Function First

MINNESOTA OCCUPATIONAL THERAPY ASSOCIATION

Testimony in Favor of S.F. 411 On March 1, 2005
Presented by Karen M Sames, MBA, OTR/L
President of the Minnesota Occupational Therapy Association

I want to thank Senator Pappas and the Senate Higher Education Committee for proving the opportunity to give this testimony today. I am the President of the Minnesota Occupational Therapy Association, the only organization solely dedicated to the profession of occupational therapy practice in Minnesota. The Minnesota Occupational Therapy Association represents about 800 occupational therapists and occupational therapy assistants in Minnesota.

As you know, occupational therapy is the therapeutic use of everyday life activities, or occupations, for the purpose of helping people participate in self-care, care of others, work, play, education, and social activities that affect health, well-being and quality of life. Occupational therapists and occupational therapy assistants work in hospitals, long-term care facilities, clinics, home health agencies, schools and preschools, homeless shelters, and a variety of community based settings across Minnesota.

I am here to support SF 411 to allocate funds to keep the occupational therapy program at the University of Minnesota open and operating for the next 2 years. I hope that during the 2 years, a permanent home can be found for the program in a public, level I research institution in Minnesota.

The University of Minnesota is the only public option for students seeking a master's degree in occupational therapy. The College of St. Catherine in St. Paul, and the College of St. Scholastica in Duluth are private colleges offering a Master of Arts in Occupational Therapy. The University offers a Master of Science in Occupational Therapy. Having these two types of programs provides Minnesota with occupational therapists with diverse perspectives on the field.

The state of Minnesota is currently experiencing a shortfall in the numbers of occupational therapy personnel available to meet the demand for services. I have heard from several employers who are desperate to hire an occupational therapist, but after months of advertising in twin cities newspapers, have yet to get a single qualified applicant. I am hearing that some hospitals are delaying some procedures because there will not be an occupational therapist available for several weeks to treat the patients. The Minnesota Department of Employment and Economic Development estimates an increase in the projected employment of occupational therapists in Minnesota between 2000 and 2010 of 31.4%.

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The shortage of occupational therapists is occurring across the country. The National Association for Health Care Recruitment has documented a national vacancy rate for occupational therapists at11.33% (they consider a vacancy rate of 8% to be crisis level), while the Bernard Hodes Research Group (a health care analysis firm) estimates the vacancy rate to be 15.7% nationally. The U.S. Bureau of Labor Statistics lists occupational therapy as one of the fastest growing occupations, growing at a rate of 21-36% between now and 2010. A recent survey of occupational therapy program directors showed that 95% of new graduates have jobs within 6-8 weeks of graduation (AOTA, 2003). This is remarkable when considering that after graduating, students must pass a national certification test and apply for state licensure, which can take a month to complete after graduation.

There are several reasons for the increase in demand for occupational therapy personnel. One is the aging population. As people age, they are at increasing risk for strokes, hip fractures, and other conditions that can limit their ability to engage in the occupations that have participated in for years. Occupational therapists will be in demand not only as clinicians in hospitals and long-term care facilities, but as consultants in assisted living facilities and home modifications, and driver rehabilitation programs, and vision rehabilitation. At the other end of the age spectrum, the Individuals with Disabilities Education Act, (IDEA) is expanding the role of occupational therapy in the public schools. Finally, emerging markets for occupational therapists such as ergonomic consulting, accessibility consulting, and community-based services are adding to the demand for well-trained occupational therapists.

This is the wrong time to phase out the occupational therapy program at the University of Minnesota. The Minnesota Occupational Therapy Association wants the Program in Occupational Therapy at the University of Minnesota to remain open. We want there to be a public option for the education of occupational therapists in Minnesota. We want an occupational therapy program to be located at a level I research institution. Please support SF 411 to keep the program funded while the University considers options for the ongoing support of the program.

Thank you for your time. I'd be happy to answer any questions you have at this time.

Karen M Sames, MBA, OTR/L
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Senate Higher Education Finance Committee
Hearing on SF 0411 - Funding for Health Professional Programs
March 1, 2005, 12:00 P.M.

