

TRENDS

**Association of
Schools of
Allied Health
Professions**

FUTURE OF HEALTH CARE AND HIGHER EDUCATION

HIGHLIGHTS

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VANGUARD OF
ALLIED HEALTH EDUCATION

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Physicist Neils Bohr once observed that prediction is difficult, especially the future. Attempting to describe what health care and higher education in the allied health professions will look like in coming decades is fraught with major uncertainties, but certain facts are indisputable.

The U.S. population is growing larger, the number and percentage of individuals age 65 and older is increasing quite dramatically, and the ethnic composition is changing as Caucasians will continue to represent a declining proportion of the overall populace. The implications of these demographic shifts have profound implications for the health workforce of tomorrow. Also worth noting is that significant generational differences exist. Caregivers and educators of today differ in many ways from those who will succeed them as time marches inexorably forward.

The current economic landscape has not been a healthy one for states in providing financial support for institutions of higher education. Low-enrollment programs are being eliminated and class sizes are increasing. Meanwhile, tuition costs are higher and this year the percentage increases for public and private four-year colleges and universities are greater than they were last year. Generally, the percentage increases at public institutions are larger than those at private institutions.

According to a report from The Urban Institute, children of immigrants have nearly doubled as a share of pre-K to 3rd grade students since 1990. The share of children under age eight with immigrant parents stood at 24 percent in 2008, up from 13 percent in 1990. Young children of immigrants account for more than 30 percent of children in seven states, with California leading the nation at 50 percent. The number of individuals 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 2010 U.S. Census Bureau report 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 with Spanish speakers accounting for the largest numeric increase.

An aging population will require more health services. Ethnically, the patient mix will change and there is abundant evidence that higher quality care is provided by health professionals who more closely resemble their clients. Faculty will be needed to produce future cadres of practitioners. Costs of higher education and academic salaries will have an impact on the growth of that part of the labor force. The challenges are many and the years ahead should prove to be most interesting in developing effective ways to meet them.

PRESIDENTS'S MESSAGE

By Gregory H. Frazer, ASAHP President



Good morning friends! I hope this finds you well after a wonderful Thanksgiving holiday. I was blessed this year to have my three children in the same place for four days! It was a wonderful time for all! I hope you had the same quality of experience over your holiday!

An issue that I think about often is how can our Association be better known and be more influential, becoming a “player” in health policy and health reform and health professions education. I think back to our meager beginnings 43 years ago when our 13 dean predecessors (13 colonies—are we really that old?) got together to see if there were common solutions to problems associated with starting an academic unit that served as the home for so many different health professions.

Over the next 43 years, our members have developed some of the most outstanding educational experiences illustrating academic and curricular innovation available to students, yet those exceptional results go relatively unrecognized. Our Annual Conference has evolved into an occasion for the deans to meet and collaborate on issues of economic and political challenge and our faculty members have a peer-reviewed opportunity to share their scholarship, service learning, and theory-building endeavors.

With that being said and after some excellent work by our Ad Hoc Committee on Branding chaired by Ron Winters and Steve Siconolfi, one of the most disappointing results during my time on the Board of Directors was our inability to fund our branding initiative. It seemed like a wonderful project on so many levels where, through marketing and public relations, we could finally brand the good work we do and position our Association to be active player on the state and national levels.

It gave me food for thought when I came across Scott Carlson’s article in the November 19 *Chronicle of Higher Education* in which he discussed “How to Build a Perception of Greatness.” Although our Association resources are simply insufficient to support a six-figure, multi-year branding campaign, Mr. Carlson identifies five principles of “of slowly and sustainably building a perception of greatness” in institutions that could be amended to support our Association’s reputation and standing: 1) Play to your strengths (I’m not sure the Board or the membership has ever studied our strengths); 2) Putting a Face at the top (could be the Executive director, our lobbyist, the president, board members, and/or prominent members; 3) Hot town, college in city (since our office is in Washington, DC, I’m not sure we could be better geographically situated); 4) Showing off your assets (we need to get better at promoting what we do well and what support, advice and counsel we can provide); and 5) Looking from the outside in (we may need to “reframe the way they perceive themselves, even as the world changes the way it sees higher education”).

