

# APHA Membership Model Assessment

## Executive Summary

### October 2011

#### 1. Introduction

APHA's total membership has decreased by 12.14% in the last 5 years. This decline affected every component group in APHA.

In response to the membership downturn, APHA's Executive Board authorized an intensive two-phase planning project to evaluate APHA's current membership model, determine if the organization is meeting the needs of its members, what additional benefits members and potential members might want and what the optimal membership model would be for APHA. In March 2011, APHA hired Westat, a consulting firm that conducted a major APHA member survey in 2000 and, more specifically, their senior staff consultant Dr. Philip Kuehl, to carry out the Membership Model Assessment Project between March-October 2011.

After nine surveys, more than 3,000 responses, secondary research, and detailed internal analysis, the Membership Task Force (consisting of Dr. Kuehl and APHA staff) will present its final research findings and recommendations to the Executive Board in late October.

#### 2. Phase 1

Between April-May 2011, the Task Force surveyed three APHA audiences – Current members, Non-members, and Lapsed members. The survey results were reviewed in great detail at the May 2011 Executive Board Meeting.

The Task Force also established definitions for Core and Non-Core members.

- Core member: *Those individuals educated in public health and related disciplines and those with strong professional or personal interests in the health of the public and who will join APHA as a national membership organization.*
- Non-core member: *Those individuals who are personally interested in public health policy and program and who are willing to support APHA.*

The Executive Board identified seven possible membership models following a review of other relevant organizations in the non-profit sector. Based on the Phase 1 assessment, the Executive Board selected two membership models for further research – a Revised Current Model and a Volume Model with a Consumer Component that could supplement either of the new models.

#### 3. Phase 2

The Task Force, with Executive Board input, decided that additional research was needed in order to understand specific segments within the APHA audience.

##### Assess Users of Social Media

- Twitter: Total sample of 100,000 with 0.1% completion rate (119 respondents)
- LinkedIn: Total sample of 7,000 with 3.7% completion rate (261 respondents)
- Facebook: Total sample of 10,000 with 0.9% completion rate (92 respondents)

##### Assess Additional Segments of APHA

- Members enrolled in a Section/SPIG: Total sample of 2,500 with 20.8% completion rate (520 respondents)
- Student members: Total sample of 2,500 with 16.5% completion rate (413 respondents)
- Consumer members: Total sample of 430 with 12% completion rate (53 respondents)

#### 4. Value Equation

All membership organizations offer programs and services to Current and Potential members which can be characterized as features of membership. In turn, values are attributed to the features based on the

member's underlying needs, requirements or expectations. The "value equation" represents the features (programs/services) that are most closely aligned with the member's most important underlying needs, requirements, or expectations. In general, the value equation of most members in most associations will be limited to 2, 3 or 4 features of membership. These are known as the "determinate attributes" of a member's value equation.

- APHA's "value equation" for most Current members is composed of: (1) scientific information in public health (very important and important: 81.3%); (2) public policy advocacy in public health (78.1%); and (3) unifying all facets of public health in a single organization (73.2%).
- Most Non-members would be attracted to APHA membership by the following "value equation" components: (1) up-to-date information about important issues impacting public health and public health methods (very important and important: 85.9%); (2) to influence legislative and regulatory policy issues affecting public health (76.3%); (3) to establish professional contacts through networking opportunities (71.9%).
- The value-equation sought by Section/SPIG members includes: (a) scientific information in public health (very important and important: 84.4%); (b) public policy advocacy in public health (80.0%); and (c) unifying all aspects of public health in a single organization (70.0%).
- The value equation sought by Student members includes: (a) scientific information in public health (very important and important: 84.5%); (b) professional contacts and networking for career growth (83.0%); (c) public policy advocacy in public health (75.3%).

## 5. Dues Pricing

Cost of APHA membership was a central theme throughout the research – from Students having a very low reimbursement rate to Lapsed members indicating that the cost of dues played a role in their decision not to renew membership. Price Sensitivity Analysis and Dues Decay Curves were conducted in order to understand member opinions of the current fee structure.

For the Price Sensitivity Analysis (PSA), respondents were asked four open-ended questions about specific dollar amounts. All PSA numbers must be placed in the broader context of current trends in the APHA membership marketplace, strategic positioning of APHA, current dues strategies, etc.

Reimbursement is a major driver of membership dues followed by factors like: (a) respondent employment in Federal Agencies or Universities; (b) respondent membership in Affiliates; and, (c) length of APHA membership. In general, current APHA dues are viewed to be relatively high for the value received. See Appendix A for additional information.

For the Dues Decay Curve, respondents in the four surveys (Current, Lapsed, Section/SPIG, Student) were asked how likely they are to retain APHA membership at specific dues levels. The dollar amounts differed based on the audience.

### Phase 1 research – Current members

- 68% are very likely to retain their membership at \$175.00.
- 58% are very likely to retain their membership at \$185.00.
- 46% are very likely to retain their membership at \$195.00 (equal to current Regular membership price).

### Phase 2 research – Membership subgroups

- Sections/SPIGs
  - 84% are likely to retain their membership with dues at \$135 while 69% are likely to do so at \$150. These likelihood numbers drop to 55% and 40% at the \$165 and \$180 levels respectively.
  - A \$135 dues level is close to the Indifference Point based on the PSA data (Appendix A). Hence, the \$150 price point seems appropriate for our analysis.
  - The likelihood of retaining membership drops to 31% at the \$195 dues level.

