

HIGHLIGHTS

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ASSOCIATION OF SCHOOLS OF
ALLIED HEALTH PROFESSIONS

*Vanguard of
Allied Health Education*

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editor, Thomas W. Elwood,
Dr.PH.

WHEN A LITTLE TINK IS WARRANTED

Eminent scientist **Albert Einstein** achieved fame for the ages with his formulation of theories of special and general relativity. He was unsuccessful, however, in his quest over the decades to develop a unified field theory that linked electricity, magnetism, gravity, and quantum mechanics. When confronted with obstacles in successfully completing this pursuit, he once stated "I will a little tink."

The health domain is complex and comprehensive enough to warrant in its own respect a little tink of a different nature. In public policy circles, the major focus continues to be on making affordable insurance coverage available to all Americans. The Patient Protection and Affordable Care Act that became law in 2010 represented a major step in that direction, yet it continues to be mired in controversy to the present day. As important as universal coverage may be, it is just one key element in a wide array of efforts needed to improve community and individual health status for the simple reason that although health care is a necessary ingredient, it is not sufficient by itself.

Assume that a blissful day arrives when every American possesses a health insurance card. Whatever the nature of an individual's health care needs or wants, they now can be addressed without cost serving as a hindrance. Depending on the kind of health problem, however, treatment may vary according to the practice type, training, region, and experience of personnel who furnish care. To cite one example, an article in the August 15, 2017 issue of the journal *Spine* indicates that some 400,000 spine fusion procedures are performed annually in the United States. The rates of these procedures in this nation are almost twice as high as other developed countries, with the greatest rate of increase occurring among patients older than 60 years of age, a rapidly growing portion of the population. The frequency of spine fusion has increased faster than other inpatient procedures, including laminectomy, hip arthroplasty, and coronary artery bypass graft. Yet, elective spine fusion surgery remains controversial and scientific consensus on the indications for it is poor due to wide variations in utilization.

Even when spinal fusion is necessary and performed successfully, as with other surgical procedures post-surgical pain may be an outcome. A study published online September 15, 2017 in the journal *Pharmacoepidemiology and Drug Safety* reveals that prescription opioid use rose 60% among U.S. adults between 1999 – 2000 and 2013 – 2014, while long-term prescription opioid use, defined as 90 days or more, increased from 1.8% in 1999 – 2000 to 5.4% in 2013 – 2014. Moreover, treating patient pain with opioid prescriptions has fueled an epidemic of opioid addiction and drug overdoses, now the leading cause of accidental death in the U.S.

The provision of health care does not always equate uniformly and positively with improved health outcomes. Overall, the health care domain represents a sphere of critical endeavors where a little more tink ultimately could prove to be beneficial.

PERSPECTIVE FROM THE PRESIDENT'S CORNER

By Linda Petrosino, ASAHP President



Dear Colleagues,

A half century ago, the deans of 13 university schools of allied health professions formed the Association of Schools of Allied Health Professions (ASAHP). Our Association's founders knew that there was an urgent need to form an organization that could focus on the quantity and quality of the allied health workforce. Since ASAHP's first annual conference held in 1968, ASAHP has been an Association of members with a strong commitment to allied health education and practice. ASAHP blazed the trail and set a standard for work that to this day, continues to advance and improve allied health education and practice.

As we celebrate 50 years, we acknowledge hundreds of members who have made invaluable contributions to the allied health professions and to the Association over the years. It is clear that our members and volunteers have always been the foundation to our success and over the years many have contributed in ways to help grow the profession and the association.

JOIN ME IN OUR 50TH ANNIVERSARY CELEBRATION HELD AT OUR ANNUAL CONFERENCE, OCTOBER 18-20, 2017 AT THE SAN ANTONIO MARRIOTT RIVERWALK, SAN ANTONIO, TX.

