2017 Annual Report >



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President's Report >



"Alone we can do so little, together we can do so much"

- Helen Keller

It is with great pride in the accomplishments of ASAHP that I introduce the 2017 annual report.

Throughout this report you will see the work of many individuals who have made great contributions resulting in a constructive year, the year that marks our 50th year of commitment to allied health education, practice, research and service.

Celebrating our 50 years was accomplished with the production of a video sampling events over the five decades. The video was used to open the 2017 annual conference in San Antonio that boasts of a recent history record attendance. Information can be reviewed from the website (http://www.asahp.org/asahp-at-50) as well as in the October *TRENDS* (http://www.asahp.org/trends/).

The current year's accomplishments are detailed throughout the annual report as they are aligned with ASAHP's strategic plan and priorities. Intentionality has been placed on Interprofessional Education, Promotion and Growth, Advocacy, Innovations and New Services Development, and Alliances and Partnerships. The committee structure includes a variety of members allowing diversity of voices and work that has focused on identified priorities that has measurable results. The report illustrates the significant accomplishments throughout the year; I draw your attention to just some of the significant work.

Interprofessional practice and education (IPPE) continues to be recognized as an important way to affect positive health care outcomes. As a result of the recommendations of the IPE committee, the ASAHP Journal of Allied Health will now carry a special section dedicated to articles focused on IPPE. Regular updates and information related to IPPE is presented in the ASAHP UPDATE and the annual conference continues to be a venue for posters and presentations on the topic. ASAHP

continues to be a member of the Interprofessional Education Collaborative (IPEC) and has recently become a partner in the American Interprofessional Health Collaborative (AIHC) to have the 2017 ASAHP Annual Conference be designated an AIHC Affiliate Conference.

This past year has witnessed great support from ASAHP pertaining to advocacy needed for higher education and our health care system. We joined with other health care organizations to add our concern regarding the potential detrimental effect to our public health and health care system as a result of the executive order from Washington restricting admission of certain individuals to the United States. Other examples of advocacy are identified within the annual report and regular important updates are provided to the membership via the ASAHP Newswire. ASAHP was pleased to be able to recognize the work of U.S. Senator Patty Murray (D-WA) with the Distinguished Service and Achievement Award for her work on the appropriations committee on Labor, Health, and Human Services.

During 2016 the Student Assembly was created and under ASAHP Past President **Richard Oliver's** continued mentorship, student leaders were in attendance at the 2017 ASAHP Annual Conference adding their voice and perspective to many of our sessions. The students launched a website, a newsletter, and are actively engaging students throughout the country in important conversations. It was great to celebrate our 50th anniversary with the next generation of ASAHP leaders.

The annual report reflects stewardship resulting in a strong financial position that allows investment in our established priorities and outcomes that align with mission and direction. Our strength as an organization is obvious and is the result of members leaning in and doing the hard work.

As we launch 2018 under the leadership of our new President, **Susan Hanrahan**, I wish all of you and your families the best throughout the year and I look forward to our continued work together. "Together we can do so much."

Linda Petrosino, Ph.D., FASAHP

Format of the 2017 ASAHP Annual Report >

Previous editions of the Annual Report over the last several years have used the Goals of the Association's Strategic Plan as a framework for describing what occurred during each previous 12-month period. Examples of potential future initiatives appear at the end of the section for each Goal. Many aspects will remain a work in progress.

All five Goals have been assigned a Board liaison, committee chairpersons, and committee members to begin work, and in some cases continue their current activities in completing various tasks and projects that help realize the stated objectives and priorities. It also is worth noting that as various activities unfold, it may be necessary to continue to create sub-committees and chairpersons within each Goal area.

Past President Richard Oliver identified Three Tactical Objectives that will be given special emphasis by our organization in 2015-2017. They are:



ADVOCACY

- Strategically capitalize on advocacy opportunities as they arise
- Continue to work with like-minded coalition organizations
- Continue to work at the federal level towards a legislative solution for state authorization
- Build and share stories of the impact of state authorization



CLINICAL EDUCATION

- Prepare a White Paper that addresses an impending clinical education crisis
- Identify what employers find are obstacles and goals for effective clinical education
- Infuse models of clinical education into the 2016 ASAHP Annual Conference
- Identify topic(s) for Association of Professional and Specialized Accreditors' Breakfasts



CORPORATE ALIGNMENT & PARTNERSHIPS

- Recruit additional corporate/ employer members
- Work with corporate partners to address rehabilitation needs globally
- Address the needs and values of our corporate sponsors
- Develop a student organization/ opportunity

Strategic Plan Goal I >

Interprofessional Education

Board Liaison: Barry Eckert, Ph.D. (Dean, Long Island University—Brooklyn Campus)

Chairperson: Stacy Gropack, Ph.D. (Dean, Long Island University—C.W. Post Campus)

Strategic Plan Goal I involves: collaboration and curriculum development; research; and conferences.

ASAHP's position is that it is essential for all health professions programs and schools to provide interprofessional education (IPE) opportunities for students from a variety of health disciplines. IPE must foster competencies beyond clinical care, including leadership, advocacy, and evidence-based practice.

Students from all programs should participate in interprofessional placements that provide interaction and collaboration with at least one other health discipline in the care of actual patients/clients and families.

ASAHP in 2016 became a member of the Interprofessionl Education Collaborative (IPEC), a group formed to address interprofessional educational experiences to help prepare future health professionals. The Association's 2017 Annual Conference was designated an American Interprofessional Health Collaborative (AIHC) Affiliate Conference. A new featured section called "Interprofessional Practice and Education" was created in

the Association's *Journal of Allied Health* beginning with the Fall 2017 issue. An inaugural article discusses interprofessional education in allied health using virtual technologies. The biweekly *ASAHP UPDATE* on a regular basis contains information pertaining to IPEC events and opportunities to participate in various webinars.

The annual *Institutional Profile Survey* was not conducted in 2017. An effort is underway to determine how to improve future studies by incorporating additional data elements. Deans and directors at member institutions were sent a survey to obtain their recommendations on how to enhance the survey.



The poster session always generates lively discussion.

