

TRENDS

Association of
Schools of
Allied Health
Professions

HIGHLIGHTS

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JANUARY 2005

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VANGUARD OF
ALLIED HEALTH EDUCATION

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LEGISLATIVE EFFORTS BEGIN ANEW

The 1st Session of the 109th Congress officially began in January 2005. A key event was the introduction in the House of H.R. 215, the *Allied Health Professions Reinvestment Act of 2005*, by Reps. Cliff Stearns (R-FL) and Ted Strickland (D-OH). The bill is a replica of H.R. 4016, which was introduced on March 23 in the 108th Congress. Members of the Southern Deans' Group were instrumental in developing this legislation and having it reintroduced.

The House bill in 2004 was followed by S. 2491, which appeared in the Senate in June. It was introduced by Senators Marie Cantwell (D-WA), Jeff Bingaman (D-NM), and Joseph Lieberman (D-CT). The introduction of Senate bills in the 109th Congress proceeded at a slower pace, which has led to a delay in the reintroduction of legislation that mirrors S. 2491. Steps also are being taken to have a Republican Senator drop the bill in the hopper and that process is adding to the time involved.

The necessity of having allied health legislation become law was reinforced by findings from the Association's 2004 Institutional Profile Survey. Once again, for the 5th consecutive year, many schools that participated in the study were unsuccessful filling all the available seats in 14 of the 20 allied health professions studied. In many cases, there was a sufficient number of applicants. One conclusion to draw is that some individuals were refused admission because they failed to meet required criteria. That deficiency would be addressed in the legislation being proposed.

In other cases, there were not enough available openings to accommodate the number of applicants. That situation mirrors nursing and other health professions. The problem is an inadequate supply of faculty. Once again, a provision of proposed allied health legislation would create a faculty loan program that is aimed at increasing the side of the professorate.

Components of allied health legislation would fall under Title VII of the Public Health Service Act. The authority for that legislation expired more than two years ago. It is possible that Title VII legislation will be enacted in coming months. If that occurs, the probability increases that allied health and bills pertaining to other professions such as public health will be rolled into the reauthorization.

The intent will be the same. Whether free-standing or alone, the quest is to have provisions of an Allied Health Reinvestment Act become part of Title VII.

PRESIDENTS' MESSAGE

By David D. Gale, ASAHP President



During the month of December, a survey was sent electronically to the Association's membership to obtain views about the quality of various devices used to disseminate information. The ASAHP website is being redesigned and it seemed eminently worthwhile to solicit ideas on how to improve this item. Recognizing the opportunity that was presented, a decision also was made to expand the survey to include publications such as this newsletter.

We had approximately a 33% survey response rate and the information will be put to good use. The Board of Directors had a chance to review the findings during a conference call that was held in late January, but it was decided to spend additional time doing so when we meet in Washington, DC on March 15-16. A few decisions will be made on that occasion such as whether or not to increase the distribution of the biweekly *ASAHP UPDATE* to the entire membership.

In 1994, when the Association became a free-standing, independent organization after being under the wing of a management company for a decade, the Board decided that the *UPDATE* would be a publication aimed exclusively at the deans and directors who are the official representatives of their institutions in ASAHP and to the Association CEOs who head organizational affiliates.

As a result, there is some overlap between the information provided in this newsletter and the biweekly publication. An example would be the summary reports furnished of Board meetings and conference calls. Some respondents to the survey recommended that the entire membership have access to the *UPDATE*. A decision on that matter is forthcoming.

Overall, a considerable amount of satisfaction was expressed regarding the newsletter *TRENDS*, the *ASAHP UPDATE*, the *Journal of Allied Health*, the *Annual Report*, and the website. Several recommendations were made about the kinds of articles that it would be valuable to have appear in the *Journal*. This information was relayed to editor **Kevin J. Lyons** (Associate Dean at Thomas Jefferson University). Similar to other editors, he has to rely on what is submitted for publication in each issue. In order to cover many topics suggested by survey respondents, it would require identifying authors and soliciting manuscripts from them. One possibility might be to publish a special issue on a given topic and invite papers from recognized authorities.

