

# TRENDS

Association of  
Schools of  
Allied Health  
Professions

## HIGHLIGHTS

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## MINORITY FACULTY DEVELOPMENT MODEL

The Health Resources and Services Administration (HRSA) is in the process of completing a *Minority Faculty Development Model* for the health professions. A Summit was conducted in Washington, DC on March 29-30 to discuss its preparation. ASAHP was represented by Association Secretary **Randall S. Lambrecht** (University of Wisconsin at Milwaukee) who addressed the delegates regarding the implications of this project for allied health.



During his presentation, he cited data from Milwaukee that showed the city led the nation in areas such as infant mortality, teen pregnancy, unwanted pregnancies, and access to prenatal care. Members of minority groups are part of the statistical profile for these problems. Meanwhile, the city and the State as a whole are affected adversely by personnel shortages in many allied health professions, in addition to high faculty vacancy rates that serve as an obstacle to educating more students in these disciplines.

Just as important as it was for allied health to have him address the group, he subsequently was asked by HRSA staff to serve on the Expert Panel for Allied Health and to create a model for the allied health professions that will be incorporated into the overall Minority Faculty Development Model.

The emphasis by HRSA is on developing a product that will have a favorable impact on the training, recruitment, and retaining of under-represented minority faculty. Three major areas that serve as a focus are clinical training, research, and academic/teaching. These areas are being approached from the standpoint of addressing the following questions that would apply to all health professions:

- ◆ How are minority faculty identified and recruited?
- ◆ How are minority faculty trained and developed?
- ◆ How are minority faculty retained?
- ◆ What are the requirements for minority faculty to attain tenure?
- ◆ What information do incoming minority faculty members need to know to be effective from the beginning of their assignments?

Another nine questions pertain to the specific issues of clinical training, research training, and academic/teaching training. The next step is for allied health components to be added to the overall model during the next few months. The ASAHP Board will be asked to develop a mechanism to ensure that the membership has an opportunity to participate in the development of the final product.



VANGUARD OF  
ALLIED HEALTH EDUCATION

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# PRESIDENTS' MESSAGE

By David D. Gale, ASAHP President



Earlier this month, I had the pleasure of participating in the Annual Conference of the Consortium of Institutes of Higher Education in Health and Rehabilitation in Europe (COHEHRE). The meeting was held in Budapest, Hungary and drew participants from many countries, including several in Europe. The theme was "How To Be Cooperative In A Competitive System?" Until recently, every European country has had its own concept of what "a good health professional" should represent. Some nations already have exchanged ideas, worked on international study programs, and introduced international student and staff exchange between institutions and diverse disciplines.

The European Commission invested millions of euros for many years on international cooperation in the field of higher education. In June 1999, these countries reached an agreement to restructure the European Higher Education area in order to overcome the gap between the integration of the European business market (1992) and the more national oriented character of educational grades and degree structures. The agreement is called the *Bologna Declaration*.

The aim is to standardize and package European education in order to attract students or income from abroad as a means of rivaling the United States and Australia. A flexible system of lifelong learning with an international and multicultural European framework should support and balance employability within the European region and prevent the inevitable brain drain to other continents that invest more in research and education. Consequently, Europe should become even more attractive to scientists from other parts of the world and contribute to innovation and development on a worldwide scale.

Meanwhile, a familiar lamentation is that the health care system, or systems as the case may be, and health care education are organized as a top-down structure. Medicine is at the top of a pyramid while allied health forms a supportive base. Although the two realms cannot exist without one another, European education continues to struggle with the development of better cooperation between the professions in a way that the characteristics of the different groups are recognized and respected equally.

The last sentence may have a ring of familiarity to it for many readers of this newsletter. I also was pleased to see that many of the substantive components of the program addressed issues that are relevant here in our own country. In the area of management and leadership, our European colleagues are focusing on topics such as faculty development skill-mix. In the category of teaching and learning, there are strong concerns about distance education, interactive learning methodologies, lifetime learning, and bridging formal and informal education. Curriculum development and change represent another important set of educational considerations.

