



AUPHA

Annual Report **2018**

of the Association of University Programs
in Health Administration

2019



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

AUPHA'S VISION STATEMENT

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

AUPHA'S MISSION STATEMENT

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

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 (DWI)

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

Global Leadership Committee (GLC)

Charged with developing an AUPHA global presence.

Undergraduate Program Committee (UPC)

Charged with managing specific activities relevant to undergraduate program members.

Graduate Program Committee (GPC)

Charged with managing specific activities relevant to graduate program members.



From the Chair of the Board of Directors

My year as Board Chair has flown by. While it officially began in June, Board leadership (i.e., the CEO, Chair, and Chair-Elect) attended a leadership development and strategic planning session in May. This session has become standard practice and is an effective tool to enhance leadership and leadership transition. I did not choose a specific direction or set of goals for my term as Chair, other than to continue to position AUPHA as the premier forum for health administration education programs to connect, collaborate, share, and advance the field. A critical element of this is to continue to enhance our existing relationships and to establish new relationships with other organizations and entities that are involved in similar work. I believe we have made substantial progress but there remains much to be done.

One emphasis for the Board over most of the time I have been a member is to be more strategic in our meetings and activities. Over the last several years we have relied on Board members and staff to move our strategic planning forward. Suzanne Wood has spent significant energy and time on this effort. However, it is difficult to engage in strategic planning during regular Board meetings when there is so much other business, so the Board decided to devote the entire meeting in June at the 2019 Annual Meeting on strategic planning and has hired an outside facilitator to help us. All of the inputs Suzanne and others on the Board have developed over the year are being shared with the facilitator.

There are two accomplishments this year that I am particularly pleased and excited about. First among these is that the Board decided to make the *Journal of Health Administration Education* an open access journal. The Board has struggled for years to figure out how to make the *Journal* a better venue for our members and others to publish, and to increase the frequency of citations of work published in the *Journal*. The current editor, Dean Smith, has worked closely with the Board in this effort. In the

end, the decision to provide open access to the *Journal* may cost the Association some money, but the Board agreed that the potential benefit to our members and the field



was worth the investment. Let me take this opportunity to thank Dean for his leadership and dedication as editor of the *Journal*. His term ends this year, and he deserves all of our thanks and appreciation.

I am excited that Len Friedman is the new *Journal* editor. I cannot think of anyone better to lead the *Journal* in this new direction. Len has substantial prior editorial experience and will work closely with the Board as we implement this new model. The Board will continue to monitor and evaluate the *Journal's* performance and provide the support needed to enhance its reputation and standing in the field and beyond.

The second accomplishment I am excited about is the discussion to expand representation from additional membership categories on the Board and to improve our method of selecting leaders for the various roles in the organization, including Board membership, Board Officers, and all committee roles. There are two specific steps we have taken in this direction. First, we have a proposal to present to the full member programs to revise the Bylaws to allow membership on the Board from additional membership categories beyond full member programs. Second, we have revised the policy around membership on the Leadership Development Committee (LDC) to provide more opportunities for participation on this vital committee.

It is critical to understand that the Board did not take these steps solely for the purpose of enhancing

representation on the Board from our various membership categories. Those of you that have been involved in Board governance know that best practice for selection of Board leadership is based on the Board's own assessment of the skills it needs in relation to the skills of those nominated to serve. The selection of Board members is not and should not be a democratic process. Opening up the ability of members to serve on the Board from other membership categories beyond full members does two critical things: (1) it enhances the value of membership in those other categories, and (2) it expands the pool of talent available for Board membership. I am pleased that the Board has taken these steps and I am hopeful that the Bylaws revisions will be approved.

AUPHA remains in a strong financial position and is poised to meet the challenges ahead. We have an exceptionally strong leadership team, including Leigh Celucci as incoming Chair, Tracy Farnsworth as Chair-Elect, Carolyn (Cindy) Watts as Treasurer, and Suzanne Wood as Secretary. We also have three new Board members: Steven Bateman, Shoou-Yih (Daniel) Lee,

and Jason Turner, who will join the rest of the talented members of the Board in June. AUPHA has a bright future.

I will close by thanking all of you for your support and encouragement, and your confidence in selecting me to serve to further AUPHA's mission. There is no greater honor than to have been asked to serve by such esteemed and accomplished colleagues. Thank you to all of you that support AUPHA through your membership and volunteer activities, thank you to all of the members of the Board that have been so supportive, and thank you to the AUPHA staff. You all are the best!

The work is not done, and I remain committed to AUPHA as we continue to strive to foster excellence and innovation in health management and policy education and scholarship.

Warm regards,

Mark L. Diana

Chair, Board of Directors

AUPHA Staff

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Director of Finance

Carly Evans
Recognition Programs Manager

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Mark Ryan
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Chris Anne Sanyer
Director of Membership

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Vice President and COO

Jason Chong Walker
Manager of Meetings and Services

From the President and Chief Executive Officer

Building upon the thoughts from Chair Mark Diana, the President's report will also focus on selective accomplishments during the last year. The Annual Report presents many AUPHA accomplishments in detail but this letter will discuss why these things are important for AUPHA. Our current strategic plan provides a general direction and set of priorities that we execute through our day-to-day efforts. The new plan will place greater clarity on the detail of these directions.

To provide some context, more than 70 years ago a group of healthcare leaders and educators met to form AUPHA. Their express purpose, improving the quality and consistency of preparation of future healthcare leaders, needed attention for this emerging discipline. These leaders were mostly white men who were primarily hospital administrators. They met to discuss and debate what should be the ideal structure and operation of a healthcare training program and seemed to reach consensus. The minutes from the early meetings indicated that they learned from each other during the meetings. Programs were all postgraduate for students having some work experience. The training was primarily one year of didactic or classroom education followed by a year of internship/residency with a senior mentor. They also dispatched small groups of members to visit and assess programs seeking membership. The existing members passed judgement on new members and reported on that evaluation during regular AUPHA meetings.

Much has changed since that beginning. Progress occurred with regard to diversity, thus white males no longer dominate AUPHA. The structure of training has expanded such that most programs are about two years of didactic. AUPHA now has undergraduate programs as valued members training many for positions in healthcare. The focus of education is not solely hospital management. Meetings are no longer only virtual, given the emergence of technologies not available in the early years. Relatively few programs require a residency any longer but most all

still have expanded exposure to practice. Finally, while we rely on evaluation by peers for accreditation, the assessment organization is now organizationally separate from the membership organization to avoid conflicts of interest.



Much remains the same, however, and AUPHA has worked over the years to preserve the value of group membership. This letter indicates what AUPHA continues to do each year to improve the quality and consistency of all healthcare management education, reach out to practice in meaningful ways, and celebrate our collective accomplishments.

Quality

Our primary mission to enhance the quality of health management education evolves through a number of related mechanisms. Primary among these are the professional meetings we support that enable faculty to share ideas, learn from other faculty, and learn from professionals from the field. The keynote speaker for the joint ACHE/AUPHA breakfast was Dr. David Pate. He opened the Graduate Program and Practitioner Workshop with a detailed discussion of the importance and role of professional development skills for our graduates. The panels and breakout sessions that followed were engaging and informative to all. We also had an electrifying Pattullo Lecture by Dr. Gary Filerman in Philadelphia in which he challenged us to get “ahead of the curve” with regard to “succeed as moral agents engaging the unprecedented moral and ethical challenges of climate change” in healthcare management. Not unrelated was a special session during the meeting by Cynthia Washington, Interim President and CEO of the Institute for Diversity and Health Equity, focusing

on the challenges, opportunities, and mechanisms to expand the scope of diversity and inclusion efforts. These events challenged all with ideas and direction to improve what we teach our students. Similarly, the AUPHA Network continued to provide all interested and active faculty members places to “go” to learn, teach, and share vital information. Members learn new content and new pedagogy through our Faculty Forums, Open Forum, and numerous discussion groups. There is no other “place” faculty with an interest in healthcare management education can go to network, collaborate, and acquire new knowledge and skills. A sample of other, less comprehensive initiatives to improve the quality of healthcare management education include:

► **Create and Distribute New Knowledge**

Creating new information about the field is one of the goals that AUPHA supports by providing avenues for dissemination. We assist in dissemination through the peer reviewed *Journal of Health Administration Education* as the only forum for publications concerned with how and what we teach. In addition, *The Exchange* and much of the material appearing on the Network provide outlets for new information.

► **Monitor and Assess Quality**

AUPHA directly conducts certification for our undergraduate program members. Through this process, we are confident that certification has value to the market. Further, AUPHA supports accreditation through direct financial funding of, volunteer labor for, and joint activities with the Commission on the Accreditation of Health Management Education (CAHME). Most recently, we are working with an Advisory Committee to develop and implement an exit assessment for use by undergraduate programs. With our partner, Peregrine Academic Services, AUPHA anticipates rolling out a tool by the end of this year to assist programs in monitoring their performance and taking corrective action if necessary. Once in place, we are planning a similar tool for our graduate program members.

► **HAMPCAS**

While not directly a quality enhancement vehicle, HAMPCAS does have benefits that we believe enhance the quality of healthcare management education. First, as a comprehensive electronic application service it reduces the time costs associated with copying and mailing multiple applications to multiple schools. This is good for students but also reduces the paperwork and improves access for faculty on admission review committees. All materials are in a single secure location that faculty can access from any electronic tool. Second, our analysis is beginning to suggest that those in HAMPCAS have been able to expand the geographic scope of applicants and students into their programs. As one form of diversity, this makes for a stronger cohort, thus enhancing program quality. In any case, healthcare management education is becoming more competitive nationally and perhaps globally, thus enlarging the cohort will become even more essential in the years to come.

Collaborate with the Profession

AUPHA continues as one of its core pillars to support collaboration with the field. We believe that connections to the professionals that hire our students are essential to ongoing relevance and quality. In this year, we supported our 14th AUPHA Academic Forum in collaboration with HIMSS. Thanks to the efforts of Thomas Martin and Brian Malec, it was a successful effort with some very interesting presentations and a great keynote speaker. Lorren Pettit, Vice President, Health Information Systems and Research, HIMSS North America, provided extensive information about the potential roles AUPHA faculty could have using HIMSS data. We also supported an AUPHA/ MGMA Academic Forum focused on the “Consumerism of Health Care.” The keynote speaker was Pamela Ballou-Nelson, Principal, MGMA Consulting. She presented a fascinating discussion “The Patient as Consumer – New Expectations for Clinicians and Consumers.” This new audience will be a fruitful connection for AUPHA faculty and students in the years to come.

