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

**AUPHA’S VISION**
To be recognized as the global leader in advancing higher education and scholarship in healthcare management and health policy.

**AUPHA’S MISSION**
AUPHA fosters excellence and innovation in healthcare management and policy education, and scholarship.

**AUPHA’S PHILOSOPHY**
AUPHA achieves excellence and innovation in healthcare 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 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.

### AUPHA’s Four Core Committees

**Diversity with Inclusion Committee (DIC)**
Charged with addressing the ongoing challenge of the lack of diversity among AUPHA member program faculty and among students, especially at the graduate level.

**Global Leadership Committee (GLC)**
Charged with developing an AUPHA global presence.

**Undergraduate Program Committee (UPC)**
Charged with managing specific activities relevant to undergraduate program members.

**Graduate Program Committee (GPC)**
Charged with managing specific activities relevant to graduate program members.
Our Commitment to Diversity, Equity, Inclusion, Belonging, and Social Justice

As a global leader in advancing higher education and scholarship in healthcare management and health policy, AUPHA strives to promote diversity, equity, inclusion, and social justice toward the goal of belonging. The AUPHA Board of Directors and leadership built our mission, vision, and values on a guiding principle of social justice which recognizes the uniqueness of each individual’s self-identity. Our philosophy of excellence and innovation assures intentional efforts to attract and prepare the next generation of healthcare leaders. These leaders must reflect the communities they serve and be catalysts for positive social change.

Our Beliefs

AUPHA sees diversity as the presence of individual and intersectional differences that comprise the workforce. Equity is the ongoing commitment and sustained actions to dismantle the structures that perpetuate harm, ensure access to opportunities and resources, and restore the balance of power. Belonging is the foundation that creates thriving communities and represents the outcome we desire for all individuals to experience. Inclusion is the process of achieving belonging by respecting, valuing, and welcoming individual differences. Finally, we see social justice as removing structural and institutional barriers to the equitable allocation of opportunities and resources. Social justice requires full participation by historically marginalized and underrepresented communities and empowers, protects, and elevates their members.

Our Commitment

AUPHA stands firmly against all discrimination, and recognizes that racism is a public health emergency. We acknowledge the systemic oppressions that marginalized community members continue to encounter and their adverse consequences over the life course. The twin pandemics of racial violence and COVID-19 have galvanized our commitment to our member programs’ students, faculty, and staff. We know that intentional and creative approaches are necessary to permeate equity, inclusion, and social justice in all educational, professional, program management, and community service initiatives. Through deliberate and dedicated efforts, AUPHA pledges to continue such innovation, test feasible approaches, and recommend evidence-based activities by partnering with internal and external stakeholders and international collaborators. Our consistent efforts will create thriving, diverse communities of resilient healthcare leaders who embody joy and wellness in their work to advance health equity.
It has been a pleasure to serve as chair of the AUPHA Board of Directors for the last year. The AUPHA Board and staff have been great to work with and have consistently demonstrated their commitment to both advancing the health management and policy education fields and to generating value for AUPHA members.

The events of the last couple of years have been, and continue to be, remarkable. We have experienced loss in our personal and professional lives, disruption to our educational models, and dramatic political, legal, and social events. AUPHA’s values (excellence, innovation, collaboration, diversity, and learning) and our shared commitment to students, patients, the field-at-large, and each other has allowed us to navigate these challenges.

Over the last year, AUPHA has:
- Reaffirmed and strengthened relationships with other associations in our field;
- Continued and developed new, non-association partnerships;
- Completed and distributed the Biennial AUPHA Environmental Scan and Trends Report;
- Continued progress on the Body of Knowledge and curricular guidance/support;
- Developed a meaningful diversity, equity, and inclusion statement to guide association actions;
- Expanded benefits to doctoral students and programs;
- Laid the foundation for the Art of Teaching Institute; and
- Increased recognition of exceptional individuals via new teaching awards.

The lead time on association initiatives and strategic activities can be significant and would not be possible without the work of board members and the general membership who volunteer their time. It is important to note the efforts of Drs. Tracy Farnsworth, Leigh Cellucci, and Mark Diana who, in their roles as Chair of the AUPHA Board, provided the basis for AUPHA’s continued success.

As an association, we are continually looking to generate additional value for our members regardless of setting, modality, ranking, accreditation, specialty, or degree. We have experienced significant growth over the last 24 months and have added 38 new programs over that time frame. However, the success of this growth is predicated on meeting our member programs wherever they may be found. AUPHA is the home for academic programs in public health, business, public administration and affairs, medicine, nursing, allied health, or wherever a health administration and health policy education is being provided. To that end, the association has taken steps to recognize all programs that hold a specialized accreditation as eligible to become a full member program of AUPHA.

AUPHA is in a strong financial position and under the direction of Drs. Brian Malec (Chair), Reid Oetjen (Chair-Elect), Nancy Borkowski (Treasurer), and Cathleen Erwin (Secretary), there is no doubt the association will continue to make significant and meaningful efforts on behalf of the membership.

As I noted at the Annual Meeting in Salt Lake City, I believe in AUPHA precisely because I believe in and learn so much from you...my friends and colleagues. Your commitment to education, your craft, and to making the world a little better place is inspiring. It has been a pleasure to serve you and I look forward to working with you in the future.

Respectfully,

Jason S. Turner, PhD, MAE, FAHM
Dear AUPHA colleagues:

On behalf of the AUPHA Board and staff, it is my pleasure to provide you with the 2021-2022 Annual Report.

Around this time each year, following the AUPHA Annual Meeting and heading into a new academic year, I am overwhelmed with gratitude and pride. Gratitude for the many organizations and individuals that are passionate about healthcare management and leadership and health policy education and practice. Pride not in but for the achievements of AUPHA and our incredible community of university member faculty and staff, practitioner scholars, individual members, the AUPHA Board and staff, and our valued partner organizations.

Gratitude to All

If you’re reading this Annual Report, it’s very likely that I am grateful to you. I am grateful to the AUPHA Board for their commitment, loyalty, hard work, and strong support of me and the AUPHA staff. I am grateful to the smart, talented, hard-working, and kind AUPHA staff, each of whom are deeply committed to their roles and passionate about AUPHA’s mission. I am grateful for our partners in academia, practice, and the association world for the critically important work we are engaged in together to move the fields of healthcare management and health policy forward; with extremely complementary well-aligned missions, we share the goals of excellence in healthcare management and health policy education and practice, and a vision for improved healthcare and health for all.

Pride for the AUPHA Community

I am proud for the growth and development we’ve experienced over the past two and a half years during the worst worldwide pandemic in a century. AUPHA has had the fastest growth in the shortest period of time in the Association’s history, with a 20% increase in university program membership across 2020 and 2021. In spite of the pandemic, we exceeded our goals of membership retention: 95% in 2020 and 96% in 2021. We have experienced an increase in demand for undergraduate certification, with a record 12 programs undergoing review for certification or recertification during the 2021-2022 cycle.

There have clearly been silver linings to the pandemic for AUPHA: more continuous engagement with AUPHA member programs, through monthly webinar and Town Hall meetings; systematic collection and distribution of resources such as comprehensive case studies; 10% and 5% dues discounts for all membership categories in 2021 and 2022; complimentary Academic Program and Practitioner Workshop and Annual Meeting in 2020 for all AUPHA members; and overall satisfaction of 4.85 and above on a 5.0 point scale for all four virtual major AUPHA events in 2020 and 2021.

Other enhanced member benefits include increased allotments of Foster G. McGaw Scholarships for all AUPHA full member undergraduate and masters programs; a set of four new doctoral program and students initiatives for academic year 2022-2023; and, as we returned to face-to-face meetings in 2022, an AUPHA Annual Meeting registration fee that was maintained at the 2019 rate, making the meeting as affordable and accessible as possible for AUPHA members.

I am proud for our continuing progress as we implement AUPHA’s bold 2020-2023 Strategic Plan. The plan includes 11 overall initiatives across four major areas: improvement for academic programs and professional development opportunities for individuals; enhancing AUPHA’s role as the voice of the profession; more effective communication with membership, partners, and the public; and governance and management best practices. From the implementation of the 2020-2023 Strategic Plan, we have already realized additional recognition of AUPHA faculty excellence, with the new Quint Studer Gratitude Prize for Teaching Excellence and three of nine planned new awards for faculty teaching excellence. And in January 2022, AUPHA produced its first ever Environmental Scan and Trends Report.

In spite of the COVID-19 pandemic’s challenges, AUPHA’s finances have improved each year. At the same time, AUPHA’s Board has made significant investments in the 2020-2023 Strategic Plan. Our financial prosperity has included an increase of nearly one-half million dollars in total assets, on average, over the past three years, due to the successful application and full forgiveness of Paycheck Protection Program 1 and 2 (PPP) pandemic related federal SBA loans; the solid performance of AUPHA restricted endowed funds (up until the beginning of 2022); surpassed...
AUPHA Annual Meeting program sponsorship goals for 2020, 2021, and 2022, setting new records each year—revenue which helps AUPHA keep registration rates more affordable for all.

I am proud for our partnerships, sponsorships, and other collaborative efforts. Over the past three years, we have transitioned to a partnership model where AUPHA and our formal Corporate Partners identify priorities for collaborative work together each year. The financial support is important and appreciated, but the purpose is about the substantive work we can do together that is aligned with our and others' missions and visions. With this change in approach and focus on action, we have doubled the number of formal AUPHA Corporate Partners from 5 to 10 since the beginning of the pandemic.

What I’ve provided here is an overview. I encourage you to look closely at this Annual Report, which details AUPHA's strategic priorities and tactics, events and other activities, efforts to recognize excellence in programs and individuals, and all of AUPHA’s highly valued member benefits.