- Students
  - 63% are likely to retain their membership with dues at \$60 though the likelihood drops to 37% at \$80.
  - At dues levels of \$20 and \$40, the high likelihood retention rates are 93% and 82%.

## 6. Potential Models and the Consumer Component

The Executive Board asked the Task Force to research and strategize on two alternate models, each with a Consumer Component.

- Revised Current Model: Variety of individual and organizational membership categories with a diversified dues schedule; standard association membership services and benefits; aggressive membership development efforts needed.
- Volume Model: Large membership generated by a low dues strategy; standard association membership services and benefits; aggressive membership development efforts needed.
- Consumer Component: A strategy to attract, satisfy, and retain a significant number of grassroots public supporters and public health volunteers as donors who believe in and support APHA's Mission and Strategic Targets. The Revised Current or Volume models should be augmented by a strong Consumer component featuring low dues, limited benefits, and strong marketing and outreach efforts.

Please Note: Neither model includes an assessment of APHA "Agency" or "Affiliate" membership types. These elements of the Association's Membership Model must be assessed in a rigorous manner to determine if and how this strategy should be managed in the future.

### 6.1 Revised Current Model

This model streamlines the current member model and decreases the number of member types. The benefit structure is revised to better reflect the unique needs of each member type as well as capitalize on those benefits that are considered most important.

#### Member types

- Contributing Member: This category is discontinued. Existing Contributing members would roll into the Regular member category.
- Regular Member: Category continued with revised benefits.
- Retired Member: Category is now available to all persons who submit proof of retired status. It is no longer limited to current APHA members.
- Special Health Worker: No longer a separate member type, but a discount on Regular Membership. Annual proof of income would still be required.
- Student Member: Would now include both full-time and part-time Students (maintaining 6 credit hours). Annual proof of Student status would continue to be required. The Premium Student membership is discontinued.
- Transitional Member: Would now be called Early Career Professional (ECP). The category is no longer restricted to current APHA Student Members. To join this category, a potential member must join APHA as an ECP member within two years of his/her graduation. When this is done within 24 months of graduation, the ECP member can retain this class of membership for 3 years. Proof of graduation will be required.

#### Benefits

- All members: AJPH would only be delivered in an online format. Members in any category could pay an additional \$35 for an annual print subscription of AJPH.
- All members: Receive two Sections as part of their benefit package at no additional cost.

- All members: Annual Meeting discount for different categories of membership would continue however the amount of the discounts is still to be determined.
- Early Career Professional: APHA would develop unique content and mentoring programs for ECPs to secure this pipeline to APHA Regular membership.

**Table 1: APHA Membership Categories and Benefits - Revised Current Model**

Membership Types	AJPH		NH		Section	Student Assembly	Career Mart	APHA books discount	advocacy	Tax ddctbl	Annual Meeting	
	Print	Online	Print	Online							discount?	price
Regular		✓	✓	✓	✓✓		✓	✓	✓		✓	TBD
Retired		✓	✓	✓	✓✓		✓	✓	✓		✓	TBD
Student - FT and PT		✓	✓	✓	✓✓	✓	✓	✓	✓		✓	TBD
Early Career Professional		✓	✓	✓	✓✓		✓	✓	✓		✓	TBD

Membership Discount	AJPH		NH		Section	Student Assembly	Career Mart	APHA books discount	advocacy	Tax ddctbl	Annual Meeting	
	Print	Online	Print	Online							discount?	price
Special Health Worker		✓	✓	✓	✓✓		✓	✓	✓		✓	TBD

## 6.2 Volume Model

This model greatly simplifies member types in the current structure. Membership dues are reduced for most, but not all, members. See Section 7 for Financials.

### Member Types

- Professional Members: All current member types are collapsed into a single category. These members might be referred to in a generic sense (“members” of APHA) or with a label like “Professional Members.”
- Other categories: Full- and Part-time Students would be eligible for APHA membership and ECP would be used in-place of “Transitional Members.” This is only relevant to some programming opportunities as well as classification for the Annual Meeting discount.

### Benefits

- Members receive one Section with their membership. A second Section membership would cost an additional \$30.
- AJPH would only be delivered in an online format. Members could pay an additional \$35 for an annual print subscription of AJPH.
- All members receive a discount on Annual Meeting registration fees. Currently subsidized groups (Students, Retired, Special Health Workers, and ECP) would be eligible for a greater discount. Proof would be required in order to qualify for the discounted rate.
- The Student Assembly would still be available to Students.

**Table 2: APHA Benefits - Volume Model**

Membership Types	AJPH		NH		Section	Student Assembly	Career Mart	APHA books discount	advocacy	Tax ddctbl	Annual Meeting	
	Print	Online	Print	Online							discount?	price
Professional		✓	✓	✓	✓		✓	✓	✓		✓	TBD

It’s worth noting that there are few, if any, membership organizations that have used the Volume model in the manner that APHA is considering (all members pay the same low amount for an undifferentiated array of services). Of course, many individual membership associations will tend to have a single dues rate for all or almost all members (the National Association of Realtors, ASIS International, CFP Board, etc.). However, these organizations do NOT price their dues at an extremely low level. Additionally, almost all “single dues” organizations will still discount Student, International, or other types of unique member segments.

### 6.3 Consumer Component

The Consumer Component is not a separate model, but an add-on to the Revised Current and Volume models. This affiliation is designed to attract individuals who have interests in the health of the public and those who, for instance, consider themselves to be public health volunteers or advocates. While the number of consumers with strong personal interests in public health is unknown, secondary research indicates that over 2.8 ML people work in public health volunteer capacities. Individuals would affiliate with APHA to support those portions of the Association’s advocacy that resonate with the interests of the public and public health volunteers-advocates.

