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ABSTRACT

This document summarizes the final report of the Commission on Education for Health Administration with emphasis on the recommendations and observations on health administration education for the next decade. Recommendations cover unmet educational needs, developing lifelong learning opportunities, improving educational content, enhancing educational quality, extending student recruitment and quality, influencing educational outcomes through accreditation and credentialing, utilizing interdependency in educational strategies, strengthening policy, and building information resources. (MJM)

Summary of the Report
of the Commission on

Education for Health Administration

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Foreword

For more than three decades the W.K. Kellogg Foundation has been keenly interested in the growing profession of hospital and health administration. Early experiences in the Michigan Community Health Project, a demonstration health program supported by the Foundation in rural southcentral Michigan, indicated that effective management was critical to improving the delivery of community health services. Subsequently, the Foundation provided substantial support for the development of a wide variety of programs in education for health administration. A comprehensive study of needs in the field was undertaken by the Joint Commission on Education in Hospital Administration supported by the Foundation in the mid-1940's, a time when there were only two formal graduate programs existing. To date, the Foundation has assisted over forty universities in their development of graduate, undergraduate and continuing education programs in this field—in Australia, Canada and Latin America, as well as in the United States.

Based on observations and requests from the field, the Foundation convened an ad hoc committee on education for health administration in 1970. Representatives from major health organizations and the field of education served on this committee which unanimously concluded in mid-1971 that there were several critical problems confronting the fields of both health care practice and education, and that a comprehensive national study would be timely and helpful.

In reaching this conclusion, a number of factors relating to the present status of this field were taken into consideration, including: a proliferation of educational programs and a concurrent substantial increase of graduates; significant changes in the basic curricula; a quickening of interest by many universities in the development of undergraduate programs; and the relationship between hospital administration education and other parallel health management educational efforts such as those for public health administration, medical care organization, and comprehensive health planning. Additional issues identified by the committee included: the preparation of teaching and research personnel in health administration; adequate financing of comprehensive teaching, research and

community service activities; the quality of instruction and adequacy of teaching material; and a strategy for educating administrators of medical center complexes, and large-scale health organizations including health care corporations, hospital chains and conglomerates, and health maintenance organizations.

Also of critical importance to the Foundation was the same concern expressed in an earlier era—namely, the relationship between management and the provision of community health services. Can improved management make an impact on the pervasive problems of quality, access, comprehensiveness, continuity, cost, and productivity of the nation's diversified health delivery system? What is the potential of, and the barrier to, the contribution of administration education to these goals?

The Commission on Education for Health Administration, an interdisciplinary "working" study group, was established in mid-1972. James P. Dixon, M.D., President of Antioch College, a graduate of the Harvard University School of Medicine and of the Columbia University School of Public Health and former Commissioner of Health and Hospitals for the cities of Denver and Philadelphia, consented to accept the chairmanship of the Commission. Invitations to serve on the Commission were made by the Foundation after consultation with Doctor Dixon. Full-time professional staff were appointed and the offices of the Commission were opened in Washington, D.C. where proximity of several national health and education agencies proved helpful to the Commission's mission.

To sum up, we believe there existed a great need to examine critically the present status of health administration practice and education and their relevance to contemporary health delivery problems. The most recent significant study, the Olson Report, also fully supported by the Foundation, was completed some twenty years ago. It, therefore, appeared timely that a thorough appraisal embracing all aspects of health administration should be undertaken. It is our hope that the report of the Commission on Education for Health Administration responds to this need. We are confident that the study recommendations will benefit the field, universities and colleges conducting educational programs, health agencies and hospitals, and particularly the public we serve and to whom we are accountable. And, finally, we would like to extend our deep appreciation to Doctor Dixon, the Commission members, and to Dr. Charles J. Austin, the Study Director, and to Mrs. Janet A. Strauss, the Assistant Study Director, for their contributions which made this report possible.

Russell G. Mawby
President

Andrew Pattullo
Vice President for
Health Programs

W. K. Kellogg Foundation,
Battle Creek, Michigan

Preface

Those who administer health and medical care services are accorded special educational opportunities. Originally these opportunities c[illegible]n-trated particularly on the public health. But in more recent times de[illegible]nds for health and medical service have supported the developm[illegible]nt of educational programs in hospital and medical care administration and in health planning.

