INTRODUCTION: The American College of Epidemiology is a valued client of FirstPoint Management Resources. Noticing declines in dues renewals and ACE memberships, FPMR undertook this complimentary study to better examine and articulate what might be happening, and offer the board suggestions for consideration.

It should be stressed that only information from former and prospective members was considered. Current ACE members were not disrupted in any way. It should also be noted that only the behavior of former Member and Fellows was considered. Although the organization benefits from many member types, Members and Fellows are the core of the College.

This is not a formalized or scientific study. Consequently, a more complete study might be undertaken using member information to further guide and direct strategic planning efforts.

EXECUTIVE SUMMARY:

- An analysis of membership data from the American College of Epidemiology shows that despite the adoption of membership growth and retention goals per the strategic plan adopted in 2014, core membership continues to decline, which leads to a corresponding membership dues revenue reduction.
- The majority of former members continue to work in the epidemiology field; often at the jobs they had while members. They remain eligible for membership, but indicate that they are uninterested.
- The pattern of non-renewals/drops is greatest in the first few years of membership, and then again in later years, although this is not due to retirement.
- Eleven percent of possible members have joined. ACE has solid opportunities for growth.
- Action steps for the Board’s consideration include:
  - Restructure bylaws and policies;
  - Re-think the dues model;
  - Implement stronger communications with non-members;
  - Engage and nurture vulnerable member classes (new, mature, etc.);
  - Re-visit the strategic plan to refine strategies and allocate resources;
  - Expand research to members to validate the findings of this study;
  - Determine ACE’s key value proposition; and
  - Align the College’s resources to what matters most to members.
THE PROBLEM:

An analysis of Members and Fellows in the American College of Epidemiology shows that despite a strategic plan’s adoption in 2014 containing membership growth and retention goals, core membership continues to decline.

* Chart is based on year-end data, except for 2017 which reflects mid-year numbers.

Although this graph takes a longer view by including 2011, it demonstrates how membership has fallen for Members and Fellows since reaching a high point in conjunction with a very successful Congress in 2011. Since then, core membership in the College has dropped 41 percent.

This decline in membership dues elicits corresponding revenue issues. The chart below depicts June 30 financial statements year-over year, again using 2011 as a benchmark. Recalling that 2011 featured a popular conference, dues revenue from Member and Fellow over the next six years fell 30 percent.

* Chart based on June 30 financial statements, year-over year.
ANALYSIS

To better understand what is driving these declines, FMPR conducted a multi-faceted analysis of former members who opted not to renew during the past three years. Although the bulk of this report is focused on those non-renewals, other years are occasionally examined for the purposes of benchmarking or identifying trends. Again, no current members of ACE were included or disrupted in this study.

Tools used for this study included the ACE database, an examination of board and committee minutes, financial reports, membership reports, bylaws and other ACE documents. Google, LinkedIn, other social media platforms and public records were used for determining the status of past members. Surveys were utilized to provide additional data not accessible by other means.

1) Where Are They Now? The first element of this study looked at where the non-renewing members are today; specifically, if they are still in the field and eligible for membership. This data was collected based on searches using Google, LinkedIn, other social media platform searches and public records. As the graphs below demonstrate, the overwhelming majority of non-renewing ACE Members and Fellows remain active in the field of epidemiology and continue at the last job they held before they dropped.

Summary of 2015 Non-renewals
- 2 deaths
- 2 retired
- 9 had changed jobs (and therefore may not have received renewal information);
- 71 people are still in the field and at the job they held while they were members.
  - 55% Academics
  - 20% Government
  - 24% Corporate, Organizations, Misc.
Because 2017 has not yet concluded, a chart was not compiled. That data, while informative, is incomplete for the purposes of this section of the study but is examined later on page 9.

Significantly, many of these non-renewals continue to use ACE credentials (MACE, FACE) and references to ACE membership in their work, in their website bios, and on social media platforms. Because the College’s bylaws do not consider a membership formally “dropped” for two years after their last renewal, there may be some confusion among these individuals as to their membership status.

Also interesting, roughly 11 percent of these former members have a history of renewing some years, but not all. For example, they pay dues every other year, but continue to claim a full-time affiliation with ACE. Implementing stronger communications measures (page 10) could help correct both these observations.

2) How Long Did They Stay? The second portion of the study looked at the length of time non-renewing members spent with ACE before dropping their membership. The membership life of non-renewing members is captured in the charts on the following page. Once again, a chart for 2017 was not prepared for this purpose because the year is incomplete.