Sincerely,

Dan
2021–2022 AUPHA Board of Directors

Jason S. Turner, PhD
CHAIR
Rush University

Steven B. Bateman, MBA
Weber State University

Richard Hirth, PhD
University of Michigan

Tracy Farnsworth, EdD, MHS, MBA
PAST CHAIR
Idaho State University

Rhonda BeLue, PhD
University of Texas at San Antonio

Shou-Yih D. (Daniel) Lee, PhD
Virginia Commonwealth University

Jullet (Jaye) Weaver, PhD
CHAIR-ELECT
Queens University of Charlotte

Nancy Borkowski, DBA
The University of Alabama at Birmingham

Darren Liu, MHA, MS, Dr.PH
Des Moines University

Brian Malec, PhD
TREASURER
California State University, Northridge

Rosemary Caron, PhD, MBA
University of New Hampshire

Laurie Shanderson, PhD, MPA, FACHE
Methodist College

Reid Oetjen, PhD
SECRETARY
University of Central Florida

Cathleen Erwin, PhD, MBA
Auburn University

Monica Vargas-Mahar, MHA, FACHE
Carondelet Health Network

Dan Gentry, PhD, MHA
PRESIDENT AND CHIEF EXECUTIVE OFFICER
AUPHA

Mario J. Garner, EdD, MHA, FACHE
St. Luke’s Health – The Vintage Hospital
### Statement of Financial Position

**Association of University Programs in Health Administration**  
*2021, 2020, and 2019*

<table>
<thead>
<tr>
<th></th>
<th>12/31/2021</th>
<th>12/31/2020</th>
<th>12/31/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Checking/Savings</td>
<td>1,734,532</td>
<td>1,445,074</td>
<td>1,227,127</td>
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<tr>
<td>Accounts Receivable</td>
<td>5,720</td>
<td>10,433</td>
<td>32,494</td>
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<td>Other Current Assets</td>
<td>79,164</td>
<td>60,959</td>
<td>61,905</td>
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<td><strong>Total Current Assets</strong></td>
<td><strong>1,819,416</strong></td>
<td><strong>1,516,466</strong></td>
<td><strong>1,321,526</strong></td>
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<tr>
<td>Fixed Assets</td>
<td>3,157</td>
<td>328</td>
<td>1,096</td>
</tr>
<tr>
<td>Other Assets</td>
<td>4,334,973</td>
<td>4,284,774</td>
<td>3,901,590</td>
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<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td><strong>6,157,546</strong></td>
<td><strong>5,801,568</strong></td>
<td><strong>5,224,212</strong></td>
</tr>
<tr>
<td><strong>LIABILITIES AND EQUITY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts Payable</td>
<td>10,162</td>
<td>5,623</td>
<td>41,174</td>
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<tr>
<td>Other Current Liabilities</td>
<td>984,227</td>
<td>819,145</td>
<td>791,681</td>
</tr>
<tr>
<td>Long Term Liabilities</td>
<td>8,350</td>
<td>20,413</td>
<td>18,952</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>1,002,739</strong></td>
<td><strong>845,181</strong></td>
<td><strong>851,807</strong></td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted and Restricted Net Assets</td>
<td>4,935,750</td>
<td>4,367,332</td>
<td>3,721,259</td>
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<tr>
<td>Net Change in Assets</td>
<td>219,056</td>
<td>589,055</td>
<td>651,146</td>
</tr>
<tr>
<td><strong>Total Equity</strong></td>
<td><strong>5,154,806</strong></td>
<td><strong>4,956,387</strong></td>
<td><strong>4,372,405</strong></td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES AND EQUITY</strong></td>
<td><strong>6,157,545</strong></td>
<td><strong>5,801,568</strong></td>
<td><strong>5,224,212</strong></td>
</tr>
</tbody>
</table>
## Summary of Statement of Activities

**Association of University Programs in Health Administration**  
**2021, 2020, and 2019**

<table>
<thead>
<tr>
<th></th>
<th>12/31/2021</th>
<th>12/31/2020</th>
<th>12/31/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ORDINARY REVENUE/EXPENDITURES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40000 – Operating Revenue</td>
<td>1,397,109</td>
<td>1,323,920</td>
<td>1,536,849</td>
</tr>
<tr>
<td>46400 – Other Revenue</td>
<td>258,519</td>
<td>163,102</td>
<td>153,868</td>
</tr>
<tr>
<td>Total Revenue</td>
<td><strong>1,655,628</strong></td>
<td><strong>1,487,022</strong></td>
<td><strong>1,690,717</strong></td>
</tr>
<tr>
<td><strong>EXPENDITURES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60000 – Salaries and Wages Expense</td>
<td>990,727</td>
<td>895,051</td>
<td>760,285</td>
</tr>
<tr>
<td>60500 – Occupancy and Equipment</td>
<td>72,726</td>
<td>67,672</td>
<td>65,813</td>
</tr>
<tr>
<td>60600 – Operations</td>
<td>86,342</td>
<td>75,543</td>
<td>115,257</td>
</tr>
<tr>
<td>60700 – Program Expenses</td>
<td>259,623</td>
<td>212,131</td>
<td>241,543</td>
</tr>
<tr>
<td>62100 – Professional Fees</td>
<td>104,333</td>
<td>108,988</td>
<td>159,395</td>
</tr>
<tr>
<td>63100 – Travel and Meetings</td>
<td>17,589</td>
<td>15,159</td>
<td>210,280</td>
</tr>
<tr>
<td>65100 – Other Expenses</td>
<td>61,314</td>
<td>69,903</td>
<td>152,180</td>
</tr>
<tr>
<td>Total Expenditures</td>
<td><strong>1,592,654</strong></td>
<td><strong>1,444,447</strong></td>
<td><strong>1,704,753</strong></td>
</tr>
<tr>
<td><strong>OTHER REVENUE/EXPENDITURES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Other Revenue</td>
<td>156,084</td>
<td>546,481</td>
<td>665,182</td>
</tr>
<tr>
<td><strong>Net Change in Assets</strong></td>
<td><strong>219,056</strong></td>
<td><strong>589,055</strong></td>
<td><strong>651,146</strong></td>
</tr>
</tbody>
</table>
Independent Auditor's Report

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

Opinion

We have audited the accompanying financial statements of the Association of University Programs in Health Administration (a nonprofit organization), which comprise the statement of financial position as of December 31, 2021 and 2020, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Association of University Programs in Health Administration as of December 31, 2021 and 2020, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Association of University Programs in Health Administration and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Association of University Programs in Health Administration’s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.
Auditor’s Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association of University Programs in Health Administration’s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Association of University Programs in Health Administration’s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Lutherville, Maryland
May 11, 2022
2021-2022 Corporate Partners

American College of Healthcare Executives
The American College of Healthcare Executives is an international professional society of more than 48,000 healthcare executives who lead hospitals, healthcare systems, and other healthcare organizations. ACHE offers its prestigious, gold standard FACHE® credential, signifying board certification in healthcare management. ACHE’s established network of 76 chapters provides access to networking, education, and career development at the local level. In addition, ACHE is known for its magazine, Healthcare Executive, its career development programs, and its publishing division, Health Administration Press. Through such efforts, ACHE works toward its goal of being the preeminent professional society for leaders dedicated to improving health. www.ache.org

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

CAHME
The Commission on Accreditation of Healthcare Management Education (CAHME) serves the public by advancing the quality of healthcare management education globally. CAHME is an interdisciplinary group of educational, professional, clinical, and other health sector organizations devoted to quality improvement of education for healthcare management and administration professionals. www.cahme.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

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
Founded in 1926, the Medical Group Management Association (MGMA) is the nation’s largest association focused on the business of medical practice management. MGMA consists of 15,000 group medical practices ranging from small private medical practices to large national health systems representing more than 350,000 physicians. MGMA helps nearly 60,000 medical practice leaders and the healthcare community solve the business challenges of running practices so that they can focus on providing outstanding patient care. Specifically, MGMA helps its members innovate and improve profitability and financial sustainability, and it provides the gold standard on industry benchmarks such as physician compensation. The association also advocates extensively on its members’ behalf on national regulatory and policy issues. To learn more, go to mgma.com or follow us on LinkedIn, Twitter, and Facebook.
NAHSE

The National Association of Health Services Executives (NAHSE) is a non-profit association of Black health care executives founded in 1968 for the purpose of promoting the advancement and development of Black health care leaders, and elevating the quality of health care services rendered to minority and underserved communities. NAHSE’s purpose is to ensure greater participation of minority groups in the health field. nahse.org

Peregrine Global Services

Peregrine Global Services makes a difference in the world by fostering innovation, growing and developing leaders who can solve the world’s complex problems, and improving the quality of higher education. For nearly 20 years, the Peregrine team has developed and provided high-quality, comprehensive solutions for higher education, industry, and individuals. Along with more than 500 clients of higher education institutions across the globe, Peregrine continues to impact quality in education by providing comprehensive assessment and educational solutions. To learn more about how Peregrine Global services serves partners, higher education institutions, students, leaders, and professionals, visit www.peregrineglobal.com.

The Proximity Project

The Proximity Project is an eight-week cohort experience for leaders who want to examine and improve how they interact with and serve communities of color. The Proximity Project is not an isolated, intellectual exercise— leaders connect closely with patients, caregivers, and community leaders whose truth and insights inform participants’ reflections and actions. TPP cohorts meet virtually for 2.5-hour training sessions each week for eight weeks. During these sessions, participants discuss assigned readings, complete assessment and reflection activities, gain actionable insights from guest speakers, learn about models and case studies of serving marginalized communities, and develop closer cross-institutional relationships. The work during the sessions is complemented by a series of pragmatic assignments that bring institutions closer to the communities they serve. For more information on The Proximity Project, please visit www.theproximitypro.com.

David A. Winston Health Policy Fellowship

The David A. Winston Health Policy Fellowship commemorates the contributions and personal qualities of David Winston who, for 20 years, played a significant role in shaping American health policy. He served as a bridge between the public sector, which he knew well from long experience, and the private sector. The Winston Fellowship is a 12-month postgraduate experience in Washington, DC. It is a unique opportunity that provides systemic exposure to organizations, associations, and coalitions in the private sector, as well as policy development centers in Congress and the Administration. The Winston Scholarship identifies and supports promising young people committed to the fields of health policy, public policy, health administration, and/or health management. For more information, visit www.winstonfellowship.org.

Supporter

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 80,000 individuals, of which more than two-thirds work in healthcare provider, governmental, and not-for-profit organizations across the globe, plus over 650 corporations and 470 not-or-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. For more than eighteen years, HIMSS has joined with AUPHA to offer the joint HIMSS/AUPHA Academic Forum. www.himss.org
AUPHA's benchmarking efforts underwent a major transition between 2019-2020 and 2020-2021, resulting in the highest response rate for the annual survey in recent years. The 151 undergraduate and graduate programs that responded represent just over 60% of the Full and Associate Membership in 2022.

