LETTER FROM THE CHAIR OF THE BOARD OF DIRECTORS

It was a surprise to me that I needed to write a “Letter from the Chair” for the Annual Report already. It seems like yesterday that I took office and wrote my first blog. It was posted on July 9, 2015, and really set the stage for what has been a great year. It is now time to reflect, however.

We started the year indicating that the Board would be Listening, Planning, and Acting. Throughout the year, we looked for ways to make our member programs stronger and the lives of our faculty better, so that together we can “foster excellence and innovation in health management and policy education and scholarship.” Strategic goals were reaffirmed as we examined our role in providing excellence in our mission and to be “viewed as the embodiment of excellence in health management and policy education.” From that start, we made great progress by diligently working on a strategic plan for AUPHA that will be discussed further in this document.

Beyond the specifics of what the report contains, however, we successfully implemented a Board structure that will serve AUPHA well going forward. The committees formed at the Board level have the clear direction and charge to assure that AUPHA continues to follow up on the words we express. AUPHA has a rich history, we are a strong presence today, and we have a vibrant future.

I want to focus on how this year evolved. We reasoned that each program (each of you) is doing the best that you can with the resources available to produce highly competent healthcare managers and leaders. There seemed to be strong support by the Board and members in general regarding the appropriateness of AUPHA’s mission, vision, values, and even our strategic goals. Your outcomes are very good but would be better with support from AUPHA. Our challenge was to make AUPHA relevant and of value to our members. Not taking anything away from all of the things AUPHA does for members year in and year out, we settled on three pillars that are important to our field today, difficult to master at the individual program level, and forward focused: Collaboration, Diversity, and Global.

- **Collaborative Partnership Committee.** The CPC will identify, develop, and implement alliances that are beneficial to AUPHA and to the collaborating organizations. This group has been actively working to make sure AUPHA practices one of our core values — collaboration. We expect this will leverage our scarce resources to achieve more value for you — our members. Through the CPC, we hope to model collaboration and provide opportunities for our faculty members — you — to be more informed and successful in your efforts to develop leaders. We asked “What organizations do you believe would be most valuable and important for AUPHA collaboration?” The ideas came forward for current and potential collaborators for AUPHA, including ACHE, HFMA, NCHL, AHA, HIMSS, MGMA, AcademyHealth, APHA, Institute for Diversity, CAHME, and many others.

- **Diversity with Inclusion.** The DWI committee will support AUPHA’s values and efforts to rectify broad challenges in our field. It will assist AUPHA to practice a core value, specifically, “AUPHA believes diversity — in people, in programs and in perspectives — is essential for an effective interprofessional workforce.” In our examination, we found that some believe AUPHA is not very diverse and inclusive. We’ve learned that some folks— often racial and ethnic minorities — do not feel welcome and included in committees and other activities of the Association. It is clear that we have work to do and we are committed to staying focused on our efforts to improve the diversity and inclusion of our organization (and the field). The true power and value of AUPHA comes when we work together as a field to tackle many important and complex issues — even as we compete for the best students in our programs. At the same time, AUPHA and its membership has become much more diverse over the past several years. In particular,
when you consider diversity of programs and perspectives, we’ve never had a greater variety of members from different organization types, sizes, and geographic communities. In fact, strategic decisions made a decade ago have created a “bigger AUPHA tent” — as all types of programs can now be members — undergraduate, graduate, those accredited and certified, those that are not accredited or certified, online programs, and programs from around the globe. And yet, there are some simple rules at work here. We know that we must never stop trying to be open, welcoming, and inclusive of those who are not just like us, even when conversations are difficult, our progress is slow, and people may get uncomfortable.

- **Global Leadership Committee.** The final pillar has been with us for several years and continues to provide both hope and challenge. All aspects of healthcare and healthcare delivery have become global in recent decades. The opportunity to collaborate with academic programs around the world and create an even more diverse constituency is tempting. Making that opportunity a reality is the charge of the GLC. This area does not focus on a single core value but maps to them all: excellence, innovation, collaboration, diversity, and learning. Unlike the other pillars, this thrust has a long history at AUPHA and we will continue to build upon the good work already done.

Going forward, I hope that the structural core we have put in place will enable AUPHA to scale new heights. We are all a product of past leadership and our major hope is to add something to the mosaic that is AUPHA.

Christy Harris Lemak, PhD, FACHE

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**AUPHA’s Five Core Committees**

**Collaborative Partnerships Committee (CPC)**

The committee is charged with identifying, developing, and implementing alliances beneficial to AUPHA and to the potential collaborator(s).

**Diversity with Inclusion Committee (DWI)**

This committee is 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)**

This committee is charged with developing an AUPHA global presence.

**Undergraduate Program Committee (UPC)**

This committee, already in existence, is charged with managing specific activities relevant to undergraduate program members.

**Graduate Program Committee (GPC)**

This committee is charged with focusing on issues pertinent to graduate program members.
LETTER FROM THE PRESIDENT AND CHIEF EXECUTIVE OFFICER

Last year, I suggested in this letter that connecting the dots involves looking backward but as Steve Jobs informed us, planning the future requires more than the looking at the past. We must create a vision and a clear map for the future. To help us all build our future path, we can solicit and use information from you, our members. You told us many specific things but by way of synthesis you indicated that you wanted more information about what was going on, you wanted greater transparency in how AUPHA operated, you wanted better execution of highly valued services, and you wanted a vision for the future.

The Board, staff, and AUPHA committee infrastructure spent the year trying to address these priorities. This Annual Report is designed to address many of your suggestions and we did much throughout the year to enable AUPHA to be responsive. There is still much to do and we clearly were not able to address all concerns. Your input, support, and tireless efforts by the Board and others have positioned AUPHA to lead health management education going forward.