ASAHP conferences and meetings offer a venue that is highly visible for the display of research and scholarly posters, along with presentations in concurrent sessions and workshops. The 2017 Annual Conference in San Antonio was developed around the theme of "ASAHP At 50-Reflections On The Past, A Window To The Future Of Healthcare." The event included 62 presentations in 15 concurrent sessions and 36 presentations at a poster session. The event set a modern-day record for attendance. It opened with the showing of a video about major events that have occurred in the Association since its founding in 1967. A monograph covering ASAHP's 50-year history was distributed

and a companion piece appeared in the October issue of the newsletter TRENDS.



Former ASAHP Treasurer P. Kevin Rudeen delivers the 2017 Deans' Memorial Lecture

Keynote Addresses at the conference were presented by

David Leonhardt, Pulitzer Prize Winning Journalist and
Op-Ed Columnist, New York Times; P. Kevin Rudeen,
Professor Emeritus & Dean Emeritus, College of Allied Health,
University of Oklahoma Health Sciences Center; Ronan

Tynan, Multi-Platinum Recording Artist, Orthopedist, Alltech
Visiting Artist in Residence, University of Kentucky; and

Barbara Jacobsmeyer, Executive Vice President of Operations,
HealthSouth. The Mary E. Switzer Lecture was presented by:
Lieutenant Colonel Kathleen Yancosek, Former Director,
Center for the Intrepid, San Antonio, TX.

Some Activities To Implement Goal I

- Interprofessional Education (IPE) will continue to be a theme and a priority for all levels of presentations at upcoming meetings
- Make IPE initiatives more visible on the ASAHP website. A
 tab has been added on the website called Interprofessional
 Education. It can be accessed at http://www.asahp.org/ipe/.
 It has the ASAHP position statement on IPE and the plan is
 to include more information.
- Create a central depository for the work of the IPE group.
- Work with the Rosalind Franklin University of Medicine and Science to host a future national IPE conference.

The Board of Directors approved an allocation in FY 2017-2018 of \$6,000 for membership in the American Interprofessional Health Collaborative (AIHC).

Scenes from the 2017 Annual Conference >







Strategic Plan Goal II >

Marketing, Promotion, and Growth

Board Liaison: David Shelledy, Ph.D. (Dean, University of Texas Health Science Center at San Antonio)

Chairperson: Patricia Chute, Ed.D. (Dalton State)

Strategic Plan Goal II involves: new markets both domestic and global; sources of non-traditional revenue; marketing campaigns; and promotions locally and nationally.

An Allied Health Centralized Application Service (AHCAS) became operational in Fall 2014 as an online admissions application process for students in respiratory care; radiologic and imaging sciences; and clinical/medical laboratory science. It will result in revenue for ASAHP. This service, which is a joint venture between ASAHP and the firm Liaison International, was

launched in September 2013 for students applying for admission in the 2014 fall semester. The goal is to streamline both the application process for students and the admissions reviewing process by institutions.

The AHCAS does not change application and admission procedures, but streamlines them instead. Liaison staff uses the WebAdMIT portal to consolidate all of an individual student's applications to different academic institutions and programs so that test scores, transcripts, and reference letters all are lodged in a single location. Information about the status of an application then can be tracked

by students and institutions easily. The advantage for institutions is that much less stress is placed on admissions staff, freeing up time to address other tasks.

An example of another asset is that institutions will be able to attract out-of-state applicants because of the national characteristics of the platform on the Web. GPAs are compiled by Liaison staff with the added feature that some portions of the GPA can be customized, such as for science and mathematics grades only or just for grades in biology courses.

An ongoing revenue source is the arrangement that ASAHP has with the firm of CertifiedBackground.com, which conducts

> immunization and criminal background checks on students who apply to many academic institutions that belong to the Association. Each year, the company sponsors five awards provided through ASAHP's Scholarship of Excellence Program.

The Journal of Allied Health is a scholarly periodical that is produced quarterly. As such, this publication reaches a wide range of readers and potential authors who could serve as a valuable source of future membership growth for the Association. A key feature that distinguishes it from other publications is that it cuts across the various allied health professions. The

ASAHP Annual Conference.

Winter 2017 issue also included 98 abstracts from the 2017



Former ASAHP Executive Director Thomas W. Elwood, Dr.P.H. serves as Editor of the Journal and manager of all other Association publications. In addition to the printed version, since 2001 the Journal has appeared online through the company Ingenta. As a result, the Association's periodical is enhanced because more than 20,000 institutions such as libraries and more than 25,000,000 end users have access to it.

Each year, thousands of browsers around the globe go online to inspect *Journal* abstracts and many subsequently pay a fee to download articles. ASAHP's *Journal* ranks in the top 65 every month in 2017 in a survey performed by the firm Publishing Technology of 19,200 periodicals based on the number of full-text downloads.

As a means of generating wider visibility of this publication, beginning with the Spring 2007 issue, one article per issue is available on ASAHP's website at no charge. As a reflection of the spread of globalization, articles from other countries have become regular features. Between October 2016 and October 2017, the Journal attracted a record 139 manuscripts.

Worth noting is that the total number of manuscripts submitted is a figure that does not provide a complete picture. Viewed from another perspective, between January and December 2017, that total is 197, an amount that includes revised manuscripts resubmitted on more than one occasion, manuscripts withdrawn for various reasons, and papers rejected without a review. Although the bulk of the manuscripts originated in the United States, 15% of them came from Australia, Canada, Israel, Italy, Kuwait, Netherlands, New Zealand, South Africa, Switzerland, Tunisia, and the United Kingdom.

The bi-weekly ASAHP UPDATE provides Institutional Members with a steady stream of information about the Association as well as external items of interest such as grant announcements, fellowship opportunities, and legislative developments on Capitol Hill. Each issue is disseminated electronically. Deans and directors are in an advantageous position to share this resource with colleagues in non-member institutions who may find it to be of benefit to join ASAHP because of the valuable services the Association offers.



The Association is a major sponsor of *National Allied Health Week*, which is observed during the first week of November each year. Members use this occasion to highlight the contributions that allied health professionals make in the provision of cost-effective, high quality patient care. Increasing the visibility of allied health in this manner provides another means of enhancing the Association's membership.

