

TRENDS

Association of
Schools of
Allied Health
Professions

HIGHLIGHTS

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VANGUARD OF
ALLIED HEALTH EDUCATION

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CONTINUING EDUCATION IN ALLIED HEALTH AND THE INSTITUTE OF MEDICINE

ASAHP recently was invited to provide a speaker at a workshop being convened by the committee on continuing education at the Institute of Medicine of the National Academies to examine how continuing education practices might be improved from the perspective of the allied health professions. The Association's Immediate Past-President **David M. Gibson** (University of Medicine and Dentistry of New Jersey) will represent ASAHP at this event.

The workshop will take place during a two-day committee meeting for the continuing education study. It is designed to help the committee understand the current landscape of continuing education and then consider the possible structure of a continuing education institute to improve research in this area and disseminate best practices. The workshop is being organized around a series of five panels:

- 1) Comments from the study sponsor (the Josiah Macy, Jr. Foundation) and a description of concurrent research being funded by Macy on continuing education.
- 2) The "Accreditation, Credentialing and Continuing Education" panel including representatives from other organizations.
- 3) The "Perspectives on Continuing Education from Providers and Funders" panel, including a presentation from a pharmaceutical industry representative, a representative from the national association of medical education and communication companies, and possibly a speaker from an academic center.
- 4) The "Perspectives from Users of Continuing Education" panel, including representatives of continuing education learners in medicine, nursing, allied health, and pharmacy.
- 5) The "Continuing Education for Improved Patient Outcomes" panel, including patient advocates.

Past-President Gibson has been requested to address the following questions:

- 1) How can accreditation/credentialing be changed to improve continuing education in your field(s)?
- 2) How can continuing education be strengthened to support professionals' performance?
- 3) What concerns regarding continuing education and the IOM's study should be brought to the attention of the committee?

PRESIDENTS' MESSAGE

By Linda C. Hatzenbuehler, ASAHP President



Remember the scene from *Auntie Mame* in which Rosalind Russell's life is falling apart all around her, and she breaks out in song with "I Need A Little Christmas?" I don't know about you, but ever since I returned from the ASAHP meeting in Baltimore, the budget situation on campus has incrementally escalated. Whether you celebrate Christmas or not, I think we all need a little Christmas right now in these tough economic times. I've actually been listening to Christmas carols all morning. Those of us in allied health colleges are struggling, and I fear that low enrollment, high cost allied health programs that are still housed in academic units other than allied health colleges will not withstand this storm.

Our Governor is committed to hold public education K-12 harmless in these tough times; hence, higher education is going to be hit hard. For those of us at state-supported institutions, the scenario goes something like this: The Legislature/Governor decreases funding to higher education because we have the flexibility of tuition and fees to help offset our costs. At the same time, increasing tuition and fees to offset the loss of general fund dollars is not acceptable. DUH!!!! So the typical response under these constraints is to scoop up all vacant positions. If we're lucky, a couple of the vacant positions can be sacrificed, but usually those positions that are vacant are not the ones we can leave unfilled. Unlike an English department chair, I'm currently in the process of quoting chapter and verse from various accreditation standards in order to justify filling several of my vacant positions. The heavy burden of accreditation requirements that weighs upon allied health programs makes sacrificing vacant positions a very delicate and challenging matter. Decreasing enrollment in order to accommodate for a lost position is not an option. My President has indicated that no decision we make can impact enrollment. UGH!!!!

So here is what I am in the process of doing. The onus of accreditation requirements notwithstanding, one advantage I do have over the Dean of Arts and Sciences is that several of my programs have established professional fees, over and above tuition, which come directly back to our programs in non-state appropriated fund categories. A number of my programs also run clinics, and the fees generated from clinical services also infuse non-state appropriated accounts. So, my administrative team and I are in the process of trying to figure out how to embellish the non-state appropriated accounts and move positions on to those fund sources as the state appropriated accounts continue to dwindle. We are also in the process of developing faculty practice plans in which our faculty can practice in our clinics and be paid out of the clinic accounts. I've offered the Vice President of Student Affairs the option of turning over the Student Counseling Center and Student Health Center to the academic programs in my college, who would then run those student service units.