This Annual Report is organized to address many of the information needs of our members. It will help us all build confidence in the expansive scale and scope of what our many member programs and individual members accomplish. We all seek to improve population health by tirelessly working to assure that healthcare resources are managed efficiently and effectively. We strive to provide high quality, accessible, and cost effective care. Collectively, we are a substantial force within the vast healthcare infrastructure. AUPHA represents a large number of universities, programs, and individual faculty. Our work today will influence the healthcare system and thus the health of populations for many years to come.

In the report we will have four major sections all aimed at increasing information:

- **Who are we?** Describes our membership.
- **What does AUPHA do for members?** Highlights of some key beneficial features.
- **How well does AUPHA perform?** Updated feedback from member satisfaction survey.
- **Where is AUPHA going?** Highlights from strategic planning efforts.

Throughout the year, we also worked toward greater transparency at all levels of the organization. The Board, leadership, and staff have made efforts to open decisions and direction to all. We are now publishing the Board minutes for all to see. While that does not appear to be a major step for an organization, it represented a fundamental change in how AUPHA operated. Once the decision to publish the minutes was made, however, we found that the policy did not fundamentally change how the Board operated or how discussions evolved. It has been a good move. We have also taken great care to assure that selection of Board members, Board leadership, and prizes and awards are done solely with input from the corresponding committee of members. While that has long been the policy, all involved now consider how a decision “looks.” We are committed to giving transparent ownership of key AUPHA decisions to the most important constituent, our members.

We also worked this year to assure that we did an outstanding job delivering the highly valued services. Meeting the varied needs of a diverse membership represents a major challenge for any organization because we don't all want or need the same services. However, your input helped us target our efforts. Some examples include:

- We rejuvenated the Benchmarking and Salary survey effort that had fallen down in recent years at your request. Information appears later in this Annual Report.
• We also have worked to support CAHME and its efforts at accreditation of graduate programs. We provide financial support and name a substantial portion of the CAHME Board. More importantly, we have worked closely with CAHME to further what is truly our joint mission of improving the quality of management education. Our statement with CAHME issued spring 2016 indicates that we will be jointly involved in data collection and other activities in the future.

• We continue to emphasize the importance of our vital certification efforts for undergraduate program members. The certification process takes significant time and energy from a vast number of member volunteers. This input enables AUPHA to support our goals of improved quality of health management education.

• Our networking and education efforts expanded by effectively utilizing technology and with emphasis on conventional face-to-face meetings. We enhanced communication technologies to facilitate our robust networking capacity. We are still one of the few organizations that maintain a robust set of content driven Faculty Forums. The level and growth in activity in these Forums is nothing short of amazing. Some of these results are contained in this report. Also, we network in person at our Annual Meeting and at the Undergraduate Workshop. To facilitate the Annual Meeting, we outsourced substantial portions of the logistics of the Annual Meeting so that staff would have time to concentrate on content and meeting members.

Finally, you commented on our future. Elements of the strategic plan are contained in this report as well. We found, however, that after much data collection, input and thought, substantial portions of our future direction built upon our current efforts. The plan’s strength is that key elements or pillars were created to focus on these key issues. AUPHA has a great past, is vital today, and will follow a great path to the future.

Gerald L. Glandon, PhD

AUPHA STAFF

Gerald L. Glandon, PhD
President and CEO

Liza Assefa, MBA
Accounting Manager

Jaime E. Stephens, CMP
Vice President and COO

Kristi Donovan, MS, CAE
Senior Director of Professional Affairs

Chris Anne Sanyer
Membership Manager

Jason Chong Walker
Coordinator of Meetings and Services
2015 AUPHA BOARD MEMBERS

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

Diane M. Howard, PhD, MPH
Chair-Elect
Rush University

Leigh Cellucci, PhD
East Carolina University

Carol A. Molinari, PhD
University of Baltimore

Thomas Vaughn, PhD
Past Chair
University of Iowa

Julia Costich, JD, PhD
University of Kentucky

Bernardo Ramirez, MD
University of Central Florida

Mark Diana, PhD
Treasurer
Tulane University

Gina Cronin, MHA
Cleveland Clinic

Rodney Taylor, MPA
Maryland Department of Health and Hygiene

Brenda Freshman, PhD
Secretary
California State University, Long Beach

Raymond Grady, MHA, FACHE
Methodist Hospitals

Carolyn (Cindy) Watts, PhD
Virginia Commonwealth University

Keith Benson, PhD, MHA
Winthrop University

R. Brooke Hollis, MBA
Cornell University

Gerald L. Glandon, PhD
AUPHA

Kenneth Johnson, PhD, FACHE
Weber State University
### ASSETS

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<thead>
<tr>
<th>Current Assets</th>
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<th>December 31, 2014</th>
<th>$ Change</th>
<th>% Change</th>
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<td>Other Current Assets</td>
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<td>1300 · Due To/From Winston</td>
<td>1465 · Prepaid Postage - Meter</td>
<td>1475 · Prepaid Expenses</td>
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<td>1601 · Furniture &amp; Fixtures</td>
<td>1651 · Accumulated Depreciation</td>
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<td>Other Assets</td>
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<td>TOTAL ASSETS</td>
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### LIABILITIES & EQUITY

