

TRENDS

Association of
Schools of
Allied Health
Professions

HIGHLIGHTS

SEPTEMBER 2006

President's Message	2
Congress	3
Board Actions	4
Patients' Rights Coalition	5
Future of Higher Education	6
Available Resources	7
Title VII Primer	8
Student Background Checks	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 on the Association's website at www.asahp.org. For more information, contact the editor, Thomas W. Elwood, Dr.PH.

2006 ELECTION RESULTS



The ballots of the Association's 2006 election have been counted and the results are as follows: **Linda C. Hatzenbuehler**, Dean of the Kasiska College of Health Professions at Idaho State University, was chosen President-Elect. She will serve in that position on the Board of Directors for one year, followed by two years as President and one year as Immediate Past-President. For the past two years, she was ASAHP's Treasurer. She also has served as Chairperson of the Education Committee.



Gary S. Neiman, Dean of the College of Health and Human Services at Ohio University, was elected Treasurer and will serve in that position for two years. He recently completed a three-year term as a member of the Association's Board of Directors. He has been a Vice Chairperson of the Research Committee and was instrumental in creating the National Alliance Promoting Research in Allied Health (NAPRAH).



Gregory H. Frazer, Dean of the John G. Rangos, Sr. School of Health Sciences at Duquesne University, was re-elected to a second three-year term on the ASAHP Board of Directors. He is the Board liaison to the Accreditation Committee and has served as a member of the Constitution and Bylaws Committee. He also was involved in the creation of templates for the Association's homepage to help members understand many key aspects of accreditation in several professions.



Lee K. McLean, Associate Dean and Chairperson of the Department of Allied Health Sciences at the University of North Carolina at Chapel Hill School of Medicine, was elected to a three-year position on the ASAHP Board of Directors. She has been a member of both the Research Committee and an Annual Conference Planning Committee and participated in activities of the Association's government relations forum.

In addition to the Board portion of the election, three individuals were elected to the *Nominations and Election Committee* where they will serve for the next two years. They are: **James M. Cairo** (School of Allied Health Professions, Louisiana State University Health Sciences Center-New Orleans), **Shelley F. Conroy** (Dumke College of Health Professions, Weber State University), and **Shirley A. Richmond** (College of Health and Human Sciences, Northern Illinois University)

PRESIDENTS' MESSAGE

By David M. Gibson, ASAHP President



“Changes in business processes will emphasize self-service... Your costs as a business go down and the perceived service goes up because customers are conducting it themselves” (Raymond Lane, President of Oracle, quoted from *The Circle of Innovation* by Tom Peters, p. 257).

It is one of the ironies of our day that more and more services are becoming automated from MAC machines to automated check out counters--thus freeing us from the entanglements of human to human engagements. Phones clipped around one's ears provide us with instant communications to help block out the brush and touch and noise of our fellow travelers on busy sidewalks, or even those sitting next to us at cafeteria or restaurant tables. It is ironic because there is such an abundance of literature on the need for and the desirability of diversity in our work place, our classrooms and neighborhoods. We have become fettered to the now and our marketers well know that whatever we want, we want it now-- even a quart of milk in a convenient store is worth more money, simply because we deem it convenient.

Lane's comment is on target: We have deceived ourselves that our own efforts in the mundane transactions of daily life have somehow enhanced the services of vendors, bankers and, yes, perhaps, educators. After I withdraw cash from the MAC, I should in reality thank myself and be happy I was charged for self-service. It is far better, I suppose, to use the self-check out lines in Home Depot or my local supermarket than to stand in an equally long line with a real-life cashier, where I run the risk of striking up a casual but friendly conversation with the person before or after me in line. Well, the nice thing about these self-service checkout machines is that many of them now have an automated voice-over system that can correct me when I make a mistake and then thank me when I finally get it right. I think I would still rather have a snarling cashier who challenges me to make him or her smile than his or her automated counterpart, whose feathers I can not ruffle or whose flat politeness is simply annoying and a response to which would simply be considered idiotic by my fellow customers.

