

TRENDS

Association of
Schools of
Allied Health
Professions

HIGHLIGHTS

SEPTEMBER 2007

President's Message	2
Congress	3
Evidence-Based Guideline	4
Clinical Doctorate	4
Informatics	5
Accreditation Challenges	6
Available Resources	7
Demography & Health	8



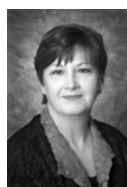
VANGUARD OF
ALLIED HEALTH EDUCATION

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2007 ELECTION RESULTS



The ballots for the Association's 2007 election have been counted and the results are as follows: Incumbent **Susan N. Hanrahan**, Dean of the College of Nursing & Health Professions at Arkansas State University, was reelected to a two-year term as Secretary. She currently serves as the Board liaison to the Constitution & Bylaws Committee.



Incumbent **Lori Stewart Gonzalez**, Dean of the College of Health Sciences at the University of Kentucky, was re-elected to a second three-year term on the ASAHP Board of Directors. She also serves as Chairperson of the newly created Leadership Committee and is involved in conducting the 2007 Leadership Program offering.



Richard E. Talbott, Dean of the College of Allied Health Professions at the University of South Alabama, was elected to a three-year position on the ASAHP Board of Directors. He presently serves as Vice Chairperson of the Accreditation Committee and is a member of both the Constitution & Bylaws Committee and the Leadership Committee. He also served on the committee that was involved in planning the *2007 Spring Meeting*.

In addition to the Board portion of the election, three individuals were elected to the *Nominations and Election Committee* where they will serve for the next two years. They are: **Denise Heinemann** (Dean of the College of Health Professions at Florida Gulf Coast University), **Linda Petrosino** (Dean of the College of Health and Human Services at Bowling Green State University), and **William L. Siler** (Associate Dean of the Doisy College of Health Sciences at Saint Louis University).

They will work with the following individuals who are about to begin the second year of a two-year term on the committee: **J.M. Cairo** (Dean of the School of Allied Health Professions at Louisiana State University Health Sciences Center-New Orleans), **Shelley F. Conroy** (Dean of the Dumke College of Health Professions at Weber State University), and **Shirley A. Richmond** (Dean of the College of Health and Human Services at Northern Illinois University).

This year marked the first occasion that the election was conducted electronically. Candidates for all positions had excellent credentials, which may help to explain an unusually high level of voter participation. Gratitude is expressed to the ASAHP members who were willing to compete for the available openings and to all who voted in this year's contest.

PRESIDENTS' MESSAGE

By David M. Gibson, ASAHP President



There is, perhaps, no more beautiful passage from great literature with such a tight code of ethics and moral imperatives as the Sermon on the Mount (Matthew, chapters 5,6, and 7). There are, sadly enough, other operative codes that are far less flattering to human behaviors and at times they seem to pervade our culture as the antithesis of the Beatitudes. I guess that I would call them the Sermon from the Mount:

Blessed are the rich, for they can donate to us; blessed are the clowns and buffoons, for they shall not be depressed; blessed are the aggressive, for theirs is the land and all its wealth; blessed are they who cower in the face of injustice, for they shall have no need for involvement; blessed are the vengeful, for they shall feel righteousness; blessed are the devious, for money shall be their god; blessed are the loud and disruptive, for they shall dominate; blessed are they who persecute others, for they shall feel superior; blessed are you when others speak only highly of you-at your bidding, for you shall feel self-satisfied.

Now this may seem a bit cynical but consider some of the following vignettes from our everyday experiences. We may very well admire the poor working man or woman who slips a dollar into a poor box or sends a meager sum to support a scholarship but we know it is the rich who can donate enough money to build a new laboratory. We love our clowns and buffoons; witness the American idolization of Hollywood stars. Although we use the word “assertive,” we oft times admire the most aggressive among us; stadiums at times have roared in approval at the most egregious football plays that have injured other players. How many times have we or others said, “It’s not my problem” in the face of poverty or some other sad human condition?

