

# TRENDS

Association of  
Schools of  
Allied Health  
Professions

## HIGHLIGHTS

APRIL 2009

President's Message	2
Federal Budget Resolution	3
ASAHP Calendar of Events	3
COEHRE Meeting	4
New Horizons for Health	4
Health System Challenges	4
Health Literacy, eHealth	4
Health Reform & Caregivers	5
Disease Prevention	5
Molecular Research	5
American Rural Health Care	5
Coalition for Patients' Rights	6
Graying of America	6
Available Resources	7
2009 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.

## THE CHANGING FACE OF HEALTH CARE

It was not so long ago that patients had to rely almost exclusively on their personal physicians and other providers of health care services for information about health matters. More ambitious seekers might have gone to the library to peruse a medical encyclopedia or contact a voluntary health agency to acquire some pamphlets about a particular disease, but the search rarely was more thorough than that line of inquiry.

What a marked contrast those activities were compared to what is available in 2009. Social media on the Internet are empowering, engaging, and educating health care consumers and providers, according to a new report, *The Wisdom of Patients: Health Care Meets Online Social Media*, published by the California HealthCare Foundation (CHCF). The role of the Web has evolved from the information-retrieval of "Web 1.0" to "Web 2.0," which allows individuals who are not necessarily technologically sophisticated to generate content.

At the same time, social networks ranging from *MySpace* to specific disease-oriented sites are blossoming. According to the report, social networks in health are proliferating so rapidly that new services already are under development to help health consumers navigate through them. Among the Health 2.0 sites discussed in the CHCF report are *DiabetesMine* and *PatientsLikeMe*, a social health network and online forum. Another site, *WEGO Health*, is a social health network and wiki. For readers unfamiliar with this type of computer speak, A wiki is a collection of Web pages designed to enable anyone with access to contribute or modify content, using a simplified markup language. Wikis are often used to create collaborative websites and to power community websites.

The target audience is "prosumers" (expert consumers) who want to dig deeper and with more specificity into health topics. For example, someone could search for videos about diet and lifestyle changes among African Americans with Type 2 diabetes. In addition to specialized sites, more than 500 groups meet on *Facebook* to discuss diabetes; more than 2,000 chemotherapy-related photos are posted on *Flickr*; and some 36,000 *YouTube* pages are devoted to some aspect of surgery. The report includes brief portraits of social media health pioneers. It also provides an extensive list of: resources on Health 2.0, health social networks, health wikis, patient blogs, health podcasts, and health video-sharing sites.

Another treasure trove of information is represented by the more than 41,000,000 websites devoted to complementary and alternative medicine (CAM). Even the proverbial Philadelphia lawyer would find it difficult to sort out the accurate from the inaccurate in this ever-expanding maze of material about health. A challenge for health professionals is to help patients separate the

## PRESIDENTS' MESSAGE

By Linda C. Hatzenbuehler, ASAHP President



This is the busy time of the semester, but I managed to leave campus for a couple of days to attend the Rocky Mountain Collaborative to Transform the Health Professions Workforce. The event was held on the campus of the University of Colorado Health Sciences Center, in a building devoted to Native American programs, in Aurora, Colorado. The meeting was organized by the Western Interstate Commission for Higher Education (WICHE) and was sponsored by the Sullivan Institute. Dr. Lewis Sullivan was the keynote speaker and moving force behind the event. Higher Education

representatives from seven different western states were present and for two days discussed the issue of minority representation in the health professions. Dr. Sullivan underlined in his remarks to us that the United States' population is currently undergoing a dramatic shift in its racial and ethnic composition. Projections are that minorities will comprise the majority by 2042. However, minorities continue to be underrepresented in our nation's post-secondary education, including the health professions.

Minorities make up only 8.7% of physicians, 6% of dentists, 9.9% of pharmacists, and 6.2% of registered nurses. Dr. Sullivan's message was that we as a nation, as well as individual states, need to do a better job of assisting minority students through educational programs that lead to degrees in the health professions. He placed the responsibility for this effort in the hands of the higher education leaders present at the meeting. The issue presented by Dr. Sullivan is not new to us in the health professions. Professional accreditors, for some years, have asked us to address diversity issues and report back on our success. I have struggled with the issue for years as dean. Frankly, at my institution, our diversity is addressed by international students. We try to matriculate tribal members, who live a stone's throw from our campus on our local reservation, into our programs without much luck. The number of Hispanic students enrolled also remains deplorably low given the density of Hispanic people in our region.