Examples of activities arranged at member institutions include: job fairs, blood drives, alumni panel discussions, information booths at student union buildings, open

houses, luncheons for high school counselors, health screenings, and campus walkathons. Descriptions of what occurred at several ASAHP member institutions, along with photos, are placed in issues of the newsletter TRENDS each year.

Some Activities To Implement Goal II

- Produce a membership recruitment packet and a new member orientation kit.
- For the Annual Conference, enhance inclusivity of non-deans by offering different programs for different groups, such as associate deans, financial deans/directors, student affairs personnel, and development officers.
- Explore using a marketing consultant.
- Develop a one-page "Return On Investment" for new members.
- Produce a tag line and elevator speech that every member can recite.

The following allocation was approved in the Association's FY 2017-2018 budget as a means of advancing Goal II:

\$500 for promotional materials

Strategic Plan Goal III >

Advocacy

Board Liaison: Shelley Mishoe, Ph.D. (Dean, Old Dominion University)

Chairperson: Donna Fry, Ph.D. (University of Michigan—Flint)

Strategic Plan Goal III involves: Congressional activities pertaining to higher education, and national and local advocacy.

ASAHP is a partner in the Federation of Associations of Schools of the Health Professions (FASHP) and the Health Professions and Nursing Education Coalition (HPNEC) routinely express views to governmental officials regarding health care and higher education issues. One example is to indicate deep concerns that a January 27, 2017 executive order from **President Donald Trump** restricting the admission of certain foreign nationals and

refugees to the United States would disrupt patient care, health education, and medical research. On February 27, the Administration was urged to take into consideration that long-term federal hiring strategy reflect the need for a strong workforce not only to respond to public health emergencies, but throughout the public health continuum to help prevent them, to protect the public from ongoing health threats, and to promote healthy communities.

Other examples are that on March 30, a recommendation was made to the House and Senate appropriations committees to provide \$7.48 billion for the Health Resources and Services Administration's (HRSA) discretionary budget authority in

fiscal year 2018. On April 5, members of Congress were requested to protect the federal student loan program and to strengthen Pell Grants. A letter on June 1 was sent to Representative **Judy Chu** (D-CA) to express support for *H.R. 2526*, *Protecting Our Students by Terminating Graduate Rates that Add to Debt Act or POST GRAD Act*.

On July 12, Chairman **Tom Cole** (R-OK) and Ranking Member **Rosa DeLauro** (D-CT) of the House Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies, along with Chairman **Roy Blunt** (R-MO) and Ranking Member **Patty Murray** (D-WA) of the Senate Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies were asked to support

a recommendation of \$580 million for HRSA's Title VII health professions and Title VIII nursing workforce development programs in the fiscal year 2018 Labor-HHS-Education spending bill. On September 1, **Senators Blunt** and **Murray** were asked to oppose \$91 million in proposed cuts to certain Titles VII and VIII programs and to provide \$580 million for them instead.

ASAHP also has requested Secretary of Education **Betsy DeVos** to continue the U.S. Department of Education's (ED) Public Service Loan Forgiveness (PSLF) program. This mechanism provides a a way of easing the burden of student debt for individuals employed by not-for-profit organizations or in the public sector.

Student loan borrowers who work for qualifying employers and make 120 monthly on-time payments would have their remaining loan balances eliminated.



Born disabled, Ronan Tynan later was in a car accident that resulted in the amputation of his lower legs. Undaunted, he eventually graduated from medical school, became a world record holding track-and-field athlete in the Special Olympics, and enjoyed a renowned singing career that included performances on the opera stage. He described the impact that close family relationships have had on his career and punctuated his address by singing two highly inspirational songs at the 2017 ASAHP Annual Conference.

When the Patient Protection and Affordable Care Act became law in 2010, it contained key provisions involving loan forgiveness, recruitment/retention programs, and a mid-life career training program that are aimed specifically at allied health. Provisions affecting area health education centers and geriatric training were expanded to include allied health among the entities that are eligible to participate. The Association will continue its efforts to have these aspects of the law implemented effectively.

Another issue of considerable importance to ASAHP member institutions is state authorization. Unless current provisions are changed, schools that place their students in clinical sites in other states and offer online education programs to students residing in those locales are at risk of paying exorbitant fees for these privileges. Association Board Members in April 2017 were able to meet in Washington, DC with Rep. Virginia Foxx (R-NC), Chairwoman of the House Committee on Education and the Workforce, to discuss these matters.

The Association's website is the source of much valuable information. A centrally placed item that attracts browsers is the *ASAHP Newswire*. Unique in that it covers a broad spectrum of events taking place both in health care and higher education, each weekday descriptions are prepared and links are provided to new reports, funding opportunities, official pronouncements, and other material of interest that originates in government agencies, think tanks, foundations, and research institutes around the world. Weekly summaries are distributed electronically to the membership.

These items have the potential to be used with legislators and other governmental policymakers as a means of highlighting the types of essential allied health services being provided in their congressional districts and states.

Some Activities To Implement Goal III

- Plan to have more regular meetings in Washington, D.C. and coordinate "Day on the Hill" events in conjunction with these meetings.
- The Advocacy Committee is working on a website for ASAHP on the topic of advocacy.
- Host special "access" events with targeted congressional leaders.
- Plan an event to bring department chairpersons to ASAHP to encourage them to influence other Associations in which they hold membership to support ASAHP policy initiatives.
- Develop fact sheets to advance the allied health policy narrative.
- Create a White Paper that addresses the possible crisis of clinical placements.
- Advocate for new models of clinical education.

Strategic Plan Goal IV >

Innovations and New Services Development

Board Liaison: Peggy Valentine, Ed.D. (Dean, Winston-Salem State University)

Chairperson: Kenneth Johnson, Ph.D. (Associate Dean, Weber State University)

Strategic Plan Goal IV involves: aggregating new member services; faculty and leadership development; and influencing allied health of the future.

From 1998 until 2005, with partial funding by the Bureau of Health Professions, ASAHP conducted a *Leadership Development Program* in conjunction with the National Network of Health Career Programs in Two-Year Colleges, the Health Professions Network, the National Society of Allied Health, and the American Association of Community Colleges.

