

# TRENDS

Association of  
Schools of  
Allied Health  
Professions

## HIGHLIGHTS

SEPTEMBER 2004

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VANGUARD OF  
ALLIED HEALTH EDUCATION

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## 2004 ASAHP ELECTION RESULTS

The ballots have been counted for the 2004 election of the Association of Schools of Allied Health Professions (ASAHP). The following persons will take office upon completion of the upcoming Annual Conference on October 24:

President-Elect: **David M. Gibson** (School of Health Related Professions, University of Medicine and Dentistry of New Jersey)

Treasurer: **Linda C. Hatzenbuehler** (College of Health Professions, Idaho State University)

Board of Directors: **Lori Stewart Gonzalez** (College of Health Sciences, University of Kentucky) and **Cynthia Hughes Harris** (School of Allied Health, Florida A&M University)

Nominations & Election Committee: **James A. Leja** (College of Health & Human Services, Western Michigan University), **Kevin J. Lyons** (College of Health Professions, Thomas Jefferson University), and **P. Kevin Rudeen** (School of Health Professions, University of Missouri at Columbia)

Dean Gibson will serve one year as President-Elect, two years as President, and one year as Immediate Past President. Treasurer Hatzenbuehler will serve a two-year term. Directors Gonzalez and Harris each will serve a three-year term. Members of the Nominations & election Committee will serve a two-year term.



DAVID GIBSON



LINDA HATZENBUEHLER



LORI GONZALEZ



CYNTHIA HUGHES-HARRIS

## PRESIDENTS' MESSAGE

*By David D. Gale, ASAHP President*



An enduring myth that has proven difficult to eradicate over the years is that at the level of Association leadership, we represent a so-called “old boys network.” As a result of the recent ASAHP election, the three newest members are **Linda Hatzenbuehler** as Treasurer, along with **Cynthia Hughes Harris** and **Lori Stewart Gonzalez** as Board Directors. They fail to meet my definition of good old boys in the traditional sense of the term. If anything, both Directors also are relatively new to the organization as a whole and do not arrive with a lot of historical baggage from previous years.

Additional emphasis needs to be added regarding what occurred in last year’s election. Again, three new persons joined the Board. They are **Randall Lambrecht** (University of Wisconsin at Milwaukee) as Secretary and Directors **Gregory H. Frazer** (Duquesne University) and **Gary S. Neiman** (Ohio University). A total of six newcomers to a 10-member Board in a 12-month period leads me to believe that ASAHP can accurately be characterized as an organization that infuses new blood at regular intervals. The result is a constant flow of different ideas and perspectives that influence the programmatic directions in which we move.

The Association’s *2004 Annual Report* will be available for members by the time of the Annual Conference in Tampa, FL in October. Apart from containing a chronology of all that has been accomplished in the past twelve months, a portion includes the Treasurer’s Report. We are on solid financial footing and have the wherewithal to embark on additional kinds of activities during the next year. If my tenure on the Board serves as any guide, I’m willing to wager that what we do will be influenced by the views of the fresh talent available in the form of those recently elected.

The upcoming Annual Conference posed a couple of scheduling challenges. Most of one afternoon and an evening will be spent with our colleagues from the National Network of Health Career Programs in Two-Year Colleges (NN2). That organization is meeting at the same time we will be in Tampa. A panel discussion and several roundtable discussions involving members of the two groups will shed light on topics such as increasing the size of applicant pools in the context of shrinking budgets and loss of qualified faculty, implementing effective recruitment plans, collaborating on research projects, and how institutions at two- and four-year levels can increase their influence with accrediting agencies, state licensing boards, and other important entities.

The Deans’ Council that was formed last March will meet again in Tampa for three-and-one-half hours on another afternoon. Consequently, other functions will be shortened in duration to accommodate these changes. The Business Meeting and the Town Meeting provide examples of where diminution will occur. Moreover, an auction will not be held this year to benefit the Scholarship Fund. Meanwhile, as a result of forming a partnership with CampusCareers.com to make it possible for students in our member institutions to become aware of job opportunities, the arrangement includes the offer of scholarships. As a result, the number and the amount of scholarships awarded in the coming year will increase.

