

# Trends

Association of  
Schools of  
Allied Health  
Professions

## ALLIED HEALTH AND RESEARCH

### HIGHLIGHTS

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Vanguard of  
Allied Health Education

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One way of viewing allied health is to consider it as being the equivalent of the unseen guest at every meal. The term allied health can be elusive at times and there not always is crystal clear clarity regarding which professions should be included under the rubric. A related concern is that the term is not embraced with enthusiasm among many professions because it connotes a less desirable image along lines of labels such as physician extender and paraprofessional. Instead, the preference sometimes is to be viewed as a free-standing, independent profession that is not allied with or part of some professional conglomeration.

A common lamentation is that there is no part of the National Institutes of Health created specifically for allied health, unlike for example, a National Institute on Nursing Research. Nevertheless, some excellent studies in professions such as physical therapy are funded by the NIH. What is lacking in most cases is any recognition that allied health might reside at the root of such investigations.

The Association's Research Committee produced a Special Report that was published in the Fall 2011 issue of ASAHP's *Journal of Allied Health*.

"Although allied health research is in its infancy, the breadth and depth of its potential contributions to effective healthcare research and its interprofessional application may be under-recognized, particularly by funding agencies." An aim of the report then was to "define allied health, clarify its theoretical and scientific foundation, emphasize the breadth of its application to evidence-based practice, and document its relevance to, and suitability for, funding through national organizations."

The report notes that "allied health research is relevant and applicable to clinical practice. In keeping with national trends, there also is a common thread of interdisciplinary collaboration among all allied health professions, regardless of the specific area of research."

Clearly, allied health has an important role to play by contributing to translational research from the laboratory to the bedside and beyond into the community. As a first step, there is great value in communicating these kinds of thoughts to a wider audience. Permission has been granted by ASAHP to allow other organizations to post the special report on their websites and list serves. The Health Professions Network and the American Association for Respiratory Care have expressed interest in doing so. ASAHP members who belong to various professional organization are requested to encourage these groups to do likewise. The *Journal of Allied Health* consistently attracts manuscripts from a great many professions. Enabling these groups to see how they fit into the larger allied health picture may be instrumental in generating more research support for allied health as a whole, which should accrue to the benefit of all.

# Presidents's Message

By *Richard E. Talbott, ASAHP President*



Best to everyone for this season of Thanksgiving, the December Holidays, and the end of another academic semester. As most of you know, the ASAHP Board holds a conference call almost every month to insure the continuity of effort over the year. The Board also meets in three face-to-face meetings, two of which are held in conjunction with our Fall and Spring meetings of the Association and one in the Summer. The Board's first meeting of the new year will be held later in December. In addition to the ongoing management duties of the Board, these meetings provide an opportunity to consider input from our membership and we encourage you to share ideas for improvement of the Association and/or issues we should consider.

As I alluded to in last month's *Trends* we are faced with both challenges and opportunities in the coming year. The Board is committed to emerging from the challenges as a stronger organization, recognized for our leadership in the education of health care practitioners and scholars.

In my report to you last month, I outlined the Board's broad strategy for addressing the management challenges we face with the change of guard effected by our Executive Director's retirement. Certainly, we will need to address these management challenges in the near term and are in the process of analyzing various models to accomplish this goal as I indicated. While important, management issues are just that, and given proper attention relatively easy to address.

The greater challenge was well articulated at the annual conference of ASAHP in Phoenix by Dr. Len Nichols' presentation," Making Real Health Reform Work". The slides from his presentation are available on the ASAHP Website, however, the clear message was that "business as usual is over" in terms of the health care delivery and funding. You are all aware of the issues: the public debt as a percentage of GDP, the Medicare financial disaster, the abysmal performance our country's cost for health care in terms of morbidity/mortality when compared to other countries, just to mention a few.

Dr. Nichols threw the gauntlet very clearly. "Must attract, train, and deploy more health professionals, even as faculty and preceptor supplies decline and budgets are cut. We must teach our students to be leaders". It is obvious to me that our leadership challenges are much greater than the aforementioned management issues. Your Board will be focusing on the leadership opportunities for the Association throughout the coming year. Rick

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## LEGISLATIVE PARALYSIS ON CAPITOL HILL



Readers may recall that a major issue this past summer was whether or not to raise the national debt ceiling. Failure to do so would have resulted in the federal government having to forego paying for some ongoing commitments in areas such as social welfare entitlement programs. Fortunately, a deal was reached in the closing moments before such cuts would have to be made, but the process and the results were somewhat less than glorious. As a consequence, one rating agency lowered its rating on U.S. Treasury securities. When such ratings fall, it usually becomes necessary to increase interest rates so that investors will be able to furnish the money that this country needs to borrow. Italy and Greece offer good examples of what can occur when interest rates continue to necessitate being raised as their economies spiral downward.

