

TRENDS

Association of
Schools of
Allied Health
Professions

HIGHLIGHTS

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VANGUARD OF
ALLIED HEALTH EDUCATION

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INSTITUTIONAL PROFILE SURVEY

Steps are underway to launch the next iteration of the Association's *Institutional Profile Survey*. Each year refinements and additions are made to increase the value and utility of the results that become available shortly after the data collection period closes.

The study is under the direction of **Ronald H. Winters**, Dean of the College of Health Related Professions at the University of Arkansas for Medical Sciences. As a result of his efforts, the findings are made available in both regular print and electronic format. During the course of collecting data, he also serves as a highly valuable resource in providing technical assistance to respondents.

When the results are posted in January, additional options should be available for viewing the data. The first option will be a set of Carnegie Classifications that represents ASAHP member institutions (except in cases where fewer than three institutions are in a given classification). For example, a member could select "Doctoral, research intensive, public" for a results group and be able to view the aggregated results for that group of schools in the same way it has been possible to view "All Academic Health Centers" or "Four-Year Public Institutions." All groupings available in the past will continue to be available as well.

The second set of groupings will be by specified peer institutions. Members will be able to select their own school on a menu and see the aggregated data from the other ASAHP member institutions they identified as their peer institutions (unless fewer than three peers were identified). A member can look at the aggregated data of any other member's peer institutions, but will not know what institutions comprise that group. Finally, some schools did not identify any peers for comparison, so their names will not appear on this menu.

It is important to note that to enjoy these options, participants will not need to change the kinds of data entered during the past few years. Another advantage for the 90 schools that participated in last year's study is that all they have to do is update the information submitted earlier.

A challenge that lies ahead is to have all institutional members of the Association participate in the next survey. Clearly, all schools benefit to the extent that more of them submit data. Similar organizations in the field of health professions education are successful in having all of their respective member institutions furnish information each year.

Again, the policy will be to provide the results only to ASAHP member schools that choose to be involved in this important study.

PRESIDENTS' MESSAGE

By David D. Gale, ASAHP President



Typically, at the level of a national organization there is a tendency to view what happens in Washington, DC as being of major importance in our lives. In the world of our academic institutions, however, what occurs in our respective state capitals often is of more immediate relevance. This observation especially holds true for those of us at public institutions such as my own at Eastern Kentucky University. Decisions made in Frankfort have an enormous impact on how we conduct our affairs on my campus. Thus, I found of considerable interest a new report issued by the Council of State Governments (CSG) entitled, *Trends in America: Charting the Course Ahead*.

CSG members come from all three branches of government and they recognize the importance of scanning the horizon at a time of rapid change and interpreting how various trends will affect state government and the formulation of policies and programs. The report identifies 10 major change drivers that cut across traditional policy areas. These drivers encompass the following concerns: (1) the aging of the population, (2) immigration, (3) geographical region dynamics and demographic factors, (4) the shift from manufacturing to a technology- and service-based economy, (5) globalization, (6) the electronic information revolution, (7), the balancing act of privacy vs. security, (8) demands on natural resources and environmental capacity to dispose of wastes, (9) polarization of the populace, and (10) ambiguous authority regarding different levels of government.

Several of these items will influence what transpires in higher education in the years ahead and I'll comment on just a few of them. Unless they are restructured, Social Security and Medicare will impede the ability to fund other activities at the national level. In state governments, the Medicaid program continues to gobble up a huge share of resources for long-term care, which makes it difficult to envision how these jurisdictions will be able to funnel resources necessary for the education domain to function effectively. Changing family structures mean that these units may provide fewer resources to older persons in need, which will place greater demand on the health and social service networks.

Immigration patterns continue to change the cultural face of our nation. In states like California, whites are no longer a majority of the population. As a result, our schools of allied health face the challenge of enrolling a more diverse student body and having in place faculty, staff, and administrators who can mirror the way that the population is changing. Health literacy and dealing with the health problems of individuals who have differing notions of the etiology and proper treatment of diseases are the kinds of issues that must be addressed in our academic institutions.

From an economic standpoint, population dynamics will affect states financially. As young, educated persons migrate to other parts of the country where better employment opportunities exist, they leave behind an older population and a dwindling tax base. Fortunately, globalization in the form of jobs moving from the United States to lower wage countries will not be as severe for the health sector as it is for other parts of the economy. Still, as geographical barriers become less relevant in the context of transmissible diseases such as influenza, along with bioterrorism, the vulnerability of our nation and the capabilities of the health workforce we have in place will determine how we fare when such threats materialize.

We already are part of the information revolution with our online course offerings and it's no longer as necessary to visit the library. The prospect of future innovations is even more fascinating to contemplate.

