

# TRENDS

Association of  
Schools of  
Allied Health  
Professions

## HIGHLIGHTS

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VANGUARD OF  
ALLIED HEALTH EDUCATION

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## SOUND LEADERSHIP REQUIRED AT ALL LEVELS

A well-functioning society requires competent leadership at both macro and micro levels. The United States and other major nations around the world are in a severe financial quandary in early 2009 and no immediate remedies are in sight. The American economy depends heavily on consumer spending, which accounts for 70 percent of the entire enterprise. Much of that spending is on goods imported from other nations. As Americans reduce their buying habits, other countries experience the economic effects.

Much of what the U.S. is trying in its efforts to stimulate the economy will be financed through borrowing from countries such as China, a nation that plays a major role in underwriting major portions of America's debt. China has problems of its own such as growing unemployment and some of the money at its disposal must be used to shore up its own weakening economy. The more that it does so, the less will be its ability to buy U.S. Treasury securities, the source of funds for the economic stimulus packages being designed by Congress and the new Obama Administration to prevent further deterioration in portions of the economy such as the auto industry.

Despite a growing recognition that Congress must set aside partisan squabbles to advance the common good, ideological differences continue to intrude. A stimulus package in the House of Representatives passed in late January without a single Republican vote. Many G.O.P. officials object to what they see as efforts by Democrats to go beyond providing a stimulus by including favorite objectives such as reforming health care by moving it toward a single-payer system. Plans to expand Medicaid to recent unemployed workers without involving any means testing is viewed as a step in that direction.

Washington can be a center of paralysis as evidenced by the failure of many important legislative initiatives to be enacted into law in recent years. Presidential and Congressional leadership are necessary to create solutions to the many economic problems confronting the U.S.

At the micro level, deans and directors must cope with state budget cuts. Depending on the extent of the dilemma, they may be confronted with extremely difficult choices such as which programs to reduce or cut and which personnel to place on furlough. ASAHP's leadership development program will be offered for the third time, beginning in March. It is aimed at producing the next generation of leaders of allied health schools. No better time exists than now to concentrate on how to prepare such individuals for increased administrative responsibilities as their careers advance.

## PRESIDENTS' MESSAGE

By Linda C. Hatzenbuehler, ASAHP President



I don't typically spend much time worrying or complaining about accreditation. Over the past two decades, I have assumed a deferent stance *vis a vis* the thirteen-plus professional accreditation bodies that impact my college. Yet, since working on reducing my state budget by 12% and expecting that amount to rise to 15% before this fiscal year ends, professional accreditation organizations have been on my mind!

Here is a snapshot of my thoughts. The driving forces behind publicly funded higher education's survival in this economy are affordability, flexibility, and accountability. While some institutions are increasing tuition, care must be taken that the burden is not shifted completely to students. Those institutions that manage to hold tuition increases to a minimum will assume a competitive edge. Competitive edges are further sharpened by flexibility in course offerings and on-line access to programs and accountability including transparency of program quality.

Accreditation status has always been the hallmark of quality. I am beginning to question that assumption. In these tough economic times all decisions must be predicated on the proverbial "return on investment" (ROI). If a decision doesn't yield financial return by increased enrollment, more grant dollars, or better financial support, it is not a good decision. I have already told two of my programs that we may not be able to afford accreditation.

While ROI is not a new concept, what is underlined in this economy is survival. When the decision is to close a program or drop accreditation, what do I do? Obviously, it depends on the strings attached to accreditation status and the impact on student enrollment.

We are in the process of informing all accreditors of the impact of our budget reduction. Rather than serving a "policing" function to assure that quality has not been compromised by budget thinning, I think accreditation organizations need to be at the table in a proactive fashion to listen and discuss the full array of issues associated with the current American economy. In particular, accreditation organizations need to be collaborators in the tough decisions we face in public higher education.

I am optimistic that we will make it through this economic storm. However, we shouldn't pass up this opportunity to review the "questions" accreditors ask. Perhaps the American professional accreditation organizations have been "asking the wrong questions." The time is ripe to come together to review the questions of the past and perhaps come up with a new set for the future. Those are my thoughts. I welcome yours.

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## STIMULUS PLAN FOR THE U.S. ECONOMY

The year 2009 began in Washington, DC amid great excitement. Now that Barack Obama is President of the United States, Democrats control both ends of Pennsylvania Avenue. Not since the Great Depression of the 1930s has the nation faced such economic challenges. The government is viewed as providing the tools for weathering the challenges and producing solutions to problems that stem from increasing unemployment and weak credit in the financial markets. Several kinds of businesses rely on loans to maintain inventories and pay bills in the short-term. Without access to such funds, their suffering can translate into job losses resulting from employees being laid off. When unemployment occurs, loss of health insurance coverage may be a consequence.

