

# TRENDS

Association of  
Schools of  
Allied Health  
Professions

## HIGHLIGHTS

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## HEALTH PROMOTION AND THE HEALTH PROFESSIONS

A leisurely stroll down any street in the United States should be enough to convince even the most casual observer that the problem of obesity is ubiquitous. Perhaps more disquieting is the fact that children are among those waddling along, often while clutching a 64-ounce container of soft drink. Given the correlation between being grossly overweight and the onset of serious disease, the terms health promotion and disease prevention have begun to take on much more meaning.

A Task Force convened by the Association of Academic Health Centers (AHC) and the Association of Teachers of Preventive Medicine (ATPM) is working on a framework aimed at increasing the proportion of health professions schools having a basic curriculum that includes the core competencies in health promotion and disease prevention. Preliminary steps are being taken to explore how ASAHP can become a member of this group. Initially, allied health was not considered part of the mix because it not always is easy to decide just what constitutes the professions that fall under the rubric.

Still, Objective 1.7 of *Healthy People 2010* reads as follows: "Increase the proportion of schools of medicine, schools of nursing, and other health professional training schools whose basic curriculum for health care providers includes the core competencies in health promotion and disease prevention." Subsequent text specifically mentions allied health. Hence, while it may be more of a challenge to incorporate allied health into the work of the Task Force, the effort would seem to be warranted.

Demographically, the demand for health care services is expected to change dramatically. As the baby boomer generation ages, the demand for health care services is expected to increase also. According to the Department of Health and Human Services (DHHS), demand likely will climb 40% from 2000 to 2020. Physicians alone will not be able to furnish all the services that may be required and nurses already are having difficulty shoring up their ranks to keep pace with the number of patients presently needing care. So ultimately, the question boils down to which additional groups must be involved in dealing with the health problems of the general population. An obvious answer is the allied health professions.

Discussions are underway regarding how ASAHP can be included in this project. Proposed end products include attainment of the following objectives: (1) development of a common generic framework for presenting the Healthy People-Health Promotion Disease Prevention Curriculum, (2) preparation of clinical health profession draft discipline-specific curriculum objectives using the generic framework, and (3) formulation of recommendations to accreditation boards for inclusion of the curriculum objectives as requirements for accreditation and inclusion of questions in certifying examinations.



VANGUARD OF  
ALLIED HEALTH EDUCATION

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# PRESIDENTS' MESSAGE

By David D. Gale, ASAHP President



The ASAHP Board of Directors will meet in a special session in Washington, DC in July to revise the Association's *Strategic Plan*. The last iteration of that document was prepared for the period 2000-2002. Strategic Plans have guided priorities and activities, establishing a framework for accomplishments since the late 1980s. The new plan will build on those that preceded it and will weave threads into it from those earlier documents as a means of providing vital continuity in a time of inexorable change. In addition, it will acknowledge previous limitations and seek to stretch boundaries that may have inhibited past efforts to carry out certain objectives

at optimal levels.

An excellent example is provided by Goal I of the *2000-2002 Strategic Plan: To promote collaboration and partnerships*. While the plan was under development in 1999, it would have been impossible for Board Members to envision just how successful we have been in fulfilling this goal. Back then, it was possible to consider particular circumstances where it would be fruitful to collaborate with other groups. As an illustration, we looked ahead to building upon the relationship that had been created with the National Network of Health Career Programs in Two-Year Colleges (NN2) and the Health Professions Network (HPN) when we co-sponsored and co-managed a Leadership Development Program that is funded to a significant degree by the Bureau of Health Professions.

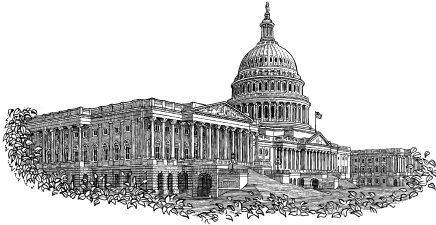
Surveys on student applications and enrollments that we began conducting three years ago revealed the presence of a significant problem because many of our institutions were not able to fill all the available classroom space for several different kinds of academic programs. Coupled with existing workforce shortages and the anticipation of increased demand for health care services by a population that is aging rapidly, the future was beginning to look ominous.