If you are not one of the 225 individuals who already have registered, please go to the website (<http://www.asahp.org/conferences>) to view the phenomenal line up of speakers and the overall three days of programming. Over one hundred presentations and posters will showcase topics such as innovations in rehabilitation, next steps in interprofessional education, improvements in the culture of health, best practices in veterans health care, and other allied health issues. Not only will you experience one of the strongest conferences, you will experience one of the greatest benefits, that is, the camaraderie and professional networking. You will find plenty of opportunity to enjoy your colleagues in a beautiful location. If you are new to ASAHP, you will quickly discover that valuable professional friendships are formed that last for many years.

As we celebrate our past, we take this opportunity to reaffirm our commitment to our mission, that is, we exist: To Improve Health...through excellence in interprofessional education, collaboration, leadership, research, and advocacy.

Hope to see you soon,

Linda

COMPARISON OF FIRST GENERATION AND CONTINUING GENERATION COLLEGE STUDENTS

A new *Statistics in Brief* report from the National Center for Education Statistics (NCES) examines background and educational characteristics, plans for college, postsecondary enrollment, and postsecondary completion patterns of first-generation college students and their peers whose parents have college degrees. The brief also explores how postsecondary plans, attendance, and completion vary between these two groups of students. The brief additionally presents the reasons why some 2002 high school sophomores who were postsecondary enrollees did not obtain a credential by 2012. The report is available at <https://nces.ed.gov/pubs2018/2018009.pdf>.

FISCAL YEAR 2018 FUNDING PICTURE



President **Donald Trump** and Congress were successful in reaching a temporary agreement to fund government operations until December 8, 2017. He signed into law on September 7 a stopgap spending bill that would continue the current funding levels for federal agencies into the start of the 2018 fiscal year, which begins on October 1, 2017.

Although the health professions do not garner as much attention by Congress when compared to other health policy matters, the House Energy and Commerce Subcommittee on Health conducted a hearing on September 14 to examine expired workforce programs under the Health Resources and Services Administration (HRSA) including Title VII health professions and Title VIII nursing workforce development programs. The hearing also focused on House legislative proposals that provide reauthorizations for these programs. Proposals examined included the Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness (EMPOWER) Act of 2017 (H.R. 3728), a bill introduced by Health Subcommittee Chairman **Michael Burgess** (R-Texas), and Rep. **Jan Schakowsky** (D-Ill.) that would reauthorize Title VII programs that are currently expired at FY 2017 levels through 2022. As a member of the Health Professions and Nursing Education Coalition (HPNEC), ASAHP co-signed a letter to Subcommittee leaders to express the importance of health workforce programs.

Although last March President Trump recommended that Congress reduce funds for the National Institutes of Health by \$7.5 billion (22%) to \$26.6 billion, legislators subsequently decided to do just the opposite. The Senate Appropriations Committee approved a bipartisan bill in September to provide \$36.1 billion for the health institutes in the fiscal year that begins on October 1, 2017. Meanwhile, the House Appropriations Committee approved a \$1.1 billion increase for the NIH. Lawmakers on both sides of the Capitol expect the final amount to be close to the higher amount in the Senate bill.

In a related matter, both appropriations committees rejected the President's proposal to slash payments to universities for overhead, which are the "indirect costs" of research financed by the health institutes. These cost elements include utilities, Internet service, data storage, the construction and upkeep of laboratories, and compliance with federal rules protecting human subjects of clinical research. Using identical language, House and Senate bills explicitly prohibit the Administration from changing the formula used to calculate and pay indirect costs. House and Senate committees also rejected the President's proposal to eliminate a unit of the NIH that works with other countries to combat global health threats.

Other agencies have not fared as well. The House Appropriations Committee made cuts to some HHS agencies, including the Agency for Healthcare Research and Quality and workforce programs administered by the Health Resources and Services Administrations (HRSA).

2017-2018 ASSOCIATION CALENDAR OF EVENTS

September 2017—ASAHP Election Results Announced

September 2017—ASAHP Award Winners Announced

October 18-20, 2017—ASAHP Annual Conference in San Antonio, TX

November 5-11, 2017—National Allied Health Week

October 10-12, 2018—ASAHP Annual Conference in St. Petersburg, FL

AFFORDABLE CARE ACT DEVELOPMENTS

Attempts by Republicans in Congress over the last six months to repeal and replace the Affordable Care Act call to mind a 15-round boxing match. Conservative and centrist members of the G.O.P. have been in the ring on several occasions pummeling one another, while their counterparts in the Democratic party sit in ringside seats, loudly cheering every heavy punch that is delivered successfully to hobble an opponent.