The Association also has offered its own program exclusively for individuals from ASAHP member institutions in 2006, 2007, 2009, 2011, 2013, and 2016. The target group is associate/assistant deans, department chairpersons/directors, and deans who had served in that position for less than 24-months. The program will be offered again in 2018.

Students were selected to attend the 2017 ASAHP Annual Conference as members of the newly established ASAHP Student Assembly. They were placed into service as session moderators. During 2017, they launched their own newsletter.

Continuing efforts will focus on student recruitment by reaching out to the various Deans and Directors from ASAHP member institutions and fostering personal connections at their own universities. They will solidify their Web presence through Facebook and the ASAHP website, building an interactive component by presenting IPE-related case studies in the form of challenges or contests, and inviting fellow students to help create nationwide discussions on relevant topics.

ASAHP Immediate Past-President Richard Oliver, Ph.D. continues to work with the students in achieving these endeavors. Members of ASAHP's *Clinical Education Task Force* have been involved in efforts to investigate current trends, outcome measurements, technology and training, and other aspects of clinical education pertinent to student competency, certification, and entry into the workforce. As a result of these initiatives, the possibility exists to broaden the programmatic scope of both the Association's Annual Conference to explore what new services could be developed by ASAHP for the benefit of its members. Task Force members presented during the 2017 ASAHP Annual Conference at a Concurrent Session on "Diverse Perspectives on Payment for Clinical Education." They also had a manuscript entitled, "Employers' Viewpoint on Clinical Education" appear in the Fall 2017 issue of the Journal of Allied Health.

A new, lengthy *White Paper* on health care changes and clinical models with recommendations and strategic actions will be prepared in 2018. Additional focus also will be placed on:

- Engaging healthcare organizations to join forces in meaningful partnerships to improve patient care/client care and clinical education;
- Aligning allied health clinical education to changing healthcare needs and leverage developing educational practices and technologies;
- Advocating with accreditors, higher education, government agencies and professional organizations; and,
- Driving excellence in clinical education through promotion of research and scholarly activity.

Linda Petrosino, Ph.D., ASAHP President 2015-2017

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My reflection on ASAHP's 50th Anniversary Annual Conference, as well as our work over the past few years has provided me with an increased sense of pride in being an allied health professional and a colleague with so many amazing, giving, and unselfish individuals. The progress we have been able to make over the past few years on our strategic priorities is due to the amazing Board that I have worked with, the individuals in our national office, several industry partners, and those ASAHP members who have stepped forward and done the heavy lifting. ***

Some Activities To Implement Goal IV

- Assist ASAHP student chapters in developing some preboarding/onboarding training, with the latter focusing on how students can leave academic programs and go right to work without extensive orientation at their work place.
- Develop a forum for student abstracts.
- Develop a Student Assembly logo and information about the student organization for the ASAHP web page.
- Design an effective research mentoring program for ASAHP members.

The Board of Directors approved an allocation of \$10,000 in FY 2017-2018 for continuation of the student initiative and \$4,000 for a graduate intern for the Clinical Education Task Force.



Julie O'Sullivan Maillet (left) receives the President's Award from President **Linda Petrosino** (right)

Strategic Plan Goal V >

Alliances and Partnerships

Board Liaison: Barbara Wallace (RehabCare)

Strategic Plan Goal V involves: creating relationships with professional and non-professional allied health and other kinds of health organizations.

The National Academy of Medicine Global Forum on Innovation In Health Professional Education was established in 2012 with the guiding principles for forum activities emphasizing engaging students, being patient-and person-centered, and creating an environment of learning with and from partners outside of the United States. Members gather twice a year to attend forum-sponsored events that consider these principles and the forum topics that have been selected and developed by Forum members. The Forum currently has 54 appointed members who are academic experts and health professionals representing 19 different disciplines from nine countries.

ASAHP has been a member for the past six years and participated in both planning meetings and forum deliberations leading to the publication of reports flowing from these gatherings. ASAHP Past President Richard Talbott, Ph.D. (University of South Alabama) has served as the Association's representative during that period where he has been on the forum planning committee and made two forum presentations.

Part of the implementation of Goal V calls for recruiting additional corporate and employer members. Thus far, ASAHP Board Member **Barbara Wallace** has been contacting corporations, clinical facilities, and rehabilitation to achieve this purpose.

ASAHP also is working toward the creation of a three-year partnership with industry leaders to help prepare allied health professionals for rehabilitation positions internationally. As a start, five member institutions would like to lead ASASHP's engagement. Three actionable projects have been identified: Rehab Corps type

of activities (a model similar to that of the Peace Corps) with placements of students and faculty to meet local needs overseas; using distance learning to be developed by a consortium; and a global residency program with model curriculum and placements developed by the consortium. ASAHP Past-President **Richard Oliver** is playing the lead role in moving this endeavor forward.

ASAHP continues to be actively involved with the Association of Specialized & Professional Accreditors (ASPA). ASAHP Board Member Barry S. Eckert, Ph.D. (Dean, Long Island University—Brooklyn Campus) serves on the ASPA Board of Directors and also is part of the Health Professions Accreditors Collaborative (HPAC), which currently is discussing the role of accreditation in interprofessional education. He is writing a white paper on that subject.

ASAHP Past President **Richard Talbott** has been a member of the Board of Directors of the Health Professions Network (HPN) since 2015. He attended a Board meeting and a "Summit" in 2017.

ASAHP Board Member **Peggy Valentine**, **Ed.D**. (Dean, Winston-Salem State University) served as Vice Chairperson of the Advisory Committee on Interdisciplinary, Community-Based Linkages at the Health Resources and Services Administration (HRSA) until the end of 2016. As chairperson of the 16th Report to the President and Congress on *Enhancing Community-Based Clinical Training Sites: Challenges and Opportunities*, she was instrumental in having that document ready to be sent to the Secretary of the Department of Health and Human Services in January 2018.

