

TRENDS

Association of
Schools of
Allied Health
Professions

ALLIED HEALTH AND PREVENTION

HIGHLIGHTS

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JANUARY 2008

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VANGUARD OF
ALLIED HEALTH EDUCATION

Trends is the official newsletter of the Association of Schools of Allied Health Professions (Suite 333, 4400 Jenifer St. NW, Washington, D.C., 20015. Tel: 202-237-6481) 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.

The Association's Board of Directors on January 11 accepted an invitation for ASAHP to become a full voting member organization of the *Healthy People Curriculum Task Force*. This entity was founded by the Association for Prevention Teaching and Research (APTR) —then the Association of Teachers of Preventive Medicine—and the Association of Academic Health Centers to facilitate implementation of Healthy People 2010 Objective 1.7, which encouraged greater integration of prevention into the education of health professions. Activities are funded through a grant from the Josiah Macy, Jr. Foundation.

A main function of the Task Force is to foster interdisciplinary education in health professions academic institutions. Other members include education associations representing medicine, dentistry, nursing, pharmacy, and physician assistants. By becoming a member, ASAHP will be involved in the following kinds of activities: participating in data collection, providing in-kind assistance including the dissemination of materials, and encouraging ASAHP members to express their views on the topics of health promotion and disease prevention in the curriculum.

The timing of this invitation coincides nicely with the status of disease prevention disease and health promotion in the United States. This nation placed last among 19 countries when it comes to deaths that could have been prevented by access to timely and effective health care, according to new research supported by The Commonwealth Fund and published in the January/February issue of the journal *Health Affairs*. While other countries dramatically improved these rates between 1997-98 and 2002-03, the U.S. improved only slightly.

Trends in deaths considered amenable to health care account, on average, for 23 percent of total mortality under age seventy-five among males and 32 percent among females. The decline in amenable mortality in all countries averaged 17 percent over this period. The United States was an outlier, with a decline of only 4 percent. If the U.S. had performed as well as the top three countries out of the 19 industrialized countries in the study there would have been 101,000 fewer deaths in the U.S. per year by the end of the study period. The top performers were France, Japan, and Australia.

Allied health professionals are in a favorable position to influence the health behavior of the patients with whom they come in contact. When faced with the situation of undergoing diagnostic tests or obtaining treatment for known conditions, their readiness to respond to recommendations to adopt new behaviors may be at an exceptionally high level.

PRESIDENTS'S MESSAGE

By *Linda C. Hatzenbuehler, ASAHP President*



It's time to start planning the 2008 ASAHP Annual Conference. Why do you attend ASAHP meetings? Are ASAHP meetings meaningful to both administrators and faculty? Who should the target audiences be? Should the target audiences be different for the Spring Meeting and the fall Annual Conference? What is the best format for research presentations at ASAHP meetings? What is the optimal timeframe for ASAHP meetings?

These are fundamental questions that the ASAHP Board needs to answer. While the dates of and locations of the two events for 2008 are set (March 13-14, St Pete's Beach, FL; October 8-10, Baltimore, MD), the details of the agendas remain fluid. Now is the time to speak up and be heard. The planning committees need to hear from you concerning topics of interest and skills that need to be built. The spring planning committee has already met to discuss some ideas, but there's still room and need for ideas from members. Listed below are the spring meeting planners and their e-mail addresses. Please take a moment to correspond with them. In terms of longer range planning, the ASAHP Board has impaneled a task force to review our meeting format and structure. Specifically, the chair of the committee is to review the objectives of both meetings and to make recommendations to the Board concerning needed change. One likely change that will occur next year is that the two meetings will be planned in tandem allowing some flexibility for timely additions to the agenda. Under the current structure, the timeline for the spring meeting is quite short and is interrupted by holiday breaks.

