

# AUPHA

2016

## annual report

of the Association of University Programs  
in Health Administration

AUPHA achieves excellence and innovation in health management and policy education by embracing diversity and providing opportunities for learning and collaboration.

### AUPHA'S VISION STATEMENT

To develop leaders who possess the values and competencies necessary to drive improvement throughout the health system.

**Excellence:** AUPHA believes that excellence in education leads to excellence in healthcare management practice, and ultimately leads to improved quality, efficiency, and accessibility in healthcare delivery.

**Innovation:** AUPHA promotes innovation, encourages the adoption of new strategies, and disseminates best practices in healthcare management and policy education.

### AUPHA'S MISSION STATEMENT

AUPHA fosters excellence and innovation in health management, policy education, and scholarship.

**Collaboration:** AUPHA collaborates in the generation and translation of research and the integration of theory and practice in interprofessional work environments.

**Diversity:** AUPHA believes diversity — in people, in programs and in perspectives — is essential for an effective, interprofessional workforce.

**Learning:** AUPHA pursues continual learning to advance and share knowledge, to foster the development of pedagogy, and to improve teaching and practice.

## AUPHA's Five Core Committees

### Collaborative Partnerships Committee (CPC)

Charged with identifying, developing, and implementing alliances beneficial to AUPHA and to the potential collaborator(s).

### Diversity with Inclusion Committee (DWI)

Charged with addressing the ongoing challenge of the lack of diversity among AUPHA member program faculty and among students, especially at the graduate level.

### Global Leadership Committee (GLC)

Charged with developing an AUPHA global presence.

### Undergraduate Program Committee (UPC)

Charged with managing specific activities relevant to undergraduate program members.

### Graduate Program Committee (GPC)

Charged with focusing on issues pertinent to graduate program members.

# Letter from the Chair of the Board of Directors



**It has been my distinct honor** to serve as the AUPHA Chair for 2017. Following a long list of stellar AUPHA leaders in the academic field, the 2016 Board, under the chairmanship of Christy Harris Lemak, established five Core Committees including the Collaborative Partnership Committee, Diversity with

Inclusion Committee, Global Leadership Committee, Undergraduate Program Committee, and Graduate Program Committee. In 2017, we wanted to build upon our five Core Committees by establishing five achievable goals for the year. So, let me grade myself, Board, and AUPHA on what we achieved this year.

## Goal 1: Top 100 in Healthcare Recognition

We submitted Jerry Glandon for the Modern Healthcare Top 100 for his representation of over 200 institutions and programs at the undergraduate and graduate level as well as over 100 individual AUPHA members. Since we train the next generation of leaders, we thought it important to recognize Jerry's leadership and what AUPHA represents to the field. While the voting will take place after our Annual Meeting, we are thrilled to have his name placed in nomination to recognize the contributions he and AUPHA have made to the health management field.

**Grade: B**

## Goal 2: The History Project

We made the decision that we wanted to define where we have been and where we are going from the AUPHA perspective. Michael Meacham accepted the chairmanship of the project and spent time combing through our archives that Gary Filerman had put together. In addition, many of our distinguished leaders were interviewed about their perspectives on liaison relations with schools of business and medicine, the undergraduate influence in the Association, challenges and successes of diversity, women

in management, accreditation and certification, global initiatives, collaborations, workforce development, and evidence-based management. The book editor Kathleen Vega was recruited and met with the Board of Directors where she and Mike unveiled the timeline to get the book completed for its unveiling at the 2018 Annual Meeting in Philadelphia.

**Grade: A**

## Goal 3: Collaboration

We maintained our ongoing relationship with CAHME, with each organization keeping its board meetings open for open dialogue and communication. Anthony Stanowski provided updates at each AUPHA board meeting and Jerry did the same at the CAHME board meetings. Dan West, the CAHME chairman, attended the spring 2017 meeting of AUPHA to observe our board process.

The AUPHA Collaborative Partnership Committee, chaired by Brenda Freshman, identified the top five organizations where AUPHA needed to strengthen its relationship. With Brenda and her committee's endorsement, Jerry Glandon and I made housecalls with Deborah Bowen and her senior staff at ACHE, Andy Garman and his senior staff at NCHL, and Rick Pollack at AHA. Each meeting had follow-up initiatives that will carry over to the administration of our incoming chair Keith Benson. Jerry invited Halee Fischer-Wright from MGMA as the keynote speaker at the ACHE/AUPHA kick-off session with the topic Tribal Leadership. AUPHA continues to sponsor a reception at the Academy of Management and HIMSS. These relationships are critical to the lifeblood of AUPHA and we want to continue to raise the visibility of our Association and its value to the field.

**Grade: B+**

## Goal 4: Customer Service

We issued a survey following our Kansas City Annual Meeting where members wanted more dialog at the Leaders Conference during ACHE. Cindy Watts and the Graduate Committee developed a successful extended educational session that highlighted the recruitment, retention, and

involvement of practitioners in the classroom; the importance of research scholarship to the field of practice; tribal leadership at work; mindfulness; CAHME updates; and round-table discussions on development of student leaders through the curriculum and volunteer activities. Our surveys informed us that we need to have fun, so we added a Friday evening event of baseball to our Kansas City Annual Meeting and the Queen Mary tour to our Long Beach meeting.

We said farewell to key staff members. While we were sorry to see them depart, we were able to outsource our financial and meeting planning activities and found financial savings to enhance our digital infrastructure.

**Grade: B-**

### **Goal 5: Succession Planning through Training**

We oriented 75 new members on the products and services of AUPHA and introduced AUPHA key contacts at our Kansas City meeting. We plan to continue this initiative of welcoming new members, orienting them to AUPHA, and inviting their participation on committees, Faculty Forums, and as future board members.

The Board welcomed two new members to its ranks – Rupert Evans and Michael Meacham. Jerry coordinated an excellent orientation for them so they could hit the ground running. As stated previously, Mike has accepted the lead on the AUPHA history book and Rupert is contributing a chapter with Ray Grady on diversity.

AUPHA moved to a new office location in Washington, DC, and it provides an opportunity to accommodate visitors to the office. So, visit our nation's capital and stop into the AUPHA headquarters.

The AUPHA Board meetings were open to our membership to advance transparency. At the time of this publication, we had three members who attended an open meeting. We plan to continue this initiative so we can provide information to our members, but also train future leaders for board roles.

AUPHA is a member of the American Society of Association Executives which provides training for association executives and boards. Jerry, Chair-elect Keith Benson, and I attended a training session to share strategies and develop initiatives from one administration to the next. Keith has his own plans, but it helps to dialog and share.

**Grade: A**

I would like to thank Jerry Glandon, Jaime Stephens, Liza Assefa, William Machin, Chris Sanyer, Sasha Sood, and Jason Walker for their hard work and leadership in advancing AUPHA and the field.

The Board functions well because of the AUPHA staff. Finally, thank you to the AUPHA Board for its incredible work over the year. It's been my honor and pleasure to work with our faculty, students, and a fantastic Board and Staff. Thank you!

**Diane M. Howard, PhD, FACHE**

## AUPHA Staff

**Gerald L. Glandon, PhD**  
President and CEO

**Liza Assefa, MBA**  
Finance Manager

**Jaime E. Stephens, CMP, CAE**  
Vice President and COO

**Sasha Sood**  
Program Support Coordinator

**Chris Anne Sanyer**  
Director of Membership

**Jason Chong Walker**  
Meetings and Services Manager

# Letter from the President and Chief Executive Officer



## **Building upon Chair Diane**

**Howard's words**, the President's report will also focus on accomplishments during the last year. Much of the rest of this Annual Report presents these accomplishments in more detail but this letter will try to discuss why these things are important for AUPHA. Last

year we talked about who we are, what AUPHA does for members, how well we perform and where AUPHA is going. Building upon that, we will present what has been going on to achieve our goal of making AUPHA of value to you, our members. The pillars created in the strategic plan last year created a mechanism to support the key functions of AUPHA or any membership association. As we teach:

- Associations enhance quality by facilitating networking among members. AUPHA does this through our Faculty Forums, the Open Forum and committee forums, as well as our Annual Meeting, Graduate and Practitioners Workshop, and Undergraduate Workshop.
- Associations create and distribute new information about the field. This we do through the *Journal of Health Administration Education* as the only forum for peer reviewed publication concerned with how and what we teach. The History Book contributes to this knowledge base primarily because it is identifying issues that AUPHA has faced throughout its life.
- Associations are also the voice of the field. This can be advocacy and lobbying in some cases. For AUPHA, we directly conduct certification for our Undergraduate program members and support accreditation through financial support, volunteer manpower and joint activities with CAHME. We continue to look for new ways to raise the profile of health administration through a variety of collaborative efforts.

- Finally, associations and AUPHA engage in a variety of ad hoc efforts that often address the needs of specific constituencies within the organization. For AUPHA, this is a major portion of our efforts with our numerous awards and scholarships, HAMPCAS, and many other items.