During the recent Board conference call, reference was made to a recommendation offered by the planning committee for the *2005 ASAHP Annual Conference* in Houston next October. The idea is to build into the conference program a meeting of the Board that could be witnessed by any attendees with an interest in observing how we operate and work our way through an agenda.

Our initial reaction was highly positive and further discussion is needed regarding the best place to include such an activity in the conference program. Moreover, that degree of openness easily can be extended to all meetings of the Board. Typically, we convene immediately prior to the start of a Spring Meeting and Annual Conference each year. Prospective observers would have to arrive early in order to attend. As additional thoughts are applied to developing a way of making such arrangements go smoothly, logistics will have to be taken into account. In most hotels, the meeting rooms we use are designed for a Board and the amount of space is restricted. A different venue would be needed to accommodate several observers.

EXPLORING THE WASHINGTON MINDSET



As reported in the January 20, 2005 issue of the New England Journal of Medicine, the *Shattuck Lecture* by U.S. Senate Majority Leader William H. Frist, M.D., offers insights into what a powerful Congressional member deems important for health care in the 21st century. He sees a governmental role in establishing the health care rules of the road, providing individuals with adequate resources, and promoting the development of better information so that consumers then can make informed choices. He agrees that another important governmental function is to furnish a sturdy safety net with basic protections.

A suitable package of federal remedies would include, in his view, increased enrollment of children in the Medicaid and S-CHIP programs, expanding the number of tax-free health savings accounts (HSAs), changing the tax code to permit purchasers of individual health insurance to be treated the same way as persons covered by employers, establishing a vibrant secondary market for health insurance similar to home mortgage insurance, and enacting medical litigation reform. Completely absent is any reference to the health workforce.

A post-election survey by the Kaiser Family Foundation on what the health priorities should be in Congress also failed to mention the health workforce. Public opinion influences legislative behavior. A challenge is to bring workforce problems in the allied health arena such as personnel shortages to the attention of Senator Frist and other key members of the House and Senate in the days that lie ahead.

2005– 2006 ASSOCIATION CALENDAR OF EVENTS

March 4, 2005- Secretary's Award entries submitted to ASAHP.

March 12-14, 2005 - Career Fair for Allied Health & Nursing Students - Orlando, FL

March 17-19, 2005- Spring Meeting- Washington Court Hotel, Washington, DC

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.

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

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

2005 ASAHP SPRING MEETING

The Association's Spring Meeting will take place on March 17-19 at the Washington Court Hotel in Washington, DC. A principal focus will be on government relations with the intent of having Congress pass an *Allied Health Reinvestment Act*. Another major segment of the program will deal with the topic of accreditation.

BOARD ACTIONS

The Board of Directors had a conference call on January 26. The following actions were among those taken:

- ◆ The Minutes of a conference call on December 2 were approved.
- ◆ The Treasurer's Report was approved following a discussion of the financial health of the organization. ASAHP is functioning within the limits of the FY 2005 budget that was approved by the Board in June 2004. Investment income for the fiscal year on an annualized basis is equivalent to a double digit gain. The increase in the value of the portfolio is a reflection of the diversification employed. Currently, the money is invested in 29 different kinds of financial instruments that include equity mutual funds, corporate bonds, and other fixed income vehicles such as U.S. Treasury securities. The mix is 60% stocks and 40% bonds. Worth noting is the fact that in the down market that occurred in the period 2000-2004, ASAHP saw a reduction in the value of investments in only one of the years and the loss was a mere 2%
- ◆ Board Members agreed that the *2006 Spring Meeting* should be held in Washington, DC as a means of advancing federal legislation that advances allied health.
- ◆ Approval was given to forward a proposal to modify the Association's Constitution & Bylaws to the committee that deals with such matters for further consideration.
- ◆ A preliminary discussion of a recent membership survey dealing with Association publications and the website occurred. A more thorough review of the findings will be done when the Board meets in March.
- ◆ Updates were provided on: upcoming presentations by President **David Gale** and Executive Director **Thomas Elwood** at a HRSA Advisory Committee Meeting on January 31-February 1, a grant proposal that is under preparation, a task force's efforts to develop a methodology to determine the social/economic impact of schools of allied health, the development of an accreditation handbook for the membership, and the 2005 Spring Meeting and Annual Conference.

