

HIGHLIGHTS

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FUTURE OF HIGHER EDUCATION

A draft version of a report by *The Secretary's Commission on the Future of Higher Education* was released on June 22. In certain segments of the educational community its contents are destined to be viewed as controversial since the report states in bold terms what fails to work properly in higher education. That domain is viewed as a mature enterprise that increasingly is risk-adverse, frequently self-satisfied, and unduly expensive. As an enterprise, it has yet to address fundamental issues of how academic programs and institutions must be transformed to serve the changing educational needs of a knowledge economy.

The 27-page document focuses on: (1) access to higher education, (2) affordability, (3) quality and innovation, and (4) accountability. It considers each area from the standpoint of challenges and opportunities. Under the topic of access are considered such factors as the insufficient preparation of high school graduates for either college-level work or the changing needs of the workforce and the fact that remediation has become far too common an experience for American post-secondary students.

In the area of affordability, the report notes that rising college costs and student indebtedness are of growing concern to the public. Moreover, colleges and universities have shown little inclination to cut costs and improve their productivity. Compounding the situation are the 17 separate federal programs that provide direct financial aid in ways that are confusing, inequitable, and economically inefficient.

Quality problems are reflected by a decline from 1992 to 2003 in the deficiency in prose skills by college graduates and individuals with some graduate education. Basic computational and analytical skills also are lagging. A lack of coherence and lax standards often characterize the undergraduate curriculum and too many professors are viewed as excessively preoccupied with research, paying too little attention to innovative teaching techniques.

Higher education is an area that needs to be more accountable because parents and students have no solid evidence, comparable across institutions, of how much students learn or whether they learn more at one school than another. Shortcomings in accreditation also are cited in the report.

Rather than simply present only a series of criticisms, recommendations are offered that the commission believes will lead to improvement in access, affordability, quality and innovation, and accountability. Undoubtedly, the report will generate criticism. The extent to which the final version will be modified as a result of such reactions has yet to be determined.



VANGUARD OF
ALLIED HEALTH EDUCATION

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PRESIDENTS'S MESSAGE

By David M. Gibson, ASAHP President



*O would some power the giftie gie us
To see ourselves as others see us.*
(Robert Burns, Poem "To a Louse," verse 8)

From time to time, I like to review some of my favorite literary works. Among one of my favorite poets is Bobby Burns, and among his works two that engage my imagination with humor are his "Ode to a Louse" and "Ode to a Mouse." As I thought about the former, I imagined the louse running through the hair of the outwardly pious but supercilious parishioner whose perfect coiffeur was rendered ridiculous by the louse that was moving throughout her strands of hair. Although comparisons can be odious, the poem reminded me that it might be insightful to look at other associations relative to their fees and staffing, as we consider the future of the Association of

Schools of Allied Health Professions.

I chose ten professional associations representing health professions schools or subset of health professions schools. The associations represented medical schools, osteopathic medical schools, pharmacy schools, podiatric schools, veterinary schools, dental schools, academic health centers, optometry schools, public health schools and nursing schools. The data are from December 2005, so there may have been some changes since then. The average number of staff across the tens associations is 54.6 staff, with medical schools having the largest number (362) and optometry schools having the smallest (6).

The average fee of these ten schools is \$29,194 with the largest fee for podiatric schools' association fees (\$65,000) and the lowest for nursing schools' association fees (approximately \$3,500). Ironically, a computer search found only eight podiatry schools in the United States (one in the Caribbean) while nursing has somewhat more than 500 schools. In addition, several of these associations garner as much as 25% of their budgets from corporate sponsors.

There are 37 schools of public health and the annual association fee is in the amount of \$30,000; 66 dental schools with annual fees of \$25,000; and 24 veterinary schools with fees of \$17,000. Some of these groups also count hospital departments and other related facilities as part of their membership. Typically, associations perform the following functions: member services, conference and meetings, government relations, accounting and publications.

The Association of Schools of Allied Health Professions, in contrast to the above groups, retains 2.5 FTEs, has approximately 108 member schools and charges current annual fees of \$4,750.00.

