

HIGHLIGHTS

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BRANDING ALLIED HEALTH

The term allied health embraces a great many professions, but there is little agreement as to the exact number. Equally ambiguous is the proportion of the overall health workforce represented by allied health professionals. Failure to convey a clear sense of the identity of allied health results in the following kinds of deficiencies:

- ◆ Understanding and support are difficult to generate because allied health is not clear in the minds of the general public,
- ◆ Prospective students are unaware of the many attractive career possibilities in allied health,
- ◆ Some disciplines may be perceived as being part of the allied health realm, but not at the level of their respective professional associations,
- ◆ Sufficient influence is difficult to bear upon elected officials who are requested to provide funding to address workforce problems because of the fractionated nature of allied health, and
- ◆ Many students enrolled in allied health schools finish their education without accepting that they are allied health professionals.

Unlike other kinds of health professions where the names of schools contain words such as nursing and medicine, only 25 of the 113 institutional members of this Association have the words allied health contained in their names. In some cases, the omission is justified because the school includes other kinds of programs such as nursing and pharmacy. In other instances, however, there is a greater preference for the title to be health sciences or health professions. The lack of a specific identifier in the school name is not a strong inducement for students or faculty to consider themselves as part of allied health.

Recognizing the consequences that stem from the aforementioned deficiencies, ASAHP formed a Branding Task Force in November 2007. Members of that group met in Richmond, VA on April 18 with representatives of a company that specializes in branding. A proposal from that firm will be discussed by the Association's Board of Directors in July.

The purpose of branding is to identify and disseminate information about the "One Thing" that distinguishes allied health from everything else in the health field. Achieving that aim will help audiences to remember the name of allied health, know what it represents, and perceive the value that allied health offers.



VANGUARD OF
ALLIED HEALTH EDUCATION

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PRESIDENTS' MESSAGE

By Linda C. Hatzenbuehler, ASAHP President



It was my privilege to represent ASAHP at the World Congress of Health Professions in Perth, Australia last month. It was a very long, but worthwhile trip. Several issues became apparent as I interacted with allied health professionals from across the world.

First, as ASAHP's representative, I had no counterpart. I have characterized ASAHP as a unique organization in the U.S.; it appears to be unique in the world as well. While allied health programs are housed together in colleges in other parts of the world, as they often are in the U.S., no voluntary organization seeks to advocate as a single voice for either the colleges or the health professions themselves. Instead, other countries have set up government offices and officers to track and assure the viability of the allied health work force. Australia has an allied health officer in each state!

Many of you are aware that the path to a professional credential outside the U.S. is much shorter than it is in the U.S., largely due to government oversight for better or for worse. The "degree creep" we have witnessed in the U.S. has not hit countries outside our borders. While many of us have known this, at the World Conference, I heard for the first time the following comment:

"I can't send you students to the U.S., because your degree levels are so different."

On a brighter note, the issue of political status/clout of the allied health professions vis a vis nursing and medicine, seems to be a universal, worldwide problem. I attended several sessions on this issue and hope to invite the presenters to future ASAHP meetings so you can all interact with them directly. Jaquie Lundey, from Scotland, is working diligently to get the World Health Organization (WHO) to recognize allied health as a constituency and assign an office to address allied health professional issues world wide.

Rosalie Boyce (www.RosalieBoyce.com.au), of the University of Queensland, has spent her professional career studying the allied health professions. She understands the pejorative connotation of the term allied health as "allied to the higher status medical professions." She suggests altering the concept of allied to mean "allied with" each other as an alternative to the former meaning.

"Allied with" connotes a much stronger, unifying concept, and potentially builds political strength through numbers. She also posits that the allied health professions will not find "a seat at the table," so to speak, until some infrastructure is in place like what Jaquie Lundey is doing with WHO. I hope to get Rosalie to write a piece for the *Journal of Allied Health*.

Despite the many hours of travel time, I felt it was important for ASAHP to be present in the international arena. I will be assisting with the planning of future events. There was preliminary talk of Tunisia in 2010.

Stay tuned!

DEANS AND DIRECTORS ANSWER THE CALL TO SEEK ALLIED HEALTH FUNDING



Section 755 of Title VII of the Public Health Service Act is the funding mechanism within the Health Resources and Services Administration (HRSA) for allied health. During the current fiscal year, there is no money available specifically for allied health. Whether the situation will change in FY 2009, which begins on October 1 of this year remains conjectural.

