BOARD OF DIRECTORS

The Association’s Board of Directors met on March 16 in Louisville, KY. The following actions were among those taken:

- The Minutes of a Board conference call on January 21 were approved after a minor edit was made.
- President Linda Petrosino led a discussion of the ASAHP Strategic Plan with an emphasis on committee activities. Board Members who serve as liaisons reported on the committee status of various activities.
- Treasurer Kevin Rudeen provided an extensive review of the accounting firm’s Financial Report, including a review of the Merrill Lynch investment portfolio analysis.
- ASAHP’s proposed FY 2016-2017 budget, which begins on July 1, 2016, was presented and a motion to approve it was passed.
- Immediate Past President Richard Oliver discussed prospects for increased international opportunities.
- Executive Director John Colbert provided an update of activity of working with Chairpersons and Ranking Members of Congressional committees overseeing authorization and appropriation issues of interest to allied health.
- Andy Garman, CEO of the National Center for Healthcare Leadership, met with the Board to discuss leadership competencies needed for healthcare leaders and possible collaboration with his Center.
- Other topics discussed: location of the 2017 ASAHP Annual Conference, projects that participants in the Leadership Development Program will undertake, and the Institutional Profile Survey.

INTERPROFESSIONAL EDUCATION

ASAHP has been formally approved for membership in the Interprofessional Education Collaborative (IPEC). An initial meeting will be held on June 22, 2016. ASAHP President Linda Petrosino and another member from the Association have been invited to attend.

BUDGET ALLOCATIONS

During the Board’s discussion of the FY 2016-2017 budget, the following allocations were approved as a means of advancing the Goals that are contained in the Association’s Strategic Plan:

- **Interprofessional Education**
  - $5,000 for membership in the IPEC
  - $4,000 for the Clinical Education Task Force
  - $2,000 for the Research Subcommittee
- **Marketing, Promotion and Growth**
  - $500 for promotional materials
- **Innovation and New Services Development**
  - $7,000 for the creation of a National Student Organization
- **Alliances and Partnerships**
  - $6,000 for International Task Force ($3,000 for funding for the task force and $3,000 for external discussions with industry)

INSTITUTE OF MEDICINE RENAMED

The division of the National Academies of Sciences, Engineering, and Medicine that focuses on health and medicine was renamed the Health and Medicine Division (HMD) instead of using the name Institute of Medicine. This new name builds on the heritage of the IOM’s work in medicine while emphasizing its increased focus on a wider range of health matters. The HMD will maintain the quality and soundness of our past health policy advice to the nation through rigorous study processes and the independent, objective analysis and advice.
FUNDING OPPORTUNITIES

*New Connections* has long focused on expanding the diversity of perspectives that inform Robert Wood Johnson Foundation (RWJF) programming and introducing to the Foundation new researchers from across disciplines. The program supports a network of early career researchers from backgrounds that are underrepresented in research disciplines or historically disadvantaged.

Participants will become the next generations of leaders, collaborating across sectors to upend the status quo, address health disparities, and take bold steps to achieve greater equity in communities across the country. Grants of up to $50,000 each will be awarded through this program. A total of up to 17 grants will be awarded.

Of the 17 grants awarded in this funding round, up to two grants will be designated for *New Connections--Policies for Action* awards. Grants will be 12 months in duration. The application deadline is: May 4, 2016. Additional information can be accessed at [http://www.rwjf.org/en/library/funding-opportunities/2016/new-connections--increasing-diversity-of-rwjf-programming---juni.html?rid=b9DqDr_nbyVqMCzAWLsAxFXYXWirNlAH&et_cid=522276](http://www.rwjf.org/en/library/funding-opportunities/2016/new-connections--increasing-diversity-of-rwjf-programming---juni.html?rid=b9DqDr_nbyVqMCzAWLsAxFXYXWirNlAH&et_cid=522276).

The Agency for Healthcare Research and Quality (AHRQ) has published a *Special Emphasis Notice* to alert the research community of its interest in funding research that uses shared decision-making (SDM) as a tool to improve the quality of care for low-income and racial and ethnic minority patients. AHRQ supports research, evaluations, and demonstration projects concerning the delivery of health care in inner-city and rural areas (including frontier areas), and health care for priority populations. These populations include low income groups, minority groups, women, children, the elderly, and individuals with special health care needs, including individuals with disabilities and patients who need chronic care or end-of-life health care.

SDM occurs when a clinician and patient work together to make a health care decision that is best for the patient. The optimal decision takes into account evidence-based information about available health care options, the clinician's knowledge and experience, and the patient's values and preferences.


EVOLVING -OMICS

The health care domain continues to change at a dramatic rate. Apart from modifications in how health care is delivered and its quality measured, advances in the biomedical sphere provide at steady intervals an increased understanding of the etiology of disease and the most effective ways of diagnosing and treating it. Progress is enhanced by the occurrence of developments in what simply might be referred to as “-omics,” with specific reference to genomics, transcriptomics, epigenomics, and proteomics. An increased emphasis that currently is being placed on precision medicine suggests that tools of this nature also have considerable potential to prevent the onset of disease from happening.

These technologies may be better understood from the perspective of how they contribute to the generation of “big data.” Give the genetic heterogeneity of patients, highly sophisticated mechanisms are needed to synthesize the vast amounts of information that are accumulating at a rapid pace. The effective integration and analysis of huge volumes of data will have a decisive impact on the quality of evidence that is produced in order to influence accurate decision-making.

A related matter is discoveries that take place regarding the microbiome and the microbiota that inhabit human bodies. Forces for good, which happen when dietary substances are metabolized into components that can prevent disease, and for bad, as when pathogens are harbored within the gastrointestinal tract, coexist in complex ways.

A challenge in health sciences education today is to incorporate all these developments into the education of students. Doing so will help to clarify a determination of which kinds of practitioners are able to treat which kinds of patients effectively.

CER

Comparative Effectiveness Research (CER) on routinely collected health data tends to be observational in research design. Thus, it is subject to inherent biases that inevitably affect any nonrandomized research. Guidelines, such as *Strengthening the Reporting of Observational Studies in Epidemiology* (STROBE) are widely used tools to improve reporting quality. A new resource called *The Reporting of Studies Conducted Using Observational Routinely-Collected Data* (RECORD) was developed to fill gaps that exist in STROBE.