



Health Professions Network

1995 – 2005

Ten Years of Accomplishments



Communication

consensus

and advocacy

on behalf of allied health professionals.

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In the Beginning...

In 1995, as the Clinton Administration health care reform movement was unfolding, allied health by name and definition was noticeably absent from the documents that were being produced. Additionally, representatives from the various allied health professions, including those representing a large proportion of the health care human resources, were not included in policy-making discussions.

Realizing the importance of inclusion and recognition of allied health professions during this critical time in the nation's history, a few visionary leaders convened the first gathering of allied health professions for the sole purpose of discussion and collaboration. An over-arching conclusion resulted from that initial coalition of leaders: that allied health professionals, who comprise the majority of the health care workforce, would remain under-represented unless they began to work together and build networks to achieve common goals. Only then could allied health collectively gain recognition from policy makers and national leaders in health care.

The allied health coalition recognized that individual professional groups lack the impact of a collaborative network, and all participants wanted to contribute to an effort that would inform policy makers of the value that allied health professions add to the nation's health care system.

This was a significant turning point for allied health professions. Collaboration was needed to ensure continued support and funding for professions that, if gone unrecognized, could be in jeopardy. If allied health professions were not considered as appropriate for reimbursable services or federal funding, allied health education programs could be eliminated and professions could become obsolete.

The political and economic climate in health care at this time was primed for spending less money on multi-skilled providers if specialized allied health professionals were no longer available. Non-credentialed personnel with minimal, if any, formal specialized training were being prepared to perform procedures that previously had been reserved for more educated and credentialed individuals. Extensive preparation and commensurate licensure or certification verifying skill level were leveraged against providing care for less cost.

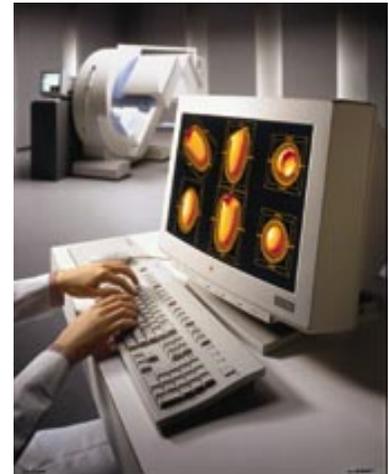
In the face of these many challenges, the allied health leadership recognized the need not only for cohesiveness but also for communication. A network of professional organizations could collectively keep informed more efficiently and effectively than any one individual organization. Also, individual groups could stay on the lookout for any

changes affecting another profession or the allied health community, in general. Most importantly, a network would allow for a single, strong voice to advocate for allied health.

The result of this discussion was a loosely structured “organization of organizations” intended to promote recognition of the value and importance of the allied health professions and communicate collaboratively to advocate for allied health as a whole. Thus, the Health Professions Network was formed.

Early Accomplishments...

The first meeting of the Health Professions Network was held in August 1995 in Norfolk, Virginia. This meeting, and all subsequent meetings, was held as a FAM trip, sponsored by the host city, to decrease costs to participating organizations and provide opportunities for informal socializing and networking. (Note: “FAM” is short for “familiarization”, a chance for visitors to become familiar with the host city, usually at the expense of the host city, and consider bringing future meetings and conferences to that location.) Participants who attended discussed critical issues that were currently being discussed among the health care provider community, including:



- The National Commission on Allied Health report, and the recommendations from six recent national conferences on allied health issues.
- Interdisciplinary Education – Opportunities and Challenges
- Allied Health in the Future: The Impact of Technology on Education and Practice, based on *Megatrends* by John Naisbitt
- Tensions in Health Care reported in the Pew Health Professions Report

After careful review of these topics and presentation, meeting participants confirmed the need for collaboration among the allied health professions and agreed to the following:

1. An allied health group will be formed and it will be referred to as the Health Professions Network (referred to as the ‘Network’ until 1998).