Those factors opened the path to collaboration with a wide range of organizations in an effort to have federal legislation enacted that will address allied health workforce issues. As of this issue of *TRENDS*, 13 national organizations are working with ASAHP to advance an Allied Health Reinvestment Act on Capitol Hill. The beauty of forming successful partnerships is that favorable conditions are created for working together on other areas of mutual interest as they materialize. Items such as a Division of Allied Health within the Health Resources and Services Administration (HRSA) or a National Institute of Allied Health may dwell in the realm of fantasy at present, but one never knows what the future may hold.

Each year, our Annual Report describes what transpired over a 12-month period from the perspective of goals and objectives listed in the *Strategic Plan*. It is most refreshing to observe just how successful we are in achieving what we deemed essential to the lifeblood of the organization. What is most rewarding is to witness what a vital role our members play in carrying out these activities. Their investment of time and energy into all aspects of our operations makes it possible for good things to happen from one year to the next. I look forward to joining with my Board colleagues in July as we embark on creating the next phase of our *Strategic Plan* in the quest of cultivating fertile ground for upcoming programmatic activity.



## CHALLENGES FACING CONGRESSIONAL APPROPRIATORS



Readers of the novel *David Copperfield* by Charles Dickens may recall the words of the character Mister Micawber, to wit: “Annual income twenty pounds, annual expenditure nineteen nineteen six, result happiness. Annual income twenty pounds, annual expenditure twenty pounds ought and six, result misery.” Fortunately, governments appear able to function better than individuals at a time of budget deficits. Apart from the brief inter-

lude in the late 1990s when surpluses appeared until the dot.com bubble burst, the U.S. has been in deficit territory in modern times every year since 1969.

The economy has slowed down considerably, with some policymakers even beginning to finger their worry beads, hoping that deflation does not overtake events. A main offshoot of the declining economy is a reduction in revenues from taxes. Meanwhile, the Bush Administration has in its sights the goal of cutting taxes even further on the assumption that an economic boost will follow that has the potential to increase tax revenues.

Apart from the income side of the equation, Congress each year is faced with the task of deciding how much the federal government should spend on activities such as health care. Last year’s appropriations process was a disaster from the standpoint of timing. It took five months after the 2003 fiscal year began for 11 of 13 appropriations bills to be enacted. Now that Republicans have a trifecta, i.e., they control the House, Senate, and the White House, it’s a feat that makes some of them confident that the job of appropriating money for FY 2004 will go more smoothly.

According to a budget resolution agreed upon by both chambers, \$784.7 billion can be spent on discretionary programs (this amount represents about one-third of federal expenditures; the rest is controlled spending for mandatory programs such as Medicare). That sum is referred to as 302(a) money, a designation signifying its location in the Budget Act. The next stage to occur is for the full Appropriations Committee in each chamber to apportion that money among the 13 subcommittees, a step referred to as 302(b) allocations. Once that occurs, individual spending bills can be marked up.

Money being a tad short these days, legislators must confront the usual array of tough choices in deciding how to provide adequate levels of funding for pet domestic projects. A typical proposed bromide is to slide some defense money to the domestic side, but not surprisingly this option always encounters stiff resistance. Another unpalatable choice is to have across-the-board reductions to meet budget targets, but that recommendation always fosters some loud howling.

Health professions education programs such as the *Section 755 Allied Health and Other Disciplines Grants Program* currently receive \$421 million. A coalition of groups that includes ASAHP wants to see that figure rise to \$550 million in FY 2004. The Administration budget proposal contains only \$109 million for these programs and about 90% of that amount is for nursing. So, it’s the hardy perennial of a fight for love and glory and the pages of this newsletter will keep readers posted on the pageant about to unfold.



## AN APPROACH TO INTRODUCING STUDENTS TO ALLIED HEALTH PROFESSIONS

by Dennis C. Tanner, Professor and James D. Blagg, Jr., Dean, Northern Arizona University

Teaching an introductory course in allied health professions is both challenging and rewarding. It is challenging to recruit and motivate students who may be testing the waters or simply taking a glimpse of a possible allied health career. It is exciting when students commit to a major and begin the long and rewarding educational path to becoming a health care professional.