This Commission was established to provide a current eva'uation of existing and proposed education for health administrators and to determine how change of educational efforts might improve the delivery of health and medical services to the American people.

The boundaries of administration in a complex society are uncertain. For clarity, emphasis, and to place stress on public accountability we limited our definition of administrator to those who are directors of public and private institutions, agencies, and programs involved in the planning and delivery of personal or community health and medical care services, and other personnel in such organizations who aspire to become executives.

We have assumed in our inquiry that a very wide range of educational options is either at hand or can be developed for service to health administration. Our view then has included all educational endeavors directed toward preparing individuals to assume health administration responsibilities and functions, bringing under scrutiny formal programs at both undergraduate and graduate levels, continuing education opportunities offered by educational institutions, professional associations, and in-service training programs, and a spectrum of newly-developing non-traditional, sometimes informal, sometimes experiential-based, efforts. Within these boundaries there seems to be potential for excellence, perhaps of a newly-defined and expanded sort, and for development of a new breed, if not a new profession, of leaders in the health and medical care system. Our recommendations address that potential.

Throughout our deliberations we have been generously assisted by many individuals and groups. Here we wish again to thank the eight members of our Panel of Educational Consultants, the eight authors who prepared papers for our Institute held in New Orleans in January 1974, all of the invited participants at that Institute, and the Director and staff of the Association of University Programs in Health Administration. The staffs of a number of other professional associations, which are listed in an appendix to the report, likewise provided constructive help and criticism.

We are indebted to Charles Austin and Janet Strauss for their diligence and competence in fulfilling their tasks, both those assigned and those assumed on our behalf, and to Marilyn Hughes and Éva Winters for their invaluable secretarial assistance. The other members gratefully acknowledge, also, the particular efforts of Karl Yordy as Chairman of the Institute on New Approaches to Education for Health Administration.

Finally, we offer our thanks to Andrew Pattullo of the W.K. Kellogg Foundation for his constant support and scrupulous non-interference in our deliberations. The pages that follow are totally our responsibility, but the opportunity to offer them has been afforded through the generosity of the W.K. Kellogg Foundation.

James P. Dixon, M.D.
Chairman

Commission Origins and Boundaries

Purposes and Objectives

Periodic assessment of what we are about and where we are going is as essential in education for health administration as in other undertakings. Establishment of this Commission by the W.K. Kellogg Foundation, in 1972, provided for a current evaluation. A summary of the Commission's deliberations, and conclusions drawn from them, are presented on the following pages.

The clear purpose of assessment was critical evaluation of existing and proposed educational efforts, to determine how their improvement might improve the delivery of health and medical services to the American people. But it soon became obvious that the educational scene could not be examined apart from health administration practice and its sphere of influence within the health and medical care system.

Commission inquiries therefore evolved around four sets of issues, identified to organize a broad and complex area in a manageable way. These were:

1. Complexity of the health and medical care system and needs for improved organization and administration within the system.
2. Definition of role and responsibility in health administration practice.
3. Relevance and quality of education for health administration.
4. Process for achieving articulation between health administration education, practice, and the community.

Interrelationships among these issues, plus the issues' irregular sizes and shapes, precluded a simple view of the Commission's task, limited to the process of education. But similarities between the education and practice areas and the dilemmas therein, provided opportunities for shared solutions. The ultimate objective of the Commission's work became con-

clusions and recommendations which could lead, by way of new and improved educational strategies, to improvements in health administration practice and thus in health and medical care.

Because Commission conclusions and recommendations can neither bring instant results nor be expected to have relevance beyond a period of a dozen years or so, it was determined that they should be geared to application within the short-to-middle-range future—into the mid-1980's. A working paper exploring and forecasting the probable shape of that future was prepared early in the Commission's two-year work period, and was used as one basis for our thinking. This and other papers prepared for Commission use are included in another volume of the report.