## **Working Behind the Scenes**

In the Annual Report, I want to showcase the highly visible things that have been done. These reports, including my prior reports, are often highly self-congratulatory. I want to talk about three activities that have occupied AUPHA staff operating behind the scenes for more than the last year that will contribute to our goals for membership value. First, we have been working to upgrade the association management and communication technologies that AUPHA uses. You will see during the Annual Meeting the first exposure to our new Association Management System (AMS). We also upgraded our external web server, security and communication systems this year. We now use MemberSuite and CETROM, respectively. The transitions, especially to the new AMS system, are highly labor intensive as any of you involved in such a transition understand. You should thank all staff but especially Chris Sanyer for leading the AMS transition and Jason Walker for leading the transition to CETROM. These systems should enable AUPHA to improve a number of functions:

- Track individual faculty members reliably as you transition through your career to new positions and often new organizations;
- Improve the ability to reliably capture and record those changes that you supply;
- Record and report all levels of your engagement with AUPHA so that we can celebrate members;
- Maintain a high level of information security for you and for all of our web-based financial transactions.

The second point is that we have successfully concentrated staff efforts on activities we can do for members by

outsourcing those vital functions that we can't do well. In the last 20+ months, we have outsourced the bulk of finance and accounting, the core of meeting management, and network monitoring. These are vital functions that benefit from a higher level of expertise than we can reliably muster. The outsourcing often saves us some money and also:

- Uses expertise in the companies to keep us compliant with all laws and regulations;
- Enables us to benefit from industry standards as a reliable benchmark for key performance indicators such as average network post response rates (in Network report), meeting no show rates, financial performance indicators;
- Facilitates our access to more sophisticated financial, meeting management and network monitoring technologies;
- Introduces us to related vendors at more attractive rates such as IRS 990 filing costs, audio visual meeting vendors, hotel group rates.

Finally, with the help of many of these activities, we have greatly improved the financial performance of your AUPHA. As the financials and positive audit report presented indicate, we are currently in a strong financial position. The great support and guidance of your Finance Committee, led by Mark Diana, and the diligent Finance Committee members, have led to the strong position. The net revenue was aided by a strong stock market but would be good without that support and the Balance Sheet is very strong. We have the financial flexibility to pursue the challenges and opportunities that lie ahead of AUPHA and healthcare more broadly.

## Communication and Transparency

These back room developments, however, came at a cost. Your satisfaction with our performance was somewhat lower this year than in the past (see report below). I can say that administering the satisfaction survey earlier may have contributed but we hear you. We have worked hard this year to communicate with members so that everyone has a better idea of what is going on within AUPHA. Despite these efforts, communication and transparency continue as one of the major and most vexing challenges we face. Everyone is busy in their day-to-day activities and you all get emails,

Facebook posts and tweets from students, professional colleagues, academic administration, and even from friends. Often this tsunami obscures and may actually limit our ability to effectively communicate. For example, we find that more than half and up to two-thirds of our messaging does not get viewed. Ideas of how best to improve the effectiveness of our communications would be greatly appreciated.

## We Need Your Help

That is our commitment to you but you can assist us in three ways as we move forward. Information and the number of engaged members/programs provides us greater power at a national level.

- Complete your member profile. Our network and directory is still incomplete. Only about one-third of member faculty have a fully complete profile in our system. You are our primary asset and we need to show the outside world that we are a strong and cohesive force.
- Increase faculty participation. Many programs only provide a small set of their core faculty. We realize that many of your colleagues may never attend our meetings but including them as faculty in member AUPHA programs is vital. Many of these folks are often more focused on research than on education but in terms of who contributes to the education of our students, they still count. Please encourage your colleagues or program directors to complete profiles in the directory.
- Program survey response. We collaborated with CAHME this year to reduce the burden of data collection for our Graduate Program members. We will soon have a similar data collection effort for our Undergraduate Programs and we will distribute the faculty salary survey again this summer. Please encourage your administrative staff to complete these surveys. In addition to the information on individual faculty, program data help us plead the case for health management education. AUPHA members represent a significant financial force in aggregate. We need to document the magnitude of that force.

Please have a great year and hope to see everyone in Long Beach.

**Gerald L. Glandon, PhD**  
President and CEO

# 2016 AUPHA Board Members



**Diane M. Howard, PhD, MPH**  
Chair  
Rush University



**Julia Costich, JD, PhD**  
University of  
Kentucky



**Michael Meacham, JD, MPH**  
Medical University of  
South Carolina



**Keith Benson, PhD, MHA, MBA**  
Chair-Elect  
Winthrop University



**Gina Cronin, MHA**  
Cleveland Clinic



**Carol A. Molinari, PhD**  
University of  
Baltimore



**Christy Harris Lemak, PhD, FACHE**  
Past Chair  
University of  
Alabama at  
Birmingham



**Rupert Evans, DHA**  
Governors State  
University



**Bernardo Ramirez, MD**  
University of Central  
Florida



**Mark Diana, PhD**  
Treasurer  
Tulane University



**Gerald L. Glandon, PhD**  
AUPHA



**Thomas Vaughn, PhD**  
University of Iowa



**Brenda Freshman, PhD**  
Secretary  
California State  
University, Long  
Beach



**Raymond Grady, MHA, FACHE**  
Methodist Hospitals



**Carolyn (Cindy) Watts, PhD**  
Virginia  
Commonwealth  
University



**Leigh Cellucci, PhD**  
East Carolina  
University



**R. Brooke Hollis, MBA**  
Cornell University

**ASSOCIATION OF UNIVERSITY PROGRAMS IN HEALTH ADMINISTRATION**  
**Statement of Financial Position**  
2016, 2015, and 2014

	12/31/2016	12/31/2015	12/31/2014
<b>ASSETS</b>			
<b>Current Assets</b>			
Checking/Savings	796,649	759,119	531,115
Accounts Receivable	87,775	90,083	113,751
Other Current Assets	4,796	19,331	46,154
<b>Total Current Assets</b>	<b>889,220</b>	<b>868,533</b>	<b>691,020</b>
Fixed Assets	2,549	8,211	26,289
Other Assets	2,929,427	2,887,420	2,912,024
<b>TOTAL ASSETS</b>	<b>3,821,196</b>	<b>3,764,164</b>	<b>3,629,333</b>
<b>LIABILITIES AND EQUITY</b>			
<b>Current Liabilities</b>			
Accounts Payable	28,463	12,657	22,434
Other Current Liabilities	572,299	873,006	802,208
<b>Total Liabilities</b>	<b>600,762</b>	<b>885,663</b>	<b>824,642</b>
<b>Equity</b>			
Unrestricted and Restricted Net Assets	3,019,349	2,849,807	2,838,214
Net Change in Assets	201,085	28,694	-33,523
<b>Total Equity</b>	<b>3,220,434</b>	<b>2,878,501</b>	<b>2,804,691</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>3,821,196</b>	<b>3,764,164</b>	<b>3,629,333</b>

**ASSOCIATION OF UNIVERSITY PROGRAMS IN HEALTH ADMINISTRATION**  
**Summary of Statement of Activities**  
2016, 2015, and 2014

	12/31/2016	12/31/2015	12/31/2014
<b>ORDINARY REVENUE/EXPENDITURES</b>			
<b>Revenue</b>			
40000 – Operating Revenue	1,293,749	1,420,812	1,360,994
46400 – Other Revenue	141,450	228,861	137,455
<b>Total Revenue</b>	<b>1,435,199</b>	<b>1,649,673</b>	<b>1,498,449</b>
<b>Expenditures</b>			
60000 – Salaries and Wages Expense	701,820	706,791	816,515
60500 – Occupancy and Equipment	89,790	75,811	86,845
60600 – Operations	100,650	81,523	73,354
60700 – Program Expenses	164,614	253,728	233,889
62100 – Professional Fees	161,792	116,841	93,636
63100 – Travel and Meetings	206,883	227,014	236,852
65100 – Other Expenses	81,350	67,190	58,504
<b>Total Expenditures</b>	<b>1,506,900</b>	<b>1,528,898</b>	<b>1,601,595</b>
<b>OTHER REVENUE/EXPENDITURES</b>			
<b>Net Other Revenue</b>	<b>268,806</b>	<b>-92,082</b>	<b>69,623</b>
<b>Net Change in Assets</b>	<b>197,105</b>	<b>28,693</b>	<b>-33,523</b>





CliftonLarsonAllen LLP  
CLAAconnect.com

## INDEPENDENT AUDITORS' REPORT

Board of Directors and Management  
Association of University Programs in Health Administration  
Washington, DC

We have audited the accompanying financial statements of the Association of University Programs in Health Administration (a nonprofit organization), which comprise the statements of financial position as of December 31, 2016 and 2015, and the related statements of activities and changes in net assets, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditors' Responsibility***

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Association of University Programs in Health Administration as of December 31, 2016 and 2015, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

CliftonLarsonAllen LLP

Arlington, Virginia  
May 1, 2017

# 2016 Corporate Partners

## American College of Healthcare Executives



The American College of Healthcare Executives is an international professional society of more than 40,000 healthcare executives who lead hospitals, healthcare systems, and other healthcare organizations. ACHE offers its prestigious FACHE credential, signifying board certification in healthcare management. ACHE's established network of 80 chapters provides access to networking, education, and career development at the local level. In addition, ACHE is known for its magazine, *Healthcare Executive*, and its career development and public policy programs. Through such efforts, ACHE works toward its goal of being the premier professional society for healthcare executives dedicated to improving healthcare delivery.

