

TRENDS

Association of
Schools of
Allied Health
Professions

HIGHLIGHTS

DECEMBER 2005/
JANUARY 2006

President's Message	2
New Legislative Year	3
Allied Health Data	4
U.S. Health Care Spending	6
Available Resources	7
Board Actions	8
Members in the News	8



VANGUARD OF
ALLIED HEALTH EDUCATION

Trends is the official newsletter of the Association of Schools of Allied Health Professions (Suite 500, 1730 M St. NW, Washington, D.C., 20036, 202-293-4848) Trends is published monthly and available as a service to Association members. Annual subscriptions are available to nonmembers for \$55. For more information and/or subscriptions, contact the editor, Thomas W. Elwood, Dr.PH.

FEDERAL SUPPORT OF HEALTH PROFESSIONS EDUCATION ON A DOWNWARD TRAJECTORY

President Bush signed the FY 2006 Labor-HHS-Education Appropriations bill (H.R. 3010) into law on December 30, 2005. Overall, programs under Title VII of the Public Health Service Act were reduced by 51.5% compared to the previous fiscal year's funding levels. The *Section 755 Allied Health and Other Disciplines Program* underwent a cut of 66.3% Programs such as health administration, Quentin Burdick rural training, workforce information and analysis, geriatric training, and health education training centers were eliminated entirely. The Health Careers Opportunity Program experienced a reduction of 88.9% These figures include an across-the-board cut of 1% for all programs.

For more than a decade, supporters of Title VII programs have been in the throes of despond each year as the appropriations process unfolds. Typically, one chamber advocates severe funding cuts while the other chamber is much more supportive. Strangely enough, the roles are reversed every now and then and it really hasn't mattered which of the two political parties was in the ascendancy at the time. Advocates in favor of funding were on the winning side except for what occurred in December 2005.

Allied health and other programs were eyed for elimination during the Clinton Administration. So, it's unfair to characterize the Bush Administration as being unfair for the impact it has had on Congress. The storm has been brewing for several years and the deluge finally hit.

The Office of Management and Budget (OMB, an arm of the executive branch, is a locus of opposition to funding a great many Title VII programs. The underlying rationale for adopting this stance is that it cannot be proven that these various entities are attaining their lofty goals. A challenge has been to produce data to demonstrate that funded activities have, meaningful, documented outcomes.

Program evaluation is a wonderful tool, but it needs to be built into the original structure of programmatic operations. Congress failed to provide the funds and the directives to evaluate these programs when they were created. Collecting data after the fact results in information of diminished utility.

Whether or not the tide will be reversed in coming months is open to speculation. The U.S. government is swimming in a sea of red ink as far as the eye can see. The conflict in Iraq and the aftermath of Hurricane Katrina are just two of many demands on the federal pocketbook for the foreseeable future. Something has to be cut and for the nonce, health professions education is an easy target.

PRESIDENTS' MESSAGE

By David M. Gibson, ASAHP President



JAM SATIS NIVIS (ALREADY, ENOUGH OF THIS SNOW)! HORACE

For those of you in the southern climes of our country, Horace's complaint may mean little. For others, it is a forecast that spring can not come fast enough. With the promise of a new season, we are about to embark on some exciting programming for the *2006 Spring Meeting* in Washington, DC at the Washington Court Hotel on March 16th and 17th.

This will probably be the last year that we will have scheduled our regular Spring Meeting in Washington as the Association's Board seeks new venues for these important meetings and a balance in meeting our legislative agenda. The Board has determined through numerous discussions with members of the Association, that future Spring Meetings will be in warmer places. To meet our obligations relative to ASAHP's federal agenda for this year, however, there will be an opportunity for some of our participants to be matched with their representatives or senators who serve on congressional committees important to allied health legislation so that they can meet with these elected officials on Capitol Hill. During this same time period, a session will be held to help prepare individuals to meet with these officials or their staff back in the home states and districts.

