

TRENDS

Association of
Schools of
Allied Health
Professions

RUNNING THE CIRCUS FROM THE MONKEY CAGE

HIGHLIGHTS

**JULY-AUGUST
2009**

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VANGUARD OF
ALLIED HEALTH EDUCATION

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

Irish poet William Butler Yeats began *When You Are Old* as follows:

When you are old and gray and full of sleep,
And nodding by the fire, take down this book,
And slowly read, and dream of the soft look
Your eyes had once, and of their shadows deep;

How many loved your moments of glad grace,
And loved your beauty with love false or true;
But one man loved the pilgrim soul in you,
And loved the sorrows of your changing face.

The above words might once have served as a suitable *paean* by members of Congress who looked upon their aged constituents with a hint of nostalgia and deep affection. These days, however, the word *pain* may be more appropriate as elected officials at town hall meetings around the country face an angry sea of silver and gray opponents to proposed health reform legislation.

The book in this instance consists of the hefty 1,018-pages of the bill produced by the House of Representatives entitled *America's Affordable Health Choices Act of 2009 (H.R. 3200)* and some of its older readers are not content to peruse it while nodding by the fire with a soft look in their eyes. Instead, upon its issuance an uproar has ensued with accusations being hurled from both sides of the political divide.

On the Administration side, the legislation has gone quickly from being classified as health reform to health insurance reform, with insurance companies being cast as the major villains in the drama. Prominent Democrat leaders in Congress also have had their say in the national food fight, characterizing attendees at town hall gatherings as evil mongers and part of a crazed mob. Opponents of the House bill tend to view the prospect of governmental control of health care as the most pernicious form of socialism that will lead to the creation of so-called "death panels," among other such imagined atrocities.

Unless the hubbub subsides reasonably soon, comprehensive health reform legislation is unlikely to be enacted by the end of October. Instead, a more limited approach may prove to be the only result. Meanwhile, waiting in the wings with their version is the Senate Finance Committee whose members have been striving for months to craft a bipartisan product.

H.L. Mencken, the celebrated Sage of Baltimore, once noted that democracy is the art of running the circus from the middle of the monkey cage. U.S. politics can be messy at times and the summer of 2009 is proving to be no exception.

PRESIDENTS' MESSAGE

By Linda C. Hatzenbuehler, ASAHP President



Twenty-three years is a long time to do anything! In June 2009, I completed my 23rd year as Dean of Kasiska College of Health Professions at Idaho State University (ISU), and I decided that it was time for me to move on. While I was dean, the college doubled its program offerings and became the second largest academic unit on campus.

I'm very proud of the college's many accomplishments under my administrative watch. My decision came about as a result of an offer to serve ISU in the Office of Academic Affairs as Interim Associate Vice President of Health Education. My new position will allow me to continue to help the university grow its health mission in the state. I will also be looking for opportunities to assure that our existing programs all across campus find synergies that maximize their effectiveness. The chair of our Department of Counseling (Dr. Steve Feit), has agreed to step in as Interim Dean of the college while the university conducts a national search for my replacement.

As I moved 23 years of "stuff" out of my office, I could not help but reflect on how my job had changed from the day I walked in on July 1, 1986 and when I walked out on June 30th 2009. In 1986, I didn't have an IT tech because I didn't have any technology! I used my computer solely for word processing as e-mail was not yet commonplace.

One state general fund made up the majority of my budget, together with a few isolated lab fees and clinic fees. Faculty research grants were appreciated but not expected, and fund raising was an activity engaged in by students to support activities of interest to them. I think my first purchase as dean was a fax machine! The university had just installed a new phone system so I was able to call into my office answering machine to retrieve messages from home. I'll stop there. It's been quite a ride. . .

My new position will not result in any immediate change in my service to ASAHP. I will complete my term as President in October and then proceed to complete my year as past President on the Board of Directors. My greatest concern is that my institution maintains its ASAHP membership after I step down. In my many years of membership in ASAHP I have noticed how directly the membership in ASAHP is tied to the dean position.

