

TRENDS

Association of
Schools of
Allied Health
Professions

HIGHLIGHTS

APRIL 2006

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VANGUARD OF
ALLIED HEALTH EDUCATION

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HIGHER EDUCATION CHALLENGES

The World Health Organization observed April 7 as *World Health Day 2006* and marked the occasion by releasing a report entitled "Working Together For Health," which focuses on workforce issues. A serious shortage of health workers in 57 countries (36 of which are in sub-Saharan Africa) is impairing provision of essential, life-saving interventions. This shortage, combined with a lack of training and knowledge, is also a major obstacle for health systems as they attempt to respond effectively to chronic diseases, avian influenza, and other health challenges. At least 1.3 billion persons worldwide lack access to the most basic healthcare, often because there are not enough health workers. The shortage is global, but the burden is greatest in countries overwhelmed by poverty and disease where these health personnel are needed most.

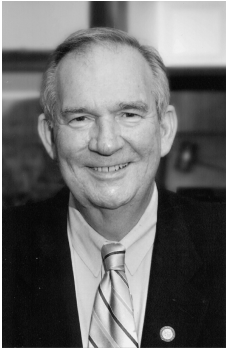
Acute workforce shortages already exist in the U.S. as exemplified by the profession of medical technology/clinical laboratory science. Even when students are attracted to a career in a health profession, the cost of obtaining an education is becoming a formidable barrier. Although state and local funding per student increased 3.5 percent last year, constant dollar funding for college and university students was at its lowest in 25 years, according to the annual study of state higher education finance recently released by the association of State Higher Education Executive Officers (SHEEO). Support per student decreased dramatically from 2001 to 2005 because enrollment grew by 14.3 percent and inflation grew by 14.2 percent without corresponding increases in public funding. While support for higher education remains a priority for most states, total tax revenues have decreased as a percentage of state wealth, thus decreasing overall support. Moreover, huge federal deficits are a factor that may produce strong resistance to expanding federal aid for higher education.

Apart from financing, there is the disturbing news that fully one-third of students enter postsecondary education needing academic remediation in reading, writing, and mathematics. The National Assessment of Adult Literacy, released in December, shows that the average literacy of college educated Americans declined significantly from 1992 to 2003 and revealed that just 25 percent of college graduates scored high enough on the tests to be deemed "proficient" from a literacy standpoint.

ASAHP was fortunate to have two outstanding educators speak at recent meetings of the Association. **Andrew A. Sorensen** is President of the University of South Carolina and former President of the University of Alabama. **C. Peter Magrath** is Senior Consultant to the College Board and former president of three major universities. Their comments on higher education appear on page 6 of this issue of TRENDS.

PRESIDENTS' MESSAGE

By David M. Gibson, ASAHP President



I find the great thing in this world is not so much where we stand, as in what direction we are moving: To reach the port of heaven, we must sail sometimes with the wind and sometimes against it,—but we must sail, and not drift, nor lie at anchor. (Oliver Wendell Holmes, *The Autocrat of the Breakfast Table*, p.98, 1891).

“Any serious analysis of accreditation as it is currently practiced results in the unmistakable conclusion that institutional purposes, rather than public purposes, predominate” (Robert C. Dickerson, *A National Dialogue: The Secretary of Education’s Commission on the Future of Higher Education: “The Need for Accreditation Reform”*). In this position paper Robert Dickerson speaks largely of the institutional self-serving purposes and of the fragmentation of American higher education accreditation, especially in light of keen differences in regional standards and in light of the advances in various forms of non-traditional education. Included among these latter considerations are the increasing trends of students pursuing on-line educational programs, moving through two or more institutions in pursuit of career choices and degree programs. Dickerson makes a strong argument that national standards under a private/public oversight commission might be in the nation’s interest. He cites as examples (1) our loss of esteem among our foreign colleagues for our poor completion statistics of undergraduate and graduate students (The Organization for Economic Cooperation and Development), (2) the severe slippage of our graduates’ literary proficiency and (3) admissions policies that allow the weakest students with the least likelihood of success—none of which are being addressed in any coherent way by accrediting agencies in terms of outcomes. One telling quote from the Report is as follows:

A recent survey of 4-year college presidents revealed that 74.5 percent of presidents feel that “Colleges and universities should be held more accountable for their students’ educational outcomes.” Accreditation should transform this impression—shared by many in the public and by public policy makers—into reality (p. 4).

