

TRENDS

Association of
Schools of
Allied Health
Professions

HIGHLIGHTS

**JULY-AUGUST
2007**

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VANGUARD OF
ALLIED HEALTH EDUCATION

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RAMIFICATIONS OF AN EXPANDING UNIVERSE OF PUBLISHING

One thing is for certain, which is that the universe of publishing continues to expand at a rapid pace. This phenomenon occurs at a time when repositories in the form of libraries are running out of shelf space. To cite just one example, as part of its collection in 2006 the Library of Congress in Washington, DC had 20,532,692 cataloged books, 11,591,309 large-type books and other printed materials such as monographs, and another 59,469,053 total manuscripts in the non-classified (special collection) category.

Fortunately, technology in the form of microfiche and the Internet has made it possible for college and university libraries to obtain much or most of what they need in the health sciences. Recognizing the inevitability of the coming of the day when librarians would be unwilling to deal with additional printed material, ASAHP began this decade by converting the *Journal of Allied Health* to an online version through Ingenta to accompany the print edition.

Apart from the convenience of sitting in the comfort of one's den at a computer and being able to access the contents of an amazing number of health publications, a fundamental problem remains in the form of deciding what's of value and what should be viewed with a degree of skepticism that even may border on incredulity.

On August 1 of this year, Michael M. Gottesman, Deputy Director for Intramural Research at the National Institutes of Health, presented a lecture on the NIH campus that he entitled, "Separating Wheat from Chaff: Critical Reading of the Biomedical Literature." He noted that the quality of the review process associated with many publications can vary from one journal to the next. For example, many sources produce conclusions, but fail to provide the data or methodology needed to conduct a critical analysis by a reader. In addition, evidence of a conflict of interest on the part of authors is not always made manifestly clear.

Members of Congress are considering the possibility of requiring by law that researchers make articles about research funded by the NIH available for the public for free through PubMed Central. Professional societies and other publishers are not too keen about this proposal because of the potential loss of revenue. Even within the intramural program at NIH, researchers are reluctant to have their articles made available through PubMed Central. Their rationale is that it might anger a publisher who could retaliate the next time that the researcher tries to have an article accepted by that source. Thus, it appears that only by making it a law will the published results of all NIH funded research become accessible to the public for free.

PRESIDENTS' MESSAGE

By *David M. Gibson, ASAHP President*



“Human history becomes more and more a race between education and catastrophe.”
H.G. Wells, 1921, *The Outline of History*, vol.2, chapter 41. p.594

Deans are an unusual group of people. We are charged to lead others many of whom have their first loyalties to their professions, all of which they consider *sui generis*. We look to build cohorts of mutual interest from cohorts of specialized interests. We yearn to be scholars but are burdened with administrative chores that steal hours and weeks away from us, when the very meaning of the Greek root word for school or scholars means leisurely time for learning. Moreover, our very title “dean” is illusive and almost as vague as the phrase “allied health.”

Ask any faculty member what a dean is and you are likely to receive an array of answers that at once consign you to a range of occupations: a pen pushing bean counter; a compliance gendarme; a facilities superintendent in charge of everything from burnt-out light bulbs to dust balls. Students are a bit more candid.

Their usual response is, “I don’t know.” I meet with students throughout the year and students have told me over and over, “This is the first time I have ever met with a dean-” a bit surprising among graduate level students.

Well, deans are enforcers. We are expected to enforce our university and colleges’ policies; uphold the standards of higher education; seek continuous quality improvement; and, yes, on occasion print money in our basements to balance our budgets. Sometimes it does take a dean to have a burned-out light bulb replaced. Other times it takes a dean to assure compliance and, God knows, we could all use carpal tunnel rehabilitation from pushing pens and pounding keyboards.

We are also arbitrators of the petty and the important. We sometimes beg for resources and sometimes act as important liaisons with both internal and external constituencies. We are, in effect, more often sales people than managers, our official role.

What we do is build teams, not infrequently from among the initially unwilling. What we do is educate both our faculties and our students. What we do is urge scholarship, honor those who achieve it and assist those who are struggling with it.