**David M Gibson** (University of Medicine and Dentistry of New Jersey) is our new President-Elect. I look forward to working closely with him in the days ahead to ensure a smooth transition when he occupies the post of President 13 months from now.



## UNFINISHED BUSINESS ON APPROPRIATIONS

The 2004 fiscal year of the federal government ends on September 30, but as the month drew to a close, only one of the 13 appropriations bills that must be enacted each year has been passed. The major source of funding for domestic programs is the bill for the Departments of Labor, HHS, Education & Related Agencies. The House bill cleared on September 9. It would provide funding for allied health at the FY 2004 level. A Senate bill was passed at the committee level on September 15. The latter would provide slightly more money for health professions education programs under Titles VII and VIII of the Public Health Service Act.

The House passed 12 of the spending measures whereas the Senate has been successful in clearing only six of them. Conference committees will be formed to reconcile spending amounts favored by the two chambers. Once that step is taken and both houses agree on the funding levels to be provided, bills will be sent to the President for his signature. The only one to make it to that stage thus far is the defense appropriations bill, which was enacted.

Three bills on Capitol Hill address allied health workforce problems such as declining student enrollments, faculty shortages, and an inadequate supply of practitioners in certain professions. H.R. 4016 and S. 2491 constitute an Allied Health Reinvestment Act. A related bill (S. 2739) was introduced by Senator Jeff Bingaman (D-NM). Called the Investing in America's Future Act of 2004, a major component of it mirrors the provisions in S. 2491.

The prospect of seeing legislation of this nature enacted in 2004 is not too promising. Congress is expected to adjourn by mid-October so that legislators can go on the campaign trail. All House members are up for reelection, except for those who plan not to run, and about one-third of the Senate will be involved in the election on November 2. A lame duck session will be a necessity if for no other reason than appropriations bills must be passed. Until that event occurs, government agencies will function at fiscal year 2004 spending levels for specified periods of time.

Despite the delay in passing several spending bills, the *Section 755 Allied Health Grants Program* is expected to be funded in FY 2005. The ratio of funded proposals to applicants was highly favorable in FY 2004. **Young Song**, Senior Program Management Officer at the Bureau of Health Professions, will be at the ASAHP Annual Conference in Tampa, FL in October. Several ASAHP Members already have signed up to meet with her then as part of a technical assistance offering on the topic of Section 755 grants.

### INSTITUTIONAL PROFILE SURVEY

Data collection for the 2004 ASAHP *Institutional Profile Survey* began on **September 13** and will 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. The results will be available in January 2005.

## RECRUITMENT PLANNING IN ACADEMIA

The Bernard Hodes Group is a global organization that specializes in providing recruitment communications and staffing solutions for health care systems. A recent issue of that firm's newsletter offers useful information on recruitment planning that may be of utility in higher education settings.

Allied health workforce shortages exist. Part of the solution in fixing the problem is to increase the number of students enrolled in educational programs. A shortage of faculty may make it impossible to achieve such growth. Even when the number of faculty is satisfactory at present, that group is aging along with the rest of society in the United States. Retirements will help to deplete the existing supply. Thus, it may be worthwhile for academic administrators to consider taking some actions along the following lines.

Smart recruiters begin by gathering metrics that tell the story of what is currently happening in the recruitment world and considering how those numbers relate to other criteria. Factors to take into account include the following:

- Average age of faculty by program or department
- Average of retirement by category, based on the history of each program or department
- Turnover and vacancy rates by program or department for key positions
- Cost per hire by position category
- Interview-to-hire ratios

The key is in understanding the ramifications of what is discovered and in taking this information to the next level. The idea is to create an effective, individualized operational plan as a working template for the future. Other data that should be factored into the development of an approach to recruitment include:

- National workforce demographics, population, economy, and applicant pools
- Local economy, workforce demographics, population, and applicant pools
- Internal demographics (educational background of existing staff)

Beginning in 2008, the first of 77 million so-called baby boomers will become eligible to receive Social Security benefits. Three years later, they will be entitled to Medicare benefits. By 2030, approximately one-half of the U.S. population or 171 million persons will have at least one chronic condition. As the number of chronic conditions increases per person, so will the number of hospitalizations. Currently, two-thirds of Medicare spending is for individuals with five or more chronic conditions.