More than likely, Congress will be unable to reach agreement before the current fiscal year ends regarding how much to appropriate for almost every government program. One certainty is that supplemental funds will be provided as a means of funding military activities in Iraq and Afghanistan.

Production of a budget underlies how monies will be allocated among the various categories of governmental expenditures. The Committee Report for the FY 2009 Senate Budget Resolution assumes \$396 million for health professions, which includes all Title VII and VIII programs except the Title VII Faculty Loan Repayment Program and the Title VIII Nursing Loan Repayment Program. According to the report, the funding level is \$45 million above the FY 2008 level after adjusting for inflation. While the budget resolution sets an overall spending limit and articulates congressional priorities, it is non-binding. Ultimately, appropriators make final funding decisions.

Led by **Richard E. Oliver** (Dean of the School of Health Professions at the University of Missouri-Columbia), ASAHP members have been enlisted in the effort to convince members of Congress of the wisdom of providing funds for allied health under Title VII. A two-pronged initiative was undertaken.

In the first, deans and directors at ASAHP member institutions were asked to contact their respective elected officials in the U.S. House of Representatives with a request to add Section 755 funding specifically for allied health to the wish lists that they send to appropriators. More than 30 ASAHP members were successful in contacting congressional offices.

The approach on the Senate side was different. A letter requesting funds for allied health was prepared by Senator Maria Cantwell (D-WA). ASAHP members were asked to contact their U.S. senators with a request that they co-sign her letter. Most recently, ASAHP members who have elected officials serving on the appropriations subcommittees for Labor, Health & Human Services, Education and Related Agencies were asked to prepare one-page justifications for restoring allied health funding under Title VII.

2008-2009 ASSOCIATION CALENDAR OF EVENTS

October 28-29, 2008—Student Leadership Development Program—Baltimore, MD

October 30 –31, 2008 —Annual Conference—Baltimore, MD

November 1, 2008 —NAPRAH Research Symposium —Baltimore, MD

March 17-18, 2009—Leadership Development Program—St. Pete Beach, FL

March 19-20, 2009—Spring Meeting—St. Pete Beach, FL

October 21-22, 2009 —Annual Conference —San Antonio, TX

ASAHP MAKES INROADS IN THE REALM OF LABOR

Earlier this month, the Association reached an agreement with the National Association of State Workforce Agencies (NASWA) to work cooperatively to meet the growing demand for allied health professionals. Some provisions of the agreement pertain to:

- ◆ Having NASWA state administrators extend invitations to deans/directors to explore how ASAHP member institutions can help meet states' demands for skilled health care workers. In particular, NASWA state administrators will assist ASAHP member institutions, where appropriate, to become eligible training providers for the states' workforce system.
- ◆ ASAHP member institutions will examine additional potential partnership opportunities outside of the public workforce system where deans/directors can work with NASWA state administrators to help recruit, educate, and train skilled health care workers to meet regional and state demands for this kind of personnel. Such partnership opportunities may include, but are not limited to, federal grant or foundation opportunities.
- ◆ NASWA members also will work with ASAHP members to connect member institutions with the states' local workforce investment boards to help local areas address local shortages in the allied health professions more effectively.

Movement on a related front entails developing closer ties with the U. S. Department of Labor, which provides funding to the state agencies belonging to NASWA. Toward that end, ASAHP staff has been invited to participate in a conference call in May that Department officials routinely conduct with the state administrators. Prior to having that discussion, a paper will be distributed to the individuals participating in the conference call as a means of showing how ASAHP and the Employment & Training Administration in the Department can work together to meet the demand for allied health personnel more effectively. One focus of the paper is to note that state liaisons can assist ASAHP member institutions by:

- ◆ Connecting state and local workforce board directors with ASAHP member university deans in their geographical areas to help address the health care needs in their state and regional economies better.
- ◆ Assisting ASAHP member institutions in becoming eligible training providers.
- ◆ Helping raise the visibility of the allied health professions as desirable career ladder occupations for Workforce Investment Act (WIA) participants, particularly dislocated workers in need of skills upgrades.

