

# TRENDS *Association of Schools of Allied Health Professions*

## HIGHLIGHTS

**MARCH 2009**

President's Message	2
Legislation	3
ASAHP Calendar	3
Stimulus Funding	4
Board Actions	6
Institutional Profile Survey	6
Power Point Slides	6
Available Resources	7
Inter-Professional Education	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.**

## ALLIED HEALTH AND ECONOMIC STIMULUS FUNDS

The Recovery and Reinvestment Act of 2009 (ARRA) represents an attempt by the Obama Administration and Congress to provide a financial stimulus to an ailing economy that has been characterized by severe losses of jobs throughout the United States in recent months. Funds that became available will have a particular focus on training individuals for health professions in high demand.

ASAHP member institutions are in a favorable position to take advantage of these monies as a direct result of a partnership that was formed in 2008 with the National Association of State Workforce Agencies (NASWA). The membership of that organization is comprised of state labor commissioners around the nation who oversee planning and funding for the Workforce Investment Act (WIA), which annually receives about \$3.5 billion in formula funds for job training.

Deans and directors at ASAHP member institutions have been encouraged to contact these labor commissioners. A directory that matched each school with a commissioner was placed on the Association's website earlier this month. Talking points that should prove useful in making initial contacts also were sent in an e-mail message. As a result, some deans and directors already have begun to take advantage of this opportunity to work with the commissioners in their respective geographic areas.

NASWA officials have proved to be effective partners in augmenting ASAHP's efforts. Recently, they sent an e-mail message to their members. It contained a link to the directory that contained the merged contact list of academic leaders and workforce administrators. The original focus of the ASAHP and NASWA partnership was to help ASAHP members become eligible to receive Workforce Investment Act (WIA) funds from states and local areas through certification by the state as "Eligible Training Providers."

The American Recovery and Reinvestment Act of 2009, however, eliminates the requirement that higher education institutions need to be certified as eligible training providers when using ARRA funds. Instead, state and local workforce areas can contract with a higher education institution to provide coursework in "high demand" professions such as allied health, offering a unique opportunity for schools and labor agencies to develop strong ties at a time when money is available, the ability to work directly with higher education is more flexible, and education and training are more important than ever to help the nation's economic recovery. Establishing strong ties with labor commissioners also has the potential to reap other benefits. Annual funding streams make it possible for other endeavors to be funded such as workforce studies and public service announcements to attract new recruits to the allied health professions.

## PRESIDENTS' MESSAGE

*By Linda C. Hatzenbuehler, ASAHP President*



I am writing this piece for TRENDS as I take the long plane ride home from St. Pete Beach. For those of you who were unable to attend, the weather was very nice this year, so we all struggled with the conflict between diligence (sitting in meetings) and sunshine (sitting on the beach).

Despite concerted efforts to be responsive to members and attendees, the agenda never pleases everyone. Some complain that the agenda is too filled with structured meetings leaving no time for “casual networking.” When too much time is left open, others complain that travel to the meeting is not sufficiently worthwhile. Undaunted, the 2010 Spring Meeting Planning Committee will try again to formulate a meaningful event. Your responses to the electronic survey will be reviewed carefully. We appreciate your candid comments. We also welcome comments from those of you who did not attend, particularly if it was because of something having to do with the agenda this year itself!

As I reflect upon the 2009 Spring ASAHP Meeting, and the 20+ other Spring meetings I have attended, several obvious themes emerge. First, the Spring meetings are always focused upon the administration of allied health programs, hence of primary interest to deans with allied health programs. Second, the agenda is always a combination of guest speakers, who are “experts” so to speak, and other opportunities to interact with peers about issues of mutual concern. While the “experts” are usually interesting, and the time spent listening to them is typically well spent, the information and ideas I glean from my peers, whether in structured or unstructured venues, is clearly the most valuable aspect of attending the meeting. I am reminded of my precipitous entrance into motherhood 31 years ago, when I walked across the street from my office to the hospital and gave birth three hours later to a 4 pound son. After we both survived the trauma of the birth, it was other parents of premies who really helped me through my first child’s infancy---not the doctors and nurses. I don’t think we should give up on the experts. If nothing else, they assure us that we are on track, but perhaps we should do a better job of marketing what the Spring meeting is really about. It’s about peers---picking brains, testing ideas, confirming suspicions, comparing problems, sharing solutions, making connections, arguing issues, and supporting each other. For me, over the years, that’s been the essence of ASAHP. My ASAHP colleagues help me do my job, just like the parents of other premies helped me take care of mine.

