

TRENDS

Association of
Schools of
Allied Health
Professions

HIGHLIGHTS

FEBRUARY 2007

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ALLIED HEALTH LEGISLATION REINTRODUCED

On February 15, Senator Maria Cantwell (D-WA) and eight other senators, including Edward Kennedy of Massachusetts (Chairman of the Health, Education, Labor, and Pensions Committee) reintroduced the *Allied Health Reinvestment Act*. The bill number is S 605 and it was referred to that committee.

Senator Cantwell stated in the Congressional Record on that date: "I introduced a bill to address the troubling shortage of allied health professionals in our country. Sadly, we were unable to act on this bill despite continuing deficiencies in the health care workforce. That is why, today, I am reintroducing the Allied Health Reinvestment Act, along with my good colleagues."

She also referred to ASAHP's *2006 Institutional Profile Survey*, noting that enrollment for a number of allied health programs has not reached capacity for the seventh straight year. "These rates cannot continue. On top of existing workforce shortages, our health system faces a growing senior population, a group that typically requires more care. The bill my colleagues and I introduce today, like the Nurse Reinvestment Act in the 107th Congress, intends to provide incentives for individuals to seek and complete high-quality allied health education and training."

Health workforce issues do not always obtain the legislative attention that they merit. An implicit assumption seems to be that all that is necessary is to find a way of providing a health insurance card for the 46 million Americans who lack one and a major problem will be resolved. Superimposed on that notion is the desire to achieve mechanisms for reducing the high costs of Medicare and Medicaid.

Often absent on the list of concerns is whether there will be enough health personnel in general and allied health professionals in particular to address the health care needs of the population. Unfortunately, current allied health workforce shortages exist, data from the Bureau of Labor Statistics show that increased numbers of personnel will be needed in the years ahead, and classroom seats are going unfilled.

Another demographic feature that is worrisome is the aging of faculty. Page 8 of this issue presents some data that were drawn from the Association's *2006 Institutional Profile Survey*. The day is not that far off when significant numbers of allied health faculty will retire. Ensuring that adequate numbers will be available to take their place is a matter that needs to be addressed now.

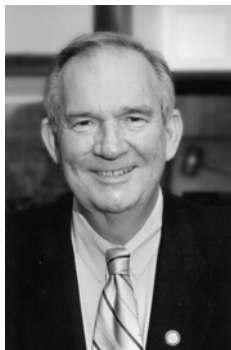


VANGUARD OF
ALLIED HEALTH EDUCATION

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PRESIDENTS' MESSAGE

By David M. Gibson, ASAHP President



In *Scholarship Reconsidered*, Ernest Boyer (1990) proposed four dimensions of scholarship...The fourth, integration, defined a new dimension of scholarship, which he described as the need for making connections across the disciplines and placing the disciplines in a larger context. In a subsequent study, *Scholarship Assessed*, Glassick et al. (1997) described this scholarship as overcoming the isolation and fragmentation of the disciplines, of making connections within and between them (Scott, David K., "The Scholarship of Integration" in *Faculty Priorities Reconsidered*, 2005, O'Meara, Kerry A. and Rice, Eugene R., eds. Jossey-Bass, San Francisco, p.47).

If some of these observations do not sound familiar to those of us involved in allied health professions' education, then there must have been a Rip Van Winkle spell cast upon us—a narcoleptic effect reserved only for deans. On the other hand, as early as the mid 1980s our members have been discussing the silo mentality of the professions and looking for ways through which we might do a better job at interdisciplinary education. Indeed, one such session was hosted by Thomas Jefferson University in the mid 80s under the aegis of the Northeastern Regional Deans. The consensus then, if I recall correctly enough, was that all of the allied health professions need to be in dialogue about each other's scope of practice, opportunities to teach and learn together in mixed disciplinary groups and learn from practitioners how they interact in teams in clinical settings.