The following individuals served as ASAHP representatives on the CAAHEP (Commission on Accreditation of Allied Health Education Programs) in 2017:

Barry Eckert, Ph.D. (Long Island University—Brooklyn Campus) who serves as Treasurer

Julie O'Sullivan Maillet, Ph.D. (Rutgers University)

David Shelledy, **Ph.D**. (University of Texas Health Science Center at San Antonio)

Yasmen Simonian, Ph.D. (Weber State University)

Gregory Frazer, Ph.D. (University of South Alabama)

Julie O'Sullivan Maillet also is a member of the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) Board of Directors, Executive Board, and serves as Board liaison to the doctorate in clinical laboratory science.

In other activities involving accreditation, **Shelley Mishoe**, **Ph.D**. (Old Dominion University) served as ASAHP's representative on the Commission on Accreditation for Respiratory Care (CoARC) and also on the Advisory Committee to the Accreditation Commission for Midwifery Education (ACME).

Kenneth Johnson, Ph.D. (Associate Dean, Weber State University) continued his involvement with the Association for Prevention Teaching and Research (APTR) on its *Healthy People Curriculum Taskforce*. Current projects include updating the Clinical Prevention and Population Health Curriculum Framework and creating the Interprofessional Education Crosswalk that links the Framework with various core competencies for interprofessional education.

Health professionals from other countries routinely make presentations at ASAHP Annual Conferences. Also, members of the Consortium of Institutes for Higher Education in Health and Rehabilitation in Europe (COHEHRE) have been among the contributors of articles in the Association's *Journal of Allied Health*.

Some Activities To Implement Goal V

- Have a working group of the International Task Force meet at the Kessler Institute in 2018 to formalize the architecture and required competencies for training personnel on site and via technology for targeted global sites, and create a final report and product.
- Provide a greater understanding of what the allied professions can contribute to influence public policy regarding health care and higher education.
- Form partnerships for curricula, faculty, and creation of economies of scale.
- Align with governmental organizations, regional education boards, and patient organizations.
- Examine state authorization of distance education, licensure across state lines, and scope of practice issues.
- Focus on the cost of education and the availability of clinical sites.
- Recruit additional corporate and employer members.

The Board of Directors approved an allocation of \$6,000 in FY 2017-2018 for continuation of International Task Force engagement with industry

Linda Petrosino (left) signifies the end of her successful two-year term as President by handing the gavel to the new President, **Susan Hanrahan**.



Scholarship of Excellence Program >

Each year, the Association sponsors the Scholarship of Excellence Program for allied health students enrolled in its member institutions. The purpose is to recognize outstanding individuals who excel in their academic programs and have significant potential to assume future leadership roles in the allied health professions. Each student chosen for an award receives a \$1,000 scholarship.

In 2017, ASAHP gave scholarships to 12 students. Five of these awards were provided by the firm of CertifiedBackground. com, a company that offers criminal background check and immunization status check services to member institutions. The year 2013 marked the inauguration of the Elwood Scholar Award. It was created by the Board of Directors and named for ASAHP's long- serving Executive Director **Thomas W. Elwood** who retired from that position in 2012.

The recipient in 2017 was Michael Chamberlain of the University of Texas Medical Branch at Galveston, a student in physical therapy. Along with the scholarship, he received a complimentary registration to the 2017 ASAHP Annual Conference in San Antonio, TX where he was formally recognized as the award recipient. All his travel and rooming costs were paid by ASAHP.

Among the students who applied, the following were awarded scholarships:

Maholly Ramos—Rutgers University (Physician Assistant)

Asia Sullivan—University of Alabama at Birmingham (Physician Assistant/Public Health)

Joseph Longmire—Alabama State University (Rehabilitation Services)

McKenna Zeller—University of Nebraska Medical Center (Radiography)

Melissa Neagles—Mercy College (Occupational Therapy)

Piper Prange—Indiana University (Physical Therapy)

Erica Williams—University of Arkansas for Medical Sciences (Physician Assistant)

Meredith Chaput—Creighton University (Physical Therapy)

Chloe Williams—The Ohio State University (Occupational Therapy)

Giovanna Calloway—University of North Carolina at Chapel Hill (Occupational Therapy)

Emma Shaver—University of Kansas (Occupational Therapy)

Awards Program >

The Association's Awards Program is designed to recognize individuals for their excellence in both societal and public/professional achievements. The following recipients were honored at the Annual Conference in San Antonio, TX on October 18, 2017:

The Distinguished Service and Achievement Award

U.S. Senator Patty Murray (D-WA)

The Outstanding Member Award

ASAHP Past President Richard Oliver

Legacy of Excellence Award

Danielle Ripich (University of New England)

President's Award

Julie O'Sullivan Maillet (Rutgers University)

Elwood Scholarship Award

Michael Chamberlain (University of Texas Medical Branch at Galveston)

J. Warren Perry Journal of Allied Health Award

Jennifer Saylor (University of Delaware)

Susan Wainright (Thomas Jefferson University)

E. Adel Herge (Thomas Jefferson University)

Ryan Pohlig (University of Delaware)

Their manuscript is entitled, "Development of an Instrument to Assess the Clinical Effectiveness of the Debriefer in Simulation Education." It appeared in the Fall 2016 issue.

ASAHP Institutional Members >

The following institutions were members of ASAHP in 2017:

Alabama State University	Florida Gulf Coast University	Mercy College				
American International College	Georgia State University	MGH Institute of Health Professions				
Appalachian State University	Governors State University	Midwestern University				
Arkansas State University	Grand Valley State University	Mount St. Joseph				
Armstrong Atlantic State University	Harding University	Nazareth College of Rochester				
Augusta University	Hofstra University	New York Institute of Technology				
Baptist College of Health Sciences	Howard University	Northern Kentucky University				
Bowling Green State University	Idaho State University	Nova Southeastern University				
California Baptist University	Indiana University - Purdue University	Ohio University				
California State University,	Indianapolis	Old Dominion University				
Dominguez Hills	Indiana Wesleyan University	Pacific University				
Central Michigan University	Ithaca College	Quinnipiac University				
Charles R. Drew University of Medicine and Science	Kaiser Permanente	Rosalind Franklin University of				
Chatham University	King's College	Medicine and Science				
Creighton University	Loma Linda University	Rush University				
Des Moines University	Long Island University - Brooklyn	Rutgers University				
Drexel University	Long Island University - CW Post Campus	Sacred Heart University				
Duquesne University	Louisiana State University	Saint John's University				
East Carolina University	Health Sciences Center - New Orleans	Saint Louis University				
East Tennessee State University	Louisiana State University Health Sciences Center - Shreveport	Samford University				
Eastern Kentucky University	Marquette University	Seton Hall University				
Eastern Washington University	Mary Baldwin College	Springfield College				
Emory & Henry University	Maryville University of Saint Louis	St. Catherine University				
Excelsior College	·	Stockton University				
Ferris State University	Mayo Clinic MCPHS	SUNY Upstate Medical University				
· - · · · · · · · · · · · · · · · · · ·	MCLUS	Texas State University-San Marcos				

