

TRENDS

Association of
Schools of
Allied Health
Professions

HIGHLIGHTS

OCTOBER 2005

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VANGUARD OF
ALLIED HEALTH EDUCATION

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2005 ASAHP ELECTION RESULTS



Susan N. Hanrahan
ASAHP Secretary

The ballots have been counted and the Association's Board of Directors has three persons serving in new positions. **Susan N. Hanrahan**, Dean of the College of Nursing & Health Professions at Arkansas State University, was elected for a two-year term as Secretary just as she was completing her second three-year stay as a Board Member. During her 10 years as a member of ASAHP, she has compiled an enviable record by being involved in a wide range of activities,

including the following: serving as Chairperson of the Nominations & Election Committee, being a member of a Social & Economic Impact Task Force, representing the Association in conducting the Coalition on Allied Health Leadership Development Program, and serving on the Editorial Board of the *Journal of Allied Health*.



Randall S. Lambrecht
ASAHP Board Member

Randall S. Lambrecht, Dean and Professor at the College of Health Sciences at the University of Wisconsin-Milwaukee, served as Secretary of the Association in 2004-2005. He was elected to the Board of Directors for the next three years. He recently distinguished himself by being appointed as a member of an advisory committee at the Health Resources and Services Administration (HRSA) where he was responsible for including allied health in a minority faculty model that is being prepared by that federal agency. In addition, his other ASAHP roles in recent years include being a member of the Nominations & Election Committee, serving on the planning committees for the 2004 and 2005 Annual Conferences, and being part of the Research Committee for the past seven years.



Danielle N. Ripich
ASAHP Board Member

Danielle Ripich, Professor and Dean of the College of Health Professions at the Medical University of South Carolina, was elected to the Board of Directors for a three-year term. She served as Vice-Chairperson of the Association's Education Committee in 2002-2005 and also as a member of the Health and Education Policy and Government Relations Task Force during that same time period.

A former Congressional Fellow in the Senate, she possesses keen insights regarding how federal resources are allocated for health and education. Her goals include having the Allied Health Reinvestment Act become law and having funds generated for allied health as part of the NIH roadmap for research.

PRESIDENTS' MESSAGE

By David M. Gibson, ASAHP President



As Immediate Past-President, David Gale, so eloquently noted in his speech to the assembly, that the success of our association has been attributable to past leadership and membership participation. In this regard, it would be a lapse of both protocol and integrity, to fail to have thanked him for his sustained and sustaining leadership of our organization and to accord this same gratitude to the members of our Board of Directors.

By now, most of us are back to the daily routine of our lives in our colleges and schools with our “daytime jobs.” The events of our past meeting quickly fade under the barrage of messages and signatory requirements of our positions and we are all, no doubt, besieged by requests that may seem trivial compared to the large social, appropriately targeted research and educational issues we addressed in common at our annual meeting.

Those supposedly trivial concerns, however, are the stuff of which the larger tapestry of national concerns is woven—sometimes in alarmingly minute details. As is the case in any great work of art, the details, either from a distance or up close, are best examined for the medium’s veracity through which the message is delivered. The greatest art of our cultures has been that which has proven to reflect most accurately humankind’s most perennial and pressing concerns, beliefs or underlying values. These factors are most often caught and reflected in the exquisite details of the “now”---decipherable in the present and in the future, the ultimate judge of the tenacity of great art.

My point is that common concerns constitute the fibers of a cloak of common cause.

Hence, whatever may be the differences in approaches, we need first to cull our most pressing concerns and find a way in which we can weave a common story. A metaphorical cloak, which best covers our interest in our core mission to prepare competent and caring, team oriented health professionals for the 21st century.

We may well argue over priorities in the academy, be it over teaching, research or community services, if we fail to meet the allied health workforce needs, we have failed in our essential mission to meet the health care needs of our citizenry. It seems to me that our research and our community services activities should always and everywhere be subservient to our essential mission as educators for health care practitioners.

As a kick-off to the preceding, and to engage you as active members in the Association, I welcome comments and letters to provide various views in the coming issues of TRENDS. Dissenting views are most welcome!

CONGRESS EXAMINES WAYS TO REDUCE SPENDING



Congress is faced with the challenge of trying to rein in the costs of both mandatory and discretionary spending programs. The former include Medicare and Medicaid and are especially difficult to reduce in scope without cutting benefits in the form of entitlements. The latter includes the *Allied Health Grants Program* and a wide range of other entities that affect education in general and health professions education in particular.

