

TRENDS

Association of
Schools of
Allied Health
Professions

HIGHLIGHTS

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VANGUARD OF
ALLIED HEALTH EDUCATION

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STUDENTS ARE REVOLTING

A newspaper headline such as the one shown above, which was used for an article about Berkeley students in the 1960s, had a double meaning. In addition to referring to the colorful and often destructive activities involving campus protests at that university, it also implied that the demonstrators themselves were somewhat deficient in the department of etiquette and refined manners when it came to expressing their views.

Earlier this month, the Consortium of Institutes of Higher Education in Health and Rehabilitation in Europe (COHEHRE), held its 7th annual conference in Sarajevo, Bosnia. The event was hosted by the College of Health Studies at the University of Sarajevo. Association President **David M. Gibson** was among the attendees.

In addition to several highly informative plenary session presentations, there also was a poster session. Three posters were prepared by Bosnian students. Basically, the content displayed their concerns about the educational system and the bleak prospect for obtaining employment upon completion of their studies.

The nation itself underwent considerable devastation during its war of independence from Yugoslavia in the early 1990s. Approximately 6% (250,000) of the population was killed or wounded due to war actions. About 20% of the country was ethnically cleansed. An estimated 14% of the populace suffers from a severe form of post-traumatic stress disorder. Two million persons were forced to migrate as refugees or locally displaced persons. The aftermath of the war more than a decade later still is quite grim. Unemployment is at 46%, another 40% have no health insurance, 20% are in danger of exposure to the threat of exploding land mines, and Bosnia-Herzegovina has 20-30% fewer health professionals than it had in 1991.

The country is rebuilding, but much more has yet to be accomplished. Viewing just the health workforce, there is a vast difference between the situation there and here in the United States. Because of personnel shortages here, in some allied health professions signing bonuses still are being offered to job seekers.

Yet, Americans also occasionally are exposed to disruptive occurrences. For example, Hurricane Katrina did a lot of damage to health professions schools in Louisiana. The Balanced Budget Act (BBA) of 1997 imposed caps on the amount that would be paid in providing rehabilitation services. One consequence was the downsizing that led to the loss of jobs in physical therapy. Whether through intended or unintended interventions, health workforces are subject to dramatic alterations, all too often to the detriment of patients.

PRESIDENTS' MESSAGE

By David M. Gibson, ASAHP President



Nations have recently been led to borrow billions for war; no nation has ever borrowed largely for education. Probably no nation is rich enough to pay for both war and civilization. We must make our choice; we can not have both.

Abraham Flexner, 1930 in Universities, part 3, p. 302

Having returned just this past week from Sarajevo from a conference on disaster preparedness, this quotation from an author whom most, if not all of us in health professions education, know, seems more than apt. First of all, the scars of war that mark this ancient city are ubiquitous on the façades of buildings and on the faces of men and women, everyday citizens of a ravaged city.

As participants gathered from across Europe and parts of the United States to join in discussions about preparedness in faces of man-made or natural disasters, it became readily apparent that this city at this time and in this condition of past disaster carnage and destruction was the perfect Petri dish in which to mix the myriad of mistakes past for future remediation.

A number of the keynote speakers described the conditions that constitute disaster and broke them into naturally occurring calamities such as tsunamis and typhoons or human acts of terror or purposeful destruction of natural resources. Others focused critically on the lack of integration and communication between and among international agencies dedicated to disaster relief and their sometimes vying for the position of "*primus inter pares*," to be first among their equals. For example, one speaker highlighted the relative impotency of the International Red Cross/Red Crescent which organizationally must wait for an invitation to bring aid before they can assess and respond to disasters. In the case of the Serbian onslaught on Bosnia-Herzegovina in Sarajevo, there was no one empowered to invite them. Their European neighbors stood on the periphery and did nothing to stop what was essentially a war of ethnic cleansing.

