

# TRENDS

Association of  
Schools of  
Allied Health  
Professions

## HIGHLIGHTS

MARCH 2006

President's Message	2
Pork Barrel Spending	3
Deans' Memorial Lecture	4
Health Care	5
Spring Meeting Highlights	6
Available Resources	7
Professional Doctorate	8
Call for Abstracts	8



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.**

## NOTHINGNESS AND REPETITION

Literary critic Vivian Mercier characterized Samuel Beckett's play *Waiting for Godot* as "nothing happens, twice." Born 100 years ago, much of the Nobel Laureate Irishman's contributions to the world of literature might be summed up as representing nothingness, emptiness, repetition, and boredom. Critics of what transpires on Capitol Hill have been known to refer to these same attributes.

The Allied Health Reinvestment Act was introduced in both legislative chambers in the 2nd Session of the 108th Congress in 2004. Both bills subsequently were reintroduced in the 1st Session of the 109th Congress last year and there they sit in the respective committees to which they were referred. The proposed legislation fits generically within Title VII of the Public Health Service Act, which is designed to accommodate a wide range of health professions education programs.

The authority for Title VII expired in 2002. Theoretically, it should have been reauthorized by now, but other matters have been viewed by legislators as requiring more attention. The only potential harm that could result from a failure to reauthorize Title VII is that technically, appropriations can be withheld from unauthorized programs.

One possibility is that reauthorization will occur as part of reauthorizing legislation for community health centers (CHC). Within that framework, Title VII would be rolled into the CHC legislation. Since the Allied Health Reinvestment Act and related pieces of legislation involving other professions such as public health may not be acted upon as separate bills, it is probable that they in turn will be rolled into Title VII at the same time.

Members of the Association of the Schools of Allied Health Professions have worked diligently to have legislation enacted that would address workforce problems such as low student enrollments and faculty shortages. ASAHP held four consecutive Spring Meetings in Washington and also contracted for the services of an outside lobbying firm as a means of prodding Congress to do its part by passing legislation. The direction now changes. Future Spring Meetings will be held elsewhere, but plans are underway to have selected ASAHP members visit Capitol Hill to meet with their representatives and senators who sit on key committees.

In his novel *Worstward Ho*, Beckett wrote, "No matter. Try again. Fail again. Fail better." The effort to enact allied health legislation will continue. The alternative is to see workforce problems continue to worsen in a way that will compromise the ability of the nation to meet the health needs of its populace.

# PRESIDENTS' MESSAGE

*By David M. Gibson, ASAHP President*



When Kevin O'Toole was driving his lorry over a back road of County Mayo, Ireland, he approached a bridge that read 13'3" clearance and his lorry was 13'4". He said to himself, "If I go fast enough I will surely get under the bridge." He did. Thereafter an Irish garda came fast upon his truck and stopped. He said, with some delight, "Well then, Kevin, I see that y'er wedged under the bridge." Without hesitation, Kevin pulled out a map and deftly replied, "Brilliant, lad, but not a 'tal, I'm moving the bridge and wouldn't you know, I lost me directions!"

Among the deliberations over the past year one has had to do with directions. Namely, in what direction should we head for the winter meeting and the consensus was as close to unanimous as this Association has ever come: south! Two prevailing choices were the most often mentioned: Clearwater, Florida or Puerto Rico. Hence, a survey was sent out to our members and the votes were overwhelmingly for Clearwater. So, please, think Florida Gulf, not Caribbean. In fact the results of the poll show that the votes were more than three to one in favor of Clearwater Beach.

At the Deans' Meeting a number of issues were addressed including some that were suggested for the annual conference in Chicago. Two topics that bear repetition were issues surrounding criminal background checks and clinical doctorates. The annual meeting already has a packed agenda as proposed by the planning committee. Given that the consensus of the deans was that the winter meeting should be less formal with ample opportunity for round table discussions of current events, it seems appropriate to defer this topic, the topic of the clinical doctorate and possibly discussions about academic integrity, a matter of growing national concern. Moreover, however much we try, however much the Board promises not to usurp the role of the planning committees, the temptation to do so constantly arises as some new form of intellectual concupiscence.

