

TRENDS

Association of
Schools of
Allied Health
Professions

HIGHLIGHTS

NOVEMBER 2007

President's Message	2
Congressional Update	3
Allied Health Workforce	4
Award Winners	5
New Institutional Member	6
Next ASAHP Election	6
Available Resources	7
Allied Health Week	8-10



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.

GLOBALIZATION OF HEALTH

The United States leads the world in medical innovations, but related measures of performance in the health care arena fail to be as impressive. U.S. adults are more likely than adults in six other countries to: say they experienced medical errors, report they went without care because of the cost, and feel the health care system needs to be rebuilt completely, according to a new Commonwealth Fund survey. This 2007 study compares adults' health care experiences in Australia, Canada, Germany, the Netherlands, New Zealand, the United Kingdom, and the United States. In all countries, the study finds that having a "medical home" that is accessible and helps coordinate care is associated with significantly more positive experiences. Wide country differences occur in access, after-hours care, and coordination.

According to a recent report from the Congressional Research Service, the United States spends more money on health care than any other country in the Organization for Economic Cooperation and Development (OECD). The OECD consists of 30 democracies, most of which are considered the most economically advanced countries in the world. According to OECD data, the United States spent \$6,102 per capita on health care in 2004 — more than double the OECD average and 19.9% more than Luxembourg, the second-highest spending country. In 2004, 15.3% of the U.S. economy was devoted to health care compared with 8.9% in the average OECD country and 11.6% in second-place Switzerland.

These comparisons suggest that there is room for improvement in the United States and that there is much to be learned from the ways in which other nations go about their business in the health sphere. A step in that direction was taken recently by ASAHP by signing a formal agreement with COHEHRE, the Consortium of Institutes of Higher Education in Health and Rehabilitation in Europe, an organization representing some 40 different academic institutions.

This partnership has the potential to facilitate the exchange of faculty for collaboration in research, education, and service at undergraduate and post-graduate levels. A related aspect is student exchanges for the purpose of mutually enhancing classroom learning and clinical experiences. Both ASAHP and COHEHRE will collaborate to keep one another informed of literature, research, learning resources, and conferences of common interest. In addition, each organization will serve as a "publishing house" for its member institutions, encouraging inter-institutional collaboration. As an example, short presentations or abstracts of successful exchange experiences will be documented and reported. The ASAHP and COHEHRE websites will be the primary means of documenting such information and reporting the availability of faculty and student exchanges.

PRESIDENTS'S MESSAGE

By Linda C. Hatzenbuehler, ASAHP President



This issue of TRENDS will be published during the American tradition of Thanksgiving. I have never been a fan of the Thanksgiving holiday. Football is not my favorite sport; while I like to cook, eating has never been a focus of my life; no matter how much help one has, pulling off a traditional Thanksgiving dinner is a lot of work; and gratefulness is an attitude one should have daily, not on a single day in November each year! Bah, Humbug—move over Ebenezer Scrooge. Nonetheless, the holiday break has given me time to pause and reflect upon my first month as president of ASAHP.

I have spent my first thirty days in office planning for the next 700. My “election platform” included an emphasis on membership. Membership is the financial basis of ASAHP, and the more members we have the stronger voice we have for allied health issues particularly as they relate to government policy and funding initiatives. There is power in numbers. However, in addition to absolute numbers of members, we need to be vigilant about diversity of institutional type and geographic distribution.

In the interest of membership, I have been making phone calls. To date my calls have been to current institutional members, and my inquiries have been directed toward ASAHP's *Institutional Profile Survey (IPS)*. November is the month that survey director, Dean **Ronald Winters**, likes to tie things up on the survey so that the results can be published after the first of the year. I asked members four questions: 1) Who completes the IPS; 2) How long does it take; 3) Have you used the IPS, and if so, how; and 4) How can we improve the survey?

The answers I received were very informative as an initial step toward improving services to our members. One of the current advantages of ASAHP membership is access to IPS data. Personally, I have found the IPS data helpful, and I have included a couple of Ron's tables in my formal budget presentations. My institution uses Oklahoma State Study salary data as its benchmark. I have argued that Ron's data are better comparisons for my programs because my competitors for faculty are the institutions included in the IPS.

