

TRENDS

Association of
Schools of
Allied Health
Professions

HIGHLIGHTS

FEBRUARY 2008

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ALLIED HEALTH PRACTITIONERS AND PREVENTION

Any serious discussion of the topic of health reform in the context of improving personal health status must include the important notion of prevention. Much of what occurs in the United States in the realm of prevention goes unnoticed, is taken for granted, and entails no active involvement by patients and consumers. Examples are safety measures by governmental agencies to ensure that drinking water and food supplies are safe to consume.

At another level, individuals have to make personal choices regarding health promotion and disease prevention. Examples pertain to use of tobacco and alcohol, consumption of fatty foods and tasty comestibles with a high caloric content, and adopting physical exercise regimens. Governmental agencies also can be involved in this related sphere of promoting healthy habits. Official efforts are aided and abetted by school systems, parents, an extensive mass media industry, and health professionals.

The last group is of special interest. Entrance into health care settings by patients for diagnostic and treatment services often can be an anxiety-producing experience. The uncovering and disclosure of a health problem may be accompanied by a higher level of interest by patients in trying to understand what is happening to them and learning how to avoid having anything worse occur. It may not be an appropriate analogy, but it is interesting to note that as a short-term phenomenon, many drivers will go considerably slower in their vehicles after viewing the aftermath of a terrible road accident.

In the health arena, patients may be at a supremely opportune teaching moment, but the instruction and guidance never materialize. Many health professionals are quite adept at furnishing a therapeutic service, but are not comfortable in talking with patients about personal matters such as smoking, alcohol consumption, and dieting. Part of the reason why they fail to perform in a more comprehensive manner is that they were not educated and trained to do so.

Last month, ASAHP become a member organization of the *Healthy People Curriculum Task Force*, a group responsible for developing a website that can be accessed at teachprevention.org. This valuable resource contains highly useful materials for incorporating health promotion and disease prevention across the spectrum of health professions education curricula. A related concern is the desirability and necessity of creating more opportunities for interdisciplinary education. The website is of great value in illustrating ways that such objectives can be achieved. Readers of the newsletter TRENDS are encouraged to explore the website as a means of improving allied health education and practice.



VANGUARD OF
ALLIED HEALTH EDUCATION

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PRESIDENTS'S MESSAGE

By Linda C. Hatzenbuehler, ASAHP President



Well, Super Tuesday has come and gone, and while the game is still afoot and much is yet to be decided, there is an air of optimism in the air. No matter which side wins this November, there is hope that we will see an end to the status quo as “change” appears to be the theme of the rhetoric of all front runners. It is our job to make sure that if and when change comes to the American health care system the allied health professions are front and center in the redesign.

How are we going to do that? I don't know for sure, but I have some ideas. I think we need to increase our numbers, build coalitions, and develop key relationships. Simultaneous to all of that, we need to come to grips with the fact that “Allied Health” is a concept that groups a number of professions just like the word “fruit” groups together apples, bananas, and grapes. Our problem is that the professions we fold into the concept of “Allied Health” prefer to be referred to as “apples” not “fruit!” I don't think we can do anything about that. We just need to acknowledge it and fold the reality into our other jobs of increasing our numbers, building coalitions, and developing effective relationships.

I am quite sure that your state nursing, medical, and hospital organizations have been talking to your congressional delegations about change. These professional organizations are certainly working at the national level to assure that if change in the American health care system does come about, it is compatible with these types of organizations' strategic goals. In many states, including my own, we have state chapters of national organizations representing the interests of nursing, medicine, hospitals and public health, but we do not have a single organization representing the interests of the allied health professions. Instead, in many places the separate allied health professions have state chapters. These organizations typically work on state-related issues of interest to the specific professions.

