A Framework for Expanding and Enhancing University-Based Health Administration and Aging Services Programs Across the United States

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ABSTRACT

The Problem: As the senior health care industry faces unprecedented labor shortages and increasing demand for services, health administration and aging services leaders are tasked with finding actionable solutions that attract and retain qualified professionals. One key area of need is administrative leadership positions to manage care and service organizations. Although a large undertaking, developing a landscape that supports the expansion and growth of university-based educational programs for senior care administration will help to solve the problem.

The Resolution: Position the health administration and aging services profession as a mainstream, publicly recognized, and valued career choice. Seven themes emerged from researching this issue: (1) Enhance the professional image; (2) Provide field experiences; (3) Build partnerships between universities and other organizations; (4) Provide clear career paths; (5) Expand academic programs across the country; (6) Develop an aspirational model; and (7) Document the profession's profile and explore the impact of leadership on outcomes.

Tips for Success: Obtain feedback, formal buy-in, and support from a large number of stakeholders who will work together to solve this problem.

Keywords: Health administration, aging services, leadership development, university-based programs

INTRODUCTION

The field of health administration and aging services does not have a strong portfolio of educational programs. Programs accredited by the National Association of Long Term Care Administrator Boards (NAB) are a proxy measure of this portfolio. Currently, there are 13 NAB-accredited programs in the United States, with an estimated 500 students and a wide variety of enrollments. Of the 13, four are located in Ohio, which suggests a limited geographic spread. A broader review of programs offering health administration and aging services affiliated with other educational associations and accrediting bodies revealed a less than robust interest in the professional education and training of people interested in jobs in this discipline (e.g., skilled nursing facility administration, assisted living management, seniors housing leadership, and coordination of home and community-based services). This deficit is also reflected in provider groups' lack of awareness of partnerships between academic institutions and association groups.

This commentary outlines challenges and opportunities related to university-based programs, and identifies key areas that must be addressed. To examine these issues, I reviewed the literature with assistance from student research assistants, held discussions and focus groups with stakeholders, reached out with assessments and surveys, and recommended an approach to develop a national strategy for advancing and expanding strong, robust, university-based educational programs for senior care administration. This approach requires a partnership model and assumes that no one stakeholder can solve this problem alone. Collectively approaching these challenges and opportunities, we can make a national impact.

BACKGROUND AND CONTEXT

The U.S. senior care industry is facing numerous challenges. First, the senior population is growing (Cohn & Caumont, 2016). Second, since the turn of the century, senior care organizations have been under increasing pressure to transform themselves to meet the changing demands of consumers (Dana & Olson, 2007). Third, the average age of a health care and aging services administrator is older than 50 years (Castle, 2001). This problem is compounded as more professionals leave the health care administration field than enter it (Tellis-Nayak, 2007); in addition, there is a scarcity of strong senior care administration programs to educate and train future leaders (NAB, 2007). Given these challenges, the profession is facing a crisis that requires a coordinated, comprehensive plan to build a strong portfolio of educational programs focused on developing senior care leaders throughout the country. Because there are few strong university-based programs available, the identification of key attributes, factors, and requirements for strong academic programs is needed to ensure the profession's continued success.

METHODOLOGY

This project used a mixed methodology approach to collect feedback from stakeholders. The goal of this sabbatical project conducted by the author was to understand key challenges and opportunities facing the development of new leadership in the senior care and services field, the expansion of university-based programs, and the enhancement of existing programs. Data and input were obtained in the following ways:

1. A sabbatical steering committee provided informal and formal feedback. This committee was selected to represent a wide variety of stakeholders (**Appendix A**). Committee members provided formative opinions, completed a survey expressing their individual and organizational insights, and weighed in quarterly on project progress.
2. The sabbatical steering committee also recommended inclusion of additional perspectives by reaching out to more than 30 technical experts for their opinions. Communication with these individuals furthered the committee's ability to examine the challenges and opportunities facing the profession.
3. Using a SWOT (strengths, weaknesses, opportunities, and threats) matrix approach (Johs & Olson, 2017), the committee studied 19 NAB academic program accreditation reports. The overall conclusions of strong marketing needs, importance of solid field experiences, need for partnerships with the field, and importance of university quality and support served as initial grounding for the sabbatical project, and are expanded on in **Appendix B.**
4. Numerous focus groups were conducted with a variety of organizations and associations representing new

leaders, existing providers, educators, and association leadership. Associations represented included the NAB, American College of Health Care Administrators (ACHCA), American Health Care Association and National Center for Assisted Living (AHCA/NCAL), National Investment Center (NIC), LeadingAge, Argentum, and American Seniors Housing Association. In addition, representatives from the Centers for Medicare & Medicaid Services (CMS), the home and community-based services field, emerging leaders, and universities, as well as their related associations were consulted.

