

TRENDS

**Association of
Schools of
Allied Health
Professions**

DIVERSITY AND INTERPROFESSIONAL CONSIDERATIONS

HIGHLIGHTS

APRIL 2010

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VANGUARD OF
ALLIED HEALTH EDUCATION

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The number of individuals age five and older who spoke a language other than English at home has more than doubled in the last three decades and at a pace four times greater than the nation's population growth, according to a U.S. Census Bureau report released this month analyzing data from the 2007 *American Community Survey* and over the period 1980 - 2007. In that time frame, the percentage of speakers of non-English languages grew four times faster than the nation's overall population.

Spanish speakers accounted for the largest numeric increase - nationwide, there were 23.4 million more speakers in 2007 than in 1980, representing more than a two-fold percent increase. The Vietnamese-speaking population accounted for a five-fold increase (1.0 million speakers) over the same timeframe. The new report, *Language in the U.S. 2007*, identifies states with the highest concentrations of some of the most commonly spoken non-English languages.

As the composition of the population changes, so does the challenge to provide health care services that are appropriate for the cultural differences that language diversity reflects. Culture influences how an individual defines health, recognizes symptoms, determines whom to consult when ill, and helps to define the kinds of interactions that will occur between patients and health care professionals.

Along with other kinds of health professionals, allied health personnel need to possess the skills and behaviors that will result in improved patient outcomes resulting from working effectively within the cultural context of individual, family, and community. In this regard, cultural diversity education of students does not appear to be a task that can be handled by a single faculty member. Instead, an opportunity presents itself for representatives from many professions such as medical anthropology, ethics, and epidemiology to work alongside allied health faculty and clinicians in the development of academic courses or modules within courses.

While it provides comfort to believe that conventional western health care practices are the most effective, patients from different cultures may have strong beliefs in the value of non-traditional forms of intervention. A key variable in achieving desired outcomes will stem from a willingness to collaborate with patients as a means of finding treatment options that are mutually acceptable and in alignment with cultural beliefs. Successful practitioners will be those individuals who can engage in critical self-reflection necessary to understand any pre-conceptions, along with attitudes, beliefs, and perhaps even biases they might have about members of ethnic groups that differ from their own background.

PRESIDENTS'S MESSAGE

By Gregory H. Frazer, ASAHP President



Well, it's graduation time for all of us, time to see how good of a job we've done preparing our graduates for their licensure and certification examinations and ultimately preparing them for the workforce. We as an Association have long appreciated the need and I would suggest obligation to prepare our students for employment following their time with us. At our Spring meeting, attendees had an opportunity to meet and talk with **Ronald Painter**, CEO of the National Association of Workforce Boards.

I was struck, however, by an article in the *Chronicle of Higher Education* by **Aisha Labi** which discussed the apparent chasm between what is taught in our curricula and the skill sets expected and demanded by employers. Ms. Labi quoted **Charles Fadel**, global leader of education for Cisco Systems, who stated that institutions must "contemplate education that goes beyond merely knowledge, through the lens of relevance, applicability, and employability." Fadel went on to say that graduates must not only have the knowledge of the field, they must also possess skills in "critical thinking, problem solving, communication, collaboration, creativity and innovation."

I am convinced that our members, especially those who offer graduate programs, would strongly argue that their accredited programs develop and nurture those skills in students. The standards and criteria we continually work to satisfy demand that our graduates possess and evidence that skill set. Yet, realistically, I would challenge us to evidence that our graduates do in fact possess those skills. I would suggest a more fundamental question: have we ever asked our employers if those skills are in fact part of a skill set?

Past experience would suggest that often, the curriculum requirements specified by accreditors were developed based upon historical precedent, past practice, and past curricular expectations. Little if any content is removed; just add the elements of contemporary practice to what senior practitioners had to master. We still expect our entry level practitioner-colleagues to walk the same path to school uphill each way that we did!

So my challenge to you for the days you sit on your veranda surveying all you own: our Association has sponsored two successful "Accreditation Summits" that did not include employers. Is there any merit to a summit which attempts to bring educators, employers, and possibly accreditors together for the purpose of identifying skill sets necessary for entry-level success and is supportive of business climate and mission of our employers? May your graduation ceremony be a celebration that is quick, cool, and urbane! Have a safe and enjoyable summer!

I would be remiss if I didn't end this *Message* with a note of fond remembrance for our friend **Ted Kelley**. I remember 10 years ago, after I was appointed to my first deanship and coming to an ASAHP meeting, who was the first one there offering a congratulatory Irish joke and a celebratory mixture? Ted.