2. The Network will be an informal gathering of health professional organization members to share information and learn about the role that each organization plays in the health care arena.
3. The Network will have a Coordinating Team, composed of representatives from the participating organizations, whose mission will be to move the network forward, plan meetings, and oversee the general operation of the organization.
4. Two conferences should be held in 1996 (and each year thereafter): 1) a regular meeting of the Network to continue to examine substantive issues and 2) a meeting to bring together leaders from the various allied health professional associations for presentations on topics of critical interest to the allied health community.
5. All health organizations can participate in the Network through their representatives, usually the president, or other elected officer, board member and executive staff representative. Participants will not be charged dues to participate, there will not be a formal organizational structure, and participating organizations will provide in-kind services. The 'non-structure' of HPN allows an unlimited number of health professional organizations and individuals to join.

Conference calls and a second meeting in February 1996 in Houston, Texas were convened to process to further define the Health Professions Network, and its policies to address identity, data collection and communication.

A third meeting of the Health Professions Network was held in the fall of 1996 in Long Beach, California. Critical allied health issues were again discussed through speaker presentations, small group discussions and networking. At this meeting, teams were created to facilitate further exploration of topics requiring additional action. Teams were established with a Team Leader and team members with the expectation that teams would work via phone conferencing and email communication during the break between Network meetings. Results of team work would be reported to Health Professions Network participants at the next meeting. The first teams to be created, in addition to the Coordinating Team, included:

1. Identity Team: educate the general public and health care stakeholders about allied health and its professions
2. Education and Training Team: explore an allied health core curriculum and encourage organizations to include "interdisciplinary collaboration" in individual strategic plans
3. Workforce Team: consider standardized tools and competencies encompassing the majority of allied health professions.
4. Data Team: gather demographics of the Health Professions Network including credentialing requirements.

The Health Professions Network continued to meet in the early years to build a trusting collaborative and to discuss health care issues of national importance.

New Challenges and the Need for Advocacy

In 1997, the *Quality First: Better Health for All Americans* final report to the President of the United States, then Bill Clinton, was published and distributed. Quotes from the document's *Chapter 13: Engaging the Health Care Workforce, Recommendations* included:

The training of physicians, nurses, and other health care workers must change to meet the demands of a changing health care industry.

The array of institutions that educate the health care workforce... need to embrace change if they are to succeed in preparing the next generation of physicians, nurses, paraprofessionals and other health care workers.

Nurses will require new skills.

New roles of paraprofessional health workers (will be required).

(There will be) new demands on unlicensed paraprofessional workers.

Although this document did mention paraprofessionals, allied health was omitted. By not acknowledging the allied health professionals, the Quality First report underscored the need for the Health Professions Network to increase awareness of allied health among policy makers, consumers, funding agencies, physicians and employers.

During the fall 1997 Health Professions Network Meeting, September 11-14 in Birmingham, AL, the Network determined that advocacy must become a primary role of the organization. An Advocacy Team was established to promote allied health and to seek participation of the Network on federal advisory groups and other bodies that set policy impacting health care professionals and the services they provide.

Due to its continuing growth and the diversity of issues it was attempting to impact, the Health Professions Network thought it imperative to organize a strategic planning session. The Network convened in the spring of 1998 in Albuquerque, New Mexico, where a facilitator led participants' discussion surrounding the future goals for the Network. During this meeting a work plan was created that included establishing or locating a core curriculum for allied health, building a legislative network among the participating associations and building a network Web site which might provide information on licensure requirements and other state and local pertinent information on allied health professions.

The strategic planning session defined the critical work needed to maintain and expand the role of the allied health workforce. The Identity Team prepared vision and mission statements based on the outcome of the strategic planning session. It was also decided

at this session to abbreviate Health Professions Network as 'HPN', rather than the 'Network'.

VISION

The Health Professions Network is the premier network of Health Professions working to positively influence the delivery of quality health care.

MISSION

The Health Professions Network (HPN) provides a forum for collaboration among allied health professions on issues of common interest. The Health Professions Network will accomplish this mission through:

- *Identifying issues of common interest*
- *Communicating these issues to all participants*
- *Seeking consensus and facilitating responses*
- *Advocating on behalf of allied health to the public, professional associations, federal and state policy makers*

VALUES

The Health Professions Network affirms that effecting collaboration among health professions is based on the values of commitment, cooperation, integrity, accountability and diversity respect.

