THE VALUE OF GLANCING IN THE REARVIEW MIRROR

Characteristically, many readers of periodicals look forward to each new issue to obtain valuable insights. Yet, there also may be considerable value in exploring professional literature archives as a means of obtaining an enhanced understanding of current challenges and perceived dilemmas. During the October 2019 conference of the Association of Schools of Allied Health Professions, it was announced that as of that day the new name would be the Association of Schools Advancing Health Professions, a term that represents the third occasion such a change has occurred since the organization was founded in 1967.

Allied health has a rich history. The federal government provided $276,495,000 between 1967 and 1979 after the Allied Health Professions Personnel Act became law in 1966. While that amount may not sound like much, as measured by its value in purchasing power in dollars in the year 2019, it equates to more than $1.498 billion. Significantly, a portion of that money was directed to the Association and many institutions that belonged to it during that time period.

The Journal of Allied Health was founded in 1972. During its second year of existence, ASAHP’s first President—Darrel Mase—penned an article, “Allied Health-Today and Tomorrow” (reprinted in the Winter 2010 issue). In it, he discussed: interprofessional education; how professional territoriality can impede effective utilization of health manpower; the difficulty of obtaining hard data regarding manpower needs to determine numbers and kinds of allied health personnel needed; the proper ratio of auxiliary to primary personnel; and evaluation of the effects of expanded functions of auxiliary personnel on patient dynamics or practice economics.

That particular manuscript was preceded by an article in the New England Journal of Medicine on April 27, 1972 with the title, “Allied Health Manpower-Solution or Problem?” It contained a discussion of how health manpower analysis and inventories have produced an inappropriate concern with numbers rather than with actual job content, flexibility, and development. Moreover, if non-physician medical manpower is to improve the health system, tasks rather than numbers must be studied, management must be given more authority, and professionalism must be curtailed. Apart from the fact that the term manpower has been replaced by the expression workforce, much of the contents of both papers have relevance today.

To cite work in another field where it may be valuable to glance occasionally in the rearview mirror, it is worth noting that developments in genomics are anticipated to exert meaningful impacts on patient care. Issue 2 in 2006 of the journal Epigenetics furnishes a brief historical account of genetics and developmental biology, and how they diverged for a major part of the 20th century. Epigenetics is the field that attempted to unite them and provide new insights into the mechanisms for unfolding the genetic program for development. That achievement has the potential to affect the ability to continue experimenting with genome editing technologies, such as CRISPR (clustered regularly interspaced short palindromic repeats) to go beyond only tweaking what already exists in a genome.
Well, I am ‘fresh off’ the Annual Conference and what a week it was. I am not sure I have a favorite time, place or event but all of the speakers and activities had significance and seemed to resonate with one or more aspects of my life. Thanks to everyone who was able to attend. For those that did not, you can check out our website and access some of the plenary and concurrent session presentations----it was a very inspirational week.

Here are a couple of things you might have missed. We did approve to change the name of our organization to “Association of Schools Advancing Health Professions”. The logo “appears” the same but is a little more dynamic to fit the nature of our ever evolving world. People seemed excited about it and we are ready to move forward. The name change is also a perfect segue to our Strategic Planning Initiative announced by your new President, Phyllis King. This will happen in January and I am sure there will be opportunities for you to provide input.

For those that participated in the Institutional Profile Survey, you received your copy of the report prior to the Annual Conference. It is broken out into three sections---all institutions, academic health centers and 4-year institutions. Our contract group, Altegra Tech, has been instrumental in almost all aspects of the development of the survey and its reporting. The more all of us work on it, the more everyone understands the intricacies of the data and the questions themselves. We still have some minor tweaks for the 2018-2019 data collection instrument (i.e., survey) but it will be available soon for your university numbers. If you want to get the final survey report for 2018-2019, you have to participate in this year’s reporting so check your inbox in the next few weeks for a request to participate.