BAD NEWS ON THE APPROPRIATIONS FRONT



The House Subcommittee on Appropriations for Labor, Health and Human Services, Education and Related Agencies set the tone when it voted to eliminate all programs under Title VII of the Public Health Service Act except for scholarships for disadvantaged students in FY 2006. The *Section 755 Allied Health Grants Program* would disappear under this arrangement.

Unfortunately, the full committee and the House as a whole did not do much better. The latter group voted to include the Centers of Excellence Program, but both of these health professions education entities were approved at significantly lower funding levels than the amounts provided for the current fiscal year.

Action now shifts to the Senate. In previous years, it was common for one chamber to produce higher amounts than what the other approved. If the Senate crafts something along similar lines, then the *Section 755 Allied Health Grants Program* and many others like it are doomed. The oddity is that in a separate kind of activity, ASAHP and other interested parties are advocating passage of an Allied Health Professions Reinvestment Act to address allied health workforce problems such as shortages of existing personnel, qualified applicants to schools of allied health, and inadequate numbers of faculty.

Assuming that legislation ever passes, either as a stand-alone bill or as part of the reauthorization of Title VII, the job of acquiring necessary funding may prove to be all that more arduous in the current political climate.

2005– 2006 ASSOCIATION CALENDAR OF EVENTS

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.

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.

THE IMPACT OF DEMOGRAPHY ON HEALTH CARE

From a demographic standpoint, the United States is a highly dynamic nation that continues to undergo changes in a manner that will have a significant impact on health care. One group in particular deserves attention. Just as the postwar baby boomers have exerted a strong effect on many aspects of life in this country, the Latino population has become a driving force in the economy, politics, and culture.

Currently, there are 41.3 million inhabitants of the U.S. who are of Hispanic descent, which amounts to approximately one of every seven residents. Nearly one of five adults in the age bracket 18-34 is Hispanic. Between July 1, 2003 and July 1, 2004, this group accounted for 50 percent of the total population growth of the U.S. Geographically, more than 80 percent of Hispanics reside in just 10 States. Some major cities stand out in that regard. To cite some examples, in 2005 Hispanics represented 41.9% of the population of Los Angeles. They constitute 43.5 percent of the population of Miami and 52.5 percent of the population of San Antonio.

Newer arrivals to this country may not be able to speak or read in English. They may bring with them some differing perceptions and understanding of the etiology and effective treatment of various health problems. When they become sick, they enter facilities and encounter health personnel who differ from them in these respects. Incompatible features of this sort do not always lead to the most effective delivery of health care.

On the supply side of the health sector of the economy, Hispanics represent a component of the workforce for both the immediate and distant future. Recruiting students from their ranks, educating them, and retaining them both in school and in the professions will require approaches that are more customized. Conducting business as usual has never been much of an option in the U.S. because right from its origin, this nation always has had to cope with periods of rapid change throughout its social and economic structure.

At the United Nations, a term called the potential support ratio (PSR) is used as a way of projecting how many younger persons will be able to work on behalf of the segment of the population age 65 and older. The ratio is the number of persons between the ages of 15 and 64 for every person in the older age brackets. The collective PSR in the United States is about five to one. In 1950, it was 12 to one. By the year 2000, it had declined to nine to one. The aging of the American population will continue to push the ratio downward and could reach three to one by the year 2050.

What distinguishes our nation from other localities on the planet is that we have a steady influx of newcomers to our land. We average about 750,000 to one million immigrants a year. If the U.S. had a goal of maintaining a PSR ratio of five to one, the inflow would have to average about 10 million per year. Clearly, that amount of increase is unlikely to happen.

Other industrialized nations are facing the same demographic changes. Europe's PSR continues to drop as does Japan's. The latter nation is more resistant to immigration than the former, so it faces a challenging situation in determining how to care for a rapidly growing older population. Europe has immigrants arrive there, but not enough to prevent the downward movement of its PSR. It too faces the problem of maintaining a satisfactory level to ensure that there will be a sufficient number of individuals to work on behalf of older cohorts whose members need health care and other forms of social assistance.

Hispanics are the largest and fastest growing minority group in the U.S. While grossly underrepresented in many allied health professions, that condition can be expected to undergo change. They represent future workforce growth areas in all segments from the lowest paid and least trained to the top levels of expertise.

ACCREDITATION REMAINS A CONCERN

Over the years, certain topics such as inadequate attention to allied health by the federal government and problems surrounding accreditation have proven to be hearty perennials. A major attempt to improve accreditation occurred in September 1993 when ASAHP convened an Accreditation Summit. Apart from the fact that not all major professional associations commonly viewed as being in allied health deliberately chose not to participate, the outcome was even more dispiriting.