I have seen deans change and ASAHP institutional memberships lost. Fortunately, ISU's institutional membership is supported by an endowment established by our founding dean in the 1960's, who was also one of the ASAHP's early members. Victor Simison, MD's endowment can only be used to pay institutional memberships dues to ASAHP!

Given the increase in dues over the years, the endowment no longer pays the full bill, but it helps. My legacy to the college and ASAHP will be to follow Dr Simison's lead and continue to grow the endowment. Please consider doing the same when you decide to move on.

DOES HEALTH INSURANCE MAKE YOU FAT?



It should come as no surprise that many economists in the U.S. focus on the health sector since it comprises one of every six dollars spent in the largest economy in the world. In a *Working Paper* entitled “Does Health Insurance Make You Fat” that was issued by the National Bureau of Economic Research (NBER), Bhattacharya et al posit that health insurance does make you fat, according to their research. By insulating individuals from the costs of obesity-related medical care expenditures, insurance coverage creates moral hazard in behaviors related to body weight. These effects are larger in public insurance programs where premiums are not risk adjusted and smaller in private insurance markets where the obese might pay for incremental medical care costs in the form of lower wages.

Although assertions of this nature are not central to the ongoing debate about the role of the federal government in health reform, it is clear that changing a sector that represents one-sixth of this nation’s economy involves many complex issues. A relatively new field known as behavioral economics is becoming more prominent as it sheds light on how individuals make choices. In another NBER *Working Paper* by Liebman and Zeckhauser entitled “Simple Humans, Complex Insurance, Subtle Subsidies,” the authors doubt that many insured persons, regardless of the kind of coverage, could accurately describe the combination of cost they pay for insurance and the nature of the payoffs, both financial and health related, that they might receive. Yet, as is evidenced from the town hall sessions conducted by members of Congress during the August recess, there is heated discussion about the merits or flaws of legislative remedies embodied in H.R. 3200, *America’s Affordable Health Choices Act of 2009*.

Interestingly, while a major thrust of congressional efforts is aimed at bending the health cost curve downward, it appears that some possible ways of doing so are ignored in the various pieces of legislation being developed. For example, many doctors practice defensive medicine by ordering unnecessary tests for patients based on a fear of being charged in a courtroom with negligence. The cost of tests and the size of the awards when plaintiffs are successful in malpractice suits add to the overall expense of health care. Another example has to do with state restrictions that prevent health insurance companies from competing across state lines. Unlike auto and life insurance, consumers are not able to shop around the U.S. for policies that meet their needs and are more affordable.

Eventually, the brouhaha will be resolved one way or the other. Democrats are committed to having health reform legislation enacted in 2009, with or without Republican support. A bill produced by the Senate Health, Education, Labor, and Pensions Committee (as of late August, it had not yet gone to the floor for a vote) contains several provisions that are beneficial for the allied health workforce. It remains to be seen if this component of the legislation will make its way to become the law of the land.

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 19-21, 2011—Annual Conference—Scottsdale, AZ

THE FUTURE ECONOMY AND CHANGES IN HEALTHCARE RECRUITMENT AND RETENTION

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Readers of TRENDS are well aware of the latest Bureau of Labor Statistics (BLS) ten-year projections for health care employment between 2006 and 2016. They are also aware of the current economic recession and its impact on most segments of the U.S. economy. With a vigorous debate going on regarding health care reform and continued doubt in the economic markets, the current status of employment in health care and its impact on the nation's health professions education programs appears confusing and uncertain at best.

Even with this current ambiguity, there are several studies that appear to point to what will be happening. However, the timing of when those results will occur is indefinite, and the near-term data present conflicting information. The result is a great deal of anxiety and insecurity on the part of employers, educators, planners, and students.

One of the most significant sources of information comes from the Council of Economic Advisers in the Executive Office of the President. Their recent publication, "Preparing the Workers of Today for the Jobs of Tomorrow" highlights the current situation and the expected results for the future (<http://www.whitehouse.gov/administration/eop/cea/Jobs-of-the-Future/>). In that report, it is stated that health care is forecasted to remain a large source of job growth in the labor market. However, instead of relying just on BLS projections that were last published in 2007 before the current economic downturn, the economic advisers complement BLS projections with those of the Interindustry Economic Research Foundation—IERF, or Inforum.

