Strategic Plan 2016-2019

I. Introduction

A strategic plan assists governance and leadership with its efforts to increase the vitality and relevance of the organization. It is designed to assess the existing environment and reassess the current position of the organization and, if necessary, alter its direction in key areas. AUPHA has reassessed its position and the resulting findings are outlined below. The document demonstrates that much of what AUPHA does and has done is still relevant for its vibrant future but there are specific areas of focus and, more importantly, mechanisms to assure ongoing attention on priorities that need to be implemented.

The exercise of strategic planning has a long history within AUPHA. Episodically, the organization gathers information to help senior leaders assess the current state of the healthcare and education environments and articulates a clear path to the future. This current process began in the summer of 2014 and engaged a variety of methods of gathering and synthesizing information. The Board pursued direct control over the process and both conducted and directed a host of data gathering and synthesis exercises. A member satisfaction survey solicited quantitative and qualitative information from over 240 members regarding our activities and ideas for improvement. Former chairs were asked to provide input as were the leaders of our Faculty Forums. This, along with some information from the literature and a reliance on past strategic efforts, led to this report.

The remaining sections of this report are organized into eight distinct sections. It begins with AUPHA's Vision, Mission and Values statements (Section II); the Environmental Assessment (Section III); a SWOT analysis (Section IV); current operational metrics (Section V); the strategic goals that drive AUPHA (Section VI); strategic planning outcomes (Section VII) and implementation plan (Section VIII).

II. Vision, Mission and Values

The first step in the planning process was to examine, consider, and possibly modify/update the existing Vision statement, Mission statement and Values statements for AUPHA. After significant discussion among board members, the Board concluded that the existing set of statements were mostly reflective of AUPHA as seen by this body. The single, significant change was the inclusion of "scholarship" in the Mission statement. After significant discussion, the reinsertion of scholarship represents a return to our roots as both educators and the generators of new knowledge. Consequently, the revised statements are as follows:

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

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

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

Excellence**:** AUPHA believes that excellence in education leads to excellence in health 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 health 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.

III. Environmental Assessment

The environmental assessment consists of a brief history and the context for the assessment including short discussions of healthcare, healthcare management education, the combination of healthcare and education, and issues facing professional associations. In this section, brevity was sought but the issues are complex. More detail of history and other factors relevant to AUPHA are available from other sources. It became apparent that AUPHA was in need of a complete document outlining our history.

History

A brief history of the Association of University Programs in Health Administration (AUPHA) helps to set the stage for strategic planning. AUPHA was founded in 1948 as a more formal and permanent outgrowth of the Joint Commission on Education of the American Hospital Association (AHA) and the American College of Healthcare Administrators (ACHA). W.K. Kellogg Foundation supported this founding as part of its efforts to professionalize the management of hospitals following World War II. The organizational meeting for AUPHA, held

in December 1948 in New York City, focused on four attributes or values to be derived from AUPHA:

1. Self-development of faculty (formal and informal)
2. Curriculum structure, teaching methods and student relations
3. General promotion of the field
4. Research

From the outset, AUPHA set standards for admission to the Association. The Association aimed to provide a forum for group discussion of problems and methods common to hospital administration programs; to establish standards for conduct among members (including curriculum design); foster and guide research in the various aspects of hospital administration, develop recruiting procedures in order to ensure a talented pool of interested applicants; and establish strong links between the profession and the classroom by improving the administrative residency of health administration students.

AUPHA grew from 10 programs in the early 1950s to its current size as described more fully below. Currently, AUPHA has a complex structure and engages in a wide range of activities aimed at providing services to members, raising revenue, and funding operations.

Context

Healthcare System. The context of considering the future for AUPHA must address changes in the healthcare system, changes in the educational system, and the interface of those two. This context will concentrate on the two latter changes because fundamental changes in healthcare have been on the radar for a long time and much has been written on the topic. The basic challenge of achieving goals of high quality, reasonable cost, and access have occupied policy, clinical, and operational analysts for years. Rather than a long and detailed presentation of data, problems faced are summarized concisely by a 1997 report from the National Academy of Sciences (NAS) [http://www.nas.edu/21st/health/]

> "At its best, health care in the United States is superb. Such care—including prevention, early diagnosis of illness, and advanced therapeutic services—is not, however, available to millions of Americans who are uninsured or underinsured. Even Americans with insurance, including Medicare and Medicaid, may not always have access to adequate care. At the same time, some Americans may be subjected to inappropriate or unnecessary procedures.
>
> American health care—with its mix of superb and questionable care and its gaps in access—is very expensive. Continued efforts to limit the growth of health care spending are essential if we are to meet other socially important needs, for example, in education, housing, transportation, and economic development. Trying to balance cost-cutting initiatives with efforts to maintain and improve the quality and availability of care is a major challenge and requires good information for policymakers, patients, consumers, and others to use in judging whether we are on the right course."

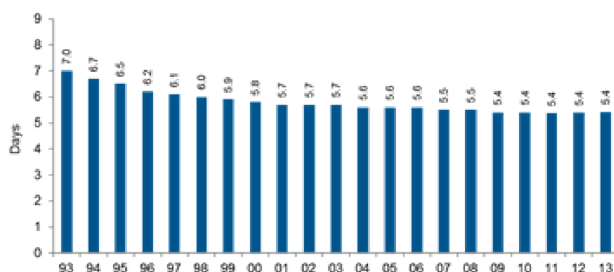
To address these fundamental challenges, the Institute of Medicine (IOM) published To Err Is Human: Building a Safer Health System, in 1999. This report provided a wakeup call that focused public attention on inadequate patient safety in the United States. In 2001, IOM followed up with “Crossing the Quality Chasm: A New Health System for the 21st Century,” a more detailed examination of the immense divide between what we know to be good health care and the health care that people actually receive.

In this document, the authors identified six "Aims for Improvement." Healthcare must be:

- Safe. This means much more than the ancient maxim "First, do no harm." Safety must be a property of the system.
- Effective. It should match science, with neither underuse nor overuse of the best available techniques — every elderly heart patient who would benefit from beta-blockers should get them, and no child with a simple ear infection should get advanced antibiotics.
- Patient-centered. The individual patient’s culture, social context, and specific needs deserve respect, and the patient should play an active role in making decisions about care.
- Timely. Unintended waiting that doesn’t provide information or time to heal is a system defect.
- Efficient. The system should constantly seek to reduce the waste and therefore costs of manpower, supplies, equipment, space, capital, ideas, time, and opportunities.
- Equitable. Race, ethnicity, gender, and income should not prevent anyone from access to high-quality care.

These aims have proven a challenge to the system and we have experienced a variety of initiatives to change care with the most notable being the Affordable Care Act. While change is difficult to document, the following chart from the American Hospital Association suggests at a fundamental level, the system is changing by this one measure. If you extend this chart to 1960, average LOS in community hospitals has fallen about 33%. That represents a significant change in the way patients are treated so change has occurred.

Chart 3.5: Average Length of Stay in Community Hospitals, 1993 – 2013



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

Health Management Education. Some of the same forces that influenced changes in healthcare alter the education market. Costs have increased consistently; quality is not universally viewed as high and access has become a major problem for many. A recent report by Grummon outlined trends in higher education (https://www.scup.org/asset/55250/SCUP_TrendsWeb_v6n2.pdf)

- Demographics determined the destiny of higher education because as birthrates increased, enrollment would increase in 18 years. Globalization has extended this driving factor to global demographics.
- The economy has an effect on enrollment. Economics influences the mix of students able to attend and the current "job-less recovery" will be negative if it persists.
- The loss of state scholarship programs, lack of job options, and increased tuition will negatively influence the ability of students to find funding and attend colleges.
- Institutions around the world are coping with reduced funding and often using similar tactics for cost containment and revenue enhancement, putting downward pressure on the success of these strategies
- Learning outcomes of online education have demonstrated that it's at least the equivalent, if not better, than the outcomes of conventional face-to-face courses. Blended learning models provide an even greater benefit (Center for Technology in Learning, B. Means, Y. Toyama, R. Murphy, M. Bakia, and K. Jones (2009), US Department of Education, Office of Planning, Evaluation, and Policy Development, Policy and Program Studies Service, www.ed.gov/rschstat/eval/tech/evidence-based-practices/finalreport.doc).
- The system is now perceived to perpetuate white privilege because of the increased financial stresses of paying for education. (McDermott "U.S. Higher-Education System Perpetuates White Privilege, " July 2013 http://chronicle.com/article/US-Higher-Education-System/140631/)
- Similarly, the traditional role of higher education as a mechanism of providing upward mobility to members of our society has declined with cost increases (Mettler "Equalizers No More: Politics thwart colleges' role in upward mobility." http://chronicle.com/article/Equalizers-No-More/144999)

A more fundamental criticism of the entire higher education paradigm appears in a 2015 book by Kevin Carey entitled "The End of College: Creating the Future of Learning and the University of Everywhere." By tracing the origins of our educational infrastructure to the Middle Ages, this study fundamentally calls into question many of the basic assumptions that drive structure and processes of educations. Mostly focusing on undergraduate education, the book illustrates how poorly we educate on average and how newer education delivery technologies are poised to totally change the education landscape. Harnessing learning support technologies enables us to capture and disseminate a more standard and higher quality education system but with far fewer independent and autonomous programs. In our environment, by preparing and teaching a consistent curriculum across all of our many programs, learning could be enhanced and costs controlled. The implications for our 200+ independent programs and faculty are negative in that much of what we currently do will be handled by a single or small number of "best of breed" set of instructors and distributed to all students. In their vision, we will not need a large number of programs and far fewer faculty. More importantly, the roles and competencies of faculty that remain will be different. Education at the program level will focus on synthesis and application

of learned materials for our localized students, at best. Faculty will not be confined to their discipline but will be called upon to assist student attain higher levels of competency.