For the current data set, we will be working to share some additional reports as we continue to refine the data. If there are particular questions you would like for us to answer or tables you would like to see, please let Kristen Truong know. By the way, she received the President’s Award at the conference and deserved every accolade she received. She has been a tremendous asset for ASAHP and I want to thank her, Kate Aultman (former member who validated our data), all of the subcommittees, task forces members that helped prepare questions and edit the survey and Chris Yokely and his team at Altegra Tech for their work on the IPS. Thanks to all of you again for your patience.

Since this will be my last note to you (except for the Annual Report synopsis), let me just say I hope you feel more connected to each other. The Member Q&As were meant to “share secrets” about some of us that we often never “learn” in our associations with one another. In addition, the dedicated list serve (was a member request) was deployed so I hope you will increase your utilization of it with information you might want to share with members or for questions that need to be answered. I want to thank my BOD for their support over my 2-year presidency, the committee and task force chairs and their members that worked to get even more accomplished on our behalf and to the ASAHP staff (including Tom Elwood who produces this letter). I hope each of you will take some time to personally invest in ASAHP—it is a rewarding effort. Phyllis King will be awaiting your volunteerism call. I will serve one more year as past president so please continue to reach out to me for “anything” the Association can help you with.

A new decade—a new Association name—a new President --- a new strategic plan (in progress). Here we go!!!! Let’s have more fun!!

Susan Hanrahan, President/Past President
THE DANCE OF LEGISLATION

A book published in 1973 with the title, “The Dance of Legislation” by Eric Redman provided a thorough, credible account of the legislative process involving an effort to pass S.4106, the National Health Service Bill. The essence of the book’s material enables readers to appreciate the various forms of bureaucratic infighting that occurred, political prerogatives, and Congressional courtesies required to achieve a favorable outcome.

While the assortment of lions and lionesses on Capitol Hill back then has long since departed the legislative scene, a strong case may be made that nothing significant has changed over the past several decades. The current political scene includes talk of impeaching President Trump, but that distraction is just one of many factors contributing to a general sense of paralysis affecting the ability to pass needed forms of legislation. A case in point is the necessity of reauthorizing the Higher Education Act (HEA).

Last reauthorized in 2008 for a five-year period, the six years since then have enabled the contents of this legislation to continue to be implemented. Fortunately, although technically it could be declared null and void at any time, its provisions are too important to be placed on the chopping block. A downside, however, is that changes need to be made in order to achieve a more perfect accommodation with changing times and situations since 2008.

This piece of legislation, along with other important considerations such as immigration policy, constitute bottlenecks that can erupt at many different points. Apart from partisan disagreements that can lead to delays, even when both chambers are ruled by the same party, important differences may exist. The fact that in 2019 Democrats are the majority in the House of Representatives while Republicans have more favorable numbers in the Senate adds to the challenge of overcoming certain impediments that result in legislation being stalled.

Even within the two parties, disagreements may arise. A member from a state with strong agricultural interests may not always share the same outlook of a colleague whose constituents may have a stronger maritime focus. The same holds true when a member of Congress represents predominantly urban rather than rural interests. Ultimately, each Representative and Senator is beholden to addressing the needs and interests of voters back home. If perceived as failing to do so, there is a risk of not being reelected.

Strenuous efforts continue to be exerted to pass appropriations legislation. The 2020 fiscal year began on October 1 of this year without funding bills being signed into law. One or more continuing resolutions (CRs) enable the government to continue operating until such time that a more permanent agreement can be reached. It will not be long until the end of the calendar year is reached and a new Congressional session will begin next January.

The year 2020 will involve a national election, including who will occupy the White House in 2021. Republicans campaigning will blame Democrats for blocking legislative achievements. Democrats will point to their do-nothing Republican opponents and insist on voting them out of office. Some things never change, thus ensuring that the dance of legislation will continue uninterrupted for the foreseeable future.