During the strategic planning session, the established Teams were reexamined and restructured to make best use of the resources of the participants:

1. Coordinating Team

The HPN coordinating Team will provide the necessary operations management for the Health Professions Network, including the functions of communication and accountability, as well as to:

- Maintain the operations of the network
- Plan for each meeting
- Summarize after each meeting
- Improve internal and external communication
- Develop the Web site for HPN
- Produce media releases, including contacting media in the meeting sites prior to an HPN meeting
- Identify and track Teams and Team members
- Ensure that all teams have clearly defined goals and objectives
- Develop guidelines for HPN operations

2. Advocacy Team

The HPN Advocacy Team advocates for improved access to and quality of health care, including the use of and reimbursement for qualified health professionals.

The team accomplishes this through educating consumers, policymakers, funding agencies and physicians about the scope of practice, education and training, credentialing and qualifications of health professionals. The HPN Advocacy Team works to influence legislation and regulation, which will promote access of patients to the services of trained and qualified healthcare professionals.

3. Development Team

The HPN Development Team identifies and facilitates programs and projects, and works to:

- Continually assess emerging issues
- Prepare project/program recommendations
- Identify resources for implementation
- Identify tangible benefits, participants and customers and pass to appropriate team
- Suggest programming for HPN meetings
- Oversee projects, e.g., Coalition for Allied Health Leadership, outcomes research, collaboration and education

4. Outreach Team

The HPN Outreach Team identifies new allied health organizations as potential members, provides orientation for new attendees and ensures communication with other organizations.

5. Media/Data Team

The HPN Media/Data Team keeps the website updated, solicit articles and news items, write the electronic newsletter, produce the HPN brochure and promotional materials, update the member profiles and identifies data needs of HPN and allied health.

It should be noted that the work of the teams, and others providing services for HPN, are accomplished by utilizing the resources of HPN member professional associations. These same associations sponsor their representatives' participation at the meetings, provide printing and mailing services, and cover communication expenses. Management, printing and external communication of the Health Professions Network is provided gratis from the Society of Nuclear Medicine.



Continued Growth and Success...

Since its inception, HPN has continued to grow and develop into the leading organization representing the allied health professions, despite its wholly voluntary human resources and in-kind financial contributions. Health Professions Network's successes and accomplishments are many; here are a few of the significant highlights, given by Team:

Coordinating Team Accomplishments

The Coordinating Team has maintained the operation of the Health Professions Network since its beginnings in 1995. The list of successfully planned and completed meetings includes:

August 24-27, 1995	Norfolk, VA
February 29-March 3, 1996	Houston, TX
September 12-15, 1996	Long Beach, CA
February 13-16, 1997	Pittsburg, PA
September 11-14, 1997	Birmingham, AL
February 26 – March 1, 1998	Albuquerque, NM
October 1-4, 1998	Portland,OR
March 4-6, 1999	Denver,CO
September 9-12, 1999	Charlotte, NC
March 10-12, 2000	Atlanta,GA
September 21-24, 2000	Columbus, OH
March 15-17, 2001	Cincinnati, OH
September 2001	Chicago – cancelled
March 2002	Reno, NV
September 19-22, 2002	Madison, WI
April 24-27, 2003	Kansas City, MO
September 18-21, 2003	Dallas,TX
March 11-14, 2004	Houston,TX
September 30-October 3, 2004	Salt Lake City, UT
March 3-6, 2005	San Diego, CA
September 22-25, 2005	Louisville, KY

Each meeting is planned months in advance, and participants' evaluation of each meeting is examined by the Team.