5. Formal surveys helped to prioritize and delve into the issues and opportunities with both emerging leaders and established universities. The past attendees of the National Emerging Leadership Summit (NELS), which represents a wide variety of leaders with experience in the first 10 years of their profession from both the for-profit and nonprofit senior care sectors, represented emerging leaders. The response rate for this group of 129 was 31%. The list of university program directors was drawn from public sources sharing various accredited health administration programs with an interest in aging services. The response rate for this group of 140 was 33%. The leadership surveys were sent to both the sabbatical steering committee and the board members of the Center for Health Administration and Aging Services Excellence at the University of Wisconsin (UW)-Eau Claire. The response rate for this group of 56 was 80%.

Synthesis of the collected data helped reveal seven themes. This commentary presents a strategic framework that advances the development of a national plan for a robust network of university-based senior care administration programs across the nation. Included is a list of the goals and insights along with the necessary steps to achieve each objective.

KEY THEMES AND RECOMMENDATIONS

Through the above-mentioned research, focus groups, and other outreach efforts, the sabbatical steering committee has supported the advancement of a number of important themes, with an understanding that the order of importance may depend on the stakeholder's perspective. This section presents an overview of the seven themes (**Table 1**), with highlights encouraging action, a broad strategy, initial objectives/tasks, specific comments for consideration, and some available resources.

Table 1. Themes Identified for Further Development

The seven themes identified include the following, which are necessary for further development of health administration and aging services programs:

1. Enhance the professional image
2. Ensure the availability of administrator-in-training and other field experiences
3. Build strong partnerships between universities and organizations
4. Provide clarity regarding career paths
5. Expand academic programs across the country
6. Develop an aspirational model
7. Update applied research to both document the profession's profile and explore the leadership impact on outcomes

Theme 1: Enhance the Image of the Profession

A major public relations campaign is needed to address the poor image of the senior care administration profession. The next generation of leaders is motivated by the desire to make a difference (passion) in the community and enjoyment of the multitasking requirements of the profession. Emerging leaders have consistently shared this message (NELS, n.d.). Career choices are motivated by a congruence of an individual's interests and an understanding of what the profession entails (Law, 1981; Parson, 1909); the profession needs to pay attention to this message when advancing a public relations campaign. Unfortunately, there are not enough university-based programs, and many emerging leaders are finding this profession by chance.

Strategy. Develop a positive public relations strategy and rebranding of the profession.

Objectives/tasks.
• Review past efforts and current initiatives underway by stakeholder groups (e.g., NIC, LeadingAge)

- Assemble a team that includes perspectives outside the traditional skilled nursing facility and assisted living disciplines, including home care, hospice, and seniors housing.

Comments. The traditional senior care field has a lot to learn from other groups. For instance, one hospice care provider focused on how we tend to overprofessionalize what we do rather than just focus on our impact on residents and their loved ones. There is also much to learn from the emerging leaders themselves; two consistent messages from NELS participants are the desire to make a difference and their interest in ongoing professional development opportunities available from their employers. Hopefully, we have largely moved away from the negative stigma of the nursing home administrator label; however, this profession still suffers from the lack of accepted, consistent, and positive terminology to describe the practice of health administration and aging services.

Resources. The full national report includes responses from emerging leaders across the spectrum of services, and it contains a wealth of insight. For example, one emerging leader commented:

> While it is not a sexy field because of the demographics, [health administration and aging services] is an exciting field with lots of career opportunities. I also do not think we tell a good enough story about the tremendous impact administrators have on their employees', residents', and families' lives each day.

Current reports also are focused on the tremendous opportunity ahead for the next generation of leaders (Argentum, 2017; Senior Housing News, 2016), along with the NELS participants. The groups of emerging leaders shared another popular theme: "do well by doing good," a quote that has been attributed to Benjamin Franklin (Embley, 1993; Field, 2007).

Theme 2: Expand the Availability of and Support for Administrator-in-Training (AIT) and Field Experiences

Because the AIT/field experience is one of the strongest elements of education, a greater emphasis must be placed on it. A stronger educational experience for administrators correlates to better care outcomes (Castle, Furnier, Ferguson-Rom, Olson, & Johs-Artisensi, 2015). Currently, this essential component is fraught with a set of challenges, including limited availability, standardization of experiences, and a lack of funding. Recognition of senior care as an attractive career option requires ending the practice of unfunded AIT/field experiences. This unique and mutually beneficial opportunity could provide a fundamental advantage to our educational programs and should be leveraged as a strategic advantage in marketing to incoming or transitioning students. With that understanding, emerging leaders and academics clearly identified this as a major challenge (**Figure 1**) for the profession. As one emerging leader stated, "Provide real world experiences and internships—they are a key." The limited availability of AIT/field experiences and lack of funding need to be fixed.