All APHA members will have the option of becoming a “Friend of Public Health” by making the required donation. In the Revised Current Model, this program will help recoup revenue lost when the Contributing member category is integrated into the Regular member category. This strategy would also, in all likelihood, produce incremental revenues from members in the Volume model. If successful in generating significant support, Friends’ revenues would strengthen APHA’s overall resource base and, possibly, help reduce pressure on the generation of member dues.

Before pursuing this category, APHA needs legal clearance on the name “Friend of Public Health.” Since other organizations use the same terminology, APHA must ensure the phrase is not owned by any group.

#### Benefits

- Unlike the additional payment with the current Contributing Member category, this donation would be tax-deductible.
- Friends would have online access to information presented in The Nation’s Health (NH) and a books discount.
- At appropriate times of the year, Friends would receive e-publications including *Get Ready* (quarterly), NPHW, new book availability, action alerts, etc.
- APHA would also plan to publish a specialized e-newsletter on a monthly or weekly basis for Friends. Similarly, a Friends section could be established on the APHA website to convey pertinent information (if the number of Friends supported such an investment).

**Table 3: APHA Donor Categories and Benefits - Friends of Public Health**

	AJPB		NH		Section	Student Assembly	Career Mart	APHA books discount	advocacy	Tax ddctbl	Annual Meeting	
	Print	Online	Print	Online							discount?	price
Friend of Public Health				✓				✓	✓	✓		

### 7. Financials

Financial Analysis of the three Models was a critical piece in the Membership Model Assessment Project. While it is difficult to calculate the exact impact of the above changes on revenue and membership growth, the Task Force projected five-year numbers based on current retention/attrition and recruitment.

- Retention: According to a 2006 ASAE report, the mean retention rate for Individual Membership organizations is 83%. The mean for all Associations (individual membership and trade Associations) is 87%. APHA’s average retention rate (across all member types) over the last five years is 68.68%. Not only is this below industry norms, but APHA’s retention has been decreasing over time. Since 2007, APHA’s annual retention rate has been below 70%. This is down from 83.3% in 1991 and 85% in 1977.
- Recruitment: To cover the decreased retention, APHA must recruit even more new members. This means the organization must bring in approximately 7,800 new members per year just to break even (based on 68.68% retention and 25,000 members).
- An annual increase based on the Consumer Price Index is included in all financials.

## 7.1 Revised Current Model

- Regular member: Dues should be decreased to reflect Price Sensitivity Analysis.
  - The Task Force conducted a financial analysis for Regular member dues levels of \$170 and \$150. The Price Sensitivity Analysis and Dues Decay Curve data suggest that both levels are natural threshold points for Regular member dues. The price reduction should both decrease attrition rates among Current members and motivate potential members to join APHA. Both prices are well within the range of acceptable prices.
  - Reducing dues to the \$170 or \$150 level does not change the fundamental positioning of APHA in terms of price-value relationship. The reduced price for Regular members would not be so cheap that it compromises APHA's image as the strong national voice of public health in the U.S.
  - A decrease in dues to \$170 or \$150 represents a greater than 10% reduction which the marketing-consumer behavior literature suggests is a factor in stimulating perception that something has changed in an organization's pricing strategies (i.e., dues increases or decreases below 10% will not likely change cognitive interests or perceptions).
- Student member: Dues are increased to \$65 compared to \$60. In the recent Price Sensitivity Analysis (Appendix A), Students were the only group with an Optimum Pricing Point higher than their current fee.
- Early Career Professional (formerly Transitional member): Dues level of \$100 compared to the current amount of \$110. Amount is reduced based on reduction in Regular member dues.
- Table 4 shows the potential Regular member loss/growth for 2012-2016 given two variables 1) a decrease in the attrition rate and 2) an increase in the number of new Regular members recruited annually. The Task Force was both conservative and realistic with all numbers.
  - APHA should look to reduce current Regular member attrition from 25% to 23% or 21%. The Task Force decided that decreasing the attrition rate by 2% or 4% would be a success given APHA's numbers over the last few years.
  - The Task Force projected a 3-8% growth. Potential growth is based on the reduction of dues. Note: This calculation is based on the number of new members per year and not cumulative growth on the total member count.
  - An annual Consumer Price Index increase is also included.

