

# TRENDS

Association of  
Schools of  
Allied Health  
Professions

## HIGHLIGHTS

### SEPTEMBER 2008

President's Message	2
Federal Funding	3
ASAHP Calendar	3
Accreditation/Regulation	4
Faculty Demographics	5
AMA Data Book	6
Medical Tourism	6
Available Resources	7
Annual Conference	8



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.

## 2008 ELECTION RESULTS

The ballots for the Association's 2007 election have been counted and the results are as follows:



**Gregory H. Frazer** was chosen as President-Elect. He will serve in that position for one-year, followed by two years as President and one-year as Immediate Past President. He is Dean of the John G. Rangos, Sr. School of Health Sciences at Duquesne University.



**Randall S. Lambrecht** was elected Treasurer for a two-year term. He is the Dean of the College of Health Sciences at the University of Wisconsin at Milwaukee.



The following were elected to the Board of Directors for a three-year term: **Barry S. Eckert**, Dean of the School of Health Professions at Long Island University-Brooklyn, and



**P. Kevin Rudeen**, Dean of the College of Allied Health at the University of Oklahoma Health Sciences Center.

In addition to the Board portion of the election, three individuals were elected to the *Nominations and Elections Committee* where they will serve for the next two years. They are: **Bethany A. Krom**, Assistant Dean at the Mayo Clinic College of Medicine, **Edward R. O'Connor**, Dean of the School of Health Sciences at Quinnipiac University, and **Sharon R. Stewart**, Associate Dean for Academic Affairs at the College of Health Sciences at the University of Kentucky.

They will work with the following individuals who are about to begin the second year of a two-year term on the committee: **Denise Heinemann** (Dean of the College of Health Professions at Florida Gulf Coast University), **Linda Petrosino** (Dean of the College of Health and Human Services at Bowling Green State University), and **William L. Siler** (Associate Dean of the Doisy College of Health Sciences at Saint Louis University).

Terms of office in all these position become effective on November 1, immediately following the ASAHP Annual Conference.

## PRESIDENTS'S MESSAGE

By *Linda C. Hatzenbuehler, ASAHP President*



Last month, I discussed the goals that the ASAHP Board crafted over the summer. I'd like to now share some of the discussion that we had at our Board meeting, in addition to the goal exercise. One of the unique trends in the health professions over the past decade has been increases in educational requirements for entry-level credentialing. In my experience, the sources of the changes in credentialing always come from professional organizations. The upgrades are typically either embraced skeptically by institutions of higher education or directly opposed because "credential creep" causes "headaches" for colleges and universities. In the end, however, the professional organizations typically win the fight, and the credential is upgraded, sometimes wreaking havoc on programs and/or entire higher education systems. The California State University system, for example, does not allow the granting of doctoral degrees; hence, allied health schools in the Cal State system have either had to affiliate with another university or try to change the university charter in order to accommodate some of the new entry-level doctoral degrees.

The topic for discussion, by the ASAHP Board, was "What is ASAHP's role in professional upgrading in credentialing?" ASAHP has written and distributed a white paper on the clinical doctorate degree. If you read that document, it is an education piece on the difference between a clinical doctorate and other doctorates such as the Doctor of Philosophy. The audience for our paper includes policy makers, students and the general public. We have asked the Education Committee to draft a follow-up document which discusses the implications of clinical doctorates for higher education institutions as well as the impact of the increases in credentialing on student recruitment, the workforce and the cost of education. One could say that the current way in which ASAHP has responded to the "credential creep" issue has been rather soft in nature. Is this what we should be doing, or should we be taking a stronger position by supporting and/or opposing the upgrading of credentialing in particular professions? A stronger stand could buy us greater visibility in the political arena. On the other hand, strong positions can be polarizing and ultimately detrimental to an organization with a fragile infrastructure like ASAHP.

The Board will be asking the Education Committee to study this issue; but they cannot answer that question in isolation. We need to hear from our members. Each of you is a member of a particular profession, of which some have been affected by the phenomenon of "credential creep." What role would you like to see or would you have liked to see ASAHP take as an organization relative to your particular profession's interest in moving its entry level credential up? I suspect that the Education Committee will be surveying each of you to assist them in providing direction to ASAHP in this regard.