He joined with **David Gibson** and **Julie O'Sullivan Maillet** to put UMDNJ on the health professions map, being one of the first schools to offer a full complement of undergraduate and graduate programs on a variety of campuses through a variety of formats. What I will miss most is his infectious smile and never ending wit. Ted never had a bad day, had an unkind word, or a committee he wouldn't be part of. May fair winds always be at your back, friend!

HEALTH REFORM—A WORK IN PROGRESS



For the most part, the dust on Capitol Hill that was raised during the long battle over passing health reform legislation has settled. The hard work has begun on implementing the new law, tasks that will involve three primary domains—new coverage, new funding, and new regulations. Examples of the entities that will play the role of new regulators are the following: Centers for Medicare & Medicaid Services (CMS) Innovation Center, Independent Payment Advisory Board, Health Insurance Reform

Implementation Board, Patient-Centered Research Outcomes Institute, National Prevention, Health Promotions and Public Health Council, Task Forces on Preventive Services and Community Preventive Services, Community Living Assistance Services and Supports (CLASS) Program, and a Workforce Advisory Committee. The last item is of special interest because there may be an opportunity to have allied health included on it.

Some matters needed immediate attention after President Obama signed the health reform bill into law. For example, a report from the Congressional Research Service (CRS) indicated that the law could have significant unintended consequences for the personal health insurance coverage of senators, representatives, and their staff members. As written, the law could remove them from their current coverage in the Federal Employees Health Benefits Program before any alternatives became available. In an 8,100-word memorandum, it stated that it was unclear if they will be able to retain their coverage. Fortunately for them, a solution was found.

A question that recently has generated some attention among members of Congress is whether health reform legislation went far enough to provide consumers and patients with the information they need to shop for the best health care value. The purpose of registering this concern is that by promoting price transparency, it may be possible to curb the rise in health care costs. Three different measures produced in the House would require certain health care providers to disclose information on the cost of services. No companion legislation is being considered in the Senate at the time this article was written. Examples of providers are hospitals, physicians, nurses, pharmacies, and various manufacturers and vendors. Opposition comes from a concern that having providers post their prices would conflict with established antitrust principles designed to prevent collusion.

2010-2013 ASSOCIATION CALENDAR OF EVENTS

October 20-22, 2010—Annual Conference—Charlotte, NC

March 15-16, 2011—Leadership Development Program—New Orleans, LA

March 17-18, 2011 — Spring Meeting — New Orleans, LA

October 17-18, 2011—Leadership Development Program—Scottsdale, AZ

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

October 24-25, 2012—Annual Conference—Orlando, FL

October 21-22, 2013—Leadership Development Program—Nashville, TN

October 23-24, 2013—Annual Conference—Nashville, TN

BOARD ACTIONS IN APRIL 2010

The Association's Board of Directors had a conference call on April 21. The following actions were among those taken:

- ◆ After agreeing to correction of language pertaining to finances, a motion was approved to accept the Minutes of the Board meeting on March 10.
 - ◆ Reviewed data showing the value of the Association's investment portfolio, the status of restricted and unrestricted initiative accounts, and the February monthly report from the accounting firm. In addition, it was mentioned that the Association submitted an RFP for accounting services to five accounting firms. Although the current firm has served ASAHP satisfactorily, Board Members are in favor of periodically determining if it is possible to obtain similar kinds of service from other vendors at better prices.
 - ◆ Approved a motion to begin imposing a \$40 per page charge for manuscripts submitted after July 1, 2010 that subsequently are published in either the printed or electronic version of the *Journal of Allied Health*.
 - ◆ Approved a motion that ASAHP provide the funds to create Fellows medallions and lapel pins and that the Association would own the items and also sell them to Fellows.
 - ◆ Agreed to collaborate with the National Association of Workforce Boards in the submission of a grant proposal for a project from the U.S. Department of Labor to develop a healthcare virtual career platform.
 - ◆ Rejected a proposal from a technology firm since the endeavor lacked a sufficient amount of relevance for the Association. The purpose was to pay to be part of a system that posts jobs online, which may be more suitable for clinical facilities seeking personnel to fill vacancies.
 - ◆ Discussed the importance of having allied health represented on the National Health Care Workforce Commission that will be established as a result of the enactment of health reform legislation last month. A 15-person commission will be selected with representation mandated from a broad array of representatives from the health community, employers, 3rd party payers, consumers, labor unions, state or local workforce investment boards, and the education community.
 - ◆ Pending the provision of more details, the Board tentatively agreed to collaborate with the American Dental Education Association and other partners to seek funding to conduct workshops for admissions officers aimed at increasing enrollment by students from underrepresented groups.
 - ◆ It was reported that the *ASAHP Policy and Procedures Manual* continues to undergo refinement. Copies will be made available for Board Members when the group meets on July 29-30.
 - ◆ Reviewed updates on revision of the Strategic Plan, the 2010 Annual Conference in Charlotte, NC, and several other projects underway.
 - ◆ A slate of candidates has been developed by members of the Nominations and Elections Committee. The election will be held from mid-July to mid-August for positions involving ASAHP Treasurer, Board of Directors, and the Nominations and Elections Committee.
 - ◆ A Task Force is being formed on international policies and partnerships. Individuals are being identified who will serve on this group. The plan is for it to meet during the 2010 Annual Conference.
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DIVERGING VIEWS OF HEALTH REFORM