I am exceptionally grateful to all of you who take the time to complete the survey in a timely fashion. I have learned that many of the college deans complete the survey personally. For those institutions without sophisticated enterprise data systems, the job can be quite time consuming as each year one starts from scratch! My institution falls into that category, so I have designed my college data base to align with the IPS. I am particularly appreciative to those of you who annually complete the IPS even though you do not use it every year. A few of the members with whom I spoke have never used the IPS because of unique characteristics of their institutions. Several of these members, however, continue to contribute data. In the spirit of the season, and on behalf of the rest of us who do use the IPS regularly, thank you, thank you.

I pledge to work with Ron, Executive Director **Thomas Elwood**, and the Board to refine the IPS in order to assure that it continues to be useful to our members. It is unlikely that the IPS will ever be universally helpful to all of our members. The diversity of membership challenges any organization. Yet it is the diversity of ASAHP's membership that is the foundation of our strength.

I hope this issue of TRENDS finds you looking forward to or returning from some fun times with family and friends and perhaps a few days of respite from your e-mail!

PRESIDENT VETOES LABOR-HHS BILL



President Bush signed the Defense spending bill (HR 3222) on November 13, making it the first of the 12 fiscal 2008 bills to become law and then vetoed the Labor-HHS-Education spending measure (HR 3043) because he objected to its funding level. The Labor-HHS bill would provide \$150.7 billion in discretionary spending, which is \$6.2 billion above the fiscal 2007 level and \$9.8 billion more than the Bush Administration proposed.

In a message to Congress, the President also said the Labor-HHS bill fails to cut funding for earmarks by 50 percent from fiscal 2005 levels, a goal he set earlier this year. Democrats responded by indicating that they reduced funding for earmarks by 40 percent.

ASAHP was successful in having \$2 million added back specifically for allied health to Section 755 of Title VII. Labor-HHS Appropriations Subcommittee Chairman Tom Harkin (D-IA) accepted an amendment to that effect in October, but it was rejected when appropriators from the two chambers met in conference. The positive development is that now that he has demonstrated an inclination to support the addition of money for allied health, ASAHP plans to capitalize on that fact early in the next funding cycle.

The usual skirmishes occurred over the addition of earmarks to the bill, otherwise known as “pork.” Members of both political parties are quite adept at seeking federal money for pet projects in congressional districts and states. Perennial topics of dispute that also cloud reaching an agreement include money for abortion clinics and a polar opposite concern about abstinence education programs.

House Democrats initially planned a veto override vote by November 16, but when the House voted 274-141 to adopt the Labor-HHS-Education conference report on November 8, it fell three votes short of the two-thirds majority that would be needed for an override. The House eventually failed to override the Labor-HHS veto. Democrat party leaders have been calling on Bush to compromise over their spending differences. The Administration favors \$933 billion for overall fiscal 2008 discretionary spending. Democrats have proposed spending \$23 billion more than that. It is not entirely clear what will happen next. Some lawmakers believe that a multi-bill spending package is inevitable. Using such an omnibus to complete annual spending work is common, but a recent Senate rule change makes this strategy more difficult. The change allows senators to raise a point of order to strike from conference reports provisions that were not part of the bill when it passed the House and Senate. Wrapping multiple appropriations bills into an omnibus would fit this definition.

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 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. That event also will be held in Chicago, IL in 2010 and in Charlotte, NC in 2011.

THE COST-QUALITY CONUNDRUM AND ITS EFFECT ON THE ALLIED HEALTH WORKFORCE

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

Controlling health care costs and improving health care quality are two powerful factors operating in today's health care system in the United States. These, along with improving access to services, are the most frequently mentioned forces driving health policy developments.

Cost and quality are often seen as operating in tandem. A common impression among the public, often reinforced by the health care professions, is that the amount of training of the provider determines the quality of the health care provided. While this seems to be a logical conclusion, and may in fact be true, other factors also play a role, such as the health professional knowing her or his limitations and seeking the assistance of others who may be in the same profession or in related professions to be part of a health care team.

Since health care is delivered by many kinds of workers with differing levels of training, an essential question is what should be the appropriate mix of health professionals and workers in a particular setting? Some might recommend using only individuals with extensive levels of training, such as physicians, but that would cause the care delivered to be very costly and would have many of those professionals performing some tasks well below their optimal level of training. It might be more efficient to delegate those tasks to individuals with lesser amounts of training. The goal is to deliver care with the highest level of quality and at the lowest cost.