If we want to strengthen ASAHP as an organization, we must come to a decision on important issues like professional credentialing. Education institutions could be turning to us for guidance and assistance. Please assist us in providing direction for the future. One final note. We all witnessed the heated discussion this summer about the American Medical Association's (AMA) proposed resolution to reserve the term "Doctor" to physicians (MD's and OD's) dentists and podiatrists in response to the proposed upgrade in nursing credentialing. After considerable discussion, the ASAHP Board decided not to respond directly to AMA, as their original statement was amended considerably to reserving the term "physician" to medical doctors and did not appear in need of our comment. However, the related issue of scope of practice remains an issue of great concern and may impact state-level credentialing of allied health professionals as well as nurses. Our primary message to members at this point in time is to be vigilant for significant and potentially detrimental credentialing changes in your state. PLEASE let us know if such initiatives occur.



## FEDERAL FUNDING DEVELOPMENTS

As Congress tried to complete its business so that senators and representatives could go on the campaign trail for the upcoming election, they were faced with monumental decisions regarding what to do about what many consider to be the greatest financial crisis ever to confront the United States. Wall Street is imploding as major investment banks either cease to exist or morph into commercial banks, credit tightens in ways that can trigger a recession, and the U.S. Treasury looms as the only mechanism to infuse funds into troubled institutions in order to prevent the entire financial system from collapsing.

Given the divided nature of the two chambers and of the two political parties in the legislature, it should come as no surprise that reaching an agreement will prove to be a highly challenging endeavor. Adding to the dilemma is that the time for crafting solutions is extremely short. Meanwhile, apart from worrying about where the money will come from for bailout remedies in the context of a federal deficit that already is quite bloated, there is the necessity of keeping the government operating in the 2009 fiscal year that begins on October 1. Thus far, efforts to establish spending patterns have not enjoyed much success. On September 24, the House gave its stamp of approval to a comprehensive measure to fund most programs at fiscal 2008 levels until March 6. An action of this nature is labeled a continuing resolution or CR.

Exceptions involve agencies involved in military spending, homeland security, and veterans affairs. Whether Members of Congress are intimately familiar with a piece for legislation that is so sweeping in scope is another matter. The election on November 4 will affect the composition of both the House and the Senate. Democrats anticipate picking up additional seats in both chambers. Then, come March 6, a decision will have to be made about how to fund programs and activities for the remaining months of the fiscal year.

The Senate did not pass any bills. Its members accepted what the House and the measure was sent to President Bush to be signed into law. Watching this process unfold each year is equivalent to attempting to awake from a long national nightmare. Expenditures outweigh revenues, causing a gigantic deficit. Raising taxes or reducing outlays of money for highly cherished programs are untenable propositions. The deeper in debt the government sinks, the more it must offer in interest payments by the U.S. Treasury in the form of notes, bills, and bonds. The majority of those securities is purchased by investors in other countries. Given the pace at which foreigners are buying American companies and residential properties, the nation resembles a vast fire sale. A good quest to ask is "How long can this state of affairs continue without permanent damage being incurred?"

### 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

## ACCREDITATION AND SELF-REGULATION

Legislation to reauthorize the Higher Education Act (HEA) finally was enacted and many uncertainties about how it would affect the ability of academic institutions were dispelled. Nevertheless, there remains a lingering concern about what the future may bring in this regard.

On September 22, the Council for Higher Education Accreditation (CHEA) hosted a *National Accreditation Forum* in Washington, DC. Approximately 200 education leaders from different parts of the nation attended the event. The program included presentations by individual speakers and also by two panels.

**A. Lee Fritschler**, a professor at George Mason University and former head of post-secondary education in the Department of Education in the Clinton Administration, addressed the following issues in his presentation entitled, *Accreditation's Dilemma: Serving Two Masters—Universities and Government*:

- ◆ Has self-regulation always been a feature of higher education?
- ◆ Is government regulation needed and in what ways?
- ◆ Is self-regulation sufficient to serve the public interest?
- ◆ Are there inherent conflicts of interest in self-regulation and, if so, how can these be addressed?

