



Triangle Healthcare Executives' Forum of North Carolina

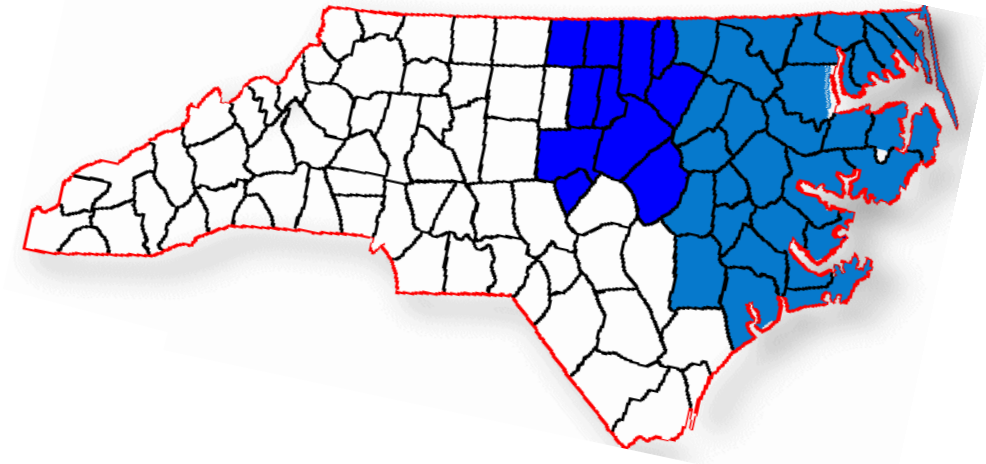
An Independent Chapter of






American College of
Healthcare Executives
for leaders who care®

THEF was founded in 1980 by a group of healthcare professionals responding to a need for a local professional organization. Today, we are a thriving nonprofit membership association and an official chapter of the American College of Healthcare Executives' (ACHE) serving nearly 600 members across 41 North Carolina counties.

Seventy-five per cent (30) of the counties in our chapter service region align with the Eastern North Carolina Healthcare Executives' Group (ENCHEG), a Local Program Council (LPC) governed by THEF's bylaws. Twenty-eight per cent of THEF members are served by ENCHEG.

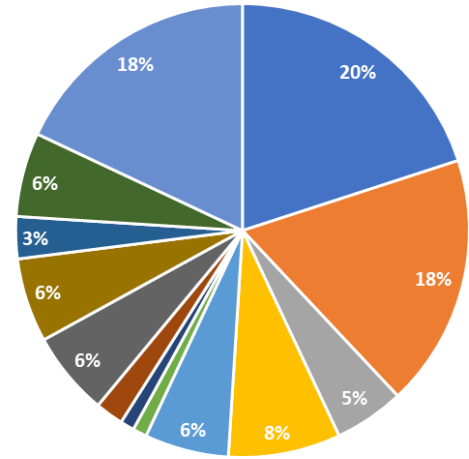


-   THEF Chapter Service Region
-  ENCHEG LPC Service Region

Our Members

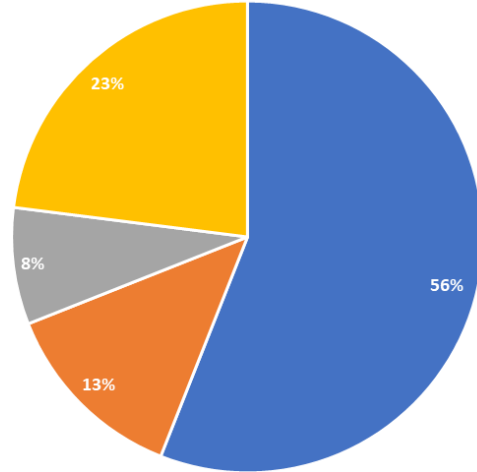
By Organization

- Freestanding Hospital / Medical Center
- Non-Federal Hospital
- Federal Hospital (Military / VA / IHS)
- Corporate Headquarters
- Ambulatory Care / Group Practice
- Managed Care / HMO / PPO
- Post-acute Care
- Public Health
- Consulting Firm
- Educational / Research Institution
- Military - Non-hospital
- Health Related Industry (Vendor, Pharma)
- Other



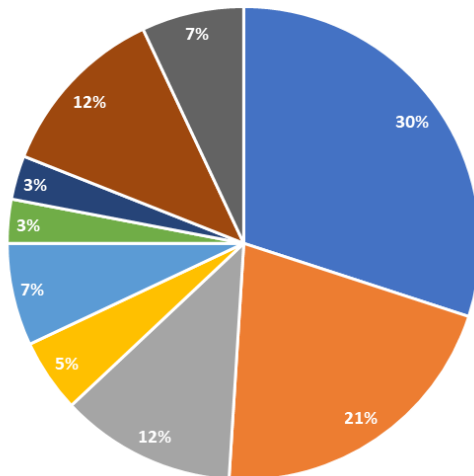
By Membership Tenure

- < 5 years
\$150 yrs 1&2
\$250 yrs 3-5
- 5 - 10 years
\$325
- 10-15 years
\$325
- > 15 years
\$325



