ROUTE TO: ______________________________

TRENDS

Association of Schools of Allied Health Professions

CREATING A HEALTH CAREER VIRTUAL PLATFORM

HIGHLIGHTS

JULY-AUGUST 2010

President's Message	2
Health Reform Savings	3
Calendar of Events	3
Board Actions	4
ASAHP President-Elect	4
In Memoriam	5
Community College Degrees	6
Kinesiology	6
Health Disparities	6
Population Health Outcomes	6
Available Resources	7
2010 Annual Conference	8
2010 ASAHP Election	8
Institutional Profile Survey	8

As a result of a grant from the U.S. Department of Labor, work recently began to create a healthcare virtual career platform. The main purpose is to facilitate the transition of unemployed, underemployed, and new entrants to careers in health care. The project is under the general direction of the American Association of Community Colleges. Sub-contractors also are involved. ASAHP Executive Director **Thomas Elwood** is a member of the Advisory Group for the project.

An advantage of the undertaking is that many allied health programs will be featured. The primary emphasis is on professions that require a baccalaureate or lower levels of academic preparation. Higher levels eventually may be included, since they are an essential component of efforts to build career ladders.

A Career Management Account will be one of the elements that career seekers will be able to develop. Individual access will be secured. Once a user enters the platform, that individual will be able to have access to information that he or she placed there such as work history, an assessment of the fit between the person and a desired career, an inventory of courses taken, credentials, curriculum vitae, cover letters, reference letters, job applications, and a variety of useful networks.

When the platform is established, users will be able to take advantage of its main components, which are as follows:

- Labor market information
  What jobs are available in my geographic area?
- Assessments
  What jobs fit my interests and skill?
- Learning Resources
  What education and training are available?
- Financial aid information
  How do I pay for education and training?
- Career development support information
  How can I develop a career development plan?
- Technology information
  What other web applications exist that could help me?

Links to important health career websites will be incorporated into the design of the platform.

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.

PRESIDENTS'S MESSAGE

By Gregory H. Frazer, ASAHP President

Greetings colleagues! I hope you and your respective faculties have welcomed a new crew of eager neophytes to your hallowed halls! I don't know what it was like on your campus, but our six-day long orientation /move-in program for freshmen and transfer students ALWAYS occurs on the hottest days of the summer…and it seems to last forever.

As budgets have continued to erode, the economic recovery slowing, unemployment remaining high, student debt at an all-time high, and the cost to attend our institutions remaining high, there continues to be calls for accountability, transparency, and questions about the "quality" of a college education. Frankly, it reminds me of the decades–long struggle to define "quality" in healthcare. I'm not sure we ever adequately defined it; we simply tired of the discussion.

So, I must tell you, I was taken aback when the August 29th *Chronicle of Higher Education* provided an insight into the metrics used to rate universities. I admit I didn't know that ratings/rankings were published by so many groups: *US News and World Report*, *Washington Monthly*, *Forbes*, *Kiplinger, Times Higher Education-QS World University Rankings,* and *Academic Ranking of World Universities*, are most notable. On my campus we are enamored with the *US News and World Report*. Their ratings appear of our university website and its findings are consistently presented as a point of pride. I was curious about the criteria used in these ratings since no one asked me or my staff to fill out yet one more form or submit any information about my academic programs, students, or faculty. So for your viewing pleasure, I offer the 30 metrics (and the number of raters who use this metric) used to rate our institutions:

Admission rates (2)
Standardized test results (3)
Class rank (1)
Percentage of federal work-study grants focused on community service (1)
Peer assessment/Reputation survey (1)
International attendance ratio (1)
International faculty ratio (1)
Army/Navy ROTC size (1)
Alumni serving in the Peace Corps (1)
Faculty publications and/or citations (2)
Professionally successful alumni (1)
Percentage of faculty who work full time (2)
Instructional spending per student (1)
Total Cost to students (1)
% of students receiving Pell Grants (1)
Average portion of financial need met by financial aid (1)
Student-borrower debt (1)
Student loan default rates (1)
Graduation rates and/or retention rates (4)
Faculty memberships in national academies (1)
Prestigious awards to faculty/students/alumni (3)
PhD's awarded to students (1)
Alumni salaries (1)
Student-faculty ratio (2)
Class sizes (1)
Instructor educational attainment (1)