So, as we look at the innovations in educational technology and the delivery of same, I wonder how our customers feel with our voice-over lectures and graphics. Maybe they are all wearing ear-strapped phones as well, multi-tasking and never really getting to know their class mates. They are, nonetheless recipients of our enhanced services—well, perhaps their enhanced self-services. After all, they have to have a computer or buy one; they have to pay for their connectivity; we don't put books on hold for them; they can buy them on-line from whomever they choose. It is convenient. Now then, what does all this mean about diversity? One may very well argue that we have achieved greater diversity in our on-line classrooms than we have hitherto fore in our traditional classrooms. We have students from all over the country and from numerous foreign counties. Moreover, there is no evidence that there is a substantive change in the makeup of our classes in regard to cultural, ethnic, or racial diversity. We are simply bringing a rich mix of students together more conveniently than in our traditional settings. Where is the sweet aroma of curry, the lilting accent of the Jamaican voice, the brogue of the Scot, or the cadence of the Italian? Perhaps, just perhaps, newer technologies will allow us to have our students' voices chime in on discussions and we will really enjoy the merits of diversity. I used to love the chase for gifts during the last few days before the holidays, the smell of the chestnuts, the push and pull of the crowd and the ubiquitous Saint Nicks that try the credulity of the most gullible. Maybe this year, I will abandon the convenience of on-line shopping and mix with the “madding crowd!”



THIN ACCOMPLISHMENTS ON CAPITOL HILL

The 109th Congress draws to a close this month and its members have little to crow about in the way of substantive achievements. Although coated with the indelible patina of a receding flood of clichés, legislators still will manage to enter the Fall elections with the usual litany of boasts attesting to why they should be returned to those hallowed chambers next January.

Not only did the legislature fail to produce a budget, not a single regular appropriations bill has been enacted, with the exception of a war supplemental bill. The new fiscal year begins on October 1 and the failure to have spending bills in place means that the government will have to operate on the basis of one or more continuing resolutions (CRs). Actually, there is nothing quite so novel in that approach either, since in recent years Congress has been unable to complete all spending legislation in a timely manner.

In the health arena, an important goal has been to exceed the Bush Administration's proposed budget by \$7 billion. Doing so would make it possible to reverse the elimination of 10 programs, including the allied health grants program, and severe funding reductions in several other health professions education programs that occurred in fiscal year 2006. An obstacle to achieving such a desired outcome is that a House-Senate conference committee agreed to allocate \$5 billion more to the Department of Defense than the Senate originally planned to award. That additional sum will have to come from somewhere and a likely candidate is the account for Labor, Health and Human Services, Education & Related Agencies (Labor-HHS).

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 13-14, 2007 Leadership Program-St. Pete Beach, FL

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

2006 ANNUAL REPORT

The Association's *2006 Annual Report* is at the printers and copies will be sent to the entire membership prior to the upcoming Annual Conference in Chicago. The Report features a compilation of activities undertaken to fulfill objectives contained in the ASAHP Strategic Plan. In addition, it contains data from the 2006 financial audit, along with the names of members who have carried out important functions during the past year.

BOARD ACTIONS

The following actions were among those taken during a conference call of the Board of Directors on September 6, 2006:

- ◆ Approved the Minutes of the conference call on July 31 2006.
- ◆ Approved a motion to have ASAHP place an ad in the 2006 Annual Conference Program of the National Association of Minority Medical Educators.
- ◆ Approved a list of the following persons to receive awards at the Awards Dinner on October 18 during the upcoming Annual Conference in Chicago, IL:

Darrell Mase Presidential Citation

John E. Trufant (College of Health Sciences, Rush University)

Distinguished Service and Achievement Award

Kathleen Megivern (Commission on Accreditation of Allied Health Education Programs)

Outstanding Member Board Award

Hugh W. Bonner (College of Health Professions, SUNY Upstate Medical University)

ALLIED HEALTH PERSONNEL VACANCIES

The *2006 Allied Health Vacancy Report*, a collaborative effort of The Cecil G. Sheps Center for Health Services Research at The University of North Carolina at Chapel Hill, The Council for Allied Health in North Carolina, and The North Carolina Area Health Education Centers (NC AHEC) Program, is available. The document is one of many produced at regular intervals in a State that enjoys the reputation of being the best in the United States in tracking the allied health workforce.

