

APRIL 2021

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THE HEALTH WORKFORCE: AN IMPLICIT ASSUMPTION

Whenever major health legislation becomes law, such as the *Patient Protection and Affordable Care Act of 2010*, all too frequently the focus almost exclusively is on providing health insurance coverage and slowing the rate of increase in health care expenditures. An implicit assumption is that if every individual in the U.S. population was given a health insurance card, major health problems essentially might disappear. Unfortunately, provision of health care requires the presence of a sufficient cadre of competent practitioners. This fact is an important element in the overall equation that does not always receive the amount of attention warranted.

A sine qua non of sound policymaking is the existence of high quality data. Pockets of relevant health information exist, but they may be restricted to professions, such as medicine and what is obtainable in certain states. For example, since 2015 the Association of American Medical Colleges (AAMC) has commissioned annual reports of national physician workforce projections prepared by independent experts. The purpose of doing so is threefold: update and improve workforce projections; present new analyses that reflect physicians and key issues, such as the evolving health care system and the changing demographic composition of the workforce; and identify future directions for research. Not many other kinds of health professions are able to capitalize on having information of this nature.

At the state level, data derived from decennial censuses by the U.S. Census Bureau make it possible to determine demographic shifts. State out-migration patterns may result from the flight of youth seeking improved employment prospects elsewhere, while leaving behind jurisdictions that have a growing proportion of older persons characterized by experiencing one or more chronic health problems. Few states are capable, however, of tracking increases or declines in the number of different health professional groups that provide clinical services for patients needing care. The Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill serves as an example of an academic resource that benefits state legislators and health department officials in addressing workforce concerns.

Some contributors to ASAHP's *Journal of Allied Health* occasionally may be searching for suitable topics for the submission of articles. Suggestions of possible future manuscripts that might be of interest to the journal's readership are: issues involving recruitment and retention of both faculty and students; supply and distribution of selected health professionals in rural areas; roles filled by various personnel in the provision of healthcare services; identification of gaps in workforce data availability by profession and projected time periods needed to promote improved data collection and reporting; how roles have adapted to fewer in-person visits and more use of distance technology and ways in which changes are being influenced by regulatory and payment policies; redeployments, furloughs, and layoffs, among other work status changes for health care personnel across different settings during a pandemic and other emergency situations; and skills needed to use telehealth by the health workforce effectively in primary care.



BIDEN ADMINISTRATION PROPOSED BUDGET

The **Biden Administration** submitted on April 9, 2021 an overview of the President's request for fiscal year 2022 discretionary funding. This preliminary budget indicates proposed top-line funding for departments and agencies, including a proposed \$769 billion in nondefense discretionary spending, which would represent a 16% increase over FY 2021. Later this spring, a more detailed budget request is expected to be released. Overall, the discretionary budget would restore non-defense discretionary funding to 3.3% of GDP, roughly equal to the historical average over the last 30 years, while providing robust funding for national defense and other instruments of national power, including diplomacy, development, and economic statecraft that enhance the effectiveness of national defense spending and promote national security.

Over the years, many budget proposals submitted to Congress by each President often are pronounced dead on arrival. Members of both chambers usually have their own favorite ideas regarding which priorities should be funded. Major differences also characterize what Democrats and Republicans hope to be achieved through spending. Some proposed highlights for legislators to begin considering for FY 2022, which begins on October 1 of this year are as follows.

- The NIH would receive \$51 billion, including \$6.5 billion to establish a new Advanced Research Projects Agency for Health (ARPA-H) with an intended focus on cancer, diabetes, and Alzheimer's disease.
- The CDC would be awarded \$8.7 billion, which represents the largest budget authority increase in approximately 20 years.
- The Department of Education would obtain \$102.8 billion, a 41% increase over the 2021 enacted level.

April 8, 2021 marked the introduction in the U.S. House of Representatives of the *Student Loan Forgiveness for Frontline Health Workers Act (H.R. 2418)*. The bill was referred to the Committee on Education and Labor, and the Committees on Financial Services, and Ways and Means. The purpose of this legislation is to alleviate the burden of student loan debt resulting from medical/professional health care training for frontline health workers who have made significant contributions to the ongoing health response against COVID-19.

Since the March 2021 issue of this newsletter was distributed, ASAHP has joined several other organizations in issuing statements that: (1) oppose efforts currently being pursued in several states to suppress voting by qualified voters, (2) urge Congress to provide \$1.51 billion for the Health Resources and Services Administration (HRSA) Title VII health professions and Title VIII nursing workforce development programs for FY 2022, and (3) request Congress to double the maximum Pell Grant and index the grant to inflation to ensure its value does not diminish over time.