Also, during the deans' meeting, Dean **Richard Talbott** (University of South Alabama) shared with us the Report of the Task Force on Economic Impact of Colleges of Allied Health Professions. Rick chaired the committee and the following individuals served as members: ASAHP Secretary and Dean **Susan Hanrahan** (Arkansas State University), ASAHP Board Member and Dean **Gregory Frazer** (Duquesne University), and Associate Dean **Kevin Rudeen** (University of Missouri at Columbia) It became clear to the task force members that there is no one cookie cutter approach to measuring the economic impact of each of our member schools, but the Report and its attachments are informative and allow for individual modifications to achieve reasonable conclusions about the value added our schools and colleges have on our parent institutions and in the states in which they are located.

Within a few days, the Report will be made available electronically on our Association's Web site. I thank the Task Force members for their contribution to the Association and for their hard work.

So, it seems we are changing directions not only geographically but in the ways in which we forge our future, especially through the free-wheeling discussions at the deans' meetings. Keep your maps handy!

\* \* \* \* \*



## KILL THE PIG?

Has the pig been killed as in the proposal to end pork barrel spending by Congress? On February 28, the Senate Rules Committee approved the Legislative Transparency and Accountability Act of 2006 (S. 2349), which would allow points of order to be raised against earmarks added in conference and require disclosure for the member sponsoring a specific project.

A "pork" project is a line-item in an appropriations bill that designates tax dollars for a specific purpose in circumvention of established budgetary procedures. To qualify as pork, a project must meet any one of the following kinds of criteria: requested by only one chamber of Congress, not specifically authorized, not competitively awarded, or serves only a local or special interest. The number of pork barrel projects in the federal budget increased from 1,439 in fiscal 1995 to 13,997 in fiscal 2005. In the 13 appropriations bills that constitute the discretionary portion of the federal budget for fiscal 2005, the cost to taxpayers was \$27.3 billion.

Both within and outside the health field, grant fund seekers have discovered the benefits and joys of earmarks. A major attractive feature is that the peer review process of grant applications is bypassed. In addition, legislators are exceptionally fond of earmarks because it enables them to demonstrate to the voters back home what a fine job he or she is doing to bolster the economy and prestige of the Congressional district or State. One problem is that the biggest chunks of money tend to go to jurisdictions with representatives and senators in Washington who rank high on seniority in the appropriations committees and subcommittees. The chairperson and ranking member of each of these entities is in a favorable position to command a favorable share of the largesse.

### 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.

**Mid-March 2007 (Tentative)-** Spring Meeting– Clearwater Beach, FL

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

### THE FEDERAL BUDGET

**The Senate on March 16 approved a budget blueprint that generously exceeds what President Bush proposed in the form of cuts in domestic discretionary programs and entitlement programs such as Medicare and Medicaid. Senators wish to increase discretionary spending by \$16 billion over the President's request. Action now shifts to the House where the level of generosity may not be matched accordingly.**

## DEANS' MEMORIAL LECTURE

The *Deans' Memorial* Lecture at the Spring Meeting each year is an extremely valuable presentation. Unlike other speeches made at Annual Conferences and Spring Meetings, the lectureship tends to be much more focused on allied health issues.

**David E. Yoder** made the presentation at this year's Spring Meeting. A former head of allied health programs at the University of North Carolina at Chapel Hill, where he served with great distinction from 1986-2000, he currently is Executive Director of the Council for Allied Health in North Carolina. In addition, he continues to be a guest lecturer in New Zealand. The Council has the rare distinction of being in a position to generate allied health workforce data in that state and to use it in a convincing way with the legislature to generate educational programs where they are needed.

The title of his *Deans' Memorial Lecture* is "The Role of Dreams, Schemes, Teams and Flying Machines in Marketing the Allied Health Professions." What follows are extracts from the presentation (the full text is on the Web at [www.asahp.org](http://www.asahp.org)). His dream is that he will live to see the day when the words allied health come trippingly off the tongues of the public, of state and national legislators and of members of the university systems' Board of Governors, as easily as the words medicine, physical therapy, nursing, and pharmacy. After all the years the label allied health has been in existence, there still appears to be little understanding across the country and in local communities that matter, of who we are and what we do. He believes most passionately that we must do something more aggressively about that lack of recognition.