**Table 4: Revised Current Model - Potential Revenue of Regular Members**

		2012				2013				2014				2015				2016				
		new dues	start count	end count	end revenue	new dues	start count	end count	end revenue	new dues	start count	end count	end revenue	new dues	start count	end count	end revenue	new dues	start count	end count	end revenue	
<b>\$195 dues</b>																						
decrease	-3.50%	\$ 200	14,584	<b>14,074</b>	<b>\$2,809,660</b>	\$ 205	14,074	<b>13,581</b>	<b>\$2,780,727</b>	\$ 210	13,581	<b>13,106</b>	<b>\$2,750,523</b>	\$ 215	13,106	<b>12,647</b>	<b>\$2,719,031</b>	\$ 220	12,647	<b>12,204</b>	<b>\$2,686,375</b>	
<b>\$170 dues</b>																						
increase	3%	\$ 170	14,584	<b>14,660</b>	<b>\$2,492,129</b>	\$ 174	14,660	<b>14,821</b>	<b>\$2,579,479</b>	\$ 178	14,821	<b>15,051</b>	<b>\$2,681,166</b>	\$ 182	15,051	<b>15,337</b>	<b>\$2,795,009</b>	\$ 186	15,337	<b>15,670</b>	<b>\$2,919,879</b>	
increase	5%	\$ 170	14,584	<b>14,726</b>	<b>\$2,503,451</b>	\$ 174	14,726	<b>15,010</b>	<b>\$2,612,515</b>	\$ 178	15,010	<b>15,413</b>	<b>\$2,745,701</b>	\$ 182	15,413	<b>15,916</b>	<b>\$2,900,459</b>	\$ 186	15,916	<b>16,505</b>	<b>\$3,075,505</b>	
<b>\$150 dues</b>																						
increase	4%	\$ 150	14,584	<b>14,985</b>	<b>\$2,247,684</b>	\$ 154	14,985	<b>15,440</b>	<b>\$2,371,049</b>	\$ 158	15,440	<b>15,943</b>	<b>\$2,513,497</b>	\$ 162	15,943	<b>16,491</b>	<b>\$2,667,394</b>	\$ 166	16,491	<b>17,079</b>	<b>\$2,832,554</b>	
increase	8%	\$ 150	14,584	<b>15,118</b>	<b>\$2,267,664</b>	\$ 154	15,118	<b>15,827</b>	<b>\$2,430,574</b>	\$ 158	15,827	<b>16,698</b>	<b>\$2,632,567</b>	\$ 162	16,698	<b>17,722</b>	<b>\$2,866,584</b>	\$ 166	17,722	<b>18,893</b>	<b>\$3,133,448</b>	

The proposals highlighted in Section 6 will likely have a positive impact on the recruitment and retention of Student, Retired and ECP members. Data in Tables 5 and 6 does not reflect any increases in membership counts. Hence, these estimates are very conservative. It is not expected that significant demand elasticity will occur in these three categories. (The 2012 starting data in Tables 5 and 6 is based on August 31, 2011 member counts.)

**Table 5: Revised Current Model - Potential Revenue of Retired, Student, and ECP Members**

	2012			2013			2014			2015			2016		
	new dues	counts	revenue	new dues	counts	revenue	new dues	counts	revenue	new dues	counts	revenue	new dues	counts	revenue
Retired*	\$ 82	976	\$ 79,938	\$ 84	976	\$ 81,841	\$ 86	976	\$ 83,789	\$ 88	976	\$ 85,783	\$ 90	976	\$ 87,824
Student	\$ 65	5,572	\$ 362,180	\$ 67	5,572	\$ 370,800	\$ 68	5,572	\$ 379,625	\$ 70	5,572	\$ 388,660	\$ 71	5,572	\$ 397,910
Early Career Professional	\$ 110	291	\$ 32,010	\$ 113	291	\$ 32,772	\$ 115	291	\$ 33,552	\$ 118	291	\$ 34,350	\$ 121	291	\$ 35,168
<b>Total</b>			<b>\$ 474,128</b>			<b>\$ 485,413</b>			<b>\$ 496,965</b>			<b>\$ 508,793</b>			<b>\$ 520,902</b>

**Table 6: Revised Current Model - Potential Revenue of Special Health Workers**

	2012			2013			2014			2015			2016		
	new dues	counts	revenue	new dues	counts	revenue	new dues	counts	revenue	new dues	counts	revenue	new dues	counts	revenue
Special Health Workers	\$ 82	840	\$ 68,799	\$ 84	840	\$ 70,437	\$ 86	840	\$ 72,113	\$ 88	840	\$ 73,829	\$ 90	840	\$ 75,587
<b>Total</b>			<b>\$ 68,799</b>			<b>\$ 70,437</b>			<b>\$ 72,113</b>			<b>\$ 73,829</b>			<b>\$ 75,587</b>

Again, these numbers are conservative as there are no increases in the number of members per category each year. Instead, the counts simply reflect that the historical downward decline is stopped, i.e. recruitment exactly replaces attrition. Other recommended changes should increase the number of members per category – or, at the very least, decrease the attrition. For example, changing ECP and expanding the Student category to include part-time Students should attract new members.

## 7.2 Volume Model

- Dues should be decreased to reflect Price Sensitivity Analysis. Potential dues amounts for Professional members are \$100 and \$75.
- The 2012 count is based on August 31, 2011 total member count, less all members participating in the Joint Membership Pilot and less all consumers.

**Table 7: Volume Model - Potential Revenue**

		2012			2013			2014			2015			2016		
		new dues	counts	revenue	new dues	counts	revenue	new dues	counts	revenue	new dues	counts	revenue	new dues	counts	revenue
\$75 dues level	3% increase	\$ 75	23,988	\$ 1,799,100	\$ 77	24,708	\$ 1,897,176	\$ 79	25,449	\$ 2,000,599	\$ 80	26,212	\$ 2,109,659	\$ 82	26,999	\$ 2,224,665
\$100 dues level	3% increase	\$ 100	23,988	\$ 2,398,800	\$ 102	24,708	\$ 2,529,568	\$ 105	25,449	\$ 2,667,465	\$ 107	26,212	\$ 2,812,879	\$ 110	26,999	\$ 2,966,221

## 7.3 Consumer Component

- A low cost point, either \$35 or \$50, and the tax deductibility status should remove any financial barriers to the recruitment of large numbers of Friends.
- The initial count of 802 donors is based on the current rate of giving. APHA expects 3%-5% growth per year depending on the cost of entry. The growth would occur by reaching out to existing non-member files (like the various email lists) as well as traditional acquisition mail/email to new names. Attrition is expected to be covered by the recruitment of new donors. The 3%-5% growth is based on total member count.