2019-2020 ASSOCIATION CALENDAR OF EVENTS

January 28-29, 2020—Strategic Planning Workshop in Clearwater Beach, FL

October 26-30, 2020—ASAHP Annual Conference in Long Beach, CA

October 20-22, 2021—ASAHP Annual Conference in Long Beach, CA
HEALTH REFORM DEVELOPMENTS

Earlier this month, President Trump announced an Executive Order charging the Centers for Medicare & Medicaid Services (CMS) to propose annual changes to combat waste, fraud, and abuse in the Medicare program. From its inception in 1966, there have been policy concerns about installing program integrity methods to better protect taxpayers from fraud, waste, and abuse in Medicare. The challenge is to “pay it right,” which translates into paying the right amount, to legitimate providers, for covered, reasonable and necessary services made available to eligible beneficiaries while taking aggressive actions to eliminate fraud, waste, and abuse.

Government watchdogs routinely identify concerns about waste and abuse. The Government Accountability Office (GAO) has designated Medicare as a High Risk program since 1990 because of its size, complexity, and susceptibility to improper payments. In 2018, improper payments accounted for 5% of the total $616.8 billion of Medicare's net costs. As programs, such as Medicare and Medicaid become more complex, program integrity risks become increasingly difficult to recognize. New provider types have entered the program, including hospices, home health agencies, and federally qualified health centers. More challenging cross-ownership issues have emerged, such as one corporate parent owning various providers and provider types. Increasingly complex webs of affiliations can allow unscrupulous providers to simply appear, disappear if they come under scrutiny, and then re-appear as “new” entities.

When enacted into law, Medicare had 19 million beneficiaries. Today, there are almost 61 million and 10,000 new enrollees are added every day. When the programs began, Medicare and Medicaid accounted for only 2.3% of federal spending. That paltry amount has grown to 23.5% of federal outlays today. Some candidates hoping to be elected president of the U.S. are in favor of expanding Medicare, including making it a program that covers everyone in the U.S. even to the extent of eliminating private insurance coverage obtained through employment. Yet, rarely is it clearly stated how this expansion will be paid for without raising taxes nor is there any recognition of what mechanisms will be installed to combat chronic problems involving waste, fraud, and abuse.

Reducing Healthcare Administrative Costs

Following the success of enacting Medicare and Medicaid legislation in 1965 and making these programs available the next year, a steady drumbeat occurred throughout the remaining 1960s and much of the 1970s to expand the scope of coverage. The emphasis back then was to enact health insurance legislation to benefit a wider segment of the U.S. population. Health spending in the year 1960 was 5.2% of Gross Domestic Product (GDP). By 1970, it had increased to 6.9% while it currently is approaching nearly 20% of the world’s largest economy. The average cost of a stay in a hospital was $68 per day in 1970, but there were predictions that it could rise to $98 per day by 1973. Those figures seem risible in light of current health care spending patterns.

In late September 2019, the Omnibus Burden Reduction (Conditions of Participation) Final Rule came into effect in an effort to strengthen patient safety by removing unnecessary, obsolete, or excessively burdensome health regulations on hospitals and other healthcare providers. This rule is intended to advance CMS’s “Patients over Paperwork” initiative by saving providers an estimated 4.4 million hours previously spent on paperwork annually, with overall total provider savings projected to be approximately $8 billion over the next 10 years, giving physicians more time to spend with their patients.

Thousands upon thousands of regulations affect Medicare and Medicaid. CMS officials need to stay on the alert to determine where changes to obsolete, duplicative, or unnecessary requirements can be made to improve healthcare delivery and reduce unnecessary spending. An overall aim should be to improve patient care, jettison burdensome rules, and eliminate duplicative regulations. Voters would benefit from learning how political candidates for high public office would perform to achieve such objectives.
DEVELOPMENTS IN HIGHER EDUCATION

Apart from legislation that emerges on Capitol Hill, the regulatory arena plays a key role in determining how policies are implemented. A recent example occurred during the week of October 14, 2019 when the federal Office of Management and Budget (OMB) gave the necessary go ahead signal to the Department of Education’s final proposal to overhaul college accreditation. This approval means the final regulation likely will be published soon. The proposed rule is intended to ease some requirements that college accreditors must meet to obtain federal recognition, an important status that enables the institutions they accredit to be eligible for federal student aid. An ongoing criticism by the Trump Administration is that the existing college accreditation system is too costly and burdensome.