What we do is respect differences be they differences among personalities or those born out of cultural mores of diverse groups. What we do, most importantly, is keep education ahead of the race to catastrophe. As allied health deans and directors, our task is very challenging but it is ours to savor as well.

At the end of the day, that’s what I like about being a dean—even if there is no simple declarative sentence that answers the question: “What is a dean?”

HIGHER EDUCATION ACT REAUTHORIZATION



On July 24, by a vote of 95-0, the Senate passed a five-year reauthorization bill (S 1642) and overhaul of the Higher Education Act law ([PL 105-244](#)), which has not been fully renewed since 1998. So far, no legislation to reauthorize the Higher Education Act has been introduced in the House. Edward M. Kennedy, (D-MA), chairman of the Senate Health, Education Labor and Pensions Committee (HELP), had hoped the House would act quickly on the reauthorization bill, but George Miller, (D-CA), chairman of the House Education and Labor Committee, wants to write his own bill, indicating that the House won't take any substantive action on a companion measure until after the August recess.

Key changes involving accreditation in the Senate version are:

(Student Achievement) Accrediting organizations are to examine institutional success with regard to student achievement in relation to institutional mission. The standards may vary by institution and are to be established by institutions.

(Transfer of Credit) The language on transfer of credit does not prescribe the content of an institution's transfer of credit policy. Accrediting organizations are to review institutions to assure that schools: (1) have a transfer of credit policy and (2) make this policy public, including criteria for transfer of credit earned at another institution.

(National Advisory Committee on Institutional Quality and Integrity, NACIQI) The bill would eliminate NACIQI and, within 30 days of enactment, establish an Accreditation and Institutional Quality and Integrity Advisory Committee, which would advise the Secretary with respect to recognition of accrediting agencies. The Committee would have 15 members, 5 appointed by the Secretary, 5 appointed by the Speaker of the House of Representative and 5 appointed by the President pro tempore of the Senate.

A chart developed by the Council for Higher Education Accreditation describes the major accreditation-related provisions of S. 1642. It compares the current law with the bill, including student achievement, transfer of credit, public information, distance education, federally required disclosures, due process, and NACIQI. The chart can be accessed on the Web at http://www.chea.org/Government/HEAUpdate/HEA_Update_39_Chart.pdf.

2007 ASSOCIATION CALENDAR OF EVENTS

October 15-16, 2007—Part II of the Leadership Development Program

October 17-19, 2007- Annual Conference—Catamaran Resort Hotel —San Diego, CA

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

October 8-10, 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 and in Charlotte, NC in 2010.

UNDER THE RADAR

A steady proliferation in the number of journals renders the task of staying abreast of a wide range of health literature all the more challenging. For example, as of early August 2007, the NIH library alone has 7,754 periodicals, including 7,437 online. Major publications such as The New York Times and the Washington Post regularly feature highlights of articles appearing in the *New England Journal of Medicine* and the *Journal of the American Medical Association*.

Nevertheless, a great deal of useful information goes unnoticed except by subscribers to individual periodicals and by specialists in some aspects of health care or health research. Beginning with this issue of TRENDS, an aim is to identify articles that should be of interest to allied health professionals, while recognizing that such items may not always be readily apparent.

The installment for this edition of TRENDS is entitled, *Using Population Segmentation to Provide Better Health Care for All: The “Bridges to Health” Model* by Lynn et al in the Vol. 85, No. 2, 2007 issue of *The Milbank Quarterly*. The report Crossing the Quality Chasm issued by the Institute of Medicine (IOM) in 2001 envisioned an approach to health that focuses on the individual person or patient and meets six specific aims for care:

- ◆ Safe
- ◆ Effective
- ◆ Efficient
- ◆ Patient-centered
- ◆ Timely
- ◆ Equitable

Tailoring services in an ad hoc way to match each citizen's situation, however, would be difficult and costly. A practical alternative, widely used in other industries, is to stratify the population into groups that are sufficiently homogeneous to enable arranging a set of commonly required supports and services to meet their expected needs. The Milbank article proposes that segmentation be made into eight groups, which are as follows: healthy; maternal and infant health; acutely ill; chronic conditions, normal function; stable but serious disability, short period decline before dying; limited reserve and exacerbations; and frailty, with or without dementia.

