



**2013-2016 Strategic Plan – Membership Domain  
Current Status Report and Action Plan**

**1. Background**

This report has been prepared following engagement with and feedback from IFHIMA members through the 2012 Member Survey and at the IFHIMA General Assembly discussion group session on the Membership Domain held at the IFHIMA General Assembly in Montreal, Canada on 12th May 2013

**Supporting documents:**

- Participant Handout – Strategic Plan Discussion for the Membership Domain at the IFHIMA General Assembly on 12<sup>th</sup> May 2013
- PowerPoint presentation for Membership Discussion Group at the IFHIMA General Assembly on 12<sup>th</sup> May 2013
- Notes from the Membership Domain Discussion Group held at the IFHIMA General Assembly on 12th May 2013

**2. Introduction**

The strategic goal of the Membership Domain is to increase national and associate membership of IFHIMA in all six regions, to raise awareness of the Federation and the importance of Health Information Management (HIM) globally and to support national HIM associations and individual HIM practitioners with differing needs in both developed and developing countries. Five key themes were identified within the domain as follows:

- Developing a Regional Focus
- Building a Robust IFHIMA Workforce
- Identifying and Responding to the Needs of Developing Countries
- Devising Strategies to Meet Member’s Needs
- Outreach to non-member Nations

**3. Current Status and Recommendations**

The current status of the Membership Domain and its five themes as at May 2013 and recommended actions was assessed through the membership survey and the discussion groups held at the General Assembly on 12<sup>th</sup> May 2013 and this is summarised below together with recommendations for action:

Theme	Status and Recommendations
<p><b>1. Developing a Regional Focus</b></p>	<p>i. There are Regional IFHIMA Directors for all regions with a Regional Coordinator in the Eastern Mediterranean Region where there is no national member association to provide local input.</p> <p>ii. Regional meetings for all 6 regions were held after the IFHIMA</p>

	<p>GA on 12<sup>th</sup> May 2013 in Montreal.</p> <ul style="list-style-type: none"> <li>iii. The Regional Director and National and Deputy Directors in each region are the core members of the regional team and provide a point of contact for IFHIMA events and activities. They should be trained and empowered to do ‘legwork’ and spread the word about IFHIMA in their locations and they should identify and reach out to stakeholders in every country in the region.</li> <li>iv. Members confirmed that regional IFHIMA meetings are important to give all members and potential members easy and affordable access in both developed and developing countries.</li> <li>v. The development of toolkit ‘prescriptions’ for use in the regions would help to raise IFHIMA’s profile and ensure that consistent messages are given in each region. This should include material that can be distributed to raise awareness of the Federation’s strategic direction, goals and objectives and a global HIM presentation for use at national and regional meetings which is updated annually and translated if required. A “master” presentation could be part of the toolkit.</li> <li>vi. Developing countries in which there are already well-established IFHIMA activities should reach out to neighbouring countries in their region and establish contact with HIM associations where they exist. This could be achieved by including them in distribution lists for newsletters, seminars, conferences etc.</li> </ul>
<p><b>2. Building a Robust IFHIMA Workforce</b></p>	<ul style="list-style-type: none"> <li>i. The Regional Director and National and Deputy Directors in the regions are the core of the IFHIMA workforce in each region around which a regional team should be built and coordinated by the Regional Director.</li> <li>ii. IFHIMA should utilise the skills of retired members to form part of the IFHIMA workforce.</li> <li>iii. Members recommended that IFHIMA should recruit and empower “IFHIMA Ambassadors” (see 3iv and 4xi below) from developed countries who are travelling to developing countries to provide in-person contact to engage with national associations and HIM practitioners by taking a half or a full day to provide in-person contact with HIM associations and/or HIM practitioners to establish contacts which IFHIMA could then follow up. This would be a good use of the distribution list (see 3xi below).</li> <li>iv. It was recommended that the content of the body of the e-mail to which Global News is attached should be updated to encourage recipients to read the newsletters more closely and an appeal should be put in every issue of Global News to encourage people who are travelling to a developing country to become “IFHIMA Ambassadors” (see 2iii above).</li> </ul>
<p><b>3. Identifying and Responding to the Needs of Developing Countries</b></p>	<ul style="list-style-type: none"> <li>i. There is an on-going demand for HIM partnership/input/advice from developing countries to help Improve HIM practices and IFHIMA must give a clear but realistic commitment to developing countries about what can be done to help. There should be a designated person in IFHIMA who will be responsible for leading work in developing countries to provide a reliable point of contact and ensure that realistic objectives are set and achieved. A robust Developing Countries Strategy</li> </ul>