John Short, CEO of RehabCare Group, which provides rehabilitation services in a variety of health care settings throughout much of the country will kick off the 2006 Spring Meeting. Another feature, which may be of considerable interest, is a session devoted to the establishment of state-based allied health councils to garner allied health workforce data that may be used to help your schools secure recognition and state-based funding. **David Yoder**, Executive Director of the Council for Allied Health in North Carolina, and his staff will conduct a workshop session on the nuts and bolts of developing these important state-based resources. **Gregory Petouvis**, an attorney with the prestigious law firm of Hogan & Hartson here in Washington, will address the audience on the topic of student background checks.

We also are scheduling a session on student criminal background checks, an issue that was a key part of the sessions of the College of Health Deans and Northeastern Regional Deans combined meeting this past summer. We are awaiting confirmation from **Julie Gerberding**, Director of the CDC, and **Mark McClellan**, Administrator of the Centers for Medicare & Medicaid Services who have been invited to speak and round out an excellent program.

The event is coming together very well, largely-if not wholly-because of our Executive Director Tom Elwood's indefatigable efforts. It is important to note, however, that we have secured a limited number of rooms at the Washington Court Hotel and early registration is key to securing lodging at a time which is very busy in our nation's Capitol.

True to the resolutions passed by the Board in Houston, the Spring Meeting will be preceded by a separate event, our new leadership development program. We are fortunate to have **Andrew Sorensen**, President of the University of South Carolina, as a key speaker to provide an overview of the many challenges confronting the higher education enterprise in our nation. Work also has started on a Board-approved *Scholar-in-Residence Program*. During the January 10th conference call of the Board, the following Board members agreed to serve on a task force to develop appropriate policies and procedures: **David Gale**, chairperson, **Linda Hatzenbuehler**, and **Gary Neiman**. Ideally, the scholars-in-residence also will work with participants in the leadership program to forge position papers on issues important to the Association's constituents.

A NEW LEGISLATIVE YEAR BEGINS



Reauthorization of the Higher Education Act (HEA) faces an uncertain future when Congress reconvenes in late January. It appeared for awhile that the law would be reauthorized in 2005, but complications arose. Early in the 1st session of the 109th Congress, committees were directed to produce \$34.7 billion in spending cuts over five years for purposes of deficit reduction, a process referred to as “budget reconciliation.” As Congress neared its end-of-year recess, Senate and House conferees reached agreement on the reconciliation bill – S. 1932, the Deficit Reduction Act of 2005. Although the Senate had included S. 1614’s provisions in its reconciliation bill, the House did not do so in H.R. 609’s provisions in its reconciliation bill.

Eventually, a conference report approved by the Senate would cut \$39.9 billion from entitlement programs over the next five years, including \$12.7 billion from the student loan programs. The amended version of the conference report still must be approved by the House before it can go to President Bush for his signature. House members reconvene for the 2nd Session of the 109th Congress at the end of January. The Deficit Reduction Act, if finalized, does not end the HEA reauthorization process because it does not reauthorize the HEA in its entirety. The stand-alone HEA reauthorization bills – S. 1614 and H.R. 609 – continue to exist in the Senate and the House, respectively, and Congress conceivably could act on such bills in 2006. Yet, it remains questionable question whether HEA reauthorization will be a priority during an election year, particularly given that the Deficit Reduction Act – assuming that it becomes law – will address significant federal student loan program issues.

2006– 2007 ASSOCIATION CALENDAR OF EVENTS

March 14-15, 2006—Leadership Development Program—Beacon Hotel—Washington, DC

March 16-17, 2006—Spring Meeting—Washington Court Hotel— Washington, DC

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

October 17-20, 2007—Annual Conference—Catamaran Resort Hotel —San Diego, CA

October 19, 2006- Scholarship for Excellence winners announced.

(Preliminary planning is underway to offer a *Scholar-In-Residence Program*. More details will be announced once plans are finalized.