The author suggests that the cure for the ills of accreditation would be the congressional and presidential establishment of The National Accreditation Foundation to “seek improvements in measurement of educational outcomes, secure more uniform standards among states in career and professional certification, advocate for a stronger, more innovative higher education system and promote the public interest in the success of American postsecondary education” (p. 7).

On the other hand, in a statement to the Secretary of Education’s Commission on the Future of Higher Education (April 6, 2006), Judith Eaton of CHEA does a fine job of outlining the benefits of our current accreditation system. Her arguments are grounded in the long held belief that our American higher education enterprise is as rich and varied as it is because of institutional autonomy and mission differentiation. She notes that the National Accreditation Foundation would “nationalize quality standards..., nationalize processes for accreditation” and “eliminate its (higher education’s) diversity and its regionalism...as well as dilute the role of institutions in determining academic quality.”

Many of the points that Dr. Eaton makes are both salient and valid. The reality, however, is that there is a gathering storm that may whisk away the underpinnings of our current accreditation system. If history is any lesson, it demonstrates clearly that as state and federal dollars diminish in support of discretionary funded programs, there is an opposite and equal infusion of new regulations.



NO FEDERAL BUDGET YET

The House of Representatives went on recess at the end of the first week in April without adopting a budget. Action on the FY 2007 Budget Resolution (H.Con.Res.376) has to wait until after Easter. The inability to find a compromise among three factions in the Republican Party necessitated the delay.

Part of the difficulty stemmed from disagreements over proposed new procedural hurdles to emergency spending, which is funding that is not included in the annual caps on discretionary spending. Typically, emergency spending is one of the commonly used accounting gimmicks to give the appearance of staying within the budget, when in reality, the money still ends up being spent anyway. Another bottleneck arose in the form of placing curbs on member earmarks. As noted in the previous issue of this newsletter, earmarks are line-items in an appropriations bill that designate tax dollars for a specific purpose in circumvention of established budgetary procedures.

Moderate Republicans aim to include an amendment to add \$7 billion to the budget resolution in discretionary spending to restore cuts in areas such as health and education programs. The current fiscal year is burdened by draconian cuts in Title VII health professions education program. Certain entities were eliminated completely while other items such as the *Section 755 Allied Health Grants Program* underwent serious funding cuts of two-thirds or more compared to the previous year's spending levels. Members of the Senate also are inclined to add money for health and education programs. The fact that it is an election year undoubtedly will have an impact on whatever decisions eventually are made.

2006– 2007 ASSOCIATION CALENDAR OF EVENTS

October 16-17, 2006- Leadership Program- Millenium Knickerbocker Hotel- Chicago, IL

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

October 18, 2006- Scholarship for Excellence winners announced.

March 8-9, 2007 Spring Meeting– St. Pete Beach, FL

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

ACCREDITATION

The President's Message on page two of this issue of the newsletter refers to both the Secretary of Education's Commission on the Future of Higher Education and testimony before the commission by CHEA President Judith Eaton. Commission papers may be obtained on the Web at <http://www.ed.gov/about/bdscomm/list/hiedfuture/reports.html>. Additional information about her testimony is on page 7 of this issue of TRENDS.

HEALTH WORKFORCE SHORTAGES: NURSING VERSUS ALLIED HEALTH

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Everyone has heard much about the nursing workforce shortage, and it is real and large. Since nursing is the largest health profession, it tends to get a great deal of attention. Not wanting to sound resentful, it frequently overshadows the allied health professions. Collectively, depending on what professions and levels are included, allied health is as large as or larger than nursing, and the job growth is also as large or larger. Using the U.S. Bureau of Labor Statistics projections, the following table shows projected job growth for nursing and the allied health professions.