In reviewing these data, it struck me that allied health schools must be less important than veterinary schools and well below the heel of podiatry schools' perceived institutional support-if the amount of fees is any indicator of the value of any professional school.

It has been suggested from more than one quarter that we as deans of allied health schools and members of ASAHP should revisit our mission and make some determinations on the future direction of our Association. I am in full concurrence with such suggestions because any organization that fails to redefine itself will be defined *ab extra*. I would suggest that as the next annual meeting looms ever nearer, that each of us reread our mission statement, review the just revised strategic plan and come prepared to make suggestions to strengthen our association so that it best represents the educational, research and service missions of our institutions, all within the framework of a relatively small budget but a dedicated but small staff.

In any event, I have had the opportunity to read some of the publications from some of these associations and it appears the haughty ones have a louse or two in their fine coiffeur!



APPROPRIATIONS OUTCOME REMAINS UNCLEAR

It's summertime once again and the living is supposed to be easy, if song writers are to be believed. Typically, the opposite is more characteristic of what transpires on Capitol Hill at this time of year. Apart from any other legislative considerations, the appropriations arena continues to be a good place for tempers to be unleashed.

It is not unusual in such circumstances for the Labor-HHS spending bill to be at the heart of the dispute. More often than not, abortion is a topic that can bring negotiations to a crashing halt. This time around, raising the minimum wage has the potential to be the major obstacle to completing this aspect of appropriations by the start of the new fiscal year on October 1.

Apart from restoring money for geriatric projects under Title VII, the House Appropriations Committee is content to keep everything else the same as it is in the current fiscal year. Any hope of providing funds for allied health and several other programs will have to entail an uphill struggle by the Senate. ASAHP has contacted key members of both chambers, requesting them to fund allied health and other Title VII programs to adequate levels such as what was provided in FY 2005.

Meanwhile, other matters will continue to generate copious amounts of bombast by legislators as they try to position themselves favorably for the elections in November. Last year it was the Terry Schiavo case, and this time around, it is amending the constitution to prohibit the desecration of the nation's flag. More often than not, these disputes produce more heat than light and they leave everybody involved exhausted.

2006– 2007 ASSOCIATION CALENDAR OF EVENTS

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

October 18-20, 2006 - Annual Conference- Millennium Knickerbocker Hotel- Chicago, IL.

October 18, 2006- Scholarship for Excellence winners announced.

March 14, 2007 Research Symposium—St. Pete Beach, FL

March 15-16, 2007 Spring Meeting– St. Pete Beach, FL

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

ALLIED HEALTH PROFESSIONS DAY IN CHICAGO

The 2006 ASAHP Annual Conference will take place in Chicago on October 18-20 and Mayor Richard Daley has proclaimed October 19 as **Allied Health Professions Day in Chicago**. The metropolitan area of that city boasts the presence of six institutions of higher education with allied health degree programs. The proclamation recognizes the enormous importance of these entities and the occurrence of the ASAHP Annual Conference.

ASAHP RESPONDS TO SECRETARY'S COMMISSION

As the work of The Secretary's Commission on the Future of Higher Education has progressed, the group has been enlightened by a series of issue papers. One of them, authored by Eleanor Schiff, is entitled *Preparing The Health Workforce*. The opening paragraph of that document mentions allied health, but no more is said about it in later sections. Recently, ASAHP President **David M. Gibson** contacted the Commission about this glaring deficiency.

In some ways he noted, this omission is understandable. Allied health represents a great many professions and producing a profile of them is no easy task. According to the Bureau of Health Professions of the U.S. Public Health Service, allied health personnel represent approximately 30 percent of the entire health workforce in the United States. Practitioner shortages exist in medical technology and radiologic technology that may be even more severe than shortages in nursing. Moreover, many applicants to some allied health programs are denied admission because of shortages of faculty and lack of a sufficient quantity of clinical training sites and related resources.