One last point. Throughout the last 23 years, whenever I have asked for advice or information as dean and ASAHP member, I have always found someone in ASAHP who was not only willing to help but also had just the information and/or advice I needed. I am hopeful your experiences have been similar.

## RESTORATION OF ALLIED FUNDING A KEY OBJECTIVE



Once again, a key legislative objective of the Association is to have funding restored under Title VII of the Public Health Service Act. Although Section 755 of that legislation is called “Allied Health and Other Disciplines,” money specifically for allied health was eliminated three years ago when all of Title VII underwent a significant reduction in funding. The main way of obtaining a reversal is for members of ASAHP to contact their elected officials on Capitol Hill.

Ideally, \$5 million in funding will be reinstated for FY 2010, which begins on October 1 of this year. Deans and directors have an important role to play in the attainment of this objective. One initiative currently underway entails having these administrators make contact with their respective members in the U.S. House of Representatives since each elected official in that chamber typically prepares a list every year of favorite activities they would like to see funded.

Letters with lists containing health funding requests then are sent by legislators to Chairperson Dave Obey (D-WI) and Ranking Member Todd Tiahrt (R-KS) of the Appropriations Subcommittee for Labor, Health & Human Services, Education and Related Agencies. Each ASAHP dean and director was called upon recently to urge his or her representative to include an allied health funding request in the letter. Several members responded positively to this request and they contacted Hill staff who work on health appropriations.

Meanwhile, Title VII still awaits reauthorization. The authority expired in 2002. The aim in this instance is to have whatever legislation that emerges contain several important provisions pertaining to allied health. Along similar lines, efforts have been made to have allied health included in two separate pieces of legislation being developed in the House. One bill is by Representative Bill Pascrell, Jr. (D-NJ) and the other by Representative Doris O. Matsui (D-CA).

Apart from appropriations, legislators’ attention currently is focused on production of a budget resolution for the upcoming fiscal year. Senate Republicans who are unhappy with what is being proposed by the Obama Administration would like to use the filibuster to block passage of budget legislation. They view any attempt to prevent them from doing so as diluting their ability to influence the final outcome. Democrats have indicated that they will include “reconciliation instructions” in the budget. This approach will simplify moving the process ahead without delay. Although Republicans are crying foul, it is fair to note that when they were in the majority, they followed the same course of action when dealing with initiatives advocated by the Bush Administration.

### 2009-2010 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

## **Where Is Allied Health in the Stimulus Funding?**

*Stephen N. Collier, Ph.D., FASAHP, Director and Professor  
Office of Health Professions Education and Workforce Development  
School of Health Professions, University of Alabama at Birmingham*

The American Recovery and Reinvestment Act of 2009, also referred to in a shortened form as the Recovery Act, or better known as the stimulus funding, is an historic act providing massive amounts of dollars in an attempt to get the U.S. economy headed in a positive direction after a large and prolonged downturn. Included within the Act are funds for various components of the economy, including a large amount for health and health-related activities. Leaders in allied health education are naturally interested in how the funds provided in the Act may apply to their schools and the functions they serve.

In the past a primary source of federal funding for allied health has been Section 755 of Title VII of the Public Health Service Act. While allied health deans and educators may still pay attention to that section, there are numerous other sources of funding for allied health available through the various components of the Recovery Act that was signed into law by President Obama on February 17, 2009.