In addition to compensating for the loss of state appropriated funds, we're also trying to cut costs. Travel to professional meetings will be closely scrutinized, faculty travel to off-campus teaching and clinical sites will be all but curtailed, and alternative methods of oversight and supervision will be implemented. Sabbaticals for next year have been suspended unless faculty activity is funded through other sources or will generate non-state appropriated funds in some fashion. I have boldly told our senior faculty that this is not the time for them to retire unless they are in a position that I can sacrifice. All faculty without active research agendas will have to teach more, and the number of adjunct faculty will decrease. We're even removing some phones. To date, I haven't yet had to close a program, but it's likely to be only a matter of time before that happens. I am working on collapsing departments into larger administrative units to save on administrative costs.

So, "Joy to the World" and "Hark the Herald Angels Sing"!!!! Good luck on your tough decisions. If you come up with any great ideas, be sure to share them with the rest of us.



ALLIED HEALTH AND THE WORKFORCE INVESTMENT ACT

In anticipation that Congress will reauthorize the *Workforce Investment Act (WIA)* in 2009, ASAHP recently offered its views to staff of the Senate Health, Education, and Pensions (HELP Committee) regarding the inclusion of allied health in the legislation. One-half of the fastest growing health occupations projected through 2016 are in allied health occupations and a 34% increase in allied health professionals will be necessary by 2016 just to maintain current levels of care. By 2020, the peak of the retirement of the baby boomers, current projections indicate that there will be a 1.6 – 2.5 million shortfall of allied health professionals (Future Point Summit) unless action is taken. The reauthorization of WIA provides the opportunity to address this pending shortage in the following ways:

(1) Including high-demand driven profession representatives on local workforce boards, including health care. (2) Requiring that state and local plans describe how they intend to meet the health care demands in their regional economies. These plans should outline how they incorporate both large health care employers and educators in these regions. (3) Developing competitive funding opportunities for states or regions to create initiatives that help lower skilled workers to enter and progress in high demand occupations, including allied health. (4) Developing career academies to encourage youth to pursue career pathways in high demand occupations. (5) Developing stronger linkages between Public Health Service Act Title VII health professions and the Workforce Investment Act (both bills may be reauthorized in 2009 in the HELP Committee). There should be increased linkages between the two Acts as part of a national workforce strategy to address the pending crisis in the shortage of health care workers, particularly in allied health. (6) Creating pilot and demonstration language to broaden education and training opportunities in the allied health professions which would benefit workers, providing them with well paying jobs along a career ladder, and to the workforce system seeking to meet the demands of health-related occupations.

Proposed pilot projects would focus on collaboration among local workforce boards, four-year institutions, and healthcare facilities for unemployed and underemployed workers to: (1) acquire education and training for and employment in the allied health professions, and (2) document successful strategies to effect the transition of low-skilled healthcare workers to upgrade their skills and move into the allied health professions.

2008-2009 ASSOCIATION CALENDAR OF EVENTS

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

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

October 19-20, 2009—Leadership Development Program—San Antonio, TX

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

October 20-21, 2010—Annual Conference—Charlotte, NC

FACTORS ASSOCIATED WITH LEARNING IN HIGHER EDUCATION

The *Collegiate Learning Assessment (CLA)* has emerged in the last year or two as a key response for colleges facing demands that they demonstrate the “learning outcomes” and “value added” that take place on their campuses. Students who take the CLA are asked to complete a series of exercises to measure critical thinking, analytic thinking, and written communication. The test is offered to small, representative groups of students as freshmen and to other groups later in their college careers in an attempt to measure growth in learning. Current research emerged from the Social Science Research Council's collaborative partnership with the Pathways for College Network, with technical assistance in data collection provided by the Council for Aid to Education.