Inforum uses a different methodology in its forecasting than BLS. Rather than starting with top-down macroeconomic indicators as does BLS, Inforum uses a bottom-up approach incorporating component data within each industry area to make its predictions. Also, the recent Inforum data reflect the influence of the current recession. The good news, however, is that in projecting out to 2016, both sets of projections generally agree about the long-term trends, especially in regard to the health care workforce. The components of the economy where the BLS and Inforum are not in agreement relate to the construction industry and business and financial services, where Inforum sees larger growth in the former and less in the latter than does BLS.

The specter of health reform has many guessing what its effect will be if and how it may occur. In its report, the Council of Economic Advisers states, "We emphasize that this expected growth in health care occupations does not account for comprehensive health care reform. Health care reform is expected to slow the growth rate of health spending as efficiency is improved. However, even with a slower growth rate of spending, the expected expansion of health coverage could lead to increased demand for workers—including physicians, non-physician clinicians, health care support workers and nurses—to cover the newly insured population."

Current Status: Accompanied by the good news of healthcare being one of the strongest components of the U.S. economy is also the bad news that healthcare is being negatively impacted along with other sectors. A number of both large and small hospitals are finding themselves stressed with reduced access to capital, steep declines in investment income, dwindling state support for Medicaid program, and softening patient volumes. The Society of Human Resource Management reported that for its quarter 2 (Q2) 2009 forecast, 70% of healthcare employers would either eliminate jobs or keep their payrolls flat. This follows what employers said they did in Q1 of 2009 in which 84% cut jobs or kept payrolls flat. In view of recent data, this was probably optimistic since there have been continued layoffs in the overall economy. The Bureau of Labor Statistics indicated that in Q1 of 2008, there were 32,500 hospital jobs added to the economy, while that number dropped to 6,200 for Q1 of 2009. In a related report by the American Hospital Association in April, 2009 of over 1,000 hospitals, nearly one-half had layoffs. The trend has been toward less hiring and more labor reductions. The reductions have occurred primarily in management and ancillary roles, but they are now increasingly impacting those in clinical roles as well.

The Future: Alternative Scenarios: While health care and education remain the strong sectors in the current economy, there are few new jobs, and depending on the geographic area, even some layoffs are occurring. Even though the longer term prospects look good for growth in the health care workforce, there are differing views on what will result in the intermediate term.

One view held by many is that once job growth rather than shrinkage in the overall economy returns, and the value of retirement portfolios recovers, then a large number of currently employed allied health and nursing professionals will retire, once again creating a significant workforce shortage. This highlights the fact that workforce characteristics change much more rapidly than educational programs can respond to the needs and changes. Lending credence to this view is the fact that according to nurse workforce analyst Peter Buerhaus and his colleagues, about one-half of nurses who re-entered the workforce in 2007-2008 are over

50 years of age and there are about one-third more working RNs ages 21-34 with children under 6 years of age than in the previous year. These are the individuals that are more likely to leave the workforce when the economy improves.

A second view is that the impact of the current recession has created an environment where things will never return to the way they were before the economic downturn. This view indicates that people will be much more cautious about overspending and getting into financial difficulty, they will save more, and as a result of their continuing anxiety about the future, they will be reluctant to retire fully, even though they are of retirement age. In this scenario health professionals would desire to stay employed on a part-time basis either with or without fringe benefits, such as health insurance. The earnings they would receive would supplement their lower retirement income and provide a buffer through uncertain times and retirement investment proceeds. Such an environment would seem to be preferable for employers as well since it would give them some flexibility in shrinking or expanding their workforce based on the needs of the time of year and other circumstances.

In either of these alternative scenarios, or some mix of the two, the importance and nature of both employee recruitment and retention are changing from previous times.