The Recovery Act provides approximately \$787 billion in appropriations and tax revisions, of which approximately \$575 billion is for discretionary and mandatory funding for a variety of programs. In an effort to make the areas of funding as transparent as possible and provide comprehensive information on the sources and distribution of the stimulus funds, the federal government has established a website as a primary reference source. It has also developed additional components to numerous existing websites in the federal agencies—more about those websites later.

Most educational institutions have a tri-partite mission of teaching, research, and service, and many of the provisions in the stimulus funding apply to these areas, so there is potentially something in the act for every type of educational institution and allied health school. Just as there are different types of educational institutions, there are different types of ASAHP member allied health schools, particularly in regard to the amount and type of extramurally funded research that is conducted. As a result, some sections of the Act will have more relevance to some schools of allied health than others, especially in those components of the act that support research. Regardless of the research emphasis, however, there are other sections of the act that provide funds for training and for community outreach activities involving health.

The Act distributes its grant funding primarily through three mechanisms—block grants to states, state grants (where the states may run their own grant processes), and competitive grants that are administered by the federal agencies. Information about each state's stimulus funding can be obtained from a website linked to the [recovery.gov](http://recovery.gov) website.

As most individuals have heard on multiple occasions, the goal of the stimulus funding is to get the economy back on track, primarily through job creation. While the Workforce Investment Act can fund training up to two years in length, which can include degree programs in ASAHP member institutions, there is also an emphasis on shorter term training designed to get individuals into the workforce in areas where jobs are currently available. Many ASAHP member institutions conduct various short-term certificate and other programs, as well as degree programs that are potentially eligible for WIA funds. WIA funds flow through the state mechanisms rather than being awarded directly from the U.S. Department of Labor.

Within the stimulus funding Act, while the WIA constitutes one type of funding for training, there are other sources, such as through the Health Resources and Services Administration (HRSA), as well as funding through other agencies for research and additional activities.

The following table indicates those portions of the Act that provide stimulus funding opportunities for schools of allied health. The titles and sections within the Act are listed along with a brief description and the amount of funding in millions of dollars.

Selected Portions of the "American Recovery and Reinvestment Act of 2009" Applicable to Allied Health			
Title	Section	Description	dollars (in millions)
2	27	NSF: instrumentation and facilities modernization	2,500
8	2	DOL-WIA: state grants for training and employment serv	2,950
8	8	DOL-WIA: grants for worker training and placement	750
8	14	HRSA: Health Professions Workforce Shortage	500
8	17	HRSA: Health Professions training programs	200
8	18	NIH: National Center for Research Resources (NCRR)	1,300
8	18	NIH: for transfer to institutes and centers	7,400
8	19	AHRQ: comparative effectiveness research	1,100
8	24	Health Information Technology (see title 13)	2,000
8	27	HHS: Prevention and Wellness Fund	50
8	33	Ed: Rehabilitation Services and Disability Research	680
13	20	Sec 3015 Integrate Info Technology into Clinical Educ	not given
13	21	Sec 3016 Establish or expand med informatics programs	not given

To help navigate the stimulus funding sources and receive additional information, there are several websites that have been established. The main stimulus funding site has a copy of the entire bill and can be found at <http://www.recovery.gov>. It also provides links to the stimulus funding sites in each of the related federal agencies, and links to the stimulus funding in the states. All but four states have their stimulus funding sites established and can be accessed from <http://www.recovery.gov/?q=content/state-recovery-page>. From each of the state recovery websites, additional information can be obtained as to where the funds flowing through the state are located in the state agencies, how they will be distributed, and how any state grant programs can be accessed.

Stimulus funding in each of the various federal agencies can also be found on the grants.gov website at <http://www.grants.gov/applicants/recovery.jsp>. Not only are links provided to the Recovery Act funding in each agency, but the information is updated each week and also gives the grant application notices as they are posted. Monitoring of these sites can provide current information very useful to those seeking grant funds. Many components of the Recovery Act are designed to move very quickly to get the stimulus funding into the economy, so allied health schools will need to be prepared to move quickly on grant proposals as well.