A professor teaching a health profession introduction course must walk a fine line. He or she must provide substantive information to have a real impact on students, and to get the course approved by a university-level curriculum committee. Today, too many college courses, particularly those dealing with pop culture and trendy issues pander to the superficial and avoid serious academic challenges for the students. Students frown upon weak courses and embrace those that stimulate and engage. Most college students today, as in the past, are idealistic about education and the scholarly challenges they face. Many students are happy to devote time and energy for the allure of education. They understand that a good education does not come easily nor should it. The best courses are those requiring the best of the student.

A professor teaching an introductory course must offer information that is substantive enough that it accurately reflects the intensity, complexity, and depth of exploration of the profession. In a perfect world, all students, in fact all people, would be inherently interested in the allied health professions. Studying the marvels of the human mind and body, the biology, psychology, anatomy, and physiology of human existence should be exciting to all people. Yet we do not live in a perfect world, and many introductory students' interests lie elsewhere. Students today, like we who came before them, also have interests in movies, television programs, novels, musicians, actors, plays, and media personalities. They are products of their time. However, their literature and media interests can serve as segues to the allied health professions. These media events can provide timely, relevant examples of people and types of issues addressed in the allied health professions. They can provide a springboard for the academic challenges.

There is a rich supply of movies, television programs, novels, musicians, actors, plays, and media personalities to serve as segue to the various disciplines in the allied health professions. Faculty can combine excerpts from these with science of a specific discipline by reading passages from books and plays, showing snippets of movies and television programs, or using The World Wide Web as a source for reviews and discussions of the movies and books. This approach provides a powerful way of connecting with students and sparking interests in the allied health professions.

Below are a partial list and a brief discussion of the movies, television programs, novels, musicians, actors, plays, and media personalities that can serve as an innovative way of introducing academic subjects. The literature and media examples span several decades. To be included in this paper, they must have had a main or supporting character with a disability, disease, or disorder, and have had wide exposure to the public. Most of the public figures included have home pages that refer to their disease, disorder, or disability. In this paper, efforts were taken to respect the privacy of public figures, and only those who have publicly acknowledged their disorders or who have had them widely publicized were included. (*Note: Due to space limitations in TRENDS, not all of the items appearing in the original paper will be cited here.*)

### **Mental Impairment-Mental Retardation**

Film: *Forrest Gump* (Borderline Mental Impairment-Mental Retardation)

The unique movie, *Forrest Gump*, had a positive affect on previous attitudes about people with mental impairment-retardation, and countered previous negative stereotypes attributed to people with delayed mental development.

### **Dementia**

Film: *Age Old Friends* (John Cooper and Michael Aylott)

*Age Old Friends* is a film about two men in a nursing home who must deal with the onset of dementia.

### **Spinal Injury**

Book and Film: *The Bone Collector*

The film, *The Bone Collector*, is based on Jeffery Deaver's best-selling novel about a criminalist who suffers a spinal injury. The film does an excellent job of showing the technological advances available to quadriplegics.

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**Oral-Facial Anomalies**

Television Program: *Titus* (Father Titus)

Network's sitcom *Titus* features Stacy Keach as the dysfunctional patriarch of the family. He usually wears a moustache to cover scarring that resulted from his cleft lip surgery.

**Memory**

Book and Film: *The Bourne Identity*

*The Bourne Identity* deals with post-traumatic amnesia and is an excellent example of retrograde and anterograde amnesia.

**Progressive Neurological Diseases**

Scientist and Author: Dr. Stephen Hawking

Dr. Stephen Hawking, Lucasian Professor of Mathematics at the University of Cambridge and prolific author, is a poignant example of how an individual can be rendered mute by amyotrophic lateral sclerosis (ALS) and remain viable, productive, and noteworthy.

**Stroke**

Film: *Anywhere But Here*

*Anywhere But Here* is the story of a discontented mother and rebellious teenage daughter. Susan Sarandon plays the self-centered mother who is also a speech-language pathologist and there is a scene of her working with an aphasic person.

