

**California Medical Association Alliance**

## **Strategic Plan**

**February 7, 2009**

**Members of the Strategic Planning Committee:**

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## **MISSION STATEMENT**

**The CMAA increases the ability of Californians to improve their own health. We will accomplish this by:**

- **Developing county-level leaders**
- **Educating people about health and advocacy issues**
- **Connecting national resources and local entities**
- **Partnering with medical communities, the public sector, and private enterprise**
- **Supporting the medical family**

## **VISION STATEMENT**

**California is an ideal place to cultivate a healthy family and lifestyle.**

### **BHAG: Big Hairy Audacious Goal**

**By 2012 we will have six additional active counties.**

Current counties: 7 urban, 4 suburban, 4 rural

Future: 2 more urban, 2 more suburban, 2 more rural

## **VALUES STATEMENT**

We value:

- positive attitudes among our leaders and membership
- that board members and membership be respectful to each other in all circumstances
- the uniqueness of the medical family
- teamwork among our board and membership
- reliability and accountability once a person takes on responsibility for a specific project
- that change is necessary and are open to this prospect
- integrity, honesty, and transparency among our leaders and membership
- the friendships that are created through the efforts of the board and membership
- upholding the guiding principles as set forth by our organization
- our diverse backgrounds within the medical family

## **Who We Are and What We Do**

The California Medical Association's Alliance was established in 1929 and is an affiliate of the California Medical Association. It is a member organization of physicians' spouses and physicians who are dedicated to the health of California through education, community service programs and legislation.

The CMAA is a nonprofit general benefit corporation and has a new select membership category of friends of medicine. We are also in the midst of establishing relationships with medical students and/or their spouses and residents and/or their spouses to formulate programs to include them. They are our future.

The CMAA is part of a federation that includes the American Medical Association Alliance and local county Alliances. Fundraising, legislative advocacy, and health-related projects are components of all three levels of the Alliance. The CMAA and the AMAA provide leadership training, advocacy training, and networking opportunities for the local county members. Currently the CMAA has approx. 2,000 members with 15 active county alliances.

# CMAA STRATEGIC PLAN

February 7, 2009

## PRIORITIES

1. **We will become the statewide resource for leadership development and training of County Alliance leaders.** (Sources: CMAA Leadership Internal Survey /Winter Board Meeting 2008)
2. **We will become the “go-to” statewide partner for legislative awareness on health-care issues to County Alliances.** (Source: CMAA Leadership Internal Survey)
3. **We will work with other groups to develop high-impact, health-related programs for County Alliances.** (Source: CMAA Leadership Internal Survey)
4. **We will improve our statewide governance and management functions.** (Source: CMAA Leadership Internal Survey)
5. **We will update our mission and vision statements to reflect the realities of the new millennium.** (Sources: CMAA Leadership Internal Survey/Winter Board Meeting 2008)
6. **We will increase our Foundation’s impact on our mission.** (Source: CMAA Leadership Internal Survey)
7. **We will strengthen the relationship between the CMA Alliance and the CMA.** (Sources: CMAA Leadership Internal Survey/External Interviews)

## **CORE STRATEGIES, GOALS, AND OBJECTIVES**

### **We will become the statewide resource for leadership development and training of County Alliance leaders**

#### **Goals:**

- We will increase networking between the AMAA and Alliances to access national programs offering leadership development training.
- We will improve the CMAA website to include information on “best practices” for Alliance leaders.
- We will continue to increase our County Alliances’ capacity in the following areas: leadership, membership recruitment, computer literacy, newsletter development, website development, and members’ Internet literacy to maximize our work long-distance.
  - **Objectives:**
    - i. We will provide leadership training customized to individual County Alliance needs.
    - ii. We will increase cultural diversity within all of our membership.
    - iii. We will develop programs to recruit medical students, residents, spouses, and partners.