When a child was asked why he repeatedly hit himself in the head with a hammer, his response was, “Because it feels so good when I stop.” The time may be fast approaching when repeal and replace efforts become too painful and are brought to a halt so that business can proceed in achieving other goals, such as tax reform. Back in 2010, a Democratic majority in Congress just barely was successful in advancing a major health reform bill to the desk of **President Obama** who signed it into law. Republicans have not been as fortunate in attempts to eradicate the ACA. Instead, if history serves as a reliable guide, the Affordable Care Act will undergo necessary alterations only when a bipartisan approach is used. Key aspects of any proposed modifications will entail developing ways to cover the uninsured, while figuring out how to finance essential services.

Enthusiasm For Graham-Cassidy Repeal and Replace Proposal Is Somewhat Less Than Total

What represented a last ditch attempt to fulfill a Republican campaign pledge since 2010 to repeal and replace the Affordable Care Act, a bill introduced by Senators **Lindsey Graham** (R-SC) and **Bill Cassidy** (R-LA) in September, will not be scheduled for a vote. A major consideration is that the Senate had until September 30 to pass the bill under reconciliation rules. After that date, the legislation would require at least 60 votes in the Senate to move forward. Since it was unlikely that the measure would attract the support of a single Democrat, the 52 Republicans in that chamber had to be united, which they were not, in order to produce enough votes. Even if they had managed to secure the vote of 50 Republicans (Vice President Pence could be the tie-breaking vote), the House still would have to agree to pass similar legislation.

Main features of that bill are: repeal Obamacare individual and employer mandates; repeal the Obamacare medical device tax; strengthen the ability for states to waive Obamacare regulations; return power to the states and patients by equalizing the treatment between Medicaid expansion and non-expansion States through an equitable block grant distribution; and protect patients with pre-existing medical conditions. The Congressional Budget Office and Joint Committee on Taxation staff on September 25, 2017 released their report on the bill. Although the analysis apparently was of an earlier version of the bill than the one released on September 24, the provisions described and analyzed in the CBO report essentially are the same. Although there was not enough time to produce point estimates, millions of individuals could be expected to lose coverage under the bill. It also is expected that coverage for beneficiaries with preexisting conditions and for high-cost services would become much more expensive.

Medicare-For-All Legislation Introduced In The Senate By Democrats

Senator **Bernie Sanders** (I-VT) on September 13, 2017 formally introduced his long awaited “Medicare-for-All” legislation (S. 1804) that would serve as a transition into a single-payer health care system. The bill attracted the support of 16 Democratic senators as co-sponsors. If it ever becomes law, the bill would end the private insurance industry and be implemented over a period of four-years. Children younger than age 18 would be immediately and automatically eligible for coverage. The plan would be paid for through a tax increase on both individuals and employers.

Many Democrat legislators for years have advocated a single-payer health insurance system. In 2011, Vermont functionally established the first state-level single payer system in the U.S., but Democrats abandoned the initiative in December 2014 because the projected increase in taxation to finance universal coverage proved to be too steep and onerous. California earlier this year adopted a similar approach, but the Assembly Speaker blocked the Senate bill from advancing in the House chamber. Similar concerns also have been expressed about what it will cost in the way of new taxes to finance the costs of a single payer program in that state.