He believes that a clear definition of self-regulation of education is needed and pointed out that matters such as core values, development of curriculum, evaluation of students and the hiring/firing of faculty should not be the province of the government.

Attorney **Mark A. Pelesh**, Executive Vice President of Corinthian Colleges, Inc., chose the topic of *The Self-Regulation/Government Regulation Relationship: History and Future*. He examined the following:

- ◆ What are the key features of the accreditation-government relationship?
- ◆ What major changes, if any, have occurred over time?
- ◆ What is the effect of government regulation on higher education?
- ◆ What are the likely consequences if there were no federal oversight of accreditation?

He traced the history of federal involvement in higher education up to the present day and viewed the recent law as a retrenchment in many ways. He anticipates that questions will arise about accreditation's gate keeping role given that 83 billion federal dollars are involved in higher education. A major concern is that 77 million baby boomers will retire in the next 10 years, but there are only 40 million to replace them. Will higher education be able to produce what the U.S. needs to remain competitive economically?

Panelists chosen from the domains of universities, accrediting, and state higher education organizations focused on the following:

- ◆ In what ways does self-regulation matter as colleges and universities seek to maintain a mission-based approach to academic programs and standards?
- ◆ What is the role of self-regulation in addressing the vital issue of student achievement?
- ◆ What are the lessons learned about self-regulation from the recent reauthorization?
- ◆ What expectations do state leaders have of self-regulation?
- ◆ How do various federally recognized accrediting organizations view their relationship with the federal government?
- ◆ Why do we need two systems of recognition, one federal and one private?
- ◆ To what extent is accreditation a regulated enterprise and is this desirable?

## FACULTY DEMOGRAPHICS AND THE FUTURE LEADERSHIP OF HIGHER EDUCATION

An aging professoriate, a growing reliance on part-time and non-tenured faculty, and students who complete their PhDs and become faculty later in life are all factors that contribute to a scarcity of young permanent faculty who will have the time and opportunity to advance up the traditional career ladder to a college presidency, a new issue brief by the American Council on Education (ACE) concludes. *Too Many Rungs on the Ladder? Faculty Demographics and the Future Leadership of Higher Education* examines why so few young adults are in the professoriate and discusses the implications for the future of the nation's colleges and universities. The report, which analyzes data from the Department of Education's 2003-04 National Survey of Postsecondary Faculty, suggests that the longstanding career ladder to top administrative posts in academia may have too many steps given these shifting demographic realities.

The Issue Brief IS ON THE Web at <http://www.acenet.edu/AM/Template.cfm?Section=Home&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=28763>.

## COLLEGE LEARNING FOR THE NEW GLOBAL CENTURY

A new report from the American Association of Colleges and Universities (AACU) entitled, *Learning for the New Global Century* is about the aims and outcomes of a twenty-first-century college education. It is also a report about the promises we need to make—and keep—to all students who aspire to a college education, especially to those for whom college is a route, perhaps the only possible route, to a better future. With college education more important than ever before, both to individual opportunity and to American prosperity, policy attention has turned to a new set of priorities: the expansion of access, the reduction of costs, and accountability for student success. These issues are important, but something equally important has been left off the table. Across all the discussion of access, affordability, and even accountability, there has been a near-total public and policy silence about what contemporary college graduates need to know and be able to do. This report fills that void. It builds from the recognition, already widely shared, that in a demanding economic and international environment, Americans will need further learning beyond high school. The report can be accessed electronically at [http://www.aacu.org/leap/documents/GlobalCentury\\_ExecSum\\_3.pdf](http://www.aacu.org/leap/documents/GlobalCentury_ExecSum_3.pdf).