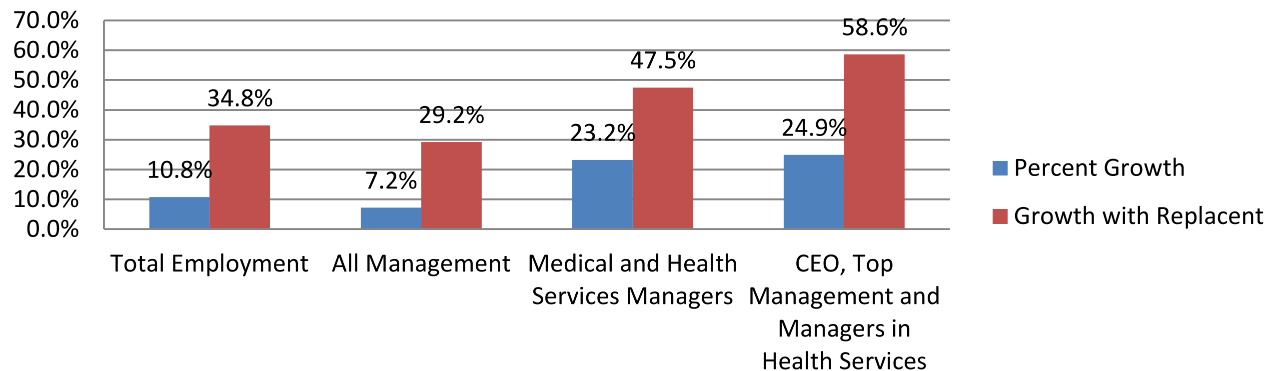
According to the National Student Clearinghouse Research Center (Current Term Enrollment, Fall 2015), the cost and demographic changes have begun to have a significant impact. Figure 1 and Table 1 from their report demonstrated a small but persistent decline in enrollment across most all classifications of higher education. Most of the overall decline is fueled by large declines in four-year for profit institutions and two-year institutions. It also appears to be more pronounced in smaller as opposed to larger institutions and among full-time as opposed to part-time students.

What is a major counterbalance to these overall trends, however, is the robust market for health management and leadership learning. The BLS publishes detailed assessments of the organic job growth by job classification and industry. Healthcare Management has consistently received strong growth projections. Further, BLS also examines the age profile of workers across job classifications and industries to determine an estimate of the number of replacement positions that are going to be needed in each category.

Chart 3.1 presents these data for the period 2012 to 2022. It is clear that compared to all employees in the US, medical and health services manager positions are expected to do quite well. Overall growth in the number of jobs in the US is expected to increase 10.8% during this period. All management jobs as a whole are expected to increase only 7.2%. On the other hand, growth in medical and health service positions are expected to grow 23.2% during this period. Students graduating with degrees in health management should continue to experience robust job opportunities.

Further, job opportunities for graduates of our health administration programs are enhanced even further when you consider the replacement positions that will be needed because of expected retirements. In that case, also seen in Chart 3.1, by 2022 we will need 34.8% more workers overall to fill added positions and replace lost workers in the economy as a whole. However, we will need 47.5% more medical and health services workers when you add replacement positions. Again, both of these are more than for management positions overall.

The last column in the chart adds expected growth and growth with replacement forthe category "top management" and "CEO" positions. Thise additional category that many of our graduates occupy and seek will increase the need for new workers by 24.9% and 58.6% when you add new workers and replacements. The prospects for graduates from our programs are strong.



Combination of Healthcare and Education. The combination of challenges to both healthcare and to health management education was addressed by the PEW Health Professions Commission with a series of reports and associated recommended changes. The bottom line is that because healthcare needs to change, healthcare management education needs to respond accordingly and change as well. The Appendix summarizes some of the findings from this series of reports and especially from the fourth of these reports (December 1998, "Recreating Health Professional Practice for a New Century"). A synthesis suggests the following set of key questions for AUPHA to address in its planning:

- What is AUPHA's value proposition? How does that vary by membership category?
- What organizational structure should AUPHA employ to efficiently meet member needs in an increasingly technological world?
- What programs/services are essential for AUPHA's future? Also the converse, what programs/services should AUPHA consider eliminating?
- How should AUPHA assist member programs in adapting to broad changes such as changing student populations, changing educational delivery modes, and changing healthcare delivery?
- How can AUPHA take maximum advantage of Academic and Practice Linkages?
- How can AUPHA emphasize the importance to the US healthcare system of having trained professional, ethical, and committed leadership?
- How does AUPHA assist in implementing research based decision making?
- How does AUPHA participate in the expanding interprofessional education movement?

The related question is what type of health management program is best equipped to address adapting to that future. Peter Hilsenrath provided an outstanding historical context to that question in a review published in *JHAE* in 2012. He framed the dichotomy surrounding the two major components of health management education as between those in health sciences environments and those in business environments. There is no clear "best" between the two and the relative value of content from each varies as healthcare changes. AUPHA has long argued

that, as the leader in the best quality health management education, both perspectives must be fully integrated. In fact, what is seen is these are often not two sides. Faculty in public health schools, for example, often have traditional business school credentials and those in business schools can have clinical or public health training. The two sides can become one.

Professional Associations. Up to this point we have provided context from the perspective of member programs and not the perspective of AUPHA. According to the American Society of Association Executives (ASAE), Americans are forming more than 1,000 new associations and clubs each year, thus AUPHA is not alone as an association. This section discusses some of the characteristics of professional association structure and how AUPHA fits into that structure. (See http://www.501commons.org/engage/volunteer-resources/info/nonprofit-life-cycle and http://www.fernley.com/resources/start_an_association.asp for background).

Five major points come from this analysis:

1. In terms of the life cycle of professional associations, AUPHA is clearly mature. In a multi-level chronology of association formation, AUPHA is significantly past the initial stages of development but still faces challenges common to all small, not-for-profit organizations. Members of an organization (member programs, in the case of AUPHA) are driven to work together to pursue common goals and interests. As individual faculty and programs, we find strength in numbers. Associated faculty share common professional interests but basically exist as part of membership for the mutual enrichment and advancement of members as a whole.

2. It is important to realize that AUPHA has many characteristics of a small business in terms of having an office, staff, financial/accounting system, information/communication systems, etc. AUPHA is different from a typical business, however, in that it has a focus on member benefits and is directed by a core group of broadly representative leaders that volunteer as Board and on many operational Committees. These participants are committed to the mission of AUPHA and the furthering of the field of health management education.

3. The service configuration of associations follows distinct patterns. Associations typically evolve by identifying and delivering products and services to members rather that by producing for an external market. AUPHA has evolved from an infant to a developed adult organization along a path defined in the ASAE references above. Like most organizations, AUPHA has also had to continually identify, develop, and at times, terminate the services it offers.

   It is important to consider that nonprofit organizations provide two different categories of products or services. The first category bestows benefits, such as publications, directly to those purchasing the services. These should be services that AUPHA can provide more efficiently than other producers. Any product or service that others could provide at less cost should be moved out from AUPHA. For example, we could publish textbooks given our knowledge and access to authors. Textbooks are valuable to the membership. Many

other, larger organizations, however, can publish and distribute textbooks less expensively.

The second category consists of activities that benefit the industry or profession as a whole and are essentially public goods. If provided, all members benefit and none can be easily excluded. An example is lobbying or advocacy efforts. AUPHA supports benchmarking because it provides comparative information about many characteristics of programs and member faculty such as number of applicants, number of faculty, and faculty salary. The data compiled from all members provides comparative data while protecting the anonymity of each individual member.

4. To increase overall efficiency, associations today have moved toward "unbundling" of services. This implies offering a small number of core services that accrue to most all members as a benefit of membership, while making other, more specialized services available only on a fee basis. This unbundling helps to keep dues low while satisfying members' growing demands for a wide range of services. It also enhances equity because only the members who really want a particular specialized service are required to pay for it.

5. Finally, with regard to organization configuration, AUPHA developed a “stand alone” model with substantial volunteer participation. There are many model structures for organizations of this type. The stand-alone model is the most expensive. The advantages include having control over setting location, hiring and evaluating staff, and providing office space and equipment. The staff have responsibility for all of the finance, HR, IT, and other specialized operational and regulatory requirements. In the last year, AUPHA has evolved into more of a hybrid organization model by maintaining a staff but also using elements of association management to outsource select functions (finance/accounting and major aspects of meeting management).

IV. SWOT Analysis

The SWOT analysis combined information from a wide variety of sources. This section contains the key elements from the four aspects of SWOT and a section that synthesizes these findings.