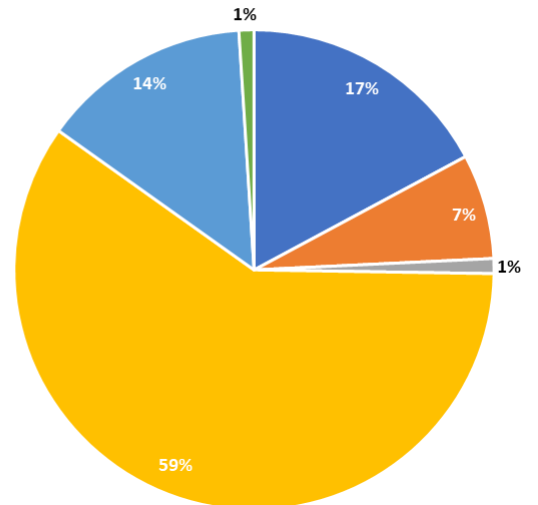
By Position Type

- Senior Executive (VP, CXO)
- Director
- Manager
- Staff
- Consultant
- Unemployed
- Retired
- Other
- Unknown



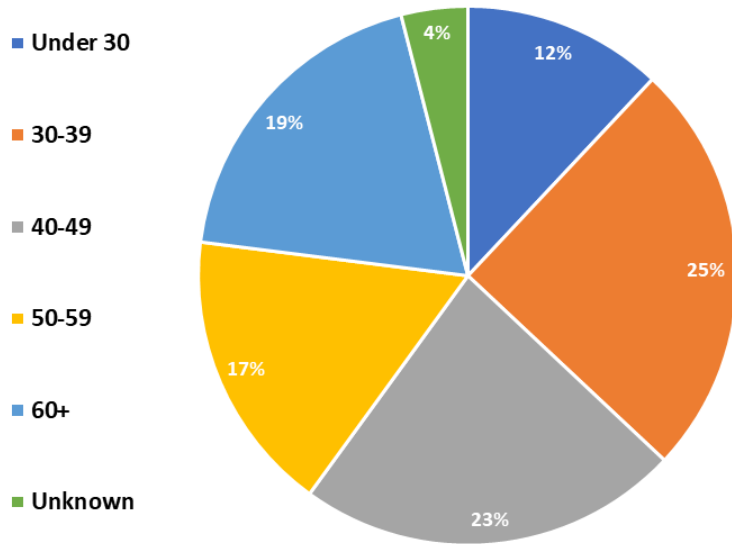
By Membership Category

- Fellow
- Life
- Retired
- Member
- Student
- Faculty

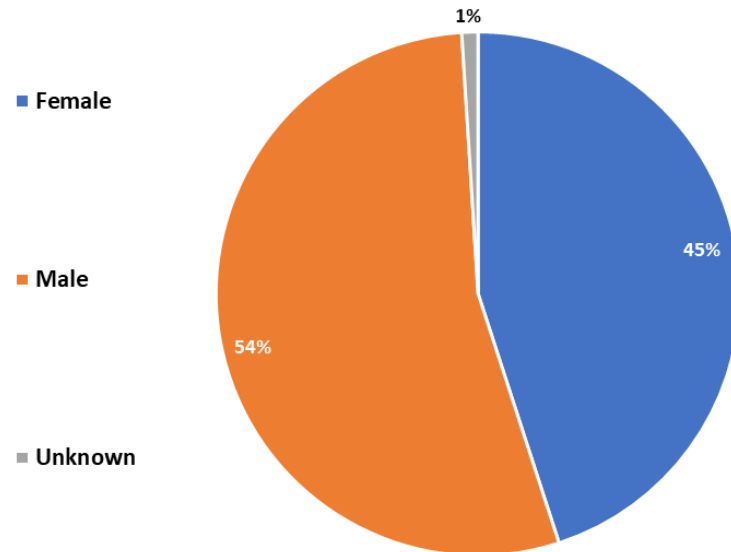


Our Members (cont.)