### **We will become the “go-to” statewide partner for legislative awareness on health-care issues to County Alliances.**

- **Objectives:**
  - i. We will provide up-to-date legislative alerts via email, newsletter, and/or mailed communications so Alliance members are familiar with and are actively participating in health-related issues affecting Californians.
  - ii. Through our improved website, we will connect our County members to an ongoing list of hot legislative issues.

**We will work with other groups to develop high-impact, health-related programs for County Alliances.**

**Goal:**

- We will continue our work with Counties to determine which high-impact, health-related programs may be implemented to benefit specific communities and populations.

**We will improve our statewide governance and management functions.**

**Goals:**

- We will adopt a more streamlined board committee structure
- We will create and implement an Executive Director position to maximize the impact of our board members, members at large, and volunteers while maintaining the wonderful social aspect of our work together.
- We will partner with our CMAA Foundation leaders to create a more positive and productive relationship.

**We will update our mission and vision statements to reflect the realities of the new millennium.**

**Goals:**

- We will adopt a new mission and vision statement.
- In celebration of our time-tested traditions, we will re-acquaint our CMAA members with the stated values in this plan.
- We will adopt and fully commit to a “Big Hairy Audacious Goal” for the next three years. (BHAG)
  - **Objective:**
    - i. We will activate or re-activate two county alliances in each of the next three years.

## **We will increase our Foundation's impact on our mission.**

### **Goals:**

- On an annual basis, we will engage our CMAA Foundation in joint planning to maximize productivity and positivism in our work together.
- We will increasingly expand our Foundation's philanthropic activity.
  - **Objectives:**
    - i. We will maximize local and statewide leadership.
    - ii. We will network and mutually benefit from a clearer and more productive relationship with the CMA Foundation and similar others.
    - iii. We will recruit board members that have proven fundraising experience.

## **We will strengthen the relationship between the CMA Alliance and the CMA.**

### **Goal:**

- We will interface more closely and intentionally with our CMA partners to increase Alliance membership.
  - **Objective:**
    - i. Every new CMA member will trigger a new contact for us to cultivate as a new Alliance member.

## **APPENDIX**

1. ORIGINAL MISSION STATEMENT
2. SUMMARY OF INTERNAL CMAA LEADERSHIP SURVEY
3. SUMMARY OF WRITTEN RESPONSES FROM LEADERSHIP SURVEY
4. SUMMARY OF EXTERNAL SURVEY
5. COUNTY ALLIANCE DEFINITIONS AND ACTIVE COUNTY ALLIANCES
6. CMA LEGAL OPINION

## **Original Mission Statement**

The California Medical Association Alliance is an organization of physicians, spouses, and friends of medicine dedicated to the health of California through education, community service programs and legislation.

## **SUMMARY OF CMAA LEADERSHIP SURVEY RESULTS - December 2008**

### **ALL Leadership Respondents**

- The majority of respondents felt the specific roles of the CMAA should be targeted toward providing assistance to the County Alliances. The top three priorities were listed as follows:
  - Provide leadership training to the County Alliances
  - Provide legislative awareness relating to health care issues
  - To develop health-related programs for the County Alliances
- The top priorities to increase active involvement of County Alliance members is for the CMAA to provide the following:
  - Leadership development on how to attract new leaders
  - Provide specific leadership training for Alliance President-elects and Board Officers
  - Provide membership recruitment training
- A majority felt that organizations like the CMAA are still relevant to Californians today.
- Respondents feel that it is important to have a working relationship with the CMA and we currently have a “somewhat effective” working relationship.
- The working relationship between the CMAA and County Alliances is primarily viewed as being “effective” or “somewhat effective”.
- A majority of respondents were “not sure” of the working relationship between the CMAA and the Foundation. Secondly, the opinion between having a “somewhat effective” and a “non-effective” working relationship was almost 50/50.
- Over one-half of respondents agree with the statement “The CMAA’s purpose is to increase the ability of Californians to improve their own health”.
- The best way to communicate with our leaders is primarily via email followed by mailed communications.