As is its wont, Congress postponed the inevitable to a later day by creating a super committee of 12 members drawn equally from both chambers and from both political parties. Not too surprisingly, that group confronted the same nettlesome issues and could not reach any agreement on how to go about eliminating \$1.2 billion in spending over a decade beginning in 2013. What comes next is anybody's guess. Failure to agree on what to cut will result in an automatic reduction of that same amount that would be spread equally over domestic and federal programs.

Great howls of protest are being generated on a daily basis over such a prospect. Meanwhile, a solution to producing an overall remedy for what ails the economy has not been found. Republicans are inclined to reduce spending and resist any tax increases. Democrats are more persuaded that some kinds of tax increases will have to be imposed.

Although it represents tinkering at the edges, some officials on Capitol Hill demonstrate an ability to propose solutions to problems such as the tendency for legislators at the 11th hour to tuck into massive appropriations bills funding to benefit special interests in the home congressional district or state. A bill introduced by Paul Ryan (R-WI) and Chris Van Hollen (D-MD), if passed, would enable the President to recommend to Congress that certain line items be eliminated from overall spending bills.

### **2011-2013 ASSOCIATION CALENDAR OF EVENTS**

**March 22-23, 2012**—Spring Meeting—Palm Springs, CA

**October 24-26, 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 23-25, 2013**—Annual Conference—Nashville, TN

Plans are underway to identify locations for Annual Conferences and Spring Meetings in 2014 and 2015.

The following sites are being considered: Las Vegas, Baltimore, Salt Lake City, Park City, and Atlanta.

Site visits will need to occur prior to signing contracts at any hotels in these cities.

## INSTITUTE OF MEDICINE GLOBAL INITIATIVE

The Institute of Medicine (IOM) is in the process of developing a new activity called “The Global Forum on Innovations in Health Professional Education.” ASAHP has been invited to participate in the Forum over the next three years and be a sponsor. During its conference call in December, the Association’s Board of Directors will discuss the proposal.

This initiative is an outgrowth of the 2010 IOM—Robert Wood Johnson (RWJ) *Report on the Future of Nursing: Leading Change, Advancing Health* and the 2010 Lancet Commission report on *Health Professionals for a New Century: Transforming Education to Strengthen Health Systems in an Interdependent World*.

Both reports highlight the importance of matching professional competency appropriately with the task at hand to obtain a maximum return on investment. For historical, political, and bureaucratic reasons, the health workforce produced by systems of higher education in the U.S. and elsewhere has rarely aligned with the mix of professionals required to reach comprehensive health care goals efficiently. This lack of alignment in workforce planning stems, in part, from historic and hardened attitudes regarding professional roles and from vested interests that resist change.

Health care reform in all health systems requires evolution towards the most efficient and collaborative staffing models. Hence, there is much merit in fostering this evolution in a coordinated and efficient manner to achieve desirable levels of standardization. Both reports emphasize the ever increasing need for leadership and teamwork competencies, skill sets that are relevant to high, middle, and low-income countries.

Far from being a self-contained entity, the U.S. health care enterprise is closely linked in a multi-directional fashion to the rest of the world. Many patients cared for in the U.S. are migrants. Concepts of universal health care developed in other parts of the world influence the growing expectations of Americans. The transnational movement of pathogens and unsafe products is a well-established public health threat and the importation of pharmaceuticals and related raw materials from both high and low income countries is growing rapidly. Many do not appreciate that the production of the U.S. health workforce is also outsourced to a notable degree.

Given the above background, the IOM Forum not only will convene key participants to illuminate contemporary issues in health professional education, but also support an ongoing, innovative mechanism to incubate and evaluate new ideas. This incubator mechanism or innovation collaborative will be multifocal, multidisciplinary, and global.

Earlier this year, six organizations were involved in the production of the report *Core Competencies for Interprofessional Collaborative Practice*. All of them have agreed to be involved in the Forum. Other organizations from the federal government and the world of foundations already have agreed to make funding commitments.

The plan is to launch the Forum in February or March 2012. In future issues of TRENDS, readers will be kept apprised of developments regarding the Forum.

## PHOTO FROM ALLIED HEALTH WEEK



Dean Kevin Rudeen of the College of Allied Health at the University of Oklahoma Health Sciences Center presents a scholarship certificate and check awarded by ASAHP to Ashley Jain, a student at the college. She is one of eight students at ASAHP member institutions awarded scholarships in 2011.