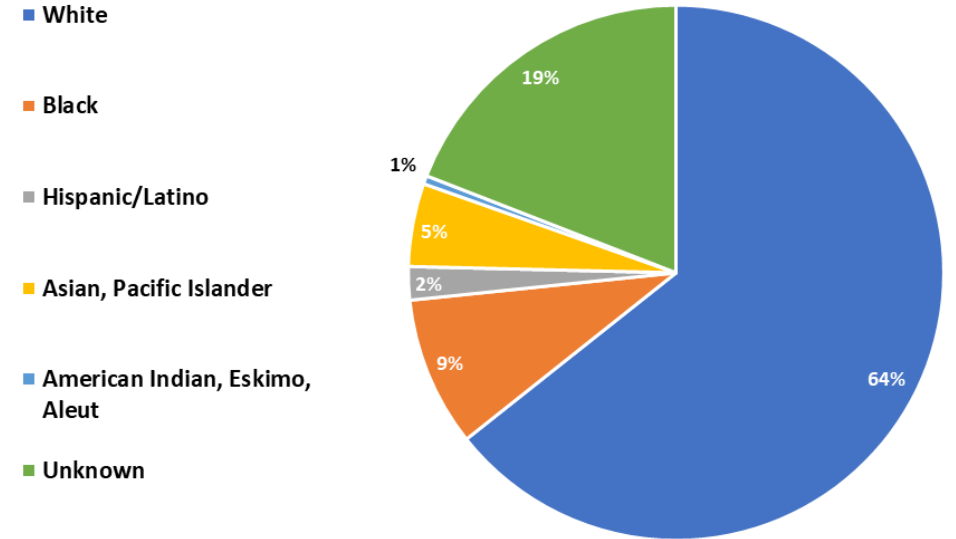
By Age



By Gender



By Race / Ethnicity



Strategic Plan 2018 - 2020

Vision

To be the preeminent professional membership association for advancing healthcare leaders in the region.

Goals

- Deliver programs that bring local value to ACHE members assigned to our Chapter service region.
- Increase communication among healthcare management professionals.
- Advance members toward Fellow, ACHE certification.
- Foster the development and implementation of best practices in healthcare management.
- Practice good financial stewardship.

Mission

To facilitate professional development for healthcare leaders in the region and prepare them to shape local, regional and national healthcare management practices.

Objectives

ACHE - Driven

MEMBERSHIP RECRUITMENT & RETENTION

Recruit and retain a net membership growth per metrics set by ACHE annually.

- Outreach Campaign (2019)
- Undergraduate Cluster (2018 / 2019)
- Corporate Discount Program (2019)
- Strategic Partnerships (2018 – 2020)

EDUCATION & NETWORKING PERFORMANCE

Achieve ACHE metrics for Education & Networking Performance annually.

- THEF Event Calendar (2019)
- Restructure Networking Events (2019 / 2020)
- Revisit Approach to Education Events (2019)

FELLOWSHIP ADVANCEMENT

Advance 70% of the Chapter members eligible to take and pass the BOG Exam annually.

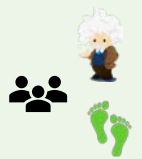
- In Addition to Continuing Current Actions:**
- Local Convocation Ceremony (2019)
 - 'FACHE Friends' (2019)
 - Outreach Campaign (2019)



SENIOR LEADER ENGAGEMENT

Engage senior leaders (VP, CXO) in chapter service & operations, and event attendance.

- Survey Senior Leaders (2018)
- 'Senior Leader Advisory Group' (2018 / 2019)



BOARD ALIGNMENT

Align the Board and Committee structure with the interests of current Chapter members and attract new members.

- Calls for 2019 Board & Committee Members (2018)
- Diversity & Inclusion Pilot Program (2019)
- Physician's Group (2019)
- Mentor Program (2019)
- Members at Large (2019)

STREAMLINED COMMUNICATION

Establish effective methods and a reliable cadence for member communication and Chapter promotion.

- Survey for Communication Preferences (2019)
- Biweekly Chapter Announcement (2019)
- Communications Plan (2019)

BUDGET ALIGNMENT

Work within a budget that covers annual costs and builds reserves for future enhanced programming.

- 2019 Budget with Intended Surplus (2019)
- Revise Sponsorship Tiers & Benefits (2018)
- Senior Executive Presence and Diversity on Sponsorship Committee (2019)

Actions

Executive Committee	Membership	Advancement	Communications	Sponsorship	Education	ENCHEG	Mentorship	Physician's Group	Members at Large	Senior Leader Advisory Group	Diversity & Inclusion	Pre-2018	2018	2019	2020
COMMITTEES															

Objective: Membership Recruitment & Retention



Recruit and retain a net membership growth per metrics set by ACHE annually.

2018 Status:

THEF ended 2017 with 588 members and began 2018 with 430 members, for a loss of 158 members (-27%). As of July 12, the Chapter has passively added or recovered 89 members bringing the net loss to -12%. Common anecdotal reasons for lapsed membership include (1) ACHE membership fees too high, (2) employers no longer reimbursing for professional membership dues, and (3) forgetting to renew the membership.

The ACHE net membership growth metric for 2018 is +7.7%. To meet this metric the Chapter needs to end 2018 with 634 members. The primary effort to achieve this metric is a Membership Drive planned for September when the ACHE membership dues will carry new members through 2019.