Donna J. Spannaus-Martin, Ph.D., Director and Associate Professor
Division of Medical Technology, University of Minnesota

Madame Chairman and Committee members,

I would like to speak to the need for Senate file 0411 as the Program Director of the Medical Technology Program. The term "medical technology" does not clearly describe the profession, so please allow me to first clarify who we are and what we do. Medical technologists are becoming more commonly known as clinical laboratory scientists. We are the professionals who perform the clinical testing upon which 70% of all diagnoses and treatment plans are based. This includes hundreds of different chemistry tests such as cholesterol and blood sugar concentration, drug testing, and testing for cardiac markers performed to confirm the presence of suspected heart attacks. We type and cross-match the units of blood and blood products given to surgery and cancer patients. We are the first health professionals to identify leukemic cells and anemias. We identify the micro-organisms causing infections and determine which antibiotics will be the most effective in treating them. There is not a single person in this room that has not benefitted from the work we do. In a bioterrorism event, we will be the healthcare professional that will isolate the organism and determine if it is anthrax or some other unusual organism. However, a recent report found that although Minnesota is one of the top six states in bioterrorism preparedness, one of the two areas where we are deficient is an inadequate number of laboratory professionals.[1]

The fact that it is necessary to explain the profession tells you some important things about our profession. Although we play a critical role in the healthcare team, we are not a very visible profession. Few students begin their college career with the intention of becoming a medical technologist. This makes recruitment of students into our profession a challenge. Yet in spite of these challenges, **the University of Minnesota's Medical Technology program is the largest program in the country.** While other programs are not filled to capacity, our program has a waiting list.

In addition, we have the highest percentage of students of color of any program in the Academic Health Center. Our senior class is 35% students of color and our junior class is 40% students of color. The senior class consists of students from nine different countries, the vast majority of whom are naturalized citizens and permanent residents. The Sullivan Commission's recent report, "Missing Persons: Minorities in the Health Professions," stated that the lack of racial diversity in the health-care professions directly threatens the health of at least one-third of the U.S. population, and indirectly hurts millions more.[2] The report goes on to say that colleges and universities could play a key role in reversing this trend. The Medical Technology Program at the University of Minnesota is a success story in addressing this issue. Other programs around the country look to our program as a model of how a medical technology program should work, both because of our student numbers and our student diversity.

I think one of the reasons for our success is the fact that we are an undergraduate healthcare program at the University of Minnesota. In our program's history, we have seen immigrants and children of immigrants come through our program with the intention of getting jobs in healthcare that will allow them to send their children or siblings through college and professional programs so they can then continue on in graduate health-care professions, such as physicians and dentists. Undergraduate health-care professional programs are an important and necessary first step in increasing the diversity of our health-care workforce. However, undergraduate healthcare programs, particularly laboratory courses, can be just as expensive as graduate programs to operate, and undergraduate tuition is about one-third of graduate tuition, or less when compared to tuition for graduate professional programs. For this reason, we have seen closure of medical technology/clinical laboratory science programs, particularly hospital-based programs as healthcare organizations look at ways to decrease their costs. However, the closure of these programs is short-sighted as we look at the increasing workforce shortage. In the late 1990s, Duke University decided it was too expensive to continue to operate their clinical laboratory science

program, and they closed their doors. Within the year, they realized what a mistake it was to have eliminated this program and they asked the former program director, Dr. Margaret Schmidt, to determine what the costs would be to start the program up again. When she gave them her estimate, they determined beginning a new program was cost-prohibitive, and they could not re-start their clinical laboratory program. When the University of Minnesota has one of the premier medical technology programs in the country and the primary provider of medical technologists for the state, I would not want to see the University of Minnesota repeat Duke's mistake.

Just as the shortage of laboratory professionals worsens, the shortage of educators for the profession is even more acute. Today, the faculty are not available to open up many new programs to meet the needs of the State. Maintaining the University of Minnesota's Medical Technology program as a flagship program to provide didactic courses online, and development of the laboratory component at satellite campuses such as St. Cloud University and the University of Minnesota, Duluth, would be a much wiser use of our available resources. It is only through collaboration between the University of Minnesota, MnSCU, and the hospital systems that we can begin to address the laboratory workforce needs of the State of Minnesota.

The University has been told for the past thirty years, in task force after task force, that a School of Allied Health or School of Health Professions is needed. My predecessor, Dr. Karen Karni, who is in the audience today, chaired the 1997 task force charged by Dr. Frank Cerra to determine the need for a School of Allied Health at the University of Minnesota. As I understand it, the primary reason this has not come to pass is budgetary. Recently, the Medical School changed their mission so it relates only to their core mission, the training of physicians. The Medical Technology Program and other health professions are no longer viewed as being part of that core mission. Therefore, it becomes even more imperative to consider the formation of a School of Health Professions so we do not lose these professions. As the primary provider of baccalaureate degreed clinical laboratory professionals, the Medical Technology Program is critical in meeting the healthcare needs of the State of Minnesota. It can also play a key role in the development of the biotechnology workforce needs of Minnesota. The Division of Medical Technology frequently receives calls from biotechnology companies asking for names of recent graduates of the program, because, in the words of one CEO, medical technologists have the skill sets necessary to understand and perform quality control and quality assurance needed in the biotechnology industry.

