Business Health Administration Association (BHAA)

A Division of MBAA International (MBAAI)

2025 Hybrid Meeting

Palmer House Hilton, Chicago, Illinois (USA)

April 9 – April 11, 2025

CONFERENCE PROCEEDINGS - ABSTRACTS

PROCEEDINGS

of the

BUSINESS AND HEALTH ADMINISTRATION ASSOCIATION

HYBRID MEETING

CHICAGO, IL

April 9-11, 2025

2025 PROCEEDINGS EDITOR

Adnan Kisa, Kristiania University of Applied Sciences

2025 ASSISTANT PROCEEDINGS EDITOR

Ashish Chandra, University of Houston – Clear Lake

Cassi Beard, University of Houston - Clear Lake

Example of referencing for articles from the proceedings:

Please use the following style when referring articles from the Proceedings: Zakari, Nazik M.A. (2009), "The Influence of Academic Organizational Climate on Nursing Faculties Commitment in Saudi Arabia," in Business & Health Administration Proceedings, Avinandan Mukherjee, Editor, p. 244.

Letter from the BHAA 2025 Conference President

David K. Wyant

Belmont University

Dear BHAA Colleagues,

Greetings and thank you for your participation in the 2025 Business and Health Administration (BHAA) Conference. As the president for the 2025 meetings, I greatly appreciate the contributions made by many individuals that make this conference possible every year. Your membership and attendance are essential to the success of BHAA. Our goal is to provide informative interactions while we develop high quality research. These proceedings are a result of a strong collaboration concerning a variety of health care related issues. The contents also demonstrate our strong commitment to student participation.

Thanks again for helping make the 2025 conference a success. I look forward to our future BHAA meetings.

Sincerely,

David K. Wyant, PhD, MBA, MA

President, BHAA 2025

Letter from the BHAA 2025 Conference Chair

Crystal Marchant

Clayton State University

Dear BHAA members,

Thank you for attending the 2025 Business and Health Administration (BHAA) Conference. On behalf of the executive board and myself, as the chair for the 2025 BHAA conference, we want to thank you and congratulate you again on your hard work and dedication, which is vital to the success of BHAA. Your scholarly work, which is noted in the proceedings, promotes the most current evidence-based practice, which will impact the future.

Thanks again for making the 2025 61st BHAA conference a success!

Sincerely,

Crystal Marchant, DNP, MSN, RN, CNEcl

Program Chair, BHAA 2025

Letter from the BHAA 2025 Proceedings Editor

Adnan Kisa

Kristiania University of Applied Sciences

Dear BHAA Colleagues,

Putting together the BHAA 2025 Proceedings has been a rewarding experience—and a reminder of just how vibrant and diverse this community is. Every submission tells a story of hard work, curiosity, and a drive to improve how we understand and manage health and business.

What I appreciate most about this year's collection is its mix of voices. We have contributions from longtime BHAA members, first-time presenters, international scholars, and passionate students. The result is a set of papers that cover timely topics with fresh perspectives—from health policy and leadership to systems management, finance, and more.

Behind every strong proceedings volume is a group of people who care deeply about academic exchange. I would like to personally thank all the authors, peer reviewers, and track chairs who generously donated their time and energy to make this possible. You made this more than just a compilation, you helped build a space for learning and connection.

As you flip through these pages, I hope you find not just ideas to build on, but reminders of the conversations and connections we shared during the conference. BHAA continues to grow because of your commitment, and I'm proud to be part of that journey.

See you in 2026.

Warm Regards,

Adnan Kisa, PhD, MSPH, MHA

Proceedings Editor, BHAA 2025

BUSINESS AND HEALTH ADMINISTRATION ASSOCIATION MBAA INTERNATIONAL, BEST PAPER AWARDS

BEST OVERALL PAPER

A Systematic Analysis of Health Conspiracy Theories: Causes, Effects, and Mitigation Strategies

Adnan Kisa and Sezer Kisa

BUSINESS AND HEALTH ADMINISTRATION ASSOCIATION ABSTRACT AND PAPER PROCEEDINGS

TABLE OF CONTENTS

Table of Contents

REAL-TIME ANOMALY DETECTION IN COMMUNITY PHARMACIES PRESCRIPTION PROCESSING USING MACHINE LEARNING

Suprito Biswas, DePaul University
Sina Ansari, Depaul University
Vahid Alizadeh, DePaul University
Ateequr Rahman, Rosalind Franklin University

ABSTRACT

Community pharmacies play a vital role in the U.S. healthcare system by ensuring timely, accurate medication delivery and essential patient counseling. However, increasing workloads, chronic understaffing, and the impact of COVID-19 have disrupted pharmacy workflows, leading to inefficiencies, delays, and prescription errors. Identifying these anomalies in real-time is critical for maintaining patient safety and operational efficiency. This study introduces a machine learning (ML)-based anomaly detection framework designed to optimize pharmacy workflows and reduce errors. Using data from a community pharmacy in Illinois, we developed phase-based detection models targeting two key stages of the prescription process: entry and verification. Algorithms such as Isolation Forest, Local Outlier Factor (LOF), and K-Nearest Neighbors (KNN) were employed to identify irregularities linked to pending verifications, staff workload fluctuations, and patient visit frequencies. Our findings indicate that anomalies significantly correlate with extended processing times. Implementing real-time anomaly detection allows pharmacies to proactively address workflow bottlenecks, optimize resource allocation, and improve prescription accuracy.

BUILDING A LASTING ACADEMIC COMMUNITY: MEANINGFUL METRICS FOR SCHOLARSHIP, PEDAGOGY, AND LIFE THAT IMPACT FACULTY RECRUITMENT AND RETENTION

Naquilla Thomas, Clayton State University
Michelle Boyce, Georgia State University
Heather Eddy, Clayton State University
Victoria Foster, Clayton State University
Dwayne Hooks, Clayton State University
Michelle Nelson, Clayton State University
Mélanie Poudevigne, Clayton State University
Kimberly Pyron, Clayton State University
Kendolyn Smith, Clayton State University

ABSTRACT

Building a lasting academic community requires intentional efforts, supported by meaningful metrics that evaluate scholarship, pedagogy, and work-life balance. These metrics are crucial for influencing faculty recruitment and retention, as they directly impact faculty satisfaction and success. By focusing on innovative teaching practices, scholarly contributions, and overall well-being, institutions can create a more sustainable academic environment. This paper explores how effective metrics can foster a vibrant academic community, ensuring long-term faculty engagement and retention while promoting balanced, impactful academic careers.

THERE IS MORE TO MARKETING OTC THAN JUST SALES: A LOOK AT TRANSPORTATION AND STORAGE ISSUES OF SELECT OTC CATEGORIES

Mirha Ahmed, University of Houston – Clear Lake
Cassandra Alexander, University of Houston – Clear Lake
Aiman Alvi, University of Houston – Clear Lake
LaPorsha Bell, University of Houston – Clear Lake
Susmita Bhusal, University of Houston – Clear Lake
Kiera Bradley, University of Houston – Clear Lake
Kyle Cappadona, University of Houston – Clear Lake
Ashish Chandra, University of Houston – Clear Lake

ABSTRACT

In the United States, over-the-counter (OTC) pharmaceuticals refer to medications that can be purchased without a prescription. These medications are typically used to treat common ailments and symptoms, such as pain, fever, allergies, and digestive issues. OTC pharmaceuticals are widely available in pharmacies, grocery stores, and convenience stores across the country.