The year was the first of a special joint ACHE/AUPHA program during the ACHE Congress on Healthcare Leadership in March. While competing with our Graduate Program and Practitioner Workshop, this effort was exclusively aimed at students interested in a career in healthcare management. It started with the joint ACHE/AUPHA breakfast presentation by Dr. David Pate (mentioned earlier) followed by a series of panels on aspects of fellowship and career progression. After lunch, the joint program housed a networking opportunity for the students to visit with representatives of 39 fellowship programs from around the country. Feedback was highly positive.

Celebrate Success

AUPHA has long sponsored and supported awards and scholarships for the benefit of both students and faculty. The Pattullo Lecture, Thompson Prize for Young Investigators, and the Filerman Prize for Educational Leadership have small endowments and a long history. Similarly, we allocated just over \$80,000 for students at graduate and undergraduate programs through the Foster G. McGaw Scholarship last year. We also administered the Corris Boyd Scholars Program, the Bachrach Family Scholarship, the William B. Graham Prize for Health Services Research, and the David A. Winston Health Policy Scholarship Program.

This last year, AUPHA initiated new forms of recognition through our New Program of the Year, Established Program of the Year, and Faculty of the Year awards, along with a Hall of Fame and a Presidential Citation, for contributions and support to the Association. All of these represent accomplishments of individual faculty or programs that contribute to the mission of AUPHA. While subtle, this distinction is important. All of our faculty and collectively their programs accomplish great things for their students. Research, service and teaching is what everyone does. Going beyond those admittedly difficult levels of effort, however, some contribute to the greater good by giving of their time, the program, and in some cases their personal resources.

Finally, this year we announced a new Upsilon Phi Delta (UPD) Scholarship as detailed later in this Annual Report.

All of these efforts help to create a sense of community within AUPHA. Healthcare management education has a diverse identity that contributes to our strength, but represents a challenge for us to create and promulgate a precise identity. Staff continue to work extra duty to build that community. Program and faculty support enabled us to continue to improve the financial performance of your AUPHA. As the financials and positive Audit Report presented later in this report indicate, we are currently in a strong financial position. The continued great support and guidance of your Finance Committee, led by Cindy Watts, and the diligent Finance Committee members, have led to the strong position. The net revenue reported offset a weak stock market and would have been outstanding without that weight. The Balance Sheet is also very strong. We have the financial flexibility to pursue the challenges and opportunities that lie ahead of AUPHA and healthcare more broadly.

Your AUPHA staff pulled extra duty again this last year, but we now have added a new person, Mark Ryan. There is still more to do than the day allows but we hope to ease the stress going forward. I want to thank all staff for the extra responsibilities and long hours. You should all thank Jaime Stephens, Liza Assefa, Chris Sanyer, Jason Walker and Carly Evans, as I should do every day. We have a strong team pulling in one direction.

We have a strong commitment to you, our members. You can assist us in three ways that I am repeating from last year's letter:

► Complete your member profile

Our new association management system enables us to obtain more complete measures of profile completion. As the report below indicates, only about 10% of participating faculty have their profile 75% complete. You are our primary asset and we need to show the outside world the size, strength, and cohesion of AUPHA members.

► **Increase faculty participation**

Many programs still only provide a small set of their core faculty on the program page. Some programs have no identified faculty. We realize that many of your colleagues may never attend our meetings but including them as faculty in member AUPHA programs is vital. Many of these individuals are often more focused on research than on education but in terms of who contributes to the education of our students, they still count. Please encourage your colleagues or your program director to include all member faculty in their program. We can assist with the entry of these new participants.

► **Program survey response**

Please encourage your program leadership and administrative staff to complete AUPHA's Member Satisfaction Survey. In addition to the information on individual faculty, program data help us plead the case for health management education. AUPHA members represent a significant financial force in aggregate. We need to document the magnitude of that force.

Please have a great year and hope to see everyone in New Orleans.

Gerald L. Glandon, PhD
President and CEO

2018–2019 AUPHA Board of Directors



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

Association of University Programs in Health Administration
Statement of Financial Position
2018, 2017, and 2016

	12/31/2018	12/31/2017	12/31/2016
ASSETS			
Current Assets			
Checking/Savings	884,798	891,186	796,649
Accounts Receivable	17,688	10,502	87,775
Other Current Assets	39,358	30,755	4,796
Total Current Assets	941,844	932,443	889,220
Fixed Assets	1,451	2,420	2,549
Other Assets	3,489,724	3,526,677	2,929,427
TOTAL ASSETS	4,433,019	4,461,540	3,821,196
LIABILITIES AND EQUITY			
Current Liabilities			
Accounts Payable	12,545	21,448	28,463
Other Current Liabilities	646,483	678,418	572,299
Long Term Liabilities	22,005	22,005	
Total Liabilities	681,033	721,870	600,762
Equity			
Unrestricted and Restricted Net Assets	3,742,024	3,220,435	3,019,349
Net Change in Assets	8,962	519,235	201,085
Total Equity	3,751,986	3,739,670	3,220,434
TOTAL LIABILITIES AND EQUITY	4,433,019	4,461,540	3,821,196

Association of University Programs in Health Administration
Summary of Statement of Activities
2018, 2017, and 2016

	12/31/2018	12/31/2017	12/31/2016
ORDINARY REVENUE/EXPENDITURES			
Revenue			
40000 – Operating Revenue	1,528,200	1,504,313	1,293,749
46400 – Other Revenue	156,300	155,582	141,450
Total Revenue	1,684,500	1,659,894	1,435,199
EXPENDITURES			
60000 – Salaries and Wages Expense	673,610	690,533	701,820
60500 – Occupancy and Equipment	65,101	89,527	89,790
60600 – Operations	110,059	74,776	100,650
60700 – Program Expenses	234,097	274,584	164,614
62100 – Professional Fees	142,266	194,910	161,792
63100 – Travel and Meetings	228,290	208,030	206,883
65100 – Other Expenses	50,388	6,783	81,350
Total Expenditures	1,503,811	1,599,143	1,506,900
OTHER REVENUE/EXPENDITURES			
Net Other Revenue	-171,726	458,484	268,806
Net Change in Assets	8,962	519,235	197,105



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INDEPENDENT AUDITORS' REPORT

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

We have audited the accompanying financial statements of the Association of University Programs in Health Administration (a nonprofit organization), which comprise the statement of financial position as of December 31, 2018, and the related statements of activities and changes in net assets, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Association of University Programs in Health Administration as of December 31, 2018, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

CliftonLarsonAllen LLP

Arlington, Virginia
May 10, 2019

2018-2019 Corporate Partners

American College of Healthcare Executives

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



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



Health Administration Press

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



HIMSS

HIMSS is a cause-based, global enterprise producing health IT through leadership, education, events, market research, and media services around the world. Founded in 1961, HIMSS encompasses more than 52,000 individuals, of which more than two-thirds work in healthcare provider, governmental, and not-for-profit organizations across the globe, plus over 600 corporations and 250 not-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. www.himss.org



Jones & Bartlett Learning

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



MGMA

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



Peregrine Academic Services

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



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

Benchmarking

Benchmarking is one of the most important exercises for an association to undertake. It allows its members to obtain a pulse on the overall state of play in the field, compare their own programs to aggregate numbers, and ultimately gain inspiration for future strategies and tactics.

The 2018 iteration of AUPHA's benchmarking report compares many of our current figures to the same averages reported in 2012 and 2016 when possible. This will form the beginning contours of a trend line, allowing us to take one view of how the field is evolving as a whole over a significant amount of time. The information that is used in this report is derived directly from numbers reported by AUPHA graduate and undergraduate programs. It is important to note that the graduate program member information comes from the joint survey conducted by AUPHA and CAHME. The data for undergraduate programs comes from a survey conducted by AUPHA. In some cases, the questions in the two surveys differ making comparisons more challenging. Every effort has been made to align the responses or note when differences occur.

With these cautions in mind, there are a few interesting patterns in this year's report:

- ▶ The gender, race, and ethnicity data of students looks much different in 2018 from prior years. We see a continued decrease in the proportion of male students, particularly in graduate programs. There is a trend toward greater racial/ethnic diversity in graduate programs, while the opposite is the case in undergraduate programs.
- ▶ Overall, program faculty seem to be slightly younger in the most recent reporting period. The gender split remains close to down the middle overall, but this year's numbers show a majority male graduate faculty and majority female undergraduate faculty. In terms of race and ethnicity, we see a trend toward greater diversity among faculty members, particularly in undergraduate programs.

- ▶ Average starting salaries for graduate students re-entering the healthcare workforce continue to increase over time for those with prior work experience. These numbers remain stagnant for those entering the field for the first time.
- ▶ Graduate program finances look much healthier in 2018, with average total expenses and allocations to faculty/staff salaries both increasing. Undergraduate finances look a bit weaker, but these numbers may not be reliable due to an especially low sample size for these questions.

The trends above may not be the most important for your purposes, so we invite you to dive deeply into the numbers in the following report.

Membership

Figure 1 shows a small uptick in membership numbers between 2012 and 2018. There has been a larger rise in associate members compared to full members during this period. Undergraduate membership has expanded at a slightly faster rate than graduate program membership. Finally, the number of institutions with program membership increased over 4% during this period to 192.

Figure 1: Number of AUPHA Members by Membership Type for Graduate and Undergraduate Programs, 2012-2018



Students

In Figure 2, 84 graduate programs reported the number of applicants, offers, and matriculants that they received in 2018. These averages show a negligible decrease in the mean number of applications, with the average remaining close to 94 per school since 2012. There has, however, been a notable bump in both offers and matriculants. This reversed the weak trend that was seen between 2012 and 2016 in these areas. Interestingly, the percent of offers to applicants for graduate programs increased to 64% in 2018 while the percentage of matriculants to offers decreased to 60% in that year. While the numbers are small and the trends not dramatic, having to offer a greater percent of applicants a position and having a lower percent of offers matriculating is not positive.