Numerous other websites related to the stimulus funding have been created, but many mimic the official government sites. For example, if .com is inserted instead of .gov in attempting to reach the recovery home website, it will take the reader to a different site containing stimulus funding information, but it is not the official government site and may not provide the information desired.

While much obvious attention is being focused on the American Recovery and Reinvestment Act of 2009 because of the scope of its activity and the enormous amount of funds included in its provisions, allied health educators seeking funding for academic programs, research, and service activities should not forget the regular annual federal budget that is currently being crafted. Like the stimulus bill, though it may not contain monies directed specifically to allied health, there will be numerous sources of funding in it that can be accessed by schools of allied health.

In recent years funding for allied health education and related activities have been limited. The American Recovery and Reinvestment Act of 2009 presents an unprecedented opportunity for schools of allied health to develop activities that will further their missions and make contributions to health care in the United States.

---

## BOARD ACTIONS

The Association's Board of Directors met on March 18 in St. Pete Beach, FL. The following actions were taken:

- ◆ Approved the Minutes of the Board of Directors conference call on February 18, 2008, along with the monthly January financial statement and status of investments.
- ◆ Following a telephone conversation with ASAHP's investment brokers at Merrill Lynch, it was decided that some money would be moved from fixed income to equity accounts as a means of achieving a closer approximation to a desired ratio between the two kinds of investments that the Board previously chose. It also was agreed that involvement in international equities would be lessened within the portfolio.
- ◆ Approved a motion to appoint President-Elect **Gregory Frazer** and Director **Richard Talbott** to serve with Treasurer **Randall Lambrecht** and Executive Director **Thomas Elwood** on the Finance Committee, which is to be reconstituted according to the Bylaws. For more than a decade, the whole Board functioned as the Finance Committee.
- ◆ Selected possible sites for the 2011 Annual Conference.
- ◆ Approved a motion regarding proposed Bylaw changes, one of which would enable the Board to select future ASAHP Presidents. These items will appear on a ballot that will be sent to the entire membership for a vote.
- ◆ Other matters discussed at the meeting included the length of future Board conference calls. The Association's Washington lobbyist, John Colbert, provided an update on activities to (1) facilitate contacts between deans/directors and state labor commissioners, and (2) to restore allied health funding under Title VII.

## INSTITUTIONAL PROFILE SURVEY

Copies of the printed version of the results of the *2008-2009 ASAHP Institutional Profile Survey* were mailed recently to deans and directors who furnished data for this year's iteration of the study. The report contains highly useful and important trends data for the past decade in the form of bar charts and pie charts. Dean **Ronald Winters**, survey director, and his staff at the University of Arkansas for Medical Sciences are to be commended for another excellent job in conducting this study and producing both the printed and electronic versions of the report.

## SPRING MEETING POWER POINT SLIDES AVAILABLE

The Association's 2009 Spring Meeting on March 19-20 featured excellent presentations that were accompanied by power point slides. The following items can be accessed from the ASAHP homepage at [www.asahp.org](http://www.asahp.org):

*Global Perspectives on Allied Health Education* by **Joyce Hopp**, Deans' Memorial Lecturer

*Academic Budget Planning, Responsibility Center Budgeting, and Economic Modeling* by **James Johnson**

---

---

## AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

### Health Professions Education Organizations Provide An Outline Of Health Reform Principles

The Association of Schools of Allied Health Professions (ASAHP) in combination with more than one dozen health professions education organizations produced a statement on health professions education in health reform. The statement, coordinated by the Federation of Associations of Schools of the Health Professions (FASHP), outlines the group's recommendations for six principles that should be included in Congress's and the Obama administration's efforts on health care reform. A copy of the statement can be accessed on the Web at <http://www.aamc.org/advocacy/library/workforce/corres/2009/032709.pdf>.

### What Is Health Care Quality And Who Decides?

Carolyn Clancy, Director of the Agency for Healthcare Research and Quality (AHRQ) recently testified before the U.S. Senate Finance Subcommittee on Health Care on the topic of health care quality. Her remarks can be accessed on the Web at <http://www.ahrq.gov/news/test031809.htm>.