In summary, I also urge you to support Senate file 0411. Every citizen in the State of Minnesota will benefit if we are able to maintain and enhance the current level of medical technology training that we now have. It has been stated that the workforce shortages in allied health will dwarf the nursing shortage.[3] Your support will allow the Medical Technology Program to continue to work to meet the workforce needs of the State of Minnesota, as options for collaborative expansion are explored. Thank you for allowing me the time to speak to you.

1. *Ready or Not? Protecting the Public's Health in the Age of Bioterrorism 2004.* Prepared by the Trust for America's Health. http://healthyamericans.org/reports/bioterror04.

2. *Missing Persons: Minorities in the Health Professions.* The Sullivan Commission, September 20, 2004. http://www.sullivancommission.org.

3. *Centering on ... the Stealth Health Care Workforce Crisis.* The Center for the Health Professions, University of California, San Francisco, July, 2004. http://www.futurehealth.ucsf.edu/from_the_director_0704.html.

Task Force on the Allied Health Professions – 1997
A Summary

In September of 1997 the Task Force on the Allied Health Professions recommended to Dr. Frank Cerra, Senior Vice President for Health Sciences, as a first priority that "a school or college initially encompassing the five existing allied health professions (physical therapy, occupational therapy, mortuary science, medical technology, and health informatics) be established with a dean reporting to the senior vice president for the Health Sciences, and five departments organized within the school or college."

Currently, there are at least 150 schools or colleges of allied health in the nation, including those at the University of Illinois, Indiana University, Ohio State University, University of Florida, University of New York at Syracuse, University of Kentucky, St. Louis University, University of Missouri, Louisiana State University, University of Alabama, and others.

The 1997 Task Force was initiated by Dr. Cerra to: identify allied health programs, assess their accreditation/credentialing criteria, contributions to the AHC mission; examine organizational structures within the AHC to enhance their effectiveness; and to make recommendations concerning such organizational structures. The Task Force was selected by Dr. Cerra and included program directors, an associate dean of both the Medical School and Veterinary Medicine, and the dean of the Dental School.

The Task Force's recommendations followed an assessment that concluded:

"Within the University AHC/Medical School, these programs have not always been granted the visibility nor the support they have been awarded nationally. All rank among the top ten in the nation, often within the top five. However, when budget cuts have occurred, these programs have been served a disproportionate cut even though each of them serves a critical and unduplicated role in the infrastructure of health care in the State of Minnesota. Moreover, their very viability has been threatened. For example, in mortuary science, discontinuation was recommended by the Commitment to Focus Report (1986); in occupational therapy—discontinuation was advised by the Dean of the Medical School (1991); in medical technology and health informatics—proposed program cuts threatened closure in 1997, and these threats continue today."

One notes, too, that the 1997 Task Force was one of several in the past three decades to examine an appropriate structure for allied health. In 1970 an External Committee on Governance of University Health Sciences, and comprised of leading U.S. health educators also recommended the establishment of a separate school of allied health within the Academic Health Center. Whether objections were raised by deans of other schools/colleges within the AHC to the formation of a seventh school are unknown. But the allied health programs have continued without an organizational base, despite their excellence in research, teaching and outreach activities.

The allied health programs are not duplicated within the MNSCU system in Minnesota. To establish them there would be very expensive in terms of start-up funds and recruitment of faculty. Most graduates of U of MN programs remain in the state, enhancing the health of its citizens in a variety of health care and educational settings. Shortages of graduates have intensified and are expected to continue with the graying of our population and the retirement of practitioners.

Our allied health programs wish to remain with the University of Minnesota for a number of reasons:

- the excellence of basic science courses offered by U of M faculty, especially in anatomy, biochemistry, microbiology, physiology, and pathology;
- strength of the Biomedical Library and corollary services offered within Diehl Hall;
- collaborative research activities;
- access to patients and clinical materials/information;
- opportunity to share resources with colleagues and staff of the University;
- recruitment of students of excellence, including minorities and the under-represented.

In April 1998 over six months after the Task Force completed its report, Dr. Cerra responded by stating that a separate college of allied health would not be formed, and that programs would remain in their current departments. This conclusion was made despite his written comments to task force members:

"The programs in allied health in the AHC serve a critical and valuable service to the mission of the AHC and the University. They are, individually and collectively, outstanding programs in their fields. Each ranks in the top ten in the nation in their disciplines and in many cases provides educational opportunities and scholarly productivity unique in Minnesota."