[www.ache.org](http://www.ache.org)

## American Hospital Association



The American Hospital Association (AHA) is the national organization that represents and serves hospitals, health care networks, patients and communities. Nearly 5,000 hospitals, health systems, other care providers and 43,000 individual members come together to form the AHA. Through our representation and advocacy activities, AHA ensures that members' perspectives and needs are heard and addressed in national health policy development. The AHA also provides education and information on issues and trends for health care leaders.

[www.aha.org](http://www.aha.org)

## Health Administration Press



Health Administration Press (HAP) has, for over 40 years, focused solely on publishing books and journals on all aspects of health services management. We are committed to bringing you the highest quality textbooks written by the leading experts in healthcare administration. HAP is the publishing partner of AUPHA and a division of ACHE.

[www.ache.org](http://www.ache.org)

## HIMSS



HIMSS is a cause-based, global enterprise producing health IT through leadership, education, events, market research, and media services around the world. Founded in 1961, HIMSS encompasses more than 52,000 individuals, of which more than two-thirds work in healthcare provider, governmental, and not-for-profit organizations across the globe, plus over 600 corporations and 250 not-for-profit partner organizations that share this cause. HIMSS, headquartered in Chicago services the global IT community with additional offices in the United States, Europe, and Asia.

[www.himss.org](http://www.himss.org)

## Jones & Bartlett Learning



Jones & Bartlett Learning is a world-leading provider of instructional, assessment, and learning-performance management solutions for the secondary education, post-secondary education, and professional markets. Our educational programs and services improve learning outcomes and enhance student achievement by combining authoritative content with innovative, proven, and engaging technology applications.

[www.jblearning.com](http://www.jblearning.com)

## MGMA



As the leading association for medical practice administrators for 90 years, the Medical Group Management Association (MGMA) provides the education, advocacy, data and resources that healthcare organizations need to deliver the highest-quality patient care. MGMA also offers industry-leading board certification and Fellowship programs through the American College of Medical Practice Executives (ACMPE). An MGMA membership on the professional, faculty or student level opens the door to exclusive member benefits, countless networking opportunities and valuable industry updates.

[www.mgma.com](http://www.mgma.com)

## Peregrine Academic Services



Peregrine Academic Services is the globally recognized leader in providing online exam services for colleges and universities related to program-level assessment, academic leveling, and APA writing style competency. We also provide leadership development, strategic planning, and academic consulting services for higher education institutions and academic organizations.

Programmatic assessment exams are available for Business Administration, Accounting and Finance, Early Childhood Education, Healthcare Administration, General Education, Criminal Justice, and Public Administration academic degree programs. Using an Inbound Exam/Outbound Exam assessment construct (programmatic pre-test/post-test) to determine initial knowledge levels and assess retained student knowledge allows academic officials to benchmark student performance against specific aggregate pools and determine the value-added by the institution based upon the student's academic experience.

[www.peregrineacademics.com](http://www.peregrineacademics.com)

## Who Are We?

Membership in AUPHA is represented by a large and highly diverse set of institutions, members, and faculty. In 2016, there were a total of 234 graduate and undergraduate programs from 184 separate institutions. Also included are doctoral programs, affiliate members, international programs and 128 individual members. The table below shows that most of AUPHA's members are "Full Members" indicating that they are either AUPHA certified (if undergraduate) or CAHME accredited (if graduate).

If you examine the second panel, it is clear that growth in membership since 2011 has been in the two associate categories and in the number of institutions that house our member programs. The total number of Full Members has remained relatively constant, increasing about 3% during this period.

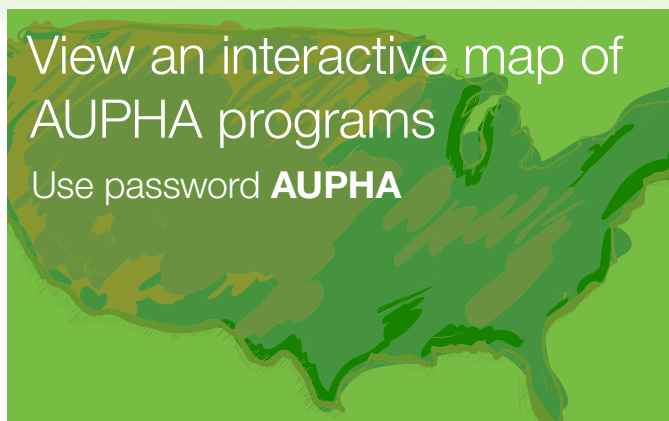
**Number of AUPHA Members by Membership Type and Program Type: 2016 and 2011**

Membership Type	2011	2016
Full Graduate	74	77
Associate Graduate	37	64
TOTAL GRADUATE	111	141
Full Undergraduate	45	46
Associate Undergraduate	27	40
TOTAL UNDERGRADUATE	72	86
TOTAL DOCTORAL	0	7
<b>TOTAL PROGRAMS</b>	<b>183</b>	<b>234</b>
<b>TOTAL INSTITUTIONS</b>	<b>165</b>	<b>184</b>



The following programs were members of AUPHA at the end of 2016. Click an institution for more information on programs. The letters following the listing indicate Undergraduate (U), Graduate (G), or Doctoral programs. If no letter is shown, you will be directed to the member program site.

- [Alma College](#)
- [Appalachian State University](#)
- [Armstrong State University](#)
- [Army-Baylor University](#)
- [Ashford University](#)
- [AT Still University](#)
- [Auburn University](#)
- [Barry University](#)
- [Baruch College](#)
- [Baylor University](#)
- [Belmont University](#)
- [Boston College](#)
- [Boston University School of Management](#)
- [Boston University School of Public Health](#)
- [California Baptist University](#)
- [California State University - Chico](#)
- [California State University, Long Beach](#) [UG](#), [G](#)
- [California State University, Los Angeles](#)
- [California State University, Northridge](#)
- [Carnegie Mellon University](#)
- [Central Michigan University](#), [UG](#), [G](#), [D](#)
- [Clarkson University, Capital Region Campus](#)
- [Clayton State University](#), [UG](#), [G](#)



- [Coastal Carolina University](#)
- [College of Saint Elizabeth](#)
- [College to Franciscan Missionaries of Our Lady University](#)
- [Columbia University](#)
- [Concordia College](#)
- [Concordia University-Irvine](#)
- [Cornell University/Sloan Program in Health Administration](#)
- [Dalhousie University](#)
- [Davenport University](#)
- [Des Moines University](#)
- [Dillard University](#)
- [Drexel University](#)
- [D'Youville College](#)
- [East Carolina University](#)
- [Eastern Kentucky University](#)
- [Eastern Michigan University](#)
- [Eastern Washington University](#), [UG](#), [G](#)
- [Florida A&M University](#), [UG](#), [G](#)
- [Florida Atlantic University](#), [UG](#), [G](#)

- Florida International University, [UG](#), [G](#)
- George Mason University
- George Washington University, [UG](#), [G](#)
- Georgetown University, [UG](#), [G](#), [Exec](#)
- [Georgia Southern University](#)
- [Georgia State University](#)
- Governors State University, [UG](#), [G](#)
- [Grand Valley State University](#)
- [Hofstra University](#)
- [Howard University](#)
- [Icahn School of Medicine at Mount Sinai](#)
- [Idaho State University](#)
- [Indiana University Richard M. Fairbanks School of Public Health](#)
- [James Madison University](#)
- Jefferson College of Health Sciences, [UG](#), [G](#)
- [Johns Hopkins University](#)
- [Kings College](#)
- [Lake Erie College of Osteopathic Medicine \(LECOM\)](#)
- [LeTourneau University](#)
- Liberty University, [UG](#), [UG](#)
- [Loma Linda University](#)
- Long Island University, [UG](#), [G](#)
- [Louisiana State University](#)
- [Lourdes University](#)
- Loyola University Chicago, [UG](#), [G](#)
- [Mary Baldwin University](#)
- [Marymount University](#)
- Medical University of South Carolina, [G](#), [D](#)
- [Methodist University](#)
- Metropolitan State University of Denver, [UG](#), [G](#)
- [Minnesota State University Moorhead](#)
- [Missouri State University](#)
- [Montana State University - Billings](#)
- National University, [UG](#), [G](#)
- [New York City College of Technology/CUNY](#)
- New York University, [UG](#), [G](#)
- [Norfolk State University](#)
- [Northeastern University](#)
- [Ohio State University](#)
- [Old Dominion University](#)
- [Oregon State University](#)
- [Pacific University](#)
- [Pennsylvania College of Health Sciences](#)
- Pennsylvania State University, [UG](#), [G,G](#)
- [Pennsylvania State University - Harrisburg](#)
- [Pfeiffer University](#)
- [Portland State University](#)
- [Robert Morris University](#)
- [Rollins College](#)
- [Rosalind Franklin University of Medicine and Science](#)
- [Rush University](#)
- [Rutgers University](#)
- [Ryerson University](#)

