

# TRENDS

Association of  
Schools of  
Allied Health  
Professions

## HIGHLIGHTS

JULY-AUGUST  
2005

President's Message	2
Health Appropriations	3
Calendar of Events	3
Research Primer	4
Healthy People 2010	4
Health Trends	5
Public Policy Issues	6
Available Resources	7
Annual Conference Updates	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.

## THE CLINICAL DOCTORATE

A featured event at the upcoming 2005 ASAHP Annual Conference in Houston, TX during October 19-22 will be an Oxford-Style Debate on the topic of the clinical doctorate. Two debate teams have been assembled and the following motion will serve as a basis for discussion:

*This assembly believes that faculty with clinical doctorates are as valued and equivalent in the overall teaching/service/research missions of an academic institution and should be accorded the same rights and responsibilities as faculty with research doctorates regarding teaching load/course assignments/promotion/tenure.*

Clinical doctorates are not exactly a rare phenomenon in the world of higher education. Medicine and dentistry provide just two examples where such degrees have been offered for many years. Historically, many professional doctorates were considered to be the first professional degree, the one required to sit for licensure in a profession. They were so classified by institutions, The Higher Learning Commission, and the National Center for Educational Statistics (NCES).

Schools of allied health have witnessed the emergence of the clinical doctorate in occupational therapy and physical therapy in the past decade. Degrees offered in these professions are not first professional degrees and are not required for licensure.

Both the Council for Higher Education Accreditation (CHEA) and the U.S. Department of Education, along with regional accrediting bodies are examining the quality of clinical doctorates. In addition, The Higher Learning Commission has convened "A Task Force on the Clinical Doctorate." ASAHP President **David D. Gale** is one of its members

Beginning this coming October, for the next year the task force will seek to: (1) Provide a typology of existing programs that could inform appropriate classification by the Commission, (2) Identify any hallmarks of length, rigor, and content that are or should be common among professional doctorates or types of professional doctorates and, therefore, might be integrated into a review to extend institutional accreditation to include such programs, and (3) Propose the most appropriate strategies for a regional accrediting commission to follow in extending accreditation to include these new professional doctorates, whether through comprehensive evaluations or through application of policies related to substantive change.

# PRESIDENTS' MESSAGE

*By David D. Gale, ASAHP President*



The front page of this issue of TRENDS mentions the creation by The Higher Learning Commission of a Task Force on the Professional Doctorate. I feel highly honored to be selected as a member of this group and look forward to working over a one-year period with distinguished representatives from higher education administration, professional accrediting organizations, and foundations who also were chosen. Members of the task force have unique perspectives to bring to the project. As the representative from allied health, I hope to do likewise and expect that I'll be calling on fellow ASAHP members to obtain their insights as we proceed down this important path.

Historically, the Commission has "extended" accreditation to include offerings at a higher degree level. That organization currently is faced with several issues as it considers how it should respond to newer professional doctorates or "practicing doctorates" as they are referred to in some educational circles. Examples of some of these issues are:

- ◆ Some new degrees appear before the professional accrediting agency has determined whether a degree should exist, let alone define its content.
- ◆ Several kinds of degrees are emerging in colleges and universities that (1) offer few if any other doctoral programs and (2) do not have graduate school oversight of these new programs. Moreover, it appears that with some of the new programs, the content actually may differ among institutions regarding whether they are provided under the authority of a graduate school or not.
- ◆ Recent discussions with personnel at academic institutions indicate that more requests may ensue for a whole variety of niche doctoral programs connected with unique professional specialties (e.g. Doctorate in Homeland Security).
- ◆ Obvious consistency is lacking among these degrees concerning length, rigor, substance of content, or ultimate utility to persons who earn the degree.