Protecting Students From Sudden College Closures
Throughout 2019, administrators at some small institutions have announced that their doors soon will be closed. Declining student enrollment and an inability to finance rising costs often are cited as reasons for this decision. In response, on October 3, 2019, Representatives Donna Shalala (D-FL), Peter King (R-NY) and Sean Casten (D-IL) introduced a bill aimed at protecting students in the event of the sudden closure of a higher education institution. As of October 22, the measure had 11 co-sponsors. Among its various provisions, the Stop College Act of 2019 (H.R. 4615) would require accrediting organizations to:

- Review teach-out plans and agreements when the accreditor is notified by the U.S. Department of Education (USDE) of problems pointing to the potential closure of a college or university, a state removes an institution’s license to operate, or accrediting organizations place an institution on probation, show-cause, or equivalent status.

- Monitor institutions whose ability to meet accreditation standards has declined, particularly related to financial responsibility requirements, as identified by USDE, an auditor or the accrediting organization, which may indicate that a closure is imminent.

- Respond to complaints, monitor, and assess an institution’s records of student complaints within 30 days and submit such complaints to USDE and state agencies when appropriate.

Reauthorization Of The Higher Education Act
This important piece of legislation last was reauthorized in 2008. Early in 2019, there were hopes that reauthorization would occur by the end of this year. Hearings were held, key issues were identified, and legislators in both political parties have strived to bring a comprehensive bill to fruition. On October 15, 2019 the House Committee on Education and Labor introduced the College Affordability Act (H.R. 4674), which is designed to achieve: a comprehensive overhaul of the higher education system that lowers the cost of college for students and families, improves the quality of higher education through stronger accountability, and expands opportunities by providing students the support and flexibility they need to succeed. Some of the main provisions under Title 1 of this proposed legislation are:

- Ensures programs lead to gainful employment

-Protects the integrity of non-profit institutions of higher education

- Improves available postsecondary data

- Improves the Federal Student Aid (FSA) office

- Establishes an enforcement unit
QUICK STAT (SHORT, TIMELY, AND TOPICAL)

Death Rates By Marital Status For Adults Age 25 And Older: United States, 2010-2017
A new report from the National Center for Health Statistics (NCHS) presents trends for 2010–2017 in age-adjusted death rates by marital status (married, never married, divorced, or widowed) at the time of death for adults aged 25 and over. The age-adjusted death rate for married persons aged 25 and over was lower than for those who were never married, divorced, or widowed. It declined 7% (839.8 per 100,000 U.S. standard population), while the rate for never-married persons also declined, by 2% (from 1,466.1 to 1,443.6). The rate for widowed persons was the highest of all marital status groups and increased 6% during the period, from 1,567.2 in 2010 to 1,656.9 in 2017. The rate for divorced persons aged 25 and over was stable during the period and was 1,368.8 in 2017. Rates for married men were the lowest of all marital status groups and declined 7% from 2010 (1,012.1) to 2017 (942.9) while for women, rates also declined 7% between 2010 (612.1) and 2017 (569.3).

Prevalence Of Screening For Social Determinants Of Health
Social needs are linked to health outcomes. Identifying patients with unmet social needs is a necessary first step to addressing these needs, yet little is known about the prevalence of screening. Most hospitals and physician practices don’t screen patients for social determinants of health such as food insecurity, housing instability, utility and transportation needs and interpersonal violence, according to a study described in the journal JAMA Network Open on September 18, 2019. Surveys administered from June 2017 to August 2018 to 2,190 physician practices and 739 hospitals found that about 16% of practices and 24% of hospitals reported screening for all five factors, while 8% of hospitals and 33% of practices screened for none. The most commonly screened-for factor was interpersonal violence, occurring at 75% of hospitals and 56% of practices. Almost 50% of academic hospitals reported screening, compared with 23% of hospitals overall. Facilities that serve economically disadvantaged patients were more likely to screen.

