

TRENDS

Association of
Schools of
Allied Health
Professions

POSITING A NEED FOR AN ALLIED HEALTH SUMMIT

HIGHLIGHTS

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VANGUARD OF
ALLIED HEALTH EDUCATION

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The enactment of health reform legislation in March of this year will forever change the health care landscape and allied health must play an important role in whatever materializes. Perhaps one way of moving positively in that direction is to convene an allied health summit that focuses on aspects of health reform that are common to many professions.

Allied health is unique insofar as it represents a broad swath of professions that are lumped under that label, but the connective tissue needed for them to function as an organic whole is lacking. ASAHP originally tried to improve that situation by transforming itself from an Association of Schools of Allied Health Professions in 1973 to an American Society of Allied Health Professions. The latter organizational structure was designed to embrace both the academic and practitioner sides of the many professional facets of allied health. The marriage had its problems along the way and the organization ended that particular relationship and reverted to its original name in 1991 for the purpose of concentrating exclusively on academic issues and challenges.

Numerically, as reflected in the total membership of the many associations that represent the various professions, a concerted effort by allied health groups has the potential to influence health policy in a dynamic way. As health reform unfolds, it is only natural for each group to focus on immediate concerns such as reimbursement patterns and regulatory outcomes. A question worth exploring, however, is to examine the degree to which there are common elements in health reform that can benefit all groups if pursued in a coordinated fashion. For example, the new law resulted in the creation of a National Health Care Workforce Commission. Once it becomes operational, that body can have an impact on what occurs in both Congress and in the agencies of the executive branch. Several provisions of the law mention allied health specifically, e.g., expanding eligibility for allied health to participate in geriatric training programs and it would be valuable for the Commission to be made aware of specific recommendations that would accrue to the advantage of allied health.

A tradition exists of coming together in pursuit of a common goal. In July 2002, presidents and executive directors of 10 major associations met at a meeting convened by ASAHP to discuss the possibility of seeking an Allied Health Reinvestment Act as a means of dealing with student application and enrollment shortfalls that occurred at the beginning of the decade. That effort resulted in legislative staff from several organizations working in unison to produce a bill that was introduced in the Senate. In 1993, another well-attended gathering focused on the topic of accreditation. Recognizing that positive outcomes may emerge from joint efforts, it definitely seems worth pursuing the objective of having an allied health summit on health reform.

PRESIDENTS' MESSAGE

By Gregory H. Frazer, ASAHP President



Greetings colleagues! I hope this finds you enjoying the last vestiges of fall before the barren landscape of winter (or is that only in Pennsylvania?). It was wonderful to see many of you in Charlotte a couple of weeks ago. The program planning committee, ASAHP staff Tom Elwood and Ashley Rasmussen organized an enjoyable and informative meeting for all who attended. Thanks to all of you who attended.

I write this commentary the day after the elections. I usually don't weigh in on the body politic, leaving such observations to our more experienced Tom Elwood, John Colbert, and Rich Oliver. But I can't help but wonder if things are going to get worse for us in higher education with the election of this new wave of fiscal conservatism, budget reductions, and austerity. By the most recent information, the Republicans have gained 60 seats in the US House of Representatives, 5 US Senate seats, and 3 governorships.

The balance of power has shifted significantly. In my own Commonwealth of Pennsylvania, we elected a governor (Tom Corbett) who campaigned on one primary fiscal need: public safety. Mr Corbett stated on a regular basis: "After you've got that funded properly then you start looking at everything else and asking 'what do we have left'" (Pittsburg Post Gazette, November 3). His mantra was simple: fiscal discipline accompanied by a pledge to enact no new taxes. What I find interesting (perhaps perplexing) about our new governor's vision is that there is no mention of a social agenda, no mention of education or healthcare, not a hint at higher education, only a pledge to allow shale-gas drilling on state lands as soon as he takes office and a promise to privatize the state liquor store system, a 30-year legislative battle he expects to bring to fruition. Unfortunately, I don't think Tom Corbett is the anomaly in this election.

Andrew Cuomo of New York expects higher education to play a key role in the state's economic recovery yet he continues to scrutinize campus operations, such as college-sponsored health plans, deals with credit card companies, and study abroad practices. Rick Perry of Texas emphasizes transparency and accountability, treating universities like businesses. He recently endorsed a cost-benefit analysis of faculty at Texas A & M. I fret that life as we know it will only continue to change, in fluid response to the political winds of the day.