The market for OTC pharmaceuticals in the United States is significant, with a wide range of products available to consumers. This includes allergy medications, pain relievers, cold and flu remedies, digestive aids, and more. The availability of these products without a prescription provides consumers with convenient access to treatments for minor health issues.

The regulation of OTC pharmaceuticals in the United States is overseen by the Food and Drug Administration (FDA), which sets standards for safety, efficacy, and labeling of these products. Additionally, the marketing and advertising of OTC pharmaceuticals are subject to regulations to ensure that consumers are provided with accurate information about the products.

Importance of Healthcare Marketing for OTC:

It is important to market over the counter (OTC) drugs in healthcare to ensure that consumers are aware of the availability of these products for self-treatment of common ailments and minor health issues. Effective marketing can help educate consumers about the benefits, uses, and proper dosages of OTC drugs, empowering them to make informed decisions about their healthcare. Additionally, marketing can also promote awareness of new OTC products and advancements in healthcare, ultimately contributing to improved public health outcomes.

This report will provide a comprehensive discussion and historical overview of major over the counter (OTC) options, including Allergy medications, Birth Control, Antibiotics, NSAIDs, Antacids, and Alternative Medications. The report will include information on marketing mix, SWOT analysis, storage, transportation, and improvement strategies. It will also cover FDA regulations and the environmental aspects of each OTC option, along with a global perspective for each.

ACADEMIC SNAKE OIL: WHY EIGHT WEEKS OF INSTRUCTION DOES NOT EQUATE TO 16 WEEKS OF LEARNING

M. Scott Stegall, Clayton State University
MeriBeth H. Stegall, Clayton State University
Thomas F. McIlwain, Clayton State University
Peter G. Fitzpatrick, Clayton State University

ABSTRACT

"Snake oil," is defined by Merriam-Webster as "any of various substances or mixtures sold (as by a traveling medicine show) as medicine without regard to their medical worth or properties."

In the current higher education environment, many institutions are considering and implementing four and eight week short semesters to replace the traditional 16-week semester. The academic administration justifications given for this transition include that purchasers support this change because the short semesters allow for focus upon fewer topics, follow the principles of "short batch production," and, potentially, allow students to complete degree work in a shorter timeframe. Cited also are research findings that student scores are higher on final exams with short semesters than with a 16-week semester.

Learning theory supports these findings, but not from a positive perspective. The key to this score difference is found by the short course process of taking final exams after rote (memorization) learning vs the 16-week semesters that require more "meaningful learning" to be equally successful test takers. Joseph Novak, in his 1998 text "Learning, Creating, and Using Knowledge," utilizes D.P. Ausubel's "assimilation learning theory" as a key foundation for discussion of the benefits of "meaningful" over "rote" learning. Rote learning is memorization without relating the new concepts and propositions to prior knowledge. Meaningful learning occurs when the learner relates these new concepts and propositions to prior knowledge in a nontrivial manner.

Ausubel's learning theory predicts that the future rate of learning utilizing rote methods is problematic, but the core problem is that the learning rate is slower because materials learned in a rote manner fade rapidly after six to eight weeks and the forgetting with rote learning inhibits current and future learning on similar topics. With meaningful learning, concepts and propositions learned become part of the long-term cognitive structure of the learner and the future learning of similar topics enhanced. Testing four to eight weeks into a semester optimizes the scores of short-term rote learners and rewards "learn and forget" rather than professional meaningful learning that empowers the learner to use those concepts five years later.

"Short batch" concepts are suggested to support short terms based on the idea that, if a student must miss classes, then the student needs only to drop one or two classes rather than the full load associated with 16-week semesters. However, more often, a student misses a week. With short semesters, students must recover an eighth or fourth of course learning while learning another eighth or fourth. Obviously, recovering from a sixteenth learning missed and learning a new sixteenth is a more doable assignment.

The appeal of using short terms to focus on limited topics aligns with silo thinking that scoring well on a single subject at a time is the goal. Degrees are composed of a variety of courses and, to master a field, integration of the courses is necessary. Multiple courses, taken in the same period, enhances the creation of "cross link" learning across the topics. Focused short courses do not support this form of integrative learning.

Another case for shorter semesters is the ability to take more credit hours in a 16-week period by doubling up the number of courses in the shorter semesters. The concept of taking more credit hours in a shorter timeframe ignores the Carnegie hour baseline of two hours of outside work for each credit hour in class for 15 weeks. This equates to a minimum of 135 hours of student work for a three-credit course and is a minimum noted by both federal government (CFR Title 34) and the related accrediting agencies. Failure to meet these work minimums subjects the university to loss of federal funding and leaves students unable to obtain student loans to attend the university utilizing inferior instructional practices.

For example, taking three three-credit classes in four weeks requires 405 hours of work or approximately a dedication of 14.5 hours a day for seven days a week. Cal Newport's 2016 "Deep Work" notes the daily cognitive capacity for deep work (the type of work required for meaningful learning) maximizes to about four hours per day. Angela Duckworth's 2016 "GRIT" reports that the human ability for deliberate practice is three to five hours per day. The additional time allotted to learning by a student results in diminished returns on the efforts. However, rote memorization is easier, and as long as the exams are in the four-to-eight-week timeframe, the "learning" reported on the transcript should be extensively higher than the mastery found at the job interview two years later.

Teaching does not equate to learning. Moreover, not all learning is the same (rote vs meaningful). Different teaching processes logically lead to different learning outcomes. The Donabedian model of structure, process and outcomes in determining quality of healthcare is applicable. The structure of the same educational resources (books and lectures) utilizing different processes (length of academic term) is expected to produce different levels of learning (outcome). As noted by Paul Batalden, "Every system is perfectly designed to get the results it gets." Unfortunately, Gresham's Law of "bad money driving out good" does exist. Many students and organizations (knowingly and unknowingly) are happy to pay for the "academic snake oil" of short-term memorization and forgetting in order to obtain a degree in a shorter timeframe.

However, if society is happy to pay for "memorize and forget" and equate this to an academic degree, then the short semesters are not academic snake oil. This process would be more efficient by using a drive through to pay for a paper degree. If society is expecting that students learn meaningfully, then short semesters are "academic snake oil" and selling snake oil under this condition is, at the least, misguided, and, at the worst, fraud.

