

TRENDS

Association of
Schools of
Allied Health
Professions

HIGHLIGHTS

FEBRUARY 2006

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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.

LEADERSHIP DEVELOPMENT

The Association has been involved in various kinds of leadership development activities for more than 20 years. With funding from the W.K. Kellogg Foundation during the period October 1985-July 1990, workshops were developed. Between 1998 and 2005, another leadership program was presented annually by ASAHP in conjunction with the: National Network of Health Career Programs in Two-Year Colleges, Health Professions Network, National Society of Allied Health, and the American Association of Community Colleges. The endeavor was conducted with funding from the Bureau of Health Professions of the Health Resources and Services Administration in the U.S. Public Health Service.

The newest type of offering begins next month with a session in Washington, DC that will be followed by a Part II session in Chicago, IL next October. A major difference this time around is that there is no external funding. Resources are being furnished by ASAHP. Participants must cover much of their own travel, lodging, and some food expenses, but a portion of these costs will be underwritten by the Association. As an added benefit, no registration fee is involved even though many programmatic costs must be met.

The last few years have been the occasion for many deans in ASAHP deciding to retire. The Association's membership is changing on a regular basis as older deans step down and newer ones replace them. In addition to heading their respective institutions, newcomers also represent the future core of ASAHP leaders. The leadership program is aimed at newly appointed deans and at chairpersons and associate/assistant deans who aspire to become deans someday.

As evidenced by the forests that are felled each year to produce books on leadership and the steady growth in the number of leadership gurus and swamis eager to market their personal services, leadership is an industry unto itself. Still, the term leadership continues to remain somewhat elusive. For example, how accurately does the expression *post hoc ergo propter hoc* (after this, therefore because of this) characterize the relationship between reading a book or attending a workshop and then subsequently being chosen for a leadership position.

How do leaders emerge? Are there basic traits apart from a high level of ambition that distinguishes them from their followers or is there something unique about given situations that leads to the emergence of leaders? Could it be that characteristics of followers are what gives rise to certain kinds of leaders? Questions of this nature are at the heart of discussions on how leaders are produced. The ASAHP program is based on the premise that leadership skills and traits can be developed. That belief will begin to be put into effect next month.

PRESIDENTS' MESSAGE

By David M. Gibson, ASAHP President



*There is no time like the old time, when you and I were young,
When the buds of April blossomed, and the birds of spring-time sung!
The garden's brightest glories by summer suns are nursed,
But oh, the sweet, sweet violets, the flowers that opened first!
(Oliver Wendell Holmes, "No time Like the Old Time")*

It is right and fitting to remember with some degree of happy bias, the days of yore, as Oliver Wendell Holmes suggests in his poem. I can well remember going with my older brother in search of snapping turtles from the marshes near our childhood home. We would lure them with bait and somehow snag them for the sole purpose of selling them to a local tavern for snapper soup. We bagged a full twenty-five cents for each turtle we caught. With that tidy sum, and fingers still intact, we could buy two frosted mugs of root beer and then catch the Saturday matinee where we would both try to hold our breath for as long as Tarzan did while swimming or wrestling alligators under water. "There is no time like the old time." Later when we matured and learned how to drive, we could secure a gallon of gas for twenty five cents to get us home. What ever happened to the price of movie and gas, let alone a fresh caught snapper?

During the Board of Directors' meeting on March 16th, members grappled with this concept as well. As we discussed an increase in dues, the anguish that your Board members went through was palpable. The old Latin saying "*Quod licet Jovi, non licet bovi* (what's right for the ruler is not right for the ruled) simply did not apply, nor should it ever. We knew that we would be taxing ourselves as much as you who have to balance budgets, which seem to have been on an accelerated slim-fast diet.

On the other hand, five-cent root beers and 10-cent movies and a 25-cent gallon of gas are just memories. It has been two years since the ASAHP dues were increased, but each year the cost of doing business increases for rent, supplies, and other goods and services. In addition, the Association has taken on more expenses related to our Leadership program, the accreditation liaison meetings, and over the past few years, the costs associated with government relations, including the contract for our lobbyist. Some rational approach to meeting these expenses each year needs to be explored and most likely should be tied annually to respected and easily identifiable indices yet to be determined.