### **Current CMAA Board Members**

- It was almost an even split on whether Board of Directors members felt that the current committee structure is effective.
- A majority of board members knew what their roles and responsibilities are.
- 90% felt that the CMAA President was communicating effectively.

### **Past CMAA Board Members**

- A majority agreed that the board’s committee structure was effective; however, comments stated that there seemed to be more structure in the past.
- 58.8% knew what their roles and responsibilities were while 29.4% “somewhat knew”. Of those, a large percentage say they did not receive any committee “job” description or the goals and objectives.
- A majority agreed that the CMAA President effectively communicated with them.

### **Current CMAA Committee Members**

- Over 50% stated that the Committee Chairperson did not communicate with them on a regular basis.
- Over 50% knew what their role and responsibilities were. Of those who didn't know or knew "somewhat" what their responsibilities were, it was because the Chairperson had not provided goals, objectives, and a committee job description.
- 39.1% felt that the current committee structure was ineffective; whereas the primary reason pertained to ineffective communication for Chairperson. 34.8% felt that the committee structure was "somewhat effective".
- A majority felt that they could discuss problems within the committee with the Chairperson and it would be resolved in a timely manner.

### **Past CMAA Committee Members**

- A majority agreed or "somewhat agreed" that the Chairperson communicated with them on a regular basis.
- Over 60% knew what their roles and responsibilities were. Of those who didn't know, it was primarily because they did not receive any job descriptions.
- It was an even split between those who "agreed" and those who "somewhat agreed" that their committee structure was effective. For those who didn't know, it was primarily due to ineffective communication from the chairperson.

### **County Alliance Leaders**

- Providing leadership training to the Alliances received the highest marks in ways that the CMAA increases the ability of county members to do their work. Afterward, the top marks were for the following:
  - Providing legislative awareness of health-care issues
  - Promoting health education within CA
  - Acting as liaison between CMAA and County Alliances
- Membership recruitment and leadership training for President-elects nearly tied for the top priority that CMAA training should provide followed by training for Alliance Board members.
- A large percentage feel that they can communicate with CMAA leaders.
- Over 50% stated that their Alliance was "somewhat relevant" in their communities. 26.7% stated it was "not relevant" in their communities.

## **CMAA LEADERSHIP SURVEY 2008**

### **Summary of Written Responses**

#### **Question #9: What does the CMAA do best? (59 responses)**

- Social and business networking
- Friendship and support
- Information sharing to counties
- Educational opportunities for county alliances and members
- Provides health programs to counties
- Provides leadership training to counties
- Considerable number of respondents said “nothing” or “didn’t know”

#### **Question #10: What does the CMAA struggle with? (60 responses)**

- General membership recruitment
- Recruiting younger members
- Leadership development & recruitment
- Defining organization’s relevance and purpose
- Lack of financial resources
- Member participation

#### **Question #11: What are the great opportunities for the CMAA in the next 3-5 years? (51 responses)**

- Membership recruitment
- Health care reform
- Work with CMA leadership to strengthen relationship
- Strengthen legislative advocacy
- Defining role in society
- Educational programs to patients and public

#### **Question #12: What are the threats to the CMAA that it might not be aware of in 3-5 years? (46 responses)**

- Declining or lack of membership
- Economic issues – more members having to return to work; depressed economy
- Lack of time to volunteer
- Leadership decline
- CMAA not a value to members – not relevant

#### **Question #13: What would the CMAA look like at its most optimal point as an organization in the next 5-10 years? (47 responses)**

- Strong and larger membership
- Be recognized as making a difference
- A better resource for county alliances
- Well-organized
- More involvement with the CMA
- Be the “go-to” place for health care issues

**Question #14: If the CMAA were to close its doors, would you miss the most? (59 responses)**

- Relationships and friendships
- Networking and support
- Communications on legislation
- 10% stated “nothing”, “very little”, or “not much”