Now, as we witness the specializations within disciplines, one may have pause as to what progress we have really made. Within this context, the increasing movement of the professions to higher academic degrees can not be ignored as to their sociological and educational ramifications. For sure, the creation of entry-level clinical doctorates has created an educational and socio-economic chasm for certain groups whose primary entrée into the professions is through associate degree level education and training. From an integrative educational perspective, I wonder if the gradual rise to doctoral level education will further hinder inter-professional education, research and community service, especially for those professions that remain at the undergraduate level. Nor is the concept of the scholarship of integration divorced from the traditional core values of higher education: education, research and service. In fact, the scholarship of integration is born out of these tripartite missions but also out of the lack of interface between and among the three.

The reality is that we are expected to prepare competent practitioners for the health care workforce. What may have been a competent practitioner some years ago may not be so today, if he or she can not justify the diagnostic or therapeutic interventions of his or her discipline. Such justifications are the product of integrative scholarship but that scholarship, in this instance, is limited to one discipline at a time. If the physical therapist, for example, is able to understand the usual outcomes of prescribed therapies is it sufficient? What then can be said of the ministrations of respiratory care and the inter-relationships of pulmonary treatments with those of the physical therapists? What are the "connections within and between them?"

As I read this book, I wondered how its applications in general education institutions might be translated to allied health professions' education. Later on in the book, Steven Lowenstein and Robin Harvan ("Broadening the Definition of Scholarship: a strategy to recognize and reward clinician-teachers at the University of Colorado School of Medicine") suggested that for clinician educators it would be helpful to envision and implement an alternative to "hypothesis-driven research" with "translational, interpretive, and interdisciplinary scholarly work" (p.238).

Bottom line: for the next issue of TRENDS I would invite my colleagues to share their ideas on this issue of the scholarship of integration across so many disciplines and levels of education, and what impact the latter issue may have on the challenge of integrative scholarship.



ALLIED HEALTH LEGISLATION AND BRANDING

Does branding matter when advocating passage of legislation by Congress? As noted on page one of this issue of the newsletter, an *Allied Health Reinvestment Act* recently was reintroduced in the Senate. During the past few weeks, ASAHP staff has paid visits to Capitol Hill to discuss this legislation with legislative assistants in more than 25 different Senate offices.

In almost every case, the conversation had to begin with a description of allied health. This fact in itself speaks volumes about the nature of the challenge to have such legislation passed by Congress. Do advocates of medicine, dentistry, nursing, pharmacy, and several other professions have to begin by providing essential information about the nature of the discipline that they represent? The answer quite obviously is in the negative.

Granted that the term allied health leaves something to be desired, but is there a more desirable alternative? Calling the aggregation of professions that come under that broad label something else such as health sciences or health professions fails to distinguish allied health from medicine, nursing, and all the others, which also fit such broad designations as health sciences or health professions. A real danger exists in passing legislation for allied health that goes by one of these all purpose terms because other professions would view themselves as eligible for whatever funding becomes available.

Looking at the issue of branding in a wider context, allied health is one of many entities that are included under Title VII of the Public Health Service Act. This overall legislation also suffers from a branding perspective. Throughout the country, there are many beneficiaries of Title VII programs, but recipients don't know that Title VII is the source of the largesse. A consequence is that in Congress, legislators know of specific activities that are funded in their respective home states and congressional districts and they will advocate continued support, but they are not aware that Title VII as a whole is at risk and needs their efforts in order for it to be sustained as a financial backbone for health professions education.

The term allied health has been used in Washington, DC since 1966 when legislation to address workforce problems was enacted. Once again, there is an opportunity to have legislation passed to confront similar issues. Success will depend on the ability to promote this term to maximum effectiveness.

2007 ASSOCIATION CALENDAR OF EVENTS

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

March 14, 2007 NAPRAH 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

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.

BOARD ACTIONS

The ASAHP Board of Directors had a conference call on February 16. The following actions were among those taken:

- ◆ Approved the Minutes of a conference call on December 20.
- ◆ Approved a preliminary Association budget for FY 2008, which includes a 3% increase in membership dues.
- ◆ Approved a proposal to appoint an ad hoc committee to create an allied health student leadership initiative.
- ◆ Approved the development of a list of invitees selected from the membership to visit Capitol Hill to advocate passage of an *Allied Health Reinvestment Act* and the appropriation of funds for allied health.

In addition, updates were provided about ongoing activities such as the development of an accreditation clearinghouse and clinical doctorates.