Source: A. Richards and R. Coddington, *Chronicle of Higher Education*, August 29, 2010

Almost none of these metrics factor into my assessment of quality. As a parent of college-aged children, these are not the issues I am most interested in. The authors summarized this information by stating that "there is a lack of agreement among the (raters) and …except for graduation rates, almost no outcome measures are used." Intuitively, we have ideas and expectations about what constitutes a "quality" academic program. Maybe it's time to form an ASAHP task force to develop a white paper on what constitutes a "quality" health professions program before the politicians, the federal government, or the accreditors do it for us. I wish you and your faculty colleagues a successful year!

HEALTH REFORM AND COST SAVINGS

In July, the Centers for Medicare and Medicaid Services (CMS) released a report, indicating that the Affordable Care Act that was enacted last March includes a series of Medicare reforms that will generate billions of dollars in savings for Medicare and strengthen the care Medicare beneficiaries receive. The new law protects guaranteed benefits for all Medicare beneficiaries and provides new benefits and services. A boast was made that implementing these changes extends the life of the Medicare Hospital Insurance (HI) Trust Fund by 12 years from 2017 to 2029, more than doubling the time before the exhaustion of the Trust Fund. The news was greeted with a great amount of enthusiasm by supporters of the health reform law.

Less well known, however, is the report from the Office of the Actuary that accompanied it, noting that the estimated savings for one category of Medicare proposals may be unrealistic. The law would introduce permanent annual productivity adjustments to price updates for most providers (such as hospitals), using a 10-year moving average of economy-wide productivity gains. While such payment update reductions would provide a strong incentive for providers to maximize efficiency, it is doubtful that many could improve their own productivity updates. Based on productivity expectations that are difficult to attain, Medicare payment rates would grow more slowly than, and in a way that was unrelated to, providers' costs of furnishing services to beneficiaries. Thus, providers for whom Medicare constitutes a substantive portion of their business could find it difficult to remain profitable and absent legislative intervention, might end their participation in the program (possibly jeopardizing access to care). Simulations by the Office of the Actuary suggest that roughly 20 percent of Part A providers would become unprofitable within the 10-year projection period as a result of the productivity adjustments.

The Independent Payment Advisory Board would be charged with recommending changes to certain Medicare payment categories to prevent per-beneficiary Medicare costs from increasing faster than the average of the CPI and the CPI-medical for "implementation years" 2015 through 2019. In general, limiting cost growth to below medical price inflation alone would represent an exceedingly difficult challenge since cost growth per beneficiary was below the target level in only four of the last 25 years.

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

2012—Spring Meeting—Palm Springs, CA—Dates to be determined

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

2013—Leadership Development Program—San Diego, CA—Dates to be determined

2013—Spring Meeting—San Diego, CA—Dates to be determined

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

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

BOARD ACTIONS

The Association's Board of Directors had a meeting on July 29-30 in Orlando, FL. The following actions were among those taken:

- Unanimously approved the Minutes of a Board conference call on June 22.
- Unanimously approved the Treasurer's Report.
- Recognizing that revenue projections may not be met in FY 2010-2011 that will stem from a per published page charge in the *Journal of Allied Health*, a motion was approved unanimously to publish accepted manuscripts in the order they are received, reviewed and accepted rather than give preference to more recently submitted manuscripts that will be affected by the page charge.
- Unanimously approved a motion to authorize the ASAHP President to offer free registration for the Annual Conference to a representative of an allied health academic unit as a recruitment tool.
- Accepted proposed revisions to ASAHP's *Strategic Plan* and agreed to prioritize goals during the Board meeting in October.
- Identified potential activities to be included in the program for the Association's *2011 Spring Meeting* in New Orleans, LA on March 17-18.
- Reviewed preliminary results of a survey conducted by the Research Committee for the purpose of improving the information about research that is made available on the ASAHP website.
- Discussed taking steps that would increase the likelihood of having the Association's nominee chosen as a member of the National Healthcare Workforce Commission, which is in the process of being formed in relation to enactment of health reform legislation in March 2010.
- Agreed to announce an invitation for an ASAHP member to be Exhibit Coordinator and be part of the planning committee for the 2011 Annual Conference in Scottsdale, AZ.
- Reviewed quarterly reports from ASAHP Committees and Task Forces, along with reports on the following activities: Task Force on International Policies/Partnerships, government relations, and the AARC 2015 Conference.