Seeking and Being Sought: Modern Recruitment Strategies: While advertising in the classified section of a local newspaper is still an accepted way to try to find employees, it is becoming less of the norm. The Internet with numerous job boards and social media is a major force in modern employee recruitment. According to one of the largest on-line recruitment sites, Monster.com, job seekers view allied health jobs on their web site over 2.1 million times on average per month and over 550,000 allied health resumes are registered in their database. Among all Internet based employment-related sites, 54% of all healthcare job seekers cite the Internet as their single most useful tool, and job seekers each month conduct an average of nearly four million job searches within the allied health categories. Nearly two-thirds of allied health job seekers are searching exclusively for full-time employment.

Employers are increasingly turning to search engine marketing and social media. Part of the reason is their recruitment dollars go farther in these environments. In addition to using various job boards, healthcare employers are using new technology to drive traffic—potential employees—directly to the employment section of their web sites and are using Facebook, Twitter, LinkedIn, and other sites to reach prospective job candidates. According to one source, however, the old-fashioned word-of-mouth referral is still a strong recruitment factor, accounting for over 25% of all external hires.

The Significance of Retention: With a focus on individuals entering and exiting the health workforce, the role of worker retention and turnover may be overlooked. Turnover can create an expensive condition for employers. According to the 2008 metrics gathered by the American Society for Healthcare Human Resources Administration (ASHHRA), the national turnover rate is much higher than the national vacancy rate. For all healthcare employees collectively, the vacancy rate in 2008 was 6.3%, while the turnover rate was 14.6%. For individual professional groups, the data on vacancy rates versus turnover rates are: RNs, 6.5% vs. 12.2%; pharmacy 3.9% vs. 13.2%; lab (professional and technical) 6.8% vs. 14.1%; imaging (professional and technical) 2.2% vs. 8.4%; and, CNAs 15.2% vs. 27.6%. Several sources have estimated the financial impact of replacements being between 1 ½ to 2 times the salary of the employee. ASHHRA metrics for 2008 indicate that it took an average of 50.7 days to fill an RN position, 70.9 days for a lab position, 55.0 days for an imaging position, and 37.6 days for a CNA position.

From these data, the economic impact of retention should be obvious. Healthcare employers should be motivated not only to hire a highly competent staff, but to pay great attention to retaining the human capital they have.

What is the Role for Schools of Allied Health? Because of a depressed current market for new hires, schools of allied health may be inclined to decrease their activities and wait out the economic recovery. However, there are a number of things schools can do while waiting for the demand for their graduates to return to pre-recession levels. Since workforce demand can vary a great deal by geographic area, maintaining good communication with local human resource directors in area health facilities and matching that with national trends and production from local educational programs, future workforce shortage areas can be identified. Schools and programs can then “get ahead of the curve” by anticipating future demand, recruiting students into those areas, and modifying enrollment levels so that jobs are available by the time graduates will be finishing the program. In a related activity, schools can assist employers by identifying alumni who may wish to work either full or part-time and then provide re-entry training for them. Employers may be willing to pay for the re-entry training, as well as on-going continuing education for existing staff.

Successful schools and programs realize they also have a role in placement of graduates. This is an important step in the cycle of student recruitment into programs, training, and placement. Faculty should become more familiar with current employee recruitment methods, especially in the use of social media, and facilitate the placement of graduates. Schools can also play a role in employee retention by assisting employers in creating incentives to reduce turnover, including professional development for staff.

Because of an anticipated desire on the part of older, very experienced and educationally qualified health professionals to not fully retire, an opportunity exists for schools to work with area health facilities to share individuals who might work clinically part-time and also act as clinical preceptors and teach part-time in the school's programs. During this time of stress for allied health schools, it is important to realize that numerous opportunities may exist for the schools to work cooperatively with local healthcare employers in ways that benefit all parties.