Medical University of South Carolina

Florida A & M University

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Texas Tech University Health Sciences Center

The Ohio State University

The University of Texas Southwestern Medical Center at Dallas

Thomas Jefferson University

Towson University

University at Buffalo, The State University of New York

University of Alabama at Birmingham

University of Arkansas for Medical Sciences

University of Cincinnati

University of Hartford

University of Illinois at Chicago

University of Kansas Medical Center

University of Kentucky

University of Michigan - Flint

University of Minnesota

University of Mississippi Medical Center

University of Missouri

University of Nebraska Medical Center

University of New England

University of North Carolina at Chapel Hill

University of North Carolina Greensboro

University of North Florida

University of North Georgia

University of Oklahoma Health Sciences Center

University of South Alabama

University of Tennessee
Health Science Center

University of Texas

Health Science Center at San Antonio

University of Texas M.D. Anderson

Cancer Center

University of Texas Medical Branch at Galveston

University of the Incarnate Word

University of the Sciences in Philadelphia

University of Toledo

University of Utah

University of Vermont

University of Wisconsin at Milwaukee

Utica College

Virginia Commonwealth University

Wayne State University

Weber State University

Western Carolina University

Western Michigan University

Wichita State University

Winston-Salem State University

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Commission on Accreditation of Allied Health Education Programs

Commission on Accreditation of Athletic Training Education

Commission on Accreditation for Respiratory Care

< Professional Institutional Member >

Genesis Rehab Services

HealthSouth

Kindred Rehab Services Inc/Rehab Care

ASAHP Committees and Task Forces >

A considerable amount of the Association's work is performed by dedicated volunteers who participate in a wide range of activities in committees and task forces. These groups are as follows:

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Gregory Frazer—ex officio (University of South Alabama)
Barry Eckert (Long Island University—Brooklyn Campus)
Peggy Valentine (Winston-Salem State University)
Julie O'Sullivan Maillet (Rutgers University)

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Richard Talbott, Chairperson (University of South Alabama)

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Richard Talbott, Chairperson (University of South Alabama) Gregory Frazer (University of South Alabama)

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Cesarina Thompson (American International College)

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(Long Island University, Brooklyn Campus)

Chairperson IPE/IPP: Stacy Gropack
(Long Island University, C.W. Post Campus)

Leslie Portney (MGH Institute of Health Professions)

Fred Romano (Midwestern University)
Paula Rhyner (University of Vermont)
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Anthony Breitbach (St Louis University)
Gwen Mahon (Rutgers University)
Carolyn Giordano (University of the
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Chairperson: Research, Christopher Ingersoll (University of Toledo)

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Medical Center)

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David Demo (University of North Carolina

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Strategic Plan Goal IV: Innovation and New Services Development

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Chairperson: Kenneth Johnson
(Weber State University)

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Phyllis King (University of Wisconsin,
Milwankee)

David Shelledy (University of Texas Health

Science Center-San Antonio)
Andrew Butler (Georgia State University)

Christopher Bradberry (Creighton University)

Peggy Valentine (Winston-Salem State University)

Hsiao Ling Mascarii (University of Wisconsin, Milwaukee)

Wisconsin, Milwaukee)

Pat Ryan (Creighton University)

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Tracy Farnsworth (Idaho State University)
Robert McLaughlin (Baylor College of
Medicine)

Barbara Romig (Rutgers University)
Yasmen Samonian (Weber State
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Jacquelyn Sample (University of Missouri)
Troy Tynsky (Mayo Clinic)

Marcie Weinstein (Towson University)
Benjamin Ayzenberg (Seton Hall
University)

Julie O'Sullivan Maillet (Rutgers University)

Barbara Wallace (RehabCare)

Strategic Plan Goal V: Alliances and Partnerships

Board Liaison: Barbara Wallace

(Rehab Care)

Chairperson: Global Needs Health

Professionals Task Force

Richard Oliver (University of Missouri, Columbia)

Lea Brandt (University of Missouri) Celia Hooper (University of North

Carolina Greensboro)

Gwen Mahon (Rutgers University)

Kevin Rudeen (University of Oklahoma

Health Sciences Center)

Dave Shelledy (University of Texas Health

Science Center at San Antonio)

Brian Shulman (Seton Hall University)

Teri Stumbo (Des Moines University)

Barbara Wallace (RehabCare)

Treasurer's Report >



I want to thank each of you for your support and encouragement. I have been continually impressed by the personal investment and commitment all of us make to our Association and I am reminded of our grand purpose to support our students, faculty, institutions and ultimately the patients and clients they will encounter. The current leadership team led by President **Susan**Hanrahan and the management

group led by Executive Director **John Colbert** are ever cognizant of the financial history and challenge our Association faced twenty years ago. Through that collective effort of vision and leadership and the considerable sweat equity of our membership to address these fiscal exigencies, we have not only survived but thrived – a TRUE testament to the membership! That perspective pervades all of our activities and the lesson was simple yet clear: our financial standing matters. As I first shared in 2014, my approach has been based on transparency and has embraced the "Buffett philosophy" (and this does not refer to a food line): "Rule No. 1: Never lose money. Rule No. 2: Never forget Rule No. 1." • The Tao of Warren Buffett, 2006.