This year also marked the start of AUPHA’s efforts to collect data directly from the Full Graduate Members, using questions that closely mirror CAHME’s annual program survey, but has been designed to collect only the minimal data needed by the Association, our programs, and the field; and with the least burden for data collection and reporting as possible. Please note that the past data in the graduate tables below references information sourced from CAHME as presented in the 2019-2020 Annual Report.

With so many changes, it is no surprise that this year’s survey results have allowed staff to identify tweaks that need to be made to ensure accurate and consistent data, as referenced in the notes below.

In addition to undergraduate and graduate sections, this year’s benchmarking report includes data from the 2021 AUPHA International Activities Survey, as well as highlights from the collaborative survey on diversity and inclusion administered by AUPHA and Virginia Commonwealth University (VCU).

### Undergraduate Benchmarking Data
The following benchmarks are based on survey data collected from AUPHA undergraduate programs from the 2020-2021 academic year. The data in these tables represents information collected directly from 67 AUPHA undergraduate member programs — a response rate of 66.3%. This information is collected through a survey that AUPHA distributes annually to all Full and Associate Undergraduate Members. This year, all Full Undergraduate Members were required to complete the survey in order to maintain their AUPHA Certification. In addition to the 48 Full Undergraduate Members, 19 Associate Undergraduate Members completed the survey.

For reference, figures from the prior year’s survey are also included in the table. Year-to-year comparisons should be made with caution as there is not perfect overlap between the composition of the two groups and response rates in prior years were much lower.

#### TABLE 1: UNDERGRADUATE FACULTY BY STATUS IN 2020-2021

<table>
<thead>
<tr>
<th>Status</th>
<th>Median</th>
<th>Min</th>
<th>Max</th>
<th>n</th>
<th>2019-2020 Median (n=19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-Time</td>
<td>3</td>
<td>0</td>
<td>38</td>
<td>65</td>
<td>3</td>
</tr>
<tr>
<td>Part-Time</td>
<td>1</td>
<td>0</td>
<td>31</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Adjunct</td>
<td>5</td>
<td>0</td>
<td>32</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

#### TABLE 2: UNDERGRADUATE FACULTY BY GENDER IN 2020-2021

<table>
<thead>
<tr>
<th>Gender</th>
<th>Mean</th>
<th>n</th>
<th>2019-2020 Mean (n=19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>50.9%</td>
<td>65</td>
<td>58.2%</td>
</tr>
<tr>
<td>Male</td>
<td>43.4%</td>
<td></td>
<td>41.8%</td>
</tr>
<tr>
<td>Other</td>
<td>0.0%</td>
<td></td>
<td>0.0%</td>
</tr>
<tr>
<td>Unknown</td>
<td>5.7%</td>
<td></td>
<td>Unreported</td>
</tr>
</tbody>
</table>

1. Two programs reported one additional faculty member for the gender question than were accounted for in the status question. This additional faculty member also appeared in the question on racial identity for both programs.

#### TABLE 3: UNDERGRADUATE FACULTY BY ETHNICITY AND RACIAL IDENTITY1 IN 2020-2021

<table>
<thead>
<tr>
<th>Category</th>
<th>Ethnicity/Racial Identity</th>
<th>Mean</th>
<th>n</th>
<th>2019-2020 Mean (n=17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity</td>
<td>Of Hispanic/Latin Origin</td>
<td>3.7%</td>
<td>66</td>
<td>4.3%</td>
</tr>
<tr>
<td>Racial Identity</td>
<td>American Indian/Alaskan Native</td>
<td>0.1%</td>
<td></td>
<td>2.0%</td>
</tr>
<tr>
<td></td>
<td>Asian</td>
<td>7.2%</td>
<td></td>
<td>7.9%</td>
</tr>
<tr>
<td></td>
<td>Black</td>
<td>16.2%</td>
<td></td>
<td>18.1%</td>
</tr>
<tr>
<td></td>
<td>Native Hawaiian/Pacific Islander</td>
<td>0.1%</td>
<td>66</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>59.8%</td>
<td></td>
<td>65.8%</td>
</tr>
<tr>
<td></td>
<td>Two or More Races4</td>
<td>0.7%</td>
<td></td>
<td>1.3%</td>
</tr>
<tr>
<td></td>
<td>Other Races</td>
<td>1.5%</td>
<td></td>
<td>0.6%</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
<td>14.4%</td>
<td></td>
<td>Unreported</td>
</tr>
</tbody>
</table>

Notes:
1. Most programs reported a consistent number of faculty across questions. Thirteen programs reported a lower total number of faculty in the racial identity question than they did for the status and gender questions. When the number of faculty these programs reported as being “of Hispanic/Latin origin” is added to the total number of faculty for the racial identity question, all then matched totals for both the status and gender questions.
2. For the 2020-2021 survey, AUPHA made a conscious decision to separate “of Hispanic/Latin origin” from the racial identity question to align more closely with commonly used definitions of race and ethnicity in data collection. Results from this survey have made clear that the language used within it may need to be adjusted to obtain consistent data points between programs, as not everyone reported according to the same conventions. (See 1.)
3. In the 2019-2020 survey, “Hispanic” was included as a racial identity.
4. One program reported additional faculty members in the question on racial identity that were not accounted for in the questions on status and gender. This entry may have been related to faculty who identify in more than one racial category but did not use the “two or more races” option.
### TABLE 4: UNDERGRADUATE ADMISSIONS STATISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Median</th>
<th>Average</th>
<th>Min</th>
<th>Max</th>
<th>n</th>
<th>2019-2020 Average (n=17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions Target</td>
<td>40</td>
<td>55.5</td>
<td>0</td>
<td>250</td>
<td>61</td>
<td>Unreported</td>
</tr>
<tr>
<td>Admissions Actual (New Students)</td>
<td>38</td>
<td>51</td>
<td>4</td>
<td>182</td>
<td>62</td>
<td>63</td>
</tr>
</tbody>
</table>

The following tables represent data for undergraduate students who graduated between July 2020 and June 2021.

### TABLE 5: UNDERGRADUATE STUDENTS BY GENDER IN 2020–2021

<table>
<thead>
<tr>
<th>Gender</th>
<th>Mean</th>
<th>n</th>
<th>2019–2020 Mean (n=17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>71.1%</td>
<td>57</td>
<td>74.4%</td>
</tr>
<tr>
<td>Male</td>
<td>23.6%</td>
<td></td>
<td>25.6%</td>
</tr>
<tr>
<td>Other</td>
<td>0.5%</td>
<td></td>
<td>0.0%</td>
</tr>
<tr>
<td>Unknown</td>
<td>4.8%</td>
<td></td>
<td>Unreported</td>
</tr>
</tbody>
</table>

### TABLE 6: UNDERGRADUATE STUDENTS BY ETHNICITY AND RACIAL IDENTITY IN 2020–2021

<table>
<thead>
<tr>
<th>Category</th>
<th>Ethnicity/Racial Identity</th>
<th>Mean</th>
<th>n</th>
<th>2019–2020 Mean (n=16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity</td>
<td>Of Hispanic/Latin Origin</td>
<td>16.3%</td>
<td>56</td>
<td>16.4%</td>
</tr>
<tr>
<td>Racial Identity</td>
<td>American Indian/Alaskan Native</td>
<td>0.4%</td>
<td></td>
<td>1.9%</td>
</tr>
<tr>
<td></td>
<td>Asian</td>
<td>10.3%</td>
<td></td>
<td>12.3%</td>
</tr>
<tr>
<td></td>
<td>Black</td>
<td>22.5%</td>
<td>57</td>
<td>18.5%</td>
</tr>
<tr>
<td></td>
<td>Native Hawaiian/Pacific Islander</td>
<td>0.7%</td>
<td></td>
<td>0.2%</td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>45.9%</td>
<td></td>
<td>43.4%</td>
</tr>
<tr>
<td></td>
<td>Two or More Races</td>
<td>3.4%</td>
<td></td>
<td>3.5%</td>
</tr>
<tr>
<td></td>
<td>Other Races</td>
<td>1.5%</td>
<td></td>
<td>3.8%</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
<td>15.3%</td>
<td>51</td>
<td>Unreported</td>
</tr>
</tbody>
</table>

### TABLE 7: MEAN PROPORTIONS OF UNDERGRADUATE STUDENT OUTCOMES, THREE MONTHS POST-GRADUATION, 2020–2021

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Mean</th>
<th>n</th>
<th>2019–2020 Mean (n=11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continued Study (additional degree or license)</td>
<td>8.2%</td>
<td></td>
<td>23.4%</td>
</tr>
<tr>
<td>Professional Position in Healthcare</td>
<td>32.3%</td>
<td></td>
<td>47.2%</td>
</tr>
<tr>
<td>Professional Position Outside of Healthcare</td>
<td>4.6%</td>
<td></td>
<td>7.5%</td>
</tr>
<tr>
<td>Other</td>
<td>2.8%</td>
<td></td>
<td>21.9%</td>
</tr>
<tr>
<td>Still Searching/Unemployed</td>
<td>5.1%</td>
<td></td>
<td>Reported with other</td>
</tr>
<tr>
<td>Unknown</td>
<td>47%</td>
<td></td>
<td>Reported with other</td>
</tr>
</tbody>
</table>

### TABLE 8: MEAN PROPORTIONS OF UNDERGRADUATE STUDENT PLACEMENTS IN HEALTHCARE POSITIONS, THREE MONTHS POST-GRADUATION IN 2020–2021

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Mean</th>
<th>n</th>
<th>2019–2020 Mean (n=11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biotech/Pharmaceutical</td>
<td>4.4%</td>
<td></td>
<td>5.6%</td>
</tr>
<tr>
<td>Consultant</td>
<td>3.0%</td>
<td></td>
<td>4.3%</td>
</tr>
<tr>
<td>Hospital/Health System</td>
<td>47.1%</td>
<td></td>
<td>40.5%</td>
</tr>
<tr>
<td>Insurance/Managed Care Firm</td>
<td>10.5%</td>
<td></td>
<td>Unreported</td>
</tr>
<tr>
<td>Post-acute/Long-term/Hospice Care</td>
<td>11.4%</td>
<td></td>
<td>Unreported</td>
</tr>
<tr>
<td>Physician Group Practice</td>
<td>19.0%</td>
<td></td>
<td>12.8%</td>
</tr>
<tr>
<td>Health Policy</td>
<td>3.3%</td>
<td></td>
<td>Unreported</td>
</tr>
<tr>
<td>Health Law</td>
<td>1.2%</td>
<td></td>
<td>Unreported</td>
</tr>
</tbody>
</table>

