Nobel Laureates James Watson and Francis Crick helped to launch a scientific revolution with the publication of their 878-word paper in the April 25, 1953 issue of the journal *Nature*. Yet, their achievement was due in part to Rosalind Franklin’s use of X-ray crystallography, which enabled them to realize the importance of the helical structure that appeared in the photographs she took of DNA samples.

As described in the February 2016 issue of the *Harvard Law Review*, in 1927, the U.S. Supreme Court in the case of *Buck v. Bell* made it legal in the state of Virginia to use compulsory sterilization to prevent the socially unfit from producing offspring, which had the effect of validating other state eugenics laws. A rationale was provided by a Court ruling in 1905, *Jacobsen v. Massachusetts*, that legalized compulsory vaccinations. If it were legal to prevent the spread of infectious disease, then it logically followed that mental health defects also should be targeted to prevent them from spreading. Based on what they learned from U.S. law, during the 1930s German government officials implemented highly disastrous eugenics policies. As expressed in an article in the April 2016 issue of *JAMA Ethics*, there is a suggestion that prenatal screening for conditions such as Down Syndrome that result in termination of a pregnancy is a form of contemporary eugenics.

Health care stands to benefit from links with other professions, such as mathematics. Using a stochastic model from the area of adaptive dynamics, which was developed by mathematicians, immunotherapy of cancer is being investigated at the University of Bonn in Germany to produce new treatment strategies and to understand why some approaches do not work with certain tumors.

Biomimetics is a form of technology derived from observations made over the millennia regarding how components of plants can be transformed into pharmaceutical products that aid in the fight against disease. Analysis of the proboscis used by mosquitoes to penetrate human skin to extract blood has led to the development of a needle that can be used to make it less painful to inject drugs. Similarly, anti-fouling skin properties of shark skin provided inspiration for the development of anti-bacterial products with surface modification properties that prevent bacteria from adhering to the surface of walls in clinical settings.

Reduction of health disparities is a major policy objective in the U.S. High school dropouts are much more likely to experience negative life outcomes, such as poor health status compared to high school graduates. Preventing dropouts from occurring is not easily achievable, but illustrates the importance of making such a link to improve health outcomes. Along related nettlesome social lines, an article in the July 2016 issue of the journal *Psychoneuroendocrinology* discusses the disadvantageous connection between living in racially segregated and poor neighborhoods and shorter telomere length experienced by African American women, which is associated with increased risk of diabetes, hypertension, cancer, atherosclerosis, cardiovascular diseases, and mortality. Seeking to improve the quality of neighborhoods is another worthy, but highly difficult aim to achieve.
Dear Colleagues,

Congratulations to all of the graduates of your various allied health degree programs and of course to all of the faculty, staff, and clinical site supervisors who were instrumental to their success. Our programs have prepared graduates with the knowledge and the skills to deliver preventative, diagnostic, and rehabilitative services as well as palliative care. Hopefully, as you celebrated the year’s commencement with your students, you experienced pride as you reflected on what they bring into the healthcare arena.

ASAHP, the national organization concerned with critical issues that impact allied health education, also takes pride in our graduates and continues to address areas of concern and opportunity to advance allied health education and delivery of service. Shortly, the ASAHP Board will convene for the summer meeting in Washington to continue its work. The agenda will include many of the efforts of our members on the various strategic priority committees.

For example, the Board will continue to focus on advancing advocacy efforts, interprofessional education, international opportunities, student leadership initiative, membership expansion, and various partnerships and collaborations. Immediately following the board meeting, the International Task Force meeting with industry partners will convene to continue discussions regarding the global need for rehabilitation and health care professionals. Two weeks later, ASAHP will participate in the inaugural meeting for the nine new members accepted as institutional members of the Interprofessional Education Collaborative (IPEC), a collaborative formed to address interprofessional educational experiences to help prepare future health professionals. We are pleased about this opportunity and believe it is vital that ASAHP representing the allied health professions is “at the table” for these discussions with other health disciplines.

Summer work of the Board and various committees will continue including the work of the fall Annual Conference planning committee that is securing speakers and organizing the program (call for abstracts due June 6). Stay tuned for information to be shared in upcoming newsletters regarding progress with several of the aforementioned areas and mark your calendar for the Annual Conference, October 19-21, 2016 at the Royal Sonesta Hotel, New Orleans.

