2018 ASAHP ELECTION

An election will be held for the following positions in 2018:

(1) Treasurer (two-year term)
(2) Board of Directors (three-year term)
(2) Nominations & Elections Committee (two-year term)

The candidate form is due no later than April 2, 2018. It can be obtained at https://asahp.squarespace.com/elections/.

The election survey link will be sent to member Deans and Directors on July 16, 2018 and will remain open through August 16, 2018.

INTERPROFESSIONAL AWARD

The March 1, 2018 issue of the ASAHP UPDATE described the creation of a new Association Award for Institutional Excellence and Innovation in Interprofessional Education and Collaborative Health Care. In 2018, through such an honor, ASAHP seeks to recognize a member institution or an industry member for outstanding achievement in interprofessional education (IPE) and interprofessional collaborative practice (IPCP).

Along with the award, several institutions also will be recognized as “Programs of Merit.”

Information about criteria, important dates, and the nomination process for this award can be obtained at https://asahp.squarespace.com/ipe-award-1/.

BOARD OF DIRECTORS

The Association’s Board of Directors met on March 14, 2018 in Charleston, SC. A summary of the Minutes will appear in a future issue of the ASAHP UPDATE as soon as they become available.

Part 1 of the 7th iteration of ASAHP’s Leadership Development Program also was held in that location on March 14-15. Previous groups have engaged in highly useful endeavors projects between the first and second sessions (Part 2 will be in October) that eventually led to publications in the Journal of Allied Health.

DEMOGRAPHIC TRANSITIONS

According to the U.S. Census Bureau’s 2017 National Population Projections recently made public, the year 2030 marks an important demographic turning point in U.S. history because by then, all baby boomers will be older than age 65. The result will be an expansion in the size of the older population such that one in every five residents will be at retirement age.

Another consequence is that by 2035, there will be 78.0 million U.S. inhabitants 65 years of age and older compared to 76.4 million under the age of 18, which means that for the first time in this nation’s history the aged will outnumber children. Related transformations include an expectation that the population will grow at a slower pace and become considerably more racially and ethnically diverse.

Net international migration is projected to overtake natural increase in 2030 as the primary driver of population growth in the United States, which represents another demographic first.

In 1940, the average number of individuals living in each household was 3.7. Today, it is only 2.5. The decline is due to a decrease in family size and a rise in living alone. Young adults are waiting longer to be married. More adults never have been married. In 2017, 32% of all adults never have been married compared to 23% in 1950. In 1960, single person households represented only 13% of all households. In 2017, data from the Census Bureau show that there are 35.3 million single person households representing 28% of all households. Also, the share of adults living without children climbed 19 points since 1967 to 71.3%.

The aforementioned kinds of demographic shifts have enormous social implications for the health domain. The importance of having kin available to provide informal, unpaid health and social support assistance for the aged and other individuals who have impairments cannot be overstated. Major challenges exist in having a health workforce that will be adequate enough to treat large numbers of patients who are characterized by multi-morbidity.
SOCIAL DETERMINANTS OF HEALTH

An announcement from the Association for Prevention Teaching and Research (APTR) indicated the availability of three educational case studies that were developed to deepen health professions students' understanding of Social Determinants of Health and prevention-focused strategies aimed at addressing community health issues and achieving health equity.

The case studies are to teach students how to:

- Identify social factors that affect the health of their patients and communities.
- Include community-based and other social services and programs in the care of their patients.
- Describe how the choices and civic/community engagement of health professionals can influence the health of patients and populations.

The case study development project was made possible through a Cooperative Agreement with the Department of Health and Human Services (HHS) Office of Disease Prevention and Health Promotion (ODPHP). The focus in the three studies is on: geriatrics, racism, and psychological trauma.

Additional information can be obtained at: www.teachpopulationhealth.org/sdohcases.

MyHealthEData

MyHealthEData is a new initiative from the Centers for Medicare & Medicaid Services (CMS) that is intended to empower patients to have control of their healthcare data and allow this information to follow them as they move through the health care system and obtain care from different practitioners. The central idea behind the development of this resource is to help break down barriers that prevent patients from having electronic access and true control of their own health records from the device or application of their choice.

If plans unfold as envisioned, patients will be able to choose the provider that best meets their needs and then give that provider secure access to patient data, which offers the prospect of leading to greater competition and reducing costs. Additional information can be obtained at https://grants.nih.gov/grants/guide/notice-files/NOT-OD-18-134.html.

NIH DATA SCIENCE PLAN

In order to capitalize on the opportunities presented by advances in data science, the National Institutes of Health (NIH) is developing a Strategic Plan for Data Science. This plan describes NIH’s overarching goals, strategic objectives, and implementation tactics for promoting the modernization of the NIH-funded biomedical data science ecosystem.

As part of the planning process, NIH seeks information from members of the scientific community, academic institutions, the private sector, health professionals, professional societies, advocacy groups, patient communities, and other interested members of the public. Comments on any of the following topics are desired:

- The appropriateness of the goals of the plan and of the strategies and implementation tactics proposed to achieve them.
- Opportunities for NIH to be a partner in achieving these goals.
- Additional concepts that should be included in the plan.
- Performance measures and milestones that could be used to gauge the success of elements of the plan and inform course corrections.
- Any other topic the respondent feels is relevant for NIH to consider in developing this strategic plan.


COMPETENCY-BASED EDUCATION

In a new, invited supplement for the journal Academic Medicine, experts explore what it will take to transition to an education system in which students advance at their own pace as they master a set of specific concepts and skills. This material is designed to inform efforts to move away from the traditional fixed-time model of education. It is available at https://journals.lww.com/academicmedicine/toc/2018/03001?utm_source=Macy+Mailing+List&utm_campaign=111e222c5b-MFSWebinarReminder_Dec2017&utm_medium=email&utm_term=0_bb739c7123-111e222c5b-336687629.