Congress is attempting to produce a stimulus package that will restore the economy to good health. Currently, the two chambers are producing different approaches involving direct spending and tax relief. A criticism of proposed spending is that not enough will occur to have an immediate effect. If funded, some endeavors will not be underway until 2010 and 2011. Another concern is that appropriations committees should play more of a major role in assessing the relative amounts and quality of the proposed spending in cooperation with the House Ways and Means Committee and the Senate Finance Committee.

At this juncture, it is not clear how much will be spent and in what manner. Ultimately, an agreement will have to be reached between the House and the Senate. Next, President Obama must agree to sign into law what legislators concoct. Whether and to what extent the health professions will benefit from new spending have yet to be determined.

Representative Hilda L. Solis, a Democrat from California's 32nd congressional district, is the President's choice to be the next Secretary of the Department of Labor. Her confirmation would bring to the department an individual with a keen understanding of workforce issues. Given the problems that exist in the allied health workforce, funding that makes its way to state and local workforce boards could prove advantageous by having these entities work closely with ASAHP member institutions. An aim is to make these schools eligible training providers.

Administrators at these agencies have been contacted about ASAHP's interest in having them work closely with deans and directors at member institutions. Funding has the potential to be used for such purposes as publicizing allied health careers and perhaps even providing some tuition assistance. As other parts of the economy such as the auto industry continue to undergo downsizing, there will be opportunities for displaced workers to learn new skills and become allied health practitioners in many professions.

### 2008-2009 ASSOCIATION CALENDAR OF EVENTS

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

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

**October 19-20, 2009**—Leadership Development Program—San Antonio, TX

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

**October 20-21, 2010**—Annual Conference—Charlotte, NC

## The Faculty Bottleneck in Health Professions Education

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In recent years a number of the allied health professions have either elevated the degree level of their programs or are considering doing so. Much attention has been devoted to those professions that have moved their entry level for practice to the clinical doctorate, though the trend has been much more widespread than just programs at that level. In 2008 the Association of Schools of Allied Health Professions developed a position paper, *Descriptive Differentiation of Clinical Doctorates*. In the introduction to that position paper a number of issues of concern are enumerated, including the availability of academically prepared faculty.

The shortage of faculty with appropriate advanced degrees has been cited numerous times as a limitation of expanding educational programs in a number of the health professions. In the allied health professions and nursing, that shortage differs somewhat according to the type of educational institution and the expectations for faculty qualifications. The shortage appears to be more severe in research universities where the expectation is generally higher for the majority of faculty to have a research oriented doctorate.

**Elevating degree levels:** Faculty preparation becomes a more salient issue when a profession is planning to elevate the degree for entry-into-practice. Having an adequate number of faculty with the appropriate kinds of advanced degrees is generally seen as a prerequisite for developing a more advanced level program. There is no magic number to be reached, either for the profession as a whole or for an individual educational program. Also, the development of a cadre of faculty with advanced degrees is an evolutionary process. The general rule of thumb in academe is that most faculty should hold a degree at least one level higher than the degree being offered in the program being taught. For doctoral programs, it is generally considered that the faculty should hold a doctorate.

A number of the allied health professions are considering raising their degree level. Frequently associated with the elevation in degree is expanding the scope of practice for the profession. One example of a profession that is considering a change is dental hygiene. As pointed out in the American Dental Hygienists' Association 2005 report *Dental Hygiene: Focus on Advancing the Profession*, "The failure to standardize entry level at the baccalaureate level has had an adverse impact on the pace of development of advanced dental hygiene programs and the continued development of the dental hygiene body of knowledge. Given that some other professions and allied health professions have already moved beyond the baccalaureate degree as the entry to practice, dental hygiene must plan for the advanced degree as the entry to practice in the future." Among the report's recommendations are to "implement the baccalaureate degree as the entry point for dental hygiene practice within five years...once the baccalaureate entry-level system has been established, create a 10-year plan for initiating the master's degree as the entry to practice... (and) develop curricular models for both professional (doctor of science in dental hygiene) and academic (doctor of philosophy) doctoral programs in dental hygiene." Many would view such aims as very ambitious for a profession where approximately 19% of the graduates (2005-2006 academic year) received a baccalaureate or higher degree. Yet some would say that progress is not made without ambitious goals, and most allied health professions have a goal of advancing the profession in order to better serve the public.