Have a great summer; stay safe and happy.

Linda

**WHEN HEALTH CARE GOES AWRY**

The Agency for Healthcare Research and Quality (AHRQ) is making available a toolkit designed to help hospital and health system leaders and clinicians communicate accurately and openly with patients and their families when something goes wrong with their care. It will help expand use of an AHRQ-developed communication and resolution process called Communication and Optimal Resolution, or CANDOR, which gives hospitals and health systems the tools to respond immediately when a patient is harmed and to promote candid, empathetic communication and timely resolution for patients and caregivers. Consisting of eight modules that include PowerPoint slides, facilitator notes, and resource material, it can be accessed at [http://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/candor/introduction.html](http://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/candor/introduction.html).
BIOMEDICAL INNOVATIONS

An election year schedule, especially when the office of President is included, takes its usual toll on the ability of Congress to conduct business. Prior to the upcoming Democrat and Republican national conventions, the legislature will be in session for only reduced periods of time in June and July. Supporters of a major piece of legislation called the *21st Century Cures Act* hope that decisive action can be taken on it to advance biomedical innovations. If plans materialize, members of the Senate Health, Education, Labor and Pensions (HELP) Committee seek to obtain a floor vote on the committee’s biomedical innovation legislation before July.

Lawmakers continue to work on resolving the issue of funding for the National Institutes of Health (NIH). Democrat supporters of the initiative have indicated that they want it to include a mandatory funding stream, along with direct funding to the Food and Drug Administration (FDA). The challenge is to reach agreement on determining how much funding to provide and how to offset the cost before the legislation reaches the floor. The House version of the *21st Century Cures Act* (H.R. 6) was approved last July 10 on a strong bipartisan vote of 344-77.

Apart from other kinds of legislation, a considerable focus at this time of the year is on producing a series of appropriations bills that can be sent to President Obama to be signed into law. Although the principal focus is on the elected officials who produce these bills, their efforts are augmented by staff who are involved in detailed analyses of proposed spending measures. Their informed opinions have an impact on what ultimately emerges in each chamber. It may be of interest to readers of this newsletter to see how Congressional staff opinions regarding future legislative outcomes vary according to the time of year. When queried in a survey by *CQ Roll Call’s Capitol Insiders Survey*, 133 of 228 aides responded as follows about the 12 spending bills:

<table>
<thead>
<tr>
<th></th>
<th>February</th>
<th>March</th>
<th>April</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congress Will Enact All 12 Bills</td>
<td>2%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Congress Will Enact Some Bills</td>
<td>56%</td>
<td>47%</td>
<td>53%</td>
</tr>
<tr>
<td>Congress Will Not Enact Any Bills</td>
<td>31%</td>
<td>40%</td>
<td>38%</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>11%</td>
<td>13%</td>
<td>9%</td>
</tr>
</tbody>
</table>

---

**2016 ASSOCIATION CALENDAR OF EVENTS**

- **October 17-18, 2016**—Leadership Development Program in New Orleans, LA—Part II
- **October 19-21, 2016**—Annual Conference in New Orleans, LA
- **September 12, 2016**—Institutional Profile Survey Data Collection Opens
- **November 30, 2016**—Institutional Profile Survey Data Collection Ends

Note: Efforts are underway to identify future conference locations
AFFORDABLE CARE ACT DEVELOPMENTS PRO AND CON

The Affordable Care Act became law six years ago last March. Whatever critics and opponents of this legislation may say about it, they never will stand accused of labeling this major health reform initiative as being dull. Each passing month results in new developments and the availability of information that are seized upon by advocates on both sides of the controversy to bolster their respective positions regarding the wisdom of enacting this law. Some current examples follow.

ACA Supporters View Perceived Favorable Developments

The Commonwealth Fund commissioned the RAND Corporation to analyze a proposal put forward by Senators Richard Burr (R-NC) and Orrin Hatch (R-UT), along with Representative Fred Upton (R-MI) that would eliminate the ACA’s individual and employer mandates, loosen insurer regulations, roll back Medicaid expansion funding, eliminate fees, and offer tax credits to help low-income individuals purchase insurance. The RAND analysts found that the proposed CARE Act would reduce federal spending and increase the number of people with coverage through the individual market, but it also would raise the deficit by $17 billion, relative to current law, while increasing the total number of uninsured people by nine million. Low-income individuals and older adults would face substantially higher costs. The authors noted there are many uncertainties regarding CARE Act implementation that could affect their projections.

