from two months to an academic year or longer. A new short-term grant program, the Fulbright Senior Specialists Program, offers two-to-six-week grants in a variety of disciplines and fields. While foreign language skills are needed in some countries, most Fulbright lecturing assignments are in English. Some 80 percent of the awards are for lecturing.

Application deadlines for 2004-2005 awards are:

- **May 1, 2003** for Fulbright Distinguished Chair awards in Europe, Canada and Russia
- **August 1, 2003** for Fulbright traditional lecturing and research grants worldwide
- **November 1, 2003** for spring/summer seminars in Germany, Korea and Japan for international educators and academic administrators and for the summer German Studies Seminar
- **Rolling deadline** for Fulbright Senior Specialists Program

For information, contact the Council for International Exchange of Scholars (CIES) at 3007 Tilden Street, NW, Suite 5L, Washington, DC 20008-3009. Telephone: 202-686-7877; E-mail: apprequest@cies.iie.org. Information and an online application are also available on the Web at <http://www.cies.org>. The United States Department of State, Bureau of Educational and Cultural Affairs, sponsors the Fulbright Scholar Program.

HEALTH WORKFORCE DATA REPORTS

Analysts at the State University of New York in Albany are working on a project that is an extension of the "10th Report." The activity will cover some allied health professions not included in the scope of the original "10th Report" project. The professions are: diagnostic medical sonographers; dietetic technicians; emergency medical technicians; paramedics; medical assistants; nuclear medicine technologists; surgical technologists; cardiovascular technologists; radiation therapists; therapeutic recreation therapists; and medical records personnel.

Meanwhile, it is not clear when the "10th Report" will be distributed. All the profession-specific chapters have been drafted and are in various stages of review by federal officials. General introductory sections will be prepared before the review process is completed. ASAHP members under the direction of **Ronald H. Winters**, Dean of the College of Health Related Professions at the University of Arkansas for Medical Sciences, have been reviewing and commenting on chapter drafts since last October.

SURVEY OF FUNDAMENTAL HEALTH VALUES IN AMERICA

In 1991, the Baxter Foundation commissioned Harris Interactive (at that time, Louis Harris & Associates) to conduct a survey measuring basic public values in relation to the financing of and access to health care in the United States and four other countries. Now, Harris Interactive has repeated seven of the questions from that survey to measure contemporary American values and to determine what changes have taken place over the twelve years since 1991.

The results indicate that majorities of all adult Americans tend to believe in the principle of equal access to health care for the rich and the poor, with the healthy subsidizing the cost of care for the sick, and the more affluent subsidizing the cost of care for the poor. These majorities are not overwhelming, however, and a modest majority of all adults are opposed to a substantial increase in taxes even if that is the only way to make sure everyone can get the health care needed.

The results of the survey may be accessed from the World Wide Web at http://www.harrisinteractive.com/news/newsletters/healthnews/HI_HealthCareNews2003Vol3_Iss03.pdf

AMERICANS FAIL TO SEEK HEALTH INFORMATION

Contrary to popular belief that Americans avidly seek health information, especially on the Internet, more than six out of 10 American adults in 2001 sought no information about a health concern, according to a national study released recently by the Center for Studying Health System Change (HSC). Nearly two-thirds (62%) of American adults, or about 117 million persons, failed to seek any health information from a source other than their doctor in the previous year, the study found, and only one in six consumers turned to the Internet for health information (16%, or 30 million adults).

As employers shift a greater share of rising health care costs to consumers and more responsibility for making choices about their care, the study raises serious questions about how ready Americans are to gather information about the cost and quality of care when deciding which caregiver to see or what treatment options to pursue, all hallmarks of the new consumer-driven movement in health care.

The results of the study may be accessed by going to <http://www.hschange.com/CONTENT/537/> on the World Wide Web.

MEDICARE TRUSTEES ANNUAL REPORT

The Medicare trustees recently delivered their annual reports on the fiscal health of Medicare, finding that the financial outlook has declined from last year's estimate, due to lower-than-expected revenues and higher-than-expected hospital spending in 2002. In the estimate just released, Medicare's Hospital Insurance (HI) Trust Fund is projected to be exhausted in 2026, four years earlier than estimated in last year's report. HI taxable payroll in 2002 was about four percent lower than previously estimated. At the same time, hospital expenditures increased about two percent more than estimated, primarily as a result of higher inpatient hospital admissions and a faster increase in the average complexity of these admissions.

The report also projects rapidly increasing costs in the Supplementary Medical Insurance (SMI) Trust Fund, which covers physician visits and other outpatient services. These increases point to higher future federal funding, beneficiary premiums, and beneficiary co-pays in Medicare's Part B program, the trustees said.

AVAILABLE RESOURCES

The Uninsured

Roughly 75 million Americans under age 65 were uninsured sometime in 2001 and 2002, according to a report that was released in March by The Robert Wood Johnson Foundation. The release was associated with the kickoff for "Cover the Uninsured Week," an event that occurred during the month of March. The report may be accessed by going to the World Wide Web and clicking <http://covertheuninsuredweek.org/media/GoingWithoutReport.pdf>.