The Board will be looking at ways in which we can improve our efforts in government relations without the costs of meetings in Washington, D.C., where attendance has been consistently lower than it had been when our winter meetings were conducted in warmer climes. Consequently, we have regularly lost money at these meetings. One step the Board took was to discontinue our contract with Capitol Associates and to divert some of these dollars to targeted members as ambassadors of the Association who have legislators serving on key committees of Congress.

Finally, help your Association stay on the black side of the ledger. Plan to attend a very well planned Spring Meeting filled with excellent and very current topics. It will be good for years of memories!



HEALTH BUDGET WOES

The *Section 755 Allied Health Grants Program* and all except one other program under Title VII of the Public Health Service Act would be eliminated if Congress accepts the budget proposal for FY 2007 that was released in early February by the Bush Administration. A PART (Program Assessment Rating Tool) assessment found that, after 40 years of funding, Title VII health professions programs have not demonstrated an impact on placing health professionals in underserved areas. Based on this determination, the budget proposes the elimination of most general health professions grants, a reduction of \$99 million, and to direct resources to activities that are capable of placing health care providers in medically underserved communities.

Overall, the request for the Health Resources and Services Administration (HRSA), the parent agency that administers these programs, is \$6.4 billion, a net decrease of \$252 million from the FY 2006 level. The budget maintains support for nursing programs and provides \$10 million for scholarships for disadvantaged students, the only Title VII program that would be funded.

Meanwhile, several institutions belonging to this Association have received grants under the Allied Health Grants Program and the Quentin Burdick Rural Health Program. A good example is the University of Nebraska Medical Center. The School of Allied Health Professions under the direction of **Mary C. Haven** provides a fine illustration of how such funds have been instrumental in placing allied health professionals in rural, underserved areas, including the provision of services aimed at Native Americans.

2006– 2007 ASSOCIATION CALENDAR OF EVENTS

March 14-15, 2006—Leadership Development Program—Beacon Hotel—Washington, DC

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 *Scholar-In-Residence Program*. More details will be announced once plans are finalized.)

LEADERSHIP PLANNING COMMITTEE

The 2006 ASAHP *Leadership Development Program* was planned and will be conducted by the following individuals:

ASAHP Board Member **Lori S. Gonzalez** (University of Kentucky)

P. Kevin Rudeen (University of Missouri at Columbia)

Former ASAHP Board Member **Patricia W. Walker** (Sacred Heart University)

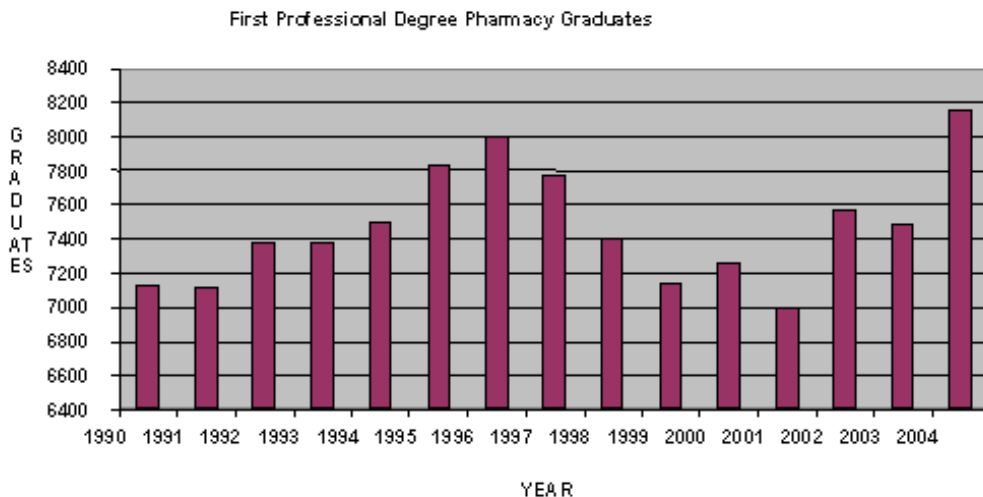
ASAHP Past President **Stephen L. Wilson** (The Ohio State University)