For undergraduate programs, a small number of programs reported matriculant volume, averaging at just over 67 students per program. While this figure is similar to that in 2016, this average must be interpreted with caution due to the small number of responses that it was based upon. We could not report the average number of applicants and offers for undergraduate programs due to very low response rates for both.

Figure 3 displays several characteristics of students in AUPHA's graduate and undergraduate programs. These figures are displayed as proportions of the entire sample size. In 2018, a different number of graduate programs reported student information on the full/part-time status (6,727 students), gender information (6,727 students), and race/ethnicity (5,107 students). The 2018 numbers showed noticeable changes from 2016 in some areas. The proportion of full-time students in 2018 decreased significantly from 73.3 to just under 60 percent. There was also a sharp decrease in male (42.9% to 35.8%) and white students (64.1% to 55.6%). There were increases in the proportions of black (18.5%) and Hispanic (8.9%) students.

Figure 2: Mean Number of Student Applicants, Offers and Matriculates by Program Type for Graduate and Undergraduate Programs: 2018, 2016 and 2012

GRADUATE PROGRAMS			
Graduate Students Application Statistics	2018	2016	2012
Applicants	93.8	94.5	94.1
Offers	60.1	51.2	52.2
Matriculants	36.1	33.5	35.7
Offer to Applicant	64.1%	54.2%	55.5%
Matriculant to Offer	60.1%	65.4%	68.4%
UNDERGRADUATE PROGRAMS			
Undergrad Students Application Statistics	2018	2016	2012
Applicants	*	132.1	115.9
Offers	*	84.3	63.8
Matriculants	67.1	66.1	56.5
Offer to Applicant	*	63.8%	55.0%
Matriculant to Offer	*	78.4%	88.6%

*Too few responses to report.

Figure 3: Select Student Demographics for Graduate and Undergraduate Students: 2018, 2016, and 2012

GRADUATE PROGRAMS			
	2018	2016	2012
Full Time	59.9%	73.3%	66.2%
Male	35.8%	42.9%	43.2%
Black	18.5%	12.8%	13.1%
Hispanic	8.9%	6.6%	7.3%
White	55.6%	64.1%	61.5%
UNDERGRADUATE PROGRAMS			
	2018	2016	2012
Full Time	81.8%	81.9%	65.9%
Male	24.2%	25.3%	27.5%
Black	16.6%	25.1%	28.0%
Hispanic	14.9%	8.7%	7.5%
White	60.9%	53.2%	51.8%

The undergraduate figures were collected a bit differently. Participating programs reported the proportion of students that make up the program as opposed to the raw numbers of students in each category. The proportion of black students (16.6%) decreased notably from 2016, while that of Hispanic (14.9%) and white (60.9%) moved upward. We believe that these changes reflect the composition of the respondents and not underlying trends for undergraduate populations. In comparison, the numbers for full-time (81.8%) and male (24.2%) students remained relatively steady. These figures should be interpreted with caution due to small sample sizes.

Figure 4 displays reported median salaries for students of graduate programs three months after completing their degrees. Programs reported whether students were entering paid work in the healthcare field for the first time or re-entering the field after a hiatus for study. A total of 40 programs provided median salaries for first-time professionals, while 55 reported data for returning professionals. These figures show a continued small increase in median salaries for those with prior experience (\$70,890 in 2018). For new professionals, however, the 2018 figure (\$57,841) reversed the trend and decreased toward the 2012 level (\$56,295). The first-time professionals' salary was essentially unchanged during this period.

Faculty

Figure 5 represents the median number of faculty per AUPHA program by faculty status for both graduate and undergraduate programs. Graduate programs provided information implicitly for about 1,884 faculty members. The figures show that there has been a small increase in the total median number of faculty reported. The typical number of full-time and adjunct faculty members increased from 2016 while the median number of part-time faculty has remained at one since 2012. Interestingly, not shown in figure, the median total number of faculty (full time, part time, and adjunct) was 15.5 in 2018.

Figure 4: Starting Salary for Graduates at Three Months Post Graduation for Graduate Programs by Prior Work Experience: 2012-2018



Figure 5: Median Number of Faculty by Employment Status for Graduate and Undergraduate Programs: 2018, 2016 and 2012

GRADUATE PROGRAMS			
	2018	2016	2012
Full-Time	7	6	7
Part-Time	1	1	1
Adjunct	6	4	5
UNDERGRADUATE PROGRAMS			
	2018	2016	2012
Full-Time	4.5	5.5	4
Part-Time	1	0	0
Adjunct	4	3.5	4

The data for undergraduate programs represent 380 students across reporting undergraduate programs. Median adjunct and part-time faculty both increased slightly while the number of full-time faculty ticked downward. When combined, the total number of faculty has grown very slightly between 2012 and 2018. Interestingly, not shown in figure, the median total number of faculty (full time, part time, and adjunct) was 11 in 2018. The undergraduate figures should be interpreted with caution due to small sample sizes.

Figure 6 outlines the average proportions of male faculty for graduate and undergraduate programs. In the past, this figure was calculated as an aggregate between both graduate and undergraduate programs. This was not possible in 2018 as the data were collected differently; graduate programs reported the raw numbers of male and female staff while undergraduate programs provided the proportion of staff who were male and female. As such, we are reporting these figures separately for 2018. For both averages, we calculated the mean of the proportions of faculty who are male in each program.

Overall, these numbers show a much higher proportion of male faculty in graduate programs as opposed to undergraduate programs. When averaging the two numbers, the aggregate trend does appear closer to those of 2012 and 2016.

Figure 7 shows the composition of 1,476 faculty by years of experience category. In 2018, these figures are available for graduate programs only. The 2012 and 2016 numbers were reported in aggregate between both graduate and undergraduate AUPHA programs. As with Figure 6, these data were derived from graduate and undergraduate programs in 2012 and 2016. In 2018, the estimates represent graduate programs only.

At the extremes, the 2018 reported numbers show a slight trend of AUPHA faculty getting younger over time. The proportion of faculty with less than ten years of experience has grown from 40.2% in 2012 to 44.6% in 2018. Likewise, the percentage of those with over twenty years of experience has shrunk to 25.1% from 27.4% in 2012. For faculty with ten to twenty years of experience, there has been very little change between 2012 and 2018.

Figure 8 outlines the breakdown of faculty by race and ethnicity for graduate and undergraduate programs. As with Figures 6 and 7, these averages were reported as aggregates in 2012 and 2016. Due to differing methods of data collection in 2018, the numbers are not strictly comparable. In 2018, graduate numbers have trended

Figure 6: Mean Proportions of Faculty by Gender: 2018, 2016, and 2012

GRADUATE PROGRAMS			
Gender	2018*	2016	2012
Male (mean of proportion)	60.6%	53.3%	57.5%
UNDERGRADUATE PROGRAMS			
Gender	2018*	2016	2012
Male (mean of proportion)	43.0%	53.3%	57.5%

* In 2018, estimates were derived from separate surveys. In 2012 and 2016, data were for all faculty irrespective of graduate or undergraduate affiliation.

Figure 7: Mean Proportions of Faculty by Years of Experience: 2018, 2016, and 2012



* In 2018, estimates were derived from separate surveys. In 2012 and 2016, data were for all faculty irrespective of graduate or undergraduate affiliation.

minutely back toward the aggregate numbers of 2012, which had a slightly larger amount of diversity overall. Proportions of black and Hispanic faculty have both ticked upward while the average proportion of white faculty has gone slightly downward.

Meanwhile, the 2018 undergraduate proportion shows a much more explosive trend toward increased diversity than the graduate figures. The proportion of white faculty is much lower (68.2%) than past figures; likewise, there are larger proportions of black (9.4%) and Hispanic (14.2%) faculty. Again, due to the low number of reporting programs, these trends must be interpreted with caution.

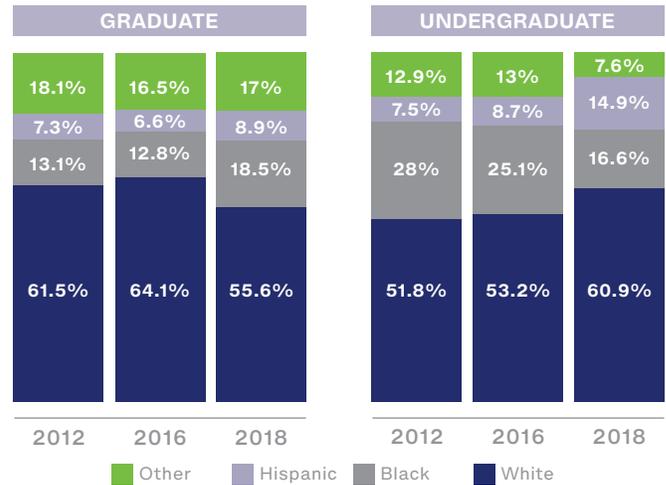
Figure 9 displays financial information for both graduate and undergraduate programs. These include median total expenses and the proportion of those expenses allocated to paying the salaries of faculty and supporting staff. Total graduate program expenditure has increased heartily on the whole in the past two years. The inverse is true in this case for undergraduate programs, but the 2018 figure is likely unreliable as it only represents seven programs. There is a slight increase in the proportion of expenses that go towards salaries for all programs, with the trend being more pronounced for graduate programs.

Conclusion and Caveats

As with reading into any statistics, particularly those based upon survey data from limited samples, many cautions apply. These data have the normal challenges and some special considerations. Specifically, in this case:

- ▶ Sample sizes are limited, particularly in the case of this year's reported undergraduate numbers. In 2018, this applies more heavily to undergraduate figures, some of which are based on sample sizes as low as eight. Because of this, the averages and medians in this report should be interpreted very cautiously, particularly undergraduate numbers.

Figure 8: Mean Proportions of Faculty by Race/Ethnicity for Graduate and Undergraduate Programs: 2018, 2016, and 2012



* In 2018, estimates were derived from separate surveys. In 2012 and 2016, data were for all faculty irrespective of graduate or undergraduate affiliation.