Another profession that is in the midst of considering raising its degree level for practice is that of the Health Information Administrator. In September 2007 the American Health Information Management Association (AHIMA) issued its report, *Vision 2016: A Blueprint for Quality Education in Health Information Management*. Three key priorities were enumerated: transform health information management to a graduate level profession by 2016; realign the health information management associate degree with work force needs by 2016; and, prepare an effective, qualified pool of health information management faculty by 2016. The report states: "Today, HIM is externally viewed as an undergraduate profession. Although more than 5,000 members of AHIMA hold master's or doctoral degrees in other disciplines, the terminal degree for the HIM profession is a baccalaureate degree." In regard to the ability to change the profession to the graduate level, the report goes on to say, "Currently, just over 50 percent of HIM faculty report having a master's or doctoral degree. Consequently, the current complement of master's-trained faculty will not be enough to support master's level education. The estimates are that fewer than 200 AHIMA members currently hold doctoral degrees, and not all are working in academic settings." The importance of having a well-trained workforce in health information management is underscored by the emphasis that President Obama's administration is placing on health information technology and the intent to include funding for it in the nation's economic stimulus initiatives.

**Growing the faculty pool:** Other professions, such as Occupational Therapy, have established new standards for programs at the doctoral level. Yet they too struggle with the issue of having sufficient numbers of faculty prepared at the doctoral level to support the programs. The following table illustrates the evolving nature of the issue for some professions.

Profession	Number of Professional Entry-Level Programs	Percent of Faculty Holding Doctorate (PhD, ScD, or EdD)	Percent of Faculty Pursuing an Advanced Degree
Health Information Administration	47	10	29
Occupational Therapy	155	38	12
Physical Therapy	210	51	Not Reported

Sources: Health Professions Education Data Book 2007-2008, American Medical Association; HIM Faculty Survey 2008, American Health Information Management Association  
2007 AOTA Faculty Workforce Survey, American Occupational Therapy Association  
2007-2008 Fact Sheet, Physical Therapist Education Programs, American Physical Therapy Association

While HIM has a small percentage of faculty holding the doctorate, a much larger percentage of faculty in that profession is pursuing an advanced degree. That will create a greater foundation for elevating the degree level and advancing the profession. Occupational Therapy has a greater percentage of faculty than HIM with what is considered an academic rather than a clinical doctorate. Physical Therapy is further along in its evolution of clinical doctoral programs and has greatly expanded the number of those programs within the last decade. It has an even greater percentage of faculty with an academic doctorate, giving some credence to the idea that creating higher level degrees within a profession is a stimulus to increasing the percentage of faculty holding an academic doctorate.

The Carnegie classification of the educational institution in which the professional program is found has a bearing on the institution's expectation of the degree level possessed by its faculty. For example, slightly over half of the programs in Occupational Therapy as reflected in the 2007 AOTA Faculty Workforce Survey are found in research universities or medical centers where there may be a greater expectation that most of the faculty would have an academic doctoral degree. For those programs that are not housed in research institutions, there may be the possibility that a greater proportion of faculty who possess a master's or clinical doctorate as their highest degree would be acceptable for a faculty position. While research is clearly important, clinical professions unmistakably need to develop high level clinical expertise in their students regardless of the type of institution in which the program is found. However, the institution type does greatly influence the research mission and expectation for research productivity and, therefore, the academic preparation of faculty.

**Academic Health Centers and Research Universities:** Allied health faculty availability appears to be particularly acute in academic health centers and research universities. According to a July 2007 report brief from the Association of Academic Health Centers (Academic Health Center CEOs Say Faculty Shortages Major Problem), faculty shortages seem to be getting worse rather than better and threaten the educational infrastructure of the nation's health professions. The situation has the potential to be an emerging national crisis. Academic health center CEOs report that the situation is particularly serious in nursing, which was ranked the highest in intensity of faculty shortages, followed by the allied health professions which ranked second. One cause of the shortages in nursing and allied health is that individuals in these professions generally do not enter faculty positions until later in their professional career, having previously spent long periods in clinical practice.

Great concern has been expressed since a wave of retirements is expected from health professions faculty over the coming decade, and there may not be enough replacements, much less the additional faculty needed to expand existing programs or create new ones. As a result, academic health center CEOs see they have little choice but to limit student enrollment at a time when more, not less, graduates are needed.