Dr. Sullivan served us all well by reigniting our attention to the nagging issue and placing it in the demographic context which increases its urgency. Ironically, on the way home from Denver, *USA Today* showcased recent and pending Supreme Court decisions related to affirmative action issues. In my opinion, our challenge to address under-representation of minorities in our programs, if anything, has gotten more complex given recent Supreme Court decisions. I will be encouraging the planning committees of our ASAHP meetings to consider this issue as a potential future topic. I know we all are interested in encouraging the number of students from traditionally underrepresented populations to enroll in our programs so that they become qualified health professionals who can serve the communities from which they come. It would be helpful for us to share the progress we are making in this regard, as well as exchange ideas and promising practices. What do you think?

## BUDGET RESOLUTION ADOPTED



The U.S. House of Representatives by a vote of 233-193 and the Senate by a vote of 53-43 adopted a fiscal 2010 budget resolution on April 29. The event coincided with President Barack Obama's 100th day as occupant of the Oval Office in the White House. Since Franklin D. Roosevelt took office, the 100th day has been viewed as a typical non-event event that is celebrated primarily by representatives of the media. In reality, it is the next 1,341 days in a Presidential term that will be more momentous and be the focus of considerably more scrutiny from the standpoint of what any chief executive sets out to achieve. Nevertheless, adopting a budget resolution represents an achievement of sorts because it does not always occur every year for a variety of reasons such as the inability of the two chambers to reach agreement. This year's feat was facilitated by the fact that the Democrats have a substantial majority in both the House and Senate.

The budget resolution is not enacted into law. It also is nonbinding, but it establishes the framework for Congress to decide the outcome of legislation pertaining to taxes, appropriations, and entitlement programs such as Medicare and Medicaid. It represents a blueprint that will be fought over with great energy during the appropriations process that will unfold over coming months. Many battles can be expected in light of the fact that not a single Republican in either chamber voted in favor of the resolution.

One of the more controversial features is that the \$3.56 trillion budget resolution includes reconciliation instructions that would allow health reform legislation to move forward without being stalled by a filibuster in the Senate. Republicans object to placing legislation that entails 17 percent of GDP on a fast-track that will limit the opportunity to debate its merits and expose its potential flaws.

As with most federal budgets, increased spending will add to the nation's public debt. It is projected to rise from \$7.7 trillion in fiscal 2009 to \$11.5 trillion in fiscal 2014. When measured as a percentage of the economy, the debt would rise from 55 percent of GDP to 66.7 percent. As the late Senator Everett Dirksen (R-IL) allegedly once noted in June 1965, "If some people get any cheer out of a \$328 billion debt ceiling, I do not find much to cheer about concerning it." The U.S. certainly has come along way since then in what is considered an acceptable level of debt.

The budget resolution provides the appropriations committees with a cap of \$1.086 trillion in discretionary spending for the 12 annual appropriations bills. That figure is \$10 billion less than the President requested. The budget assumes that appropriators will match Mr. Obama's request of \$55.1 billion for defense programs while spending less than requested for domestic programs. Meanwhile, ASAHP and its members will continue to press for reinstating \$5 million for the allied health program under Title VII.

### 2009-2011 ASSOCIATION CALENDAR OF EVENTS

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

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

**March 11-12, 2010**—Spring Meeting—St. Pete Beach, FL

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

**October 2011 (Dates TBD)**—Annual Conference—Scottsdale, AZ

## AN ASAHP PRESENCE AT COEHRE MEETING

ASAHP Executive Director **Thomas W. Elwood** delivered a Keynote Address in Tallinn, Estonia on April 24 during the annual conference of the Consortium of Institutes of Higher Education in Health and Rehabilitation in Europe (COEHRE), an organization representing 38 European universities. He is the first American to be invited to make a presentation. His topic was *Immigration and the Graying of Developed Nations*.

## NEW HORIZONS FOR A HEALTHY AMERICA

A commission of national health experts convened by the Center for the Study of the Presidency and Congress (CSPC) has developed seven strategies to mobilize all sectors of American society. The report, *New Horizons for a Healthy America: Recommendations to the New Administration*, was released by the Commission on U.S. Federal Leadership in Health and Medicine: Charting Future Directions. America's health crisis does not have either a single cause or a silver bullet solution. Previous attempts at reform have often focused too narrowly on the financing and delivery of health care. *New Horizons for a Healthy America* adopts a more comprehensive perspective in framing its seven recommended strategies for a high-performance health care system and a healthier nation. The report can be accessed on the Web at [http://www.thepresidency.org/pubs/New\\_Horizons.pdf](http://www.thepresidency.org/pubs/New_Horizons.pdf).