Definitions and Boundaries

Choices of terminology and definition of the terms selected were essential. Continued use of "administration" rather than "management" was decided upon, because in the literature and in practice it is used more often to describe the direction and operation of various units within the health and medical care system. Delineation of the scope of health administration as a unique area of responsibility, and definition of the process of such administration, were accomplished in a second working paper. Beyond that, administrative role definition, encompassing the responsibilities and functions that should constitute the health administration process, was attempted and led to a major Commission conclusion.

"Administrators" also needed identification. The Commission chose to focus on organization executives, defined as directors of public and private institutions, agencies, and programs involved in the planning or delivery of personal or community health and medical care services, and other personnel in such organizations who aspire to become executives. Within this definition are many individuals without specific health administration education who may or may not have other professional or special training, and persons with political influence who either make administrative decisions or direct those in administrative positions.

Organizations involved and the services delivered were likewise specified. Organizations include group clinics, small and large hospitals, long-term care and mental health facilities, health departments, voluntary health agencies, comprehensive health planning agencies, environmental control agencies, insurance plans, and numerous additional specially-designated agencies and programs. Personal and community health and medical care services include those provided to individuals by physicians and other health care professionals on a one-to-one basis, plus one-to-

group services, provided to population groups and communities, such as collection and dissemination of health information, environmental management, planning and regulation of health services, and provision of medical care insurance.

Commission Process

Within its two-year time frame and with the resources available, the Commission undertook and supported several specific inquiries. Data descriptive of existing formal graduate and undergraduate programs were collected by mail questionnaire. The questionnaires were sent to all programs the Commission had been able to identify through requests to national educational associations and other agencies known to have listings of educational resources.

Mail questionnaires were also used to gather data from graduate students, graduate-program graduates, and employers of those graduates, concerning the educational experience. Three research projects were conducted by members of the Commission, in the areas of public accountability, labor market projections, and specialist roles in health administration practice. A pilot research project to determine the nature of administrative role and responsibility was also conducted with Commission participation.

Data thus obtained were limited and might have skewed some of our perceptions of the issues addressed. Strenuous efforts were made to counterbalance this, however, so that our conclusions and recommendations have resulted from judgments based not only on data collected but also on evidence gathered from the literature, presentations by a number of individuals at our Commission meetings, the counsel of our Panel of Educational Consultants, and the papers and proceedings of our invitational Institute on New Approaches to Education for Health Administration. The diverse orientations and areas of expertise of our Commission members have also given breadth to our perspectives.

Constituents and Consultants

Throughout our deliberations, we have attempted to take into account, to obtain input from, and to direct our output toward, several constituencies. These represent all who will be affected by, and who can influence, education for health administration. They include present and future educators of those who practice health administration, and their students. They include all practitioners of health administration whether specific-

ally educated for their administrative responsibilities or not, the organizations where they practice, and their representative associations. They include direct providers of health and medical care services and their associations, as well as users of those services who are the ultimate clients of health and medical care organizations. And they include legislators, funding agencies, and other groups which influence all health, medical care, and educational policy and activity at national, state, and local levels.

Summary of Recommendations and Observations

The Commission's inquiries and deliberations over a two-year period have led to observations and recommendations that reflect the complexity of the issues with which we dealt.

We have concluded that increased and improved organization and administration within the health and medical care system will vastly improve the system's responsiveness, responsibility, and rationality. Assumption of leadership by those designated as administrators in the system, coupled with greater professional and public expectation in and support of such leadership, will lead to improved administrative effectiveness.

The pluralism and diversity of our health and medical care system, which are expected to continue within the next decade or so, and the inevitably shifting patterns of health administrators' careers, necessitate variety in the educational approaches and opportunities available. This variety need not preclude, indeed can enhance, quality in education for health administration.

On the following pages, our recommendations are grouped according to broad topic areas, and are presented with brief introductory statements summarizing the discussion in chapter three of the full report. Following the recommendations are observations resulting from our consideration of the health and medical care system and the administrative role and responsibilities in that system. Bases for these observations are detailed in chapters one and two of the full report.