Allied health jobs comprised approximately 37% of total health care employment in North Carolina in 2005 and represent a large, and increasingly important, employment sector in the state. Between 1999 and 2005, allied health employment in North Carolina (NC) grew by 46%. By contrast, total health care employment grew at less than half that rate (20%) and total employment in NC just 0.2%. In this latest vacancy report, vacancies for 10 allied health professions across the state are tracked. The report may be accessed on the World-wide Web at: <http://www.shepscenter.unc.edu/hp/alliedhealth/2006ahvacancy.pdf>.

TEN YEARS AGO IN TRENDS

As a means of consolidating several related entities, the ASAHP Board of Directors proposed a restructuring of the Association's committees, task forces, and interest sections.

FIVE YEARS AGO IN TRENDS

Members of the National Network of Health Career Programs in Two-Year Colleges (NN2) were invited to participate in roundtable discussions with ASAHP Members during the Association's *2001 Annual Conference* in Norfolk, VA. NN2 held its annual conference in a neighboring hotel that same week.

COALITION FOR PATIENTS' RIGHTS

ASAHP officially became one of 34 organizations belonging to the *Coalition for Patient's Rights*. The group was formed after the American Medical Association (AMA) and some medical specialty societies created a Scope of Practice Partnership (SOPP) to marshal resources against the growing threat of expanding scope-of-practice for other health professionals. This partnership also intends to halt scope-of-practice legislation in states where such bills are likely to advance. Initial research will accumulate data on differences in education and training. The rationale for opposing these developments by the Coalition is as follows:

- ◆ The organizations in the Coalition for Patients' Rights set the highest standards for patient safety and numerous studies demonstrate that the members of these various groups provide safe, high quality care. No medical organization can cite any credible evidence that the scopes of practice of Coalition members are unsafe, problematic, or warrant special scrutiny or study.
- ◆ 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 healthcare professions. A balanced study of healthcare professions would include an evaluation of physician scope of practice and consider whether physician scope of practice is overbroad. Such a study would also assess whether state laws and regulations governing physician practice contain outdated language that should be eliminated so that the unique skills of licensed healthcare professionals who do not hold a medical license are recognized. The study would also evaluate the implications of current state laws that allow physicians to practice in any specialty, regardless of individual qualifications to do so.
- ◆ It is time for the AMA and medical specialty societies to recognize that Coalition members have long demonstrated that they provide high quality, safe care and do not warrant singular and extraordinary scrutiny.
- ◆ It has long been amply demonstrated that if it weren't for healthcare professionals other than physicians, millions of patients in rural and underserved areas would not have access to needed services. The SOPP seems to imply that healthcare professionals other than physicians aren't necessary unless physicians aren't available.
- ◆ Terms such as "allied health practitioner," "limited licensure health care provider," or "non-physician" reflect an anachronistic view of healthcare professionals who are not physicians. Coalition members are not physician adjuncts. Moreover, they are independently responsible for their actions, regardless of whether physicians are involved.

WORLD CONGRESS OF HEALTH PROFESSIONS CONFERENCE

The World Congress of Health Professions will hold a conference in Perth, Western Australia on March 26-29, 2008. The title of the event is: *The Future Now—Challenges and Opportunities in Health*. Allied health professionals are among the target groups who will be invited to attend. Themes to be addressed at the meeting include: global challenges, workforce & training developments, and new technology.

Additional information may be contacted by e-mail at: admin@eventswa.com.au

CHARTING THE FUTURE OF HIGHER EDUCATION

A Test of Leadership: Charting the Future of U.S. Higher Education is the title of the final report of the Commission appointed by Secretary of Education Margaret Spelling. In this document, the Commissioners noted that despite the many achievements that have occurred, U.S. higher education needs to improve in dramatic ways. For example, among high school graduates who move to the next level of education, a troubling number of them waste time—and taxpayer dollars—mastering English and math skills that they should have learned earlier.