ELEVATING THE DEGREE AND LENGTHENING THE PROFESSIONAL PROGRAM: IT'S EFFECT ON WORKFORCE SUPPLY

*Stephen N. Collier, Ph.D., Director and Professor
Office of Health Professions Education and Workforce Development
School of Health Related Professions, University of Alabama at Birmingham*

At a recent health workforce conference focusing on the rehabilitation professions, a sponsor of the conference was lamenting the shortage of workers, which he attributed in large part to educational programs lengthening the educational process and elevating the level of the degree. He was indicating that there was a cause and effect relationship, which while perhaps partially true, is an overly simplistic explanation to a much more complex phenomenon. Although concerned with all of the rehabilitation professions, the speaker was referring primarily to physical therapy since that is the profession from which he hires the most professionals and the profession that has experienced the most rapid transition to the clinical doctorate among the other rehabilitation professions.

Programs that extend the length of education from two to either three or four years typically do not graduate individuals during one or more years of the transition period due to phasing out of one program—the shorter one—while phasing in the new, longer, program. This occurrence has been demonstrated in pharmacy, which although not a rehabilitation profession, is a field where many programs made the transition from the B.S. in Pharmacy to the Pharm.D. degree in the period of the 90s. Nationally, as a large number of pharmacy programs entered the transition period, the overall number of graduates declined. Once those programs completed the transition, however, graduate numbers climbed once again to previous levels or surpassed previous levels. The following graph illustrates this experience.



Source: American Association of Colleges of Pharmacy, Fall 2004 Profile of Pharmacy Students, table 5.

A similar case can be made for physical therapy with some important caveats, and this is where the picture or application of the general principle becomes more complicated. Just as a number of entry-level physical therapy programs were beginning a transition from the master's degree to a clinical doctorate, the Balanced Budget Act of 1997 was enacted which placed a cap on reimbursement for rehabilitation services effective January 1, 1999. As is widely known now, this had a substantial impact by depressing the employment market for physical therapists and other rehabilitation professionals. Subsequently, it also reduced student applications for admission to physical therapist educational programs.

In November, 1999, Congress passed legislation mandating a two-year moratorium on the reimbursement cap for 2000 and 2001. Later legislation continued the cap through December 31, 2005. A \$1,740 cap went into effect this past January 1, but more recent legislation provides for some exceptions for medically necessary therapy services. The moratorium on the cap resulted in once again stimulating employment and student interest, and applications to educational programs have slowly rebounded. With increased services being delivered and fewer graduates entering the workforce over the last several years, there now appears to be a workforce shortage once again in physical therapy.

One might ask which of these forces—the Balanced Budget Act of 1997 or the movement to a clinical doctorate—had the greatest effect on workforce supply. While they both had an effect on reduced numbers of graduates, the Balanced Budget Act and its effect on employment, and subsequently on student enrollments and graduates, clearly seems to be the predominant force.