A scheme is the bridge between the dream and reality. A scheme is the plan, the strategy, and the program of action. Let's figure out what to scheme about. I suggest first hiring a marketing consultant to help us. Next we need the scheme of strategies for bringing about effective branding or name recognition. Is this a problem with ASAHP? Are we ineffective schemers? Is it a problem with the dreamer that too frequently we don't move to the scheme stage (the implementation), or do we expect someone else to do that for us?

Putting together a team to work on the marketing issues means we've got to get the professional silos in the allied health family buying into the scheme. It also means that we need the two-year community college silos to work with us. All identified allied health disciplines must share responsibility if we are to create and implement a scheme of effective marketing. Would adding the word "sciences" to our name increase the stature of allied health in perception or reality? The notion of sciences gives notice that the body of allied health professions is about providing new knowledge and studying the outcomes of our practices. Try on the name "Association of Schools of Allied Health Sciences and Professions."

Flying machines allow us not only to get from one place to another, but they also allow us to get above the "playing field" to get a broader view of what is below. The ASAHP Strategic Plan is a laudable one and I commend the authors who worked hard to put it together. The goals and action plans are clear and necessary. The one thing I find missing however, is the absence of a goal to promote allied health as an identity. Let's get out of the flying machine and develop a scheme, a plan for a team to make allied health professions fully recognized and appreciated for our science and our effective service provision to persons needing cost effective health care.

---

## FAILURE TO RECEIVE NEEDED CARE

Americans received about 55 percent of the recommended medical care they need, regardless of their race, sex, income, or where they live, according to a new RAND Corporation study. Published in the March 16 edition of the *New England Journal of Medicine*, the study also revealed that blacks and Hispanics fared better than whites on routine medical care and that women were more likely to receive preventive medical care. The study, billed as the largest and most comprehensive examination conducted of health care quality in the United States, found that while some disparities in care do exist they are small relative to the gap between the medical care individuals need and what they are actually receiving.

The study's findings add new information to the ongoing debate over race and disparities in health care treatment. Insurance status had no real effect on the quality of care provided, the authors noted. When all patients have equal access to medical care, disparities in care according to race or ethnic group are often reduced or even reversed, they said. Findings of the report include:

- ◆ Women received a higher proportion of recommended care than men and were more likely than men to receive preventive services. Women, however, were less likely than men to receive needed acute medical care.
- ◆ For routine medical care, overall quality scores for blacks were 3.5 percentage points higher than for whites. Overall quality scores for Hispanics were 3.4 percentage points higher than for whites.
- ◆ Blacks had higher scores than whites for chronic care—61 percent vs. 55 percent.

## OUTCOMES AND EFFECTIVENESS RESEARCH

Outcomes and effectiveness research endeavors represent a means of improving health care quality. Nevertheless, the production of evidence is no guarantee that the results of such investigations will be applied, as the following situation illustrates. Many patients suffering from chronic heart failure do not benefit from research demonstrating how to improve their care because the research rarely finds its way into routine clinical practice in the United States, according to another RAND Corporation study issued recently.

Among 16 U.S.-based research projects that outlined ways to improve the health of patients with heart failure, only two continued providing those innovative services to their own patients, even after demonstrating substantial improvements, according to the study published in the March edition of the *Journal of the American Geriatric Society*. The research paper is titled “Isolation of Health Services Research from Practice and Policy: The Example of Chronic Heart Failure Management.” Support for the project was provided by the RAND Corporation and the Agency for Healthcare Research and Quality.

Even when the federal Medicare program initiated an effort to improve care for chronic heart failure, lawmakers directed the program to use methods that had not been tested through careful clinical trials, according to the study. Chronic heart failure affects about five million people in the United States.

