

TRENDS

Association of
Schools of
Allied Health
Professions

HIGHLIGHTS

OCTOBER 2008

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DEPARTMENT OF LABOR INITIATIVE ON BEHALF OF ASAHP

Page three of this issue of the newsletter describes what has been achieved to date in efforts to make it possible for ASAHP member institutions to take advantage of funding opportunities furnished by the U.S. Department of Labor (DOL). The purpose is to address allied health workforce problems. Toward that end, the head of the Employment and Training Administration (ETA) within the Department agreed to send a letter to the nearly 600 local workforce boards around the United States. Funded by the Department, they have the ability to create public service announcements, conduct or commission workforce studies, and provide tuition assistance. What follows are excerpts from that letter, which includes a list of ASAHP member institutions

It states that a key priority for ETA is to help meet the nation's growing demand for skilled healthcare workers. Many health occupations already experience severe shortages and are expected to reach crisis proportions over the next decade without immediate action. As part of this effort, the DOL is working together with the Association of Schools of Allied Health Professions (ASAHP), to help meet the high demand for allied health workers.

Current shortages in allied health occupations are among the highest in the health care field with half of the fastest growing health occupations projected through 2016 in allied health. A 34% increase in allied health professionals will be necessary by 2016 just to maintain current levels of care and current projections indicate that there will be a 1.6 – 2.5 million shortfall of allied health professionals by 2020, the peak of the retirement of the baby boomers

ASAHP has a forty year history focused on educating and training workers for allied health occupations. Its members include many of the finest universities in the nation, but it has had little engagement with the workforce system to date. I ask for your assistance in this effort by inviting ASAHP university deans in your area to meet with you to see how you can work more closely to help meet employers' growing demands for allied health workers better. In particular, I encourage you to assist ASAHP members become eligible training providers for the workforce system.

The opportunity to work with ASAHP member universities provides not only the chance to improve the quality of training providers for the workforce system in some of our highest demand occupations, but also to engage four-year universities fully in the workforce system in an unprecedented scope.



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. For more information, contact the editor, Thomas W. Elwood, Dr.PH.

PRESIDENTS' MESSAGE

By Linda C. Hatzenbuehler, ASAHP President



In July, ASAHP entered into an agreement with the National Association of State Workforce Agencies (NASWA). The agreement has been posted on the ASAHP web site for some time for your review. The overall purpose of the agreement was to raise the visibility of the allied health professions among state and local public workforce organizations. In August, Larry Temple, the President of NASWA, wrote to all state workforce councils informing them of the agreement with ASAHP. In his letter, he discussed the shortage of allied health workers, which he described as “expected to reach crisis proportions over the next decade without immediate action.” He wrote to all states, including those without current ASAHP member institutions. In his letter, he encouraged the workforce agency directors to meet with allied health deans and directors to see how the workforce agencies can work more closely with allied health educators to address workforce shortages.

For those unfamiliar with what public workforce organizations are, I encourage you to spend some time surfing around the US Department of Labor Employment and Training Administration website (www.dleta.gov/usworkforce). Health care is targeted as one of the high growth areas included by the Department of Labor in the President’s High Growth Training Initiative. The Employment and Training Administration (ETA) administers federal grants to states for public employment service programs. In addition to project grants available directly from the Department of Labor, the Workforce Investment Act (WIA) authorizes funds for Individual Training Accounts (ITA’s) to pay for occupational training.

An ITA is established on behalf of a participant. ITA’s may only be issued for training programs included in an approved state list of Eligible Training Providers (ETP’s). Becoming an ETP requires a formal application from the educational program. The NASWA agreement with ASAHP strongly recommends that institutions with allied health programs become part of the approved list of ETP’s.

Perhaps as a result of Mr. Temple’s letter, I was invited to present to the Idaho Workforce Development Council. Thanks to the huge assistance that I received from Steve Collier, at the University of Alabama-Birmingham, I was able to paste together a PowerPoint presentation in short order. I began my presentation with the obligatory definition of “allied health” and then discussed the economic impact of health care as a system and on a community. I then shared Steve’s data on current and projected workforce needs, noting that several allied health professions were ranked higher in both vacancy rate and projected need than nursing.

