

TRENDS

Association of
Schools of
Allied Health
Professions

HIGHLIGHTS

JULY-AUGUST 2008

President's Message	2
HEA Enactment	3
ASAHP Calendar	3
Health Workforce	4
Board Actions	6
Available Resources	7
NAPRAH Symposium	8
Board Member Honored	8
New ASAHP Staff	8



ASAHP Executive Director **Thomas Elwood** (L) and **Richard Hobbie** (R), Executive Director of the National Association of State Workforce Agencies, signed an historic joint agreement between the two organizations in July. A chief aim is to encourage NASWA state administrators to work with 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 universities, where appropriate, to become eligible training providers for the states' workforce system.

NASWA members also will work with ASAHP members to connect member institutions with the states' local workforce investment boards to help local areas better address local shortages in the allied health professions. A related partner in this enterprise of dealing with allied health workforce shortages is the U.S. Department of Labor, which provides funding for state and local workforce boards.

Ideally, federally provided resources can be used to publicize the availability of allied health careers, conduct studies to determine future workforce needs, and perhaps even furnish tuition assistance. Allied health shortages in professions such as medical technology exist. The growth of the overall U.S. population and the increased aging of that population will contribute to added demand for the services of allied health personnel, along with all other kinds of health professionals.



VANGUARD OF
ALLIED HEALTH EDUCATION

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PRESIDENTS' S MESSAGE

By Linda C. Hatzenbuehler, ASAHP President



I've never promoted myself as a mind reader, but I suspect many of you have recently entertained the thought, "Where did the summer go?!" I certainly have! I am pleased that one of the accomplishments of my summer was participating in a productive ASAHP Board meeting. Executive Director Tom Elwood has already reported on the Board meeting, but I thought I would add my perspectives on the event. In addition to lively discussion about some critical issues impacting ASAHP as an organization, the Board engaged in a goal-setting exercise for the upcoming year. There are always many things to do in an organization like ASAHP, so the Board needed to set some priorities and objectives for the year. I am hopeful that those of you reading this piece agree with the direction the Board is planning to proceed to for the next year. If not, please be sure to let us know.

The issues we decided to work on for the next year cluster around two major themes. One is to ensure that ASAHP continues to develop its importance as an organization so that more people and organizations are interested in becoming members. Secondly, we set goals to assure our current members continue to value their ASAHP membership. Obviously there is much overlap in the themes.

The Board based our goal setting on a preliminary exercise in which we listed our opinions about what ASAHP offers its membership. Here is the Board's list. We hope you agree with it. ASAHP offers its members the following: Lobbying for legislation impacting the allied health professions and support for allied health education; developing branding of "allied health;" promoting research in allied health and providing a platform for research data; training future leaders; assisting members with organizational issues; funding scholarships for students in member schools; providing continuing education and networking for members; disseminating information through publications such as *TRENDS* and *ASAHP UPDATE*; providing a presence for allied health in the District of Columbia; and publishing our annual *Institutional Profile Survey*. We then set goals attempting to capitalize and expand on what we think ASAHP does for its members.

Here are the 2008-2009 ASAHP goals established by the Board:

- Diversify our revenues.
 - Increase meeting exhibitors and sponsors by 10 percent.
 - Increase meeting attendance.
 - Maintain current members and increase membership.
 - Establish a recruitment incentive for new institutional memberships.
 - Increase *Journal of Allied Health* income.
- Evaluate the organizational funds spent on lobbying. What are the deliverables for these funds? Are the funds being used cost effectively?
- Maintain our faculty/administrator leadership program and expand the leadership program to include students this year.
- Maintain our research agenda in allied health and document our efforts to promote research in allied health.
- Document the number of times we assist members with institutional and organizational questions and catalog help given.
- Increase our scholarship fund by 10 percent.
- Maintain our efforts at branding "allied health."
- Strengthen our committee structure and increase committee activity.
- Increase communication with our members through electronic surveys.
- Establish a Transition Committee to develop a plan for the retirement of our Executive Director in 2010.

I think you will agree it is a lofty agenda, but it has focus and a few items are even measurable! The Board asked Tom Elwood to help us demonstrate to the current members that our budget expenditures are in line with our annual priorities and our more long term strategic goals.