Nearly nine of 10 leaders in health care and health care policy believe the comprehensive health reform legislation passed by Congress and signed into law will expand access to affordable health insurance coverage successfully, the latest *Commonwealth Fund/Modern Healthcare Health Care Opinion Leaders Survey* finds. According to the data brief, key features of the health reform law—including income-related subsidies, new insurance market rules, and innovative payment methods—are supported by an overwhelming majority of opinion leaders. Looking toward implementation, respondents identified the nation's supply of primary care providers, states' capacity to implement reform, and enforcement of the individual mandate as areas of potential concern.

According to *AMN's 2010 Survey of Healthcare Executives: Initial Response to Healthcare Reform on Cost, Quality*, nearly three-quarters of healthcare executives responding to an April 2010 survey say healthcare reform will have a negative impact on their facilities, while more than 60 percent note that reform will have a somewhat or very detrimental effect on the quality of care their facilities are able to provide. In addition, the survey suggests that the majority of healthcare executives believe reform will create more patient demand for the services they offer, and therefore a need for more clinicians, and 56 percent said healthcare reform will drive them to add more allied healthcare professionals. The survey collected data from 172 respondents within a month of health reform being signed into law by President Obama.

The first *Kaiser Health Tracking Poll* fielded since the passage of health reform last month finds that 8 in 10 Americans know that President Obama signed the legislation into law, but 55 percent say they are confused about the law and more than half (56%) say they don't yet have enough information to understand how it will affect them personally. The public remains divided on the law overall, with 46 percent viewing it favorably, 40 percent unfavorably and 14 percent undecided. Similarly, 31 percent of Americans say they expect personally to be better off because of the law, while 32 percent say they will be worse off and 30 percent say they don't expect to be affected. Overall, passage of the law does not seem to have materially affected Americans' basic views of whether it will benefit them personally or benefit the nation as a whole.

To measure reported familiarity with the specifics of the new law, the survey asked Americans whether or not they thought 16 different provisions were included in the final law. Overall, the results suggest there is a good deal of familiarity with some of these specifics, both those seen as benefits and those seen as imposing sacrifice, even as most individuals may not understand the personal relevance of each or the timing of their implementation. Topping the list, about seven in ten recognized that premium subsidies, an individual mandate, and the ability to keep grown children on parents' plans for a longer period of time were included in the new law. Roughly two in three were aware that the law included tax credits for small business, an expansion of Medicaid, and help for those with pre-existing conditions. Two in three also know that Medicare taxes will rise for some higher income Americans.

Opinion remains highly partisan. Roughly eight in ten Democrats favor the newly passed law (77 percent) while roughly eight in ten Republicans view it unfavorably (79 percent), both levels quite similar to final views on the bill before its passage in March. Political independents tilt against the reform law-- 46 percent compared to 37 percent in favor—while self-described moderates favor the law 55 percent to 31 percent. Meanwhile, those Americans who report they are registered to vote have a less favorable view of the law than those who are not registered.

Last, but not least in predictions about the impact of the new legislation is whether or not it will contribute to reduction of the federal deficit. A key aspect of producing that outcome will be the success of the Independent Payment Advisory Board (IPAD), which is going to be created as a means of placing Medicare on a sustainable financial path. Its recommendations will take effect immediately unless Congress disapproves them. If the President vetoes the bill blocking the recommendations, it will take two-thirds of the Senate to override the veto. Funding for the Board starts in 2010. The first year its proposals can take effect is 2015. Cuts to hospitals, doctors, and other providers cannot occur from 2015 to 2019. So, there is a long way to go before knowing if deficit reduction will happen due to the IPAD.