## HEALTH AT A GLANCE 2011: OECD INDICATORS

This sixth edition of *Health at a Glance* provides the latest comparable data on different aspects of the performance of health systems in OECD countries. It provides striking evidence of large variations across countries in the costs, activities, and results of health systems. For the first time, it also features a chapter on long-term care. This edition presents data for all OECD member countries. Where possible, it also reports data for Brazil, China, India, Indonesia, the Russian Federation, and South Africa, as major non-OECD economies.

The report is on the Web at [http://www.asahp.org/ASAHP\\_tutorial/index.htm](http://www.asahp.org/ASAHP_tutorial/index.htm).

## TOP HEALTH INDUSTRY ISSUES OF 2012

According to a new report from PricewaterhouseCoopers, in 2012, health industry organizations will connect in new ways with each other and their consumers as they wade through economic, regulatory, and political uncertainty. Some are stepping forward in cooperation; others are rewriting the rules of competition. Among the key issues we will see value move from theory to reality, investments ramp up in informatics, the effects of drug shortages, insurers gear up to compete in a new insurance exchange marketplace, pharmaceutical companies slim down, and healthcare increasing its social media presence.

The report is on the Web at <http://pwchealth.com/cgi-local/hregister.cgi?link=reg/top-health-industry-issues-of-2012.pdf>.

## **HIGHLIGHTS OF 2011 ANNUAL CONFERENCE PLENARY SESSION PRESENTATIONS**

Not all members of the Association were able to attend last month's ASAHP Annual Conference that was held in Scottsdale, AZ and hear presentations by speakers at major plenary sessions. A summary of the comments is as follows:

### **Len M. Nichols, Ph.D., Director , Center for Health Policy Research and Ethics and Professor of Health Policy at the College of Health and Human Services at George Mason University**

It is necessary to pay for value of health care services, not volume. The health system must be made affordable, accessible, and sustainable so that stakeholders can share a common interest in the newly aligned system. Key elements were not included in the Affordable Care Act (ACA). They are bi-partisan support, malpractice reform, "enough" state flexibility, budget failsafe, primary care expansion incentives, and a memo on how to explain the health reform legislation to voters. In the future, financially, who does what will matter less, scope of practice wars should be less bloody, and doctors per se will appear less in the center of the health care universe. The new center will involve an "organization" that can coordinate "teams" and share data. Accountability and rewards will constitute the new center.

### **Susan Egerter, Ph.D., Associate Research Scientist in the Department of Family and Community Medicine and Co-Director of the Center on Social Disparities in Health at the University of California, San Francisco**

Health Disparities is an important issue for all Americans. Disparities affect the health of middle-class and disadvantaged Americans in every racial/ethnic group. Individuals at the bottom tend to have the poorest health, but even those in the middle have poorer health than the highest-income and most-educated groups. Health is shaped by genetic makeup, climate & natural physical environments, medical care services, and health-related behaviors such as smoking. Structural racial discrimination exposes blacks and Latinos to worse living conditions and economic hardships. Medical care is essential, but not enough. The health sector needs to provide all sectors with information on health and likely effects of social policies. It also needs to seek opportunities to link with other sectors in developing interventions.

### **John Corrigan, Ph.D., Professor in the Department of Physical Medicine and Rehabilitation at The Ohio State University and Director of the Ohio Valley Center for Brain Injury Prevention and Rehabilitation**

Issues that will shape traumatic brain injury (TBI) research in the next five years are: TBI caused by blasts, TBI as a co-morbid condition, TBI as a disorder of self-regulation, the cumulative effects of concussion, and TBI as a chronic health condition. Since 2001, the Military Health System has diagnosed more than 200,000 TBIs. Not all cases are diagnosed since 10%-20% of combatants may have had mild TBIs (suggesting more than 300,000 service members). Caution is necessary because identification is based on subjective experience of both exposure and symptoms. The cumulative effects of concussion are not well understood nor is the effect of the "spacing" between blows, even sub-concussive ones. Emerging beneficial technologies include new imaging techniques, biomarkers of brain injury, and neuromodulation of the brain.

Powerpoint slides of these presentations are on the Association's websites at [www.asahp.org](http://www.asahp.org).

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## AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

### **Employees In Postsecondary Institutions, Fall 2010, And Salaries Of Full-Time Instructional Staff, 2010-11**

This *First Look* presents data from the Winter 2010-11 Integrated Postsecondary Education Data System (IPEDS), including data on the number of staff employed in Title IV postsecondary institutions in fall 2010 by primary function/occupational activity, length of contract/teaching period, employment status, salary class interval, faculty and tenure status, academic rank, and gender. The report can be accessed on the Web at <http://nces.ed.gov/pubs2012/2012276.pdf>.