As I look back at how the number of physical therapy programs with clinical doctorates has grown during the past decade, I recall that some deans and directors greeted their emergence with less than total enthusiasm. Yet, it soon became apparent to them that it would be necessary to develop such an entity because other institutions in the same geographical region were doing so. If prospective students wanted to obtain such a degree, then it would be difficult to reach enrollment targets for a given school if it was the only one in the area that lacked this kind of offering.

Personnel shortages have affected many allied health profession in recent years. Apart from attracting more students, a related problem is that even if additional numbers wish to enroll, there are not enough faculty members to accommodate such expansion. So, a relevant question is whether or not faculty with clinical doctorates could be called upon to fill these gaps. Are these individuals equivalent to faculty prepared at the Ph.D.-level? Should they be accorded similar rights, responsibilities, and perquisites as their Ph.D. colleagues? Issues of this sort will be debated during the ASAHP Annual Conference on the morning of October 22. The discussion promises to be illuminating. I hope that you will be able to join us on that occasion and help to play a role in educational developments that continue to unfold.

## APPROPRIATIONS PICTURE BRIGHTENS



The House of Representatives voted to eliminate all programs under Title VII of the Public Health Service Act in FY 2006 except for scholarships for disadvantaged students and the Centers of Excellence Program. The *Section 755 Allied Health Grants Program* would become history if this version of appropriations legislation is enacted.

Fortunately, the sentiment differs on the other side of Capitol Hill. The Senate Committee on Appropriations approved the restoration of funding at FY 2005 levels for essentially all the programs under Title VII, including allied health. The full Senate has yet to vote on Labor-HHS appropriations. Congress will return from its August recess after Labor Day. Eventually, all will be resolved in a conference committee between the two chambers. Assuming that effort fails, then at some later date, funding legislation will be rolled into an omnibus spending package. In recent years, that procedure seems to have become the preferred means of doing business. Last-minute deals typically are concocted in the dead of night and the final results are not known until well after the start of the new fiscal year on October 1. One or more continuing resolutions (CRs) are enacted during the interim in order to keep the government in operation.

Meanwhile, programs under Title VII remain unauthorized. The authority expired nearly three years ago. Technically, unauthorized programs should not be funded, but money is provided for the health professions and for other kinds of federally-assisted programs. It is unclear whether Congress will be able to deal with Title VII this year. Many other issues have taken precedence. Another potentially time-consuming matter involves the nomination of John Roberts to fill a vacancy on the Supreme Court.

### 2005– 2006 ASSOCIATION CALENDAR OF EVENTS

**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

### ACCREDITATION

The Association of Specialized & Professional Accreditors (ASPA) will hold its next meeting in Portland, OR on September 11-13. Prior to the official beginning of the conference, ASAHP members from the Executive Board and the Accreditation Committee will meet with ASPA representatives to discuss issues of common interest. Doing so is an ongoing project since June 2004 to bring to the attention of ASPA concerns that deans and directors have about accreditation and how the process might be improved.

## POLICYMAKER'S PRIMER ON EDUCATION RESEARCH

The Education Commission of the States (ECS) and Mid-continent Research for Education and Learning (McREL) have developed a new online resource to help policymakers, education leaders, and the public better understand and evaluate educational research. “ *A Policymaker's Primer on Education Research: How To Understand, Evaluate and Use It* ” --is an interactive web site that provides users with three primary areas of analysis : understanding what the research says, evaluating whether it is trustworthy, and deciding how the research can be used to guide policy.

The only prerequisite for using the Primer is some familiarity with using computers and the Internet--no understanding of science or sophisticated mathematical skills are required. It is designed so that any part of it may be used independently. It is not necessary to read all sections of the Primer in sequence or to read those sections before using the glossary, the tutorials, or any of the other tools.

The primer may be accessed ON THE Web at

[http://www.mcrel.org/PDF/SchoolImprovementReform/9713TG\\_SchoolImprovement\\_Primer6-04.pdf](http://www.mcrel.org/PDF/SchoolImprovementReform/9713TG_SchoolImprovement_Primer6-04.pdf) .