Strategy. Ensure that AIT/field experiences are available, valuable, and funded, so that we have a sufficient supply for emerging leaders.

Objectives/tasks.
- Advance NAB and ACHCA developed programs, such as the preceptor-training course and AIT resources, as well as other assets across the country.
- Advance association efforts to assist emerging professionals with appropriate internships and field experiences that support a smooth transition from education to practice.
- Based on the importance of paid, funded AIT experiences, initiate a dialogue with CMS and other payers about the need for reimbursement.

Figure 1. Emerging Leader and University Program Director Perspectives
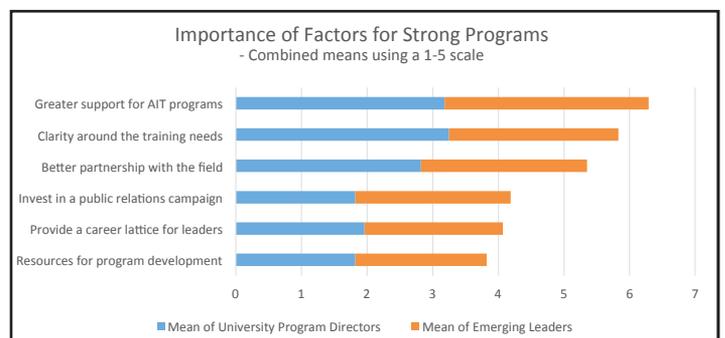
Comments. NAB is advancing a standard 6-month field experience as a national minimum standard of practice for the AIT/field experience. There also is a need to share best practices from successful, university-based programs (Olson, Johs-Artisensi, & Vaughan, 2013); other provider initiatives, including corporate AIT and Executive Director in Training (EDIT) programs used by regional and national providers; and other association efforts (e.g., NIC internship program). One idea shared during the one-on-one interviews with technical experts was the need to consider some type of central clearinghouse that would make AIT opportunities readily available across the country (however, a recent NAB/ACHCA task force did not adopt this initiative). A national standard of licensure would be a welcome change, and the sabbatical committee encouraged the efforts of all parties to advance this initiative. Recently, NAB has advanced the Health Services Executive model, which crosses the continuum of skilled care, assisted living, and home and community-based services. One aspect of this model is an option for states to accept candidates verified through the Health Services Executive process for license portability across states. This recent NAB initiative has made progress, with a number of states adopting or considering adoption of this model.

Resources. Clearly, the preceptor and AIT resources available from NAB and ACHCA (NAB, 2018) are some of the best in the field, along with other related field experiences or internship models.

Theme 3: Build Strong Partnerships

Partnerships between senior care organizations and provider associations are critical for a successful university-based program, and we need to identify and share high-impact approaches and practices. Strong partnerships start with a mutual understanding of the shared goal of developing future health administration and aging services talent.

Strategy. Identify the needs of the various partners and successful high-impact practices, including what it takes to ensure productive, successful relationships. A journal article on senior care and education partnerships is in development and will be available as a resource for all key stakeholders.

Objectives/tasks. Ensure that stakeholders understand the differences in language, agendas, and purposes of relationships. Furthermore, share high-impact practices and explore the business case for working together.

Comments. Mirroring the essential AIT/field experience agenda that is shared by providers and universities, all stakeholders have a natural connection and partnership on which to build. Leveraging this partnership opportunity has a number of win-win features for students, emerging professionals, providers, associations, universities, and, ultimately, the customer. The shared goal is to develop the best talent to lead organizations that will serve disabled and frail individuals in the years ahead by using our time, talent, and resources wisely and proactively. This area of focus also requires the inclusion of university leadership, with which we have had limited engagement thus far. We are just starting the conversation with university administrators to develop the business case for investing in and supporting senior care administration programs.

Resources. A number of supporting documents in the full sabbatical report reference the importance of and features necessary for good partnerships between the profession and academia. **Appendix C** presents thoughts on what is needed to gain the support of university administration. Successful partnerships already exist. They highlight the natural opportunities available and could serve as role models.

Theme 4: Articulate and Clarify Career Paths for Emerging Leaders

We need to highlight and promote the career opportunities within this profession. We have tremendous job placement and ongoing career opportunities, such as exceptional conferences and internal organizational advancement, which are an understated upside of this profession. Support for emerging leaders and thoughtful talent development strategies are important to the organizations and, ultimately, the profession.