The other side of the ledger reveals that chronic pipeline shortages exist in other professions. Our Association conducts an annual *Institutional Profile Survey*. For the past five academic years, student enrollment in schools of allied health has been below capacity. Based on 95 member institutions that reported data for the academic year that began in Fall of 2005, available classroom seats were left unfilled in 16 of the 19 professions studied. For example:

- ◆ **Emergency Medical Programs** were able to fill 66% of the available openings in classrooms. The importance of having enough educated and trained personnel in this specialty who are able to serve as first responders in the event of a bioterrorism attack is obvious.
- ◆ **Radiation Therapy Technology Programs** were able to fill 70% of enrollment capacity. Coupled with extant workforce shortages, women will continue to have to wait several months before routine mammograms can be scheduled.
- ◆ **Health Information Management Programs** reached only 71% of capacity for the start of the new school year. This low enrollment figure is of marked concern in light of recent efforts to increase information technology in health care such as electronic patient records.
- ◆ Only 78% of the seats in **Clinical Laboratory Sciences (Medical Technology Programs)** and 82% in **Cytotechnology** were filled in the Fall semester. Currently, both professions face severe workforce shortages across the United States. The combination of an insufficient supply of practitioners in these laboratory professions and an inadequate supply line from the academic sector will affect the quality of health care negatively.

In addition to furnishing pipeline supply data, President Gibson provided estimates from the Bureau of Labor Statistics that demonstrate how many practitioners will be required in several allied health professions in the next two to four years. Moreover, expansion of the school-age population will require an adequate supply of therapists to help children with disabilities prepare to enter special education programs. Similarly, the baby-boom generation's movement into old age, a period when the incidence of heart attack and stroke increases, will produce a higher demand for therapeutic services. He concluded, noting that allied health personnel represent an integral part of health care and any discussion of workforce shortages must take them into account.

MONITORING THE MONITORS

One group of health care practitioners, i.e., physicians, wants to monitor the activities of non-physicians, which in turn, has resulted in the formation of another group, i.e., non-physicians to monitor the monitors. The saga begins with Resolution 814 of the American Medical Association of Delegates, which states that the AMA along with the *Scope of Practice Partnership (SOPP)* and interested Federation partners, study the qualifications, education, academic requirements, licensure, certification, independent governance, ethical standards, disciplinary processes, and peer review of the limited licensure health care providers and limited independent practitioners as identified by the Scope of Practice Partnership, and report back at the 2006 Annual Meeting. It also explores the role of non-physicians in providing care in rural and other underserved areas. Based on the outcome of that research, the SOPP could lead to physician advocacy in state capitals to curb the scopes of practice for some professions. In one of the *Whereas* provisions, it states that while our American Medical Association has well defined the training and certification of 65 allied health professionals in its 33d edition of Health Professions Career and Education Directory, 2005-2006, there is no similar source of information on such limited licensure health care providers as chiropractors, optometrists, nurse anesthetists, advanced practice nurses, podiatrists, or psychologists.

In an effort to marshal the medical community's resources against the growing threat of expanding scope of practice of non-physicians, the Scope of Practice Partnership will coordinate research to help medical specialty societies and state medical associations fight expansions in non-medical scope of practice and improve information sharing among those groups. This action has resulted in the formation of *The Coalition for Patients' Rights* to offer a unified voice to say that the Scope of Practice Partnership and AMA Resolution 814 are unnecessary actions that will impede rather than enhance patient access to quality care. The rationale is that physician organizations are not in the best or most objective position to conduct a balanced and fair assessment of education and training standards for other licensed health care professions. Moreover, the coalition calls upon the SOPP member organizations to cease their divisive efforts and, instead, work with the coalition to advance the health and well-being of patients.

Recently, a letter from the American Dietetic Association (ADA) was sent to the American Medical Association (AMA) to call for a national summit for all healthcare professions to discuss scope of practice and other issues openly. The action came after ADA completed a set of discussions with associations representing both physicians and a variety of non-physician practitioners on issues related to the AMA's Scope of Practice Partnership (SOPP) and its Resolution 814. ADA has learned that SOPP is not interested in dietetics scopes of practice in any state. There are no known cases of complaints of dietitians "practicing medicine." Instead, challenges to dietetics scopes of practice have largely come from other non-physician practitioners as well as non-credentialed or alternatively-credentialed "nutritionists." ADA's Board of Directors felt these circumstances underscored the need for ADA to act independently of a larger coalition simply opposing SOPP and AMA Resolution 814. The Board also expressed concern that protracted battles in state legislatures over multiple scopes of practice could damage the reputation of all healthcare practitioners, including registered dietitians.