Occupation	Employment		Change		Total job openings growth & net replacements 2002-12
	Number		Number	Percent	
	2002	2012			
<u>Nursing</u>					
Registered nurses	2,284	2,908	623	27.3	1,101
<u>Allied Health</u>					
Dental Assistants	266	379	113	42.5	187
Medical & Health services managers	244	315	71	29.3	119
Pharmacy Technicians	211	271	60	28.8	88
Medical records & health info techs	147	216	69	46.8	90
Emergency med techs & paramedics	179	238	59	33.1	80
Physical therapists	137	185	48	35.3	62
Dental hygienists	148	212	64	43.1	76
Radiologic technologists & technicians	174	214	40	22.9	72
Clinical lab. technologists & techs	297	355	58	19.4	137
Speech-language pathologists	94	120	26	27.2	49
Respiratory therapists	86	116	30	34.8	58
Occupational therapists	82	110	28	35.2	40
Physician's assistants	63	94	31	48.9	40
Subtotal	2,128	2,825	697		1,098
Other degreed allied health (20 disciplines)	1,613	2,188	575		902
<u>Total degreed allied health</u>	3,741	5,013	1,272		2,000

Numbers listed are in thousands of jobs. Source: Bureau of Labor Statistics: Occupational Employment Projections 2012, Monthly Labor Review, Feb 2004. Chart prepared January 2005 by Stephen N. Collier using BLS data.

Many of our ASAHP member schools have nursing as a part of the allied health school or unit. In fact, the ASAHP website indicates that 39 out of 111 member schools contain a nursing program. The American Association of Colleges of Nursing (AACN) represents the baccalaureate and higher degree nursing programs in the U.S. and has been an effective advocate for its constituents.

In the last several years AACN has spotlighted the fact that much of the workforce shortage in nursing is due primarily to a shortage of faculty, clinical training sites, and other resources which limit the number of students programs can enroll. For example, in the fall of 2004, AACN reports that over 32,000 qualified applications were denied admission (see <http://www.aacn.nche.edu/Media/NewsReleases/2005/Enrollments05.htm>), 29,425 of which were for entry-level baccalaureate programs. Such a statement communicates a powerful message. Without intending to diminish the severity of the nursing workforce issue, some interesting facts come to light if one examines the situation more carefully.

During 2004, according to AACN, there were 112,180 students enrolled in all years of entry-level baccalaureate nursing programs. During that same year 84,002 applications met the admission criteria and 54,577 applicants were accepted and enrolled. Out of the over 32,000 applications denied admission, 29,425 were from entry-level baccalaureate programs ($84,002 - 54,577 = 29,425$). Because nursing education is so large, 29,425 for the number of denied applications sounds very large. However, 54,577 entrants out of 84,002 means that about 65% of all qualified applications resulted in admission to a baccalaureate nursing program—or one person for every 1.5 qualified applications. One thing AACN does not point out is that evidently this does not represent an unduplicated headcount. Since many individuals generally apply to multiple programs, the actual number of qualified individuals is less than the number of qualified applications. So, it is conceivable that almost all applicants who met the minimal qualifications for admission were able to gain entrance to a baccalaureate nursing program.

In comparison to nursing, many programs in the allied health professions have a more competitive environment and turn away a greater proportion of applicants. For example, in my own school with over 20 programs, the qualified applicants per space average a little over 1.5 at the undergraduate level and 2.2 at the graduate level, with some programs having 3 or more qualified applicants per space. A number of allied health schools find themselves in a similar situation.

There are not many allied health professional organizations that provide the kinds of application and admission data similar to that of AACN. Two that do, however, are the American Physical Therapy Association (APTA) and the American Society of Radiologic Technologists (ASRT). APTA reports in its 2005 Education Fact Sheet that in 2004 the mean number of qualified applicants to entry level PT programs was 79, with 32 of those enrolling. These figures result in only 41% of PT applications gaining admittance, or one of every 2.5 applications, compared to 65%, or one of every 1.5 applications in the case of nursing. These national numbers are corroborated by my own school's experience with applications to its PT program.

For radiography, radiation therapy, and nuclear medicine technology, ASRT reports estimates of first year (entering) enrollments of 16,475 for radiography, 1,382 for radiation therapy, and 1,698 for nuclear medicine, or a total for the three types of programs of 19,555 in 950 accredited educational programs. Overall, 76.7 per cent of program directors reported full enrollments in fall 2005. ASRT estimates that the full enrollment programs collectively turned away 31,797 qualified students, while those that were not full reported an unused capacity totaling 1,419. For the full enrollment programs, it means that only about one in 2.5 applications resulted in admission.