Strengths	Weaknesses
<ul style="list-style-type: none"> Networking opportunities provided by the Chapter Youth of the Chapter's membership Local cost of programming is low, increases value of ACHE membership Face-to-face relationships created at THEF events help people develop careers Mentoring program offering Area we live in is rich with potential member population 	<ul style="list-style-type: none"> Expensive ACHE membership and Fellow credential ACHE membership fee not be reimbursed by some organizations Membership fee reimbursement in more rural areas is even more difficult Large Chapter service region, difficult to get programming to remote members THEF doesn't offer corporate discounts Significant drop off in retention after 5 years, may be because fee jumps to \$325 ACHE membership should be more valuable after 5 years so maybe we are not messaging value adequately Fellows are biggest supporters but some orgs don't have Fellows in the C-Suite Underrepresented sectors (pharma, payers) Opportunities and value not communicated well Members don't know they've lapsed Students members don't stay in area after graduation
Opportunities	Threats
<ul style="list-style-type: none"> Develop relationships with MHA programs at universities Engage undergraduate programs (ECU, UNC, other); September pricing may present as an advantage Collaborate with NAHSE, MGMA, NCQA, HFMA as strategic partners Develop relationships with professional business groups that are made up of diverse members such as Hispanic business chambers / organizations Work with organizations for corporate discounts that benefit members from the organization; then have the company's endorsement for employees to join Develop topic-driven chat rooms to exploit popularity of social media Target large number of Pharma / CRO in the area for membership Expand offering of professional development opportunities Engage in personal outreach so individuals have an accountability partner, coach Advertise job postings on THEF website to drive traffic to the site 	<ul style="list-style-type: none"> Other professional organizations in healthcare space competing for membership: NAHSE, MGMA, NCQA, HFMA Social media is now prominent for networking, job seeking; a substitute for ACHE events Lack of perceived value of ACHE/FACHE at leadership level--e.g., no requirement to be FACHE for certain levels If lack of employer reimbursement for dues/CEs continues then members likely to continue to drop off ACHE Clusters are expensive, may discourage potential new members who don't yet understand local offerings

Action	Description	Implementation Year	Metrics
Personal Outreach Campaign	Design and deploy campaign for recruitment & retention	2019	ACHE metric for 2019
Undergraduate Cluster	Secure Advisor and engage an inaugural class of members using September ACHE membership pricing as incentive	2018	10 undergraduate Student Associates by year end 2018
	Design and launch programming / activities	2019	One undergraduate student-led program in 2019
Corporate Discount Program	Design and launch a Corporate Discount Program beginning with Duke Health, UNC Health, WakeMed and Vidant. Unlike 'normal' sponsorship, monetary benefit goes directly to the members (reduced event fees, subsidized ACHE membership dues) who are employees of the organization receiving the corporate discount.	2019	Successfully implement Corporate Discount Program with one of four initial targets
Strategic Partnerships	Pursue strategic partnerships and turn competitors into collaborators, and initiate engagement with underrepresented sectors of healthcare (pharma, payers)	2019	1 THEF program held in collaboration with a new strategic partner; 20% increase in membership from underrepresented sectors using 2018 data as baseline

Objective: Education & Networking Performance



Achieve ACHE metrics for Education & Networking Performance annually.

2018 Status:

THEF is working to increase both the number and quality of education and networking opportunities offered annually.

	Education hrs (F2F)	Networking hrs	Other hrs
2017	13.5	12.5 (4.5 combination)	7.5 (BOG Review)
2018	18	34.5 (10 combination)	55.5 (BOG webinars and Mentor program)

In 2018, THEF diversified event venues, found ways to exceed the 12 F2F CE limit imposed by ACHE, and designed panel discussion topics around feedback received on 2017 event surveys.

The ACHE metric for education & networking performance is measured as hours of programming per member.

- Sum (# hrs x # attendees) / total membership
- 2017 performance = 2.9
- Anticipated 2018 performance = 10
- ACHE 2018 metric = 13.7

Historical attendance is 60-90 for education, 40 for networking.

Strengths	Weaknesses
<ul style="list-style-type: none"> • Education events have good attendance • Event pricing for local programming is quite reasonable • Education events offer some sort of CEs • Current THEF Board has an open mindset and is trying new things to enhance programming • Successful established relationships exist with NCHA, other Chapters, UNC-HESA • Good ACHE Chapter cross-pollination on this metric • 4 week approval window for ACHE approved F2F credits is good • Good pool of potential panelists and speakers to pull from in our Chapter service area 	<ul style="list-style-type: none"> • Content of sessions – are we offering programs people want? • Networking event attendance has dropped off significantly over the past 5 years • No program for networking makes it difficult to justify travel or reimbursement from employer • ‘Networking’ may have evolved to mean ‘job seeking’ so only job seekers are attending • Logistically, programming might not be convenient to our members • Consistency of offerings and committee operations year to year, or lack of communication of them • People typically need credits at end of year, but we do not offer many then • Board turnover and impact on planning events scheduled early in the calendar year • Lack of technology folks and other niche disciplines within healthcare as Board members
Opportunities	Threats
<ul style="list-style-type: none"> • Event attendance by NC Regent, a large system CEO or legislature (someone famous to us) • Recorded webinars – record panel discussions and offer for viewing to earn Qualified Credits • Data shows better attendance at events offered in partnership - cohost with MGMA, HFMA, NCAHQ • Use technology to expand access to remote areas • Consider a mix of F2F and Qualified Credits because not all members are on the FACHE track – qualified still counts toward metric • Data shows better attendance at multi-panel education events, exploit this 	<ul style="list-style-type: none"> • Very little cadence for THEF events, members may opt for ‘scheduled’ events offered by other organizations • Competition from MGMA, HFMA events • ACHE member turnover results in what might have been frequent attendees dropping off • Work and cost on our part required to partner with other organizations • May not be able to take advantage of remote broadcasting due to mileage requirement considering where our members live • Virtual offerings from other ACHE chapters could impact our event attendance