Strategy. Outline and categorize all of the existing initiatives and make recommendations for future opportunities to highlight both career opportunities and talent development strategies.

Objectives/tasks. Using a consolidated document, collect information and describe the programs, such as association leadership programs and mentoring programs, in a central access place for individuals or a shared-site approach.

Comments. Sharing information about existing programs is a resource that will serve us well. Emerging leaders are attracted to organizations that offer career development options leading to advanced education or job promotion opportunities. The career development considerations focus on the emerging leader coming from a traditional, early career path associated with a university-based program; a midcareer individual who may or may not be associated with a university; and the internal organizational resources necessary to support all individuals navigating their career progression. An additional consideration is the broader landscape of career lattice opportunities across the health administration and aging services continuum with local, regional, and national employers.

Resources. The National Mentoring program developed and supported by the ACHCA is a model that has produced good results. Another example of a high-impact practice is the Argentum Career Center. The AHCA and LeadingAge leadership development programs are two of the exceptional association efforts noted in **Appendix D**.

Theme 5: Expand Academic Programs Across the United States

We do not have nearly the number of universities or students focused on this profession as are needed by providers. Opportunities exist to reach out to programs affiliated with the Association for Gerontology in Higher Education, the Association of University Programs in Health Administration, the Commission on Accreditation of Healthcare Management Education, the NAB programs, and the Senior Living Certification Commission. We see this effort as twofold. First, we need to expand the number of programs with an interest in health care administration and aging services and potentially double the number of NAB-accredited programs and other programs in the next few years. Second, we need to encourage a conversation among the educational associations to develop more cooperative relationships with one another.

Strategy. Develop a publicly available portfolio of strong programs across the country.

Objectives/tasks. This area requires a two-pronged approach. First, decide on existing and promising university programs on which to focus efforts this year. An initial list of universities has been compiled, based on consideration of a number of factors, that have the potential to enhance or establish a strong health care administration and aging services program. Some of the criteria for inclusion on this list are the following: (1) history of the program; (2) faculty credentials; (3) program website review; (4) accreditation; (5) size or student numbers; (6) program relationships; (7) expressed interest(s); and (8) geographic location. The sabbatical steering committee has reviewed the list and made recommendations to refine or expand it depending on members' perspectives. Additionally, an expert panel has weighed in to refine the list, as noted in **Appendix E**. We expect this list to be updated on an annual or other regular basis. Second, encourage a continuing dialogue between the educational accrediting bodies to create both momentum and possibly a task force to approach this problem. The challenge we face is that a cooperative new approach is required for accreditation management, and pedagogical resources are needed to support the future anticipated program growth.

Comments. The goal of expanding programs requires the appropriate resources to support these programs and a value proposition for university administration to support the development, accreditation, and growth of existing and new programs. There also is a recognition that each program has developed or will develop in its own unique way to align with the university culture of which it is a part.

Resources. One of the first resources is the initial list of universities that either have programs or could be targeted to develop one in the near future. We evaluated geographic location and need for the targeted program by consulting a demographic and provider map (see **Figures 2a** through **2c**). Second, we have some wonderful resources (Johs & Olson, 2017) that could serve as a foundation for programs planning to enhance their program or start a new one. The outreach to universities assessment, as part of the sabbatical project, also contains good ideas and high-impact practices that could help advance programs.

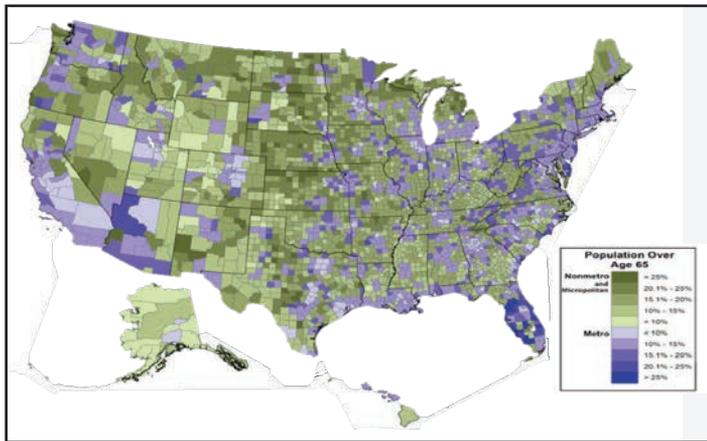Figure 2a. Map of U.S. Population Older Than 65 by County (Rural Health Information Hub, 2017)

