

TRENDS

Association of
Schools of
Allied Health
Professions

HIGHLIGHTS

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VANGUARD OF
ALLIED HEALTH EDUCATION

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MORE ALLIED HEALTH WORKFORCE LEGISLATION TO BE INTRODUCED ON CAPITOL HILL

H.R. 4016, the *Allied Health Professions Reinvestment Act of 2004*, was introduced in the U.S. House of Representatives on March 23 by Rep. Cliff Stearns (R-FL) and Ted Strickland (D-OH). If all goes according to schedule, similar legislation will be introduced in the Senate during the second week in May. The new bill will be more comprehensive and reflective of the various steps needed to be undertaken as a means of addressing allied health workforce shortages. Examples are:

- More explicit emphasis will be placed on securing funds to increase allied health education opportunities for individuals from disadvantaged backgrounds, including members of racial and ethnic groups that are underrepresented in the allied health professions.
- Funding will be sought for health career academies to form educational pipelines to facilitate the entry of students from secondary educational institutions into allied health programs.
- Another objective is to obtain support for demonstration programs using models and best practices for the purpose of developing innovative retention strategies or approaches.
- The Secretary of the Department of Health and Human Services will develop a system for collecting and analyzing allied health workforce data gathered by federal agencies such as the National Center for Education Statistics and the Bureau of Labor Statistics, professional associations, and regional centers for health workforce studies to determine educational pipeline and practitioner shortages and project future needs for such a workforce.

Meanwhile, H.R. 4016 is beginning to pick up co-sponsors. The following House Members have been added: John Conyers, Jr. (D-MI), Harold E. Ford Jr. (D-TN), William L. Jenkins (R-TN), Marcy Kaptur (D-OH), Charles W. (Chip) Pickering (R-MS), and Lee Terry (R-NE). Representatives Pickering and Terry are members of the Energy and Commerce Committee. The bill was referred upon its introduction to that group's subcommittee on health. Mr. Pickering also serves on the health subcommittee. On a related note, the latest organization to have its name included in the list of supporters is the American Occupational Therapy Association.

PRESIDENTS' MESSAGE

By David D. Gale, ASAHP President



During the week of April 19, I had the privilege of representing our Association at the annual meeting of the Consortium of Institutes of Higher Education in Health Care and Rehabilitation in Europe (COHEHRE). One year ago, we began to have discussions with members of that organization about working cooperatively to conduct a World Congress in Belgium in 2005. Unfortunately, plans failed to materialize. If there is to be such an event in Europe, it would not occur until either 2006 or 2007 in either Italy or Portugal.

This year's COHEHRE meeting was held in Bad Elster, Germany. This health resort town is famous for its spas and is located in the tri-country intersection of the Czech Republic, Bavaria, and Saxony. The favorable conditions of the air combined with the healing effects of the various springs have made Bad Elster famous as one of the oldest health resorts in Germany and since 1848 as the "royal state bath." Six clinics exist there and they all complement one another.

The central theme was "The Role of Complementary Approaches in Health Education: The Client-Centered Practice." The few major addresses presented in plenary sessions addressed that topic. In addition, participants had a choice of attending a variety of treatments in different kinds of clinics. I chose to go to Ebelklinik Bad Brambach where I was immersed in a radon bath. Later, I was unable to access a Geiger counter to see if my being near it would make the device begin ticking.

Quite an interesting presentation was made by Dr. Karl-Ludwig Resch, Head of the Research Institute for Balneology and Spa Medicine. He suggested that medicine, predominantly focusing on technologic treatments, probably has lost its genuine mandate of: preventing disease and promoting health, treating diseases appropriately, avoiding early patient death, and alleviating pain and suffering. He concluded with the notion that some treatments provided in Bad Elster might be criticized on the basis that clinical trials have not been conducted to demonstrate their effectiveness. He pointed out that clinicians knew that aspirin worked effectively, but it took a great many years before it was understood how it did so. Chloroform is another example. It works effectively, but an explanation of how it functions still is lacking.

Apart from plenary sessions and visits to clinics, other sessions involved small group discussions around the following themes: the role of the health care teacher after the Bologna Declaration, multiprofessional cooperation in health care and health care education, evidence based practice, information and communication technology, inter-and multicultural cooperation, and lifelong learning. Several themes carry over from one year to the next as a means of providing continuity and enrichment of an understanding of these issues with the passage of time.