**Table 8: Consumer Component - Potential Revenue**

		2012				2013				2014				2015				2016			
		new dues	start count	end count	revenue	new dues	start count	end count	revenue	new dues	start count	end count	revenue	new dues	start count	end count	revenue	new dues	start count	end count	revenue
\$35 contribution	5%	\$ 35	802	842	\$ 28,070	\$ 36	842	884	\$ 30,316	\$ 37	884	928	\$ 32,716	\$ 38	928	975	\$ 35,280	\$ 39	975	1,024	\$ 38,019
\$50 contribution	3%	\$ 50	802	827	\$ 40,100	\$ 51	827	852	\$ 42,166	\$ 52	852	877	\$ 44,281	\$ 53	877	903	\$ 46,487	\$ 54	903	931	\$ 48,785

## 7.4 Models at a Glance

Based on income projections in Tables 4-8, Table 9 summarizes the potential 2016 revenue. Each row is made up of multiple calculations. First, "Description" is the dues amount for Regular members (\$150 or \$170 in Revised Current Model; \$75 or \$100 in Volume Model) plus potential growth (ranging from 3%-8%). The Revised Current model calculations also include revenue for the other member types. Next, "Consumer Component" describes Friends of APHA based on the donation level (\$35 or \$50) plus potential growth (ranging from 3%-5%). Only those individuals (members and consumers) who contribute (at a minimum) the required dollar amount are considered Friends. The final two columns represent the total number of APHA supporters (members and consumers) as well as total revenue. As a reminder, membership dues currently raise approximately \$3.6 million each year.

**Table 9: 2016 Revenue for Potential Models**

Model	Description	Consumer Component	2016 count	2016 revenue
Revised Current	Regular @ \$150 with 8% growth	Friend @ \$50 with 3% growth	27,503	\$ 3,778,722
Revised Current	Regular @ \$150 with 8% growth	Friend @ \$35 with 5% growth	27,596	\$ 3,767,956
Revised Current	Regular @ \$170 with 5% growth	Friend @ \$50 with 3% growth	25,115	\$ 3,720,779
Revised Current	Regular @ \$170 with 5% growth	Friend @ \$35 with 5% growth	25,208	\$ 3,710,013
Revised Current	Regular @ \$170 with 3% growth	Friend @ \$50 with 3% growth	24,280	\$ 3,565,153
Revised Current	Regular @ \$170 with 3% growth	Friend @ \$35 with 5% growth	24,373	\$ 3,554,387
Revised Current	Regular @ \$150 with 4% growth	Friend @ \$50 with 3% growth	25,689	\$ 3,477,828
Revised Current	Regular @ \$150 with 4% growth	Friend @ \$35 with 5% growth	25,782	\$ 3,467,062
Volume	Professional @ \$100 with 3% total growth	Friend @ \$50 with 3% growth	27,930	\$ 3,015,006
Volume	Professional @ \$100 with 3% total growth	Friend @ \$35 with 5% growth	28,023	\$ 3,004,240
Volume	Professional @ \$75 with 3% total growth	Friend @ \$50 with 3% growth	27,930	\$ 2,273,450
Volume	Professional @ \$75 with 3% total growth	Friend @ \$35 with 5% growth	28,023	\$ 2,262,684

Appendix B and C provide a summary of the Revised Current Model, Volume Model and Consumer Component. Appendix B compares each option to the 2010-2013 Strategic Map Targets. Appendix C compares each option to the Anticipated Impact on APHA’s Key Drivers.

**8. Key Questions**

A number of questions have surfaced regarding the state of Membership and the goal(s) this project is trying to accomplish.

**Is APHA satisfying the benefit expectations of Current members in a manner that achieves high retention levels?**

No, members do not have high opinions of APHA’s benefits. The surveys and internal research did not identify a “golden handcuff” among the current benefits. Furthermore, individuals do not retain their membership for several reasons:

- some new members were enrolled as APHA members because of their participation in the Annual Meeting and these members never intended to become long-term Association members
- some members do not regard APHA to be their “primary” professional membership
- members retire or change their job responsibilities which can make APHA membership less valuable
- decreases in employer support for Association memberships or changes in personal finances drive attrition rates
- factors in the broader external environment or in public health can dampen demand for APHA membership (e.g., in the last five years, APHA lost the greatest number of Regular Members, 2,854, between 2008 and 2009 when the U.S. economy suffered its major collapse).

Additionally, the retention rate per member type is worth considering. The average retention of Regular members over the last five years is 74.89% which is better than the average for the entire APHA membership (68.68%). Thus, some of the other member types are experiencing significantly higher loss.

Of additional concern is the extremely low retention rate of members in their first two years. APHA is keeping 30-32% of all new members after the first 12-24 months. In 2009 (according to a Membership Workgroup Report to the Executive Board), APHA was retaining 42% of first year members.

One of the most commonly stated explanations for the annual membership decline (specifically new members) is that people join simply to attend the Annual Meeting. The initial investigation indicates that, in fact, Annual Meeting attendees leave at the same rate as members who did not attend the conference.

- In 2009, there were 7,280 new members.
  - 3,118 attended the Annual Meeting. 64.6% of these new members expired in 2010.
  - 4,162 did not attend the Annual Meeting. 65.4% of those new members expired in 2010.

