**LITTLE THINGS DO COUNT: THE MICROBIOTA**

The announcement in 2003 of the results of the *Human Genome Project* was of monumental significance in the quest to improve individual and community health status. Developments in that particular realm set the stage for launching a huge international collaborative endeavor known as the *Human Microbiome Project*, a National Institutes of Health (NIH) Roadmap Initiative. Such efforts play a role in further acknowledging the salience of the hundreds of trillions of microorganisms that have a mutualistic relationship with every human being. As an illustration, it is estimated that there are at least one hundred trillion in the digestive tract alone.

Skin, along with the digestive, respiratory, excretory and reproductive tracts have become subjects of great interest in obtaining a deeper understanding of the microbiome in human biology. From the perspective of health, many studies are underway to investigate how perturbations in the microbiome relate to several diseases, including cancer. Preliminary findings suggest that gut and vaginal microbiomes may be associated with a variety of gynecologic cancers, such as cervical cancer, uterine cancer, and ovarian cancer. A related path of inquiry is to examine the part that the use of antibiotics plays, especially when taken frequently, in increasing the risk of developing colorectal cancer.

Other investigations posit a linkage between the diversity and composition of the microbiota, and its development within a single individual to several prevalent disorders, such as obesity, diabetes, cardiovascular disease, and behavioral abnormalities. For example, in the July 2015 issue of *Nature Neuroscience*, there is an article that indicates how gut microbiota influence the immune system of the central nervous system by regulating microglial cell activation and homeostasis. Discovering the environmental factors that control microglia is proving to be key to understanding and managing brain health.

Microbiota in the gut are essential to the regulation of microglial maturation and activation. A related consideration is the kinds of adverse health outcomes that could occur if the constitution of gut bacteria is altered, such as in ulcerative colitis and irritable bowel syndrome or when bacteria become depleted, which can happen through oral antibiotic use.

It is common today for many individuals to attempt to present themselves as discrete, autonomous entities by engaging in practices involving Facebook, taking “selfie” photos, and using tattoos to display personal body art. The fact remains, however, that no matter what happens on the surface of human life to project individuality, our species is affected quite significantly by trillions of microorganisms that are able to thrive unseen by us, with the exception of course of the scientific community that has access to the necessary technological tools needed to obtain views. These tiny creatures will continue to have enormous power to determine health outcomes for the foreseeable future.
**PRESIDENT’S MESSAGE**

*By Richard E. Oliver, ASAHP President*

*Education is the most powerful weapon which you can use to change the world.*

Nelson Mandela

I just returned last week from taking 18 students on a study tour to South Africa. I am happy to say they were not “student tourists,” but instead we were all placed in a non-profit community site in a township where we painted classrooms, worked with kids of all ages and helped tutor in a literacy center. I can truly say that Nelson Mandela was absolutely correct when he said that “education is the most powerful weapon.”

However, for all too many students in the world, the setting in which they live and are raised creates significant challenges that cannot be easily overcome. This was certainly an eye opening experience for our students who have so many privileges compared to those we served. I know that you also push your students to participate in community service and other international opportunities since they will carry with them these types of experiences throughout their professional careers.

I am still committed to exploring mechanisms that will allow students across our institutions to jointly share in such experiences and form more formal interprofessional relationships. I plan to share with the ASAHP Board of Directors some ideas regarding how we can get students more involved with our organization.

ASAHP has also been approached by some of our health industry colleagues in an effort to jointly explore the global needs for allied health professionals. We are often so focused on domestic needs and opportunities that we lose sight of the implications of what the rapid growth in the world’s population will mean in regard to needs in the health care arena. Many countries have needs for the skills that our allied health practitioners possess, but have yet to formalize these professions in their countries.

By partnering with others we may be able to assist with these health care challenges as well as help introduce new educational programs in the areas of greatest need. I know that many of our institutions have formal agreements with international partners, but this new initiative may yield some opportunities that will allow us to exercise innovative leadership to address pressing global health care needs.

This is an exciting time of year as our students return to our campuses and the academic cycle begins again. I hope you will take time out of your many responsibilities and register to attend our annual October conference in Scottsdale. The planning committee has put together a great meeting and you never want to miss the opportunity to network with your ASHAP colleagues.

