ARTICLES OF FAITH

What might reasonably be classified as a reification of a metaphor pertains to an inclination to believe that if something is repeated often enough, then it must be true. A major health problem of today is obesity. When it exists among residents of poor neighborhoods, a common belief is that the food environment inadequately offers nutritious edibles while there is an overabundance of convenience stores dispensing unhealthy snacks and junk food.

From the perspective of public policy interventions, a case often is made for taking action to ensure that residents of these areas have greater opportunities for accessing food of high nutritional value. Yet, according to a study reported in the July 2015 issue of the journal *Obesity*, a key finding is that despite the explosion of research in this area in the past 15 years, the evidence linking the food environment and obesity has not strengthened.

Based on this limited evidence, the investigators conclude that it is unlikely that the existing literature will be deemed strong enough to derive concrete policy recommendations. In the absence of compelling direct evidence linking local food environments to obesity, they advise that policymakers will need to rely on other types of evidence as they address environmental changes that contribute to the steep increase in obesity in the U.S.

A difficulty often encountered in efforts to translate the results of research into public policy interventions is that researchers and policymakers are viewed as traveling in parallel universes. As an example, time is of the essence in the policy arena. Problems call for immediate remedies, which means that policymakers do not have the luxury of sifting through 15 years’ worth of studies with findings that either conflict with one another or that produce inconclusive results.

Meanwhile, researchers adhere to a code of reporting limitations in their studies that address a multitude of valid reasons why additional investigation is warranted to establish definitive evidence. On the contrary, policymakers are more action-oriented and limitations impede their taking constructive action.

REQUEST FOR METAPHORS

Essentially, the *ASAHP UPDATE* is a vehicle for the one-way communication of information, but today’s issue will enable readers to submit comments on the topic of metaphors. A common attribute of language, not only do metaphors characterize everyday speech, they play an important role in health care.

A metaphor performs the basic function of understanding one thing in terms of another. For example, there is a linkage between terminology used for money and words used for time. Thus, it is not unusual to hear expressions, such as living on borrowed time because of the existence of a fatal disease or losing time while feeling sick.

Similarly, an up-down dichotomy permeates discussions of general health and wellbeing. As illustrations, an individual might be classified as being in the peak of health or in top physical condition. The antithesis would be feeling low, coming down with the flu, or dropping dead.

Health professionals possess their own nomenclature to describe health conditions. A two-edged sword, what may seem clear in their minds is incomprehensible to patients who are unfamiliar with technical language. Lacking that brand of knowledge, patients may be unable to express the nature of their perceived illness in scientific terms. Instead, they may have to try to do so using metaphors.

Patients recovering from a traumatic brain injury may experience bouts of mental fatigue. One of them might equate the brain with a large dinner plate, but in this individual’s case it now is reduced to a small dessert plate with everything in the mind spilling over to the extent of not being remembered and understood. Another patient might liken the fatigue to driving on a highway, hitting quicksand, and coming to a full stop that negates an ability to continue performing an action or continuing a conversation.

Any reader of the *ASAHP UPDATE* who has either professional or patient metaphors to describe, please send them to thomas@asahp.org. The results will be shared anonymously.
The data collection period for ASAHP’s next iteration of the survey will open in early September and close by the end of November. Now is a good time to determine who will be assigned responsibility for collecting data. A User’s Guide is online at www.asahp.org in the section of the homepage labeled “Members.” It has proved to be immensely valuable for newcomers to the study.

Last year, there were 89 participants in the survey and a major objective this year is to exceed that number. Salary data, along with student application and enrollment data are important features. The survey consistently is viewed by institutional members as an exceptionally valuable benefit of belonging to ASAHP.

**AHRQ RESEARCH WEBINAR**

The Practice-Based Research Network Program of the Agency for Healthcare Research and Quality (AHRQ) is hosting a webinar on **July 22 from 12:30 to 2 p.m. ET** featuring the authors of the new book, “Dissemination and Implementation Research in Health: Translating Science to Practice.” Key challenges that will be discussed include how to evaluate the evidence base on effective interventions, which strategies will produce the greatest impact, how to design an appropriate study, and how to track a set of essential outcomes. Registration is open and can be accessed at https://attendee.gotowebinar.com/register/3880084542562960642.

**MULTIPLE CHRONIC CONDITIONS**

Individuals living with multiple chronic conditions (PLWMCC) experience unique challenges because their healthcare is more complex and costly than that of patients living with one chronic disease. Through the HHS Multiple Chronic Conditions (MCC) Initiative, the **HHS MCC Strategic Framework** is a guide for improving health outcomes for PLWMCC. In 2013, the Office of the Assistant Secretary for Health in collaboration with HRSA launched an interprofessional healthcare education and training initiative, providing training materials for a wide variety of educators and faculty of healthcare professionals.

Several resources, including a framework for education/training can be accessed at http://www.hhs.gov/ash/initiatives/mcc/education-and-training/index.html.

**BLENDED LEARNING**

Historically, online degree programs have never attracted large numbers of “traditional” undergraduate students, but a new study indicates that many students were interested in programs that mixed on-campus learning with online courses. The **2015 Eduventures Prospective Survey** of over 20,000 college-bound high school students supports a claim that there are new and viable alternatives emerging within “traditional” undergraduate education waiting to be explored, one of which is blended learning.

The appetite for this experience is driven mostly by two unconventional and historically at-risk segments of the otherwise traditional student market:

1. Students planning to start at a two-year college and transfer to a four-year institution, and
2. Students planning to take more than four consecutive years to graduate.

Most of these students work full- or part-time while in school or need to balance school with other competing priorities, which makes them more like adult learner/non-traditional students. Having access to online courses adds flexibility and convenience. If these two student groups are among an institution’s target base, then there is a compelling reason to develop more online learning options. More information can be accessed at http://www.eduventures.com/2015/06/new-traditions-for-traditional-undergraduate-education/.

**ALLIED HEALTH PROFESSIONS WEEK**

Allied Health Professions Week in 2015 will be celebrated on **November 1-7** to honor educators and providers. Many activities may be undertaken that week on campuses at ASAHP member institutions to highlight the allied health professions and achievements undertaken at each school. Several examples will be listed in an upcoming issue of the ASAHP UPDATE.

**J. WARREN PERRY AWARD**

Members of the Editorial Board of the Association’s Journal of Allied Health are working independently to provide rankings of articles that appeared in the last year to select the winning manuscript for the J. Warren Perry Award. This honor is bestowed each year on the author(s) of the manuscript receiving the highest scores. The award is named after a founding member of ASAHP who served as its second president and also founded the Journal.