

TRENDS

Association of
Schools of
Allied Health
Professions

2009 ELECTION RESULTS

HIGHLIGHTS

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Lori Stewart Gonzalez was elected Secretary for a two-year term. She is the Dean of the College of Health Sciences at the University of Kentucky. She currently is a member of the Board of Directors and has played a significant role in the development and implementation of leadership development programs that are offered by the Association.



The following were elected to the Board of Directors for a three-year term: **Linda Petrosino**, Dean of the College of Health and Human Services at Bowling Green State University, and **David C. Shelledy**, Dean of the College of Health Sciences at Rush University Medical Center. She is a member of the Leadership Committee and is involved in this year's leadership program. He is one of ASAHP's five commissioners who serve on the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

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: **Celia R. Hooper**, Dean of the School of Health and Human Performance at the University of North Carolina at Greensboro, **Kenneth Johnson**, Associate Dean at the Dumke College of Health Professions at Weber State University, and **Charlotte E. Exner**, Dean of the College of Health Professions at Towson University.

They will work with the following individuals who are about to begin the second year of a two-year term on the committee: **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. Terms of office in all these position become effective on October 24, immediately following the ASAHP Annual Conference.



VANGUARD OF
ALLIED HEALTH EDUCATION

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PRESIDENTS' MESSAGE

By Linda C. Hatzenbuehler, ASAHP President



This is my last TRENDS column! My two-year term as ASAHP President flew by! I thank Executive Director Thomas Elwood for his patience with me. It would have been much easier for him to write the President's TRENDS column himself, but I insisted on doing it myself. The end result of my commitment to complete each column was that Tom had to wait for my work which inevitably came in late! Thanks Tom. Sometimes the Muse failed to arrive in Pocatello in a timely fashion.

I think that I have been quite transparent with my goals for the organization. I am never satisfied with the status quo. All organizations can improve. During my term in office, overall, I was interested in assuring that ASAHP is a dynamic organization that is responsive to and serves its members, and that it is an organization that is progressive in addressing social and professional changes that impact the allied health workforce and education.

Membership was a focus of mine as membership dues account for 75% of our budget. We did several standard things to market ASAHP as an organization including improving our web site and setting up a system of annual solicitation of members. While the absolute number of members did not increase dramatically, we maintained our member numbers during a very challenging economy.

On a more dramatic level, again, in the interest of increasing membership, I proposed to the Board this summer that ASAHP change its name! My provocative suggestion was motivated by a fact that I have noted since I took office, namely that the majority of institutional members of ASAHP are not schools of allied health! While our title was probably fitting when the organization was founded in 1967, it no longer reflects reality.

Throughout the years, the term "allied health" has gained ground; however, I think we should abandon the term "schools." Prospective members have difficulty identifying with "Schools of Allied Health", as few higher education organizations attach that title to schools and colleges housing allied health programs. I suggested an alternate—the Association of Allied Health Professions Education (AAHPE), a name that better reflects our institutional membership. The Board was very cool to my suggestion. They appropriately pointed out that by accepting my suggestion we would lose the moniker "ASAHP."

The acronym "ASAHP" has been associated with our organization since its inception. In 1973, the Association of Schools of Allied Health Professions became the American Society of Allied Health Professions – same acronym, different title. In 1991, we went back to the original name and reinstated the term "schools of allied health."

Upon reflection, perhaps there is something to be said for keeping "ASAHP," but still changing our name. We could go back to "Society" yet again. Organizational names are important; they are our signpost. If we want to grow our members and increase our national presence, I think we need to do a better job of reflecting what we are. I leave you with that thought.

HEALTH REFORM MOVES FORWARD



Now that the Senate Finance Committee has weighed in with its version of a health reform bill, the pace has begun to quicken. Accompanying whatever progress is being made are increasingly sharp battle lines. Among the many contentious issues, the proposal to create a public plan to compete with private insurance plans is generating a considerable amount of heat. Arguments not only occur between Democrats and Republicans on this issue, but among Democrats themselves. Although the majority of

Senate and House Democrats support a government-run insurance plan, at present it appears highly doubtful that they have enough votes to insure that this option will be included in whatever legislation makes it to the enactment stage. When an amendment was introduced to include the public option in the Senate Finance Committee's bill, it was rejected by the committee on an 8-15 vote.