M. Scott Stegall, MHSA, Ph.D., Professor (CONTACT AUTHOR)
Department of Health Care Management / College of Health / Clayton State University
2000 Clayton State Blvd
Morrow, GA 30260-0285
Phone: (678) 466-4650
Email: scottstegall@clayton.edu

MeriBeth H. Stegall, M.A., Ph.D., Professor
Department of Health Care Management / College of Health / Clayton State University
2000 Clayton State Blvd
Morrow, GA 30260-0285
Phone: (678) 466-4935
Email: meristegall@clayton.edu

Thomas F. McIlwain, MPH, Ph.D., Professor
MHA Program Director
Department of Health Care Management / College of Health / Clayton State University
2000 Clayton State Blvd
Morrow, GA 30260-0285
Phone: (678) 466-4931
Email: thomasmcilwain@clayton.edu

Peter G. Fitzpatrick, Ed.D., R.Ph., Professor (emeritus)
Department of Health Care Management / College of Health / Clayton State University

2000 Clayton State Blvd
Morrow, GA 30260-0285
Email: PeterFitzpatrick@clayton.edu

THE ETHICAL ISSUES OF HEALTHCARE IN SYRIA: CREATING A MENTAL HEALTH CRISIS

Andre Montano, University of Houston – Clear Lake
Ashish Chandra, University of Houston – Clear Lake

ABSTRACT

The unrest in Syria over the past decade, hospitals and clinics were bombed, breaking international laws. Medical workers are often attacked or killed for helping people, making them targets instead of helpers. Many Syrians were not able get basic healthcare, especially in war zones. They travel far through dangerous areas, leading to deaths from treatable conditions.

Such unsafe scenarios forced many doctors and nurses have left Syria, causing a shortage of healthcare workers. Those who stay work in unsafe conditions with limited supplies. Many communities suffered from preventable diseases because of this. This presentation will talk about the various ethical issues impacting the healthcare system that directly resulted from the war, including the mental health issues.

EMBEDDING CAREER-READY COMPETENCIES INTO A HEALTHCARE MANAGEMENT PROGRAM

Marcy Butler, Clayton State University
Joey Helton, Clayton State University
Kendolyn Smith, Clayton State University
Krushali Parketh, Clayton State University

ABSTRACT

Students commonly believe that having a degree will automatically get them a job upon graduation. However, the reality is that it takes more than a degree. Students may lack the necessary skills required to navigate the process from job-seeking to employment. Getting students' work ready requires teaching skills and strategies that they can use to become employable. Embedding career-ready competencies into the curriculum early has often benefited our students as an effective means of putting it all together.

Several years ago, the Health Care Management program faculty decided to collaborate with our Career Services and Professional Development Department at Clayton State University to enhance our students' ability to be career-ready upon completion of their degree. We embedded several career-ready competencies/objectives throughout our program. Which begins with our first course in our curriculum and continues with our last course, the capstone course. The assessments and/or assignments related to these competencies are required as part of their course grade. The assessments and assignments teach students the skills and tools that can support and help them develop transferable skills to make them more employable. These assessments and assignments include career services personality and interest inventory presentations, job fair mix and mingle, practice interview sessions, career coaching presentations, career boot camps, and resume-building workshops. The outcomes of incorporating these objectives have been fruitful. Students can:

- Understand what career options exist with their bachelor's degree in health care management or health sciences.
- Determine how continuing their education at the graduate level will enhance their career options.
- Think critically about the communicative process and an array of interpersonal experiences.
- Manage themselves and their communication with competence within personal and professional interpersonal relationships.
- Apply a decision-making process to specific situations, considering ethical and legal standards.
- Understand the steps involved in pursuing graduate training.
- Understand the steps involved in conducting a successful job search.
- Identify their short and long-term professional goals.
- Evaluate areas of strengths and weaknesses to assist with their professional and ethical development as part of their experiential learning.
- Communicate effectively and professionally both orally and in writing.

A sample of 30 Fall 2024 graduates with majors in health care management and health sciences completed surveys collected by the Clayton State University Office of Career and Professional Development. Data showed that 83% of the student respondents completed at least one experiential learning activity, 26% planned to continue their education via graduate school, and their average salary ranged from $40,000 to $51,781.82 per year. Embedding Career Competencies is a cornerstone of developing healthcare management professionals for the future. Building an understanding of Healthcare Management for these students is the mission to develop them into leaders of tomorrow while gaining competencies today.

Marcy Butler, Dr.PH
College of Health Clayton State University Tel: 678-466-4565
marciabutler@clayton.edu

Joey Helton, MPH, DBA
College of Health Clayton State University Tel: 678-466-4566
joeyhelton@clayton.edu

Kendolyn Smith, MPH, PharmD
College of Health Clayton State University Tel: 678-466-4561
kendolynsmith@clayton.edu

A CRITICAL OVERVIEW OF THE US PUBLIC HOSPITAL SYSTEMS AND FACILITIES

LaPorsha Bell, University of Houston – Clear Lake
Ashish Chandra, University of Houston – Clear Lake

ABSTRACT

The demand for public hospital care is influenced by a complex interplay of factors, essential for healthcare policymakers, providers, and stakeholders to understand. Determinants include population demographics, economic factors, technological advancements, public health initiatives, and emergency/trauma services. Population growth and ethnic/cultural diversity can increase the demand for hospital care, influenced by genetic factors, lifestyle choices, and health conditions. Economic challenges, particularly for individuals with lower education and income levels, limit access to essential resources, impacting overall well-being. Technological advancements in healthcare contribute to improved patient care, offering precision and access to advanced treatments. Public hospitals, equipped with cutting-edge facilities, may attract more patients. Overall, a nuanced understanding of these determinants is crucial for effective healthcare planning and delivery. Seeking grant funding and donations from various sources can support specific programs and improve infrastructure. Community outreach and education programs can increase patient volume by promoting preventive care, potentially reducing healthcare costs. Embracing telemedicine facilitates cost-effective access to a broader patient population. Efficient billing and revenue cycle management help maximize reimbursement by ensuring accurate coding and timely processing. All of these factors could result in an influx of revenue for the hospital and will be discussed in this presentation.

PROCESS MAPPING IN AN UNDERGRADUATE HEALTH ADMINISTRATION PROGRAM

Dan Friesner, University of Akron
Kristine Kraft, University of Akron
Kelly Friesner, University of Akron
William C. Fiala, University of Akron

ABSTRACT

The vast majority of faculty working at private and regional public colleges and universities consider providing a high-quality education to students as their primary mission. The use of the term "high quality" reflects (at least) two objectives - instructional rigor and providing a positive student experience – which are frequently (but not always) at odds with each other (Samson, Granath, and Alger, College and Research Libraries, 2017; Rains, Journal of Education Advancement and Marketing, 2017). Instructors routinely receive requests from students to alter one or more structural aspects of a course (as expressed in a course syllabus), or a program's curriculum, in order to effectively address a student's concern(s). Those concerns may be shared by many students in a course (perhaps an exam that students considered too long to be completed in the allotted time, which lowered mean scores on the exam and/or increased the variation in scores), or experienced by a single student (perhaps a student's request to complete make-up exam in a manner not explicitly allowed by the syllabus and/or university policy). Analogous requests occur at the program level; for example, requests for course substitutions to fulfill program requirements. In each of these circumstances, faculty and administrators are routinely required to make professional judgments that inherently reflect tradeoffs between these objectives. While such professional judgments may be based on experience, precedent, and existing policies and procedures, they often do not explicitly inform, nor are they informed by, the tradeoff between the student experience and instructional rigor. Most often, the student experience is assessed using student ratings of instruction (graduating student surveys), which are administered at the end of the semester (program of study). Such metrics reflect global evaluations of student experience at the end of the course, not the situation-specific experiences of students at the time they make a request to the instructor that is not explicitly allowed by a course syllabus (Ludwiczak, Management, 2023). Faculty often do not formally evaluate the impact of their professional judgments on course (or program) rigor. Considered cumulatively, the impact of faculty professional judgements on the "high quality" of education provided to students is often poorly understood (Rains, Journal of Education Advancement and Marketing, 2017).