**Traumatic Brain Injury**

Reagan White House Press Secretary: The Honorable James Brady

The Honorable James Brady was shot in the head during the assassination attempt on President Ronald Reagan. He has been in the forefront for gun control legislation.

**Developmental Disorders**

Film: *Rain Man*

In the film, *Rain Man*, Dustin Hoffman's portrayal of the autistic savant Raymond Babbitt was clinically accurate, and Hoffman did extensive research into the topic of autism and mental impairment-mental retardation.

**Psychiatric/Psychological Disorders**

Film: *A Beautiful Mind*

*A Beautiful Mind*, explores coping with schizophrenia.

**Visual Impairment/Deafness**

Film: *The Miracle Worker*

*The Miracle Worker* is the story about Helen Keller who was rendered deaf, blind, and mute from scarlet fever.

**Stuttering**

Cartoon Character: Porky Pig

Stuttering is the communication disorder most commonly portrayed in movies and on television and *Porky Pig* is the best known stuttering cartoon character. Some point to him as the impetus for the tradition of portraying stuttering in a humorous manner.

There are many other media and literature examples that can serve the introductory professor. For example, there are movies and literature pieces for issues related to diversity, accent and dialect, multiculturalism, and other factors related to the allied health professions. Walking the fine line between "fluff," those classroom references to pop culture, literature and media, and the "substance" of science is difficult, but can be effectively done. So-called "fluff" has a place in allied health professions if it bridges the gap between students and the substance of the human mind and body. And "fluff" to one is "substance" to another. When related to science, the "fluff" becomes substance and an excellent way of enhancing the interest, knowledge, and attention of the students.

(Dennis Tanner is a winner of the ASAHP Outstanding Educator Award.)

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## GORDON GUYATT TO PRESENT SWITZER LECTURE

Gordon Guyatt, a specialist in internal medicine practicing at McMaster University in Hamilton-Ontario, will present the *Mary E. Switzer Lecture* at the ASAHP Annual Conference on Thursday, October 23. He is an internationally renowned medical researcher who has published over 450 peer-reviewed articles in medical journals, many in the most well-known and widely read publications.

Guyatt is a one of the leaders in a world-wide movement designed to help physicians and other health care professionals to use the published literature to improve their patient care decisions. He coined the term "evidence-based medicine" to describe medical practice that effectively uses the medical literature.

He also has been politically active as a voice for universal, publicly funded health care. Recently, he has become increasingly involved in applying the methodology of systematic reviews to health policy issues, in particular the outcomes of private for-profit versus private not-for-profit health care delivery.

The Lecture is named after Mary E. Switzer who served 48 years in public service in this country. During her career, she advanced through the Federal Civil Service to one of the highest administrative posts held by any woman in U.S. history when she became Commissioner of the Rehabilitation Services Administration from 1950-1967 and Administrator of Social and Rehabilitative Services from 1967-1969. Following her retirement in 1970, she served as an unpaid consultant for ASAHP, when the organization was established in 1967.

She received numerous awards throughout her distinguished career in the form of honorary doctorates and the highest federal government citations. As a result of an Act of Congress, she also became the first woman to have a federal building named after her, which is now part of the Department of Health and Human Services here in Washington, DC.

On November 3, 1971, the ASAHP membership voted to sponsor an Annual Memorial Lecture in her name. The first lecture was delivered in Houston, Texas in 1972. A Lecture Fund was established and each year, a speaker is chosen who has contributed significantly to health care either in this nation or in other parts of the world, especially in the area of rehabilitation.



Downtown Toronto has many delights to offer visitors.

## BOARD ACTIONS

The ASAHP Board of Directors had a conference call on April 29. Several actions were taken, including the following:

- A motion was approved unanimously to accept the Minutes of the Board Meeting on February 11-12 as presented.
- A motion was passed unanimously to submit the Final Report of the Research and Scholarship Benchmarks Task Force to the Research Committee for their study, along with a request for them to make recommendations to the Board about action steps to take.
- A motion was passed unanimously to accept an invitation to become part of a special form of membership category in the Association of Academic Health Centers (AHC).
- Approved conducting a survey to ascertain what program additions and deletions are taking place at member institutions.
- A motion was passed unanimously to accept the Association's election slate for 2003 as presented.
- An agreement was reached to define ASAHP's goals and objectives regarding accreditation at the Board Meeting in July as a means of determining what future activities to undertake.