Strengths

- Disseminates best practices in healthcare management and policy education
- Provides members the opportunity to connect with colleagues, in an online community and in person at the Annual and other meetings
- Faculty Networks bring together faculty from diverse programs with common interests.
- Annual Meeting
- Journal of Health Administration Education
- Faculty salary survey
- Exclusively a healthcare and education focus
- Pool of talented professional as faculty members
- Member program alumni in powerful positions
- Rich tradition of leadership in healthcare management education

- Positive reputation and image of quality
- Great staff
- Strong core member support
- Regular communications with electronic media with Network and Linkedin
- Academic and disciplinary diversity
- Unique organization representing healthcare management education professionals and programs

Weaknesses

- Fewer resources than others organizations for the directions taken
- A limited professional staff (size and breadth of expertise)
- Lack of diversity of revenue sources (membership dues primarily)
- Loss of high profile academic members
- Slow membership growth
- High cost of association membership dues
- Perception of preference toward CAHME (graduate and accredited) programs
- Lack of staff members with a background in the healthcare administration field
- Weak implementation of effective communication strategy
- Weak brand
- Identity and brand not clearly defined (Fuzzy identity in 2005)
- Value proposition for membership not articulated
- Unclear strategy and direction
- Meeting quality low overall
- Board member quality/engagement uneven
- Board actions unclear and not communicated
- Uneven staff responsiveness
- E-mails and information disseminated too much and not relevant
- Focus on benchmarking on traditional academic formats.
- Inability to focus on and respond to the educational requirements of the reorganized and transformed delivery system
- Do not use or transmit information on the newest technologies in education
- Lack mechanisms to engage members in evolving issues in a timely manner
- Cannot effectively capitalize on member strengths and expertise

Opportunities

- The fast growth of undergraduate online education programs represents a significant opportunity for membership growth
- Enlist our strongest advocates and supporters to assist indirectly with membership recruitment
- Bridge to professional organizations – ACHE and others
- Develop program/meeting aimed at key subgroups (CAHME accredited, online)
- Capitalize on growth of field
- Expand membership to global, online and related industries
- Focus on small number (1-2) key priorities

- Greater transparency
- Resources for student scholarships, recruitment, fellowships, internships and education
- Pursue targets for expanded affiliate memberships
- Association closely aligned with the health care industry, i.e., Healthcare Financial Management Association, University HealthSystem Consortium, etc.
- Hospital systems for partnerships and sponsorships
- Small hospitals that need support for their in-house educational efforts.
- Related industries such as publishers, medical/health companies, durable medical equipment (DME) companies, healthcare supply companies, course management systems, executive search firms.
- Resources for faculty (IT, internships Joint venture for new business...business partners.
- Opportunity to take advantage of linkage with others outside of management and outside of AUPHA
- Foster research collaboration opportunities
- Greater synthesis of best practices

Threats

- Differentiation of business schools from healthcare programs
- Trend towards virtual meetings is a possible threat to traditional networking and collaboration methods
- The loss of potential members to specialty association membership (business, public health, nursing, medicine)
- Divergent agendas and conflicting interests of membership
- Declining support from institutional members
- Erosion of funding base
- Many disciplines participate in healthcare management education (medicine, nursing, etc.)
- Organization is small and lacks ability to adopt and implement sophisticated business technologies
- Being left behind by other organizations
- Diverted from core activities

Synthesis of SWOT Putting much of this together reveals some concluding challenges relevant to the field and to AUPHA as an organization. Many of the issues and challenges that have come forward were similar to those found in prior Strategic Planning activities:

- The ongoing need to maintain a balance between theory and practice
- Expressed need for research funding, opportunities and tools
- Ongoing value of maintaining a strong link to practice so that we prepare students for employment
- The increasing competition from other degree programs and the lack of awareness of healthcare management as a discrete field of study and practice
- The increasing emphasis on measuring outcomes, cost and quality
- Evidence based medical practice has grown along with evidence based management Good data on what member programs produce will become essential for the future

- Competencies are part of the field but identifying appropriate competencies and validly measuring these competencies require support
- The increasing emphasis on interdisciplinary education as our graduates are working in more inter-professional work environments
- The increasing use of technology in the classroom and emphasis on distant, blended and other education delivery programs

V. Current Operations

AUPHA has expanded to include many diverse types of members, has reasonable financial success, and has created a large footprint in the field of health management education. The metrics presented in this section point to a large and robust organization with sound financial footing and strong member engagement. Data are generally presented from 2010 to current although timing varies somewhat.

Membership

The organization had 227 total institutional members at the end of 2015 and 125 of those were either certified (46) or accredited (79) (Chart 5.1). The change from 2010 was a total of six (6) for certified/accredited members. Overall, membership increased by 55 or about 32% to 227 during this period. The full members presented in Chart 5.2 confirm these numbers with low growth for either certified or accredited members from 2010 to 2015.

Looking at the other types of members reveals the source of growth in overall number (Chart 5.3). Graduate candidate programs (those with intent to seek accreditation) have increased substantially during this period while undergraduate candidate programs have essentially been flat. Associate graduate programs have seen a steady increase and associate undergraduate programs have increased from zero in 2010 to 11 in 2015. It seems that growth is in the affiliated programs.

Finally, with respect to membership, it is interesting that the growth in programs has not been associated with an increase in the number of universities represented (Chart 5.4). During this period, a 32% increase in number of programs only resulted from a 16% increase in the number of universities. Growth is coming from getting additional programs within universities that already have an AUPHA member.

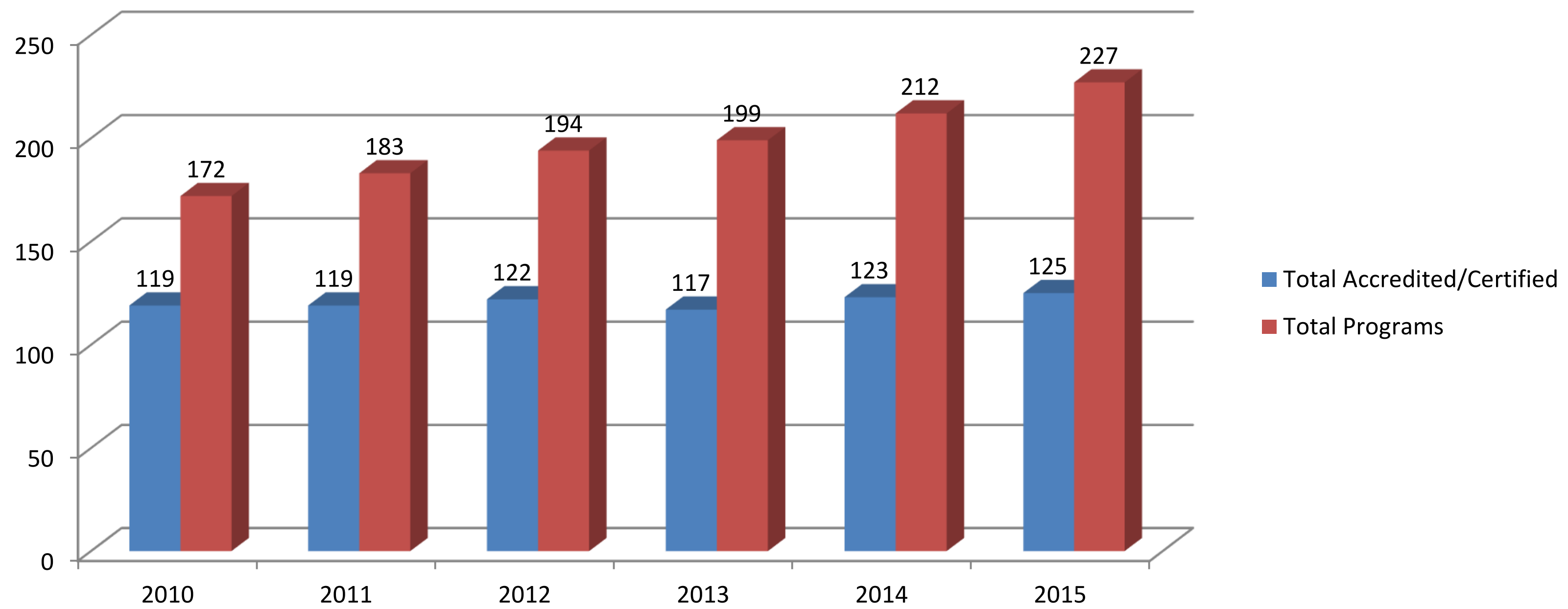


Chart 5.1: Accredited/Certified and Total Programs 2010 - 2015
250
200
150
100
50
0
119
172
119
183
122
194
117
199
123
212
125
227
2010
2011
2012
2013
2014
2015
Total Accredited/Certified
Total Programs