Since I had some state data collected by our Hospital Association I was able to note regional differences in the workforce data, again noting allied health professions ranking in higher need (thought fewer in number) than nursing. I noted that hospital associations only poll hospitals and leave out a large constituency of employers such as school systems that often employ our graduates. The mistake that I made in my presentation was failing to discuss the need for more of my programs to become ETP’s.

If you’re not called by your state workforce organization, I strongly encourage you to be assertive and call them, and then follow up with a letter that attaches both ASAHP’s agreement and Mr. Temple’s letter. Mr. Temple also requested that if a workforce council already is involved in a relationship with an ASAHP member institution, he needs to be aware of that so that he can share the nature of the relationship with other states. I certainly echo Mr. Temple’s request in that regard. If you already have an agreement with your state organization, please let us know.

One final note, the co-chairman of my state workforce development council was a nurse. Hence, I was followed in my presentation with information on the nursing workforce. In order to increase the prominence of allied health workforce data, I think it’s important that we not only communicate with these councils, but also become involved in them!



2008 ACHIEVEMENTS IN GOVERNMENT RELATIONS

As the 2nd Session of the 110th Congress draws to a close, it is worthwhile to reflect on what was achieved in the health policy arena as a result of efforts by the Association. Two aspects of the recently enacted Higher Education Act are especially noteworthy. First, as a result of a provision involving the budget reconciliation law, allied health professionals are entitled to forgiveness of federal loans after 10 years of practice. A second addition is that there is a new program that makes it possible to have *Loan Forgiveness in Areas of National Need*, a provision that entails the possibility of \$10,000 in loan forgiveness over a five-year period. Although it is authorized, an appropriation still is necessary.

A Workforce Investment Act (WIA) partnership agreement was signed with the National Association of State Workforce Agencies (NASWA). Cooperation at this level with the heads of State labor organizations funded by the federal government increases the likelihood that ASAHP member institutions can become eligible training providers. Similarly, participation in a National Association of Workforce Boards workshop raises the visibility of allied health within the broader workforce system. A parallel development is that steps continue to be taken to work with the U.S. Department of Labor (DOL) to have that agency introduce ASAHP members to the workforce system at the local level.

Still awaiting reauthorization is the Workforce Investment Act (WIA). This legislation is a focal point of ASAHP's efforts to have embedded in it the following components: State and local planning requirements to include the demand for skilled health care workers, demonstration programs, workforce board membership by ASAHP members, stronger connections between Title VII of the Public Health Service Act and the WIA, and career academies for youth in high demand occupations.

Title VII also has to be reauthorized and attempts are being made to incorporate into it key aspects of the proposed Allied Health Reinvestment Act. Most recently, ASAHP has alerted its members to a \$125 million DOL *RFP Community-Based Job Training Grants* competition, with up to \$2 million per grant. Association members would have to form partnerships with community colleges in order to participate.

An entirely separate initiative, but related to increasing the visibility of allied health for public policy reasons is to seek assistance from private foundations. The more that allied health is understood on Capitol Hill, the greater the likelihood that more federal resources will be devoted to it. In coming months, a plan awaiting approval by the ASAHP Board of Directors is to fund a project aimed at creating vignettes that can be used to inform legislators of the workforce problems confronting allied health.

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

PATIENTS' PERCEPTION OF HOSPITAL CARE IN THE UNITED STATES

The quality of U.S. health care generally, and in hospitals specifically, varies widely. Although efforts are being made to collect and publicly report hospital quality data, patients' perceptions of care are not well known—even though the Institute of Medicine has identified patient-centered care as a key element of a high-quality health care system. An article in the October 30, 2008 issue of *The New England Journal of Medicine* sheds light on this issue.

A majority of patients are satisfied with the care they receive during a hospital stay, but many are unsatisfied with communication and pain control, according to the study. The authors examined data collected by the federal government in an ongoing patient survey at all hospitals that receive Medicare payments. In the study's first year, which ended September 30, about 40% of eligible hospitals did not report their data.