Recommendations for Educational Policy and Programs

1. **Responding to Unmet Educational Needs** The Commission estimates that fewer than 25 percent of executive level positions in the health and

medical care system are filled by individuals who have had formal entry-level education in health administration. Pressures are growing for application of health adminstration expertise, in newly-legislated agencies and programs and in established settings which are undertaking new sorts of activity. Additional demands for education must be anticipated. Practitioners who have not had previous health administration education, or who were educated in the past and now need updated knowledge, attitudes, and skills, as well as those wishing to enter practice, will seek educational opportunities. Emphasis will need to be placed on preparation for those areas of activity in the health and medical care system which need increased and improved organization and administration; on preparation for leadership; and on preparation for carrying on the process of health administration in a variety of settings.

The Commission recommends that educators in the field of health and medical services administration employ diverse educational strategies in order to deal with the following unmet educational needs:

- provision of learning opportunities for practicing administrators;
- revision of formal graduate and undergraduate programs to attract and prepare administrators for a wide range of activity including preparation for administration in the areas of long-term care, mental health, ambulatory care, environmental health, and comprehensive health planning, and for related responsibilities in areas such as research and policy formulation,
- provision of educational opportunities for groups and individuals such as organization board members, health professionals, and consumer representatives who function in roles collateral to the administrative role;
- participation by faculty and students in community service, technical assistance programs, and development of new types of health and medical care delivery systems, and in formulation of public policy relating to health administration; and
- research into the educational implications of developing types of health programs such as new forms of environmental management, comprehensive medical care systems, organizations for the review of medical care, national health insurance, and others which may develop.

Wherever based, educational strategies should be learning-centered, developed around the needs for administrative leadership in the health and medical care system as well as individual needs of students.

The Commission further recommends that all public and private sources give these needs high priority in developing policies of financial support for health administration education.

2. **Developing Lifelong Learning Opportunities** Promoting and providing for the continuing competence of practicing health administrators, whether or not they have had formal health administration education, is seen as one of the most important issues facing health administration education today. To date, many of the opportunities for continuing learning in this field have developed outside the formal programs, in continuing education and inservice training programs that have diverse sponsorship and are totally uncoordinated. Lifelong learning opportunities should be designed to enhance career mobility and to encourage maintenance of administrative competence. They should draw on and be integrated with the formal graduate and undergraduate educational programs in health administration to the fullest extent possible.

The Commission recommends creation of a task force of educators, practicing health administrators, and other knowledgeable individuals, to plan the detailed implementation of a national, nongovernmental program in lifelong learning and nontraditional study for the field of health administration. This program should include, but not be limited to:

- development of nonresident external degree programs in health administration;
- coordination of continuing education and inservice training activities including the development of a registry and information exchange about course offerings;
- coordination of educational program record-keeping and development of methods for reciprocal credit granting;
- development of a national program of certification based on competency testing and experience validation (also see Recommendation 6, below); and
- development and testing of the concept of a community-based "open school" of health administration, as described in the text of this report, on a demonstration or pilot project basis.

3. **Improving Educational Content** The Commission has found considerable similarity among the curricula of formal graduate and undergraduate health administration programs. Different emphases that do occur apparently relate to program settings. Less similarity occurs in continuing and inservice education programs. In general these offer specialty coursework designed to meet specific practice needs. Although the Commission did not attempt to design either generic core courses or specialty track courses, it did address the need for all educational efforts to relate as directly as possible to areas in which administrative activity should be increased and improved, and for strong emphasis to be placed on preparation of health administrators to assume leadership in the health and

medical care system as well as to carry on the process of health administration in a variety of settings.

The Commission recommends that health adminstration education, offered in a variety of settings, as determined by availability and quality of resources, and employing a variety of educational strategies, have the following basic characteristics:

- as great a breadth and depth of content as available resources allow, pertaining to the two core areas of: (1) health, and (2) administration—the first area should include information on health and disease, health and medical care organization, and environmental management, the second area, administrative theory and skills and applied behavioral science content, particularly that relating to social organizations and political processes;
- a mutually reinforcing combination of didactic work and experience, linked together wherever possible by community service and applied research projects jointly carried out by students, faculty, and practicing administrators;
- innovation in educational design, including, but not limited to, such techniques as computer simulation and gaming, development of multimedia learning modules, programmed instruction and independent study techniques;
- strong interdisciplinary relations between health administration education efforts and all relevant academic disciplines represented in the parent institution or other available settings, providing for exchanges of students and faculty and opportunities for study of the various disciplines' application to health administration, in their own settings; and
- use of specialist training, in such fields as financial and personnel management, and systems engineering, available in other schools or departments. Education of the generalist adminstrator should focus on how to use specialists effectively and should be concerned with methods for selecting, managing, and motivating staff specialists.