The data are clear. APHA's retention rate has been steadily declining. The organization's rate now rests 10% below the industry norm.

### Would a different APHA membership model produce better membership development outcomes; and, if so, how can a new approach be implemented?

Yes, a membership model that reflects the changing landscape of public health and provides more relevant benefits would produce better membership development outcomes. The Current Membership Model is not delivering the membership growth or financial returns that APHA needs to survive in this challenging economy. Between competition from other organizations and low cost technical advances for online community building, APHA must evaluate current offerings and change course to accomplish the strategic goals set out for 2010-2013 and beyond.

## 9. Conclusion/Next Steps

While Executive Board discussions will likely produce valuable refinements and modifications leading to the development of a finalized APHA membership model, the Task Force identified a series of infrastructure changes for 2012 based on staff expertise and member feedback from the 2011 surveys. These recommendations are in-line with the January 2011 recommendations from the Executive Board's Membership Workgroup – reversing the downward trend in membership, increasing penetration into the public health workforce, engaging members in a more systematic way, and enhancing the Association-wide commitment to the membership strategy. The changes represent actions that will improve the Association's relationship with Current members while also presenting APHA to potential members in a more positive and desirable manner. The first four items require approval from the Governing Council.

### 2012 Short-term Implementation Plan

- Adopt the Early Career Professional (ECP) terminology and benefits; make available to all former Student Members as well as non-member recent graduates.
  - This terminology is more contemporary in nature. Enabling all public health professionals (with proper documentation of graduation within the last 24 months) to become an APHA ECP member for up to a three-year period should expand the Association's reach and help build Regular membership over the long-term.
- Replace the current Consumer Member category with "Friends of Public Health" and revise benefits.
  - Initiate creation of the "Friend of Public Health" program by removing the Consumer Member category from APHA's membership model and developing a more robust donation program.
- Offer the option of joining two Sections to all membership categories.
  - This enhancement of APHA's benefit package will increase the value of APHA membership and, potentially, the strength of the Association's Sections through the participation of a greater number of members. It will reinforce APHA's value equation and implementation is relatively low cost since it is an extension of the current strategy.
- Remove the Contributing Member category and integrate these members into the Regular Member category.
  - Former members in the Contributing Member category will automatically be considered a "Friend of Public Health." All other members will be asked to become a "Friend." Financial support from "Friends of Public Health" will be tax deductible and will not be limited to the \$35/\$50 annual fee envisioned for these donors.

- Conduct major “readership surveys” of the *AJPH* and NH audiences to determine, among other topics, their preferences for print and e-formats.
  - While the e-world is accelerating and affecting print *vis-à-vis* online preferences of publication readers, it will be essential for APHA to determine if members will accept a transition to online formats for these two publications (including a \$35 annual subscription fee for the *AJPH* if a print format is preferred).
- Streamline all APHA email offerings to enhance membership value.
  - E-mail is one of the primary member communication channels and, as such, it is a critical vehicle for educating members about APHA’s role and effectiveness in representing and serving their interests. Three steps should be implemented to strengthen this role: (1) develop an email preferences center to allow members to proactively select which communications they wish to receive; (2) utilize data segmentation techniques to ensure that APHA email messages include relevant content for members who are most likely to be interested in a given topic; and, (3) streamline and/or consolidate APHA emails and e-newsletters.
- Expand eligibility for the Student Member category to include part-time Students (maintaining 6 credit hours) in addition to full-time Students.
  - In current economic times and as a result of changing demographics, it is likely that increasing numbers of public health professionals will maintain at least a part-time Student status during their career. This recommendation is aligned with that probability and positions APHA as a “big tent” or inclusive membership organization. It also removes the notion that part-time Students are less worthy of Association membership than full-time Students.

In order to proceed with these projects, the Task Force recommends the following timeline.

<b>October 2011</b>	Approval from Executive Board on 2012 Short-term Implementation Plan
<b>November 2011</b>	Approval from Governing Council on 2012 Short-term Implementation Plan
<b>January 2012</b>	Additional update to Executive Board
<b>Jan - May 2012</b>	Additional education of Governing Councilors and membership
<b>May 2012</b>	Approval of new model from Executive Board
<b>June 2012</b>	Approval of new model from Governing Council
<b>November 2012</b>	Promote new model at Annual Meeting
<b>January 2013</b>	Launch new model