So, how do we get the word out about the allied health professions to national policy makers and their staff in an organized fashion? First of all we meet with them directly. For a couple of years, we scheduled our spring meetings in D. C. so we could all visit our senators and congressmen to discuss the Allied Health Reinvestment Act and other issues of importance to our colleges. Now that we no longer meet in D. C., I think connecting with your congressional delegation and their national and local staff while they are home is critically important.

In addition to meeting with them ourselves, we need to get other people to meet with them too! Those of you who have state allied health organizations can work through them. Others may be in the position to organize a statewide group interested in promoting the cause of all allied professionals during this critical time. There may be schools and colleges in your area that house allied health programs but are not ASAHP members.

Consider outreaching to the directors of these organizations. They may be unaware of the Allied Health Reinvestment Act and other federal initiatives that are important to ASAHP. In order to foster the visibility of the allied health professions and move initiatives like the Allied Health Reinvestment Act forward, we will need to put local level competition for students, state resources, donors and grant dollars aside. Together educators can then approach the professional organizations (apples, bananas, and grapes) and the employer organizations for support, visibility, and contacts.

Those are my ideas. I look forward to hearing yours. I would like to develop a blog site where members came share opinions and respond to comments such as these. In the meantime, e-mail me (hatzlind@isu.edu). It is critical that allied health professions are on policy makers' radar screens during an era with such potential for change.

DEANS AND DIRECTORS CALLED UPON TO SEEK FUNDING



A major legislative goal this year is to have \$5 million in funding reinstated for allied health under *Section 755 of Title VII of the Public Health Service Act*. Deans and directors have an important role to play in the attainment of this goal. Two separate initiatives are involved. The first entails making contact with their respective members in the U.S. House of

Representatives since each elected official in that chamber typically prepares a list every year of favorite activities they would like to see funded.

Letters with lists containing health funding requests will be sent by a **March 15 deadline** to Chairperson Dave Obey (D-WI) and Ranking Member James Walsh (R-NY) of the Appropriations Subcommittee for Labor, Health & Human Services, Education and Related Agencies. Each ASAHP dean and director is being called upon to urge his or her representative to include an allied health funding request in the letter. These requests also should be made well in advance of March 15 since many Representatives will submit their letters prior to that date.

A similar procedure will occur in the Senate. Instead of asking senators to send comparable letters to their appropriations counterparts, however, ASAHP members will be requested to have their senators sign a *Dear Colleague Letter* that will be written by Senator Maria Cantwell (D-WA). She introduced the Allied Health Reinvestment Act in the Senate and has agreed to take the lead in having the \$5 million restored for FY 2009.

Earlier this month, an afternoon hearing on the health workforce was conducted in the Senate. Senators Edward Kennedy (D-MA), Chairman of the Health, Education, Labor, and Pensions Committee and Michael Enzi (R-WY), Ranking Member, requested ASAHP to submit written testimony regarding allied health. The Association's response can be accessed from the right-hand column of the ASAHP homepage at www.asahp.org. Emphasis was placed in the reply on: the importance of having an adequate supply of competently-prepared allied health professionals, the impact of an aging workforce, the problem of attrition rates among personnel, the lack of career ladders, faculty shortages, and the need to develop more clinical sites. Reference also was made to the *2007-2008 ASAHP Institutional Profile Survey*. That study furnished data on the extent to which in many professions the number of students enrolled is less than the number of seats available, a situation that has prevailed for the past eight years.

2008-2011 ASSOCIATION CALENDAR OF EVENTS

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

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

October 30 - November 1, 2008—Annual Conference—Marriott Hotel —Baltimore, MD

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

October 21-23, 2009—Annual Conference —San Antonio, TX

Sites have been selected for other upcoming ASAHP events. The Annual Conference in 2010 will be in Chicago, IL. That event also will be held in Charlotte, NC in 2011.