If you think that we left anything that you think is important, Tom and I, and any of the Board, would be pleased to entertain your suggestions. I look forward to your participation in assisting us with these goals for the new year. Best of luck on a productive Fall semester.

HIGHER EDUCATION ACT EXTENSION BECOMES LAW



Five years after it should have been cleared by Congress, massive legislation to reauthorize the Higher Education Act (HEA) was passed by overwhelming margins in both the House and Senate. It was signed into law by President Bush on August 14.

As a direct result of ASAHP's involvement, the HEA bill contains the following items (more exact details will be worked out by agency officials after enactment):

- ◆ Section 430 provides new loan forgiveness to be developed by the Secretary of Education for service in areas of national need. Allied health occupations fall within the public sector employees' category as it includes health care practitioners and support occupations as defined by the Bureau of Labor Statistics. The Conference Report contains expanded language that specifically singles out physical therapists and occupational therapists.
- ◆ Section 451 expands the Federal Direct Student Loan forgiveness program created in the budget reconciliation act to include allied health occupations under the definition of "public service job."

At more than 1,150 pages, the bill (HR 4137) is 20 times longer than the Higher Education Act of 1965 that it modifies. The more recent version results in the creation of 64 new programs and involves seemingly unrelated matters such as private loans, a public list of tuitions and fees at academic institutions, a ban on lobbying that involves the use of federal funds for that purpose, textbook costs, dealing with campus emergencies, Pell grants, reporting requirements, armed forces benefits, and granting a three-year reprieve to proprietary schools from a requirement enacted earlier this year that they receive at least 10% of their revenue from sources other than federal loans and other aid.

As with any legislation of this size, not all its provisions are viewed with great enthusiasm universally. The decision by Congress to prevent the U.S. education secretary from issuing regulations governing higher education accreditation to ensure that colleges are measuring student learning outcomes is not assessed as ecstatically among Department of Education officials as it is among members of the higher education community. An analysis of the legislation by the American Council on Education (ACE) can be accessed on the Web at [HTTP://WWW.ACENET.EDU/E-NEWSLETTERS/P2P/ACE_HEA_ANALYSIS_818.PDF](http://www.acenet.edu/e-newsletters/p2p/ACE_HEA_ANALYSIS_818.PDF).

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

Responding to the Market or Creating a Market?

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In the health professions, do educators and professional organizations simply respond to market forces or do they try to create a market for their profession? When one looks at health workforce projections, there is generally an assumption that the figures presented reflect a requirement for personnel determined by objective and unbiased research, and very often that is the case. However, the projections can become complicated when professional advocacy enters the picture and the resulting forecast reflects an element of desire rather than actual workforce demand.

Factors and perspectives influencing the market: It is important to consider the perspectives of various parties in the overall health workforce scene, including employers, educators, professional organizations, and government from the local to the federal level. In general, employers would like to have a greater supply of health professionals seeking employment than positions that are available. That way they can pick and choose the best qualified for the job and also keep salaries within an appropriate range based on education and experience. Likewise, educators share a similar view in that they like to have more applicants to a program than spaces available so they can select those applicants they believe have the academic ability to succeed in the program, thus reducing attrition, and also have the characteristics needed for successful professional practice.

Professional organizations advocate for the profession in general, as well as for the members of the organization who generally are in professional practice. The leadership of professional organizations is often influenced in a substantial way by its educator members who may push for expanded roles of practice and educational preparation.

Government at all levels is concerned about having adequate numbers of health professionals to serve the public. At the state level, the focus may be on educating sufficient numbers of individuals and instituting appropriate personnel regulation hopefully to assure minimal levels of quality. At both the local and state level, the concern also expresses itself in having an adequate health workforce to support expanded economic development and attract new industry. At the federal level, the focus may be on monitoring the health workforce from a labor standpoint, funding research to advance healthcare, and providing health services to select groups such as the military and Native Americans.

As has been recounted many times, when it comes to healthcare and health professions education, the public tends to focus its attention on medicine and nursing compared with the allied health professions. The public is well aware of a nursing shortage and is becoming increasingly aware of a supposed physician shortage due to the call by the Association of American Medical Colleges for a 30% increase in medical school enrollments.