Action	Description	Implementation Year	Metrics
THEF Event Calendar	Publish an event calendar with firm dates and locations to enable travel and budget planning	2019	2019 Event Calendar published by January 31, 2019
Strategic Partnerships	Survey THEF members to identify which potential partners would bring them the most value (i.e. other membership associations they belong to and that would allow them to log CEs against multiple credentials)	2018	Survey complete and data interpreted
	Align and secure partners to cohost education and networking events	2019	One education event and 1 networking event cohosted with a partner we have not engaged in the past 2 years (i.e. other than UNC-HESA and NCHA)
Restructure approach to networking events	Pilot short programming to make networking events more meaningful without losing the casual format	2019	One networking event with programming
	Rebrand ‘networking event’ and further explore different types of programming	2020	Networking events rebranded (no longer called ‘networking event’); all include some sort of programming
Revisit approach to education events	Maximize hours and attendance by increasing CEs awarded per event, cohosting with strategic partners, remote broadcasting, and balancing schedule over all four quarters of the year	2019	ACHE metric for 2019

Objective: Fellowship Advancement



Advance 70% of the Chapter members eligible to take and pass the BOG Exam annually.

2018 Status:

THEF earned the ACHE 2018 Chapter Merit Award for Fellowship Advancement. This achievement is attributed to 2017 actions: (1) a local BOG Review course offering, (2) a scholarship awarded to attend an ACHE BOG Review course, and (3) the outreach effort conducted by the Fellowship Advancement Committee – 100% of non-FACHE members (338) were personally contacted to speak about advancement.

The 2019 ACHE metric for Fellowship Advancement (FACHE) requires that 70% of members eligible to take and pass the BOG exam must do so, and pass it, within the year. ‘Eligible’ is defined as number of FACHE applications on file as of January 1, 2018.

Eleven THEF members had active FACHE applications on January 1, 2018, so 8 members must take the BOG exam and pass it to meet the metric this year. Based on the 2017 outreach initiative, we know there are 28 THEF members working toward advancement, and 1 has already advanced. To support these members in 2018, THEF is sponsoring 2 BOG Review Webinar Series, established a FACHE Reference Subcommittee prepositioning current Fellows to provide references required on Fellow applications, and is awarding a scholarship for 1 new Fellow to attend 2019 ACHE Congress.

Strengths	Weaknesses
<ul style="list-style-type: none"> Actively communicating the value of the credential Recognizing new FACHEs in the newsletter and at events raises awareness of the credential Robust Advancement Committee Individual outreach to potential FACHE applicants has proven valuable Outreach has provided data to guide where we focus our resources (which members to focus on as potential FACHE) BOG Prep Webinar Series is a low cost, efficient and effective method to prepare members for the BOG Exam National panel is looking at FACHE as a professional requirement, ‘selling’ it to national recruiters for healthcare executives 	<ul style="list-style-type: none"> Individual outreach is effective but takes time and Advancement Committee members have limited time to do so Large Chapter service area makes it difficult to connect with members at a truly local level People new to the area might not know others who are pursuing FACHE and feel alone in the journey FACHE credential undervalued by employers, or perceived to be No existing marketing platform to engage potential FACHEs at Chapter events Cost of FACHE application and BOG Exam fee Senior Executives already in the C Suite might not feel the need to advance
Opportunities	Threats
<ul style="list-style-type: none"> Engage potential fellows at networking events and provide personalized road maps Educate employers on the value of FACHE Engage additional university partners with adult learners (have already met healthcare leadership experience) to feed eligible FACHE pool Host local convocation ceremony to give all local FACHEs an opportunity to be recognized and simultaneously increase awareness 	<ul style="list-style-type: none"> FACHE applications will drop off if the credential continues to be undervalued by employers and cost is not reimbursed Related professions have required credentials, FACHE is not required for healthcare management professions Related associations have better access to member data at the local/Chapter level allowing them to be more effective at helping members on the path to credential

Action	Description	Implementation Year	Metrics
Continue current initiatives	BOG Exam Review Webinar Series; Alternating annual scholarships (odd years ACHE BOG Review Course, even years ACHE Congress for new FACHE); one THEF sponsored community service opportunity annually; FACHE Reference Subcommittee	All	ACHE annual metric
Local Convocation Ceremony	Host a local convocation ceremony for new FACHEs who have advanced in the current calendar year. FACHEs will invite their organizational leadership resulting in increased awareness of the credential	2019	A March 2019 ceremony attended by 60% of FACHEs advanced in 2018
‘FACHE Friends’	Pair THEF members (voluntarily) actively working toward the FACHE credential; pairs should be in the same geographical area; will increase accountability and provide additional source of support	2019	Statistically significant improvement in rate of advancement for ‘FACHE Friends’ vs. those working on the requirements alone
Rolling Outreach Campaign	Continue individualized outreach; design roadmap; engage ACHE about access to Chapter member activities toward advancement	2019	ACHE metric for 2019; access to member data granted by ACHE

Objective: Senior Leader Engagement



Engage senior leaders (VP, CXO) in chapter service & operations, and event attendance.