Figure 9: Graduate and Undergraduate Program Characteristics by Program Type: 2016 and 2018

	Graduate 2018	Graduate 2016	Undergraduate 2018	Undergraduate 2016
Overall Expenses (median)	\$944,000	\$800,000	\$302,000	\$390,000
Faculty/Staff Salary as Portion of Expenses	85.2%	80.1%	77.2%	79.1%

- ▶ As with any self-reported figures, certain portions of these data may be inaccurate. This can be due to a variety of factors including data entry errors or from responders not having access to the correct data when completing the survey.
- ▶ Because programs are structured differently, some programs may be unable to answer certain questions accurately. For example, some healthcare administration programs budgets are pooled together with programs from other disciplines in their college. This makes reporting an accurate total program budget difficult to impossible within the confines of AUPHA's survey tools. We are mindful of these difficulties and commit to ease them in future iterations.

- ▶ For student gender, race and ethnicity data in particular, we have noticed an increasing tendency among students not to report these items over the years. Consequently, programs may not know the gender/race/ethnicity of students reliably. Because of this, it is possible that any changes in trends in these areas could be explained by this increase in non-reports.

Further, detailed examination of some of the issues reveals the scope of the challenges. For graduate programs, for example, expenses reported ranged

from under \$15,000 to over \$7.0M. Likewise, revenue ranged from just under \$20,000 to over \$12M. Trying to determine net income raises even more problems. Looking just at the 71 programs that reported both revenue and expenses, the maximum net income was over \$14.0M while the minimum was about -\$1.4M. Median net income was \$211,000 while mean was over \$784,000. Both of these are implausibly large for this type of sample. As is reported in the President's message earlier in this document, AUPHA encourages everyone to reply to surveys as completely as possible to the benefit of all.

Faculty Salary Survey

AUPHA has produced salary information for the benefit of individual faculty members and for the administration of our member programs for a number of years. Faculty benefit from knowing if their current compensation reflects their background and experience. Administration, trying to retain faculty, value the information by understanding how their individual salary structure fits within the competitive market. Traditionally, these reports relied upon individual programs submitting directly to AUPHA all of the salary information for their faculty anonymously. The responses to these data requests have never been exceptionally strong. Reports suffer from potential reporting bias and exceptionally small "Ns". In addition, program leadership indicates that these data are often difficult to obtain in some cases and difficult to release given privacy concerns. While AUPHA has done a great job over the years to protect that privacy and assure members of that protection, response rates continue to be quite low. In the last round, AUPHA struggled with the decision to report or not.

Rather than continue with that seemingly hopeless task, we decided to take a different approach to the salary data collection and reporting for this year. With the support and assistance of Nir Menachemi, PhD, Professor and Chair of the Department of Health Policy and Management at the Indiana University Richard M. Fairbanks School of

Public Health, we decided to rely upon salary information collected using his national sampling methodology. This technique provides a larger and much more representative sample from which to report data. The following tables present findings from the 2018 survey by a variety of program and faculty characteristics. For those interested in more information regarding the methodology and prior findings, you can view his publication from the *Journal of Health Administration Education*, Volume 33, Number 2, Spring 2016, pp. 295-309).

The key findings presented in these ten tables include:

- ▶ Median salary has changed very little overall from 2015 to 2018.
- ▶ Key demographics indicate that older, white, non-Hispanic males report higher median salary than other demographic categories. This is largely consistent with past reporting.
- ▶ Having a doctorate, especially in a high demand specialty and being a principal investigator produces higher salary.
- ▶ Institutions pay more for administrative responsibilities (Chair and Program Director).

- ▶ Institutions that are private, primarily involved in distance education, and focus on teaching pay less in faculty salaries.

Naturally, there are caveats with this reporting. The number of responses generally exceeds 350 overall but some of the individual cells have a low count. We did not report those with fewer than three faculty reporting.

The presentation format contains three parts:

- ▶ Median faculty salary by faculty rank and geographic region in 2018 and 2015.
- ▶ Median faculty salary by individual faculty characteristics (gender, age, race/ethnicity), 2018. These are mostly presented by faculty rank (Professor, Associate Professor, Assistant Professor, and Instructor).
- ▶ Median salary by program or organization characteristics (public/private, distant/non, teaching/research), 2018.

Median Faculty Salary in 2018 and 2015

Tables 1 and 2 present the median faculty salary for health administration faculty by geographic region and by faculty rank in 2018 and 2015, respectively. The overall median faculty salary has remained little changed from 2015 to 2018 although there are differences by both rank and by region. Median overall faculty salary of \$120,000 in 2018 increased only 9.1% from 2015. The median faculty salary was remarkably similar overall across geographic regions in 2018. It became more consistent than what was reported in 2015. Midwest and Northeast regions reported small decreases in median faculty salary while West and South regions reported modest increases.

Median faculty salary for Full Professors and for Associate Professors declined slightly from 2015 to 2018, while the median faculty salary for Assistant Professors and Instructors increased slightly during this time. The geographic region also exhibited some variability with the Northeast generally with the highest reported salary and the South generally the lowest.

Table 1: Median Faculty Annual Salary by Faculty Rank and Geographic Region, 2018

Region	Professor	Associate Professor	Assistant Professor	Instructor	All Ranks
Midwest	\$180,000	\$100,000	\$97,500	\$84,000	\$110,000
Northeast	\$150,000	\$129,000	\$105,000	\$120,000	\$120,000
South	\$153,860	\$120,000	\$101,500	\$64,000	\$120,000
West	\$155,000	\$96,500	\$95,000	\$150,000	\$120,000
All Regions	\$158,864	\$113,000	\$100,500	\$78,000	\$120,000

Table 2: Median Faculty Annual Salary by Faculty Rank and Geographic Region, 2015

Region	Professor	Associate Professor	Assistant Professor	Instructor	All Ranks
Midwest	\$170,000	\$110,000	\$92,000	\$74,500	\$111,000
Northeast	\$174,000	\$130,000	\$104,000	\$69,000	\$125,000
South	\$157,500	\$112,000	\$93,000	\$68,000	\$110,000
West	\$164,000	\$86,000	\$84,500	\$104,000	\$110,000
All Regions	\$162,298	\$112,000	\$92,000	\$69,500	\$110,000

Median Faculty Salary by Faculty Characteristics

Tables 3 through 7 present annual faculty salaries by gender, age group, and race/ethnicity, respectively. As has been true in prior reports, male faculty report greater faculty salary across all faculty ranks than female faculty, however, unknown/not reported are very high for some cases (Table 3).

The presentation of faculty salary by race and by ethnic origin is somewhat limited by response rates. Only white, black, and Asian generate sufficient number of responses to report and, in some cases, even these are small and not reported separately. The data reveal that those reporting Asian have the largest salary in 2018 as do those reporting “not Hispanic.” The differences in most cases are not uniform across faculty rank categories (Table 4). Age can be presented in four broad age categories and reveal that median faculty salary tends to increase with age (Table 5). It is interesting that there are small differences in the median faculty salary reported for those in the 40-49 and 50-59 age groups.

In addition, in Table 6, median faculty salary is presented for those faculty with a doctoral degree and by select discipline concentrations by faculty rank. It is clear that being doctorally prepared and having specialty in healthcare finance results in higher salary in 2018 than the overall median. Finally, Table 7 presents the median faculty survey for those serving as a principal investigator. The median is greater for this group overall and in each region.

Chart 1: Median Faculty Salary by Rank and Gender (Female-Male), 2018

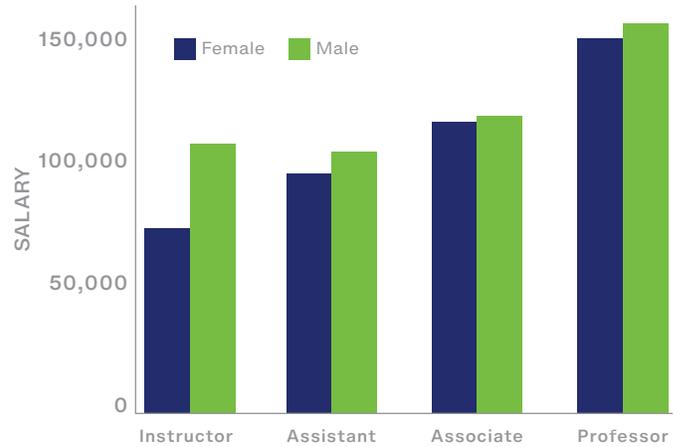


Chart 2: Median Faculty Salary by Age and Geographic Region, 2018

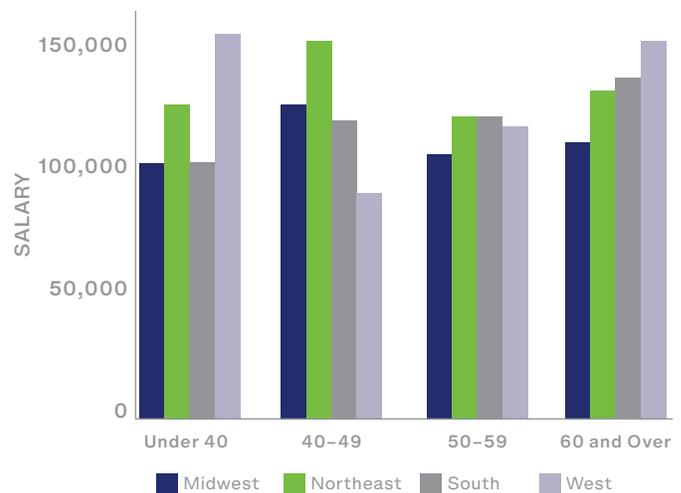


Table 3: Median Faculty Salary by Gender and Faculty Rank, 2018

Rank	Male	Female	Unknown/Not Reported
Instructor	\$107,000	\$71,500	\$120,000
Assistant	\$105,000	\$95,000	\$100,000
Associate	\$120,000	\$117,000	\$97,500
Professor	\$158,964	\$152,500	\$147,500
All Ranks	\$124,000	\$115,000	\$110,000