One way around the impasse is to invoke reconciliation rules in the Senate. Doing so would enable Democrats to bypass the 60-vote filibuster threshold and pass the proposal with a simple majority. If not a single Republican votes to approve a health reform bill, it is not clear what the consequences will be for either political party. Enacting legislation that involves one-sixth of the economy is a major undertaking. If the end product is viewed unfavorably by a significant proportion of the population, Democrats might feel the pain of rejection in next year's election. The opposite also is true. If health reform produces changes that are greeted with enthusiasm by the electorate, then Republicans as the major naysayer can be expected to lose more congressional seats when voters go to the polls.

President Obama's original hope was that Congress would complete its work in August and legislation would be signed into law in October. Uproars at town meetings around the country that occurred during the congressional recess in August helped to dash that hope rather quickly. Those sessions contained a mixture of false accusations about the perceived flaws in a bill that was developed by three committees in the House, along with some accurate characterizations of its deficiencies.

Although there may be differences of opinion about the amount of costs involved as a result of unnecessary tests being ordered by physicians as a means of protecting themselves from malpractice lawsuits, this aspect of reform has been ignored for the most part. A criticism pertaining to the reason why private insurance rates are too high is that patients are unable to shop for policies across state lines. Some states limit the number of companies that can do business within their respective jurisdictions, which prevents consumers from shopping for less expensive alternatives.

Allied health provisions were included in a bill released by the Senate Health, Education, Labor, and Pensions Committee. It eventually will have to be merged with the Senate Committee's version.

2009-2011 ASSOCIATION CALENDAR OF EVENTS

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

October 21-23, 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

2009 ASAHP AWARD WINNERS

The following individuals were selected as recipients of Association awards that will be presented during the Awards Dinner on October 21 at the annual conference:

Distinguished Service and Achievement Award

Its purpose is to recognize a former or inactive member of the Association who has achieved professional success beyond the scope of allied health. The recipient is **John Colbert** of the firm of Capitol Hill Partners in Washington, DC.

Outstanding Member Board Award

Its purpose is to recognize a member who has contributed significantly to ASAHP during the previous year. Nominees must have held continuous membership in ASAHP for five years. The recipient is **William M. Susman**, Associate Provost for Academic Standards and Research at Mercy College in Dobbs Ferry, New York.

Legacy of Excellence Award

This honor recognizes an individual whose career is exemplary stemming from contributions to ASAHP that have been judged extraordinary by the following criteria:

- ◆ Is a national or internationally recognized leader in the health professions.
- ◆ Publicly promotes the contributions of the allied health professions to the health care workforce on a national and/or international level.
- ◆ Actively and regularly participates in meetings of allied health professionals and invites allied health professionals to participate in activities in which he/she is engaged.
- ◆ Is knowledgeable about the allied health professions in addition to being a champion for the allied health professions.

The recipient is **Ronald H. Winters**, Dean of the College of Health Related Professions at the University of Arkansas for Medical Sciences.

Fellows Program Award

This honor will be given to:

Lee K. McLean (Associate Dean, University of North Carolina, Chapel Hill)

Halcyon St. Hill (Professor, Florida Gulf Coast University)

Danielle Ripich (President, University of New England)

William M. Susman (Associate Provost, Mercy College)

RACE, ETHNICITY, AND LANGUAGE

The quality of health care in the United States is not optimal and the pace of improvement is slow. In addition, disparities persist for specific population groups. A fundamental step in identifying which populations are most at risk is to collect data on race, ethnicity, and English-language proficiency. A large body of research has documented disparities in access to and quality of health care that are revealed when quality of care measures are examined by these variables.

The Institute of Medicine (IOM) formed the Subcommittee on Standardized Collection of Race/Ethnicity Data for Healthcare Quality Improvement to examine approaches to standardization. In its 2009 report, *Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement*, the subcommittee recommends collection of more granular ethnicity and language need according to national standards in addition to Office of Management and Budget (OMB) race and Hispanic ethnicity categories. The presence of data on race, ethnicity, and language does not, in and of itself, guarantee subsequent actions regarding quality-of-care data to identify health care needs or actions to reduce or eliminate disparities that are found. The absence of data, however, essentially guarantees that none of those actions will occur.

The report can be accessed on the Web at http://www.nap.edu/catalog.php?record_id=12696.

GI BILL TO LEAD TO MORE FULL-TIME, FULL-YEAR ENROLLMENTS

A new report from the American Council on Education suggests that future military undergraduates (defined as veterans and military service members on active duty or in the reserves who are pursuing undergraduate education) may be more likely to enroll full-time for the full academic year and may be more likely to matriculate at four-year public institutions than past military undergraduates. *Military Service Members and Veterans in Higher Education: What the New GI Bill May Mean for Postsecondary Institutions*, draws on numerous data sources to help higher education administrators understand and anticipate the enrollment choices of returning veterans and military personnel and the services needed to accommodate these students under the new GI Bill.