The agenda of our Association was the most aggressive it has been in recent memory. Not only have we renegotiated our agreement with Capital Hill Partners, President Hanrahan and the leadership re-engineered the direction of our Association, identifying five critical areas for action of professional education, alliances and partnerships, leadership, research, and advocacy. President Hanrahan has charged each of these strategic groups with the identification of action steps and the generation of the resources necessary to enable success. Your Association continues to cultivate and expand critical relationships with significant partners such as the Institute of Medicine, Association of Specialized and Professional Accreditors, The National Network of 2-year Colleges and Schools, the Commission on Accreditation of Allied Health Education Programs, and the Health Professions Network, among others. We continue to reap the benefits of our collaboration with Capitol Hill Partners, who have been instrumental in placing the interests of our Association before members of Congress. Each of these friend-building endeavors required an expenditure of time and treasure. Because of prudent stewardship by your Board and the Executive Director, all of these activities enhanced our national image and visibility and were completed within budget.

With that in mind, the state of the Association's financial standing is strong. President Hanrahan, **Immediate Past President Linda Petrosino**, and your Board of Directors have embraced a deliberate, due-diligent approach to allocation and spending. The prime directive is and will remain for the foreseeable future the continued financial stability of our Association. At our October, 2017 Board meeting, we had \$1,645,319 in our Merrill Lynch accounts, along

with \$608,861.32 in our SunTrust lock box, for total account balance totaling \$2,254,180. Currently, we have investments in American Funds (\$765,850), Small Cap Funds (\$67,608), Loomis Sayles Fixed Income (\$411,281), and Market Linked investment (\$126,607). Our asset allocation is Equities 67%, Fixed Income 31%, and Cash 2%. In this calendar year-to-date through Sept 30, 2017, our investments yielded 10.87% net of fees. More specifically, Equity investments generated 14.80 % vs. S&P 14.24% vs. DJIA 15.45% vs. Russell 2500 11.00% and our Fixed Income yielded 3.90% vs.US Gov't and Corp Master 3.51%.

In general, we have kept up with market returns. Fixed income investments and Equity investments have done slightly better than their natural index benchmarks year-to-date. ASAHP small cap investments outperformed the Russell 2500 benchmark year-todate and the Loomis Sayles, Natixis Fixed Income outperformed its benchmark, the US Government and Corp Master. Our Merrill Lynch advisors recommended we capture profits and rebalance the portfolio from 67% stocks to 65% equity/stock exposure and increasing fixed income with the proceeds. They recommended we sell \$34,000 of the American Growth Fund of America to accomplish this and move the proceeds to the Fixed Income account. Further, they recommended adjusting the size/style diversification profile of the portfolio to decrease allocation in US Growth oriented stocks and introduce/increase foreign exposure to 15% of the stock portfolio. This would require that we sell approximately \$66,000 of the American Growth Fund of American and buy a low cost Vanguard ETF index, the FTSE All World ex-US ETF (symbol VEU). There would be a commission of roughly \$700 to implement this change. Internal fund expenses will decrease ½ of 1%. After due diligent consideration of all options, the Board endorsed these changes to our investment strategy.

As A.A. Latimer stated, "Budget: a mathematical confirmation of your suspicions." Our general operating budget of approximately \$947,917 has been consistent for the past two years. President Hanrahan and the Board in partnership with the Executive Director John Colbert have been relatively "spot-on" in anticipated revenue and expenditure allocations. Charles Haddon Spurgeon stated: "Economy is half the battle of life; it is not so hard to earn money as to spend it well." Your Association is well positioned to enter FY 2019 in a strong, stable, and focused manner in support of our vision to be the leading interprofessional voice for better health and healthcare. Thank you for the opportunity to serve you and the Association and, as always, I stand available to answer any questions at your convenience.

Respectfully submitted,

Greg Frazer

ASSOCIATION OF SCHOOLS OF ALLIED HEALTH PROFESSIONS STATEMENTS OF FINANCIAL POSITION

June 30, 2017 and 2016

ASSETS

	2017					2016	
•	Unrestricted						
•			Desig	nated	•		
	Operating	General initiative	Reserve initiative	Scholarship	Temporarily restricted	Total all Funds	Total all Funds
Current assets							
Cash and cash equivalents	\$ -80,645	\$ -	\$ 465,274	\$ 1 19,479	\$ -	\$ 665,398	\$ 673,155
Investments	675,124	418,716	119,479	-	102,177	1,315,496	1,174,497
Accounts receivable	49,657	-	-	-	-	49,657	27,546
Prepaid expenses	2,575	-	-	-	-	2,575	4,952
Total current assets	\$ 808,001	\$ 4 18,716	\$ 584,753	\$ 1 19,479	\$ 1 02,177	\$ 2,033,126	\$ 1,880,150
Property, at cost							
Furniture and equipment	\$ 21,976	\$ -	\$ -	\$ -	\$ -	\$ 21,976	\$ 21,976
Computer equipment	47,833	-	-	-	-	47,833	45,833
•	\$ 67,809	\$ -	\$ -	\$ -	\$ -	\$ 69,809	\$ 67,809
Accumulated depreciation	(66,762)	-	-	-	-	(66,762)	(66,417)
Total property, net	\$ 3 ,047	\$ -	\$ -	\$ -	\$ -	\$ 3 ,047	\$ 1,392
Other assets							
Security deposits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,960
Total other assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,960
Total assets	\$ 8 11,048	\$ 4 18,716	\$ 584,753	\$ 1 19,479	\$ 1 02,177	\$ 2,036,173	\$ 1,885,502