The approved 3% dues increase will raise the current rate for institutional members from \$4,750 to \$4,900 per year. The new fiscal year begins on July 1, 2007. Invoices will be mailed in early March.

NOMINEES SOUGHT FOR 2007 ASAHP ELECTION

The next ASAHP election will be held in mid-July of this year. The following positions will be contested: **Secretary** (two-year term), *two seats* on the **Board of Directors** (three-year terms), and *three seats* on the **Nominations & Election Committee** (two-year terms). Individuals who are interested in running for any of these positions or who wish to nominate other members are requested to contact the following members of the Nominations & Election Committee by March 15, 2007.

Randall Lambrecht, Chairperson (Tel: 414-229-4712; E-Mail: rsl@uwm.edu)

J.M. Cairo (Tel: 504-568-4246; E-Mail: jcairo@lsuhsc.edu)

Shelley Conroy (Tel: 801-626-7117; E-Mail: sconroy@weber.edu)

Shirley Richmond (Tel: 815-753-6155; E-Mail: srichmond@niu.edu)

Dolores Clement (Tel: 804-828-5216; E-Mail: dclement@vcu.edu)

Edward “Ted” Kelley (Tel: 908-889-2499; E-Mail: kelleyed@umdnj.edu)

Mary Madsen (Tel: 414-229-3862; madsen@uwm.edu)

Depending on the number of candidates, a primary election might be held. Steps also are being taken to shift from a mailed paper ballot to an election conducted electronically.

Revisiting the BLS Health Workforce Projections

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

Every two years the U.S. Department of Labor's Bureau of Labor Statistics (BLS) produces a ten-year projection of employment in occupational groups. Included are many of the program areas found in ASAHP member schools, generally in the 2004 National Employment Matrix Code category 29, which is for "healthcare practitioner and technical occupations". While one may be getting weary of the emphasis on BLS projections, it may be helpful to take another look at them.

These data are often quoted to indicate the strong employment demand for graduates and to justify expansions or other educational program changes. Such use of the BLS data is not unwarranted since the BLS indicates that among the various occupational groups in the U.S. economy, this category of fields will have the largest percent change in employment during the 2004-2014 ten-year period--the most recent ten-year period for which BLS projections are available. According to the BLS, the category 29 occupations are projected to add 1.8 million jobs and grow twice as fast as the average for all occupations. The table that follows presents data for a number of programs found in ASAHP member institutions.

Health Professions BLS Projections

Numbers listed are in thousands of jobs.

Occupation	Employment Number		Total job openings due to growth and net replacement, 2004-14	Percent Change		
	2004	2014		2000-10	2002-12	2004-14
Graduate Degree level						
Audiologists	10	11	3	44.7	29.0	9.1
Occupational Therapists	92	123	43	33.9	35.2	33.6
Pharmacists	230	287	101	24.3	30.1	24.6
Physical Therapists	155	211	72	33.3	35.3	36.7
Physician Assistants	62	93	40	53.5	48.9	49.6
Speech-Language Pathologists	96	110	38	39.2	27.2	14.6
Baccalaureate Degree Level						
Athletic Trainers	15	19	8	18.5	29.9	29.3
Dieticians & Nutritionists	50	51	22	15.2	17.8	18.3
Health Educators	49	60	20	23.5	21.9	22.5
Med & Clinical Lab Technologists	302	371	150	17.0	19.3	22.7
Nuclear Medicine Technologists	18	22	7	22.4	23.6	21.5
Associate Degree Level						
Dental Hygienists	158	226	82	37.1	43.1	43.3
Medical Records & Health Information Technicians	159	205	69	49.0	46.8	28.9
Registered Nurses	2,394	3,096	1,203	25.6	27.3	29.4
Radiation Therapists	15	19	7	22.8	31.6	26.3
Radiologic Technologists & Technicians	182	224	76	23.1	22.9	23.2
Respiratory Therapists	94	120	57	34.8	34.8	28.4

Table prepared by Stephen N. Collier based on data from Bureau of Labor Statistics: Industry output and employment projections to 2014, Monthly Labor Review, November 2005 and counterpart articles November 2001 and February 2004.