2021-2022 ASSOCIATION CALENDAR OF EVENTS

October 18-19, 2021—Leadership Development Program—Session I in Long Beach, CA

October 20-22, 2021—ASAHP Annual Conference in Long Beach, CA

May 12-13, 2022—Leadership Development Program—Session II in Columbus, OH

October 19-21, 2022—ASAHP Annual Conference in Long Beach, CA

HEALTH REFORM DEVELOPMENTS

Health Reform initiatives constitute the equivalent of a conceptual three-legged stool: increase access to health care through the provision of insurance coverage, lower the ever-rising rate at which health expenditures grow, and improve health care quality. Regarding the issue of quality, a story in the April 17-18, 2021 issue of the Wall Street Journal highlighted the fact that no commercial airline in the U.S. has had a fatal crash since 2009. During that 12-year period, U.S. airlines have accomplished an astonishing feat. They carried more than eight billion passengers without a fatal crash. Numbers of this sort once were considered unimaginable, even among the most optimistic safety experts. This achievement was the result of a sweeping safety reassessment amounting to a revolution in thinking sparked by a small group of senior federal regulators, top industry executives, and pilots-union leaders after a series of high-profile fatal crashes in the mid-1990s. Health care is an entirely different industry, but it represents a sector that is no stranger to loss of life and injury through errors made in providing care. A good question is whether comparable lessons can be learned that will produce a turnaround similar to what the air travel sector has been able to accomplish.

The Role Of Government In Enhancing Health Care Safety

Health systems and clinicians increasingly are becoming aware of new federal rules that mandate offering patients access to the notes clinicians write in electronic health records (open notes). Taking effect on April 5, 2021, these rules enact the bipartisan *21st Century Cures Act* by aiming to increase interoperability and ensure greater transparency in health care. According to an article published in April 2021 in *The Joint Commission Journal on Quality and Patient Safety*, many patients reading notes following office visits are enthusiastic about this new experience, citing several benefits that have clinical significance. They report remembering more details of encounters, feeling more in control, being better able to manage their care, and completing tests and referrals more effectively. Forty percent of patients share notes they read with others, and family care partners who access these notes report in even higher percentages than the patients themselves that it can help ease the burdens of care management. As the open notes practice evolves, it can expect to be associated with clinical improvements, for example, a majority of patients who read their notes reported understanding their medications better, and 15% reported improved adherence to their medicines.

The Centers for Medicare & Medicaid Services play an enormous role in the provision and financing of health care services. Among its many essential functions, each year it identifies hospitals that will receive lower payments for a year under the *Hospital-Acquired Conditions Reduction Program* because they had higher rates of infections and patient injuries. The government assesses the rates of infections, blood clots, sepsis cases, bedsores, hip fractures, and other complications that occur in hospitals, which might have been prevented. Medicare reduces every payment by 1% for those hospitals over the course of the federal fiscal year, which runs from the beginning of each October to the end of September of the following year.

A Public Option For Health Insurance In The Nongroup Marketplaces

Some Members of Congress have proposed introducing a federally administered health insurance plan, or “public option,” to compete with private plans in the nongroup marketplaces established by the Affordable Care Act. A new report from the Congressional Budget Office (CBO) describes key design considerations and some of their major implications. The agency explains how those design choices would affect the: public option’s premiums; private insurers’ premiums and participation in the marketplaces; health insurance coverage in the United States; and federal outlays and revenues. The insurance risk of the public option would be borne by the federal government by having it bear financial responsibility for medical claims covered by the plan. Certain design choices could, for example, result in a public option that used the federal government’s ability to set administered prices and its purchasing power to offer marketplace enrollees a lower-premium plan with a broad provider network. Such a plan would most likely encourage a significant number of individuals to enroll in the public option. Other design choices could be made to establish a public option that was similar to private plans in premiums and provider networks.

DEVELOPMENTS IN HIGHER EDUCATION

Regardless of which political party controls the White House and the two chambers of Congress, an enormous amount of activity occurs every year in the form of proposed legislation, regulatory directives from governmental agencies, and Executive Orders by the President of the United States. A vast assortment of law firms, lobbying organizations, and interest groups participate in the quest to achieve desired policy outcomes. The new **Biden Administration** is up and running at full speed and can be expected to pursue not only its preferred objectives, but also to push back against policies implemented during the previous Administration that it does not view favorably. The topic of sexual harassment in the educational sector furnishes an apt illustration of such activities.