Summary of 2016 Non-renewals

- 1 license revocation
- 4 deaths
- 5 retired
- 26 changed jobs (and therefore may not have received renewal information);
- 190 people are still in the field and at the job they held while they were members
  - 58% Academic
  - 13% Government
  - 28% Corporate, Organizations, Misc.

<table>
<thead>
<tr>
<th>Retired/Left field</th>
<th>Deceased</th>
<th>Licenses Revoked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job change</td>
<td></td>
<td>Still in field/eligible</td>
</tr>
</tbody>
</table>

2016 Non-Renewals
A few items are noteworthy here:

- First, many Members leave ACE within the first few years of joining. This is a time-period when members are most at risk for departure as they may fail to assimilate in an organization or find clear value. We can see clear evidence of this at play in both the 2015 and 2016 non-renewals. (Refer to page 10 for additional thoughts on engaging and nurturing newer members.)

- Second, it's interesting that around the 10-year mark we see fewer drops, or non-renewals. In calculating the median engagement of ACE non-renewals for 2015, 2016 and 2017’s late pays, the results were 8, 9 and 12. However, following this period, non-renewals begin to climb again.
This is visible in data from both 2015 and 2016. Because these members are not retiring or leaving the industry, more is at play. (See page 10 for more thoughts on long-term members.)

3) **Why Do They Leave?** The final portion of FPMR’s study attempted to examine the reasons why ACE Members and Fellows opt not to renew. To study this, a survey was sent to 165 non-renewing membership from 2015 and 2016.

Unfortunately, there was no response to the survey which was sent out twice and included “Tell us why you dropped your ACE membership” in the subject line of the header. While a low response rate was anticipated, it was hoped that a direct reference to ACE coupled with a message that membership had been dropped would result in some response, (e.g. a jump in renewals or other measurable actions like calls). Those did not occur despite these former members using ACE credentials online and in social media settings.

We need to dig deeper to determine the reasons for non-renewals. A phone interview or peer contact may be helpful in securing responses.

4) Because the non-renewal survey failed to yield clear data, a second survey was created and sent to 115 identified ACE prospects. Although outside the initial scope of this study, it was thought that learning what other epidemiologists think about ACE could provide insights that might help inform conclusions.

The prospect survey response was small, but yielded better results than the non-member survey. This survey helped identify which epidemiology organizations are top of mind (ACE, APHA and SER), the reasons people are interested in these organizations (advocacy/policy work, leadership opportunities, sponsored job opportunities), and why people haven’t joined. Sixty percent of the respondents indicated they “just haven’t gotten around to it.” Forty percent said they didn’t have enough time to engage in an organization, and only 20 percent indicated there was not enough value.

These are positive findings for ACE that can be used in meeting the recruiting goals under the strategic plan. That said, even better data regarding motivation and value may be available from current members. (More on this on page 11.)

**FINDINGS**

In sum, the FPMR study concluded:

- Since Members and Fellows represent the core of ACE it is serious to observe their numbers declining since 2011. These losses impact financial stability and ACE’s strategic plan goals regarding membership growth and retention.

- Members and Fellows are vulnerable to attrition (within the first 6 years) of ACE membership. That vulnerability declines then increases again later in their lifecycle even though they stay in
the field. There is an opportunity for ACE to better engage both newer members and more long-term members in its work.

- Once a member has left the College, they demonstrate little interest in communication with it. Although their use of credentials continues, ACE fails to engage their interest and there is a perceived lack of value in the organization.

- Only 11 percent of eligible epidemiologists are members of ACE. There’s clearly room to grow. The US Bureau of Labor Statistics, Division of Occupational Employment Statistics (March 21, 2017), estimates that there are currently 5,690 epidemiologists in the United States working primarily for state/local governments, hospitals, scientific research and development organizations, and academia.

- Refinement of value proposition is needed. A focus on advocacy/policy work, leadership opportunities and jobs - coupled with more ad hoc volunteer work - may appeal to both members and prospects. Additional research with members and prospects could help inform a better value proposition. Restructuring engagement opportunities to take less time may also assist the recruitment process.

**ALTERNATIVES / NEXT STEPS**

The following suggestions are offered for board consideration:

**Restructure Bylaws and Policies to Eliminate Free-Riders.** Membership in the College is only revoked if members are “in arrears of dues for two years, or more.” Under ACE bylaws members continue to be invoiced until 4 years have passed at which point they need to re-apply for admission.

While not an entirely unusual arrangement, it’s clear that for ACE, the lengthy window of time between a missed renewal payment and a formal “drop” is neither advancing membership loyalty or delivering the financial results needed. It may even promote the idea that an annual commitment to membership is unnecessary, and there is certain evidence of “free-riders” in the College’s membership.

