

# TRENDS

Association of  
Schools of  
Allied Health  
Professions

## HIGHLIGHTS

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VANGUARD OF  
ALLIED HEALTH EDUCATION

Trends is the official newsletter of the Association of Schools of Allied Health Professions (Suite 333, 4400 Jenifer St. NW, Washington, D.C., 20015. Tel: 202-237-6481) Trends is published monthly and available on the Association's website at [www.asahp.org](http://www.asahp.org). For more information, contact the editor, Thomas W. Elwood, Dr.PH.

## PURSuing CAREERS IN ALLIED HEALTH

Students often contact ASAHP, seeking information about health careers. Fortunately, they can be referred to the Association's website where a valuable resource called [ExploreHealthCareers.org](http://ExploreHealthCareers.org) (EHC) is located. This free, comprehensive multidisciplinary website is a nonprofit, collaborative initiative involving national foundations, professional associations, health career advisors, educational institutions, and college students.

It stands alone as the nationally focused, full-service resource for these individuals and groups. Support for this site is provided in part by a grant from the Robert Wood Johnson Foundation in Princeton, New Jersey. It is administered by the American Dental Education Association (ADEA) and provides the following kinds of information:

- ◆ Overviews of more than 80 health careers in 18 fields, including academic requirements, accredited programs, and job outlook
- ◆ Salary ranges for all careers
- ◆ 600 + pre-health enrichment programs, including summer programs and internships
- ◆ 500+ sources of portable financial aid
- ◆ Advice on how to succeed in health professions schools
- ◆ Information on current health policy topics
- ◆ Search engines that allow visitors to search by salary or number of years of schooling required
- ◆ Timely articles and useful links.

Currently, EHC would like to highlight and acknowledge the efforts of academic institutions, healthcare practitioners, and students dedicated to increasing the diversity of the health workforce and access to quality healthcare. Toward that end, *Three Calls for Profiles* have been announced: (1) Best Practice Institutional Profiles, (2) Health Profession Student Profiles, and (3) Healthcare Practitioner Profiles. Each submission must be less than 750 words in length and should be sent to [hargrovej@adea.org](mailto:hargrovej@adea.org). If accepted for publication and posting, individuals who submit profiles will be asked to sign a permission to publish form and to send a photograph.

## PRESIDENTS' MESSAGE

By Linda C. Hatzenbuehler, ASAHP President



The 2007-2008 academic year has ended. Phew! With the academic year behind me, for better or for worse, this is always a time of reflection for me. I look back upon the year to review the goals I had. Were they accomplished? If not, why not? Were unplanned accomplishments realized? Since I assumed the presidency of ASAHP during this past academic year, I am engaged in a similar reflection of my presidency of ASAHP. Here are the fruits of my reflections.

I became president when ASAHP as an organization was healthy. The treasury is in relatively good shape, the membership has been stable, our office is fully staffed with capable people, the Board is conscientious and energetic, and a strategic plan for the organization is in place. I could have taken office and just enjoyed the ride! However, all organizations, no matter how strong they are, can always improve. This fact, together with my nature of always trying to leave a situation better than I found it, led me to begin my presidency without a complacent attitude and with my sleeves rolled up. While ASAHP has strategic goals as an organization, I have some personal goals for my presidency.

As the first western dean to take on the ASAHP leadership in some time, I came into my position with the goal of increasing membership, particularly with institutions west of the Mississippi. Since October, I've added the goals of increasing attendance at ASAHP meetings and events, improving the branding of ASAHP as an organization (this is over and above branding of allied health professions in general), and increasing communication between members and the Board. I am pleased to see a bit of movement in a positive direction on three of the goals:

The Board is reviewing, once again, membership categories and the merits of developing a Membership Committee. I am hopeful that a searchable membership database will be developed this summer to help track members over time. More needs to be done on this goal. We reorganized the planning time line and planning committees for our two meetings based upon the focus and target audience of each meeting. More needs to be done on this goal.