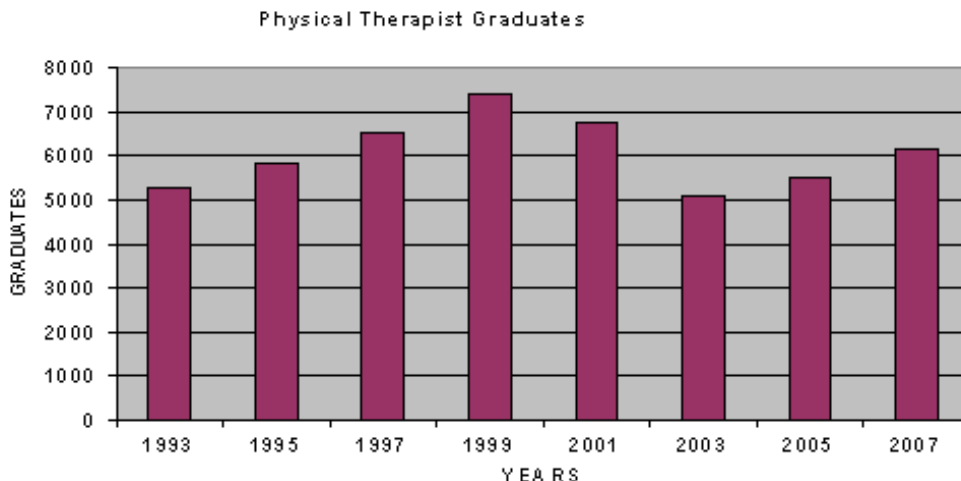
The situation in the audiology profession has some similarities but also some differences with what has occurred in physical therapy. In 1997, the American Speech-Language-Hearing Association (ASHA) indicated that master's degree programs would not be accredited beyond 2012. The clinical doctorate in audiology has rapidly become the predominant entry level degree with 39 master's programs and 60 doctoral programs in 2005.

In an unpublished recent doctoral thesis chaired by this writer, the researcher found that unlike physical therapy which continues to offer accreditation to both master's and doctoral entry-level programs, the move by audiology to recognize only doctoral programs beyond 2012 has resulted in the closure of some master's degree programs and left the future of others in doubt—particularly those programs that are in institutions that do not have doctoral degree granting authority. As a way to retain and transition their programs, some have chosen to partner with other institutions that can offer a doctorate.

There are several other corollary issues associated with lengthening the educational program and time to degree when the degree level is elevated. One of these is whether the lengthened program dampens student interest in the program and reduces the number of applicants. In the case of physical therapy, between 2001 and 2004 there were more qualified applicants per available space for doctoral programs than master's programs (American Physical Therapy Association, 2005 Fact Sheet, Physical Therapist Education Programs, June 2005, page 23), so applicants appear to prefer entering a doctoral program even though the program takes longer to complete.

Another issue is whether moving the program to a higher degree level reduces the number of students the program can accept into each entering class. It could be if a program has a fixed number of faculty that does not change when moving the degree to a higher level, those faculty resources have to be spread over a wider number of courses, resulting in fewer students that can be accommodated in each course or cohort per year. Again in the case of physical therapy, in recent years the average class size in doctoral programs has been about five students greater than master's programs, with the average class size being around 35 entering students per year. In audiology, the average class size is much smaller, with most programs enrolling 10 to 15 students in each entering class. In moving from the master's to the doctorate, while a number of programs indicate the same entering class size, it appears that overall there will be a 10% to 15% reduction in the size of the entering classes.

The number of physical therapist programs has increased steadily over the last 25 years, with higher growth in the latter half of the 1990s and a plateau reached in the first half of the current decade (2000-05). Even though the Balanced Budget Act of 1997 had a negative effect on applications and enrollments, physical therapist programs that were initiated in the latter half of the 1990s continued their development to fully implemented programs. Considering the lag between entrance and graduation, APTA estimates physical therapist graduates from all levels will increase from 4913 in 2004 to 6154 in 2007—a 25% increase in just three years. Graduates over the last ten years and those anticipated for the near term are shown in the following graph.



Source: chart developed from data in the 2005 Fact Sheet, Physical Therapist Education Programs, American Physical Therapy Association.

Elevating the degree level and lengthening the educational program have the effect of decreasing the production of graduates, at least temporarily during the transition period. Other external factors, however, can have a greater effect on workforce supply and on the demand for health professionals. Those professions such as pharmacy, physical therapy, and audiology that have undergone a change in the entry level degree into the profession can offer some lessons to other professions as they contemplate moving their entry-level programs to a higher degree and extending the length of their educational process.