- [Saint Leo University](#)
- Saint Louis University, [UG](#), [G](#), [G](#)
- Samford University, [UG](#), [G](#)
- [Seton Hall University](#)
- [Simmons College](#)
- [South University](#)
- [Southern Illinois University - Carbondale](#)
- [Stevenson University](#)
- [Stonehill College](#)
- [Stony Brook University](#)
- [Suffolk University](#)
- Temple University, [G](#), [G](#)
- [Tennessee State University](#)
- [Texas A&M Health Science Center](#)
- [Texas A&M University - Corpus Christi](#)
- Texas Southern University, [UG](#), [G](#)
- Texas State University, [UG](#), [G](#)
- [Texas Tech University](#)
- [Texas Woman's University Houston](#)
- [Towson University](#)
- Trinity University, [G](#), [G](#)
- [Tulane University](#)
- [Uniformed Services University of Health Science](#)
- [Universite De Montreal](#)
- University of Alabama at Birmingham, [UG](#), [G](#), [G](#), [D](#), [D](#)
- [University of Arkansas for Medical Sciences](#)
- [University of Arkansas Fort Smith](#)
- [University of Baltimore](#)
- [University of California - Los Angeles](#)
- University of Central Florida, [UG](#), [G](#)
- [University of Cincinnati](#)
- University of Colorado Denver, [G](#), [G](#)
- [University of Detroit Mercy](#)
- [University of Florida](#)
- [University of Houston - Clear Lake](#)
- [University of Illinois At Chicago](#)
- [University of Iowa](#)
- [University of Kansas Medical Center](#)
- [University of Kentucky](#)
- [University of Louisville](#)
- [University of Maryland University College](#)
- [University of Memphis](#)
- University of Miami, [UG](#), [G](#)
- [University of Michigan](#)
- [University of Michigan - Flint](#)
- University of Minnesota, [G](#), [G](#)
- [University of Minnesota Duluth](#)
- [University of Missouri](#)
- [University of Mount Olive](#)
- University of Nevada - Las Vegas, [UG](#), [G](#)
- [University of New Hampshire](#)
- [University of New Haven](#)
- University of North Carolina at Chapel Hill, [UG](#), [G](#)
- [University of North Carolina at Charlotte](#)

- University of North Florida, [UG](#), [G](#)
- University of North Texas, [G](#), [D](#)
- [University of North Texas Health Science Center](#)
- [University of Oklahoma Health Sciences Center](#)
- [University of Pennsylvania](#)
- University of Phoenix, [UG](#), [G](#)
- [University of Pittsburgh](#)
- University of Puerto Rico, [UG](#), [G](#)
- [University of Saint Thomas](#)
- University of Scranton, [UG](#), [G](#)
- [University of South Carolina](#)
- [University of South Dakota](#)
- [University of South Florida](#)
- [University of Southern California](#)
- [University of Southern Indiana](#)
- [University of St. Francis](#)
- [University of Texas at Arlington](#)
- [University of Texas at Dallas](#)
- [University of Texas at Tyler](#)
- [University of Texas Health Science Center at Houston](#)
- [University of the Incarnate Word](#)
- [University of Toronto](#)
- [University of Utah](#)
- [University of Virginia](#)
- [University of Washington Seattle](#)
- [University of Wisconsin - Milwaukee](#)
- Virginia Commonwealth University, [G](#), [G](#), [D](#)
- Walden University, [UG](#), [G](#), [D](#)
- [Washington State University](#)
- Weber State University, [UG](#), [G](#)
- [Western Kentucky University](#)
- Winston-Salem State University, [UG](#), [G](#)
- [Winthrop University](#)
- Xavier University, [UG](#), [G](#)



## Students

In the past, we have included a section that provided information regarding students, faculty and program operations for graduate and for undergraduate programs. This year, we are going to present a little of that broad information but drill a little deeper with the data from our joint data collection effort with CAHME. Responding to comments regarding multiple, time-consuming requests for data, AUPHA and CAHME decided to combine data collection activity this year. What follows is a highlight of the findings for graduate programs only. AUPHA will be collecting similar information for our undergraduate members and will administer the faculty salary survey later in the summer of 2017.

A few points to consider when viewing these data. First, because we went to a combined data collection format, not all measures are strictly comparable over time. Both AUPHA and CAHME compromised on the items of information gathered and the specification of the response categories. Second, because CAHME requires data reporting, more programs responded to the survey this year and we suspect a different mix of programs responded. Interpretation of reported changes from 2015 should be made with caution. Finally, most of these analyses are based on a total of 89 program responses.

Based upon reported data, the average number of applicants to member programs in 2016 was just over 100 for graduate programs, up nearly 7 students from 2015. Of these, well over half received offers and that percentage increased in 2016 from 2015. About 37% of graduate applicants eventually matriculated. That translates to over

### Average Number of Student Applicants, Offers, and Matriculates: 2015 and 2016

Applicant Statistics	2015	2016
Applicants	94.5	101.3
Offers	51.2	59.5
Offer/Applicant Rate	54.2%	58.7%
Matriculate	33.5	37.4
Matriculate/Applicant Rate	35.4%	36.9%
Matriculate/Offer Rate	65.4%	62.8%

37 students per program on average with an increase of 4 students per program since 2015. Collectively, these data suggest a healthy and robust market with substantial excess demand. Interestingly, a slightly lower rate of students given an offer actually matriculated in 2016.

The characteristics of these students are also of interest. For our member programs, the demographics in the following table provide few surprises. Most students continue to be “full-time” despite a movement toward providing educational opportunities to those currently in the workforce. The percentage of students who are full time increased in 2016. Females constitute more than half and a consistent proportion of students in both years. With respect to ethnicity, 61% were reported as “white” in 2016, down slightly from 2015. Continuing historical trends, just over 10% of students are classified as “Black” and another 7-8% are classified as “Hispanic” for each of the two years.

### Select Student Demographics: 2015 and 2016

Student Demographics	2015	2016
Full Time	73.3%	79.2%
Male	42.9%	44.1%
White	64.1%	61.2%
Black	12.8%	10.1%
Hispanic	6.6%	7.6%

The experience of students passing through our programs appears to be positive and leads to jobs quite quickly. These numbers have not changed significantly from 2015 to 2016. At three months past graduation, programs report that a high percentage of graduates are employed in healthcare. Another, smaller percentage is employed but not in healthcare. In addition, 2.4% of alumni and another 11.7% of alumni from graduate programs are pursuing a fellowship. This number is down from 2015 but may be due to a different mix of programs responding in 2016. In total, 12.5% of those either have not secured employment or have been lost to follow-up. Interestingly, a total of five programs report that over 33% of their students are unemployed or unknown at three months. This suggests that the timing of the survey may ask this question too soon for the students to have

received employment offers. Most programs report less than 10% unemployed or unknown and many report zero to this question. Overall, job prospects appear very strong for AUPHA programs.

#### Select Employment Characteristics of Graduates: 2015 and 2016

Employment Characteristics	2015	2016
Employed in Healthcare (at three months)	71.5%	71.6%
Employed not in Healthcare	2.5%	1.8%
Pursuing a Graduate Fellowship	18.0%	11.7%
Delayed Employment for Further Education	2.0%	2.4%
Unknown/unemployed	6.1%	12.5%

The location of employment is of particular interest because it indicates that our programs are successful in preparing students for their chosen careers, a positive indicator for the field. This metric is vital but because of the highly diverse focus of our programs, the “averages” are less valuable than for other measures. These data are presented for reference purposes. In all likelihood, no individual program has an employment profile that looks like the data in the table. Students are more likely to get their first jobs in the hospital sector or consulting.

#### Employment Settings for Graduates: 2015 and 2016

Employment Setting	2015	2016
Hospital Sector	62.9%	42.5%
MD Office	7.9%	6.0%
Nursing Home/Home Health	2.2%	2.3%
Consulting	7.3%	8.0%
Biotech/Device	1.2%	2.3%
Insurance	1.9%	2.6%
Other	13.4%	8.1%

In addition to employment, it is interesting to note how much students earned upon graduation. Naturally, not all students are the same in terms of work experience. In 2015, the question was salary for those newly entering the workforce versus those returning from work. In 2016, the question was those in fellowships versus those entering workforce. While fellowship stipends were included in the first professional category in 2015, these numbers are probably not strictly comparable. In any case, graduates in fellowships earned an average (of median reported) of \$51,500 in 2016. Those directly entering the workforce earned an average of \$80,500 in 2016.