Chronic heart failure mostly affects the aged and is the most common reason that Medicare recipients are hospitalized, as well as being the diagnosis that generates the most costs for Medicare. The journal article suggests that the improvement projects in the United States did not continue because Medicare's payment system generally does not reward health providers who find ways to keep patients out of the hospital.

---

## 2006 SPRING MEETING HIGHLIGHTS

Based on an evaluation survey that was administered electronically after the *2006 ASAHP Spring Meeting*, the results indicate a high level of satisfaction with the program that was developed. One complaint stemmed from scheduling the Dean's Council session between presentations by speakers one morning. The reason that events were arranged in that fashion was the result of cancellations by speakers who previously had agreed to participate in the program. Rather than create time gaps as a consequence of their not being there as originally scheduled, other activities had to be consolidated.

**John Short**, President and CEO of RehabGroup, presented a corporate point of view of the health workforce in that sector of the industry. Quoting projections from the Bureau of Labor Statistics (BLS), he indicated that substantial increases in therapists will be needed by the year 2010. Clinicians working for him expect salary increases in the range of 7-8% while federal government reimbursement increases are only 1-3% each year. Disparate licensing requirements among the various states help to compound workforce problems. Thus, he is in favor of standardizing state practice acts. He mentioned ongoing efforts to establish an allied health research foundation to promote evidence-based therapy to support practice patterns, along with creation of a clearinghouse for a central data repository.

**Robert Sabalis**, an Associate Vice President at the Association of American Colleges, addressed the topic of student criminal background checks (CBCs), an issue of great concern to allied health educational program administrators because of the need to place students in a wide variety of clinical settings as part of their practical training. Reasons for conducting background checks are to: maintain the public trust in health care, ensure the safety and well-being of patients, assist students in finding clinical placements, and limit liability. Increasingly, both clinical affiliates and state statutes are mandating CBCs. Questions that deans and directors must resolve include such matters as whether checks should be conducted pre-admission to academic programs, where CBC data should be housed, and who should have access to the information?

**Richard Riegelman**, Professor of Epidemiology, Medicine, and Health Policy at The George Washington University, discussed how a project funded by the Macy Foundation to produce a *Clinical Prevention and Population Health Curriculum Framework* can be applied in schools of allied health for the purpose of accomplishing the "Healthy People 2010" goal of increasing the prevention content of clinical health professional education. The curriculum also is designed to foster interprofessional educational activities among all the health professions schools on a given campus. A planned revision of the curriculum framework is scheduled to occur in 2008. The key core components are: evidence base for practice, clinical preventive services-health promotion, health services and health policy, and community aspects of practice.

**C. Peter Magrath**, Senior Advisor to the College Board and former president of three different universities, informed attendees that five major considerations must be taken into account when viewing higher education: economic interconnectedness among nations, emergence of consumerism, ecological issues, the digital age, and fiscal challenges facing colleges and universities. The federal government has a huge deficit and the states are stretched to the point that financial support for higher education has been on a downward trajectory for the past 20 years. Increasingly, revenues are being derived from tuition increases. Being fiscally challenged equates with being educationally challenged. He believes that student financial aid should be tied to need and that students from affluent backgrounds should not be subsidized with public monies.

Presentation at the Spring Meeting in the form of power point presentations are available on the Association's website at [asa hp.org](http://asa hp.org).

## AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

### The Future Of Dental Hygiene

Three years ago, a selected group of dental hygienists met to establish what the future would hold for their profession if it were determined by those in the field. The result is *Dental Hygiene: Focus on Advancing the Profession*. The report, which was released officially at the recent annual session, takes a progressive stance with controversial statements and recommendations, such as:

- baccalaureate degree recommended as the entry point for dental hygiene practice,
- traditional method of providing dental hygiene services through a private dental practice is inadequate to meet the oral health needs of the country and must be expanded,
- given the conflict of interest that occurs when employer dentists regulate their own employees, dental boards make frequent decisions that limit the public's access to dental hygiene services,
- dental hygiene professionals should have the authority to regulate themselves,
- promoting expanded practice settings and removing restrictive supervision barriers is essential to the current and future health of the nation,
- warning that without the development of an advanced dental hygiene practitioner, other allied health professionals (i.e. physicians, nurses) will assume the responsibility of meeting the diverse oral health care needs of the public, especially the underserved.