The report can be accessed on the Web at <http://www.acenet.edu/Content/NavigationMenu/ProgramsServices/CPA/Publications/MilService.errata.pdf>.

HRSA WORKFORCE SUMMIT PRESENTATIONS AVAILABLE

Presentations from the 2009 HRSA Workforce Summit in Washington, DC on August 10-12 are available. Topics discussed include: primary care, diversity, the role of foundations in supporting the health workforce, the potential impact of health care reform, health professions education, and data collection. Power point slides can be accessed on the Web at <http://www.team-psa.com/workforcesummit2009/agenda.asp>. To open a presentation, scroll through the agenda and search for the session and speaker whose presentation is of interest.

COSTS LOWER AT RETAIL MEDICAL CLINICS

Retail medical clinics located in pharmacies and other stores can provide care for routine illnesses at a lower cost and similar quality as offered in physician offices, urgent care centers, or emergency departments, according to a new RAND Corporation study that appeared in the September 1, 2009 issue of the *Annals of Internal Medicine*. The study, the first to assess the quality of care provided in retail medical clinics in the United States, compared the care provided in different settings for patients with middle ear infections, sore throats, and urinary tract infections. Researchers found no difference in the quality offered to patients visiting retail clinics, physician offices, and urgent care centers, but retail clinics did slightly better than hospital emergency departments. Additional information can be accessed on the Web at <http://www.annals.org/cgi/content/abstract/151/5/321>.

ASAHP COMMITTEES AND TASK FORCES

Nine committees and task forces of the Association will meet on October 21 during the Annual Conference. The gatherings provide an opportunity for each group to identify a set of activities to carry out over a 12-month period. The ASAHP Board of Directors already has identified some charges that will be conveyed to the chairpersons of each committee and task force. For example, the Research Committee will examine the *ASAHP Institutional Profile Survey* to determine if new items should be added to it and also to recommend which of the findings can be used in an effort to influence policymakers.

ACCREDITATION AND THE HIGHER EDUCATION OPPORTUNITY ACT

The Higher Education Opportunity Act of 2008 was signed into law on August 14, 2008. This long-awaited bill, five years in the making, retains the familiar authority structure for government oversight of accreditation that has been in place for a number of years. Federal scrutiny and approval of accrediting organizations (“recognition”) will continue through the U.S. Department of Education (USDE) based on ten standards in the law and the regulations that USDE develops to carry out the recognition review process. The federal committee that was codified in 1992 will continue to advise the Secretary of Education in this work.

Within this authority structure, however, there are significant changes in eight accreditation-related areas. These are: 1) alterations in federal language addressing student achievement, 2) transfer of credit, 3) providing information to the public, 4) due process and accreditor review and appeals of decisions, 5) distance education, 6) the role of institutional mission, 7) the appointment and composition of the federal advisory committee and 8) monitoring growth. A chart developed by the Council for Higher Education Accreditation (CHEA) provides additional information. The chart can be accessed on the Web at <http://www.chea.org/pdf/HEA%20Update%2045%20chart%203.pdf>.

BENDING THE HEALTH COST CURVE

Much of the rhetoric around health reform has centered on the over-riding need to reduce the growth of health care costs, but agreeing on approaches that accomplish this goal has proven elusive. In order to slow the rise in health care costs, steps must be taken to address significant problems that exist with payment, benefits, regulations, and organizations in the current health care system. According to a new report from The Brookings Institution, health care reform should include comprehensive efforts to achieve higher-value care. The report can be accessed on the Web at <http://www.rwjf.org/files/research/47708full.pdf>.