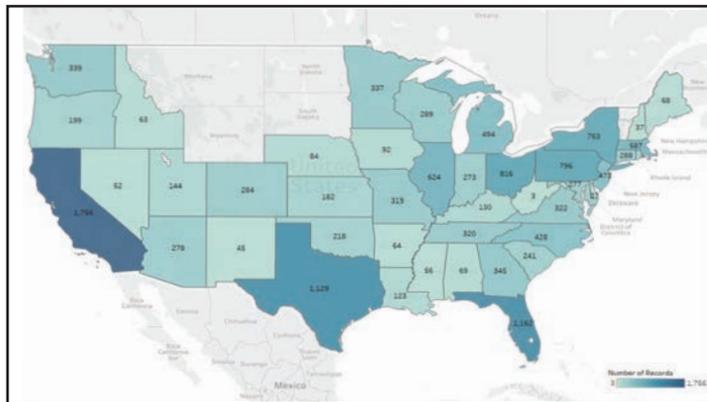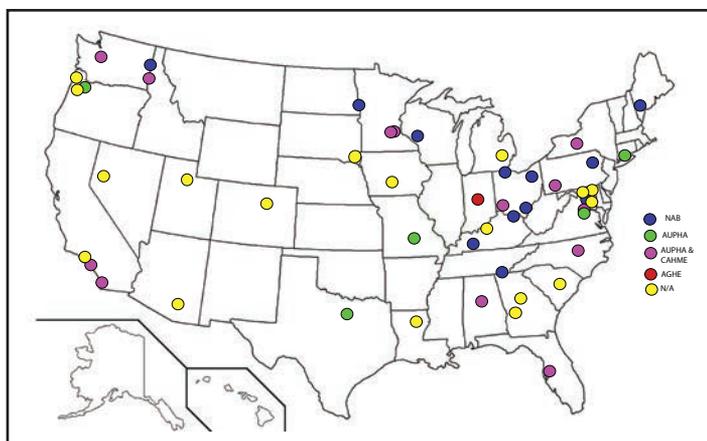Figure 2b. Provider Density Map (National Investment Center for Seniors Housing & Care, 2017)

Figure 2c. Targeted University Programs (Olson, 2018)

Theme 6: Development of an Aspirational Model for the Profession

An aspirational model for this profession is needed. Feedback suggests less focus on technical needs and more on development of professional leadership skill sets. Encouraging providers and their respective associations to engage with academic accrediting bodies is another necessary step forward.

Strategy. Encourage and facilitate a conversation among various stakeholders to build on existing curricula by incorporating the observed needs of providers hiring emerging leaders.

Objectives/tasks. Include input from sabbatical focus groups and research findings to identify common leadership needs and other areas requiring more emphasis.

Comments. Throughout the course of conversations, and when reaching out for more formal feedback, there was a thread of encouragement to carefully consider the changing landscape of services. Doing so includes but is not limited to the following:

1. The continuum of settings, particularly from a professional development perspective. The Health Services Executive model is an initiative of NAB and advances the skills required to lead in organizations with a broader spectrum of services (e.g., skilled nursing facilities [SNF], residential care and assisted living [RCAL], and home and community-based services [HCBS]) (**Figure 3**).

2. The role of other critical leaders in the senior care administration field (e.g., directors of nursing and sales counselors) and other gerontology areas (e.g., certified senior advisors), which would encourage the advancement of a more multidisciplinary educational approach.

3. The changing demographic needs and the needs and wants of future consumers who are driving service delivery. Paying attention to these changing needs and wants will be essential as the baby boomer age wave rises and falls over the next 30 plus years.

4. The tremendous impact of technology and the changing workforce. One technical expert pointed out that the

technology space has aggressively reached out to the next generation of talented workers to capture their interest in this area.

5. Focusing more on leadership practices and broader management skills while continuing to pay attention to the technical and regulatory requirements of operations. In addition, this area connects to the professional image initiative.

6. A professional image (Theme 1) is essential to the development of this aspirational model, and it has implications for both the field experience and career path themes.

7. Paying attention to the voice of the next generation of leaders so that we can appeal to their interests and energies.

Resources. The provider and association focus groups and formal feedback, along with the NELS Forum (2017), focused on a number of key considerations for the future.