HEALTH TECHNOLOGY CORNER

Hierarchical Encoding Of Attended Auditory Objects In Multi-Talker Speech Perception
Humans easily can focus on one speaker in a multi-talker acoustic environment, but how different areas of the human auditory cortex (AC) represent the acoustic components of mixed speech is unknown. A team of Columbia University neuroengineers has uncovered the steps that take place in the brain to make this feat of picking out a single voice possible, according to an online article that became available in the journal Neuron on October 21, 2019. The discovery helps to solve a long-standing scientific question as to how the auditory cortex, the brain's listening center, can decode and amplify one voice over others -- at lightning-fast speeds. This new-found knowledge also stands to spur development of hearing-aid technologies and brain-computer interfaces that more closely resemble the brain. An end goal is to understand better how the brain enables individuals to hear so well, plus to create technologies so that stroke survivors can speak to loved ones, or to enable the hearing-impaired to converse more easily in a crowded setting.

Exergaming And Virtual Reality For Health: Implications For Cardiac Rehabilitation
According to an article published online September 12, 2019 in the journal Current Problems in Cardiology, cardiac rehabilitation (CR) programs focused on improving the health trajectory of patients with cardiovascular disease strive to increase physical activity (PA) and cardiorespiratory fitness. However, historically low compliance with recommended PA has prompted exploration of alternatives to traditional courses of exercise therapy. One alternative, exergaming, or the requirement of physical exercise inherent to a video game's activities, has shown to have a promising impact in improving patient self-efficacy for exercise training using digital hardware (eg, the Wii or the Xbox Kinect). Moreover, novel technologies in virtual reality can provide an engaging, immersive environment for exergaming techniques, maximizing goal-oriented training, and building self-efficacy for patients during CR. The concept of a “Clinical Arcade” is introduced as a new approach to integration of these techniques in CR care.
AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Preparing The Current And Future Health Care Workforce For Interprofessional Practice

The Health Resources & Services Administration published a report, "Preparing the Current and Future Health Care Workforce for Interprofessional Practice in Sustainable, Age-Friendly Health Systems," It is the 17th Annual Report authored by the Advisory Committee on Interdisciplinary Community-Based Linkages (ACICBL) to the Secretary of the United States Department of Health and Human Services and to the Congress. ACICBL is a Federal Advisory Committee that provides advice and recommendations to the Secretary on a broad range of issues dealing with programs and activities authorized under Title VII, Part D of the Public Health Service (PHS) Act. Recommendations provided in this iteration are designed to promote broad changes within the health care system to advance age-friendly practices, train the health care workforce in age-friendly care, and improve the care of older adults, while also facilitating the reduction of burnout and the promotion of wellness and resilience among health care providers. The report can be obtained at https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/community-based-linkages/reports/seventeenth-2019.pdf.

Integrating Social Care Into The Delivery Of Health Care

How can services that address social needs be integrated into clinical care? What kind of infrastructure will be needed to facilitate that integration? To begin answering such questions, the National Academies of Sciences, Engineering, and Medicine assembled an expert committee to examine the potential for integrating social care services into the delivery of health care with the ultimate goal of achieving better and more equitable health outcomes. The resulting report, Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation’s Health, identifies and assesses current and emerging approaches and recommends ways to expand and optimize social care in the health care setting. It can be obtained at http://nationalacademies.org/hmd/Reports/2019/integrating-social-care-into-the-delivery-of-health-care.

Older Americans’ Views On Navigating The Health Care System

A majority of older Americans who are ages 60+ (79%) are prepared to age well, but nearly 7 in 10 (68%) are at least somewhat concerned about their health as they age, and nearly half (46%) need assistance understanding their health insurance benefits once they have chosen a plan. A survey conducted by The Harris Poll, commissioned by Anthem, Inc. and the National Association of Area Agencies on Aging reveals that while most respondents are confident in some aspects of navigating the health care system, there is opportunity for better understanding of their benefits, bill, diagnosis, and treatment. Among the respondents, which included U.S. adults, 65% reported that they had some type of Medicare insurance coverage. The report can be obtained at https://www.thinkanthem.com/wp-content/uploads/2019/09/Older-Americans-Views-on-Navigating-the-Health-Care-System.pdf.