### **Blue Ribbon Panel On Global Arrangement Report Informs Next Steps For American Higher Education**

U.S. colleges and universities have historically set the benchmark for excellence in higher education, but these institutions will have to adapt and collaborate with their peers abroad in the coming years to remain competitive. Assisting institutions in addressing these challenges is the centerpiece of a report issued by the American Council on Education (ACE), which charts a new agenda for global engagement in higher education. The report can be accessed on the Web at [http://www.acenet.edu/bookstore/pdf/2011\\_CIGE\\_BRPReport.pdf](http://www.acenet.edu/bookstore/pdf/2011_CIGE_BRPReport.pdf).

### **Health Worker Shortages And Global Justice**

For a functioning health system to work, having the appropriate mix of skilled health care workers is fundamental, but what is experienced now is a global health worker shortage of staggering proportions. A paper from the Milbank Memorial Fund offers seven recommendations to the U.S. government to address the global health worker shortage, including building its own workforce with a focus on self-sufficiency and task shifting, collaborating with the international community, and reforming its global health assistance programs to help developing countries educate and retain their own workers. Such initiatives will have clear benefits for all Americans and others around the world. The paper can be accessed on the Web at [http://www.milbank.org/reports/HealthWorkerShortages\\_Mech/HealthWorkerShortages\\_Mech.html](http://www.milbank.org/reports/HealthWorkerShortages_Mech/HealthWorkerShortages_Mech.html).

### **State Of Health Care Quality 2011**

Annual analysis from the National Committee for Quality Assurance (NCQA) notes important facts about the overall quality of U.S. health care. The new State of Health Care Quality Report includes NCQA's latest findings about the nation's health care system. The report can be accessed by on the Web at <http://www.ncqa.org/LinkClick.aspx?fileticket=FpMqqpADPo8%3d&tabid=836>.

### **Health IT And Patient Safety: Building Safer Systems For Better Care**

How can using health IT affect patient safety? A new Institute of Medicine (IOM) report evaluates the effects of health IT on patient safety and recommends ways to use technology to enhance care.

The report can be accessed on the Web at [http://books.nap.edu/openbook.php?record\\_id=13269](http://books.nap.edu/openbook.php?record_id=13269).

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## HEALTH CARE INNOVATION CHALLENGE FUNDING AVAILABLE

As much as \$1 billion dollars will be awarded to innovative projects across the country that test creative ways to deliver high quality medical care and save money. Launched by the Department of Health and Human Services, the *Health Care Innovation Challenge* will give preference to projects that rapidly hire, train, and deploy health care workers. Funded by the Affordable Care Act, grants will be awarded in March to applicants who will implement the most compelling new ideas to deliver better health, improved care, and lower costs to individuals enrolled in Medicare, Medicaid, and the Children's Health Insurance Program, particularly those with the highest health care needs. The Challenge will support projects that can begin within six months.

Additional information is on the Web at <http://www.innovation.cms.gov/initiatives/innovation-challenge/index.html>.

## UPCOMING RESEARCH CONFERENCE IN PUERTO RICO

The University of Puerto Rico Medical Sciences Campus continues its tradition of promoting collaboration and networking by celebrating the 3<sup>rd</sup> *Multidisciplinary Conference in Clinical Research* and 3<sup>rd</sup> *Summit of Translational Research in Health Disparities* on **February 23-24, 2012**. The meeting's goals are to help disseminate achievements, facilitate networking, and share best models to expand and sustain high quality clinical and translational research training programs that will increase health disparities research activities.

The due date for abstract submission is **December 14, 2011**. More information can be found at <http://prctrc.rcm.upr.edu/documents/ctr-save-the-date>.

## IOM WORKSHOP ON ALLIED HEALTH REPORT

A workshop on allied health was conducted by the Institute of Medicine (IOM) on May 9-10, 2011 in Washington, DC. Presentations were made by ASAHP Past President **David D. Gale** (Eastern Kentucky University), **Harold P. Jones** (University of Alabama at Birmingham), **Kevin J. Lyons** (Thomas Jefferson University), and **Richard E. Oliver** (University of Missouri). A report of the proceedings is scheduled for release in mid-December.

## NEWS FROM THE COLLEGES

The new Dean of the Bouve College of Health Sciences at Northeastern University is **Terry Fulmer**. She succeeds **Stephen Zoloth**.

The new Director of Academic Affairs at New York University is **Bassam Abed**. He succeeds **William Coury**.

The new Interim Director of the Center for Allied Health Programs at the University of Minnesota is **Judy Beniak**. She succeeds **Cindee Quake-Rapp**.

The new Interim Dean at Northern Illinois University's College of Health and Human Sciences is **Mary E. Pritchard**. She succeeds **Shirley A. Richmond** who is Dean at the University of Texas M.D. Anderson Cancer Center School of Health Professions.