Figure 3. Health Services Executive Model
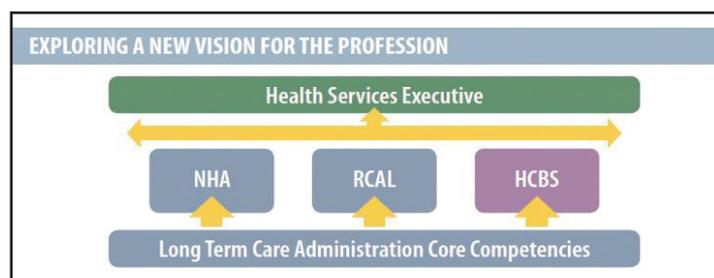
Theme 7: Document the Current State of the Profession and Explore the Impact of Leadership on Outcomes

Efforts are in place to advance an applied research proposal that, on completion, documents the profession's profile and assesses the impact of leadership on care outcomes and services. This long overdue research effort will update the existing literature (Castle, 2001) on the state of this profession and broaden the perspective on the impact of leadership (Castle & Decker, 2011). We also intend to support the advancement of a planned colloquium attended by stakeholders who have endorsed this effort, and who can provide leadership to guide the recommended project actions by bringing together groups that would not routinely connect. These stakeholders, primarily represented by providers and universities, have significant influence on the ultimate goal of expanding the number of academic programs dispersed across the country.

Strategy. Submit a research proposal to document the current demand for, and supply of, administrative leadership for this profession and further examine the impact of leadership on care and services.

Objectives/tasks. Ensure that stakeholders have weighed in and support the proposal advanced by the author and an identified research team.

Comments. The original proposal has been developed, and the research team is exploring potential funding sources. This is a priority not only for this team, but also will supply important information necessary to share the updated state of the profession for the national strategy. Documenting the state of the profession and the impact of leadership on outcomes is a critical step in helping to build a stronger case for action (Kotter, 2014).

Resources. A summary overview of the existing confidential proposal is available for review by contacting the author directly. Clearly, documenting the field's current experience and making the case regarding the future demand for and expected shortage of talent for this noble profession are imperative. This will help us not only build the case for putting energy and resources into advancing this professional need, but will also support our work as we enhance and expand senior care administration programs across the country. In addition, we need to pay attention to how other professions (e.g., physical therapy) approach their supply and demand challenges.

DISCUSSION

The consensus of the sabbatical steering committee is that a subset of committee members will remain active to guide this effort. We are working on organizing a symposium with key stakeholders. Participants will comprise a wide range of interested parties and stakeholders who typically would not attend the same meeting. Providers and universities will be two of the key groups. Typically, stakeholders convene their respective audiences at their own sponsored conferences. Some efforts to reach out to other stakeholders have been only modestly successful.

Next Steps

Strategy. A group of individuals will be convened who represent universities and providers along with a variety of other audiences, stakeholders, and interested parties. They will learn about the current state of the profession, discuss the progress on the key themes, and come to a consensus on how to work together to advance this agenda and the future of the profession. This meeting is not meant to replace the variety of important association events held throughout the year.

Objectives/tasks. First, we need to develop a clear set of objectives and an approach for the meeting. These objectives should include solidifying agreement on the need for a national strategy; further exploring possible approaches identified in advance; determining who might be interested in becoming involved and in what areas; creating actionable plans with accountability, time frames, and resource needs. We also will need to determine if any type of national consortium would be appropriate for guiding future activities. Second, we need to decide on a summer 2019 date, a central location, and funding or sponsorship needs. Third, we need to assemble a list of individuals who will be invited to the symposium, which will include representation from a wide variety of groups, with an emphasis on providers and universities. Although the Center for Health Administration and Aging Services Excellence at UW-Eau Claire would have an initial role with planning this event and some of the early implementation phases, a more independent body could be advanced to participate in leadership of this effort.

Comments. The symposium will bring together a diverse group of people, including individuals who are currently active or affiliated with the profession, and those who have had an affiliation in the past. Additionally, the group will provide a mix of backgrounds and perspectives not normally brought together. This meeting should foster a rich and meaningful dialogue, especially between academics and providers.

Resources. A subset of the sabbatical steering committee, along with a few new members, have agreed to provide oversight for this effort. The committee also discussed the type of national consortium that would need to be in place after the symposium to ensure ongoing progress on the agreed-upon plan. Although the Center for Health Administration and Aging Services Excellence is supporting some of the time and effort focused on advancing this initiative, other funders and sponsors are necessary to advance this agenda. The collective efforts and support of all stakeholders are needed to advance the agenda of enhancing and expanding university-based programs focused on health administration and aging services.

