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Creating a Sustainable Local-State-National Member Community

Component Relations, October 2011

By: Peggy Hoffman, CAE, and Nadine Merker

As is the case with many association components today, the chapters at the American Association of Diabetes Educators (AADE) were struggling. This struggle was not new.

In fact, nearly 13 years ago, the association had tried to reshape chapters without success. Much changed in the intervening years—most notably, a shift in the healthcare system as it grew more reliant on technology and a shift in the availability of technology that could support many aspects of chapter activities.

With these shifts, AADE members have become adept and reliant on technology and instant connectivity, and AADE has implemented member community. In many ways, the timing was just right for change. In 2008, the board unanimously voted to study the component structure and implement changes as deemed necessary.

Creating a New Chapter Model

AADE's new component model is actually a culmination of 10 years of listening and studying on the part of AADE's board and leadership. In 2008, they put together a cross-functional task force of volunteers and staff, and conducted a chapter census and a member affiliation survey.

Together, the board members and leaders defined a vision for a new structure: The goal was to ensure AADE members feel they are part of the AADE family whether they are participating at the local, state, or national level. All members should have access within their local area to other AADE members (something that the previous chapter structure could not always provide), and each component should provide a strong foundation for the future of the profession.

The solution was designed to address four critical issues:

1. a growing struggle with finding and developing new volunteers at the chapter level
2. challenges in attracting and engaging members as volunteer leaders
3. a disconnect in member affiliation: 40 percent of AADE members were not members of a chapter, and about 50 percent of chapter members were not members of AADE (which was incidentally against policy)
4. increasing interest from chapter leaders to focus more time on networking and education and less time on administrative duties

Local Networking Groups Are Born

The new chapter model responds with a lighter structure, administrative support, and an emphasis on mission metrics over organizational metrics. Chapters are now local networking groups (LNGs), led by teams, that draw diabetes educators in close geographic proximity to gather, network, hold educational events, and participate in community activities. The new structure streamlines administrative duties, loosens organizational requirements, and simplifies the leadership structure.

These small groups funnel into a coordinating body at the state level where ideas, events, and resources are pooled. This hub for activity is led by a leadership team with input from all LNGs. The purpose of this state hub is twofold: First, it reduces the span of control and support for AADE from more than 90 groups to essentially 50. Second, it encourages collaboration and resource sharing across the state.

Under this model, these groups are no longer independent separate organizations. They operate under an affiliation agreement that outlines their responsibilities, as well as the responsibilities of AADE. In addition to administrative support, AADE provides a portion of the dues to the groups.

A critical component of the new model is "My AADE Network E-Community." All groups are tied into a 24/7 interactive portal being cared for and supported by AADE nationally. This online portal offers both administrative tools and member community tools. Through this portal, local leaders can manage events, provide an e-letter, send announcements, share documents, start group discussions, and make decisions.

Selling the Model

A critical part of AADE's story is how the association has gone about "selling" the new model. Obviously, a change of this magnitude can be disconcerting. As part of this new model, two items in particular were hot points: money and memberships.

Under the model, AADE became the local groups' bank, handling all of their money. Because groups are required to use the new member community, the membership requirement is being fully enforced.

Helping chapter leaders see the benefit of the new system became a critical component of the change process. In addition to a wide range of communication channels, AADE made three very effective strategic decisions.

First, the change is positioned as a new membership—membership in My AADE Network—which gives members greater value overall. This strategy helped AADE broaden the focus from changing chapters to serving members.

Second, AADE leaders brought in, and truly listened to, volunteer-member champions. The volunteer chair of the task force helped AADE talk with volunteer leaders. Most importantly, the role of the chair and other champions was to give AADE critical feedback during each step of the transition to help refine the model and the communications.

Third, AADE adopted a procompromise attitude. AADE learned to bend where it supported the goal.

Completing the Transition

AADE launched the new model in August 2010 and will complete the transition process late this year. Chapters were given the choice to transition or disaffiliate.

At this point, 87 of the 99 chapters have opted into the new model. The remaining 12 chapters were, for the most part, inactive before the change. AADE hopes the new model will eventually breathe new life into these groups.

Peggy Hoffman, CAE, is president of Mariner Management & Marketing in Columbia, Maryland. Nadine Merker is director of volunteer services at the American Association of Diabetes Educators in Chicago. Emails:phoffman@marinermanagement.com, nmerker@aadenet.org; Twitter: @peggyhoffman

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