

TRENDS

**Association of
Schools of
Allied Health
Professions**

HIGHLIGHTS

JUNE 2008

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VANGUARD OF
ALLIED HEALTH EDUCATION

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DEVELOPMENT OF AN AUTO-TUTORIAL WILL ENHANCE RESEARCH EFFORTS

Thanks to the efforts of Dean **Ronald H. Winters** (University of Arkansas for Medical Sciences), Director of the Associations' annual *Institutional Profile Survey*, and his colleagues at the university, a terrific resource in the form of an auto-tutorial has been developed as a means of enhancing the likelihood that participation in the study will increase. The step-by-step guide is available on the ASAHP website, making it possible for anybody new to the study to learn about data collection and entry at their own convenience.

Typically, each year is marked by a turnover in member institutions of deans and directors as well as among personnel who are delegated responsibility for collecting and submitting study data. As a result, attrition often takes place and data provided by a school in one year may not be furnished in the following year.

As a means of addressing this issue, ASAHP staff will contact administrators at each member institution during the summer to request that they identify personnel who will collect and report data. In addition, they encourage these individuals to become familiar with the contents of the auto-tutorial well in advance of the opening of the data collection period .

One of the most valuable benefits of being an Institutional Member of this Association is the opportunity to participate in the annual *Institutional Profile Survey* and have access to the results in both electronic and printed formats. The 2008-2009 iteration will be offered in September, with a closing time for data submission in November. Last year, 87 institutions were in the study. The aim in 2008 is to increase that number significantly. The high-water mark for participation was reached in the 2005-2006 iteration when data were provided by 95 member schools.

Salary data continue to be one of the chief components of the survey. In addition, survey findings that pertain to student application and enrollment data are of value to governmental agencies such as the Health Resources and Services Administration (HRSA), which has a focus on providing solutions to health workforce problems in the form of shortages and underrepresented minorities. Since the prospect of solving problems of this nature rests in Congress, information about inadequate numbers of applicants and enrollees in various allied health programs offers a rationale for legislative action at the federal level. Remedial activities are sought through traditional programmatic vehicles such as Title VII of the Public Health Service Act as well as through programs made available by the U.S. Department of Labor.

PRESIDENTS'S MESSAGE

By Linda C. Hatzenbuehler, ASAHP President



A lot has happened since I sat down to pen my last Trends column. An allied health program has closed at a major university (University of Tennessee – Communication Disorders) and the AMA has managed to ruffle a lot of feathers with their resolution recommending the term “doctor” be used exclusively in health care settings to refer to medical doctors, dentists and podiatrists! The latter issue appears to have been settled with a retraction of sorts, but the former issue raises some organizational issues for ASAHP that I would like to discuss.

Everyone would agree, including the administration at the University of Tennessee, that the closure of a Communication Disorders program is unfortunate, in an era in which the need for well-trained speech-language pathologists in various educational and health care settings is high. While I don't know the intricate details of the decisions at the University of Tennessee, at arm's length it appears that the decision was financial motivated. Having started my administrative career many years ago in Arts and Sciences, I can understand how a program like Communication Disorders ends up on the chopping block when it is housed outside of a “School of Allied Health”. Compared to other arts and sciences programs, professional allied health programs are high-cost, low enrollment, and stick out like sore thumbs. In the early 1990's, the University of Montana closed its Speech-Language Pathology program under similar circumstances. I, as Dean, actually benefited from their loss when one of their finest faculty members chose to move to Idaho State University after her program closed in Montana. Only this year is the state of Montana opening a Communication Disorders program. The state has been without one for almost two decades! In a similar vein, I testified at the University of Iowa when the Dental School chose to close the Dental Hygiene program in an austerity move which allowed them to maintain their dental specialty residencies. I met several of the “grand women” of the profession who had lost their jobs when dental hygiene programs were moved into the community college system in Iowa.

In my opinion, these closures support the need for allied health colleges on university and health sciences campuses. Accreditation requirements that dictate critical cohorts of faculty and relatively low student/faculty ratios compared to arts and sciences and other professional programs such as business, provide common ground for allied health programs. An allied health college provides a strong, collective voice for the health professions that fall outside of medicine and, in some cases, nursing on university and health science campuses. Allied health colleges provide programs with insulation from unfair comparisons that abound on campuses during financial crises. A college or school of allied health also provides a meaningful cohesiveness and collaborative opportunities not unlike academic units organized around the humanities, sciences, social sciences.