TEMPORARY THERAPIST STAFFING TRENDS

A survey suggests that a shortage of therapists available to fill permanent positions may be causing an increase in the use of temporary therapists, even during the ongoing economic recession. In 2007, the first year AMN conducted this survey, 67% of department managers surveyed indicated that they had used traveling therapists in the last 12 months. In the latest survey, by contrast, 85% of those surveyed said they had used travelers in the last 12 months, an increase of 18 percentage points. In 2007, 40% of those surveyed said that in a typical month they did not use a travel therapist. In the latest survey, only 25% of those surveyed said that in a typical month they did not use a travel therapist, a decrease of 15 percentage points. The intent of this survey is to provide data regarding the current use of and demand for temporary physical and occupational therapists as well as to provide information regarding therapists who work on a temporary basis. (Go to <http://www.amnhealthcare.com/services-products/whitepapers-surveys-casestudies.aspx#>.)

SMART PHONES CHANGE HEALTH CARE FOR CONSUMERS AND PROVIDERS

The recent adoption and use of smart phones by both consumers and providers of health care is proceeding rapidly. Two-thirds of physicians and 42% of the public used smart phones as of late 2009, despite the recession that began a year earlier. The creation of applications related to health and health care also is moving quickly. As of February 2010, there were nearly 6,000 such apps within the Apple AppStore. Of these, 73% were intended for use by consumer or patient end-users, while 27% were targeted to health care professionals. Apps geared to physicians include alerts, medical reference tools, diagnostic tools, continuing medical education, and patient records programs. Consumer-oriented apps include those for medication compliance, mobile and home monitoring, home care, managing conditions, and wellness/fitness.

CHRONIC DISEASE AND THE INTERNET

According to a report from the *Pew Internet & American Life Project*, U.S. adults living with chronic disease are significantly less likely than healthy adults to have access to the Internet (62% vs. 81%). The Internet access gap creates an online health information gap, however, lack of Internet access, not lack of interest in the topic, is the primary reason for the difference. Once online, having a chronic disease increases the probability that someone will take advantage of social media to share what they know and learn from their peers.

NATIONAL HEALTH CARE DISPARITIES REPORT

The *National Healthcare Disparities Report* (NHDR) shows that some Americans receive worse care than other Americans. Within the scope of health care delivery, these disparities may be due to differences in access to care, provider biases, poor provider-patient communication, poor health literacy, or other factors. The purpose of the NHDR, as mandated by Congress, is to identify differences or gaps where some segments of the population receive poor or worse care than others and to track how these gaps are changing over time. Although the emphasis is on disparities related to race and socioeconomic status, the reporting mandate indicates an expectation that the Agency for Healthcare Research and Quality (AHRQ) will examine health care disparities across broadly defined “priority populations.” These include ethnic minorities and other groups or categories of individuals experiencing disparate and inadequate health care.

U.S. ECONOMIC AND SOCIAL TRENDS

Changes in the economy, population migration patterns, and levels of education are factors that have an impact on personal and community health status. A publication from the Population Reference Bureau focuses on the ways in which individuals are adapting to changing economic conditions. The examination looks beyond employment and income and analyzes other important aspects of personal lives, including educational attainment, homeownership, commuting, marriage, fertility, and migration trends. (Go to <http://www.prb.org/pdf10/65.1unitedstates.pdf>.)

OPENING DOORS TO FACULTY INVOLVEMENT IN ASSESSMENT

The National Institute for Learning Outcomes Assessment (NILOA) issued a new paper, *Opening Doors to Faculty Involvement in Assessment*, that examines a range of ways to bring assessment and the regular work of faculty closer together, which may make faculty involvement more likely and assessment more useful.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Digest Of Education Statistics 2009

The 45th in a series of publications initiated in 1962, the Digest's primary purpose is to provide a compilation of statistical information covering the broad field of American education from pre-kindergarten through graduate school. The Digest contains data on a variety of topics, including the number of schools and colleges, teachers, enrollments, and graduates, in addition to educational attainment, finances, and federal funds for education, libraries, and international comparisons. The Digest can be accessed on the Web at <http://nces.ed.gov/pubs2010/2010013.pdf>.

An Agenda For Graduate Education

The prime position of American graduate education is increasingly at risk and both universities and the government need to renew their commitments to helping students earn advanced degrees, according to a report that was released. "The Path Forward: The Future of Graduate Education in the United States" argues that American graduate education has allowed serious problems -- such as low completion rates in many programs and an insufficiently diverse student body -- to linger and it argues that the federal government has failed to take necessary steps to assure the continued strength of a system crucial to American economic success. The report is being released by the Council of Graduate Schools and the Educational Testing Service. And can be accessed on the Web at http://www.fgereport.org/rsc/pdf/CFGE_report.pdf.