Education is both a social, and more specifically, a market/transactionally-driven process (Bradford, Adult Education Quarterly, 1958; Jarvis, Studies in the Education of Adults, 1995; Andrews, Garriso, and Magnusson, Teaching in Higher Education, 1996). In the most general context, faculty supply an opportunity to gain knowledge, and students demand the opportunity to gain knowledge. Assessing the quality of education, and specifically how professional judgement impacts that education, requires an assessment of both the demand and supply sides of this exchange (Popli, et al., Studies in Higher Education, 2023). An initial, necessary (but not sufficient) components of this assessment requires i) a mapping of the processes by which the structure of a rigorous education is offered; and ii) a mapping of the student's lived experience as they progress through a course (or, at a more general level, a program) (Davies et al., Journal of Advanced Nursing, 2023). Recently, several qualitative techniques have been developed to address these issues. On the supply side, the creation of process maps allows companies offering a product or service to identify the major institutional factors, processes, procedures, and other structural components of a productive activity (Trebble et al., British Medical Journal, 2010). Within the context of higher education, a process map provides a full description of how faculty envision a student's educational journey should occur. On the supply side, the creation of customer journey maps analogously describe the lived experience of consumers as they negotiate the use of that produced good or service (Crosier and Handford, Social Marketing Quarterly, 2012). Within the context of health care, for example, patient journey maps describe the lived experience of patients (inclusive of unexpected circumstances) as they receive health care services to treat a particular condition (Davies et al., Journal of Advanced Nursing, 2023). Analogously, student journey maps describe the lived experience of students as they progress through a course, an academic term, or an entire program. Assessing both the process map and the student journey

map simultaneously provides the necessary prerequisite information and structure to assess and improve the quality of education that faculty provide to students (Barton et al., BMJ Open, 2009; McCarthy et al., Journal of Decision Systems, 2016; Bulto et al., European Journal of Cardiovascular Nursing, 2024). While process maps and customer journey maps have been developed to describe many different markets, surprisingly few studies have attempted to create these maps within the context of higher education, and more specifically undergraduate education.

The primary objective of this study was to develop and analyze a process map for an undergraduate health administration program. As a long run goal, the study focused on creating a map for an overall program. As an initial step in that initiative, a process map was created for a given semester within that program. The map was created by faculty teaching in, and administering, the undergraduate health administration program. As such, the process map describes the faculty's perceptions of rigor, student experience, and how they aggregate to a high quality education. The study forms the basis for future research (beyond the current submission) to create student experience maps for students completing this same health administration program. In doing so, and by combining the work of both studies, it is possible to both identify the quality of education offered, as well as to identify possible barriers and solutions to providing a "high quality" education for these students.

Dan Friesner, Ph.D.
College of Health and Human Sciences
University of Akron
Tel: 330-972-5521
Fax: 330-972-5737
Dfriesner@uakron.edu

Kristine Kraft, D.C.
School of Allied Health
University of Akron
Tel: 330-972-6516
Fax: 330-972-5737
knk@uakron.edu

Kelly Friesner, M.S., MLS, CHT
School of Allied Health
University of Akron
Tel: 330-972-4757
Fax: 330-972-5737
Kfriesner@uakron.edu

William C. Fiala, M.A., CCS-P, CPC, RMA
School of Allied Health
University of Akron
Tel: 330-972-8451
Fax: 330-972-5737
wcfiala@uakron.edu

AFTER THE WAR REBUILDING A COUNTRIES HEALTHCARE SYSTEM – SYRIA

Andre Montano, University of Houston – Clear Lake
Ashish Chandra, University of Houston – Clear Lake

ABSTRACT

What Syria Needs in Healthcare:

Destroyed Healthcare Infrastructure – Over half of Syria's hospitals and clinics are damaged or destroyed. The ones left are crowded, dirty, and lack proper medical equipment. Many hospitals hide in basements to avoid attacks, which limits their capacity.

Chronic Shortage of Medical Supplies – Syria lacks essential medicines like antibiotics, anesthesia, and insulin. Surgeries often happen without proper anesthesia. Life-saving treatments like dialysis and chemotherapy are often unavailable. There's a big shortage of ventilators and X-ray machines.

Severe Deficit of Medical Professionals – About 70% of Syria's medical workers have left or died. The remaining doctors are overworked and have to work outside their specialties. This leads to gaps in care like cardiology and neurosurgery. Many areas rely on undertrained staff for critical procedures.

Total Collapse of Mental Health Services – Many Syrians, especially children, have faced trauma like witnessing violence. Psychiatric care is almost nonexistent. The suicide rate has increased, and untreated mental health issues cause long-term problems.

Inadequate Emergency and Trauma Care – The conflict has increased the need for trauma surgery and emergency medicine. But Syria's emergency response system is weak. Many wounded people die because they can't reach help in time. Makeshift clinics struggle to provide basic first aid.

Maternal and Infant Health Crisis – Pregnant women face dangers due to lack of prenatal care and skilled birth attendants. Many give birth in unsafe conditions, leading to high maternal and infant deaths. Newborns often die from preventable conditions due to lack of care.

Resurgence of Preventable Diseases – Vaccination efforts have stopped in many areas. Diseases like polio and measles are returning. Contaminated water and crowded refugee camps spread diseases, making children vulnerable.

Public Health and Sanitation Crisis – Destroyed water treatment plants have led to cholera and dysentery outbreaks. Clean drinking water is hard to find, forcing people to drink contaminated water, causing deadly infections.

Lack of Treatment for Chronic Diseases – Diseases like diabetes and heart disease are often untreated. Many die from conditions that could be managed with regular care. Dialysis patients face death without treatment, and diabetics struggle without insulin.

Absence of Rehabilitation Services – Many civilians have lost limbs or suffered disabilities from war injuries. Rehabilitation centers and prosthetic programs are rare. Many disabled people can't regain mobility or independence.

ISSUES IN APPLYING REAL OPTION ANALYSIS DURING PROJECT SELECTION IN HEALTHCARE SETTINGS

David Wyant, Belmont University

ABSTRACT

This presentation provides healthcare managers with an introduction to real options analysis, which is a method used by financial professionals to evaluate potential projects. Compared to other treatments of real option techniques, this presentation incorporates a literature review to demonstrate limitations and potential pitfalls that exist when real options analysis is applied in health care settings. Real options analysis developed by recognizing that techniques used in the analysis of options for investment securities (i.e. financial options) could be applied in the analysis of capital investment (i.e. "real" assets). The real options approach emerged as an improvement to the traditional approach of net present value analysis (NPV). Traditionally NPV summed estimates of revenue and costs for each future period to estimate the profitability of a potential project. In contrast, real option analysis builds contingencies into the plan. These contingencies might include exit strategies to limit losses when goals are not met, or options to expand the volume of services when the project is successful. Real option analysis provides estimates of whether the cost of paying upfront for possible contingencies improves the expected return on the project. For example, when an organization is considering leasing a diagnostic machine, it is possible to estimate the value of an option to cancel the lease midway through the contract. Real options can also be a method of reducing the risk of a project. However, the risks inherent in real options analysis need to be recognized.