If I were president for the day, I would remove PA programs from the Colleges of Medicine; the Dietetics programs out of the Consumer Economics Department and Colleges of Agriculture; Speech-Language Pathology programs out of the Communications Departments; Clinical Lab Science programs out of the Biology Departments; Social Work out of Sociology; Dental Hygiene out of the Schools of Dentistry; and bundle them all together into an academic unit called something like “The College of Allied Health.”

What do you expect from the President of ASAHP! I will be encouraging the ASAHP Board to develop a position paper on this issue. Anyone interested in helping to write the paper, give me a call (208-221-6306).

HIGHER EDUCATION ACT EXTENSION PASSED



On June 23, the Senate passed the year's seventh short-term extension of the primary law overseeing the nation's colleges, universities, and federal financial aid as negotiations on a longer-term overhaul continued absent the presence of lead sponsor Edward M. Kennedy (D-MA), Chairman of the Senate Health, Education, Labor and Pensions Committee, due to medical reasons. Responsibility for shepherding the legislation through that chamber was delegated to Senator Barbara A. Mikulski, (D-MD). The new extension (S 3180) would authorize programs under the law (PL 105-244) through July 31 — just one month longer than the current extension.

Informal Senate-House negotiations on the pertinent bills (HR 4137, S 1642) have been under way since February when the House passed its bill. A major dispute is over a provision known as "maintenance of effort," which is in the House bill but not the Senate version that was passed last July. The language would penalize states reducing their contributions to higher education for any academic year to less than the average allocated in the five most recent academic years, but the Secretary of Education could at times waive the requirement. State officials oppose the provision, noting that most states must balance their budgets every year. If governors and state legislators are penalized for paring back higher education in lean years, then they may not boost education spending in years when the fiscal picture is brighter, according to state official.

Meanwhile, U.S. Senator Tom Harkin (D-IA), Chairman of the Labor, Health and Human Services, Education and Related Agencies Appropriations Subcommittee, unveiled the details of the subcommittee's funding package on June 24 . The bill makes major investments in employment, health care, and education programs as well as takes additional steps to save millions of dollars by reducing fraud, waste, and abuse practices found within federal agencies. The funding level for Title VII programs, which would include the *Section 755 Allied Health & Other Programs* category, was not revealed.

In a related development, if Congress fails to pass legislation by June 30 extending the current exceptions process, all physical therapy services provided to Medicare beneficiaries since January 1 will count toward the \$1,810 therapy cap for 2008. The Centers for Medicare & Medicaid Services (CMS) released an *MLN Matters* article reminding physical therapists and other providers that the statutory authorization for the exceptions process will expire at the end of the month. If a beneficiary has already reached the therapy cap limit for 2008 on or after July 1, Medicare will no longer pay for the services unless they are provided in an outpatient hospital setting.

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

TRENDS AMONG HIGH SCHOOL SENIORS

According to a new report from the National Center for Education Statistics (NCES) based on questionnaire and transcript data collected in 1972, 1980, 1982, 1992, and 2004, information on five cohorts of high school seniors is available. Since this group represents a potential pool of applicants and enrollees in allied health education programs, the findings are of some interest.

The analysis addresses overall trends as well as trends within various subgroups defined by sex, race/ethnicity, and socioeconomic status (SES). Key findings of the report include the following: The proportion of Black seniors who were in the highest SES quartile doubled from 1972 to 1992 (from 5 percent to 10 percent), and increased overall from 5 percent in 1972 to 14 percent in 2004.

The percentage of seniors enrolling in calculus during their senior year grew from 6 percent to 13 percent between 1982 and 2004. The percentage of seniors taking no mathematics courses during their senior year declined from 57 percent to 34 percent over this time period. Seniors increased their senior-year enrollment in advanced science courses (chemistry II, physics II, and advanced biology) from 12 percent in 1982 to 25 percent in 2004.