The project has followed over 2,300 students at 24 institutions over time to examine what factors are associated with learning in higher education. Students were initially tested at the beginning of their freshman year (Fall 2005) and then followed up at the end of their sophomore year (Spring 2007). In addition to the CLA measures of learning, supplementary data were collected from student surveys, college transcripts, and secondary sources of institutional data to generate a Determinants of College Learning longitudinal dataset. The scale and scope of this project offer a unique opportunity to explore factors associated with learning in higher education.

The initial report of the findings of the CLA study can be accessed on the Web at http://programs.ssrc.org/ki/pathwaystocollege/CLA_Report.pdf.

AMERICANS' USE OF COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM)

The results of a nationwide government survey on trends and demographic use of complementary and alternative medicine (CAM) among both adults and children in the United States are being released. The *2007 National Health Interview Survey (NHIS)* provides data on who is using CAM, what they are using, and why individuals are turning to CAM, among other related topics. It marks the first time questions were included on children's use of CAM as well as the first available trend data on CAM use in adults compared to the 2002 NHIS data on CAM use.

The reference to obtain this information is: Barnes PM, Bloom B, Nahin R. CDC National Health Statistics Report #12. Complementary and Alternative Medicine Use Among Adults and Children: United States, 2007. December 10, 2008 (in press).

HEALTH CARE COVERAGE OF CHILDREN IN A DECLINING ECONOMY

Children's health care coverage is threatened by increasing unemployment, declining state revenues, and a growing gap between family income and the cost of health care coverage, according to a recent report by Georgetown University's Health Policy Institute. The report by the Institute's Center for Children and Families estimates that 4.1 million Americans, including 1.2 million children, have lost employer-based coverage over the past year. Potential federal actions to address the crisis include temporarily increasing federal support for Medicaid and promptly reauthorizing the State Children's Health Insurance Program, set to expire in April 2009, to soften the impact of the economic downturn on uninsured children.

The report can be accessed on the Web at <http://ccf.georgetown.edu/index/cms-filesystem-action?file=ccf%20publications/uninsured/economy%20paper%20--%20format.pdf>.

ASAHP SCHOLARSHIP OF EXCELLENCE RECIPIENT AT UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER



From L-R: Stephen Painton (Chairman of CSD), Maria McKee (a scholarship recipient), P. Kevin Rudeen (Dean, College of Allied Health at the University of Oklahoma Health Sciences Center), and Susan Tucker (Assistant Dean).

NATIONAL ALLIED HEALTH WEEK

A poster to celebrate *National Allied Health Week* (November 2-8, 2008) was prepared at the **College of Health at the University of Oklahoma Health Sciences Center**. It contained a listing of seminars that were scheduled during that week. Departments involved in selecting speakers and sponsoring lectures included: Communication Sciences and Disorders, Medical Imaging and Radiation Sciences, Nutritional Sciences, and Rehabilitation Sciences.

Allied Health Professions Week at the **University of Wisconsin-Milwaukee's College of Health Sciences** was promoted by conducting the following activities:

A chat was held with students by the Senior Administrator Program Specialist about UWM Financial Aid. UWM summer research opportunities and how to finance graduate and professional school were topics explored with staff from the Graduate Opportunity Programs Office. Other sessions involved the presentation of information on Undergraduate Research Opportunity Programs (UROP) as well as on the topic of "Exploring Allied Health Professions Careers."

2008 ASAHP INSTITUTIONAL PROFILE SURVEY

Under the direction of **Ronald H. Winters** (Dean of the College of Health Related Professions at the University of Arkansas for Medical Sciences, this year's *ASAHP Institutional Profile Survey* had participants from 91 member institutions as of the end of November. Gratitude is expressed to all participants. Electronic results of the survey will be available in January 2009. A printed report will be distributed in March.

COALITION FOR PATIENTS' RIGHTS

The Coalition for Patients' Rights (CPR) was founded in 2006 in response to the American Medical Association (AMA) and the Scope of Practice Partnership (SOPP), a group of medical organizations involved in determining if the practice of medicine is being encroached upon by other health professions. Shortly after the CPR was founded, the Association of Schools of Allied Health Professions (ASAHP) became one of more than 30 members to join.