David Wyant, PhD Associate Professor, Jack C Massey College of Business, Belmont University, Nashville, Tennessee
David.wyant@belmont.edu

VISUAL HEALING: THE HEALING POWER OF PHOTOGRAPHY IN HOSPITALS

Cassi Beard, University of Houston – Clear Lake, Houston
Ashish Chandra, University of Houston – Clear Lake

ABSTRACT

A large part of any marketing is communication. Effective communication is not only audio or audio-visual but can be just visual without any words. The lack of visual content prevents healthcare organizations from fully engaging with patients and brand differentiation. This is where paintings and photographs can make a big difference, as they do in many healthcare settings where one can see beautiful, intricate paintings. Numerous healthcare organizations disregard professional photography benefits by choosing generic stock images which cannot properly represent distinctive services and values.

The benefits of employing professional photographers unfold as you witness their unique perspective towards the creation of visual narratives. These experts capture your organization's essence by showing authentic representations of your superior patient care. Photography professionals significantly impact healthcare through their ability to build patient trust and enhance communication while strengthening brand identities. The creation of authentic visual content through high-quality photography establishes important connections between medical providers and their patients. Healthcare organizations that focus on professional photography will not only enhance brand recognition but simultaneously shape stronger patient relationships that embody the spirit of your organization's mission.

Similarly, there are times when dignitaries, learned professionals, and foreign visitors come to healthcare organizations, including in the Indian subcontinent and many developing nations. Most of the organizations in these places are very welcoming and there are numerous photographs taken by the institution's photographers. However, many organizations do not take advantage of displaying the photos taken which is a missed marketing opportunity.

EXAMINING FOOD INSECURITY IN THE MIDWEST

Isabel L. Valdez, University of Evansville
Su Jin Jeong, University of Evansville

ABSTRACT

In the United States, food insecurity is a severe but often overlooked public health issue with inadequate resources dedicated to its resolution. Without consistent food resources, an individual may struggle with cognitive, physical, and developmental problems. Food insecurity can emerge from a variety of reasons: racial discrimination, rising food prices, low socioeconomic status, adverse health conditions, employment status, government policy and countless other factors. However, an individual may encounter one, a few, or none of these reasons, as food insecurity is a complex issue that impacts every individual or family differently from the next. Regardless of its extent, the impact of food insecurity is long-lasting and can be threatening to overall health. Adequate nutrition is essential for protection from illness, maintaining bodily functions, and sustaining a wholesome lifestyle. Every human being has the right to a quality way of life, and that begins with sufficient nutrition.

The purpose of this research study is to understand the prevalence of food insecurity and attempt to examine possible ways to alleviate its effects across a mid-sized city in the Midwest. By identifying the pervasiveness of food insecurity in the city, officials can begin to investigate potential remedies to the impacts of this public health issue. The research site for this study is at a non-profit community center on the East side of the city. This non-profit hosts weekly food drives, where this study will recruit participants. With the obtained quantitative data, an analysis will be done to identify a possible connection between food insecurity and age, gender, race/ethnicity, employment status, disability status, income, and utilization of SNAP benefits or food stamps. With the qualitative data that is obtained, we will be able to better understand the lived experiences of those who are suffering from food insecurity and why they are struggling.

Finding a remedy to this public health issue is an incredibly important first step to closing the gaps in health disparities in majority and minority groups. Adequate nutrition will serve as the preliminary step towards underprivileged individuals achieving higher educational attainment, enhanced health outcomes, consistent employment, and an overall thriving lifestyle.

Isabel L. Valdez
School of Health Sciences, Public Health
University of Evansville
Tel: 480-749-4559
Iv19@evansville.edu

MEDICAL TOURISM IS NOT AN INTERNATIONAL TRAVEL BASED ONLY FOR U.S. RESIDENTS – HOUSTON, TX IS PROOF OF IT

Theresa Capili, University of Houston – Clear Lake
João Costeira, University of Houston – Clear Lake
Lauren Atzenweiler, University of Houston – Clear Lake
Miranda Brown, University of Houston – Clear Lake
Ajay Jain, University of Houston – Clear Lake
Denetria Johnson, University of Houston – Clear Lake
Ashish Chandra, University of Houston – Clear Lake

ABSTRACT

Medical Tourism is often considered as something that U.S. consumers can only obtain by travelling abroad. However, most don't realize that Houston, Texas is a prime location for medical tourism. Houston is home to world class medical facilities and the Texas Medical Center. There are many things that make Houston attractive for medical tourism. The warm climate makes it a great place to visit year-round. Houston has some of the best hotels and a diverse culinary scene. There are also many things to do while visiting Houston and many options for transportation throughout the city. Patients and families who travel to Houston for medical tourism will be in one of the best places. This presentation will look at the Medical Tourism related marketing issues for Houston and also provide strategies for improvement and enhancing this market.

HOW MENTAL HEALTH PRACTICES CAN POSITIVELY IMPACT LONG TERM CARE ADMINISTRATORS

Alison A. Ulloa, University of Houston – Clear Lake
Ashish Chandra, University of Houston - Clear Lake

ABSTRACT

Long-term care (LTC) administrators play a critical role in managing facilities that care for aging populations. However, the demanding nature of their responsibilities, exacerbated by challenges such as the COVID-19 pandemic, contributes to high levels of stress, burnout, and workforce retention issues. This paper explores how implementing mental health practices can positively impact LTC administrators, leading to improved job satisfaction, better workforce retention, and enhanced care for residents. Through a review of literature and research studies, this paper discusses psychological health and safety (PHS) frameworks, self-care strategies, and organizational interventions that support administrators' mental well-being.

A SYSTEMATIC ANALYSIS OF HEALTH CONSPIRACY THEORIES AND PUBLIC TRUST: EXPLORING CAUSES, EFFECTS, AND MITIGATION STRATEGIES

Adnan Kisa, Kristiania University of Applied Sciences
Sezer Kisa, Oslo Metropolitan University

ABSTRACT

Health-related conspiracy theories undermine trust in healthcare, leading to vaccine hesitancy and risky health behaviors. This study is the first to comprehensively examine the prevalence, psychological and behavioral effects, contributing factors, and counterstrategies of health-related conspiracy theories. A systematic search across six databases—PubMed, Embase, Web of Science, CINAHL, PsycINFO, and Scopus—retrieved 1,792 studies. The reviewed studies reveal that conspiracy beliefs, mainly about vaccines, HIV/AIDS, pharmaceutical companies, and COVID-19, contribute to distrust in health authorities, lower vaccine uptake, and mental health issues. Key drivers include sociopolitical distrust, cognitive biases, and misinformation spread via social media. While interventions like media literacy and inoculation messaging show promise, their long-term effectiveness remains uncertain. Findings suggest that health-related conspiracy theories pose a significant public health challenge. Future research should prioritize longitudinal evaluations of misinformation countermeasures and strategies to rebuild trust in healthcare systems.