## A DATA SHARING CULTURE

According to an article published on September 2 by the Public Library of Science (PloS), the predominant benefit of data sharing is accelerated scientific progress. Advances are clearly valuable to an academic health center (AHC) when translated into improved patient outcomes, reduced research costs, and decreased time in moving discoveries from the bench to the bedside. Of more immediate benefit to AHCs and their researchers, sharing data increases the visibility and relevance of research output. Sharing data generates opportunities for additional publications through collaboration and may increase the citation rate of primary publications. Since publication history and citation impact are often considered in future funding decisions, these benefits are likely to accelerate research programs, and thus enhance the reputation of academic institutions. Data sharing also can benefit an AHC in its roles of educator and employer. Health care professionals trained in clinical informatics benefit from exposure to real-world data. By embracing data sharing goals, an AHC becomes more appealing to cutting-edge researchers, and thereby more able to recruit the talent required for future successes. Finally, the widespread adoption of a data sharing culture needs leaders and thus provides an opportunity for AHCs to demonstrate excellence. Academic health centers have a critical role in enabling, encouraging, and rewarding data sharing. The leaders of medical schools and academic-affiliated hospitals can play a unique role in supporting this transformation of the research enterprise. The article is on the Web at <http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371/journal.pmed.0050183>.

---

## AMA HEALTH PROFESSIONS DATA BOOK

The updated *AMA Health Professions Data Book* was published recently and it features 30 tables of data for academic year 2006-2007, including:

- ◆ Number of Programs and Enrollments, Attrition, and Graduates by Occupation
- ◆ Enrollments, Graduates, and Number of Programs by State/Province and Occupation
- ◆ Enrollments, Attrition, and Graduates by Race/Ethnic Origin and Gender
- ◆ Health Professions Salary Ranges

This resource provides a wide range of allied health education data useful to workforce analysts, policy makers, professional associations, career counselors, and students.

To order the publication in Adobe Acrobat pdf format, call Tel 312-464-5333 or go online at [meded@ama-assn.org](mailto:meded@ama-assn.org). The price is \$20 for AMA members or directors of health professions programs and \$40 for non-members.

## MEDICAL TOURISM: CONSUMERS IN SEARCH OF VALUE

The impact of dramatically rising U.S. health care costs is prompting increasing numbers of consumers to consider outbound medical tourism as a viable care option. In 2007, an estimated 750,000 Americans traveled abroad for medical care. This number is anticipated to increase to six million by 2010. Concurrently, inbound medical tourism and medical tourism across state lines continue to present opportunities for specialty hubs offering treatments unavailable elsewhere in the world or in a community setting.

*Medical Tourism: Consumers in Search of Value*, a new paper from the Deloitte Center for Health Solutions, part of Deloitte LLP, examines the growth of medical tourism, the hot spots for outbound and inbound programs, and factors important to the attractiveness of both. Medical tourism is set to explode in growth over the next three to five years. As patients are exposed to greater financial burdens resulting from higher co-payments and price transparency efforts, they are likely to seek low-cost treatment alternatives such as medical tourism. This, in turn, has major implications for health care providers, health plans, employers, regulators and policymakers.

The report can be accessed electronically at [http://www.deloitte.com/dtt/cda/doc/content/us\\_chs\\_MedicalTourismStudy%283%29.pdf](http://www.deloitte.com/dtt/cda/doc/content/us_chs_MedicalTourismStudy%283%29.pdf).

## HEALTHY PEOPLE 2020

The federal government is preparing to launch *Healthy People 2020* in January of 2010. As part of that effort, a Healthy People 2020 Academic Stakeholders Workshop was held in Washington, DC on September 29. ASAHP was represented at the meeting by **Ann Tucker** of the University of Medicine & Dentistry of New Jersey and **Kenneth Johnson** of Weber State University.

As in past iterations of this important set of health goals and objectives for the nation, a major challenge is to be able to state in concrete terms that individual health is improving, similar to how other indices are used such as the Dow Jones Industrial Average and measures of gross domestic product (GDP). Another formidable task is to be able to measure health disparities, which until now has proven difficult to do.

---

---

## AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

### Social Determinants Of Health

Differences in mortality between - and within - countries result from the social environment where individuals are born, live, grow, work, and age. These "social determinants of health" have been the focus of a three-year investigation by an eminent group of policy makers, academics, former heads of state and former ministers of health. Together, they comprise the World Health Organization's Commission on the Social Determinants of Health. Yesterday, the Commission presented its findings to the WHO Director-General Dr. Margaret Chan. The report can be accessed on the Web at

[http://whqlibdoc.who.int/publications/2008/9789241563703\\_eng.pdf](http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf).