So with this backdrop, the small group discussions focused on what tools could be forged to create the managerial and curricular underpinnings to prepare future allied health and nursing professionals to cope with catastrophes that befall peoples at any time and any place, often without warning. Participants were quick to point out the failures in the Bosnian experience just ten years ago, rather as a sad laboratory to prepare ahead of time for such events. Included in the discussions, were considerations of the phases of disasters or catastrophic occurrences, because far too often it is the immediate outcomes that are bandaged but the physical, emotional and infrastructure wounds are often more important than those of the moment.

The groups came to a general consensus that all professions need to have some common thread of vertical and horizontal competencies that address some of the unique needs in large scale emergencies. They also noted that there needs to be some integrating forces at work to assure that the scopes of practices of the various professions are used to best advantage when and where they are needed.

As the sessions came to an end and it was time to leave for home, I was struck again by the natural beauty of the country and the sadness of the brutality of such unjust aggression. I was reminded that the world would suffer less if leaders and all of us might at least apply the three conditions of a just war as articulated by Saint Thomas Aquinas: "In order for a war to be just, three conditions are necessary: first, the rightful authority of the public authority; second, a just cause and third a righteous intention" (*Summa Theologica*, Part II-II, question 40, written from 1266 to 1273).

PROVIDING FEDERAL FUNDING FOR HEALTH



It is expected that the House Appropriations Committee will begin the FY 2008 spending process during the week of May 6 and a key question is whether enough money will be allocated for health professions education. As usual, the Labor-HHS measure will prove difficult to resolve, especially since Democrats would like to add more than President Bush would like to spend on health and social programs.

Appropriators still must wait for final action on the FY 08 budget resolution, which may occur during the week of May 6. The resolution will set an overall discretionary funding target for the 12 different pieces of spending legislation. The Senate usually does not move ahead until it begins to receive spending bills from the House. Once again, the hope is to complete all appropriations legislation by the end of FY 07 on September 30, a goal that has proven to be quite elusive in the past.

Senators Jack Reed (D-RI) and Pat Roberts (R-KS) have circulated a letter to their colleagues, encouraging them to sign it. The correspondence is directed to the Senate Labor, Health and Human Services, and Education Appropriations Subcommittee, urging it to restore funding in the FY 08 bill for Title VII health professions education programs to the FY 05 appropriated level of \$300 million. Funding for these entities has been cut by more than 50 percent since then. One of the casualties was the allied health grants program under Section 755, which was eliminated completely. The FY 2007 Joint Resolution was successful in restoring some money for Title VII, but allied health was not a beneficiary of the increase.

One way of drawing attention to a particular issue is for groups of legislators to band together in the form of friends (e.g., Friends of Portugal), coalitions (e.g., Western Senate Coalition) caucuses (e.g., Rural Education Caucus), task forces (e.g., Congressional Task Force on Tobacco and Health) and ad hoc congressional committees (e.g., Ad Hoc Steering Committee on Telehealth). An idea being considered on Capitol Hill is whether to form some type of group for health professions education programs. Doing so would provide a mechanism for showcasing the necessity of having a health care infrastructure that is characterized by an adequate supply of properly educated and trained health personnel. The natural growth of the U.S. population and the rapid increase in the proportion of older persons will result in greater demands being placed on the capacity to provide health care services. Congress should increase its attention to such matters accordingly.

2007 ASSOCIATION CALENDAR OF EVENTS

May 11, 2007– Deadline for Annual Conference Call For Abstracts

May 15, 2007– Deadline for Scholarship of Excellence Applications

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

Sites have been selected for other upcoming ASAHP events. The 2008 Annual Conference will be held in Baltimore, MD in conjunction with the National Network of Health Career Programs in Two-Year Colleges. The conference in 2009 will be in San Antonio, TX and in Charlotte, NC in 2010.

ASAHP BOARD TO MEET IN WASHINGTON, DC

The Association's Board of Directors will meet in Washington on June 4-5. One item on the agenda is to examine ways in which ASAHP can increase its impact on health policy. Other issues that will be discussed include:

- ◆ Consideration of a proposal to create a student leadership program.
- ◆ Formation of an alliance with the Consortium of Institutes of Higher Education in Health and Rehabilitation (COHEHRE), a European-based organization, to facilitate faculty and student exchanges between ASAHP and the 38 institutions belonging to that organization.

