



National Network Of Health Career Programs in Two-Year Colleges

Connections

Fall/Winter2011

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President's Message
Dr. Carolyn O'Daniel, NN2 President

NN2 is a small group of thoughtful committed educational leaders, who are not only committed to improving health career education in two-year colleges, but also to improving recognition of the value our programs contribute to healthcare career pathways.

In the face of dwindling resources, growing enrollments and expectations, organized efforts to eliminate associate degree entry-level programs, in some fields, and expanding accountability, the challenges we face are enormous. Let's work on them together!

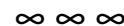
During my two year term, I plan to focus on three critical priorities:

- 1. Promoting the value of health career pathways for meeting changing health care workforce needs, with certificate and 2-year programs playing the critical "lynch-pin" role.
2. Identifying resources to help NN2 members not only weather the economic storms, but to recognize and take advantage of opportunities to reinvent ourselves, as well.
3. Strengthening our overall advocacy efforts through growth in membership, greater member engagement, and new and stronger partnerships with sister organizations. (Our ongoing support for associate degree respiratory care education and practice is a timely example.)

In order for NN2 to succeed, we need your help, your energy, and your expertise. So, what kind of help am I asking for from you? I'm asking for service, communication, and leadership.

- 1. You can serve on, or chair, a committee: Accreditation, Advocacy, Emerging Issues/Outreach, and/or Membership/Marketing committees meet during our annual meeting, and conduct activities to further our goals throughout the year.
2. Talk with me, and other NN2 members, directly, via our newsletter, Connections, and/or through the Listserv regarding opportunities for advocacy, emerging issues and important developments affecting health career education. My phone number is 502/223-2212.
3. Invite your professional colleagues to join NN2, and help strengthen and promote our work on behalf of health career programs in two-year colleges.
4. Consider running for office yourself next year. We're all leaders in this organization, and every one of us has much to offer in leadership and service.

I'm looking forward to working with you during the coming years, and am counting on each of you to help lead NN2. Thank you for this opportunity to serve.



Health Professions Network Meeting

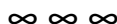
Dr. Carolyn O'Daniel, NN2
President

The Health Professions Network (HPN) met in Raleigh, NC, October 13-15, where NN2 was represented by President Carolyn O'Daniel and Executive Director Cullen Johnson. The focus of presentations was on "Education, Workforce Data, and Results". Speakers included Roger Straw (HRSA) who addressed "The Affordable Health Care Act and Health Workforce Analysis: A New Vision". Dr. Straw's informative presentation was followed by a very interesting session on "North Carolina Efforts to Enhance Allied Health Data Collection" given by Erin Fraher, PhD, of the Cecil G. Shepard Center. Dr. Fraher described an enviable model that permits collection and analysis of allied health workforce data that can be used in strategic planning. Other timely and relevant information on workforce data collection was shared by Dr. Thomas J Bacon from the NC AHEC, Greg Morrison, ASRT, William Dubbs, AARC, Valerie Coyle, ACVP, and Jacqueline Wynn, NC AHEC.

The Health Professions Network reported plans for some reorganization in the near future, so there was much discussion about HPN's future role and strategies for becoming self-sustaining. Some of the possibilities raised comments of concern among members, and NN2 will be monitoring HPN's reorganization efforts. Raleigh was a warm and welcoming city with a Great capacity for hosting conferences and meetings.