MAKING INROADS WITH THE LABOR DOMAIN



ASAHP Past President **Stephen L. Wilson** represented the Association when he gave an address on February 24 at a session entitled *Meeting the Emerging Crisis in the Shortage of Skilled Health Care Workers* that occurred during the annual conference in Washington, DC. of the National Association of Workforce Boards. He currently is Chairperson of HRSA's Advisory Committee on Interdisciplinary, Community-Based Linkages, a group that includes the allied health professions as part of its focus. His presentation was aimed at extending the partnership that is forming between ASAHP and the labor community. In a similar vein, last month the Association also was represented at the annual conference of the National Association of State Workforce Agencies.

Wilson's remarks highlighted the aging of the allied health workforce, the aging of faculty, and current workforce shortages. He used data from the Bureau of Labor Statistics to show how many additional personnel will be needed by the year 2016. Shortages are exacerbated by factors such as the high cost of education, a lack of awareness of health careers, degree creep, lack of career ladders, articulation deficiencies, an insufficient number of clinical training sites, and attrition of students in educational programs. He closed by indicating that only by increasing partnerships with groups such as workforce boards will solutions be found to the problem of having an adequate supply of allied health professionals.

Local workforce boards have been established in 560 locations around the United States. Currently through the U.S. Department of Labor, 85 percent of the \$3 billion in funds made available this year by that agency are directed to these entities (the other 15 percent goes to state workforce agencies). They have a major responsibility for identifying workforce shortages, alerting the public to the existence of jobs that must be filled, and providing assistance to individuals to obtain the necessary training to fill those available positions.

A common situation in many locales is that there is a great demand for various kinds of health care services, but not enough workers to satisfy such demands. As an example, PriceWaterhouseCoopers conducted a study during 2006-2007 of the Northern Virginia region that adjoins Washington, DC. The four counties and five cities involved in the survey have a population of 2.1 million, which is expected to grow by 23.2 percent between 2006 and 2020.

Several allied health professions (e.g., CT scanning technologists, occupational therapists, physical therapists, radiologic technologists, respiratory therapists, and speech language pathologists) were among the 24 occupations studied. Professions such as occupational therapists, physical therapists, and speech language pathologists were experiencing vacancy rates of 15 percent or higher. Such rates have the potential to exert an adverse impact on the work environment and on an organization's ability to provide health care services.

Many parts of the United States are undergoing a recession. Manufacturing jobs are on the decline in the auto industry and they are not being replaced by other factory jobs. Instead, employment growth is concentrated in the service sector and health services, especially in allied health, offer many opportunities for workers. Good paying jobs still can be obtained by graduates of associate degree programs, but prospective employees need to know that such careers are available. Programs funded by the Department of Labor can play a key role in attracting such attention. As health personnel want to move up the occupational ladder, four-year institutions have an important role to play. In addition, the elevation of the entry-level degree among some professions from the baccalaureate to the master's level increases the need to involve four-year institutions.

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: 912-927-5254

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

STUDENT LEADERSHIP PROGRAM APPLICANTS SOUGHT

Deans and directors at ASAHP member institutions are encouraged to have their schools represented in the Association's newest offering, a *Student Leadership Development Program*. Recognizing that the future viability and effectiveness of this organization in fulfilling its mission and purpose are dependent on the leadership and involvement of today's students as tomorrow's leaders, the Association established the program to achieve the following ends:

- ◆ To provide educational opportunities pertaining to national health care and allied health issues,
- ◆ To provide education and training in the general area of leadership,
- ◆ To provide a basic understanding of the political process and strategies for effective advocacy,
- ◆ To instill an awareness and appreciation of the need for collaborative and collective advocacy across various allied health disciplines, and
- ◆ To encourage and facilitate leadership opportunities for graduates of the program.

Group projects will provide a basis for examining various issues such as: national health care policy, allied health concerns, leadership and team building, advocacy, academic life, and national and state professional associations. Students will have an opportunity to work as part of a team on an issue of mutual interest while at the same time enabling each individual to pursue activities along lines of personal development such as team building and leadership. Eligible applicants include: students (undergraduate, graduate, doctoral, professional doctoral) enrolled in health or human services academic programs in an ASAHP member institution; students with a minimum B average; be at least 21 years of age or older at the time of the selection; and be a U.S. citizen, a permanent resident of the U.S., or have an F-1 student visa. For more details, including application materials, refer to the left-hand side of the homepage at www.asahp.org.