And "the allied health programs are necessary and valued parts of the AHC and its mission. I remain committed to working to assure a strong future for those programs in the AHC."

Since our 1997 Report, severe cuts have occurred to medical technology, and occupational therapy was requested to not accept a class in 2005. The Provost has also stated publicly that all of allied health should be moved to the MNSCU system. It appears then that these programs, which serve the state and University very well, and comprise less than 0.5% of the AHC budget, are being targeted for extinction. This is a tragedy!

Submitted by Karen R. Karni, Ph.D., Professor Emeritus
1997 Allied Health Task Force Chair
Medical Technology Program Director 1984-2000

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Submitted by Karen R. Karni, Ph.D., Professor Emeritus
1997 Allied Health Task Force Chair
Medical Technology Program Director 1984-2000

Testimony to the Senate Higher Education Committee
Chair: Sandra L. Pappas
March 1,2005

Peggy M Martin, MS, OTR/L
Director, Program in Occupational Therapy
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Senator Pappas and Committee members,

I speak to you in support of Senate File 0411. This bill seeks a one-time appropriation of funds to partially support the Program in Occupational Therapy and Medical Technology for the next biennium. I am the Director of the Program in Occupational Therapy at the University of Minnesota.

I want to tell you why we need this bill. I realize that the Legislature tries NOT to micromanage the workings of the University and that this bill could be mis-perceived as "meddling" in University business. However, the University has no organizational structure that supports the presence of associated health professions education, much less their growth. Programs that prepare associated health professionals are scattered throughout the University with the majority of them residing outside of the Medical School. Occupational Therapy is one of four programs that are located in the Medical School. A review of these four programs was conducted by the Medical School in 2002-2003. The executive summary of the Report states:

> It was felt by the Committee that all four allied health programs would be better served within an alternative organizational structure. Assistance with advancing scholarly activities of the faculty, decisions regarding financial and operational issues, and planning for the overall success of the programs are largely missing. The Departments to which these programs report, are primarily focused on issues related to the medical subspecialty they represent, rather than the allied health education program, which in most cases, has a limited, if any, relationship to their Medical School Department.
>
> There has been recurring discussion over the years regarding the optimal organizational structure for the allied health programs. Unfortunately, this has been a contributing factor in the lack of direction and support that these programs require to be successful at the University of Minnesota" (Report of the Medical School Allied Health Programs Review Committee, October 2003, p 1)

In a climate of organizational change, the Medical School redefined its mission, stating that its primary educational mission is to prepare physicians (www.meded.umn.edu/about/mission.htm, last modified August 20, 2004; retrieved, 3/1/05). The Academic Health Center, the organizational structure that surrounds the Medical School, defines itself as ".... the disciplines of medicine, dentistry, nursing, pharmacy, public health, and veterinary medicine" (www.ahc.umn.edu, retrieved 2/28/05). Allied health professions are not even on the list.

Yet allied health professionals provide a valued service to the health care of Minnesotans. State and federal projections suggest a shortage of allied health professionals now and in the future (Minnesota Employment Outlook by Occupation, 2000-2010; U.S. Department of Labor: Bureau of Labor Statistics, 2004). Certainly in occupational therapy, this is true. Population demographics indicate a population that is increasingly old and afflicted with chronic health conditions. As a profession that assists people to

fully engage in daily life, Occupational Therapy directly aligns with these population demographics. Living with chronic conditions is part of our future. Occupational therapists are leaders in helping people live after injury, disease, or chronic impairment. Minnesota needs occupational therapy professionals within the health care work force.

So why should the Program in Occupational Therapy remain at the University of Minnesota?

First, the Program at the University of Minnesota is the only public option in the state. As a public option it is more accessible to a diverse student group. Twenty six percent of the current class in Occupational Therapy self-identify as belonging to under-represented groups as defined by the University. Increasing diversity in the health care workforce is one strategy aimed at improving the health care of all people. Relocation of the program to an area outside of the metro region would likely decrease the diversity seen in student classes. If there is only one public option, it is best placed in an accessible location for all future students. Absence of the Program prevents a public choice.