#### Starting Salary by Prior Work Experience or Fellowship: 2015 and 2016

Student Salary Information	2015	2016
Salary of First Professional or Fellowship (mean of Median)	\$59,500	\$51,500
Salary of Returning Student (mean of Median)	\$68,381	\$80,500

### Program Viability

To round out the reporting of key information, we believe it is important to understand the finances of programs. The benchmarks below provide an overall picture of the health of health management education graduate programs in 2016, how programs are performing. In the first table, we report average revenue per program in total and for select categories along with the number of organizations reporting the individual figure. These figures must be examined carefully because not every program has the ability to report each item and interpreting a nonresponse is a challenge. For example, a total of 75 programs report total revenue but only 44 report tuition revenue. While tuition may be unreported, it is unlikely to be zero. We expect that for some programs, tuition is collected at the college or university level and then distributed via internal transfer or direct payment for space and or other expenses. The consequence is that the averages reported are for those organizations that report any positive value for any of the categories.

### Program Revenue and Expense by Category: 2016

Revenue	Average Revenue (thousands)	Number Reporting
<b>Total</b>	<b>\$1,945</b>	<b>75</b>
Tuition	\$1,258	44
Government	\$998	31
Grant	\$680	26
Internal	\$703	43
<b>Tuition/Total</b>	<b>62.3%</b>	<b>43</b>

Expenses	Average Expense (thousand)	Number Reporting
<b>Total</b>	<b>\$1,477</b>	<b>81</b>
Faculty	\$848	81
Adjunct	\$76	73
Joint	\$25	23
<b>Faculty/Total Expense</b>	<b>64.4%</b>	<b>81</b>

In total, programs report revenue of just under \$2.0M with a wide variation. Tuition for those programs reporting averaged about \$1.3M. Other categories include government at about \$1.0M, and grants and internal transfers at about \$.7M each. For programs reporting both tuition and total revenue, it appears that about 62% of revenue comes from tuition suggesting a substantial burden on students for graduate education.

Expenses, reported in the next box, have a similar caveat with regard to reporting. It appears from the numbers that programs have a better handle on expenses than on revenue. In total, average expense per program was about \$1.5M. The largest individual category of expenses for programs is faculty with an average expense of \$848,000.

For those programs reporting both, just under 65% of expenses go to faculty salary. Other categories include adjuncts at \$75,500 and joint faculty at \$25,400. It appears that for most programs there are few resources available for other expenses beyond core faculty.

The final reporting for this category combines data from the prior tables. First, we were concerned with the financial strength of individual programs. We report that average revenue appears to be larger than average expense which is a good thing. Looking at the difference between revenue and expense per program provides more information. The table reports that revenue less expense was \$366,441 for the 74 programs that reported both. However, three programs report a net positive figure in excess of \$4,000,000 thus these figures are questionable. If you remove those three net revenue programs the average falls to \$139,000 (not in figure). It seems that because of reporting challenges, the median would be a greater measure of central tendency. At \$55,661, this is still a substantial positive indicator of the health of programs. For the remaining programs, 15 report a net loss and 14 report that revenue exactly equals expenses.

The second item of general concern is the expense per student. While this does not measure out of pocket expenses for students, it is an indicator that most likely relates to student costs. For this calculation, we computed the reported number of full time students plus one-half of the reported number of part time students to get an estimate of the totally number of students. Once done, total expense per student was just over \$29,000 on average, with a median of \$21,772 for the 81 programs that reported both figures. Because of the variance in reported expenses, this average ranged from under \$5,000 per student to over \$70,000.

Special Items	Average	Median	Number Reporting
Revenue less Expenses	\$366,441	\$55,661	74
Expense per Student	\$29,456	\$21,772	81

# What Does AUPHA Do For Members?

The next component of the Annual Report focuses upon what AUPHA does to assist members. This description constitutes a daunting task because the list of things, big and little, is quite large. Many individual activities, while important, do not extend to all members equally. The things that span all or a large portion of members will be described briefly. The big items include: Network, Meetings, Certification, HAMPCAS, Publications, and Prizes/Awards.

## Network

The AUPHA Network provides a valuable place for members to share knowledge and resources with one another when they are not physically in the same place. For a resource with such a varied number of activities, it can be difficult to measure precisely how much an online community means to members within the organization.

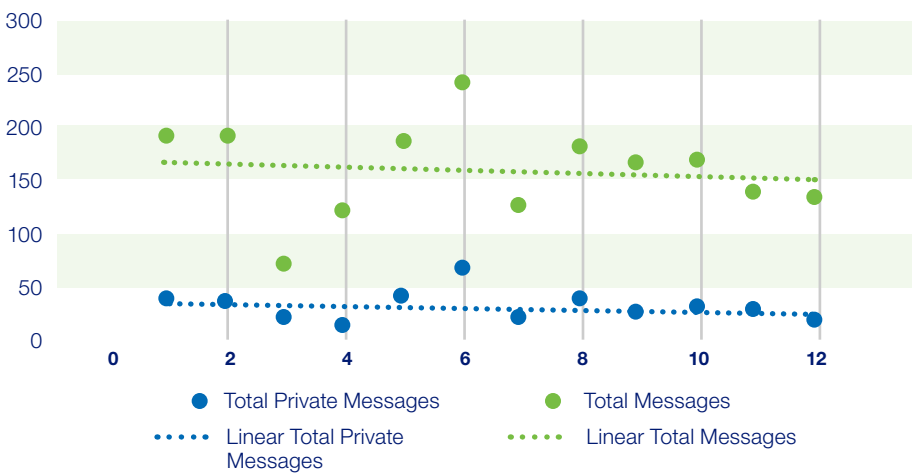
It is because of this that there is a focus put on several key performance indicators that show the overall health of the community site, and with a rich history since its inception, we can analyze trends within the online space. The most obvious category to be analyzed for the AUPHA Network is the use of online discussions. When looking at this data, it is best to look at the overall trend, instead of specific data points. It is also helpful to keep in mind that there are specific times of the year in which activity may be lessened due to environmental or career-based factors. The second most important resource on the site that is used to gauge the health of the Network is the Library Resources. The final aspect that is frequently checked is the open rate of emails sent from the community to subscribers of the site.

The first chart shows the trends in discussion posting shown throughout 2016. There is a very slight negative trend, but most of the discussion

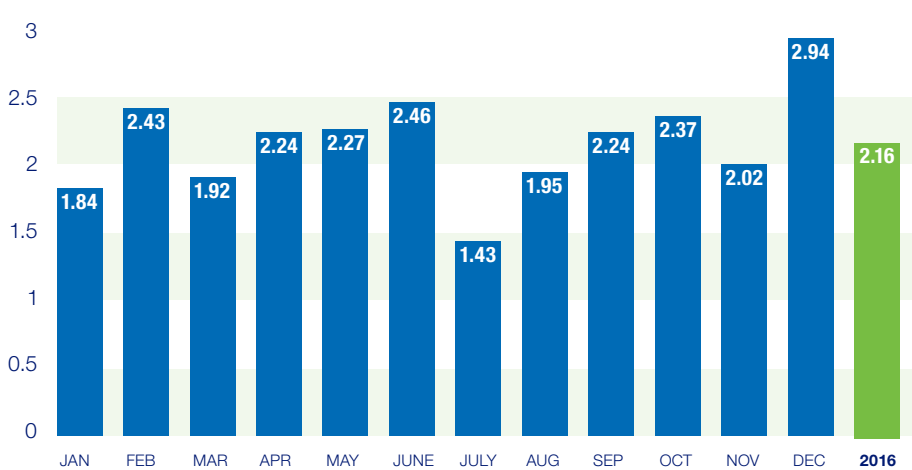
metrics have a stable pace when looked at holistically. Though there was not a large amount of growth, there was likewise not a large decrease in the amount of content being posted, and the engagement within the communities stayed constant. There are certain periods of time with overall lower posting rates, such as months usually associated with vacations (Spring Break, Holiday Break, etc). Conversely, the beginning of the year and the months leading up to and including the Annual Meeting see some of the highest number of posts.

The second chart shows the average response per thread throughout 2016. A discussion thread contains the original post, as well as any responses under the same subject heading. Generally the number showing a healthy response

Discussion Trends 2016



Responses Per Thread




threads, such as the Daily Digest, which is one of the main communication tools used by the community. A rate of between 19% and 21% is considered healthy, so the AUPHA Network exceeded even the high end of these benchmarks every month of 2016. The average open rate throughout 2016 was 25.25%.

A stacked area chart showing the monthly performance of a video series. The Y-axis represents the number of views/downloads, ranging from 0 to 2500 in increments of 500. The X-axis represents the months from January to December. The blue area represents 'Total Downloads' and the green area represents 'Total Views'. The total height of the stacked areas represents the combined views and downloads for each month.