Recall that in the membership records of non-renewals from 2015-2016 (page 4), roughly 11 percent had a “some years but not all” mentality regarding dues payments. Not being forced to maintain membership each year provides that option, and while some will renew at some point in the future, it’s only a small percentage.

Consequently, eliminating the language that allows members to be in arrears for two years before membership is revoked, combined with an internal practice that notifies members they are being dropped, could be helpful.

**Restructure the Dues Model.** ACE Member Dues are priced at $150; Fellows pay $195. These rates are on par with SER and APHA. Although each of those organizations has a different dues model, they are not the only options that exist.

- The Society for Epidemiological Research, SER, follows a conventional annual pricing model. The organization charges less than ACE ($115); it drops members immediately after non-
payment of dues in January. The organization needs to constantly offset anticipated losses with new members. To gain ground and grow two things need to happen. First, new members need to be tended to as retention efforts are driven by an alignment between member expectations and the value proposition. Second, sales efforts must be ongoing (recruitment). Adequate time and attention from members and staff must be allocated for these efforts.

- In contrast, APHA prices membership based on salary/professional level. Starting at $130 for early-career professionals (graduated in the past 24 months), those earning less than $45,000 annually pay $105 and others pay $220. This model, while welcoming in intent, often puts the organization in the role of policing its members. Association industry data suggests that despite being promoted as a model that grows membership revenue as members acquire more experience in the field, dues in these models tend to creep downwards as income is routinely underreported. This model also tends to show that the majority of non-renewals happen before the higher dues levels are reached.

- A third model, based on multi-year discounts and an application fee might also be an option for ACE. In this model, the member candidate pays a nominal application fee, and once accepted, is only offered a discounted multi-year membership.

For example, a Member candidate might pay a $50 application fee (a show of commitment) and then once accepted, would be given the option of a two or three-year membership package at a discount over the regular renewal rate. For example:

<table>
<thead>
<tr>
<th>Type</th>
<th>Application Fee</th>
<th>One Year</th>
<th>Two Years Regular</th>
<th>Two Years Discount</th>
<th>Three Years Regular</th>
<th>Three Years Discount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member</td>
<td>$50</td>
<td>N/A ($150)</td>
<td>$300</td>
<td>$275</td>
<td>$450</td>
<td>$400</td>
</tr>
<tr>
<td>Fellow</td>
<td>$75</td>
<td>N/A ($195)</td>
<td>$350</td>
<td>$390</td>
<td>$585</td>
<td>$550</td>
</tr>
</tbody>
</table>

In this model, the application fee offsets the two or three-year membership option, but the perception of a discount over regular pricing lends the idea of benefit. Plus, with the application fees ACE will gain added revenue from new recruits, despite the discounted dues.

More, importantly, by denying new Members/Fellows a one-year option, ACE will gain more time to engage new recruits into the activities of the organization and demonstrate that membership has value. Following the initial multi-year selection, regular dues rates might apply.

- A fourth dues model to consider would be to simply raise dues above the current rates to account for lapsing dues payments. For example:
The American Association for Cancer Research sets dues at $315, but terminates members with dues in arrears for two years. That $315 dues rate is sufficient to account for some degree of their non-renewals during the two-year grace period.

The Infectious Disease Society of America sets dues at $315, but rather than supporting non-renewing members beyond their due date, it forces annual membership by requiring 5 years of continuous membership before advancement is considered.

Because associate member dues seem to range higher in other epidemiology organizations, ACE might also consider raising Associate member dues to $50, which would double the revenue from this supporting class.

- A final dues model might be to change ACE dues from an annual billing cycle where dues are payable by January 1 to an anniversary cycle where dues are payable at a time that works best for the member. There is evidence within ACE to support this idea.

The chart above represents a snapshot of 2017 non-renewals taken in mid-August, 2017. Although the fiscal year is incomplete and some of these members will still drop, the spikes in years 6-7 and especially year 17 of membership point to something different since these members are not in risky places in their membership life-cycles with ACE. (You can see the contrast between this graph and the non-renewal graphs for 2015-2016 on page 5.)

What this 2017 graph implies is that the timing of the renewal (not the renewal itself) might be the problem. It would be difficult to image that nearly 80 members with 17 years of service in ACE would randomly leave or retire. It’s more plausible to believe that they’re paying their 2017 dues off-schedule for other reasons; perhaps they work for state/local governments and don’t have budget authorizations in place yet, perhaps they are academics waiting for the new school year, etc. Staff has anecdotal evidence to support this idea.
An anniversary billing model would allow ACE members the option to choose which month/quarter works best for their renewal billing. The work of billing/renewing is then spread out over the full year and allows both leadership and staff to focus more concentrated efforts on renewing the members who appear to be at risk. ACE could begin this process by pro-rating dues for current members as they settle into more routine billing cycles.