About sixty-five leaders in health care education also came together for a summit convened by the Health Professionals Network's (HPN) on September 22nd and 23rd in Chicago. The topic of the first HPN summit was "Building the Allied Health Workforce of the 21st Century." Following presentations by a panel of three speakers, Steven Collier, Jim McKinney and Phyllis Cohn, the remainder of the summit was spent brainstorming in

break-out groups. Steven Collier, an administrator, teacher, and researcher from the University of Alabama in Birmingham, with over 35 years experience in health professions, spoke about the "Health Workforce During an Era of Mixed Messages". Jim McKinney, representing the American Association of Community Colleges, then talked about the "Educators' Role in Meeting Workforce Demands". Finally, Phyllis Cohn with the American Association of Retired Persons, addressed the topic of "The New World of Work: Opportunities and Challenges". The Health Professions Network is a nationwide collaborative group of professional associations representing approximately 200 different allied health professions. For more information, visit the HPN website at www.healthpronet.org



Is Cost Really a Barrier to Accreditation? By 2013, Paramedic Certification Exam Candidates Will Need to Graduate from an Accredited Educational Program—and Some Programs Cite Cost as a Barrier by Debra Cason, RN, MS, EMT-P

Beginning January 1, 2013, candidates for the paramedic national certification exam (National Registry of Emergency Medical Technicians-NREMT) must graduate from an accredited program in order to be eligible to take the exam. Although this connection between national certification and national program accreditation has been in effect for years in other disciplines, this change, which has been discussed in the Emergency Medical Services (EMS) community for over ten years, will happen soon. Although "soon" is not for another three and one-half years, it's sooner than some would like and not as soon as others desire!

Although years in the making, it was finally in November 2007, when the NREMT Board of Directors voted to

require graduation from a Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredited paramedic program in order to be eligible to test. This decision finally makes a reality of the 1996 vision outlined in the *EMS Agenda for the Future*, so that 17 years later, at least the paramedic level of practice can establish greater assurance of the quality and consistency of the process and outcome of EMS education. This step, however, does not affect the EMT basic level or any other level of EMS practitioner.

As one can imagine, there are many views on this bold move. In 2009, in order to ascertain the knowledge, attitudes, and barriers to paramedic program accreditation, the Committee on Accreditation of EMS Professions (CoAEMSP) and the NREMT conducted the *Knowledge, Attitudes and Barriers (KAB)* study. This project attempted to notify all paramedic program directors from an NREMT data bank to answer a survey about the issues. The survey was developed by a panel of experts, piloted, and revised. Non-responders received follow-up by email and a phone call. The response rate was 88% with 524 of 706 program directors responding.

Analysis of the data revealed some good news and some challenges. At the time of the study, 28% of paramedic programs nationally were accredited by CAAHEP/CoAEMSP. 46% of the responding programs were working to achieve accreditation. Program directors with a Bachelors degree or higher (as required by accreditation standards) represented 55% of the responding programs which identifies a challenge. The KAB study revealed that accurate knowledge of the *Standards* was identified as a problem and many issues surfaced that are misunderstood.

In addition, cost seemed to be the biggest barrier to accreditation, both for the required initial and ongoing accreditation fees as well as money to make necessary program changes to improve quality.

Of interest to educators, the sixth most commonly cited barrier was “institutional administration support.” 30% of the responding programs identified this as a “much or very much” barrier and 5% were unsure of whether or not they would receive institutional administrative support.

To address the issue of cost, the reality is that accreditation generally costs approximately **8.4 cents for each student for each contact hour**. Since the average Paramedic course is between 1000-1200 hours (1100 hour average), \$92.00 per student ÷ 1100 hours = \$0.084 per student per contact hour, which the CoAEMSP considers a minimal cost to the program for their accreditation investment.

Part of the misunderstandings and misconceptions regarding accreditation may also be due to the development of EMS, which has evolved somewhat differently from other health care professions. In 1966, the National Highway Safety Act required states to have highway safety programs and emergency services that met national standards. This began the relationship that still exists between EMS and the federal government (Department of Transportation, Office of National Highway Traffic Safety Administration - NHTSA). NHTSA has developed standardized curricula and assisted in many areas of EMS development over the past 44 years.