The goal of the current ASAHP Board is to assure that the ASAHP meetings meet your needs, are meaningful to you, and are worth your time, effort and money to attend. The Board cannot meet its goals without your participation. We will be sending out an e-mail survey (Ugh! Another survey!!) to elicit your needs and ideas. Please take the time to respond. By the way, we will also be surveying non-ASAHP institutions that house allied health programs to determine their needs as well. Here are some of the questions we will ask. Please start thinking about responses:

- 1) In the past year, what are three new challenges you have found that you would like to improve your skills in handling?
- 2) What should an ASAHP meeting offer you that a disciplinary professional meeting (i.e., APTA, ASHA) cannot?
- 3) List a recent meeting that you attended that you found to be particularly worthwhile. What about the meeting did you find useful?
- 4) When you attend a professional meeting, what are your goals?

We look forward to receiving your responses. Watch for the survey to appear via e-mail within the next few weeks. I send you my personal best wishes for a productive spring term.

Spring Meeting Planning Committee

Barry Eckert (Long Island University-Brooklyn Campus)

Linda Hatzenbuehler (Idaho State University)

Edward "Ted" Kelley (University of Medicine & Dentistry of New Jersey)

Lee McLean (University of North Carolina at Chapel Hill)

Beverly Schmoll (Wayne State University)

Richard Talbott (University of South Alabama)

LEGISLATIVE GOALS IN 2008



The 2nd Session of the 110th Congress is underway and various pieces of legislation have important ramifications for allied health. One goal is to have funding reinstated for allied health under Section 755 of Title VII of the Public Health Service Act. A promising step in that direction occurred late in 2007 when Senator Tom Harkin (D-IA), Chairman of the Labor-HHS Appropriations Subcommittee, agreed to have \$2,000,000 dedicated specifically for allied health in Section 755. Unfortunately, the proposed addition was not included when representatives of the two chambers met in conference. The aim this year is to have at least that amount placed under consideration during the early stages of budget formation.

The House Higher Education Act (HEA) reauthorization bill now includes allied health professions as an area of national need eligible for loan forgiveness of up to \$10,000 over five years. The next step is for the Senate to agree to this addition when the bill goes to conference.

Efforts will continue to have an Allied Health Reinvestment Act (AHRA) passed by Congress. A more likely outcome is that provisions of this legislation will be part of the reauthorization of Title VII. Another possible vehicle is to include some elements in a bill on women's health that is expected to be introduced jointly by all the women Senators later this year.

Another piece of legislation that must be reauthorized is the Workforce Investment Act. A key aim is to include language that will make it possible to have some allied health pilot and demonstration projects. Workforce projects already are being funded around the United States under the auspices of both State and local workforce boards.

A lobbyist working on behalf of the Association will speak at a meeting of the National Association of State Workforce Agencies at the end of January. The purpose is to develop a partnership with that organization to help states meet employers' demand for allied health workers more effectively. He also will conduct a workshop in February with the National Association of Workforce Boards, an organization of more than 600 business-led Workforce Investment Boards that represents local workforce practitioners. The focus of the workshop is on meeting the demand for allied health workers. Coming weeks and months will be busy ones on the legislative front. This newsletter will provide regular updates of what is occurring on Capitol Hill and in federal agencies.

2008-2011 ASSOCIATION CALENDAR OF EVENTS

March 13-14, 2008—Spring Meeting-TradeWinds Resort—St. Pete Beach, FL

October 6-7, 2008—Student Leadership Development Program

October 30 - November 1, 2008—Annual Conference—Marriott Hotel —Baltimore, MD

Sites have been selected for other upcoming ASAHP events. The Annual Conference in 2009 will be in San Antonio, TX. That event also will be held in Chicago, IL in 2010 and in Charlotte, NC in 2011.

How Would Health System Reform Affect the Allied Health Workforce?

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

One of the frequently occurring pronouncements in the U.S. society is a call for health care reform. Depending on who is advocating for reform, the nature of the desired result varies. The public would like to have lower costs, higher quality, and easier access—factors that are seemingly for the most part inversely related. Professional associations would like to have changes that benefit their members and advance the profession. Government would like to control costs in a fiscally responsible manner while assuring that needed services are provided to the public. The various perspectives are simply characteristic of the very pluralistic nature of our society and of our health system.