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<tr>
<td>1301 · Due To Winston</td>
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<td>2220 · UPD Endowment Fund</td>
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<td>0%</td>
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<td>2240 · A/P Capital Care Inc</td>
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<td>3,802</td>
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<tr>
<td>2260 · Accrued Vacation</td>
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<td>51,414</td>
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<td>23000 · Deferred Dues</td>
<td>569,019</td>
<td>470,847</td>
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<td>2317 · Del Contributions - Baxter</td>
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<td>TOTAL LIABILITIES &amp; EQUITY</td>
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<td>3,629,333</td>
<td>134,831</td>
<td>4%</td>
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<table>
<thead>
<tr>
<th>Equity</th>
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<tbody>
<tr>
<td>29003 · Unrestricted Net Assets</td>
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<td>29004 · Temp Restricted Net Assets</td>
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<td>0%</td>
</tr>
<tr>
<td>Net Change in Assets</td>
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<td>-33,523</td>
<td>62,217</td>
<td>186%</td>
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<tr>
<td>Total Equity</td>
<td>2,878,501</td>
<td>2,804,691</td>
<td>73,810</td>
<td>3%</td>
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<tr>
<td>TOTAL LIABILITIES &amp; EQUITY</td>
<td>3,764,164</td>
<td>3,629,333</td>
<td>134,831</td>
<td>4%</td>
</tr>
</tbody>
</table>
## Ordinary Revenue / Expenditures

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>40000 · Operating Revenue</td>
<td>1,420,812</td>
<td>1,360,994</td>
<td>59,818</td>
<td>4%</td>
</tr>
<tr>
<td>46400 · Other Revenue</td>
<td>228,861</td>
<td>137,455</td>
<td>91,406</td>
<td>66%</td>
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<tr>
<td><strong>Total Revenue</strong></td>
<td>1,649,673</td>
<td>1,498,449</td>
<td>1,498,449</td>
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<tr>
<td><strong>Expenditures</strong></td>
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<td></td>
</tr>
<tr>
<td>60000 · Salaries and Wages Expense</td>
<td>706,791</td>
<td>816,515</td>
<td>-109,724</td>
<td>-13%</td>
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<tr>
<td>60500 · Occupancy and Equipment</td>
<td>75,811</td>
<td>86,845</td>
<td>-11,034</td>
<td>-13%</td>
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<tr>
<td>60600 · Operations</td>
<td>81,523</td>
<td>75,354</td>
<td>6,169</td>
<td>8%</td>
</tr>
<tr>
<td>60700 · Program Expenses</td>
<td>253,728</td>
<td>233,889</td>
<td>19,839</td>
<td>8%</td>
</tr>
<tr>
<td>62100 · Professional Fees</td>
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<td>93,636</td>
<td>23,205</td>
<td>25%</td>
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<tr>
<td>63100 · Travel and Meetings</td>
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<td>236,852</td>
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<td>-4%</td>
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<td>65100 · Other Expenses</td>
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<td>58,904</td>
<td>8,266</td>
<td>15%</td>
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<td><strong>Total Expenditures</strong></td>
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<td>1,601,595</td>
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<td>-5%</td>
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<td><strong>Operating Change in Net Assets</strong></td>
<td>120,776</td>
<td>-103,146</td>
<td>223,922</td>
<td>-217%</td>
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</tbody>
</table>

## Other Revenue / Expenditures

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Other Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30600 · Unrealized Gain-Loss</td>
<td>-92,082</td>
<td>69,623</td>
<td>-161,705</td>
<td>-232%</td>
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<tr>
<td>33000 · In-kind Contribution</td>
<td>42,000</td>
<td>18,000</td>
<td>24,000</td>
<td>133%</td>
</tr>
<tr>
<td><strong>Total Other Revenue</strong></td>
<td>-50,082</td>
<td>87,623</td>
<td>-137,705</td>
<td>-157%</td>
</tr>
<tr>
<td><strong>Other Expenditures</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>52000 · In-Kind Expenses</td>
<td>42,000</td>
<td>18,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Net Other Revenue</strong></td>
<td>-92,082</td>
<td>69,623</td>
<td>-161,705</td>
<td>-232%</td>
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<tr>
<td><strong>Net Change in Assets</strong></td>
<td>28,694</td>
<td>-33,523</td>
<td>62,217</td>
<td>-186%</td>
</tr>
</tbody>
</table>
2015 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

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

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

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

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

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
WHO ARE WE?

Describing a complex membership organization such as AUPHA is nearly impossible but we have prepared select information regarding our member programs, the students they serve, and the associated faculty.

Programs

AUPHA represents a large and highly diverse set of institutions, programs, and faculty. In 2015, we had a total of 220 graduate and undergraduate programs from 179 separate institutions. In addition, we include doctoral programs, affiliate members, international programs, and about 140 individual members. As the table indicates, most of our members for both Graduate and Undergraduate programs are “Full Members” meaning that they have CAHME accreditation or AUPHA certification. Also, if you examine the second panel it is clear that growth in membership since 2010 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 5% during this period. Total number of member programs has increased about 28% to 220 and total number of academic institutions has increased about 16% to 179.

Number of AUPHA Members by Membership Type and Program Type: 2015 and 2010

<table>
<thead>
<tr>
<th></th>
<th>Membership Type</th>
<th>Graduate Programs</th>
<th>Undergraduate Programs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>Full Members</td>
<td>79</td>
<td>46</td>
<td>125</td>
</tr>
<tr>
<td></td>
<td>Associate Candidate</td>
<td>43</td>
<td>24</td>
<td>67</td>
</tr>
<tr>
<td></td>
<td>Associate</td>
<td>17</td>
<td>11</td>
<td>28</td>
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<td></td>
<td>Total Programs</td>
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<td>220</td>
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<tr>
<td></td>
<td>Institutions</td>
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<tr>
<th></th>
<th>Membership Type</th>
<th>Graduate Programs</th>
<th>Undergraduate Programs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>Full Members</td>
<td>74</td>
<td>45</td>
<td>119</td>
</tr>
<tr>
<td></td>
<td>Associate Candidate</td>
<td>27</td>
<td>22</td>
<td>49</td>
</tr>
<tr>
<td></td>
<td>Associate</td>
<td>4</td>
<td>0</td>
<td>172</td>
</tr>
<tr>
<td></td>
<td>Total Programs</td>
<td>105</td>
<td>67</td>
<td>220</td>
</tr>
<tr>
<td></td>
<td>Institutions</td>
<td></td>
<td></td>
<td>154</td>
</tr>
</tbody>
</table>

The following programs were members of AUPHA at the end of 2015. Those programs highlighted in bold text represent our many generous Annual Meeting program sponsors.