## Appendix A: Price Sensitivity Analysis Results from Phase 1 and Phase 2

			Point of Marginal Cheapness	Point of Marginal Expensiveness	Indifference Point	Optimum Pricing Point
2000	2000 data		\$ 50.00	\$ 200.00	\$ 150.00	\$ 100.00
2011 - round 1	Current members		\$ 50.50	\$ 248.25	\$ 147.00	\$ 103.00
2011 - round 1	Place of employment	State/Local agencies	\$ 53.25	\$ 236.00	\$ 134.00	\$ 101.00
2011 - round 1		Federal agencies	\$ 60.50	\$ 248.50	\$ 142.00	\$ 118.50
2011 - round 1		University agencies	\$ 56.90	\$ 279.25	\$ 146.00	\$ 119.25
2011 - round 1		Research/policy institute	\$ 52.25	\$ 276.00	\$ 141.75	\$ 107.50
2011 - round 1	Length of APHA membership	1–2 Years	\$ 50.10	\$ 243.50	\$ 116.00	\$ 100.00
2011 - round 1		3–10 Years	\$ 54.25	\$ 249.75	\$ 144.50	\$ 105.00
2011 - round 1		11+ Years	\$ 54.50	\$ 266.50	\$ 143.00	\$ 114.75
2011 - round 1	APHA Effectiveness:	High	\$ 64.75	\$ 295.30	\$ 149.30	\$ 107.10
2011 - round 1	Fulfilling Members	Average	\$ 51.95	\$ 255.00	\$ 140.00	\$ 104.60
2011 - round 1	Practical Needs	Low	\$ 47.00	\$ 245.90	\$ 112.75	\$ 89.40
2011 - round 1	Member of a Section, Caucus, or SPIG	Yes	\$ 66.00	\$ 285.00	\$ 147.75	\$ 108.75
2011 - round 1		No	\$ 50.45	\$ 253.95	\$ 137.75	\$ 104.75
2011 - round 1	Member of an Affiliate	Yes	\$ 50.75	\$ 260.00	\$ 138.10	\$ 105.15
2011 - round 1		No	\$ 53.80	\$ 266.75	\$ 149.50	\$ 115.25
2011 - round 1	Reimbursed for APHA Dues (100%)	Yes	\$ 70.20	\$ 311.30	\$ 171.00	\$ 142.50
2011 - round 1		No	\$ 49.95	\$ 245.75	\$ 134.00	\$ 100.50
2011 - round 2	Students		\$ 25.00	\$ 143.00	\$ 71.40	\$ 65.25
2011 - round 2	Sections/SPIGs		\$ 70.50	\$ 242.10	\$ 148.25	\$ 125.45

- Price of Marginal Cheapness: The absolute minimum dues level for an organization; the “floor” for dues.
- Price of Marginal Expensiveness: The maximum dues threshold; a “ceiling” for dues.
- Indifference Point: Does not connote either a desirable price or quality advantage for a current or potential member.
- Optimum Pricing Point: The amount, all things equal and considering all other factors, that is viewed by most current and potential members to be highly attractive on the basis of price and quality perceptions.

Appendix B: 2010-2013 Strategic Map Targets

2010-2013 STRATEGIC MAP TARGETS	Outcomes common to <u>BOTH</u> proposed membership models	Outcomes specific to the REVISED CURRENT MODEL	Outcomes specific to the VOLUME MODEL
IMPROVE IMPACT OF POLICY AND ADVOCACY	<ul style="list-style-type: none"> <li>both models are expected to grow membership which will increase the advocacy voice of APHA</li> <li>a significant increase in membership census would attract more funding and/or bring greater inclusion of APHA in national conversations</li> </ul> <p>CONSUMER COMPONENT</p> <ul style="list-style-type: none"> <li>expands the audience of APHA outside of current academic/practitioner focus and moves the public health dialogue from DC to communities/homes</li> </ul>	<ul style="list-style-type: none"> <li>expands the audience of APHA through improved communication and targeted outreach</li> <li>slower growth (than Volume Model) however individuals may be more interested in public health policy because of strong professional connections to the cause</li> </ul>	<ul style="list-style-type: none"> <li>expands the audience of APHA through a more widely cast net</li> <li>greater growth (of member count) is anticipated and needed with this model</li> <li>APHA would speak for more members however the engagement of those members is unknown; members may not be interested in grassroots advocacy</li> </ul>
PROVIDE SERVICE TO MEMBERS AND THE PROFESSION TO BUILD CAPACITY	<ul style="list-style-type: none"> <li>regardless of model, APHA will work on a plan to streamline services and ensure a consistent, purposeful member experience</li> </ul> <p>CONSUMER COMPONENT</p> <ul style="list-style-type: none"> <li>consumer, by definition, will need to be well-matched to benefits and services</li> </ul>	<ul style="list-style-type: none"> <li>improved services/benefits to members based on specific professional needs</li> <li>access to additional information via second Section</li> <li>increase APHA expertise via new members</li> </ul>	<ul style="list-style-type: none"> <li>strengthen public health skills of a more diverse group</li> <li>more consistent with survey findings of lack of benefit differentiation across current membership types – model accepts rather than resolves the issue</li> </ul>
USE STRATEGIC COMMUNICATION TO FRAME ISSUES AND INCREASE IMPACT	<ul style="list-style-type: none"> <li>increase in membership means more people are receiving APHA updates and being asked to act</li> <li>both models require an organization-wide outreach strategy that includes all communications; can use existing communication mechanisms</li> </ul> <p>CONSUMER COMPONENT</p> <ul style="list-style-type: none"> <li>increase breadth of APHA by enlisting true “public” to raise awareness of public health issues</li> <li>requires very customized content with specific asks and regular updates on accomplishments</li> </ul>	<ul style="list-style-type: none"> <li>outreach based on professional interests in public health</li> <li>variable content based on 1) career phase and 2) area of expertise/interest</li> </ul>	<ul style="list-style-type: none"> <li>although there will be one main membership type (Professional), APHA will still have to track specific interests in order to target communications to the right people</li> <li>outreach based on professional/personal interests in public health</li> <li>variable content based on area of expertise/interest</li> </ul>
IMPLEMENT A SUSTAINABLE BUSINESS MODEL	<ul style="list-style-type: none"> <li>both models require a comprehensive business plan to facilitate and track growth</li> </ul> <p>CONSUMER COMPONENT</p> <ul style="list-style-type: none"> <li>steadier revenue stream vs. other options given the connection to personal interests and low cost of entry</li> <li>supplements the membership model</li> </ul>	<ul style="list-style-type: none"> <li>slower member count growth</li> <li>reaches/surpasses current model’s revenue within five years</li> <li>addresses weakness of current model by reducing complexity of membership/dues categories</li> </ul>	<ul style="list-style-type: none"> <li>faster growth with member count</li> <li>fails to reach current model’s revenue within five years</li> </ul>