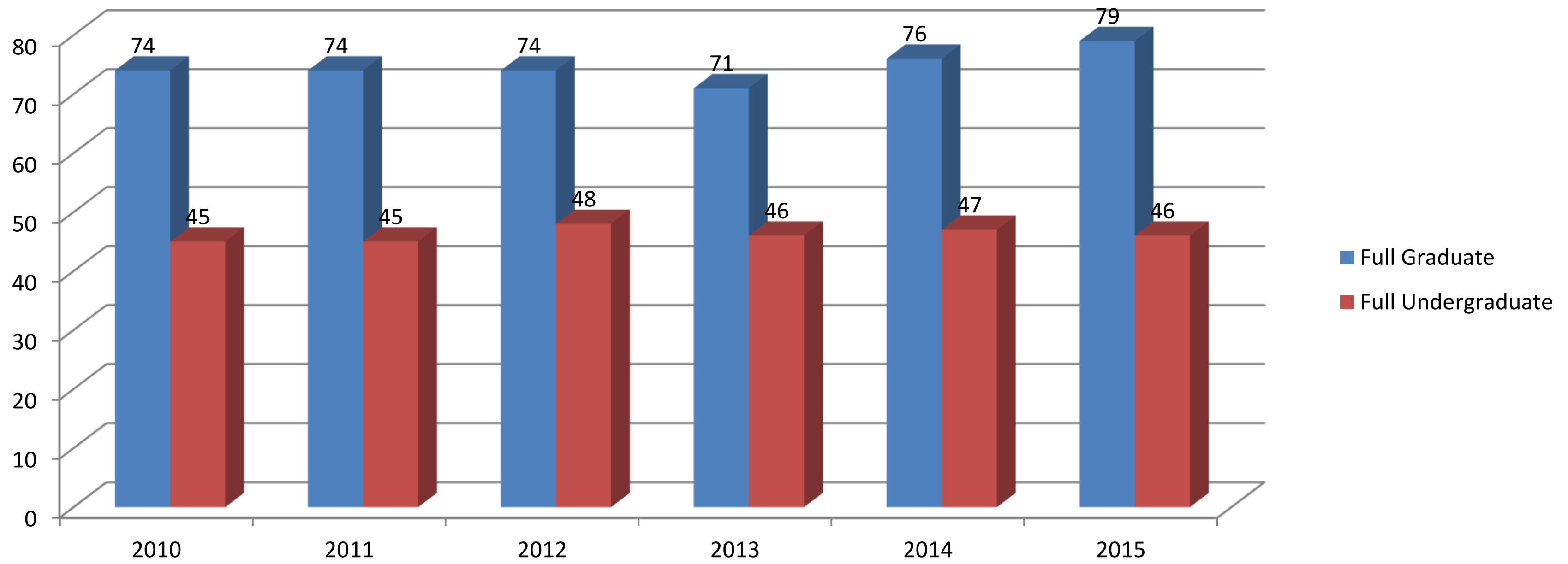


Chart 5.2: Full Graduate and Full Undergraduate Programs 2010-2015
80
70
60
50
40
30
20
10
0
74
45
74
45
74
48
71
46
76
47
79
46
2010
2011
2012
2013
2014
2015
Full Graduate
Full Undergraduate

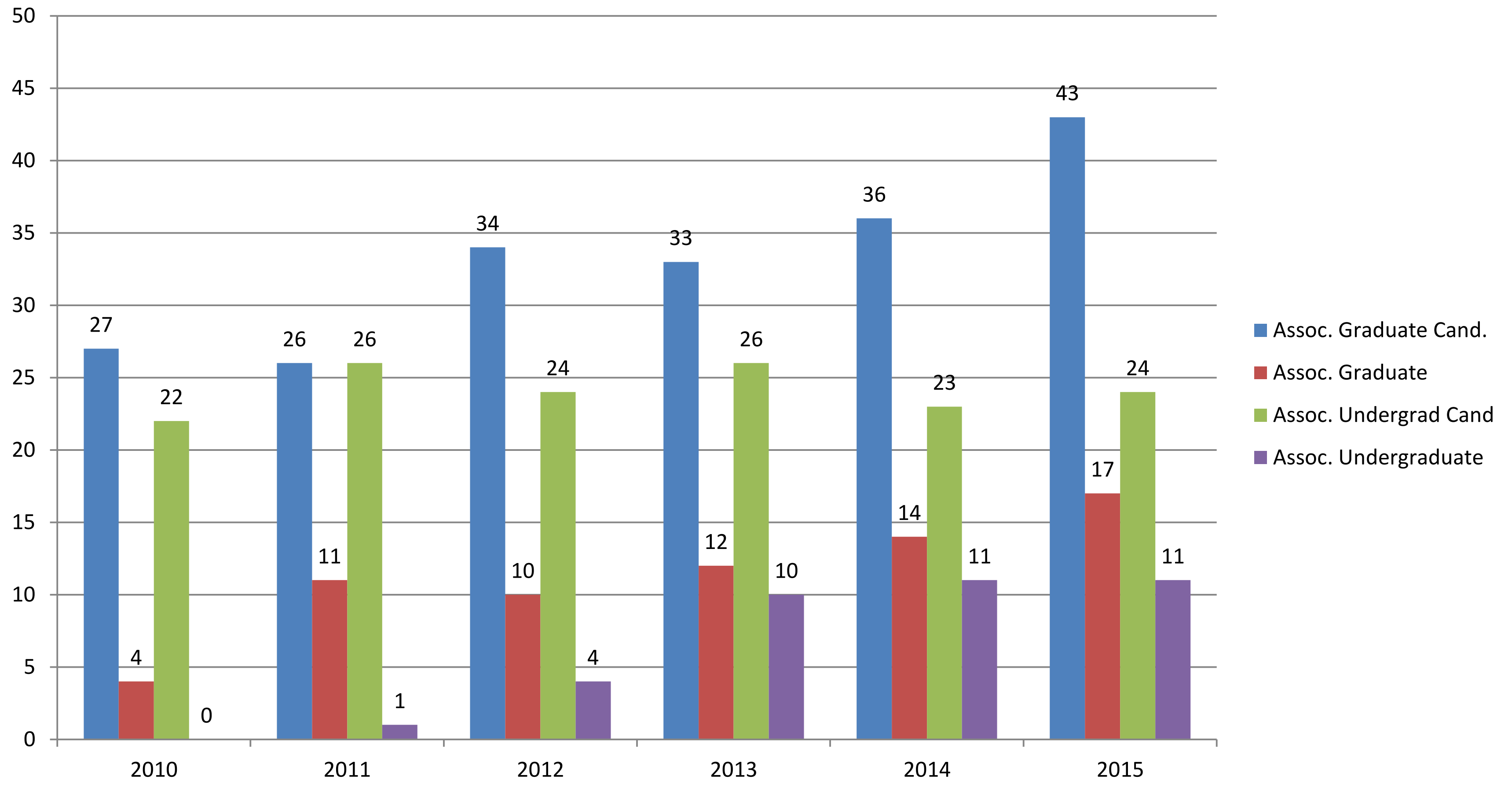


Chart 5.3: Associate Graduate and Associate Undergraduate Programs 2010-2015
50
45
40
35
30
25
20
15
10
5
0
27
4
22
0
26
11
26
1
34
10
24
4
33
12
26
10
36
14
23
11
43
17
24
11
2010
2011
2012
2013
2014
2015
Assoc. Graduate Cand.
Assoc. Graduate
Assoc. Undergrad Cand
Assoc. Undergraduate

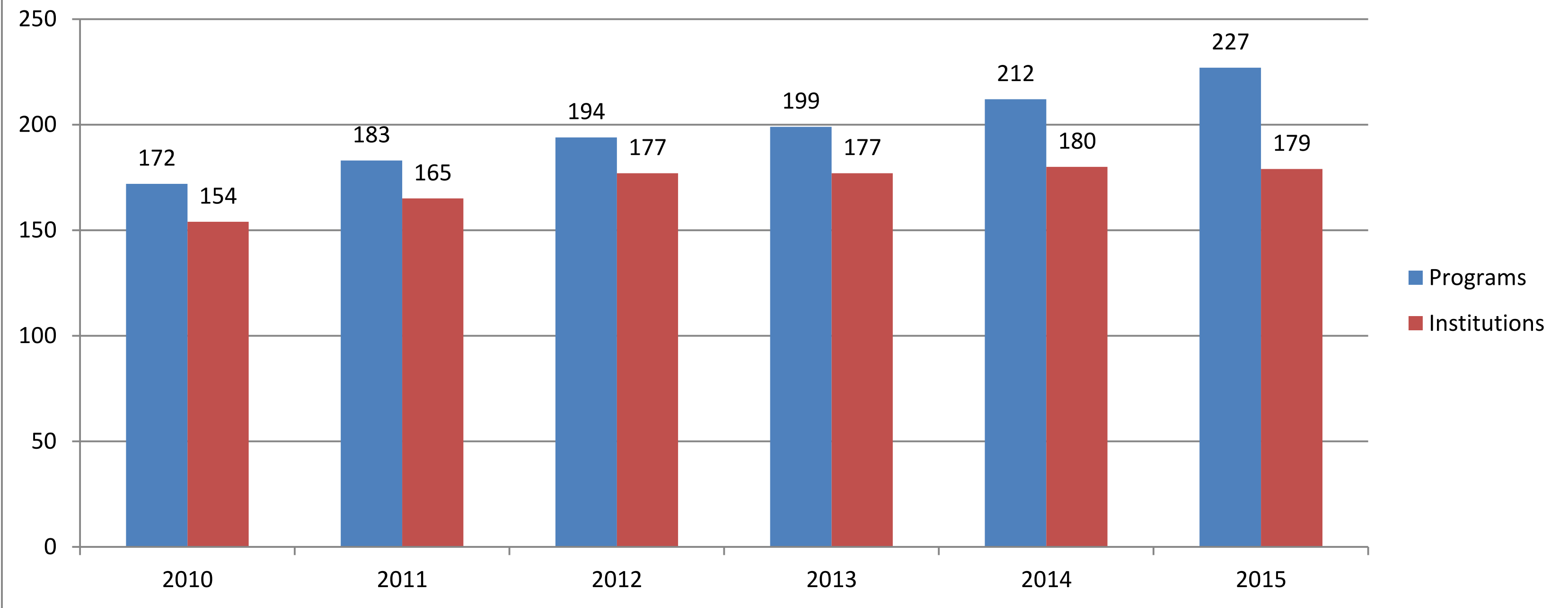
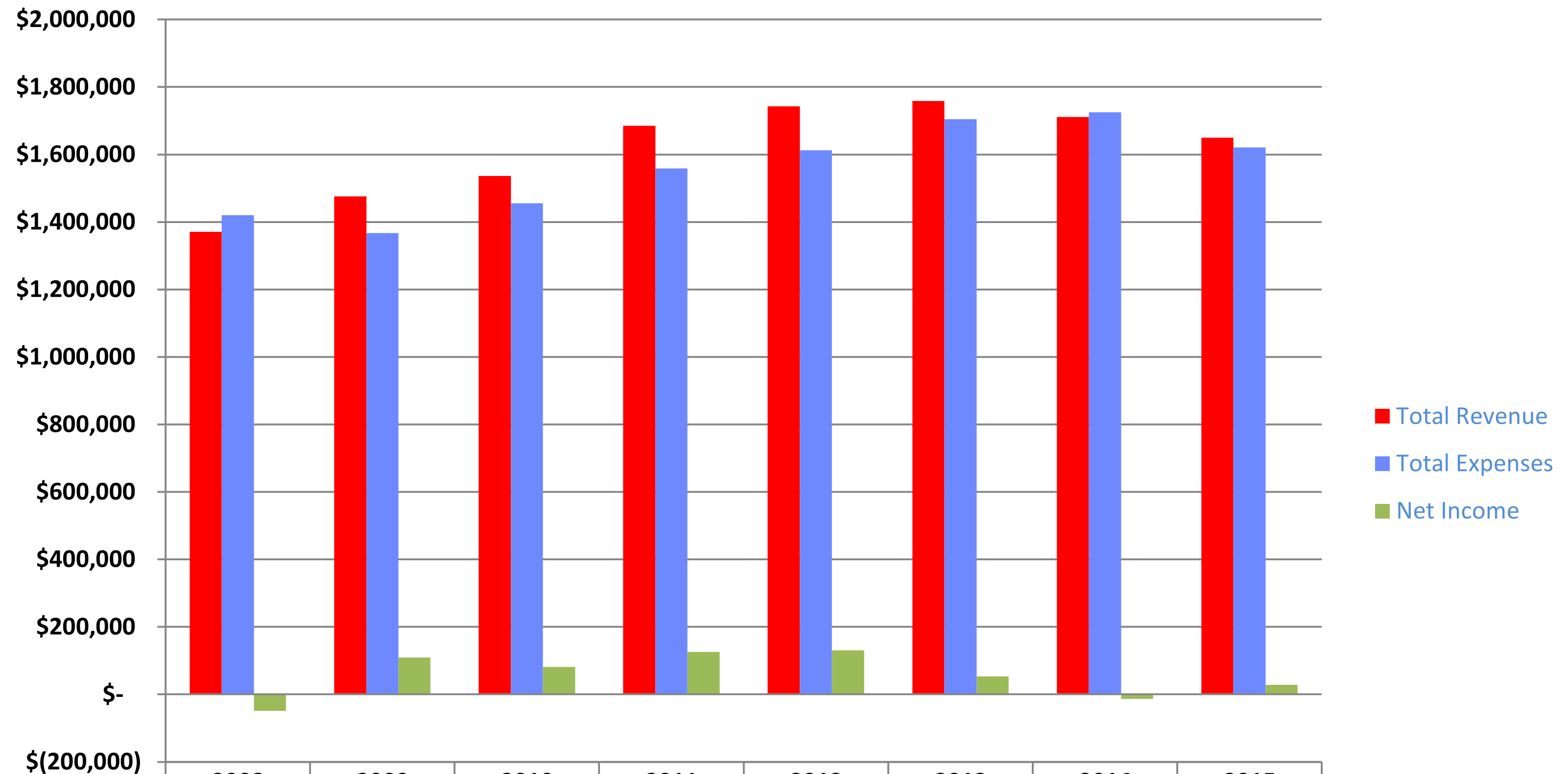