ASAHP conducted Allied Health World Congresses in 1988 (Denmark) and 1997 (England) and participated in a 3rd Congress in conjunction with the Hispanic Congress in San Juan, Puerto Rico (2001). Preliminary discussions have begun regarding the possibility of having the next Congress in the Spring of 2007. A meeting that addresses the common needs of educators from different nations has the potential to be of great benefit to allied health. New advances in technology, an aging health workforce, and the need to increase diversity among faculty, students, and practitioners are challenges that must be faced. I found the interactions with European colleagues to be highly beneficial. Telecommunications and ease of international travel have enabled the world to shrink in size and we need to adapt to such changes.

## NUMBER OF CO-SPONSORS OF ALLIED HEALTH LEGISLATION CONTINUES TO GROW



Recent efforts by ASAHP members and members of various organizations to advance allied health legislation are beginning to pay dividends as measured by the number of co-sponsors in each chamber. S. 473, the *Allied Health Reinvestment Act*, was introduced on February 28. As of the end of April approaches, seven members of the Senate have added their names to the list of supporters, including Edward M. Kennedy, Ranking Member of the Health, Education, Labor & Pensions Committee. That group has jurisdiction over the bill.

On the House side, a companion piece of legislation in the form of H.R. 215 has attracted a total of 13 signers from eight different states. Obviously, there still is a long way to go before either bill makes its way to the floor for a vote. The only resistance being offered usually is couched in highly positive terms. The legislation is viewed as important, but there is some question as to whether it is necessary to move these two bills separately, apart from related bills involving other health professions.

More than 40 different programs, including the Section 755 Allied Health Grants Program, are included in Title VII of the Public Health Service Act. The authority for that overall legislation expired and it is necessary to reauthorize it. Thus, the reasoning by many elected officials is to roll the provisions of the allied health bills and other health professions bills into this single piece of legislation.

### 2005– 2006 ASSOCIATION CALENDAR OF EVENTS

**April 20-23, 2005-** Coalition of Allied Health Leadership Program- Washington, DC.

**May 15, 2005-** Deadline for Scholarship of Excellence applications.

**June 2005-** Secretary's Award winners announced.

**June 27-28—**ASAHP Board of Directors Meeting in Washington, DC

**September 27-October 1, 2005-** Coalition of Allied Health Leadership Program- Washington, DC.

**October 2005-** Scholarship of Excellence winners announced.

**October 19-22, 2005-** Annual Conference- The Intercontinental Houston, Houston, TX.

**March 16-17, 2006—Spring Meeting in Washington, DC**

**October 18-21, 2006 -** Annual Conference— Millennium Knickerbocker, Chicago, IL.

**October 17-20, 2007—**Annual Conference—San Diego, CA

### UPCOMING BOARD MEETING

The Association's Board of Directors will hold its next meeting on June 27-28, 2005 in Washington, DC. The only other Board Meeting that will occur this year is scheduled for immediately prior to the Annual Conference in Houston, TX on October 17-19. A feature of the latter event is that a portion of the session will be on display for attendees at the Conference. They will have an opportunity to observe the Board dealing with typical items that appear on the agenda.

## CAAHEP MEETS IN TUCSON

ASAHP was well represented at the 11<sup>th</sup> annual meeting of the Commission on Accreditation of Allied Health Education Programs (CAAHEP) with all five of its Commissioners in attendance: **Lindsay Rettie** (CAAHEP Board Treasurer), **David Gibson** (Board Member), **Gregory Frazer** (newly elected Board member), **Noelle Kehrberg**, and **Jack Trufant**. The opening session featured a screening of a four-minute video produced for airing on public television on the allied health professions and accreditation (check [www.caahep.org](http://www.caahep.org) to view the video; copies are also available for campus use).

A principal speaker was Judith Eaton, President of the Council on Higher Education Accreditation (CHEA), who updated the Commissioners on national issues, especially federal legislation, that could have rather profound effects on academic integrity. Specifically, she reviewed the reauthorization of the Higher Education Act. While financial aid concerns dominate the bill (HR 609), four important accreditation issues are also included: the quality of distance learning programs, identification and dissemination of learning outcomes, transfer of credit policies, and public availability of accreditation information. The overriding Congressional concern, according to her is accountability. She projects the likelihood of more federal control of higher education in the future, eroding the time-honored tradition of self-regulation in the academy.