**Notes**
1. Readers should take caution in trying to identify year-over-year trends for these data points. The 2018–2019 data included outcomes of “Nursing Homes” (10.0%) and “Other” (26.7%), but did not contain “Insurance/Managed Care Firm,” “Post-acute/Long-term/Hospice Care,” “Health Policy,” or “Health Law” as possible outcomes.
2. Readers will notice that the percents in this column do not add to 100%. This is due to rounding. This also occurs in some tables below.
### Table 9: Undergraduate Starting Salaries, Three Months Post-Graduation in 2020-2021

<table>
<thead>
<tr>
<th>Category</th>
<th>Min</th>
<th>Max</th>
<th>Median</th>
<th>Weighted Mean¹</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median Starting Salary (not including bonuses)</td>
<td>$35,000²</td>
<td>$90,000</td>
<td>$49,920</td>
<td>$48,821</td>
<td>25</td>
</tr>
<tr>
<td>Number of Graduates Reporting Jobs³</td>
<td>1</td>
<td>89</td>
<td>16</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

Notes
1. In prior years, the measure used was an unweighted mean. The mean for 2019-2020 was $44,493, with a sample size of ten.
2. The true minimum number reported was $46.08, but this was struck from the data for this analysis, as it was outside an acceptable range for responses.
3. Three programs reported on this metric, but did not include salary information, so are not included in this table. They reported 8, 28, and 313 graduates with a job in three months post-graduation in 2020-2021.

### Table 10: Programs Reporting Leadership Changes in 2020-2021

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
<th>Percentage</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>13</td>
<td>29.5%</td>
<td>44</td>
</tr>
<tr>
<td>No</td>
<td>31</td>
<td>70.5%</td>
<td></td>
</tr>
</tbody>
</table>

### Table 11: Programs Reporting Competency and/or Curriculum Changes in 2020-2021

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
<th>Percentage</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes – no additional information</td>
<td>2</td>
<td>4.5%</td>
<td></td>
</tr>
<tr>
<td>Yes – Response Indicates Competency Change Only</td>
<td>0</td>
<td>0.0%</td>
<td></td>
</tr>
<tr>
<td>Yes – Response Indicates Curriculum Change Only</td>
<td>8</td>
<td>18.2%</td>
<td>44</td>
</tr>
<tr>
<td>Yes – Response Indicates Changes to Both Competencies and Curriculum</td>
<td>4</td>
<td>9.1%</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>30</td>
<td>68.2%</td>
<td></td>
</tr>
</tbody>
</table>

### Graduate Programs

As mentioned in the introductory paragraph, the following graduate benchmarks are based on AUPHA’s new graduate data collection survey, which closely mirrors CAHME’s annual program survey, but has been designed to collect only the minimal data needed by the Association, our programs, and the field; and with the least burden for data collection and reporting as possible. The 2020-2021 AUPHA Annual Report reprinted graduate data from 2018-2019, which is referenced in the tables below, as that was the last set of data available prior to the launch of this new tool. A total of 84 masters programs responded to this survey for a response rate of 57.9%. Just over a quarter of those responses are from Associate Graduate Members. Doctoral programs are not included in the data below.

### Table 12: Graduate Faculty and Students by Status in 2019-2020

<table>
<thead>
<tr>
<th>Status</th>
<th>Median</th>
<th>Min</th>
<th>Max</th>
<th>n</th>
<th>2018-2019 Median (n=81)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-Time</td>
<td>6</td>
<td>0</td>
<td>37</td>
<td>83</td>
<td>7</td>
</tr>
<tr>
<td>Part-Time</td>
<td>1</td>
<td>0</td>
<td>40</td>
<td>83</td>
<td>7¹</td>
</tr>
<tr>
<td>Adjunct</td>
<td>6</td>
<td>0</td>
<td>104</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Numbers for part-time and adjunct faculty were previously reported together. The 2020-2021 survey separated them into two distinct categories.

### Table 13: Graduate Faculty by Gender in 2020-2021

<table>
<thead>
<tr>
<th>Gender¹</th>
<th>Mean</th>
<th>n</th>
<th>2018-2019 Mean (n=79)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>40.0%</td>
<td>83</td>
<td>41.7%</td>
</tr>
<tr>
<td>Male</td>
<td>50.2%</td>
<td></td>
<td>58.3%</td>
</tr>
<tr>
<td>Other</td>
<td>0.0%</td>
<td>83</td>
<td>0.0%</td>
</tr>
<tr>
<td>Unknown</td>
<td>9.8%</td>
<td></td>
<td>Unreported</td>
</tr>
</tbody>
</table>

1. Similarly to undergraduate faculty, there was one program that reported additional faculty members by gender that were not accounted for in the totals of faculty by status. In this case, the difference was significant: a total of 24 faculty reported by status versus a total of 70 faculty reported for gender and racial identity questions.
### TABLE 14: GRADUATE FACULTY BY ETHNICITY AND RACIAL IDENTITY IN 2020–2021

<table>
<thead>
<tr>
<th>Category</th>
<th>Ethnicity/Racial Identity</th>
<th>Mean</th>
<th>n</th>
<th>2018-2019 Mean (n=76)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity</td>
<td>Of Hispanic/Latin Origin</td>
<td>2.9%</td>
<td>81</td>
<td>3.0%</td>
</tr>
<tr>
<td>Racial identity</td>
<td>American Indian/Alaskan Native</td>
<td>0.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Asian</td>
<td>8.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Black</td>
<td>5.7%</td>
<td>83</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Native Hawaiian/Pacific Islander</td>
<td>0.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>66.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Two or More Races</td>
<td>0.4%</td>
<td></td>
<td>Reported with Other Races</td>
</tr>
<tr>
<td></td>
<td>Other Races</td>
<td>2.2%</td>
<td></td>
<td>1.8%</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
<td>17.0%</td>
<td>81</td>
<td></td>
</tr>
</tbody>
</table>

### TABLE 15: GRADUATE ADMISSION STATISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Median</th>
<th>Average</th>
<th>Min</th>
<th>Max</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions Target</td>
<td>30</td>
<td>33.8</td>
<td>10</td>
<td>105</td>
<td>79</td>
</tr>
<tr>
<td>Admissions Actual (New Students)</td>
<td>27</td>
<td>30.4</td>
<td>6</td>
<td>134</td>
<td>81</td>
</tr>
</tbody>
</table>

1. Due to changes in the survey, there are not readily comparable numbers from 2018-2019, as different admissions statistics were reported in past years.

The following tables represent data for masters students who graduated between July 2020 and June 2021.

### TABLE 16: GRADUATE STUDENTS BY GENDER IN 2020–2021

<table>
<thead>
<tr>
<th>Gender</th>
<th>Mean</th>
<th>n</th>
<th>2018–2019 Mean (n=80)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>64.5%</td>
<td>76</td>
<td>61.6%</td>
</tr>
<tr>
<td>Male</td>
<td>35.3%</td>
<td></td>
<td>38.9%</td>
</tr>
<tr>
<td>Other</td>
<td>0.1%</td>
<td></td>
<td>0.0%</td>
</tr>
<tr>
<td>Unknown</td>
<td>0.0%</td>
<td></td>
<td>Unreported</td>
</tr>
</tbody>
</table>

### TABLE 17: GRADUATE STUDENTS BY ETHNICITY AND RACIAL IDENTITY IN 2020–2021

<table>
<thead>
<tr>
<th>Category</th>
<th>Ethnicity/Racial Identity</th>
<th>Mean</th>
<th>n</th>
<th>2018–2019 Mean (n=72)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity</td>
<td>Of Hispanic/Latin Origin</td>
<td>8.4%</td>
<td>75</td>
<td>10.8%</td>
</tr>
<tr>
<td>Racial identity</td>
<td>American Indian/Alaskan Native</td>
<td>0.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Asian</td>
<td>17.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Black</td>
<td>14.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Native Hawaiian/Pacific Islander</td>
<td>0.5%</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>53.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Two or More Races</td>
<td>0.0%</td>
<td></td>
<td>Reported with Other Races</td>
</tr>
<tr>
<td></td>
<td>Other Races</td>
<td>3.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
<td>8.3%</td>
<td>67</td>
<td></td>
</tr>
</tbody>
</table>
### Table 18: Mean Proportions of Graduate Student Outcomes, Three Months Post-Graduation, 2020-2021

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Mean</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continued Study (additional degree or license)</td>
<td>2.4%</td>
<td>72</td>
</tr>
<tr>
<td>Professional Position in Healthcare</td>
<td>77.2%</td>
<td>73</td>
</tr>
<tr>
<td>Professional Position Outside of Healthcare</td>
<td>1.9%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Other</td>
<td>9.7%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Still Searching/Unemployed</td>
<td>2.8%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Unknown</td>
<td>6.0%</td>
<td>Reported with other</td>
</tr>
</tbody>
</table>

1. Readers should take caution in trying to identify year-over-year trends for these data points. The 2018-2019 data included the outcome “Already Employed and Remained in Same Position” (12.2%), which was not included as an option in the new survey tool.

### Table 19: Mean Proportions of Graduate Student Placements in Healthcare Positions, Three Months Post-Graduation, 2020-2021

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Mean</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Fellowship²</td>
<td>18.0%</td>
<td>19.0%</td>
</tr>
<tr>
<td>Biotech/Pharmaceutical</td>
<td>5.5%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Consultant</td>
<td>10.8%</td>
<td>9.6%</td>
</tr>
<tr>
<td>Hospital/Health System</td>
<td>47.5%</td>
<td>40.9%</td>
</tr>
<tr>
<td>Insurance/Managed Care Firm</td>
<td>4.0%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Post-acute/Long-term/Hospice Care³</td>
<td>2.7%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Physician Group Practice</td>
<td>10.0%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Health Policy</td>
<td>1.5%</td>
<td>Unreported</td>
</tr>
<tr>
<td>Health Law</td>
<td>0.4%</td>
<td>Unreported</td>
</tr>
</tbody>
</table>

Notes
1. Readers should take caution in trying to identify year-over-year trends for these data points. The 2018-2019 data included outcomes of "Governmental Agency" (2.7%); "Military/Veterans Health System" (4.3%); "Information Technology" (1.0%); "Trade Association" (0.8%); "Home Health Agency" (0.5%); "National Health Organization (e.g., CVS)" (0.4%); "Foundation/Not-for-Profit" (0.3%); and "Other" (4.1%), but did not contain "Health Policy" or "Health Law" as possible outcomes.
2. Previously reported as "Healthcare Fellowship."
3. Previously reported as "Long-Term Care Facility."

