

TRENDS Association of Schools of Allied Health Professions

OF MICE AND MEN: GENOMICS

HIGHLIGHTS

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VANGUARD OF
ALLIED HEALTH EDUCATION

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Humans and mice are included among a list of organisms with fully sequenced genomes. For a mouse (*Mus musculus*), it is estimated that there are 20,210 protein-coding genes. For a human (*homo sapiens*), the estimate is 19,042. Each passing day in the United States tends to bring with it some manifestation of technological successes and failures. Although the spewing of oil into the Gulf of Mexico might be viewed as just one more lapse for *homo saps*, remarkable advances have been made in furthering an understanding of the human genome's contribution to health and disease.

A *Genomic Medicine Series* was launched in the New England Journal of Medicine on November 7, 2002 with the publication of "Getting Ready For Gene-Based Medicine" by **Harold Varmus**, President of Memorial Sloan-Kettering Cancer Center and former Director of the National Institutes of Health. He observed back then that the full potential of a DNA-based transformation of medicine will be realized only gradually, over the course of decades. The pace will be limited not only by the speed of discovery, but also by the need to educate practicing physicians, other health professionals, and their patients about the uses and shortcomings of genetic information.

The most recent addition to the series was published on May 27, 2010 in that journal in the form of *An Updated Primer*, with one of the authors being the current NIH Director **Francis S. Collins**. They note that the wealth of scientific discovery generated over the past 10 years is unparalleled in the history of biomedicine and the rate of discovery is accelerating. The ability to measure human genetic variation reliably and inexpensively in research settings has fueled and shaped the movement toward personalized medicine in health care, which refers to a core idea that any one patient's health is managed best by tailoring preventive measures and treatment to personal preferences and to particular environmental and biologic—including genomic—attributes.

Given the huge number of commercial genomewide scans available and the possibility that false test results can occur, resulting in harmful consequences, health professionals are in a favorable position to serve as accurate resources for patients. The National Coalition for Health Professional Education in Genetics (NCHPEG) is an organization of organizations committed to a national effort to promote health professional education and access to information about advances in human genetics. It seeks to fulfil this mission by integrating genetics content into the knowledge base of various kinds of professionals, including allied health, in addition to developing educational tools and information resources to facilitate the integration of genetics into health professional practice. ASAHP Past President **David D. Gale** (Dean, Eastern Kentucky University) serves as Chairperson of the NCHPEG Board of Directors.

PRESIDENTS' MESSAGE

By Gregory H. Frazer, ASAHP President



Greetings colleagues! This time of year my thoughts are often on international education and experiences. I have been lucky enough to lead a study abroad experience for our students to Tanzania and Tunisia for the past five years during which we visit public and private hospitals, pharmacies, clinics, both pediatric and adult rehabilitation facilities, and mental health facilities. These have been enriching, eye-opening, and sometimes sobering experiences for my students who are able to witness and experience human suffering and emotional challenges not often known in our culture. Medical equipment that we have grown to take for granted is a luxury. Gloves are rarely used because they are scarce and expensive. Pharmaceuticals are available, but not always at the necessary location, at the prescribed dosage, or administered on the recommended frequency.

With all of these challenges and encumbrances, health care providers at all levels act due diligently and in the best interest of their patients and, sometimes to our surprise, those patients recover. These experiences also clearly identify areas of partnership and cooperation that would mutually benefit our programs and students as well as our partners. That brings me to the Commentary by J.D. Holm and Leapetsewe Malete in a recent issue of the *Chronicle of Higher Education* identifying the “Nine Problems That Hinder Partnerships in Africa”. The authors begin by stating that academics in developed countries often take leadership roles in the projects, relegating their African colleagues to secondary or tertiary roles. They go on to state that often, outsiders think they know what curriculum is best, use a top-down approach, that African universities cannot afford significant project costs, projects are often done with multiple partners, top-quality U.S. and European university only want to be associated with institutions of comparable reputation, that the health and safety risks are exaggerated, and that it is best to teach new skills to African colleagues in quick workshops.