CONCLUSIONS

We need to keep the momentum moving forward to achieve our goals of enhancing and expanding university-based programs in senior care administration. Based on the endorsement of the report by all of the associations involved with this effort, we are working on the following steps:

1. Develop a consortium model to guide the advancement of strategies, which will require a leadership oversight group
2. Disseminate the initial findings to a broad array of media sources and publications
3. Obtain funding for the applied research proposal that will document the state of the profession and provide evidence of the impact of quality leadership on outcomes
4. Organize a symposium to be held in the summer of 2019 that will convene individuals who represent a variety of audiences, stakeholders, and other interested parties to learn about the state of the profession, discuss progress on key themes, and reach a consensus on how to work together to advance the profession. These stakeholders include the following:
   - Providers from across the wide variety of settings
   - University faculty and leadership
   - Associations and credentialing groups
   - Emerging leaders and experts in the area of generational differences
   - Public relations and marketing experts and mainstream media
   - Government officials and regulatory representatives
   - Consumer groups (e.g., AARP and National Consumer Voice for Quality Long-Term Care)

Using the results from this study and the subsequent framework, invested stakeholders can work with

universities to create a strong portfolio of programs to address the ever-increasing needs of the health administration and aging services profession.

These implementation efforts will require time, energy, and resources from a variety of sources. We invite you to join this exciting and important effort. We are at a critical time, and it is our mutual responsibility to advance this noble profession to ensure we have both capable and talented leadership to guide the ever-changing organizational efforts to provide the best possible care and services for the deserving elders of our country.

ACKNOWLEDGEMENTS

APPENDICES

Appendix A. Sabbatical Steering Committee

This sabbatical project would not have been possible without the contributions of a wonderfully insightful steering committee as well as the perspectives of hundreds of individuals. Steering committee members over the term of the project include:

- Dr. Robert Burke, Professor, The George Washington University
- Dr. Nicholas Castle, Professor, University of Pittsburgh
- Steve Chies, Program Manager Long-term Care Administration at St. Joseph's College;
- Dr. David Gifford, Senior VP of Quality, AHCA
- Dr. Diane Hoadley, Emeritus Dean, UW-Eau Claire College of Business
- Dr. Jennifer Johs-Artisensi, Professor, UW-Eau Claire
- Ed Kenny, chairman of the board, LCS
- Robert Kramer, Founder and Strategic Advisor, National Investment Center
- Randy Lindner, CEO, NAB Foundation
- Chris Mason, President and CEO, Senior Housing Managers
- Bill McGinley, President and CEO, ACHCA
- Anne Montgomery, Senior Policy Analyst, Altarum Institute

- Mike Schanke, Convener of CHAASE and President of Oakridge Gardens
- Cecilia Sepp, former President and CEO, ACHCA
- Dr. Robyn Stone, Executive Director, LeadingAge Center for Applied Research
- Julieanne Williams, CEO, Dycora
- Paul Williams, VP of Education, Argentum
- Otis Woods, Wisconsin Department of Health Services

The steering committee's role was to review efforts and information and provide feedback. The committee formally supported the full sabbatical report, which has informed this article.

Appendix B. Study Report on Review of NAB -Accreditation Reports

The goal of this project was to identify characteristics of strong NAB-accredited academic programs, along with specific supports for and barriers to the development of strong long-term care (LTC) educational programs. Nineteen reports spanning more than 10 years were reviewed using a SWOT matrix approach. The overall conclusions are noted below, and the full study is included in the full sabbatical report

OVERALL CONCLUSIONS

- A strong marketing/student recruitment approach is critical. There are many untapped opportunities with social media, and it is difficult to have a strong, successful program without a critical mass of students.
- The internship/practicum/AIT is a critical part of the education in these programs. Increasing all schools to at least 1,000 hours is moving in the right direction. It is important to have a solid structure in place with adequate time devoted to the faculty and staff who are coordinating these internships, placing students, training preceptors, and ensuring there is a strong structure in place for the experience. This structure includes clear learning goals; good communication between student, preceptor, and faculty; appropriate structure of assignments; reflections; periodic reports/ evaluations; and assessment of students' learning and experience at that site with that preceptor. Additionally, especially with a new minimum internship/practicum/

AIT of 1,000 hours, providing a stipend for students becomes even more important.

- A formal advisory committee should meet regularly with adequate representation across the continuum and by alum, practitioners, preceptors, and other LTC stakeholders who can play a significant role in helping keep curriculum up to date, soliciting internship/practicum/AIT sites, recruiting students, serving as "experts" for guest speakers and field trip locations, and fundraising for the program.
- Connection with the profession is of critical importance (i.e., NAB, ACHCA, provider community, other industry and professional associations); some great opportunities are available for university programs to partner with state associations and other providers in their communities.
- Overall, programs seem to be run by well-qualified faculty members with a broad array of doctoral and master's level degrees, as well as a variety of Licensed Nursing Home Administrators and others with experience related to business/gerontology/other aspects of health care and/or long-term care who are well-respected in their fields.
- Many accredited programs have received strong support from upper administration (chairs, deans, provosts), as well as adequate funding, both internal and external.