STRATEGIC PLAN

The Association’s *Strategic Plan* has been revised. The purpose was to identify more specific action steps to achieve the various objectives pertaining to each goal. In addition, more precise measures have been developed to assess the implementation of the action steps. The *Plan* was on the ASAHP website for a period of 30-days to invite member review and comment. The deadline for responding was **December 15, 2005**. The final version can be accessed from the ASAHP homepage at www.asahp.org in ASAHP ALERTS.

IS BIFURCATION OF HEALTH GRADUATES OCCURRING? IMPLICATIONS FOR SCHOOLS OF ALLIED HEALTH

*Stephen N. Collier, Ph.D., Director and Professor
Office of Health Professions Education and Workforce Development
School of Health Related Professions, University of Alabama at Birmingham*

It is well known that enrollments in allied health fields fluctuate over the years. Causes of the fluctuations are due to a number of variables, primary among them being job availability, but also salary levels, student interest in the professions, and other reasons. An important feature, however, is that in recent years the fluctuations have not been even across different degree levels.

A review of data from two major sources--the National Center for Education Statistics (NCES) and the American Medical Association (AMA)--gives rise to a concern that a bifurcation by degree level appears to be occurring for graduates in the allied health professions. Rather than seeing a relatively even increase or decrease across all degree levels, recent data indicate a trend of an increase in graduates at the associate and graduate degree levels, but not at the baccalaureate degree level.

The most recent NCES graduation data reported is for 2002-03, which was released in April 2005. The following table shows graduates for most degree levels over more than the last twenty years for NCES's category of "Health Professions and Related Clinical Sciences". While variations have occurred, the comparison of data from the last several years (2000-01 compared to 2002-03) appears to indicate noteworthy increases in graduates at the associate, master's and doctoral levels, but not at the baccalaureate level. If these data are indicative of a trend, it will hold implications for most schools of allied health.

NCES: GRADUATES, HEALTH PROFESSIONS AND RELATED CLINICAL SCIENCES

	1980-81	1990-91	1995-96	2000-01	2002-03
ASSOCIATE	NA	80,659*	104,775	84,656	90,536
BACCALAUREATE	63,665	59,875	86,087	75,933	71,223
MASTER'S	16,176	21,354	33,920	43,623	42,715
DOCTORATE	868	1,534	1,651	2,242	3,328
TOTALS	80,709	163,422	226,433	206,454	207,802

Source: National Center for Education Statistics, tables 248, 250, 251, and 252. Accessed 1/3/2006 at <http://nces.ed.gov/programs/digest/> for 2004.

The occupations included may be found under the heading "health professions and related clinical sciences" in table 253.

*Associate degree graduates are for 1991-92, the first year reported, rather than 1990-91.

The NCES category of Health Professions and Related Clinical Sciences includes most of the disciplines that traditionally come under the rubric of allied health, plus nursing, public health, and related fields. It does not include first professional health degrees in areas such as medicine, dentistry, and pharmacy, or graduates of the biological sciences and its subfields, such as microbiology or anatomy. Nursing accounts for approximately 50% of the total graduates in the NCES data.

Data from a different source, the American Medical Association, reveal a similar pattern. The following table shows graduates from 1995-96 and those from 2003-04. It should be noted that the data from the two years are not directly comparable since the 1995-96 data are from 40 occupations and those from 2003-04 are from 59 occupations. Most of these occupations are considered to be in the allied health category.

ALLIED HEALTH AND RELATED GRADUATES, 1995-96 VERSUS 2003-04

	1995-96 ¹	%	2003-04 ²	%
ASSOCIATE	23,580	58	24,110	53
BACCALAUREATE	14,281	35	9,654	21
GRADUATE³	2,676	7	12,113	26
TOTALS	40,537	100	45,877	100

² Source: American Medical Association, *Health Professions Education Data Book 2005-2006*, reporting on 59 occupations.

³ The 1995-96 data reports only on master's graduates. Either there were no doctoral graduates during that period or they were too few to report. The 2003-04 data include both master's and clinical doctorates.