My experience is that the opportunity for exchanges and cooperative agreements is no more or less possible than it is with our colleagues in the U.S. The fact is that the local academics are the only ones who can assure access to patients or populations. There is a distrust of outsiders who just appear and “want to help”. They do not have the computing capacity or support or library resources, but that affords the opportunity for you to bring some resources to the table. They often do not have the financial and human resources to support scholarly projects. But what they do have is a spirit of collegiality and a commitment to do things right. We often forget that African academics are trained in European and American universities. They are clear in knowing what their students, patients, and society need; they simply lack the enabling resources. I can't be a bigger champion of international experiences for students, exchanges for faculty, and cooperative agreements that add depth, breadth, and quality to our sometimes pedestrian programs. The budding and broadening of our students and faculty are well worth the trials and tribulations of the experience.

HEALTH REFORM UNFOLDS



P.L. 111-148, the Patient Protection and Affordable Care Act, was enacted a little more than two months ago and concerted action already has begun on many fronts. More than 150 commissions and advisory groups will be created. An example of an entity that pertains directly to allied health is the *National Healthcare Workforce Commission*. The Comptroller General of the United States, who heads the Government Accountability Office (GAO), will appoint 15 members by September 30 of this year. The

membership of the Commission shall include individuals—(i) with national recognition for their expertise in health care labor market analysis, including health care workforce analysis; health care finance and economics; health care facility management; health care plans and integrated delivery systems; health care workforce education and training; health care philanthropy; providers of health care services; and other related fields; and (ii) who will provide a combination of professional perspectives, broad geographic representation, and a balance between urban, suburban, rural, and frontier representatives.

The purposes of the commission are to: 1) serve as a national resource for Congress, the President, States, and localities; (2) communicate and coordinate with the Departments of Health and Human Services, Labor, Veterans Affairs, Homeland Security, and Education on related activities administered by one or more of such Departments; (3) develop and commission evaluations of education and training activities to determine whether the demand for health care workers is being met; (4) identify barriers to improved coordination at the Federal, State, and local levels and recommend ways to address such barriers; and (5) encourage innovations to address population needs, constant changes in technology, and other environmental factors.

The legislation encountered considerable resistance, particularly from Republicans as it made its way through both chambers in Congress. Since then, more than 30 states have joined forces to repeal the individual mandate. In another contentious arena, the Texas Spine & Joint Hospital and Physician Hospitals of America are expected to file a lawsuit against HHS that alleges the health reform law unconstitutionally prohibits expansion and development of physician-owned hospitals. The lawsuit also seeks a preliminary injunction against Section 6001 of the Patient Protection and Affordable Care Act that would allow the hospital to continue with a 20-bed expansion.

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

MILLENNIALS AND THE U.S. HEALTH SCENE

Many individuals who are part of the segment of the U.S. population known as millennials, members of the generation born after 1980, already either are practicing health professionals or are in school preparing to become part of the health workforce. At another site on the age spectrum, the 77 million baby boomers who were born in the period 1946-1964, will join the millions of the Silent Generation (born in the period 1928-1945) and the Greatest Generation (born prior to 1928) who already are part of the Medicare program and are recipients of long-term care health and social services. These generation groups, along with Generation X (born in the period 1965-1980) have distinct characteristics that may have an effect on how health care is delivered in coming years.

The Pew Research Center completed a study this year involving four of these groups. The Greatest Generation was excluded because of an insufficient number of respondents. Shown below are same ways in which the generations are either similar or different.

What Makes Your Generation Unique?