**Faculty shortages are a widespread problem:** Though the allied health professions and nursing are experiencing significant faculty shortages, they are not alone among the health professions in that regard. Medicine, too, faces issues of having adequate numbers of appropriately prepared faculty. Within academic medicine, the need for more physician scientists to conduct research as well as teach places a greater emphasis on combining research degrees with the M.D. degree. Medicine also faces a faculty retention problem. According to a recent Analysis in Brief report by the Association of American Medical Colleges, 38 percent, or almost 2 of every 5, medical school faculty members leave academic medicine within 10 years. The figure is somewhat higher for first-time assistant professors. It would be interesting to see if there is a parallel phenomenon in any of the allied health professions.

Within those allied health professions with clinical doctorates, and now nursing as well with the creation of the Doctor of Nursing Practice (DNP) degree, there is concern that individuals who might have pursued a research doctorate and therefore have a preferred degree for faculty positions, will now pursue a clinical doctorate instead. This was a concern during the creation of Doctor of Audiology (AuD) degree programs, and it remains a concern in that profession as well as a number of others.

A combination of factors is creating concern about the future faculty workforce in the allied health professions. The average age of faculty continues to increase in most of the professions and a wave of faculty retirements is expected within the next few years. The fact that individuals who hold advanced degrees can earn more in clinical practice than as a faculty member is a disincentive for many to become a member of the academy. And, an added concern is that master's and doctoral research programs are not producing a large enough pool of potential educators to meet the current and future demand for faculty.

One probable outcome of the current trends is that a greater proportion of individuals who have completed a clinical doctorate rather than a research doctorate will fill faculty positions in allied health educational programs. While that was not necessarily the intent of the newer clinical doctoral programs, it is likely to become a reality.

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## ASAHP BOARD ACTIONS

The Association's Board of Directors conducted a conference call on January 21, 2009. The following actions were taken:

- ◆ Approved the Minutes of the Board of Directors Conference Call on December 17, 2008, along with the monthly October financial statement and status of investments.
- ◆ Approved a motion stating that only deans/directors at institutions participating in the ASAHP Institutional Profile Survey may access, copy, and use the data/findings and, at their own discretion, share it with other personnel within their respective institutions. Under no circumstances may others access, reproduce, or use the data without written permission from ASAHP.
- ◆ Approved a motion to receive a report from the Education Committee on the topic of the impact of clinical doctorate education programs. The committee should be commended for its timeliness in producing a quality document. There was discussion by the Board on how to put the document in context for target audiences. An introductory paragraph will be developed. The document can be modified for different audiences and may need modifications in the future as issues change.
- ◆ Agreed that John Colbert, a lobbyist in Washington, DC retained by ASAHP, will meet with the Board in March to provide a legislative update and discuss strategy. He also will be invited to meet with the membership during the Association's 2009 Spring Meeting to (1) discuss the impact of the Obama administration on health professions and health professions education, and (2) indicate his activities in the nation's capital on behalf of ASAHP.

## WHY GRADUATE STUDENTS REJECT THE ACADEMIC FAST TRACK

Research universities may not be able to count on their ability to attract the best young faculty talent, a recent survey being suggests. The study — of more than 8,300 doctoral students at University of California campuses — finds that they increasingly care about finding careers at “family friendly” campuses and they doubt seriously that they can build such careers at a research university. Both men and women have these attitudes although they are more pronounced in women.

The survey results appear in the new issue of *Academe*, the magazine of the American Association of University Professors. The survey found that 84 percent of women and 74 percent of men are somewhat or very concerned about the family friendliness of their future employers, but only 46 percent of men and only 29 percent of women imagine jobs in research universities to be somewhat or very family friendly. Survey results may be of particular concern in that the graduate school experience is shifting Ph.D. students away from goals of having a career at a research university. Of those in the survey, 45 percent of men said that they started their graduate programs wanting to become professors with a research emphasis, but at the point of the survey, only 36 percent of men had that goal. For women, the drop was from 39 percent to 27 percent.

## IMPACT OF THE ECONOMIC DOWNTURN ON HOSPITALS

Hospitals remain a source of health care, jobs, and economic growth for communities across the country, but are not immune to the declining economy, according to a new AHA TrendWatch report. Medicaid enrollment and unemployment are increasing, but federal funding continues to fail to cover the costs of care. Hospitals' financial health through the current downturn hinges upon adequate funding from these programs," The report can be accessed on the Web at <http://www.aha.org/aha/trendwatch/2009/twjan2009econimpact.pdf>.