Table 4: Median Faculty Salary by Race/Ethnicity and Faculty Rank, 2018

Rank	RACE			ETHNICITY	
	Asian	Black	White	Hispanic Origin	Non-Hispanic Origin
Instructor	N/A	N/A	\$84,000	N/A	\$71,000
Assistant	\$115,000	\$101,500	\$100,000	\$102,000	\$101,000
Associate	\$116,000	\$89,500	\$120,000	N/A	\$118,500
Professor	\$150,000	\$145,000	\$160,000	\$120,000	\$156,463
All Ranks	\$122,500	\$101,500	\$120,000	\$111,000	\$120,000

Table 5: Median Faculty Salary by Age Group and Geographic Region, 2018

Region	Under 40 Years	40-49 Years	50-59 Years	60 Years and Over
Midwest	\$101,000	\$124,963	\$105,000	\$110,000
Northeast	\$125,000	\$150,000	\$120,000	\$130,000
South	\$102,001	\$118,500	\$120,000	\$135,000
West	\$152,500	\$90,000	\$116,000	\$150,000
All Regions	\$107,000	\$118,500	\$120,000	\$130,000

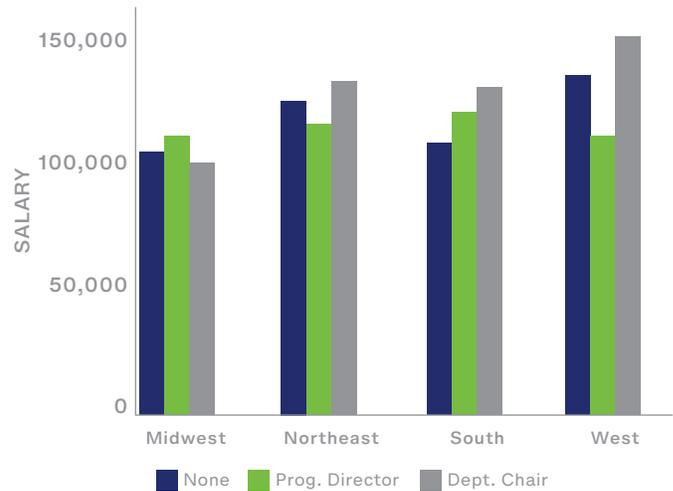
Table 6: Median Faculty Salary by Terminal Degree/Self-Identified Area of Expertise and Faculty Rank, 2018

Rank	TERMINAL DEGREE		AREA OF EXPERTISE		
	Any Doctoral Degree	Not Doctorally Prepared	Healthcare Finance or Accounting	Healthcare Information Technology	Health Economics
Instructor	\$102,500	\$78,000	\$120,000	\$78,000	N/A
Assistant	\$101,000	\$106,500	\$109,000	\$96,000	\$101,500
Associate	\$114,000	\$130,000	\$105,000	\$117,500	\$112,000
Professor	\$155,000	N/A	\$165,000	\$173,000	\$184,000
All Ranks	\$120,000	\$90,000	\$128,000	\$115,000	\$120,000

Table 7: Median Faculty Salary by Principal Investigator Status and Geographic Region, 2018

Region	Principal Investigator – Yes	Principal Investigator - No
Midwest	\$119,513	\$108,000
Northeast	\$135,000	\$120,000
South	\$150,000	\$116,000
West	\$145,000	\$115,000
All Regions	\$131,000	\$115,000

Chart 3: Median Faculty Salary by Geographic Region and Administrative Role, 2018



Median Faculty Salary by Program Characteristics

Tables 8 to 10 present data on median faculty salary by a number of characteristics of their programs. The data in Table 8 indicate how median faculty salary differ by level and type of administrative appointment held in 2018. Department Chairs have the highest median faculty salary followed by Program Director and then faculty with no administrative responsibility. Department chairs in the west appear to command the greatest salary.

The first part of Table 9 presents median faculty salary for those working in institutions that are public or private. Private institutions pay less overall and in most geographic regions. The second portion of Table 9 presents information by organizations that are primarily distance education based versus those that are not. This distinction may be difficult in that all programs have some distance education and will likely have more in the future. Distance education primary institutions appear to pay

less overall and in most regions. Table 10 reports faculty salary by whether the faculty member works in a program that is primarily teaching versus primarily research by geographic region. Median salary is uniformly higher for those working in a research-oriented program.

Table 8: Median Faculty Salary by Administrative Responsibility and Geographic Region, 2018

Region	No Administrative Responsibility	Department Chair	Program Director
Midwest	\$103,750	\$100,000	\$110,000
Northeast	\$125,000	\$132,500	\$115,000
South	\$108,500	\$130,000	\$120,100
West	\$135,000	\$150,000	\$110,000
All Regions	\$111,000	\$130,000	\$116,000

Table 9: Median Faculty Salary by University Type and Primary Teaching Mode by Geographic Region, 2018

Region	UNIVERSITY TYPE		TEACHING MODE	
	Public Institution	Private Institution	Primarily Distance Education	Not Primarily Distance Education
Midwest	\$117,000	\$94,000	\$129,000	\$110,000
Northeast	\$120,000	\$125,000	\$115,000	\$125,000
South	\$120,100	\$120,000	\$113,500	\$120,000
West	\$118,000	\$115,000	\$108,000	\$130,000
All Regions	\$120,000	\$115,000	\$115,000	\$120,000

Table 10: Median Faculty Salary by University Primary Focus and Geographic Region, 2018

Region	Primarily	Graduate 2012
Midwest	\$92,000	\$120,000
Northeast	\$100,000	\$150,000
South	\$114,000	\$137,000
West	\$110,000	\$150,000
All Regions	\$105,204	\$130,000

Conclusion

We hope that these data prove useful to members. The veracity of these data are much improved over our past efforts. There are still variances around each of the estimates reported but as a measure of central tendency, the medians should prove useful.

Who Are We?

Membership in AUPHA is represented by a large and highly diverse set of institutions, members, and faculty. As of April 2019, there were a total of 229 graduate and undergraduate programs from 185 separate institutions. Also included are doctoral programs, affiliate members, international programs and 118 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).

Membership growth has been in the two associate categories and in the number of institutions that house our member programs. The number of Full programs has remained relatively steady. There has, however, been great interest from several Associate Undergraduate programs to become certified, so expect to see the number of Full Certified Undergraduate programs increase in the next few years.

Membership Type	2013	2019
Full Graduate	71	78
Associate Graduate	45	62
Total Graduate	116	140
Full Certified Undergraduate	46	47
Associate Undergraduate	36	45
Total Undergraduate	82	92
Associate Doctoral	1	4
Total Programs	199	236
Total Institutions	177	185

AUPHA Member Programs

The following programs were members of AUPHA as of April 2019. Click an institution for more information on programs. The letters following the listing indicate Undergraduate (UG), Graduate (G), Doctoral (D) or Executive (E) programs.

[Alma College \(UG\)](#)
[American College of Education \(UG\)](#)
[Appalachian State University \(UG\)](#)
[Army-Baylor University \(G\)](#)
[Ashford University \(G\)](#)
[AT Still University \(G\)](#)
[Auburn University \(UG\)](#)
[Barry University \(G\)](#)
[Baruch College \(G\)](#)
[Bay Path University \(G\)](#)
[Baylor University \(G\)](#)
[Belmont University \(G\)](#)
[Boston University School of Management \(G\)](#)
[Boston University School of Public Health \(G\)](#)
[California Baptist University \(UG\)](#)
[California State University - Chico \(UG\)](#)
[California State University - Long Beach \(UG\) \(G\)](#)
[California State University, Los Angeles \(G\)](#)
[California State University, Northridge \(UG\)](#)
[Campbell University \(UG\)](#)
[Carnegie Mellon University \(G\)](#)
[Central Michigan University \(UG\) \(G\) \(D\)](#)
[Clarkson University, Capital Region Campus \(G\)](#)
[Clayton State University \(UG\) \(G\)](#)
[Coastal Carolina University \(UG\)](#)
[College of Saint Elizabeth \(G\)](#)
[Columbia University \(G\)](#)
[Concordia College \(UG\)](#)
[Cornell University/Sloan Program in Health Administration \(G\)](#)
[Dalhousie University \(G\)](#)
[Davenport University \(UG\)](#)
[Des Moines University \(G\)](#)
[Drexel University \(UG\)](#)
[Duquesne University \(G\)](#)



[D'Youville College \(UG\)](#)
[East Carolina University \(UG\)](#)
[Eastern Kentucky University \(UG\)](#)
[Eastern Michigan University \(G\)](#)
[Eastern Washington University \(UG\)](#)
[Florida A&M University \(UG\) \(G\)](#)
[Florida Atlantic University \(UG\) \(G\)](#)
[Florida International University \(UG\) \(G\)](#)
[Franciscan Missionaries of Our Lady University \(UG\)](#)
[George Mason University \(UG\) \(G\)](#)
[George Washington University \(G\)](#)
[Georgetown University \(UG\) \(G\) \(E\)](#)
[Georgia Southern University \(G\)](#)
[Georgia State University \(G\)](#)
[Governors State University \(UG\) \(G\)](#)
[Grand Valley State University \(G\)](#)
[Hampton University \(UG\)](#)
[Hofstra University \(G\)](#)
[Howard University \(UG\)](#)
[Icahn School of Medicine at Mount Sinai \(G\)](#)
[Idaho State University \(UG\)](#)
[Indiana University Richard M. Fairbanks School of Public Health \(G\)](#)
[Ithaca College \(UG\)](#)
[James Madison University \(UG\)](#)
[Jefferson College of Health Sciences \(UG\) \(G\)](#)
[Johns Hopkins University \(G\)](#)
[Kings College \(G\)](#)
[Lake Erie College of Osteopathic Medicine \(LECOM\) \(G\)](#)

