

ASHP 2007 State Affiliate Benchmark Survey

Use this if you are a Health-System Section/Academy

Thank you for participating in this survey. First, some tips to make it easier to complete this survey.

Survey Tips:

- Maximizing your window will make it easier to read each question.
- There are places where the survey requires a response before you can advance. This lets us know where to route you next.
- You may close out of the survey (by closing your browser) and return to an unfinished survey by reusing the [survey link](#) in your e-mail. You will be directed back to the page where you left off.

NOTE: Once you have completed each page of the survey, the “back button” on your browser will not work and you may not go back to previous questions.

You may use the handy [reference link](#) in your e-mail if you would like to look at previous or subsequent questions for reference.

Survey Directions:

- In some questions we ask you to respond from the perspective of the ***section/academy of Health-System Pharmacists*** within your organization.
- In other questions we ask you to respond from the perspective of your ***entire State Affiliate Organization***.
- For some questions we ask you to respond from both perspectives. When not noted, please respond from the perspective of your entire State Affiliate Organization.

Please click the arrow below the progress bar to begin taking the survey.

MEMBERSHIP

Please provide the number of members for each category below, as of **11-01-07**.
Indicate "n/a" if the membership category is not offered.

Entire State Affiliate Organization

Licensed Pharmacists

Students

 Technicians

 New Graduates

 Institutionals (Group
Membership)

 Supporting Associates

 Others* (please describe
below)

 Total Members

*If applicable, please describe what is included in the "other" category above:

Please provide the number of members for each category below, as of **11-01-07**.
Indicate "n/a" if the membership category is not offered.

Section/Academy of Health-System Pharmacists

 Licensed Pharmacists

 Students

 Technicians

 New Graduates

 Institutionals (Group
Membership)

 Supporting Associates

 Others* (please describe
below)

 Total Members

*If applicable, please describe what is included in the "other" category above:

Approximately what **percentage** of your **entire** State Affiliate Organization membership practices in...

Hospital	0
Home Care/Home Infusion	0
Industry	0
Long Term Care	0
Managed Care	0
Community	0
Academia	0
Ambulatory/Clinic	0
Consultant	0
Other (please specify) <input type="text"/>	0
Total	<input type="text" value="0"/>

Does your **entire organization** conduct an annual membership campaign?

Yes	No
<input type="radio"/>	<input type="radio"/>

What is your **entire organization's** retention rate?

<input type="radio"/> 95 - 100%	<input type="radio"/> 80 - 84%
<input type="radio"/> 90 - 94%	<input type="radio"/> Less than 80%
<input type="radio"/> 85 - 89%	<input type="radio"/> Don't know

MEMBER COMMUNICATION AND SERVICES

On average, how often does your organization communicate with its members *in any form*?

<input type="radio"/> Weekly	<input type="radio"/> Quarterly
<input type="radio"/> Bi-weekly	<input type="radio"/> Other (please specify) <input type="text"/>
<input type="radio"/> Monthly	

Our organization communicates with our members through:

Please check all that apply.

Entire State Affiliate Organization

- Not applicable*
-
- Print Newsletters (please specify # issues per year) _____
-
- Electronic Newsletters (please specify # issues per year) _____
-
- Print Journal (please specify # issues per year) _____
-
- Electronic Journal (please specify # issues per year) _____
-
- Broadcast Email
-
- Web Page
-
- Other (please specify type) _____
-

Our organization communicates with our members through:
Please check all that apply.

Section/Academy of Health-System Pharmacists

- Not applicable*
-
- Print Newsletters (please specify # issues per year) _____
-
- Electronic Newsletters (please specify # issues per year) _____
-
- Print Journal (please specify # issues per year) _____
-
- Electronic Journal (please specify # issues per year) _____
-
- Broadcast Email
-
- Web Page
-
- Other (please specify type) _____
-

When was the last time your organization conducted a membership survey to assess if members' needs are being met?

Entire State Affiliate Organization

- NA (*Don't typically conduct one*)
-
- Within the last year
-
- Within the last 3 years
-
- Other (please describe) _____
-

When was the last time your organization conducted a membership survey to assess if members' needs are being met?

Section/Academy of Health-System Pharmacists

- NA (Don't typically conduct one)
- Within the last year
- Within the last 3 years
- Other (please describe) _____

Does your organization conduct surveys to obtain specific feedback about your meetings/events?

Yes

No

Our organization actively promotes member involvement in professional and community (outreach) programs including the following:

Please check all that apply.

- Not applicable
- Membership Recruitment
- Impaired Pharmacist Program
- Speakers Bureau
- Poison Prevention Week Activity
- Pharmacy Week Activity
- High School Career Day Programs
- College/Career Day
- Public Relations
- Other (please describe) _____

To communicate our **government affairs** activities to members our organization utilizes:

Please check all that apply.