## CHALLENGES OF HEALTH SYSTEM CAPACITY GROWTH

Health system capacity in the U.S. has continued to expand in recent years. More than \$39 billion was spent on health care construction projects in the U.S. in 2007, with the majority of spending going to build new hospitals and expand existing ones. Given these growth patterns, policy discussions about the amount and value of care delivered to Americans are increasingly focused on questions about the impact of changes in health system capacity. To inform these discussions better, a careful assessment is needed about the relationships between health system capacity and utilization, spending, and quality.

A report examines more than 100 studies published over the past 40 years to synthesize the evidence on these connections and evaluate the forces that seem to be driving capacity change. In light of these findings, a number of policy levers that might help to manage existing capacity better and influence future capacity change are identified. The report can be accessed on the Web at <http://www.nihcm.org/pdf/CapacityBrief-FINAL.pdf>.

## HEALTH LITERACY, eHEALTH, AND COMMUNICATION

Great enthusiasm exists over the use of emerging interactive health information technologies—often referred to as eHealth—and the potential these technologies have to improve the quality, capacity, and efficiency of the health care system. Many doctors, advocacy groups, policy makers, and consumers are concerned, however, that electronic health systems might help individuals and communities with greater resources while leaving behind those with limited access to technology. In order to address this problem, the Institute of Medicine's (IOM) *Roundtable on Health Literacy* held a workshop to explore the current status of communication technology, the challenges for its use in populations with low health literacy, and the strategies for increasing the benefit of these technologies for populations with low health literacy. The summary of the workshop, "Health Literacy, eHealth, and Communication: Putting the Consumer First," includes participants' comments on these issues. The summary can be accessed on the Web at [http://www.nap.edu/catalog.php?record\\_id=12474#toc](http://www.nap.edu/catalog.php?record_id=12474#toc).

## HEALTH REFORM AND CAREGIVERS

The Center for American Progress Action Fund released a new report recently entitled, "Health Reform: Delivering for Those Who Deliver Health Care" by Robert A Berenson and Ellen-Marie Whelan, that details how health reform will benefit health care professionals. Health professionals can play a decisive role in assuring that a broad health reform proposal that has their needs in mind is enacted into law. In recent rounds of efforts to achieve substantial health care reforms, health professionals have been largely relegated to commenting on important, but ultimately peripheral issues. The report can be accessed on the Web at [http://www.americanprogressaction.org/issues/2009/04/pdf/health\\_reform\\_providers.pdf](http://www.americanprogressaction.org/issues/2009/04/pdf/health_reform_providers.pdf).

## THE ECONOMIC ARGUMENT FOR DISEASE PREVENTION

In a policy paper commissioned by the *Partnership for Prevention*, it is noted that unsustainable growth in medical spending has sparked interest in the question of whether prevention saves money and could be the answer to the health care crisis. But the question misses the point. What should matter (for both prevention and treatment services) is value – the health benefit per dollar invested. A package of effective clinical preventive services is discussed in the paper that improves health at a relatively low cost. Cost-effectiveness should also be examined for disease care, the major driver of health spending, which can best be controlled by shifting investments from expensive low-value services to more cost-effective interventions. The policy paper can be accessed on the Web at <http://www.prevent.org/images/stories/PolicyPapers/prevention%20cost-effectiveness.pdf>.

## INNOVATIVE RESEARCH AT THE MOLECULAR SCALE

Currently, the National Institutes of Health (NIH) invests about \$200 million each year in biomedical nano-technology research that ranges from fundamental studies on the properties of nanomaterials to investigations of potential health and safety issues of nanotechnology products as they interact with the human body and the environment. Novel materials are being developed for ultra sensitive identification and detection of important molecules that change in the body when a disease strikes. Measuring changes in these disease markers will enhance the ability to understand, diagnose, and treat many diseases. Other types of nanostructures are being designed to deliver medicines directly to diseased or damaged cells and tissues in the body to accelerate the healing process. New diagnostic methods and treatments are emerging as more is learned to control the manufacture of nanomaterials and their actions in the body. Additional information can be accessed on the Web at [http://www.nih.gov/science/nanotechnology/pub\\_NANO\\_brochure.pdf](http://www.nih.gov/science/nanotechnology/pub_NANO_brochure.pdf).

## HEALTH CARE IN RURAL AMERICA

Throughout rural America, there are nearly 50 million individuals who face challenges in accessing health care. The past several decades have consistently shown higher rates of poverty, mortality, lack of health insurance, and limited access to a primary health care provider in rural areas. With the recent economic downturn, there is potential for an increase in many health disparities and access concerns that already are elevated in rural communities. A report entitled, *Hard Times in the Heartland* provides insight into the current state of health care in rural areas and the critical need for health care reform. The report can be accessed on the Web at <http://healthreform.gov/reports/hardtimes/ruralreport.pdf>.