<u>Millennial</u>	<u>Generation X</u>	<u>Boomer</u>	<u>Silent</u>
1. Technology use (24%)	Technology use (12%)	Work ethic (17%)	WW II, Depression (14%)
2. Music/Pop culture (11%)	Work ethic (11%)	Respectful (14%)	Smarter (13%)
3. Liberal/tolerant (7%)	Conservative/Traditional (7%)	Values/Morals (8%)	Honest (12%)
4. Smarter (6%)	Smarter (6%)	“Baby Boomers” (6%)	Work ethic (10%)
5. Clothes (5%)	Respectful (5%)	Smarter (5%)	Values/Morals (10%)

	Millennial	Generation X	Boomer	Silent
	%	%	%	%
Internet behaviors				
Created social networking profile	75	50	30	6
Wireless internet away from home	62	48	35	11
Posted video of themselves online	20	6	2	1
Use Twitter	14	10	6	1
Cell phones and texting				
Use cell to text	88	77	51	9
Texted in past 24 hours	80	63	35	4
Texted while driving	64	46	21	1
Have a cell phone/no landline	41	24	13	5
Median # texts in past 24 hours	20	12	5	--

	Ever Text	Text in past day	Median # in past day*
	%	%	#
Millennial	8	80	20
Generation X	77	63	12
Boomer	51	35	5
Silent	9	4	--

*Silent generation not shown because of small sample size.

WHILE DRIVING, HAVE YOU... TALKED ON A CELL PHONE

	%
Millennial	75
Generation X	75
Boomer	72
Silent	27

SENT OR RECEIVED A TEXT MESSAGE

	%
Millennial	64
Generation X	46
Boomer	21
Silent	1

TATTOOS, BY GENERATION

% WHO HAVE A TATTOO	%
Millennial	38
Generation X	32
Boomer	15
Silent	6

At any given moment in time, age group differences can be the result of three overlapping processes: **1) Life cycle effects.** Young persons may be different from older individuals today, but they may well become more like them tomorrow, once they themselves age. **2) Period effects.** Major events (wars; social movements; economic downturns; medical, scientific or technological breakthroughs) affect all age groups simultaneously, but the degree of impact may differ according to where individuals are located in the life cycle. **3) Cohort effects.** Period events and trends often leave a particularly deep impression on young adults because they are still developing their core values; these imprints stay with them as they move through their life cycle.

It is not possible to know yet which formative experiences the Millennials will carry forward throughout their life cycle. Such findings as shown in this newsletter begin to shine a light on what they are like today – and on what America might be like tomorrow. Apart from any superficial characteristics or modes of personal behavior, in the final analysis the kinds of citizens they will be and the quality of the health care that they will provide will be rooted in attributes that may be common to all generations.

These qualities will stem from the values that have been instilled in them by older family members. How they behave will be a reflection of their ability to sustain meaningful relationships with patients as well as with significant individuals in the form of spouses and their own children. Whether it be of a religious nature related to a specific denomination or a more general sense of spirituality, an ethical code will guide their behavior. Their willingness to work in team-based health care will have a direct impact on the success of patient outcomes. Their penchant for lifetime learning will influence their ability to stay abreast of the latest developments in health technology. Their embrace of rapid advances in areas such as genomics will aid in the provision of quality health care. Finally, their ability to adapt will determine how effective they will be in the many alterations that will result from major health reform efforts.

COMMUNITY HEALTH DATA INITIATIVE LAUNCHED

HHS Secretary **Kathleen Sebelius** and **Harvey Fineberg**, President of the Institute of Medicine, unveiled the *Community Health Data Initiative*, a national effort to promote the use of community health data to spur innovation and development of new applications. The Initiative is a major new public-private effort that aims to help Americans understand health and health care performance in their communities -- and to help spark and facilitate action to improve performance. The fundamental approach being taken is to catalyze the advent of a network of community health data suppliers (starting with HHS) and “data appliers” who use that data to create applications that (1) raise awareness of community health performance, (2) increase pressure on decision makers to improve performance, and (3) help facilitate and inform action to improve performance.

The public will be provided free of charge and without any intellectual property constraint, a *Community Health Data Set* harvested from across HHS – a wealth of easily accessible, standardized, structured, downloadable data on health care, health, and determinants of health performance at the national, state, regional, and county levels, as well as by age, gender, race/ethnicity, and income (where available). This data set will consist of hundreds (ultimately, thousands) of measures of health care quality, cost, access and public health (e.g., obesity rates, smoking rates, etc.), including data produced for the Community Health Status Indicators, County Health Rankings, and State of the USA programs.