### Community Colleges

*A Special Supplement to The Condition of Education 2008* issued by the National Center for Education Statistics (NCES) provides a descriptive profile of community colleges in the United States, examines the characteristics of students who entered community college directly from high school, and looks at rates of postsecondary persistence and attainment among community college students in general. It also compares the characteristics of these institutions and of the students who enroll in them with those of public and private four-year colleges and universities. The report can be accessed on the Web at

<http://nces.ed.gov/pubs2008/2008033.pdf>.

### Dropout And Completion Rates In The United States

A new report builds upon a series of National Center for Education Statistics (NCES) reports on high school dropout and completion rates that began in 1988. It presents estimates of rates for 2006 and provides data about trends in dropout and completion rates over the last three decades (1972-2006), including characteristics of dropouts and completers in these years. Report highlights include: The averaged freshman graduation rate (AFGR), which provides an estimate of the percentage of public high school students who graduate with a regular diploma four years after starting 9th grade, was 74.7 percent for the class of 2005. Students living in low-income families were approximately four times more likely to drop out of high school between 2005 and 2006 than were students living in high-income families. In October 2006, approximately 3.5 million civilian non-institutionalized 16- through 24-year-olds were not enrolled in high school and had not earned a high school diploma or alternative credential. The report can be accessed on the Web at

<http://nces.ed.gov/pubs2008/2008053.pdf>.

### Projections Of Education Statistics To 2017

A new publication from the National Center for Education Statistics (NCES) provides projections for key education statistics. It includes data on enrollment, graduates, teachers, and expenditures in elementary and secondary schools, and enrollment and earned degrees conferred expenditures of degree-granting institutions. For the Nation, the tables, figures, and text contain data on enrollment, teachers, graduates, and expenditures for the past 14 years and projections to the year 2017. For the 50 States and the District of Columbia, the tables, figures, and text contain data on projections of public elementary and secondary enrollment and public high school graduates to the year 2017. In addition, the report includes a methodology section describing models and assumptions used to develop national and state-level projections. The report can be accessed on the Web at <http://nces.ed.gov/pubs2008/2008078.pdf>.

---

---

## ASAHP ANNUAL CONFERENCE

The *Final Program* for the 2008 ASAHP Annual Conference on October 30-31 has been placed on the Association's website and can be accessed from the homepage at [www.asahp.org](http://www.asahp.org). Although it might undergo some minor alterations between now and the time of the actual event, the schedule is correct and the names of the sessions and presentations are accurate.

In addition to having an *Opening Plenary Session Address* by **Jane Smalec**, Director of Consulting Services at Eduventures, a firm based in Boston that is the industry leader in market research and consulting to higher education, the *Mary E. Switzer Lecture* will be presented by **George Davies** of Armstrong Atlantic University who also was a member of the medical staff for the 2008 Olympic/Paralympic Games in Beijing, China.

Ten concurrent sessions that each are two hours in length will be held on a wide range of topics. Two of these offerings are devoted to special areas. One is on research and it features presentations by the following:

Moderator: **Stephen Collier**, University of Alabama at Birmingham

**Marcia Brand**, Health Resources and Services Administration

**Phillip Beatty**, National Institute on Disability and Rehabilitation Research

**Tracy Harris**, Institute of Medicine of the National Academies

**Harold Jones**, University of Alabama at Birmingham

**Gary Neiman**, Ohio University

A second concurrent session is on international health and will involve presentations by the following:

Moderator: **Linda Hatzenbuehler**, President, Association of Schools of Allied Health Professions

**Marc Velge**, Arteveldehogeschool in Belgium

**Jacqui Lunday** of the Scottish Executive

A Representative from the Networking the Americas Consortium of Nursing and Allied Health (NACNAH)

In addition to concurrent sessions, there will be 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

On November 1, a symposium entitled, *Translational Research in Allied Health* will be presented by the National Alliance Promoting Research in Allied Health (NAPRAH).

---