Adnan Kisa, Ph.D.- CONTACT AUTHOR
Professor
School of Health Sciences
Kristiania University College
Prinsens Gate 7-9
0152 Oslo, Norway
Tel: (+47) 982 89 234
adnan.kisa@kristiania.no

Sezer Kisa, Ph.D.
Professor
Faculty of Health Sciences
Oslo Metropolitan University
Pilestredet 32, 0166 Oslo, Norway
Tel: (+47) 925 01 403
sezkis@oslomet.no

DO HEALTH INSURANCE DISPARITIES EXIST AMONG VARIOUS EMPLOYMENT TYPES IN A COUNTRY WITH UNIVERSAL HEALTHCARE?

Kha Ai Vo, University of Houston-Clear Lake
Ashish Chandra, University of Houston-Clear Lake

ABSTRACT

The United States Census Bureau (n.d.) reported that, as of 2025, Vietnam has a population of 106.7 million with a healthcare system split into four administrative groups: national, provincial, district, and commune level (Nguyen, T.-A., Pham, Y. N., Doan, N. P., Nguyen, T. H., Do, T. T., Van Vu, G., Marks, G. B., McKinn, S., Negin, J., Bernays, S., & Fox, G. J., 2021). In 2014, Vietnam's universal health coverage was widely implemented, but there are issues within its programs among factors such as locality which affects the quality-of-care patients receive and often include extra, unwanted costs (Vuong, Q.-H., La, V.-P., Nguyen, M.-H., Nguyen, T.-H.T., Ho, M.-T., 2021).

Social Health Insurance (SHI) has been implemented in Vietnam in stages since 1992, but there are disparities between contracted workers and self-employed workers. Contracted employees are involuntarily assigned insurance through their employers, while self-employed workers must seek outside insurance agencies (Leopold et al., 2020).

In 2016, 86% of Vietnam's population had health coverage, but 41% of health expenses resulted solely from out-of-pocket (OOP) payments, which historically led to 3.4% and 2.5% of the population being severely indebted in 2002 and 2010 (Vuong et al., 2021). High OOP expenses mostly stem from the SHI benefit package, which includes a range of resources from advanced diagnostic to therapeutic services, but also discreetly includes expensive medical technology and services (Ha et al., 2021). Although the benefit package may seem favorable on the surface due to the resources it offers to those with low income, it may be misleading to many who are looking to purchase insurance that covers their primary necessities. This could cause the gap between decreased OOP expenses and the impoverished to grow significantly.

The authors have stated that Vietnam's universal healthcare has benefits, such as a broad range of healthcare resources, and disadvantages, such as additional OOP payments. We challenge the Vietnamese government to reduce OOP expenses or disclose the resources that drive up these additional costs. Vietnam's access to quality healthcare is already difficult for society to obtain; therefore, reducing stressors related to SHI would help alleviate some hardships.

REFERENCES

Ha, N.T., Anh, N.Q., Van Toan P., Huong, N.T. (2021). Health Insurance Reimbursement to Hospitals in Vietnam: Policy Implementation Results and Challenges. *Health Services Insights*. https://doi.org/10.1177/11786329211010126.

Leopold, N., Groot, W., Tomini, S. M., & Tomini, F. (2020). Health insurance and self-employment transitions in Vietnam. *Journal of Small Business Management*, *59*(6), 1279–1300. https://doi.org/10.1080/00472778.2020.1786335

Nguyen, T.-A., Pham, Y. N., Doan, N. P., Nguyen, T. H., Do, T. T., Van Vu, G., Marks, G. B., McKinn, S., Negin, J., Bernays, S., & Fox, G. J. (2021). Factors affecting healthcare pathways for chronic lung disease management in Vietnam: a qualitative study on patients' perspectives. *BMC Public Health*, *21*(1). http://dx.doi.org/10.1186/s12889-021-11219-4

Vuong, Q.-H., La, V.-P., Nguyen, M.-H., Nguyen, T.-H.T., Ho, M.-T. (2021). Good budget or good care: The dilemma of social health insurance in Vietnam. *SAGE Open Medicine*, 9. https://doi.org/10.1177/20503121211042512

United States Census Bureau. (n.d.). *Population Clock, World Population: Vietnam*. Retrieved February 14, 2025, from. https://www.census.gov/popclock/world/vm

HOSPITALS CREATING THEIR OWN SUPPLY CHAIN TO COMBAT THE NURSING SHORTAGE

Dennis Emmett, Marshall University
William Willis, Marshall University
Marjorie McInerney, Marshall University

ABSTRACT

There is a nursing shortage in this country. The demand for nurses will increase in the coming years. In search of a solution to the shortage, numerous hospital systems are attempting to create their own supply chain. In doing so, there are advantages and disadvantages. This paper examines some of the factors to be considered in developing these programs.

ENHANCING EMPLOYEE EXPERIENCE –FROM RECEIVING AN APPLICATION TO END OF EMPLOYMENT

Monica R. Romero, University of Houston – Clear Lake
Ashish Chandra, University of Houston – Clear Lake

ABSTRACT

It is imperative that employers do due diligence when it comes to hiring the right candidates. But the process of enhancing employee experience should not just be in the initial stages of their employment. This should be a continuous process from pre-employment stage to the end of employment stage. This paper will talk about the strategies in different stages on employment that can help enhance employee experience.

Generic Table for different employment stages:

Enhancing the Employee Experience – Phase 1	
Vetting	**Pre-Onboarding**
Resume Review	Access to company payroll system
Interview	Proposal Letter
Social Media	Company Policies
Background Checks (accountants difference needing credit check)	
Credential Checks (for RNs)	
Company Culture Part 1 Intro	

Enhancing the Employee Experience – Phase 2					
Day 1 Onboarding	**Week 1**	**Month 1 – 3**	**6 months**	**Involuntary Termination**	**Voluntary Termination**
Safety Training	Confirm benefits allocated	Orientation	Evaluation	Standard	Standard
Tour / Introductions	Confirm all proper documentation been received	Touch points	Follow on Training?	Antagonistic	Antagonistic
Company Handbook	Access training	Formal Check-in (Documented)	Role Expectations from Employee and Supervisor	Hostile	Potential for re-hire

	Hands On Training	Is this the right place for you?	Informal Check-in		Exit Interview
Company Culture Part 2 Supervisor Perspective		Company Culture Part 3 Employee Perspective			

Enhancing the Employee Experience – Termination	
Involuntary Termination	**Voluntary Termination**
Standard	Standard
Antagonistic	Antagonistic
Hostile	Potential for re-hire
	Exit Interview

HOSPITALS' COST OF BORROWING AND THE RELATIVE MARKET STRENGTH OF COMMUNITY BANKS

W. Paul Spurlin, Mississippi State University

ABSTRACT

According to the American Hospital Association (AHA), the continued viability of rural hospitals is important to approximately 14% of the United States (U.S.) population as they not only provide quality healthcare but also serve as economic drivers in their communities, supporting about 8% of rural jobs in the U.S. during 2020. However, 136 rural hospitals closed during the period of 2010-2021, some of them due to poor financial performance. As the AHA notes that rural hospitals uniquely pursue opportunities for financial stability and viability, access to external capital is likely a stabilizing factor in this pursuit. In fact, access to external funding is becoming increasingly important for all U.S. hospitals as they modernize and expand existing facilities to remain competitive in their markets, but smaller hospitals often have fewer options for financing and tend to face higher costs of capital when they find willing lenders.