Of the various proposals calling for reform of one kind or another, the majority have to do with changing some aspect of the financing of health care, which is to be expected since the economics of health care are the prime moving force in the health system. Except for individual professional groups promoting a change that benefits their group, reform measures generally treat the health workforce as something that is affected rather than a factor that causes a change to occur.

Some have viewed the way health personnel are deployed and used as a way to bring about change, rather than just be the recipient of something outside of their control. For example, the Institute of Medicine in its 2003 book, Health Professions Education: A Bridge to Quality, declared that the education process in the health professions is key to bringing about needed improvements in the health system, and recommended a number of ways in which that education should be conducted. Others, such as Ed O'Neil at the Center for the Health Professions at the University of California-San Francisco, have long advocated for reform of the health system and new organizational models to provide a more rational way of providing health services to the public and improving the health status of the population.

Regardless of any specific proposal for health system reform, it is reasonable to ask what would be the future effect of various reform changes on the composition and utilization of the health workforce, and specifically, the effect on the allied health workforce. For purposes of this article, three scenarios will be briefly addressed: the status quo; health care coverage for the over 40 million uninsured; and, a major reform to cut overall health care costs through a different utilization of health personnel.

Status Quo: It is not realistic to believe that health care in the future will be delivered in exactly the same way and with exactly the same reimbursement formulas as is currently the case. That is simply because some change will occur. In the status quo scenario, however, it is assumed that the change is relatively minor and the same basic professional and reimbursement relationships are maintained. One way to project the status quo into the future is to look at the Bureau of Labor Statistics projections. Those projections make certain assumptions, but they do not put forward significant system change. According to the BLS, their projections take into account a multitude of factors involving econometric and time-series models, as well as subjective analyses.

The most recent iteration of the biennial ten-year projections by the BLS is for the 2006-2016 time period, and is found in the November 2007 issue of the *Monthly Labor Review* published by the Department of Labor (<http://www.bls.gov/opub/mlr/2007/11/contents.htm>). According to the BLS, there will be a projected slowdown in the growth of the labor force during the 2006-2016 period with the retirements of baby boomers having a large impact on job openings. Replacement needs should produce almost twice as many job openings as will growth in the economy.

One assumption the BLS makes in its 2006-2016 projections is a continuing trend in many areas of the economy, not just in health care, to reduce labor costs. Those reductions will occur by some jobs being sent offshore. Others will be replaced by technological improvements or by the jobs being filled with lower cost workers. In regard to the health workforce according to the BLS, this means that the category of health care support occupations will grow faster than health care practitioner and technical occupations.

In the following table located on page 6, the BLS figures are shown for some of the major health professions, including those in the allied health category, giving the number of individuals employed in the health fields in 2006 and the anticipated employment numbers for 2016, along with the total job openings in each field as a result of growth and replacements due to retirements and other reasons. While these very recent projections should be of interest, what is perhaps more compelling is the right portion of the table that shows the percent change in growth during each of the last four biennial projections. What is striking is the significant decline in projected growth in the 2006-2016 period for most fields as compared to previous periods.

It is important to note several things in reviewing the data in the table. While there is higher than average growth in all of the fields shown when compared to the overall economy, the rate of growth in all of the fields shown is down from the preceding biennial ten year projections. It is likely that the declining rate of growth is due to the BLS changing some of the assumptions that go into its projections. If the new BLS projections reflect accurately what employment will actually be in 2016, the data should also serve as a caution to educators and planners that aggressive program expansion could lead to an oversupply in some fields beginning in the next five to ten years.