Full Graduate Program

- Armstrong State University
- Army-Baylor University
- Baruch College
- Baylor University
- Boston University School of Management
- Boston University School of Public Health
- California State University — Long Beach
- Columbia University
- Cornell University/Sloan Program in Health Administration
- Dalhousie University
- Florida International University
- George Mason University
- George Washington University
- Georgetown University
- Georgia State University
- Governors State University
- Indiana Univ. Richard M. Fairbanks School of Public Health
- Johns Hopkins University
- Marymount University
- Medical University of South Carolina
- New York University
- The Ohio State University
- Pennsylvania State University
- Portland State University
- Rush University
- Saint Louis University
- San Diego State University
- Seton Hall University
- Simmons College
- Temple University
- Texas A&M Health Science Center
- Texas State University
- Texas Tech University
- Texas Woman's University Houston
- Trinity University
- Trinity University — Executive
- Tulane University
- Union Graduate College
- Universite De Montreal
- University of Alabama at Birmingham
- University of Alabama at Birmingham — Executive
- University of Arkansas for Medical Sciences
- University of California — Los Angeles
- University of California — Los Angeles — Executive
- University of Central Florida
- University of Colorado Denver
• Univ. of Colorado Denver/Network for Healthcare Mgmt
• University of Florida
• University of Illinois at Chicago
• University of Iowa
• University of Kansas Medical Center
• University of Kentucky
• University of Memphis
• University of Miami
• University of Michigan
• University of Minnesota
• University of Minnesota — Executive MHA
• University of Missouri
• University of North Carolina at Chapel Hill
• University of North Carolina at Charlotte
• University of North Florida
• University of North Texas Health Science Center
• University of Oklahoma Health Sciences Center
• University of Pittsburgh
• University of Puerto Rico — Medical Science Campus
• University of Saint Thomas
• University of Scranton
• University of South Carolina
• University of South Florida
• University of Southern California
• University of the Incarnate Word
• University of Tokyo
• University of Utah
• University of Washington
• Virginia Commonwealth University
• Virginia Commonwealth University — Executive
• Washington State University
• Weber State University
• Xavier University

Full Certified Undergraduate Program
• Appalachian State University
• Auburn University
• California State University — Chico
• California State University — Long Beach
• California State University — Northridge
• Central Michigan University
• Clayton State University
• Davenport University
• Dillard University
• East Carolina University
• Eastern Washington University
• Florida A&M University
• George Mason University
• Georgetown University
• Governors State University
• Howard University
• Idaho State University
• James Madison University
• Mary Baldwin College
• Methodist University
• Metropolitan State University of Denver
• Old Dominion University
• Oregon State University
• Our Lady of the Lake College
• Pennsylvania State University
• Ryerson University
• Southern Illinois University — Carbondale
• Stonehill College
• Tennessee State University
• Texas State University
• Towson University
• University of Alabama at Birmingham
• University of Baltimore
• University of Central Florida
• University of Michigan — Flint
• University of Minnesota Duluth
• University of Nevada — Las Vegas
• University of New Hampshire
• University of North Carolina at Chapel Hill
• University of North Florida
• University of Scranton
• University of South Dakota
• University of the Incarnate Word
• Western Kentucky University
• Winthrop University

Associate Graduate Candidate Program
• Ashford University
• AT Still University
• Barry University
• Belmont University
• California State University — Los Angeles
• Carnegie Mellon University
• Centenary College
• Clayton State University
• College of Saint Elizabeth
• Des Moines University
• Eastern Michigan University
• Florida A&M University
• Florida Gulf Coast University
• Georgia Southern University
• Hofstra University
• Icahn School of Medicine at Mount Sinai
• Jefferson College of Health Sciences
• Kings College
• Lake Erie College of Osteopathic Medicine (LECOM)
• LeTourneau University
• Loyola University Chicago
• Montana State University — Billings
• National University
• Our Lady of the Lake College
• Pacific University
• Pennsylvania State University
• Pfeiffer University
• Rollins College
• Saint Louis University — Executive
• Stevenson University
• Suffolk University
• Texas Southern University
• Uniformed Services University of Health Science
• University of Cincinnati
• University of Detroit Mercy
• University of Louisville
• University of Nevada — Las Vegas
• University of New Haven
• University of Phoenix
• University of Texas at Arlington
• University of Texas at Tyler
• University of Texas Health Science Center at Houston
• Winston-Salem State University

**Associate Undergraduate Candidate Program**

• Alma College
• Concordia College
• Concordia University — Portland
• Concordia University — Irvine
• Eastern Kentucky University
• Jefferson College of Health Sciences
• Lourdes University
• Loyola University Chicago
• Metropolitan College of New York
• Minnesota State University Moorhead
• National University
• New York University
• Pennsylvania College of Health Sciences
• Regis University
• Robert Morris University
• Saint Leo University
• Saint Louis University
• South University
• Texas A&M University — Corpus Christi
• University of Miami
• University of Mount Olive
• University of Puerto Rico
• Winston-Salem State University
• Xavier University

**Associate Graduate Program**

• College of William & Mary
• Eastern Washington University
• Florida Atlantic University
• Meharry Medical College
• Missouri State University
• Northeastern University
• Park University
• Pennsylvania State University — Harrisburg
• Regis University
• Rosalind Franklin University of Medicine and Science
• University of Arkansas Fort Smith
• University of Houston — Clear Lake
• University of Maryland University College
• University of Pennsylvania
• University of Texas at Dallas
• University of the Pacific
• Walden University