**Question #39: In the next 3-5 years, if the CMAA's ultimate goal is contribute to your county's success,**

what would the CMAA be doing for you? (41 responses)

Provide leadership training

Membership recruitment and retention assistance

Attracting younger members

Provide support to alliances in health programs

**Question #40: What is the most crucial service the CMAA brings to your county? (40 responses)**

Leadership training

Networking opportunities

Support, advice

Health education and information

Legislative information

Over 10% of respondents state “nothing” or “don’t know”

## Summary of Strategic Planning External Interviews

The interviews were conducted by the Strategic Planning Committee Members in January 2009. The individuals interviewed were Joe Dunn, CEO of the CMA; Dev GnanaDev, MD, CMA President; James Hinsdale, MD, Chair of the CMA Board of Trustees; Carol Lee, CEO of the CMA Foundation; Linda Stratton, Med Exec of San Bernardino Medical Society; Bill Parrish, Med Exec of Santa Clara County Medical Association; and Cynthia Melody, Med Exec of Sonoma and Marin Counties Medical Association. Total: 7

1. *What is your perception of the CMA Alliance and how did you come to that conclusion?*

**“Aged entity, arm of CMA”, “best volunteer army for CMA”, “a struggling organization led by small number of women who have difficulty engaging the critical mass”, “nice people with good intentions”**

2. *Do you know what relationship the CMA Alliance has with the County Alliances in California? If yes, explain.*

**“A resource network with leadership”, 3 don’t know, “I didn’t know there were county Alliances”, “varies by county to county”, “counties are the components of the state”, “networking relationship”**

3. *How should the state and county boards work together and be accountable to each other? What should their relationship be?*

**Don’t know & then conversation changed to other subjects, “coordination apathy”**

4. *What do you think is the best internal structure for us to accomplish our goals?*

~Developing leaders -- share any ideas you have

**Don’t know, “state supports counties”, “provide experiences for legislative advocates”, “tell them you can do it, recruit, move out Indians, need chiefs, have people in the wings”**

~Connecting resources (national, state, local) -- how can we connect better with our national, state, & local Alliances and our medical societies?

**Many don’t know, “goal alignment, marketing (free websites), recruitment & retention”, “Alliance has no accountability to med. society – not connected”**

~Partnering with other organizations -- can you share some ideas on partnering with other organizations?

**Already doing it, “partnership with the CMAF”, “partner as long as it helps membership and be aware of what you will get from partnerships with organizations like CMAF, PTA, Girl Scouts”, “partner with same projects/issues with others”**

~Supporting the medical family -- how can we as an Alliance better support the medical family?

**“Don’t know”, “should be 75% of Alliance’s work, local programs to cultivate new docs, one to one networking, mentorship with follow-up,” “if the doctor is happy, the family is happy”, wedge ourselves into their space, “support network for physicians, do what docs don’t have time to do”, “objective/subjective support”, “educational talks: self-esteem, depression”, “do a short survey for medical societies”, “have impaired doc programs/support groups”, “many docs are in depression so need to form support groups”**

5. *Do you have any further thoughts to help us through our restructuring?*

**“Become relevant, financially viable organization supporting docs”, “as members, know what CMA is struggling with, solo vs. large group members”, “first step is destination then structure”, “why don’t you have staff?”**

## **Defining Areas for Future County Alliances for the BHAG**

Urban: of, pertaining to, or designating a city or town.

Rural: of, pertaining to, or characteristic of the country, country life, or country people

Suburban: pertaining to, inhabiting, or being in a suburb or the suburbs of a city or town

## **Active County Alliances in California in 2008-9**

Butte/Glenn, Fresno/Madera, Kern, Los Angeles, Napa, North Valley, Orange, San Diego, San Joaquin, San Luis Obispo, San Bernardino, Santa Clara, Sierra-Sacramento, Sonoma, Stanislaus