I look forward to the prospect that another World Congress will occur in the near future. Colleagues in Europe and other parts of the world share the concerns and challenges of their counterparts in this country. The recent expansion of the European Union increases the opportunity for faculty and student exchanges among individuals in 25 countries. I'm sure that many of our member institutions would benefit from being part of this cross-cultural flow of talent within the health professions. Other possibilities include the incorporation of guest lecturers from other lands in portions of online courses taught here and developing collaborative research ventures. Communications technology has made the world a smaller place and we all should be willing to explore the vast potential that exists for improving health care and higher education.



FUNDING FOR HEALTH PROFESSIONS EDUCATION

Budget proposals submitted to Congress by both Presidents Bush and Clinton recommended eliminating almost every health professions education program, including the Section 755 Allied Health Grants Program, under Title VII of the Public Health Service Act. How do such things happen and can it possibly be true that officials at the highest level of government do not care if there is an adequate supply of competently prepared health personnel to meet the health care needs of the American people?

A purely cynical explanation would be to indicate that of course they care, but it is important to appear to be fiscally responsible by asking Congress to trim federal spending, especially when there is a budget deficit. These officials also recognize that the various programs have a lot of support in the legislative arm of the government and that the recommendation will be ignored anyway. A more serious rationale is that maybe these programs aren't all that effective and that they amount to not much more than an annuity program that should be allowed to expire.

Personnel at the Office of Management and Budget, the Administration's fiscal mechanism, often wonder whether some of these programs accomplish what they originally were intended to do and offer criticism at the lack of data to prove effectiveness. One problem is that when many programs were established to accomplish such purposes as increasing diversity within the health workforce or increasing the number of personnel in underserved areas, evaluation was not required. Furthermore, apart from funds to carry out the projects, no money was available to gather assessment data.

Staff at the Bureau of Health Professions within the Public Health Service are currently working on a project to satisfy the needs of OMB and Capitol Hill personnel who want such data. At one level, funding grantees will provide data about such results as the number of students and health workers trained, the number who are disadvantaged, and the number who graduate from programs. At the next level, data will be aggregated from the various programs in the previous level to show what is being accomplished around such common themes as diversity and distribution of the health workforce. That task will be the responsibility of Public Health Service staff. The third level will involve demonstrating that if practitioners go to an underserved area, it has a demonstrable effect on the health status of persons who reside there.

The goal at Level Three is to show a correlation, and perhaps even a cause-effect relationship, between training, placement, and practice of clinicians and meaningful health outcomes in the population. These programs do work effectively and such data will provide evidence of their beneficial impact.

INSTITUTIONAL PROFILE SURVEY UPDATE

Data collection for the 2004 *ASAHP Institutional Profile Survey* will begin on **September 13** and end on November 5. Deans and directors at member institutions must submit data in order to obtain access to the final report. This year, for the first time, there will be an optional component to the survey that, assuming there are enough participants, will yield a wealth of additional benchmarking data involving scholarship and research.



ASAHP President David Gale at the Vogtland-Klinik in Bad Elster, Germany during the 2004 annual meeting of the Consortium of Institutes of Higher Education in Health Care and Rehabilitation in Europe (COHEHRE)



Participants from ASAHP Members Institutions in the 2004 Leadership Development Program

RACIAL AND ETHNIC DISPARITIES IN THE WORKPLACE

Many large U.S. companies are not fully aware of the health care disparities affecting their ethnic and racial minority employees, according to a recent survey released by the National Business Group on Health. For example, the study of more than 1,500 U.S. companies with 1,000 or more employees found 60% or more believe that racial and ethnic minorities fare the same as their white counterparts in access to preventive and diagnostic health care services, along with screenings for cancer, heart disease, and other serious health conditions.

The National Business Group on Health, formerly the Washington Business Group on Health, has developed an employer toolkit to provide companies with culturally competent resources, best management practices, and assessment tools to reduce and eliminate health disparities. Additional information may be obtained from the following website <http://www.wbgh.org/programs/toolkits/>.

CONFERENCE ON TRANSLATING HEALTH RESEARCH INTO PRACTICE

"Translating Research Into Practice: Advancing Excellence from Discovery to Delivery." is the title of a conference to be held July 12-14 in Washington, DC. Co-sponsored by the Agency for Healthcare Research and Quality (AHRQ) and the National Cancer Institute (NCI), with support from the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Institute of Mental Health (NIMH) and the National Institute on Drug Abuse (NIDA), the purpose is to examine the state-of-the-art and next horizons in implementing research in clinical practice and health policy. Health care provider organizations, clinicians, patients, purchasers, researchers, innovators, knowledge transfer experts and others from across the public and private sectors will share experiences, insights, collaborations, and initiatives for moving research into sustained behavior change. The planning committee is accepting abstracts for papers to be presented at concurrent paper sessions and poster presentations during the conference. For more information, go to <http://www.blsmeetings.net/TRIP2004> on the Web.