One possibility is to impose an across-the-board cut in discretionary spending as a means of offsetting hurricane relief and reconstruction costs. An example would be to slice two percent off such programs and save \$17 billion. A related approach would be to create a package of rescissions to previous appropriations. Complicating the picture even further are the usual attempts to increase spending in certain categories such as heating subsidies for the poor. Skyrocketing energy costs in combination with nasty winter weather are among the many conditions that legislators feel obligated to address.

Both congressional chambers are developing different approaches to dealing with these situations. On certain matters, the two groups are far apart in agreeing on where spending reductions should occur and in what amounts. Eventually, they will have to resolve these matters in conference committee. The nation continues to face a budget deficit as well as a trade deficit. The war in Iraq and a new pharmacy benefit program for Medicare recipients coupled with disaster relief for what seems like an unending series of hurricanes are factors that place strain on the budget. Always lurking in the background is the steady conflict between those who see either raising taxes or reducing taxes as remedies for such woes.

2005– 2006 ASSOCIATION CALENDAR OF EVENTS

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 Leadership Development Program in 2006. Dates will be announced once plans have been finalized. The intent is to begin in March 2006.)

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* will appear on the ASAHP website for a period of 30-days to invite member review and comment. Following any modifications that need to be made, members also will be asked to prioritize the goals.

KENNETH SHINE DELIVERS KEYNOTE ADDRESS AT ASAHP CONFERENCE

Kenneth Shine, Executive Vice Chancellor for Health Affairs for the University of Texas System, was the Keynote Speaker during the 2005 ASAHP Annual Conference in Houston, TX on October 19-22. He indicated that health care is a cottage industry. The various cottages are large and also quite independent of one another. A major problem is that it is difficult to communicate between cottages and even within cottages.

A key ingredient to improving effectiveness is to have in place electronic health records. Quality improvement will be enhanced considerably once these records become more common in health care. As an example, studies are demonstrating that diabetics who have access to their records do better overall than patients who lack such access.

He compared health in the 20th century to what is unfolding in the 21st century. Where the former entailed greater autonomy on the part of health care professionals, the latter period will see much more in the way of teamwork. Solo practice will yield to more systems approaches to taking care of patients. Assigning blame when things go wrong will shift in the direction of better problem-solving.

In his view, neuroscience is the new space frontier for learning about how children learn and older persons forget. He asserted that we still are a long way from applying genetic therapy. That type of care may occur in the next decade. Noninvasive diagnosis is quite exciting. Minimally invasive surgical techniques will increase dramatically. Robotic applications in the military sphere are making it possible to save more lives on the battlefield. Similar capabilities are being put to good use domestically.

CINDY IVANHOE PRESENTS THE SWITZER LECTURE

Cindy Ivanhoe, Director of the Brain Injury Program at The Institute for Rehabilitation and Research (TIRR) in Houston, presented the *Mary E. Switzer Lecture* at the Annual Conference. She believes that disability represents an agenda for bioethics. A full range of theoretical and practical issues need to be addressed. As an example, in the past it was considered unethical to consider payer source. Consequently, patients received the same care and in-patient stays were much longer previously. Everything has since changed.

Currently, TIRR loses money on every Medicare patient. It is necessary today to balance resources with goals. Payer source has to be taken into consideration from the first day that a patient arrives for care. Contracts with insurance companies are based neither on need nor on diagnosis. A huge difficulty is the limited social support system that is available. Relatives of disabled persons are under great stress in trying to provide home care, while at the same time, the average length of stay for inpatient rehabilitation has decreased quite dramatically.

Her presentation was enlivened by slides of patients who profited from care after suffering from what initially appeared to be unrecoverable losses of motor ability and function.

(The Lecture series was created by ASAHP to honor Mary Switzer, the leading figure in the federal government over several decades who was responsible for having greater amounts of funding allocated to rehabilitation care. Upon completion of her government service, she became an unpaid advisor to ASAHP when the organization first was established in 1967.)

BOARD ACTIONS

The Association's Board of Directors met on October 17-19, 2005 in Houston, TX. Among the actions taken were the following:

- ◆ The Minutes of a conference call of the Board on September 16, 2005 were approved as presented.
- ◆ The excess of revenues over expenses for Fiscal Year 2005, which ended on June 30 of this year, were allocated to the Board Fund. This account is discretionary in nature and can be used by the Board for a wide variety of purposes. A recent example is the expenditure of money as part of an overall effort to have Congress pass an Allied Health Reinvestment Act.
- ◆ Approval was given to a proposal by NewsUSA to prepare a series of articles about the need for an Allied Health Reinvestment Act that will be distributed to newspapers across the United States. Despite the existence of allied health workforce problems such as faculty shortages and declining enrollments in some professions, these issues have little public visibility. The purpose of developing a contract with this firm is to heighten awareness of these conditions and to connect them with the delivery of health care services.
- ◆ Approval was given to a proposal to create a leadership program for the membership. Since 1998, ASAHP has been involved in a joint program with the National Network of Health Career Programs in Two-Year Colleges, the Health Professions Network, the National Society of Allied Health, and the American Association of Community Colleges that is funded by the Bureau of Health Professions in the Health Resources and Services Administration of the U.S. Public Health Service. The joint program will not be offered in 2006 because of funding limitations. The new offering will place emphasis on issues not addressed in the other program such as the legal environment in higher education and fund development.
- ◆ Approval was given to create a Scholar-In-Residence Program.