**Associate Undergraduate Program**

• California Baptist University
• Drexel University
• Florida Atlantic University
• Loma Linda University
• New York City College of Technology/CUNY
• Norfolk State University
• Texas Southern University
• University of Phoenix
• University of Southern Indiana
• University of St. Francis
• Walden University

**Associate Doctoral Program**

• Antioch University
• Central Michigan University
• Medical University of South Carolina
• University of Alabama at Birmingham
• University of Alabama at Birmingham — Executive
• Virginia Commonwealth University
• Walden University

**Affiliate Members**

• AcademyHealth
• CLADEA
• Society for Health Administration Program in Education
• The College at Brockport
• Universidad Anahuac Mexico Norte
**Students**

The primary function of our member programs is preparing the next generation of healthcare leaders, thus the characteristics of the programs’ students is a vital concern. The number and type of students that our member programs admit and educate gives an indication of the importance of member programs. Based upon reported data, the average number of applicants to member programs was nearly 100 for graduate programs and over 130 for undergraduate programs. Of these, well over half received offers. About 35% of graduate applicants, however, eventually matriculated. For undergraduate applicants, about half (50%) matriculated in 2015. Both Graduate and Undergraduate programs are forced to extend more offers than they admit because a substantial number of offers are not accepted. Collectively, these data indicate a healthy and robust market with substantial excess demand.

The characteristics of these students are also of interest. Most students are still “full-time” despite a movement toward providing educational opportunities to those currently in the workforce. Only about 25% of undergraduate students are male, while that number rises to about 43% for graduate students. With respect to ethnicity, 64% and 53% of students are “White” for graduate and undergraduate programs, respectively. Continuing historical trends, 12.8% of students are classified as “Black” and another 6.6% are classified as “Hispanic” for graduate programs. The undergraduate programs report over 25% of students as “Black” and 8.7% as “Hispanic.”

The experience of students passing through our programs appears to be positive and leads to jobs quite quickly. 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, 2.0% of alumni from graduate programs and 12.6% of alumni from undergraduate programs are not employed because they are planning to continue their education. Another 18% of alumni from graduate programs are pursuing a fellowship. In total, only 6% of those from graduate programs and 12% of those from undergraduate programs are still seeking employment at three months post graduation. Interestingly, over half of all programs (58% of graduate programs and 54% of undergraduate programs) report that 5% or fewer of their students are not employed or status is unknown at three months. Job prospects appear very strong for AUPHA programs.

**Select Employment Characteristics of Graduates from Graduate and Undergraduate Programs: 2015**

<table>
<thead>
<tr>
<th>Employment Characteristics</th>
<th>Graduate Programs</th>
<th>Undergraduate Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed in Healthcare</td>
<td>71.5%</td>
<td>62.9%</td>
</tr>
<tr>
<td>Employed not in Healthcare</td>
<td>2.5%</td>
<td>12.3%</td>
</tr>
<tr>
<td>Pursuing a Graduate Fellowship</td>
<td>18.0%</td>
<td>NA</td>
</tr>
<tr>
<td>Delayed Employment for Further Education</td>
<td>2.0%</td>
<td>12.6%</td>
</tr>
<tr>
<td>Unknown/Unemployed</td>
<td>6.1%</td>
<td>12.3%</td>
</tr>
</tbody>
</table>

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 and we find that undergraduate and graduate programs have different proportions of current students returning for their education from the workforce. Graduate programs report that about 42% of graduates have no prior work experience while for undergraduate students we find that 72% have no prior work experience. The median salary for graduate students with no prior work experience was $59,500 and $68,381 for those with prior work experience. Undergraduate programs report a median salary of $36,375 for those with no work experience and $39,896 for those with prior work experience. Clearly, the premium for having worked is substantial in terms of starting salary.

**Starting Salary for those Graduating from Graduate and Undergraduate Programs by Prior Work Experience: 2015**

<table>
<thead>
<tr>
<th>Student Salary Information</th>
<th>Graduate Programs</th>
<th>Undergraduate Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entering First Professional (%)</td>
<td>42.1%</td>
<td>71.1%</td>
</tr>
<tr>
<td>Salary of First Professional</td>
<td>$59,500</td>
<td>$36,375</td>
</tr>
<tr>
<td>Salary of Returning</td>
<td>$68,381</td>
<td>$39,896</td>
</tr>
</tbody>
</table>
Faculty

In addition to student characteristics, the faculty in member programs also have distinct characteristics. For these data, we report mean and median because of the dramatic variation in these numbers across programs. The mean number of faculty in programs totals 14.8 for graduate programs and 13.5 for undergraduate programs. The median is 14 faculty and 12 faculty for these categories, respectively. Considering just full time faculty (tenured, tenure seeking, and non tenure seeking), the mean number is 7.8 for graduate programs and 7.4 for undergraduate programs. The corresponding medians are 6 and 5.5. The similarity across type of program is remarkable.

<table>
<thead>
<tr>
<th>Faculty Status</th>
<th>Graduate Programs</th>
<th>Undergraduate Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Median</td>
</tr>
<tr>
<td>Tenured</td>
<td>3.5</td>
<td>3</td>
</tr>
<tr>
<td>Tenure Seeking</td>
<td>2.0</td>
<td>1</td>
</tr>
<tr>
<td>Non-Tenure Seeking</td>
<td>2.3</td>
<td>2</td>
</tr>
<tr>
<td>Total Full Time</td>
<td>7.8</td>
<td>6</td>
</tr>
<tr>
<td>Part Time</td>
<td>1.6</td>
<td>1</td>
</tr>
<tr>
<td>Adjunct</td>
<td>5.4</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total Facility</strong></td>
<td><strong>14.8</strong></td>
<td><strong>14</strong></td>
</tr>
</tbody>
</table>

Demographics for our programs are reported unevenly by category so for the following three measures, we also report the percentage that failed to report. In total, faculty are slightly more likely to be male, mostly in the middle age categories, and overwhelmingly white.