**Appendix C: Anticipated Impact on APHA’s Key Drivers**

ANTICIPATED IMPACT ON KEY DRIVERS	Outcomes common to <u>BOTH</u> proposed membership models	Outcomes specific to the REVISED CURRENT MODEL	Outcomes specific to the VOLUME MODEL
ANNUAL MEETING	<ul style="list-style-type: none"> <li>intended increase in membership, leads to potentially higher exposure, interest, and attendance in Annual Meeting</li> </ul> <hr/> <div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); border-right: 1px dashed black; padding-right: 5px; margin-right: 5px;">CONSUMER COMPONENT</div> <div> <ul style="list-style-type: none"> <li>opportunity to market the Annual Meeting (and future mid year meetings) to a broader audience within the vicinity of the host city</li> </ul> </div> </div>	<ul style="list-style-type: none"> <li>smaller increase in membership however people could be more interested in Annual Meeting</li> </ul>	<ul style="list-style-type: none"> <li>substantial increase in membership provides a greater potential audience for the Annual Meeting</li> </ul>
COLLABORATION WITH PARTNERS	<ul style="list-style-type: none"> <li>increase in membership means that APHA represents more people which could attract new partners (non-profit and for-profit)</li> </ul> <hr/> <div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); border-right: 1px dashed black; padding-right: 5px; margin-right: 5px;">CONSUMER COMPONENT</div> <div> <ul style="list-style-type: none"> <li>greater public representation could attract new partners (non-profit and for-profit)</li> <li>APHA will have to be ready</li> </ul> </div> </div>		<ul style="list-style-type: none"> <li>the potential to dilute scientific expertise reputation of APHA due to a more general populous rather than academic/practice based membership could impact the interest of collaborating partners – the volume may be more attractive to others</li> </ul>
PIPELINE OF PH WORKFORCE, STANDING OF PH IN NATIONAL LANDSCAPE, SCIENTIFIC CREDIBILITY OF PH, PROFESSIONAL PUBLICATIONS	<ul style="list-style-type: none"> <li>increased visibility of public health to a broader audience including a potential work force</li> <li>a more visible national association with a more robust membership enhances credibility of the association, the science/publications/policies it supports</li> </ul> <hr/> <div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); border-right: 1px dashed black; padding-right: 5px; margin-right: 5px;">CONSUMER COMPONENT</div> <div></div> </div>	<ul style="list-style-type: none"> <li>increases membership by reaching out to public health professionals</li> <li>growth of Student member category (by allowing part-time students) and developing the Early Career Professional category should filter people into the Regular member category</li> </ul>	<ul style="list-style-type: none"> <li>exposes more people to the depth and breadth of public health and APHA</li> </ul>

ANTICIPATED IMPACT ON KEY DRIVERS	Outcomes common to <u>BOTH</u> proposed membership models	Outcomes specific to the REVISED CURRENT MODEL	Outcomes specific to the VOLUME MODEL
MEMBER CENSUS	<ul style="list-style-type: none"> <li>both models are designed to grow membership</li> </ul>	<ul style="list-style-type: none"> <li>might not represent a significantly impactful change to attract new audiences and retain existing members</li> </ul>	<ul style="list-style-type: none"> <li>carries the risk of losing members who believe APHA membership is no longer valuable/exclusive</li> <li>membership growth may not be enough to generate increased revenue given lower dues and competition particularly without a substantial increase in marketing</li> <li>provides congruent option to more potential members who do not consider APHA as their primary professional association</li> </ul>
	<p style="text-align: center;"><b>CONSUMER COMPONENT</b></p> <ul style="list-style-type: none"> <li>presents a new revenue stream that does not have annual meeting seasonality</li> <li>potential tax deductibility of donations/dues is an incentive otherwise absent</li> </ul>		
MEMBER BENEFITS	<ul style="list-style-type: none"> <li>both models require revised marketing materials that promote APHA benefits and the value of membership</li> </ul>	<ul style="list-style-type: none"> <li>membership packages will be more responsive to member needs, reflecting changing interests based on the career phase of members</li> <li>AJPH subscriptions present new revenue streams however no longer including the print AJPH with membership could decrease ad revenue and overall readership</li> </ul>	<ul style="list-style-type: none"> <li>no need for specific marketing of unique benefit packages as all members receive the same thing</li> <li>members may not appreciate a “one size fits all” approach to benefits</li> <li>supplementing member benefits with affinity programs (like AARP’s model) could decrease the member’s perception of APHA’s value</li> </ul>
	<p style="text-align: center;"><b>CONSUMER COMPONENT</b></p> <ul style="list-style-type: none"> <li>widens the reach of APHA programs but would require the new benefit of maintaining an e-newsletter</li> </ul>		
GOVERNANCE		<ul style="list-style-type: none"> <li>including two Sections with membership would require a new formula for calculating unit enrollment and subsequent GC representation</li> </ul>	<ul style="list-style-type: none"> <li>may significantly alter the way members are represented</li> </ul>
	<p style="text-align: center;"><b>CONSUMER COMPONENT</b></p> <ul style="list-style-type: none"> <li>this body of members may need/expect/receive representation on GC</li> </ul>		