Entire State Affiliate Organization

- Not applicable
- Government Affairs Newsletter
- Legislative Alerts
- Legislative Day Program

- Legislative Monitoring
- Newsletter Articles
- Legislative Web Page
- Other (please describe)

To communicate our **government affairs** activities to members our organization utilizes:
Please check all that apply.

Section/Academy of Health-System Pharmacists

- Not applicable to my affiliate*
- Government Affairs Newsletter
- Legislative Alerts
- Legislative Day Program
- Legislative Monitoring
- Newsletter Articles
- Legislative Web Page
- Other (please describe)

Our organization has a lobbyist:

Entire State Affiliate Organization

- Not applicable*
- On Staff
- Through Contract Services
- Other (please describe)

If through a contract, then the lobbyist is responsible for:

Entire State Affiliate Organization

- Not applicable*
- Monitoring /Tracking legislation
- Active lobbying
- Drafting Legislation
- Other (please describe)

Our organization has a lobbyist:

Section/Academy of Health-System Pharmacists

- Not applicable
- On Staff
- Through Contract Services
- Other (please describe) _____

If through a contract, then the lobbyist is responsible for:

Section/Academy of Health-System Pharmacists

- Not applicable
- Monitoring /Tracking legislation
- Active lobbying
- Drafting Legislation
- Other (please describe) _____

STUDENT SERVICES

Our organization offers education programs for students at these meetings:
Please check all that apply.

Entire State Affiliate Organization

- Annual Meeting
- Monthly Meetings
- Other Student Meetings (please describe) _____
- None of the above

Our organization offers education programs for students at these meetings:
Please check all that apply.

Section/Academy of Health-System Pharmacists

- Annual Meeting
- Monthly Meetings
- Other Student Meetings (please describe) _____

None of the above

Which of your student programs do students help plan and implement:
Please check all that apply.

Entire State Affiliate Organization

Annual Meeting

Monthly Meetings

Other Student Meetings (please describe)

None of the above

Which of your student programs do students help plan and implement:
Please check all that apply.

Section/Academy of Health-System Pharmacists

Annual Meeting

Monthly Meetings

Other Student Meetings (please describe) _____

None of the above

Students are represented in our governance structure as follows:
Please check all that apply.

Entire State Affiliate Organization

Member(s) of Board of Directors

Members of Committees

Stand Alone Student Committee

Delegate(s) in our House of Delegates

None of the above

Students are represented in our governance structure as follows:
Please check all that apply.

Section/Academy of Health-System Pharmacists

Member(s) of Board of Directors

Members of Committees

Stand Alone Student Committee

Delegate(s) in our House of Delegates

None of the above

Our organization involves members in regular activities and support for students through:
Please check all that apply.

Entire State Affiliate Organization

Mentor Program

Student Rotations or Internships

Scholarships

Other (please describe)

None of the above

Our organization involves members in regular activities and support for students through:
Please check all that apply.

Section/Academy of Health-System Pharmacists

Mentor Program

Student Rotations or Internships

Scholarships

Other (please describe) _____

None of the above

What other programs/services do you offer to students?

NEW PRACTITIONER SERVICES

Our organization offers education programs for new practitioners at these meetings:
Please check all that apply.

Entire State Affiliate Organization

-
- Annual Meeting
-
- Monthly Meetings
-
- Other New Practitioners Meetings (please describe)
-
- None of the above*
-

Our organization offers education programs for new practitioners at these meetings:
Please check all that apply.

Section/Academy of Health-System Pharmacists

-
- Annual Meeting
-
- Monthly Meetings
-
- Other New Practitioners Meetings (please describe) _____
-
- None of the above*
-

Which of your new practitioners programs do new practitioners help plan and implement:
Please check all that apply.

Entire State Affiliate Organization

-
- Annual Meeting
-
- Monthly Meetings
-
- Other New Practitioners Meetings (please describe)
-
- None of the above*
-

Which of your new practitioners programs do new practitioners help plan and implement:
Please check all that apply.

Section/Academy of Health-System Pharmacists

-
- Annual Meeting
-
- Monthly Meetings
-
- Other New Practitioners Meetings (please describe) _____
-
- None of the above*
-

New practitioners are represented in our governance structure as follows:
Please check all that apply.

Entire State Affiliate Organization

- Member(s) of Board of Directors
- Members of Committees
- Stand Alone New Practitioners Committee
- Delegate(s) in our HOD
- None of the above*

New practitioners are represented in our governance structure as follows:
Please check all that apply.

Section/Academy of Health-System Pharmacists

- Member(s) of Board of Directors
- Members of Committees
- Stand Alone New Practitioners Committee
- Delegate(s) in our HOD
- None of the above*

What other programs/services do you offer to new practitioners?

ORGANIZATION AND STRUCTURAL RELATIONSHIPS

Does your organization have regional or local components?

Yes

No

Please indicate how many regional or local components your organization has:

Number _____

Are your organization's components...

	Yes	No
Separately incorporated?	<input type="radio"/>	<input type="radio"/>
Represented on your board?	<input type="radio"/>	<input type="radio"/>

Is joint regional/local membership required or optional?