2004 CALENDAR OF EVENTS

May 15, 2004 - Deadline for **Scholarship of Excellence** applications.

May 26, 2004—**ASAHP Board of Directors Conference Call**

June 2004 - **Secretary's Award** winners announced

June 1, 2004 - Deadline for **Outstanding Health Educators Award** applications.

June 17, 2004—**Deadline for Submission of Abstracts for 2004 ASAHP Annual Conference**

June 23-24—**ASAHP Board of Directors Meeting**

June 25, 2004 - **Accreditation Consensus Conference**

September - November 2004 - **Institutional Profile Survey** - <http://asahp.uams.edu>

September 14-18, 2004 - **Session II Leadership Development Program**

October 20-23, 2004-**ASAHP Annual Conference** in Tampa, FL

TEN YEARS AGO THIS MONTH IN TRENDS

ASAHP responded to a January 1994 notice in the *Federal Register* relating to proposed rules on: 1) Secretary's procedures and criteria for recognition of accrediting agencies, and 2) the State Postsecondary Review Program. The Association's main concern was that the rules appear to represent a fundamental change in the nature of accreditation by reducing the role of peer review and replacing it with a set of highly regulatory governmental bureaucratic procedures. A related issue is that the rules exceed the scope of P.L. 102-325, the Higher Education Amendments of 1992, by violating the law's intent.

FIVE YEARS AGO THIS MONTH IN TRENDS

ASAHP responded to a request for comments from the Office of Management and Budget (OMB) on an issue that has major implications for academic institutions involved in federally funded research. The Association was concerned about the ambiguity of the language involved in the OMB directive, along with issues regarding adequate protection of the privacy rights and anonymity of academic institutions as well as of individuals. OMB was requested to postpone implementing its intentions until both Congress and the Clinton Administration arrive at a much clearer understanding of the potential implications of what was being proposed.

LEADERSHIP DEVELOPMENT PROGRAM

For the sixth year, ASAHP is involved in co-sponsoring a Leadership Development Program in conjunction with the National Network of Health Career Programs in Two-Year Colleges, the Health Professions Network, and the National Society of Allied Health. Persons chosen to represent ASAHP in the current offering that began on April 14 in Washington, DC are: **William Frey** (University of Tennessee Health Science Center), **Vijay Ganji** (Rush University), **John Hollman** (Mayo Clinic), **Kristin Juliar** (Minnesota State University, Mankato), **Douglas Keskula** (Medical College of Georgia), **David Lake** (Armstrong Atlantic State University), **Carl Mattacola** (University of Kentucky), **Ingrid Provided** (Duquesne University), **Victoria Roche** (Creighton University), and **Betsey Smith** (University of Hartford).

Since its inception, ASAHP Past President **Stephen L. Wilson** (The Ohio State University) has played the lead role pulling together all the various components. **Kevin Rudeen** (University of Missouri at Columbia) who was a participant one-year and a mentor to ASAHP participants in another year, will succeed him. **Doris Pierce** from Eastern Kentucky University is serving as the mentor this year.

The program is funded through a contract from the Bureau of Health Professions at the Health Resources and Services Administration (HRSA). In addition to providing financial support, Bureau staff help to run many sessions by making presentations, assisting participants in carrying out group projects, and furnishing expertise on the topic of leadership based on the roles they play within the U.S. Public Health Service.

THE ECONOMIC CONTRIBUTIONS OF HOSPITALS

U.S. hospitals not only play a critical role in the health of Americans, they also contribute more than \$1.3 trillion to the nation's economy, according to a TrendWatch report by the Lewin Group released May 3 at the American Hospital Association (AHA) Annual Meeting in Washington.

AVAILABLE RESOURCES

Trends And Indicators In The Changing Health Care Marketplace

The Kaiser Family Foundation – through its Changing Health Care Marketplace Project – conducts research and analysis on trends in the marketplace, particularly as they affect vulnerable groups like the poor and the elderly, and on policy proposals that involve the private health care system. There have been striking changes in the health care marketplace in the last few years. Some of these changes build on historic trends; others depart, sometimes dramatically, from prior expectations about how the marketplace would evolve. *Trends and Indicators in the Changing Health Care Marketplace, 2004 Update (April 2004)* presents information on key trends in the health care marketplace of interest to policymakers, public interest groups, the media, and industry analysts and leaders. This chartbook updates many of the exhibits included in earlier reports. The information may be accessed at <http://www.kff.org/insurance/7031/ti2004-1-1.cfm> on the Web.