Look to the growing popularity of reality television that all too often fosters vengeance among individuals or vying groups. How devious have some of our students become to win high grades or, for that matter, even award winning researchers to achieve wide recognition? Any dean can attest that at a faculty meeting or executive council meeting, there are some whose sole aim seems to be to disrupt and therefore dominate the meetings. In our society, we have ample examples of persecution of individuals and whole groups by others who are always right, rather like the super race of the Nazi regime. Then there are those who constantly need flattering reinforcement which seems to reach its epitome in the Oscar and Emmy awards.

If these sad scenarios were universal, there would be little joy in life and less so in our daily rounds at work. Indeed, they are not universal but widespread enough to give pause. On the other hand, we see, at the beginning of each new academic year, students come through our doors who are motivated by the higher aspirations of human nature. They do want to help others; they do want to help heal, to be part of a cure, to help restore wounded bodies and, not too infrequently, to help mend wounded spirits.

As deans and directors, we are a privileged lot. For the most part we see the better part of human nature in our aspiring students. We know of their struggles with the distractions of frivolity so widespread around them. We witness their genuine care and interest in righting injustices that they encounter. We wonder at their spirit of generosity as they throw themselves wholeheartedly in community service projects, sometimes for the poorest of the poor. Indeed, according to many different faith traditions, they so often live their own versions of the beatitudes. We are a privileged lot, we deans.

CONGRESS MOVES AT A SLOW PACE



Despite valiant efforts to produce 12 spending bills that can be sent to the President to be signed into law by the close of FY 2007 on September 30, Congress will have to rely on the mechanism of a continuing resolution (CR) to enable the government to continue functioning on October 1, the first day of FY 2008.

Regrettably, there is nothing new in relying on this means of continuity since in recent years it has become the norm rather than the exception. The CR would provide funding at the level of FY 2007. The plan is to have a CR that last as long as seven weeks, which may prove to be enough time to produce a series of spending bills that will prove to be acceptable to President Bush. Now that Democrats control both chambers, their intention is to exceed the Administration's funding request of \$933 billion by a total of \$23 billion.

Other legislation of interest to the allied health community includes reauthorization of three separate items. The first is Title VII of the Public Health Service Act. The authority for it expired almost five years ago. The second is the Higher Education Act (HEA). Typically, the topic of accreditation is one of the elements that can retard movement toward passage. Readers of this news letter can find out more about some of the major points of contention by referring to page six of the current issue. The third is reauthorization of the Workforce Investment Act (WIA), a major piece of legislation involving the U.S. Department of Labor that contains provisions that pertain to the training and education of members of the health workforce.

The latter item has special relevance for four-year institutions with allied health programs. Traditionally, the WIA has not provided resources for schools at that level. ASAHP is attempting to have language included that would make it possible to have pilot programs which demonstrate how to furnish individuals with the education needed to practice an allied health profession.

A related effort is to use existing resources of the Department of Labor in a similar way. A session is scheduled for October 18 at the upcoming ASAHP Annual Conference in San Diego that will involve one or more speakers to alert allied health deans and directors of the availability of such resources and provide guidance to them on how to obtain access.

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.

EVIDENCE-BASED GUIDELINES

Recommendations made in different clinical practice guidelines vary, in part because they are based on evidence of varying quality. To help clinicians decide which recommendations to follow, some guidelines indicate the strength of their recommendations by grading them, based on the methods used to collect the underlying evidence. Thus, a randomized clinical trial (RCT)—one in which patients are randomly allocated to different treatments without the patient or clinician knowing the allocation—provides higher-quality evidence than a nonrandomized trial. Similarly, internally valid trials—in which the differences between patient groups are solely due to their different treatments and not to other aspects of the trial—provide high-quality evidence.

However, grading schemes rarely consider the size of studies and whether they have focused on clinical or so-called “surrogate” measures. (For example, an RCT of a treatment to reduce heart or circulation [“cardiovascular”] problems caused by high blood pressure might have death rate as a clinical measure; a surrogate endpoint would be blood pressure reduction.) Most guidelines also do not consider how generalizable (applicable) the results of a trial are to the populations, interventions, and outcomes specified in the guideline recommendation.

In a study published online by the Public Library of Science (PLOS), researchers have investigated the quality of evidence underlying recommendations for cardiovascular risk management in nine evidence-based clinical practice guides using these additional criteria. The results can be accessed on the Web at: <http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371%2Fjournal.pmed.0040250>.