	<p>should be developed with a designated IFHIMA person to be responsible for implementation.</p> <ul style="list-style-type: none"> <li>ii. In order to improve IFHIMA's 'reach' in developing countries and to identify people who IFHIMA can communicate and work with in-country in the developing world. The use of "IFHIMA Ambassadors" (see 2iii and 2iv above) and an IFHIMA template, or a set form of words, for the Ambassadors to use when visiting countries on behalf of IFHIMA would ensure a consistent approach when discussions take place.</li> <li>iii. IFHIMA must identify what factors will motivate national associations and individuals in developing countries to become members</li> <li>iv. An effective and reliable delivery mechanism must be identified when delivery of training programmes in developing countries is planned.</li> <li>v. IFHIMA should work closely with WHO in developing countries and also at the WHO regional level relevant to specific countries.</li> <li>vi. Materials should be developed to educate countries about HIM and why it is important. A toolkit would be useful to provide a model 'charter', member profile and other resources for those who wish to get involved. It would also be useful to identify which existing workplace roles are currently undertaking HIM work but are not recognised as HIM workers</li> </ul>
<p><b>4. Devising Strategies to Meet Member's Needs</b></p>	<ul style="list-style-type: none"> <li>i. To ensure that appropriate strategies are developed to meet members' needs, IFHIMA should clearly identify what benefits it gives to members and members must be clear about what they want and how can they take part in IFHIMA's activities.</li> <li>ii. IFHIMA should designate a person with responsibility to develop and implement a robust and achievable membership strategy to cover recruitment and retention for both national and individual associate membership. The strategy should also include a mechanism to promote IFHIMA to new and existing members of national associations in order to raise the profile of IFHIMA globally and maximise the impact of the strategy. To ensure successful implementation of the membership strategy an implementation plan should be devised, which clearly identifies what resources are required, where these resources will come from and monitoring criteria to measure whether the strategy is working.</li> <li>iii. IFHIMA should assist in making it easier, more welcoming and affordable for students and non-certified/non-credentialed HIM workers who are or may be interested in undertaking educational programmes to become qualified to join national associations.</li> <li>iv. IFHIMA is the global association for HIM but there are low number of both national and associate members who are involved in activities of IFHIMA. In order to improve engagement with potential new members there is a need to develop a "sense of community" for HIM globally and help to develop tools and mechanisms to develop a robust global community for HIM. This can be done utilising social networking (Facebook, Twitter etc.), bulletin boards on the website, the use of technology to host webinars, on-line</li> </ul>

	meetings etc. and by maximising the potential of Global News and the IFHIMA website to help build a global community for HIM.
<b>5. Outreach to non-member Nations</b>	<ul style="list-style-type: none"> <li>i. Developing countries in which there are already well-established IFHIMA activities should reach out to neighbouring countries in their region and establish contact with HIM associations where they exist. This could be achieved by including them in distribution lists for newsletters, seminars, conferences etc.</li> <li>ii. IFHIMA should develop a global outreach strategy overseen by a Board member and implemented through the Regional Directors so that it has focus.</li> <li>iii. In order to improve IFHIMA's 'reach' in non-member countries there is a need to identify people who IFHIMA can communicate and work with in these countries. The use of "IFHIMA Ambassadors" (see 2iii and 2iv above) and an IFHIMA template, or a set form of words, for the Ambassadors to use when visiting countries on behalf of IFHIMA would ensure a consistent approach when discussions take place.</li> <li>iv. IFHIMA must identify what factors will motivate national associations and individuals in non-member countries to become members</li> <li>v. IFHIMA is not well-known around the world particularly in those countries or provinces where English is not spoken or it is a second language and therefore "sensitisation" to this issue is required to raise IFHIMA's profile globally and to reach potential new members.</li> </ul>

#### 4. Wider Issues:

The IFHIMA Member Survey also identified a number of wider issues for IFHIMA which are pertinent to the Membership Domain and need to be considered as the strategies identified above are developed and implemented:

- i) **Financial viability** - IFHIMA has a small annual income and therefore many activities are constrained by a lack of finances. In order to Increase annual revenue IFHIMA should identify and explore additional revenue opportunities
- ii) **International affiliations** - IFHIMA is isolated and not widely recognized on an international basis for its member expertise. Efforts should be made to develop mutually beneficial relationships with international organisations by identifying key international stakeholders and developing and implementing a Stakeholder Engagement Strategy with a nominated IFHIMA officer to be responsible for implementation

#### 5. Challenges for HIM and IFHIMA:

The IFHIMA Member Survey also identified a number of challenges facing both HIM and IFHIMA which are relevant to the Membership Domain and also need to be considered as the strategies identified above are developed and implemented:

- Lack of funding to progress initiatives to increase membership
- Both associate and national members from developing countries find it difficult financially to pay member dues

- Lack of incentives for individuals to join as associate members
- Lack of incentives for countries to become national members
- Lack of clarity regarding the relationship between HIM and Health Informatics and members may have to choose between them if finances are low e.g. in developing countries
- Lack of interaction between member countries and individual members
- Poor opportunities for networking
- “IFHIMA still has a lower profile than is desirable even amongst HIM professionals and this hasn’t changed for decades”
- “Poor visibility” globally
- Health Information Management needs to be recognised as a global profession

## **6. Monitoring and Reporting Progress;**

Reporting of progress against the Membership Domain Action Plan will occur:

- a) Via the quarterly IFHIMA Board meeting
- b) Via a regular report on the IFHIMA website
- c) Via articles in Global News

It is intended that all of the above actions will be completed by the next IFHIMA Congress to be held in Tokyo in October 2016 and a report will be made to the General Assembly.

Questions or comments about this document and offers of assistance to be involved in these actions should be directed to Lorraine Nicholson, Membership Chair & Past President of IFHIMA (2007-2010) [l.nicholson@zen.co.uk](mailto:l.nicholson@zen.co.uk)

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