Additional presentations were made by three speakers on the topic of diversity. That session was followed by a "Point: Counterpoint" panel, moderated by **David Gibson** and including **Gregory Frazer** for the purpose of debating points raised by the presenters. The CAAHEP awards ceremony was emceed by **Jack Trufant**. Other events included an open hearing on the standards for the profession of kinesiotherapy and educational presentations on medical illustration, cytotechnology, and perfusion technology. All three professions are accredited through CAAHEP.

## UNIVERSITY OF MISSOURI STUDENTS WIN NATIONAL HEALTH CARE QUALITY COMPETITION

A team of four University of Missouri students has taken top honors in a national competition designed to improve the quality of patient care. The students won a first-place award in the *Clarion Interprofessional Team Case Competition* sponsored by the University of Minnesota. Members of the winning unit included **Kevin Morris**, a physical therapy graduate student in the School of Health Professions. **Kristofer Hagglund**, associate dean for health policy and student affairs in the School of Health Professions, was faculty adviser on the project. The team received a \$5,000 scholarship award and an invitation to the Institute for Healthcare Improvement's National Forum on Quality Improvement in Health Care where the students will be formally recognized next December in Orlando, Fl.

## COVER THE UNINSURED WEEK IS LAUNCHED

More than 20 million working U.S. adults are uninsured, according to a new report issued by the Robert Wood Johnson Foundation at an April 27 press conference launching Cover the Uninsured Week. More than 1,000 public events will take place May 1-8 to help raise public awareness about the problems of uninsured Americans. The report may be accessed on the World Wide Web at <http://covertheuninsuredweek.org/media/research/SHADAC2005.pdf>

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## HEALTH LEGISLATION UPDATE

The 1st session of the 109th Congress is entering its fifth month, but little of consequence on the legislative front involves health professions education. Both chambers are bogged down in efforts to produce a concurrent budget resolution. The aim is to have a document in place that will guide the appropriators who soon will begin the lengthy, arduous task of allocating money for the various budget categories. A major sticking point in the inability to reach an agreement on the budget is how much money should be cut from the Medicaid program. Not producing a concurrent budget resolution would hardly be considered all that noteworthy since the feat has been accomplished only four times since 1987.

The existing allied health grants program is one of 40 such activities funded under Title VII of the Public Health Service Act. The authority for this legislation expired in December 2002. Theoretically, funds should not be apportioned for unauthorized programs. Fortunately, Congress has seen fit to provide money. Currently, allied health receives about \$4.8 million of the \$300 million in the Title VII pot. Several meaningful activities have been funded each year, but the overall effect of various projects is slight in comparison to the magnitude of problems facing the allied health workforce. Here is where the *Allied Health Reinvestment Act* comes in as a vehicle for addressing current personnel shortages, declining student enrollments in some professions, and faculty shortages.

An implicit assumption underlying Congressional inattention is that the health workforce is something that exists and always will be there in a quantity sufficient to meet the needs of the population. The fact is that key portions of the allied health workforce are not at satisfactory levels. The aging of that workforce and the aging of the population as a whole are causes for concern. Old age often is accompanied by the epidemiological correlates of chronic disease and disability. Another outmoded belief possessed by many legislators is that market forces will correct workforce shortages. Bonuses and salary increases could have a positive effect on attracting new entrants to the health field, but at the expense of adding higher costs for health care. Another factor is that because of the lengthy years of academic preparation required in many allied health professions, cranking out new personnel is not that easily achievable.

## IN MEMORIAM

The death of ASAHP Past President **Helen K. Hickey** last month was greeted with sadness by many friends and colleagues in the Association who worked with her over the years. In addition to serving at one time as Acting Executive Director, she headed many important committees over a period of many years. Her contributions to this organization were recognized in 1984 when the *Helen J. Hickey Fund for the Advancement of Allied Health* was created. During the 2004 ASAHP Spring Meeting, the Fund was used to cover the costs of an all-day workshop on development.

In addition to serving as Acting Dean of the Sargent School of Health and Rehabilitation Sciences (1975-1979) at Boston University, she had a long and distinguished career in allied health, specifically in physical therapy and rehabilitation as well as in education. She was a leader in the training and professional support of occupational and physical therapists and contributed to the instruction and education of field support staff, volunteers, public health officials, and other community related health care personnel through her participation in many national, federal, university and state college programs.