Several key recommendations were made about how to improve accreditation. In order to implement them, some group had to play the coordinating role. Agreement could not be reached on which one should do so. Adding salt to the wound, two representatives from major foundations that are active in the health arena declared that "No funding will be made available until allied health gets its act together."

Jumping ahead 11 years to 2004, new overtures have been made by ASAHP that have the potential to bear great fruit. The ASAHP Board of Directors in June of that year met with the leadership of the Association of Specialized and Professional Accreditors (ASPA). That session, which proved to be the occasion for the flow of highly constructive ideas, was followed by a similar meeting in Indianapolis last September. An ASAHP delegation will participate in the next gathering that is scheduled to be held in Portland, Oregon this coming September. The kinds of topics that may be discussed are as follows:

- ◆ How can ASPA and ASAHP collaborate in developing a policy statement on transfer of credit that could guide ASAHP member institutions?
- ◆ For programs in regionally accredited institutions, how can the data/ reporting requirements of those agencies be used to avoid duplication of reporting and overlap of assessment?
- ◆ What is the appropriate balance of standards across inputs, processes, structure, and outcomes?
- ◆ Of inputs, processes, structure, and outcomes, what elements should be included in standards and which should not?
- ◆ What are the advantages and disadvantages of unscheduled site visits?
- ◆ How might ASPA and AS AHP collaborate in developing a certification program for accreditation site visitors?
- ◆ Is there interest in developing a common self-study format for allied health programs?

The agenda will take shape during the summer, but the aforementioned items provide some flavor of the kinds of issues that are of concern within the academic allied health community. ASPA is the right venue for expressing such concerns and the climate for doing so has improved dramatically in recent months.

In a separate development, a project currently underway will result in the production of a series of templates that will provide a quick and handy guide to the various common operational aspects of several different accrediting bodies. Each template will show the major steps involved from the time an institution decides to start a new program all the way through to the late stages of development entailing self-study and continued accreditation for a several year period. The material should be ready for distribution in the Fall.

WORKFORCE SURVEY RESULTS SOON TO BE RELEASED

Some information is about to become available in August about eight different allied health professions such as physical therapy, medical laboratory, and occupational therapy that may fit the description of being in the category of groundbreaking material. Produced by the Bernard Hodes Group in partnership with Advance Publications, the following types of questions constituted the various surveys:

- ◆ Primary reason for joining current employer.
- ◆ Reasons for leaving previous employer.
- ◆ Most important elements in a career website.
- ◆ What aspects most and least liked about current employer.
- ◆ Improvements needing to be implemented to increase job satisfaction.
- ◆ Feelings about being a practitioner in that professions.
- ◆ Whether to recommend a career in that profession to a friend/relative/child.
- ◆ Whether the profession is attractive enough to become a practitioner all over again
- ◆ What things must change to attract more individuals to the profession.

Included are verbatim remarks made by the various respondents. Bernard Hodes Group, with offices in more than 30 countries, is the largest network of full service agencies dedicated to recruitment advertising and communications in the health field. In its dealings with major health care providers, the company tracks workforce vacancy rates, cost per hire among employees, and the amount of time required to fill vacant positions in allied health and other professions.

ASAHP WEBSITE MORE USER FRIENDLY FOR STUDENTS

Oftentimes, students who are trying to decide what kind of career to pursue will browse the Association's website. As a result of a new configuration, they now can arrive at some useful links directly from the homepage. Perhaps the most valuable feature is a connection with *ExploreHealthCareers.org*. As a result of funding from the Josiah Macy, Jr. Foundation, funding has been provided to the Association of Academic Health Centers, which manages and develops this highly valuable resource. Several allied health professions are among those described on the site. Future plans call for continued expansion of the range of information presented.

Students already enrolled in allied health programs may find two links to scholarships to be of major interest. Through its *Scholarship of Excellence Program*, financial assistance is made available by ASAHP for awards that are announced during the annual conference each year. A second group of scholarships is provided as a result of a partnership with *CampusCareerCenter.com*. These awards are made every two months. Lastly, there is another important link for students who are searching for job opportunities upon completion of their academic work.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Health Policy Fellowships Available

The National Center for Health Statistics (NCHS) in the Center for Disease Control and Prevention's (CDC), U.S. Department of Health and Human Services (DHHS), and AcademyHealth seek applicants for their 2006 Health Policy Fellowship. This program brings visiting scholars in health-services-research-related disciplines to NCHS to use NCHS data systems and collaborate on studies of interest to policymakers and the health services research community. Each year, up to two individuals will be selected for the fellowship. Fellows will conduct their research and work collaboratively with NCHS staff on joint projects of mutual interest while in residence at NCHS in Hyattsville, Maryland. The duration of the full time fellowship is 13-24 months. For more information, go to the Web at <http://www.academyhealth.org/nchs/brochure.pdf>.