ASSOCIATION'S WEBSITE REDESIGNED

Efforts began in January to improve the appearance and functionality of the Association's website. Readers of this newsletter are invited to inspect the site at www.asahp.org. As a result of the modifications employed, it will be much easier for users to navigate. Another feature will enable members to pay fees online while registering for events such as the Annual conference and the Spring Meeting.

Over the years, different individuals have worked on the site. As a result, different kinds of language codes were inserted, which ultimately made the addition of new features a cumbersome ordeal. The redesign included standardizing the various codes into a single format.

Members are encouraged to visit the site on a frequent basis. Changes will be made regularly in a section of the homepage called *ASAHP Alerts*. In coming months, additional kinds of information will be included. Readers are reminded that on a daily basis, items are placed in a section of the homepage entitled "News Across The Professions." Grant writers and researchers may find much of this material quite useful

2005 SPRING MEETING AGENDA TAKES SHAPE

The 2005 ASAHP Spring Meeting will be held on March 17-18 in Washington, DC and the agenda holds promise for attendees of increasing their knowledge and understanding of health policy and accreditation issues. The morning of March 17 will be devoted to a consideration of the *Allied Health Reinvestment Act*. In addition to a panel discussion conducted by ASAHP President-Elect **David M. Gibson** (University of Medicine and Dentistry of New Jersey), Dean **Harold P. Jones** (University of Alabama at Birmingham) and Dean **Patricia W. Walker** (Sacred Heart University), invited speakers include: Surgeon General **Richard H. Carmona**, New Mexico Senator **Jeff Bingaman**, and **Stephen Northrup**, health policy advisor for Senator **Michael Enzi**, Chairman of the Health, Education, Labor and Pensions Committee. Spring Meeting attendees will spend the afternoon on Capitol Hill, seeking support for the passage of allied health legislation.

On the morning of March 18, the focus will shift to the topic of accreditation. **Steven Porcelli**, a Program Specialist at the U.S. Department of Education, will make a presentation on that topic. **Joan Stanley** from the American Association of Colleges of Nursing, **Mary Jane Harris** from the Commission on Accreditation of Physical Therapy Education, **Susan Meyer** from the American Association of Colleges of Pharmacy, and **Arlene Carney** from the University of Minnesota (representing audiology) will be on a panel discussing the topic of clinical doctoral programs.

The *Deans' Memorial Lecture* will be presented at a luncheon on March 18 by **Lindsay Rettie**, Dean Emeritus at Old Dominion University.

COMPLEMENTARY AND ALTERNATIVE MEDICINE

Stating that health care should strive to be both comprehensive and evidence-based, a new report from the Institute of Medicine of the National Academies calls for conventional medical treatments and complementary and alternative treatments to be held to the same standards for demonstrating clinical effectiveness. The same general research principles should be followed in evaluating both types of treatments, although innovative methods to test some therapies may have to be devised, according to the committee that issued the report. Written to assist the National Institutes of Health in developing research methods and setting priorities for evaluating products and approaches within complementary and alternative medicine (CAM), the report also assesses what is known about Americans' reliance on these therapies.

An online version may be accessed on the Web at: <http://www.nap.edu/books/0309092701/html/>.

NATIONAL HEALTH OBSERVANCES IN 2005

Health observances are days, weeks, or months devoted to promoting particular health concerns. This planning guide developed by the National Health Information Center of the Department of Health and Human Services lists national health observances, along with the sponsoring organizations and information about supporting materials that will be available. *National Allied Health Week* (November 6-12, 2005) is on the list. These special times can be used to sponsor health promotion events, stimulate awareness of health risks, or focus on disease prevention.

For additional information and a listing, go to: <http://www.healthfinder.gov/library/nho/nho.pdf> on the Web.