Month	Total Views (Green)	Total Downloads (Blue)	Total (Combined)
JAN	500	1200	1700
FEB	300	950	1250
MAR	400	1700	2100
APR	400	1250	1650
MAY	550	1550	2100
JUNE	1050	1000	2050
JULY	600	950	1550
AUG	400	1400	1800
SEP	350	1900	2250
OCT	200	1100	1300
NOV	200	1050	1250
DEC	200	800	1000

The next graph shows the email open rate for Discussion Emails originating from the AUPHA Network site. These are emails sent from the AUPHA Network related to new discussion

threads, such as the Daily Digest, which is one of the main communication tools used by the community. A rate of between 19% and 21% is considered healthy, so the AUPHA Network exceeded even the high end of these benchmarks every month of 2016. The average open rate throughout 2016 was 25.25%.



The final visual aid is a word cloud containing the most searched terms on the AUPHA Network in 2016. In this, the larger the size of the word, the more often it was searched for. As you can see, the most frequently searched terms on the AUPHA Network in 2016 were “scholarship” and “scholarships.”

Month	Percentage
JAN	24.25%
FEB	23.82%
MAR	22.85%
APR	23.29%
MAY	27.14%
JUNE	29.55%
JULY	26.51%
AUG	25.34%
SEP	25.34%
OCT	24.56%
NOV	24.24%
DEC	24.65%



## Meetings

The three primary meetings are the second activity for AUPHA: the Annual Meeting, the Graduate Program and Practitioners Workshop (formerly Leaders Conference), and the Undergraduate Workshop.

Held each summer, the Annual Meeting appeals to a broad cross-section of membership and moves throughout the country each year. The newly named Graduate Program and Practitioner Workshop, historically held during the American College of Healthcare Executives Congress on Healthcare Leadership, is meeting that welcomes graduate, undergraduate, and affiliate members. Held every other year, the Undergraduate Workshop is held at a program member institution. While content focuses on concerns at the undergraduate level, all members are also welcome at this Workshop.

## Certification

Full Certified Member AUPHA programs are recognized for having withstood the rigors of peer review wherein curricula, faculty, and educational outcomes are critically examined by external peer review. Certification places a seal of approval on programs successfully meeting these rigorous standards. External stakeholders look to this seal as a way to distinguish a program from its peers. Increasingly, prospective students are also looking for AUPHA Certification when searching for a program where they will invest in their future.

The standard for undergraduate programs in healthcare management is met by achieving certification by AUPHA. In a process comparable to other specialty program accreditations, programs seeking certification must submit an extensive self-study detailing the program's structure, educational processes, and assessment mechanisms in response to criteria established by AUPHA and the Undergraduate Program Committee (UPC). An external peer panel thoroughly examines the applicant program, with the process culminating in a face-to-face meeting at the AUPHA annual conference. The panel's report and recommendations serve as the basis for certifying the program and driving program improvement.

Certification, while similar in process and standards, differs from accreditation in that it does not require a site visit, thus allowing the costs incurred by the program to remain much lower than that of specialty accreditation. Additionally, certification is not required to meet external mandates, allowing the association to remain focused on the unique financial and educational needs of its undergraduate constituents.

As of December 2016, 46 undergraduate programs were certified by AUPHA.

The individual programs must establish that they meet the intent of criteria in:

- Program Structure, Faculty, and Resources (e.g., teaching loads must be consistent with program mission).
- Student Support Systems (e.g., adequate advising and career placement resources).
- Professional and Alumni Linkages (e.g., committed community advisory board).
- Curriculum and Teaching (e.g., adopt a set of competencies as basis of curriculum).
- Experiential and Applied Learning (e.g., internship experience meets goals and objectives of the program).
- Program Evaluation and Improvement (e.g., outcome assessment is basis of program improvement).

## Criteria Review

The Undergraduate Program Committee created a Task Force in 2016 to review the Undergraduate Certification Criteria and, if needed, propose revisions to ensure the criteria continue to represent the qualities that AUPHA requires of Fully Certified Undergraduate programs. The Undergraduate Program Committee approved the recommended revisions. If approved by the AUPHA Board of Directors at the June 2017 meeting, the revised criteria will go into effect for the 2020 Undergraduate Certification Reviews.

## 2016 Undergraduate Certification Reviews

AUPHA recognized the following baccalaureate healthcare management programs for successfully meeting the established criteria for AUPHA certification and eligibility for Full Certified Undergraduate membership:

- California State University, Northridge
- Davenport University
- Howard University
- Metropolitan State University of Denver
- Tennessee State University
- University of Minnesota, Duluth

## Accreditation

Graduate Full Member AUPHA programs are recognized for having withstood the rigors of peer review wherein curricula, faculty, educational outcomes, and student and employer satisfaction are critically examined by external review teams.

At the graduate level, this standard is met by achieving accreditation by the Commission on Accreditation of Healthcare Management Education (CAHME). CAHME accreditation is designed to foster high-quality professional education for healthcare management education. It demonstrates that the program strives to be exceptional and:

- Meets the highest standards of quality in healthcare management
- Utilizes appropriate academic content
- Includes membership in a network of professional colleagues that transcends boundaries of universities, colleges, and professional associations.

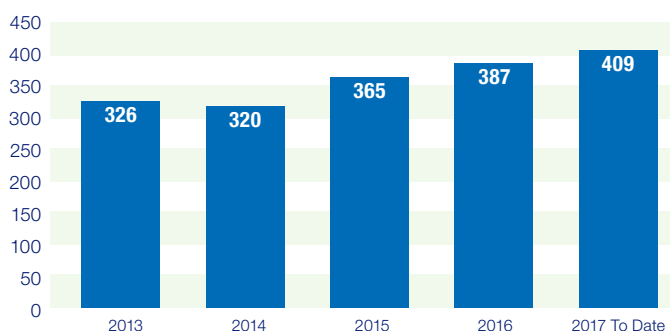
As of December 31, 2016, 77 graduate program members were accredited by CAHME.

## HAMPCAS

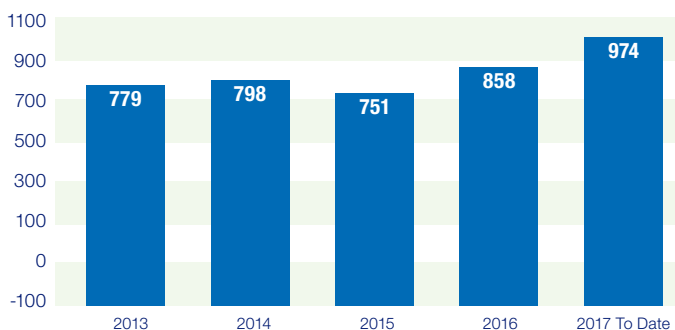
The Healthcare Administration, Management & Policy Centralized Application Service, HAMPCAS, continues to demonstrate steady growth in active program participation and student usage. In addition, HAMPCAS continues to improve program and student interactions in the system, becoming a more powerful and useful tool for both. Feedback from participating programs and reviews of usage continues to drive necessary and requested upgrades within the new 3.0 platform at the end of each cycle. These upgrades enable HAMPCAS to continuously evolve and become more effective, allowing for the addition of new features and simplification of processes that currently exist.

Compared to previous years, HAMPCAS show growth in both the number of applicants and applications submitted through the system. As a snapshot, the 44 participating programs in the 2016-2017 cycle have processed 409 unique applicants submitting 974 applications. These metrics have already outpaced the complete 2015-2016 cycle of 387 unique applicants and 858 applications. It should be noted that the 2016-2017 cycle will run until late August 2017. For a more in-depth review of these metrics for the past years, please refer to the charts below.

**Number of Unique Applicants in HAMPCAS, 2013–2017**



**Number of Unique Applications in HAMPCAS, 2013–2017**



## Publications

The *Journal of Health Administration Education* (JHAE) is AUPHA's quarterly peer-reviewed journal which chronicles research, case studies, and essays by leading health administration educators and professionals. The *Journal* addresses key policy issues in health administration management nationally and internationally and is the foremost authoritative guide on the latest academic and professional developments in the field.

In 2016, the *Journal's* acceptance rate was 63%. A Peer Reviewer of the year award was established in 2016, with the first award going to Edmond Hooker, MD, DrPH, Xavier University in Cincinnati. Professor Hooker, a regular

contributor to the *Journal*, "provided excellent reviews that helped authors significantly improve their work," said Dean Smith, Editor of the *Journal*.

## Health Administration Press (HAP)

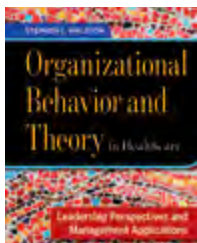
In addition, AUPHA and Health Administration Press (HAP) have a formal publishing partnership that dates back to 1986. AUPHA and HAP collaborate to publish a full line of textbooks covering health services management topics. HAP is also the publishing arm of the Foundation of the American College of Healthcare Executives (ACHE), an international professional society of more than 40,000 healthcare executives.