An aging population will place greater demands on health care facilities. Health professionals involved in diagnostic work such as radiologic technologists and professionals engaged in therapeutic modalities such as physical therapy will be called upon to meet the needs of a growing population. Allied health schools will be at the forefront of producing these segments of the health workforce. Satisfying the demand will not occur unless there is an adequate supply of qualified faculty to provide education for an enrollment pool that will have to expand in relation to projected demographic changes. The fastest growing cohort among the aged is the group age 85 and older. These individuals will place a great strain on existing patterns of health care unless there is an increase in the number of allied health professionals.

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## FUNDING FOR HEALTH PROFESSIONS EDUCATION UNDER TITLE VII

Allied health is one of many kinds of professions that has received funding over the years under Title VII of the Public Health Service Act. In 1963, responding to a projected nationwide shortage of physicians, Congress passed the Health Professions Educational Assistance Act (P.L. 88-129). The Act authorized grants for the construction of new teaching facilities and loans to support students in the study of medicine, dentistry, and osteopathy.

Funding for allied health commenced shortly after the Allied Health Professions Personnel Training Act of 1966 (P.L. 89-751) became law. Beginning with the appropriation of \$3,735,000 in 1967, the sum of \$276,495,000 was provided by Congress between that year and 1979. Funds were used for scholarships, traineeships, student loans, special project grants, formula grants, construction grants, and training institute grants. Believing that sufficient aid had been given and that allied health workforce shortages had been addressed effectively, President Nixon called for a cessation of funding. The spigot was not turned off until the end of the Carter Administration. It remained off from 1980 to 1990 when funding was renewed at a level of \$737,000.

*These Title VII training grants were created almost 40 years ago when a physician shortage was looming. Today, a physician shortage no longer exists.*

*Office of Management and Budget (OMB)*

Currently, less than \$5,000,000 is provided under the *Section 755 Allied Health Grants Program*. The authority for all Title VII programs expired in 2002. Technically, none of the programs should continue to be funded since appropriations should go only to authorized programs. Congress has continued

to furnish money for these programs, however, and fiscal year 2005 should prove to be no exception. In FY 2002, the Bush Administration proposed elimination of all Title VII programs with the exception of the Section 737 Scholarships for Disadvantaged Students Program and the Section 761 Health Professions Workforce Information and Analysis Program.

The effectiveness of Title VII health professions programs in meeting a variety of stated objectives has long been a subject of debate. In general, evaluating program effectiveness depends on linking performance to pre-determined goals. According to staff at the Congressional Research Service at the Library of Congress, this simple maxim has proved troublesome when applied to these programs. Different parties, from grant recipients to the Administration to Congress, have articulated different goals ranging from the broad to the specific and sometimes these goals are in conflict with one another.

The evolution of program goals over time adds to the script of stated purposes. To some observers, the moving goalpost of program objectives stymies efforts to evaluate the effectiveness of any one step. To others, this evolution simply represents the natural progression of successful programs.

### 2004 CALENDAR OF EVENTS

SEPTEMBER - NOVEMBER 2004 - **INSTITUTIONAL PROFILE SURVEY** - [HTTP://ASAHP.UAMS.EDU](http://asahp.uams.edu)

OCTOBER 20-23, 2004-**ASAHP ANNUAL CONFERENCE** IN TAMPA, FL

MARCH 17-19, 2005—**ASAHP SPRING MEETING** IN WASHINGTON, DC

## TEN YEARS AGO THIS MONTH IN TRENDS

Soon after converting to a free-standing, independent organization after being part of a professional management company for several years, it was announced that ASAHP established connection to the Internet through Compuserve. The new capability will make it possible to send the ASAHP UPDATE, a publication written for institutional and agency affiliate members, electronically to readers.