LANGUAGE PROFICIENCY AND ADVERSE EVENTS IN U.S. HOSPITALS

When patients have trouble communicating with their doctors, the consequences can be grave: mistrust, dissatisfaction with care, even medical errors. When patients have limited English proficiency (LEP), communication problems can be even more serious. Despite the rising number of LEP individuals in the United States—from 6 percent of the population in 1990 to 8 percent in 2000—little is known about the impact of language barriers on patient safety. In "Language Proficiency and Adverse Events in U.S. Hospitals: A Pilot Study" (*International Journal for Quality in Health Care*, April 2007), Commonwealth Fund–supported researchers from the Joint Commission report on the type and frequency of adverse events experienced by LEP and English-speaking patients in six U.S. hospitals. The report is available on the Web at: [http://www.cmwf.org/usr_doc/1019_Divi_lang_proficiency_adverse_events_IntlJnlQualHltCare_04-2007_ITL\(web\).pdf](http://www.cmwf.org/usr_doc/1019_Divi_lang_proficiency_adverse_events_IntlJnlQualHltCare_04-2007_ITL(web).pdf).

LEARNING HEALTHCARE SYSTEM

A summary of an Institute of Medicine (IOM) workshop, *The Learning Healthcare System*, is the first publication of the IOM Roundtable on Evidence-Based Medicine and the first in a series that will focus on issues important to improving the development and application of evidence in healthcare decision making. The Roundtable serves as a neutral venue for cooperative work among key stakeholders on several dimensions: to help transform the availability and use of the best evidence for the collaborative health care choices of each patient and provider; to drive the process of discovery as a natural outgrowth of patient care; and, ultimately, to ensure innovation, quality, safety, and value in health care.

As the U.S. enters a new era of medical science that offers the real prospect of personalized health care, it will be confronted by an increasingly complex array of healthcare options and decisions. The workshop considered how health care is structured to develop and to apply evidence from health professions training and infrastructure development to advances in research methodology, patient engagement, payment schemes, and measurement-and highlighted opportunities for the creation of a sustainable, learning healthcare system that delivers the right care when needed and then captures the results for improvement.

For more information about how to purchase a copy of the report or to view it online, go to the Web at: http://www.nap.edu/catalog.php?record_id=11903#toc.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Literacy In Everyday Life

The 2003 National Assessment of Adult Literacy (NAAL) assessed the English literacy skills of a nationally representative sample of more than 19,000 U.S. adults (age 16 and older) residing in households and prisons. NAAL is the first national assessment of adult literacy since the 1992 National Adult Literacy Survey. Three types of literacy were measured: Prose, Document, and Quantitative. Results were reported in scale scores (on a 500-point scale) and in four literacy levels—Below Basic, Basic, Intermediate, and Proficient. This report, *Literacy in Everyday Life*, presents findings from the 2003 assessment. It examines changes in literacy levels for the total adult population of the United States, as well as for adults with different demographic characteristics (gender, race, age, and ethnicity). Changes in literacy levels are reported for 2003 as well as between 1992 and 2003. In addition, the report describes how American adults age 16 and older at varying literacy levels use written information in their everyday lives. Specifically, this report describes the relationship between literacy and a number of self-reported background characteristics including education, employment, earnings, job training, family literacy practices, civics activities, and computer usage. The report may be accessed on the Web at <http://nces.ed.gov/Pubs2007/2007480.pdf>.

Center For Health Policy Simulation

The goal of the RAND Roybal Center for Health Policy Simulation is to develop better models to understand the consequences of biomedical developments and social forces for health, health spending, and health care delivery. The Center is one of ten established by the National Institute on Aging to move promising social and behavioral research findings out of the laboratory and into programs, practices, and policies that will improve the lives of older people and the capacity of society to adapt to societal aging. The RAND Roybal Center for Health Policy Simulation has several specific aims: (1) Create a Center that researches new methods for forecasting disease, functional status, and health expenditures of older populations, and that develops decision-making tools based on these methods; (2) Assess how new and existing medical interventions affect the health, functional status, and spending of older cohorts, and their implications for Medicare and Medicaid and society-at-large; and (3) Assess how demographic and public health trends, including obesity, diabetes, and smoking affect future outcomes for the elderly and society-at-large.