## NATIONAL ALLIED HEALTH WEEK

*National Allied Health Week* in 2009 will be observed, beginning on **November 1**. ASAHP member institutions use the occasion to showcase their programs by highlighting the contributions made by allied health faculty and students to the college or university as a whole and to the local community. The event often involves such activities as conducting health screening programs on campus and inviting prominent speakers to give special lectures.

---

## COALITION FOR PATIENTS' RIGHTS

More than 200 entities use the acronym CPR, but the one of most current interest is the *Coalition for Patients' Rights*. The group is an alliance of organizations that supports the rights of patients to select and have access to health care providers of their choice. ASAHP is a member of the coalition. A major objective is to protect the ability of health care providers to practice to the extent of their education, qualifications, licensing, and legal authorization. The coalition was established in 2006 in response to divisive efforts by the American Medical Association and other medical organizations to limit the scope of practice of healthcare professionals who are not Doctors of Medicine or Doctors of Osteopathy.

With the assistance of a public relations firm, the group embarked on a process to develop core messages that will be targeted to important audiences such as state/federal legal and regulatory agencies, insurers/payers/employers/purchasers, and consumers. The coalition had its annual meeting on April 28 in Silver Spring, MD. Various issues were discussed, including: a public relations campaign, a scanning tool, legal issues, and future priorities.

## THE GRAYING OF AMERICA

In many respects, demography is destiny and no characteristic of U.S. society demonstrates that fact more vividly than the addition of 77 million so-called "baby boomers" to the ranks of those Americans who are 65 years-of-age-and older. Even more dramatic is that the fastest growing cohort among older individuals is the group above the age of 85.

From 2007 to 2030, the population age 65+ is projected to grow by 87 percent, more than four times as fast as the population as a whole (+21 percent). Most of this growth, especially over the next 10-15 years, will be among the young old (age 65-74) because of the aging of the baby boomers. A more accurate barometer for the potential demand for health care services is the growth in the group age 85 and older, which is expected to increase by 74 percent between 2007 and 2030. In addition to having higher rates of disability, they also are much more likely to be female, widowed, and without anybody to provide assistance in carrying out daily activities.

Beginning in 2030, that same older cohort will grow at an even faster pace. The aforementioned baby boomers will begin to turn age 85 in 2031. Thus, compared to the year 2030, the age 85+ segment of the population will more than double by the year 2050.

Among the age group 65+, approximately one of every five persons (19.3 percent) is non-White or Hispanic. The older population will become even more racially and ethnically diverse in coming years. By 2030, when the last of the baby boomers attains the age of 65, the Census Bureau projects that 29 percent of Americans will be non-White. By 2050, the proportion will reach 42 percent. This growing racial and ethnic diversity has enormous implications for: meeting diverse health care preferences, addressing the role of paid and unpaid caregivers, and providing care that is attuned culturally to the patient population.

ASAHP **President Linda Hatzenbuehler's** article on page two of this issue of the newsletter reflects concerns about the disparity between the racial and ethnic composition of the current health workforce and the existing U.S. population. That divide will become even more prominent in light of the growing diversity of the population unless there is an increase in the number of students from different racial and ethnic backgrounds who enter all the health professions. The high cost of education and the time needed to complete health science academic programs are major inhibiting factors and challenges that must be addressed for such students.

---

---

## AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

### Trends In Laboratory Medicine

Laboratory medicine, which plays an integral role in health care, is handicapped by overuse, under use, and misuse of services; poor communication and coordination; and inefficiency. A new report by the California Healthcare Foundation provides an overview of today's laboratory medicine sector and the economic, regulatory, workplace, technological, and other factors that are shaping it. The report looks at several issues such as: challenges related to testing standards, qualifications and availability of lab personnel, and regulation of cutting-edge tests; and how technological advances, along with cost-effectiveness analyses and comparative effectiveness research are altering the testing landscape. The report can be accessed on the Web at <http://www.chcf.org/documents/chronicdisease/LabDataTrends.pdf>.