What is happening with the medical assistant field is a good illustration of the cost-quality conundrum. An article by Stephanie Tache and Susan Chapman (*Journal of Allied Health*, Winter 2006, Volume 35, Number 4) covers various aspects of the characteristics and roles of medical assistants (MAs). While allied health professionals outside the medical assistant field may believe the dynamics operating within that field have little to do with them, that may not be the case since those same overall dynamics are exerting a strong influence throughout health care.

The oft-cited Bureau of Labor Statistics projections for growth in the health workforce in the ten-year period between 2004 and 2014 indicate that medical assistants will have the largest growth rate (52%) of any health care occupation other than home health aides (56%). As shown in the below table, with the fields listed by rank in percentage growth, medical assistants are projected to grow to 589,000 workers by 2014. However, according to Tache and Chapman, only about 55,000 of the 387,000 MAs employed in 2004 were certified by one of the two certification bodies for that field.

Medical Assistants are largely unregulated and work in many primary care settings. Due to both cost factors and the shortage of nurses, they are substituting for some portion of nurses in many instances. MAs perform both clinical and administrative tasks that may include conducting basic lab tests and EKGs, drawing blood, giving shots, and other clinical responsibilities, in addition to administrative roles of scheduling patients and arranging for insurance reimbursement. As pointed out by Tache and Chapman, MAs generally carry out their roles under the authority of the license of the employing physician who is responsible for their supervision. There is little regulation imposed in most states, although some require a limited permit to perform invasive functions, such as giving immunizations or exposing patients to radiation.

According to the Bureau of Labor Statistics, salaries in 2006 for medical assistants averaged \$26,843, well below that for many other health workers, including clinical lab technicians, radiographers, and nurses—whose functions they often perform in clinic or physician office settings. It is more cost efficient for employers to hire medical assistants to perform some basic clinical procedures and front office functions than to hire higher paid individuals to perform many of these same functions. In addition, rather than having to hire professionals from different disciplines and pay them a higher salary, employers can hire an MA for lower cost and have them serve in a multi-skilled role. A caveat, of course, is that the functions performed by the MA must be done with an acceptable level of quality.

Employment Projections 2004-14 Ranked in Growth

(numbers in Table are in thousands)

Occupation	Employment Number		Change		Total job openings due to growth & net openings, 2004-14
	2004	2014	Number	Percent	
Medical assistants	387	589	202	52.1	273
Physicians assistants	62	93	31	49.6	40
Dental hygienists	158	226	68	43.3	82
Physical therapists	155	211	57	36.7	72
Occupational therapists	92	123	31	33.6	43
Registered nurses	2,394	3,096	703	29.4	1,203
Respiratory therapists	94	120	27	28.4	57
Physicians and surgeons	567	702	136	24.0	212

Medical assistant training is not uniform. MAs may be trained on-the-job or in a formal training program up to and including an associate degree. Along with growth in the medical assistant workforce has been a substantial increase in the number of accredited programs in that field. From 168 accredited programs in 1985, the number increased to 221 in 1995 and 545 in 2006. Even with increased numbers of accredited programs, large numbers of medical assistants either do not receive training in an accredited program or do not complete the certificate exam in the field.

Table prepared by Stephen N. Collier Source: Bureau of Labor Statistics: Industry output and employment projections to 2014, Monthly Labor Review, November 2005.

The inconsistency in training can result in calls for standardization, either in requiring graduation from an accredited educational program, or passing a certification or other credentialing exam. However, increasing the regulation of MAs, either through educational requirements or personnel credentialing, will certainly lead to higher costs and less discretion and flexibility for employers. This predicament of how much and what kind of regulation to require is central to the cost-quality conundrum.

The same health workforce dynamics creating an increased use of medical assistants also can be found in other fields. For example, the recent FutureScan study by the American Society of Radiologic Technologists indicates that work is expanding in both directions along the training continuum. In contrast to existing training levels, there is a need for higher trained professionals along with lower trained individuals. With the increasing complexity of health care and improvements in technology and automation, training requirements are moving in opposite directions. This bifurcation of the health workforce has been described in other articles.

The need for increased levels of training is reflected in the upward movement in degree levels for a number of professions, some of which are listed in the above table. However, in those same fields, there is also pressure from employers to push some of the tasks down to lower trained individuals. Employers generally seek to use the least costly but qualified individual, which usually correlates to lower levels of training, to perform a certain task. Elusive measures of quality and competence can enter into the equation. For example, licensure and legal requirements found in scopes of practice may be seen as attempts to ensure quality, but they most often address quality in a general manner rather than creating specific measures or outcomes. The cost-quality conundrum is reflective of the on-going tension between employers, educators and leaders within the health professions.