An Ad Hoc Branding Committee has been established by the Board. As we met with branding consultants, I made sure that branding the organization was a tag on to branding allied health. More needs to be done on this goal. No structural changes have been made concerning increasing communication between members and the Board. I am open to ideas about how to do this. Since list serves are the bane of modern technology, in my opinion, I don't want to go in that direction. Several times in my *Trends* letter, I have asked for input, but few members have emailed me directly with issues or ideas. Some have suggested that we post a "Suggestion Box" on the ASAHP website. The Board will be meeting in July, and I think the membership should be the source of our agenda. So here goes:

1. WHAT ARE THE TOP PRIORITIES THE BOARD SHOULD BE DISCUSSING IN JULY?
2. HOW CAN WE IMPROVE THE COMMUNICATION BETWEEN THE BOARD AND ASAHP MEMBERS?

Please take a moment to reflect on these questions and send ([hatzlind@isu.edu](mailto:hatzlind@isu.edu); [thomas@asahp.org](mailto:thomas@asahp.org)) or call (208-221-6306; 202-237-6481) with your thoughts. I look forward to your reply. I hope your summer brings you some time for reflection, too. Thoughtfully yours, Linda H.

## STATUS OF LEGISLATIVE INITIATIVES ON CAPITOL HILL



It remains unclear just how many pieces of legislation pertaining to allied health will make their way through Congress in the remainder of this year. Of immediate concern is whether appropriators will find it in their wisdom to fund programs such as *Section 755 of Title VII of the Public Health Service Act*. The allied health piece of this component of health professions education funding was eliminated in fiscal year 2006. Consequently, restoration of money is viewed on the Hill as providing funds for a new program. Current efforts call for trying to have the previous amount of \$5 million inserted specifically for allied health in the fiscal year 2009 spending bills under consideration in both chambers of Congress.

Given that the Administration wants to gut health professions education programs, whatever budget ultimately is agreed upon may call for a restricted allocation for programs under the aegis of the Senate and House Labor, Health and Human Services, Education & Related Agencies Appropriations Subcommittees. If that proves to be the case, it will take a major effort for allied health to obtain the \$5 million sought.

ASAHP members have made a strong case for restoration of allied health monies. Led by Dean **Richard E. Oliver** (Dean of the School of Health Professions at the University of Missouri-Columbia), repeated contacts have been made with elected officials and their staff on Capitol Hill. A budget resolution will help in deciding how much money should be allocated to appropriation committees and subcommittees

On May 20, House and Senate negotiators signed off on a conference agreement on the FY 2009 budget resolution (S. Con. Res. 70). The agreement includes approximately \$21 billion more for non-defense discretionary spending than requested by the President, an increase of slightly more than two percent. Within that total, Function 550 (health) would receive \$59.7 billion, which is \$5.2 billion higher than the President's budget. The health community was seeking \$58.556 billion for Function 550. The budget resolution is a nonbinding blueprint that lays out aggregate revenue and spending targets and sets the conditions for subsequent congressional consideration of tax and spending bills.

Two more bills awaiting clearance in congress have the potential to benefit allied health. The Higher Education Act awaits reauthorization. Its progress has been delayed in the Senate by the recent news that Senator Edward Kennedy (D-MA), Chairperson of the Health, Labor, Education, and Pensions Committee, was diagnosed with brain cancer. He has played a leading role in trying to move this legislation to passage. Similarly, the Workforce Investment Act comes under his jurisdiction. Once enacted, it also could work to the advantage of addressing allied health workforce problems.

### 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

## BOARD ACTIONS

Members of the ASAHP Board of Directors participated in a conference call on May 6. The following actions were among those taken:

- ◆ Approved a motion to accept the Minutes of the Board Meeting on March 12 in St. Pete Beach, FL.
- ◆ Approved a motion to accept the proposed budget for fiscal year 2009 with projected revenues and expenditures of approximately \$850,000.
- ◆ Recommended that a survey be conducted to determine the reasons why members attend or decide not to attend Association conferences and meetings.
- ◆ Identified agenda topics for the next Board Meeting when it occurs on July 17.
- ◆ Approved a motion for ASAHP to host a breakfast when Association members meet in the fall with representatives of the Association of Specialized and Professional Accreditors (ASPA) to discuss ways of improving accreditation of allied health programs.

## COSTS AND BENEFITS OF INFORMATION TECHNOLOGY

Health information technology has the potential to transform the practice of health care by reducing costs and improving quality. In a new paper, the Congressional Budget Office (CBO) examines the evidence on the costs and benefits of health information technology, possible barriers to a broader distribution and use of it in hospitals and clinicians' offices, and possible options for the federal government to promote use of health IT. In keeping with CBO's mandate to provide objective, impartial analysis, the paper makes no policy recommendations. The document can be accessed on the Web at <http://www.cbo.gov/ftpdocs/91xx/doc9168/05-20-HealthIT.pdf>.