Faculty in member programs have varied rank and years of experience. As would be expected, the number of faculty declines as the rank increases from Assistant, to Associate, to Professor. Interestingly, 12% of respondents had the rank of Instructor, Lecturer, or Clinical. As for experience, we report years overall and years of experience with the current organization. About 36% of faculty have been working professionally for less than 10 years and only about 13% have been with their current institution for 20 or more years. Many did not report these data.

The faculty work with 9 month, 10 month, and 12 month contracts with the dominant contract type now being 12 month. Salary varies based upon a number of characteristics but a major discriminator has to do with the work setting. If you teach only in graduate schools the average salary is highest and lowest for those teaching only in an undergraduate program. If a faculty teaches in both graduate and undergraduate programs, the average salary is between these two extremes. Note that these data are not adjusted for length of contract, faculty rank, or years of experience for this report.

### Faculty Contract Type and Faculty Salary: 2015

<table>
<thead>
<tr>
<th>Length of Contract</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Months</td>
<td>56%</td>
</tr>
<tr>
<td>10 Months</td>
<td>29%</td>
</tr>
<tr>
<td>9 Months</td>
<td>8%</td>
</tr>
<tr>
<td>Unreported</td>
<td>7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teaching Type</th>
<th>Average Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate Only</td>
<td>$119,676</td>
</tr>
<tr>
<td>Undergraduate Only</td>
<td>$89,288</td>
</tr>
<tr>
<td>Both Graduate and Undergraduate</td>
<td>$93,551</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$108,330</strong></td>
</tr>
</tbody>
</table>

Some isolated facts about faculty are also of general interest. Faculty and staff are the major component of program budgets for both graduate and undergraduate programs with about 80% of both types of budgets devoted to this vital input. Also, faculty received a very small reported increment in salary during the last year and have relatively little of the programs budget devoted to travel and other benefits. Finally, as expected, graduate program budgets are a little over $1.1M while undergraduate budgets were just over $630,000.

With respect to faculty activity, we expect that all faculty engage in education, service, and research. This varies by program focus and specifically varies between graduate and undergraduate programs as the table below indicates. Proportion of time devoted to research is greater for faculty in graduate programs (35.6%) versus those teaching in undergraduate programs (26.0%) and the difference is devoted to teaching. Service allocations are essentially equivalent for faculty in both types of programs.
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 ability of our many faculty members to access and share information with other faculty throughout the world is a major contribution that AUPHA provides. The ability to connect with other faculty with common interests and facing common challenges provides incalculable value to individuals, programs, and the field. You have demonstrated the value of that network by the level of participation. The satisfaction with this function is presented in the next section but we propose three measures of network participation: logins, discussion posts, and completed profiles. Together, these demonstrate the active and voluntary participation by members.

The first chart is a simple presentation of the number of logins to our network per year. It is clear that this number more than doubled by 2015.

Similarly, the total number of discussion posts per year since 2010 have witnessed a similar, rapid increase.

Finally, with respect to network participation, members have accelerated the level of completed profiles since we started keeping these data in 2009.
Meetings

The second activity measure for AUPHA are our three primary meetings. Annual Meeting, Leaders Conference, and the Undergraduate Workshop are key activities that enable our membership to present their work, learn from each other, and network. The overlapping value of the meetings with networking and education make these events particularly vital. We believe that the commitment to attend these meetings in the face of restrictive budgetary constraints demonstrates their value. The Annual Meeting, in particular, appeals to a broad cross-section of membership and changes location each year. Although some may be held in a distant location, eventually one of these meetings will be reasonably close. The chart below illustrates the attendance at these meetings over the last six years.

AUPHA Meeting Attendance: 2010-2015

![AUPHA Meeting Attendance Chart]

Certification

A major effort for AUPHA is to provide a valid and reliable certification process for our many undergraduate programs. This process is highly valued as we will see in the next section but consumes significant staff time and enormous volunteer time.

AUPHA estimates that there are up to 350 undergraduate healthcare management programs in North America. Because the healthcare sector continues to grow, the need for qualified staff will continue to grow thus we expect more healthcare management programs to appear over time. AUPHA certification enables the best of these programs to differentiate themselves by meeting our rigorous standards. Those employers of our program graduates look to this designation in their employment decisions. Students then continue to seek certified programs to invest in their future.

The AUPHA criteria for certification consist of core eligibility criteria and then the demonstrated ability to meet major curriculum/program criteria. The core eligibility includes such items and being in an accredited university, having at least 25% of classes taught by full-time faculty, and not discriminating on the basis of race, ethnic origin, creed, gender, or disability. Further, the individual programs must establish that they meet the intent of our 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).

In 2015, AUPHA recognized the following baccalaureate healthcare management programs for successfully meeting the established criteria for AUPHA certification and eligibility for Full Certified Undergraduate membership:

- Appalachian State University
- California State University — Long Beach
- Clayton State University
- Eastern Washington University
- Florida A&M University
- Idaho State University
- Southern Illinois University
- Towson University
- University of North Florida
- University of South Dakota
In 2015, volume 32 had a special edition in honor of Stephen Mick and an edition focused on online education. AUPHA members have access to current and past articles to read and/or download by going to www.aupha.org then linking on publications and then Journal of Health Administration Education.

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.