When considering changes in training that might be needed within an occupation, schools of allied health and the major professions frequently focus on the part of the training continuum calling for increased education. While that might be expected in view of the nature of ASAHP member institutions and the professions, they should also be concerned about assisting in the preparation of individuals to competently perform certain tasks with lesser amounts of overall training. Such a move to increase collaboration with lower level training programs would serve to integrate ASAHP member institutions across the entire continuum of health professions education—from the lowest to the highest levels, and help fulfill the schools' true mission and responsibility of improving the health care of our nation.

NEW INSTITUTIONAL MEMBER



The Association's newest institutional member is the School of Health Professions at Maryville University of Saint Louis. The Dean is **Charles J. Gulas**, a Board Certified Geriatric Clinical Specialist. He earned his PhD in Higher Education Administration at Saint Louis University in 2005. He is active in the American Physical Therapy Association and has served on the APTA Panel on Practice and as President of the Missouri Chapter. Currently he is Chairperson of both the APTA Committee on Cultural Competence and the Section on Geriatrics Nominating Committee.

The School of Health Professions provides holistic and interdisciplinary education for wellness, health care, and rehabilitation. It encompasses the following programs: Health Science, Music Therapy, Nursing, Occupational Therapy, Physical Therapy, Rehabilitation Counseling and Rehabilitation Services, and a Gerontology Certificate Program. The School aims at offering academic programs through a health promotion center model that integrates experiential learning and research. It also seeks to use collaborative partnerships to educate competent, compassionate, and reflective practitioners prepared for practice in current and future healthcare environments.

WHY READING COUNTS

A new report from the National Endowment for the Arts (NEA) entitled *To Read or Not to Read: A Question of National Consequence* gathers and collates the best national data available to provide a reliable and comprehensive overview of American reading today. Although there has been measurable progress in recent years in reading ability at the elementary school level, all progress appears to halt as children enter their teenage years. A general decline has occurred in reading among teenage and adult Americans. Both reading ability and the habit of regular reading have greatly declined among college graduates. These negative trends have more than literary importance. As this report makes clear, the declines have demonstrable social, economic, cultural, and civic implications. As Americans, especially younger Americans, read less, they read less well. Because they read less well, they have lower levels of academic achievement. The report can be accessed on the Web at <http://www.nea.gov/research/ToRead.pdf>.

UPCOMING ASAHP ELECTIONS

The Association's election season begins anew in 2008 and the contest will involve two positions on the **Board of Directors**, along with the positions of **President-Elect** and **Treasurer**. Board terms are for three years, the President-Elect is on the Board for four years, including two years as President and one year as Immediate past President. The Treasurer serves for two years. In addition, three members of the **Nominations and Elections Committee** will be elected for two-year terms. Members who either wish to run for any of these positions or nominate fellow members should make their intentions known to members of this year's Nominations and Elections Committee. They are:

Richard Talbott, Chairperson (rtalbott@usouthal.edu) and Tel: 251-380-2785

James Cairo (jcairo@lsuhsc.edu) and Tel: 504-568-4246

Shelley Conroy (shelley.conroy@armstrong.edu) and Tel: 801-309-1010

Shirley Richmond (srichmond@niu.edu) and Tel: 815-753-6155

Denise Heinemann (deniseh@fgcu.edu) and Tel: 239-590-7511

Linda Petrosino (lpetros@bgsu.edu) and Tel: 419-372-8243

William Siler (silerwl@slu.edu) and Tel: 314-977-8591

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Strategies For Reducing Racial And Ethnic Health Disparities

The *Founding Answers Intervention Research* (FAIR) Database contains 206 journal article summaries from a systematic review of racial and ethnic health disparities interventions published as a Special Supplement to the October 2007 issue of *Medical Care Research and Review*. Systematic literature reviews were conducted for the following health topics and intervention strategies: cardiovascular disease (CVD), depression, diabetes mellitus, breast cancer, cultural leverage, and pay-for-performance incentives. Diseases examined in this database were chosen because they: have a known high prevalence, cause significant morbidity and mortality, have clear standards of care, and have large documented disparities in care. Diseases outside the scope of the supplement (e.g., HIV/AIDS, asthma) are not included in this database. The FAIR Database was designed to provide a customized list of interventions that match a user's interest in the following areas: health topic, racial/ethnic population, organizational setting, and intervention strategy. The database can be accessed on the Web at http://www.solvingdisparities.org/fair_database.