Moreover, some students never complete their degrees at all because, in part, most colleges and universities don't accept responsibility for making sure that those they admit actually succeed. Even among those who graduate, there also are disturbing signs that many students who do earn degrees have not actually mastered the reading, writing, and thinking skills expected of college graduates. Over the past decade, literacy among college graduates actually has declined. Unacceptable numbers of them enter the workforce without the skills employers say are needed in an economy where, as the truism holds correctly, knowledge matters more than ever.

Compounding all these difficulties is a lack of clear, reliable information about the cost and quality of postsecondary institutions, along with a remarkable absence of accountability mechanisms to ensure that colleges succeed in educating students. The result is that students, parents, and policymakers often have basic questions unanswered about the true cost of private colleges (where most students don't pay the official sticker price) and which institutions do a better job not only of graduating students, but of teaching them what they need to learn. In the face of such challenges, the Commission believes that change is overdue.

Transparency and Accountability

Our complex, decentralized postsecondary education system has no comprehensive strategy, particularly for undergraduate programs, to provide either adequate internal accountability systems or effective public information. Too many decisions about higher education—from those made by policymakers to those made by students and families—rely heavily on reputation and rankings derived to a large extent from inputs such as financial resources rather than outcomes. Colleges and universities also can use more comparable data about the benchmarks of institutional success—student access, retention, learning and success, educational costs (including the growth in administrative expenses such as executive compensation), and productivity—to stimulate innovation and continuous improvement.

Accreditation, the large and complex public-private system of federal, state, and private regulators, has significant shortcomings. Accreditation agencies play a gatekeeper role in determining the eligibility of institutions and programs to receive federal and state grants and loans. However, despite increased attention by accreditors to learning assessments, they continue to play largely an internal role. Accreditation reviews are typically kept private and those that are made public still focus on process reviews more than bottom-line results for learning or costs. The growing public demand for increased accountability, quality, and transparency coupled with the changing structure and globalization of higher education all require a transformation of accreditation.

To meet the challenges of the 21st century, higher education must change from a system primarily based on reputation to one based on performance. The Commission recommends the creation of a consumer-friendly information database on higher education with useful, reliable information on institutions, coupled with a search engine to enable students, parents, policymakers and others to weigh and rank comparative institutional performance.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Next Steps For Undergraduate Education

The six major U.S. associations representing college and university presidents and chancellors released a letter being sent to higher education institutions *Addressing the Challenges Facing American Undergraduate Education* outlining the "next steps" on issues related to undergraduate education. The letter is designed to dovetail with President Bush's American Competitiveness Initiative and congressional efforts to reauthorize the Higher Education Act as well as reform work undertaken by the Advisory Committee on Student Financial Assistance, The National Academies, and the Secretary of Education's Commission on the Future of Higher Education, among others. For additional information, go to the Web at <http://www.acenet.edu/AM/Template.cfm?Section=Search&template=/CM/HTMLDisplay.cfm&ContentID=18317>

New Accreditation Standards Adopted For Occupational Therapy

After an extensive three-year process, multiple surveys to the communities of interest, and several open hearings, the Accreditation Council for Occupational Therapy Education (ACOTE®) has adopted new accreditation standards for professional master's degree occupational therapy programs and occupational therapy assistant programs. They will be required to comply with the new 2006 Standards by January 1, 2008. The Occupational Therapy Doctorate (OTD) Standards Committee will continue its work on finalizing the accreditation standards for OTD programs and will be disseminating a call for comment on the final draft OTD Standards by early September. Reactions from all communities of interest are requested. It is anticipated that the new OTD Standards will be adopted by ACOTE at its meeting on December 1-3, 2006. The standards may be accessed on the web at: <http://www.aota.org/nonmembers/area13/docs/acotestandards806.pdf>.