As in the case of nursing, the figures for physical therapy, radiation therapy, and the imaging sciences do not represent an unduplicated headcount, so the actual number of applicants is less than the number of applications. In order to have application numbers that control for multiple applications by the same individual—an unduplicated headcount—a centralized application clearinghouse would be needed so that all applicants apply through the clearinghouse. Most physician assistant programs participate in such an admission application clearinghouse.

Even though there are many disciplines that constitute the allied health professions, and thus considerable variance among them in the proportion of applicants per space, it can still be stated with certainty that for many of them it is more competitive to gain admission into many allied health programs than to a baccalaureate nursing program.

As ASAHP and individual professional associations emphasize, strong workforce demand exists for a number of allied health programs and persistent shortages of graduates continue. On a relative basis, the shortages may be more severe than those found in nursing, but that is a fact that is not widely known or communicated with the same impact as occurs with our colleagues in nursing.

THE HIGHER EDUCATION LANDSCAPE

Andrew A. Sorensen, President of the University of South Carolina, gave the opening address at the Association's new Leadership Development Program, which was held in Washington, DC on March 14-15, 2006. One of the mega trends that he referred to is the development of the Internet as a new channel for accessing information, along with other technological innovations that have transformed our power to communicate and, have begun to render obsolete the traditional classroom in which a professor imparts knowledge in a lecture to a group of passive students. Still, there is a yawning chasm in access to computer technology between the haves and the have-nots, which is accentuated by differences among different groups. Whites are much more likely than African-Americans and Hispanic Americans to use computers.

Other mega trends include globalization, branding, mergers/consolidations, and outsourcing. US educational and training programs need to be delivered in multi-lingual formats with truly global accessibility. As education is delivered in a large variety of forms, new brands of education providers such as Phoenix will compete with other universities for recognition. With distance education revenues escalating, this industry is undergoing consolidation. For example, Kaplan, a division of the Washington Post, purchased a chain of 30 commercial colleges. Educational institutions may choose to become more nimble and responsive to students not by attempting to expand the array of degree programs, but rather by partnering with sister institutions and for-profit corporations to develop programs of study, especially in the domain of distance learning. These trends should cause us to examine critically the traditional ways in which education has been delivered. President Sorensen concluded his remarks with the observation that many of the most important aspects of leadership can be conveyed through the art of story telling and he offered several examples of events that have shaped him as an educational administrator.

C. Peter Magrath indicated that the following five contextual factors have an impact on higher education: (1) economic interconnectedness among nations, (2) the emergence of consumerism, (3) the physical and biological environment, i.e., global ecological issues that leap over national lines and across university disciplinary lines, (4) the Digital Age characterized by the Internet and the World Wide Web that is revolutionizing how we produce and market products, exchange ideas, and simply communicate, and (5) fiscal changes.

He said that "Although our universities are affluent in comparison with those in virtually all other nations, budgets and financial resources are a constant struggle, in part because we are asked to do so much, and because public resources are inescapably finite. It is these circumstances that I want to discuss, not because money questions are the centerpiece of universities, but money is related to resources, and resources are what universities need to accomplish their public-serving mission."

"As we move beyond denial and face the fiscal realities that push us toward fresh thinking, I am optimistic about our challenging future. Despite the erosion of public dollars, nothing—ever!—should make us change our fundamental mission to be public-serving enterprises. That is our heritage, our tradition, and must be the operative cultural ethos that motivates us. The challenges before American higher education, while primarily financial, involve other issues as well. The enterprise that we are part of is extraordinarily important and valuable to our society—and indeed the world. We are in fact so significant to our society and its economy and social wellbeing that inescapably we are caught up in political forces and trends. When our universities, whether public or private, raise tuition to compensate for the loss of public support in order to maintain the highest possible quality in their teaching and research programs, this also raises questions as to whether or not the increased costs that students pay really bring better quality education, that is delivered efficiently and effectively."

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

CHEA Testimony On Accreditation

Judith Eaton, President of the Council for Higher Education Accreditation (CHEA), testified nationally on April 6 on issues ranging from accreditation, accountability, and quality assurance before “A National Dialogue: The Secretary of Education’s Commission on the Future of Higher Education,” held in Indianapolis, Indiana. CHEA is the nation’s largest institutional higher education membership organization, with 3,000 colleges and universities. It is a private, nonprofit national organization that coordinates accreditation activity in the U.S. She spoke in strong opposition to new efforts by the Commission to promote a “National Accreditation Foundation” to take over the role of evaluating higher education institutions from private accrediting organizations. This effort, Eaton and others suggest, would be incompatible with a voluntary, autonomous, and self-regulatory system. She testified in support of the current accreditation process while calling for reforms in accountability and transparency to bolster that process. Her testimony can be accessed on the Web at <http://www.chea.org/Government/Testimony/Futures0406.pdf>.