Community banks serve as relationship lenders in that they are willing to provide capital to smaller borrowers who do not qualify for loans from larger banks because a community bank often approves loans to a smaller borrower based on information the community bank is able to gain from an existing banking relationship with the smaller borrower. Thus, hospital managers may find it beneficial to develop and maintain a relationship with community banks to access capital at lower rates than may be available to them from larger banks. Therefore, this study examines how the cost of borrowing for a rural hospital is affected by the strength of community banks and the concentration of community banks that operate within the hospital's home county.

Empirical results support the conclusion that hospitals, in general, will be able to find better credit terms when they face a higher concentration of community banks to serve as potential intra-market lenders and when those banks have a weaker position within the market. However, rural hospitals, specifically, tend to pay less for external financing when community banks are stronger within the local market. Therefore, rural hospital managers are encouraged to develop and maintain a relationship with a strong community bank to stimulate access to external capital at lower costs.

W. Paul Spurlin, PhD
Department of Healthcare Administration
Mississippi State University
2212 Fifth Street, Meridian, MS 39301
(601) 484-0401
(601) 484-0495 FAX
paul.spurlin@msstate.edu

UNITING DISCIPLINES: A COMPARATIVE ANALYSIS OF ALLOPATHIC AND OSTEOPATHIC MEDICINE

Yaswanth Singamaneni, Belmont University
David Wyant, Belmont University

ABSTRACT

This presentation examines the historical origins, educational frameworks, and clinical methodologies that characterize allopathic (MD) and osteopathic (DO) medicine. By conducting a comprehensive literature review and analyzing recent trends in medical education and residency training, the study highlights both the similarities and differences in philosophy, curriculum, training, accreditation, and clinical practice. This presentation aims to provide practitioners, educators, policy makers and future medical students a framework for understanding allopathic and osteopathic medicine. Historically, MD and DO residency programs operated under separate accreditation bodies, leading to different training standards and limited interaction between the two fields. The advent of the unified accreditation system has fostered greater interdisciplinary collaboration and integration. This presentation will explore the implications of the recent accreditation change in which both allopathic and osteopathic students are part of the same graduate medical education system. This presentation aims to show that collaborative efforts between MDs and DOs can foster a more patient-centered approach in an increasingly complex healthcare landscape. The presentation incorporates a literature review to perform a comparative analysis of medical training, contrasting the rigorous, research-intensive approach of allopathic medicine with the holistic, patient-centered philosophy that characterizes osteopathic practice, particularly its emphasis on osteopathic manipulative treatment (OMT).

Yaswanth Singamaneni, MBA Candidate, yaswanth.singamaneni@bruins.belmont.edu
Jack C Massey College of Business, Belmont University Nashville Tennessee

IMMIGRANT ACCESS TO HEALTHCARE IN THE UNITED STATES: A LITERATURE REVIEW

Hengameh Hosseini, University of Scranton
Priyanka Bhogala, University of Scranton

ABSTRACT

This literature review describes U.S. healthcare policies that affect immigrant populations by looking at federal restrictions, state-level innovations and community-based responses. Immigrants are key contributors to an economy, yet they are often cut out of systemic access due to a lack of legal status, administrative barriers, and forced separation from culturally competent care. The recent state-funded expansions and community-based models have promising potential, as identified by recent studies. Thus, this paper used input from recent studies and provided a framework to initiate changes to policies to be fair, confidential and affordable as it relates to healthcare policy and the pursuit of a fairer system of healthcare for all residents, regardless of immigration status.

A COMPREHENSIVE ANALYSIS OF SYSTEMIC TRIGGERS, RISK FACTORS, AND INTERVENTIONS FOR PERPETRATOR-DRIVEN VIOLENCE IN HEALTHCARE

Sezer Kisa, Oslo Metropolitan University
Adnan Kisa, Kristiania University of Applied Sciences

ABSTRACT

Workplace violence (WPV) in healthcare threatens staff well-being, patient care, and public trust, with emergency departments (EDs) being particularly vulnerable. This is the first study to comprehensively analyze evidence from six databases (MEDLINE/PubMed, Embase, Web of Science, PsycINFO, CINAHL, and DergiPark) on perpetrator-driven violence, focusing on motives, contextual factors, and prevention strategies. Systematic searches identified key triggers, including overcrowding, poor communication, unmet expectations, and inadequate staffing. Patient-related factors, including substance abuse and cognitive impairments, further exacerbated risks. Prevention strategies, including communication training, public awareness campaigns, and AI-driven solutions, showed promise but lacked long-term effectiveness. Addressing WPV requires interdisciplinary collaboration, systemic reforms, and scalable interventions to create safer and more resilient healthcare environments.

Sezer Kisa, Ph.D.- CONTACT AUTHOR
Professor
Faculty of Health Sciences
Oslo Metropolitan University
Pilestredet 32, 0166 Oslo, Norway
Tel: (+47) 925 01 403
sezkis@oslomet.no

Adnan Kisa, Ph.D.
Professor
School of Health Sciences
Kristiania University College
Prinsens Gate 7-9
0152 Oslo, Norway
Tel: (+47) 982 89 234
adnan.kisa@kristiania.no

SECURITY AND PRIVACY CONCERNS IN MOBILE HEALTH – AN ETHICS PERSPECTIVE

Anuradha Rangarajan, Illinois Institute of Technology
Rangarajan Parthasarathy, University of Wisconsin-Green Bay

ABSTRACT

The use of mobile technology in healthcare (mHealth) is rapidly gaining momentum. There are many security and privacy concerns from an ethical perspective associated with the access and sharing of protected health information (PHI) through mobile technology. Ethical issues in mHealth are not as clear-cut as legal issues are, and such issues have been evolving due to the contributions made by professional societies related to the domain of healthcare information management.

In mHealth, PHI related to patient health including sensitive data and certain vital sign parameters could be transmitted frequently and in an automated manner. In such situations, for practical considerations, explicit patient consent for each individual activity or transmittal is not likely to be obtained, which implies patients may not be given the opportunity to deny transmission of one or more parts of the data which they may consider deem to be private and confidential.

In this research, we explore security and privacy concerns associated with mHealth from an ethical perspective with a focus on those situations wherein the lines of explicit consent are blurred, and address research questions involving a possible dichotomy related to preserving patient anonymity and collection and transmission of granular data related to patient health.

Anuradha Rangarajan, MS, MBA, Ph.D. – CONTACT AUTHOR
Illinois Institute of Technology
Chicago, IL, 60616
Tel: (312) 567-5290
arangarajan@iit.edu

Rangarajan Parthasarathy, MBA, Ph.D.
University of Wisconsin-Green Bay
Green Bay, WI, 54311
Tel: (920) 465-2000
parthasr@uwgb.edu

DID THE COVID-19 PANDEMIC CREATE A NEW BASELINE FOR THE FINANCIAL PERFORMANCE OF SPECIALTY HOSPITALS?