Chart 5.4: Total Member Programs and Institutions 2010-2015
250
200
150
100
50
0
172
154
183
165
194
177
199
177
212
180
227
179
2010
2011
2012
2013
2014
2015
Programs
Institutions

Finances

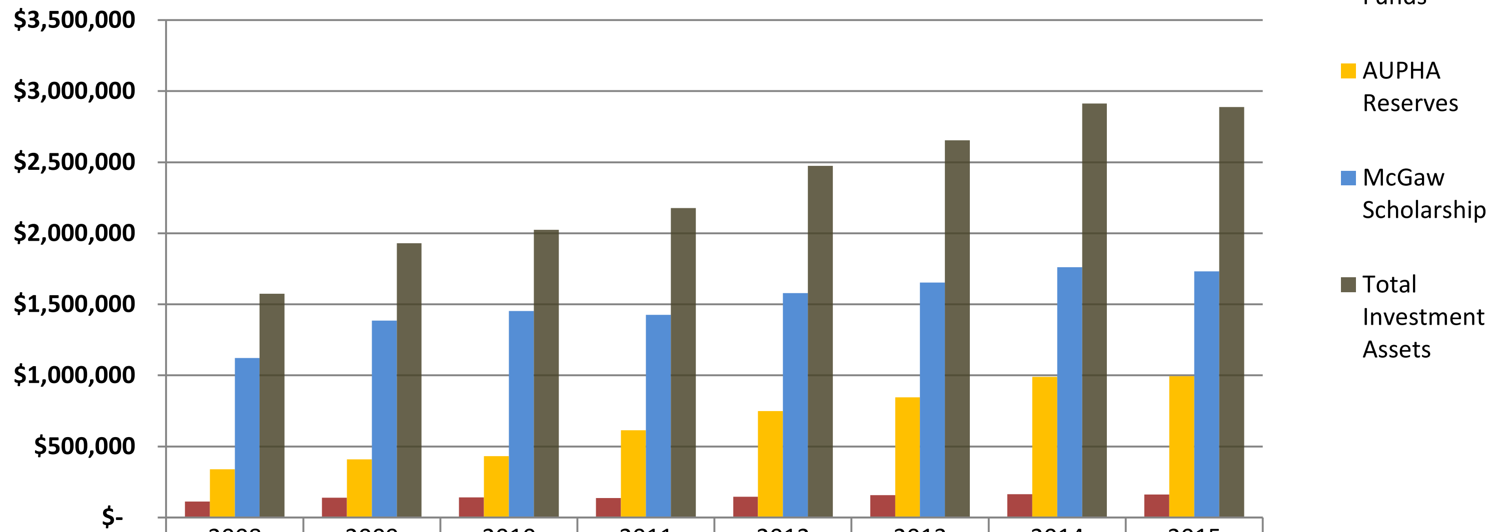
Finances for AUPHA have been fairly stable for the last seven years as indicated in Chart 5.5. Revenue has moved up slightly overall but peaked in 2013. Similarly, expenses increased steadily with a decline only in the last year. The net income has been small but positive in all but 2014 during this period.

The portfolio (Chart 5.6) consists of three major categories of potential investment funds: Reserves, McGaw Scholarships, and the combined small funds (Thompson, Filerman, Bugbee-Falk, and Pattullo). Reserves have increased dramatically over this period and are up 143% to $993,816. The McGaw Scholarships increased 25% to $1,730,933. Finally, the smaller funds increased 18% to $162,672. These individual funds follow the broader market changes for most of the years except for the reserves that can be augmented by net income from operations.



	2008	2009	2010	2011	2012	2013	2014	2015
Total Revenue	$1,370,85	$1,476,40	$1,536,56	$1,684,94	$1,742,89	$1,758,24	$1,711,27	$1,649,67
Total Expenses	$1,419,93	$1,367,52	$1,455,32	$1,558,90	$1,612,53	$1,704,49	$1,725,12	$1,620,98
Net Income	$(49,081)	$108,881	$81,235	$126,041	$130,358	$53,752	$(13,843)	$28,693

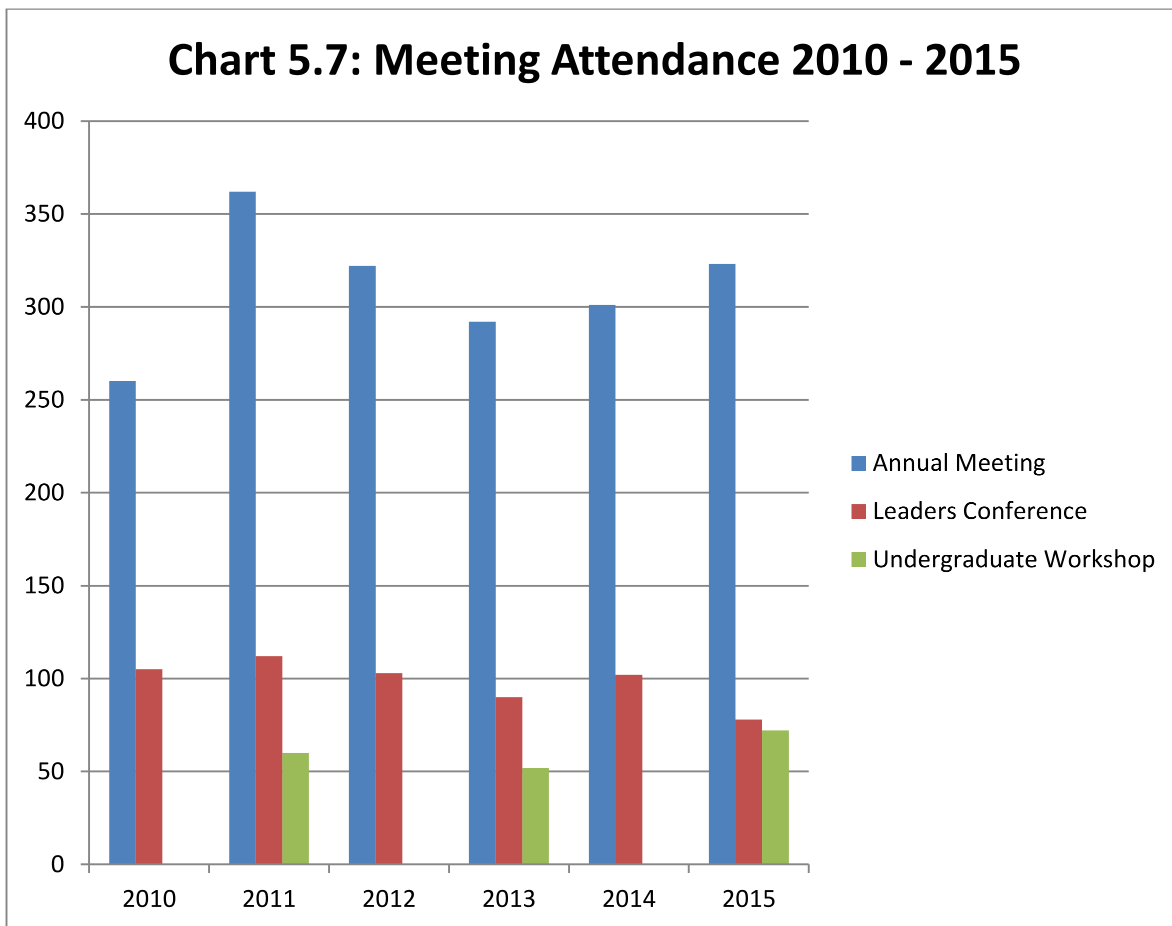
Chart 5.6 - Total Endowments and Reserves by Year: 2008 - 2015