LeTourneau University (G)
 Liberty University (UG BA) (UG BS)
Lipscomb University (G)
 Loma Linda University (UG) (G)
 Long Island University (UG) (G)
Louisiana State University (G)
Lourdes University (UG)
Loyola University Chicago (UG)
Marshall University (UG)
Mary Baldwin University (UG)
Marymount University (G)
 Medical University of South Carolina (G) (D)
Methodist University (UG)
 Metropolitan State University of Denver (UG) (G)
Minnesota State University Moorhead (UG)
Missouri State University (G)
Missouri Southern State University (UG)
Montana State University - Billings (G)
New York City College of Technology/CUNY (UG)
New York University (G)
Norfolk State University (UG)
Northcentral University (G)
Northeastern University (G)
 The Ohio State University (G)
Old Dominion University (UG)
Oregon State University (UG)
Pacific University (G)
Pennsylvania College of Health Sciences (UG)
Pennsylvania State University - Harrisburg (G)
 Pennsylvania State University (UG) (G) (GOn)
Pfeiffer University (G)
Portland State University (G)
Queens University of Charlotte (G)
Robert Morris University (UG)
Rochester Institute of Technology (RIT) (G)
Rosalind Franklin University of Medicine and Science (G)
Rush University (G)
 Rutgers University (UG) (G)
Ryerson University (UG)
Saint Leo University (UG)
 Saint Louis University (UG) (G)
 Samford University (UG) (G)
Seton Hall University (G)

Simmons University (G)
South University (UG)
Southern Illinois University - Carbondale (UG)
Stevenson University Online (G)
Stonehill College (UG)
Stony Brook University (G)
Suffolk University (G)
 Temple University (G) (GBus)
Tennessee State University (UG)
Texas A&M Health Science Center (G)
Texas A&M University - Corpus Christi (UG)
 Texas Southern University (UG) (G)
 Texas State University (UG) (G)
Texas Woman's University Houston (G)
The Christ College of Nursing and Health Sciences (UG)
Towson University (UG)
 Trinity University (G) (E)
Tulane University (G)
Uniformed Services University of Health Science (G)
Universite De Montreal (G)
 University of Alabama at Birmingham (UG) (G) (D)
University of Arkansas for Medical Sciences (G)
University of Arkansas Fort Smith (G)
University of Baltimore (UG)
University of California - Los Angeles (G)
 University of Central Florida (UG) (G)
University of Cincinnati (G)
University of Colorado Denver (G)
University of Colorado Denver/Network for Healthcare Mgmt (E)
University of Detroit Mercy (G)
University of Florida (G)
University of Georgia (D)
University of Houston - Clear Lake (G)
University of Illinois at Chicago (G)
University of Iowa (G)
University of Kansas Medical Center (G)
University of Kentucky (G)
University of Louisiana at Lafayette (UG)
University of Louisville (G)
University of Maryland University College (G)
University of Memphis (G)
 University of Miami (UG) (G)



University of Michigan (G)
University of Michigan - Flint (UG)
University of Minnesota (UG) (G) (E)
University of Minnesota Duluth (UG)
University of Missouri (G)
University of Mount Olive (UG)
University of Nevada - Las Vegas (UG) (G)
University of New Hampshire (UG)
University of New Haven (G)
University of North Carolina at Chapel Hill (G)
University of North Carolina at Charlotte (G)
University of North Florida (UG) (G)
University of North Texas (G) (D)
University of North Texas Health Science Center (G)
University of Oklahoma Health Sciences Center (G)
University of Phoenix (UG) (G)
University of Pittsburgh (G)
University of Puerto Rico (UG)
University of Puerto Rico - Medical Science Campus (G)
University of Scranton (UG) (G)
University of South Carolina (G)
University of South Dakota (UG)
University of South Florida (G)
University of Southern California (G)
University of Southern Indiana (UG)
University of Texas at Arlington (G)
University of Texas at Dallas (G)
University of Texas at Tyler (G)
University of Texas Health Science Center at Houston (G)
University of the Incarnate Word (G)
University of Toronto (G)
University of Utah (G)
University of Virginia (UG)
University of Washington Seattle (G)
University of Wisconsin - Extension (G)
University of Wisconsin - Milwaukee (UG)
Virginia Commonwealth University (G) (E)
Walden University (UG)
Weber State University (UG) (G)
Western Kentucky University (UG)
Winston-Salem State University (UG) (G)
Winthrop University (UG)
Xavier University (UG) (G)

What We Do for Members

Marketing the Profession

In the summer of 2017, AUPHA embarked on a branding and marketing campaign to make the case for, and the appeal of, the field of health care administration. The first piece in this campaign, a professionally produced video, *A Career with a Calling*, premiered at the 2018 Annual Meeting in Philadelphia. The video was aimed at those unfamiliar with the field, particularly students, but also to individuals both in and out of academia who do not understand who we are and what we do, a perennial problem for the field. The video is available to all members and includes testimonials from members, students, and practitioners and is also available in a subtitled version. A second video, *Why AUPHA Matters*, was developed shortly thereafter which has several purposes, both internal (for programs to show the value of membership in the organization) and external (as a recruitment tool). To complement the video series, printed materials were developed that explain and describe the health administration profession to prospective students. The materials may be customized to include the name of the program and other contact information.

AUPHA continues to participate in Health Professions Week (HPW), which is now in its third year. During this week of free events, AUPHA and other health related professions/associations engage high school and college level students to inform them about the diverse careers within healthcare. Collectively, HPW participants continue to progress several efforts during this week long event, to include keynote speakers, panels, social media chats, and virtual fairs.

This year's event will be held from November 16-21 and includes 20 health related professions. In addition to online events, the 2019 HPW will also include an HPW Live event following the Centralized Application Service (CAS) Summit in Boston in late June. This is the first time an in-person event is being held for HPW, and will provide students an opportunity to interact with professionals and association representatives from the various fields on a one-on-one basis. AUPHA's participation in these events

continues to greatly broaden students' awareness of both the Association's benefits and the health administration field in general.

Looking Back to Look Forward: AUPHA at 70, a history of AUPHA from 1948 – 2018, was also unveiled at the Philadelphia Annual Meeting with copies provided to each meeting attendee. The book looks at critical issues faced by AUPHA over the past 70 years most of which are still relevant and timely today.

This year, AUPHA has stepped up its social media efforts with the increased use of Twitter and Facebook. As of the end of April 2019, Facebook followers had grown to 799 and Twitter followers to 673. We look forward to increasing our visibility and reach through social media in the year ahead, as a way of sharing information with the membership and other interested individuals and organizations.

Meetings

AUPHA currently holds three major meetings: Both the Annual Meeting and the Graduate Program and Practitioner Workshop (the former Leaders Conference) are held every year. The Undergraduate Program Workshop is currently held every other year in the fall. AUPHA's meetings are consistently ranked highly on the annual member satisfaction survey and offer a variety of educational and networking events. This year's Workshop is scheduled to be held at Winston-Salem State University October 11-13. All three meetings are open to faculty from both program types, and affiliate and other members are welcome and encouraged to attend.

The 2020 Annual Meeting will be held in Salt Lake City, Utah, June 3-5. Information on this meeting will be available on AUPHA's web site in early fall of 2019.

Faculty Forums

Faculty Forums are central to AUPHA's mission, bringing together faculty from diverse programs with common interests. Faculty Forums exist primarily as online communities that meet annually at AUPHA's Annual Meeting. Within the Forums, faculty exchange ideas, engage in dialogue, and pursue research in healthcare administration education.

The following Faculty Forums are open to all AUPHA members:

- ▶ Advancing Women Leaders in Healthcare Management
- ▶ Cultural Perspectives
- ▶ Ethics
- ▶ Finance, Economics, and Insurance
- ▶ Global Healthcare Management
- ▶ Health Information Management
- ▶ Health Policy
- ▶ Innovative Classroom Teaching
- ▶ Interprofessional Education
- ▶ Post-Acute Care
- ▶ Management and Case Studies
- ▶ Medical Group Management/Ambulatory Care
- ▶ Online Program Directors
- ▶ Online Teaching and Technology
- ▶ Public Health
- ▶ Quality Improvement

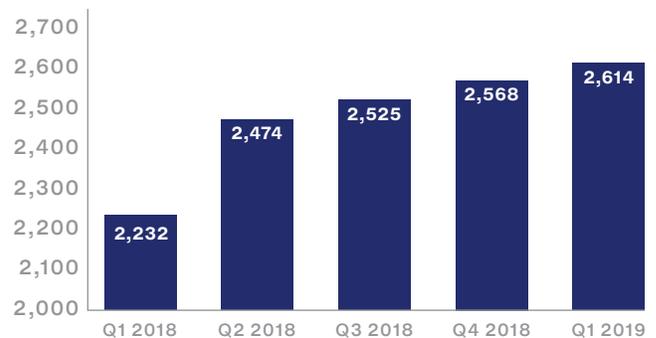
Network

The AUPHA Network is one of the most important resources AUPHA offers. It allows members to share information with the entire membership (through the Open Forum), to communicate within focused communities, and to connect member-to-member. Because the Network has so many facets, it can be difficult to measure all the ways in which AUPHA members connect with one another. The graphs and charts below show the trends of Network usage in 2018 and for the first quarter of 2019. The overall data shows that the communities and messaging become more active up to and during the AUPHA Annual Meeting, with activity falling off once the fall term begins and lowest through the winter break.

Network Users

Every individual with membership access, through either a program or an individual membership, has access to the Network. AUPHA has made a concerted effort over the past two years to increase the number of users on the Network, with a 2018 goal of 2500 users. That goal was met in the third quarter and the number of users continues to increase. This goal was reached primarily through reminding member programs to review and update the faculty records attached to the program in the Member Directory.