Covering the uninsured: At present there are over 40 million uninsured individuals out of a total U.S. population of a little over 300 million people. If the uninsured were to be covered, it would increase the demand for health care services and for additional health personnel. As a crude measure of the effect on demand on the health workforce, current employment numbers might be multiplied by an additional seven to eight percent since most without health insurance are under 50 years of age, and increased use of health services increases substantially above age 50. In view of existing shortages, such an increase would place a tremendous strain on the health system and on educational institutions to produce the additional workforce needed in a short period of time. While most Americans are concerned about the large number of individuals without health insurance, the reality of the situation according to many observers is that both in terms of fiscal ability and health system capacity, it is not likely that major change will occur in the near future.

Cost containment by a different mix of health personnel: In most settings, health personnel costs are the largest component of health care expenses. By increasing the efficiency of the existing health personnel or by substituting lower cost staff to deliver services, costs can be reduced. Individual physician services are generally the most expensive personnel costs, so if services or portions of services normally delivered by physicians can be delivered by other health personnel, cost savings can result. That does occur through the use of physician assistants, nurse practitioners, and other non-physician workers. Some within the allied health community believe an increased use of allied health personnel, particularly those trained at higher levels within the professions, can substitute for some components of services currently being delivered by physicians and lead to an overall reduction in health care costs.

The same logic, however, follows in the use of many other health personnel including physical therapist assistants, occupational therapy assistants, medical assistants and others. Some observers believe that efficiency in the health system can be increased by changing the mix of workers in a setting while assuring the quality of the services delivered. An earlier article pointed out the increased use of medical assistants as a substitute for some tasks performed by nurses in primary care settings. Whether an appropriate level of quality can be assured with the use of lower trained individuals gets at the crux of the problem, and it is the focus of much debate. If health system policies changed to increase the use of allied health personnel, it would likely create a disproportionate use of lower trained individuals, generally at the associate degree level and below. Such a trend is seen in the last several iterations of the BLS projections.

The most likely scenario for some type of health system reform, if it occurs, will be for incremental change rather than sweeping modification that reconstitutes the health workforce. The changes will be expected to focus on reimbursement issues that affect the health workforce, but as extrapolations of existing practice patterns rather than changing the fundamental nature and relationships of the existing health professions.

While growth is expected to be larger at the lower training levels, there is still substantial growth anticipated for allied health professionals, particularly at the graduate levels. It will be a challenge for ASAHP member schools to meet the projected need for additional graduates in the coming decade.

Health Professions BLS Projections

Numbers listed are in thousands of jobs.

Occupation	Employment Numbers		Total job openings due to growth and net replacement, 2006-16	Percent Change			
	2006	2016		2000-10	2002-12	2004-14	2006-16
Clinical Lab Technologists & Technicians	319	362	92	17.0	19.3	22.7	13.6
Dental Hygienists	167	217	82	37.1	43.1	43.3	30.1
Dieticians & Nutritionists	57	62	19	15.2	17.8	18.3	8.6
Home Health Aides	787	1,171	454	47.3	48.1	56.0	48.7
Medical Assistants	417	565	199	57.0	58.9	52.1	35.4
Medical Records & Health Info Technicians	170	200	76	49.0	46.8	28.9	17.8
Occupational Therapists	99	122	37	33.9	35.2	33.6	23.1
Pharmacists	243	296	53	24.3	30.1	24.6	21.7
Physical Therapists	173	220	68	33.3	35.3	36.7	27.1
Physician Assistants	66	83	27	53.5	48.9	49.6	27.0
Physicians & Surgeons	633	723	204	17.9	19.5	24.0	14.2
Radiologic Technologists & Technicians	196	226	56	23.1	22.9	23.2	15.1
Registered Nurses	2,505	3,092	1,001	25.6	27.3	29.4	23.4
Respiratory Therapists	102	126	38	34.8	34.8	28.4	22.6
Speech-Language Pathologists	110	121	33	39.2	27.2	14.6	10.6

Table prepared by Stephen N. Collier based on data from Bureau of Labor Statistics: Occupational employment projections to 2016, Monthly Labor Review November 2007, and counterpart articles November 2001 and February 2004 and November 2005.