4. Enhancing Educational Quality The Commission is concerned about the limited size of many existing educational programs. Average master's degree program faculties have 5.7 full-time and 8.5 part-time members and average baccalaureate degree programs 2.8 full-time and 3.3 part-time. These programs have low visability and influence within their parent institutions, and lack close relationships with health administration practice. Since the ultimate measure of quality of health administration education should be the administrative performance of those educated, improvement in that quality needs to relate to practice and its purposes. To achieve relevance and prepare individuals to be leaders in organization

and administration within the health and medical care system, educational efforts will need to be served by highly competent, well-trained faculty, and will need to sponsor and engage in research activities.

The Commission recommends that a task force be formed to guide the development of one or more Centers for Advanced Study in Health Administration and to make recommendations about funding requirements and sources, both public and private, and about areas of advanced study and educational research to be supported. The Centers for Advanced Study should provide for at least the following:

- development of faculty for the field of health administration education, through programs of pre- and post-doctoral fellowships, as well as "refresher" courses for experienced faculty and practitioners who teach;
- an administrative and supervisory unit for fellows who may carry out their work in any suitable locations, and offering short-term courses for other faculty and for practitioners who have educational responsibilities;
- an environment where scholars can congregate to carry out advanced study and research in the field of health administration, according to their own interests and capabilities; and
- educational research directed toward the improvement of learning in the field of health administration education, to include investigation into necessary levels of scholarship, use of knowledge from a variety of disciplines, and the impact of various educational strategies on improved adminstrative performance.

5. Extending Student Recruitment and Quality Student quality and quality of educational effort are directly related. High quality education with relevant content will produce leaders only if individuals with ability and motivation are attracted as students. Without able and motivated students, it is not possible to mount superior educational programs. Measures must be taken to expand the pool of applicants to include students representing a wide range of orientations, interests, and special talents.

The commission recommends that particular efforts be made to:

- provide accurate information to high school and college counselors, and motivate them to promote health administration education and opportunities.
- make information on educational opportunities available and readily accessible to health administration practitioners, to facilitate their use of life-long learning opportunities;
- promote equality of educational opportunity so that no barriers related to age, race, sex, or occupational status are present;

- strengthen efforts to recruit women and representatives of all minority groups and to continue support for existing projects such as summer work-study programs; and
- arrange special financial support programs for low income students through both public and private agencies so that economic circumstances are not a barrier to educational opportunity in the health administration field

6. **Influencing Educational Outcomes through Accreditation and Credentialing** In the Commission's view, the quality of health administration education can be enhanced by accreditation such as has been carried out for a number of years for schools of public health and separately for hospital administration programs. But accreditation is not seen as the principal determinant of quality; faculty competence and attitudes, students' motivations, experiences, and engagement with the educational process, and other more subtle factors have as great or greater import. Accreditation is, however, part of the general educational scene and will continue to be applied. For health administration education, it should be administered in ways that will promote quality without further fragmenting the health and medical care field or isolating public health and health administration education. As accreditation cannot guarantee educational quality, neither can one-time academic credentialing of individuals assure their competence to carry out the health administration process and exercise leadership in the health and medical care system throughout their careers. (Also see Recommendation 2, above.)