2018 Status:

Thirty per cent of THEF membership identify as senior executives (~175 / 588 per 2017 census), yet event attendance and participation in chapter operations is limited. The level of interest of senior executives has a direct impact on perceived value of THEF/ACHE membership and the FACHE credential at all organizational levels.

In 2017, THEF applied for and was awarded an ACHE 2018 Chapter Innovation award with grant money to ‘engage senior-level healthcare executives in the operations and services of the chapter’ and ‘achieve breakthrough attendance at chapter education and networking events’ with the focus on senior executives. Initiatives include: FACHE Reference Subcommittee, BOG Exam Review Course instructor, Mentor Program, ‘Bring Your C-Suite’ Roundtable. So far, 2 of 3 metrics have been met. An initiative to establish a Physician’s Group to engage physician executives has also been launched.

Strengths	Weaknesses
<ul style="list-style-type: none"> • ACHE F2F credits are offered locally are appealing to senior executives • We are in a geographic area with high population of healthcare executives and diversity of healthcare organizations, and we provide forums for them to meet/interact with one another 	<ul style="list-style-type: none"> • Senior leaders not leading the initiatives • Chapter name is not clear that THEF is an ACHE Chapter • We use the acronym ‘THEF’ too frequently instead of spelling it out • Events not titled properly, not perceived as something worth their time • Networking events draw students and vendors, not of interest • All volunteer Board requires too much admin work, not perceived as a leadership opportunity
Opportunities	Threats
<ul style="list-style-type: none"> • Seek endorsement from North Carolina Healthcare Association • Be deliberate about spelling out the name of the organization and conveying the affiliation with ACHE • Offer topics of proven interest – legal, M&A, the future • Engage retired executives to give back to the profession (ex. William Paugh – Goldsboro) • Ask ACHE member senior executives to assist in outreach to other local senior executives about membership • Survey senior leaders, and get those who are engaged in the chapter to encourage others to respond to it • Partner with NC Nursing Association, Medical Societies • Joint session with State Medical Society; many young providers seeking exit from clinical practice – ex. ‘how to lead a healthcare organization as a Physician’ 	<ul style="list-style-type: none"> • Senior executives are pulled in many directions timewise • NCHA is ‘go to’ for discussions of interest; if we offer the same topics then NCHA becomes a competitor • NC Nursing Association and Medical Societies for nurse and physician leaders are substitutes

Action	Description	Implementation Year	Metrics
Survey Senior Leaders	Design and administer survey to THEF senior leader members to gauge interest, barriers to participation, and attributes of an attractive program.	2018	Survey complete and results analyzed by December 31, 2018
‘Senior Leader Advisory Group’	Identify and invite current and retired senior leaders to collectively advise and coach the Board on program design to attract senior leaders and increase participation and event attendance, and reach out to their peers to encourage involvement.	2018	Senior Leader Advisory Group composed of a minimum 5 individuals in place by December 31, 2018
		2019	Senior Leaders Advisory Group actively engaged

Objective: Board Alignment



Align the Board and Committee structure with the interests of current Chapter members and attract new members.

2018 Status:

THEF relies on an all volunteer Board/Committee structure to deliver ACHE programming. The THEF Bylaws mandate the following core committees: Communication, Education, Membership, & Sponsorship. The Bylaws also provide for a Local Program Council to more effectively serve eastern North Carolina (ENCHEG). In addition to these groups, the THEF Board and Committee structure has historically supported a stand-alone Fellowship Advancement Committee.

In 2018, THEF launched a Mentorship program as an initiative under the Membership Committee in response to 2016/2017 interest communicated through the annual ACHE Chapter Member Survey; Mentorship will transition to a stand-alone committee in 2019.

THEF also initiated a Physician's Group in 2018 in response to community interest; it is expected that the group will be formally recognized under the THEF structure in 2019.

Chapter Member Survey results and informal member/Board feedback have identified the following as potentially useful to serving the interest of chapter members and to attract new members: Diversity & Inclusion, Members at Large, Professional Transition.