We will never be able to afford a professionally-orchestrated branding campaign. Perhaps it’s a reasonable time to reconstitute the Ad Hoc Branding Committee to consider how Mr. Carlson’s principles might be amended to support the good work and aims of our Association? On behalf of your Board of Directors and Tom and Ashley, I wish each of you, your families, your students, and your faculty an enjoyable, renewing, and happy holiday season! May 2011 be memorable for you, your programs, and our Association!

POLITICAL ELECTION OUTCOME POSES UNCERTAINTY



The 2010 election has come and gone and Democrats will no longer have the numbers to carry out their agenda. Meanwhile, a lame duck session is underway and it is not clear whether Congress will be able to pass appropriation bills for the fiscal year that began on October 1. Senate Democrats are trying to woo enough Republicans to pass a year-end omnibus spending measure even as GOP senators remain divided over how to proceed amid continuing tension in both parties over earmarks.

Appropriations Chairman Daniel K. Inouye (D-HI), who has been working with ranking Republican Thad Cochran (R-MS) to roll together the twelve fiscal 2011 appropriations bills into an omnibus package, will need 60 votes to move the bill through the Senate amid GOP opposition. GOP divisions over how to proceed underscore uncertainty in the spending process as the end of the 111th Congress approaches. Congress has not completed any of the appropriations bills for fiscal 2011. With the current continuing resolution (PL 111-242) set to expire December 3, the House is preparing to vote on another stopgap measure to keep the government funded through December 17.

Moreover, the year-end spending negotiations occur against the backdrop of a series of efforts to ban the practice of earmarking. This month, the Senate rejected a proposed three-year ban on congressional earmarks, offered by Tom Coburn (R-OK) during debate on food safety legislation. Many Republicans want earmarking to stop immediately — starting with the unfinished fiscal 2011 spending bills. How appropriators and the Democratic leadership handle earmarks in the omnibus could determine the ultimate fate of the package.

Minority Leader Mitch McConnell (R-KY) opposes the omnibus approach and many Republicans want a stopgap bill extending only into early next year. Doing so would allow them to then attempt to roll back spending to fiscal 2008 levels when the GOP takes control of the House. As the House prepares to vote on the short-term spending measure, Democratic appropriators also are preparing a long-term continuing resolution to keep the government funded through the entire fiscal year.

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
- March 22-23, 2012**—Spring Meeting—Palm Springs, CA
- October 24-25, 2012**—Annual Conference—Orlando, FL
- March 19-20, 2013**—Leadership Development Program—San Diego, CA
- March 21-22, 2013**—Spring Meeting—San Diego, CA
- October 21-22, 2013**—Leadership Development Program—Nashville, TN
- October 23-24, 2013**—Annual Conference—Nashville, TN

UMDNJ CELEBRATES ALLIED HEALTH PROFESSIONS WEEK



UMDNJ's School of Health Related Professions held a four-day celebration of Allied Health Professions Week at its Scotch Plains (pictured), Stratford, Piscataway, and Newark campuses.

ASAHP SCHOLARSHIP OF EXCELLENCE RECIPIENT AT THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER



From L-R: M. Ferretti, Department of Rehabilitation Science Chairperson; Dean P. Kevin Rudeen; Scholarship Recipient Sarah Warren; D. Bender, Doctorate in Physical Therapy Program Director; and S. Tucker, Assistant Dean of Student Affairs.

JOURNAL OF ALLIED HEALTH

Judged solely by the number of manuscripts submitted, the Association's *Journal of Allied Health* is doing quite well. More than 175 reviewers are involved in assessing the suitability of these items for publication in either the printed or electronic versions of this quarterly periodical.