For each segment, the following attributes are described: health-related concerns, major components of health services and supports, and life goals. At any one time, a person's situation best matches one of these segments, but over time, there is movement to other segments.

Next, the model is used to match the eight segments with the six IOM aims. Each intersection of a segment and an aim offers a way to define interventions that will lead to optimal health in each portion of the population for each characteristic. The Bridges to Health framework enables well-targeted efforts to eliminate the Quality Chasm. Another feature is that a match can be made between segments and the various kinds of payers such as Medicare and commercial insurers. The framework may prove useful for these entities in establishing payment incentives and quality standards for the population groups that they serve.

Finally, through the use of improved data, researchers and managers can test alternative ways of segmenting the population and establishing effective, efficient, and coordinated care. Further research and debate offer the possibility of generating better estimates and a more complete concept.

GENDER: A KEY DEMOGRAPHIC OF HEALTH PROFESSIONS STUDENTS

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Many of the allied health fields have been populated predominantly by females for many years. Consequently, stating that in the future these professions are likely to have a majority of women graduating from educational programs is not exactly a news flash. What may not be realized, however, is the extent to which overall higher education trends, particularly in regard to gender, may affect enrollments in allied health programs in the future.

Sometimes unrecognized by the public and many educators is a gradual demographic shift that has been occurring over the last thirty years or so in the proportion of women pursuing higher education. As the first table illustrates, the increasing proportion of women is occurring at undergraduate, graduate, and first-professional levels.

Enrollments: Undergraduate, Graduate, and First Professional, by percent female, 1980-2015 in 5 year increments			
	Undergraduate (2&4 year)	Graduate	First Professional
1980	52	50	28
1985	53	51	34
1990	55	54	39
1995	56	56	42
2000	56	58	47
2005	57	60	50
2010	58*	61*	52*
2015	59*	62*	54*

*Source: The Condition of Education 2007: Indicator 8, Past and Projected Undergraduate Enrollments; Indicator 9, Trends in Graduate/First-Professional Enrollments. U.S. Department of Education. *projected*

The undergraduate numbers include enrollments in both two and four-year degree programs. The first-professional fields are defined by the National Center for Educational Statistics and include: medicine, both allopathic (MD) and osteopathic (DO); dentistry; optometry; pharmacy; podiatric medicine; veterinary medicine; chiropractic medicine; law; and theology. The graduate numbers include all enrollments beyond the baccalaureate level, except for first-professional programs.

The number of women enrolled surpassed men for the first time at the undergraduate level in 1978, and at the graduate level in 1984, and the gap has continued to increase. While the proportional increases have been gradual, the gender shift in enrollments and graduates has been more pronounced at the graduate and first-professional levels.

In focusing on the health professions other than those under the first-professional category, one finds the same overall trend, with a striking percentage growth of women graduates at the doctoral level. The National Center for Education Statistics includes a large number of fields within its category of "Health Professions and Related Clinical Sciences" including: almost all of the allied health professions; graduate dental and veterinary degrees other than the first professional degrees of DDS, DMD, or DVM; health care administration/management; nursing; and public health.

As the second table indicates, the proportion of women in health fields is now at a very high level, and it is likely only to increase in the future. What now becomes apparent is that female dominance in the number of graduates is occurring at the highest levels--in master's and doctoral levels, including first-professional programs such as pharmacy, where women constituted 67% of the PharmD graduates in 2004-05. Even in the historically male-dominated profession of medicine, women graduates accounted for 47% of MD degrees awarded in 2004-05, and that percentage is expected to grow in future years.

Degrees conferred , health professions and related sciences, by percent female, 1974-75 through 2004-05 in 5 year increments			
Year	Bachelor's	Master's	Doctor's
1974-75	78	64	28
1979-80	82	74	43
1984-85	85	77	52
1989-90	85	78	56
1994-95	82	79	61
1999-2000	84	78	65
2004-05	87	79	71

Source: Digest of Education Statistics 2006, data from table 292, National Center for Education Statistics, U.S. Department of Education.