### Table 20: Graduate Student Starting Salaries, Three Months Post-Graduation in 2020-2021

<table>
<thead>
<tr>
<th>Response</th>
<th>Min</th>
<th>Max</th>
<th>Median</th>
<th>Weighted Mean¹</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median Starting Salary: Fellowships</td>
<td>$40,000²</td>
<td>$90,000</td>
<td>$62,000</td>
<td>$64,500</td>
<td>44</td>
</tr>
<tr>
<td>Number of Graduates Reporting Fellowships</td>
<td>0</td>
<td>30</td>
<td>3</td>
<td>NA</td>
<td>57</td>
</tr>
<tr>
<td>Median Starting Salary: Jobs</td>
<td>$35,000</td>
<td>$113,000</td>
<td>$67,533</td>
<td>$72,475</td>
<td>61</td>
</tr>
<tr>
<td>Number of Graduates Reporting Jobs</td>
<td>1</td>
<td>48</td>
<td>12</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

Notes
1. In prior years, the measure used was an unweighted mean. The mean for starting salary for fellowships was $60,209 in 2018-2019, with a sample size of 45, while the mean starting salary for jobs was $68,932 with a sample size of 62.
2. The true reported minimum was $59.20. This data point was not included in the analysis as it was outside an acceptable range for responses.

### Table 21: Global Center Ownership Status

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
<th>Percentage</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>23</td>
<td>32.4%</td>
<td>71</td>
</tr>
<tr>
<td>No</td>
<td>48</td>
<td>67.6%</td>
<td></td>
</tr>
</tbody>
</table>

### Table 22: Location of the Global Center (for Programs Reporting “Yes” to Ownership Status)

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
<th>Percentage</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>At the university level</td>
<td>17</td>
<td>73.9%</td>
<td>23</td>
</tr>
<tr>
<td>In the department</td>
<td>3</td>
<td>13.04%</td>
<td></td>
</tr>
<tr>
<td>Within the college</td>
<td>2</td>
<td>8.7%</td>
<td></td>
</tr>
<tr>
<td>Within the college/At the university level</td>
<td>1</td>
<td>4.35%</td>
<td></td>
</tr>
</tbody>
</table>

---

**AUPHA Programs International Activities Survey**

The Global Health Leadership Committee of the Board, chaired by Nancy Borkowski, DBA, University of Alabama at Birmingham, with help from the Global Healthcare Management Faculty Forum, led AUPHA’s efforts to collect data on the international activities of member programs. Below are some preliminary findings from the information collected, which will be published alongside a more in-depth analysis in future papers in peer-reviewed journals.
### TABLE 23: FACULTY INVOLVEMENT IN INTERNATIONAL RESEARCH

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>25</td>
<td>36.0%</td>
</tr>
<tr>
<td>No</td>
<td>45</td>
<td>64.0%</td>
</tr>
</tbody>
</table>

**n = 70**

### TABLE 24: PROGRAMS OFFERING STUDY ABROAD

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>40</td>
<td>56.3%</td>
</tr>
<tr>
<td>No</td>
<td>27</td>
<td>38.0%</td>
</tr>
<tr>
<td>No Response</td>
<td>4</td>
<td>5.6%</td>
</tr>
</tbody>
</table>

**n = 71**

### TABLE 25: STUDY ABROAD STRUCTURE

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>As an elective course</td>
<td>20</td>
<td>50.0%</td>
</tr>
<tr>
<td>Outside of the formal curriculum</td>
<td>10</td>
<td>25.0%</td>
</tr>
<tr>
<td>As part of other courses</td>
<td>2</td>
<td>5.0%</td>
</tr>
<tr>
<td>As an elective course + Outside of the formal curriculum</td>
<td>5</td>
<td>12.5%</td>
</tr>
<tr>
<td>As an elective course + Part of other courses</td>
<td>2</td>
<td>5.0%</td>
</tr>
<tr>
<td>As an elective course + Outside of the formal curriculum + Part of other courses</td>
<td>1</td>
<td>2.5%</td>
</tr>
</tbody>
</table>

**n = 40**

---

**Joint AUPHA and Virginia Commonwealth University Survey on Diversity and Inclusion**

In the spring of 2022, AUPHA partnered with the Virginia Commonwealth University’s Department of Health Administration to administer a survey designed to better understand faculty and academic leadership perspectives and current practices related to diversity and inclusion in healthcare management education. AUPHA Diversity with Inclusion Committee Members Dr. Carla Jackie Sampson, PhD, MBA, FACHE, and Dr. Joseph F. Crosby, PhD, RPh worked in coordination with VCU faculty Dr. Paula Song, PhD; Dr. Stephan Davis, DNP, MHSA, FACHE, FNAP; and Dr. Jonathan DeShazo, PhD, MPH, to share preliminary results at the Annual Meeting in June 2022. Below are some highlights from those initial results, which will be published alongside a more in-depth analysis in future papers in peer-reviewed journals.

- 81.5% of respondents either agreed or strongly agreed that their healthcare management program integrates concepts related to diversity and inclusion.
- 76.8% of respondents either agreed or strongly agreed that their students reflected the diversity of the communities served by the institution.
- 38% agreed or strongly agreed that their full-time healthcare management faculty reflect the diversity of their students and the communities served by the institution.
- 66% of respondents report targeted recruitment efforts to hire Black or African American faculty, while 55% reported targeted recruitment of Latino/a/x or Hispanic faculty.

The quote below illustrates the challenges some programs/departments experience related to increasing the diversity of their learning communities. It highlights the need for AUPHA, its members, and other organizations to work to create innovative pathways aimed at increasing the diversity of future healthcare management educators:

> “The limited number of diverse leaders and faculty who can serve as teachers/role models makes turning the tide of recruitment, etc., a slower process. No matter how well intended the program/faculty is, if it’s faculty or its reputation doesn’t reflect its desired student body, it’s a difficult recruitment task. Limited faculty time and resources (amid teaching/researching obligations) limits how much effort can be directed to addressing this issue.”
Who Are We?

Membership in AUPHA is represented by a large and highly diverse set of institutions, members, and faculty. As of July 2022, there were a total of 245 graduate and undergraduate programs from 191 separate institutions. Also included are doctoral programs, affiliate members, international programs, and 121 individual members. The table below shows that most of AUPHA’s members are “Full Members” indicating that they are either AUPHA certified (if undergraduate) or CAHME accredited (if graduate). The number of Associate Undergraduate program members continues to grow as more programs show interest in Undergraduate Certification.

As of August 2022, AUPHA now recognizes all program and school/college level (not university or institutional level) specialized accreditors recognized by the U.S. Department of Education (ED) or recognized by the Council for Higher Education Accreditation (CHEA), or with ISO international certification. Any graduate program member explicitly included in the self-study and formal findings of recognized specialized accreditors is now eligible for AUPHA Full Graduate Membership and all benefits that accrue with full membership.

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>2016</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Graduate</td>
<td>77</td>
<td>81</td>
</tr>
<tr>
<td>Associate Graduate</td>
<td>64</td>
<td>59</td>
</tr>
<tr>
<td><strong>Total Graduate</strong></td>
<td><strong>141</strong></td>
<td><strong>140</strong></td>
</tr>
<tr>
<td>Full Undergraduate</td>
<td>46</td>
<td>50</td>
</tr>
<tr>
<td>Associate Undergraduate</td>
<td>40</td>
<td>52</td>
</tr>
<tr>
<td><strong>Total Undergraduate</strong></td>
<td><strong>86</strong></td>
<td><strong>100</strong></td>
</tr>
<tr>
<td>Total Doctoral</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total Programs</strong></td>
<td><strong>234</strong></td>
<td><strong>245</strong></td>
</tr>
<tr>
<td><strong>Total Institutions</strong></td>
<td><strong>184</strong></td>
<td><strong>191</strong></td>
</tr>
<tr>
<td>Individuals</td>
<td>115</td>
<td>117</td>
</tr>
</tbody>
</table>

The following programs were members of AUPHA as of July 2022. Click an institution for more information on programs. The letters following a listing indicate institutions with multiple program memberships and the program types – Undergraduate (U), Graduate (G), Doctoral (D) or Executive (E).

