

TRENDS

Association of
Schools of
Allied Health
Professions

HIGHLIGHTS

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VANGUARD OF
ALLIED HEALTH EDUCATION

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REVISING THE HEALTH CURRICULUM FRAMEWORK

The Healthy People Curriculum Task Force is revising the *Clinical Prevention and Population Health Curriculum Framework*. As a means of reflecting broad points of view, allied health professionals are invited to review the current Framework and comment using a Web-based form. The Framework represents the first structured and comprehensive curriculum agenda for integrating clinical prevention and population health into the education of students in all health professions disciplines. The mission of the Task Force is to accomplish the **Healthy People 2010** goal of increasing the teaching of health promotion and disease prevention in health professions education programs.

The Framework provides common, core subject matter and increases the opportunity for an inter-professional team approach to education and training. The Framework consists of four components:

- Evidence Base for Practice
- Clinical Preventive Services-Health Promotion
- Health Systems and Health Policy
- Community Aspects of Practice.

The full Curriculum Framework includes a total of 19 domains under the four components. Examples are provided of learning and teaching materials related to the various domains.

The Task Force includes representatives from the Association of Schools of Allied Health Professions and seven other health professions education organizations such as the Association of American Medical Colleges, the American Dental Education Association, and the American Association of Colleges of Osteopathic Medicine. The Association of Schools of Public Health and Community-Campus Partnerships for Health serve as resource organizations.

The Task Force website contains the Framework as well as articles that appeared in the December 2004 issue of the *American Journal of Preventive Medicine*, including a commentary by the U.S. Surgeon General. Editing suggestions for improving and strengthening the four components and 19 domains of the Clinical Prevention and Population Health Curriculum Framework should be submitted by **April 25, 2008**.

The Framework can be reviewed on the Web at http://www.aptrweb.org/resources/pdfs/Official_CPPH_Framework_2008.pdf and comments can be submitted at <http://fs7.formsite.com/APTR/form810709446/index.html>.

PRESIDENTS'S MESSAGE

By Linda C. Hatzenbuehler, ASAHP President



It was great to see everyone at the Spring meeting in St. Pete Beach. The weather wasn't great, but I hope you found the meeting worthwhile. Since not all members were able to attend our recent meeting, I thought it appropriate for me to share some of the comments I made during the course of the meeting with the membership at large. I will divide my Spring Meeting comments across two Trends reports.

I truly feel that it is a privilege to be President of ASAHP because there is no other comparable organization in the U.S.. It is always an honor in life to be associated with something that is unique! I hope that each of you value your membership in this unique organization. What other organization brings together a diverse group of professionals, most of whom have strong disciplinary roots and professional attachments, and weak identity with the concept of allied health? Anyone who can think of a similar organization wins a weekend in Sun Valley, Idaho, during ski season next year!

Higher education has been challenged by the many professions falling under the rubric of allied health and set rather arbitrary rules on how to organize them on university campuses. Depending upon which list you review, there are anywhere from 40 to 200 professions under the allied health umbrella. Campus units housing these professions vary in name and composition. It is hard to find a School of Allied Health or a College of Health Professions or a College of Health and Rehabilitation Sciences with the exact same array of professional programs. ASAHP members understand what we mean by allied health, but we may not be associated with academic units with the term allied health imbedded in its name. I, myself, am Dean of the College of Health Professions at Idaho State University in Pocatello, Idaho. So adding to its uniqueness, ASAHP is an organization of allied health schools that refer to themselves by various names and are composed of a variety of academic program combinations. I plan to review the composition of our current member schools to see if I can find at least one programmatic match! The ASAHP Branding Task Force will be presenting ASAHP's unique characteristic to a marketing firm next month. The goal is to find a clever way to communicate the concept of "allied health" and ASAHP, the organization that represents these professions.

The ASAHP Board spent several hours during the Spring Board meeting engaged in rich conversation about these issues. What does ASAHP have to offer that discipline specific organizations do not? Let me offer several deliverables that ASAHP offers to its members. First, ASAHP provides a single point of connection for governmental policy makers and the majority of the health care workforce. If you add up all of the health care providers in the American health care workforce it surpasses the number of doctors and nurses combined. ASAHP provides a single voice to communicate issues to policy makers, employers, potential students, and the general public. At a grass roots level, ASAHP provides a network of information and support for the administration of academic units which house allied health programs and a platform for faculty to share interdisciplinary clinical and research agendas. We plan to increase our role as the source of professional development for allied health administrative teams. No other single organization does any of those things.

I hope that each of you reflect upon and better appreciate ASAHP's distinctive position. ASAHP needs your help to promote its uniqueness.