	2008	2009	2010	2011	2012	2013	2014	2015
Total Small Funds	$112,760	$138,267	$140,267	$137,554	$146,909	$156,027	$162,951	$162,672
AUPHA Reserves	$339,849	$407,990	$432,094	$614,924	$748,292	$844,582	$988,962	$993,816
McGaw Scholarship	$1,121,31	$1,384,51	$1,452,91	$1,424,95	$1,578,42	$1,653,08	$1,760,11	$1,730,93
Total Investment Assets	$1,573,92	$1,930,76	$2,025,27	$2,177,42	$2,473,62	$2,653,69	$2,912,02	$2,887,42

Meeting Attendance
AUPHA supports an array of meetings each year as part of its comprehensive networking, education, communication, and member benefits strategy. The Annual Meeting is held each year along with a smaller Leaders Conference. AUPHA also sponsors an Undergraduate Workshop every other year. Chart 5.7 presents the attendance at these meetings each year since 2010.

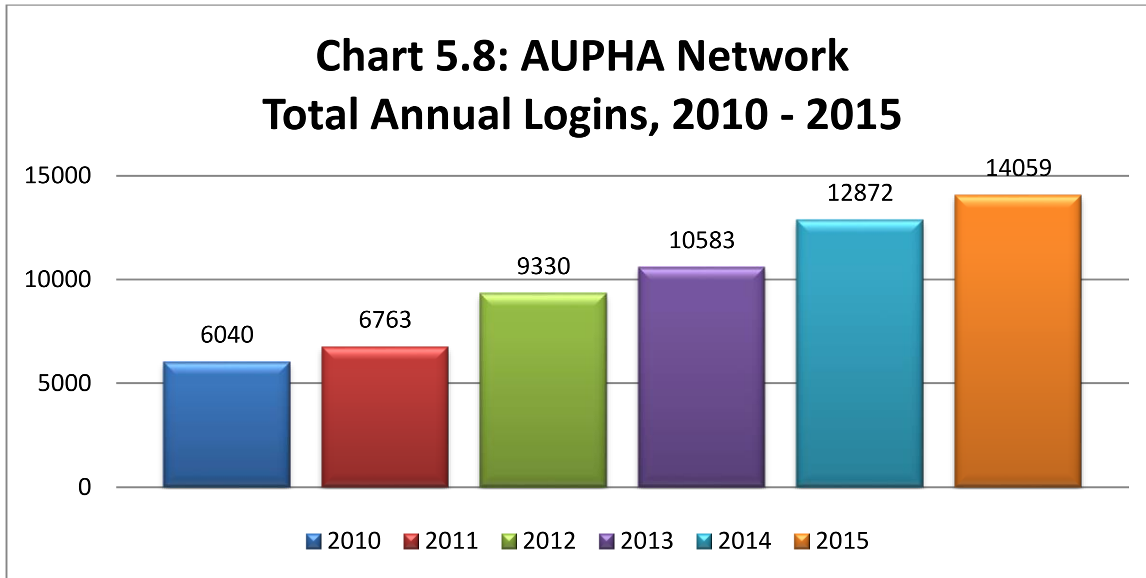
The number overall has been steady to slightly down during this period. Further, the meetings are not net revenue generators for AUPHA. The financial results from these meetings (not shown) have varied year to year but have uniformly been in the red.



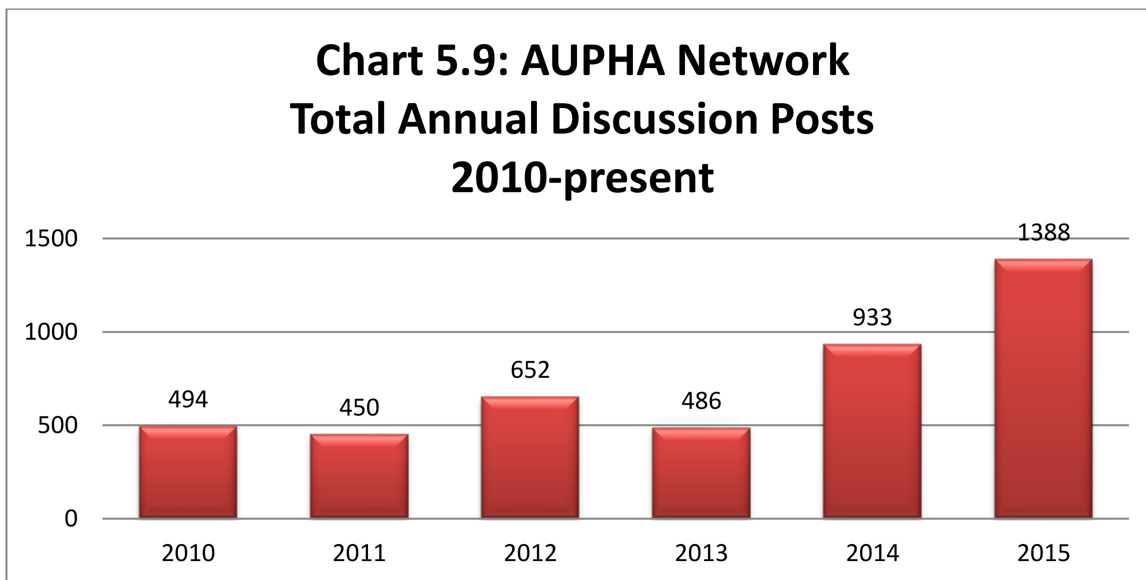
Network Activity
AUPHA has pursued a goal of engaging faculty members in a robust exchange of ideas through the Faculty Forums and other online mechanisms. The measurement of that engagement is through three metrics: number of logins to the system, number of discussion posts, and number of completed faculty profiles. These data are presented in Charts 5.8, 5.9 and 5.10.

Number of logins aggregated during the year has steadily increased over this time period suggesting greater engagement. As seen in Chart 5.8, there were over 14,000 logins in 2015 up

from just over 6000 in 2010.This increase is the product of more individual faculty joining the system and an increase in the average number of times logged in during the year (not shown)

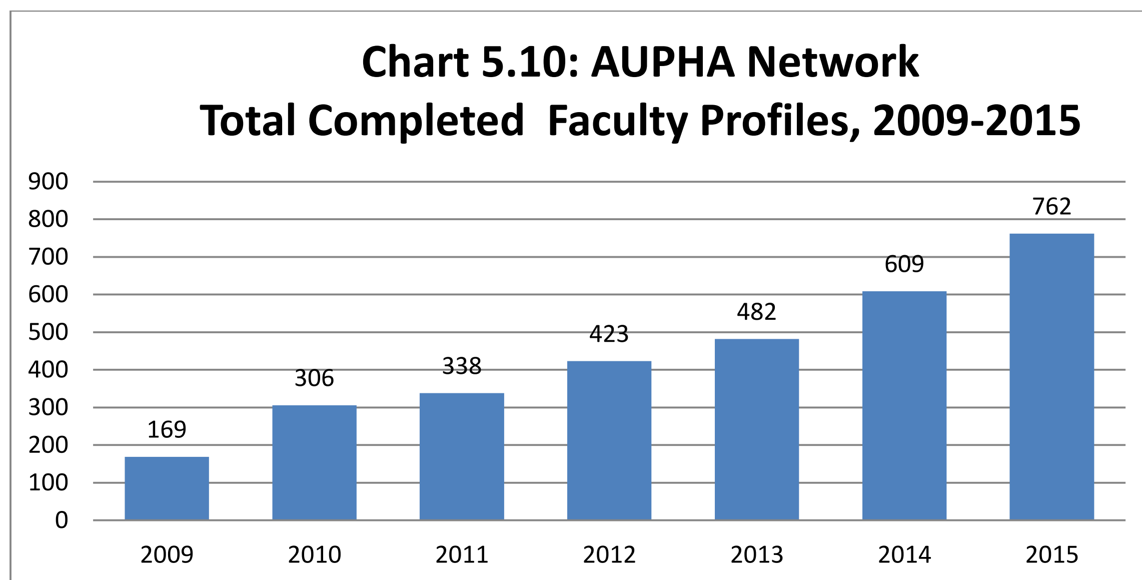


The second measure of engagement is an indicator of what individuals do when they log in. As seen in Chart 5.9, the number of discussion posts has also increased during this period. While steady from 2010 to 2013, the number of posts increased dramatically in the last two years to 1388 in 2015.



