2015 ASAHP ANNUAL CONFERENCE

Readers of the ASAHP UPDATE are requested to mark their calendars and plan on attending the Association’s 2015 Annual Conference that is scheduled to be held on October 28-30 at the Scottsdale Plaza Resort in Scottsdale, AZ. The program will feature plenary session addresses by prominent speakers, along with presentations in both a series of concurrent sessions and a poster session. As in the past, ASAHP members will have an opportunity to sponsor various sessions.

Additional information pertaining to all these aspects of the program and how to register for the event will be made available soon. The conference promises to be the best one yet and definitely worth attending.

INSTITUTIONAL PROFILE SURVEY

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.

HEALTH SECTOR NEWS

According to the Altarum Institute, national health spending in April 2015 was 6.2% higher than in April 2014. At $3.2 trillion, health spending now represents 18.2% of gross domestic product, representing a new all-time high. The health sector added 46,800 new jobs in May. More than 400,000 were added in the past 12 months, growth not seen since 1991. Health care prices in April 2015 were 1.2% higher than in April 2014.

2015 ASAHP ELECTION

The Association’s Nominations and Elections Committee has prepared the following slate of candidates for the 2015 ASAHP election:

Secretary (two-year term):
Sharon Stewart (University of Kentucky)
Ruth Welborn (Texas State University)

Board of Directors (three-year term)
Barry Eckert (Long Island University-Brooklyn)
Cynthia Hughes Harris (Florida A&M University)
Kenneth Johnson (Weber State University)
Peggy Valentine (Winston-Salem State University)

Nominations & Elections Committee (two-year term)
Andrew Butler (Georgia State University)
Mitch Cordova (Florida Gulf Coast University)
Carolyn Giordano (Thomas Jefferson University)
Cesarina Thompson (American International College)

The election will be conducted electronically between mid-July and mid-August. Membership dues must be paid by September 1, 2015 in order for one’s vote to be included in the final tally.

NEWS FROM THE COLLEGES

Stacy Gropack will become the Acting Dean of the School of Health Professions and Nursing at Long Island University, Post Campus effective July 1, 2015. She has served as Director of the Division of Physical Therapy at LIU-Brooklyn, and since 2010, as Associate Dean of the School of Health Professions at LIU-Brooklyn.

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.
During the one-year period July 1, 2014 to June 30, 2015, the Association’s quarterly periodical attracted 101 manuscripts. From the standpoint of individual professions, the greatest number was on the topic of physical therapy. Although 40 individuals with a background in this profession are on the panel of reviewers, there never seems to be enough of them.

Once an article is submitted, an effort is made to assign it to three reviewers. This step always proves to be difficult to implement because it is common for prospective reviewers to refuse an invitation to assess the merits of a manuscript. A typical reason is that they have more pressing duties to fulfill closer to home. Sometimes, it may take as many seven different requests before just one responds positively.

Thus, newcomers to the ranks of reviewers always are welcome, especially in physical therapy. Additional emphasis also is being placed on attracting more reviewers from dietetics/nutrition, along with individuals who have experience in interprofessional education and practice. Possession of a doctorate degree and research experience are preferred qualifications. Expressions of interest should be sent to thomas@asahp.org.

**LEADERSHIP DEVELOPMENT PROGRAM**

In 2005, the Association’s Board of Directors approved the creation of a Leadership Development Program aimed at individuals in ASAHP member institutions. Plans are underway to offer the 6th iteration in 2016. Previous offerings featured assigning participants to teams focusing on issues of mutual interest while also providing opportunities to pursue activities to develop personal leadership skills.

More information will be made available at a later date regarding where and when the program will occur, along with eligibility criteria.

**FUNDING OPPORTUNITY**

The National Institute on Minority Health and Health Disparities (NIMHD) will provide funding through its Community-Based Participatory Research (CBPR) Program. NIMHD intends to commit $10,000,000 in FY 2016 to fund 20 awards. Higher education institutions are among the entities eligible to apply.

Key dates are as follows: Letters of Intent are due on **July 18, 2015**. The **Application Due Date** is **August 18, 2015**, by 5:00 PM. Additional information can be accessed at [http://grants.nih.gov/grants/guide/rfa-files/RFA-MD-15-010.html](http://grants.nih.gov/grants/guide/rfa-files/RFA-MD-15-010.html).

**CULTURAL COMPETENCE**

As part of its Effective Health Care Program, the Agency for Healthcare Research and Quality (AHRQ) has produced a new draft evidence report, “Improving Cultural Competence to Reduce Health Disparities for Priority Populations.” Comments are being solicited and will be accepted until midnight on **July 20, 2015**. The draft report and the opportunity to comment can be accessed at [http://effectivehealthcare.ahrq.gov/research-available-for-comment/comment-draft-reports/?pageaction=displaydraftcommentform&topicid=573&productid=2092&doctype=draftReport](http://effectivehealthcare.ahrq.gov/research-available-for-comment/comment-draft-reports/?pageaction=displaydraftcommentform&topicid=573&productid=2092&doctype=draftReport).

Additional AHRQ cultural and linguistic competence resources can be accessed at [http://www.ahrq.gov/health-care-information/topics/topic-cultural-competence.html](http://www.ahrq.gov/health-care-information/topics/topic-cultural-competence.html).

**SIC TRANSIT GLORIA**

The House Appropriations Committee inserted a provision in a bill that provides funding for the Departments of Labor, Health and Human Services (HHS), and Education, which would zero out funding for the AHRQ, an agency with a budget of $440 million in FY 2015. The appropriations bill was approved by the committee in June.

Critics have indicated that AHRQ’s functions are duplicative of work done by the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH). Eliminating AHRQ funding also is viewed as an opportunity to augment the amount of money that is awarded to the NIH. Attempts to defund AHRQ also occurred in both 2010 and 2012.

ASAHP UPDATE readers with a longer memory of the fortunes of this agency may recall that turbulence surrounding it is nothing new. When it was created in 1989 as the Agency for Health Care Policy and Research (AHCPR), health deities seemed to smile upon it. As evidence, it almost went by the name of the Agency for Health Care Research and Policy (AHCPR). Say this acronym out loud and it should be easy to see why an alert supporter recommended a revision.

Matters went well until 1995 when guidelines it produced on drugs and medical procedures (e.g., back surgery) encountered stiff resistance. Once the agency escaped being eliminated that year, it was reauthorized in 1999 by Congress with a new mandate and name—the Agency for Healthcare Research and Quality (AHRQ).