DENTISTS FILE LAWSUIT AGAINST NON-DENTISTS

The American Dental Association (ADA), the Alaska Dental Society (ADS), and several individual dentists have filed a lawsuit in state Superior Court, seeking to stop the unlicensed practice of dentistry and dental surgery by non-dentists. The complaint asks the court to declare the Alaska Native Tribal Health Consortium and its dental health aide therapists (DHATs) in violation of state dental licensing laws. DHATs receive only 18 to 24 months training in a foreign dental school and generally have only a high school education or its equivalent. The procedures at issue include extracting and drilling teeth and performing root canal-like surgery on primary teeth—surgical procedures for which the skills of fully trained, licensed dentists are absolutely essential.

“I want to make it clear that the ADA supports every other aspect of the dental health aide program,” said Robert M. Brandjord, D.D.S., ADA president. “That means we support education, prevention, oral health literacy programs, water fluoridation, sealant programs, nutrition programs, literally anything and everything that helps prevent dental disease. All of us in the dental community regret terribly that the situation has deteriorated to the point of litigation. But we cannot and will not stand by while non-dentists perform irreversible dental surgery on Alaska Natives and others, procedures that other Americans receive only from fully trained, licensed dentists who operate under the safety and accountability standards set by state dental boards.” A copy of the lawsuit may be accessed on the Web at: http://www.ada.org/prof/advocacy/legal/alaska/media_lawsuit.pdf.

ATTACKING THE CAUSES OF HEALTH DISPARITIES

In an effort to improve the quality of health care for all Americans, the Robert Wood Johnson Foundation (RWJF) is working towards identifying and implementing real-world solutions to eliminating the gaps in care experienced by patients from racial and ethnic minority populations. As part of this effort, RWJF has released a call for proposals for its new program *Finding Answers: Disparities Research for Change*. The three-year, \$5 million program is a research and tracking initiative, which will focus on evaluating approaches already underway in the field to reduce racial and ethnic disparities in health care. Approximately 25 grants will be made over the course of this three-year period.

While the existence of racial and ethnic disparities in health care is well documented, there is a shortage of practical and effective solutions. *Finding Answers* seeks to address this challenge by funding evaluations of efforts that target the treatment of cardiovascular disease, depression, and diabetes. These three diseases were selected because the racial and ethnic disparities are significant and there is general consensus about the right way to care for these illnesses.

Finding Answers is looking for successful interventions that attack different causes of disparities. Provider organizations such as medical groups, hospitals, community health centers as well as health plans and employers, community organizations, and academic institutions are encouraged to learn more about the call for proposals. Interventions spanning the range from organization-wide quality improvement initiatives to initiatives aimed at individual providers and patients are eligible for funding. Six to eight grants will be awarded in October 2006 ranging between \$50,000 and \$300,000.

The *Finding Answers* Call for Proposals is available online at the RWJF Web site, www.rwjf.org. Brief proposals are due by **March 16, 2006**. Potential applicants should contact the program at Tel: 866-344-9800 or visit www.SolvingDisparities.org on the Web for more information.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Transcripts And Webcasts From National Health Policy Conference Available

The 2006 National Health Policy Conference, sponsored by AcademyHealth and Health Affairs, brought together leading experts from the administration, academia, and health industry to share their insights on critical health care issues confronting policy-makers. Among the topics addressed are: Consumer-driven health plans, Medicare coverage, malpractice reform, prescription drug discount cards, and the congressional health policy agenda. Transcripts and webcasts of the conference can be accessed on the Web at: http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=1642

The State Of 50+ America 2006

Compared with a decade ago, the state of 50+ America seems to have improved, but AARP's third annual "report card" on the quality of life of midlife and older Americans finds that the picture has become less favorable and the outlook more bleak during the most recent year. While moderately positive change occurred in more than half of the economic indicators in the past year, change in the health indicators has been generally negative. Age 50+ Americans thus appear to be doing better financially, but feeling worse; other social measures also were more negative than positive. Individuals are being required to take more responsibility for their own retirement, traditional pensions are in decline even as overall coverage inches up, retiree health benefits are being reduced or eliminated, the stock market is stagnant and, although they were turned back in 2005, threats to partially privatize Social Security are likely to resurface. As a result, the future remains uncertain. The 2006 report examines the status of age 50+ Americans' economic, health and social well-being and includes a special section on housing and how people are responding to the current housing landscape. The report may be accessed on the Web at: http://assets.aarp.org/rgcenter/econ/fifty_plus_2006.pdf.