Because of a large number of programs in the NCES data set that fall outside the traditional allied health category and differences in the composition of occupations comprising the two years illustrated in the AMA data, care should be taken in the interpretation of these data. However, even given these limitations, it does appear that they support the basic premise of a decline in baccalaureate allied health graduates, a relatively small increase in associate degree allied health graduates, and a large increase in graduates at the master's and doctoral levels.

The table below contains data on several traditional allied health programs that for at least several decades have been, and continue to be, primarily at the baccalaureate level. As indicated, there has been a decline in graduates, though minimal, during the three years between 2000-01 and 2003-04. The table combines baccalaureate graduates and those receiving post-baccalaureate certificates, but the proportions and overall trend remain the same if those with post-baccalaureate certificates are excluded.

**BACHELORS DEGREE AND POST-BACCALAUREATE CERTIFICATES
IN TRADITIONAL ALLIED HEALTH PROFESSIONS**

FIELD	1990-91	1995-96	2000-01	2003-04
CLS/MT	2932	2895	1822	1958
CYTOTECHNOLOGY	254	230	201	157
HEALTH INFO ADMIN	619	735	542	443
TOTALS	3805	3860	2565	2558

Source: American Medical Association, *Allied Health Education Directory 1992*, *Health Professions Education Directory 1997-1998*,
Health Professions Career and Education Directory 2002-2003, *Health Professions Education Data Book 2005-2006*

The picture is mixed for other primarily baccalaureate programs that are generally not considered to be traditional allied health professions but are sometimes included in the allied health category. During the period 1995-96 through 2003-04, Therapeutic Recreation Specialist graduates (approximately 10 of 42 accredited programs are found in ASAHP member institutions) have declined from 626 to 379. Conversely, Athletic Training graduates (17 of 202 accredited programs are found in ASAHP member institutions) increased from 393 to 1607. A number of allied health disciplines that exist primarily at the associate degree level have increased baccalaureate graduates over the last ten to twenty years (e.g., nuclear medicine technology and respiratory therapy), but the majority of graduates are still at the associate degree level.

A likely explanation of the changes in baccalaureate graduates versus other degree levels is that several professions have transitioned their entry-level into the profession from the baccalaureate to the graduate level, and there has been a stagnation or decline in numbers of programs, enrollments, and graduates from the remaining baccalaureate allied health programs. It might also be indicative of employers seeking to constrain personnel costs by employing the lowest trained individual to accomplish a needed function—for example, employing an associate degree trained clinical laboratory technician rather than a baccalaureate trained clinical laboratory scientist.

If indeed there is a trend in the decline of baccalaureate allied health graduates, there are several possible implications for schools of allied health. As described in an article in *Trends* several years ago (Stephen N. Collier, "What's in a Name? Changes in the Composition and Name of Schools of Allied Health", March 2001), in addition to increased diversity in the name of the school in ASAHP member institutions, there was also a considerable increase in the average number of programs in the schools, with many of those programs being outside of those traditionally considered to be allied health. The apparent decline in baccalaureate allied health graduates may be evidence of a continuing and further diversification trend occurring in many ASAHP member institutions, particularly those that are in comprehensive rather than research institutions.

If a bifurcation is occurring, leading toward a bimodal distribution of allied health programs at associate and graduate levels, it would seem to hold implications for research institutions where the more traditional allied health programs are likely to be found. Those institutions would be less likely to reflect the increasing diversity of programs found in comprehensive institutions. They would also be more dependent on supporting the movement to graduate level programming and a commensurate increase in expectations regarding research activity consistent with the mission of such institutions.

As changes occur in the employment market for allied health graduates and as changes occur in health care reimbursement, there will be a need to periodically revisit the mix of graduates at the various degree levels in the allied health professions.