Some papers match nicely with the expertise and interests of reviewers in areas such as physical therapy, but not all submissions fit so conveniently and it is a challenge to find the best set of three reviewers for each manuscript. Thus, more individuals are needed to conduct reviews. Interested administrators and faculty members are requested to send an e-mail message to thomas@asahp.org.

FIVE YEARS AGO IN TRENDS

The Association is making available a set of accreditation templates on the ASAHP website as a means of aiding in the navigation of several different accreditation organizations. Unlike most other health professions, allied health is characterized by a multiplicity of accrediting agencies. A considerable amount of time, effort, and money is involved in meeting the requirements of these various groups. Moreover, at institutions with many kinds of academic offerings, it is challenging to remember the processes and procedures of each agency. Typically, schools with allied health programs add to their inventory by creating new programs over time. The learning curve can be steep during the early days of discovering exactly what is expected by accrediting organizations that are new to a school. The templates were designed to remove the bulk of the mystery associated with any venture into these new domains. In addition, this handy resource involves the consolidation of this information in a single location. The templates provide a guide to the major steps in accreditation from the time that officials at an institution decide to start a new program until it is well established. An example of some common elements that cut across the various agencies are as follows: hire a program director, develop a curriculum, hire appropriate faculty members, identify and develop clinical education sites, and admit the first class of students. This achievement is the result of the excellent efforts of ASAHP Board member **Gregory H. Frazer** (Dean, Duquesne University) and former ASAHP Secretary **Christopher E. Bork** (Dean, Medical University of Ohio), both of whom did the bulk of the work with the assistance of other members.

TEN YEARS AGO IN TRENDS

During an ASAHP board of Directors meeting held in Las Vegas, NV on October 23-25, a motion was approved unanimously to name the ASAHP Archive after Dean Emeritus **Frederick W. Pairent**. The decision was reached after reviewing his efforts both in laying the groundwork for the establishment of this national resource at the Golda Meier Library at the University of Wisconsin—Milwaukee as well as taking the necessary steps to achieve its current stage of development. The collection is quite thorough and could be used to obtain an understanding of the Association's role in advancing allied health education since ASAHP was founded in 1967.

INSTITUTIONAL PROFILE SURVEY

The deadline for the *ASAHP 2010-2011 Institutional Profile Survey* had been extended to 8:00 AM on November 29 and by that time and date, 86 member institutions had submitted data. The findings will be reported electronically in January 2011. In March, a pdf report will be prepared that shows more than a decade's worth of trend data. Both reports will be made available to participants in the survey. The pdf report can be obtained for \$500 by non-participants in the 2010-2011 survey.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Number Of Doctorates Awarded

U.S. academic institutions awarded 49,562 research doctorate degrees in 2009, the highest number ever reported by the National Science Foundation's Survey of Earned Doctorates (SED), and a 1.6 percent increase over 2008's total of 48,802. Doctorates awarded in science and engineering (S&E) fields were up 1.9 percent over 2008, owing entirely to growth in numbers of female S&E doctorate recipients. The count of male S&E doctorate recipients declined slightly. Doctorates awarded were up from 2008 in seven of the eight major science fields of study. In the health field, the total number awarded was 2,094 compared to 2,090 the previous year. The report can be accessed on the Web at <http://www.nsf.gov/statistics/infbrief/nsf11305/nsf11305.pdf>.

Disparities Research Webinar Series Available

A free webinar series from AcademyHealth continues with an exploration of methods and approaches used for addressing health and health care disparities. Participants will learn about analytic issues to consider when collecting race/ethnic/language data and will be provided with an overview of guiding principles and rationale for conducting community-based participatory research (CBPR) to address current disparities. For additional information and to register for the series, go to the Web at <http://www.academyhealth.org/Training/ResourceDetail.cfm?ItemNumber=5877&navItemNumber=503>

Centers For Medicare And Medicaid Innovation Created

The Centers for Medicare & Medicaid Services (CMS) formally established the new Center for Medicare and Medicaid Innovation (CMMI). Created by the Affordable Care Act, the Innovation Center will examine new ways of delivering health care and paying health care providers that can save money for Medicare and Medicaid while improving the quality of care. CMS also announced the launch of new demonstration projects that will support efforts to coordinate care better and improve health outcomes for patients. More information on the CMMI and these initiatives can be accessed on the Web at innovations.cms.gov.