HOW PARENTS AND THE PUBLIC VIEW HIGHER EDUCATION

Traditionally, the United States higher education system has been the envy of the world for its high quality, accessibility to millions of Americans, ability to train generations of skilled workers, and its contribution to creating the vast American middle class. Today, however, higher education is experiencing various pressures. A new generation of students—including many minorities, children of recent immigrants, and middle-aged and older Americans—is seeking access to colleges and universities. This trend is happening precisely when public funding for higher education seems more strained than ever.

At the same time, other countries are ramping up their own higher education systems to compete in the global economy. Recently, the *Secretary of Education's Commission on the Future of Higher Education* called for reforms such as greater accountability and productivity in higher education. How is the American public thinking about higher education today? Are Americans pleased with the system as it exists or are they looking for change? How is the system working from the public's point of view and from the point of view of parents whose children may soon be students?

To explore these issues, Public Agenda, a nonprofit, nonpartisan organization that conducts opinion research on public policy issues, designed and fielded a random sample survey of 1,001 Americans, including over-samples of African-American and Hispanic parents with children in high school. The project included five focus groups around the country and interviews with more than two dozen corporate, media, philanthropic, and legislative leaders. The study also examined a series of similar public surveys going back to 1993 to see how the public's views have changed (or stayed the same) over time.

Key findings are as follows:

Higher education is a fundamental necessity.

The public gives higher education good grades.

Rising costs cloud the picture.

More and more Americans fear that the opportunity to attend college is being threatened.

The public's sense of urgency about higher education reform is diminished by "pressure valves" in the system.

Parents are worried about paying for college, but most think they will find a way to do so.

All minority parents—even high-income ones—are disproportionately concerned about lack of opportunity for qualified students.

When it comes to public attitudes on higher education, "the bloom is off the rose."

The public does not believe that colleges need to choose among maintaining quality, expanding access, and holding down costs.

Americans prefer reforms that don't sacrifice quality or limit access.

The report is on the Web at http://www.highereducation.org/reports/squeeze_play/squeeze_play.pdf.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Geographic Variation In Health Care Spending

Per capita health care spending and patterns of medical practice vary widely across the United States. In this paper, written at the request of the Chairman of the Senate Budget Committee, the Congressional Budget Office (CBO) examines the amount of geographic variation in spending, the reasons for that variation, and its implications for evaluating the efficiency of the health care system. The report is on the Web at <http://www.cbo.gov/ftpdocs/89xx/doc8972/02-15-GeogHealth.pdf>.

Improving Population Health: The Use of Systematic Reviews

A report from the Milbank Memorial Fund describes the methods, applications, and value for policymakers of systematic reviews that evaluate interventions intended to improve population health. These reviews are the best available scientific guidance for choosing among alternative policies. Systematic reviews apply the methods of research (sometimes called “evidence”) synthesis, a rapidly developing area of inquiry that merges the biomedical and social sciences. The CDC and the Milbank Memorial Fund commissioned this report in order to explain the methods and uses of systematic reviews to a broad audience. Incomplete or erroneous information about systematic reviews continues to be published in the media and distributed by groups trying to influence policy. Some misinformation that is circulated by researchers in other fields and health journalists can be attributed to their not understanding the rapidity with which the field is advancing. Misinformation also can result from the complex interactions of science and policy as well as commercial and nonprofit advocacy. The report is on the Web at <http://www.milbank.org/reports/0712populationhealth/0712populationhealth.html#executive>.