Alas my pessimism rains into depression, not all of the election results were negative for higher education. Alaska residents supported a \$380 million bond proposition for higher education academic and sports buildings. Idaho residents endorsed the University of Idaho's request to charge tuition (yes, in this age, there was an institution that charged fees but no tuition to attend). Louisiana rejected a request to limit property tax increases, thus limiting the amount of money available to support higher education. Maine residents supported a referendum that would support dental education and dental care in the state. Oklahoma citizens rejected a measure that would have increased mandatory spending on primary and secondary education, thus reducing the support available to higher education. Rhode Island voters approved a \$61 million bond initiative for new academic buildings. (<http://chronicle.com/article/results-of-state-referenda/125219>).

The time is here for us to cooperate, band together, and mobilize to ensure the continued success of the academy we have all come to love and hold dear.

ELECTION OUTCOME POSES UNCERTAINTY



Whatever happens on election day, health policy at state and federal levels is bound to change, but in what kinds of ways is quite uncertain. If as expected, Republicans occupy more seats in Congress, state legislatures, and governors' offices, they will be emboldened to reverse what resulted when a health reform law was enacted last March. Even if they do not succeed in changing the composition of these elected offices, the mood of voters must be taken into account and many of their opinions lean in the direction of wanting to lessen the perceived control of government over their lives.

ASAHP is represented in Washington by the firm of Capitol Hill Partners, LLC. Government relations representative John Colbert recently filed his quarterly report with the ASAHP Board (the document is in the ASAHP ALERTS section of the homepage at www.asahp.org). In it, he notes that regardless of which party captures the majority in either chamber, the margins between them will be greatly reduced. These tight margins, combined with a President running for re-election, will produce one of two likely results. First, there may be a recognition by the leadership in both parties that compromise needs to occur in order to have any significant legislation passed. Another factor that may lead to a greater degree of compromise will be an increased interest by the Administration to broker deals with Congressional Republicans. To date, all the President's major political victories, whether on health care, higher education reform, Recovery Act funding, Wall Street reform, Small Business tax breaks, or budget and appropriations bills, have occurred only on party line votes with token Republican support.

As a result, the following assessment is offered by Mr. Colbert. Over the course of the next year, we need to focus on a few specific areas: implementation of health care and higher education reform; ways in which allied health can fit into the overall jobs agenda and develop new funding sources; capitalizing on overall funding opportunities originating in the Executive branch, the annual appropriations process, and the foundation community.

The stakes are high. The overall growth of the U.S. population and the rapidly expanding cohort of older persons represent serious health workforce challenges that must be met.

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



ASAHP President Gregory Frazer with 2010 Fellows Linda Petrosino, Barry Eckert, Karen Miller, Harold Jones, and ASAHP Executive Director Thomas Elwood



ASAHP Executive Director Thomas Elwood with members of the Kelley family—Rick, Ruth, Clare, and Bob. Their brother Edward “Ted” Kelley was given the Legacy of Excellence Award posthumously.

BOARD ACTIONS

The Association's Board of Directors had a meeting on October 19 in Charlotte, NC. The following actions were among those taken:

- ◆ The Minutes of the Board conference call on September 8 were approved as presented.
- ◆ Agreed to continue using the same technology platform for the *Institutional Profile Survey* for at least one more year. Starting with the 2011-2012 survey, responsibility for conducting the study will be transferred to Creighton University from the University of Arkansas for Medical Sciences.
- ◆ Reviewed a proposal to establish a Centralized Application Service for professions not currently involved in such a system. The proposal and its ramifications still need to be examined in greater detail before a decision can be made.
- ◆ Rejected a proposal to establish an exclusive relationship with a company that conducts student background checks.
- ◆ Recommended that a database be established of individuals who may be in a position to contact members of the National Health Care Workforce Commission as a means of ensuring that allied health concerns are included in Commission deliberations.
- ◆ Proposed working with Tri-Alliance organizations and other professional associations to have a summit meeting to discuss how to influence various provisions of the health reform law as they unfold in order to benefit allied health as a whole.
- ◆ Approved the revised *Strategic Plan* and indicated that all new proposals and initiatives should be aligned closely with it and that the annual budget be structured in relation to goals in the Plan. This document has been placed on the Association's website in the ASAHP ALERTS column on the right-hand side of the homepage.
- ◆ Approved compiling a list of institutional member prospects. Unlike other professions, allied health poses a challenge in developing an accurate enumeration of eligible institutions. Many schools do not include allied health in their title. Another difficulty is that while there may be many individual allied health programs at a particular institution, they are spread across different schools and departments on a campus and lack a single administrative head in the person of a dean or a director. Thus, it is never clear what the exact denominator should be.