Medicine: There are some compelling reasons why the AAMC is calling for a large increase in the physician supply. With an aging population and the increased demand for health care services, the available supply of physicians may be decreasing over the next decade with one-third (approximately 250,000) of active physicians over age 55 likely to retire by 2020. This is not unlike the situation faced in most all health professions, including the allied health professions. However, medicine has the longest educational pipeline, and change in that profession takes longer before the results may be seen.

Even though that is so, one can still raise a question about the motivation for the call for such a large increase in the physician supply. Undoubtedly, there appears to be a justifiable and realistic need for some increase, but when one looks further into the situation, some questions arise about whether the projections stem from a public need or from professional desire—that is, whether it is a response to a market or efforts to create a market.

As just one example of a broader issue is the situation within the medical profession of allopathic medicine and osteopathic medicine. The increased proportion of graduates in osteopathic medicine relative to traditional, allopathic medicine over the last few decades raises questions about whether the call by the AAMC is responsive to the needs of the public for physicians or to simply maintain market share for allopathic medicine within the field of medicine and for medicine among other health care providers. The rapid increase in osteopathic medicine is illustrated in the following table.

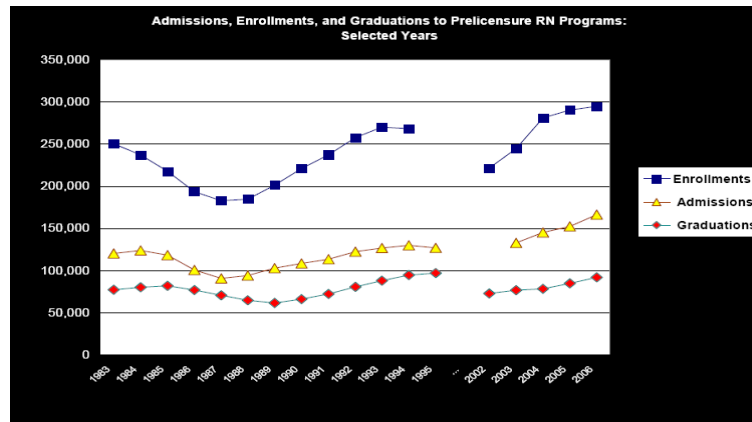
Projected First Year MD and DO Enrollments in 2013

	2002	2013	Number & % Increase
MD	16,488	19,909	3,421 21.0%
DO	3,079	5,227	2,148 69.8%
Combined	19,567	25,136	5,569 28%

Source: Association of American Medical Colleges

Is the call for increased production of allopathic physicians by AAMC due to the need to serve the public, or is it a professional reaction to the need for allopathic medicine to maintain its position of eminence among all of the health professions, including its counterpart physician profession of osteopathic medicine? It depends on one's perspective and what one believes to be the real need or demand for an overall mix of health professionals.

Nursing: In a different scenario, a nursing shortage has been known for some time. The numbers are large, but because nursing is the largest health profession, it can tend to skew the focus somewhat, though the shortage is real and of great concern to many. The production of nurses is increasing, but not at the rate the nursing profession would like, particularly at the baccalaureate and higher degree levels. Yet when one looks at the trends, the response of educational institutions and the public is evident.



Relative to many of the allied health professions, the percentage of vacancies in nursing is less than in many allied health fields. Yet the absolute number of nurses needed overshadows most all other health professionals. The relatively large number of licensed nurses who are not in active practice, and who tend to enter and exit the workforce depending on the overall economic conditions of the U.S., makes projecting the future workforce requirements for additional nurses more difficult. It might appear heretical to say that in the next five to seven years there could be a surplus of nurses in some areas of healthcare, such as in community practice, but that could be the case. Since over 50% of nurses work in hospital settings, that is where the greatest demand is found for employment.

Market forces in allied health fields: While many influences and forces may come from outside a profession, change is also brought about from within the ranks of those in professional practice in what are traditionally considered the allied health professions. For example, in the rehabilitation professions, there has been the expansion of independent practice with ownership of practices controlled by individuals within the profession. Such practices may employ individuals at both the professional and assistant levels. The number and roles of practitioners at the assistant level may be determined to some extent by state practice acts or by the employing organization. Since reimbursement levels are set by external entities such as Medicare or other third party insurers, the ratio of employed professionals to assistants has significant economic implications on the viability and profitability of the practice organization.