Second, it is more expensive to start a new program than to support development of the existing program. Accreditation fees and start up costs would approximate state support for one year alone. The Program in Occupational Therapy annually receives $262,000 in state and Tobacco support. Loss of the Program means that the University loses $760,000 in annual tuition (with 3 full classes), $93,000 external support (5 year annual average), $6000 continuing education (5 year annual average), and $67,000 donor support (5 year annual average). Given that the total operating budget of the program in OT is conservatively, $800,000 per year, the University stands to lose more than it gains. These numbers do not include the loss of Human Capital associated with future collaborative projects and new program development that is likely to occur at the Twin Cities campus. Experiences this past year alone have initiated collaborative partnerships in ways that will have large future pay-off should the program be allowed to remain in existence.

Third, the Program in Occupational Therapy is a large contributor to new knowledge of rehabilitation. At the entry-level, all Occupational Therapy students are required to learn research. This accreditation requirement was added in 1998 because of the leadership roles played by Occupational Therapists in practice (Standards for The Accreditation of Occupational Therapy Education, 1998). Thirty percent of the research conducted by Occupational Therapy students from the University of Minnesota has resulted in scholarly presentation. Of these, 6% of the research projects have resulted in peer-reviewed publications. We are proud of the scholarly contributions made by students of the Program in Occupational Therapy. In addition, faculty members contribute scholarly knowledge. Fifty percent of our faculty are doctorally prepared when the national average is 44%. Soon we hope to have 70% of our faculty awarded with doctoral degrees. Two of our six faculty are tenured at the associate professor rank, which is an internal sign of our program's research strength. All professions and professional education programs evolve. With adequate support, occupational therapy will continue its growth into a productive center of excellence. Occupational Therapy faculty ought to be included in the community of scholars that is the University of Minnesota. Should the Program in Occupational Therapy be relocated it is unlikely the new institution will attract faculty of the same caliber that is already in place at the University. Human Capital in the form of occupational therapy researchers will be lost.

Lastly, the University offers the potential of rich interdisciplinary learning experiences for its students. Loss of any health professions education program changes these interdisciplinary team learning opportunities. Deciding which health professions are most important to the interdisciplinary team is based on values and beliefs. Practice in a managed care environment requires changing perceptions of health care teams and the roles traditionally played by individuals on these teams. Occupational Therapists play a leadership role in teams that serve individuals with chronic health conditions. Loss of

the Program in Occupational Therapy will result in the loss of interdisciplinary student learning experiences that mirror future health care practice.

The recent decision of the Medical School to stop admissions into the Program in Occupational Therapy results in two dilemmas: 1) Ought the research vision be supported at the expense of needed entry-level work force preparation? and 2) In a climate of reduced resources what criteria ought to be used to allocate resources to educational programs? I believe that the Program in Occupational Therapy ought to remain at the research University.

Passage of SF 0411 would

1. give a public message to administration of the University to maintain health professions programs;

2. provide funds to help offset the financial loss of next year's class of students caused by the directive to halt admissions;

3. support the development of a collaborative partnership that allows maintenance of the Program in Occupational Therapy at the University of Minnesota while simultaneously supporting expansion into needed areas of outreach;

4. give support for a transition of the Program in Occupational Therapy to a different location within the University. A proposal has been submitted and is under review by administration of the College of Education and Human Development. This college has a strong record of supporting programs that serve people with disabilities.

In summary, I urge you to support senate file 0411. The Program in Occupational Therapy is threatened with closure. Your support could allow a needed program to continue. Thank you for your time and consideration of this request.

FACT SHEET for LEGISLATORS

University of Minnesota, Program in Occupational Therapy

The Problem

- Dr. Deborah Powell, Dean of the Medical School, formally directed Peggy Martin, Director of the Program in Occupational Therapy, to stop recruiting and accepting occupational therapy students for the next class (Fall 2005).

- Dean Powell has indicated that her decision rests on three factors: mission, finance, and the presence of other OT programs in the state. She believes that the Program in Occupational Therapy is not within the core mission of the Medical School.

- The Program is considering alternative placements, but such negotiations require several months to formalize. Tuition loss from even one year of students reduces the Program's fiscal stability, a condition that may be necessary for program relocation.

Finances

- Administration estimates that closing the Program in Occupational Therapy will save the Medical School approximately $230,000 in state funding per year. State funding accounts for only 30% of the program's budget. This is a small price to pay while the costs to current and future University of Minnesota students and to Minnesota health care are high. If the University stops contributing to Minnesota's occupational therapy workforce, there will be fewer OTs to treat Minnesotans, and health care access and quality will suffer.