She received many awards from different universities, including an honorary doctorate from Regis College in Massachusetts. She also was among the second group of members chosen to be ASAHP Fellows.

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## **RESEARCH FELLOWSHIPS AVAILABLE**

The National Institute on Disability and Rehabilitation Research (NIDRR) is making available Merit Fellowships and Distinguished Fellowships. To be eligible for a Merit Fellowship, an individual must have either advanced professional training or independent study experience in an area that is directly pertinent to disability and rehabilitation. In the most recent competitions, recipients of a Merit Fellowship had research experience at the doctoral level. To be eligible for a Distinguished Fellowship, an individual must have seven or more years of research experience in subject areas, methods, or techniques relevant to rehabilitation research and must have a doctorate, other terminal degree, or comparable academic qualifications. An estimated 10 awards will be made for both categories in the amounts of \$45,000 per Merit Fellowship and \$50,000 per Distinguished Fellowship. For additional information, go to the following website <http://a257.g.akamaitech.net/7/257/2422/01jan20051800/edocket.access.gpo.gov/2005/pdf/05-8228.pdf>.

## **LONG-TERM CARE STRAINS FEDERAL AND STATE BUDGETS**

Long-term care relies heavily on financing by public payers, especially Medicaid, and has significant implications for state budgets as well as the federal budget. It includes an array of health, personal care, and supportive services provided to persons with physical or mental disabilities. As the baby boom generation ages, the number of older persons with disabilities will greatly expand the demand for long-term care services and will impose greater burdens on federal and state budgets. The Government Accountability Office (GAO) was asked to discuss the budgetary and other challenges resulting from the anticipated increase in demand for long-term care services.

Recent testimony addressed (1) the pressure that entitlement spending for Medicare, Medicaid, and Social Security is expected to exert on the federal budget in coming decades; (2) how the aging of the baby boom population will increase the demand for long-term care services; and (3) how these trends will affect the current and future financing of long-term care services, particularly in federal and state budgets. The testimony also highlights several considerations for any possible reforms of long-term care financing.

A copy of the testimony by Kathryn G. Allen, Director, Health Care—Medicaid and Private Health Insurance Issues may be obtained on the Web at <http://www.gao.gov/new.items/d05564t.pdf>.

## **HIGHER EDUCATION ACT REAUTHORIZATION**

Another important piece of legislation that awaits reauthorization is the Higher Education Act. Progress thus far has been at a snail's pace as Congress waits to see whether House and Senate leaders can reach agreement on a final budget resolution for the 2006 fiscal year. The resolution this year takes on added importance because of "budget reconciliation." That process could lead to making reductions in various federal entitlement programs to reduce the federal deficit, including in the area of student loans. Rep. John Boehner (R-OH), Chairman of the House Education and the Workforce Committee, indicated that his committee will not go forward with reauthorization until it's clear whether or not reconciliation is going to occur and whether budget cuts will materialize.

The situation is different over on the Senate side. Michael B. Enzi (R-WY), Chairman of the Health, Education, Labor, and Pensions Committee, announced that he is planning to have his committee attend to reauthorization legislation by June.

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## **AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY**

### **Quality Report Cards May Level The Playing Field For Racial Minorities**

When selecting physicians, consumers have access to little useful information—apart from name of medical school, years in practice, and office location. By making explicit measures of the quality of physician care easily available, "report cards" can aid in the selection process and lead to more informed choices. A new Commonwealth Fund-supported study finds that quality report cards may have another important benefit—they can help level the playing field for racial minorities by improving their ability to access the best providers. For additional information, go to the World Wide Web at:

[http://www.cmwf.org/usr\\_doc/817mukamel\\_qualityreportcards\\_ITL.pdf](http://www.cmwf.org/usr_doc/817mukamel_qualityreportcards_ITL.pdf)

### **State Financial Aid: Policies To Enhance Articulation And Transfer**

Financing and financial aid issues in higher education continue to plague state policymakers and higher education leaders. Every year, they struggle with questions of how to meet growing needs through state allocations, how best to ensure shared and equitable responsibility for paying for higher education, and how best to use subsidies such as financial aid to expand access and promote success, especially when economic futures are uncertain. States continue to search for better solutions to these problems, as well as for better ways of encouraging student access and success. As part of this, articulation and transfer mechanisms have become important in moving students through postsecondary education, beginning with freshman year and continuing through graduation. This report is an examination of how state policies enhance student articulation and transfer and, ultimately, student success. The report may be accessed on the Web at