*Healthcare Applications: A Casebook in Accounting and Financial Management* by Thomas E. McKee, PhD, and Linda J. B. McKee, PhD



*Health Economics: Core Concepts and Essential Tools* by Steph Bernell, PhD



*Organizational Behavior and Theory in Healthcare: Leadership Perspectives and Management Applications* by Stephen L. Walston, PhD



*Essentials of Strategic Planning in Healthcare, Second Edition*, by Jeffrey P. Harrison, PhD, FACHE



*Evidence-Based Management in Healthcare: Principles, Cases, and Perspectives, Second Edition* by Anthony R. Kovner, PhD, and Thomas D'Aunno, PhD



*Dimensions of Long-Term Care Management: An Introduction, Second Edition*, by Mary Helen McSweeney-Feld, PhD, Carol Molinari, PhD, and Reid Oetjen, PhD

# Prizes/Awards

## The William B. Graham Prize for Health Services Research

The Graham Prize was established to succeed the Baxter International Foundation Prize for Health Services Research, which was established in 1985 and has long been internationally regarded as the premier recognition for health services research.

The Prize recognizes national or international contributions of researchers who apply analytic methods to examine and evaluate the organization, financing, and/or delivery of health services. It is awarded to individuals who have significantly contributed to public health in one of three primary areas: Health Services Management, Health Policy Development, and Healthcare Delivery. The winner is selected annually by an international committee of past Prize winners, distinguished academics, and internationally recognized

researchers. The Prize includes an award of \$25,000 to the individual and \$25,000 to a nonprofit institution that supports the winner's work.



### 2016 William B. Graham Prize Recipient

**John K. Iglehart**

Founding editor of *Health Affairs*

## The Gary L. Filerman Prize for Educational Leadership

The Filerman Prize for Educational Leadership recognizes individuals from AUPHA member programs who have made outstanding contributions to the field of healthcare management education, who have exhibited leadership in their field, and who have enriched their institutions, their students, and healthcare management education through their work. It was established to honor Gary L. Filerman, PhD, the first president of AUPHA, for his many years of service to the association and to healthcare management education.

The Filerman Prize is administered by AUPHA with the

generous support of the University of Minnesota's Healthcare Alumni Associations/Foundation and the many friends of Dr. Filerman.



### 2016 Filerman Prize for Educational Leadership Recipient

**Peter Butler, MHSA**

Rush University

## The John D. Thompson Prize for Young Investigators

The John D. Thompson Prize for Young Investigators is awarded to faculty from AUPHA member programs whose work has contributed to knowledge in health services. It was established to honor John D. Thompson, a professor of health administration who set exemplary standards in

teaching, commitment to learning, collegial relationships, and health services research.



### 2016 John D. Thompson Prize for Young Investigators Recipient

**Brad Wright, PhD**

University of Iowa

## Bugbee-Falk Book Award

Each year, AUPHA bestows the Bugbee-Falk Book Award to a group of outstanding students in full member graduate and undergraduate programs. Recognizing the lifetime accomplishments of George Bugbee and Isidore S. Falk, MD, the award helps students establish their professional libraries by providing them with works by respected authors in the field. Each year, seven programs are invited to select a student to receive the award.

### 2016 Bugbee Falk Book Award Recipients

**Kristia T. Faraon**, University of Illinois at Chicago

**Christopher S. Grace**, Southern Illinois University

**Kelsey L. Hunt**, University of Utah

**Nelson McClellan**, George Mason University

**Kathleen Troy**, Governors State University

## Corris Boyd Scholars Program

The HCA Corris Boyd Scholars Program was established in 2006 to provide scholarships to two deserving minority students entering Full AUPHA Member programs. The Program honors Corris Boyd, a senior healthcare executive with HealthTrust Purchasing Group and HCA who was a proponent of excellence and leadership and dedicated to increasing diversity. Mr. Boyd died in 2005.

In 2016, two students were selected to receive a \$20,000 per year scholarship towards a master's program in healthcare management from the AUPHA member school of their choice.

### 2016 Scholars

**Lee Salazar** entered the University of Washington, where he is working towards a Master's in Health Administration.

**Patara Williams** is attending Xavier University and working towards a Master's in Health Services Administration.

## Bachrach Family Scholarship for Excellence in Healthcare Administration

The Bachrach Family Scholarship for Excellence in Healthcare Administration was acquired by AUPHA in 2016. This endowed scholarship was created with the intent of creating a durable legacy to the education of students in areas and at institutions that contributed to the success of David and Linda Bachrach.

The Scholarship will be available to students enrolled 'full-time' in a CAHME accredited residential graduate program in healthcare administration during their second year of the program of study. It recognizes their demonstrated successful academic performance as an undergraduate, as well as during their first year of graduate study, with preference to otherwise qualified students who are the first in their immediate family to pursue graduate level education, qualified students who can demonstrate an economic need for such financial support, and/or qualified women applicants.

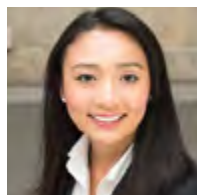
The first recipient will be selected in late summer of 2017 and recognized at the 2017 Graduate Program and Practitioners Workshop in Chicago next March.

## David A. Winston Health Policy Fellowship

The David A. Winston Health Policy Fellowship offers a twelve month postgraduate experience in Washington, DC, to students from AUPHA member universities. Established in 1987, this Fellowship commemorates the contributions and personal commitment of David A. Winston, who played a significant role in shaping American health policy at both the state and federal level.

The objective of the David A. Winston Health Policy Fellowship is to provide a unique opportunity to learn about the political system through direct exposure to public and private sector roles in health policy development. The Fellowship embodies Mr. Winston's commitment to the public/private partnership necessary for a high-quality, market-oriented healthcare system.

### 2016-17 Winston Health Policy Fellowship Recipients



**Olivia Pham**

University of North Carolina,  
Chapel Hill



**Kripa Sreepada**

Cornell University

## David A. Winston Health Policy Scholarship

The David A. Winston Health Policy Scholarship Program aims to increase the number and quality of individuals trained in healthcare policy at the state and federal levels by providing financial support to deserving health policy students for furthering their education. The scholarship recognizes student excellence and achievement based on the student's record along with recommendations from faculty and colleagues. Ten \$10,000 scholarships are offered each year to students who demonstrate their potential to succeed in health policy at the state or federal level upon receiving their master's in healthcare management or health policy degree.

### 2016 Winston Scholarship Recipients

**Michael Budros**, University of Michigan

**Robert Franceschini**, University of Washington

**Danielle Goetter**, Rush University

**Ashley Hill**, University of Michigan

**Haleigh Mager-Mardeusz**, University of California, Los Angeles

**Neil McCray**, George Mason University

**Yamilett Medrano**, University of Southern California

**Sophie Morse**, Johns Hopkins

**Jeannette Reynaga**, University of California, Los Angeles

**Sojourner Rivers**, Columbia University

# How Well Does AUPHA Perform?

The yearly Membership Satisfaction Survey is one of the ways AUPHA collects input on the activities and services delivered by the Association. We greatly appreciate the 96 members who took the time to respond.

This section of the Annual Report provides a condensed showcase of the responses to the Satisfaction Survey. It provides highlights of the survey's major themes: (1) Value of Membership Overall, (2) Member Value of Services and Programs, and (3) Evaluation of Staff and Board. These highlights will be expanded upon in a more detailed report which will be posted online for membership to review.

Overall Value of Membership contains three measures all on a 1 to 10 scale: (1) How likely are you to recommend AUPHA Membership to others, (2) Rate the overall value of AUPHA Membership, and (3) How likely will you continue AUPHA membership next year. We are pleased to report that most respondents provided positive responses to each of these questions. The first chart indicates that 57% indicated that they were “promoters” (9-10) of AUPHA. Those still positive but classified as “passives” (7-8) constituted another 28%. The remaining 15% scored <7 and are classified as “detractors.”

The second and third charts similarly indicate that the majority value AUPHA membership and intend to remain members in the coming year.

In the case of specific Members Services and Programs, the respondents rated 17 major products/services on a scale from “Not Valuable” to “Extremely Valuable. As in past years, the Annual Meeting scored highly (54.1% extremely valuable). The Network and the Faculty Forums also scored highly (41.7% and 33.0% extremely valuable, respectively), as did the AUPHA Publications, *Journal of Health Administration Education* (38.1% extremely valuable) and AUPHA Exchange (29.9% extremely valuable).

## How Likely Are You to Recommend an AUPHA Membership?

Value	Percent	Count
10	43.8%	42
9	13.5%	13
8	16.7%	16
7	11.5%	11
Less than 7	14.6%	14
<b>Total</b>	<b>100%</b>	<b>96</b>

## Rate the Overall Value of AUPHA Membership

Value	Percent	Count
10	25%	24
9	18.8%	18
8	15.6%	15
7	18.8%	18
Less than 7	21.9%	21
<b>Total</b>	<b>100%</b>	<b>96</b>

## Likelihood to be an AUPHA Member Next Year

Value	Percent	Count
10	62.5%	60
9	10.4%	10
8	9.4%	9
7	4.2%	4
Less than 7	13.5%	13
<b>Total</b>	<b>100%</b>	<b>96</b>

The last major section of the Satisfaction Survey was designed to assess the AUPHA Staff and Board of Directors. Staff assessments were again rated highly in all categories, which included responsiveness, problem solving, courtesy, and professionalism.