## ROADMAP TO TRANSFORM U.S. HEALTH CARE

The ongoing significant investment in basic science and clinical discovery in the United States continues to produce impressive results, however, this nation struggles to deliver high-quality care and improved health outcomes due to the systematic failure of discoveries to reach patients in a timely fashion. Despite expenditures that reached \$2 trillion or more than \$6,000 per capita in 2005, the United States will continue to fail to leverage fully new clinical discoveries into improved health outcomes unless there is an accelerated transformation of the health care system. The research enterprise cannot achieve this alone. A model proposed by staff at the Agency for Healthcare Research and Quality (AHRQ) to transform the US health care system is intended to accelerate the pace at which innovations are implemented in clinical settings by addressing the "how" of health care delivery. This item appeared in the May 21, 2008 issue of the *Journal of the American Medical Association* on pages 2319-2321.

## ISSUE MODULE ON HEALTH CARE IN THE 2008 ELECTION

An issue module by the Kaiser Family Foundation provides information on health care in the 2008 election, including public concerns about health care and the candidates' reform proposals. It also offers links to key resources for additional research, including public opinion surveys as well as summaries and analyses of presidential candidates' positions and health care proposals. The module can be accessed on the Web at [http://www.kaiseredu.org/topics\\_im.asp?imID=1&parentID=61&id=892](http://www.kaiseredu.org/topics_im.asp?imID=1&parentID=61&id=892).

## 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 three of the five groups. A summary of the discussion by the fourth and fifth groups will appear in the June issue of this newsletter. 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 A

Some questions asked were: How can the accreditation process be defined when there are 16 different accreditation bodies? It is difficult to put together different formats. How can we integrate into one model for the entire university? How to evaluate distance learning courses? A big issue is student learning outcomes. A hub-based program was mentioned with similar types of assessment from traditional courses: pass rates, outcomes, etc. Teacher course evaluations are done online. It is necessary to show that programs are equivalent. Some schools focus on didactic courses. How are the clinical courses assessed? Solutions involve having a circuit rider go to different locations and identifying preceptors at the different locations.

It is necessary to be careful so that faculty at distant sites feel a part of the larger college community. Students sometimes have concerns about services available at remote campuses. With faculty evaluation, it is not just how they teach, but how personnel committees will receive and evaluate the dossier. Teaching portfolios may be a tool to showcase faculty efforts in distance learning courses.

Accreditation agencies send instructions to evaluate student outcomes. Is anyone doing continued quality control beyond test-taking and grades in their courses and is anyone using standardized tools? Each discipline may be trying to do assessment, but the tools differ by discipline. Some groups are doing a better job of student learning outcomes because accreditation bodies are pushing for these results.

In electronic course evaluations, students will receive a grade of incomplete if they don't do the evaluation. The requirement is in the syllabus. Some students worry that it is not anonymous. Only the IT person should see evaluations; otherwise the response rate will be low. For college-wide reviews, measures would have to be reported every six months. All disciplines have to provide discipline-specific data, e.g., board exam scores and graduation rates. Producing general education student outcomes is a struggle across all campuses. No competencies are established for the pre-K to grade 12 level.

Aggregation data are used to explain much of what we do. Can we obtain benchmarks for how we do things in clinical courses and lab courses? Assessment measures tend to be internally collected and compared. An issue on some campuses is obtaining questions about what the external assessment measures are. Workload policies that are campus-wide are problematic for colleges of allied health.

### Group B

A lot of emphasis is placed on assessment when the Southern Association of Colleges and Schools (SACS) is coming. Unit productivity awards can be used to encourage a culture of assessment. Some tools are developed in-house. Digital measures are part of a faculty activity reporting system. Personnel are good at doing assessment, but weak on using the results to improve programs. The question was asked, "How to assess critical thinking and lifelong learning?" A rubric is needed to do so. Using standardized patients is an excellent tool for measuring things like communication.