Even within practice organizations owned and controlled by individuals in the profession, there may be a desire to have a large proportion of individuals at advanced educational levels relative to those at an assistant level (for example, DPTs versus PTAs), but the economic realities of the reimbursement system push much of the employment and work down to a lower level to increase profitability of the practice. Professional standards and state regulation are designed to prevent abuses in delivering effective care, but there may be an inclination to use the lowest compensated individual to deliver the level of care called for.

Such a scenario may be counter to what would normally be desired by the professional association and by educators with programs at the higher degree levels, but the economic realities of the reimbursement system strongly influence the mix in the practice environment of professionals at upper levels of training relative to assistants. This situation presents an on-going conundrum within a profession with its own kind of internal competition. The professional association will advocate for increased reimbursement levels, but even if successful, there will still be a dynamic of trying to find the most cost-effective mix of individuals to optimize income for the practice.

What should educators do? Do the professions and educational institutions respond to the market or do they try to create a market? Obviously, the answer is that they do both. That is a consequence of the natural forces that act in the health care environment. The primary concern for educators in allied health institutions is to understand the forces that are operating and to use the resources at their disposal to meet the real needs that exist in the market, not just those that are created by desire rather than by reality.

BOARD ACTIONS

Members of the ASAHP Board of Directors met on July 16-17. The following actions were among those taken:

- ◆ Approved a motion to accept the Minutes of the Board conference call on May 6.
 - ◆ Approved a motion to begin including membership dues as a source of revenue in financing the cost of producing the Association's quarterly *Journal of Allied Health*.
 - ◆ Requested staff to compile a list of revenues and costs of other quarterly health periodicals of comparable size.
 - ◆ Agreed to refer a branding proposal to the *ASAHP Branding Task Force* with a request that members of that group develop an RFP, examine RFPs and branding initiatives developed by other health organizations and ASAHP member institutions, and identify possible funding sources. This information will aid in making decisions about future budget allocations for branding by the Association.
 - ◆ Agreed to defer making any decision regarding a gerontological education proposal until ASAHP members have an opportunity to learn about it at the upcoming Annual Conference in Baltimore.
 - ◆ Based on the AMA's decision not to adopt a resolution that would restrict the use of the term "doctor," ASAHP will not send that organization a letter. Instead, Association President **Linda C. Hatzenbuehler** will send an e-mail message to members, requesting them to monitor AMA activities at the state and local level.
 - ◆ A proposed bylaws change regarding Lifetime Membership will be forwarded to the Constitution & Bylaws Committee.
 - ◆ Board Members identified the following themes as a guide for conducting activities over the next 12 months: (1) strengthening finances through revenue diversification, (2) documenting and promoting student and faculty leadership, (3) documenting and promoting research, (4) establishing a plan for branding allied health, (5) facilitating advancement activities, (6) formalizing assessment on major projects, and (7) strengthening committee structures. The Board would like to increase and retain members, add more exhibitors at conferences, increase ads in the ASAHP Journal, utilize the company Conference Direct for conference scheduling, garner monies to fund student scholarships fully, and better assess the lobbying effort.
 - ◆ Agreed that Chairpersons of ASAHP Committees and Task Forces will be asked to submit quarterly reports in writing that describe activities undertaken.
 - ◆ ASAHP's role in entry-level "credential creep" was considered. As a result, a committee comprised of some ASAHP Board Members and the Chairperson of the Education Committee will work on a paper title and framework for expanding entry level requirements, which will be presented at the October Dean's Council meeting for discussion. The Education Committee then will finalize the product.
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AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Investments In Disease Prevention Yield Significant Savings

A report released by Trust for America's Health (TFAH) in July 2008 finds that a small strategic investment in disease prevention could result in significant savings in U.S. health care costs. In its report, entitled *Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities*, TFAH concluded that an investment of \$10 per person per year in proven community-based programs to increase physical activity, improve nutrition, and prevent smoking and other tobacco use could save the country more than \$16 billion annually within five years, a return of \$5.60 for every \$1 spent.

The report can be accessed on the Web at

<http://healthyamericans.org/reports/prevention08/Prevention08.pdf>.