In addition, it will include a major contribution of new national, state, regional, and potentially county-level Medicare prevalence of disease, quality, cost, and utilization data from the Centers for Medicare and Medicaid Services (CMS), never previously published, as well as data for measures tracked by Healthy People 2020. The Initiative also will include information on evidence-based programs and policies that have successfully improved community performance across many of these measures.

MEASURING THE IMPACT OF FEDERALLY FUNDED RESEARCH

A new initiative promises to monitor the impact of federal science investments on employment, knowledge generation, and health outcomes. The initiative—*Science and Technology for America’s Reinvestment: Measuring the Effect of Research on Innovation, Competitiveness and Science, or STAR METRICS*—is a multi-agency venture led by the National Institutes of Health, the National Science Foundation (NSF), and the White House Office of Science and Technology Policy (OSTP). Data for the program will come from research institutions that volunteer to participate and the federal agencies that fund them. Information will be gathered from universities in a highly automated way, with minimal or no burden for scientists and university administrators. For more information, go to the Web at http://nrc59.nas.edu/star_info2.cfm.

CDC RESPONDS TO OIL SPILL HEALTH HAZARDS

The Centers for Disease Control and Prevention (CDC) and the U.S. Department of Health and Human Services recognize the importance of anticipating, monitoring, and responding to any potential public health hazards that may affect human health. Currently, 126 CDC and ATSDR staff members are involved in the response, including six staff members who are deployed to Gulf Coast states. CDC is monitoring potential health threats or conditions across the five Gulf States that may arise as a result of human exposure to the oil spill. Federal personnel are in constant communication with state partners and have a standing commitment to support and respond quickly to any emerging health threats. Among the various concerns are food contamination, air quality hazards that result from burning oil, and inhalation of vapors from volatile organic compounds that can lead to upset stomachs, headaches, and irritation of the eyes, nose, throat, and skin.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Health Reform GPS: Online Tool

The George Washington University School of Public Health and Health Services' Hirsh Health Law and Policy Program has partnered with the Robert Wood Johnson Foundation to produce "*Health Reform GPS*," an online tool to help navigate the Patient Protection and Affordable Care Act (PPACA) and its implementation. The site contains legal analysis of the law as well as expert commentary on its various provisions. The site eventually will cover all aspects of PPACA. The site can be accessed on the Web at <http://www.healthreformgps.org/>.

21st Century Roadmap For Advancing America's Health

The Commission on U.S. Federal Leadership in Health and Medicine's second report, *A 21st Century Roadmap for Advancing America's Health: The Path from Peril to Progress* (May 2010) marks the passage of recent landmark health reform legislation and proposes a series of recommendations to make America the healthiest nation in the world. The Commission's recommendations reach beyond health insurance reform to address four pillars of a 21st century health care system for the nation, which include investing in research, strengthening public health and prevention, re-engineering the delivery system, and promoting global health. The report can be accessed on the Web at http://www.thepresidency.org/storage/documents/Health_Report.pdf.

Web Resource Center Available To Measure Quality In Higher Education

A new web resource center on measuring quality in higher education is available from the Association for Institutional Research (AIR) in partnership with the American Council on Education (ACE) Center for Policy Analysis and the National Institute for Learning Outcomes Assessment (NILOA). The website provides information on assessment instruments and resources in a format that allows keyword and topical searches. This information is an update and expansion of the monograph, *Measuring Quality: Surveys and Other Assessments of College Quality* (Borden & Owens, 2001). The original monograph, published jointly by ACE and AIR, included information about 26 assessment instruments. The updated inventory includes nearly 10 times as many items divided into four categories: instruments (examinations, surveys, questionnaires, etc.); software tools and platforms; benchmarking systems and data resources; projects, initiatives and services. The resource center includes guidance intended to provide context for evaluating, selecting, and using assessment tools and resources. The website can be accessed on the Web at <http://applications.airweb.org/surveys/>.