Required	Optional
<input type="radio"/>	<input type="radio"/>

Please *estimate* the percentage of your organization's components that you would characterize as active, strong components?

0-29%	30-49%	50-79%	80-100%
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Local component revenue comes from:
Please check all that apply.

<input type="checkbox"/> Direct dues payments
<input type="checkbox"/> Industry grants
<input type="checkbox"/> State rebates (i.e., dues)
<input type="checkbox"/> Other (please describe)

Our organization has sections, academies, or Special Interest Groups (SIG's), etc., for the following groups:
Please check all that apply.

<input type="checkbox"/> None	<input type="checkbox"/> Academia
<input type="checkbox"/> Students	<input type="checkbox"/> Industry
<input type="checkbox"/> New Practitioners	<input type="checkbox"/> Non-Acute Care
<input type="checkbox"/> Technicians	<input type="checkbox"/> Practice Management
<input type="checkbox"/> Acute Care	<input type="checkbox"/> Other (please describe) _____

Does your organization **plan** to initiate sections (or SIG's) in the coming year for any of the above practice areas? If so, please indicate which ones.

Please check all that apply.

<input type="checkbox"/> None (no plans)	<input type="checkbox"/> Academia
<input type="checkbox"/> Students	<input type="checkbox"/> Industry
<input type="checkbox"/> New Practitioners	<input type="checkbox"/> Non-Acute Care
<input type="checkbox"/> Technicians	<input type="checkbox"/> Practice Management
<input type="checkbox"/> Acute Care	<input type="checkbox"/> Other (please describe) _____

GOVERNANCE

Who manages your organization?

<input type="radio"/> Employed executive/staff
<input type="radio"/> Association management company
<input type="radio"/> Volunteer-driven
<input type="radio"/> Other (please specify) _____

Does your volunteer Board evaluate your executive or management company?

Yes	No	<i>Not applicable to my affiliate</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Does your volunteer Board conduct a self-assessment of its own Board members?

Yes	No
<input type="radio"/>	<input type="radio"/>

How often does your Board receive orientation about governance issues?

<input type="radio"/> More than once a year
<input type="radio"/> Once a year
<input type="radio"/> Less than once a year
<input type="radio"/> Never

How often does your **section/academy of Health-System Pharmacists** Executive Committee or Board of Directors meet?

Once a year	Twice a year	Quarterly	4+ times a year
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Does your **section/academy of Health-System Pharmacists** develop a strategic plan annually?

Yes	No
<input type="radio"/>	<input type="radio"/>

WEBSITE

What is the **primary** purpose of your organization's website?

<input type="radio"/> Marketing and promotion
<input type="radio"/> Information and reference
<input type="radio"/> Online education
<input type="radio"/> Member access to association services
<input type="radio"/> Other (please specify) <input type="text"/>

How useful do you feel that your association website is in providing information to your members?

Not Useful 1	2	3	4	Very Useful 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often do you redesign your website?

<input type="radio"/> Never
<input type="radio"/> Every 6-12 months
<input type="radio"/> Every 1-2 years
<input type="radio"/> More than every 2 years
<input type="radio"/> Other (please specify) <input type="text"/>

Who hosts your website? (e.g., on whose computer does the bulk of the data reside)

<input type="text"/>

- The organization's computers
-
- The management company's computers
-
- A third-party vendor
-
- A mass market site such as Yahoo, Google, AOL
-
- Other (please specify) _____
-

ASHP SERVICES TO AFFILIATES

Please review the following list of services available to state affiliates through ASHP and rate each item with the value it brings to your organization (from 1=not valuable through 5=very valuable).

*If the service has not been used by your organization, indicate by checking **NA**.*

	Not Valuable 1	2	3	4	Very Valuable 5	NA
a. Affiliate Volunteer Conference	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Affiliate Executives Meeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Presidential Officers Retreat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Government Affairs - State Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Corporate Legal Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Public Relations Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. ASHP Staff Presence at Affiliate Meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. State Affiliate Web site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. State Affiliate Listservers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. State Affiliate E-mail Newslink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Assistance from ASHP staff (ad hoc calls, consultation, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please look over the list you just rated above, and select the **THREE** most important services to your organization during this past year.

- a. Affiliate Volunteer Conference
-
- b. Affiliate Executives Meeting
-
- c. Presidential Officers Retreat
-
- d. Government Affairs - State Support
-

- e. Corporate Legal Assistance

- f. Public Relations Assistance

- g. ASHP Staff Presence at Affiliate Meetings

- h. State Affiliate Web site

- i. State Affiliate Listservers

- j. State Affiliate E-mail Newslink

- k. Assistance from ASHP staff (ad hoc calls, consultation, etc.)

Are there additional ASHP services/programs that would be valuable to your organization?

Which ASHP State Affiliate do you represent?
Please click the arrow below to find your state.



Please provide your contact information below:

Name (of person completing survey)

E-mail

Telephone #