ASAHP-PRESIDENT-ELECT CHOSEN

As a result of a change in the Association's Constitution & Bylaws, which was approved by the membership, the position of President-Elect will be chosen by the Board of Directors. Meeting in Orlando, FL on July 29, by acclamation Board Members selected **Richard Talbott**, Dean of the School of Allied Health Professions at the University of South Alabama, to be President-Elect.

He has served as a Director on the ASAHP Board since 2007. In addition, he has been a member of various committees and taskforces, including the Accreditation Committee, Constitution & Bylaws Committee, Education Committee, and Leadership Development Program Committee. Most recently, he was involved in revising and updating ASAHP's *Policy & Procedures Manual*. He will serve one year as President-Elect beginning on October 23 followed by two years as President and one year as Immediate Past President.

IN MEMORIAM—ASAHP PAST PRESIDENT J. WARREN PERRY

J. Warren Perry, a founder of ASAHP and its 2nd President, died on August 5 at age 88. Among his many accomplishments while belonging to the Association, he was responsible for the creation of the Journal of Allied Health. As in the past, during the Awards Dinner at the upcoming Annual Conference the *J. Warren Perry Award* will be given to the author(s) of a manuscript published in the past year that was judged the best by members of the Journal's Editorial Board.

He was founding dean of the University at Buffalo School of Health Related Professions (now the School of Public Health and Health Professions). A prolific and accomplished scholar, administrator, author and lecturer, Dean Perry was a national figure in his field and his work had an impact on health care delivery systems throughout the country. Arriving at the University of Buffalo in 1966, the School of Health Related Professions became a model for similar schools throughout the State University of New York (SUNY).

He was the first allied health professional ever elected to the Institute of Medicine of the National Academy of Sciences, but he always was quick to note that his proudest accomplishment was that 14 of his former students at Buffalo went on to become deans and presidents of colleges and universities throughout the country. Many individuals from that group eventually became Presidents and Board Members of ASAHP.

Dean Perry received four honorary doctorates, the first from D'Youville College, where he was instrumental in establishing an allied health professions program. He also was recognized for his professional accomplishments by the American Medical Association, the Veterans Administration, the Association of Schools of Allied Health Professions, the U.S. Department of Health, Education and Welfare, and the American Orthotics-Prosthetics Association. He received many awards and considerable public recognition for his support of the arts in Western New York State.

A close personal friend of Mary E. Switzer, a famous U.S. government employee, Dean Perry was responsible for having a lecture established in her name. This year's Switzer Lecture will be presented by Carolyn Clancy, Director of the Agency for Healthcare Research and Quality (AHRQ).

FIVE YEARS AGO IN TRENDS

The Higher Learning Commission convened "A Task Force on the Clinical Doctorate." ASAHP President **David D. Gale** is one of its members. In his *President's Message* in the July-August 2005 issue, he noted that some new degrees appear before the professional accrediting agency has determined whether a degree should exist, let alone define its content. Several kinds of degrees are emerging in colleges and universities that (1) offer few if any other doctoral programs and (2) do not have graduate school oversight of these new programs. Moreover, it appears that with some of the new programs, the content actually may differ among institutions regarding whether they are provided under the authority of a graduate school or not.

TEN YEARS AGO IN TRENDS

A survey conducted by ASAHP of its member institutions to determine if there is a decline in the number of applicants and in the amount of subsequent enrollment projected for 2000-2001 as compared to 1999-2000 in 20 specified allied health disciplines. Irrespective of whether means or medians are used in the calculations, a basic trend is quite evident. The applicant pool in many professions is shrinking dramatically.