In each class of seniors, most of those who planned further schooling intended to attend four-year postsecondary schools, with the proportion of students planning to attend four-year schools rising from 34 percent in 1972 to 61 percent in 2004. In all years, higher percentages of Asian high school seniors and lower percentages of Hispanic seniors (except in 1992), compared to other racial/ethnic groups, planned attendance at four-year institutions

No difference was observed between 1972 and 2004 between the percentage of seniors expecting a bachelor's degree as their highest level of education. Instead, growth between these two time points was greatest in expectations for a graduate or professional degree: 13 percent of seniors expected to attain this level of education as their highest in 1972, compared to 38 percent of seniors in 2004. In 1972, males expected to earn a graduate degree as their highest educational level in greater proportions than did females (16 percent versus 9 percent); however, in 2004, females expected to earn a graduate degree more often than males (45 percent versus 32 percent). Seniors increasingly expected to work in professional occupations (growing from 45 percent of seniors in 1972 to 63 percent of seniors in 2004 expecting to work in a professional field).

The full report can be accessed on the Web at <http://nces.ed.gov/pubs2008/2008320.pdf>.

HOW THE INTERNET INFLUENCES AMERICANS' HEALTH ATTITUDES AND ACTIONS

According to researchers at the Pew Internet & American Life Project, 75% of adults in the U.S. go online and 80% of that group seeks health information. Consequently, Internet users in the general population are much more informed or misinformed as the case may be because of this access. Health professionals also can be affected to the extent that patients obtain correct or incorrect information on the Web. Thus, it would behoove the health community of practitioners to be aware of these societal trends.

More information about this topic can be accessed from a videocast on the Web of a presentation on June 10, 2008 at the National Institutes of Health at <http://videocast.nih.gov/PastEvents.asp?c=998&s=21>.

SMALL GROUP DISCUSSIONS ON THE TOPIC OF ASSESSMENT

Small group discussions on the topic of assessment were included in the program for the *2008 ASAHP Spring Meeting* which was held on March 13-14 in St. Pete Beach, FL. Prior to this session, facilitators were provided with several questions to guide the discussion. This issue of TRENDS contains material from two of the five groups. The May issue included summaries of the other three group discussions. By the time that the different groups met, attendees already had an opportunity to hear presentations by two plenary session speakers on the overall topic of assessment.

Group D

Portfolios are a very positive assessment method. If you use a portfolio approach, it makes students assess what they have done and it has a much more positive effect and will probably positively impact alumni evaluations of the college and program. Where do portfolio's fit within the faculty workload-teaching or service? One comment suggested that it become a senior seminar. Another participant related that faculty believed evaluation of portfolios was too much of a burden. Consensus was that determining the venue was a challenge

The second question raised was how does it start? There appeared to be a variety of responses from a single year (e.g., senior) to beginning in the freshman year and moving through to the duration of the program. All but one person in the small group is using assessment and that individual is contemplating its use. A brief discussion of civility and its impact on faculty portfolios ensued.

A faculty member can include information in portfolios that is not reliable, which is the biggest challenge in portfolio reliability. A related matter is the need to include collegiality in expectations of teaching, research, and service. One of the best ways is to assess how faculty member performs in service roles. A related issue is expectations assigned to service roles - providing reports on committee to whom they represent in the college. This concept also can be extended to teaching.

Group E

The following assessment activities have worked: a central place to gather data from alumni, assessment prior to graduation (It's part of the curriculum and built into clinical rotations), exit interviews, and a college-wide assessment tool. Among the various challenges are: subjectivity of site visitors; level of consistency of tools; How much, how, and where to report data? return rates of questionnaires; gathering data after graduation; and What difference does it make? – faculty and student resistance.

For distance learning courses, more work is needed on comparing distance learning with on-campus student outcomes.

Clinical site assessment of students involves: narrative/paper, clinical coordinators, evaluation of clinical sites is an issue because it is hard to involve preceptors in training sessions, and building supervision into the curriculum so graduates who serve as preceptors have these skills. Data are used to report pass rates on the website, often at the program level, and to list faculty bios and publications.

The kinds of assessment outcomes that make a difference are: student services looking at entry questionnaires and financial aid and admissions, standardization of alumni and employer questionnaires, new funding for technology/equipment/teaching, use of curriculum mapping tied to accreditation, and teaching methods should entail outcomes measurement. It was noted that much of information gathering is fragmented and difficult to roll up and capture in a systematic report.