It is well known that most of the allied health professions enroll and graduate many more women than men. The predominance of women is something that has changed little over the years even though larger numbers of men have entered some of the fields. With a continuing concern for emphasizing diversity in the health workforce, attention is often directed to recruiting larger numbers of racial minorities, incorporating cultural competence into the curriculum, and focusing on underserved segments of the population. What may emerge as a stronger initiative in the future is the recruitment and graduation of larger numbers of men in an attempt to achieve a better gender balance in the health workforce.

The following table indicates the percent of women graduating from some of the allied health professions, nursing, and public health. The designations of the professional areas are those specified by the National Center for Education Statistics and its Integrated Postsecondary Education Data System (IPEDS).

Degrees conferred 2004-05, health professions and related sciences, selected fields	
Field	% Female
Health Info/Med Records Admin	88
Medical Informatics	58
Health Care Admin/Mgt (B,M,D)	71
Physician Assistant	69
Athletic Training	63
Dental Hygiene	98
clinical lab science	75
Nursing (RN, ASN, BSN, MSN)	91
Nurse Anesthetist	60
Public Health, General (B,M,D)	70
Occupational Therapy (B,M,D)	92
Physical Therapy (B,M,D)	71

Source: Digest of Education Statistics 2006, excerpts from table 258, National Center of Education Statistics, U.S. Department of Education. B=bachelor's; M=master's; D=doctor's

In recent years some educational programs such as nursing have recruited males, particularly those who are early to mid-career and desire a change to an occupation where they can provide a service that is meaningful to them. A number of allied health disciplines have also been successful in increasing the number of males entering their programs, but the overwhelming majority of students remains female, and the overall proportions have remained relatively the same.

One might reasonably ask what are the implications for education and practice of a predominantly female workforce in the health professions. While it is natural for allied health educators to consider this within their individual profession, at least part of the rejoinder may be found in the other components of the health workforce. Greater numbers of women pursuing careers in fields such as medicine and pharmacy could cause a drop off in applicants to some allied health disciplines. Such a response could exacerbate allied health workforce shortages. However, the availability of jobs and salary levels will play a larger role in potential students' decisions on which field to enter.

Perhaps the greatest implication of increased numbers of women in the health workforce resides with employers. It is they who need to develop more flexible working arrangements to accommodate occurrences such as child rearing and childbirth, as well as other needs of a largely female workforce. Due to a greater number of

individuals working less than forty hours per week, the situation will call for increased numbers of workers to generate a given level of productivity, placing a greater cost and strain on both the education and employment sectors.

If one associates certain personality characteristics with gender, then there may be positive outcomes of having a greater ratio of women in the workforce, particularly if they move into positions of leadership. The potential for a more nurturing, caring and collaborative environment among all of the health professions is something most health system analysts see as needed. Perhaps that day is approaching as education in the health professions and the health workforce evolves with a greater prevalence of women determining the course of education and practice.

BOARD OF DIRECTORS

The Association's Board of Directors will have a conference call on August 13. The next face-to-face meeting will occur in San Diego, CA on October 15-16, immediately prior to the Annual Conference.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Growing Older In America

Every two years, thousands of older Americans answer questions about how they are feeling, how they are faring financially, and how they are interacting with their families and with others. They are participants in the U.S *Health and Retirement Study (HRS)* to understand the nature of health and well-being in later life. Now in its second decade, the HRS is the leading resource for data on the combined health and economic circumstances of Americans over age 50. The most recent HRS report can be accessed on the Web at <http://www.nia.nih.gov/NR/rdonlyres/D164FE6C-C6E0-4E78-B27F-7E8D8C0FFEE5/0/HRS%5FText%5FWEB.pdf>.

How Parents And The Public Look At Higher Education Today

The Secretary of Education's Commission on the Future of Higher Education called for reforms such as greater accountability and productivity in higher education. A report from the National Center for Public Policy and Higher Education and Public Agenda explores how the American public is thinking about higher education today. Are Americans pleased with the system as it exists or are they looking for change? How is the system working from the public's point of view and from the point of view of parents whose children may soon be students? To explore this question, Public Agenda, a nonprofit, nonpartisan organization that conducts opinion research on public policy issues, designed and fielded a random sample survey of 1,001 Americans, including over-samples of African-American and Hispanic parents with children in high school. The project included five focus groups around the country and interviews with more than two dozen corporate, media, philanthropic, and legislative leaders. The study also examined a series of similar public surveys, going back to 1993, to see how the public's views have changed (or stayed the same) over time. The report can be accessed on the Web at http://www.highereducation.org/reports/squeeze_play/squeeze_play.pdf.