Several notes of explanation are needed to the above categorization by degree level. The Health Professions Career and Education Directory and other sources were consulted to determine the predominant degree level for the professions shown. For example, while educational programs for nuclear medicine technologists exist at certificate, associate degree and baccalaureate degree levels, there are more baccalaureate programs than ones at the associate degree level.

According to the BLS, the category of medical and clinical laboratory technologists includes the clinical laboratory scientist/medical technologist as well as related lab personnel, such as cytotechnologists and others. In the category of medical records and health information technicians are associate and baccalaureate degree graduates as well as those with lower levels of training. Nursing has been placed in the associate degree category since currently about two-thirds of entry-level RN graduates are still at the associate degree or diploma level and a third at the baccalaureate or higher level.

BLS projections: what are the assumptions? The “10 year percent change in employment” columns in the table show the BLS projections of changes in employment in each of the ten-year periods listed. As can be seen by reviewing the data in each column for a given profession, there is substantial variance considering that the projections are made every two years. For example, the most dramatic change appears to be in the audiology profession where a 44.7% change in employment was projected for the 2000-2010 period. Just two years later, the projection for change in employment went down to 29.0%, and then two years later the change in employment was further reduced to 9.1% for the 2004-2014 period. Another profession in which a striking change is shown is speech-language pathology. Obviously, the BLS made certain assumptions in developing the projections, but these have not been made explicit in the BLS publications.

One should question the accuracy of the BLS projections, particularly since there appears to be obvious changes in the assumptions underlying the projections from one reporting period to another in many occupations. One might also question the projections based on information that appears not to have been taken into account. For example, in the case of audiology, with the mandate to move to the doctorate as the entry-level degree, a number of programs have closed or are in the process of closing since their institutions do not have doctoral-granting authority. If there is a decrease in the number of graduates nationally, an increase in the number of elderly who need hearing exams and related treatment, a stable environment regarding licensure and practice restrictions, and if payment mechanisms don't change substantially, the circumstances would be such to indicate a substantial increase in the employment demand for audiologists. However, since the assumptions for each occupation are not enumerated in the BLS data, and since projecting ten years into the future is very difficult at best, great care should be exercised in using the BLS projections and accepting their accuracy and validity at face value. While the BLS strives to produce accurate and relevant projections, many believe the decreased emphasis on health professions data and planning by other governmental agencies is indicative of a national neglect by the federal government.

The supply-demand balance--a moving target: Though severe health workforce shortages seem to be abating in some health professions in some areas of the U.S., future trends and demographics can change that situation. For instance, much has been written recently about the aging of the health care workforce. There is great concern that the number of individuals who retire or leave health care employment in the next ten or so years may exceed the number of new graduates entering the workforce. While the BLS and others have developed estimates of the number of retirements and the net number of new jobs that will be created due to growth in health care demand, if the retirements or workforce attrition occur earlier or later than projected, the supply-demand balance can change significantly. Staying in touch with the local and regional employment markets, examining the assumptions underlying the BLS projections, and factoring in demographic change within each state will provide deans and educational planners with essential information needed to make informed changes in programs and enrollment levels.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Nation's Report Card On 12th-Grade Reading And Mathematics Achievement

This report presents results of the 2005 National Assessment of Educational Progress (NAEP) in reading and mathematics at grade 12. Assessment results based on a nationally representative sample of twelfth-graders assessed in each subject are reported as average scores and as the percentages of students performing at or above three achievement levels: Basic, Proficient, and Advanced. Scores also are reported at different percentiles (showing performance for lower-, middle-, and higher-performing students) and by subject subscales (showing performance in specific content areas). Results for groups of students defined by various background characteristics (e.g., gender, race/ethnicity and highest level of parental education) are included as well. Students' performance in the 2005 reading assessment is compared to students' performance in previous assessment years and shows a decline in the average score in 2005 in comparison to 1992 and no significant change in comparison to 2002. Results from the 2005 mathematics assessment could not be compared to those from previous years because of changes in the assessment content and administration. In 2005, 61 percent of twelfth-graders performed at or above the Basic level in mathematics and 73 percent performed at or above Basic in reading. The report also includes sample assessment questions in reading and mathematics and a page of technical notes provides information about sampling, use of accommodations, school and student participation, and statistical significance. The report may be accessed on the Web at <http://nces.ed.gov/nationsreportcard/pdf/main2005/2007468.pdf>