Addressing The Health Workforce Crisis

Out of Order, Out of Time: The State of the Nation's Health Workforce is a report undertaken by the Association of Academic Health Centers (AAHC) to focus attention on the critical need for a new, collaborative, coordinated, national health workforce planning initiative. The report is based on the following premises: The dysfunction in public and private health workforce policy and infrastructure is an outgrowth of decentralized decision-making in health workforce education, planning, development, and policymaking (out of order); The costs and consequences of our collective failure to act effectively are accelerating due to looming socioeconomic forces that leave no time for further delay (out of time); Cross-cutting challenges that transcend geographical and professional boundaries require an integrated and comprehensive national policy to implement effective solutions; Issues and problems outlined in the report have not been effectively addressed to date because of the inability of policymakers at all levels to break free from the historic incremental, piecemeal approaches; and Despite many challenges, the prospects for positive change are high. The report can be accessed on the Web at http://www.aahcdc.org/policy/AAHC_OutofTime_4WEB.pdf.

Assessing The Impact Of The Spellings Commission

The National Association of College and University Business Officers published a report entitled, *Assessing the Impact of the Spellings Commission: The Message, the Messenger, and the Dynamics of Change in Higher Education*. The document reviews the commission's genesis, deliberations, and recommendations in 2005-6; the Education Department's efforts to carry out the panel's work over the last two years; and the responses of those within higher education to all the aforementioned. The report can be accessed on the Web at http://www.nacubo.org/documents/business_topics/AssessingImpact.pdf.

BLS Publication Features Allied Health Occupation

The Summer 2008 issue of *Occupational Outlook Quarterly*, a publication of the Bureau of Labor Statistics (BLS), contains an article entitled *Health Care Jobs You Might Now About*. Two of the three occupations featured are surgical technology and cytotechnologists. The publication can be accessed on the Web at <http://stats.bls.gov/opub/ooq/2008/summer/art03.pdf>.

Behavioral Economics: Lessons From Retirement Research For Health Care And Beyond

A presentation by Congressional Budget Office (CBO) Director Peter Orszag to the Retirement Research Consortium was made on August 7, drawing on insights from behavioral economics that relate to health economics. His presentation can be accessed on the Web at

http://www.cbo.gov/ftpdocs/96xx/doc9673/08-07-Presentation_RRC.pdf.

NAPRAH SYMPOSIUM TO BE OFFERED ON NOVEMBER 1

An added feature of the 2008 ASAHP Annual Conference in Baltimore, MD on October 30-31 is that on November 1 there will be a symposium presented by the National Alliance Promoting Research in Allied Health (NAPRAH), a group formed under auspices of ASAHP. The following topics are among those selected for presentations:

- ◆ Translational Research Defined
- ◆ A Recently Tenured Faculty Member's Perspective on Research Training, Collaboration, and Clinical Applications of Bench Science
- ◆ The Research Productive Department: Critical Strategies
- ◆ Developing the Research Productive Department
- ◆ Pre-Tenure Hiring Qualifications, Roles, and Responsibilities

ASAHP BOARD MEMBER HONORED



The University of South Alabama's Dean of the College of Allied Health Professions, **Richard Talbott**, was recognized for his distinguished accomplishments by two national organizations for health professionals. He is one of five professionals slated to receive the prestigious *Honors of the Association* from the American Speech-Language-Hearing Association during the group's national convention to be held in Chicago in November. The Honors of the Association, the highest honor the association awards, recognizes outstanding contributions to field of speech, language, and hearing. The award is presented to individuals who are well-known nationally and internationally for a lifetime of innovative clinical practice, insightful and rigorous research, creative administration, effective legislative activity, outstanding teaching, and other distinguished professional contributions.

In April, he also received the *Honors of the Association* from the Council for Academic Programs in Communication Sciences and Disorders during its national convention held in Tampa. It is the highest recognition from the association, which represents institutional members of graduate programs in speech pathology and audiology. Talbott is a past president of the group, and he served on its board of directors for six years.

ASSOCIATION'S NEWEST STAFF MEMBER

ASAHP's newest addition to the staff is **Ashley Rasmussen**. An award winning, honors graduate of Boston University, she previously had responsibility for the technology and public policy program at the Center for Strategic and International Studies, a prominent think tank here in Washington.

She succeeds **Elizabeth Toba Pearlman** who began her studies as a full-time law student at The George Washington University in August. Over the next several weeks, she will continue to work on a part-time basis at ASAHP to help Ashley in her new position. **Jessica Kaplowitz** continues to serve as Managing Editor of the *Journal of Allied Health* in addition to having primary responsibility for maintaining the Association's website.