- Health Policy Issues: An Economic Perspective, Sixth Edition by Paul J. Feldstein, PhD
- Understanding Healthcare Financial Management, Seventh Edition by Louis C. Gapenski, PhD, and George H. Pink, PhD
- Human Resources in Healthcare: Managing for Success, Fourth Edition by Bruce J. Fried, PhD, and Myron D. Fottler, PhD
- The Economics of Health Reconsidered, Fourth Edition by Thomas Rice, PhD, and Lynn Unruh, PhD, RN
- Health Policymaking in the United States, Sixth Edition by Beaufort B. Longest Jr., PhD, FACHE
- The Well-Managed Healthcare Organization, Eighth Edition by Kenneth R. White, PhD, RN, FACHE, and John R. Griffith, LFACHE
- Dunn & Haimann’s Healthcare Management, Tenth Edition by Rose T. Dunn, CPA, FACHE, FHFMA
- Strategic Analysis for Healthcare: Concepts and Practical Applications by Michael S. Wayland, and Warren G. McDonald, PhD
- Healthcare Finance: An Introduction to Accounting and Financial Management, Sixth Edition by Louis C. Gapenski, PhD, and Kristin L. Reiter, PhD

HAMPCAS

The Healthcare Administration, Management & Policy Centralized Application Service, HAMPCAS, continues to evolve into a useful tool for the benefit of programs and students. There have been significant improvements made for both the student applicants and the participating programs in the current cycle. We expect that, over the next year, HAMPCAS will be taking further steps to improve our application platform with specific feedback from participating programs.

HAMPCAS has seen growth for every measure from participating programs, student accounts, and designations. The number of participating programs is now 47 and the number of unique applicants is now 353 for the partial information in the 2016 years. Please note that 2016 data are incomplete and will continue to grow throughout the application cycle ending in mid-August. We reported 2016 data for this measure for a 2015 Annual Report because the HAMPCAS cycle starts in the fall of 2015 and runs to end of summer 2016.

Number of Unique Applicants in HAMPCAS: 2012-2016

<table>
<thead>
<tr>
<th>Year</th>
<th>Applicants</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>278</td>
</tr>
<tr>
<td>2013</td>
<td>326</td>
</tr>
<tr>
<td>2014</td>
<td>320</td>
</tr>
<tr>
<td>2015</td>
<td>356</td>
</tr>
<tr>
<td>2016</td>
<td>353</td>
</tr>
</tbody>
</table>

Publications

Publications are a major, vital activity for AUPHA for the benefit of members. We publish the Journal of Health Administration Education four times per year. 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. This Journal is the primary outlet for publications related to health management education. As one of the only professional publications in the field, the Journal sets a standard in health administration education research.
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.

The 2015 William B. Graham Prize recipients were:

Tony Culyer CBE, BA, Hon DEcon, Hon FRCP, FRSA, FMedSci

The 2015 recipient of the Filerman Prize for Educational Leadership was:

Richard Lichtenstein, PhD
S.J. Axclrod Collegiate Professor of Health Management and Policy at University of Michigan

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.

The 2015 recipient of the John D. Thompson Prize for Young Investigators was:

Larry Hearld, PhD
University of Alabama at Birmingham

The 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.

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.

AUPHA is pleased to announce the following 2015 Bugbee Falk Book Award recipients:

Matthew Abbene
University of Central Florida

Victoria A. Lee
University of Illinois

Steven Beeler
University of the Incarnate Word

Glenn A. Waldman
Portland State University

John “Will” Hopkins
Methodist University

Ralph A. Welwean
Clayton State University

Artur Karapetyan
Old Dominion 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 2015, 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.

The 2015 scholars were:

Gloria Coicou entered Cornell University, Sloan Program in Health Administration, where she is working towards a Master's in Health Services Administration.

Jaclyn Gallardo began her graduate work at the University of Southern California this fall where she plans to pursue a Master's of Health Administration.

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.

The 2015-16 Winston Health Policy Fellowship recipients are:

Lydia H. Orth
The George Washington University

Adrianna McIntyre
University of Michigan

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.

Congratulations to the 2015 Winston Scholarship recipients:

Gladys Arias
New York University

Juliana Bennington
Columbia University

Kelsi Feltz
The George Washington University

Aubrie Fleming
The George Washington University

Jessica Lin
University of Michigan

Le-Toya Mayne-Flood
University of Illinois at Chicago

Emily Moore
University of Michigan

Elise Pennington
Cornell University

Stephen Petzinger
George Mason University

Jean-Claude Velasquez
Columbia University
HOW WELL DOES AUPHA PERFORM?

AUPHA continues to progress efforts to gather and analyze information on how the organization is doing and how it can better meet the needs and expectations of its membership. This year, AUPHA provided its membership an updated Satisfaction Survey to gather information on ongoing activities and services it delivers. We greatly appreciate those members who took the time to respond. It is our only way to get input from the varied constituencies that make up AUPHA. Because of the importance of this input, we are extending the opportunity for members to respond through the end of the Annual Meeting. If you have not replied, please do so.

This section of the Annual Report provides a condensed showcase on 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. This report 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 about 60% indicated that they were “promoters” (9-10) of AUPHA. Those still positive but classified as “passives” (7-8) constituted another 31%. The remaining 10% scored <7 and are classified as “detractors.” The percentage of detractors remained the same as last year.

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

For specific Members Services and Programs, the survey requested on how membership viewed 17 major products/services on a scale from “Not Valuable” to “Extremely Valuable. As in past years, the meetings scored relatively highly. Annual Meeting (61.2% extremely valuable), Leaders Conference (20.4% extremely valuable) and Undergraduate Workshop (20.5% extremely valuable) scored highly. The Network (34.4%) and the Journal of Health Administration Education (41.6%) both scored highly. Comparisons with last year indicate that Annual Meeting evaluations increased somewhat, and the other measures were unchanged.