Survey On State And Local Income, Poverty, And Health Insurance Statistics

The U.S. Census Bureau released its most detailed look at America’s inhabitants, places, and economy. New state and local statistics on income, poverty, and health insurance are available in briefs, detailed tables, data profiles, and more. The American Community Survey (ACS) also produces statistics for more than 40 other topics. Results can be obtained at https://www.census.gov/newsroom/press-releases/2019/acs-1year.html.
EVIDENCE FOR LATINO PREFERENCES FOR METAPHOR AND ANALOGY

It is not too surprising to come to a realization that individuals from different cultures may be inclined to communicate and describe the world differently. A manuscript in the November 2019 issue of the *Personality and Social Psychology Bulletin* documents one such cultural difference previously unexplored by psychologists: receptiveness to metaphors. Spanish-speaking Latinos were contrasted with Anglo-Americans, Asian Americans, and Latinos who do not habitually speak Spanish. Across four experiments, the investigators showed that relative to these other groups, Spanish-speaking Latinos show stronger preferences for metaphoric definitions, better recall of metaphors, greater trust in both scientific and political arguments that use metaphor, and stronger liking for and desire to connect with persons who use metaphoric speech. Given the substantial representation of Latinos throughout the United States, it definitely is worth considering future directions and implications for improving cross-cultural communication.

Recognizing that Spanish-speaking Latinos display a relatively stronger preference for metaphors in defining abstract constructs and in demonstrating enhanced memory for metaphors in narratives, the findings are particularly relevant in the health care arena. Great emphasis is placed today on how health status is affected by social determinants. Language differences can have a decisive impact on the ability to achieve positive health outcomes. Thus, both from the perspective of patients describing their symptoms to health care practitioners and in their obtaining a greater understanding of diagnostic terminology, the use of metaphors is a tool that can play a highly valuable role.

PARKINSON’S DISEASE AFFECTS WOMEN AND MEN DIFFERENTLY

Not all demographic groups are affected by disease pathophysiology in the same way as shown in a review published in the August 2019 issue of the *Journal of Parkinson's Disease*. Growing evidence indicates that Parkinson's disease (PD) affects women and men differently. The article presents the most recent knowledge about these sex-related differences and highlights the significance of estrogens, which play an important role in the sex differences in PD. Although the risk of developing this disease is twice as high in men than women, it is women who experience a more rapid disease progression and a lower survival rate. By drawing attention to sex-related differences and disparities in PD, the investigators hope that recently gained knowledge will further encourage the scientific community and policy makers to foster the development of tailored interventions and the design of innovative programs – for example in care practices - that meet the distinct requirements of women and men with PD.

LEARNING ABOUT FIDGETING WHILE FIDGETING

Since it is more than quite likely that the editor of the Association’s newsletter experienced some fidgeting while preparing this edition, it is possible that some readers also could undergo something comparable while reading it. According to an article that was published in the October 2019 issue of the journal *Nature Neuroscience*, psychologists have ascribed fidgeting to boredom, a form of stress relief, or perhaps as a subconscious way to increase memory. Also, fidgeting may take place even when one seemingly is engaged actively in a task. It is unclear, however, the process by which fidgets go about modulating their neural activity across the brain. Certain brain regions drive actions (such as motor cortex) and many others receive this information (such as sensory areas), in part to distinguish self-generated from movements that are not self-generated. Investigators who participated in the study reported in the aforementioned publication show that in expert mice performing a task, movements that are not task-related dominate the single-trial neural activity. This finding is exciting because it underlines why measuring behavior and other variables are key for exploring the neural code. Apart from whatever value might be associated with this discovery, as an aside it also might be somewhat comforting to know that somewhere out there, a group of expert mice is working on our behalf to enhance a more human-oriented understanding of neural activity.