The report may be accessed on the Web at [http://www.adha.org/downloads/ADHA\\_Focus\\_Report.pdf](http://www.adha.org/downloads/ADHA_Focus_Report.pdf).

### Census Report On Aging

Older U.S. residents are living longer, healthier lives with fewer disabilities, according to a report released by the U.S. Census Bureau. For the study, titled "*65+ in the United States: 2005*," researchers from the Census Bureau and the National Institute on Aging compiled population data from census surveys and other federal sources, including CDC, the Bureau of Labor Statistics, and Medicare claims. About 80 percent of seniors have at least one chronic health condition and 50 percent have at least two. Arthritis, hypertension, heart disease, diabetes, and respiratory disorders are some of the leading causes of activity limitations among older persons. Disability among the older population is declining. Studies over the past two decades have revealed substantial declines in the rates of disability and functional limitation. The report may be accessed on the Web at <http://www.census.gov/prod/2006pubs/p23-209.pdf>.

### A Profile Of Older Americans And Their Caregivers

A report posted on the website of The Urban Institute earlier this month notes that frail older adults are one of the most vulnerable groups in the nation. Disproportionately female, widowed, and in their 80s and 90s, most older persons with disabilities living outside of nursing homes have little education and limited financial resources. Given the scarcity of public financing for home-based care, about three-quarters of frail older persons receiving assistance rely exclusively on unpaid caregivers. Yet, providing help to these older Americans can be a substantial burden on spouses, children, and friends. As a result, some frail older adults do not receive the help they need. As the population ages, the demands on government and families will only intensify and put more older persons at risk. In 2002, about 8.7 million individuals age 65 and older living at home, or 26.5 percent of the population, reported some type of disability that limited their ability to perform basic personal activities or live independently. About 6.1 percent, or 2.0 million were severely disabled. By comparison, about 1.4 million older persons lived in nursing homes in 2002. The report may be accessed on the Web at [http://www.urban.org/UPLOADEDPDF/311284\\_OLDER\\_AMERICANS.PDF](http://www.urban.org/UPLOADEDPDF/311284_OLDER_AMERICANS.PDF)

## 2006 ANNUAL CONFERENCE

The 2006 ASAHP Annual Conference is well on its way to achieving a high water mark for events of this nature. The conference is scheduled to be held in Chicago, IL on October 18-21 at the Millenium Knickerbocker Hotel. The Keynote Address will be presented by **Michael Welch**, President of the Rosalind Franklin University of Medicine and Science in Chicago. The Mary E. Switzer Lecture will be presented by **Wayne Lerner**, President and CEO of the Rehabilitation Institute of Chicago, one of the world's most prestigious rehabilitation centers.

Research will continue to be stressed throughout the conference as demonstrated by a symposium that is being developed, along with concurrent sessions and a poster session. Both the concurrent sessions and the poster session also will include a series of presentations that pertain to the areas of allied health education and practice.

The City of Chicago is a spectacular venue. Boasting a wide range of buildings designed by the world's most famous architects, Chicago is home to spectacular treasures at museums such as The Art Institute where a reception will be held for attendees at the Annual Conference. In addition to being a business center with a diverse, powerhouse economy, Chicago also is a famous tourism center with world-renowned shopping, dining, theater, and music.

The planning committee for the Annual Conference consists of the following individuals:

- ◆ **John E. Trufant**, Chairperson (Rush University)
- ◆ **Gary S. Neiman**, ASAHP Board Liaison (Ohio University)
- ◆ **Dennis Paulson** (Midwestern University)
- ◆ **Wendy Rheault** (Rosalind Franklin University of Medicine and Science)
- ◆ **Shirley Richmond** (Northern Illinois University)
- ◆ **Charlotte "Toby" Tate** (University of Illinois at Chicago)

## CALL FOR ABSTRACTS

A *Call for Abstracts* will be sent by regular mail as well as be posted on the Association's website at [www.asahp.org](http://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. 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.

---