Cassandra R. Henson, Widener University
Dan Friesner, University of Akron

ABSTRACT

The COVID-19 pandemic created a fundamental disruption in the provision of health care, and especially the provision of hospital care (American Hospital Association, 2022). Many hospitals experienced a demand for specific hospital services that exceeded the productive capacity of hospitals, as well as shortages of both labor and non-labor inputs (Vohra, Khullar, Kaushal, and Schpero, Health Affairs, Vol. 42, 2023). The pandemic also accelerated changes in the delivery of care, especially those aspects of care that can be delivered via telemedicine technologies (Shaver, Primary Care, Vol. 49, 2022). Public policy, both in terms of regulatory oversight and funding, shifted to ensure that hospitals (and the individuals who staffed them) were able to provide critically needed services to vulnerable populations (Cutler, JAMA Health Forum, Vol. 4, 2023).

Each of these forces, whether market oriented, technologically driven, or policy induced, directly and indirectly impacts the financial performance of hospitals. Lalani et al. (Healthcare, Vol. 11, 2023) found that the financial positions of large teaching hospitals in the United States deteriorated during the pandemic, but started to improve in 2021.Gidwani and Damberg (JAMA Health Forum, Vol. 4, 2023) found that many hospitals exhibited negative net operating income and were in financial distress during the early part of the pandemic. However, federal relief funds allowed many of these hospitals to exhibit positive operating incomes by the 2020/2021. Li, Al-amin, and Rosko (Journal of Healthcare Management, Vol. 68, 2023) found that hospital operating margins were inversely related to infectious disease exposure, indicating that hospitals who faced larger impacts from the pandemic were likely to have lower operating margins.

Despite these studies, much remains unknown about the impact of the pandemic on hospital financial performance. Three issues, in particular, remain unresolved. First, most studies in the literature focus on the operating margin or net income as the primary measure of financial viability/distress. However, there are additional financial metrics that provide a wider array of information (for example, other profitability ratios, including total margins, return on equity or return on assets), as well as more nuanced information, about the financial position of hospitals. Examples of the latter include capital structure ratios, liquidity ratios, and activity ratios. It may be the case that, while operating margins improved after the pandemic, one or more of these ratios continue to exhibit lower performance post-COVID. Second, while studies show some level of financial improvement as the pandemic subsided, few studies have assessed whether each of these financial metrics has returned to pre-pandemic levels. If that is not the case, and to the extent that financial metrics describe actual hospital operations, the pandemic is likely to have created structural changes in the provision of care that alter the financial viability of hospitals. Third, much of the healthcare finance literature has focused on general, acute care hospitals, or teaching hospitals. Few studies in the literature have assessed the financial performance of specialty hospitals, particularly hospitals whose primary focus is the provision of psychiatric and rehabilitation services. These hospitals are particularly interesting to study, since a major effect of the pandemic was a substantial growth in the need for mental health, substance misuse, and other rehabilitative care.

The purpose of this manuscript is to conduct an empirical assessment of the financial performance of specialty care hospitals before, during, and after the COVID-19 pandemic. It defines financial performance using a broad array of metrics, including profitability, capital structure, liquidity, and activity ratio. Data are drawn from the American Hospital Association Annual Survey during the period 2018-2022. Multivariate analysis of variance (MANOVA) is used to assess whether the collection of financial metrics exhibits significant mean changes over the study period. Results indicate that several financial ratios exhibit significantly different levels post-pandemic, compared to pre-pandemic.

Cassandra R. Henson, Dr.P.A., M.B.A.
School of Business Administration
Widener University
One University Place,
Chester, PA 19013
Tel: 610-499-4310
crhenson@widener.edu

Dan Friesner, Ph.D.
College of Health and Human Sciences
University of Akron
Akron, OH 44325-3700
Tel: 330-972-5521
Dfriesner@uakron.edu

THE BUSINESS OF HEALTH AND ADMINISTRATION: DO WE UNDERSTAND THE ASSIGNMENT?

Michelle Allen, Positive Impact Health Centers (PIHC)
Joey Helton, PIHC, Clayton State University

ABSTRACT

Background: Healthcare is a vital component of every society. It is important to understand without proper administration the business of healthcare will impact service and delivery models. The COVID-19 pandemic redefined public health, exposing stark disparities and underscoring the need for collaborative, integrative approaches to healthcare. Structural inequities and social determinants emerged as significant barriers to achieving health equity, defined as an equal opportunity for all individuals to attain their highest level of health. In the midst of COVID we were faced with combatting Mpox. Positive Impact Health Centers worked collaboratively with the GA Department of Public to expand the footprint of vaccine access and administration in metro-Atlanta. Let's reimagine the administration of healthcare with an aspirational goal of Health Equity.

Objectives:

1. Enhance internal and external partnerships to improve access to care and health outcomes.
2. Build workforce capacity to ensure equitable, inclusive care through targeted training.
3. Identify factors that impact health equity, including social determinants, access barriers, and community engagement.

Methods: This study analyzed PIHC infra-structure and Syndemic responses through operational reviews, and case studies to explore best practices in health program design. It highlighted effective strategies for addressing disparities and integrating services.

Results: Cross-sector partnerships, culturally competent training, and models addressing concurrent health crises proved critical in reducing inequities. Programs engaging communities and bridging structural gaps yielded better access to care and improved outcomes.

Implications: Ongoing dialogue, equity-based program assessments, and collaborative partnerships are crucial to sustaining healthcare delivery and resilience in underserved communities.

Conclusion: Unified, innovative efforts centered on health administration advance health equity, fulfilling the aspirational goal that "We are stronger when we march forward together."

VARIANCE IN HOSPITAL CHARGES FOR DIAGNOSIS-RELATED GROUPS: AN EMPIRICAL STUDY OF THE 2019 NATIONAL IN-PATIENT RECORDS IN THE US

Samaneh Torkzadeh, University of the District of Columbia
Ravi Chinta, University of the District of Columbia

ABSTRACT

Hospital charges in the United States exhibit significant variability, posing challenges for patients, healthcare providers, and policymakers. This study aims to analyze the variance in hospital charges across different Diagnosis-Related Groups (DRGs) using the National Inpatient Sample (NIS) data from 2019, provided by the Agency for Healthcare Research and Quality (AHRQ). Our analysis reveals that the variance in hospital charges significantly differs across DRG groups. Specifically, we identify the top 20 DRGs with the highest coefficient of variation and the 20 DRGs with the lowest coefficient of variation among more than 800 DRG groups. A closer examination of these extreme groups would be the empirical basis for future research to unravel factors that are associated with a reduction in the coefficient of variation. These findings suggest that implementing standardized care practices could enhance pricing transparency and equity in healthcare.

WHY IS AI USAGE IN HEALTHCARE STILL IN ITS INFANCY STAGE?

Maria Lai-Ling Lam, LCC International University, Lithuania

ABSTRACT

AI usage in healthcare is still in its infancy and has not yet reached its potential in making the global healthcare system more equitable and safe. There is a substantial gap between AI promises and its actual delivery in healthcare settings. The paper employs qualitative research to investigate demand and supply issues related to AI in healthcare. Key demand challenges include organizational capacity and the strategic alignment between administrative processes and evolving AI technologies. On the supply side, major issues are the lack of data quality assessment and imbalanced power dynamics created by a few private AI companies. This paper also recommends changes and poses research questions related to the demand and supply aspects of AI in the global healthcare system.