- A national unique dip in enrollments occurred in response to the Balanced Budget Act of 1997 when managed care principles were first applied to long-term care. The Program swiftly rebounded from a five year dip in enrollments and anticipated a full class for 2005. Although the Program experienced less than full classes for the first time in 58 years, the use of foundation dollars prevented additional fiscal burden on the Medical School.

- Although the Medical School stands to gain $230,000, the University stands to lose $760,000 annual tuition (with 3 full classes), $93,000 external grant support (5 year average), $6,000 continuing education (5 year average) and $67,000 donor support (5 year average). These numbers do not include the loss of human capital associated with collaborative projects and new program development.

Placement of the Program at a Public Research-based Institution

- The UM Program in Occupational Therapy was established in 1946, 58 years ago. It is the only ***public*** program in the state and the only program located within a research institution. The other programs are at College of St. Catherine in St. Paul and the College of St. Scholastica in Duluth, both private Catholic liberal arts institutions. Our students choose the UM Occupational Therapy program for economic, religious, and personal reasons. We know that many Minnesotans forced to leave the state to obtain a public education often do not return to serve the state's needs.

- Projected population demographics include fewer higher school students entering college, and those who enter will be increasingly diverse. A ***public*** program is needed to maximize the presence of under-represented groups in occupational therapy. 26% of the current class of occupational therapy students self-identifies as belonging to under-represented groups.

- A Program in Occupational Therapy located in a research institution is needed to develop future Occupational Therapy faculty and researchers. Nationally, only 44% of all faculty members of OT Programs are prepared with doctoral degrees. The presence of an OT Program at the University would support doctoral education of occupational therapists seeking higher education degrees. Doctoral degrees are used by practitioners and faculty to develop new knowledge and healthy living of persons with disabilities. Results of this research are used to enhance the independence and quality of life of persons with disabilities by enabling increased participation in community life.

For further information contact the Program in Occupational Therapy, University of Minnesota, 612-626-5887, otprog@umn.edu

2/11/2005

Workforce Demand

- **Minnesota Employment Outlook by Occupation, 2000-2010**
  Projects Occupational Therapists' jobs will increase by 31.4% through 2010. Approximately 30% of the fastest growing occupations in MN are in the Allied Health Professions.
  http://www.deed.state.mn.us/lmi/tools/projections/display.asp?geog=2701000000Minnesota&data=21020&code=291122

  National data indicates that 96% of all OT graduates find employment within 8 weeks of graduation. Virtually all graduates of the Program at the U indicate employment within 6 weeks of graduation.

- **U.S. Department of Labor: Bureau of Labor Statistics (2004)**
  Fastest Growing Occupations, 2002-2012, lists Occupational Therapy as one of 30 fastest growing professions in USA and projects that occupational therapists' jobs will increase by 35% (29,000 jobs) through 2012.

  About 50% of the fastest growing occupations in the US are in the Allied Health Professions
  (*Note: Physicians, nursing, and pharmacy are not included in this list)

  "Employment of occupational therapists is expected to increase faster than the average for all occupations through 2012.
  (Occupational Outlook Handbook, 2004, http://bls.gov/oco/ocos078.htm)

- **Center for Health Professions (2004)**
  "And as important as shortages in pharmacy, medicine, and even dentistry might become, they will also fail to reach the depths of the looming crisis in the allied health professions."

  "Because allied health programs are more likely to be located in public education settings and, like most health professional education programs, are expensive to operate, they are susceptible to budget shortfalls at the state or institutional level. This has put pressure on allied health programs; when issues arise it may be easier to close these programs than their nursing counterparts."

  "Because of its inherent invisibility, allied health is the sleeper workforce crisis."
  (The Center for the Health Professions, University of California, San Francisco, http://www.futurehealth.ucsf.edu/from_the_director_0704.html)

- **The Growing Need for Occupational Therapy**
  1. Growth in the population 75 years and older—an age group that suffers from high incidences of disabling conditions and the aging baby boomer generation will increase the number of elderly needing services. Long term care settings are the largest employer of occupational therapists.

  2. Technological advances are saving more high risk, premature infants who need occupational therapy services to aid normal development.

  3. More efficient and effective medical care is saving victims of trauma who need therapy services to regain independence.

  4. Employment growth in schools will continue to rise from the expansion of the school-age population and extended services for disabled and at-risk students. At this time, schools are the second largest employer of occupational therapists.

  5. There is an increased need for occupational therapists to rehabilitate members of the US armed forces wounded in Iraq and Afghanistan.