- Alma College
- American College of Education
- Appalachian State University (G) (U)
- Army–Baylor University
- AT Still University
- Auburn University
- Baptist Health Sciences University
- Barry University
- Baruch College
- Bay Path University
- Baylor University
- Belmont Abbey College
- Belmont University
- Boston University Questrom School of Business
- Boston University School of Public Health
- California Northstate University
- California State University – Chico
- California State University – Long Beach (G) (U)
- California State University, Northridge (G) (U)
- Campbell University
- Carnegie Mellon University
- Central Michigan University (D) (G) (U)
- City University of New York (CUNY)
- Clarkson University, Capital Region Campus
- Clayton State University (G) (U)
- Colorado Technical University
- Columbia University
- Concordia College
- Concordia University – Irvine (G) (U)
Cornell University
Creighton University
Dalhousie University
Davenport University
Des Moines University
DeSales University (G) (U)
Dillard University
Drexel University
Duquesne University
East Carolina University
Eastern Kentucky University
Eastern Michigan University
Fayetteville State University
Florida A&M University
Florida Atlantic University (G) (U)
Florida Gulf Coast University (G) (U)
Florida International University (G) (U)
Franciscan Missionaries of Our Lady University
George Mason University (G) (U)
The George Washington University
Georgetown University (G) (U)
Georgia Southern University
Georgia State University
Governors State University (G) (U)
Grand Valley State University
Hampton University
Hofstra University
Howard University
Huazhong University of Science and Technology
Icahn School of Medicine at Mount Sinai
Idaho State University
Indiana University Richard M. Fairbanks School of Public Health (G) (U)

View an interactive map of AUPHA programs
Use password AUPHA

iowa State University
Ithaca College
James Madison University
Johns Hopkins University
Kings College
Lake Erie College of Osteopathic Medicine (LECOM)
Liberty University (U BA) (U BS)
Lipscomb University
Loma Linda University (G) (U)
Long Island University (G) (U)
Louisiana State University
Loyola University Chicago (G) (U)
Marshall University
Marymount University
Medical University of South Carolina (D) (G)
Methodist College
Methodist University
Metropolitan State University of Denver (G) (U)
Minnesota State University Moorhead
Missouri Southern State University
Missouri State University
National University (G) (U)
New York City College of Technology/CUNY
New York University
Norfolk State University (G) (U)
Northcentral University  
Northeastern University (G) (U)  
The Ohio State University  
Old Dominion University  
Palm Beach State College  
Pennsylvania College of Health Sciences  
Pennsylvania State University – Harrisburg  
Pennsylvania State University (G) (U)  
Pennsylvania State University World Campus  
Pfeiffer University  
Portland State University  
Queens University of Charlotte  
Radford University (G) (U)  
Robert Morris University  
Rochester Institute of Technology  
Rosalind Franklin University of Medicine and Science  
Rush University  
Rutgers University (G) (U)  
Ryerson University  
Saint Leo University  
Saint Louis University (G) (U)  
Samford University (G) (U)  
Seton Hall University  
Southern Illinois University – Carbondale  
State University of New York – Cortland  
Stevenson University Online  
Stonehill College  
Stony Brook University  
Suffolk University  
Taipei Medical University  
Temple University (G) (GBus)  
Tennessee State University  
Texas A&M Health Science Center  
Texas A&M University – Corpus Christi  
Texas Southern University (G) (U)  
Texas State University (G) (U)  
Texas Woman's University Houston  
The Chicago School of Professional Psychology  
The Christ College of Nursing and Health Sciences  
Towson University  
Trinity University (E) (G)  
Tulane University  
Uniformed Services University of Health Science  
Universite De Montreal  
The University of Alabama at Birmingham (D) (G) (U)  
University of Arkansas for Medical Sciences  
University of Arkansas Fort Smith  
University of Baltimore  
University of California – Los Angeles  
University of California San Francisco  
University of Central Florida (G) (U)  
University of Cincinnati  
University of Colorado Denver (E) (G)  
University of Detroit Mercy  
University of Florida  
University of Georgia  
University of Houston – Clear Lake  
University of Illinois at Chicago  
University of Iowa  
University of Kansas Medical Center  
University of Kentucky (G) (U)  
University of Louisiana at Lafayette  
University of Louisville  
University of Maryland  
University of Maryland Global Campus  
University of Memphis (G) (U)  
University of Miami (G) (U)  
University of Michigan
University of Michigan – Flint
University of Minnesota (E) (G) (U)
University of Minnesota Duluth
University of Missouri
University of Nevada Las Vegas (G) (U)
University of New Hampshire
University of New Haven
University of New Mexico
University of New Orleans
University of North Carolina at Chapel Hill
University of North Carolina at Charlotte
University of North Carolina Wilmington
University of North Florida (G) (U)
University of North Texas Health Science Center
University of Oklahoma Health Sciences Center
University of Phoenix (G) (U)
University of Pittsburgh
University of Scranton (G) (U)
University of South Carolina
University of South Dakota
University of South Florida
University of Southern California
University of Southern Indiana
University of Texas at Arlington
University of Texas at Tyler
University of Texas Health Science Center at Houston
University of Texas Health Science Center at Tyler
University of the Incarnate Word
University of Utah
University of Virginia
University of Washington Seattle
University of Wisconsin – Milwaukee
Utah Tech University
Virginia Commonwealth University (E) (G)
Weber State University (G) (U)
West Virginia University (G) (U)
Western Kentucky University
Winston–Salem State University (G) (U)
Winthrop University
Xavier University (G) (U)
Health Professions Week
AUPHA is pleased to have participated in Health Professions Week (HPW) for the fifth consecutive year. HPW is a free, week-long event designed for high school and college students to learn about the various careers within healthcare. The 2021 HPW was held November 4-11, 2021, and included participation from over 20 other health related associations. Throughout the week, HPW hosted virtual scavenger hunts, live webinars and panels, Health Talks on YouTube, a self-care related day, and virtual fairs. Over 4,000 registrants learned about the various healthcare fields and skills that provide a good foundation for future students. A special thank you to the AUPHA members listed below who represented the health administration field during the virtual fair:

◆ Elaine Elder, ScD
  Colorado Technical University
◆ Angelette (Angel) Evans, DBA, MS-HLP
  Governors State University
◆ Jill Rissi, PhD, MPA, RN
  Portland State University
◆ Alan Weisman, MA
  University of Baltimore

The 2022 Health Professions Week will be held November 5 – 11. A Call for Volunteers will be issued in late summer of 2022.

Academic Program and Practitioner Workshop
AUPHA’s 2022 Academic Program and Practitioner Workshop was held in Chicago in March, in conjunction with ACHE’s Congress. Over 80 people attended the meeting featuring Quint Studer as the opening ACHE/AUPHA Breakfast keynote speaker and enjoyed his presentation on Creating a Culture of Replenishment.

The Workshop continued with a panel session where panelists discussed the reasons why an orientation to and emphasis on replenishment is important; possible frameworks and case examples of organizational compassion; and the relationship between diversity, equity, inclusion, and belonging with joy-in-work. A special thanks to Moderator Laurie Shanderson, PhD, MPA, FACHE, Methodist College, and panelists Ana Paula Gonzalez Lopez Soriano, Rush University; Jim Dunn, PhD, DHA, FACHE, Atrium Health; Laura McClelland, PhD, Virginia Commonwealth University; and Michael Rozier, SJ, PhD, Saint Louis University.

The Workshop closed with an interactive, hands-on session focused on strategies and techniques for achieving Joy in Work, co-facilitated by Rhonda BeLue, PhD, University of Texas at San Antonio, and Charles (Chuck) Stokes, MSHA, FACHE, The University of Alabama at Birmingham.

Meetings
For the first time since 2019, the Annual Meeting was held in-person in Salt Lake City, June 7-9, 2022, drawing an attendance of 318. AUPHA thanks the many sponsors who contributed to the success of this year’s meeting. A complete listing of these sponsors may be found on page 29 of this document.

A special thanks to the following members of the 2022 Annual Meeting Planning Committee (AMPC), led by Juliet (Jaye) Davis Weaver, PhD, Committee Chair:

◆ Ashleigh Allgood, MPH
  The University of Alabama at Birmingham
◆ Ellen P. Averett, PhD, MHA
  University of Kansas Medical Center
◆ Darcy Carter, DHSc, MHA, RHIA
  Weber State University
◆ Won Seok Choi
  University of North Texas Health Science Center
◆ Mark Dame, EdD, MHA, FACHE
  Texas Tech University Health Science Center
◆ Juliet (Jaye) Davis Weaver, PhD (Chair)
  Queens University of Charlotte
◆ Conan Dickson, PhD
  Johns Hopkins University
◆ Kathleen Gillespie, PhD
  Saint Louis University
◆ Jean Gordon
  University of North Carolina Wilmington
◆ Shivani Gupta, PhD
  University of Houston – Clear Lake
◆ Emily Harris, MHA
  Tulane University
◆ Edmond A. Hooker, MD, DrPH
  Xavier University
◆ Nalin Johri, PhD, MPH, MA
  Seton Hall University
◆ Rand Kerr, MHA
  University of Utah
◆ Christopher J. Louis, PhD, MHA
  Boston University
◆ Patricia MacTaggart, JD, MHA
  The George Washington University
◆ Alicia Moore, PhD, MPA
  Norfolk State University
Discussion Groups and Faculty Forums

AUPHA members are encouraged to get involved and join any of the thirteen (13) Faculty Forums and fifteen (15) Discussion Groups. Faculty Forums have a formal governance structure and meet annually. Discussion Groups do not have a formal governance structure and do not hold formal meetings. As part of the ongoing effort to provide engaging areas for discussion and sharing, several new Discussion Groups have been added this past year.

Discussion Groups

- Building a New Health Administration Program
- Case Studies and Simulations
- Competencies and Assessment
- Doctoral Education
- Doctoral Student
- Emergency Preparedness
- Executive Program Faculty
- Graduate Program Directors
- Health Policy Course Collaborative Group
- Healthcare Sustainability
- Internships/Residencies/Experiential Learning
- Medical Group Practice/Ambulatory Care
- Practitioner Scholar
- Undergraduate Faculty
- Undergraduate Program Directors

Faculty Forums

- Cultural Perspectives and Inclusive Excellence
- Distance Learning
- Ethics and Law
- Finance, Economics, and Insurance
- Global Healthcare Management
- Health Information Management
- Health Policy
- Innovative Teaching
- Interprofessional Education
- Management and Leadership
- Post-Acute Care
- Public and Population Health
- Quality and Safety

Network

The AUPHA Network is one of the most important resources offered by AUPHA. The Network allows members to share with the entire membership, to communicate within focused communities, and to connect one to one. The pandemic has proven that the Network is an important tool to keep AUPHA members connected and informed. These graphs and charts show trends from 2019 through the first quarter of 2022 to compare pre-pandemic Network usage to current usage.

Network Users

Every individual with membership access, either through program or individual membership, has access to the AUPHA Network. AUPHA continues to work with program members to include any faculty or staff member who would benefit access to the AUPHA Network. AUPHA members can connect with one another through the Member Directory.

Discussion Trends

A discussion post is the information shared in the Network through groups such as the Open Forum, Faculty Forums, and the Committee Communities. Discussion messages are messages sent in reply to discussion posts among the groups. The discussion activity for 2019 follows the usual trend of falling off from January through March, picking up in the spring prior to the Annual Meeting, and then falling off again in late summer into fall. The increase in activity in 2020 and 2021 corresponds to the increased reliance on digital communication at the onset of the pandemic. With the return to campus and in-person meetings, messaging has expectedly fallen to pre-pandemic levels.
Library Access
Another important resource in the Network are libraries. Nearly every community has a library where resources like documents and videos are posted to share. The increase in resources accessed in 2020 and 2021 was due to the virtual Annual Meeting and webinar resources accessed during that period.