According to a report released in May by the National Center for Health Statistics (NCHS) at the U.S. Centers for Disease Control and Prevention (CDC), 9.1% of individuals in the U.S. – or about 28.6 million Americans – were uninsured in 2015. Among adults ages 18-64, the percentage who were uninsured decreased from 16.3% in 2014 to 12.8% in 2015. The findings are estimates based on data from the 2015 National Health Interview Survey, which surveyed 103,789 respondents.

A Commonwealth Fund report issued on May 25 shows that 61% of patients who used ACA coverage are obtaining health care that they would not have been able to afford or have access to previously. Also, nearly three of five ACA enrollees who tried to find a new primary care doctor found it easy to find one, and three of five who needed to see a specialist waited two weeks or less for an appointment.

ACA Opponents View Perceived Favorable Developments

Ohio’s co-op will become the 13th of the 23 co-ops created under the Affordable Care Act to end. The Ohio Department of Insurance requested to liquidate the state’s health insurance co-op, InHealth Mutual. Nearly 22,000 Ohio residents will have 60 days to replace their InHealth policy with another company’s coverage on the federal exchange. UnitedHealth Group Inc. and Humana Inc., two of the largest U.S. health insurers, are leaving the health exchange marketplace in Colorado next year, while one insurance company’s decision to discontinue bronze plans in Virginia has raised some concerns.

Federal judge Rosemary Collyer ruled that the Obama administration has been administering one of the health care law's subsidies illegally to help low-income individuals cover some of their cost-sharing, such as co-payments and deductibles. Because Congress hasn't appropriated the money to fund that subsidy, the payments are unconstitutional. The Administration can continue to provide them, even without an appropriation, while the case works its way through the inevitable appeals process. Everyone who buys insurance through an Obamacare exchange, even if they’re not receiving a cost-sharing subsidy, would pay more if the House ultimately prevails, according to a recent analysis by the Urban Institute.

The most significant factor behind next year’s rising premium prices results from millions of “young invincibles,” who represent a large segment of the uninsured pool and have not signed up for Obamacare. Only 28% of exchange members in 2014 were in the coveted 18-34 age range and that percentage stayed level for 2016, which is below the 40% level many actuaries claim is needed to create a more stable rate environment. The insurance industry refers to the situation as adverse selection.
DEVELOPMENTS IN HIGHER EDUCATION

Now that the primary season is drawing to a close and several candidates for the U.S. presidency have been eliminated, it is possible to devote more attention to the individuals who are destined to be the standard bearers of the Democrat and Republican parties in the 2016 election. During the campaign, the high cost of obtaining a college education and the considerable amount of student debt that accompanies doing so was an issue. Proposals were made regarding how to reduce and perhaps even eliminate a financial burden on families with limited means to pay tuition costs.

Page 7 of this newsletter lists an item that was posted on the ASAHP Newswire earlier this month about the steady decline in state support for higher education. Thus, it becomes obvious that any solution to lowering college debt for students will rely on a major role by the federal government. Apart from financing considerations, the U.S. Department of Education has a decisive influence on how accreditation is performed as a means of assuring educational quality. A key official in educational matters is Department Under Secretary Ted Mitchell.

Podcast Interview With Ted Mitchell On The Role Of Equity In Driving Higher-Ed Innovation
During the discussion, he admits he’s most worried about the college-completion problem as he shares his perspective of the federal government’s role in driving change in higher ed. “We need innovation that cracks the code around providing access to high-quality, affordable education for the new college student who is more diverse, who has more needs, who in many ways is a challenge to the traditional system.” He is adamant that equity should be the end goal for innovation in higher education, saying that too often that hasn’t been the case. Low-income students are taking on student debt, leaving school before they have their degree, and can’t obtain jobs that would enable them to pay off that debt. “We have to break that cycle for the individual; we have to break that cycle for our economic prosperity; and most of all we have to break that cycle so that we can remind people that America is a place where, if you work hard, there will be a space in college for you. And that space will be a place that will lead you to success.”