Bridging The Culture Gap

A new article entitled "*Bridging the Culture Gap*" by Carol Levine of the United Hospital Fund of New York recently appeared on the hospitalconnect.com website. Although health care professionals and family caregivers want the same things for a patient, the relationship between them is often strained and sometimes hostile. Part of the tension arises because health care providers and family caregivers have different cultures. The article offers practical steps hospital leaders can take to improve relations between family caregivers and hospital staff. It may be accessed on the Web at:

http://www.hhnmag.com/hhnmag/jsp/articledisplay.jsp?dcrpath=HHNMAG/PubsNewsArticle/data/050614HHN_Online_Levine&domain=HHNMAG.

10 Change Drivers That Will Shape Future Public Policy

A new report from the Council of State Governments that outlines the major long-term trends shaping U.S. society and their implications for state governments nationwide has been released. "*Trends in America: Charting the Course Ahead*" describes 10 major change drivers that will influence the direction of public policy in the next five years and beyond. In December, a follow-up report will identify innovative options states should consider to respond to emerging conditions and better anticipate those to come. The report may be accessed on the Web at <http://www.csg.org/nr/csg/images/TrendsInAmericaFinal.pdf>.

The Condition Of Education 2005

A just released annual report on education in the United States provides a picture of both growth and diversity in education. According to *The Condition of Education 2005*, issued by the U.S. Department of Education's National Center for Education Statistics (NCES) in the Institute of Education Sciences, enrollments in both public and private elementary and secondary schools have increased, with public school enrollments increasing at a faster rate. This congressionally mandated report conveys current information on 40 indicators that address the success of the education system in the United States. Indicators also are provided on the context of elementary and postsecondary education and the financial support for schooling at these levels. The report may be accessed by on the Web at <http://nces.ed.gov/programs/coe/>.

N.B. Links that are long may have to be copied and pasted in the URL address section of the Web page.

CINDY IVANHOE WILL PRESENT SWITZER LECTURE



Cindy B. Ivanhoe will present the *Mary E. Switzer Lecture* on Thursday, October 20 during the Association's 2005 Annual Conference in Houston, TX. She serves as Director of the Brain Injury Program at The Institute for Rehabilitation and Research (TIRR) in Houston. She mentors one of the few grant-sponsored brain injury rehabilitation fellowships in the US and peer-reviews articles on brain injury submitted to Archives of Physical Medicine and Rehabilitation, the premier journal in her field. She has become an internationally recognized expert on spasticity management because of the success of the program she and her integrated team of clinicians have put in place at TIRR.

Ivanhoe also is Assistant Professor in the Department of Physical Medicine and Rehabilitation (PM&R), Baylor College of Medicine, and Adjunct Assistant Professor at The University of Texas-Health Science Center at Houston Medical School. She completed a Brain Injury Fellowship at Baylor and her residency at the University of Illinois at Chicago where she was Chief Resident. Her medical training was at The Autonomous University of Guadalajara and New York Medical College. She is a graduate of Sarah Lawrence College.

In 2002, she was given the Lifetime Achievement Award by the Brain Injury Association of Texas, and their Professional Contribution Award in 2002. The award "recognizes a professional who has made a substantial contribution to improving the quality of life for persons with traumatic brain injury."

ANNUAL CONFERENCE NEWS

As described in an earlier issue of this newsletter, the other principal speaker at a plenary session during the Annual Conference will be **Kenneth Shine**, Executive Vice Chancellor for Health Affairs for the University of Texas System. He will present the *Keynote Address*. Two workshops will be offered. On the morning of October 19, the Research Committee will sponsor a session entitled, "Building Interdisciplinary Research Collaborations." The second workshop will occur during a Concurrent Session. Developed by personnel at the MGH Institute in Boston, the focus will be on how to go about selecting and implementing an integrated performance system for managing clinical affiliates.

Other concurrent sessions will revolve around topics such as expanding roles for allied health professionals, emerging technologies, and health disparities. Presenters also have the option of participating in a poster session. Since each year there are more abstracts submitted for concurrent sessions than can be accommodated, individuals who do so can present during the poster session instead, if they wish.

Social events include a reception and dinner at The George Ranch, a 480-acre living history site that encompasses more than 100 years of Texas history, a reception as part of the poster session, and an awards luncheon. An auction to benefit the Scholarship of Excellence Fund also will be conducted. Two teams are being assembled for an Oxford-style Debate. The issue will be how faculty with clinical doctorates should be viewed and treated in relation to how faculty with research doctorates fare in the academic community from the standpoint of duties and perquisites.

The conference holds promise of being one of the best in the 38-year history of the Association. Copies of the Preliminary Program will be distributed in early July. 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.