NIH Adds First Images To Research Database

The National Institutes of Health has expanded a genetic and clinical research database to give researchers access to the first digital study images. The National Eye Institute (NEI), in collaboration with the National Center for Biotechnology Information (NCBI), has made available more than 72,000 lens photographs and fundus photographs of the back of the eye, collected from the participants of the Age-Related Eye Disease Study (AREDS). Additional information can be accessed on the Web at <http://www.nih.gov/news/health/nov2010/nei-22.htm>

State Uses Of Accreditation

The Council for Higher Education Accreditation (CHEA) has released a new report, "State Uses of Accreditation: Results of a Fifty-State Inventory" that examines the connection between states and accreditation and accreditation's role as states authorize institutions to operate. The report was produced for CHEA by the National Center for Higher Education Management Systems (NCHEMS). It can be accessed on the Web at http://www.chea.org/pdf/State_Uses_of_Accreditation.pdf.

2011 ASAHP SPRING MEETING

The program for the *2011 ASAHP Spring Meeting* is under development. The event will be held in New Orleans, LA on March 17-18 at the Sheraton Hotel. A portion of it will focus on how the implications of the health reform law will have an impact on allied health. Speaker invitations have been sent to nationally recognized leaders on selected aspects of the law in relation to the health workforce. In addition, there will be sessions involving the role of member institutions in the international arena and in developing economies of scale, along with innovative programs.

The group planning the economies of scale component would like ASAHP members to respond to the following questions:

(1) Does your college or school collaborate with other outside colleges or universities to offer courses or programs in the health sciences? If so, do you have formal letters of agreement or consortia formed? Please share examples. (2) Does your college or school share health sciences courses with other departments or colleges at your institution? If so, please share examples. (3) Do you share faculty with other colleges at your university? If so, please describe. How do you cover payment? (4) Do you share faculty with other outside colleges or universities? If so, please describe. How do you cover payment? (5) Do you share clinical supervisors with other university programs (internal or external)? If so, please furnish examples. (6) Do you have examples of administrative or other shared services with other colleges or departments at your university such as development, admissions, distance education, clinical coordination, research, or core business practices? If so, please describe them.

Responses should be made to the following e-mail address: thomas@asahp.org.

LEADERSHIP DEVELOPMENT PROGRAM

The fourth iteration of the Association's Leadership Development Program is scheduled for 2011. The first part will occur in New Orleans on March 15-16 immediately prior to the ASAHP Spring Meeting. The second part will take place in Scottsdale, AZ on October 17-18. During the interim, participants will work in teams on projects. The deadline for applying was November 30, 2010. Members of the program planning committee have a conference call scheduled for December 17. Applicants will be notified shortly thereafter.

ASAHP FELLOWS ON THE WEB

A Fellows page was created on the ASAHP website as a means of providing information and photographs of the many individuals who have made important contributions as a result of the voluntary services they have provided over the years to strengthening the Association. Items will be added as they are received. The Fellows section was placed on the homepage under the heading *ALLIED HEALTH FEATURES*.

LEARNING OUTCOMES ASSESSMENT

A paper from the National Institute for Learning Outcomes Assessment highlights lessons from four focus group sessions with campus leaders--presidents, provosts, academic deans and directors of institutional research from a variety of two- and four-year institutions-- regarding their perspectives on the state of learning assessment practices on their campuses. The paper can be accessed on the Web at <http://learningoutcomesassessment.org/documents/FocusGroupFinal.pdf>.