Since I am still reflecting on my South Africa experience, I leave with this additional Mandela leadership quote below.

Rich

*It is better to lead from behind and to put others in front, especially when you celebrate victory when nice things occur. You take the front line when there is danger. Then people will appreciate your leadership.*
FEDERAL SPENDING BILLS HELD IN SUSPENSION

As they customarily do each August, members of both the House and Senate departed the nation’s capital for a month-long annual summer recess this year. Unfinished business that was left behind includes 12 annual spending bills. Not much is new in that regard. Given the situation that only 12 working days are scheduled in September, it appears likely that a continuing resolution (CR) will have to be passed in order to prevent a shutdown of the government when the new fiscal year begins on October 1. Depending on the length of the CR, it could become necessary to pass additional ones until spending disputes can be resolved.

The production of spending bills that can be sent to the White House for the President to sign into law typically proves to be a highly challenging exercise. Funding for the Departments of Labor, Health and Human Services, Education, and Related Agencies (usually referred to as Labor-HHS) often proves to be quite contentious. Any element pertaining to the topic of abortion is enough for that bill to grind to a halt. This time around, after the House managed to pass six consecutive bills, additional progress halted when a disagreement over the display of the confederate flag on public lands and some controversial riders involving the U.S. Environmental Protection Agency’s clean air and water rules brought completion of the Interior-EPA appropriations bill to a standstill.

The Labor-HHS bill was fortunate enough to be reported out of both chambers this year. It contains a spending increase that will benefit the National Institutes of Health (NIH), but other health entities were not so fortunate. Reductions in funding occurred that would affect the Health Resources and Services Administration (HRSA) in the U.S. Public Health Service, along with eliminating all financial support for the Title X family planning program and the Agency for Healthcare Research and Quality (AHRQ).

The AHRQ is no stranger to opposition by some members of Congress. Critics assert that it is time for this entity to disappear on the supposed rationale that its functions are duplicative of activities performed by both the Centers for Disease Control and Prevention (CDC) and the NIH. Similar efforts to eliminate AHRQ occurred in both 2010 and 2012. The agency received $440 million for the current fiscal year.

When initially launched in 1989, AHRQ was called the Agency for Healthcare Policy and Research (AHCPR). Its work was deemed highly valuable until some guidelines that it developed regarding medications and medical procedures, such as back surgery generated intense opposition. The agency was placed on life support, but eventually managed to gain favor again. As a general rule, once created, it proves unusually difficult to carry out any death sentence for a governmental agency. As illustrations, opponents of the Department of Education and the Department of Housing and Urban Development have tried for decades to eradicate them. Outcries to do so often are most intense during political campaigns.

2015-2016 ASSOCIATION CALENDAR OF EVENTS

**September 8, 2015**—Institutional Profile Survey Data Collection Period Opens

**October 28-30, 2015**—Annual Conference in Scottsdale, AZ

**November 30, 2015**—Institutional Profile Survey Data Collection Period Closes

**March 17-18, 2016** Spring Meeting in Louisville, KY

**October 19-21, 2016**—Annual Conference in New Orleans
AFFORDABLE CARE ACT DEVELOPMENTS

Shopping for groceries and shopping for health care are two sets of quite different activities that have much in common. The findings of an investigation called the 2015 American Pantry Study by Deloitte became available on June 22, 2015. It examined factors that drive how American consumers shop when they head to the grocery store. A majority of grocery shoppers currently rely on digital technologies at some point in the shopping process (e.g., pre-store planning, in-store, and post-purchase). They also feel that sharing their personal information is worth it to obtain personalized promotions and deals.

While this particular study focused primarily on consumer behavior and attitudes about consumer packaged goods, the results are particularly interesting when contrasted with results from a study called the 2015 Survey of US Health Care Consumer about enrollees in health insurance exchange (HIX) plans that was conducted by the Deloitte Center for Health Solutions.

Digital Technology

Pantry
The majority of consumers now rely on digital technologies at some point in the shopping process.