In 1996, NHTSA and the EMS community developed a document, *EMS Agenda for the Future*, which identified where EMS as a system would like to be in 2006, as an integral part of the health care system. The *Agenda* addressed fifteen components of EMS including education systems. Among other issues, the document recommended that EMS programs seek accreditation by a nationally recognized accrediting agency to demonstrate a national standard of quality. Since paramedic program accreditation is mandated by only a handful of states, it has primarily been a voluntary system with approximately 260 programs currently accredited out of a

guesstimate of 700 paramedic programs.

In 2000, NHTSA and the EMS community released the *EMS Education Agenda: A Systems Approach*. This document identified a plan for an education system in EMS that required graduation from an accredited paramedic program prior to taking the national credentialing exam. Additional support and evidence for accreditation came forth on the issue and finally in 2007 the NREMT Board voted to require graduation from a CAAHEP accredited paramedic education program to be eligible to take the NREMT exam.

Those educators who *do* support accreditation of paramedic education programs maintain that accreditation is *credible* education that institutions should be proud to provide, students rely on, and the American public deserves.

Accreditation answers the question: How good is this educational program? Program directors who have been through the accreditation process speak proudly and confidently about the benefits accreditation brought to their program.

To help address questions, the CoAEMSP has developed numerous resources and information that are available on their website. Sample documents, additional articles from the EMS community, program directors perspectives, options for becoming accredited, webinars, workshop opportunities and more can be found at http://coaemsp.org/Becoming_Accredited.htm.

Debra Cason is Program Director and Associate Professor of Emergency Medicine Education, University of Texas Southwestern Medical Center, Dallas, Texas.



The Alphabet Soup of Accreditation

Kathy McGivern, Executive Director, CAAHEP

Every field has its acronyms and, of course, accreditation is no different. CAAHEP, NLNAC, JRCERT, ACICS, ABHES, and on and on.

But there are two important acronyms that are not actually accrediting organizations. Nonetheless, you may hear frequent references to them.

CHEA is the Council for Higher Education Accreditation. They are the non-governmental entity that recognizes accrediting agencies that meet their criteria. In effect, CHEA “accredits the accreditors.” But one misconception is about the make-up of CHEA. Their members are post-secondary institutions, NOT accrediting agencies. So, while CHEA may be interested in issues related to accreditation, they do not speak for accreditors.

So, who DOES speak for accreditors? Well, there are mainly three groups of accreditors: regionals, nationals and specialized (or programmatic). The regionals have a “loose” coalition called C-RAC (the Council of Regional Accrediting Commissions). The nationals also band together when issues warrant.

But the largest and longest-standing voice for accrediting agencies is ASPA – the Association of Specialized and Professional Accreditors. ASPA was founded sixteen years ago and they now have 60 member organizations. ASPA conducts two meetings a year and their professional development sessions provide some terrific “training” for staff and volunteers at accrediting agencies.

ASPA also has an active advocacy effort that is spearheaded by -- yet another acronym! -- ERIC. ERIC is the “External Recognition Issues Committee.” External Recognition refers to CHEA and the Department of Education, the two entities that recognize accrediting organizations. ERIC closely monitors all

activities and issues that will impact accreditors, everything from Department of Education rule-making to Congressional hearings. ASPA/ERIC also have developed position papers on critical issues and they are currently working on "one-pagers" which are intended to be shared with Congressional staffers who know so very little about accreditation and higher education in general.

There is a wealth of information available on the topic of accreditation, so if you have questions or are curious about either ASPA or CHEA, take a look at their websites: www.aspa-usa.org and www.chea.org.

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Synopsis: Labor-HHS Meeting, Washington, DC, January 24, 2011

Lois Simmons

The Labor-HHS meeting was moderated by Erik Fatemi, Senator Tom Harkin's staff director for the Labor-HHS subcommittee. Also in attendance were several other staff members from Senator Harkin's office and David Reisch from the House Appropriations HHS subcommittee.