Dating back to 2011, the **Obama Administration** issued an informal letter that defined sexual harassment as a form of sex discrimination actionable under Title IX. A follow-up letter in April 2014 provided additional guidance on schools' responsibilities under Title IX to address sexual violence as a form of sexual harassment. Opponents criticized the letters for undermining due process rights for involved parties. Multiple court cases then were launched that aimed at striking down campus procedures resulting from this guidance. The **Trump Administration** joined the controversy by having the U.S. Department of Education issue a final rule in May 2020 to address the responsibilities of college campuses and K-12 schools under Title IX of the Education Amendments of 1972. The rule aimed to ensure protections for sexual assault survivors and require thorough investigations of sexual assault incidents. It also was designed to align Title IX requirements with court precedents and provide fundamental protections for due process.

On March 8, 2021, **President Biden** issued an Executive Order directing the Department to review and consider suspending, revising, or rescinding the Department's rule entitled "Nondiscrimination on the Basis of Sex in Education Programs or Activities Receiving Federal Financial Assistance." This issue of sexual harassment and violence has attracted considerable attention in recent years. For example, listening sessions about the contents of this rule began in 2017, which was followed by the Department's release of that proposed rule in November 2018. The next year and a half led to the Department's receiving and reviewing more than 224,000 public comments, and the Office of Management and Budget conducted 102 stakeholder meetings. The final rule in May 2020 specified how recipients of Federal financial assistance covered by Title IX, including elementary and secondary schools, along with postsecondary institutions, must respond to allegations of sexual harassment, including sexual assault. The rule amounted to 2,033 pages, which include the regulation itself, the Department's legal rationale, and its response to thousands of public comments.

Valuable Services Provided By Governmental Data Gathering Agencies

Political party affiliation and personal ideology often combine to produce assessments about the value of government in the lives of the citizenry. An old joke involves being unwittingly trapped in one's vehicle in a traffic jam and unable to see what is ahead to explain its cause. A liberal Democrat might conclude that what is needed to remedy the situation is to have a cop at the disruptive scene, while a conservative Republican might conclude that the mess is because there is a cop up there. A general truism in American life is that Democrats often look favorably upon increasing the amount of governmental activity to deal effectively with chronic problems, such as uneven allocation of health care and educational services, while Republicans may be more inclined to view the government as the cause of such problems rather than the cure. Often lost in these debates is a recognition that a function governmental agencies perform quite well, especially by the federal government, is to collect data that inform the implementation of sound public policies. A good example is the *Integrated Postsecondary Education Data System (IPEDS)* developed by the National Center for Education Statistics. This national entity serves as the primary source of information about U.S. higher education institutions. An example of a useful IPEDS tool is a **Trend Generator** to view trends on most frequently asked subject areas including: Enrollment, Completions, Graduation Rates, Employees and Staff, Institutional Revenues, and Financial Aid.

QUICK STAT (SHORT, TIMELY, AND TOPICAL)

Childhood Disability In The United States, 2019

According to a report issued on March 25, 2021 from the *United States Census Bureau*, the percentage of children with a disability in the U.S. increased between 2008 and 2019, from 3.9% to 4.3%. The most common type of disability among children five years and older in 2019 was cognitive difficulty. In 2019, disability rates in the U.S. were highest among American Indian and Alaska Native children (5.9%) and lowest among Asian children (2.3%). Childhood disability rates were lower among foreign-born children (3.2%) than among native-born children (4.2%) and lower among native-born children with one or more foreign-born parents (3.1%), relative to native-born children with only native-born parents (4.5%). While children in poverty were more likely to have a disability than children above the poverty threshold in 2008 and 2019, the prevalence of disability significantly increased for both groups over this period. The highest prevalence rates were in the South and the Northeast and the lowest rate was in the West.

U.S. Births: Final Data For 2019

Data from the *National Vital Statistics Report* on March 23, 2021 from the CDC show that a total of 3,747,540 births were registered in the United States in 2019, down 1% from 2018. The general fertility rate declined from 2018 to 58.3 births per 1,000 women aged 15–44 in 2019. The birth rate for females aged 15–19 fell 4% between 2018 and 2019. Birth rates declined for women aged 20–34 and increased for women aged 35–44 for 2018–2019. The total fertility rate declined to 1,706.0 births per 1,000 women in 2019. Birth rates declined for both married and unmarried women from 2018 to 2019. The percentage of women who began prenatal care in the first trimester of pregnancy rose to 77.6% in 2019. The percentage of all women who smoked during pregnancy declined to 6.0%. The cesarean delivery rate decreased to 31.7% in 2019. Medicaid was the source of payment for 42.1% of all births in 2019. The rate of low birthweight essentially was unchanged from 2018 at 8.31%.