Primary Care Professionals: Recent Supply Trends, Projections, and Valuation Of Services

On February 12, A. Bruce Steinwald, Health Care Director at the U.S. Government Accountability Office, testified before the Senate Committee on Health, Education, Labor, and Pensions Committee on the topic of primary care. Despite a longstanding objective of Title VII to increase the total supply of primary care professionals, health care marketplace signals suggest an undervaluing of primary care medicine, creating a concern about the future supply of primary care professionals. As evidence, health policy experts cite a growing income gap between primary care physicians and specialists and a declining number of U.S. medical students entering primary care specialties—internal medicine, family medicine, general practice, and general pediatrics. Moreover, the federal agency responsible for implementing Title VII programs, the Health Resources and Services Administration (HRSA), notes that physician “extenders”—namely, physician assistants and nurse practitioners—also may be choosing procedure-driven specialties such as surgery, cardiology, and oncology, in increasing numbers. His testimony is on the Web at <http://www.gao.gov/new.items/d08472t.pdf>.

An Evidence-Centered Approach To Accountability For Student Learning Outcomes

A new report from the Educational Testing Service (ETS) is intended to address the need to measure the unique aspects of learning that occur in individual institutions as well as the types of common learning that are expected across all higher education institutions. This report should be of use to those faculty and administrative leaders who are non-experts in the assessment field, but who will be responsible for leading their institutions and systems through the shift toward a transparent system of accountability for student learning outcomes. The document is on the Web at http://www.ets.org/Media/Education_Topics/pdf/COEIII_report.pdf.

BOARD ACTIONS

Members of the ASAHP Board of Directors participated in a conference call on February 15. The following actions were among those taken:

- ◆ Approved a motion to accept the Minutes of a Board conference call on January 11.
- ◆ Reviewed a budget worksheet for the next fiscal year which begins on July 1 of this year and deferred making a decision on a possible membership dues increase until the Board meets immediately prior to the Spring Meeting in St. Pete Beach, FL next month.
- ◆ Agreed that future annual reports should include a portrayal of expenditures in relation to efforts to achieve each goal in the Association's *Strategic Plan*.
- ◆ Agreed that since the March 15 deadline for nominations is close to the time of the upcoming Spring Meeting, the deadline should be extended to April 1 to enable attendees at that event to learn more about what the election entails and have additional time to consider running for one of the contested spots.
- ◆ Approved a motion to nominate Dean **Gregory Frazer** (Duquesne University) to serve another term as a commissioner for the Commission on the Accreditation of Allied Health Education Programs (CAAHEP).
- ◆ Agreed that, meeting space and lodging permitting, a symposium should be offered by the National Alliance Promoting Research in Allied Health (NAPRAH) in conjunction with the ASAHP Annual Conference next fall.

INSTITUTE FOR ALLIED HEALTH EDUCATORS

The Academy for Academic Leadership (AAL) and the American Dental Education Association (ADEA) are pleased to announce the Call for Applications to the 2008 Institute for Allied Health Educators (IAHE). As a result of the success of the program in 2007, two IAHE programs with different curricula are offered in 2008.

The IAHE is an interdisciplinary program focused on the unique needs of allied health educators. It is divided into two 2.5-day programs. Participants are encouraged to attend Program I before Program II, but they may register for either or both IAHE programs. The IAHE helps participants refine teaching skills that will enhance the quality of their interactions with students and facilitate confidence, job satisfaction, and professional growth. ADA CERP credit is provided for both programs.

The curriculum for Program I is found at http://www.academicleaders.org/ahe_program_i_curriculum.htm. Program II is described at http://www.academicleaders.org/ahe_program_ii_curriculum.htm.

The IAHE is held over weekends at the dental school of the University of Missouri-Kansas City. For further information, including how to apply, refer to the website at <http://www.academicleaders.org/iahe.htm>.

Questions should be directed by email to Paige Metzger at pmetzger@academicleaders.org or to Karl Haden, AAL Founder and President, at khaden@academicleaders.org. By telephone, call 404-350-2098.

The deadline for applying is **April 30, 2008**.