ASAHP member institutions and the nation's public workforce system both play an essential role in producing skilled workers who will be on the front lines of addressing the health care needs of the American public. By working together, these two entities can greatly enhance one another's contributions in the effort to ensure that the nation has an adequate supply of competently prepared allied health practitioners. Currently, there is little engagement between ASAHP member institutions and the workforce system. Both are working independently to help address the need for skilled health care workers. In order to help avoid a crisis in this segment of the workforce, ASAHP members and the publicly funded workforce system must work in partnership to ensure that America's health workforce needs are addressed. This partnership will be beneficial to the workforce system, four-year academic institutions educating and training workers for allied health professions, and most importantly, the public's growing demand for allied health personnel.

The Changing Allied Health Landscape

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In the March 2001 issue of TRENDS, I wrote about the changing names and program mix in schools of allied health. In the article “What’s in a Name? Changes in the Composition and Name of Schools of Allied Health”, I indicated that between 1994 and 2000, significant changes had occurred in both the name of the organizational unit housing the allied health programs and in the composition of programs within those units for ASAHP member institutions.

A recent article by Fred Donini-Lenhoff [“Coming Together, Moving Apart: A History of the Term Allied Health in Education, Accreditation, and Practice”, *Journal of Allied Health*, 37 (1): 45-52, 2008], reviews the history of the term allied health and how various groups have responded to it. With increasing specialization and a lengthened educational process, a number of fields that in the past have been considered to be part of the allied health collection of disciplines have eschewed the term and have sought more visibility and greater autonomy.

If in the past there ever was a sense of unity as a result of being a part of the allied health rubric, as pointed out by Donini-Lenhoff, that unity has come under greater strain in recent years. Whether, in fact, the disciplines have moved farther apart from each other, or have found greater grounds for inter-professional and collaborative activity can be a subject of debate. As an editorial comment, I find most of the disciplines in my own school (and I believe it also to be true in other institutions) more willing than in the past to work together—at least with other disciplines at essentially the same level of educational preparation. If that is so, it may be the result of their sense of increased professional stature and ability and an improved focus on the multifaceted needs of the patient or client.

Donini-Lenhoff’s article created a question in my mind as to how the names of ASAHP member schools and the program mix in those schools have changed since the year 2000. I reviewed the ASAHP Membership Directory printed in February 2008, the on-line Membership Directory with a listing of programs in the individual member institutions (reviewed April 2008), and the 2007 ASAHP Institutional Profile. Each source presented some limitations, but also useful data.

As with my March 2001 article, “school” is the general term that will be used for the allied health unit in the ASAHP member institution. The actual unit name may have a designation as a college, school, division, department, or center. The vast majority of designations are either college or school for the ASAHP member allied health units.

The printed directory provided a complete listing of member institutions and the name of the allied health school, but not the programs in the school. The on-line directory identified the parent university or college and a listing of programs in the allied health school. However, 41 of the 113 member institutions did not list their programs, or listed them without a degree level which resulted in their not being included in the listings by program type. As a result, program data are available for only 72 of the 113 member institutions, preventing a comprehensive picture. Likewise, the 2007 Institutional Profile contains results for 88 of the 113 institutions, also resulting in an incomplete picture.

Repeated requests and cajoling by ASAHP’s Executive Director for participation in both the Institutional Profile and the listing of programs in each member institution have resulted in valuable, but incomplete data. So, what follows is the result of an analysis of data that is comprehensive—the names of the allied health units in the ASAHP member institutions—followed by some descriptive program information from only a portion of the total set of member institutions.

In reviewing the names of the 113 ASAHP member institutions, the most frequently used name is School of Health Professions (28 schools), followed by School of Health Sciences (23). Other designations, in order of magnitude are School of Allied Health Sciences (13), School of Health and Human Services (8), and School of Allied Health Professions (6). A number of schools combine professional designations, such as “School of Nursing and Health Professions”, “School of Education and Health Professions”, or other titles. For purposes here, no distinction has been made in the order of the professions listed.

There are 29 different names given to the allied health unit in the 113 member schools (again, irrespective of whether the designation is college, school, or some other structural label). Reviewing school names that have “allied health”, “health professions”, or “health sciences” in their name, either singularly or in combination with something else, “health professions” is again the most commonly used term, appearing in 38 of the school names, followed by “health sciences” (31), and “allied health” (23). The following table indicates the changes in the use of the term “allied health” in the school name over the past 14 years at three different periods of time—1994, 2000, and 2008.