HPN continues to pursue **high-quality presentations** for HPN annual meetings with topics of relevance to the meeting participants. Examples include

- The “Ontario” model of licensing critical functions rather than professions, a practice that was examined in Maine under a Pew grant.
- Enforcing standards for professional ethics
- A National Institutes of Health presentation on alternative healthcare
- The American Medical Association Relative-Value Unit Committee Update
- American Hospital Association Advocacy Report
- American Society of Human Resource Administrator Workforce Study Results
- Update from Washington on healthcare, by the Joint Commission on Accreditation of Healthcare Organizations
- Health Resources and Services Administration updates
- Workshop on the allied health workforce from the Bureau of Health Professions and the School of Public Health, University of Albany
- Discussion of the impact of HIPAA privacy regulations.

Guidelines for HPN operations have been developed, including Guidelines for Participants and Guidelines for Team Leaders. Operational guidelines are distributed to all HPN participants at each meeting.

Health Professions Network now has an extensive **Web site** listing all relevant news for the allied health community. The Web site includes a calendar of events, “Allied Health Profession of the Month”, health news articles, information and registration materials for upcoming meetings, and links to several important newsletters and Web sites. The URL for HPN’s Website is www.healthpronet.org

Communication among HPN participants and quick response to key issues has improved significantly with the aid of an **e-mail listserve** which is housed in and sponsored by the Society of Nuclear Medicine.

Advocacy Team Accomplishments

It quickly became apparent to the Advocacy Team that before leaders will seek allied health opinion and representation, they must first understand what allied health is, and who it encompasses. Second, before HPN could promote an allied health identity externally, a working definition of allied health would need to be established, and an estimated count of allied health professionals would need to be attempted.

The working **definition of an allied health professional** was developed by the Advocacy Team and approved by all participants at the Fall 2000 HPN meeting, including leadership from the American Medical Association, American Hospital Association, Association of Schools of Allied Health Professions (ASAHP) and the National Network of Health Career Programs in Two-year Colleges (NN2).

The Health Professions Network working definition of allied health is:

Allied health professionals are health care practitioners with formal education and training who are credentialed through certification, registration and/or licensure. They collaborate with physicians and other members of the health care team to deliver high quality patient care services for the identification, prevention and treatment of diseases, disabilities and disorders.

Extensive research of existing research confirmed that allied health professionals comprise at least 60% of the health care work force.

Although the majority of the health care workforce are allied health providers, allied health continued to be an unknown entity to many as demonstrated by the 1999 publication, THE HIDDEN HEALTH CARE WORKFORCE: Recognizing, Understanding and Improving the Allied and Auxiliary Workforce, A Report of the California Twenty-First Century Workforce Project, The Center for the Health Professions, University of California, San Francisco. As noted on pages 1-3:

“When asked to describe health care workers, doctors and nurses often come to mind first. The legions of supporting staff--the therapists, technicians...and others who keep health care institutions running efficiently--tend to fade into the background, their role and importance often not entirely clear. They are not professions that typically capture the imaginations of young people, spark the curiosity of health services researchers, nor get the lead roles on television medical dramas.

“And yet these allied and auxiliary health care workers make up over 60% of the nation’s 10.5 million-person health care workforce. These workers play critical support roles in the health care system.”

“Over 200 different occupations and professions fall under the broad definition of allied health, including personnel who provide therapeutic, diagnostic, informational or environmental services in health care delivery settings, with direct and indirect care and support to patients.”

“The California Twenty-First Century Workforce Project was conceived to remedy neglect by researchers, policy makers and institutional leaders of this vital component of the health care system.”

While this initiative continued in California, the HPN Advocacy Team attempted to make a similar impact nationwide. The Advocacy Team forged a collaborative relationship with the Department of Health and Human Services/HRSA/Bureau of Health Professions, the NN2 and ASHP. The three groups jointly sponsor **Allied Health Professions Week**, an annual event intended to help build recognition of the allied health community.

The collaborative partners increased their efforts to reach those groups and individuals that influence the preparation, practice and employment of the allied health workforce, federal agencies, legislators, regulators, funding organizations, consumers and other health care providers. An **Allied Health Promotions Package** was created to help organizations increase visibility while celebrating Allied Health Professions Week. The package, which is downloadable from any of the partner agencies' Web sites includes:

- Press Release
- Poster
- Newsletter Article
- Sample Declaration
- State Contact List

In addition to annual promotion of Allied Health Professions Week, the Advocacy Team began a concentrated effort for representation and recognition at the federal legislative and regulatory level. A **Fact Sheet for the Congress** was prepared, emphasizing the value of the allied health workforce and including the magnitude of allied health and a description of HPN.