## 2006 SPRING MEETING TOPICS SOUGHT

The Association's *2006 Spring Meeting* will be held in Washington, DC on **March 17-19**. The first day will be devoted to legislative issues, including visits that afternoon to legislative offices on Capitol Hill. The second day will focus on some non-legislative issue of interest to the ASAHP membership.

In 2004, a workshop on fund development was held on that second day. This past Spring, the topic was accreditation, with particular emphasis on clinical doctorate programs. Representatives from physical therapy, speech-language pathology, pharmacy, and nursing discussed some recent developments in their respective professions. The session also featured a presentation by an education program specialist in postsecondary accreditation at the U.S. Department of Education.

Prior to planning the contents of the program slated for next Spring, it would be valuable to hear from ASAHP members regarding what should be covered on that second day in the form of a workshop or related offering. Please forward your ideas and suggestions to [thomas@asahp.org](mailto:thomas@asahp.org).

## COMMENTS INVITED ON HEALTHY PEOPLE 2010

Officials at the Office of Disease Prevention and Health Promotion (ODPHP) are soliciting the submission of electronic comments for consideration of changes and revisions proposed to the *Healthy People 2010* objectives as a result of the Midcourse Review process. The proposed revisions take the form of: establishing baselines and targets for formerly developmental objectives (i.e., objectives that had no baseline data or target when *Healthy People 2010* was released in 2000); changes to the language of objectives and sub-objectives; deletions of objectives and sub-objectives; new sub-objectives; and baseline and target revisions.

Written comments must be submitted via the Internet Web site by 5:00 PM (Eastern Daylight Saving Time) on **September 15, 2005**. The proposed revisions to *Healthy People 2010* objectives can be viewed and commented on by going to the following website: <http://www.healthypeople.gov/data/midcourse>

---

## TRENDS IN AGING

Persons turning age 50 today have about half their adult lives ahead of them. Each year, more than four million men and women join their ranks. What do they have to look forward to? Will they be able to attain the quality of life they want in their later years? In its ongoing *Beyond 50* series of annual reports, AARP assesses the state of America's aging population in such vital and significant areas of concern as economic security and health care. The report may be accessed on the World Wide Web at: [http://assets.aarp.org/rgcenter/econ/beyond\\_50\\_econ.pdf](http://assets.aarp.org/rgcenter/econ/beyond_50_econ.pdf).

## HEALTH CARE AND INCOME

The ability to obtain quality health care often is dependent on the amount of income available to purchase adequate insurance coverage and meet out-of-pocket costs. According to the Joint Center for Political and Economic Studies, blacks depend on the Social Security System (OASDI) more than whites. 37% of black seniors depend exclusively on Social Security for their income, compared to 18% of white seniors. Black workers also are nearly twice as likely to collect disability insurance payments (4.2%) as whites (2.8%) and proportionately more black children receive survivor benefits (21.6%) than are in the general population (15.2%).

## HEALTH IN RELATION TO LANGUAGE ABILITY

Over the past two decades, the number of Americans who speak a language other than English at home has increased as has the number of Americans with limited English proficiency (LEP). Previous research has shown that disparities in children's health and health care are associated with both of these factors. New research shows, however, that LEP is the more useful measure in gauging the impact of language barriers on children's health and health care.

In the Commonwealth Fund–supported study, "Limited English Proficiency, Primary Language at Home, and Disparities in Children's Health Care: How Language Barriers Are Measured Matters" (*Public Health Reports*, July/August 2005), researchers found that LEP parents are three times more likely than parents who report speaking English "very well" to have a child in fair or poor health. The authors did not, however, report similar findings for homes in which a language other than English is spoken, concluding that parental LEP is "superior to the primary language spoken at home as a measure of the impact of language barriers on children's health and health care."