CLINICAL DOCTORATE

A 30-day comment period, which closes on **October 8**, is available for ASAHP members to respond to draft recommendation on clinical doctorate education. An issue of concern is the difference between entry-level doctorates and advanced practice doctorates. As of late September, several interested parties have replied. Their comments and other comments that arrive prior to the deadline will be brought to the attention of the task force that was involved in preparing the draft statement.

It is worth noting that in the draft the number of hours are recommended as the least number, but with full recognition that institutions of higher education have the final authority to make such determinations. Clearly, what might fit one discipline may not fit another, which is another consideration in keeping the recommendations as broad as possible. Regarding the issue of allowing part of the undergraduate experience to count for a portion of the requirements for the graduate degree, it will prove to be acceptable (or not by some institutions) only if the courses pursued at the bachelor's level (senior year) are in fact graduate level courses, which typically is the case in 3+3 professional programs. Again, institutional autonomy takes precedence over broad based guidelines.

BOARD OF DIRECTORS

The next meeting of the ASAHP Board of Directors is scheduled for October 15-16, immediately prior to the start of the Association's Annual Meeting in San Diego, CA. The clinical doctorate draft paper will be discussed by the Board. Other agenda items may include: determining if additional ASAHP publications such as the Annual Report should be placed online, considering whether ASAHP should explore developing a leadership development program online, and deciding if the eligibility criteria for becoming a Lifetime Member of ASAHP should be expanded.



From L-R: Stephen Wilson, Hugh Bonner, David Gibson, Gordon Green, and Thomas Elwood

INFORMATICS IN THE ALLIED HEALTH CURRICULUM

ASAHP President **David M. Gibson** received an invitation to present his views on the topic of *“Informatics as a Tool for the Allied Health Professions”* to members of HRSA’s Advisory Committee on Interdisciplinary Community-Based Linkages. The meeting was held in Rockville, MD on September 13. (Committee members include ASAHP members **Stephen Wilson, Hugh Bonner, and Gordon Green**. ASAHP Executive Director Thomas Elwood attended the session.) Dean Gibson noted that regional accrediting agencies increasingly require proof of computer literacy by graduate and undergraduate students upon completion of their studies. Referring to views expressed at a meeting of the American Medical Informatics Association in 1999, he listed important core competencies for non-informatics health professionals, including:

- ◆ Understanding user-driven clinical systems & structured data to support evidence-based practice
- ◆ Knowing and using methods of evaluating information and information technology
- ◆ Understanding basic methods of software development
- ◆ Critically & effectively processing information
- ◆ Understanding the impact of technology on public health

He offered a series of compelling reasons why informatics is an essential component of allied health education. For example, the absence of a fully communicating health care team can prove deadly for patients. He also listed important requisite skills such as ethical behavior in the use of electronic data. He concluded by stating that greater access to health information is a way of empowering patients. Moreover, surrounding patients with scores of health care providers who lack appropriate informatic skills increases the level of potential danger. He also believes that the future of many allied health professions will depend on the degree to which they are integrated into the health information highway.

CHALLENGES FACING ACCREDITATION

A shot across the proverbial bow that resulted in some consternation in the accreditation community occurred with the release of the Final Report in 2006 of the *Secretary of Education's Commission on the Future of Higher Education*. The initial draft was much more provocative. Even though the end product subsequently was toned down, the sentiments generated have not completely disappeared.

Recent manifestations of how critics view accreditation and what they believe should be done to correct what they see as problematic are in: (1) the form of legislation to reauthorize the Higher Education Act, (2) a policy paper by the American Council of Trustees and Alumni (ACTA) entitled *Why Accreditation Doesn't Work and What Policymakers Can Do about It*, and (3) a meeting at the American Enterprise Institute (AEI) on September 21. The AEI is an organization that is positioned on the conservative end of the political spectrum among Washington, DC think tanks.

In S. 1642, the HEA bill would require accrediting bodies to enlarge their scope of scrutiny in a number of areas that are currently part of accreditation review, take on new areas of scrutiny, and alter accreditation practices as well. The title of the ACTA paper speaks for itself. The AEI meeting featured panelists more representative of views expressed by the Secretary's Commission. For the most part, the lone exception representing the accreditation community was **Judith S. Eaton**, President of the Council for Higher Education Accreditation (CHEA).