<p>Strengths</p> <ul style="list-style-type: none"> • Sponsorship Committee has been strengthened over past several year • Education programming is high quality, good feedback from attendees • Chapter Board and Committee service offers leadership development opportunities that folks might not get at work • Strategic approach to Officer nominations • Mentor Program 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Do not do a good job of mapping out opportunities for chapter service and programming beyond education • Not clear what Membership is doing • Can improve approach to Committee Chair nominations • Do not have a Diversity & Inclusion Committee, nor know how to design it effectively – what would add value for our chapter service region? • Nothing in place to offer professional transition assistance other than coming to networking or education events • Physician Leaders are not represented • Committee Member attrition
<p>Opportunities</p> <ul style="list-style-type: none"> • Map opportunities for chapter service and programming • Membership Committee could find new and personal ways to engage existing members and welcome new members • Personal outreach • Members at Large to enable outreach and strategic partnerships with organizations and individuals, and greater engagement in community initiatives • Promote Chapter Board service as an opportunity to help people develop skills they might not have the opportunity to develop at work • Professional transition assistance, ex. Toastmasters Group • Develop a Physician's Group • Reach out to other ACHE Chapters or associations to find out how to set up Diversity & Inclusion • Develop onboarding manual for Board Member transition 	<p>Threats</p> <ul style="list-style-type: none"> • Loss of members of Board does not align with member interests • Risk of becoming less relevant as a healthcare leadership organization • Loss of sponsorship if lose perceived value • ACHE mandating Diversity & Inclusion Committee and we do not have one in place • Need to avoid getting too big – cannot be all things to all people!

Action	Description	Implementation Year	Metrics
Calls for Board and Committee Members	Develop well-designed and informative Calls for 2019 Board and Committee Members that clearly outline the opportunities for Chapter service and promote/communicate it widely	2018	Improved ratings for relevant 2019 Chapter Member Survey questions as compared with 2018
Mentor Program	Transition the Mentor Program, piloted in 2018 under the Membership Committee, to a stand-alone program	2019	2019 Enrollment meets or exceeds 2018 program enrollment
Physician's Group	Solicit a Physician's Group Chair to design and launch the group	2019	A minimum 10 Group members by December 31, 2019 with Charter in place
Diversity & Inclusion	Initiate this as a pilot program to provide time and opportunity to figure out how this should be configured appropriate to our membership	2019	The role for Diversity & Inclusion defined and designed by December 31, 2019
Members at Large	Establish Members at Large as a Board Member position beginning with 2019 Board; solicit the position in the Call for 2019 Board Members	2019	A minimum of one Member at Large selected for 2019 Board

Objective: Streamlined Communication



Establish effective methods and a reliable cadence for member communication and Chapter promotion.

2018 Status:

THEF currently uses the following communication methods to connect with members:

- Direct email
- Quarterly Newsletter
- EventBrite (for event details and registration)
- Website
- Social media accounts (LinkedIn & Twitter)

Distribution lists are pulled 'just in time' from the ACHE provided chapter roster to maximize inclusion of newer members.

Chapter and event promotion to non-members is minimal. Non-members that have attended THEF events previously are sometimes included on EventBrite distributions. In 2018, THEF piloted an event advertisement campaign through the NC Health News Headlines Newsletter and is currently monitoring effectiveness.

A comprehensive Communications Plan does not currently exist.

Strengths	Weaknesses
<ul style="list-style-type: none"> • EventBrite is efficient for events • EventBrite allows for an easy method to deliver mass communication to our area • Website has improved and become more useful 	<ul style="list-style-type: none"> • Too many emails from ACHE and THEF, information overload • Multiple reminders for same event from EventBrite even after registration is complete • Communication among Committee itself is poor; if better, then the Committee could be more proactive • Event promotion on the website is buried • Email communications are not professional looking • Tool used for newsletter • Communication seems limited to event announcements • Bounce backs & unsubscribes clutter distributions • Members who don't update ACHE profile with new/changed contact information • Social media isn't effective if there are few followers
Opportunities	Threats
<ul style="list-style-type: none"> • Consolidate messaging • Improve communication among Communications Committee members • Poll members to assess effectiveness of existing and potential communication methods • Open event registration earlier; more time is better, a month minimum • Partner with other ACHE chapters to disseminate information • More professional and content-rich newsletter • Biweekly newsletter or announcement platform • Communicate more than events • Text event reminders to members • Include Member Spotlights in content • Central method of communication delivery • Surveys distributed at events tend to have higher participation 	<ul style="list-style-type: none"> • Loss of participation • Loss of membership engagement • Alert fatigue from too many individual communications • Limited bandwidth to communicate on regular cadence given the all-volunteer Board and Committees (ex. Biweekly newsletter) • Hard to deliver content without an understanding of interest

Action	Description	Implementation Year	Metrics
Survey Membership to Assess Communication Preferences	Administer survey to assess membership preferences for format and content of communications; use results to inform Communications Plan	2019	Survey completed and results analyzed by April 1, 2019
Biweekly Chapter Announcement	Develop a biweekly newsletter for communicating upcoming events and other Chapter news to take the place of routine emails and supplement EventBrite	2019	First Biweekly Chapter Announcement released by August 5, 2019
Communications Plan	Develop a Communications Plan that addresses format and content of platforms used for: website, Quarterly Newsletter, email domain, social media, event announcements	2019	Communications Plan completed by October 31, 2019 in time for 2020 Board to incorporate into strategy

Objective: Budget Alignment



Work within a budget that covers annual costs and builds reserves for future enhanced programming.