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## AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

### National Report Card On Higher Education

Since 2000, the *Measuring Up* report cards produced by the National Center for Public Policy and Higher Education have evaluated the progress of the nation and all 50 states in providing Americans with education and training beyond high school through the bachelor's degree. As in earlier editions, *Measuring Up 2008* focuses exclusively on results, outcomes, and improvement. State performance is evaluated, compared, and graded in six key areas: (1) Preparation for college: How well are high school students prepared to enroll in higher education and succeed in college-level courses? (2) Participation: Do young people and working age adults have access to opportunities for education and training beyond high school? (3) Affordability: How difficult is it to pay for college when family income, the cost of attending college, and student financial aid are taken into account? (4) Completion: Do students persist in and complete certificate and degree programs in college? (5) Benefits: How do college-educated and trained residents contribute to the economic and civic well-being of each state? (6) Learning: How do college-educated residents perform on a variety of measures of knowledge and skills? The report can be accessed on the Web at

<http://measuringup2008.highereducation.org/print/NCPPHEMUNationalRpt.pdf> .

### State Of The USA Health Indicators

Researchers, policymakers, sociologists, and doctors have long asked how to best measure the health of a nation, yet the challenge persists. The nonprofit State of the USA, Inc. (SUSA) is taking on this challenge, demonstrating how to measure the health of the United States. The organization is developing a new website intended to provide reliable and objective facts about the U.S. in a number of key areas, including health and to provide an interactive tool with which individuals can track the progress made in each of these areas. In 2008, SUSA asked the Institute of Medicine's Committee on the State of the USA Health Indicators to provide guidance on 20 key indicators to be used on the organization's website that would be valuable in assessing health. Taken together, the selected indicators reflect the overall health of the nation and the efficiency and efficacy of U.S. health systems. The complete list of 20 can be found in a report brief and report. The report brief can be accessed on the Web at

<http://www.iom.edu/Object.File/Master/60/828/SUSA%20report%20brief%20for%20web.pdf> .

The report can be accessed on the Web at [http://www.nap.edu/catalog.php?record\\_id=12534#toc](http://www.nap.edu/catalog.php?record_id=12534#toc) .

### Distance Education At Degree-Granting Postsecondary Institutions

A new report from the National Center for Education Statistics (NCES) presents findings from "Distance Education at Postsecondary Institutions: 2006-07," a survey that was designed to provide national estimates on distance education at two-year and four-year Title IV eligible, degree-granting institutions. Distance education was defined as a formal education process in which the student and instructor are not in the same place. Thus, instruction may be synchronous or asynchronous, and it may involve communication through the use of video, audio, or computer technologies, or by correspondence (which may include both written correspondence and the use of technology such as CD-ROM). The report can be accessed on the Web at

<http://nces.ed.gov/pubs2009/2009044.pdf>.

### New Website Launched For Health Care Quality Improvement

The Commonwealth Fund has launched a new Web site that allows health care providers, researchers, and professionals to conduct side-by-side comparisons of 4,500 hospitals nationwide, track performance over time against numerous benchmarks, and download tools to improve health care quality easily. The site can be accessed on the Web at <http://www.whynotthebest.org/>.

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## ASAHP'S 2009 SPRING MEETING PROGRAM



The U.S. economy has undergone a severe downturn and the prospect of a near-term recovery seems highly unlikely. Budget reductions have affected the higher education sector adversely. As a result, academic administrators are confronted with challenges that are truly daunting.

Recognizing the importance of helping deans and directors administering allied health programs during these financially troubled times, the *2009 ASAHP Spring Meeting* is designed to provide such assistance. The program includes the following important events:

### Workshop I

**James Johnson**, Director of the Economic Modeling Office at Indiana University-Purdue University Indianapolis (IUPUI), will conduct a workshop that focuses on developing strategies for budgetary challenges facing schools of allied health.

### Workshop II

**James Stalder**, Dean Emeritus of the School of Business at Duquesne University, life trustee of Carnegie Mellon University, and former managing partner of PriceWaterhouseCoopers, will conduct a workshop dealing with such issues as endowments that are declining in value and demographic challenges in meeting student enrollment targets.

Other parts of the program include panel discussions and small group discussions on matters important to academic administrators. For additional details, refer to [www.asahp.org](http://www.asahp.org) on the Web.

A special, reduced lodging rate of \$199 per night will apply for the period March 15-22 for attendees who would like to arrive earlier or stay after the meeting. These rates are good for the period March 15-22. Rooms are guaranteed until **February 15, 2008**. Parking is included with a reservation. An \$8 surcharge is for valet service.

Call Tel: 800-808-9833 and refer to *ASAHP Spring Meeting* when making lodging reservations.

Registration for the Spring Meeting can be done on the ASAHP website at [www.asahp.org](http://www.asahp.org).