The group asked if ASAHP could have an assessment area on its website where members could upload how they are measuring outcomes and at the fall meeting have small groups develop rubrics for individual areas like communication, critical thinking, professionalism, and leadership. There are difficulties involved with preceptor/clinical educator's assessment of students. Everyone has forms, but because of relationships developed between clinical educators and students, they do not do as objective a job as needed. Assessment of distance education was discussed. Mostly the same assessment tools are used along with focus groups at distance sites. It is tougher to have students turn in evaluation forms.

### Group C

The health sciences campus at the University of Arkansas for Medical Sciences does not have any centralized assessment. At the University of Central Florida, there is a recent campus move to develop a centralized data system to track effectiveness. At Springfield College, accreditation is coming soon and some programs still are evolving in developing outcome standards. At Bowling Green State University, in relation to accreditation several groups are being pushed for more outcomes measures across campus. A big push has occurred in recent years at the University of Kentucky to develop a campus-wide assessment system. At the Mayo Clinic College of Medicine, as part of a centralized campus Strategic Plan, each school has an operational plan. Emphasis is placed on sharing outcomes data and showing how they are being used.

The discussion also focused on the fact that some evaluations/reviews/data assessment systems are not integrated, e.g., the results from accreditation are not used to inform campus program review. It was mentioned that a possible role is for upper division majors to help identify critical outcomes for freshman, sophomores, and general education.

## **ASAHP AND THE U.S. DEPARTMENT OF LABOR**

According to the Bureau of Labor Statistics (BLS), allied health occupations are among the fastest growing professions projected by the year 2012. The overall growth of the U.S. population, especially among the aged cohorts, will lead to an increased demand for health care services. Certain allied health professions already experience workforce shortages and the educational pipeline offers no firm assurance that enough practitioners will be available to meet this growing demand.

Programs and activities funded by the U.S. Department of Labor have been effective in addressing workforce issues at the level of associate degree programs in two-year academic institutions, but an insufficient amount of interest has been paid to the challenges faced by four-year institutions. For the most part, four-year institutions have not been engaged with the Department's workforce system and have had minimal contact with it.

During the past year, ASAHP has worked energetically to correct that imbalance. The Department funds activities through state and local workforce boards. Earlier this year, ASAHP was fortunate to be included on the program to make presentations at annual conferences of the National Association of State Workforce Agencies (NASWA) and the National Association of Workforce Boards (representing the 560 local agencies). Recently, a joint agreement between ASAHP and NASWA was signed.

Department of Labor staff provided further assistance by inviting ASAHP staff to participate in one of its bi-monthly conference calls with state officials that occurred on May 22. The purpose was to hasten the occurrence of having ASAHP member institutions be added to the Eligible Training Provider List. Individuals on the conference call were encouraged to solidify connections so that ASAHP members can become significant providers of training and education to meet health workforce needs. Names of Deans/Directors belonging to the Association and their contact information have been sent to the Department of Labor to facilitate such connections being made.

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## AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

### Tutorial On Measuring Health Care Quality

A slide tutorial -- narrated by Carolyn Clancy, director of the Agency for Healthcare Research and Quality-- provides an overview of the state of health care quality in the U.S. Clancy explains how quality is measured, discusses the federal role in tracking and measuring health care quality, and suggests opportunities for System improvement, as well as areas for future research and development. The tutorial can be accessed on the Web at <http://www.kaiseredu.org/tutorials/quality/player.html>.

### 2008-2009 Edition Of Occupational Outlook Handbook

The *Occupational Outlook Handbook* is a nationally recognized source of career information that is designed to provide valuable assistance to individuals making decisions about their future work lives. The Handbook is revised every two years and the 2008-2009 edition is available. A Table of Occupations can be accessed on the Web at <http://stats.bls.gov/opub/ooq/2008/spring/art03.pdf>. Health occupations are on pages 14-19 of the 38-page document.

### 5th Annual *HealthGrades* Patient Safety In American Hospitals Study

For the fifth year, *HealthGrades* has studied and publicly reported information on hospital patient safety. *HealthGrades* used AHRQ's patient safety indicators to identify patient safety incident (PSI) rates for every non-federal hospital in the country using three years of Medicare data (2004–2006). In addition to identifying the rates of PSIs, *HealthGrades* created a composite score to identify the best-performing hospitals in the U.S. during 2004 to 2006. These hospitals were named the 2008 *HealthGrades* Distinguished Hospitals for Patient Safety. Approximately 1.12 million total PSIs occurred in almost 41 million hospitalizations in the Medicare population, an almost three-percent incident rate, which is relatively unchanged from previous studies. These incidents were associated with almost \$8.8 billion of excess cost during 2004 through 2006. The PSIs with the highest incidence rates were decubitus ulcer, failure to rescue, and post-operative respiratory failure and accounted for the majority of incidents (63.41%). Failure to rescue improved 11.11 percent during the study period, while both decubitus ulcer and post-operative respiratory failure worsened during the study period. The report can be accessed on the Web at <http://www.healthgrades.com/media/dms/pdf/PatientSafetyInAmericanHospitalsStudy2008.pdf>.