MEDICAL SCHOOL APPLICATIONS AND ENROLLMENTS INCREASE

U.S. medical schools are seeing a significant upsurge in enrollment levels and applicants, according to new data released by the AAMC (Association of American Medical Colleges). The 2005-2006 entering class is the largest on record, with more than 17,000 first-time enrollees in the nation's 125 medical schools, a 2.1 percent increase over the 2004 total of 16,648 students. Twenty-two of the nation's 125 allopathic schools (institutions that grant M.D. degrees) expanded their class size by five percent or more during the past year, with seven of these 22 institutions boosting first-year enrollment by more than 10 percent.

The total number of medical school applicants for the 2005-2006 school year also increased to 37,364, a 4.6 percent gain over last year's total of 35,735. Driving this increase were more Hispanic and Asian applicants. Overall, applications from Hispanic students rose by 6.4 percent, with applications from Mexican Americans up almost 8 percent over 2004. The number of black applicants was essentially unchanged at 2,809 and black enrollment declined slightly to 1,068 from the 2004 total of 1,086. A gain in the number of male applicants also contributed to the overall applicant increase. For the first time in two years, men reclaimed the majority, with 50.2 percent of the applicant pool.

NEW LEADERSHIP PROGRAM TO BE OFFERED

ASAHP's Board of Directors approved the creation of a new leadership program that will have its focus on personnel in four-year institutions. Details still need to be worked out, but the general framework is to offer the program in conjunction with the Association's Spring Meeting and Annual Conference. For example, participants would be involved in the program during the two-day period that immediately precedes the start of the Spring Meeting. They would be assigned projects that would be carried out by the time of the Annual Conference later that year.

Various types of projects are envisioned. A topic of interest to the Board could serve as a basis for producing the pros and cons of a given policy issue. The information derived from the exercise would be useful in helping the Association to formulate a position on a particular matter of importance. Other kinds of projects might lend themselves to the production of presentations during the Poster Session or in panel discussions at the Annual Conference.

An upcoming Board conference call will provide an opportunity to decide such matters as: the target audience, the amount of financial support that ASAHP will provide to underwrite some costs of the program, and who will be involved in the initial planning. The program could be aimed at any one or all of the following groups: department chairpersons, associate/assistant deans, and recently appointed deans.

SCHOLAR-IN-RESIDENCE PROGRAM TO BE DEVELOPED

The ASAHP Board approved the development of a Scholar-in-Residence Program. The residence part of it could occur on the home campuses of whatever individuals are chosen to participate in this offering. The purpose is to make it possible for Scholars to work on projects designated by the Board. A task force will be created to specify the exact nature of the program. Decisions have yet to be made regarding the period of time in which a Scholar will serve, the amount of compensation involved, and the process by which scholars will be recruited into the program.

An example of a topic of considerable interest throughout academia is the growth and spread of clinical doctorate programs. The identification of hallmarks and benchmarks for such programs would be useful information to acquire. Occasionally, the Association is called upon to state its position regarding various developments in higher education. Scholars could play a valuable role by furnishing what Board Members would need to know in order to make an informed decision.

ASSESSING THE U.S. HEALTH SYSTEM

The United States health system is fraught with waste and inefficiency, and in dire need of reform, according to a new report from The Commonwealth Fund Commission on a High Performance Health System. "A Need to Transform the U.S. Health Care System: Improving Access, Quality, and Efficiency," a chartbook compiled by Commission staff focuses on all aspects of health care system performance, painting a stark picture of a fragmented system with widespread differences in access to health care and the quality of care received by patients. The report is available on the World Wide Web and it may be accessed at: http://www.cmwf.org/usr_doc/gauthier_transformushltsys.pdf.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