DEANS AND DIRECTORS ANSWER THE CALL TO SEEK ALLIED HEALTH FUNDING



A major legislative goal in 2008 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 at member institutions were called upon to assist in achieving this outcome. Under the leadership of **Richard E. Oliver**, Chairperson of ASAHP's Health & Education Policy and

Government Relations Task Force, he orchestrated an initiative that resulted in 30 deans and directors contacting their respective members in the U.S. House of Representatives to include this item in funding letters that they had to send to Chairperson Dave Obey (D-WI) and Ranking Member James Walsh (R-NY) of the House Appropriations Subcommittee on Labor, Health & Human Services, Education and Related Agencies.

Similarly, a comparable step is being taken involving elected officials on the other side of Capitol Hill. Instead of asking senators to send comparable letters to their appropriations counterparts, ASAHP members will be requested to have their senators sign a *Dear Colleague Letter* written by Senator Maria Cantwell (D-WA). She introduced the Allied Health Reinvestment Act (S. 605) in the Senate and agreed to take the lead in having the \$5 million restored for FY 2009.

Apart from seeking appropriations under Title VII of the Public Health Service Act, a multi-pronged thrust is directed to obtaining greater involvement by the U.S. Department of Labor and the workforce boards that it funds around the United States at both state and local levels. On March 13, an agreement was reached with the National Association of State Workforce Agencies (NASWA) to form a partnership to help these entities to meet employer's demands for allied health personnel more effectively.

Efforts also are underway to establish working relationships with the National Governors Association (NGA) and the National Association of Workforce Boards (NAWB). The latter group consists of 560 units around the country. Currently, \$450 million in funding goes to NASWA and \$2.55 billion to NAWB from the Department of Labor. The money can be used to draw public attention to workforce shortages and provide tuition assistance to students who wish to undertake studies in fields where shortages exist. Both kinds of activities would be highly useful in attracting newcomers to allied health professions where more personnel are needed to address health care needs of the population.

2008-2009 ASSOCIATION CALENDAR OF EVENTS

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

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

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

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

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

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

ASAHP COMMITTEE/TASK FORCE UPDATE

During the Business Meeting that occurred on March 14 during the Association's Spring Meeting in St. Pete Beach, FL, chairpersons and other members of the various committees and task forces provided an update of what has occurred since the previous Business Meeting was conducted in October 2007.

Accreditation Committee

Dean **Shelley Conroy** (Armstrong Atlantic State University) indicated that the committee is seeking content or discipline experts in specialized program accreditation areas who can serve as resource experts. Committee members are working with the Association of Specialized and Professional Accreditors (ASPA) on the development of a common lexicon among the various disciplines. ASAHP will host a breakfast session with ASPA members at an upcoming meeting in New Orleans.

Constitution and Bylaws Committee

Dean **Linda Petrosino** (Bowling Green State University) noted that the ASAHP Board of Directors has made some recommendations relative to Lifetime Membership, which will be sent to the committee. In addition, committee members will review the Association's *Policy and Procedures Manual* relative to some recent by-laws changes to ensure both are in concert.

Education Committee

Dean **Barry Eckert** (Long Island University-Brooklyn Campus) reported that the committee has new membership and is addressing the new charges given to the committee relative to the clinical doctorate. The group also will explore the possibility of having ASAHP offer online leadership development activities.

Leadership Committee

Dean **Lori Stewart Gonzalez** (University of Kentucky) indicated that the new dean, associate/assistant dean, department chairperson leadership program will be offered again in 2009. Nominations currently are being solicited for the student leadership program that will be offered in conjunction with the Association's 2008 Annual Conference in Baltimore, MD. The deadline for applications is April 1. Students need to be 21 years or older and be enrolled in institutions belonging to ASAHP. Stipends will be awarded at a rate of \$500 per student. The faculty and student leadership programs will operate on alternate years.

Nominations and Elections Committee

Dean **Richard Talbott** (University of South Alabama) stated that nominations for the positions of President-Elect, Treasurer, and two Board of Directors positions can be made until April 1. More nominees are needed for slots on the Nominations and Elections Committee itself.

Research Committee

Stephen Collier (University of Alabama at Birmingham) reported that planning is underway for a special research offering at the upcoming 2008 ASAHP Annual Conference in Baltimore. It is expected that the special program will occupy one of the time slots usually devoted to a series of presentations in a concurrent session.

NEWS FROM THE COLLEGES

Cynthia Hughes Harris was appointed Provost and Vice President for Academic Affairs at Florida A&M University. Until last October, she was a member of the ASAHP Board of Directors. The new Interim Dean of the School of Allied Health Sciences at that university is **Barbara Mosley**.

Tom Connelly, Dean of Academic and Student Services and Professor of Allied Health at Cabarrus College of Health Sciences, has announced his retirement effective May 31. When he was the dean at Western Carolina University, he was a member of the ASAHP Board of Directors and served as Association Secretary in the late 1970's. He also served on and was chairperson of a number of committees, served as an assistant editor of the Journal of Allied Health, and was a recipient of the ASAHP President's Award. He has been an ASAHP Fellow since 1982.