Patient-Centered Care: What Does It Take

Patient-centered care has become a central aim for the nation's health system, yet patient experience surveys indicate that the system is far from achieving it. Based on interviews with leaders of patient-centered organizations and initiatives, a new report identifies seven key factors for achieving patient-centered care at the organization level and illustrates how these factors can be successfully implemented through case examples of two organizations. The report can be accessed on the Web at http://www.commonwealthfund.org/usr_doc/1067_Shaller_patient-centered_care_what_does_it_take.pdf?section=4039

Critical Prognosis For The Health Care Workforce

An article by Daniel Rahn and Steven Wartman in the November 2 printed edition of *The Chronicle of Higher Education* indicates that the United States faces a looming shortage of many types of health-care professionals, including nurses, physicians, dentists, pharmacists, allied-health workers, and public-health workers. The results will be felt acutely within the next 10 years. Colleges and health-science programs will all be affected by the demographic, technological, and bureaucratic trends driving the pending crisis, but they can also be part of the solution. The growth of the American population and the aging of the baby-boomer generation will continue to increase the demand for health-care services and providers. The federal Bureau of Labor Statistics also projects that over the next decade, the U.S. will need 3.5 million more workers to meet the increasing demand, in addition to replacements for the two million health-care workers who will leave their positions.

Blueprint For Quality Education In Health Information Management

The transition of the healthcare industry to become more patient-centric and evidence-based has given rapid momentum to improvements in adoption of electronic health records and health information exchanges. The industry is in the process of dramatically changing the way it creates, uses, manages, and disperses health information. A new vision is proposed for quality education in HIM, such that the profession would be able to further sustain and lead amidst a rapidly changing healthcare delivery system. A blueprint for moving in the desired way appears in a report of the American Health Information Management Association (AHIMA). The report can be accessed on the Web at http://www.ahima.org/emerging_issues/Vision2016BlueprintforEduc.pdf.

ALLIED HEALTH WEEK CELEBRATED

Your health care team has a fresh face...



"From diagnostic and imaging professionals to rehabilitation therapists, today's students are ready to step in as tomorrow's professionals. We have your good health covered."

Richard Oliver, Dean
MU School of Health Professions

MU Publications and Alumni Relations Photo by Nic Berne



The MU School of Health Professions salutes our diagnostic, imaging and rehabilitation professionals and recognizes November 4-10, 2007 as National Allied Health Professions Week... health professionals helping people every day!


For more information on School of Health Professions degree programs, contact the Office of Student Affairs at 573-882-8011



Dean **William Frey** and Occupational Therapy Chairman, **Ann Nolen**, congratulate Master of Occupational Therapy student, **April Chung**, who is shown with the certificate accompanying her award from the ASAHP


ALLIED HEALTH WEEK CELEBRATED

Celebrate Allied Health Professions Week!



ALLIED
Health Professions

November 4 — 10, 2007



**Be a part of Allied Health Professions week
and help our professions grow!**


Allied Health Week: Simulated Interdisciplinary Patient Care Team

Did you know?
Seven out of 10 health care employees are allied health practitioners.

Learn more!
Log into http://shrp.umdnj.edu/ed_resources/interdisc_teams and view a team of allied health and nursing professionals, while they conduct a simulated interdisciplinary patient care team.

After the conference, explore this interesting case involving a complex patient while learning more about several health professions.

For more information about the Allied Health Professions contact:
SHRP—Enrollment Services
65 Bergen Street, SSB—149
Newark, NJ 07101
Phone: 973.972.5454
Fax: 973.972.7463
shrpadm@umdnj.edu
website: <http://shrp.umdnj.edu/>



**SCHOOL OF HEALTH
RELATED PROFESSIONS**
University of Medicine & Dentistry of New Jersey

ALLIED HEALTH WEEK AT THOMAS JEFFERSON UNIVERSITY

Allied Health Professions Week at Jefferson was a great celebration of the faculty, students, and staff at the College of Health Professions. Opportunities were provided for everyone to interact with peers in other departments—something that is often difficult in the middle of a busy semester. Nine local businesses, including the University bookstore and activities office, donated prizes ranging from movie tickets to gift certificates for food and coffee from restaurants in the neighborhood. The prizes were raffled throughout the week to those who attended the events. Other events that week included:

All week – Blood Drive in which 21 students, faculty and staff gave blood at the Thomas Jefferson University Hospital blood donor center.