## NEWS FROM THE COLLEGES

Dean **Randall Lambrecht** reports that the new Ph.D. in Health Sciences approved for the University of Wisconsin-Milwaukee College of Health Sciences by the UW System Board of Regents in April will help address the urgent national shortage of qualified doctoral research faculty in the health sciences. National trends are driving the demand for Ph.D.-prepared faculty in the health sciences. Lambrecht points out that "the bar is being raised" for those entering health-related professions. A number of entry level health professions that once could be accessed with undergraduate degrees now require graduate preparation. "This represents a fundamental shift for these disciplines and creates both an immediate and a sustained need for doctorally prepared faculty," he stated.

Dean **Carole A. Sullivan** of the College of Allied Health at the University of Oklahoma Health Sciences Center recently was appointed to the Stuart Coulter Miller Professorship of Allied Health. The appointment was announced by Provost Joseph J. Ferretti. She was recruited from Northwestern University to join the faculty of the College of Allied Health in 1972. Sullivan then rose through the ranks to become dean in 1994. Her record is one of distinguished accomplishments as an administrator as well as within the profession of radiologic technology.

## AVAILABLE RESOURCES

### Bioterrorism Funds

The Health Resources and Services Administration announced that cooperative agreement applications will be accepted for the Bioterrorism Training and Curriculum Development Program for Fiscal Year 2003. The Program consists of two discrete goals: (1) Provision of Continuing Education for practicing providers; and (2) Curricular Enhancement in health professions schools. Each area requires a separate application for funds.

It is estimated that \$26 million will be available for fiscal year 2003. It is estimated that the number of awards may vary for Continuing Education from 15-25 and for the Curricular Enhancement from 10-12. It is estimated that the average size of each award for Continuing Education may range from \$900,000 to \$1,500,000 and for Curricular Enhancement from \$300,000 to \$400,000.

For additional information on how to apply, go to the following site on the World Wide Web: <http://a257.g.akamaitech.net/7/257/2422/14mar20010800/edocket.access.gpo.gov/2003/03-10934.htm>.

### Educational Resources In Genetics Available

Links to educational materials and programs are available through the National Coalition for Health Professional Education in Genetics (NCHPEG). The following kinds of items may be obtained: Core Competencies in Genetics Essential for All Health-Care Professionals, Existing Programs on Genetics for Health Professionals, and Genetics Resources on the Web.

This information may be accessed on the Web at <http://www.nchpeg.org/>.

### The Consequences Of Being Uninsured

The June 2003 supplement of *Medical Care Research and Review* contains a literature review entitled "The Consequences of Being Uninsured." According to the study, the uninsured receive less preventive care, have their ailments diagnosed at later stages, and receive less therapeutic care than individuals with coverage. Commentaries by experts on the topic are included.

The document may be accessed on the Web at <http://www.kff.org/content/2003/4115/supparticle.pdf>.

### CBO Paper On How Many Lack Health Insurance And For How Long?

More than 240 million persons in the United States have health insurance today through a variety of private and public sources. At the same time, however, millions of individuals lack such coverage and policymakers have proposed a range of approaches for expanding health insurance coverage. Far from being a static group, the uninsured population is constantly changing: while many are chronically uninsured, many more are uninsured for shorter periods of time, such as between jobs. This Congressional Budget Office (CBO) paper uses data from several federally sponsored national surveys to examine the size, demographic characteristics, and dynamics of the uninsured population. In keeping with CBO's mandate to provide objective, impartial analysis, the paper makes no recommendations. The report may be accessed on the Web at <ftp://ftp.cbo.gov/42xx/doc4210/05-12-Uninsured.pdf>.

#### Mark Your Calendar

The ASAHP Annual Conference will be held in Toronto, Canada on October 22-25, 2003.