CALL FOR RWJF RESEARCH PROPOSALS

The Robert Wood Johnson Foundation (RWJF) has issued a Call for Proposals for a national program called *Active Living Research*. The purpose is to stimulate and support research to identify environmental factors and policies that influence physical activity, especially among children and families in low-income communities.

This particular Call for Proposals is the first to reflect a new emphasis for Active Living Research, which will focus on supporting studies to inform policy and environmental strategies for increasing physical activity among children and adolescents, decreasing their sedentary behaviors, and preventing obesity. Approximately \$3.3 million will be awarded for research grants exploring four topics relating to youth physical activity and sedentary behavior at the population level.

Additional information about the four topics and how to apply for funding can be obtained on the Web at www.rwjf.org/cfp/activelivingresearch and at www.activelivingresearch.org. The deadline for submitting proposals is **May 14, 2008**.

ACCELERATING THE DISSEMINATION AND TRANSLATION OF CLINICAL RESEARCH INTO PRACTICE

The Association for Prevention Teaching and Research and the National Center for Research Resources at the National Institutes of Health will host the first in a series of workshops focused on community based research. The event will occur on **May 9, 2008** in Bethesda, MD and the theme is partnering with community health care providers to translate research into practice. The workshop will bring together members of the prevention and public health community to help establish recommendations for academic community collaborations and partnerships with other community programs in translating science into community based practice.

Intended outcomes are to identify: (1) key enablers of successful academic-community provider partnerships, (2) effective strategies for dissemination, diffusion, and adoption of research, and (3) public and private-sector partners for collaborative translational research. The workshop is aimed at various groups, including community-based researchers and academic researchers. Limited seating is available, so it is recommended that individuals with an interest in attending should apply right away. A description of the program is available on the Web at <http://www.aptrweb.org/workshops/agenda.html>.

ALLIED HEALTH AND GENOMICS

Technological advances will continue to unfold in fields such as genomics and a question worth pondering is to what extent allied health professionals have a role to play in translating these developments into improved patient care? An article in the March 19, 2008 issue of *The Journal of the American Medical Association* informs readers that the greatest public health benefit of advances in understanding the human genome will likely occur as genomic medicine expands its focus from rare genetic disorders to inclusion of more common chronic diseases such as coronary heart disease, stroke, diabetes mellitus, and cancer. These diseases are generally due to complex interactions between variations in multiple genes and the environment and only rarely are due to single gene forms of the disease. With genomics discoveries relating to common chronic diseases, numerous genetic tests may emerge that hold promise for significant changes in the delivery of health care, particularly in preventive medicine and in tailoring drug treatment.

Attempts to integrate genetic/genomic knowledge of common chronic conditions into clinical practice are in the early stages, and as a result, many questions surround the current state of this translation. These questions include, what are the outcomes of genomic medicine? What is the current level of consumer understanding about genomic medicine, and what information do consumers need before they seek services? How is genomic medicine best delivered? What are the challenges and barriers to integrating genomic medicine?

A related article in the same JAMA issue focuses on *epigenetics*, a medical term more than 60 years old that refers to the study of non-DNA sequence-related heredity. This area of medicine can help to explain the relationship between an individual's genetic background, the environment, aging, and disease. It can do so because the epigenetic state varies among tissues and during a lifetime, whereas the DNA sequence remains essentially the same. The first example of a human disease with an epigenetic mechanism was cancer. One of the greatest promises of epigenetics is the possibilities of new therapies because epigenetic changes by definition are reversible, unlike sequence mutations in disease.

Many allied health professions entail direct patient care. As a result of the Internet, along with increased attention to health matters by the print and broadcast media, patients and other consumers are exposed to tremendous amounts of information. Unfortunately, depending on the source, much of what they read and hear can be inaccurate or hyped beyond plausibility. It is within the sphere of imparting correct information that all health professionals can play a useful role. Given the amount of contact that occurs on a daily basis between allied health practitioners and patients in treatment settings, it is incumbent on the educational community to develop mechanisms for ensuring that program graduates have a clear understanding of the helpful role that they can play in patient education. A related issue is the kind of knowledge they must possess to carry out this function effectively.

The authors of the first-cited JAMA article note that many gaps in knowledge about organization, clinician, and patient needs must be filled to translate basic and clinical science advances in genomics of common chronic diseases into practice. Thus, a related challenge for allied health professionals is to stay abreast of the developments that continue to unfold. Educational institutions and professional associations are in a unique position to keep practitioners informed through such mechanisms as journal publications, newsletters, continuing education offerings, websites, and presentations at conferences and symposia.