For more information, go to the Web at <http://www.rand.org/labor/roybalhp/>.

Key Reports On Genomics Released

The Department of Health and Human Services' (HHS) Secretary's Advisory Committee on Genetics, Health and Society released two reports to help guide genomic research and its application to public health. The first document, "Policy Issues Associated with Undertaking a New Large U.S. Population Cohort Study of Genes, Environment, and Disease," provides information that would help the HHS Secretary make a decision whether to pursue large population studies on gene-environment or gene-health interactions. The report, which is final, reflects comments from industry, patient advocacy, and academic organizations.

The report may be accessed on the Web at http://www4.od.nih.gov/oba/SACGHS/reports/SACGHS_LPS_report.pdf.

The second document, entitled "Realizing the Promise of Pharmacogenomics: Opportunities and Challenges," is in draft form. Its purpose is to assess the potential for genomics to improve productivity of the drug development pipeline, increase the safety and effectiveness of drugs by reducing adverse reactions, and allow for more efficient use of drugs in clinical and public health practice. The draft report may be accessed on the Web at http://www4.od.nih.gov/oba/SACGHS/SACGHS_PGx_PCdraft.pdf.

2007 ASAHP ANNUAL CONFERENCE

Planning for the *2007 ASAHP Annual Conference*, which will be held in San Diego, CA, is well underway and speakers for two major plenary session presentations have been selected. The *Keynote Address* will be presented by **Jeffrey Tayman**, who recently retired as chief demographer and director of the technical services department of the San Diego Association of Governments. His specialty is demographic and economic methods, econometric and urban systems modeling, applied economic and demographic studies, and information technology deployment.

His Ph.D. is from Florida State University. A lecturer in the Economics Department at the University of California, San Diego, he also is an adjunct research associate at the University of Mississippi's Center for Population Studies.

The *Mary E. Switzer Lecture* will be presented by **Li-Rong Lilly Cheng**, Co-Chairperson of the Asia Task Force, Professor in the School of Speech, Language, and Hearing Sciences at San Diego State University and Director of the Chinese Study Institute. She serves as a member of the board of trustees of the Campanile Foundation of San Diego State University. She is the past chairperson of the Multicultural Issues Board for the American Speech, Language and Hearing Association (ASHA) and the chairperson of the Education Committee for the International Association of Logopedics and Phoniatics (IALP). She also is a member of the committee on underserved populations of IALP. She was the past president of the International Affairs Association, a related professional organization of ASHA.

She has two master's degrees and her doctorate is in Speech Language Pathology and Multicultural Education from Claremont Graduate University and San Diego State University.

CALL FOR ABSTRACTS

The deadline of **May 7, 2007** for *Submission of Abstracts* for the upcoming Annual Conference in San Diego is fast approaching. The main focus of presentations in Concurrent Sessions and in the display of Posters will be to highlight achievements in the following general areas: **Education, Practice or Research**. Interested parties are invited to contribute to the program by submitting abstracts to be presented in one of two formats: (1) Paper Presentation during a 30-minute Concurrent Session, or (2) a 4' high x 8' wide Poster. The Association reserves the right to make a final decision regarding whether a presentation will be made in the form of a paper or poster.

Abstracts **MUST** be submitted electronically using a template form provided online. For more information, go to the center of the ASAHP homepage at www.asahp.org. In addition,

- ◆ Each submission must be no more than 200 words single-spaced, formatted in Times New Roman 12-point font.
- ◆ Accepted abstracts will be published in the conference program. Responsibility for accuracy rests with the author.
- ◆ If the abstract is accepted for presentation, only the first author will be notified in July 2007.
- ◆ Timely registration and payment for the conference are a pre-requisite for presenters. All presenters are responsible for their own expenses including registration, lodging, and travel.

Depending on the number of submitted items, each author may be limited to only one concurrent session or one poster session. A contributing author needs to be present and registered for the conference at the poster session.