DEVELOPMENTS IN HIGHER EDUCATION

The federal government plays an important role in higher education. Not only does it provide large amounts of funding to support the research function of academic institutions, millions of students are the beneficiaries of various student financial aid programs. The U.S. Department of Education has major influence in determining how federal policies are created and administered on campuses around the nation. The U.S. Government Accountability Office (GAO) operates at a different level by periodically issuing reports on the performance of these institutions. Recent examples of activities conducted by these two agencies are as follows:

Compliance With Requirements Under Federal Title IX Law

Under Title IX of the Education Amendments of 1972 and its implementing regulations, an institution that receives federal funds must ensure that no student suffers a deprivation of her or his access to educational opportunities on the basis of sex. The Department of Education intends to engage in rulemaking on the topic of schools' Title IX responsibilities concerning complaints of sexual misconduct, including peer-on-peer sexual harassment and sexual violence. The Department will solicit input from stakeholders and the public during that rulemaking process. In the interim, a series of questions and answers, along with the Revised Sexual Harassment Guidance previously issued by the Office for Civil Rights (OCR), provides information about how OCR will assess a school's compliance with Title IX.

Institutions of higher education that participate in the federal student financial aid programs also are subject to the requirements of the Clery Act as well as Title IX. Each year, institutions must disclose campus crime statistics and information about campus security policies as a condition of participating in federal student aid programs.

Reducing Challenges In Transferring College Credits

According to a GAO report released on September 13, 2017, based on analysis of the Department of Education's most recently available data, an estimated 35% of college students transferred to a new school at least once from 2004 to 2009. GAO found that students may face challenges obtaining information or advice about transferring course credits. An estimated 62% of these transfers were between public schools. Students can face challenges transferring credits between schools that do not have statewide policies or articulation agreements, which are transfer agreements or partnerships between schools designating how credits earned at one school will transfer to another. Advising and information also may not be adequate to help students navigate the transfer process.

The possible financial implications of transferring depend in part on the extent of credits lost in the transfer. Using Department of Education transfer data, GAO estimated that students who transferred from 2004 to 2009 lost, on average, an estimated 43% of their credits, and credit loss varied depending on the transfer path. For example, students who transferred between public schools—the majority of transfer students—lost an estimated 37% of their credits. In comparison, students who took some of the less frequent transfer paths lost a relatively higher percentage of their credits. As an illustration, students who transferred from private for-profit schools to public schools accounted for 4% of all transfer students, but lost an estimated 94% of their credits.

Transferring can have different effects on college affordability. Students seeking to obtain a bachelor's degree at a more expensive school may save on tuition costs by transferring from a less expensive school. Yet, transfer students may incur additional costs to repeat credits that do not transfer or count toward their degree. Transfer students can receive federal financial aid. GAO's analysis showed that almost half of the students who transferred from 2004 to 2009 received Pell Grants and close to two-thirds received Federal Direct Loans.

QUICK STAT (SHORT, TIMELY, AND TOPICAL)

Beneficiaries Who Gained Health Insurance Since The Affordable Care Act Became Law

More than 20 million Americans gained health insurance between the first quarter of 2010 (prior to the enactment of the ACA) and the first quarter of 2017, according to the National Health Interview Survey. During the first three months of 2017, 70.5% of adults (138.8 million) were covered by private health insurance, which includes 4.8% (9.4 million) who purchased coverage through a public insurance exchange. The survey also revealed that: 18.9% of adults between the ages of 18 and 64 had public coverage during the first quarter of 2017, which is down from 20% in 2016, but is the same rate reported in 2015, while 12.1% of adults were uninsured, which continues a declining trend in the uninsured rate. The greatest decreases in uninsured adults since 2013 were among the poor (individuals with incomes below the federal poverty level [FPL]) or the near poor (100 to 200% of the FPL). Adults between the ages of 25 and 34 are nearly twice as likely as adults ages 45 to 64 to be uninsured.

Persistence Of Gender, Racial, And Ethnic Disparities In Academic Emergency Medicine

Gender, racial, and ethnic disparities, with regard to academic rank and compensation, continue to exist among academic emergency medicine physicians in spite of a move by leading organizations of emergency medicine to prioritize increasing diversity. This finding is in a study to be published in the October 2017 issue of *Academic Emergency Medicine*, indicating that women earned less than men regardless of rank, clinical hours, or training and that failure to advance or to receive promotion to leadership roles may be a factor in why women leave careers in academic medicine. The study proposes that future research is needed to delineate the issues of retention and advancement. The study also found that underrepresented minorities (URM) comprise a small proportion of the academic medicine workforce and are less likely to hold senior positions. They also are less likely to be promoted at all levels, regardless of gender, tenure status, degree, or NIH award status.