A **Letter to Federal Leaders** was prepared and mailed to selected congressional and agency leaders in February and October, 2003 providing information on allied health professions, and the critical value of the work they do to provide quality patient care. An invitation to attend future HPN meeting and to visit the HPN Web site was included.

In June 2004, representatives from HPN participated in Health Professions and Nursing Education Coalition Hill Day to lobby for funding for Title VII and Title VIII appropriations.

A **Letter of Support for the Allied Health Reinvestment Act** was completed. Other stakeholder organizations were asked via the HPN Web site to provide similar support. HPN was added as a participant to a collaborative effort to support this act.

The **Advocacy Handbook** to assist HPN participants as they attempt to build recognition of and support for the allied health professions was made available through the Society of Nuclear Medicine. The Advocacy Handbook along with other allied health information can be accessed through the HPN Web site.

Several recommendations for committee nominations have been made to the DHHS/HRSA/BHPR Advisory Committee on Interdisciplinary Community Based Linkages. Although to date no allied health practitioner has been appointed to the committee on behalf of Health Professions Network, HPN members have spoken to the committee regarding allied health issues at the committee's request.

Development Team Accomplishments

The Development Team has been divided into two subgroups; Program/Project Team (Pro Team) and Coalition on Allied Health Leadership. The Program/Project Team has been responsible for identifying new programs and projects for HPN and specifically developing the Outcome Research Conference and the Collaboration Conference. The

Coalition for Allied Health Leadership Team linked HPN to the annual leadership workshop, set criteria for candidate selection and distributed applications to targeted participant groups.

The Development Team and Coalition for Allied Health Leadership subgroup initiated four new projects for HPN to consider;

- Collaboration Conference, sponsored by a Bureau of Health Professions (BHP) grant,
- Coalition for Allied Health Leadership, sponsored by a BHP grant,
- Conference on Outcomes Research, also sponsored by a BHP grant, and
- Publication of the **Advocacy Handbook**, a project generated by the attendees of the 1998 Coalition for Allied Health Leadership.

The conferences were the result of recommendations from the National Commission on Allied Health Implementation Task Force. Once the grants were issued for the individual conferences, HPN had two representatives on each steering committee to help plan and manage the conferences.

The **Coalition for Allied Health Leadership Conference (CAHL)** was initiated in 1998. This intensive annual training is designed to improve the leadership capacity and skills of allied health professionals. Participants are nominated from their various professional associations. Attendees create projects and products to strengthen their personal leadership capability and address issues for HPN participants and the allied health community as a whole. Projects initially were in response to recommendations that resulted from the Report of the National Commission on Allied Health (1995) and the Implementation Task Force (1997-1999).

The CAHL conference continues to be offered, with participants addressing current issues of relevance to the allied health community. Other conferences are initiated and sponsored by BHP such as the Clinical Education Reform conference. HPN continues its role as members of the planning and management teams providing input to the projects and goals identified by the CAHL Steering committee and participants. Many of the outcomes of the project teams have been used by HPN participants and by the HPN, such as the Advocacy Handbook on the HPN Web site.

Outreach Team Accomplishments

The HPN Outreach Team has been responsible for identifying new allied health organizations as potential HPN members, providing orientation for new attendees and communicating with other external organizations.

The Outreach Team has established strong relationships with several federal agencies. HPN works closely with Health Resources and Services Administration (HRSA). Leaders from HRSA frequently attend HPN meetings and HPN recommends members to serve on grant review boards and recommends appointments to the Advisory Committee on Interdisciplinary Community-Based Linkages. Members of HPN were also invited by the Bureau of Health Professions' Allied, Geriatrics and Rural Health

Division to review and comment on Sec.755 of the Public Health Act and collaborate with the Department of Labor on their workforce initiatives.