The Condition Of Education 2010

The Condition of Education 2010 summarizes important developments and trends in education using the latest available data. The report presents 49 indicators on the status and condition of education, in addition to a special section on high-poverty schools. The indicators represent a consensus of professional judgment on the most significant national measures of the condition and progress of education for which accurate data are available. Among the five main areas covered in the report, one is the contexts of postsecondary education. The report can be accessed on the Web at <http://nces.ed.gov/pubs2010/2010028.pdf>.

2010 ANNUAL CONFERENCE UPDATE

The 2010 ASAHP Annual Conference will be held in Charlotte, NC on October 20-22. The deadline for submitting abstracts for concurrent sessions and the poster session was **May 14, 2010**. The poster session attracted 33 abstracts and the concurrent sessions drew 58 abstracts. Ten concurrent sessions will be offered, with four presentations each session. Eight presentations have been allocated to the Association's Research Committee. Abstracts not selected for concurrent sessions can be presented at the poster session, if the individuals who submitted them wish to do so. Members of the conference planning committee will be involved in the selection process. They were sent copies of the abstracts with a request to evaluate and rank them. Items with the highest ranking will be selected for presentation at concurrent sessions. The assessment will be completed shortly after June 25. Following the tabulation of results, individuals who submitted abstracts will be notified of decisions made.

Carolyn Clancy, Director of the Agency for Healthcare Research and Quality (AHRQ), has accepted an invitation to present the *Mary E. Switzer Lecture* on the opening day of the conference. Her general focus will be on the topic of rehabilitation. The Keynote Speaker on the morning of October 22 will be **Robert Brooks**. His topic will be health policy in the context of changes resulting from health reform legislation. He has served as secretary of health for the state of Florida in addition to being a former Florida state legislator.

FIVE YEARS AGO IN TRENDS

In his *President's Message* of May 2005, ASAHP President **David D. Gale** provided a history of efforts in the Association to enhance the research capabilities of faculty at member institutions. He noted that the expectation of academic administrators is that allied health faculty should be as successful as their colleagues in other areas of the campus in attracting grant money and publishing in peer reviewed journals. Past Presidents such as **David Broski** of the University of Illinois at Chicago (1990-1991) and **Judith Barr** of Northeastern University (1994-1996) were successful in creating special conferences and workshops apart from annual conferences and spring meetings that were devoted specifically to acquainting faculty with research funding opportunities and highlighting the importance of outcomes and effectiveness research. Of more recent vintage, President Gale described the efforts by ASAHP Board Member **Gary Neiman** to form a national coordinating council along with representatives from several organizations to advance research initiatives in allied health.

TEN YEARS AGO IN TRENDS

The June 2000 issue of TRENDS described the testimony of ASAHP President **John Trufant** of Rush University of Rush-Presbyterian-St. Luke's Medical Center (1998-2000) before the House Appropriations Subcommittee for Labor, Health and Human Services, Education & Related Agencies. ASAHP's *Government Relations Forum* attracted 18 participants in the first week of May 2000. In addition to visiting 50 offices on Capitol Hill to urge legislators to provide more funding for allied health under Title VII of the Public Health Service Act, they obtained a briefing from HHS Secretary **Donna Shalala**. Two weeks later, ASAHP's *Outcomes Research Forum* provided an opportunity for participants to interact with **Carolyn Clancy**, Director of the Office of Effectiveness and Outcomes Research at the Agency for Healthcare Research and Quality (AHRQ).

ASAHP'S FACEBOOK PAGE

ASAHP recently created a Facebook page that can be accessed by going to the Internet at http://www.facebook.com/pages/The-Association-of-Schools-of-Allied-Health-Professions-ASAHP/118797631481975?v=app_2309869772&ref=sgm#!/pages/The-Association-of-Schools-of-Allied-Health-Professions-ASAHP/118797631481975?ref=ts or by logging into Facebook and searching for "ASAHP." The site provides an opportunity to share information with other ASAHP members about faculty achievements in the way of publications, speaking engagements, awards, and grants.