Tuesday – Pizza Lunch that encouraged students to meet their peers from other disciplines.

Wednesday – Faculty and Staff Coffee Break

Thursday – Alumni Interdisciplinary Panel Luncheon to share thoughts about what it's really like in the health-care workplace today. Topics included: How do members of the healthcare team work together? How do they foster collaboration?

ALLIED HEALTH WEEK AT WICHITA STATE UNIVERSITY

The Alpha Eta Chapter at Wichita State University, along with the College of Health Professions and its Departments, sponsored a special Allied Health Week Luncheon with speaker Carolyn Harrison, Education Director of Kansas Health Ethics, Inc. The topic was "Moral Distress and Ethical Issues in Today's Health Care." Michelle Menke, a 2007 graduate of WSU's Physician Assistant program, was honored at the luncheon. She was recognized as the winner of the Alpha Eta National Honor Society *Lee Holder Award for Excellence in Graduate Allied Health Education*. Invitations went to the greater Wichita community as well as to WSU students, faculty and staff. Over 80 persons attended.

ALLIED HEALTH WEEK AT UNIVERSITY OF WISCONSIN-MILWAUKEE

The University of Wisconsin-Milwaukee College of Health Sciences (CHS) celebrated National Allied Health Professions Week during November 4-10, 2007 to honor the millions of health care providers working in more than 200 health care professions. At CHS that week, several special events took place. On Tuesday, November 6 from 1-3 pm, there was an information session for students on financial aid and CHS scholarships. On Wednesday, November 7 at 8-9:30 am, there was a CHS faculty/staff appreciation with coffee and refreshments. On Thursday, November 8 at 1-3 pm, a healthy snacks bar was available for students along with information from the Career Development Center (CDC), CHS Office of Graduate Studies & Research (OGSR), and the Undergraduate Research Opportunity Program (UROP).

ALLIED HEALTH WEEK AT UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

The College of Allied Health Sciences at the University of Tennessee Health Science Center is celebrating its 35th Anniversary in 2007. A special issue of the newsletter, The Allied Health Update, which honored 35 outstanding alumni was published in September. On October 29th a reception and dinner was held during which these outstanding alumni were recognized by current department chairmen and given a special gift to mark the occasion.

Although scheduling did not permit planning the event during Allied Health Week itself, it certainly provided an delightful lead-in for it. Twenty-five of the honored alumni were able to attend the gala along with allied health faculty, staff, and special invited guests important to the history of the college.

ALLIED HEALTH WEEK AT LONG ISLAND UNIVERSITY- C.W. POST CAMPUS

The School of Health Professions and Nursing at the C. W. Post campus of Long Island University hosted its third annual Health Professions Week on November 7, 2007. The theme was "An Apple a Day." The healthy, natural, and nutritious food was given the fictitious name *Granny Smith*. Medical records of Miss Granny Smith were on view from the Health Information Management Program. The Nutrition Department did an apple tasting and spoke about the unhealthy "apple shape" body of many individuals.

Nurses enrolled in the graduate programs within the Department of Nursing provided information on eating disorders and smoking. The Department of Biomedical Sciences conducted an experiment of a gel shaped like an apple containing DNA bands which permitted students to decipher the correct answer in a paternity test. A DVD showcased the exciting world of forensic science. Chemical analysis of apple cider and microscopic slides of apple specimens were exhibited by the Clinical Laboratory Science Program. The Radiologic Technology Program displayed X-Rays, CT Scan and an MRI of an apple.

The main objective of the event was to demonstrate how the faculty and staff of the School of Health Professions and Nursing are dedicated to the wellness of the campus community and support of the allied health professions. The event was well attended and students viewed the exhibits with great interest and many questions were fielded. The giveaways included branded bottled water, apples, key chains, and pens. A variety of items were raffled off including caps, t-shirts, sweatshirts, and coupons for Subway donated by the food services company on campus, Aramark. The grand prize was (in keeping with the apple theme) an iPod by Apple donated by the bank on campus, the Nassau Educators Federal Credit Union. All who were involved look forward to next year's Health Professions celebratory week.