[http://wiche.edu/Policy/Changing%5FDirection/documents/Financial\\_Aid\\_and\\_Articulation\\_000.pdf](http://wiche.edu/Policy/Changing%5FDirection/documents/Financial_Aid_and_Articulation_000.pdf)

### **Trends And Indicators In The Changing Health Care Marketplace**

The Kaiser Family Foundation has updated its online chart book on health insurance, which provides information on enrollment, premiums, benefits and related factors. The updated information highlights national health expenditures, health spending and costs, employer and retiree health coverage, HMO enrollment, hospital, data and the public's views on various topics. The information may be accessed on the Web at

<http://www.kff.org/insurance/7031/index.cfm>

### **New Website For Patient Safety Findings And Resources**

A new website has been created at the Agency for Healthcare Research and Quality (AHRQ) to serve as a national "one-stop" portal of resources for improving patient safety and preventing medical errors. PSNet is the first comprehensive effort to help health care providers, administrators, and consumers learn about all aspects of patient safety. The site provides a wide variety of information on patient safety resources, tools, conferences, and more. PSNet users can customize the site around their unique interests and needs by creating a "My PSNet" page. For instance, a pharmacist interested in how bar coding can help prevent medication errors will be able to set up the site to collect automatically the latest articles, news, and conferences on this topic. Similarly, anesthesiologists and other physicians, nurses, hospital administrators, and others can customize and search the site to best meet their needs. The site, AHRQ's Patient Safety Network, or PSNet, can be found at <http://psnet.ahrq.gov>.

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## 2005 ASAHP ANNUAL CONFERENCE

The program for the 2005 ASAHP Annual Conference is taking shape and the event promises to be one of the best meetings in many years. The theme of the conference is: *Meeting the Challenge of Change: Expanding Roles, Emerging Technologies, and Health Disparities*. **Kenneth Shine**, Executive Vice Chancellor for the University of Texas System, will be the Keynote Speaker. He formerly headed the Institute of Medicine at the National Academy of Sciences. A speaker for the Mary E. Switzer Lecture has not been selected yet, but it is expected that the person making the presentation will have expertise in rehabilitation from the standpoint of outcomes and effectiveness research.

In addition, the conference will feature presentations in concurrent sessions and a poster session, an Oxford-style debate on a topic of considerable interest to educators, an Awards Luncheon, and a social event away from the hotel involving Texas-flavor entertainment, local cuisine, and an opportunity for networking. The members of the planning committee for the Annual Conference are:

**Gordon Green**, *Chairperson* (University of Texas Southwestern Medical Center at Dallas)

**Michael Ahearn** (University of Texas M.D. Anderson Cancer Center)

**Paul Brooke** (Texas Tech University Health Sciences Center)

**Marilyn Harrington** (University of Texas Health Science Center at San Antonio)

**Andrew James** (Texas Southern University)

**Susan Sportsman** (Midwestern State University)

**Polly Turner** (Texas Southern University)

**Randall Lambrecht**, *Board Liaison* (University of Wisconsin at Milwaukee)

## CALL FOR ABSTRACTS

A *Call for Abstracts* for the 2005 Annual Conference will be sent to the ASAHP membership. The focus will be on the broad areas of research, education, and practice as these issues relate to the necessity of effectively meeting the challenges of a changing world. Within that framework, individuals who wish to make presentations during concurrent session or participate in a poster session should emphasize any of the following topics: (1) Expanding Roles of Allied Health Practitioners, (2) Emerging Technologies, or (3) Addressing Health Disparities. The deadline for submitting abstracts has been extended to **May 31, 2005**.

## BYLAWS REVISION

Steps are being taken to rid the bylaw of provisions that no longer apply and to add new material that reflects the steps which should be taken whenever any single member or group of members wishes to present a resolution and have it more forward. The Constitution & Bylaws Committee is headed by **John Dolan** (Louisiana State University Health Sciences Center). The membership will have an opportunity to vote on any changes.

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