Health care is a battlefield, with various professions competing over such matters as: having direct access to patients, being able to provide services to patients without having to be supervised by members of another profession, having authority to provide services considered within the domain of a given profession, and being recognized as providers by companies and agencies that pay health care bills. The fighting is interminable and it all is conducted in the name of serving patients. Nevertheless, it is patients who are left befuddled by all the competing claims. Thus, something as common as a shoulder ache can take patients down many different pathways in the quest to obtain relief from pain and physical discomfort.

BOARD ACTIONS

The following actions were among those taken during a conference call of the Board of Directors on June 19, 2006:

- ◆ Approved the Minutes of the conference call on May 10, 2006.
- ◆ Approved the Association's budget for fiscal year 2007, which begins on July 1, 2006.
- ◆ Approved having ASAHP become part of *The Coalition for Patients' Rights* in response to the AMA House of Delegates Resolution 814.
- ◆ Accepted the slate of nominees proposed by the Nominations & Election Committee for the Association's 2006 election.
- ◆ Tabled a motion to create a Scholar-in-Residence Program.

MEDICAL CARE ESTIMATES

Americans made more than 1.1 billion visits to doctors' offices and hospital emergency and outpatient departments in 2004, an increase of 31% in the last 10 years. A portion of this increase is due to an 11% rise in population during that period, which was accompanied by a 19% increase in utilization per person. The increase in the visit rate per person among persons 65 years and over (26%) was higher than among persons under age 65 years (16%). Estimates of ambulatory medical care use are based on national probability provider-based surveys of visits to nonfederal office-based physicians and emergency and outpatient departments of nonfederal, general, and short-stay hospitals in the 50 states and the District of Columbia. Individual reports are available that contain detailed analysis by setting. Access to the reports may be obtained on the Web at <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/estimates2004/estimates04.htm>.

HIGHER EDUCATION ACT EXTENDED

The House recently voted to extend until September 30 provisions of the Higher Education Act (P.L. 105-244). The purpose is to find a compromise on federal student aid programs. The vote marks the fourth extension. The House passed its version of the HEA bill, the College Access and Opportunity Act (H.R. 609), on March 30. The Senate originally included its HEA reauthorization legislation in the Deficit Reduction Act, which was passed in February, however, only the student loan provisions of the Senate reauthorization bill were included in the final version of the Deficit Reduction Act. The Senate has to produce a new bill to address the remaining HEA provisions in order for a House-Senate conference to occur.

INSTITUTIONAL PROFILE SURVEY

Data collection for the next iteration of the Association's *Institutional Profile Survey* will begin on September 11. Last year, 95 institutions participated. The results will become available next January and only members who furnish data will have access to them. Two years ago, a supplement was added to collect benchmarking data. On both occasions, only 20 schools participated. Consequently, because of the limited amount of data produced, the results are not particularly useful.

The indication for the current survey is that participation in the benchmarking piece will be at a similarly low level. The ASAHP Board of Directors will decide whether or not the supplement will be offered in 2006.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Research On Obesity And Overweight

Obesity is the second leading cause of preventable deaths and is associated with many significant health problems, including high blood pressure, heart disease, diabetes, and stroke. A recent program brief summarizes research on obesity and overweight supported by the Agency for Healthcare Research and Quality (AHRQ), including current and completed projects, recent findings, and several conferences. The document may be accessed on the web at <http://www.ahrq.gov/research/obesitybrf.pdf>.

Higher Education Commission Report

As noted on page of one of this newsletter, a recent draft report by The Secretary of Education's Commission on the Future of Higher Education began circulating, which provoked the ire of many commission members who believe the draft does not accurately reflect the substance and tone of the year-long meetings. The commission will meet again to discuss and revise the draft. The final report is due in September. The draft report may be obtained on the Web at <http://www.ed.gov/about/bdscomm/list/hiedfuture/reports/report.pdf>.

Hospital Information Technology: Is It Helping To Improve Quality?