### Scope Of Practice Expansions Fuel Legal Battles

A recent article in American Medical News describes various scope-of-practice disputes occurring around the nation involving medicine and several different health professions. These other groups are lumped under the heading "allied health professions." Clearly, many of them, such as nursing and podiatry, do not fit that broad classification. The article can be accessed on the Web at <http://www.ama-assn.org/amednews/2009/03/09/pr120309.htm>

### CHEA Federal Update Created

The new *CHEA Federal Update* will provide information on federal policy developments affecting accreditation, self-regulation, and peer review. As with the earlier HEA Update used throughout the reauthorization of the Higher Education Act, the Federal Update will keep CHEA institutional members, CHEA-recognized accreditors, and the public informed about significant actions by the federal government as these relate to accreditation. The early Update issues will focus on the negotiated rulemaking process for accreditation that begins March 4, 2009. The Update can be accessed on the Web at [http://www.chea.org/Government/FedUpdate/CHEA\\_FU01.html](http://www.chea.org/Government/FedUpdate/CHEA_FU01.html).

### Hispanics Become More Prevalent On College Campuses

Hispanic students comprised 12 percent of full-time college students (both undergraduate and graduate students) in 2007, up from 10 percent in 2006, according to U.S. Census Bureau tables released earlier this week. Hispanics comprise 15 percent of the nation's total population. The report entitled "School Enrollment in the United States: 2007" contains eight detailed tables based on statistics collected in the *October School Enrollment Supplement to the Current Population Survey*. National-level data are shown by characteristics such as age, sex, race, Hispanic origin, family income, type of college, employment status, and vocational course enrollment. Women continue their majority status, comprising 55 percent of undergraduates and 60 percent of graduate students. The report can be accessed on the Web at <http://www.census.gov/population/www/socdemo/school.html>.

---

## INTER-PROFESSIONAL EDUCATION



**Andrew Sorensen**, who until last August served as the President of the University of South Carolina, was a guest speaker at the Association's 2009 *Leadership Development Program* on the topic of inter-professional education. The program was held in St. Pete Beach, FL on March 17-18. Upon his retirement as President, he became a faculty member at the university's School of Medicine.

He noted that since the advent of educating health professionals in universities, the tendency has been to segregate their training by profession. Once they graduate from their respective programs, they are thrust into situations where they are expected to function effectively as team members. Prior to receiving their professional certification, however, they are provided with little or no practical training in how to do so.

This nation's existing culture of educating health professionals to care for patients suffers from the lack of adequate instruction in and critical analysis of how effective team functioning can improve patient care. As the first decade of the 21st century begins to draw to a close, he maintains that we continue to employ a pedagogical model that originated in the medieval guilds, monasteries, and nunneries in which novices learned their craft by being apprenticed to experienced counterparts. The model has not been modified substantially since the 19th century.

These deficiencies in education have been identified for a long time. **Edmund D. Pellegrino**, a highly regarded ethicist and also a former university president, called for inter-professional education in the health domain 37 years ago. The Pew Commission declared 11 years ago that work in interdisciplinary teams should be one of the competencies for all health professionals in the 21st century. Those recommendations were echoed six years ago in a report by the Institute of Medicine (IOM). This ideal still has not been realized.

Citing a report entitled "Out of Order, Out of Time" by the Association of Academic Health Centers, Sorensen identified barriers to achievement within academic institutions such as scheduling and classroom space and external challenges such as whether accreditors or state licensing boards will permit students to be taught by representatives of other professions. "Out of order" refers to disjointed state policies. "Out of time" connotes the urgency involved in addressing health workforce problems. He closed by describing the creation of the University of South Carolina/Greenville Health System Academic Health System as a means of addressing the "out of time problem. Students from several professions who will be involved in this initiative will be offered a course in the theory and practice of teamwork and the structure and functions of teams caring for patients.