HEALTH TECHNOLOGY CORNER

Breakthroughs In Nanotechnology May Transform Treatments

How long before health care organizations need to consider how to incorporate nanotechnologies into their business? According to *Deloitte's Tech Trends 2017 Report*, not long. Medicine is driving the demand for nano-manufacturing. Researchers are moving closer to a breakthrough in nanotechnology that has the potential to re-grow damaged organs and heal serious wounds. Nanochips housed in a tiny pad the size of a penny can reprogram skin cells and generate cells in a process called nanotransfection. In trials, the non-invasive procedure restored the function of badly damaged blood vessels in days by firing DNA into skin cells from a small electric current. The procedure has the potential to transform care for patients needing complex reconstructive surgery. There may be an opportunity to reprogram skin cells from parts of the body, which can be injected into the brain, to fight diseases such as Alzheimer's and Parkinson's. So far, the team has had successful trials of the technology on pigs and mice. Human trials are being planned.

Regenerating Tissues With Gene-Targeting Molecules

A synthetic DNA-targeting molecule could pave the way for tissue regeneration. Stem cells can be triggered to change into heart muscle cells by a new method involving synthetic molecules. The method overcomes challenges facing current approaches and can be fine-tuned to prompt the formation of a variety of cell types. Researchers at Kyoto University's Institute for Integrated Cell-Material Sciences (iCeMS) in Japan constructed a synthetic molecule that can recognize and bind with a specific DNA sequence involved in the differentiation of human induced pluripotent stem cells (iPSCs) into mesoderm, an intermediary cell type that can be stimulated into changing into heart muscle cells. As reported July 31, 2017 in the journal *Nucleic Acids Research*, this strategy could be used to design additional synthetic molecules that target various DNA sequences, inducing hiPSCs to develop into different cell types.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Patient-Centered Care And Patient-Provider Communication

Shared decision making and patient-centered medical homes are mechanisms that can help patients to play an active role in the health care that they receive. Recent data from the Health Reform Monitoring Survey (HRMS) suggest that it would be worthwhile for providers to initiate more discussions with patients about the care being provided. The study indicates that most adults feel comfortable talking to their usual health care provider about potentially sensitive issues that are relevant to health care, but providers don't often ask about these issues. Providers are more likely to ask about potentially sensitive issues with adults who have lower incomes, adults who have health problems, and adults who have difficulty obtaining care because they cannot afford it. Even with patients in vulnerable populations, providers rarely ask about potentially sensitive issues. Survey results can be obtained at http://hrms.urban.org/briefs/hrms_trust_providers_final.pdf.

Cross-National Comparison Of Adult Education And Attainment

The Organization for Economic Cooperation and Development (OECD) conducted the Program for the International Assessment of Adult Competencies (PIAAC), a multi-domain adult skills assessment with an extensive background questionnaire. A report from the National Center for Education Statistics (NCES) builds upon the findings in an earlier NCES report to provide additional cross-national comparisons of adult literacy and numeracy proficiencies by education attainment. Specifically, the report highlights differences among several countries in the average literacy and numeracy scores for adults at different levels of education attainment. It further compares gaps in literacy and numeracy scores between adults of higher and lower education attainment across participating countries. The results from the earlier NCES reports indicated that adults in the United States performed lower than or not measurably different from the PIAAC international average in literacy and in numeracy. The report can be obtained at <https://nces.ed.gov/pubs2018/2018007.pdf>.

Nursing: Can It Remain A Source Of Upward Mobility Amidst Healthcare Turmoil?