HPN has also formed a collaborative partnership with the National Consortium on Health Science and Technology Education (NCHSTE). This group, whose membership includes representatives from 24 state departments of education, houses the National Health Care Skill Standards. HPN was invited to participate in a "Setting the Bar" Summit to review and revise the foundation and pathway standards to reflect current practices and procedures and to set accountability criteria for the standards within the five pathways: Biotechnology Research and Development (new), Diagnostic Services, Health Informatics (formerly Information), Support Services (formerly Environmental Services) and Therapeutic Services.

American Medical Association (AMA) and American Hospital Association (AHA) representatives also participate in HPN meetings as presenters or as participants and members of teams. AMA has included the work of HPN in its electronic newsletters and other media.

The Identity and later Outreach Team identified the organizations listed above and others, such as the AARP, as important stakeholders for the allied health professions and HPN. Work by team members to invite these and other organizations to attend meetings and participate in HPN is ongoing. Many of the organizations listed above have identified liaisons to HPN that participate regularly in the organization.

Beginning with the March 2005 HPN meeting, the Outreach Team prepares a **New Member Orientation** for those attending HPN meetings for the first time. In addition to a one-hour session at the start of each HPN meeting, a **New Member Packet** was designed and is distributed to each new attendee. A participant list is also provided with contact information for each association or agency represented.

In addition, a visual outreach tool was developed as an **HPN PowerPoint Presentation** to be used by HPN member at conferences to promote the organization. The message of the presentation addresses the need for collaboration, leadership development and workforce shortage alleviation. An additional PowerPoint presentation focusing on exploring careers in allied health was developed in June 2004 for the annual meeting of the Health Occupations Students of America (HOSA).

Media/Data Team Accomplishments

The **HPN Web site** www.Healthpronet.org was established at the Society of Nuclear Medicine. The Web site provides information on the organization, how to join, programs and resources, and contact information and links to other organizations that advocate for allied health. The Web site also includes **Organizational Profiles** of HPN member groups. As of September 2000, there were 81 HPN participating organizations. Included on the Web site are the various resource materials for **celebrating Allied Health Professions Week**: Handbook for Celebrating Allied Health Professions Week, Allied Health Professions Story, Celebration Ideas/News Release, Allied Health

Professions Week Online Catalog, Brochures and Posters. The Web site also provides information and links for current issues of HPN, e.g., federal funding for health professions, the Allied Health Reinvestment Act, and resources for active participation in addressing the issues (**Guidelines for HPN Support of an Issue** and **HPN Legislative Fact Sheet**).

An important feature of the Web site is the **Allied Health Profession of the Month**. This feature's goal is to promote recruitment of students into the field. The selected profession is highlighted with information about the profession, benefits, education and employment requirements, and projected workforce demands. Also included is a link to the selected profession's home page.

The Media/Data Team produces an **Electronic Newsletter**, which because quarterly and in an E-news format in August 2005. The Newsletter reports on meetings and other current issues of interest.

Across Teams: Collaborative Accomplishments...

Although the Health Professions Network teams work independently on specific goals and objectives, several over-arching topics are of concern to all teams. For example, collectively, HPN has been able to make an impact in workforce development.

In the 1990s, reports were beginning to emerge projecting a significant shortage in the number of health care providers available to meet the high patient demand.

There are not enough health care workers to provide the services America's citizens have come to expect, according to a fall 2001 report commissioned by the American Hospital Association, The Workforce Shortage and Its Implications for America's Hospitals. Some of the hospitals surveyed reported that results of the workforce shortages in allied health were beginning to impact quality of care.

The Bureau of Labor Statistics' report Occupational Projections 2000-2010 shows that occupations in health care will grow by 28.8%, compared to 25.8% for 1990-2000, while all other occupations will have a declining growth rate, from 18.7% for 1990-2000 to 14.1% for 2000-2010. Of the careers in health care that show the greatest rate of growth many are in the allied health professions.