ALLIED HEALTH REGIONAL WORKFORCE ANALYSIS

A new report from the Center for the Health Professions at the University of California at San Francisco is entitled, *Allied Health Regional Workforce Analysis: Bay Area Region*. This 112-page document focuses on 22 allied health occupations based on the following criteria. (1) workers in many of these occupations serve as the initial contact, and sometimes the only contact, in the healthcare system for poor, underserved, or special needs communities; and (2) many of these occupations represent a substantial number of job opportunities. They are often fast-growing occupations; occupations whose workforce is large, thus producing many job opportunities due to sheer size; or occupations that have both of these characteristics; and (3) these occupations are characterized by a broad range of educational requirements and practice settings.

The report can be accessed on the Web at http://www.calendow.org/uploadedFiles/Publications/By_Topic/Culturally_Compentent_Health_Systems/Workforce_Diversity/AlliedHealthBayAreaFinal.pdf?n=465.

MIGRATION OF CARE TO NON-HOSPITAL SETTINGS

A growing number of increasingly complex procedures are moving from the inpatient to the outpatient environment and out of hospital settings into physicians' offices and free-standing ambulatory surgery or diagnostic facilities. Many of these care settings involve physician ownership and self-referral. An American Hospital Association item in its publication TRENDWATCH explores the impact these trends have on health care utilization and costs, quality of care and patient safety, access to care, and the health care system overall. It also addresses whether oversight of these facilities to ensure quality and safety has, or has not, responded to the shift in care from the hospital outpatient department (HOPD) to non-hospital settings.

The issue of TRENDWATCH can be accessed on the Web at <http://www.hospitalconnect.com/ahapolicyforum/trendwatch/content/TW706SinglesFINALTOWEB.pdf>.

BEHIND THE NUMBERS: MEDICAL COST TRENDS FOR 2010

Even after the US economy recorded its worst contraction in a quarter-century in late 2008 and early 2009, medical costs continued to grow. Key findings from a new report by PriceWaterhouseCoopers include:

- ◆ Growth in medical costs for 2010 is expected to be 9 percent, slightly lower than in previous years.
- ◆ The recession and the prospect of health reform will help temper medical costs, with an impact on pricing.
- ◆ As the recession pounded corporate profits in early 2009, employers surveyed said they were ready to push more of the costs of health insurance to their workers in 2010 while expecting more responsibility from workers for managing their personal health.
- ◆ Although health reform will have a major impact on the industry, its effect on medical costs likely will not be felt until 2011 or later. The report can be accessed on the Web at http://pwchealth.com/cgi-local/hcregister.cgi?link=reg/Behind_the_numbers_Medical_cost_trends_for_2010.pdf.

COMPARATIVE EFFECTIVENESS RESEARCH

The Federal Coordinating Council for Comparative Effectiveness Research (FCCER) published its "Report to the President and Congress." The document provides the definition of CER that the Department of Health and Human Services (HHS) indicates will guide allocation of \$700 million in ARRA CER funds for the Agency for Healthcare Research and Quality (AHRQ) and the National Institutes of Health (NIH). The council also fulfilled its ARRA-mandated responsibilities to describe current Federal activities in CER and to make recommendations on how HHS should spend an additional \$400 million in ARRA funding to accelerate the development and dissemination of CER. The report can be accessed on the Web at <http://www.hhs.gov/recovery/programs/cer/cerannualrpt.pdf>.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

State Health Care Briefs

A set of *State Health Care Briefs* from the AARP provides a one-page overview of facts on health care data for each of the 50 states and the District of Columbia. Information is provided about each state's older population, the uninsured, Medicare beneficiaries including those who fall into the "doughnut hole," hospital re-admissions among Medicare beneficiaries, the distribution of Medicaid long-term care funds, and prescription drug spending.

The briefs can be accessed on the Web at http://www.aarp.org/research/health/carefinancing/state_hcb_09.html.

Research Meeting Presentations Available On the Web

For 26 years, *AcademyHealth's Annual Research Meeting (ARM)* has convened health services researchers, providers, and key decision makers to address critical challenges confronting the nation's health care delivery system. Attendees gathered in June 2009 to hear about the latest health research, discuss health policy implications, sharpen research methods, and network with colleagues from around the world. An example of a presentation during an afternoon session on June 29 on the topic of [Accounting for the Cost of U.S. Health Care: A New Look at Why Americans Spend More](#) can be accessed on the Web at <http://www.academyhealth.org/files/2009/monday/Jensene.pdf>.