She acknowledged that accreditation should change in the direction of centering more on greater accountability. One of her concerns is that increasing federal control, with the aim of producing greater standardization, would transform accreditation from a collegial activity to a regulatory one. Regarding the issue of who should assess institutional quality, she noted that the answer has been tied to the accreditation-government relationship since the 1940s and 1950s. Government, with some oversight responsibility, has deferred to institutional leadership over this period of time. It was a highly successful enterprise. Switching the focus of who decides what constitutes quality to the government will lead to the end of the partnership, the establishment of a ministerial system, and the equivalent of bringing the Bologna process of Europe to the U.S. Her position is that the government on its own should not be solely responsible for deciding what amounts to quality in higher education.

Other speakers included **Sara Martinez Tucker**, Under Secretary of the U.S. Department of Education, and **Charles Miller**, Chairman of the Secretary of Education's Commission on the Future of Higher Education and former Chairman of the Board of Regents of the University of Texas System. Their remarks can be accessed on the Web at http://www.aei.org/events/eventID.1564,filter.all,type.past/event_detail.asp.

As an example of a response to a call by the Secretary's Commission for greater accountability and transparency, the National Association of Independent Colleges and Universities (NAICU), which has challenged the Bush administration's efforts to expand its data collection activities in higher education, launched its own consumer-friendly Web site on September 26 called the *University and College Accountability Network (U-CAN)*, comprised of profiles of hundreds of private colleges. It can be accessed on the Web at <http://www.ucan-network.org/>. In addition, the Department of Education's newly revamped college search Web site, now called *College Navigator*, offers a robust search engine allowing students to find and compare colleges based on everything from sports teams to states to SAT scores.

These efforts and others like them are aimed at providing more student- and consumer-friendly information and also to create a worthwhile alternative to magazine ratings.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Minority Enrollment In Higher Education

Total minority enrollment at the nation's colleges and universities rose by 49 percent between 1994 and 2004 to more than 4.8 million students, while the number of white students during the same period increased by six percent to 10.6 million students, according to the American Council on Education's (ACE) *Minorities in Higher Education 22nd Annual Status Report: 2007 Supplement*. The report shows that while students of color continue to make gains in college enrollment, they continue to lag behind their white peers in the percentage of 18- to 24-year-old high school graduates enrolled in college, commonly referred to as the college participation rate. The release of this year's edition marks a new publication schedule for the highly regarded annual report that is widely recognized as the national source of information on advances made by students of color in higher education. Beginning in 2008 with the 23rd edition, ACE will issue the full Status Report every other year. ACE will release an abridged version of the Status Report in the interim years. The Status Report uses data from the U.S. Department of Education's National Center for Education Statistics (NCES) and the U.S. Census Bureau. It no longer relies on data from tables constructed by NCES. Instead, the statistics reported are based on author analysis of the Integrated Postsecondary Education Data System (IPEDS). The status report can be accessed on the Web at <http://www.acenet.edu/AM/Template.cfm?Section=CAREE&Template=/CM/ContentDisplay.cfm&ContentID=23716>.

Students And Information Technology

A 2007 Educause Center for Applied Research (ECAR) study is a longitudinal extension of the 2004, 2005, and 2006 ECAR studies of students and information technology. The study, which reports noticeable changes from previous years, is based on quantitative data from a spring 2007 survey and interviews with 27,846 freshman, senior, and community college students at 103 higher education institutions. It focuses on what kinds of information technologies these students use, own, and experience; their technology behaviors, preferences, and skills; how IT has impacts on their experiences in their courses; and their perceptions of the role of IT in the academic experience. The results of the study can be accessed on the Web at <http://www.educause.edu/ir/library/pdf/ers0706/rs/ERS0706w.pdf>.