Unsustainable Federal Health Care Spending

Staff at the Government Accountability Office (GAO) recently testified on Capitol Hill about the challenges involved in financing health care. GAO has been particularly concerned about the federal government's long-term fiscal sustainability and the contribution of health care spending to this troubling picture. In just a few decades, the government will face a serious fiscal imbalance driven by known demographic trends and escalating health care cost growth. Over the next several decades, growth in spending on federal retirement and health entitlements will encumber an escalating share of the government's resources. These entitlement programs primarily include Social Security, which provides among other things retirement income to individuals aged 62 and older; Medicare, which provides health care coverage primarily for individuals 65 and older; and Medicaid, which is a joint federal-state program providing health care and long-term care for low-income individuals. Congress's concern about the challenges involved in financing health care is consistent with the fact that certain spending pressures faced by Medicare and Medicaid are faced by all health care payers, including the Departments of Veterans Affairs (VA) and Defense as well as private payers of health care. To provide an overview of the situation, GAO discussed (1) the long-term outlook for the federal budget and implications for the national economy, (2) health care spending increases system-wide and drivers of spending growth, and (3) cost containment challenges health care payers face now and in the future. The testimony may be accessed on the Web at <http://www.gao.gov/new.items/d07497t.pdf>.

“Talking Points” On The Value Of Accreditation

The Council for Higher Education Accreditation (CHEA) shared “Talking Points” about the value of accreditation this past fall as the U.S. Department of Education (USDE) initiated a series of activities related to the report of the Commission on the Future of Higher Education issued in September 2006. As part of its effort, USDE has scheduled three negotiated rulemaking sessions on accreditation that began on February 21, 2007. These sessions can result in changes to federal regulations that affect accreditation and, in turn, institutions and programs. The “Talking Points” may be accessed on the Web at http://www.chea.org/pdf/CHEA_Talking_Points.pdf.

NEWS FROM THE COLLEGES

One of the Association's newest institutional member is the School of Health Sciences at Winston-Salem State University. **Peggy Valentine** serves as dean. Her previous service includes Associate Dean at Howard University for the Division of Allied Health Sciences in the College of Pharmacy, Nursing and Allied Health Sciences, overseeing seven academic programs. An ASAHP Fellow, she has a Doctor of Education Degree from Virginia Tech University in Blacksburg, Virginia. She has conducted research on homelessness, minority issues, and HIV/AIDS and has lectured extensively on minority HIV/AIDS issues to professional and lay groups nationally and internationally. In addition to her many publications, she co-edited the textbook, *Allied Health Practice Issues and Trends in the New Millennium*.

The School of Health Sciences is the fourth largest producer of nurses in North Carolina. The Clinical Laboratory Science program was the first undergraduate Internet-based degree program in the University of North Carolina System and one of the first of its kind in the nation. The School's mission is to produce highly educated, motivated, clinically and culturally competent graduates for careers in Nursing, Allied Health, and related professions. Approximately 1,500 students are enrolled in educational programs that lead to Bachelor of Science degrees in Nursing and Clinical Laboratory Science and graduate degrees in Physical Therapy (MPT), Occupational Therapy (MSOT), and Nursing (MSN). All educational programs are fully accredited. The School maintains over 350 clinical affiliates

AGING OF FACULTY AND ADMINISTRATORS

More students will have to be enrolled in academic programs as a means of coping with existing health workforce shortages and meeting the projected numbers of personnel who will be needed to provide care in future years. An adequate number of professionals in all levels of higher education will be required to increase student enrollment.

Certain allied health professions already experience faculty shortages. An analysis by **Kevin Lyons** (Associate Dean at Thomas Jefferson University) of data in ASAHP's *2006 Institutional Profile Survey* provides an indication of the challenges that lie ahead since it is likely that in the next 10 years, many faculty and administrators are likely to retire. Based on a total of 3,748 such individuals, the average age distribution is as follows:

<u>Category</u>	<u>Average Age</u>
Instructors	45
Assistant Professors	46
Associate Professors	52
Professors	57
Program Directors	51
Chairpersons	54
Assistant Deans	51
Associate Deans	55
Deans	57