A list of all sessions and presentations can be accessed on the Web at <http://www.academyhealth.org/events/content.cfm?ItemNumber=882&navItemNumber=529>.

Preparing Health Workers Today For Tomorrow's Jobs

A new report from the President's Council of Economic Advisers (CEA) presents a projection of potential developments in the U.S. labor market over the next five to ten years and discusses preparations necessary to develop the 21st century workforce. Skills that most likely will be relevant in growing occupations, the value and limitations of current post-high school education and training systems, and the characteristics of a more effective education and training structure are topics discussed. Health care employment is a focus.

The report can be accessed on the Web at http://www.whitehouse.gov/assets/documents/Jobs_of_the_Future.pdf.

An Aging World: 2008

In just over 30 years, the proportion of older persons will double from 7 percent to 14 percent of the total world population, according to a new report, "*An Aging World: 2008*." The publication examines demographic and socioeconomic trends accompanying this phenomenon. It was commissioned by the National Institute on Aging (NIA), part of the National Institutes of Health, and produced by the U.S. Census Bureau. It was released on July 20 by the Census Bureau. The report can be accessed on the Web at <http://www.census.gov/prod/2009pubs/p95-09-1.pdf>.

Cost Of Complementary And Alternative Medicine

Americans spent \$33.9 billion out-of-pocket on complementary and alternative medicine (CAM) over the previous 12 months and approximately 38 percent of adults use some form of CAM for health and wellness or to treat a variety of diseases and conditions, according to data from the 2007 National Health Interview Survey (NHIS). The report can be accessed on the Web at <http://www.cdc.gov/NCHS/data/nhsr/nhsr018.pdf>.

2009 ASAHP ANNUAL CONFERENCE

More than 100 individuals had registered by mid-August for the 2009 ASAHP Annual Conference in San Antonio, TX on October 21-23. The full program can be accessed from the center portion of the Association's homepage on the Web at www.asahp.org.

A highlight of the conference will be a trip to *The Center for the Intrepid*, a world class rehabilitation facility to treat military personnel who are 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 on the afternoon of October 22.

One 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. A second plenary session address will feature **Rebecca S. Hooper**, Program Manager at The Center for the Intrepid. A third plenary session presentation is planned on the topic of electronic health records and the speaker will be **Helen R. Connors**, Executive Director of the Center for Health Informatics at the University of Kansas Medical Center.



2010 ASAHP SPRING MEETING

The 2010 ASAHP Spring Meeting will be held on March 11-12 in St. Pete Beach, FL. A major portion of the program will be devoted to the topic of development. A highlight will be an all-day workshop by **William Sturtevant** of the University of Illinois. A description of the program is in the *ASAHP ALERTS* section of the homepage in the right-hand column at www.asahp.org. ASAHP Past President **David M. Gibson** accepted an invitation to present the Deans' Memorial Lecture on March 11.

A panel discussion involving deans who have been involved in development also is planned. Their views will help to round out the topic and make it more focused on allied health academic institutions. Association committees and task forces also will have an opportunity to meet on that occasion. In addition, there will be a Business Meeting, a Deans' Council Meeting, and an Associate/Assistant Deans' Council Meeting.

RECRUITMENT OF COMMITTEES AND TASK FORCES

Every two years, a new ASAHP President takes over the duties of that office. Effective October 24, Dean **Gregory Frazer** of Duquesne University will become the next leader of the Association. In keeping with tradition, prior to that date he will have an opportunity to select chairpersons of committees and taskforces who will be asked to serve during his administration. Members of the organization can be involved in any of the following: Accreditation Committee, Constitution & Bylaws Committee, Branding Task Force, Education Committee, Health & Education Policy and Government Relations Task Force, and the Research Committee. Any members who would like to belong to any of these groups are requested to send an e-mail message to that effect to Ashley@asahp.org.