## FIVE YEARS AGO THIS MONTH IN TRENDS

The Association was awarded funding from the Health Resources and Services Administration (HRSA) to conduct an Outcomes Research Forum in May 2004. The objectives are to: develop a prioritized research agenda, begin the process of establishing research mentorships across the allied health professions, and build a research infrastructure in health. A Steering Committee will be headed by **Gerald E. Schumacher**, Chairperson of ASAHP's Task Force on Clinical Outcomes Assessment.

ASAHP Board of Directors Member **David D. Gale** (Dean, Eastern Kentucky University) was elected to a four-year term on the Board of Directors of the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)

## ACCREDITATION UPDATE

Members of ASAHP met with representatives of several accrediting agencies on September 12 in Indianapolis. Several topics were discussed, including unannounced site visits, the AMA Resource Directory, professional doctorates, degree designation, faculty shortages, validity and reliability studies, and process and outcomes.

On the topic of professional doctorates, there was discussion about the recognition of a professional (entry-level) doctorate as a credential for an academic faculty member. The consensus was that in most cases, it was insufficient. Regarding the designation of degrees, the conversation focused on having academic institutions determine the level and the name of the degree while the profession and the specialized accrediting body would determine what constitutes practice and the standards a preparatory program must meet.

Agreement centered on the fact that there is a faculty shortage that is extant or impending. Reasons cited included the disparity between remuneration in academe and clinical practice, advanced degree expectations/requirements, and workload. A question was asked if the focus of specialized professional accreditation could be solely on outcomes. The response was that certain processes also need to be evaluated such as supervision of students, their safety, and the safety of patients and clients.

Next steps will include an exploration of the development of a common data set that would satisfy specialized professional accrediting agencies for certain areas. The notion is to have a program or institution assemble a database of information that could be used by multiple accrediting bodies, including those at the regional level.

A follow-up meeting will be held next April in Washington, DC. Between now and then, representatives of the agencies in attendance in Indianapolis will provide information about their specific standards, guidelines, criteria, and data that satisfy them involving organizational charts, student services, due process and non-discrimination, and information sent to prospective students, applicants, and students.

ASAHP was represented by Association President **David D. Gale**, Past President **John E. Trufant**, Accreditation Committee Chairperson **Christopher E. Bork**, and Board Member **Gregory H. Frazer**.

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## AVAILABLE RESOURCES

### **Patient Reports Of Disrespect In The Health Care Setting And Its Impact On Care**

Patients who feel they have been treated unfairly or disrespectfully by health care providers are less likely to follow doctors' advice or seek follow-up care. Such negative experiences are particularly prevalent among minorities, according to a study published in the Journal of Family Practice. The findings may be accessed on the Web at [http://www.jfponline.com/content/2004/09/jfp\\_0904\\_00721.asp](http://www.jfponline.com/content/2004/09/jfp_0904_00721.asp) .

### **Chartbook On Chronic Conditions**

An updated chronic care chartbook entitled *Chronic Conditions: Making the Case for Ongoing Care* describes the prevalence of chronic conditions among U.S. residents, how these conditions affect health care financing and utilization, and how the conditions affect individuals and caregivers. The chartbook is a product of Partnership for Solutions of Johns Hopkins University and the Robert Wood Johnson Foundation. The document may be accessed on the Web at <http://www.partnershipforsolutions.org/DMS/files/chronicbook2002.pdf> .

### **Report Of The Sullivan Commission On Diversity In The Healthcare Workforce**

The Sullivan Commission on Diversity in the Healthcare Workforce is an outgrowth of a grant from the W. K. Kellogg Foundation to Duke University School of Medicine. The commission is named for former U.S. Secretary of Health and Human Services, Louis W. Sullivan, M.D. In a series of field hearings across the country, the Sullivan Commission gathered testimonies from health, education, religion and business leaders; community and civil rights advocates; health care practitioners; and students. Drawing upon the expertise and experience of the Commissioners and the witnesses who provided valuable testimony, the Commission's report, *Missing Persons: Minorities in the Health Professions*, provides the nation with a blueprint for achieving diversity in the health professions. The report is on the Web at <http://www.aacn.nche.edu/SullivanReport.pdf>.