He also mentioned that another way he sees the government spurring change in a higher-ed system that’s decidedly risk-averse is through the Department of Education’s “experimental sites,” which loosen financial aid rules to let institutions design and test new approaches. Current experiments include a group of about 40 colleges and universities developing competency-based degrees and a program that allows incarcerated adults to access Pell Grants. The podcast can be accessed at https://soundcloud.com/edsurge/episode-60-ted-mitchell-and-the-realities-of-higher-ed-innovation.

CHEA Publication On Boards And Accreditation
The Council for Higher Education Accreditation (CHEA) has released “A Board Member’s Guide to Accreditation: The Basics, The Issues, The Challenges.” Although written for use by governing boards, it should be of interest to anyone wishing to know more about accreditation and the challenges it faces. The 28-page publication is intended as a valuable tool for governing boards and individual board members in carrying out their fiduciary and academic roles. The Guide presents:

- An overview of accreditation: what it is, its values and how it operates.
- Accreditation’s relationship with federal and state governments.
- The impact of accreditation on colleges and universities.
- The role of governing boards in engaging accreditation.

The Guide is designed to be interactive, with easy navigation within and between sections and links to important information resources on accreditation. The document can be accessed at http://www.chea.org/pdf/board-guide-accreditation.pdf.
QUICK STAT (SHORT, TIMELY, AND TOPICAL)

States That Spend More On Social Services Have Better Health
States that have high spending on social services relative to health care spending have better health outcomes according to a study published in the May 2016 issue of the journal *Health Affairs*. Using data from 2000-2009 and accounting for time, region, total spending, and state demographic and economic characteristics to measure the differences, researchers found that states with high spending on social services (e.g., education, transportation, environment) and public health (e.g., disease surveillance) spending relative to health care spending had better performance on seven of eight measures: Adult obesity, Asthma, Mentally unhealthy days, Days with activity limitations, and Mortality rates for lung cancer, acute myocardial infarction, and type 2 diabetes. States with higher social to health spending ratios had significantly better health outcomes the next year. States with higher ratios also had better outcomes than states with lower ratios when outcomes were examined two years later.

State Variation In Adults’ Usual Place Of Health Care
A new *Data Brief* from the Centers for Disease Control and Prevention (CDC) that is derived from the 2014 National Health Interview Survey indicated that about 17% of working-age adults lacked a usual place for medical care, ranging from 3% in Vermont to 27% in Nevada. The share of adults who did not have a general doctor visit in the past 12 months ranged from 16% in Vermont to 48% in Montana. Nine states (Nevada, Idaho, Texas, Oregon, Wyoming, Kentucky, Arizona, Alaska, and Florida) had a higher percentage of adults without a usual place of medical care compared with the national average (17.3%). Vermont, Delaware, Massachusetts, Wisconsin, Hawaii, Connecticut, Rhode Island, New Hampshire, North Dakota, South Dakota, New York, Alabama, Iowa, Maine, and Pennsylvania had a lower percentage of adults without a usual place of medical care compared with the national average.

HEALTH TECHNOLOGY CORNER

Patient Smartphone Activity Tracker To Assist Arrhythmia Management
According to an April 1, 2016 online article in the journal *Annals of Emergency Medicine*, activity trackers are becoming more commonplace as personal monitoring devices to record steps taken, distances covered, and pulse rates. Interrogation of an activity tracker not only can correlate symptoms with pulse rates, but also document the onset or duration of abnormally high or low rates. As in the case report described, the identification that the patient’s atrial fibrillation was present for only a few hours permitted him to undergo cardioversion as opposed to simply receive rate control and then an anticoagulant. Information from the activity tracker also could be used to determine the frequency of tachycardic events in a patient with intermittent atrial fibrillation and aid in determining whether long-term anticoagulation or ablative therapy were required.