A new report by the Georgetown University Center on Education and the Workforce shows that a college education is increasingly key to success in a nursing career, with 66% of registered nurses (RNs) having a bachelor's degree or higher today compared with 32% in 1980. In the profession: 71% of RNs are White compared to only 7% who are Latino and 12% who are Black. Low-income nurses and those from racial and ethnic minority groups face educational barriers to upward mobility, as pressure to increase skills has made the bachelor's degree the preferred entry-level credential for the higher-skill, better-paying RN positions (especially in hospitals). The RN profession pays competitive wages, averaging \$67,000 a year. By comparison, licensed professional/licensed vocational nurses (LPNs/LVNs), who are 9% Latino and 27% Black, earn on average less than \$46,000 per year. RNs have the opportunity to specialize through graduate education and become advanced practice registered nurses (APRNs) who have higher earnings, with certified nurse anesthetists earning the most among nursing specialties, \$153,000 a year. The report can be obtained at <https://cew.georgetown.edu/wp-content/uploads/Nursing2-FR.pdf>.

Threats To Universities Worldwide

The new edition of Scholars at Risk's annual "Free To Think" report analyzes more than 250 reported attacks on higher education institutions, their students, or their employees in 35 countries in the past year. The report can be obtained at <https://www.scholarsatrisk.org/wp-content/uploads/2017/09/Free-to-Think-2017.pdf>.

KATHLEEN YANCOSEK TO PRESENT 2017 SWITZER LECTURE



Kathleen Yancosek, a retired U.S. Army Lieutenant Colonel who is the former Director of the Center for the Intrepid at Brooke Army Medical Center in San Antonio, Texas, will present the *Mary E. Switzer Lecture* at the 2017 ASAHP Annual Conference in San Antonio. A graduate of Gannon University with a Bachelor of Science degree in occupational therapy, she has a Master's Degree in occupational therapy from Eastern Kentucky University, and a PhD in rehabilitation sciences from the University of Kentucky.

Newton, Massachusetts native **Mary E. Switzer** served 48 years in public service. During her career, she advanced through the Federal Civil Service to one of the highest administrative posts held by any woman in U.S. history when she became Commissioner of the Rehabilitation Services Administration from 1950-1967 and Administrator of Social and Rehabilitative Services from 1967-1969.

Following her retirement in 1970, she served as an unpaid consultant for ASAHP, an organization established in 1967. She received numerous awards throughout her distinguished career in the form of honorary doctorates and the highest federal government citations. As a result of an Act of Congress, she also became the first woman to have a federal building named after her, which is now part of the Department of Health & Human Services in Washington, DC.

On November 3, 1971, the ASAHP membership voted to sponsor an Annual Memorial Lecture in her name. The first address was delivered in Houston, Texas in 1972. A Lecture Fund was established and each year, a speaker is chosen who has contributed significantly to health care either in this nation or in other parts of the world, especially in the area of rehabilitation.

ASAHP STUDENT ASSEMBLY UPDATE

A proposed objective to implement Goal IV of the ASAHP *Strategic Plan* was to create ASAHP student chapters and develop training activities, with a focus on making it possible to leave academic programs and go directly to work without extensive orientation at the work place. Aided by the efforts of ASAHP Past President **Richard Oliver**, that objective became a reality in 2016 with the creation of a Student Assembly Board of Directors. The mission of the group is to foster a nationwide collaborative healthcare community by providing all students with opportunities for leadership, professional preparation, and interprofessional exposure beyond their field of study and institutional affiliation.

The newly appointed students came together for the first time in person at the ASAHP Annual Conference in 2016 in New Orleans to present at the Association's Board of Directors meeting and to serve as moderators at concurrent session presentations. This year, students will gather once again at the Annual Conference to present a year's worth of hard work that has led to immense progress in their mission to grow a nationwide ASAHP section for students, led by students. Along with serving as moderators at concurrent sessions, they also will participate during the Poster Session at the conference to provide information regarding how student chapters can be formed at ASAHP member institutions.

The theme of the 2017 Annual Conference is *ASAHP At 50 - Reflections On The Past, A Window To The Future Of Healthcare*. The students of today are the ASAHP members of tomorrow and represent the seed corn of new membership that will develop in coming decades. Eventually, as deans, chairpersons, and faculty members, they will determine what the Association will achieve during the next 50-year period.