Genomics And Population Health

The Centers for Disease Control and Prevention (CDC) issued a report entitled "Genomics and Population Health 2005." It may be accessed on the Web at: <http://www.cdc.gov/genomics/activities/ogdp/2005.htm>

Why Do Health Care Costs Continue To Rise?

Do health care costs continue to rise because, among other reasons, the public has a perception that such care is free? Allan Hubbard, Director of the National Economic Council at the White House, expressed his opinion on such matters recently. The transcript of a discussion with him can be accessed on the Web at: <http://www.whitehouse.gov/ask/20060214.html>.

Resource Available For Adoption Of Health Information Technology

The Agency for Healthcare Research and Quality (AHRQ) has launched a new suite of "learning resources" designed to help health care providers adopt health information technologies quickly and effectively. The step represents a new phase for the AHRQ National Resource Center on Health Information Technology as the Agency acts rapidly to convey the lessons learned through AHRQ-funded projects and other sources. The new resources can be accessed on the Web at: <http://www.healthit.ahrq.gov> .

COMMENTS SOUGHT REGARDING PROFESSIONAL DOCTORATE

The Higher Learning Commission's Task Force on the Professional Doctorate has posted a working draft of its report and recommendations. As part of its process, the Task Force is seeking comments from other constituencies with an interest in this important matter. The Task Force will reconvene via teleconference on **March 7** and will decide whether it wishes to change this report in any way to reflect the issues raised by others. Comments may be submitted by email to scrow@hlcommission.org. The report may be downloaded from the Commission's website at <http://www.ncahlc.org/index.php>.

SPRING MEETING ROSTER OF SPEAKERS

The Association's *2006 Spring Meeting* in Washington, DC on March 16-17 will feature an impressive group of speakers on a wide range of topics of considerable interest and importance to allied health educators.

John Short, President and CEO of RehabCare Group, a company that provides physical, occupational, and speech therapy in acute care, skilled nursing, outpatient, and home health settings in more than 900 hospitals, nursing homes, and other long-term care facilities in approximately 40 states will provide a corporate perspective on the allied health workforce involved in rehabilitation.

C. Peter Magrath, Senior Advisor to the College Board and former President of the National Association of State Universities and Land-Grant Colleges (NASULGC) as well as a former president of major universities, will address the audience on the topic of the higher education landscape.

Richard K. Riegelman, Founding Dean of the School of Public Health and Health Services at The George Washington University, will discuss prevention in health professions curricula and ways of enhancing interprofessional education.

Robert F. Sabalis, Associate Vice President of the Section for Student Affairs and Programs at the Association of American Medical Colleges (AAMC) and Executive Secretary for the AAMC Group on Student Affairs, will focus on the issue of Criminal Background Checks for Health Professions Applicants and Students?

Richard Besser, Director of the Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER), Centers for Disease Control and Prevention (CDC) at the main headquarters in Atlanta, Georgia, will discuss the topic of bioterrorism.

David Yoder, Executive Director of the Council for Allied Health in North Carolina, and **Erin Fraher**, Director of the North Carolina Health Professions Data System at the Sheps Center at UNC-Chapel Hill, will conduct a workshop to demonstrate how to establish a council for allied health and a model for collecting allied health workforce data in states around the country. Yoder also will deliver the *Deans' Memorial Lecture*.

Apart from these presentations, attendees will be brought up-to-date on the proposed *Allied Health Reinvestment Act*, legislation that has been introduced in Congress, and steps that can be taken to increase the likelihood of its passage. Since 2004, the Deans' Council has held meetings in conjunction with the Annual Conference and the Spring Meeting. Once again, members of this group will have an opportunity to meet and discuss matters of importance to them.