Using “Big Data” Tools To Combat Medicare Fraud, Waste, And Abuse
During the past five years, the Centers for Medicare & Medicaid Services (CMS) successfully has implemented a Fraud Prevention System (FPS) using “big data” and predictive analytics approaches to fight fraud, waste, and abuse in the Medicare fee-for-service program. Taking “big data” mainstream has given the CMS the ability to connect better with public and private predictive analytics experts and data scientists, and collaborate more closely with law enforcement. Predictive analytics technology contributed to more than $1 billion in savings in 2014 and 2015. The CMS currently is working to develop next-generation predictive analytics with a new system design that will improve the usability and efficiency of the FPS even further.
AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Collaborative Patient Engagement: Mapping The Global Landscape

Serving patients in the best way possible requires a deep understanding of their medical conditions, needs, and priorities. It can be gained only through direct, sustained, and constructive interactions with ‘patients’ - a definition that includes those with the medical condition and their family or caregivers. As a result, there is an encouraging and increasing number of patient engagement (PE) initiatives that aim to integrate the patient voice in medicine development specifically, and in the healthcare arena generally. However, current PE is sporadic, fragmented, and unstructured with no clearly defined framework or agreed process. What is needed is a consistent approach to PE, through development and implementation of an efficient, measurable and reliable meta-framework that involves patients as partners and is accepted and used. An essential first step in development of a meta-framework is to identify and ‘map’ existing initiatives and frameworks. The Patient Focused Medicines Development (PFMD) group is taking an approach to develop such a meta-framework. More information can be accessed at http://patientfocusedmedicine.org/wp-www/docs/pfmd-white-paper.pdf?cldee=dGhvbWFzQGFzYWhwLm9yZw%3d%3d&urlid=1.

State Higher Education Funding

A report issued by the Center for Budget and Policy Priorities finds total funding for public two- and four-year colleges is $8.7 billion below what it was prior to the recession, when adjusted for inflation. The vast majority of states, with the exception of Montana, North Dakota, Wisconsin and Wyoming, are spending less per student this school year than they did before the recession. Most states still have made some improvements, Thirty-eight of them increased per student funding in the last year, making for an increase of $275 per student nationally. The report can be accessed at http://www.cbpp.org/research/state-budget-and-tax/funding-down-tuition-up.

Health, United States, 2015 Report

*Health, United States, 2015* is the 39th report on the health status of the nation and is submitted by the Secretary of the Department of Health and Human Services to the President and the Congress. It presents an annual overview of national trends that assess the nation's health using selected measures of morbidity, mortality, health care utilization and access, health risk factors, prevention, health insurance, and personal health care expenditures. This year's report includes a Special Feature on racial and ethnic health disparities. The report can be accessed at [http://www.cdc.gov/nchs/data/hus/hus15.pdf](http://www.cdc.gov/nchs/data/hus/hus15.pdf).

2015 National Health Care Quality And Disparities Report

Each year since 2003, the Agency for Healthcare Research and Quality (AHRQ) has produced the *National Healthcare Quality Report* and the *National Healthcare Disparities Report*, which are mandated by Congress. Beginning with the 2014 reports, they are integrated into a single document. For the first time, the 2015 *National Healthcare Quality and Disparities Report* and *National Quality Strategy Update* is a joint effort addressing the progress made against the National Quality Strategy (NQS) priorities at the 5-year anniversary of the Strategy. The report can be accessed at [http://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqdr/nhqdr15/2015nhqdr.pdf](http://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqdr/nhqdr15/2015nhqdr.pdf).
Triggers of Decline are viewed as precipitating a decline in physical, cognitive, or mental health for otherwise healthy older adults living in the community. They are not just the risks that older adults face individually, like poor mobility, malnutrition, or chronic illnesses. They also can result from challenges older adults face in the context of their families and communities, such as caregiver stress and weak social networks, and within the health care system and at the societal level, including lack of transportation and medication mismanagement. These triggers can occur suddenly or they can build over time, often overlapping and compounding one another. So, to identify the factors that had the potential to trigger frailty or functional decline in vulnerable older adults living in the community, the Health Foundation for Western & Central New York formed a partnership with the Syracuse University Aging Studies Institute to develop a conceptual model. Each trigger in the model has a potential intervention point that can be used to identify at-risk populations of older adults and to develop evidence-based practices to address that risk and prevent the onset of frailty.

A recommendation stemming from this joint initiative is that policy makers and practitioners should use the model to improve data collection about at-risk populations, as well as to guide development and measurement of strategies to address triggers of decline and prevent the onset of frailty. Each trigger category contains triggers that are explained in a White Paper that can be accessed at http://asi.syr.edu/wp-content/uploads/2016/03/Policy-Brief-WHITE-PAPER-1.pdf.