The Board of Directors also received relatively high ratings, with over half the respondents rating the Board “Good” to “Excellent” on each category. However, a substantial number of respondents indicated they could not assess the Board.

## Rate How Much AUPHA Member Services are of Value to You

1=Not valuable, 5=Extremely valuable

	5	4	3	2	1	Not Aware / Not Relevant
Annual Meeting	54.1%	24.5%	7.1%	5.1%	3.1%	6.1%
AUPHA Network	41.7%	27.1%	18.8%	4.2%	5.2%	3.1%
Faculty Forums	33.0%	35.1%	11.3%	12.4%	3.1%	5.2%
AUPHA Exchange	29.9%	39.2%	14.4%	8.2%	4.1%	4.1%
<i>Journal of Health Administration Education</i>	38.1%	36.1%	15.5%	5.2%	0.0%	5.2%

## Rate the AUPHA Staff Based on the Following:

	Excellent	Very Good	Good	Fair	Poor	Cannot Assess
Responsiveness	52.1%	18.1%	11.7%	9.6%	1.1%	7.4%
Ability to solve problems	40.4%	22.3%	9.6%	10.6%	1.1%	16.0%
Courtesy and friendliness	62.4%	14.0%	10.8%	4.3%	2.2%	6.5%
Professionalism	54.8%	19.4%	11.8%	6.5%	0.0%	7.5%

## Rate the AUPHA Board Based on the Following:

	Excellent	Very Good	Good	Fair	Poor	Cannot Assess
Representative of membership	24.5%	21.3%	14.9%	6.4%	5.3%	27.7%
Accessibility	21.5%	17.2%	18.3%	10.8%	3.2%	29.0%
Effectiveness	17.0%	22.3%	21.3%	7.4%	3.2%	28.7%
Transparency	16.8%	13.7%	22.1%	12.6%	6.3%	28.4%
Strategic direction	21.3%	16.0%	20.2%	9.6%	8.5%	24.5%



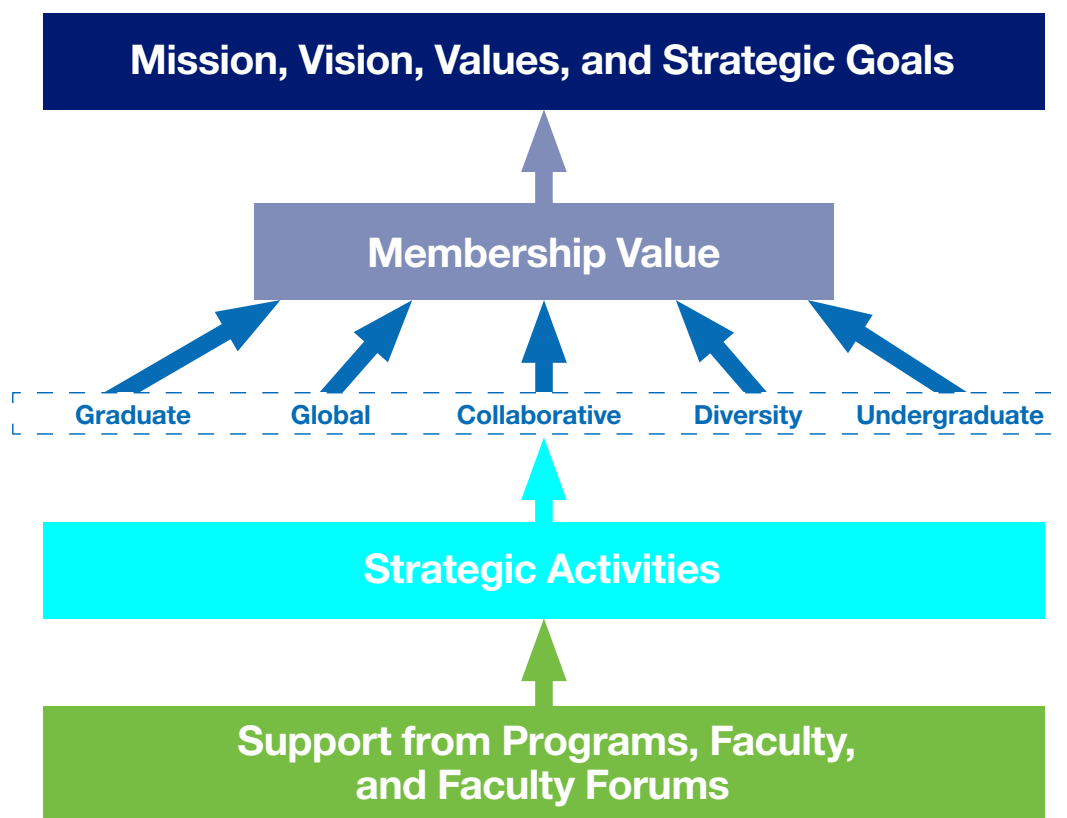
# Where Is AUPHA Going?

Last year, we presented the chart (below) to illustrate how we planned to organize our strategic direction during the year. At each Board Meeting last year, the committee chair reported on progress, initiatives and challenges. Much of these efforts were disseminated through the Board minutes, our blogs and other announcements.

The plan from last year was designed to be flexible because the world we operate in changes rapidly. Opportunities and threats arise without warning and often cannot wait for another strategic plan or even a Board Meeting. The plan was also designed to engage, at the committee level, Board members and other faculty in crucial AUPHA activities. It was felt that too many strategic plans had great ideas, direction and even tactics but little in the way of resources or follow-up for implementation. Often, staff are left to accomplish as much as possible from a plan and then

report on progress at the end of the year. The plan AUPHA adopted relied upon both the leadership and direct input from committee chairs and individual members to identify new and implement existing activities, consistent with the overall committee charge. This worked well and everyone should thank the Board members and other faculty who stepped forward to lead these committees. They will all tell you that serving on the AUPHA Board entails work.

In terms of structure, as we indicated last year, the Membership Value Committee was dissolved because all activities are or should be aimed at improving member value. The specific charges for the remaining five committees helped to focus attention on separate issues/areas rather than having these often complex issues addressed in detail by the full Board.



The five core committees and their charges are as follows:

- **Collaborative Partnerships Committee (CPC)** was charged with identifying, developing and implementing alliances beneficial to AUPHA and to the potential collaborator(s). The committee had no limitations on the scale or scope of potential partnerships but must assure that any arrangement maintains and strengthens AUPHA and its strategic goals. The CPC had the most visible activity during the year with expanded initiatives with many of our key collaborators. The number of potential collaborators required the CPC to survey members to help set priorities.

Going forward, the CPC will continue solidifying these efforts with existing collaborators and open new partners. Look for a “Higher Education 2025” task force jointly with ACHE, continuation of the academic forums with additional associations, beneficial student membership arrangements with associations, and other exciting efforts.

- **Diversity with Inclusion Committee (DWI)** was charged with developing programs and activities that result in more diversity and inclusion across, among other categories, race, gender, and ethnicity. Its goal was to address the ongoing challenge of the lack of diversity among AUPHA member program faculty and among students, especially at the graduate level.

Going forward, among other initiatives, look for the DWI to publish a special issue of our *Journal* on the multifaceted aspects of diversity in healthcare.

- **Global Leadership Committee (GLC)** was charged with developing an AUPHA global presence. The engagement of organizations and individuals from throughout the world with AUPHA furthers each of our strategic goals.

Going forward, the GLC will continue to organize and expand the annual Global Symposium. The Symposium brings many senior executives to our Annual Meeting to foster expanded collaboration. Also, look for your President and Board Chair to visit China this year in a major effort to expand membership and explore international certification. This opportunity arose directly from the contacts made through a prior Global Symposium.

- **Undergraduate Program Committee (UPC)** was charged with specific activities relevant to AUPHA's undergraduate program members including primarily managing the undergraduate certification review process and coordinating the biannual Undergraduate Workshop.

Going forward, the UPC will be championing an undergraduate exit examination and will play a big role with GLC in international certification.

- **Graduate Program Committee (GPC)** was charged with specific issues pertinent to AUPHA's graduate programs members including primarily planning for AUPHA's Leaders Conference (now Graduate Program and Practitioner Workshop) and assisting programs to secure and maintain CAHME accreditation.

Going forward, look for additional changes in the Graduate Program and Practitioners Workshop held in collaboration with ACHE and focused initiatives aimed at raising awareness of and interest in the field of health administration.

As is clear, these five committees are not independent. They communicate and coordinate across activities to avoid conflicts and duplication. We expect this structure will facilitate our ongoing efforts to link AUPHA membership with mission.

# Upcoming AUPHA Meetings

## **2017 Undergraduate Workshop**

October 5-7

Orlando, Florida

## **2018 Graduate Program and Practitioner Workshop**

(formerly Leaders Conference)

March 26

Chicago, Illinois

## **2018 Annual Meeting**

June 13-15

Philadelphia, Pennsylvania

**AUPHA**  
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