THE CHRONICLE OF HIGHER EDUCATION

Today's News

Monday, September 20, 2004

Report Urges Colleges to Help Deal With Lack of Diversity in Health Care

By KATHERINE S. MANGAN

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A lack of racial diversity in the health-care professions directly threatens the health of at least one-third of the U.S. population, and indirectly hurts millions more, according to a report being released today. Colleges and universities could play a key role in reversing the trend, the report states.

The report was prepared by a commission led by a former U.S. secretary of health and human services, Louis W. Sullivan, who is also a president emeritus of the Morehouse School of Medicine.

"Access to health professions remains largely separate and unequal," Dr. Sullivan said in a written statement. "We know that minority physicians, dentists, and nurses are more likely to serve minority and medically underserved populations, yet there is a severe shortage of minorities in the health professions. ... Without much more diversity in the health work force, minorities will continue to suffer."

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So will everyone else, Dr. Sullivan added in an interview on Friday. "A healthy population is more prosperous and requires fewer social services," he said.

Black, Hispanic, and American Indian people make up more than 25 percent of the U.S. population, but they account for only 6 percent of the nation's physicians, 9 percent of its nurses, and 5 percent of its dentists.

Similar disparities exist on the faculties of the professional schools for those occupations. Just 4 percent of the faculty members at American medical schools are members of underrepresented minority groups. In baccalaureate nursing schools, the figure is less than 10 percent, and at dental schools, it's 9 percent.

The report recommends steps to make education and training more

affordable and attainable for minority students, including shifting from student loans to scholarships, reducing reliance on standardized tests, and strengthening the role of two-year colleges in training minority health-care workers.

"This is not a problem that is going to go away in a year or two," Dr. Sullivan said in the interview. "It's going to require a sustained societal commitment."

A report released in February by the National Academies' Institute of Medicine called on health-professions schools to act immediately to reverse the shortage of minority health professionals. Otherwise, the report concluded, members of minority groups will continue to get sicker and receive poorer care than the rest of the population (*The Chronicle,* February 20).

In the report being released today, the Sullivan Commission on Diversity in the Healthcare Workforce echoes that warning, citing cancer, heart disease, AIDS, and diabetes as a few of the health problems that are less likely to be adequately treated, and more likely to be fatal, in minority patients. Compounding the problem, some 44 million Americans lack health insurance, the report adds.

The 16-member commission, which includes health, business, legal, and other leaders, began last year as an outgrowth of a grant from the W.K. Kellogg Foundation to Duke University's School of Medicine. It sought public input by holding six hearings around the country.

The commission praised several projects designed to deal with the problem, including an alliance of two medical centers, five historically black colleges in Virginia, and a Virginia community college. The alliance will encourage student and faculty exchanges, as well as collaborative grant proposals.

The Sullivan Commission's report, "Missing Persons: Minorities in the Health Professions," is scheduled to be posted online today on the commission's Web site.

Background articles from *The Chronicle:*

- Health Care Needs Diversity, Report Says (2/20/2004)
- Getting Doctors Into Poor Communities (6/27/2003)

MEDICAL TECHNOLOGY CLASS OF 2005

Senators Marty, Kubly, Berglin and Chaudhary introduced--

S.F. No. 411: Referred to the Committee on Finance.

A bill for an act

relating to the University of Minnesota; providing funding for health professional programs; appropriating money.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. [UNIVERSITY OF MINNESOTA HEALTH PROFESSIONAL PROGRAMS; APPROPRIATION.]

$..... is appropriated from the general fund to the Board of Regents of the University of Minnesota for the biennium ending June 30, 2007, for health professional programs within the academic health center. Of the amount appropriated:

(1) $..... is for the occupational therapy program; and

(2) $..... is for the medical technology program.

Senator Solon introduced--

S.F. No. 246: Referred to the Committee on Finance.

A bill for an act

relating to higher education; regulating tuition and fees paid by Wisconsin reciprocity students attending the University of Minnesota; amending Minnesota Statutes 2004, section 136A.08, subdivision 3.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. Minnesota Statutes 2004, section 136A.08, subdivision 3, is amended to read:

Subd. 3. [WISCONSIN.] (a) A higher education reciprocity agreement with the state of Wisconsin may include provision for the transfer of funds between Minnesota and Wisconsin. If this provision is included, the amount of funds to be transferred shall be determined according to a formula which is mutually acceptable to the office and a duly designated agency representing Wisconsin. The formula shall recognize differences in tuition rates between the two states and the number of students attending institutions in each state under the agreement. Any payments to Minnesota by Wisconsin shall be deposited by the office in the general fund of the state treasury. The amount required for the payments shall be certified by the director of the office to the commissioner of finance annually.