Projections Of Education Statistics To 2015

This publication provides projections for key education statistics. It includes statistics on enrollment, graduates, teachers, and expenditures in elementary and secondary schools, and enrollment, earned degrees conferred, and current-fund expenditures of degree-granting institutions. For the Nation, the tables, figures, and text contain data on enrollment, teachers, graduates, and expenditures for the past 14 years and projections to the year 2015. For the 50 States and the District of Columbia, the tables, figures, and text contain data on projections of public elementary and secondary enrollment and public high school graduates to the year 2015. In addition, the report includes a methodology section describing models and assumptions used to develop national and state-level projections. The report may be accessed on the Web at: <http://nces.ed.gov/pubs2006/2006084.pdf>.

Public Policy In An Older America

A publication by The Century Foundation is aimed at providing the best available facts, figures, and projections about the coming demographic changes and the major questions they pose for public policy. The document may be accessed on the Web at: <http://www.tcf.org/Publications/RetirementSecurity/AgingBasics.pdf>.

Health Literacy Of America's Adults

The Health Literacy of America's Adults is the first release of the National Assessment of Adult Literacy (NAAL) health literacy results. The results are based on assessment tasks designed specifically to measure the health literacy of adults living in the United States. The report may be accessed on the Web at: <http://nces.ed.gov/pubs2006/2006483.pdf>.

TITLE VII PRIMER

Congress began to pay attention to workforce shortages in the health professions in 1963. Education and training programs came into existence with the *Health Professions Educational Assistance Act of 1963* (P.L. 88-129). This law established programs in Title VII (Health Professions Education) and Title VIII (Nursing Workforce Development) of the Public Health Service Act (PHSA) in order to increase the supply of providers. Over the intervening decades, support has been furnished in the form of scholarships, loans, and grants.

The Allied Health Professions Personnel Training Act of 1966 (P.L. 89-751) became law on November 3 of that year. Beginning with an appropriation of \$3,735,000 in 1967, a total of \$276,495,000 was provided until 1979 when the funding stream ended. The high point was reached when the amount of \$35,595,000 was provided. Even by today's standards, the money appropriated during those years was significant. A dollar in 1967 had much more purchasing power than one dollar has in the year 2006. Adjusting for inflation each year over that period, \$276,495,000 would be equivalent to approximately \$1.18 billion today. Funding was restored in 1990 at a level of \$737,000 and gradually increased to around \$5 million. The appropriation was discontinued in FY 2006.

Programs in Title VII and Title VIII are administered by the Health Resources and Services Administration (HRSA) in the Department of Health and Human Services (HHS). The most recent reauthorization of Title VII programs was in the Health Education Partnerships Act of 1998 (P.L. 105-392). The act consolidated Title VII programs into four major parts and authorized most of them through FY 2002. Although legislative authority for most Title VII programs expired in 2002, Congress has continued to appropriate funds for some, but not all, since 10 programs were terminated.

The FY 2006 adjusted appropriation for Title VII programs is \$145.1 million. For FY 2007, the President requested \$9.7 million, providing funding for only one of these programs. House and Senate Committee recommendations for FY 2007 are \$163.6 million (H.R. 5647, H.Rept. 109-515) and \$154.4 million (S. 3708, S.Rept. 109-287) respectively.

The Nurse Reinvestment Act of 2002 (P.L. 107-205) authorized appropriations in Title VIII through FY 2007. For that upcoming fiscal year, the President's request and the House and Senate Committee recommendations are \$149.7 million.

STUDENT BACKGROUND CHECKS

During a meeting in July involving members of the College of Health Deans, the Northeast Regional Deans Group, and deans from western institutions, participants were invited to submit information to ASAHP about what is being done at their respective institutions regarding student background checks. Since then, deans and directors at ASAHP member institutions have been requested to do likewise. The responses that have been received thus far have been posted on the Association's website so that other browsers may benefit from their availability. Go to www.asahp.org and click the item, which is located in the right-hand column of the home-page.

The following kinds of information were elicited: (1) What is your institution doing in the area of student background checks? (2) Why are you doing it? (e.g. state law, clinical sites require it)? (3) When do you conduct the checks (e.g., pre-enrollment)? (4) How often is information collected during the course of a student's matriculation? (5) How do you collect such information (e.g., use a commercial vendor)? (6) If you use a commercial vendor, please indicate if you are satisfied with the service. (7) What happens to the information after it is collected, where do the data reside, and for how long a period of time?