Consumers And Health Information Technology

Americans pay more attention and become more engaged in their health and medical care when they have easy access to their health information online, a finding of a national survey of the public's use of and attitudes toward health IT -- in particular personal health records (PHRs). Although only 7% of adults currently use a PHR, the number is growing. Among the survey highlights are:

- As a result of their PHR, users cite taking steps to improve their own health, knowing more about their health care, and asking their doctors questions they would not otherwise have asked.
- Although higher-income individuals are the most likely to have used a PHR, lower-income adults, those with chronic conditions, and those without a college degree are more likely to experience positive effects of having their information accessible online.
- Of those who do not have a PHR, 40% express interest in using one.

The report can be accessed on the Web at <http://www.chcf.org/documents/healthit/ConsumersHealthInfoTechnologyNationalSurvey.pdf>.

2010 Global Survey Of Health Care Consumers: Cross-Country Report

The just-completed *2010 Global Survey of Health Care Consumers* revealed that Americans and consumers in five other surveyed countries are connected by their health care behaviors, attitudes and unmet needs. Deloitte's inaugural global survey was conducted by the Center for Health Solutions.

The report can be accessed on the Web at http://www.deloitte.com/assets/Dcom-UnitedStates/Local%20Assets/Documents/us_chs_consumerism_Global.pdf.

Prevention In Health Reform

With health reform legislation signed into law, James Marks, senior vice president of the Robert Wood Johnson Foundation, and Jeffrey Levi, executive director of the Trust for America's Health, answer questions about the wellness and prevention provisions in the new law. Their responses can be accessed on the Web at <http://www.rwjf.org/publichealth/product.jsp?id=59109>.

2010 ANNUAL CONFERENCE UPDATE

Invitations have been sent to **Madeline Schmitt**, an “active” retiree from the University of Rochester School of Nursing, who is being asked to deliver the Keynote Address on the topic of interprofessional education, research, and practice. In addition, **Carolyn Clancy**, Director of the Agency for Healthcare Research and Quality (AHRQ), has been invited to present the Mary E. Switzer Lecture on some aspect of rehabilitation.

A two-hour concurrent session on the morning of Thursday-October 21 is being arranged by the Association’s Research Committee that will be devoted to a Deans’ Research Panel on “*How to Foster Interdisciplinary Research Initiatives.*” The plan is to have 4-5 presenters (deans/associate deans) make 10-minute presentations, followed by a moderated panel discussion with the audience involving a series of key questions aimed at practical solutions. The Accreditation Committee is planning to conduct a two-hour panel discussion by leading experts from the broad community of allied health accreditation. That session will be held on the morning of Friday-October 22.

The deadline for submitting abstracts for the 2010 ASAHP Annual Conference in Charlotte, NC is **May 14, 2010**. Details are available on the Association’s homepage at www.asahp.org, along with information about the program.

2010 ASAHP ELECTION

The following candidates will run for elected office in the Association in 2010. The election period will begin on July 15, 2010.

Treasurer (two-year term)

Susan N. Hanrahan (Dean, Arkansas State University)

William M. Susman (Associate Provost, Mercy College)

Board of Directors (three-year term)

Claire E. Bender (Dean, Mayo Clinic College of Medicine)

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

Charlotte Royeen (Dean, Saint Louis University)

Nominations & Elections Committee (two-year term)

Julie O’Sullivan Maillet (Dean, University of Medicine & Dentistry of New Jersey)

Carl Mattacola (Division Director, University of Kentucky)

Linda Seestedt-Stanford (Dean, Western Carolina University)

Steven F. Siconolfi (Dean, Ithaca College)

Teri Stumbo (Associate Dean, Des Moines University)

A President-Elect also will be chosen. As a result of a change in the Association’s Constitution & Bylaws, Board Members will make that choice. The individual selected then will serve one-year as President-Elect, two-years as President, and one-year as Immediate Past-President.

ASAHP FACEBOOK PAGE CREATION

Recognizing that many Web browsers today use several kinds of vehicles to obtain information, the Association created a *Facebook* page that will go into effect on May 4. The new communication resource will be a partner to the website at www.asahp.org that already is in effect. The aim is to provide items of interest to faculty and students at member institutions as well as to other browsers who wish to learn more about allied health in general and ASAHP in particular.