ASSOCIATION OF SCHOOLS OF ALLIED HEALTH PROFESSIONS STATEMENTS OF FINANCIAL POSITION

June 30, 2017 and 2016

LIABILITIES AND NET ASSETS

	2017 Unrestricted					2016	
_							
_			Designated				
_	Operating	General initiative	Reserve initiative	Scholarship	Temporarily restricted	Total all Funds	Total all Funds
Current liabilities							
Accounts payable	\$ 69,187	\$ -	\$ -	\$ -	\$ -	\$ 39,027	69,187
Deferred revenue							
Advertising	-	-	-	-	-	-	325
Membership dues	174,082	-	-	-	-	174,082	168,847
Leadership	-	-	-	-	-	-	5,000
Sponsors	5,000	-	-	-	-	5,000	1,350
Subscriptions	17,378	-	-	-	-	17,378	17,024
Total current liabilities	\$ 235,487	\$ -	\$ -	\$ -	\$ -	\$ 235,487	\$ 260,383
Other liabilities							
Security deposit	3,160	\$ -	\$ -	\$ -	\$ -	3,160	3,472
Deferred rent	3,032	-	-	-	-	3,032	1,880
Total current liabilities	\$ 6,192	\$ -	\$ -	\$ -	\$ -	\$ 6,192	\$ 5,354
Total liabilities	\$ 241,679	\$ -	\$ -	\$ -	\$ -	\$ 241,679	\$ 265,737
Net assets:							
Unrestricted							
Operating	\$ 569,369	\$ -	\$ -	\$ 119,479	\$ -	\$ 688,848	\$ 625,463
Designated	-	418,716	584,753	-	-	1,003,469	923,806
Total unrestricted	\$ 569,369	\$ 418,716	\$ 584,753	\$ 119,479	\$ -	\$ 1,692,317	\$ 1,549,269
Temporarily restricted							
Mary E. Switzer Fund	-	-	-	-	102,177	102,177	70,496
Total temporarily restricted	\$ -	\$ -	\$ -	\$ -	\$ 102,177	\$ 102,177	\$ 70,496
Total net assets	\$ 569,369	\$ 418,716	\$ 584,753	\$ 119,479	\$ 102,177	\$ 1,794,494	\$ 1,619,765
Total liabilities and net assets	\$ 569,369	\$ 418,716	\$ 584,753	\$ 119,479	\$ 102,177	\$ 2,036,173	\$ 1,885,502

ASSOCIATION OF SCHOOLS OF ALLIED HEALTH PROFESSIONS STATEMENTS OF FINANCIAL POSITION

June 30, 2017 and 2016

		20	17			2016
Unrestricted						
Designated						
Operating	General initiative	Reserve initiative	Scholarship	Temporarily restricted	Total all Funds	Total all Funds
\$ 613,749	\$ -	\$ -	\$ -	\$ -	\$ 613,749	\$ 661,197
151,058	-	-	-	-	151,058	160,350
43,901	-	-	-	-	43,901	48,363
-	-	-	-	-	-	2,000
(10,365)	95,045	(15,382)	31,681	31,681	132,660	24,876
65,007	-	-	-	-	65,007	37,496
9,348	-	-	-	-	9,348	53,164
50,662	-	-	-	-	50,662	11,721
-	-	-	-	-	-	52,134
\$ 923,360	\$ 95,045	\$ (15,382)	\$ 31,681	\$ 31,681	\$ 1,066,385	\$ 999,167
248,334	-	-	-	-	248,334	148,734
48,894	-	-	-	-	48,894	120,575
53,202	-	-	-	-	53,202	53,398
27,337	-	-	-	-	27,337	28,157
-	-	-	22,056	-	22,056	21,650
31,243	-	-	-	-	31,243	32,179
19,000	-	-	-	-	19,000	19,000
29,457	-	-	-	_	29,457	67,148
3,625	_	_	_	_	3,625	639-
6,086	_	_	_	_	6,086	595
\$ 467,178	\$-	\$-	\$ 22,056	\$-	\$ 489,234	\$ 492,075
382,336	-	-	-	-	382,336	454,045
20,086	-	-	-	-	20,086	7,597
\$ 402,422	\$-	\$-	\$-	\$-	\$ 402,422	\$ 461,642
\$ 869,600	\$-	\$-	\$ 22,056	\$-	\$ 891,656	\$ 953,717
53 760	95 045	(15.382)	9 625	31 681	174 729	45,450
	-	(.0,002)		31,001		
	323 671	600 135		70 496	1 619 765	1,574,315
						\$ 1,619,765
	\$ 613,749 151,058 43,901 - (10,365) 65,007 9,348 50,662 - \$ 923,360 248,334 48,894 53,202 27,337 - 31,243 19,000 29,457 3,625 6,086 \$ 467,178	Operating General initiative \$ 613,749 \$ - 151,058 - 43,901 - (10,365) 95,045 65,007 - 9,348 - 50,662 - - - \$ 923,360 \$ 95,045 248,334 - 48,894 - 53,202 - 27,337 - - - 31,243 - 19,000 - 29,457 - 3,625 - 6,086 - \$ 467,178 \$- 382,336 - 20,086 - \$ 402,422 \$- \$ 53,760 95,045 (9,763) - 25,372 323,671	Operating General initiative Reserve initiative \$ 613,749 \$ - \$ - \$ 151,058 - - 43,901 - - - - - (10,365) 95,045 (15,382) 65,007 - - 9,348 - - 50,662 - - - - - \$ 923,360 \$ 95,045 \$ (15,382) \$ 923,360 \$ 95,045 \$ (15,382) 248,334 - - 48,894 - - 53,202 - - 27,337 - - 31,243 - - 19,000 - - 29,457 - - 3,625 - - 6,086 - - 382,336 - - 20,086 - - \$ 402,422 \$- \$ 869,	Operating General initiative Reserve initiative Scholarship \$ 613,749 \$ - \$ - \$ - 151,058 - - - - 43,901 -	Operating General initiative Reserve initiative Scholarship Temporarily restricted \$ 613,749 \$ - \$ - \$ - \$ - 151,058 - - - - - 43,901 - </td <td>Operating General initiative Reserve initiative Scholarship restricted Temporarily restricted Total all Funds \$ 613,749 \$ - \$ - \$ - \$ - \$ 613,749 \$ 151,058 - 151,058 - 151,058 - - - 43,901 - - 43,901 - - - 43,901 - - - - 43,901 - <td< td=""></td<></td>	Operating General initiative Reserve initiative Scholarship restricted Temporarily restricted Total all Funds \$ 613,749 \$ - \$ - \$ - \$ - \$ 613,749 \$ 151,058 - 151,058 - 151,058 - - - 43,901 - - 43,901 - - - 43,901 - - - - 43,901 - <td< td=""></td<>

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