The Commission recommends that accreditation of education for health administration and related fields have a broad generic base, and that:

- every effort be made to eliminate accreditation requirements from eligibility for federal and other funding of education for health administration;
- accreditation status not restrict education programs' full participation in organizations and activities devoted to enhancing the quality of education for health administration;
- the trend toward grouping health professional schools and programs into academic health science centers be recognized in opening the possibility for broadening the accreditation base from the present overlapping program and school agencies to a single agency;
- membership of accreditation agencies include educators, practicing administrators, knowledgeable individuals who are not themselves engaged in health administration education or practice, and students from the field;

- residency and other external training sites used by educational programs be evaluated through the accreditation process; and
- certification by examination be available to all, to provide an alternative credential to completion of a formal degree program, and periodic recertification, tied to lifelong learning opportunities, likewise be available.

A minority statement by Commissioner Hill, which appears in full at the end of chapter 3, of the report, states that: "With specific reference in Recommendation 6, I cannot accept the first sentence and the third section I would substitute the following: *The accreditation of education for health administration should be programmatically oriented, building on the promising work done by the Accrediting Commission on Graduate Education for Hospital Administration.*"

7. Utilizing Interdependency in Educational Strategies Interdependency flows from complexity within both of the human service systems with which the Commission has been concerned. Resources of both the health and medical care system and the educational system are finite and must be allocated in the interests of meeting client and provider needs. Using the realities of interdependency and scarce resources in ways advantageous to all who are involved can contribute significantly to high quality in education for and practice of health administration.

Although the Commission sees no need for large increases in the total number of health administration education programs by the mid-1980s, it does see the need for improved articulation among existing educational efforts, and between these and new efforts such as it has recommended. New programs, of whatever sort, can provide important competition by challenging the status quo. They may also be in advantageous positions to respond to areas of unmet educational need. The Commission therefore strongly discourages any efforts to place moratoriums on new programs.

The Commission recommends that in development of diverse health administration educational strategies, such as are advocated in several preceding recommendations, particular attention be paid to:

- availability of resources adequate to assure breadth of educational content, opportunities for faculty development, and the conduct of research,
- inclusion in the educational programs of cooperative efforts with community groups and organizations to foster the development of sensitivity for the needs of clients, and to facilitate broad public understanding of the role of health administration;
- articulation with other health administration educational efforts, of other sorts and at other academic levels, to increase the range of opportunities available to students and to limit duplication of effort;

- collaboration with other human services education, in the fields of social work, education, public administration, law, et al., to provide health content in those fields and to broaden the perspectives of health administration students; and
- affiliation with medical education, to provide exposure to administrative problems and techniques for medical students, and to develop cooperative strategies such as joint degree programs and joint curriculum and field experience planning.

8. **Strengthening Policy and Building Information Resources** Recent health and medical services legislation, and proposals for new organizations and programs such as regional health authorities, will exert strong pressures for updated administrative knowledge, attitudes, and skills. The educational system will be expected to respond and should do so with new and improved educational opportunities and through increased participation in policy formulation.

The Commission recommends that a task force be formed to guide the development of a center for conducting policy-oriented studies. These studies should consider new legislation and related developments in terms of demands they create for administrative activity, and should analyze the potential of health administration as it relates to all components of the health and medical care system and to the need for increased and improved administrative activity in the system.

The Commission's inquiries were restricted by lack of adequate data concerning number, location, training, and educational needs of health administration personnel. There is no central source of primary data at the national level nor at state and local levels. Most of the available data are kept by associations on their particular memberships.

The Commission recommends that a national data collection and reporting system be developed for the health administration labor market, along with a companion program of special studies of supply and demand which will use the data collected.

Commission Observations

Observations on Needs for Administration in the Health and Medical Care System In our highly pluralistic health and medical care system, there are splintered and often conflicting responsibilities, and no prevailing social policy, for achieving equitable access to services, efficient use of resources, and delivery of appropriate, high quality personal and community health and medical care services.

Community power structures and health professionals and their associations, which have been major determinants of the shape and scope of the system's capabilities, are primarily oriented toward preserving the status quo. The public appears to acquiesce in this and participates only marginally, as do most administrators, in policy-setting and decision-making, even in the face of growing difficulties in the health and medical care system.

Change is occurring at an uneven pace, influenced by a variety of socioeconomic, political, and technological trends as well as by newly-devised approaches within the system. Health administrators and those who educate them should not assume that these changes will always lead to improvement in the delivery of health and medical care. Imminent passage of national health insurance and other health and medical care legislation portends neither immediate marked improvement nor long-term resolution of the system's problems.