## AMERICA'S CHILDREN: KEY NATIONAL INDICATORS OF WELL-BEING

*America's Children: Key National Indicators of Well-Being, 2005* is a biennial report to the Nation on the condition of children in America. Nine contextual measures describe the changing population, family, and environmental context in which children are living and 25 indicators depict the well-being of children in the areas of economic security, health, behavior and social environment, and education.

This year's report has special features on children with asthma, children with specified blood lead levels, and parental reports of children's emotional and behavioral difficulties. In addition, the report includes a special section on family structure and the well-being of children. Highlights from each section of the report follow.

The report may be accessed on the Web at <http://childstats.gov/americaschildren/index.asp>.

## **PUBLIC POLICY ISSUES FOR HIGHER EDUCATION IN 2005-2006**

Officials at the Association of Governing Boards of Universities and Colleges (AGB) have identified 10 public policy issues affecting higher education in 2005 and 2006. Policy challenges of past decades were no less difficult than those of today. Indeed, many issues remain unresolved even as new ones have emerged. What is different now is a sense among many individuals who follow public policy debates that higher education appears to be struggling to hold its own ground. A good question is whether or not the higher education community is making its case effectively within state capitals, the halls of Congress and the news media.

The policy issues identified by the AGB are as follows:

- ◆ Homeland security demands will continue to require colleges and universities to function with more-intrusive federal regulations that will affect the recruitment of international students and scholars and enhances the ability of law-enforcement authorities to obtain records from these institutions.
  - ◆ Stiffened competition from abroad makes it urgent that federal authorities maintain the national commitment to basic research and advanced science. Moreover, a continuing pressure exists to bring university research to market.
  - ◆ Concerns about the affordability of public higher education may lead some state policymakers to rethink how to finance it.
  - ◆ Many low-income students are likely to continue to face a variety of barriers to participation in higher education. State budget cuts have resulted in increased public-sector tuition and decreased student aid.
  - ◆ Fiscal uncertainty, unclear expectations from elected state officials, and uneven higher education leadership have diminished the capacity of states to develop higher education policy.
  - ◆ A range of divisive issues relating to academic freedom and campus speech have drawn colleges and universities into the political maelstrom.
  - ◆ Public officials are embracing the notion that higher education's mission should be linked to economic development.
  - ◆ Pressure is increasing for higher education institutions to provide consumer-friendly data on student performance and evidence of campus productivity. The efforts of public officials to enhance information transparency may lead to greater federal intrusion.
  - ◆ Respect for intellectual property—created as part of faculty research and teaching or provided as commercial content by the information and entertainment industries—will help institutions maximize and protect their own resources.
  - ◆ Legislative pressure is building on the nonprofit sector to make its financial, governance, and audit practices more transparent even as colleges and universities voluntarily are ensuring such effective practices. Congress is considering reforms aimed at the nonprofit sector similar to the 2002 federal law cracking down on corporate corruption.
-

## **AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY**

### **Online Continuing Education Series On Complementary And Alternative Medicine**

The National Center for Complementary and Alternative Medicine (NCCAM) at the National Institutes of Health (NIH) is offering an online Continuing Education Series on complementary and alternative medicine. This lecture series offers health care professionals and the public the opportunity to learn more about complementary and alternative medicine (CAM) therapies and the state-of-the-science about them through video lectures by some of the leading experts in this field. Health care professionals can earn Continuing Medical Education (CME) credits. Users who complete all the test chapters can generate an online certificate. The CME series is provided at no cost and may be accessed on the Web at <http://nccam.nih.gov/videlectures/>.

### **Medicare Chartbook 2005**

The Kaiser Family Foundation has released a new Medicare chartbook for 2005 that examines state-specific data and historical trends. Topics covered in the chartbook include demographic information of Medicare beneficiaries; benefits and utilization; supplemental insurance, Medicare Advantage and Medicaid; out-of-pocket spending; prescription drugs; program spending, including per-beneficiary spending; financing and future projections; and comparative state data, including information on dual eligibles. The chartbook may be accessed on the Web at <http://www.kff.org/medicare/7284.cfm>.