### Nation's Long-Term Fiscal Outlook Unsustainable

Since 1992, the Government Accountability Office (GAO) has published long-term fiscal simulations of what might happen to federal deficits and debt levels under varying policy assumptions. Simulations were updated with the Trustees 2008 intermediate projections and continue to indicate that the long-term federal fiscal outlook remains unsustainable. Despite some improvement in the long-term outlook for federal health and retirement spending, the federal government still faces large and growing structural deficits driven primarily by rising health care costs and known demographic trends. The oldest members of the baby boom generation are eligible for Social Security retirement benefits and will be eligible for Medicare benefits in less than three years. The real driver of the long-term fiscal outlook is health care spending. Medicare and Medicaid are both large and projected to continue growing rapidly in the future. The report can be accessed on the Web at <http://www.gao.gov/new.items/d08783r.pdf>.

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## ASAHP ANNUAL CONFERENCE

Thanks to members of the planning committee for the *2008 ASAHP Annual Conference*, the final program is taking excellent shape. The event 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 *Keynote Speaker* on the morning of October 30 will be **Jane Smalec**, Director of Consulting for Eduventures, Inc. on the topic of trends in allied health and projected future trends. Her firm is the education industry leader in collaborative research and consulting, with the aim of providing academic institutions and education-focused businesses with cost-effective, data-driven insight, understanding, and guidance to improve education. She brings a broad perspective on critical success factors in the operations of online universities as well as a strong working knowledge of regulatory compliance requirements. Her recent engagements include the development of operational and organizational strategies for a number of universities entering or expanding their presence in the online degree market place. A former strategic management consultant for McKinsey, she holds an M.B.A. from Harvard Business School, an M.A. in econometrics from Manchester University, and a B.A. in economics from Liverpool University.

The *Mary E. Switzer Lecturer* on October 31 will be **George Davies**. He is an internationally known speaker who has presented at hundreds of conferences throughout the world on sports physical therapy, athletic training, orthopedics, rehabilitation, and isokinetics. He completed his post-professional Doctor of Physical Therapy (DPT) at MGH Institute of Health Professions in Boston where he graduated with highest honors. He has published over 150 articles and research abstracts in various periodicals, has written several books, has contributed chapters to over 30 books, and was the original co-founder and co-editor of *The Journal of Orthopaedic and Sports Physical Therapy*. Davies worked at the 1980 Olympics, the 2002 Salt Lake Winter Olympics in the sports medicine polyclinic in the Olympic Village as well as at several venue sites as the field of play athletic trainer, and is a member of the USA Medical Staff for the 2008 Olympic/Paralympic Games in Beijing, China.

The *Call for Abstracts* generated a total of 90 submissions. These items were sent to a team of reviewers that will help to decide which papers will be accepted for presentation in concurrent sessions. A target period for notifying individuals who submitted these abstracts of the result of the review is late June.

Another feature of the Annual Conference will be sessions on international health and research. Attendees also will have the opportunity to participate in roundtable discussions on the following topics:

- ◆ emerging allied health disciplines
- ◆ dual degree programs
- ◆ how to reward preceptors
- ◆ international issues
- ◆ ways in which disciplines can cooperate
- ◆ networking
- ◆ what BLS projections about the workforce mean

Closely related to the Annual Conference and immediately following it on November 1, there will be an all-day *Research Symposium* conducted by the National Alliance Promoting Research in Allied Health (NAPRAH), a group formed by ASAHP. The focus will be on both chronic diseases such as diabetes and acute type injuries and disorders with an emphasis on translational and interdisciplinary research. Intended outcomes are the development of strategies for establishing interdisciplinary research centers at ASAHP member institutions, post-doctoral research training, and production of a database to be used in pairing senior and junior researchers.

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