SNAPSHOT OF TODAY'S COLLEGE STUDENTS

Currently, 12 percent of all undergraduate students in the United States are first-generation Americans and 39 percent of undergraduates in the United States are aged 25 or older. These are just two fast facts offered in a new publication by the Center for Policy Analysis at the American Council on Education (ACE). *College Students Today: A National Portrait* uses data from the Department of Education's National Postsecondary Student Aid Study, 2003-04. It provides readers with statistics on the U.S. college student population including the percentage of male and female undergraduates, students of color, adult students, international students, low-income students, and undergraduates with foreign-born parents. It also includes useful data on graduate and professional students in the United States.

Copies can be ordered on the Web at <http://www.acenet.edu/bookstore/pubInfo.cfm?pubID=365>

SPENDING ON HEALTH CARE IN THE U.S. IN 2004

The growth in health care spending in the U.S. slowed for the second straight year in 2004, according to a report released by the Centers for Medicare & Medicaid Services (CMS) recently. Spending rose 7.9 percent, slower than the 8.2 percent growth in 2003 and 9.1 percent growth in 2002. The report, issued annually by CMS' Office of the Actuary, was published in the journal *Health Affairs*. It shows that health care spending was \$1.9 trillion in 2004, or \$6,280 per person. It includes data through 2004, the most recent year for which actual numbers are available. A report on projected spending will be published in the coming months.

The share of the nation's Gross Domestic Product (GDP) spent on health care grew 0.1 percentage point to 16.0 percent in 2004. This was a smaller increase in the share of GDP than experienced in recent years as economic growth in 2004 grew at its fastest rate since 1989. Slower growth in prescription drug spending has contributed to slower overall spending growth over the past few years. In 2004, prescription drugs accounted for only 11 percent of the growth in national healthcare expenditures, smaller than its share of the increase in recent years. In addition, the rate of growth in prescription drug spending - at 8.2 percent in 2004 - is slower in absolute terms than in previous years. The share of personal health care spending growth associated with prescription drugs has declined since 2000, coincident with a higher share of spending growth for hospital, physician, and home health services. Prescription drug spending had accounted for 23 percent of the growth in personal health spending between 1997 and 2000, but by 2002-2004 it accounted for only 14 percent.

Hospital spending accounted for 28 percent of the growth in personal health spending between 1997 and 2000 and increased to 38 percent by 2002-2004. Spending for physician services accounted for 29 percent of the total growth in personal health spending in 2004, up from an average 25 percent share in the 2000-2002 period.

CEOs VIEW HEALTH CARE AS GREATEST COST PRESSURE

Business Roundtable's December 2005 *CEO Economic Outlook Survey* shows that for the third consecutive year health care costs were cited as the greatest cost pressure, while energy costs supplanted litigation costs as the number-two concern. Business Roundtable is an association of CEOs of leading corporations with a combined workforce of more than 10 million employees and \$4 trillion in annual revenues. Additional information is on the Web at <http://www.businessroundtable.org/CEOSurvey/index.aspx> .

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

AHRQ Releases 2005 National Healthcare Quality And Disparities Reports

Quality of health care for Americans has continued to improve at a modest pace and health care disparities are narrowing overall for many minority Americans, but for Hispanics, disparities have widened in both quality of care and access to care, according to reports by HHS' Agency for Healthcare Research and Quality (AHRQ). The findings are contained in the *2005 National Healthcare Quality Report* and its companion document, the *2005 National Healthcare Disparities Report*. These reports, issued annually, measure quality and disparities in four key areas of health care: effectiveness, patient safety, timeliness, and patient centeredness.

The Healthcare Quality Report may be accessed at <http://www.ahrq.gov/qual/nhqr05/nhqr05.pdf>

The Healthcare Disparities Report may be accessed at <http://www.ahrq.gov/qual/nhdr05/nhdr05.pdf>

Background Characteristics, Work Activities, And Compensation Of Instructional Faculty And Staff