Finally, in addition to log in and discussion posts, an indicator of engagement is whether faculty complete information about themselves in our network. The description includes their teaching interests, research activity, work history and contact information and provides an indication of their overall level of engagement within AUPHA. A final indicator of that is the submission of a

photo so that other members can have a visual. This indicator has been slow to catch on as only 169 individual faculty had a completed profile in 2010. That has increased to 762 in 2015 as Chart 5.10 indicates**.**



These three measures are not perfect indicators of engagement and do not tell a uniformly positive story. While all have increased, especially in the last two years, much more needs to be done to fully engage our member faculty. For example, the number of profiles completed in 2015 is still only about 30% of the total number of members' faculty listed. Even this denominator is low because not all faculty in a program are registered with AUPHA.

VI. Strategic Goals

As a result of these many efforts, the next step was to establish the primary strategic goals for AUPHA. These, too, had a history and after examination of our direction, the environment and our current position, we determined key strategic goals for AUPHA.

These have become the major drivers of specific operational tactics and initiatives. They are not significantly different from prior strategic goals because what we desire to achieve our mission and ultimately our vision has not changed. The key modification is that membership value has become the number one goal. Because AUPHA is a membership organization and members actually prepare the future leaders of healthcare, the value members "receive and perceive" from AUPHA membership becomes of paramount importance.

AUPHA STRATEGIC GOALS

1. AUPHA members will receive and perceive consistent and increasing value in their membership investment.

2. AUPHA will be viewed as the embodiment of excellence in health management and policy education.

3. AUPHA will be the intellectual home for directors and faculty of programs in health management and policy education.

4. The quality of program graduates will increase as a result of the increased quality of teaching and scholarship at member programs.

5. Professional education in health management and policy will be the academic pathway of choice and expectation for future leaders in the health sector.

VII. Strategic Planning Outcomes

1. Restructure Board to enhance engagement and focus on strategic priority area.
   The Board realized that because of the complexity of issues being addressed for AUPHA, it needed a more effective structure to address the key strategic agenda items. It identified six categories of strategic directions for AUPHA and developed committees with the responsibility for key strategic roles assigned to each committee. The specific charges would 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 the structural change might advance development and implementation of the strategic plan and other activities. Full membership in the committees is not included to save space and because the membership may vary regularly as activities change. The six committees and their broad charge included:

   - **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 MVC will directly support the first strategic goal: members receive and perceive consistent and increasing value (networking, meetings, journal, prizes/awards). It will also support goal three by assisting AUPHA to become the intellectual home for directors and faculty (meetings, Journal, and Forums) by supporting member value. Membership in MVC includes Christy Harris Lemak (chair), Leigh Cellucci, Brooke Hollis, Carol Molinari, and Cindy Watts. It will also include some members outside of the Board.

- **Undergraduate Program Committee (UPC)**
  The Undergraduate Program Committee already existed and has been highly active for many years. The UPC is chaired by a member of the Board. The existing charge for this committee is managing specific activities relevant to undergraduate program members. Currently these include identifying and recruiting new members, overseeing and managing the undergraduate certification review process, coordinating the biannual Undergraduate Workshop and developing programs and services targeted at undergraduate programs.

  The UPC will primarily support goals one, two and four. Initiatives, with a focus on the needs of undergraduate program members, will succeed by providing value to members (networking, workshop, Journal), demonstrate the excellence of program (certification), and improve quality (certification, networking). Leadership of UPC includes Leigh Cellucci (Board member and co-chair) and Pamela Paustian (co-chair). The full committee is large and changes frequently.

- **Graduate Program Committee (GPC)**
  The committee will focus on issues pertinent to AUPHA's graduate program members. Its charge can include planning for AUPHA's Leaders Conference each spring, assisting programs to secure and maintain CAHME accreditation, and developing initiatives and services targeted at graduate programs.

  The GPC will primarily support goals one, three and four. Initiatives, with a focus on the needs of graduate program members, will succeed by providing value to members (networking, Leaders, Journal), providing the intellectual home for faculty (networking, journal) and improving quality (accreditation, external linkages). Membership in GPC includes Cindy Watts (chair) and Tom Vaughn from the Board.

- **Collaborative Partnerships Committee (CPC)**
  The committee is charged with identifying, developing and implementing alliances beneficial to AUPHA and to the potential collaborator(s). The committee has 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 will support goals two, three, four and five. Successful collaboration enables AUPHA to embody excellence (journal, forums, meetings), become the intellectual home for faculty (forums, meetings, networking), improve quality (forums, meetings) and become the pathway of choice for future leaders (meetings) Collaboration provides our membership many advantages including professional content for our participating faculty, competencies for our students and careers for our Programs' graduates. Membership in the CPC includes from the Board, Brenda Freshman (chair), Gina Cronin, Mark Diana, and Diane Howard.

- **Diversity with Inclusion Committee (DWI)**
  This committee will address the ongoing challenge of the lack of diversity among AUPHA member program faculty and among students, especially at the graduate level.

This committee will be charged with developing programs and activities that result in more diversity and inclusion across, among other categories, race, gender, and ethnicity.

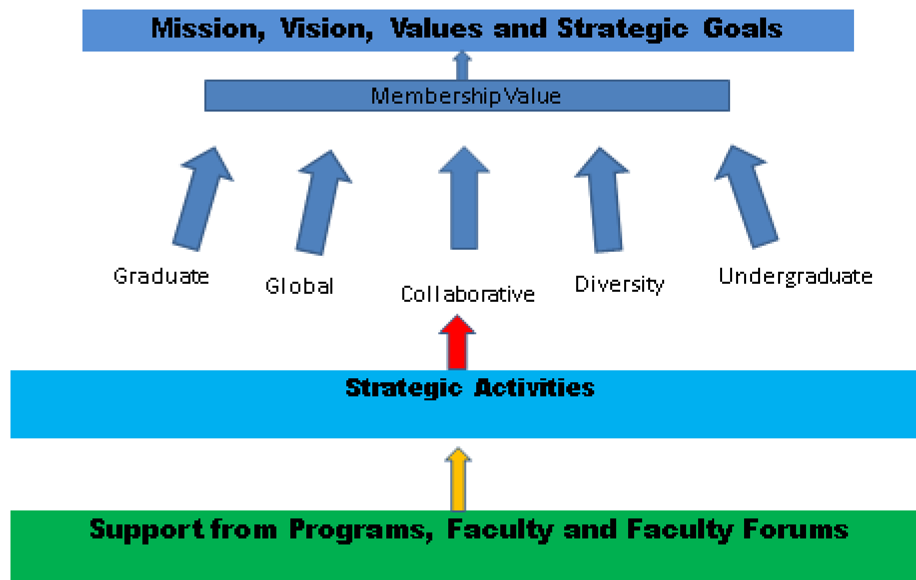
The DWI will support goals one and five. Understanding and meeting the challenges of all aspects of diversity will support member value (meetings, Journal, networking) and help AUPHA to represent the pathway of choice for future leaders (journal, networking). Leadership of the Committee is currently Ray Grady from the Board.

- **Global Leadership Committee (GLC)**
  This committee will develop an AUPHA global presence. The engagement of organizations and individuals from throughout the world with AUPHA furthers each of our strategic goals. Specific activities for GLC will be to organize the annual Global Symposium, expand membership in AUPHA to include more global partners, and develop other programs and activities designed to enhance the quality of health management education throughout the world.

  The GLC will support goals one, three and five. The global initiatives will provide direct and indirect value to members (global symposium, networking, Forums), enables AUPHA to become the intellectual home (Journal, meetings, forum) and supports being the pathway of choice (meetings, networking). Bernardo Ramirez from the Board is Leader of the Committee.

As a result of the formalization of these six committees, AUPHA came to realize that the committees are not entirely independent. They must communicate and coordinate across activities to assure that they don't work at cross purposes. This communication will occur through regular reporting at Board meetings. Also, as Chart 7.1 reveals, the committees represent a key organizational element linking membership to mission. You will notice that the Membership Value Committee has attained an elevated position through which other committee activity passes. It was felt that membership value was a central feature of all activity central to AUPHA's success.

Chart 7.1: Graphic Relationships Among Strategic Committees Between Mission and Strategic Activities



2. Map of strategic priorities and ongoing AUPHA initiatives to strategic goals
   To identify emerging strategic initiatives for AUPHA it is necessary to understand how well current activities of AUPHA address the strategic initiatives. The gaps identified represent those new initiatives. The analyses indicated how the activities currently being pursued by AUPHA map to the strategic goals.

   This exercise identified that the strategic goals are being addressed by existing activities but with varied levels of intensity. Goal #1 had a great number of activities that support it which is not a surprise because most association activities focus on member value. The other four strategic goals had relatively low levels of activity that clearly supported those goals. No strategic goal was unaddressed but the numbers were not great.

   In this mapping process it was felt that some key activities, while underway, were not maximizing their effectiveness with respect to supporting strategic goals. As a result, four improvement initiatives were begun to fix existing problems.

   - Membership recruitment and retention. A major effort to improve the data behind existing members, recently departed members, and prospective members began in the summer of 2015. Unreliable categorization of existing members has been an ongoing challenge and prospect lists were significantly out of date. Some of these have been rectified and member solicitation for new members has begun.