Annual Conferences of the Association of Schools of Allied Health Professions represent one venue for disseminating information through plenary session addresses and concurrent session presentations. The latter are structured around the broad areas of education, research, and practice. Deans and directors at member institutions with researchers and educators involved in emerging areas of technology are encouraged to steer these individuals in the direction of presenting at an ASAHP Annual Conference.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

ADHA Adopts ADHP Competencies

The Board of Trustees of the American Dental Hygienists' Association (ADHA), at its winter meeting, adopted the *Competencies for the Advanced Dental Hygiene Practitioner* (ADHP). The ADHP model has been created by ADHA as an answer to the oral health crisis in America. ADHA's vision is that this new mid-level provider would safely provide quality diagnostic, preventive, therapeutic, and restorative services directly to the un-served public. In 2004 the ADHA House of Delegates, representing more than 120,000 dental hygienists across the country, recognized the need for ADHA to increase its efforts to address the public's unmet oral health needs and thereby approved the development of an advanced dental hygiene practitioner. The approval of these ADHP competencies represents the culmination of nearly four years of work. The finalized version of the ADHP Competencies document will be posted at www.ADHA.org in the next couple of weeks.

Democrats And Republicans Disagree On Quality Of U.S. Health Care

A recent survey by the Harvard School of Public Health (HSPH) and Harris Interactive, as part of their ongoing series, *Debating Health: Election 2008*, finds that Americans are generally split on the issue of whether the United States has the best health care system in the world (45% believe the U.S. has the best system; 39% believe other countries have better systems; 15% don't know or refused to answer) and that there is a significant divide along party lines. Nearly seven-in-ten Republicans (68%) believe the U.S. health care system is the best in the world, compared to just three in ten (32%) Democrats and four in ten (40%) Independents who feel the same way. The poll was conducted during a period of debate over the comparative merits of the U.S. health care system and the health care systems in other countries. The results of the poll can be accessed on the Web at:

http://www.hsph.harvard.edu/news/press-releases/files/Topline_Best_HC_Havard_Harris.doc.

Changing Demographics Of The High School Student Population

The March 2008 release of *Knocking at the College Door* marks the 7th edition of the Western Interstate Commission on Higher Education's (WICHE) projections of high school graduates. The report, which has a history reaching back over 30 years, is recognized widely as the most comprehensive and reliable data source on the future size and composition of high school graduating classes across the country. It also serves as a vital tool for effective educational planning and policymaking. The 7th edition includes data on enrollments and graduates by state and for major racial/ethnic groups covering the period from 1991-92 through 2021-22. The document is intended for use by policymakers, legislators, governors' office staff, state agencies (especially SHEEO offices, state education departments, and agencies concerned with workforce and economic development), school districts, individual public and nonpublic schools, public and nonpublic institutions of higher education, librarians, and educational researchers, among others. The 7th edition was made possible, in part, through the generous support of ACT, Inc., and the College Board. The report can be accessed on the Web at http://www.wiche.edu/policy/knocking/1992-2022/knocking_complete_book.pdf.

National Health Care Systems Around The World

A new policy analysis paper from The Cato Institute examines health care systems in several countries from the perspective of factors such as cost, quality, outcomes, and rationing. The document can be accessed by clicking <http://www.cato.org/pubs/pas/pa-613.pdf>.

BOARD ACTIONS

Members of the ASAHP Board of Directors met in St. Pete Beach, FL on March 12, 2008. The following actions were among those taken:

- ◆ Approved the Minutes of a conference call on February 15, 2008.
- ◆ Agreed that membership dues would remain unchanged for fiscal year 2009, which begins on July 1, 2008.
- ◆ Postponed a vote on having ASAHP become a member of the Allied Health Research Institute.
- ◆ Approved criteria involving the granting of access to the ASAHP membership for the purpose of conducting surveys.
- ◆ Approved expanding the category of *Lifetime Membership*, which is limited to ASAHP Past Presidents, to include retired deans and directors who have emeritus status or its equivalent from their respective institutions. Lifetime Members would be eligible for all communications from ASAHP and would not have to pay meeting registration fees. They would not be able to vote or hold office in the Association. The expansion of this category will be added to the Policy Manual.
- ◆ Approved a proposal to improve the articulation between the format and structure of upcoming Annual Conferences and Spring Meetings in addition to indicating the composition of the committees that will plan these events.

2008 ASAHP ANNUAL CONFERENCE

Planning is underway for the *2008 ASAHP Annual Conference*, which will be held in Baltimore, MD at the Marriott Inner Harbor Hotel on October 30-31. The conference theme is “New Directions in Education: Innovations and Evidence.”

The *Call for Abstracts* will be placed on the Association’s website at www.asahp.org. Papers for concurrent sessions and the poster session will be solicited in the general areas of research, education, and practice. Emphasis will be placed on having abstracts submitted on the following topics in relation to the focus on innovations and evidence-based initiatives:

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

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

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