This publication is the second from the 2004 National Study of Postsecondary Faculty (NSOPF:04), a study of faculty and instructional staff in public and private not-for-profit two-year-and-above postsecondary institutions in the United States. This report describes the background characteristics, work activities, and compensation of instructional faculty and staff in fall 2003, by employment status, institution type, and program area. The results show that the majority (57 percent) of instructional faculty and staff were employed full time in fall 2003. Women made up a larger proportion of part-time than full-time instructional faculty and staff (47 percent vs. 38 percent). Full-time instructional faculty and staff, overall, reported working an average of 53 hours each week at all jobs both within and outside the institution, and part-time faculty averaged 40 hours per week at all jobs. The average basic salary from the institution for full-time instructional faculty and staff in all types of institutions was \$66,800, and the average basic salary for part-time instructional staff was \$11,000 in 2003. The document may be accessed at <http://nces.ed.gov/pubs2006/2006176.pdf>.

Setting The Agenda For Research On Cultural Competence In Health Care

Health care providers take many approaches to bridge barriers to communication that stem from racial, ethnic, cultural, and linguistic differences. "Cultural competence" encompasses both interpersonal and organizational interventions and strategies for overcoming those differences. A document from the Agency for Healthcare Research and Quality (AHRQ) examines how cultural competence affects health care delivery and health outcomes. It is sponsored by the AHRQ and the Office of Minority Health (OMH). It may be accessed at <http://www.ahrq.gov/research/cultural.htm>.

Health Care Rationing: What It Means

A policy brief from the Brookings Institution by Henry Aaron examines many issues involved with rationing health care by applying its principles to radiology, using examples from the budget-limited British health system. The policy brief may be accessed at <http://www.brook.edu/comm/policybriefs/pb147.pdf>.

BOARD ACTIONS

The following actions were among those taken during a conference call involving the ASAHP Board of Directors on January 10, 2006:

- ◆ The Minutes of the Board Meeting on October 17-18, 2005 and of a conference call on November 11, 2005 were approved as presented.
- ◆ The Treasurer's Report was approved as presented. During the period October 11, 2005 and January 4, 2006 the Association's investments gained 4.87% in value, the equivalent of 20.9% on an annualized basis.
- ◆ Approval was given to have **David Yoder**, former dean at the University of North Carolina at Chapel Hill, present the *2006 Deans' Memorial Lecture* at a luncheon during the Spring Meeting in Washington, DC.
- ◆ Approval was given to have the Association's *Strategic Plan* placed on the ASAHP website. This item appeared in that location for 30 days during the Fall for review and comment by the membership.
- ◆ Members of a task force were selected to begin planning a Scholar-in-Residence Program for the Association.
- ◆ Approval was given to a request by the U.S. Department of Education to have ASAHP endorse the 2007-2008 National Postsecondary Student Aid Study.

MEMBERS IN THE NEWS

The latter half of 2005 was kind to **Cecil B. Drain**, Dean of the School of Allied Health Professions at Virginia Commonwealth University. During the Association's Annual Conference in October, 2005 he was honored as an ASAHP Fellow. The 20th Anniversary issue of the Journal of Perianesthesia Nursing contains an interview with him in honor of his many accomplishments.

He is the author of a seminal work entitled, *Perianesthesia Nursing: A Critical Care Approach*, which is in its 4th edition and published by Elsevier, Inc. It often is referred to as the Blue Book," a moniker derived from the fact that the first edition in 1979 had a blue cover. The book became the definitive text for recovery room nurses. Still another reason for him to be pleased with events as they have unfolded over the past several months is that five departments in his School of Allied Health Professions ranked among the top 25 nationally by *US News and World Report*. The Department of Nurse Anesthesia is ranked Number One.

2006 SPRING MEETING

The Association's 2006 Spring Meeting will be held on March 16-17 in Washington, DC at the Washington Court Hotel. Room rates are \$235 single and \$245 double, plus applicable taxes. The cutoff date for obtaining these rates is **February 13, 2006**. Call Tel: 800-321-3010 by the cutoff date for reservations. Registration for the meeting will begin on February 1, 2006 and it can be done online at www.asahp.org. As noted in the President's Message on page two of this issue of the newsletter, the program promises to be outstanding.