- Benchmarking revitalization. The external benchmarking system in place for over five years was a total failure. Substantial fees for external software were not rewarded with even reasonable data. Both the pure benchmarking and the related salary surveys had such a low yield as to make the results unusable. The contract with the external software data collection system was terminated and a benchmarking solicitation began in late 2015 and early 2016. The salary survey was distributed at the same time. Responses have reached moderate levels now.
- Development. The ability of AUPHA to gather funds from external sources (non-member) has declined steadily in recent years. The need for a focused strategy with a strong brand was recognized early by the Board.
- Operational/reporting enhancements (financial reporting, member data integrity, meeting management). While similar to above, this single category permeates all of AUPHA. Our ability to gather and use information efficiently and disseminate that information to members has not kept up with expanding communication systems. Outsourcing has improved some aspects of these efforts but more needs to be done.

Chart 7.2 presents the mapping of activities to strategic goals for all current AUPHA activities. The activities on the first part of this chart have been assigned to the individual committees discussed above. The activities on the second part of the chart are those ongoing operational efforts of AUPHA.

Chart 7.2: Activity Mapping to Strategic Goals

Category of Activity	Core Services	Goal 1	Goal 2	Goal 3	Goal 4	Goal 5	TOTAL
Meetings	Annual Meeting	X		X	X		3
	Leaders Conference	X		X	X	X	4
	Undergraduate Workshop	X		X	X		3
	Global Symposium	X			X	X	3
Prizes/ Awards	Bugbee Falk Book Award	X					1
	Corris Boyd Scholarship	X					1
	Filerman Prize	X					1
	Graham Prize	X					1
	McGaw Scholarship	X					1
	Thompson Prize	X					1
	Upsilon Phi Delta	X					1
	Winston Health Policy Scholarship	X					1
Education	JHAE	X	X	X	X		4
	Program Director Orientation	X		X	X		3
	Webinars	X		X	X	X	4
Communications	Exchange	X		X	X		3
	Faculty Networks	X		X	X		3
	Program Directory	X	X				2
	Website	X	X	X			3
Recruitment	Member Recruitment	X	X				2
	Student Recruitment	X				X	2
	Member Satisfaction Survey	X					1
	Affiliate Outreach	X	X			X	3
	Expand membership outside NA	X	X			X	3
Member Benefits	Benchmarking	X	X		X		3
	Faculty Salary Survey	X					1
	Define the Body of Knowledge	X		X	X		3
	Adjunct Faculty Engagement	X	X		X		3
	HAMPCAS	X	X				2
	Fellowship Development	X				X	2
	Undergraduate Certification	X	X	X	X	X	5
	Exploring Diversity Issues	X		X		X	3
	TALLY BY GOAL	**32**	**10**	**12**	**13**	**9**	**76**

VIII. Implementation Plan

Each of the pillars that constitute the strategic plan then proceeded to develop a set of priority areas of focus for the near and intermediate term. These consist of many activities that AUPHA has already begun and a host of new activities. Each will help to make our efforts more effective. The pillars are also dynamic drivers of change for AUPHA so that the implementation plan can evolve to meet changing needs and opportunities consistent with the strategic goals and overall mission.

1. Member Value Committee
   This committee began with an array of activities to help AUPHA identify members and their varied needs. It became apparent that everything that AUPHA does and all of the other pillars has as a secondary aim to improve member value. Going forward there was no need for a separate pillar titled Member Value Committee. Its function would become a function of the Board as a whole and provide oversight and integration for the other pillars. In its short life, it accomplished much, however.

   a. It proposed revised membership categories to better align interests for enhanced member value and then defined the needs of diverse membership
      - Improve data to better define who we are by membership categories
      - Improve data to better define where member programs fit into university structure
      - Perform member disenrollment analysis
      - Revise member satisfaction survey
   b. Assessed and proposed updates for AUPHA's by-laws with regard to membership issues, especially material covered in Appendix A
      - Revised membership categories to simplify structure and better align incentives.
         - Eliminate Associate Candidate categories of membership.
         - Eliminate Dual and University as membership categories.
         - Began discussion of dues levels by category
      - Assure that we are following the by-laws going forward, particularly these sections of Appendix A:
         - Took dues out of by-laws to facilitate changes without vote of full membership (Board approves)
         - Board vote on all new full memberships. (1.B.2)
         - Eliminated items in by-laws that are no longer relevant to membership categories such as BEHM, JHAE Subscription, Comp/Benefits portal, Studer Group resources

2. Graduate Program Committee
   This new pillar identified many important activities and settled on five key activities as indicated in Table 8.1.

Table 8.1.Strategic Initiatives: Graduate Program Committee

Goal: Improve education quality and appropriateness and expand scholarship by graduate program members

Service	Measurable Activity	Measurement Metric
Leaders Conference	Attract nonmembers to attend to stimulate interaction and engagement	10% enrollment by practice professionals
Marketing/Visibility for the Profession	Marketing plan	Increase in external support
Fellowship Development	Work with NCHL, ACHE and CAHME to rationalize the Fellowship process	
Curriculum Best Practices	Identify best practices by topic	
	Identify best practices in teaching	
	Identify best practices in student achievement	

3. Undergraduate Program Committee
   The existing Undergraduate Program Committee had many existing activities and sought to develop and expand on that core as Table 8.2 indicates.

Table 8.2 Strategic Initiatives: Undergraduate Program Committee

Goal: Improve education quality and appropriateness and to expand scholarship by undergraduate program members

Service	Measurable Activity	Measurement Metric
Oversee and Manage Undergraduate Certification	Establish more detailed program competencies	1. Establish measurable program outcomes 2. Develop repository of resources for program assessment
Support Undergraduate Workshop	Create an avenue for pedagogical exchange and networking opportunities for AUPHA members	1. Assessment of satisfaction surveys by participants 2. 20% increase in presentation/poster submissions to workshop
Develop Undergraduate Assessment Exam	Develop standard assessment exam for the field	1. Solicit bids by vendors 2. Exam created 3. Develop exam 4. Pilot exam
Identify and Recruit	Assist AUPHA office with follow-up communications to interested programs	1. Develop baseline for number of contacts with AUPHA

4. Diversity with Inclusion Committee
   Diversity is both a pillar and one of AUPHA's core values. Initiatives proposed are presented in Table 8.3.

Table 8.3 Strategic Initiatives: Diversity with Inclusion Committee

Goal: Expand diversity of member faculty and students.

Service	Measurable Activity	Measurement Metric
Develop a Special JHAE edition	Interest in contributing by number of submitted proposals	March 2017 publication
Best Practices in Enhancing Diversity	Identify AHA and others pursuing goal.	Meet with IFD leadership re collaboration
	Collaborate with Cultural Perspective Faculty Forum	
Benchmarking Data	Identify standards for valid and reliable reporting of progress with regard to broad definition of diversity	Publish comparisons from early work on diversity within the health management field

5. Global Leadership Committee
   Global leadership has been a strategic priority for AUPHA for most of this decade. Its key initiatives are presented in Table 8.4

Table 8.4 Strategic Initiatives: Global Leadership Committee

Goal: Increase membership in AUPHA by global health management education programs.

Service	Measurable Activity	Measurement Metric
Expand Global Opportunities through Faculty Forum and Annual Symposium	Develop plan for consistent discussion theme related to global development In Faculty Forum and Symposium	Expand faculty forum membership and activity
	Grow attendance at Global Symposium (of US and International members)	Increase in number/percentage of participants in 3 years, both US and foreign
	Continue increasing funding for Symposium from US and International programs	Identify most interested global funders from private and government sources.
		Develop a case for support and a strategy for sustainable funding
Expand Membership from Global Health Management Education Programs	Recruit global membership using targeted outreach	Identify target health management education programs and partner organizations by region
		Create marketing pitch and develop a communication mechanism to maintain contact and promote opportunities for collaboration and incentives for membership
		Expand membership of international programs from 1 to 20 in the first year and set numbers for the next 3 years.

Develop Body of Knowledge and Global Healthcare Management Competencies	Continue developing the BOK and Global Competencies	Develop work plan with the Faculty Forum to sustain and disseminate this effort with a permanent and updated source in our AUPHA Network
	Partner with other organizations with similar interest	Meet with ACHE and IHF representatives and get formally involved in the Global Competencies Special Interest Group
	Explore opportunities to advance Accreditation/Certification in partnership with CAHME	Develop a working work with CAHME to formally explore the opportunities for collaboration in Accreditation/Certification of International HME Programs.
Global Health Management Educational Programs and Partners Database	Create and maintain a database of global health administration education programs and partners to further develop and promote our global initiatives.	Build database using AUPHA available resources. Institute a mechanism to sustain and keep updated this resource.

6. Collaborative Partnership Committee

The Collaborative Partnership Committee has been active and has developed the key items listed in Table 8.5.

Table 8.5 Strategic Initiatives: Collaborative Partnership Committee

Goal: Improve educational and scholarly capacity by members through new enhanced strategic collaborations.

Activity	Measurable Activity	Measurement Metric
Target Priority Collaborators	Who do we want to connect with?	Identify and prioritize top organizations
	What do we want to do with them?	Propose array of exchanges of beneficial services (membership discounts, representation on committees, joint meetings, visiting faculty, fellowships/residency, and educational programs).
Collaborate to Enhance Feedback: Industry to and from Academia	Identify partnerships that raise the national visibility of AUPHA	Create list of potential partners
	Workshop during AM to discuss partnerships	Participation at meeting
	Contact organizations to seek interest in partnering to enhance profession	Create contact list from potential partner list
	Partner with those able to identify/bridge competency gaps of graduates	Formal partnerships with professional organizations (Number)
	Partner with NCHL on NCAF	Initiate negotiations