Data from the Bureau of Labor Statistics (BLS), US Department of Labor, show that medical assistants top the list of the 10 fastest growing occupations, with a projected growth rate between 2002 and 2012 of 59%. Other health care fields on the top 10 list are physician assistants, social and human services assistants, home health aides, medical records and health information processors, physical therapy aides, and physical therapy assistants.

With the impending workforce shortages, HPN set as a priority recruitment of K-12 students. Many reports demonstrate that young people and those that influence their

choices—parents, counselors, teachers and others—have little information about the opportunities available in allied health.

The 2002 Kids and Career Poll issued by Junior Achievement Inc. provides results from a survey of more than 1,400 students ages 12-18 asking, “What kinds of jobs will you seek?” The responses reveal the limits to their knowledge of healthcare options. Of the top 25 careers selected, doctors ranked first for the third straight year, with 9.7% of those surveyed choosing this profession. The nursing profession came in at number 15, with 1.4% of those surveyed, Physical Therapist at 22 with .5%, and Dentist at 24.

To help address this knowledge deficit, HPN began a marketing campaign to reach the K-12 population. Several products were developed including a brochure “Choose an Allied Health Profession” and posters. HPN distributes the K-12 packet to school counselors, state Departments of Education and professional organizations.

The **K-12 Marketing Packet** includes a cover letter, posters and brochures. The packets were also distributed at the National Science Teachers Association annual meeting and to members of the Health Occupations Students of America (HOSA) and National Consortium on Health Science and Technology Education (NCHSTE).

HPN began making presentations at the National Health Occupations Students of America (HOSA) Leadership Conference in June 2004. HOSA has a membership of over 80,000 students preparing for a career in healthcare. Providing information about allied health options will increase the number of students considering pursuing a career in one of the allied health fields. A HOSA representative participates in the HPN meetings on a regular basis to help foster collaboration between the groups.

A representative from HPN was also invited to participate in the development of an Integrated Activity CD for use in K-12 classrooms. The CD, developed and offered through NCHSTE, adds health care practices and procedures to the academic content, engaging students in their studies while introducing them to the various career options available. HPN members that participated helped strengthen the content of the activities and ensured that the allied health professions were well represented.

The HPN Web site includes resources for engaging the K-12 student population; **What’s In It For Me** PowerPoint presentation, **Choose Allied Health: the Right Choice for America, Quality Health Care and Your Career** brochure and the **Choose an Allied Health Profession** brochure. The Web site also includes links to career search information, including the National Institute of Health Web site and the American Medical Associations Web site for career choices, and the HPN profession of the month.

The HPN is helping distribute the Bureau of Health Professions’ Kids into Health Care Careers presentation. This presentation helps provide orientation to students regarding education requirements, funding availability for postsecondary preparation and other information.

Other efforts to interest young people in an allied health career include a slide presentation developed by the Coalition on Allied Health Leadership participants featuring “Allied AI,” a young boy injured while riding his bike who ends up being treated by a variety of allied health professionals. National HOSA and NCHSTE will help promote the Allied AI presentation.

A second effort to meet the allied health workforce demand is to address the issue of cultural, gender and ethnic diversity. Building a workforce that mirrors the population will add significant numbers to the current workforce. The Developmental Team will be researching “best practices” or models of non-traditional pathways into allied health that will include cultural diversity or minority recruitment models. Once examined, these models will be shared with schools and colleges responsible for recruiting and retaining students. Collaboration with the National Association of Minority Educators and National Society of Allied Health will help identify the models and determine their value.

The Health Professions Network continues to support the American Society of Allied Health Professions (ASAHP) in its efforts to pass the Allied Health Reinvestment Act. This federal legislation addresses other concerns that impact allied health workforce including the shortage of qualified faculty, which prevents some colleges and universities from expanding or even maintaining current course offerings needed to meet increasing health care workforce demands. Additionally, a decrease in the number of clinical sites for clinical practice required of most programs that lead to licensure, registration or certification is limiting the number of students that can be accommodated in these programs.

Toward Future Accomplishments...

