Many of you may know that ANA and the state nurses associations have been focused recently on organizational transformation.

The work began in earnest at Constituent Assembly in November 2011. It passed a critical milestone in June at our House of Delegates meeting. And it is going strong today.

Our work over the past nine months has been informed by a variety of sources, including association literature, good management practice, and our state association leaders.

It was also influenced by the book, *Race for Relevance*, that circulated widely among ANA and state association leaders.

Published by the American Society of Association Executives, the book contends that many of the outdated structures and practices that associations operate under today are interfering with their ability to support members in a meaningful way.

It warns that if organizations don’t change, they risk becoming irrelevant to their members.

The message struck a chord with ANA and our state association leaders.

We immediately embarked upon a course of change for the organization that required speed, endurance, and a desired endpoint – our own *Race for Relevance*. [Advance Slide]

Updated September 14, 2012
• Of course, our desire to be relevant is not new. Regardless of the age or times, professional associations must be relevant to recruit and retain new members that are our lifeblood.

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Organizational transformation is not new to ANA either. In fact, throughout our history, we have evolved and transformed with the times, driven by similar forces that drive us today.

- 1896 – Nurses’ Associated Alumnae of the United States and Canada is formed [name changed to American Nurses Association in 1911]
- 1916 – House of Delegates adopts a plan for state associations
- 1922 – Delegates amend bylaws to allow any state, county, or city association to join

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• The last major transformation for our association was 30 years ago when ANA’s House of Delegates adopted the federated structure.

• With this structure every state association is a separate entity and nurses belong to ANA through their state associations.

• This change was driven by a desire for:

  ✓ Increased consensus and faster decision-making at the national level;
  ✓ Decreased costs; and
  ✓ Increased efficiency and effectiveness.

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• But as we all know, the world has changed dramatically in the past 30 years.
• And the question of relevance is more urgent today because associations have not kept pace with the changes within the larger world – and face great challenges because of it.

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So, what are the main changes impacting associations today?

- First, lives are more complex with many competing demands for our time and attention. Participation in associations often requires a significant investment of time and energy.

- Second, consumers today have an incredible array of choices – and they are used to getting what they want, when and how they want it. They want to know what they get from membership – and it better be good.

- Third, associations today serve a diverse, multi-generational membership base with different wants and needs. Customization of product and service offerings are now a standard business approach in the marketplace, however, many associations continue to offer one membership option.

- Fourth, all of these market trends, coupled with the growth in the number of nursing organizations, means that we are facing more and more competition.

- And finally, digitization is the new norm and associations have not kept pace with technological changes. Our members and potential members interact with us largely through the Internet.
As a result, many associations are facing challenges. For ANA and our state associations, the challenges include:

- Decline in membership
- Other organizations step up to fill the void
- ANA becomes less relevant/smaller voice
- Dramatic decline in revenue
- Insufficient funds for reinvestment
- Too many programs to implement well
- Big, slow, costly governance

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• Clearly, there was an urgent need and huge benefits for ANA and its members to take decisive action toward change and that is exactly what happened.

• From its November start, our journey continued as ANA staff, in close collaboration with state association presidents and executive directors, compiled data and developed recommendations to help inform ANA’s strategic planning session in February.

• The ANA board came away from this session with a strong commitment to lead ANA through a radical transformation of the organization that includes five very important changes:
  • Simplify the national governance structure;
  • Strengthen C/SNA and ANA enterprise infrastructure and relationships as well as support for state-based activities;
  • Create and implement a high-growth membership organization;
  • Develop and implement a focused menu of programs, products and services; and
  • Develop an integrated business and technology platform.

[Note: These changes differ slightly from the original changes that were taken to the HOD meeting in June. That’s because those original changes were tweaked in July when the board approved the 2012-2014 strategic plan.]

• With these changes in place, we would be better able to grow our membership, meet members’ needs, and create savings that could be reinvested in more and better services for members.

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• It’s important to note that the majority of the changes did not require bylaws changes, and the work to implement them continues at a swift pace.

• However, many of the changes were interconnected and needed to be informed by research and consideration of the impact on ANA and C/SNAs before being implemented.

• So, let’s take a look at each of the recommended changes and where they stand today.

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Over the course of its 100+ year history, ANA has been a responsible association and allowed its governance to evolve to meet the ever-changing needs of nurses and the profession.

The federated model, developed in the 1980s, worked for that time.

But as the pace of change continued to accelerate, the costs and inefficiencies associated with our governance were becoming completely overwhelming.

In order to achieve superior member service, we needed a more nimble, responsive, and less costly governance structure.

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In our vision for the 21st century ANA, governance is leaner, more responsive, more effective, less costly and focused and timely.

- Members are leading, informing, advising, electing, and most important, engaging in a system that builds synergy ... is responsive ... and is wildly successful!

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• At our June House of Delegates (HOD) meetings, delegates voted to replace the 700 plus member HOD with a smaller Membership Assembly composed of two elected nurses from each C/SNA and the IMD, nine ANA board members, and one representative from each specialty nursing organizational affiliate. The establishment of the Membership Assembly was effective immediately.

• Delegates also agreed to reduce the size of the ANA board from 15 to 9 members, including four officers and five directors-at-large, one of whom is a staff nurse and one a recent graduate. This change will take effect on June 2014.

• And they approved measures to dissolve the Constituent Assembly and, effective March 2013, the Congress on Nursing Practice and Economics.

• New, shorter-term opportunities will be available for nurses to serve on ad hoc “Professional Issues Panels” that will address specific, and in some cases, urgent issues important to nurses. The ANA board will create and dissolve these panels. And the ANA CEO will appoint members whose specific areas of expertise are needed at a given time.