BOARD ACTIONS

Members of the ASAHP Board of Directors participated in a conference call on November 27. The following actions were among those taken:

- ◆ Approved the Minutes of a Board conference call on November 27, 2007.
- ◆ Identified recipients of the Association's *Position Paper on Clinical Doctorate Education*. They are the Council on Higher Education Accreditation (CHEA), the Council of Graduate School Deans, regional accrediting bodies, specialized accrediting agencies, and professional associations.
- ◆ Approved a request to fund the production of a tutorial in electronic format aimed at assisting ASAHP members in submitting data for the Institutional Profile Survey.
- ◆ Accepted an invitation for ASAHP to become a full voting member organization of the *Healthy People Curriculum Task Force*.
- ◆ Discussed criteria to use in granting approval to researchers who want to send surveys to ASAHP members.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Evaluation Of 2008 Presidential Campaigners' Health Reform Plans

Four-fifths of Americans agree that to achieve universal health insurance coverage, employers should either provide health benefits to their workers or contribute to the cost of their coverage, according to new Commonwealth Fund survey data reported in "The Public's Views on Health Care Reform in the 2008 Presidential Election." Are the presidential candidates listening? A new report, *Envisioning the Future: The 2008 Presidential Candidates' Health Reform Proposals*, evaluates the 2008 presidential candidates' health reform plans. The report can be accessed on the Web at http://www.commonwealthfund.org/usr_doc/Collins_envisioningfuture2008candplans_1092.pdf?section=4039.

New Health Services Research Website Available

AcademyHealth, an organization based in Washington, DC, is making available a new online resource for health services researchers. HSRmethods.org provides current information on key research methods and resources in health services research and aims to spur dialogue about analytic methods among health services researchers. The link provides access to resources such as: a glossary, readings, and a selection of Web sites focused on methods, including guidance on best practices, technical papers, statistical software, and online tutorials. The site can be accessed on the Web at <http://www.hsrmethods.org/>.

U.S. Has Highest Rate Of Preventable Diseases Among Industrialized Nations

The United States places last among 19 countries when it comes to deaths that could have been prevented by access to timely and effective health care, according to new research supported by The Commonwealth Fund and published in the January/February issue of *Health Affairs*. While other nations dramatically improved these rates between 1997-98 and 2002-03, the U.S. improved only slightly. If the U.S. had performed as well as the top three countries out of the 19 industrialized countries in the study, there would have been 101,000 fewer deaths in the U.S. per year by the end of the study period. The top performers were France, Japan, and Australia. The article can be accessed on the Web at <http://content.healthaffairs.org/cgi/content/full/27/1/58>.

Health, United States, 2007

Health, United States, 2007, is the 31st annual report and chartbook on the health status of the Nation prepared by the Secretary of the Department of Health and Human Services for the President and Congress. This year's report includes a focus on access to needed or recommended health care service and can be accessed on the Web at <http://www.cdc.gov/nchs/data/hus/hus07.pdf>.

Top 8 Health Industry Issues in 2008

For the first time since President Clinton was elected in 1992, the topic of healthcare is the most important domestic issue facing the U.S. population. Consumers are taking more responsibility for decisions about their health insurance, drugs, and providers. More government regulations are requiring public disclosure of quality, safety and costs. The coming year will be a pivotal one for the health industry, with new market competitors, financial pressures, and regulatory requirements. To help health executives and policy makers anticipate and prepare for what's ahead, PriceWaterhouseCoopers' Health Research Institute has identified the Top 8 Health Industry Issues in 2008. The report highlights impending changes — ranging from major changes in provider reimbursement, to new drug safety reporting requirements, to a potentially burgeoning market for individual health insurance — and how they could have an impact on health organizations. The report can be accessed on the Web at <http://pwchealth.com/cgi-ocal/hregister.cgi?link=reg/top8issues.pdf>.