Patients in the study, which was sponsored by the Commonwealth Fund, rated six areas on a scale of zero to 10, including communication by physicians, nurses, and about medications and the quality of nursing services, discharge information, and pain management. Overall, 63% of respondents rated the quality of their care a nine or 10 and 26% rated it a seven or eight. The study found that about one-third of patients gave low scores for pain control and one-fifth gave low scores for discharge instructions. Researchers found that hospitals that ranked well on standard measures of quality had higher patient ratings. The study also linked a high nurses-to-patient ratio with higher patient satisfaction. In addition, the study found that teaching hospitals were rated higher than non-teaching hospitals, and not-for-profit hospitals were rated higher than for-profit facilities. A copy of the full text of the article can be accessed on the Web at <http://content.nejm.org/cgi/content/full/359/18/1921>.

THE AMERICAN PUBLIC ON HEALTH CARE: THE MISSING PERSPECTIVE

Health care is one of the most pressing issues on the minds of Americans today. It's at the center of debate at every level of the political arena and one of this nation's most critical public policy concerns. Yet, in the debate regarding health care today, the perspective of real individual consumers is heard rarely—consumers, patients, and average citizens. Until now as a result of a new report that explores challenges facing health care in this country—the problems and the trade-offs—through the lens of individuals most touched by it. What are their experiences, their expectations, their worries? What information do they want and need in order to make more informed decisions about their own care? What is their agenda for health care reform?

The report can be accessed on the Web at http://ceg.files.cms-plus.com/TownHalls/The_Missing_Perspective_%28full%29.pdf.

NURSES HAVE LOWEST JOB SATISFACTION AMONG HEALTH PROFESSIONALS

According to a survey by Press Ganey Associates, registered nurses have the lowest job satisfaction among health care professionals, followed by technicians and other types of nurses. The survey of more than 200,000 employees at 423 U.S. health care facilities, 75% of which were hospitals, found that employees were least satisfied with the pay, participation, and staffing aspects of their organizations' operations. Employees' willingness to recommend their organization as a place to work and receive care rose with their involvement in decision making and the degree to which they felt promotions were handled fairly, senior leadership listened to employees, responded promptly to problems, and could be trusted to be straightforward and honest. The report can be accessed on the Web at http://www.pressganey.com/galleries/default-file/Employee_Nurse_Check-Up_10-08-08.pdf.

ASAHP ANNUAL CONFERENCE



Participants in the 2008 ASAHP Leadership Development Program.



Cherise McDonald, a student at Long Island University-Brooklyn Campus, shown receiving from ASAHP President Linda Hatzenbuehler (Dean, Idaho State University), a certificate of completion for participating in the Student Leadership Development Program.



ASAHP President-Elect Gregory Frazer (Dean, Duquesne University) shown with Colleen McDonough from his school who participated in the ASAHP Student Leadership Development Program.



ASAHP Executive Director Thomas Elwood (L) shown presenting a gift to Kevin Lyons (Associate Dean, Thomas Jefferson University) for his having served as Editor of the Journal of Allied Health for the past 10 years. He will continue as a member of the Editorial Board.



Dean James Erdmann of Thomas Jefferson University (L), a newly elected ASAHP Fellow, is congratulated by ASAHP Past President David Gibson (Dean, University of Medicine & Dentistry of New Jersey) (R).

ASAHP ANNUAL CONFERENCE, CONTINUED



A poster from the University of Missouri, Columbia was one of 48 on display at the 2008 ASAHP Annual Conference in Baltimore, MD on October 30-31.



A poster from Utica College also was among the many excellent displays during the poster session.

LEADERSHIP DEVELOPMENT PROGRAM

In 2005, the Association's Board of Directors approved the creation of a leadership development program aimed at individuals in ASAHP member institutions. The third iteration of this offering will occur in 2009 with Part I 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.

- ◆ No fewer than 10 and not more than 15 participants will be selected. Normally, no more than one person will be selected from any single member institution.
- ◆ Eligible applicants include: department chairpersons, associate/assistant deans, and new deans (appointed within the previous 24 months at the time of applying). Self-nominations are permissible.
- ◆ 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. Application materials are on the ASAHP website at www.asahp.org.
- ◆ Applications must be submitted electronically by the close of business on **November 30, 2008** to Thomas@asahp.org.