### Health Care Opinion Leaders' Views On Slowing The Growth Of Health Care Costs

Leaders in health care and health care policy believe the U.S. must rein in the growth of health spending and most believe it is possible over the next 10 years to maintain the current proportion of gross domestic product (GDP) devoted to health care, according to the latest *Commonwealth Fund/Modern Healthcare Health Care Opinion Leaders Survey*. Nearly all respondents (96%) agreed that spending must slow down and large majorities expressed support for a range of strategies to reduce costs, including many of those outlined in President Obama's budget blueprint. Large majorities of opinion leaders support such cost-reduction strategies as replacing Medicare's "sustainable growth rate" mechanism with fundamental provider payment reform, introducing competitive bidding for durable medical equipment, and negotiating pharmaceutical drug prices. Opinion leaders also favor promoting growth of integrated delivery systems, raising payments for primary care services and medical homes, and establishing a center for comparative effectiveness. The data brief can be accessed on the Web at [http://www.commonwealthfund.org/~media/Files/Publications/Data%20Brief/2009/Apr/Slowing%20the%20Growth%20of%20Health%20Care%20Costs/1263\\_Stremekis\\_HCOL\\_Slow\\_Data\\_Brief\\_FINAL.pdf](http://www.commonwealthfund.org/~media/Files/Publications/Data%20Brief/2009/Apr/Slowing%20the%20Growth%20of%20Health%20Care%20Costs/1263_Stremekis_HCOL_Slow_Data_Brief_FINAL.pdf).

### Health, United States, 2008

*Health, United States, 2008* is an annual report documenting changes in the nation's health through 151 detailed trend tables on health status and its determinants, health care utilization, health care resources, and medical expenditures. The report can be accessed on the Web at [www.cdc.gov/nchs/hus.htm](http://www.cdc.gov/nchs/hus.htm).

### Financial And Health Burdens Of Chronic Disease

Almost three in 10 working-age Americans with diabetes, asthma, depression, or other chronic conditions lived in families with problems paying medical bills in 2007—a significant increase from two in 10 in 2003, according to a national study released today by the Center for Studying Health System Change (HSC) and funded by the Robert Wood Johnson Foundation. The report can be accessed on the Web at <http://www.hschange.org/CONTENT/1049/>.

### Building A Healthier America

Despite unprecedented biomedical achievements, Americans are sicker than they should be and are dying far too young. From the standpoint of the economy, the future, and families, Mark McClellan (Director, Engelberg Center for Health Reform) and Alice Rivlin (Senior Fellow, Metropolitan Policy Program, Economic Studies) of The Brookings Institution discuss why the need to improve Americans' health is greater than ever. Their comments can be accessed on the Web at <http://www.brookings.edu/>

---

## 2009 ASAHP ANNUAL CONFERENCE PROGRAM TAKES SHAPE

The theme of the 2009 ASAHP Annual Conference on October 21-23 in San Antonio, TX is Health Care Evolution—Fast Forward. A major plenary session address will be presented by **Jeffrey P. Gold**, Provost at the University of Toledo Health Science Campus, on the topic of Health Care Reform. Another plenary session address will feature a representative from The Center for the Intrepid, a rehabilitation facility to treat amputees and burn victims. It is located next to the Brooke Army Center at Fort Sam Houston in San Antonio. Arrangements are being made for conference attendees to visit the Center. A third plenary session presentation is planned on the topic of electronic health records.

In addition to concurrent sessions, a poster session, and meetings of the Association's various committees and task forces, roundtable discussions will occur on the following topics:

- ◆ community health centers
- ◆ interprofessional education
- ◆ electronic health records
- ◆ chronic care outcomes
- ◆ curricular innovations
- ◆ global health initiatives
- ◆ intercollegiate degrees

A *Call for Abstracts* was issued on March 30. The general areas of research, education, and practice served as a basis for the solicitation. It is expected that 32 submissions will be selected for presentation in concurrent sessions. In addition, there will be a poster session and a reception.

The deadline for submitting abstracts is **May 15, 2009**. Information was sent by e-mail to the entire ASAHP membership and also can be accessed from the Association's homepage at [www.asahp.org](http://www.asahp.org).

The planning committee includes the following:

ASAHP President **Gregory Frazer** (Duquesne University), Chairperson

**Barry Eckert** (Long Island University-Brooklyn)

**Marilyn Harrington** (University of Texas Health Science Center at San Antonio)

**Edward "Ted" Kelley** (University of Medicine & Dentistry of New Jersey)

**Elizabeth King** (University of Cincinnati)

**Lou Loescher-Junge** (Kansas University Medical Center)

**Julie O'Sullivan Maillet** (University of Medicine & Dentistry of New Jersey)

**Beverly Schmoll** (University of Toledo Health Science Campus)

**Lisa Stenho-Bittel** (Kansas University Medical Center)

**William Susman** (Springfield College)

---