CDC Grants Available

The Centers for Disease Control and Prevention (CDC) recently announced the availability of fiscal year 2003 research grant funds for intervention research directed to implementing health promotion programs for persons with disabilities. The announcement is related to the "Healthy People 2010" focus area of disability/secondary conditions. A Letter of Intent (LOI), not to exceed three-page pages, is due on or before **April 10**. Applications are due by **May 13**. For more information, click <http://a257.g.akamaitech.net/7/257/2422/14mar20010800/edocket.access.gpo.gov/2003/03-5581.htm> on the web.

Winter Meeting Presentations

Presentations that were made at last month's ASAHP Winter Meeting in Washington, DC may be accessed from the Association's home page at www.asahp.org. Based on recommendations made by attendees at that event, next year's Winter Meeting also will be held in D.C.

OSHA Guidelines

Voluntary guidelines for preventing workplace ergonomic injuries in nursing homes became available in March from the Occupational Safety and Health Administration (OSHA). The guidelines may be accessed from the World Wide Web at <http://www.osha.gov/ergonomics/guidelines/nursinghome/index.html>.

Issue Briefs On Health Professions Launched

A new series of issue briefs was launched by the Center for the Health Professions at the University of California at San Francisco earlier this month. Short summaries of selected professions, they are quick to read and useful to have for reference (includes both data and issue analysis).

The first issue brief is on *Pharmacy Technicians*. It may be accessed by clicking http://www.futurehealth.ucsf.edu/pdf_files/pharm%20tec%20issue%20brief.pdf on the web.

CHANGE IN PUBLISHERS

The *Journal of Allied Health* will be published by another company under the direction of Michael Bokulich, beginning with the Fall 2003 issue. The firm of Hanley & Belfus in Philadelphia, PA has had the contract since 1995. That company is in the process of merging with Elsevier Publishing.

LEARNING CONTEXTS INSIDE AND OUTSIDE OF THE ACADEMY

The American Association for Higher Education (AAHE) is implementing a Strategic Directions Initiative and a series of special reports has been issued to explain the action strategies. One of these reports is entitled, "Learning Contexts Inside And Outside Of The Academy."

The report may be accessed by going to the World Wide Web and clicking <http://www.aahe.org/specialreports/part2.htm>.

Additional reports on related topics may be accessed by clicking <http://www.aahe.org/specialreports/index.htm>.



ASAHP President David Gale (left) and Executive Director Thomas Elwood attended the COHEHRE conference in Maasteicht, Netherlands in February



Journal of Allied Health Editor Kevin Lyons (right) and new Journal Publisher Michael Bokulich (left)

POLLY FITZ PRESENTS DEANS' MEMORIAL LECTURE

Shown below are excerpts from the Deans' Memorial Lecture presented on February 14, 2003 in Washington, DC during the ASAHP Winter Meeting. The complete address may be found on the web at <http://www.asahp.org>.

Entitling her presentation "Icons, Ideas, and Ideals," I would like to pay special tribute to current deans of allied health professions because managing and leading in a time of chaos has special difficulties. It will take all of your individual and collective talents to carve the future for your schools and our professional organization. You will prevail and your schools will not only survive, but also thrive. Anything less would cause great loss to U.S. health care and the people your graduates serve.

When I attended my first ASAHP meeting in 1970, the gender balance was quite different than today. Today, approximately 40% of the group assembled at this meeting are women. I can only remember a handful of women at that 1970 meeting and they did not have leadership roles in ASAHP.

Leadership can provide some excellent professional growth opportunities, but some are unexpected. My best and perhaps most difficult experience in crisis management came after I had just completed my term as president of ASAHP. A classic struggle emerged between some Board leadership and staff management. As our president resigned, I found myself president again in a term mostly unfulfilled. With the help of a Board of Directors committed to the organization and who would not duck the issues, we alleviated the crisis one step at a time. The faith in ASAHP and diligence of that Board of Directors has been well founded. Your activities at this meeting represent only one part of what we hoped the organization would accomplish.

Harry Sultz, formerly Dean at SUNY-Buffalo, wrote a seminal piece for the Journal of Public Health in April of '91. The title of this commentary is "Health Policy: If You Don't Know Where You're Going, Any Road Will Take You." His challenge for those of us concerned with the public's health in our roles in preparing health practitioners is as follows: achieve a common vision, articulated purpose, and have high standards of ethics. Your focus on student recruitment and other selected issues in the proposed legislation is a good example of the articulation and action necessary to achieve important health goals to provide adequate and appropriate health manpower.

Policy Lesson: Talk to everyone because someone is bound to have a good idea and make every dialogue count. If ASAHP is to be successful in allied health education policy goals I believe there are some important themes to work into action plans. Legislators and their staff need to hear from us on a regular basis. Build a grass roots constituency. Work both sides of the aisle. Get the data, but tell your story anyway.

Maya Angelou tells us that gender and power are tired words, but today's world is about leadership, diverse points of view, giving back and influence. ASAHP has a responsibility to continue the initiative in leadership development. And, you as deans have the responsibility to continue the pipeline of leaders to assure the future of our schools.