Health Care
More than two-thirds of health insurance exchange (HIX) consumers are interested in using digital technologies to pay medical bills, communicate with providers, access their records, and track changes in their health.

Doing Their Research

Pantry
Three-fourths of consumers prefer products with fewer ingredients and pay attention to the nutritional content of the foods they buy and 55% conduct product research using technology.

Health Care
More than half of HIX enrollees felt they had a good understanding of the benefits and total cost of their plan at the time they enrolled.

Trust

Pantry
Consumers tend to choose national brands for emotional reasons, such as love and trust.

Health Care
HIX consumers trust family and friends (38%) first for health care information. Health care providers (36%) and independent consumer-oriented organizations (36%) come in second.

Brand Matters—Or Does It?

Pantry
Forty-three percent of consumers often feel they are sacrificing when they purchase a store brand instead of a national brand, up from 32% right after the recession.

Health Care
Health care consumers’ willingness to accept limited provider networks for lower prices is on the rise, signaling tradeoffs like smaller networks of hospitals and doctors may be part of the solution.
DEVELOPMENTS IN HIGHER EDUCATION

The Senate Committee on Health, Education Labor & Pensions conducted a hearing on August 5, 2015 entitled, “Reauthorizing the Higher Education Act: Opportunities to Improve Student Success.” Testimony was presented by:

**Stan Jones, President, Complete College America**

For far too many students in the U.S., college begins – and often ends – in remediation. Of the 1.7 million students assigned to this broken system each year, only about one in ten will graduate. Seventy percent of students placed into remedial math fail to enroll in the college-level gateway course within two academic years. Efforts around the country have shown that the best way to support students who are currently placed into remedial education is to put them directly into college-level courses with additional academic support. By providing remediation as a co-requisite – not as a prerequisite sequence that sets students back – we eliminate the all too frequent problem of remedial students never making it to a college-level course.

**R. Scott Ralls, President, North Carolina Community College System**

Lessons from the program *SuccessNC* may contribute to reauthorizing the Higher Education Act. Students are more likely to find success when they continuously progress along coherent curriculum pathways. They also are more likely to find success when they start with the end in mind, and have outcome milestones along the way. The success goal many of our students pursue is a skill and a job. Most of our student pathways to success run through our institutions, they don’t begin and end there, and students’ personal pathways aren’t typically confined to single institutions. What is important in the end is the number of successes we collectively help produce, not just the percentages within our individual institutions. Success must be attained through widely available opportunity.

**Timothy Renick, Vice Provost and Vice President, Georgia State University**

As a way of making a public commitment to develop a model that would allow students from all backgrounds to succeed at high rates, Georgia State created *Panther Retention Grants*, a program that awards one-time, micro grants to cover the balance between what students can pay and the costs of their tuition and fees. We use analytics to ensure that the recipients have unmet financial need and are applying themselves academically. Our *Graduation Progression Success (GPS) Advising System* addresses another major problem that hits at-risk students particularly hard: bad academic decisions and wasted credit hours. Using ten years of Georgia State data and over 2.5 million grades, we have created predictive analytics to identify when our students make decisions that put them off track for graduation.

**Lashawn Richburg-Hayes, President, Young Adults and Postsecondary Education, MDRC**

Concentrated and integrated programs can make a difference. Identifying effective strategies for developmental educational students is critical to improving national graduation rates and evening outcomes by socioeconomic status. CUNY’s Accelerated Study in Associate Programs (ASAP) implemented elements of a structured pathway approach, which is based on the idea that simple well-designed programs of study may help more students complete community college. Financial aid is an important lever to help low-income students succeed. Given both the size of the financial aid system and the widespread use of financial aid for various purposes, financial aid must be thought of as another tool that can be used to improve academic success and postsecondary
QUICK STAT (SHORT, TIMELY, AND TOPICAL)