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

<table>
<thead>
<tr>
<th>Value</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>42.3%</td>
<td>71</td>
</tr>
<tr>
<td>9</td>
<td>16.7%</td>
<td>28</td>
</tr>
<tr>
<td>8</td>
<td>23.8%</td>
<td>40</td>
</tr>
<tr>
<td>7</td>
<td>7.1%</td>
<td>12</td>
</tr>
<tr>
<td>Less than 7</td>
<td>10.1%</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>168</td>
</tr>
</tbody>
</table>

### Rate the Overall Value of AUPHA Membership

<table>
<thead>
<tr>
<th>Value</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>26.19%</td>
<td>44</td>
</tr>
<tr>
<td>9</td>
<td>18.45%</td>
<td>31</td>
</tr>
<tr>
<td>8</td>
<td>24.40%</td>
<td>41</td>
</tr>
<tr>
<td>7</td>
<td>17.86%</td>
<td>30</td>
</tr>
<tr>
<td>Less than 7</td>
<td>13.10%</td>
<td>22</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>168</td>
</tr>
</tbody>
</table>

### Likelihood to be an AUPHA Member Next Year

<table>
<thead>
<tr>
<th>Value</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>71.26%</td>
<td>119</td>
</tr>
<tr>
<td>9</td>
<td>10.78%</td>
<td>18</td>
</tr>
<tr>
<td>8</td>
<td>8.38%</td>
<td>14</td>
</tr>
<tr>
<td>7</td>
<td>4.19%</td>
<td>7</td>
</tr>
<tr>
<td>Less than 7</td>
<td>5.39%</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>167</td>
</tr>
</tbody>
</table>
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. For each of these categories, the rating of “Excellent” ranged from 50.0% to 66.4%, with zero respondents indicating a rating of “Poor” for any measure. These have increased for all measures from last year and interestingly, fewer respondents indicated that they could not assess staff this year.

The Board of Directors also received relatively high ratings, with “Very Good” or “Excellent” selections ranging from 38.5% to 44.8%. These positive ratings were about the same for representativeness, accessibility and strategic direction and slightly higher this year with respect to effectiveness and transparency. It should be noted that for each category about 38% indicated that they could not access the Board on these measures. These were up somewhat from last year’s responses. Communications with membership remains a challenge for AUPHA.

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

<table>
<thead>
<tr>
<th>Service</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Not Aware / Not Relevant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Meeting</td>
<td>2.0%</td>
<td>2.0%</td>
<td>7.9%</td>
<td>19.7%</td>
<td>61.2%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Leaders Conference</td>
<td>5.9%</td>
<td>7.9%</td>
<td>23.0%</td>
<td>28.9%</td>
<td>20.4%</td>
<td>11.2%</td>
</tr>
<tr>
<td>Undergraduate Workshop</td>
<td>13.9%</td>
<td>4.6%</td>
<td>11.9%</td>
<td>19.9%</td>
<td>20.5%</td>
<td>29.1%</td>
</tr>
<tr>
<td>AUPHA Network</td>
<td>2.0%</td>
<td>6.0%</td>
<td>17.9%</td>
<td>37.7%</td>
<td>34.4%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Journal of Health Administration Education</td>
<td>2.0%</td>
<td>5.4%</td>
<td>12.8%</td>
<td>32.9%</td>
<td>41.6%</td>
<td>7.4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rate the AUPHA Staff Based on the Following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
</tr>
<tr>
<td>Responsiveness</td>
</tr>
<tr>
<td>Ability to solve problems</td>
</tr>
<tr>
<td>Courtesy and friendliness</td>
</tr>
<tr>
<td>Professionalism</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rate the AUPHA Board Based on the Following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
</tr>
<tr>
<td>Representative of membership</td>
</tr>
<tr>
<td>Accessibility</td>
</tr>
<tr>
<td>Effectiveness</td>
</tr>
<tr>
<td>Transparency</td>
</tr>
<tr>
<td>Strategic direction</td>
</tr>
</tbody>
</table>
WHERE IS AUPHA GOING?

All of the discussion to this point involves looking at where AUPHA has been and where it is today. We need to be forward looking. The strategic planning efforts of the Board during this year have provided a great sense of that future and we have begun to execute on this plan. The full strategic plan is available from the AUPHA website. This section contains some of the highlights.

After much consideration, the first point to note is that AUPHA has been well focused on key issues strategically. We have long identified our primary priorities and, in 2016, only had to make minor modifications. One of the biggest changes was to restructure the Board configuration to enhance engagement and enable it to focus on strategic priority area. The Board realized that because of the complexity of issues being addressed by AUPHA and its members, it needed a more effective structure to address the key strategic agenda items. It identified five core categories of strategic direction for AUPHA and developed committees with the responsibility for key strategic roles assigned to each committee. It also created an overarching committee to gather and coordinate input from the other committees and direct action to enhancing member value.

The specific charges for the five committees and the overarching committee are designed to help focus attention on separate issues/areas rather than having them addressed in detail as a full Board. This is a common practice for organizational boards and it is thought that this structural change might advance development and implementation of the strategic plan and other activities.

The overarching committee is Membership Value Committee (MVC). This committee will examine the broad topic of increasing the value proposition for all categories of AUPHA members. Because AUPHA consists of a highly diverse set of individual programs, identifying and articulating value to each subgroup has become challenging. The charge for this committee is to identify value elements for each category of membership, assess if those elements are compelling for the membership group, and develop programs and initiatives designed to increase visible value to member groups. Examples might entail revising the number and type of memberships, eliminating features of low or no value, and proposing new features that would attract/keep new/existing members.

The five core committees and their charges may be found on page four.

As a result of the formalization of these committees, AUPHA came to realize that the committees are not independent. They must communicate and coordinate across activities to ensure that they don’t work at cross purposes. This communication will occur through reporting at Board meetings. Also, as the following chart reveals, the committees represent a key organizational element linking membership to mission.
AUPHA achieves excellence and innovation in health management and policy education by embracing diversity and providing opportunities for learning and collaboration.

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.

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.