New Tool Offered To Understand, Measure Health Disparities

The recent hurricane disasters in the Gulf Coast have emphasized the health and social disparities that underlie American society, prompting a need for a shared understanding of what constitutes health disparity and how its definition has an impact on government policy. A new tool can be found in the newly released "Measuring Health Disparities," an interactive, CD-ROM-based course that is free from the Michigan Public Health Training Center (MPHTC). The CD-ROM's self-paced, three-hour format enables a broad spectrum of participants to develop common ground for understanding health disparities, learn what various measures of health disparities reveal and discover how to calculate these measures. The CD-ROM includes interactive exercises and review questions to help guide and reinforce learning. The course offers continuing education credits for nurses, health educators (CHES), and physicians and an MPHTC certificate for all participants who successfully complete the course. It is helpful, though not required, to have a background in statistics, epidemiology or other sciences for ease of understanding later portions of the course. "Measuring Health Disparities" is free and can be ordered from the Michigan Public Health Training Center through the online registration system at <http://measuringhealthdisparities.org/> or by phone at (734) 615-9493.

2004 Digest Of Education Statistics

The National Center for Education Statistics (NCES) recently issued its *2004 Digest Of Education Statistics*. In the fall of that year, about 81.0 million persons were involved, directly or indirectly, in providing or receiving formal education. Information is provided in the digest about elementary/secondary education and postsecondary education. Tables and figures are included and can be accessed on the Web at <http://nces.ed.gov/programs/digest/d04/>.

Informing The Future: Critical Issues In Health

Informing the Future: Critical Issues in Health. Third Edition is a report about the work that the Institute of Medicine (IOM) has done in recent years. It is designed to introduce the IOM to those who may not know or may be unfamiliar with the Institute's work. Additionally, it contains a CD-Rom featuring executive summaries of recent reports, contact information for IOM staff, and a bibliography by topic area of all recent IOM work. *Informing the Future* should be valuable to anyone working in the health area.

For a complimentary copy of this report, send an e-mail to the IOM's Office of Reports and Communication at ORAC@nas.edu or call 202-334-2352. The document also may be accessed on the Web at <http://www.nap.edu/books/0309100208/html/>.

K01 Mentored Research Scientist Development Awards Available

The goals of NIH-supported career development programs are to help ensure that diverse pools of highly trained scientists are available in adequate numbers and in appropriate research areas to address the Nation's biomedical, behavioral, and clinical research needs. The purpose of the Mentored Research Scientist Development Award (K01) is to provide support and protected time (three, four, or five years) for an intensive, supervised career development experience in the biomedical, behavioral, or clinical sciences leading to research independence. For additional information, go on the Web to <http://grants.nih.gov/grants/guide/pa-files/PA-06-001.html>.

LETTERS TO THE EDITOR COLUMN TO BE LAUNCHED

Readers of this newsletter are invited to submit their views in the form of *Letters To The Editor*. The content of such items can be in the form of comments about articles that appeared in the previous issue of TRENDS. Another possibility is to express views on topics germane to allied health education that would be of interest to a wide range of readers.

As in the past, brief articles about recent developments on campuses of institutions that belong to the Association involving such things as administrator promotions to higher positions, awards received, and creation of academic programs will continue to be welcomed and assigned space. Newsletter columns have proven to be useful vehicles for announcing the names of new institutional members, along with a description of the various programs and the dean in charge of them.

SECTION 755 ALLIED HEALTH GRANTS AWARDED

The *Section 755 Allied Health Grants Program* under Title VII of the Public Health Service Act is used to fund various initiatives such as (1) expanding enrollments in allied health professions with the greatest shortages or whose services are most needed by the aged, and (2) rapid transition training programs in allied health for individuals who have baccalaureate degrees in health-related sciences.

The application deadline for the funding cycle in 2005 was January 25. Fifty-two applications were received, but 12 were returned for not meeting the required interdisciplinary requirements. On April 25-28, a technical peer review panel was convened to evaluate the merits of each application. Forty applications were evaluated. The panel included representatives from various allied health disciplines, both from academia and private practice. Also, the panel had broad geographic representation and satisfactory gender and ethnic mix.

Of the 40 applications reviewed, 25 were recommended for approval and 15 were recommended for disapproval. Of those applications that were approved, the highest merit score was 105 and the lowest was 42, based on a numerical range of 100 (high) and 1 (low). It is possible to obtain a score of 105 if an application meets the "Funding Priority" that is worth five points. All disapproved applications automatically receive a score of zero.

In FY 2005, the Allied Health Grants Program funded 27 projects nationwide. Eighteen projects were awarded continuation grants and nine projects were awarded new grants. The following ASAHP member institutions were among the nine awardees:

Midwestern University

Louisiana State University Health Sciences Center (New Orleans)

Thomas Jefferson University

Medical University of South Carolina

University of Texas Medical Branch

The intent of the program is to provide funds to carry out projects over a three-year period. Since 1990, there have been 186 grants made. A great many of these awards have gone to ASAHP member institutions.