As can be seen, the term “allied health” is being used less frequently over time in school names, at least for ASAHP member schools which consist primarily of baccalaureate and higher degree programs. It would prove instructive to study whether the term “allied health” is also losing favor in community colleges and other post-secondary institutions below the baccalaureate degree, or whether it is coming to be a designation characteristic of that level of education.

Name changes over time for ASAHP member institutions	1994	2000	2008
Number of ASAHP member institutions	84	111	113
Number of different names for the allied health unit	34	35	29
Institutional members with “allied Health” as a part of the name	41	41	23

It is clear that ASAHP member schools represent a diverse set of programs. Reviewing the list of programs in the on-line membership directory reveals 46 different types of programs in the 72 schools listing programs among the 113 member schools. The most common programs and their number among the 72 schools were physical therapy (51), speech pathology (31) and audiology (14) for a combined total of 45, clinical laboratory science (35) and cytotechnology (8) for a combined total of 43, occupational therapy (38), health administration (32), nursing (28), and physician assistant (26). The 72 reporting schools had a total of 551 programs for an average of 7.65 programs per school. This is a reduction from what was found in 2000 in the member schools at that time which reported an average of 10.6 programs per school.

The 2007 ASAHP Institutional Profile had 88 reporting schools. Of those, 45 schools were classified as four-year institutions and 42 as academic health centers. It is assumed the remaining one was a community college. Since the classification type is self-reported, there may be some inconsistencies. In reviewing the listing, perhaps four of those listed as being in academic health centers would not meet the definition of an academic health center by the Association of Academic Health Centers, which is a medical school, a teaching hospital, and at least one other health professional school.

A relevant question is whether there a substantial difference in the program mix between four-year institutions and academic health centers? The average number of programs in each type does not differ greatly—5.66 programs in the four-year institutions versus 6.79 programs in the academic health center reporting schools. Both types of schools contain large numbers of what might be considered clinical/biomedical oriented disciplines, and both contain numerous programs that are at the baccalaureate (and sometimes associate) degree levels as well as masters and doctoral programs.

What does appear to be a distinction, however, is that many four-year institutions contain programs that have a more general or social science base than do the academic health center schools. For example, the on-line directory of member institutions and programs lists 11 schools with an exercise physiology program—10 of which are in a four-year school and only one in an academic health center. Likewise, there are 10 gerontology programs—9 in four-year institutions and only one in an academic health center school. For the discipline of health education, all 11 programs listed are in four-year schools.

The Carnegie classification of the institution in which the ASAHP member school is located also seems to make a difference. Master’s Colleges and Universities in both the public and private sector tend to have more nursing and public health programs in the allied health school than do Doctoral/Research Extensive public and private institutions where those professions tend to have their own school.

All of this simply illustrates that ASAHP member schools are characterized by diversity—diversity to some degree in program type, in the formal name of the school, and in their sponsoring parent institution. Each school and its kind make contributions to whatever is construed to be within the term “allied health” and to graduating health professionals that serve the public.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Retooling For An Aging America: Building The Health Care Workforce

The nation faces an impending health care crisis as the number of older patients with more complex health needs increasingly outpaces the number of health care providers with the knowledge and skills to care for them adequately. As the nation's baby boomers turn 65 and older and are living longer lives, fundamental changes in the health care system need to take place and greater financial resources need to be committed to ensure they can receive high-quality care. Right now, the nation is not prepared to meet the social and health care needs of elderly persons. The Institute of Medicine charged the ad hoc Committee on the Future Health Care Workforce for Older Americans to determine the health care needs of Americans over 65 years of age and to assess those needs through an analysis of the forces that shape the health care workforce, including education and training, models of care, and public and private programs. The result is a report entitled "Retooling for an Aging America: Building the Health Care Workforce ." The report can be accessed on the Web at

http://www.nap.edu/catalog.php?record_id=12089#toc.