WHAT CHANGES IN SURVIVAL RATES INDICATE ABOUT U.S. HEALTH CARE

Many advocates of US health reform point to the nation's relatively low life-expectancy rankings as evidence that the health care system is performing poorly. Others say that poor US health outcomes are largely due not to health care, but to high rates of smoking, obesity, traffic fatalities, and homicides. Cross-national data on the fifteen-year survival of men and women over three decades were used to examine the validity of these arguments. The risk profiles of Americans generally improved relative to those for citizens of many other nations, but Americans' relative fifteen-year survival nevertheless has been declining. For example, by 2005, fifteen-year survival rates for forty-five-year-old US white women were lower than in twelve comparison countries with populations of at least seven million and per capita gross domestic product (GDP) of at least 60 percent of US per capita GDP in 1975. The findings undercut critics who might argue that the US health care system is not in need of major changes, according to an article published in *Health Affairs*.

The article can be accessed on the Web at <http://content.healthaffairs.org/cgi/reprint/hlthaff.2010.0073v1>

JOURNAL OF ALLIED HEALTH

As ASAHP President **Gregory H. Frazer** noted in his President's Message in the September 2010 issue of the newsletter, the Association's *Journal of Allied Health* throughout 2009-2010 ranked in the top 90 as measured by the number of downloads involving more than 13,530 journals that are tracked each month by the firm Publishing Technology plc. Every issue is placed on the Web by a company based in the United Kingdom called Ingenta. The Journal ranked 69th for the period September 1 to September 30.

FIVE YEARS AGO IN TRENDS

The ASAHP Board approved the development of a Scholar-in-Residence Program. The residence part of it could occur on the home campuses of whatever individuals are chosen to participate in this offering. The purpose is to make it possible for Scholars to work on projects designated by the Board. A task force will be created to specify the exact nature of the program. Decisions have yet to be made regarding the period of time in which a Scholar will serve, the amount of compensation involved, and the process by which scholars will be recruited into the program. An example of a topic of considerable interest throughout academia is the growth and spread of clinical doctorate programs. The identification of hallmarks and benchmarks for such programs would be useful information to acquire. Occasionally, the Association is called upon to state its position regarding various developments in higher education. Scholars could play a valuable role by furnishing what Board Members would need to know in order to make an informed decision.

TEN YEARS AGO IN TRENDS

One of the Association's aims is to explore new initiatives that might be offered in the future as a means of benefiting the membership. The past several years have been good ones for ASAHP insofar as resources have been developed that make it possible to address issues of concern to members.

During early October, Institutional members will be queried by e-mail regarding which issues are most salient. The following are illustrative of the kinds of topics that are troublesome for members:

- Accreditation
- Lack of research funding
- Declining student applications/enrollments
- Filling faculty positions
- Leadership development
- Inadequate government assistance

The next Board meeting will take place in Las Vegas immediately prior to the start of the Annual Conference. Board Members will use the information derived from this survey to discuss how to respond to the concerns that are identified.

INSTITUTIONAL PROFILE SURVEY

The deadline for the *ASAHP 2010-2011 Institutional Profile Survey* has been extended to 8:00 AM on November 29. In order for the results to be reported in January, that date is the last one possible.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Comparative Effectiveness Research And Medical Innovation

Many believe the renewed U.S. public investment in determining what treatments work best for which patients in real-world settings-known as comparative effectiveness research (CER)-will improve patient care by strengthening the evidence base for medical decisions. A major goal of CER is to encourage the use of effective therapies and discourage ineffective therapies. By promoting effective therapies, CER stands to increase the rewards and incentives for beneficial innovations in medical care, however, CER could dampen development of new, potentially effective therapies by creating additional hurdles for innovators. This topic is explored in a report by the nonpartisan National Institute for Health Care Reform (NIHCR). The report can be accessed on the Web at <http://www.nihcr.org/Comparative-Effectiveness-Research.pdf>.