HEALTH TECHNOLOGY CORNER

Electronic Skin From Flexibility To A Sense Of Touch

Materials scientists represent another group engaged in efforts to defeat the coronavirus. A team at Northwestern University in Evanston, IL develops soft, flexible, skin-like materials with health-monitoring applications. According to an article published on March 23, 2021 in the journal *Nature*, one device that is designed to sit in the hollow at the base of the throat, is a wireless, Bluetooth-connected piece of polymer and circuitry that provides real-time monitoring of talking, breathing, heart rate, and other vital signs, which could be used in individuals who have had a stroke and require speech therapy. A previously unanswered question was whether the device also could be customized to spot symptoms of the coronavirus SARS-CoV-2. The short answer was ‘yes’. Some 400 of the devices are being used in Chicago to help identify early signs of COVID-19 in front-line health workers, as well as for disease monitoring in patients. Furthermore, the design has been tweaked to assess how coughing rates change in patients with COVID-19.

Genome-Wide Programmable Transcriptional Memory By CRISPR-Based Epigenome Editing

The epigenome plays a central role in many diseases, from viral infection to cancer. This entity consists of proteins and small molecules that latch onto DNA and control when and where genes are switched on or off. A general approach for heritably altering gene expression may lead someday to powerful epigenetic therapies. The endeavor involves modifying CRISPR's basic architecture to extend its reach beyond the genome. According to a paper published April 9, 2021, in the journal *Cell*, researchers at UC San Francisco and the Whitehead Institute describe a novel CRISPR-based tool called "CRISPRoff," which allows scientists to switch off almost any gene in human cells without making a single edit to the genetic code. The researchers also show that once a gene is switched off, it remains inert in the cell's descendants for hundreds of generations, unless it is switched back on with a complementary tool called CRISPRon, that also is described in the paper. This approach doesn't involve any DNA edits and is likely to be safer than conventional CRISPR therapeutics.

OBTAINABLE RESOURCES

Applying Systems Thinking To Regenerative Medicine

Regenerative medicine products, which are intended to repair or replace damaged cells or tissues in the body, include a range of therapeutic approaches such as cell- and gene-based therapies, engineered tissues, and non-biologic constructs. It often is challenging to characterize these products properly for a number of reasons, and there often is not a definitive correlation between what is measured and the clinical outcome for these complex products. A systems-focused approach can help better define the mechanistic parameters involved in the biological outcome and allows for the collection and use of more relevant data. Systems thinking is a multidisciplinary effort and can incorporate tools and knowledge from the fields of data science, biology, engineering, manufacturing, regulatory science, and clinical research and therefore requires the use of disparate data sources. Given these considerations, the *Forum on Regenerative Medicine of the National Academies of Sciences, Engineering, and Medicine* convened experts across disciplines for a two-day virtual workshop in October 2020 to explore systems thinking approaches and how they may be applied to support the identification of relevant quality attributes that can help optimize manufacturing and streamline regulatory processes for regenerative medicine. Workshop proceedings summarize key information and can be obtained at

[Front Matter | Applying Systems Thinking to Regenerative Medicine: Proceedings of a Workshop | The National Academies Press \(nap.edu\)](https://www.nap.edu/report/25847).

Shared Equity Leadership: Making Equity Everyone's Work

Decades of programmatic efforts and interventions have failed to make a difference in the success of racially minoritized, low-income, and first-generation students, whose populations are increasing on college campuses. Higher education remains profoundly inequitable, and institutions have not made the transformational changes necessary to create truly inclusive environments and equitable outcomes for students. A prominent lever for change is campus leadership. According to a report from the American Council on Education (ACE), a description is provided on how broadly inclusive and collaborative approaches to leadership are necessary to achieve equitable outcomes. At the heart of shared equity leadership (SEL) is the notion of personal journey toward critical consciousness, in which leaders develop or strengthen a commitment to equity through their identity, personal experiences, or relationships, and learning. This paper reports on the results of a multiple-case study of leaders at eight institutions that are experimenting with shared approaches to equity leadership. It describes some emerging outcomes from the participating campuses, and offers recommendations for leaders interested in trying this approach. The report can be obtained at

<https://www.acenet.edu/Documents/Shared-Equity-Leadership-Work.pdf>.