### **IOM Workshop Summary Of The Contributions Of Lifestyle Factors To Preventable Death**

The Institute of Medicine of the National Academies held a workshop on December 13-14, 2004 to estimate the contributions of lifestyle-related factors to preventable death. The event was sponsored by the Centers for Disease Control and Prevention. The workshop's statement of task included these specific questions:

- What are the best available methods for estimating the number of preventable deaths among the leading causes of death in the United States?
- Can scientists estimate the relative contribution of lifestyle-related factors as causes of preventable deaths with an acceptable level of accuracy?
- What are the best measures of the public health burden of these preventable deaths: the number of preventable deaths, years of life lost, reduction in quality of years lived, disabilities caused by lifestyle factors, or the economic costs of death and disability?
- What types of estimates provide the most scientifically sound basis for public policies that aim to reduce preventable deaths from lifestyle-related factors?

A summary of the workshop may be accessed on the Web at <http://www.nap.edu/books/0309096901/html>.

### **State Education Data Profiles**

The National Center for Education Statistics (NCES) recently made available a set of State Education Data Profiles. Information is provided about all levels of education, public libraries, and selected demographics for all states in the U.S. As many as four states can be selected at a time for comparison purposes. Data on U.S. averages and the ability to graph the results are additional features. The profiles may be accessed on the Web at <http://nces.ed.gov/programs/stateprofiles/>.

## ANNUAL CONFERENCE NEWS

### Debate on the Clinical Doctorate

Pages one and two of this issue of the newsletter deal with the issue of the clinical doctorate. A debate on that topic will occur on the morning of Saturday—October 22 during the ASAHP Annual Conference. The debate teams that will argue the pros and cons of a motion to accord to faculty with clinical doctorates the same rights and responsibilities as faculty with research doctorates regarding teaching load/course assignments/promotion/tenure. Taking part in the debate will be:

- ◆ **Chris Bradberry** (Creighton University)
- ◆ **David Gale** (Eastern Kentucky University)
- ◆ **David Gibson** (University of Medicine & Dentistry of New Jersey)
- ◆ **Marilyn Harrington** (University of Texas Health Science Center at San Antonio)
- ◆ **Claudia Peyton** (California State University, Dominguez Hills)
- ◆ **Ruth Schemm** (University of the Sciences in Philadelphia)

### Sponsorships and Conference Program Advertisements

Opportunities for sponsoring functions and placing advertisements in the Official Program that will be made available onsite already exist and a description of them can be accessed from the homepage on the Web at [www.asahp.org](http://www.asahp.org). The deadline for doing so is **August 26, 2005**.

### Technical Assistance for Allied Health Grants Program

Once again, **Young Song** from the Bureau of Health Professions (BHP) at the Health Resources and Services Administration (HRSA) will be present at the ASAHP Annual Conference to provide technical assistance to persons who intend to apply for an allied health grant from that agency. Every year, applications are rejected because they fail to meet prescribed procedures. Any member who wishes to take advantage of this opportunity should send an e-mail message to [tracythomas@asahp.org](mailto:tracythomas@asahp.org).

### ASAHP Committees and Task Forces

Any ASAHP member who would like to serve as a member of the *Accreditation, Constitution & Bylaws, Education, or Research Committees or on the Health and Education Policy and Government Relations Task Force* can sign up online. Service officially will begin during the upcoming Annual Conference in Houston on October 19-22. Information about each group, including who already has agreed to serve in 2005-2006 can be found on the homepage at [www.asahp.org](http://www.asahp.org). Click “Members” and then “Committees and Task Forces.”

### Auction to Benefit Scholarship of Excellence Fund

Back by popular demand is the auction that will be held on the afternoon of Thursday—October 20 to benefit the *Scholarship of Excellence Fund*. Each year for the past several years, this fund has been used to provide financial assistance to worthy students at member institutions.