America's Children: Key National Indicators Of Well-Being 2007

Compared to national statistics for the previous year, there has been an increase in the percentage of children living with at least one working parent and the percentage of children living in households classified as food insecure has declined. High school students were more likely to have taken advanced academic courses and the percentage of young adults who completed high school has increased. The adolescent birth rate has dropped to a record low. Increasing were: the percentage of children served by community water systems that did not meet all applicable standards for healthy drinking water and the percentage of children living in physically inadequate or crowded housing or housing that cost more than 30 percent of household income. The percentage of low birth weight infants also increased as did the percentage of births to unmarried women. The rate at which youth were perpetrators of serious violent crime increased slightly. These findings are described in detail in *America's Children: Key National Indicators of Well-Being, 2007*, the U.S. government's annual report that monitors the well-being of the Nation's children and youth. The report is a compendium of the most recently released federal statistics on the nation's children, issued by the Federal Interagency Forum on Child and Family Statistics. It presents a comprehensive look at critical areas of child well-being. These encompass family and social environment, economic circumstances, health care, physical environment and safety, behavior, education, and health. The report can be accessed on the Web at <http://childstats.gov/pdf/ac2007/front.pdf>.

PROVIDERS' KNOWLEDGE OF GENETICS

Genetics now has established itself in the United States and in other countries not only as a specialty of medicine, but also as a thread throughout all of health care. A concerted impetus exists from government agencies and scientific groups to educate future practitioners about genetics and to incorporate more genetics into the general practice of health care.

According to a study by Harvey et al in the May 2007 issue of *Genetics in Medicine*, more than 80% of 5,915 respondents reported having between one and four affected family members, having been diagnosed within the last five years, and consulting an average of six different provider types (excluding genetics professionals). Despite having chronic genetic conditions that pose risks to themselves, their offspring, and other family members, 64% of the total study sample reported receiving no genetics education materials from their providers.

The data highlight the importance of allied health providers and demonstrate the need for a team approach to care through communication across disciplines. Allied health providers, in fact, scored higher than primary care and specialist physicians in their ability to collaborate with patients to identify needed services and to develop management plans, and in their understanding of the medical and psychosocial impact of the condition on the family. Yet, the overall distribution of "poor" knowledge rankings among providers indicates that there is much work to be done to incorporate genetics in a clinically meaningful way across disciplines.

In the absence of genetics information from providers, individuals and families turned to multiple sources (including the Internet, advocacy organizations, literature, and classes). In turn, these educated consumers expressed frustration with an apparent lack of receptivity among providers to information about the genetic condition in the family.

ANNUAL CONFERENCE HIGHLIGHTS

Approximately 80 presentations will be made either in concurrent sessions or in a poster session or in a poster session over a three-day period during the 2007 ASAHP Annual Conference in San Diego, CA on October 17-19. The topics come under the three general headings of research, education, and practice. Plenary session presentations will address the following topics: diversity, demographic changes, alterations in allied health accreditation over the years, and accessing government resources for allied health education purposes.

ONLINE ALLIED HEALTH TUTORIAL SITE

A new interactive tutorial based in the U.K. teaches Internet research and information literacy skills and is aimed at students and staff in universities and colleges. It is free to use and takes around an hour to complete. The tutorial recommends key Internet resources for allied health studies, offers advice on Internet searching and website evaluation, and has a new section called "Success" to illustrate how the Internet can be used to support education and research in a variety of subject-related scenarios. This resource can be accessed on the Web at <http://www.vts.intute.ac.uk/he/tutorial/allied>.

ASAHP ELECTION RESULTS

The results of the recent ASAHP election will be made public following the notification of candidates after September 7, the date on which the votes will be tabulated.