The coalition generated a request for proposals involving public relations services. Jones Public Affairs was the successful bidder on a project that is designed to produce a set of activities over a three-year period. In October 2008, the ASAHP Board of Directors agreed to contribute funds toward this effort.

Representatives of the participating organizations are expected to participate in monthly conference calls, beginning in December 2008. The Jones firm is planning to develop a comprehensive community message. The effort will entail an attempt to unify core points that will be communicated to select audiences. A tool kit will be prepared and message training will occur. As a means of preventing the coalition from being caught off guard, an issues management plan also will be developed. It is anticipated that the tool kit and message training components will be ready by the end of March 2009. The deadline for the issues management piece is the end of May that same year.

Among the concerns expressed by members of the coalition is that physicians in different states might take action to restrict the scope of practice of other health professions. A related issue is which groups should be allowed to use the term doctor. Many professions such as nursing, in addition to several allied health professions, produce graduates at the doctoral level of academic preparation. These groups can be expected to oppose any initiative to restrict their use of the term.

2008 ANNUAL CONFERENCE POWER POINT PRESENTATIONS AVAILABLE

The Association's 2008 Annual conference in Baltimore, MD on October 30-31 featured power point presentations in both plenary sessions and in 10 concurrent sessions. Placing all these items on the ASAHP website would exceed capacity. As an alternative, the titles of presentations and the e-mail addresses of contact persons have been added to the website instead. This information can be accessed at www.asahp.org. Once at the homepage, browsers should go to the moving script in the right-hand column called **ASAHP ALERTS**.

2008 ASAHP ANNUAL REPORT

The Association's *2008 Annual Report* is available on the ASAHP website at www.asahp.org. The document focuses on the six major goals contained in this organization's *Strategic Plan*. Those goals are:

- I. To Influence Government Health and Education Policy
- II. To Promote High Quality Education
- III. To Promote Collaboration and Partnerships
- IV. To Strengthen Research and Scholarship
- V. To Develop Academic Leaders
- VI. To Enhance Global Outreach

In addition, the report includes a list of institutional members, statements by the President, Treasurer, and Executive Director, in addition to statements of financial position and activities.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Genetics In The Physician Assistant's Practice

An auto tutorial on genetics in the physician assistant's practice is available from the National Coalition for Health Professional Education in Genetics (NCHPEG). This tool is available on the Web at <http://pa.nchpeg.org/>.

Challenges To Adoption Of Health Information Technology

According to an October 2008 issue brief from the non-partisan, non-profit Alliance for Health Reform, privacy worries, investment costs, and a lack of electronic standards remain obstacles to the wide-spread adoption of health information technology (HIT). The new issue brief, "Health Information Technology: More than the Money" features examples of public and private "innovation and experimentation" to promote HIT adoption, including state electronic prescribing initiatives and provider partnerships with Google and Microsoft. According to the issue brief, many policy experts continue to believe the federal government should consider "financial incentives to drive broader scale HIT adoption." It states that small financial incentives may not be effective, but advises that "larger incentives" could prove "too costly to the government." The issue brief is available on the Web at http://www.allhealth.org/publications/Health_information_technology/Health_Information_Technology_More_Than_the_Money_86.pdf.

International Students On U.S. Campuses At All-Time High

The number of international students at colleges and universities in the United States increased by 7% to a record high of 623,805 in the 2007/08 academic year, according to the *Open Doors* report published annually by the Institute of International Education (IIE) with support from the U.S. Department of State's Bureau of Educational and Cultural Affairs. This 2007/08 growth builds on a 3% increase reported for 2006/07, and the total number now exceeds by 6% the previous all-time high of 586,323 reported in 2002/03. Open Doors data show an even stronger increase in the number of "new" international students, those enrolled for the first time at a U.S. college or university in fall 2007. New international student enrollments rose by 10%, following on increases of 10% and 8% for the previous two years. Open Doors 2008 reports increases in foreign student enrollments from eight of the ten leading places of origin, and 16 of the top 20, with double-digit increases from the top three countries. India remains the leading sending place of origin for the seventh consecutive year, increasing by 13% to 94,563, following an increase of 10% the previous year. China was again the second leading sender, showing an increase of 20% for a total of 81,127 students in the United States. Students from third place South Korea increased 11% to 69,124. Additional information is available on the Web at <http://opendoors.iienetwork.org/?p=131590>.