NIH Introduces A Database Of Images In Biomedical Literature

More than 2.5 million images and figures from medical and life sciences journals are now available through Images, a new resource for finding images in biomedical literature. The database was developed and will be maintained by the National Center for Biotechnology Information (NCBI), a division of the National Library of Medicine (NLM) at the National Institutes of Health. Images is expected to have a wide range of uses for a variety of user groups, including the clinician looking for the visual representation of a disease or condition, the researcher searching for studies with certain types of analyses, the student seeking diagrams that elucidate complex processes such as DNA replication, the professional or educator looking for an image for a presentation, and the patient wanting to better understand his or her disease. Images can be accessed on the Web at <http://www.ncbi.nlm.nih.gov/images>.

Study Finds Alaskan Dental Therapists Provide Safe, Competent, And Appropriate Care

A study by RTI International of Research Triangle Park, NC, found that dental therapists practicing in Alaska provide safe, competent and appropriate dental care. The two-year, intensive evaluation is the first independent evaluation of its scale to assess care provided by dental therapists practicing in the United States. It confirms what numerous prior studies of dental therapists practicing in other countries have already shown: that dental therapists provide safe care for underserved populations. The report can be accessed on the Web at <http://www.wkkf.org/~media/F2E86B5717174D2E9311359902DF7216.ashx>.

Tuition Increases For The 2010-2011 Academic Year

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. Across the board, the increases exceed the inflation rate of about 1.2 percent for the last year, which, while low, was higher than the slightly negative rate of the year before. These findings are from a report of an annual survey on college prices being released today by the College Board. The report can be accessed on the Web http://trends.collegeboard.org/downloads/College_Pricing_2010.pdf.

Educational Attainment Continues To Flatline

Young Hispanics and African Americans have made no appreciable progress in postsecondary attainment as compared to their older peers and attainment rates have dipped for the youngest group (aged 25-34), according to a new report from the American Council on Education (ACE). The report can be accessed on the Web at <http://www.acenet.edu/AM/Template.cfm?>

LEADERSHIP DEVELOPMENT PROGRAM

In 2005, the Association's Board of Directors approved the creation of a leadership development program aimed at individuals in ASAHP member institutions. The fourth iteration of this offering will occur in 2011 with Part I scheduled for March 15-16 in New Orleans, LA immediately preceding the start of the Association's 2011 Spring Meeting, which is on March 17-18. Part II will take place in Scottsdale, AZ on October 17-18 immediately prior to the 2011 Annual Conference, which is on October 19-21. Additional information can be accessed from the center of the homepage at www.asahp.org. An application form is at that site. The deadline for applying is November 30, 2010.

NATIONAL ALLIED HEALTH WEEK

Starting November 7, a seven-day period will be used to celebrate *National Allied Health Week*. Typically, several events occur at member institutions to mark the occasion. ASAHP members are requested to report to the Association the kinds of activities they plan to undertake. Photos and stories will be included in one or more upcoming issues of this newsletter.

EXHIBITS COORDINATOR SOUGHT

Each year, an effort is made to attract exhibitors to the Annual Conference. For the 2010 event, eight organizations accepted an invitation to exhibit. As a means of providing assistance in carrying out this function, the Board of Directors created a volunteer position of Exhibits Coordinator. The individual selected will be a member of the planning committee for the 2011 Annual Conference in Scottsdale, AZ on October 19-21. Any faculty member or administrator at a member institution with experience in identifying and soliciting exhibitors who would like to be considered for this role should send a message to Thomas@asahp.org.

ASAHP LOGO AND LINK AT MEMBER INSTITUTIONS

Deans and directors at member institutions were requested to place on their respective websites the ASAHP logo and link to the Association's website. Administrators at the following institutions have reported that they either have done so already or are in the process of making these additions:

Arkansas State University
Duquesne University
Long Island University—Brooklyn Campus
New York Institute of Technology
University of Arkansas for Medical Sciences
University of Medicine & Dentistry of New Jersey
University of North Carolina at Greensboro
University of Oklahoma Health Sciences Center

ASAHP FELLOWS ON THE WEB

Steps are being taken to create a Fellows page 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.