A FOCUS ON ADULT LEARNING

Jobs that are expected to support the U.S. economy in coming years will depend on a skilled workforce that is able to learn and adapt quickly to new challenges. However, demographic patterns demonstrate that relying on the traditional K–16 pipeline to meet the educational and workforce needs of the states and the nation will not be enough. In addition, economic and personal benefits that individuals gain from education also argue for greater focus and emphasis on adult learning.

Yet, not enough is known or publicized about the scope and potential of adult learning in the U.S. or about barriers to adult participation. While many colleges and universities have entered the market for adult students, and while some enlightened corporations have encouraged participation in education among their front-line employees as a strategic investment, both federal and state policy remain largely concerned with the traditional educational pipeline.

A new report on the Web produced by the Council for Adult and Experiential Learning (CAEL), with funding from Lumina Foundation for Education and in partnership with the National Center for Higher Education Management Systems (NCHEMS), provides a comprehensive look at adult learning in America at the national and state levels. It can be accessed at http://www.cael.org/pdf/publication_pdf/State_Indicators_Monograph.pdf.

ACCURACY OF JOURNALISTS' COVERAGE OF HEALTH STORIES

The daily delivery of news stories about new treatments, tests, products, and procedures may have a profound—and perhaps harmful—impact on health care consumers. A U.S. Web site project, *HealthNewsReview.org*, modeled after similar efforts in Australia and Canada, evaluates and grades health news coverage, notifying journalists of their grades. After almost two years and 500 stories, the project has found that journalists usually fail to discuss costs, the quality of the evidence, the existence of alternative options, and the absolute magnitude of potential benefits and harms. Reporters and writers have been receptive to the feedback. Editors and managers must be reached if change is to occur. Time (to research stories), space (in publications and broadcasts), and training of journalists can provide solutions to many of the journalistic shortcomings identified by the project. More information is on the Web at <http://HealthNewsReview.org/>.

UNIVERSITY OF PHOENIX AND TWO-YEAR DEGREES

With more than 100,000 individuals now enrolled in its young two-year degree granting college, Axia, is the University of Phoenix taking on the coloration of a national community college? The number of associate degrees awarded by the for-profit Phoenix swelled to 13,000 in 2007, just three years after Axia's establishment in 2004. The all-online college now offers associate of arts degrees in fields including accounting, communication, health care administration, information technology, and paraprofessional education. Students take two courses at a time in nine-week blocks.

Few Axia students are traditional college-aged: Phoenix's president reports that only 16 to 17 percent are under 22. But the students, many of whom are first-generation college students and 80 percent of whom transfer 15 credits or fewer into Phoenix, differ substantially from the white-collar, mid-career professionals that Phoenix has historically served. William J. Pepicello, President of Apollo Group, Phoenix's publicly traded parent company, said that while the average Phoenix student is 33 or 34 years old, the average Axia student is 28 or 29 years old with a lower income. An Axia student also is more likely to hold an entry-level job.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Annual Research Meeting Videocasts And Transcripts

The Annual Research Meeting sponsored by AcademyHealth brings together health services researchers, providers, and key decision makers to address the challenges confronting the nation's health care delivery system. The recent meeting occurred on June 9-10 and featured presentations on the topics of Medicare, Medicaid, and health reform. Videocasts and transcripts can be accessed on the Web at http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=2794.

Challenges And Successes In Reducing Health Disparities

In early 2007, the Institute of Medicine convened the *Roundtable on Health Disparities* to increase the visibility of racial and ethnic health disparities as a national problem, to further the development of programs and strategies to reduce disparities, to foster the emergence of leadership on this issue, and to track promising activities and developments in health care that could lead to dramatically reducing or eliminating disparities. The Roundtable's first workshop, *Challenges and Successes in Reducing Health Disparities*, was held in St. Louis, Missouri, on July 31, 2007 and examined the importance of differences in life expectancy within the United States, the reasons for those differences, and the implications of this information for programs and policy makers. A workshop report recently became available. The report can be accessed on the Web at http://books.nap.edu/catalog.php?record_id=12154#toc.