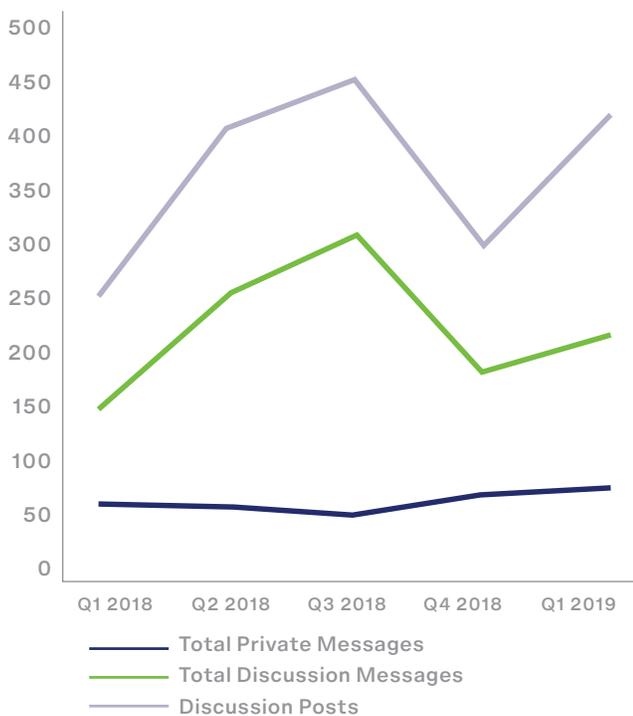
AUPHA Network Users



Discussion Trends

Discussion posts contain information that a member shares with groups such as the Open Forum, Faculty Forums, and the Committee Communities. Discussion messages contain messages sent among the groups and Private Messages are sent directly from one member to another within the Network. During the period below, nearly 1,400 messages were sent and over 1,800 discussions were posted to communities.

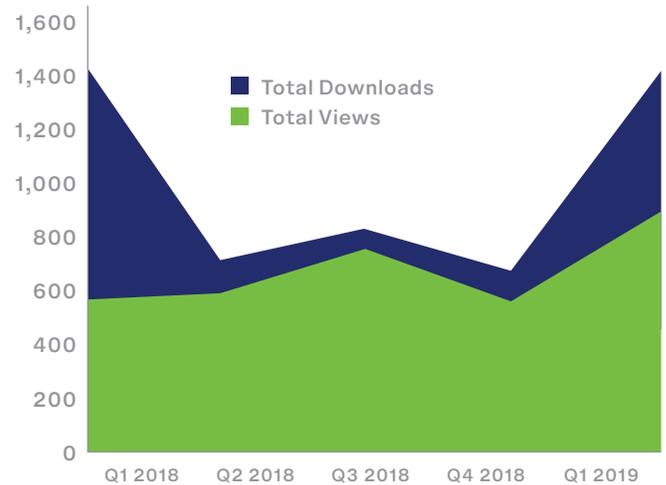
Discussion Trends 2018/2019



Library Access

Another important resource in the Network are the Libraries. Nearly every community has a library where members can post documents to share. During the period shown, nearly 5,000 documents were downloaded and 3,273 documents were viewed (without being downloaded).

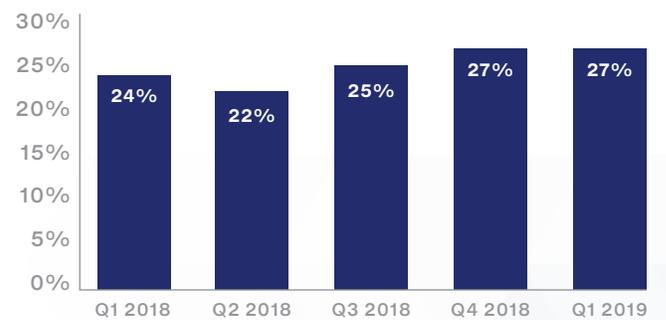
Library Access



Email Open Rate

A valuable measure of the effectiveness of digital communication are email open rates, which measures the percentage of emails that were opened compared to the total emails sent. The goal is to have an open rate of at least 20%. The Network email open rate consistently topped the 20% mark in 2018 and continued to increase in 2019.

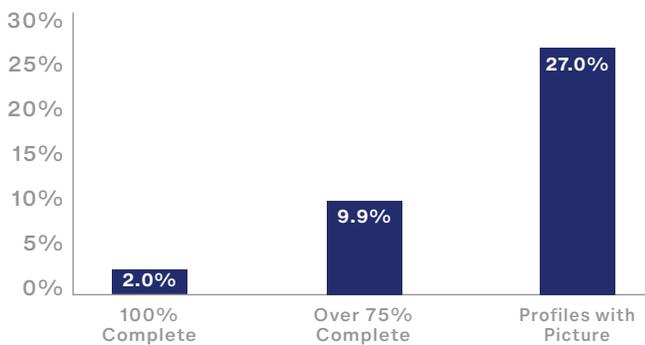
Network Email Open Rate



Network Profiles

Every member has a profile in the Network. A basic profile contains a member's affiliation and contact information. Profiles that are more complete include a photo and biographical information, and can even be joined with LinkedIn. This additional information can only be accessed by other AUPHA members. Members have complete control over the amount of information they share. More complete profiles, however, ensure better responses to messages in the Network and complete the information available in the online directory. The AUPHA Program and Faculty Awards recognize individuals and programs who agree to share additional information in their profile. A very small percentage of members have added pictures or other information to their profiles. Members can log into their profiles to add pictures and biographical information at any time.

Profile Completeness as of April 30, 2019



What are people searching for?

The word cloud below is a visual representation of the 25 most searched for terms on the AUPHA web site last year. "Scholarship" is perennially the most searched for term, while many also searched for information about Upsilon Phi Delta. This shows that current and prospective health administration students access the AUPHA web site for information and resources, including information about member programs. "Capstone," "certification," and "accreditation" are also popular search topics.



Upsilon Phi Delta 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 of \$500 each to outstanding students pursuing academic degrees that prepare individuals for careers in healthcare management, policy, and leadership. Membership in the UPD Honor Society is open to individuals who meet the national and local standards of this organization and are accepted and initiated into membership of a collegiate chapter. Membership is open to students, faculty, healthcare executives, administrators, and to those contributing to the healthcare administration profession. There were 125 UPD chapters as of April 30, 2019.

New this year! AUPHA is pleased to announce a new Upsilon Phi Delta Grant Program beginning in May of 2019. Often, UPD programs have innovative initiatives that are unable to be implemented because of funding challenges. Consequently, AUPHA has pledged to fund two (2), \$2,500 competitive UPD Grants each year for at least the next six (6) years. The grants will be awarded to one Undergraduate UPD Chapter and one Graduate UPD Chapter annually. All 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 first Upsilon Phi Delta Grants will be awarded during the 2019 Annual Meeting.

Certification

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

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

Certification, while similar in process and standards, differs from accreditation in that it does not require a site

visit, thus allowing the costs incurred by the program to remain much lower than that of specialty accreditation. Additionally, certification is not required to meet external mandates, allowing the association to remain focused on the unique financial and educational needs of its undergraduate constituents.

As of May 2019, 47 undergraduate programs were certified by AUPHA. The individual programs must establish that they meet the intent of criteria in:

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

2018 Undergraduate Certification Reviews

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

- ▶ Loyola University Chicago
- ▶ Mary Baldwin University
- ▶ The Pennsylvania State University
- ▶ Robert Morris University
- ▶ University of Baltimore

Accreditation

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

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

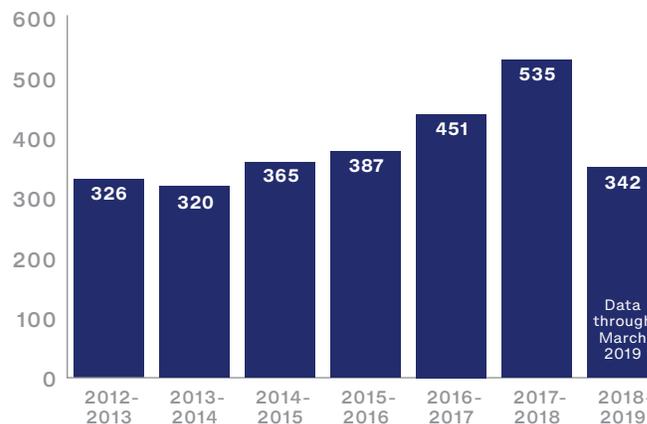
- ▶ Meets the highest standards of quality in healthcare management
- ▶ Utilizes appropriate academic content
- ▶ Includes membership in a network of professional colleagues that transcends boundaries of universities, colleges, and professional associations.

As of April 2019, 78 graduate program members were accredited by CAHME.

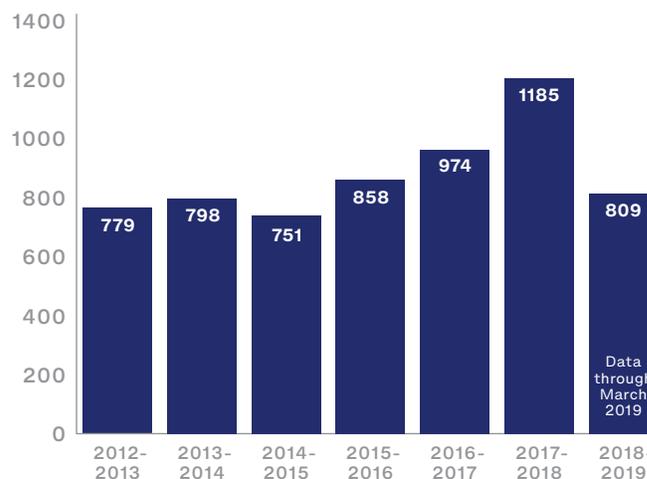
HAMPCAS

The Healthcare Administration, Management & Policy Centralized Application Service (HAMPCAS) recorded its highest applicants/applications numbers in the 2017-2018 cycle, which ran from September 2017 to August 2018. The full cycle resulted in 535 unique applicants submitting 1185 applications. The 2018-2019 cycle continues to demonstrate high usage, with 342 applicants submitting 809 applications. As for participation, the number of participating universities continues to remain relatively static. The 2017-2018 cycle ended with 45 institutions representing 75 programs, whereas the current cycle has 43 institutions representing 71 programs. For a more in-depth review of these metrics over the past few cycles, please refer to the charts.

Number of Unique Applicants in HAMPCAS Cycle (Sep-Aug)



Number of Unique Applications in HAMPCAS Cycle (Sep-Aug)



Publications

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

In 2018, the *Journal's* acceptance rate was 52%, with 40 papers published, including 10 offering teaching tips and tools and 3 addressing program management issues. Competency-based education was the theme of the Spring 2018 issue.