Mathematica Policy Research Inc. has issued a new *Issue Brief* aimed at discovering how public reporting of quality information has influenced quality improvement efforts within hospitals. The study included a nationally representative survey of hospitals in summer 2005 that asked senior hospital executives whether clinicians use six specific types of information technology (IT). The survey also assessed whether IT had advanced quality of care, and if so, the most important ways in which it had done so. The brief may be accessed on the Web at <http://www.mathematica-mpr.com/publications/pdfs/newhospinfo.pdf>.

Sharing Higher Education Across Borders

In 2004, the Council for Higher Education Accreditation, the American Council on Education, the Association of Universities and Colleges of Canada, and the International Association of Universities issued *Sharing Quality Higher Education Across Borders: A Statement on Behalf of Higher Education Institutions Worldwide*, a document that can be accessed on the Web at <http://www.chea.org/pdf/StatementFinal0105.pdf>. It offers a set of principles that provide a framework for provision of higher education across borders as well as a series of recommendations to colleges and universities and other providers of higher education and government. The aforementioned organizations indicated also came together in 2006 to develop *Sharing Quality Higher Education Across Borders: A Statement on Behalf of Higher Education Institutions Worldwide*. It may be used to implement the principles in the 2004 statement and can be accessed on the Web at <http://www.chea.org/international/CrossBorderFinalweb.pdf>.

Skills Necessary For Workforce And Undergraduate Success

A recently released study by ACT, Inc. found that to succeed in workforce training programs, high school graduates need comparable math and language skills required to succeed in college. The study, *Ready For College and Ready For Work: Same or Different*, finds that all high school students should be taught to the same academic expectations, regardless of whether or not they intend to pursue postsecondary education. The report may be accessed on the Web at <http://www.act.org/path/policy/pdf/ReadinessBrief.pdf>.

2006 ASAHP ANNUAL CONFERENCE

The Association of Schools of Allied Health Professions (ASAHP) has chosen for its 2006 Annual Conference, the theme: "**Framing Interprofessional Education, Practice, and Research: Preparing Allied Health Professionals for the 21st Century.**" The conference will take place on October 18-20, in the great city of Chicago, Illinois at the Millennium Knickerbocker Hotel. Chicago is a place of cultural splendor, boasting such treasures as the Art Institute (as shown on the cover of this Program), the Field Museum, the Museum of Contemporary Art, and the Adler Planetarium. What better way to view the achievements of some of the world's foremost architects than to go on the Sightseeing Architectural River Cruise. Apart from its reputation of possessing some of the best restaurants in the United States, shoppers have at their disposal the Mecca known as "The Magnificent Mile". Among the highlights of this year's event are a special Opening Night Awards Ceremony and Dinner and a Reception at the Art Institute of Chicago. Additional information can be obtained on the Web at <http://www.choosechicago.com>.

ASAHP ANNUAL ELECTION

Ballots for the Association's 2006 election will be sent to the membership by regular mail in mid-July. For votes to be counted, membership dues must be recorded as paid by **September 1, 2006**. The following names will appear on the ballot:

President-Elect

Linda Hatzenbuehler (Idaho State University)

Treasurer

Gary Neiman (Ohio University)

Board of Directors

Gregory Frazer (Duquesne University)

Lee McLean (U. of North Carolina, Chapel Hill)

Shelley Mishoe (Medical College of Georgia)

Linda Petrosino (Bowling Green State U.)

Nominations & Elections Committee

James Cairo (Louisiana State University)

Shelley Conroy (Weber State University)

Shirley Richmond (Northern Illinois University)

William Siler (Saint Louis University)

Sharon Stewart (University of Kentucky)

Two candidates will be elected to the Board for a three-year term and three candidates will be elected to the Nominations & Election Committee for a two-year term. The Treasurer serves for two years and the President-Elect will be on the Board for four years, including one year as President-Elect, two years as President, and one year as Immediate Past-President.

RESEARCH SYMPOSIUM TO BE OFFERED

The *2007 Spring Meeting* will feature an all-day Research Symposium on March 14. The aim is to establish and continue a model program to create specific pairings between active research mentors and new tenure track faculty. ASAHP Board Member **Gary Neiman** (Dean, Ohio University) is leading the effort.