Financing Long Term Care For The Aged

A new report from the Congressional Budget Office (CBO) looks at the current and possible financing for long-term care, as the population of older persons in the U.S. is expected to more than double by 2040. The report identifies some of the variables affecting LTC funding now and in the future, and considers policy alternatives that address the mixture of private and public sources funding LTC services. The report may be accessed on the Web at <ftp://ftp.cbo.gov/54xx/doc5400/04-26-LongTermCare.pdf>.

Changing Demographics: Implications For Physicians, Nurses, And Other Health Workers

A new report by the Health Resources and Services Administration (HRSA) in the U.S. Public Health Service on workforce trends predicts that the percentage of time spent treating elderly and minority patients will increase markedly in coming years. Entitled *Changing Demographics: Implications for Physicians, Nurses, and Other Health Workers*, the report is based on literature on U.S. demographic projections and their implications for the health workforce. The report may be accessed on the Web at <http://bhpr.hrsa.gov/healthworkforce/reports/changedemo/Content.htm>.

Literacy And Health Outcomes

The nation's estimated 90 million adults with lower-than-average reading skills are less likely than other Americans to get potentially life-saving screening tests such as mammograms and Pap smears, to obtain flu and pneumonia vaccines, and to take their children for well child care visits, according to a new evidence report. A summary of *Literacy and Health Outcomes*, which was prepared by AHRQ's Evidence-Based Practice Center at RTI International-University of North Carolina at Chapel Hill, may be obtained by clicking <http://www.ahrq.gov/clinic/epcsums/litsum.htm>.

IOM Report On Health Literacy

The Institute of Medicine published a report entitled, *Health Literacy: A Prescription to End Confusion*. It indicates that nearly half of all American adults-- 90 million persons-- have difficulty understanding and using health information and that there is a higher rate of hospitalization and use of emergency services among patients with limited health literacy, which may lead to billions of dollars in avoidable health care costs. The report may be accessed at <http://www.nap.edu/books/0309091179/html/> on the Web.

NEWS FROM THE COLLEGES

Dean **Thomas C. Robinson** of the College of Health Sciences at the University of Kentucky has announced that he will leave that position after 20 years of distinguished service to return to the faculty. He served as President of ASAHP at two key junctures. First, as President-Elect in 1991 he had to fill the unexpired position vacated by **David C. Broski** who moved up as Dean of the College of Applied Health Sciences at the University of Illinois at Chicago to the post of Vice Chancellor of that institution. The organizations' switching from being the American Society of Allied Health Professions to the Association of Schools of Allied Health Professions also occurred then.

Current President-Elect **Cheryl T. Samuels**, Dean of the College of Health Sciences at Old Dominion University, recently announced that she will be the next Provost at Texas Women's University. Her duties will be such that it would be most difficult for her to do justice to the dual responsibilities of heading ASAHP and leading that university to higher levels of achievement. As a Board Member for the past several years, she made many significant contributions to the wellbeing of the Association.

Barry S. Eckert, Dean of the College of Health Professions at Armstrong Atlantic State University (AASU), reported that the college will begin offering new programs in sonography and nuclear medicine and expand its fast-track programs in nursing and medical technology. Memorial Health University Medical Center, St. Joseph's/Candler, and Southeast Georgia Health System have provided \$1.2 million in support of these programs.

DUES INVOICES

Membership dues invoices for the fiscal year that begins on July 1, 2004 were mailed earlier this month. Any member who did not receive one is requested to contact staff at the National Office of the Association. They reflect an increase, which is the first one in the past three years.

2004 ANNUAL CONFERENCE

The Association's 2004 Annual Conference will be held in Tampa, FL on October 20-23. A feature of this year's meeting will be that a portion of the program will be shared with members of the National Network of Health Career Programs in Two-Year Colleges (NN2). That group is holding its annual conference at a neighboring hotel that same week. A *Call For Abstracts* will be mailed to the entire membership, with similar information appearing on the ASAHP website. The deadline for submitting abstracts is **June 21**.

PAST PRESIDENT J. WARREN PERRY HONORED

J. Warren Perry, ASAHP's 2nd President (1969) and a founder of this organization, besides receiving the *Legacy of Excellence Award* at the ASAHP Annual Conference in Toronto in October 2003, he recently has been awarded the following: Honorary Life Time Membership by the Western New York Artists Group; Clara Barton Volunteer of the Year Award, American Red Cross, Greater Buffalo Chapter; and a Lecture Hall at D'Youville College was dedicated in his name. Among his many contributions to ASAHP over nearly a four decade period, he also enjoys the distinction of being the largest single donor to the Association's *Scholarship of Excellence Program*.