The purpose of the meeting was to explore ways to resist threatened defunding of healthcare. In addition, Erik was pleased to have acquired the email list of contacts for the attending organizations, which will become a Listserv for this group. He was very clear concerning his responsibilities in administering the listserv and his intent to use it as a way to mobilize local activities related to healthcare voting or in visiting the members of Congress when they go home. The organizations that sent representatives to this meeting are expected to help protect the healthcare bill.

There is currently a lot of uncertainty related to healthcare, due primarily to the fact that the House has not yet proposed a bill and the Senate is waiting to see what the House will do. So, much of the discussion was just speculation at

this point. Erik had three items of advice for the attendees:

1. When the House proposes the inevitable cuts, our job is to explain the value of our programs to the public. We must defend the pot of money for ALL because if the top line allocation decreases, then everyone will be affected by the decreases. Beware of the temptation to splinter off and try to protect your own piece of the pie.
2. We must educate the Members about our programs, and do it where they live. Every time they go home, they need to hear from the people back home. And we must concentrate on all members, not just the progressive Democrats. When you talk, talk about specific constituents who will be hurt by the cuts. There is a proposal to cut back to 2008 levels, but it isn't 2008 anymore. Recession-related services are under high demand and cannot service the clients. We don't want the 2008 levels to seem reasonable, because a return to 2008 is extreme.
3. Start now. It will happen quickly when it starts to roll out. The House is in recess next week, they are going home and we should be waiting for them when they get there.

Mr. Reisch stated that the first vote is just the first step in a multi-step process. After the initial vote, the end game will be influenced by how much push-back the members receive from the folks back home – how much heat will they receive from people who are affected by Pell funding, HHS programs such as Head Start, NIH biomedical research, community health centers, etc.?

There were several questions and comments from the floor, mostly related to what our member organizations can do to get into the media debate and what message we should be sending.

The take-away message was that if you have a student who is directly affected by predicted Pell cuts, or other programs such as the HHS programs, ask that student to contact Senator Harkin's office with his/her story, as well as speaking with his/her local district Congress members.

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Preliminary Committee List, 2011

Dr. Carolyn O'Daniel, NN2
President

Accreditation Committee

Geneva Baker, CA
Barbara Burnham, IL
Cynthia Butters, MA
Marianne Krismer, OH
Anne Loochtan, OH
Kathy McGivern, FL
Jolene Miller, IN
LaCheeta McPherson, TX
Carolyn O'Daniel* (ex officio), KY
Dan Points, OK
Sharman Willmore, Chair, OH

Advocacy Committee

Sondra Fleming, TX
Marcia Fuller, KY
Pat Gray, OH
Barbara Jones, AR
Carolyn O'Daniel* (ex officio), KY
Antonio Re, WI
Lois Simmons, MD
Stacy Ocander, Chair, NE

Advocacy - Respiratory Care Subcommittee

Sondra Flemming, TX
Marcia Fuller, KY
Yvonne George, OH
Jackie Long-Goding, MA
Peggy James, IN
Lacheeta McPherson, TX
Stacey Ocander, NE
Carolyn O'Daniel, KY
Tommy Rust, KS

Emerging Issues and Outreach

Rick Allison
Jillene Anderson, IN
Dave Collins, OH
Clarissa Craig, KS
Greg Farenchak, FL

Carolyn O'Daniel* (ex officio), KY
Julia Harryman, Chair, TX

Membership and Marketing

Cynthia Butters, MA
Lydia Dunaway, SC
Janet Hirt
Jolene Miller, IN
Dan Points, OK
Nancy Powell, KY
Frank Rinehart
Cullen Johnson, (ex officio), TX
Carolyn O'Daniel* (ex officio), KY
Julian Easter, Chair, AZ