Appendix C. Responses From University Academic Directors to the Following Question

What do you believe are the information needs of your respective university administration to further support the establishment or continued investment in a senior care administration program?

- Need for distance partnerships
- Direct alumni data on earnings, longevity, and gifting
- Having a strong advisory council is key. It has the "juice" to be quite influential.
- My greatest need for information is more clarity around the AIT, and how to integrate that into an academic program for those who need it. We are receiving an interesting array of applicants, some of whom have already completed an AIT but want the academic component; some are partway through the AIT; and others will be starting. Designing a curriculum to meet

all those needs is challenging.
- They would have to review much of the information that I review.
- Data and consistent information to illustrate the complexity related to the health care sector
- More detailed information on the growing needs of senior care organizations
- Belief that the program can sustain itself
- Our college's program in LTC administration is highly respected nationally, but not so much within our campus. I wish administration understood how vital our program is to the industry as a whole. It's been successful for a long time, but it's been taken for granted on the campus.
- Data about positions filled by new/recent graduates per year; vacancies
- If we could show the significance of community partnerships in reference to the senior program
- Better understanding of the national landscape and how investment/support for the school will benefit the university overall
- Statistics on the population and its unique needs
- More awareness of the importance and market demand
- Senior leaders would need to be convinced that a viable program could exist.

Appendix D. Association Program Listing

The American Health Care Association and the National Center for Assisted Living have a Future Leaders Program for owners and operators who are up-and-coming leaders in states. This group attends a 3-day training session in Washington, D.C., has assigned readings, has regularly scheduled conference calls and activities, and has a demonstrated interest in working on LTC issues at the national level, which may include participating on AHCA/NCAL work groups or committees. The respective state associations forward the names of candidates.

LeadingAge has a Leadership Academy with a year-long curriculum that unfolds over five in-person experiences and monthly virtual gatherings. It provides a broad understanding of leadership theory and practice through multiple program components, including exposure to a foundation of leadership knowledge, innovative organizations, and diverse perspectives from seasoned leaders and colleagues in the field. Fellows also begin

working toward the implementation of a program or practice that will help advance an innovation or improvement in their organizations (or in the aging services field).

Argentum provides tools and resources to help those working in senior living reach their professional development goals. A recent initiative provides certification opportunities for executive directors/administrators of senior living communities, as well as a program for community sales and marketing professionals. Argentum also has a robust career center.

The American College of Health Care Administrators (ACHCA) and the National Association of Long Term Care Administrator Boards (NAB) partnered to form the NAB/ACHCA Administrator in Training manual, as well as the four-part digital preceptor training course. They also are home to a national mentoring program that has had much success.

The National Investment Center (NIC) has a Future Leaders Council composed of nominated individuals who commit volunteer time to work on NIC initiatives. These individuals also serve on NIC committees and task forces as requested; take on specific projects to benefit NIC; and gather formally as a group at major NIC events to discuss current issues, share ideas and successes, and ask questions of fellow members and industry leaders. The center also has a robust academic outreach approach based on connecting emerging leaders with internship opportunities.

Appendix E. University Program Listing by Region

South Region
- University of Alabama at Birmingham
- Bellarmine University
- Georgia Southwestern State University
- University of Louisiana Monroe
- Middle Georgia State University
- University of North Carolina at Chapel Hill
- University of North Texas Health Science Center
- University of Puerto Rico – Medical Science Campus
- Southern Adventist University
- University of South Florida
- Western Kentucky University

East Region
- University of Baltimore
- Brown University
- Cornell University
- George Mason University
- George Washington University
- John Hopkins University
- ILU
- University of Maryland – Baltimore Co (UMBC)
- University of Massachusetts – Boston
- University of New Haven (CT)
- Penn State University
- Philadelphia College of Osteopathic Medicine
- Saint Joseph's College
- University of Scranton
- Towson University
- Virginia Commonwealth

Midwest Region
- Bowling Green State University
- Concordia College
- University of Indianapolis
- Kent State University
- Madonna University - Michigan
- University of Minnesota
- University of Northern Iowa
- Ohio University
- University of Pittsburgh
- Xavier University
- Shawnee State University
- Simpson College
- University of South Dakota
- Southeast Community College
- University of Toronto
- University of Wisconsin – Eau Claire

West Region
- University of Arizona
- University of California – Los Angeles
- University of Southern California – Davis
- University of Hawaii-West Oahu
- University of La Verne
- University of Nevada Reno
- Oregon State University
- Pacific University
- San Diego State University
- University of Utah
- Washington State University
- Eastern Washington University

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