At the Spring 2005 meeting in San Diego, Health Professions Network (HPN) attendees took time to reflect on accomplishments of the organization over the past 10 years and fine-tune a productive strategic plan for the future. To assure that HPN activities continue to be membership driven and on target with key allied health needs, the Coordinating Team enlisted a facilitator to direct a ‘town hall’ strategic session.



The final summary of the planning session revealed that HPN is right on track with its vision, mission, and values. The meeting attendees also confirmed that the HPN’s unique organizational framework of equal voice for all attendees, without formal structure of a governing body or official membership, is highly conducive to collaboration and participation. Equally successful is the HPN’s unorthodox use of FAM

trips to facilitate networking while reducing access barriers to the meetings by decreasing costs.

After a systematic process of identifying and prioritizing issues of focus for HPN, the following list of key initiatives was adopted:

1. Data Collection and Management
 - Provide a clearing house for allied health information
 - Collect aggregate data to help others understand allied health and promote the Health Professions Network
 - Use collected data to substantiate the workforce shortages in allied health professions
 - Develop a consistent reporting tool for allied health data
2. Government Relations
 - Lobby for increased federal funding for grants and initiatives
 - Reinforce our presence with Federal Agencies (HRSA, DOL, NIH)
3. One Voice for Allied Health
 - Continue to promote allied health at the elementary and secondary levels
 - Create an identity for Allied Health with the public
4. HPN Participation and Engagement
 - Increase participation to strengthen the voice of allied health
 - Improve mechanisms for communication of accomplishments and plans

To accomplish these goals most efficiently, it was decided that the Team concept within HPN will continue. Attendees at HPN meetings are expected to join a team so that work on objectives can continue in the small team workgroups during the interim between meetings. Some of the teams were restructured to reflect the new priorities, as follows:

Coordinating Team, Team Leader: Virginia Pappas

The Coordinating team will continue to monitor the ongoing work of HPN, oversee teams and organize meetings. In addition, they will now create a budget and investigate ways to increase revenue.

Program Team, Team Leader: Don Richards

This team organizes topics and speakers for HPN meetings and identifies a theme for each meeting; it will develop future workshops and conferences such as a collaborative conference with educators and “best practices” workshops.

Coalition for Allied Health Leadership (CAHL) Team, Team Leader: Dan Olsen

The CAHL Team will review all aspects of the CAHL program and HPN’s involvement and identify new projects for CAHL members to address.

Outreach Team, Team Leader: Fred Donini-Lenhoff

This group will identify and recruit new members for HPN and will promote HPN through public relations and press releases.

Data Team, Team Leader: Mary Ann Kelley

The Data team is charged with addressing all data needs for HPN and those identified in the strategic planning meeting.

Media Team, Team Leader: Rose Ann Zumstein

The Media Team will communicate with HPN participants, update the participant list, review the Web site and design and produce a newsletter four times a year.

Advocacy Team, Team Leader: Theresa Green

Due to the amount of work that Advocacy has been doing, and the importance of all the projects under this domain, this group was divided into two distinct teams. The Advocacy Team will continue to exist but will concentrate on Advocacy as it relates to government and public policy.

Marketing Allied Health or Consumer Advocacy Team, Team Leader: Judy Simpson

This group will lead the part of advocacy that deals with consumers and patients, including the K-12 recruitment project, and Allied Health Week Promotion, as well as HOSA interaction.



Summary

The Health Professions Network embodies the value of collaboration and cooperation among the allied health professions and other groups with shared purposes of advocacy, outreach, awareness and consensus building to increase recognition of the value of the allied health workforce. Members of the HPN have been asked to participate on a variety of federal boards and committees, as well as funding agencies and licensure, certification and registration authorities, to provide advice and counsel on building a high-quality workforce. As of September 2005 the HPN participant list represents 192 organizations and agencies, each willing to donate time and resources to move the HPN agenda forward.

Although projections of health care workforce shortage are overwhelming, with many issues to be overcome, the HPN is working towards solutions to ensure the continued availability of quality healthcare for all Americas.

Health Professions Network participants are dedicated to making the next 10 years as successful, if not more successful, than the past amazing 10 years.