Educators Organize Opposition to Baccalaureate Entry-Level for Respiratory Care

Dr. Carolyn O'Daniel, NN2
President

Approximately sixty educators with a strong concern for the future of respiratory care education met on October 8th in Louisville, KY, in conjunction with the NN2 Annual Conference. In response to a series of conferences sponsored by another professional organization, and designed to determine the educational level necessary for preparing respiratory therapists of the future, these concerned educators took exception to a recommendation that the entry-level educational requirement be raised to a baccalaureate degree. NN2 rejected the conference recommendations due to recurring perceived flaws in the process, including lack of inclusion and transparency, imbalance of views and information in presentations, and apparent bias among organizers toward elevating entry-level and eliminating associate degree preparation. Several NN2 representatives, as well as a representative of the American Association for Community Colleges, who had attended some or all of these conferences, shared their perceptions and spoke of their frustrations with the process.

NN2 supports the career pathway concept with multiple entry and exit points and seamless articulation,

including associate, baccalaureate and graduate education, which expand access to health careers, provide career advancement opportunities and promote lifelong learning. According to an NN2 position paper on career pathways, however, *“Recently, educational requirements have been raised for entry into practice in some health careers. For example, the physical therapy profession has now moved to a doctoral entry level. Other groups, such as respiratory care and nursing, appear to also be exploring the feasibility of elevating their entry-levels to the baccalaureate level. Elevating the educational requirements for an entry-level credential could result from a legitimate performance-based need, but might also simply be the ‘degree creep’ phenomenon. One example of degree creep might be seen when an associate degree entry level health profession, in the absence of any established performance-based workplace need, advocates a change to baccalaureate degree entry level for no other reason than in response to similar moves by other professions and/or to promote practitioner eligibility for federal reimbursement. Not only can “degree creep” unnecessarily raise the cost of education, making it less accessible or even inaccessible for some students, but it can also raise the already spiraling costs of health care.”*

As educator after educator spoke during the roundtable discussion, in opposition to the proposed course of action, and about their disappointment that their professional organization no longer seemed to value their important contributions, one program director expressed dismay that associate degree programs are being disenfranchised by the very professional organization she had trusted to represent her interests for so long.

The educators in attendance for the October 8th round-table discussion, with support from many who could not be present but sent messages, unanimously voted to develop a new organization to represent the interests of associate degree respiratory care education. Development of such an

organization was seen as providing an added benefit of establishing the necessary infrastructure for creating another program accrediting agency, should creation of such an accrediting agency become necessary for assuring the survival of the associate degree programs.

A Respiratory Care Subcommittee of the NN2's Advocacy Committee was formed from volunteers at the round-table meeting, to help guide the formation of this new organization. Stacy Ocander, from Omaha, Nebraska, is chairing the NN2 Advocacy Committee, and has been working closely with this group. See related article on NN2RC in this issue.



AACC Licensure Committee Meeting Synopsis, Fall 2010

Dr. Carolyn O'Daniel, NN2
President

David Morman provided an update on the Healthcare Virtual Career Platform, the mission of which is “to facilitate moving new entrants to the workforce and assist un- and under-employed workers into careers in the healthcare field by assisting them to obtain the credentials they need to secure jobs in healthcare and healthcare-related occupations.” The platform will be described in a presentation during the April AACC Conference in New Orleans and is expected to go live on July 1. This “open source, open content” platform, being developed under a USDOL grant, promises to be a valuable tool that can be used by community colleges to facilitate career exploration, student assessment, online remediation and career planning.

Degree inflation efforts were also discussed during the meeting. Liana Hain described her role as the only two-year nursing educator on the Robert Wood Johnson Foundation Initiative on the Future of Nursing. An official response has not yet been issued by HPEC or NOADN. President Carolyn O'Daniel shared NN2 efforts to counter

the recommendations of the AARC's 2015 conferences. The Licensure Committee also decided to recommend that AACC members also write letters of opposition to the recommended elevation of entry-level education for respiratory care. (NN2RC is also be on the agenda for the April meeting.)



Is Degree Creep Harming Respiratory Care?