FEDERAL EFFORTS TO PROMOTE MEDICAL INNOVATION

In January, Secretary Tommy G. Thompson of the Department of Health and Human Services announced steps that HHS can take to advance medical innovations and move products more quickly from the lab bench to the bedside. The recommendations were outlined in a new report: "Moving Medical Innovations Forward - New Initiatives from HHS." It is the product of a task force formed by him last May to weigh new ideas and promote new solutions to encourage innovation in health care and to speed the development of effective new medical technologies. The task force examined internal procedures at agencies across the department, including the Centers for Disease Control and Prevention (CDC), the Centers for Medicare & Medicaid Services (CMS), the Food and Drug Administration (FDA) and the National Institutes of Health (NIH).

The report may be accessed on the Web at: <http://www.hhs.gov/reference/medicalinnovations.shtml>. It should be noted that the new Secretary of HHS is Mike Leavitt, former administrator for the Environmental Protection Agency and former Utah governor. His appointment was approved by the Senate on January 26. He stated during confirmation hearings that the "main event" of 2005 would be implementing the new Medicare prescription drug benefit, which begins on January 1, 2006.

INSTITUTIONAL PROFILE SURVEY RESULTS POSTED

The results of the Association's *Institutional Profile Survey* that was conducted in the period September-November 2004 have been posted on the Web. As a result of a Board of Directors policy instituted last year, only deans and directors who submitted data will have access to the findings. Deans and directors at non-participating institutions will be able to view them around the time the next survey is launched in September.

One portion of the study focuses on student applications and enrollment. A decline in both aspects of student admissions declined severely at the start of this decade. The recent survey shows that the problem has not been corrected, i.e., many schools began the 2004-2005 academic year with seats unfilled in 14 of the 20 professions studied. Examples are shown below.

<u>Profession</u>	<u>Number of Applicants</u>	<u>Enrollment Capacity</u>	<u>Number Enrolled</u>
Health Information Management	732	1,530	506 (33%)
Rehabilitation Counseling	325	523	228 (44%)
Emergency Medical Sciences	284	251	165 (66%)
Cytotechnology	249	140	97 (69%)
Speech-Language Pathology/Audiology	3,495	1,975	1,453 (74%)

One kind of problem evidence by these data is that certain programs in certain professions are not attracting enough applicants. Other professions are characterized by a sufficient number of applicants, but seats are being left unfilled. A possible explanation is that some applicants were refused admission because they failed to meet criteria. Another likelihood is that some institutions were able to accept the requisite number, but still had to reject qualified applicants because of a lack of space. All these situations lend themselves to the kinds of solutions inherent in the proposed *Allied Health Reinvestment Act* legislation before Congress. The kinds of information contained in the survey results provide evidence of why such action is necessary.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Report On Health, United States: 2004

The report, *Health, United States 2004* became available in December. It presents the latest health data collected by the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics and dozens of other Federal health agencies, academic and professional health associations, and international health organizations. Data are presented by age, sex, race and ethnic background, and some measures are also shown by State. A noteworthy finding is that racial and ethnic disparities in mortality persist, but the gaps in life expectancy between the sexes and between the black and white population are narrowing. The report may be obtained on the Web at: <http://www.cdc.gov/nchs/hus.htm> .

Drivers Of Health Care Costs

The Blue Cross Blue Shield Association (BCBSA) has embarked on a multi-year initiative to champion healthcare affordability in the United States today and for future generations. A key step to maintaining access to affordable healthcare is understanding the drivers of healthcare costs. To foster this understanding, BCBSA has published the *Medical Cost Reference Guide*, a compendium of the best secondary research available focusing on the key drivers of healthcare costs. The guide may be accessed on the Web at: http://bcbshealthissues.com/issues/hccosts/pdf/mcrg_full.pdf .