The Relationship Of Social Networks To Disease

An article in the March 25 issue of *PLoS Medicine* states that one need look no further than Facebook to appreciate the significance and power of social networking. But social networking is about more than just friends reunited; it's a framework for understanding even the most basic of biological processes. Once the domain of social scientists—who have used social network analysis to study such diverse phenomena as kinship ties, organizational behavior, rumor spreading, and global air traffic—network theory has now entered the purview of health scientists. Network theory is concerned with mapping the links between entities and social network analysis is the application of that theory to the social sciences. Searching for more social and environmental explanations for the obesity epidemic in America, for example, Christakis and Fowler in an article in the July 26, 2007 issue of *The New England Journal of Medicine* showed that obesity can spread from person to person and that this spread depends on the nature of social ties: a person's chance of becoming obese increased by 171% if he or she had a mutual friend who had become obese (even if they lived far away). Their risk increased by 40% if it was their sibling or spouse who became obese. A presentation by Nicholas Christakis at the National Institutes of Health on March 20 can be accessed on the Web at

<http://videocast.nih.gov/PastEvents.asp?c=998&s=11>.

Studying The Labor Market Using BLS Labor Dynamics Data

Over the past five years, the Bureau of Labor Statistics (BLS) has released three new data products that measure the dynamics of the U.S. labor market. These data illustrate the fluid nature of the labor market by highlighting the millions of jobs that appear or disappear and the millions of individuals who become employed, become unemployed, or leave the labor force entirely every month. A recent article appearing in the *Monthly Labor Review* on this topic can be accessed on the Web at

<http://stats.bls.gov/opub/mlr/2008/02/art1full.pdf>.

ASAHP ANNUAL CONFERENCE

Plans continue to be developed for the *2008 ASAHP Annual Conference*, which will be held in Baltimore, MD at the Marriott Inner Harbor Hotel on October 30-31. The conference theme is “New Directions in Education: Innovations and Evidence.” The Keynote Speaker on the morning of October 30 will be **Jane Smalec**, Director of Consulting for Eduventures, Inc. on the topic of trends in allied health and projected future trends. Her firm is the education industry leader in collaborative research and consulting, with the aim of providing academic institutions and education-focused businesses with cost-effective, data-driven insight, understanding, and guidance to improve education.

The *Call for Abstracts* has been placed on the Association’s website at www.asahp.org. The deadline for responding is **May 16, 2008**. Papers for concurrent sessions and the poster session are being solicited in the general areas of research, education, and practice. Emphasis is placed on having abstracts submitted on the following topics in relation to the focus on innovations and evidence-based initiatives:

- ◆ Online education
- ◆ Clinical education
- ◆ International education
- ◆ Interdisciplinary education

Two of the concurrent sessions are being set aside for special presentations. One will be on research and the other on international health.

The two-day conference will be followed by a symposium presented by the National Alliance Promoting Research in Allied Health (NAPRAH). The offering is under the direction of ASAHP Treasurer **Gary Neiman** (Dean, Ohio University) and Board Member **Randall Lambrecht** (Dean, University of Wisconsin-Milwaukee).

An addition to the program is that a session to allow faculty to meet will be arranged. It will be scheduled when both the Deans’ Council and the Associate/Assistant Deans meet on October 30 from 2:30 PM to 3:30 PM. The following topics would be of interest to faculty: mentoring, recruitment, appointments, and promotion. Another feature will be the inclusion of roundtable discussions on topics of relevance to attendees.

PARENTS’ EXPECTATIONS AND PLANNING FOR COLLEGE

A new report from the *2003 National Household Education Surveys Program (NHES)* of the National Center for Education Statistics (NCES) examines characteristics associated with the educational expectations parents had for their children and the postsecondary education planning practices in which families and schools engaged. The data revealed that roughly nine out of every 10 students (91 percent) in grades 6 through 12 had parents who expected them to continue their education beyond high school, with about two-thirds (65 percent) having had parents who expected them to finish college. Other findings presented in this report show that about one-third (32 percent) of students had parents who perceived that their child’s school did very well at providing information to help their child plan for postsecondary education.

Finally, among students whose parents expected them to continue their education after high school, 82 percent had parents who reported that the family was planning on helping to pay for their child’s postsecondary education costs, and among those whose parents reported that the family was planning on helping to pay the costs, 66 percent had parents who reported that they had enough information about postsecondary education costs to begin planning.

A copy of the report can be accessed on the Web at <http://nces.ed.gov/pubs2008/2008079.pdf>.