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.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Health ID Numbers Would Facilitate Improved Health Care Quality And Efficiency

Creating a unique patient identification number for every person in the United States would facilitate a reduction in medical errors, simplify the use of electronic medical records, increase overall efficiency, and help protect patient privacy, according to a new RAND Corporation study. Although creating such an identification system could cost as much as \$11 billion, the effort would likely return even more in benefits to the nation's health care system, according to researchers from RAND Health. Federal legislation passed over a decade ago supported the creation of a unique patient identifier system, but privacy and security concerns have stalled efforts to put the proposal into use. As adoption of health information technology expands nationally and more patient records are computerized, there have been increasing calls to create a system that would make it easier to retrieve records across varying systems such as those used by doctors and hospitals. A copy of the study can be accessed on the Web at http://www.rand.org/pubs/monographs/2008/RAND_MG753.pdf.

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 can be accessed on the Web at http://www.allhealth.org/publications/Health_information_technology/Health_Information_Technology_More_Than_the_Money_86.pdf.

Use Of Biomarkers In Predicting Health And Mortality

Biomarkers, or biological indicators, are increasingly employed in empirical studies of human populations to understand physiological processes that change with age, diseases whose onset appears linked to age, and the aging process itself. The Behavioral and Social Research Program at the National Institute on Aging supports research investigating the link between biological risk factors and health or mortality in the older populations. A recent issue of a newsletter from the Population Reference Bureau is on the topic of biomarkers. The newsletter can be accessed on the Web at <http://www.prb.org/pdf08/TodaysResearchAging14.pdf>.

Barriers And Drivers Of Health Information Technology Use For The Elderly, Chronically Ill, And Underserved

A review was conducted at the Agency for Healthcare Research and Quality (AHRQ) of the evidence on barriers and drivers to the use of interactive consumer health information technology (health IT) by specific populations, namely the elderly, those with chronic conditions or disabilities, and the underserved. The effort resulted in the identification and review of 563 full-text articles and included 129 articles for abstraction. Few studies were specifically designed to compare the elderly, chronically ill, or underserved with the general population. Systems described in the studies depended on the active engagement of consumers and patients and the involvement of health professionals, supported by the specific technology interventions. It is clear, however, that the consumer's perception of benefit, convenience, and integration into daily activities will serve to facilitate the successful use of interactive technologies for the elderly, chronically ill, and underserved. The report can be accessed on the Web at <http://www.ahrq.gov/downloads/pub/evidence/pdf/hitbarriers/hitbar.pdf>.

ASAHP AWARDS

The following awards were presented at the 2008 ASAHP Awards Dinner, held on October 30, 2008 at the ASAHP Annual Conference in Baltimore, MD:

<i>Darrell Mase Presidential Citation</i>	Cecil B. Drain, PhD
<i>Distinguished Service and Achievement Award</i>	Marcia Brand, PhD
<i>Outstanding Member Board Award</i>	David D. Gale, PhD
<i>Cultural Pluralism Award</i>	Randall S. Lambrecht, PhD
<i>Fellows Awards</i>	Richard E. Talbott, PhD
	Lori Stewart Gonzalez, PhD
	James B. Erdmann, PhD
<i>J. Warren Perry Distinguished Author Award</i>	Charles R. Fox, PhD

The following students have been selected as recipients of the *ASAHP Scholarship of Excellence Award*:

Tracy M. Adams	Long Island University - Brooklyn Campus
Diana Janett Alvarado	The University of Texas Southwestern Medical Center at Dallas
Richelle Beckman	University of Kansas
Amanda G. Hayes	Western Carolina University
Allison W. Krebs	Massachusetts College of Pharmacy and Health Sciences
Maria C. McKee	University of Oklahoma Health Sciences Center
Robert W. Parrett, Jr.	The Ohio State University
Emily Parsons	University of Missouri

BYLAWS CHANGE APPROVED

The following change in the Association's bylaws was approved by 89 percent of ASAHP members who voted electronically: *2.1.4 Lifetime Members*. All lifetime members (former ASAHP presidents and retired deans/directors who hold emeritus status) will pay neither annual dues or registration dues and cannot hold elective office. Lifetime Members can vote as individual members.