The School-To-College Transition: Challenges And Pros

A new essay by the Center for Policy Analysis at the American Council on Education (ACE) reviews the growing body of research on school-to-college transition and offers steps campus and system leaders can take to improve low-income and minority students' access to higher education. *The School-to-College Transition: Challenges and Prospects* is the third essay in ACE's series "Informed Practice: Syntheses of Higher Education Research for Campus Leaders." The essay may be accessed on the Web at: http://www.acenet.edu/bookstore/pdf/2004_IPtransitions.pdf.

High Cost Of Conventional Medical Care Prompts Consumers To Seek Alternatives

Nearly 6,000,000 American adults turned to complementary and alternative medicine (CAM) in the past year to treat such conditions as depression and chronic pain because conventional medical treatment was too expensive, according to a national study released by the Center for Studying Health System Change (HSC) recently. The study may be obtained on the Web at: <http://www.hschange.org/CONTENT/722/> .

Teaching Inpatient Communication Skills

The February issue of *Academic Medicine*, a publication of the Association of American Medical Colleges, contains five articles on innovations in teaching . One that is free to non-subscribers is entitled, "Teaching Inpatient Communication Skills to Medical Students: An Innovative Strategy." The article may be accessed on the Web at: <http://www.academicmedicine.org/cgi/content/full/80/2/118>.

Transformational Change Strategy To Achieve Better Health Care For All

In her 2004 Annual Report Message, Commonwealth Fund president Karen Davis laid out a detailed plan to transform the health care system. The document may be accessed on the Web at: http://www.cmwf.org/usr_doc/803_davis_presmessage_2004.pdf

NEWS FROM THE COLLEGES



Warren Anderson, Acting Senior Vice-President for Academic Affairs at the University of North Texas Health Science Center, is Dean of the School of Health Professions. The School, which was established in 2004 as the institution's fourth academic school, consists of the Department of Psychology and the Department of Education. Collaborative programs with the university consist of a doctoral program in health psychology and a certificate program in health professions education. Consideration is being given to adding other programs in the health professions.

He has 33 years experience in academic program development, administration, and accreditation in three academic medical centers—Michigan State University College of Human Medicine, Michigan State University College of Osteopathic Medicine, and the UNT Health Science Center at Fort Worth. He has served at the latter institution for 28 years in a variety of administrative capacities and was instrumental in developing a physician assistant program.

Maurizio Trevisan recently was appointed dean of the University at Buffalo School of Public Health and Health Professions. An internationally renowned epidemiologist in the field of cardiovascular-disease risk factors, he has served as interim dean since September 2001. A professor of social and preventive medicine, he joined the UB faculty in 1985 and was chairperson of the Department of Social and Preventive Medicine from 1993-2003 when it was located in the School of Medicine and Biomedical Sciences. A fellow of the American College of Epidemiology and the Council on Epidemiology of the American Heart Association, he is executive editor of *Nutrition Metabolism and Cardiovascular Disease*. He has authored or co-authored more than 200 scientific articles in peer-reviewed scientific journals, book chapters, and monographs. His medical degree is from the University of Naples Medical School and he has a master's degree in epidemiology from UB.



Edward R. O'Connor has been appointed interim dean of the School of Health Sciences for the 2005-2006 academic year. Associate dean since 1998, he will replace Dean **Joseph Woods**, who will step down on July 1 to return to the biology faculty. O'Connor's appointment enables the university to suspend its national search for a new dean, while administrators and faculty make several key decisions about the future of the School of Health Sciences. Prior to arriving at Quinnipiac, he was interim associate dean of the College of Naturopathic Medicine at the University of Bridgeport and was a postdoctoral fellow, an associate research scientist, and faculty member in the Departments of Neurology and Neurosurgery at the Yale School of Medicine.

University of Missouri at Columbia professor **Kristofer Hagglund** has been appointed to an Institute of Medicine committee that will study the Social Security Administration's medical process for determining eligibility for disability benefits. He indicated that "the current disability determination process is cumbersome, costly and outdated. More than a year may pass before a determination is made for an individual and the Social Security Administration is concerned that disability determination procedures are applied inconsistently." He serves as co-director of the university's Center for Health Policy and is a professor of health psychology and associate dean for the School of Health Professions.