**Implement Stronger Communications with Lapsed Members.** Given the continued use of ACE credentials/affiliation by non-renewing individuals, it’s clear that perhaps membership requirements are not being communicated clearly enough, or perhaps are being misunderstood. Following the dues renewal period, a “please stop using your ACE credentials” letter could be sent to non-renewals to remind them they are no longer considered active members of the college. This could potentially be followed by a phone call from a committee/board member to learn more about the reasons behind the drop and to ask for a renewal.

**Pay More Attention to Engaging and Nurturing Newer Members.** This can take the form of personal welcome calls from leadership, to invitations to sit on committees, or even to special conference “welcome” discounts. At a minimum, ACE should consider contacting first year members personally three times for the purposes of engaging them further into the organization (phone calls, not emails here). A mentoring program featuring long-term members might also be appropriate here. Engaged members are less likely to leave, and coupled with multi-year dues options this practice could boost retention rates toward the 95 percent level identified in the Strategic Plan.

**Find Ways to Engage More Long-Term Members in Meaningful Work.** Like the challenge of keeping newer members, ACE exhibits difficulty keeping members who have been engaged more than 10 years. The fact that they continue to work in the field indicates that later years of membership provide little value. Rather than being taken for granted, these members might receive the similar types of attention given to newer members. Examples might include scholarships opportunities to conferences of their choosing, grant funding for special projects, or even special acknowledgement at specific time intervals (e.g. 10+ years of membership earns them a “leadership circle” designation). One tactic that has worked well for some organizations is to invite these older members to “exclusive” events, such as policy briefings on Capitol Hill. Mentoring opportunities for newer members can also stimulate long-term members into increased engagement with the organization.

**Revisit the Strategic Plan to Refine Strategy and Resource Allocation.** Revisiting the Strategic Plan to ensure that the strategies developed will meet objectives, that tactics specific to each strategy are identified, and that deadlines and resources (both human and financial) are allocated, is likely to lead to better outcomes. As written now, ACE’s strategic plan is rather broad; it’s unclear how specifically the organization intends to achieve goals such as “10 percent membership growth” and “95 percent renewal rates.” A tactical implementation component of the plan could address these gaps.

**Expand Research to Current Members to Validate Findings.** Although not scientific, the prospect survey indicated that a focus on advocacy/policy work, leadership opportunities and jobs - coupled with more ad hoc volunteer work that takes less time - has appeal. Those are items that might merit further study and explanation as the College seeks to market itself further in the epidemiology field. Expanding that research into the current ACE membership would help validate those findings – and perhaps lead ACE down the path toward higher retention levels as members find more value.
Determine and Refine ACE’s Key Value Proposition. Having an identifiable value proposition is critical to any organization. In the case of ACE, the loss of members indicates that the value proposition is either missing, misunderstood or off-target. In many cases, it can be that an organization provides significant value – but fails to communicate it to stakeholders. For example, on the ACE website “advocacy” is listed as the first thing the organization provides, but it isn’t evident or proven elsewhere on the site. That said, using expanded research to determine 1) what members most want, and 2) where ACE can “put a stake in the ground” in comparison to other epidemiology organizations, will help develop a stronger value proposition. Defining what makes you different is a core element of any marketing campaign.

Align Resources to What Matters Most. In terms of membership and revenue, the Congress undertaken in 2011 yielded substantial results. Since then, ACE has lost members (41 percent) and revenue (30 percent). Although ACE has certainly done many things since that time, its work has not yielded those types of results. Expanded research with current members may help identify where work can/should be realigned to more successfully meet ACE’s goals – and it may be that successful Congresses/events are a large part of that.

Ask for Membership and Make It Easier. Strikingly, 60 percent of the respondents to the prospect survey indicated they were not members of an epidemiology organization because they “hadn’t gotten around to it.” They also indicated that time was an issue in terms of engaging. Simply asking for membership, making joining process easier, and engagement in the organization less time consuming may make ACE membership a more attractive proposition to prospective members. Again, more research could be undertaken to validate this.

CONCLUSION: In providing this complimentary case study to ACE, FPRM presents some observations for the organization’s leadership to consider. FPMR stands ready to assist you in further consideration or implementation of any of these items should you decide to pursue them.