The following declines have occurred: physical therapy-down 39%, radiation therapy technology—down 34%, occupational therapy—down 31%, and respiratory therapy—down 30%

BACCALAUREATE DEGREES OFFERED BY COMMUNITY COLLEGES

While community colleges often are perceived as solely offering two-year associate degrees, in Florida where the community college baccalaureate movement is strongest, community colleges now offer more than 100 four-year degrees. Primarily, these programs are offered in nursing and education. Additional information about this trend can be accessed on the Web at http://www.insidehighered.com/news/2010/08/12/baccalaureate.

KINESIOLOGY: A QUICKLY GROWING MAJOR

By 2018, the number of physical therapists in the United States is projected to grow by 30.3 percent, but the number of students majoring in kinesiology – a field in which many physical therapists hold a degree -- is growing at an even faster rate. According to the American Kinesiology Association, the number of undergraduate kinesiology majors grew 50 percent from 2003 to 2008 to more than 26,000 students, making it one of the fastest-growing majors in the country. Kinesiology, or the study of physical movement, has seen a surge in popularity over the last 20 years that experts attribute to its social relevance, its relation to the obesity epidemic, and the growing societal importance of sports and athletics.

The lack of resources to train new professors is one of the biggest challenges facing the field: currently there are only 60 Ph.D. programs in the country for kinesiology -- a sharp decline from two decades ago.
Additional information can be accessed on the Web at http://www.insidehighered.com/news/2010/08/11/kinesiology.

NIH BREAKS NEW GROUND IN REDUCING HEALTH DISPARITIES

The National Institutes of Health recently launched a multidisciplinary network of experts who will explore new approaches to understanding the origins of health disparities or differences in the burden of disease among population groups. Using state-of-the-science conceptual and computational models, the network's goal is to identify important areas where interventions or policy changes could have the greatest impact in eliminating health disparities. The Office of Behavioral and Social Sciences Research (OBSSR), part of NIH, is contracting with the University of Michigan's School of Public Health, Ann Arbor, to establish the Network on Inequality, Complexity, and Health (NICH).

More information about the NICH is on the Web at http://obssr.od.nih.gov/scientific_areas/social_culture_factors_in_health/health_disparities/index.aspx#NICH.

MEASURING POPULATION HEALTH OUTCOMES

An article in the July 2010 issue of the CDC publication, *Preventing Chronic Disease: Public Health Research, Practice, and Policy*, states that an ideal population health outcome metric should reflect a population's dynamic state of physical, mental, and social well-being. Diseases and injuries are intermediate factors that influence the likelihood of achieving a state of health. On the basis of a review of outcomes metrics currently in use and the availability of data for at least some US counties, the following metrics for population health outcomes are recommended: 1) life expectancy from birth, or age-adjusted mortality rate; 2) condition-specific changes in life expectancy, or condition-specific or age-specific mortality rates; and 3) self-reported level of health, functional status, and experiential status.

When reported, outcome metrics should present both the overall level of health of a population and the distribution of health among different geographic, economic, and demographic groups in the population.
The article is on the Web at http://cdc.gov/pcd/issues/2010/jul/10_0005.htm.

A useful tool that can be employed was developed by the Henry J. Kaiser Family Foundation. A source for State health data, it can be found on the Web at http://www.statehealthfacts.kff.org/.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Use of Herbal Medicines in the Cancer Clinic

An article in the August 18 issue of *Science Translational Medicine* indicates that the use of complementary and alternative medicine (CAM) has become a core component of the daily challenges faced when treating cancer patients. PHY906 is a formulation of four herbal compounds traditionally used to treat nausea, vomiting, cramping, and diarrhea. Diarrhea is one of the major side effects of the cancer drug irinotecan. Yet, when considering CAM use in the treatment of cancer patients, one must take into account reproducibility of preclinical findings in clinical practice, quality assurance of herbal products, and potential toxicities associated with alternative therapies.