(b) Commencing with the fall term of the 2008-2009 academic year for students attending the University of Minnesota on or after that term, a Wisconsin resident meeting tuition

reciprocity requirements must pay a tuition rate that is at least equal to the resident tuition rate. Increased tuition revenue generated by this paragraph shall be retained by the campus attended by the Wisconsin resident.

Sec. 2. [PHASE-IN.]

The requirement in section 1 that a Wisconsin resident attending the University of Minnesota be charged a tuition rate at least equal to the resident rate shall be phased in commencing with the fall 2005-2006 term so that the difference between the tuition rate for Wisconsin residents and Minnesota residents attending the University of Minnesota is reduced by 25 percent for the 2005-2006 academic year; 50 percent for the 2006-2007 academic year; and 75 percent for the 2007-2008 academic year. This section applies if a Wisconsin resident is charged a lower tuition rate than a Minnesota resident. This section does not prohibit a higher tuition rate for a Wisconsin resident than a Minnesota resident attending the University of Minnesota. Any increase in tuition revenue generated by this section shall be retained by the campus attended by the Wisconsin resident.

Sec. 3. [EFFECTIVE DATE.]

Sections 1 and 2 are effective the day following final enactment.

The Teacher Center
Minnesota State Colleges and Universities
SF 1276

The Teaching Commission report, *Teaching at Risk: A Call to Action,* notes that, "Nothing is more vital to our future than ensuring that we attract and retain the best teachers in our public schools." The Minnesota State Colleges and Universities Teacher Center will offer opportunities throughout the state for educating new teachers and supporting their professional growth and development throughout their careers. It will serve teachers, schools, and districts by providing both face-to-face and online programs and services.

What is the Teacher Center?

- The Teacher Center is a collaborative among the seven state universities designed to leverage institutional strengths and resources to meet the varied and increasing needs of K-12 teachers, students, and schools. It will grow to involve two-year colleges that provide the first two years of a teacher licensure program.
- The Teacher Center is not a building or physical place, but rather will offer programs in existing sites (schools, community locations, and campuses) throughout the state.
- Programs offered through the Teacher Center will be accessible online, in classrooms and workshops, or through a blend of online and face-to-face instruction.
- The Teacher Center will serve as a clearinghouse, using the internet to make information about Minnesota State Colleges and Universities teacher education opportunities and faculty expertise readily accessible.

What are the benefits?

- *Responsive* – able to respond quickly and help P-12 schools meet 21st Century needs and expectations
- *Synergistic* – enhancing the combined resources of seven teacher education programs through new and expanded collaborations
- *Efficient* – maximizing the use of existing resources
- *Customer-focused and need based* – responsive to:
    - Statewide needs for more science, math, and special education teachers, closing the achievement gap, meeting requirements of No Child Left Behind
    - School needs for staff development to improve student learning
    - Individual teacher needs for career growth and flexibility

What has been accomplished to date?

- The Office of the Chancellor reallocated funds to establish the Center in FY 2005.
- Each state university named a half-time campus coordinator and provided funding to match the system allocation, and a project director was hired to manage start-up.
- A website is under development and planning of print materials has begun.
- A needs assessment is underway via a statewide survey of teachers and administrators being conducted in partnership with Education Minnesota, the Minnesota Association of School Administrators, and regional collaborations.

What Will Senate File 1276 Accomplish?

- It will provide $3 million to move The Teacher Center from start-up to implementation, including the development and delivery of collaborative programs and services and a website to provide information about them.
- It will support an infrastructure that concentrates resources on campuses, enabling them to continuously identify individual, school, and district needs and respond to those needs with new or revised workshops, courses, programs, and services.

Senator Tomassoni introduced--

S.F. No. 1276: Referred to the Committee on Finance.

A bill for an act

relating to higher education; appropriating money to the Board of Trustees of the Minnesota State College and Universities for the teacher center.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. [APPROPRIATION.]

$3,000,000 is appropriated from the general fund to the Board of Trustees of the Minnesota State Colleges and Universities for the fiscal biennium ending June 30, 2007, for continued development of the teacher center for preparation of preschool, elementary, and secondary teachers.

Senator Tomassoni introduced--

S.F. No. 1277: Referred to the Committee on Finance.

A bill for an act

relating to higher education; appropriating money for repairs at the Minnesota State Colleges and Universities.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. [APPROPRIATION.]

$11,000,000 is appropriated from the general fund for the fiscal biennium ending June 30, 2007, to the Board of Trustees of the Minnesota State Colleges and Universities for repair and replacement projects within college and university buildings and infrastructure.