Black And White Patients In Hospitals With Worse Safety Conditions

Identifying and reducing racial disparities in the quality of health care is a necessary (if insufficient) step toward reversing the effects of systemic racism on racial health inequities in America. A study investigates differences in Black and White patient safety measures using complete hospital discharge records from 26 states in 2017 and further examines whether some differences in patient safety quality can be attributed to the hospitals into which they are admitted. Black patients experienced higher rates of adverse patient safety events on 6 of 11 patient safety measures, including 5 of 7 surgery-related patient safety measures. For 9 of 11 patient safety indicators, including 6 of 7 surgery-related patient safety indicators, Black patients were significantly less likely to be admitted into hospitals classified as “high quality” (i.e., hospitals best at minimizing patient safety risks based on the median value of each patient safety indicator). The findings suggest that current policies have been ineffective in addressing inequities in the quality of inpatient care. The report can be obtained at <https://www.urban.org/sites/default/files/publication/103925/black-patients-are-more-likely-than-white-patients-to-be-in-hospitals-with-worse-patient-safety-conditions.pdf/>.

OUTBREAKS OF “AGEISM” IN THREE NATIONS REGARDING COVID-19

The term ageism refers to stereotypes, prejudice, and discrimination directed towards individuals on the basis of their age. Moreover, like all forms of discrimination, ageism generates divisions and hierarchies in society and influences social position on the basis of age. Ageism also can result in various harms, disadvantages, and injustices, including age-based health inequities and poorer health outcomes. An article published in the April 2021 issue of *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* compares responses to coronavirus control in Australia, the United Kingdom, and the United States, where public ageism erupted over the social and economic costs of protecting older adults from COVID-19. Examples of denigrating language used to describe members of older age cohorts include “boomer remover,” “boomer doomer,” “grey shufflers,” and “moldy oldies.” Thirty-five newspapers, media websites, and current affairs magazines were the focus of this investigation: eight for Australia, 12 for the United Kingdom, and 15 for the United States. Searches were conducted daily from April to June 2020, using key words to identify age-related themes on pandemic control.

Despite divergent policies in the three countries, ageism took similar forms. Public responses to lockdowns and other measures cast older adults as a problem to be ignored or solved through segregation. Name-calling, blame, and “so-be-it” reactions toward age vulnerability were commonplace. Policies banning visits to aged care homes angered many relatives and older adults. Indefinite isolation for older adults was widely accepted, especially as a vehicle to end public lockdowns and economic crises. Based on this study, the following conclusions were reached. Older adults have and will continue to bear the brunt of COVID-19 as expressed in social burdens and body counts as the pandemic continues to affect victims around the globe. The rhetoric of disposability underscores age discrimination on a broader scale, with blame toward an age cohort considered to have lived past its usefulness for society and to have enriched itself at the expense of future generations.

PREVALENCE OF SOCIAL MEDIA ADDICTION

The cyber era makes it possible for individuals to interact with others not only face-to-face but also through social media platforms, such as Facebook and Instagram. As of July 2020, there were about four billion active social media users worldwide, with more than half of them involving Facebook. This usage has many advantages and opportunities for individuals to interact with one another any hour of the day and represents a vast source of pleasure. Conversely, problematic use of these forms of communication technology can be viewed as impairing users’ psychosocial functioning and well-being. For instance, some individuals may become engaged in Instagram to an extent that they feel distressed when they are unable to use it during workplace hours. This misuse is widely referred to as social media addiction, which may be considered a contemporary problem of global concern. Consequently, researchers all over the world are conducting studies to evaluate the pervasive nature of this situation. A challenge is that prevalence rates of social media addiction reported in the literature vary dramatically.

A meta-analysis aimed to synthesize the extant research systematically on prevalence is reported in the June 2021 issue of the journal *Addictive Behaviors*. Subgroup analysis and meta-regression were conducted to investigate whether the prevalence rates would differ by classification schemes, cultural values, and demographic factors. This approach involved 63 independent samples with 34,798 respondents from 32 nations spanning seven world regions. The prevalence estimates varied widely across studies and nations, from as low as 0% to as high as 82%. Nuanced analysis of this diverse body of findings indicates that the prevalence rates can be categorized into three main clusters by the classification scheme used. The first cluster with an overall prevalence of 5% includes studies adopting conservative schemes such as monothetic or strict monothetic classifications. The second with an overall prevalence of 13% includes studies adopting a cutoff for severe level or strict polythetic classifications. The third with an overall prevalence of 25% includes studies adopting relatively lenient cutoff for moderate level or polythetic classifications. The prevalence rate also varied by cultural region.