Network Profiles
Every member has a profile in the Network. A basic profile shows affiliation and contact information. More complete profiles contain a photo and biographical information. This additional information can only be accessed by other AUPHA members. Members have complete control over the amount of information shared. More complete profiles ensure better responses to messages in the Network and complete the information available in the online directory. The AUPHA Engagement Awards recognize individuals and programs who agree to share additional information in their profile. Members can log into their profiles to add picture and biographical information to improve their engagement score.

Network Emails and Open Rate
The number of emails sent through the Network continues to outpace the number sent pre-pandemic. The level, however, has dropped from the high of the 2020-2021 period. A valuable measure of the effectiveness of digital communication are email open rates, which measure the percentage of emails that were opened compared to the total number of emails sent. The current average open rate for non-profits is 25%. While the current open rate for Network messages surpasses the average, an interesting correlation can be seen between the number of emails sent and the open rate.
What are people looking for?
This word cloud is a visual representation of the 20 most searched for terms on the AUPHA website last year. “Scholarship” is perennially the most searched for term. Current and prospective students access the AUPHA website for information and resources, including information about health administration as a career. The top faculty searches include “competencies,” “annual meeting,” “certification,” and “leadership.”

Upsilon Phi Delta (UPD) Honorary Society
Upsilon Phi Delta (UPD) is AUPHA’s honorary society. The mission of the Upsilon Phi Delta Honor Society is to recognize, reward, and encourage academic excellence in the study of healthcare management and policy. UPD provides financial assistance through individual scholarships, in the amount of $500 each, to outstanding students pursuing academic degrees that prepare individuals for careers in healthcare management, policy, and leadership. Membership in the Upsilon Phi Delta Honor Society is open to individuals who meet the national and local standards of this organization and are accepted and inducted into chapter membership. As of July 2022, there were 141 UPD chapters.

AUPHA has pledged to fund two (2), $2,500 competitive UPD Grants each year for at least the next two (2) years. The grants will be awarded to one Undergraduate UPD Chapter and one Graduate UPD Chapter each year. UPD Chapters in good standing will be eligible to apply for a grant. Grants must be used to benefit the UPD Chapter and the program’s healthcare management students.

The 2022 Upsilon Phi Delta Grants have been awarded to the Undergraduate UPD Chapter at Samford University and the Graduate UPD Chapter at West Virginia University.

The West Virginia University Chapter will use the grant to start an annual UPD Honors Lecture. The Samford University Chapter will use the grant to promote service-minded leadership through a service project.
Undergraduate Certification
Since 1989, AUPHA has recognized undergraduate health administration programs through a rigorous certification process. Programs undergoing certification are examined by a review team of expert faculty, many who have gone through the certification process themselves. The review team assesses the program on 28 different criteria, established by AUPHA and its Undergraduate Program Committee, spanning six broad areas: program structure, student support, professional alumni linkages, curriculum and teaching, experiential and applied learning, and program evaluation/improvement.

Program directors and reviewers alike consistently report that this process allows them to make many improvements and refinements to their own programs. As of July 2022, there were 49 undergraduate programs certified by AUPHA. It is anticipated that this number will rise to 52 by the end of 2022.

2021 Undergraduate Certification Reviews
In 2021, AUPHA recognized the following undergraduate health management programs for successfully meeting the established criteria for AUPHA certification and eligibility for Full Certified Undergraduate membership:

- Appalachian State University
- Indiana University (initial certification)
- Loyola University Chicago
- Old Dominion University
- Robert Morris University
- University of Minnesota (initial certification)
- University of Nevada–Las Vegas
- University of South Dakota
- University of Wisconsin–Milwaukee
- Weber State University

AUPHA thanks the members of the 2021 review teams for their invaluable service to the entire AUPHA membership, and would like to recognize, in particular, the work and leadership of the 2021 review team chairs:

- **George R. Audi, PhD, MHA**  
  Florida A&M University
- **Macy Buker, PhD, CPA**  
  University of Minnesota Crookston
- **Nailya DeLellis, PhD**  
  Central Michigan University
- **Cathleen O. Erwin, PhD, MBA**  
  Auburn University
- **Jeff Harrison, PhD, MBA, MHA, FACHE**  
  University of North Florida
- **Jeff Helton, PhD, CMA, CFE, FHFMA**  
  University of Colorado Denver
- **Ning Lu, PhD, MPH**  
  Governors State University
- **Michael Matthews, PhD, MHA**  
  Winthrop University
- **Jose B. Quintana, PhD**  
  The University of Alabama at Birmingham
- **Jacqueline E. Sharpe, RN, MSN, CHES, PhD**  
  Hampton University
THANK YOU TO THESE 2022 ANNUAL MEETING SPONSORS!

We are grateful for the participation of the AUPHA program members and others listed below. We appreciate their continued generosity, loyalty, and support of AUPHA and the Annual Meeting.

**GOLD LEVEL**
- New York University
- The Ohio State University
- Rush University
- Southern Illinois University
- Tulane University
- The University of Alabama at Birmingham
- University of Central Florida
- University of Memphis
- University of North Texas Health Science Center
- University of Pittsburgh
- University of Utah
- Virginia Commonwealth University
- Weber State University

**SILVER LEVEL**
- Appalachian State University
- Auburn University
- Baylor University
- Clarkson University
- The George Washington University
- Loyola University Chicago
- Penn State World Campus
- Saint Louis University
- University of Baltimore
- University of California, Los Angeles
- University of Florida
- University of the Incarnate Word
- University of Iowa
- University of Kansas Medical Center
- University of Miami
- University of Michigan
- University of Minnesota
- University of Missouri
- University of North Carolina at Chapel Hill
- University of Scranton
- University of South Florida
- West Virginia University

**BRONZE LEVEL**
- Boston University
- Columbia University
- Cornell University
- Duquesne University
- Idaho College of Osteopathic Medicine
- Indiana University
- Fairbanks School of Public Health
- Medical University of South Carolina
- University of Arkansas for Medical Sciences
- University of Washington
- University of Wisconsin-Milwaukee
Accreditation
AUPHA Full Graduate Member programs are recognized for having withstood the rigors of peer review wherein curricula, faculty, educational outcomes, and student and employer satisfaction are critically examined by external review teams.

At the graduate level, this standard has been met by achieving accreditation by the Commission on Accreditation of Healthcare Management Education (CAHME). CAHME accreditation is the benchmark for students and employers that ensures the integrity of graduate healthcare management education. It demonstrates that the program strives to be exceptional and:

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

As of July 2022, 81 of AUPHA’s graduate program members were accredited by CAHME.

As of August 2022, Graduate Member programs may now meet the standard for Full membership by achieving accreditation from any specialized accreditor at the program and school/college level (not university or institutional level) recognized by the U.S. Department of Education (ED) or recognized by the Council for Higher Education Accreditation (CHEA), or with ISO international certification.

Exit Assessment
AUPHA is pleased to announce the completion of a joint project with Peregrine Global Services to ensure their Healthcare Administration Assessment aligned well with requirements set forth by AUPHA for undergraduate program certification. The partnership expanded the Peregrine Healthcare Assessment from 23 topic areas to 34 topic areas to better align with the AUPHA requirements. The broader range of topics will give school officials more options to tailor their assessment more closely to their program-level learning outcomes.

HAMPCAS
The Healthcare Administration, Management & Policy Centralized Application Service (HAMPCAS) recorded a small year-over-year increase in the number of unique applicants and applications during the 2020-21 cycle, which ran from September 2020 to August 2021. There were 491 applicants in 2020-21 compared to 477 in 2019-20, an increase of 2.9%. In addition, the total number of applications submitted in 2020-21 increased 17.4%, from 992 to 1165. Both of these figures showcase a reverse in negligible movement over the last few cycles. For historical trends dating back to 2012-13, please refer to the charts below.
Publications
The *Journal of Health Administration Education* (JHAE) is AUPHA's quarterly, peer-reviewed journal, which includes research, case studies, teaching tools, and essays by leading health administration educators and professionals. The Journal addresses key policy issues in health administration management nationally and internationally and is the foremost authoritative guide on the latest academic and professional developments in the field.

In 2021, there were 35 manuscripts submitted to the Journal. Of that total, 25 were accepted for publication, 3 are waiting for revision and resubmission, and 7 were rejected. Combining the revisions with the rejections, this yields a 71.4% acceptance rate.

The breakdown of the 35 submissions is as follows:
- 20 Original Articles
- 10 Teaching Tips and Tools
- 5 Program Management

Special issues on COVID-19 and post-acute care were also released in 2021.

The Exchange
*The Exchange*, AUPHA's digital newsletter, is delivered five times per year through MemberSuite, AUPHA's Customer Management System (CMS). It is distributed to nearly 5,000 members and subscribers, contains current information on AUPHA's internal and external activities, and includes blogs from both AUPHA's Board Chair and its President and CEO. Member programs are encouraged to submit program and/or faculty news for inclusion in *The Exchange*.

AUPHA's Partnership with Health Administration Press (HAP)
HAP is a division of the Foundation of the American College of Healthcare Executives (ACHE), dedicated to fostering healthcare management excellence and committed to publishing the highest-quality content, written by leading experts in healthcare management. Established in 1972, HAP is now one of the largest publishers in the field of healthcare management. HAP publishes professional books, textbooks for undergraduate and graduate courses, journals, and self-study courses. HAP is the publishing partner of AUPHA.

Foster C. McGaw Scholarships
The Foster G. McGaw Scholarship provides financial support to undergraduate and graduate students in health administration. Scholarship funds are awarded each year to all AUPHA Full Graduate and Full Certified Undergraduate program members. Beginning in July 2022, Associate Doctoral program members will be eligible to award scholarships. The faculty within these programs disperse these monies at their discretion to students most deserving of recognition.

More than 1,000 scholarships have been awarded since the program was established in 1975. The scholarship was endowed by Foster G. McGaw, founder of the American Hospital Supply Corporation. McGaw recognized the importance of health administration education and AUPHA's contribution to the field.

In 2021, the 78 program members below disbursed 144 scholarships totaling over $71,000.