Increased and improved organizational and administrative activity within the health and medical care system is essential, in the following areas which are closely interrelated and which have the community as client. The importance of administrative activity in all of these efforts must be explained and stressed throughout the health and medical care system and for the larger public, and should be given direct and concerted attention in education for health administration.

1. Strengthened state and areawide planning, regulation, and organization involving all types of health and medical care institutions, agencies, and programs.
2. Increased emphasis on promotion and maintenance of health, for humanitarian, social, and economic reasons.
3. Promotion of equity and quality objectives as well as efficiency in the delivery of all health and medical care services.
4. Promotion of public accountability, and of responsiveness to the health and medical care needs of all members of the community by all health and medical care organizations and individuals working through them.
5. Concerted and continuing research into a variety of aspects of health and medical care planning, organization, and administration.
6. Establishment and implementation of effective social policy for health and medical care, developed from the broadest possible base of participation, and having as a long-range objective a clear statement of goals and priorities for action at national, state, and local levels.

Observations on Health Administration Practice The Commission defines the process of health administration as follows:

Health administration is planning, organizing, directing, controlling, coordinating, and evaluating the resources and procedures by which needs and demands for health and medical care and a healthful environment are fulfilled, by the provision of specific services to individual clients, organizations, and communities.

Responsibilities and functions involved in this process vary from one health or medical care organization to another, from one level of activity to another, and from one time to another.

The Commission strongly encourages those with responsibility for carrying out the health administration process to assume a leadership role, particularly in areas of the health and medical care system designated above as needing increased and improved organizational and administrative activity.

For this role to be fulfilled:

- health administrators must acquire and demonstrate competence that ranks them as peers of the providers of direct services and enables them to be supported by others in the system, by government, and by the public.
- administrative concern for fiscal matters and efficient use of resources must be balanced by concern for promotion and maintenance of health, equitable access to and high quality of services, and public accountability in all aspects of administrative performance;
- there must be impetus and strong support from policymakers and the public for achieving balance between pressures for fiscal accountability and accountabilities for the character and quality of the services provided; and
- relationships between health administration and other human services administration in welfare agencies, legal agencies, and primary and secondary education must be recognized and strengthened.

There is currently no reliable source of overall health administration labor market data. Valid data on current and projected supply and demand in the health administration labor market must be gathered and analyzed, to facilitate planning for and distribution of health administration personnel.

Data available to the Commission indicate that only about 25 percent of currently practicing health administrators have had formal education for health administration practice and that most of the 25 percent are practicing in hospitals and public health agencies.

Commission data suggest that the supply of new administrative personnel coming into the field from educational programs and other sources

is adequate for traditional, and important, administrative roles in hospital and institutional medical care, and public health. However, development of newer patterns of comprehensive medical care systems, organizations for the review of care and services, regional health authorities, national health insurance, and health-related environmental management, could result in shortages of administrators with education and experience relevant to these systems. Also, there are shortages due to maldistribution of appropriate administrative personnel, particularly in smaller organizations and in rural areas.

Observations on Education The pervasive need for administrative leadership in areas of the health and medical care system which have the community as client can and must be addressed through the educational system. Educational opportunities for acquiring requisite knowledge, attitudes, and skills must be available throughout any career involving health administration responsibilities, and efforts must be made to recruit highly competent persons for such education.

Education for health administration, planning, and policy-making is now being offered at several academic levels and in a variety of settings—graduate schools of public health, medicine, social work, allied health, business administration, and public administration; both public and private undergraduate colleges; and through continuing education, inservice, and other special programs.

This diversity should be encouraged to continue, to meet the diverse needs for cumulative education which arise in the many sorts of career patterns developing in health administration practice. Educational opportunities geared to future health and medical care needs must be provided for individuals now fulfilling administrative responsibilities and functions who have not had previous administrative education, for those educated in the past who now need updated knowledge, attitudes, and skills, and for those seeking preparation for entry into practice in either traditional or newly-developing organizations.

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