College Capacity Increases

A report released recently by the National Center for Education Statistics shows that the number of American postsecondary institutions grew by 1.5 percent from fall 2005 to fall 2006, and that the number of degrees they awarded grew by three percent from academic 2004-5 to academic 2005-6. Almost all of the growth in the number of institutions came in the for-profit sector although those institutions continue to educate a relatively small proportion of the overall total college population. The Education Department report, *“Postsecondary Institutions in the United States: Fall 2006 and Degrees and Other Awards Conferred: 2005-06,”* contains a wealth of data on tuition prices and other costs to students. The report can be accessed on the Web at <http://nces.ed.gov/pubs2007/2007166.pdf>.

Mini-Digest Of Education Statistics

A new publication from the National Center for Education Statistics (NCES) is a pocket-sized compilation of statistical information covering the broad field of American education from kindergarten through graduate school. The statistical highlights are excerpts from the *Digest of Education of Statistics, 2006*. The publication can be accessed on the Web at <http://nces.ed.gov/pubs2007/2007067.pdf>.

DEMOGRAPHY AND HEALTH CARE

Demographic changes will have a profound impact on health care in the United States. Aging of the population, the percentage of individuals who can speak English, and the extent to which workers remain in the labor force will affect such important matters as whether there will be enough health personnel to provide care for the aged, the compatibility between English speaking health care professionals and non-English speaking patients, and the ability of individuals to earn enough income to cover health care expenditures.

A child born in the United States in 2005 can expect to live nearly 78 years (77.9) – a new high – according to a new report from the Centers for Disease Control and Prevention, “*Deaths: Preliminary Data for 2005.*” It is based on approximately 99 percent of death records reported in all 50 states and the District of Columbia for 2005 and documents the latest trends in the leading causes of death and infant mortality. The increase in life expectancy represents a continuation of a long-running trend. Over the past decade, life expectancy has increased from 75.8 years in 1995 and from 69.6 years in 1955. Data were compiled by the National Center for Health Statistics (NCHS).

According to a new report from the U.S. Census Bureau, nationally, nearly one in four persons between the ages of 65 and 74 (23.2 percent) were in the labor force (either working or looking for work) in 2006, an increase from 19.6 percent in 2000. States with some of the lowest rates of older workers in the labor force include West Virginia (15.7 percent), Michigan (18.8 percent) and Arizona (19.4 percent). (Michigan and Arizona were not statistically different.) Some of the highest rates were found in South Dakota, Nebraska and Washington, D.C., all with about one-third of this age group in the labor force. Among the 20 largest metro areas, Washington, D.C., had the highest percentage (31.8 percent). Others with high percentages include Boston (28.1 percent), Dallas-Fort Worth (27.9 percent), Minneapolis-St. Paul (27.4 percent) and Houston (26.5 percent), none of which were statistically different from the other.

In 2006, about eight million more individuals spoke a foreign language at home than in 2000. Nationally, one in five (19.7 percent) over age five spoke a language other than English at home, compared to 17.9 percent in 2000. Among states, California (42.5 percent) had the highest percentage in this category, followed by New Mexico (36.5 percent) and Texas (33.8 percent). About one in 10 California households were linguistically isolated, which means everyone 14 or older in those households had at least some difficulty speaking English.

More information about the NCHS report on the aging of the population can be accessed on the Web at <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/prelimdeaths05/prelimdeaths05.htm>

Additional information about the Census Bureau report can be accessed on the Web at <http://www.census.gov/acs/www/UseData/index.htm>

EVOLVING ORGANIZATIONAL MODELS OF ACADEMIC HEALTH CENTERS

Steven Wartman, President of the Association of Academic Health Centers (AHC), notes that there is a perception that a wide variety of academic health center organizational models abound, when in fact only two prototypical models have dominated over the last decades: (1) the fully integrated model, where academic, clinical and research functions report to one person and one board of directors, and (2) the split/splintered model, where the academic and clinical/health system operations are managed by two or more individuals reporting to different governing boards. In the years ahead, a continuing horizontalization and consolidation of the academic health center enterprise throughout its mission and management areas will be apparent. As this happens, academic health centers will undergo a process of accelerated change as the result of strategic planning processes that drive leaders to make hard decisions about resource allocation. An extension of his comments can be accessed on the Web at

http://www.aahcdc.org/policy/reddot/AAHC_Evolving_Organizational_Models.pdf.