Medicaid Long-Term Care: The Ticking Time Bomb

The convergence of an aging population, growing fiscal pressures, and health care reform's mandate for increased access to care will have far-reaching consequences for state-administered Medicaid long-term care (LTC) programs. Left unattended, states' obligation to their Medicaid LTC enrollees has the potential to debilitate government effectiveness. In addition, the 2010 Patient Protection and Affordable Care Act (PPACA) provides little near-term relief: States must innovate with a sense of urgency to address this priority issue. *"Medicaid Long-term Care: The Ticking Time Bomb,"* a new Issue Brief by the Deloitte Center for Health Solutions, part of Deloitte LLP, examines the situation. The Issue Brief is on the Web at http://www.deloitte.com/assets/Dcom-UnitedStates/Local%20Assets/Documents/US_CHS_2010LTCinMedicaid_062910.pdf.

New Realities Of An Older America: Challenges, Changes, And Questions

A report from the Stanford Center on Longevity is entitled *New Realities of an Older America: Challenges, Changes, and Questions*. It highlights five important changes shaping the new demographic reality: population aging, increased racial and ethnic diversity, changes in living arrangements, evolving health care needs, and challenges to financial well-being. The report is on the Web at http://longevity.stanford.edu/files/New%20Realities%20of%20an%20Older%20America.pdf.

Aging And The Health Care Workforce

A report from the Population Reference Bureau examines the effects of an aging population on the health care workforce. Since the population is demanding more healthcare services, health care also involves a workforce that is aging and retiring in greater numbers. The report is on the Web at http://www.prb.org/pdf10/TodaysResearchAging19.pdf.

Status And Trends In The Education Of Racial And Ethnic Groups

A new report from the National Center for Education Statistics (NCES) profiles current conditions and recent trends in the education of students by racial and ethnic group. It presents a selection of indicators that illustrate the educational achievement and attainment of White, Black, Hispanic, American Indian/Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander students. This report presents 29 indicators that provide information and examine (1) demographics, (2) patterns of pre-primary, elementary, and secondary school enrollment; (3) student achievement, (4) persistence; (5) student behaviors that can affect their education; (6) participation in postsecondary education; and (7) outcomes of education. The report is on the Web at http://nces.ed.gov/pubs2010/2010015.pdf.

2010 ASAHP ANNUAL CONFERENCE

The Association's 2010 Annual Conference will be held in Charlotte, NC on October 20-22. In addition to three plenary session presentations by prominent speakers, a series of concurrent sessions will involve presentations by 41 speakers and the Poster Session will feature displays by another 55 individuals.

This year, eight organizations will have representatives and material available for conference attendees in the exhibit area. The exhibitors are:

- National Center for the Analysis of Health Care Data
- Allied Health Research Institute
- Health Workforce Information Center
- Kaiser Permanente
- Center for Healthcare Innovation
- CertifiedBackground.com
- Enrollment Rx, LLC
- Verified Credentials

An opportunity still exists to exhibit, sponsor activities, and advertise at the conference. Information on how to do so is on the Web at
http://www.asahp.org/annual_support.htm.

2010 ASAHP ELECTION

The 2010 ASAHP Election period closed on August 15. Dues for each membership category must be paid by the close of business on September 1 in order for votes to be included in the final tally. The results will be conveyed on the following day to ASAHP President-Elect **Richard Talbott** (Dean, University of South Alabama), Chairperson of the Nominations & Elections Committee, who in turn will notify all candidates of the election outcome. Terms of office officially begin upon conclusion of the 2010 ASAHP Annual Conference on October 23. Appreciation is extended to all candidates for their willingness to participate in this year's election.

INSTITUTIONAL PROFILE SURVEY

The Association's next iteration of the *Institutional Profile Survey* for 2010-2011 is ready to be launched. The data collection period will open on September 7 and end on October 29. Noting that personnel changes occur at many institutions each year, now is an excellent time to determine who will be assigned responsibility for collecting data. Individuals who previously have not collected and submitted data for the survey are advised to refer to a tutorial that is online at www.asahp.org in the section of the homepage labeled "Survey." The tutorial was designed to answer the most commonly asked questions and provide a step-by-step guide on how to proceed.