By Mike Bederka

Posted in **Advance** on: January 5, 2011

The growing movement to raise the entry-level educational requirement for respiratory care to a baccalaureate degree concerns Carolyn O'Daniel, EdD, RRT.

No evidence exists that associate's degree graduates perform at a level lower than what is needed by many sites and employers, she said. A two-year program also provides greater access for a large portion of the population, including minorities, who might not go into a baccalaureate program.

"We advocate a career pathway that has multiple entry and exit points," said Dr. O'Daniel, president of the National Network of Health Career Programs in Two-year Colleges and dean of allied health and nursing, Jefferson Community and Technical College, Louisville, Ky.

"We know we're meeting a workforce need and employers want the graduates we're producing. The 'degree creep' has the potential to damage the profession instead of helping it."

In a statement, the Commission on Accreditation for Respiratory Care wrote it will continue accrediting and serving associate's degree programs: "While the CoARC supports the development of academic advancement pathways for the associate degree graduate in gaining baccalaureate and graduate degrees, the members of the

Commission continue to strongly support the associate degree as the minimum degree required for entry to the profession."

On the other side, Charles G. Durbin Jr., MD, FAARC, FCCM, believes the field should embrace a higher educational standard.

"It would open up more opportunities for different kinds of practice environments," said Dr. Durbin, of the University of Virginia Medical Center, Charlottesville. "It would probably attract more talented individuals to the field - if they see respiratory as a profession and less as a technical job. You're more likely to get PhD-type people if you start them with the expectation of bachelor's degree."

Contact Mike Bederka at mbederka@advanceweb.com.



National Network of Associate Degree Respiratory Care (NN2RC)

Dr. Carolyn O'Daniel, NN2 President

We are very pleased to introduce the important new organization that many of you have been anxiously awaiting, the National Network of Associate Degree Respiratory Care (NN2RC). Finally, a professional organization you will be able to count on to support and advocate for the important role of associate degree respiratory care education and practice as the foundation of the respiratory care career pathway.

NN2RC has just been incorporated, and interim officers are Tommy Rust, Interim President (TX); Peggy James, Interim Secretary (IN), and Marcia Fuller, Interim Treasurer (KY). The first conference and convening organizational meeting is being planned for this summer, so watch for related announcements, coming soon.

Thanks to an exceptional group of leaders for making this vision of a platform for advocacy a reality:

Sondra Flemming, TX
Marcia Fuller, KY

Yvonne George, OH
Jackie Long-Goding, MA
Peggy James, IN
Lacheeta McPherson, TX
Stacey Ocander, NE
Carolyn O'Daniel, KY
Tommy Rust, KS

I would encourage each of you who have a respiratory care program at your institution to plan on becoming a charter institutional member of NN2RC! For additional information, please contact Interim NN2RC President Tommy Rust at trust@concorde.edu.



NN2 Annual Meeting 2011

The NN2 Annual Meeting will be held in Cheyenne, Wyoming, September 21-24, 2011. The meeting is sponsored by Laramie County Community College, Stacey Ocander has placed a call for proposals on the NN2 website. The conference theme is New Frontiers in Healthcare: Workforce Development.

NN2 Annual Meeting 2012

The 2012 Annual Meeting will be held in Washington, DC. Plans include a "day on the hill" where members will have an opportunity to meet with their congresspersons. Information will be available at the annual meeting in Cheyenne and on the website.



NN2 Officers

President-Carolyn O’Daniel
Past President-Anne Loochtan
Secretary-Greg Ferenchak
Treasurer-Pat Munzer

Board of Directors

Lois Simmons
Dave Collins
Sharman Willmore
Geneva Baker

Executive Director

Cullen Johnson

Editor’s Note:

NN2 strives to prepare a newsletter that is informative to members. We encourage the submission of information and best practices related to health career education and training, which you think will be helpful to other members. Articles may be submitted to Anne Loochtan, email: anne.loochtan@mercycollege.edu.