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• To strengthen the C/SNA & ANA enterprise structure, all states – large and small – must be better positioned to succeed by using resources more effectively and honing their focus on providing superior member service and growth.
One important way to ensure both large and small state associations have infrastructures capable of supporting their members is to develop a multi-state structure.

By becoming part of a multi-state division, smaller states can leverage economies of scale and continue to focus on what they do best for members.

To date, five potential multi-state division pilots are being formed -- in the northeast, central Midwest, upper Midwest, south and mountain regions.

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• We all know the dire membership story we have been living. And we know how important strong membership is to the health of our organizations.

• So to get on the path of high growth membership we must make membership in ANA and the state organizations truly simple, easy, logical, and affordable.
• To do this, the board of directors proposed that the constituent and state nurses associations connect with ANA as affiliates.

• Not only would this contribute to membership growth and stability at both the state and national levels – it would also permit ANA to hone its focus on the needs of individual members through targeted products and services that convey ANA’s relevance.

• The constituent and state nurses associations would still focus on state-based advocacy and member engagement, and ANA will focus on the national issues, while giving support to the states.

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• With this model, joining ANA would become easy – and simple.
• Today ANA has more than 500 dues options for members.
• Our envisioned future would provide individual members:
  ➢ A single join decision that covers both ANA and the constituent and state associations;
  ➢ A single, affordable price includes joint membership in both the national and state organizations;
  ➢ Better communication of the value of membership and

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Delegates referred back to the ANA board the amendment that would have changed ANA’s structure from one where state nurses associations are ANA members to a structure where individual nurses are the members.

They requested more details and data about how the new membership model would operate and how it would impact C/SNAs and current members.

Since April, ANA has been engaged in extensive market research that has been divided into three phases.

During the first phase, we began conducting extensive research to better understand members’ and prospective members’ needs and how we can structure membership to bring in lots of new members while also protecting the revenue from current members.

The research plan started with focus groups and discussions and proceeded to large scale surveys that can predict behavior with high degrees of confidence.

This fall we will launch and carefully monitor pilot test markets to understand how the new approach works and optimize it as needed.

At the conclusion of the three phases, after thorough review of all outcomes, only then will we roll out the new approach nationally.

The ANA board will consider the Federation/Individual membership proposal that was referred to it by the 2012 HOD with the goal of bringing to the Membership Assembly a full report and recommended bylaws and policy changes.

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Currently, ANA has a wealth of policy and advocacy work; however, our challenge is twofold.

First, our work has been too broad, so that the priority areas often get lost. Second, our work has not been translated into products and services nurses can use.

To bridge this gap, we need to prioritize our efforts at the national level to develop programs, products and services with the highest relevance and greatest potential to meet our members’ needs.

The overarching focus is around advocacy and professional development.

Within these two focus areas, our products and programs must be relevant and useful to nurses and the profession, as well as differentiate ANA from other organizations. Our products must serve nurses and the profession, as well as increase membership or revenue.

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Our work will focus both on advocacy and professional development for nurses in each of 8 programmatic pillars we have identified:

1) Quality of Care  
2) Leadership  
3) Safe Staffing  
4) Practice Innovation and Health Care Transformation  
5) Work Environment  
6) Cornerstone Documents  
7) Scope of Practice  
8) Healthy Nurses

These programmatic areas are where ANA has the potential to have the greatest impact.

As we move forward with this work, we will continue to do market research to ensure that these are the programmatic areas that are most relevant to nurses.

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• By keeping the programmatic pillars top of mind, we have made steady progress in developing innovative products and services with the highest relevance and greatest potential to meet members’ needs.

• We have already launched a number of new products using innovative strategies.

• For example, with the release of ANA’s Principles for Social Networking last fall, we developed a toolkit containing a poster, fact sheets, and tip cards to translate the principles into practice. Today, the toolkit continues to receive more than 900 visits per month on [www.nursingworld.org](http://www.nursingworld.org)

• In addition, ANA released an updated publication, Bullying in the Workplace, originally created by the Center for American Nurses. This publication, the first in a series, translates important information into strategies nurses can use to improve their personal leadership skills. In a very short time, we have sold nearly 800 copies.

• It has already become our 5th most popular selling publication of all time.

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• A nimble and agile association requires a business and technology infrastructure with similar characteristics – nimble, agile, responsive and capable.

• We are intent on implementing capabilities to the association that are business-enabling and member-friendly.

• We want to take advantage of our association numbers, the economies of scale and business benefits of having a larger association business model.

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The service delivery models we envision will provide a business and technology services infrastructure that supports our success – more agile and nimble in delivery, responsive to the members, and using technology for the advancement of the nursing profession and nurses.
We are moving forward with plans to build a new technology platform that allows ANA and C/SNAs to leverage common sets of tools – email, calendar, instant message systems and others – to save costs and free up resources to enhance the services we provide to nurses. Here’s where we are today:

- Association migration to all “cloud-based” services on track for completion by end of 2012
- Costing of ANA technology services to the states is completed and has been provided to leadership – we are negotiating with vendors to get a best-and-final price for services by end of September 2012
- National contracts with Conference America and AT&T Mobility complete
- National contracts in negotiation with Affiniscape, Staples and LexisNexis
- Several states are already taking advantage of various ANA services and service providers, including web conferencing, mobile cell service discounts, website hosting and more
• As we roll out these changes and many others in the months ahead, I would like every member to always keep in mind why we have embarked on the path to change – and that is to make ANA and the constituent and state nurses associations stronger, more responsive and a more effective organization for our members.

• We’ve made good progress since November 2011, but we have a long road ahead. We will continue to keep you posted on the changes as we go.