REINVENTING HEALTH CARE DELIVERY

Hamstrung by an increasingly complex, costly, and disorganized system of care, health care organizations are following the lead of the corporate world and embracing innovation as a way to overcome the seemingly intractable problems that have undermined U.S. health care delivery for decades. Today's innovation centers — most of which are affiliated with large hospitals or health systems — range in scope from modest internal programs to large, formalized organizations with dedicated physical space, sizable staffs, and external clients. Key areas of emphasis include facility design, operational efficiency, optimized information technologies, improvements in the patient experience, and care quality. Leaders at health care innovation organizations nationwide were interviewed to learn more about how the centers operate, the objectives they are pursuing, and some of the challenges they face. Their responses are discussed in an *Issue Brief* of the California HealthCare Foundation. The Issue Brief can be accessed on the Web at <http://www.chcf.org/documents/hospitals/InnovationCenters.pdf>.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Jammed Access: Widening The Front Door To Health Care

By several measures, access to care is jammed for many Americans. Universal coverage, if passed, won't necessarily translate into better access as shown in Massachusetts. A report from PricewaterhouseCoopers' Health Research Institute (HRI) identifies three key obstacles to access: crowded points of entry such as the emergency department, a system that is confusing to navigate, and individuals who inevitably fail to act on their health early. The report finds that consumers are open to trying new means of access and the industry already is responding. Solutions discussed in the report include: new means of access like online consultations, coordination of care among practitioners by using non-physician providers, and supportive models such as shared medical appointments that enable patients to learn from each other as well as from their providers. The report can be accessed on the Web at http://pwchealth.com/cgi-local/hregister.cgi?link=reg/Jammed_access_Widening_the_front_door_to_healthcare.pdf.

Web Site Launched On New Approaches to Chronic Disease

A new NIH-funded multimedia consumer education website has been launched that will provide in-depth, evidence-based information, extensive resources and research summaries, and unique online exercises that offer patients a multidisciplinary integrative approach to managing heart disease, diabetes, and chronic pain. The site is available in English and Spanish and can be accessed on the Web at www.healingchronicdisease.org

Projections Of Education Statistics To 2018

A new publication from the National Center for Education Statistics furnishes projections for key education statistics. It includes statistics on enrollment, graduates, teachers, and expenditures in elementary and secondary schools, and enrollment and earned degrees of degree-granting institutions. For the Nation, tables, figures, and text contain data on enrollment, teachers, graduates, and expenditures for the past 14 years and projections to the year 2018. The report can be accessed on the Web at <http://nces.ed.gov/pubs2009/2009062.pdf>.

Beyond Health Care: New Directions To A Healthier America

Building a healthier America is feasible in years, not decades. A report from the Robert Wood Johnson Foundation entitled *Beyond Health Care: New Directions to a Healthier America* describes the Commission's work and provides recommendations for moving forward to ensure all Americans have an opportunity to lead healthier lives. The report can be accessed on the Web at

<http://www.commissiononhealth.org/PDF/779d4330-8328-4a21-b7a3-deb751dafaab/Beyond%20Health%20Care%20-%20New%20Directions%20to%20a%20Healthier%20America.pdf>.

Future Of International Postsecondary Student Enrollment In The U.S.

A new issue brief entitled *Sizing Up the Competition: The Future of International Postsecondary Student Enrollment in the United States* from the Center for International Initiatives (CII) at the American Council on Education (ACE) examines enrollment trends of internationally mobile postsecondary students. Several factors are identified that could seriously affect the growth of international student enrollments in the U.S., including the global financial crisis. The issue brief can be accessed on the Web at

http://www.acenet.edu/Content/NavigationMenu/ProgramsServices/cii/pubs/ace/SizingUptheCompetition_September09.pdf.

2009 ASAHP ANNUAL CONFERENCE

As the dates for the *2009 ASAHP Annual Conference* in San Antonio, TX draw closer, plans continue to unfold. The latest addition to the program is a plenary session address on the afternoon of Wednesday—October 21. The speaker will be **Gerri Fiala**, Deputy Assistant Secretary in the Employment and Training Administration at the U.S. Department of Labor. Her topic is “Our Nation’s Health Workforce – A View from the Obama Administration.”

A great deal of activity has occurred in the past year as part of an effort to redirect some Department of Labor funding to four-year institutions for education and training in the allied health professions. ASAHP has developed partnerships with the National Association of State Workforce Agencies (NASWA) and the National Association of Workforce Boards (NAWB). The latter organization represents 650 local workforce boards around the U.S. Money that is allocated to these entities can be used to address allied health workforce problems. Department of Labor personnel have a constructive role to play in bringing about closer interactions between these agencies and ASAHP member institutions.



CONCURRENT SESSIONS

The *2009 ASAHP Annual Conference* will feature nine Concurrent Sessions that involve 36 presentations. The following individuals have been designated to serve as moderators:

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 Medical Center)

Lisa Stenho-Bittel (Kansas University Medical Center)

William Susman (Mercy College)

A description of the sessions can be accessed from the ASAHP homepage at www.asahp.org.