### **IOM Report On Crossing The Quality Chasm**

On January 6 and 7, 2004, the Institute of Medicine (IOM) hosted the 1st Annual Crossing the Quality Chasm Summit, convening a diverse group of national and community health care leaders to pool their knowledge and resources with regard to strategies for improving patient care for five common chronic illnesses: asthma, depression, diabetes, heart failure, and pain control in advanced cancer. This summit was a direct outgrowth and continuation of the recommendations put forth in the 2001 IOM report *Crossing the Quality Chasm: A New Health System for the 21st Century* . The summit's purpose was to offer specific guidance at both the community and national levels for overcoming the challenges to the provision of high-quality care articulated in the *Quality Chasm* report and for moving closer to achievement of the patient-centered health care system envisioned therein. The resulting IOM report, *1st Annual Crossing the Quality Chasm Summit: A Focus on Communities* synthesizes the strategies and action plans developed at the summit and presents commitments made by national level organizations or "national champions". The book may be read online at <http://www.nap.edu/books/0309093031/html/>.



## NEWS FROM THE COLLEGES

**The Thomas C. Robinson Student Scholarship** has been established in recognition of his vision and accomplishments. Contributions to the fund may be made by credit card at [iweb.uky.edu/giveonline](http://iweb.uky.edu/giveonline). Choose the College of Health Sciences and specify Thomas C. Robinson Scholarship under specific project.

After twenty years as Dean of the College of Health Sciences, he announced his plans to step down from that position on December 31, 2004 to return as a faculty member in the Division of Clinical Leadership and Management. Reflecting his academic vision, the College has added new programs and changed its emphasis to graduate education, expanding its role from educating high quality practitioners to include preparing future academic leaders in the health sciences. His vision for a state-of-the-art facility was realized with the opening in 2002 of the 210,000-square-foot College of Health Sciences Building. He leaves his position as dean with the College positioned for continued growth and improved excellence. He has guided the College on the right path for the future. The College staff and faculty acknowledge his leadership, his vision, and his remarkable stewardship of the University of Kentucky College of Health Sciences.

**James D. Blagg, Jr.** was appointed Dean of the School of Health Sciences at the Massachusetts College of Pharmacy and Health Sciences, which is located in Boston. One of four academic schools at the college, it has programs in dental hygiene, physician assistant studies, and radiological sciences (radiography, radiation therapy, and nuclear medicine technology).

He recently served as Dean of the College of Health Professions at Northern Arizona University. Previously, he was the Founding Dean of the College of Health Professions at Florida Gulf Coast University and prior to that position, he was Dean of the College of Nursing and Health Professions at Arkansas State University. In 2003, he was presented the Association's *Cultural Pluralism Award* during the Annual Conference in Toronto, Canada.

**Allan M. Hoffman** has been appointed the Vice President for Academic Affairs at Hartnell College in Salinas, CA effective August 2004. He previously served as Dean and Professor at the Des Moines University Osteopathic Medical Center. **Gilbert Ramirez** will serve as Interim Dean at the College of Health Sciences at Des Moines University. He is the Director of the Division of Health Management and Public Health.

University of Missouri-Columbia psychologist **Kristofer J. Hagglund** will be the first recipient of the University of Alabama at Birmingham (UAB) Department of Psychology's Distinguished Alumni Award. Hagglund, who specializes in health policy, will be honored during a ceremony on October 15 in Birmingham. During the ceremony, he will present his lecture, "Psychology, Health Policy and Politics: A Recipe for Tonic or Poison?"

The *Massachusetts General Hospital Institute of Health Professions* is the Association's newest Institutional Member. Programs include medical imaging, communications science and disorders, and physical therapy. The Institute is a member of the Partners Healthcare System, along with hospitals affiliated with Harvard Medical School and several thousand physicians and specialists in eastern Massachusetts. The representative is **Mary Carey**. Additional information about her and the Institute is scheduled to appear in an upcoming issue of this newsletter.