2008 ASAHP SPRING MEETING

The upcoming *ASAHP Spring Meeting* will focus on the theme of *Sustaining a Culture of Assessment*. Viewed in a broad perspective, this topic relates directly to several key factors of importance in higher education such as: accreditation and the role of the federal government, strategic planning and budgeting, learning objectives, student recruitment, and community service. The program is as follows:

Thursday – March 13

7:00 AM – Noon	Registration
7:00 AM – 8:30 AM	Continental Breakfast
8:30 AM – 8:45 AM	Welcome and Introductions
8:45 AM – 9:45 AM	Creating & Sustaining a Culture of Assessment Professor Trudy Banta Senior Advisor to the Chancellor Indiana University-Purdue University Indianapolis
9:45 AM – 10:00 AM	Break
10:00 AM – 11:50 AM	Assessment in Relation to Strategic Planning, Accreditation, Quality Improvement, and Performance Management Scott Johnson, Vice President Nuventive
11:50 AM – 1:15 PM	Deans' Memorial Lecture Dr. John E. Trufant ASAHP President (1998-2000)
1:15 PM – 3:00 PM	Small Group Discussion of Assessment Issues and Case Scenarios
6:00 PM	Poolside Reception

Friday – March 14

7:00 AM – 8:00 AM	Continental Breakfast
8:00 AM – 9:00 AM	Deans' Council Meeting Associate/Assistant Deans' Council Meeting
9:00 AM – 10:00 AM	Current and Future Views of Assessment Dr. Steven Crow, President Higher Learning Commission of the North Central Association of Colleges and Schools
10:00 AM – 10:15 AM	Break
10:15 AM - 11:15 AM	Business Meeting Key Updates on Branding, Federal Legislation and Other ASAHP Initiatives
11:15 AM – Noon	Presentation on Faculty Assessment (Tentative)
Noon – 5:00 PM	Reserved for Luncheons and Other Meetings of Regional Deans' Groups

The *2008 ASAHP Spring Meeting* (with a cutoff date of **February 10** for a reduced rate) will be held at:

Tradewinds Sandpiper Resort
6000 Gulf Boulevard
St. Pete Beach, FL 33706
Reservations Telephone Number: 1-800-808-9833.

ALLIED HEALTH WEEK CELEBRATED AT KANSAS UNIVERSITY

The University of Kansas School of Allied Health and The University of Kansas Hospital celebrated Allied Health & Ancillary Care Professions Week in November with a research poster presentation and reception at the KU Medical Center in Kansas City, Kansas. Event hosts were **Karen Miller**, senior vice chancellor and dean, KU School of Allied Health; and **Patricia Sanders-Hall**, vice president, Ancillary Care, KU Hospital. Pictured is **Carrie Cannella**, Antibiotic Coordinator, KU Hospital; and **Bob Page**, president and chief executive officer, KU Hospital.



ALLIED HEALTH WEEK CELEBRATED AT MEDICAL COLLEGE OF GEORGIA

November 1, 2007

Dean **Shelley Mishoe**, along with several School of Allied Health Sciences (SAHS) students, met with Mayor **Deke Copenhaver** at his office for the presentation of the Proclamation for "National Allied Health Professions Week."

November 2, 2007

Dean Mishoe, Associate Deans, and Assistant Deans hosted a kickoff breakfast for all allied health sciences faculty, staff, and students in the School. The breakfast will be held on the 2nd floor atrium of the Health Sciences Building.

November 5, 2007

Associate Dean for Academic & Business Affairs, **Carol Campbell**, was interviewed by **Mary Liz Nolan** on WGAC/580 News-Talk Radio during the Morning News Coffee Break show.

November 8, 2007

Associate Dean for Student, Faculty & Community Affairs, **Kent Guion**, announced the allied health professions week slogan contest winner and honorable mentions from AR Johnson Health Science and Engineering Magnet High School.

The School of Allied Health Sciences Alumni Association hosted a reception for all allied health sciences faculty, staff, students, and alumni in the School. The reception was held on the 1st floor atrium of the Health Sciences Building.