2018 Status:

THEF is a nonprofit membership association that receives 10% of member dues from ACHE (2018, ~\$10K). Sponsorship is required to support quality programming and chapter operations (2018, ~13K).

Education event ticket pricing is set to break even with overall educational event costs for the year. Networking event and other program prices are heavily subsidized to compete with similar programs offered by other professional associations in the geographic area served by THEF.

As membership grows, an increase in revenue to support demand for enhanced programming will be required. Because THEF receives only 10% of ACHE dues (ex. \$15 per new member for years 1 & 2), future revenues will come from increased event pricing, additional sponsorship, or cost sharing through strategic partnerships.

THEF identifies and takes advantage of member affiliations with potential event venues to keep costs low when possible.

Strengths	Weaknesses
<ul style="list-style-type: none"> We have an annual budget, did not have one in past years Quality and price is an advantage over ACHE national events Member retention has been improving Larger Sponsorship Committee is bringing in more sponsorship Exhibit space benefit is well received by sponsors Board members becoming more involved in identifying potential sponsors Sponsorship Committee members from different locations and companies has diversified sources of sponsorship Senior Executives on Sponsorship Committee are influential in obtaining sponsorship Board support to flex to remedies for sponsors when something goes wrong Tailored sponsor benefits 	<ul style="list-style-type: none"> Dues & fees may be challenging for early careerists Retention drops off when dues tier increases per the demographic data Losing members at 5 year tenure – why? Donations and sponsorship are not tax deductible because 501(c)(6) classification Complimentary tickets deduct from sponsorship value Responsiveness/engagement of sponsor varies Addressing the audience as a sponsor benefit sounds good but rarely used
Opportunities	Threats
<ul style="list-style-type: none"> Mentor program to keep early careerists connected without additional fees Attract Physicians with Physician’s Group; events for this professional level could yield a higher price point Chapter BOG Exam Review Webinar Series price could be set at \$100-150 and stand competitive; by the time a member enrolls in the course they are committed to following through with the exam Diversify event timing (mornings vs evenings) to engage those with different schedules and maintain revenues Member retention is more profitable than new member recruitment when it comes to dues member rebate Board members help with identifying potential sponsors Allow for thought leadership published in the newsletter as a sponsor benefit Further diversify Sponsorship Committee members to broaden sources ‘In kind’ sponsorship tier; target those who offer food, venue space, services Sponsorship Committee attend events to nurture sponsor relationships Bolster list of sponsor benefits with those low cost and undistruptive to the Chapter 	<ul style="list-style-type: none"> The next Board may not be prepared to launch programs if we do not end the year with reserves Other commitments make it difficult for some to attend evening events and this could result in decreased revenue Unclear value of FACHE hurts the revenue stream Other organizations that offer free events; especially a threat for early careerists No awareness of competitive benchmark for sponsorship levels of similar organizations Current Sponsorship Committee turnover may result in loss of returning sponsors as relationship is lost No time for Sponsorship Committee to attend events impacts return sponsorship Potential lack of parity across sponsors and tiers if tailored benefits are not monitored

Action	Description	Implementation Year	Metrics
Develop 2019 Budget with Intended Surplus	Set collective revenues (member dues, program fees, sponsorship) to offset costs and exceed the 2018 ending budget by 25%	2019	2019 ending budget reflects minimum 25% surplus for 2020
Revise Sponsorship Tiers and Benefits	Focus on high value, low cost benefits and significantly differentiated tiers; add ‘in kind’ sponsorship type	2018	2018 Sponsorship Committee has drafted 2019 Sponsorship tiers and benefits by October 31 for 2019 Board approval in November
Senior Executive Presence and Diversity on Sponsorship Committee	Call for 2019 Board Members will describe the Sponsorship tier as a Senior Executive; Call for 2019 Committee Members will solicit members from organizations across the Chapter service region	2019	Senior executive as the 2019 Sponsorship Committee Chair and committee members diversified by organizational affiliation and geographical location

Thank you to the THEF Members who participated in the Multi-Year Planning Initiative, 2018 – 2020

Victoria Baskett

Emily Greene

Ramya Parthasarathy

Maryanne Volkringer

Swati Bhardwaj, FACHE

Susan Gueiss

Rajen Patel

Luke Waller

Megan Booth-Mills, FACHE

Shepard Hurwitz, FACHE

Matt Radzom, FACHE

Heather Wargo, FACHE

Tamara El-Amoor

Heather Jacobson

Perry Ann Reed, FACHE

Jill Watson

Melita Ellis King

Christa Johnston, FACHE

Ron Smith

Christopher Wiggs

Jonathan Forte, FACHE

Robert Kulesher, FACHE

Martin Summerville

Jennifer Wilder, FACHE

David Garrison, FACHE

Wendy Leutgens

Phil Talcott