Increased Out-Of-Pocket Costs For Prescription Drugs

Findings of a recent survey released by Consumer Reports on August 13, 2015 revealed that health care consumers are paying more out of their pockets for prescription drugs than one year ago. One in 10 respondents said they are paying $100 more compared to the prior year and overall consumers are paying $39 more on average. Most (81 percent) consumers said they still purchased their prescription regardless of the increase in their share of cost. Approximately one in four asked their health insurance company to cover more of the costs or asked their doctor to switch them to a lower-cost medication. Some consumers have changed the way they spend money in other areas to compensate for higher spending on their medications. Forty percent of the respondents said they have spent less on entertainment and dining out as a result and 32 percent said they have spent less on groceries. The survey also found that some consumers are avoiding care or changing their health care habits to accommodate their higher spending. Nearly one-quarter of the respondents said they have skipped filling a prescription due to cost. Nearly one in five said they either have skipped a dose without consulting their physician or pharmacist to save money or have taken expired medications.

Inpatient Mortality Declines For High Volume Conditions

Monitoring and improving health care quality in the United States is a key priority for health policymakers, payers, providers, and patient advocates. Hospital inpatient mortality is one quality measure that can reflect both improvements in health care and shifts in where end-of-life care takes place over time. Inpatient mortality rates among adults declined by 45% for pneumonia, 41% for acute myocardial infarction, 29% for congestive heart failure and 27% for stroke between 2002 and 2012, according to a July 2015 report by the Agency for Healthcare Research and Quality. The report looks at the declines by patient demographics and payer based on data from the Healthcare Cost and Utilization Project. The average annual decline ranged from 3.1% for stroke to 5.8% for pneumonia.

HEALTH TECHNOLOGY CORNER

3D-Printed Drugs

On August 3 of this year, the U.S. Food and Drug Administration (FDA) approved the first 3D-printed drug, an anti-epileptic medication called levetiracetam. Manufactured by Aprecia Pharmaceuticals in Langhorne, Pennsylvania, the printed drug is a porous pill that dissolves in the mouth in order to make it easy to swallow. The company expects the drug to arrive on the market in early 2016 and it also intends to produce more 3D-printed therapies for central nervous system disorders.

Therapeutic Robot For Spinal Cord Injury Or Stroke Patients

Researchers at the University of Texas at Austin are developing a therapeutic robot that could assist patients dealing with spinal cord injuries or stroke. The robot simulates the range of motion that exists in the upper body and could help patients that have limited range of motion perform recurring activities of daily living. The device is designed to fit around the entire upper body unlike existing technologies that focus on one arm. It connects to patients at three places on each side of the upper body and allows for a wide range of natural motion. The robot is equipped with sensors that allow clinicians to collect data on motion and forced transfer, enabling them to observe a patient’s progress and fine tune the therapy program for the particular patient.
AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Prevalence of Disability and Disability Type Among U.S. Adults, 2013

According to data from the Behavioral Risk Factor Surveillance System (BRFSS), overall, 22.2% of U.S. adults (53,316,677 individuals) reported any disability. Disability in mobility was the most frequently reported type (13.0%), followed by disability in cognition (10.6%), independent living (6.5%), vision (4.6%), and self-care (3.6%). Women reported a higher prevalence of any disability (24.4%) than did men (19.8%), and also reported higher prevalences of each disability type. Prevalences of any disability and of each type were highest in either the oldest age group (≥65 years) or both the middle (45–64 years) and oldest age groups, with the exception of cognition, where the reported prevalence was highest among persons aged 45–64 years. The report can be accessed at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6429a2.htm.

Interoperability Among U.S. Non-Federal Acute Care Hospitals, 2014

Only one in four hospitals could electronically find, send, receive and use patient care information from sources outside their health system in 2014, according to survey results released in a Data Brief by the Office of the National Coordinator for Health Information Technology. While more than three-quarters of non-federal acute care hospitals electronically sent patient summary of care records to providers outside their health system, only 56% received such records electronically from outside sources and only four in 10 could integrate those records without manual entry. Few hospitals used only electronic means of sending (9%) and receiving (7%) summary of care records. Exchange partners’ limited capability to receive information was considered by hospitals to be the top barrier to interoperability. The Data Brief can be accessed at http://www.healthit.gov/sites/default/files/briefs/onc_databrief25_interoperabilityv16final_081115.pdf.