Disparities In Health And Health Care Among Medicare Beneficiaries

A new report from The Dartmouth Institute for Health Policy & Clinical Practice demonstrates that in U.S. health care, it's not only who you are that matters, it's also where you live. Race and place of residence can have a significant effect on the quality of care a Medicare beneficiary receives. Blacks were found to be less likely than whites to receive recommended care within a given region, but greater disparities in care were found among different geographic regions, according to the study. The findings highlight the importance of understanding health and health care within a local context – and of efforts to explore and address the underlying causes of disparities within and across regions. The report can be accessed on the Web at http://www.dartmouthatlas.org/af4q/AF4Q_Disparities_Report.pdf.

Americans' Access To Medical Care Deteriorates Between 2003 And 2007

More than 20 percent of the U.S. population in 2007—one in five individuals—reported not getting or delaying needed medical care in the previous 12 months, up significantly from 14 percent—one in seven—in 2003, according to a national study released on June 26 by the Center for Studying Health System Change (HSC). The proportion of Americans reporting an unmet medical need between 2003 and 2007 increased by 2.8 percentage points to 8 percent—the equivalent of about 9.5 million more persons going without medical care. The report can be accessed on the Web at <http://www.hschange.com/CONTENT/993/>.

The Economic Impact Of Aging U.S. Baby Boomers

Despite their aggregate wealth, a vast majority of U.S. Baby Boomers are unprepared for retirement. According to a new report from McKinsey & Co., enabling them to work longer would significantly benefit both individuals and the broader economy, but policy makers and business leaders will need to take action. The report can be accessed on the Web at http://www.mckinsey.com/mgi/publications/Impact_Aging_Baby_Boomers/index.asp.

NEW INSTITUTIONAL MEMBER



The newest institutional member is the School of Health & Human Performance at the University of North Carolina at Greensboro. The Dean is **Celia R. Hooper**. An alumna of the university, she becomes dean on July 1 after serving as interim dean and head of the department of communications sciences and disorders. She is president of the Council of Academic Programs in Communication Sciences and Disorders, a national organization for the field. Prior to joining UNCG in 2003, she was on the faculty at UNC Chapel Hill, the University of Kansas, and Case Western Reserve University. She earned her bachelor's degree at Wake Forest University, her master's degree at UNC Greensboro, and her doctorate at Case Western Reserve. The school has 84 full-time faculty and 1,600 students. Its components include the departments of Communication Sciences and Disorders; Dance; Exercise and Sport Science; Public Health Education; Recreation, Tourism, and Hospitality Management; and the Center for Women's Health and Wellness. Two doctoral programs have been added in the past two years.

ASAHP ANNUAL CONFERENCE

The Association received an unusually large number of abstracts this year for the upcoming Annual Conference in Baltimore, MD on October 30-31. In the past, only three or four concurrent sessions were held simultaneously. Even then, grumblings could be heard by unhappy participants who wished to be in two or three different places at the same time. Owing to the high quality of the great many abstracts submitted by individuals for this year's Concurrent Sessions, the planning committee decided that on both occasions when these presentations are scheduled to occur, there will be five sessions. It's worth noting that organizations that conduct much bigger conferences routinely offer a considerably larger number of concurrent sessions at the same time.

The *Preliminary Program* is ready for distribution and copies will be mailed by regular post. Similar information has been on the Web at www.asahp for several weeks.

STUDENT LEADERSHIP DEVELOPMENT PROGRAM

Immediately prior to the start of the Annual Conference, ASAHP is offering a *Student Leadership Development Program* on October 28-29. The participants are:

Christina Akbari – Texas Tech University Health Sciences Center
Beth Cloud – Mayo School of Health Sciences
Ernest Green, Jr. – University of South Alabama
Kimberly Guirl – University of Oklahoma Health Sciences Center
Kristi Hlavaty – University of Texas Health Science Center at San Antonio
Maxwell Lyons – Florida Gulf Coast University
Cherrie McDonald – Long Island University-Brooklyn Campus
Colleen McDonough – Duquesne University
Kevin McHugh – University of Tennessee Health Science Center
Jessica Meyer – Rush University
Rose Parsons – Midwestern University
Lisa VanHoose – University of Kansas Medical Center
Ryan Wedge – Quinnipiac University

The Association is providing a partial subsidy to offset travel, lodging, and food costs.