- Appalachian State University (U)
- Auburn University
- Baylor University
- Boston University Questrom School of Business
- Boston University School of Public Health
- California State University - Chico
- California State University - Long Beach (G)
- California State University - Long Beach (U)
- California State University, Northridge (U)
- Central Michigan University (U)
- Clarkson University, Capital Region Campus
- Clayton State University (U)
- Columbia University
- Cornell University/Sloan Program in Health Administration
- Dalhousie University
- Davenport University
- Des Moines University
- East Carolina University
- Florida International University (G)
- Franciscan Missionaries of Our Lady University
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The William B. Graham Prize for Health Services Research

The Graham Prize for Health Services Research 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.

Today, this prize is the highest distinction that researchers in the health services field can achieve. The award focuses on individuals who have significantly increased the quality of or access to health service delivery worldwide—specifically, those who have helped eliminate barriers to the education and prevention of noncommunicable diseases; highlighted the importance of proper nutrition in underserved communities; increased access to clean water and/or produced innovative health solutions or technologies.

The John D. Thompson Prize

The Prize recognizes junior and mid-career faculty based on their overall contributions to the field of health administration education, broadly defined. This includes scholarly and practice-oriented research, teaching accomplishments, and other relevant experiences and achievements in areas such as curriculum and program building; student mentoring; and leadership in the health administration education field. Mid-career faculty, e.g. those who are at the Associate Professor level and/or have been in an academic position for an appropriate length of time, allowing for the building of a strong, multi-faceted record, are the desired focus for this award.

The Gary L. Filerman Prize for Educational Leadership

The Filerman Prize for Educational Leadership recognizes individuals from AUPHA member programs who have made outstanding contributions to the field of healthcare management education, who have exhibited leadership in their field, and who have enriched their institutions, their students, and healthcare management 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/Foundations and the many friends of Dr. Filerman.

The Quint Studer Gratitude Prize for Teaching Excellence

The Quint Studer Gratitude Prize for Teaching Excellence was established to honor Quint Studer — healthcare executive and entrepreneur; teacher, coach, and mentor; and community builder and humanitarian — for his many years of service to the fields of healthcare management and leadership and healthcare management and policy education; and for his service to, and love for, AUPHA.

The Studer Gratitude Prize recognizes individuals from AUPHA member programs for outstanding teaching and mentoring; leadership in educational programming and pedagogy; and dissemination of innovative and promising practices for teaching and mentoring, and course and curriculum development.
Bachrach Family Scholarship for Excellence in Healthcare Administration

AUPHA was engaged to partner with the Bachrach family to administer the Bachrach Family Scholarship for Excellence in Healthcare Administration. This endowed scholarship was established with the intent of creating a durable legacy to the education of students in areas and at institutions that contributed to the success of David and Linda Bachrach.

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

2022 BACHRACH SCHOLARSHIP RECIPIENT
Lily Goodman
University of Miami

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 contribution 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.

2022-2023 WINSTON HEALTH POLICY FELLOWSHIP RECIPIENTS

Samantha Burkhart
Boston University School of Public Health (2022)

Allison (Ally) Crha
Harvard University’s T.H. Chan School of Public Health (2022)

Glandon Family Scholarship for Advancement of Healthcare Management Education

The Glandon Family Scholarship for Advancement of Healthcare Management Education was established to create an endowment for a faculty scholarship at an AUPHA member program with the intent of creating a durable legacy in support of quality healthcare management education. The scholarship is aimed at these future educational leaders by giving them recognition and financial support at an early stage of their academic career. Ideally, the scholarship will be awarded to a faculty member from an undergraduate program in one year and from a graduate program the alternative year. The first Glandon Family Scholarship was awarded in 2020 to a faculty member from a graduate program member.

2022 GLANDON FAMILY SCHOLARSHIP RECIPIENT
Courtney N. Haun, PhD
Samford University

2022 WINSTON SCHOLARSHIP RECIPIENTS

Gabrielle Aboulafia
Harvard University – MPP

Malia Bacig Lambrecht
University of Minnesota – MHA

Grace Bruno
Belmont Abbey College – MHA

Shehrose Charania
University of Minnesota – MPH

McKenzie Cowlebeck
University of Oklahoma – MPH

Emily Dorian
Loyola University – MD/MPH

Nathaniel Ferre
University of Utah – MHA/MPA

Christopher Higginson
University of North Carolina, Chapel Hill – MD/MPH

Abigail Hughes
Columbia University – MPH

Brynna Thigpen
University of Michigan – MBA/MPP

Samantha Burkhart
Boston University School of Public Health (2022)

Allison (Ally) Crha
Harvard University’s T.H. Chan School of Public Health (2022)

David A. Winston Health Policy Scholarship

The David A. Winston Health Policy Scholarship 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.

2022 WINSTON SCHOLARSHIP RECIPIENTS

Gabrielle Aboulafia
Harvard University – MPP

Malia Bacig Lambrecht
University of Minnesota – MHA

Grace Bruno
Belmont Abbey College – MHA

Shehrose Charania
University of Minnesota – MPH

McKenzie Cowlebeck
University of Oklahoma – MPH

Emily Dorian
Loyola University – MD/MPH

Nathaniel Ferre
University of Utah – MHA/MPA

Christopher Higginson
University of North Carolina, Chapel Hill – MD/MPH

Brynna Thigpen
University of Michigan – MBA/MPP

Samantha Burkhart
Boston University School of Public Health (2022)

Allison (Ally) Crha
Harvard University’s T.H. Chan School of Public Health (2022)
Supporting AUPHA’s Awards, Scholarships, Prizes, and Initiatives

AUPHA relies on contributions from members and others for endowed awards, scholarships, and prizes in order to sustain these programs. The administration of the endowment funds requires time and effort by AUPHA staff and generally AUPHA members serving on committees. The amount of that effort varies by endowment fund but is never zero.

We are grateful to the individuals and organizations below who contributed to these and other AUPHA programs from January 2021 through June 2022.

A special thanks and gratitude to Gary L. and Jane Filerman for including AUPHA in their estate planning.

INDIVIDUAL DONATIONS

- Ellen Averett, PhD, and Peter Smith on behalf of the Jewish Community Foundation – Diversity, Equity, Inclusion, Belonging, and Social Justice Fund
- Marshall Baker – Bachrach Family Scholarship
- Tracy J. Farnsworth, EdD, and Michelle Farnsworth – Glandon Family Scholarship
- Dan Gentry, PhD, MHA, and Patrick Dunn – Bachrach Family Scholarship; Bugbee Falk Book Award; Glandon Family Scholarship; Gary L. Filerman Prize
- Ruiling Gao, PhD – McGaw Scholarship
- The Gratitude Group – Quint Studer Gratitude Prize
- Michael Hindery – Bachrach Family Scholarship
- Diane M. Howard, PhD, MPH – Glandon Family Scholarship
- Brian T. Malec, PhD – Teaching Excellence Award

Corris Boyd Scholars Program

The HCA Corris Boyd Scholars Program was established in 2006 to provide scholarships to deserving minority students entering AUPHA full 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. The recipient receives a $20,000 per year scholarship, for a period of two years, towards a master’s program in healthcare management from the AUPHA full member program of their choice.

2021 Corris Boyd Scholarship Recipient
Arneris Rojas
Boston University

2022 Corris Boyd Scholarship Recipient
Adaugo Omeirondi
Johns Hopkins University

2022 AUPHA Teaching Excellence Awards

Three new AUPHA awards were established in 2021. The first of these three was the Teaching Excellence Award for Diversity, Inclusion, Belonging, and Social Justice, sponsored by the “Better Together” coalition — the American College of Healthcare Executives (ACHE); the American Hospital Association’s Institute for Diversity and Health Equity (IFDHE); the National Association of Health Services Executives (NAHSE); and the National Association of Latino Healthcare Executives (NALHE). The recipient of the 2022 Teaching Excellence Award for Diversity, Inclusion, Belonging, and Social Justice was Tami Swenson, PhD, Des Moines University.

Recipients of the Teaching Excellence Award for Health Policy, sponsored by the American Hospital Association, were Stephen Gambescia, PhD, Drexel University, and Allyson Hall, PhD, The University of Alabama at Birmingham.

Recipients of the Teaching Excellence Award for Healthcare Management and Leadership, sponsored by the American College of Healthcare Executives, were Laura McClelland, PhD, Virginia Commonwealth University, and Joy Volarich, MBA, MHA, FHFMA, The George Washington University.

2022 AUPHA Engagement Award Recipients

Congratulations also to these award recipients:

- Patrick Shay, PhD, Trinity University, for Faculty Service to AUPHA
- The University of Central Florida as the Established Program Member
- The University of North Carolina at Wilmington as the New Program Member
A Most Compelling Purpose
It’s hard to imagine a more compelling mission, vision, values, and philosophy than those of AUPHA. Through our constant shared pursuit of excellence in healthcare management and health policy education, we produce the talented people that lead today and will lead tomorrow. That leadership determines the quality of healthcare delivery and outcomes, and the health status of individuals, families, and communities. We educate and train the people that lead nearly 20% of the economy. But, more importantly, we are working toward an outcome of ultimately improving the human condition.

Leading Boldly Into the Future
Moving forward over the next few years, AUPHA will stay focused on three overarching priorities:

- Ever increasing the value of AUPHA membership (which always starts with listening to members)
- Implementation of the AUPHA 2020-2023 Strategic Plan
- Emphasizing and integrating diversity, equity, inclusion, belonging, and social justice into everything AUPHA does

AUPHA is a purposeful, passionate, and eternally optimistic community of global scholars. It is a community with unsurpassed combined intellect, experience, and talent for our field. We are the “big tent” for healthcare management and leadership and health policy education. Together—as the inclusive, welcoming of all, and learning and sharing community that is AUPHA—we continue our pursuit of excellence in education and scholarship.

As we prepare to celebrate AUPHA’s 75th Anniversary in 2023, we also look to the next 75 years, knowing that we must put all of our hopes—for improvement in healthcare, health, and the human condition—in the future. With a unified purpose to lead the field of healthcare management and health policy education forward into that future—to realize economies of scale and high quality with regard to exploration of ideas, pursuit of new knowledge, production of valuable shared resources, and the development and nurturing of talent. The power of partnerships, the wisdom of the crowd, the brain trust that is our AUPHA community. As we lead boldly into the future, there are no limits to what we can achieve together. Together, we can do anything!