Narrow Physician Networks In Certain Marketplaces

The prevalence of narrow physician networks in the Health Insurance Marketplaces varied widely by state in 2014, according to a new study by researchers at the University of Pennsylvania’s Leonard Davis Institute of Health Economics. The study considers networks narrow if 25% or fewer physicians in a rating area participate. Twelve states had no narrow networks, while the prevalence in other states ranged from 83% in Georgia to 13% in Idaho and North Carolina. States with a high prevalence of narrow networks (60% or more) were dominated by Health Maintenance Organizations, while states with the lowest prevalence (20% or less) were dominated by Preferred Provider Organizations, the study found. The study can be accessed at http://ldi.upenn.edu/sites/default/files/rte/state-narrow-networks.pdf.

Good Jobs Are Back

A report from Georgetown University’s Center on Education and the Workforce entitled, Good Jobs Are Back: College Graduates Are First in Line shows that since 2010, the economy has produced 6.6 million employment opportunities. Out of these career opportunities, 2.9 million are considered good jobs. The key finding revealed that 2.8 million good jobs went to college graduates. Some of the largest growing professions seek high-skilled workers and offer large benefits packages. Most good jobs are full time and twice as likely to provide health insurance and retirement plans. The competitive wages and good benefits of these good jobs created a healthy job market during the recovery. The report can be accessed at https://cew.georgetown.edu/wp-content/uploads/Good-Jobs_Full_Final.pdf.
2015 ASAHP ANNUAL CONFERENCE

The Association will hold its 2015 Annual Conference at the Scottsdale Plaza Resort in Scottsdale, AZ on October 28-30. The theme of the conference is: “Innovations and Entrepreneurship in Health Care Education and Practice.” The event will provide an opportunity to examine the future of higher education and learn how to use some creative approaches in health care to ensure that a well-educated and trained allied health workforce is able to meet 21st century demands. This year’s event feature presentations by top speakers at plenary sessions.

Sarah Thomas who is Director of Global Innovation at Genesis Rehab Services, a leading provider of long-term care services. She previously served as a Rehabilitation Specialist and Legislative Affairs Liaison for Hallmark Rehabilitation. An occupational therapist, she has completed extensive training in the areas of low vision and home modification, receiving advanced certification through a collaborative with Massachusetts Eye and Ear, Greater Boston Aide to the Blind, and Visions of Independence. She also consults for Aging 2. and the National Readmission Prevention Collaborative. Her degree in occupational therapy is from Quinnipiac University.

Jeff Selingo is a best-selling author of College (Un)Bound: The Future of Higher Education and What It Means for Students a New York Times and MOOC U: Who Is Getting the Most Out of Online Education and Why as well as an award-winning columnist who helps parents and higher-education leaders imagine the college and university of the future and how to succeed in a fast-changing economy. He serves as a special advisor and professor of practice at Arizona State University and is a visiting scholar at Georgia Tech’s Center for 21st Century Universities. He is the former top editor of The Chronicle of Higher Education.

HEALTH WORKFORCE NEWS ROUNDUP

The Accreditation Council for Occupational Therapy Education (ACOTE) has determined that the entry-level-degree requirement for the occupational therapist will remain at both the master’s and the doctoral degree. The Council’s decision is based on a comprehensive review of available literature, specific reports, and extensive commentary from stakeholders. The overarching justifications for the Council’s decision are: (1) limited outcomes differentiate master’s and doctorally-prepared graduates; (2) the academic infrastructure of many institutions is not sufficient to meet the occupational therapy doctorate standards, especially with respect to faculty resources and institutional support; (3) the readiness and capability of institutions to deliver quality fieldwork and experiential components of the program is constrained; and (4) retaining two entry levels allows for flexibility of the profession to assess and address the changing health care needs of individuals and populations.

ACOTE also determined that the entry-level-degree for the occupational therapy assistant will be offered at both the associate and bachelor’s degree. A motion to move to the single entry-level baccalaureate was defeated, but the motion to move to a dual entry-level for the occupational therapy assistant was approved. Two entry levels permit additional flexibility to assess and address the changing health care needs of individuals and populations. The Council’s decision is based on findings that include the ability to prepare individuals better for further academic advancement and leadership.