The Exchange, AUPHA's digital newsletter, is delivered approximately eight times per year through MemberSuite, AUPHA's Customer Management System (CMS). *The Exchange*, distributed to nearly 3,000 members and subscribers, contains current information on AUPHA's activities, including meetings and services, employment opportunities, news from the Board, and provides an opportunity for members to include their program and faculty news. We encourage all members to share their latest news with their colleagues. The deadline for each issue of *The Exchange* is the first of the month preceding each issue of publication.

McGaw Scholarship

Available to all full member programs, the Foster G. McGaw Scholarship provides financial support to undergraduate and graduate students in healthcare administration. The funds are requested and dispersed by programs, and can be awarded based on the discretion of those at each individual institution. These valuable prizes, endowed by Foster G. McGaw of the American Hospital Supply Corporation, support the importance of healthcare administration education and AUPHA's contribution to the field.



2019 Prize Winners

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.

The Prize was established to recognize worldwide contributions to the improved health of the public through health services research, particularly research that has a lasting impact on the healthcare system and the way healthcare is delivered. It is awarded to individuals who have significantly contributed to public health in one of three primary areas: Health Services Management, Health Policy Development, and Healthcare Delivery. The winner is selected annually by an international committee of past Prize winners, distinguished academics, and internationally recognized researchers. The Prize includes an award of \$25,000 to the individual and \$25,000 to a nonprofit institution that supports the winner's work.



2019 William B. Graham Prize Recipient

Peter J. Pronovost, MD, PhD
University Hospitals

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.



2019 Gary L. Filerman Prize Recipient

Sandra Potthoff, PhD
University of South Florida

The John D. Thompson Prize for Young Investigators

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



2019 John D. Thompson Prize Recipient

Marian Jarlenski, PhD
University of Pittsburgh

Corris Boyd Scholars Program

The HCA Corris Boyd Scholars Program was established in 2006 to provide scholarships to two 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.

In 2019, one student will be selected to receive a \$20,000 per year scholarship towards a master's program in healthcare management from the AUPHA full member program of their choice.

The successful candidate will be named later this summer.

As noted in the President's update earlier in this document, AUPHA initiated new forms of recognition in 2018 with the New Program of the Year Award, the Established Program of the Year, and the Faculty Member of the Year Award. Additionally, an AUPHA Hall of Fame was created along with an AUPHA Presidential Citation.

The 2019 recipients include **Northcentral University** as New Program of the Year, **Saint Louis University** as Established Program of the Year, and **Leonard H. Friedman**, Faculty Member of the Year. The 2019 Presidential Citation recipient is **Nir Menachemi**. These awards will be presented at the 2019 Annual Meeting in New Orleans.

There were no inductees into the Hall of Fame in 2019.

Bachrach Family Scholarship for Excellence in Healthcare Administration

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

The scholarship is available to students enrolled full-time in a CAHME accredited residential graduate program in healthcare administration during their second year of the program of study. It recognizes the demonstrated successful academic performance as 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.

2019 Bachrach Scholarship Recipient

Alison Patsy

California State University - Long Beach

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.

2019-20 Winston Health Policy Fellowship Recipients

Jack DiMatteo

University of Virginia

Alexander Urry

Yale University

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.

2019 Winston Scholarship Recipients

Alexandra Atkeson

University of North Carolina, Chapel Hill

Sarah Bowler

Drexel University

Elizabeth Boyes

Boston University

Gretchen Cates-Carney

Dartmouth University

Keegan Edgar

Johns Hopkins University

Ashli Farfan

The George Washington University

Madeline Haftel

Cornell University

Jessica Hale

Johns Hopkins University

Dee Harleston

Saint Louis University

Elizabeth Jekanowski

University of California, Berkeley

Maia Johnstone

Johns Hopkins University



Gwendolyn Lee

Harvard University

Adrienne Lloyd

University of North Carolina, Chapel Hill

Kendra Mehling

Johns Hopkins University

Laura Powis

University of North Carolina, Chapel Hill

Sarah Rosenblum

University of Michigan

Tyler Smith

The George Washington University

Alyssa Stevens

Saint Louis University

Nicole Strombom

Saint Louis University

Moving Forward

New Editor for the *Journal of Health Administration Education*

We are excited that, beginning in July, the *Journal* will have a new editor. After six fruitful and thoughtful years under the leadership of Dean Smith, Leonard Friedman will become the new editor. There is always anxiety regarding such a major change but our history of transitions suggests that each transition moves the *Journal* forward with new ideas. This is a pivotal time as AUPHA seeks to expand readership by making the *Journal* open source. We want to thank Dean for six years of dedicated service and welcome Len to the position.

Len has articulated a great vision for the *Journal* that includes a number of features both old and new. Among other ideas, he wants to solicit authors from across the career spectrum, take full advantage of the applied nature of health administration, emphasize themed issues, and seek out contributions from complementary health science disciplines to foster interdisciplinary education.

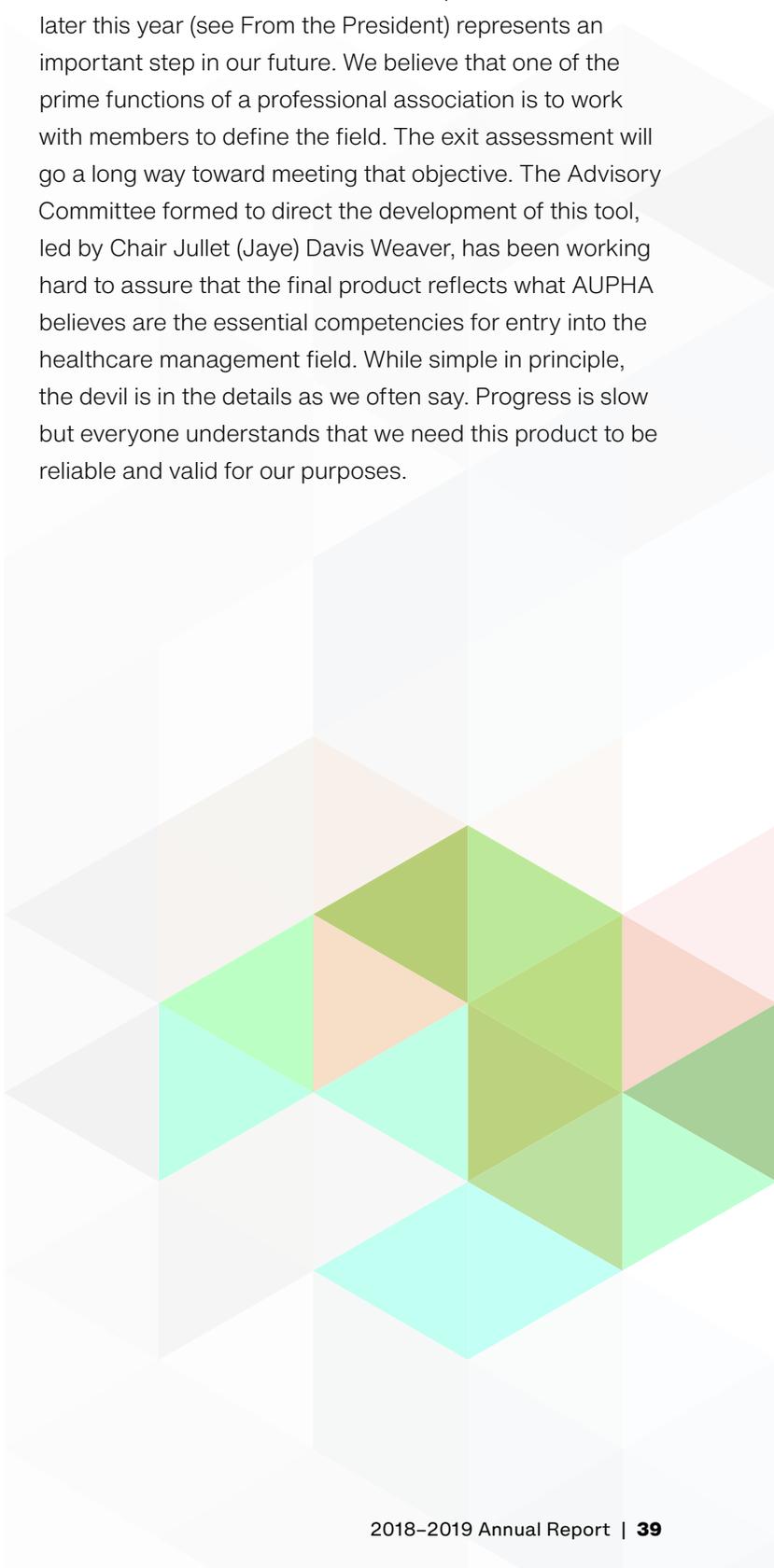
Strategic Plan

Starting with the scheduled Board Meeting on June 11, 2019, AUPHA will relaunch its strategic plan. The last plan addressed direction from 2016-2019 and is ready for an update. This time we hired an external firm to guide our efforts and help us to incorporate input from much of our constituency. They are interviewing stakeholders and current AUPHA membership. The firm, ibosswell, will work with AUPHA through its President and CEO, Denise McNerney. They have a multiphase approach that we believe will be helpful to guide us for the next 3+ years.

These are uncertain and challenging times for education and for healthcare. The focused leadership and support from AUPHA is essential for the future of healthcare management education. We are well positioned with a rich history, a solid financial position, and decent infrastructure. It is all the more important for us to find and articulate a vision to guide us through that future.

Exit Assessment

The exit assessment tool that AUPHA plans to roll out later this year (see From the President) represents an important step in our future. We believe that one of the prime functions of a professional association is to work with members to define the field. The exit assessment will go a long way toward meeting that objective. The Advisory Committee formed to direct the development of this tool, led by Chair Juliet (Jaye) Davis Weaver, has been working hard to assure that the final product reflects what AUPHA believes are the essential competencies for entry into the healthcare management field. While simple in principle, the devil is in the details as we often say. Progress is slow but everyone understands that we need this product to be reliable and valid for our purposes.





AUPHA

**Association of
University Programs in
Health Administration**

1730 M Street, NW
Suite 407
Washington, DC 20036

(202) 763-7283

www.aupha.org

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