Economic Crisis Taking Its Toll On Patients And Hospitals

As the economy falters and unemployment rises, hospitals' role as health care safety net and major economic employer becomes even more important, according to a new report released by the American Hospital Association (AHA). The report shows elective procedures and admissions are falling, the credit crunch is making it harder and more costly for hospitals to finance building and technology improvements, and their investment gains are turning to losses. As a result of financial pressures, 60% of hospitals responding to an AHA survey this month indicated they would make or consider reducing administrative costs, while more than one-half had reduced staff or are considering such reductions. The report is available on the Web at <http://www.aha.org/aha/content/2008/pdf/081119econcrisisreport.pdf>.

ASAHP'S 2009 LEADERSHIP DEVELOPMENT PROGRAM

November 30 was the deadline for applying for the Association's *2009 Leadership Development Program* and 13 applications were received by that date. The planning committee for this event will conduct a conference call on December 10 to do an assessment of the applicants. Decisions regarding which ones will be accepted as participants will be communicated to all who applied shortly thereafter.

Part I of the program is scheduled for March 17-18 in St. Pete Beach, FL immediately preceding the start of the Association's 2009 Spring Meeting, which is on March 19-20. Part II will take place in San Antonio, TX on October 19-20 immediately prior to the 2009 Annual Conference, which is on October 21-22.

Individuals who are accepted for the program also will be expected to register and participate in both the Spring Meeting and the Annual Conference. The period between March and October will be devoted to a combination of team and individual projects. ASAHP will furnish a total of \$500 per individual to offset the costs of participating in the March and October sessions. Expenses that exceed this amount will be the responsibility of either the individual or the institution.

Case studies on key topics pertaining to higher education administration are an important program component. Participants will be placed in teams focusing on issues of mutual interest while also having an opportunity to pursue activities along lines of developing personal leadership skills.

NATIONAL REPORT CARD ON HIGHER EDUCATION

Since 2000, the *Measuring Up* report cards produced by the National Center for Public Policy and Higher Education have evaluated the progress of the nation and all 50 states in providing Americans with education and training beyond high school through the bachelor's degree. As in earlier editions, *Measuring Up 2008* focuses exclusively on results, outcomes, and improvement. State performance is evaluated, compared, and graded in six key areas: (1) Preparation for college: How well are high school students prepared to enroll in higher education and succeed in college-level courses? (2) Participation: Do young people and working age adults have access to opportunities for education and training beyond high school? (3) Affordability: How difficult is it to pay for college when family income, the cost of attending college, and student financial aid are taken into account? (4) Completion: Do students persist in and complete certificate and degree programs in college? (5) Benefits: How do college-educated and trained residents contribute to the economic and civic well-being of each state? (6) Learning: How do college-educated residents perform on a variety of measures of knowledge and skills?

The report notes that deterioration of college affordability throughout the United States has contributed to the disparities in higher education opportunity and attainment. There are several dimensions to this national and state problem. First, college tuition continues to outpace family income and the price of other necessities, such as medical care, food, and housing. Whatever the causes of these tuition increases, the continuation of trends of the last quarter century would place higher education beyond the reach of most Americans and would greatly exacerbate the debt burdens of those who do enroll.

The core message of *Measuring Up 2008* is that despite historical successes in higher education, the preeminence of many of our colleges and universities, and some examples of improvement in this decade, our higher education performance is not commensurate with the current needs of our society and our economy. A challenge for the U.S. is to educate more young persons and adults, so that more Americans have the college-level knowledge and skills they need to succeed. The report is available on the Web at

<http://measuringup2008.highereducation.org/print/NCPPEMUNationalRpt.pdf>
