ASAHP STRATEGIC PLAN

The Association conducted a Strategic Planning Workshop on January 28-29, 2020 in Clearwater Beach, FL. A series of five-year Strategic Plan Objectives was developed, one of which involves Research, Discovery, and Innovation. Some priorities identified as a means of implementing this objective include:

Platform for Research Collaboration
Promote research collaboration between ASAHP members; Create opportunities to foster multi-center research trials; Create process and a forum for sharing best practices on effective research administration.

Research Mentorship
Create desired goals and outcomes for the mentorship program; Identify pool of mentors and mentees; Match mentors and mentees; Execute mentorship program; Collect data and feedback on success of program (and adjust as necessary).

Scholarship and Research
Create theme for research initiative; Create awareness for various funding opportunities; Create funding pilot opportunities in ASAHP; Provide PhD-based scholarship to promote research; Promote and publish at conferences, publications and website.

Publications
Determine special issue topics for journal; Request abstracts; Publish special issues.

Proposal/Grant Writing
Develop best practices for proposal/grant writing; Create outline/agenda for workshop on developing interprofessional research proposals/grants; Create curriculum for proposal/grant writing; Determine frequency of course; Deliver workshop online or at Summits; Deliver proposal/grant writing course.

The effort for the Research, Discovery, and Innovation Objective will be led by Brian Shulman (Seton Hall University) as Board Champion and Abiodun Akinwuntan (University of Kansas Medical Center) as Chairperson. Reports will be provided in issues of the ASAHP UPDATE and in the Association’s newsletter TRENDS as progress in implementation occurs.

JOURNAL OF ALLIED HEALTH

The Fall 2020 issue of the Association’s periodical will contain production data for the one-year period September 1, 2019 to the early morning of August 31, 2020. A total of 260 manuscripts entered the system during those 12 months. Of that amount, newly submitted papers forwarded for peer review numbered 125 (91 Original Research, 14 Research Note, 10 Commentary, and 10 Potential Patterns). Another 113 items were revisions of some of these papers. The remaining 22 manuscripts either were withdrawn for various reasons (e.g., the same paper was submitted more than once) or rejected because they were too specific to other professions, such as medicine.

Once a paper is submitted, a cascade of thousands of electronic messages is launched that entails correspondence involving: the editor and authors; the editor and reviewers; the editor and publisher; and the publisher and authors. Depending on the number of revisions an article may undergo, it is not unusual for as many as 60-70 messages to be generated for a given manuscript.

It took an overall average of 44 days from the time an article was submitted and a first decision was made and 78 days from initial receipt to a final decision. Individual averages differ by type of manuscript. Two factors are involved: how long it takes to obtain reviewers and have them submit assessments, and the length of time needed for authors to produce revisions.

The four issues Fall 2019 to Summer 2020 contained 47 articles in the print version of the Journal, along with four Editorials and four Quiddities. Ten papers appeared under the heading Interprofessional Practice and Education. The electronic version of those four issues also contained another 19 manuscripts, mostly Research Notes and Potential Patterns. Thirty-four manuscripts (28%) were submitted from 15 other nations in Africa, Asia, Middle East, and other regions.

Each year, the acceptance rate is in the 60-65% range for all manuscript types. The final percentage will not be known until decisions are made regarding articles still pending when the report was prepared. A total of 121 individuals completed one or more reviews or still were working on papers during the 12 month-period.
ASAHP ELECTION 2020

ASAHP’s annual election period closed on Monday, August 17, 2020. The following positions were being contested: Treasurer, Members of the Board of Directors, and membership on the Nominations & Election Committee. Once the votes are tallied, all candidates have to be notified of the results. Upon completion of that step, the names of the newly elected individuals will be listed in the ASAHP UPDATE.

FALL 2020 ENROLLMENT

Approximately 65% of college presidents identified fall 2020 enrollment numbers as a key issue for their campuses. As many schools return with virtual or limited face-to-face coursework, college enrollment patterns could change substantially. A report from the Urban Institute uses national data on higher education enrollment to understand how changes in certain student populations affect overall enrollment. The effects will be felt differently across sectors and geographic areas.

Although students have submitted their deposits and colleges have maintained connections with students over the summer, the effects of the COVID-19 pandemic still will affect both undergraduate and graduate enrollment. Changes will not be fully understood until well into the fall semester, but an understanding of how different sectors and geographic areas may be affected can be obtained by modeling the effects of a given change across a student population. Federal and state policymakers can use this information to anticipate which states and areas may need support in the face of broad declines or changes. Some possibilities are:

- If enrollment changes resemble changes from the 2008 recession, for-profit institutions would see the largest percentage increases in enrollment.
- International student enrollment declines would hit graduate schools the hardest.
- East Coast and Midwest states would lose a larger share of students if enrollment declines among residential students.
- A decline in in-person enrollment would harm the two-year and less-than-two-year sectors.
- If students from low-income backgrounds do not enroll in the fall, Sun Belt states would lose the most students.


STUDENT RECRUITMENT

As more students elect to stay closer to home, the COVID-19 pandemic has created definite shifts in the enrollment market. Research from the firm Eduventures indicates that students clearly are focused on the twin pillars of value in their enrollment choices: academic strength and affordability. It means that it is time for institutions to refocus on the essentials for recruiting and enrollment strategies: markets, competition, and message. More information can be obtained at https://encoura.org/three-essentials-for-recruiting-your-next-class/.

PROVIDING AGE-FRIENDLY CARE

Creating Value with Age-Friendly Health Systems is part of a series of Issues Briefs from the American Hospital Association (AHA) framing the complex issue of affordability. Through the Age-Friendly Health Systems initiative, any hospital, health system, ambulatory care and post-acute facility can integrate evidence-based, person-centered geriatric care practices to provide age-friendly care. This initiative is driven by an evidence-based approach, the 4Ms Framework – What Matters, Medication, Mentation and Mobility.

An example of a successful intervention during the COVID-19 pandemic is leveraging physical therapists, physical therapy assistants, occupational therapists and rehabilitation aides to form the Prone and Mobility Team at the Anne Arundel Medical Center in Annapolis, Maryland. This effort made it possible to reduce readmission rates and length of stay for older adult patients. The Brief can be obtained at https://www.aha.org/system/files/media/file/2020/08/value-initiative-issue-brief-10-creating-value-with-age-friendly-health-systems.pdf.

PUBLIC COMMENTS SOUGHT

The Health Resources and Services Administration (HRSA) seeks views from the public to inform policy considerations related to changes to scoring criteria for Health Professional Shortage Areas, as described in a Request for Information (RFI), and also to solicit additional ideas and suggestions from the public. Responses should be sent to this e-mail address: RFIComments@hrsa.gov. Also, “Health Professional Shortage Area Scoring Criteria RFI” should be referenced in the subject line. The deadline for doing so is September 18, 2020. The RFI can be obtained at https://bhwp.hrsa.gov/shortage-designation/hpsa-information-request?utm_campaign=enews20200820&utm_medium=email&utm_source=govdelivery.