Update On The Quality Of American Health Care Through The Patient's Lens

U.S. health care leaders often say that American health care is the best in the world. However, recent studies of medical outcomes and mortality and morbidity statistics suggest that, despite spending more per capita on health care and devoting to it a greater percentage of its national income than any other country, the United States is not receiving commensurate value for its money. The Commonwealth Fund's cross-national surveys of patients' views and experiences of their health care systems offer opportunities to assess U.S. performance relative to other countries through the patients' perspective—a dimension often missing from international comparisons. In 2004, U.S. performance was reported using Commonwealth Fund international survey data from 2001 and 2002. This report updates these findings using data from two recent surveys. The first survey was conducted in 2004 among a nationally representative sample of adults in five nations: Australia, Canada, New Zealand, the United Kingdom, and the United States. The second survey was conducted in 2005 among a sample of adults with health problems in the same five nations and Germany. This report ranks the countries on patients' reports on care experiences and ratings on various dimensions of care. While focusing on a limited slice of the health care quality picture—patient perceptions of care received—as well as a limited number of countries, the surveys nonetheless offer valuable insights. The report can be accessed on the Web at http://www.cmwf.org/usr_doc/Davis_mirrormirror_915.pdf.

Costs And Benefits Of Health Information Technology

The Agency for Healthcare Research and Quality (AHRQ) released a report in April 2006 acknowledging that while health information technology has been shown to improve quality of care for patients, most health care providers need more information about how to implement these technologies successfully. AHRQ is helping to fill this gap with findings from more than 100 projects across the country. These projects make up AHRQ's \$166 million health IT initiative. The report, *Costs and Benefits of Health Information Technology*, is a synthesis of studies that have examined the quality impact of health IT as well as the costs and organizational changes needed to implement health IT systems. This report reviews scientific data about the implementation of health IT to date, as documented in studies published through 2003. It does not project future health care benefits or savings, in contrast to other reports. The report can be accessed on the Web at <http://www.ahrq.gov/downloads/pub/evidence/pdf/hitsyscosts/hitsys.pdf>.



Dean Richard Oliver (on left) and Cheri Gann of the School of Health Professions at the University of Missouri at Columbia met in Washington during the 2006 ASAHP Spring Meeting with House Majority Whip Roy Blount (R-MO) to discuss the Allied Health Reinvestment Act

NEWS FROM THE COLLEGES

Patricia Tew, software creator and radiology program director at the University of Missouri's School of Health Professions, has created sectional anatomy software, which features images of the human body from computed tomography (CAT-scan) and magnetic resonance imaging (MRI). Tew said that when she developed her sectional anatomy course, only a few Web sites contained CT and MRI images and no software programs were available. She indicated that she needed to create an environment similar to the actual imaging equipment students would use in a true health care setting.

CALL FOR ABSTRACTS

A *Call for Abstracts* was sent by regular mail several weeks ago as well as being posted on the Association's website at www.asahp.org. The deadline for submitting abstracts for concurrent sessions and the poster session is **May 1**.

A team of reviewers will decide which items will be selected for presentation in concurrent sessions. In the event an abstract is not chosen for that venue of presentation, the person(s) submitting it will be given the option of presenting in the poster session.

Once again, registration for the meeting and payment of fees will be available online, but this information will not be posted until a much closer time of the conference. Since introducing this form of registration, about one-half of attendees choose to pay the fee in this manner. Others prefer to have their respective institutions mail a check. Either way, attendees still can register and are advised to do so early, once it is possible to do so.

The Millennium Knickerbocker Hotel is centrally located in downtown Chicago within walking distance of many of the city's most well-known stores. Weather conditions permitting, attendees who arrive before the conference or who stay later may want to consider taking the architecture tour along the Chicago River. Buildings designed by a great many of the world's most famous architects are sights definitely worth seeing.