VDA MEMBERSHIP TASK FORCE SUMMARY REPORT:
AN ASSESSMENT OF FACTORS RELATED TO NON-RENEWAL OF VDA MEMBERSHIP: PART II

Drs. Julie M. Coe, Al M. Best, Alfred Certosimo, Kyle Coble
Virginia Commonwealth University

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Background
Membership renewals/retention is a critical issue to VDA’s sustainability as the membership renewal rate as well as VDA market share has been decreasing recently. The authors’ previous analysis of 2010 VDA membership data revealed that younger and newer members in a large component were more likely not to renew their membership. The purpose of this study was to identify reasons for non-renewals and what member benefits influenced the membership renewals.

Methods
A paired case-control design was adopted for this study. There were 337 cases who did not renew their ADA/VDA membership in CY 2009, 2010, or 2011 and 337 controls randomly selected from 2873 current members. Cases and controls were matched on the predicted probability of renewal using significant predictor variables from our previous study. Data were collected between November 2012 and May 2013. A total of 142 responses were obtained: 46 cases and 96 controls.

Results
Over sixty percent of cases mentioned that they decided not to renew because dues were too expensive. Over thirty percent mentioned that membership in other professional organization was more valuable. For both cases and controls, the following member benefits influenced the membership renewal the most: participation in legislative effort, subscription to journals and publications, and discount to CE. The respondents desired flexible options in the membership, more transparency on where the dues were used, and flexible billing process.

Conclusions
Consumerism and competition among professional organizations are apparent. The membership retention may be best approached as if retaining customers. Listen to diverse demands of the customers, carefully position ADA/VDA in the market place, and communicate the membership benefits more effectively. Also the study identified the most influential member benefits that the VDA can focus their resources more strategically.

VDA Membership Task Force Summary Report: Part I identified significant factors to ADA/VDA membership renewals.1 Factors such as age, specialty, local component, ADA years, VDA years, and dues payment percentage were strongly related to renewal while gender, race, and practice type were not related to membership renewal. Non-renewals occurred predominantly among those with ADA membership years <5 years (81% renewal) compared to those with 6-10 years (94% renewal) and 11-15 years renewing (98% renewal) (P = 0.0004). Sixty-nine percent of all attrition occurred before 15 years of ADA membership.1 This is similar to Gruen et al.’s study where the authors validated that the percentage of new members and the membership’s core service performance are the two most critical factors to membership retention in a professional membership organization.2

This study’s focus was to identify reasons for membership non-renewals and the ADA/VDA membership core service (member benefits) performance related to the membership renewals. The specific aims were to:
• Obtain information about past members who did not renew and reasons for non-renewals
• Compare members who did not renew with members who did renew on perceptions of the membership core services.

Methods
This study was approved by the VCU Institutional Review Board. VDA’s membership 2009-2011 membership rosters were used to identify cases: members who did not renew their membership and potential controls: those renewing their membership. The 2009 dataset had 3406 members listed, of whom 162 did not renew. The 2010 dataset had 3394 members listed, of whom 114 did not renew. The 2011 dataset had 3489 members listed, of whom 128 did not renew. These three files were merged together by unique ADA member number, yielding 3783 individual members. There were 377 cases (non-renewals) with a valid email and 2873 potential controls.

Selection of matched controls
Controls and cases were matched using factors significant to membership renewals: ADA total years, VDA total years, age, specialty group, and pay percentage. Specialty group was collapsed to: GP, no specialty, or a non-GP specialty. Pay percentage was grouped to have three values: always zero percentage (2009, 2010, and 2011), always full payment, any other combination of payment percentages.

In November 2012, invitations to the survey were sent out via email through the REDCap survey system.2 Two email reminders and one reminder in regular mail were sent to non-responders.
**Table 1. Description of survey respondents and comparison to those invitees**

<table>
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<tr>
<th>Characteristic</th>
<th>Cases</th>
<th>Controls</th>
<th>Invited</th>
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<td>73</td>
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<td>61</td>
<td>56</td>
<td>58</td>
<td>61</td>
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</tr>
</tbody>
</table>

**Race**
- American Indian: 0 0 1 1 0
- Asian: 8 17 15 16 16
- African American/Black: 5 11 5 5 13
- Hispanic: 0 0 3 3 4
- White: 31 67 67 70 67
- other: 3 7 8 8 0

**Component**
- H-Northern Virginia: 23 50 41 43 49
- B-Peninsula: 1 2 5 5 5
- E-Piedmont: 3 7 4 4 6
- D-Richmond: 7 15 20 21 14
- G-Shenandoah Valley: 3 7 10 10 7
- C-Southside: 1 2 3 3 3
- F-Southwest Virginia: 0 0 4 4 3
- A-Tidewater: 3 7 9 9 13

(N = number of subjects)

**Questionnaire**
The survey was designed based on the extensive literature review on previous ADA and VDA reports related to membership and published papers and books related to professional association management. It was pre-tested and VDA's feedback was also incorporated.

**Statistical Analysis**
Comparisons between groups were performed using a chi-square analysis or a t-test. Multivariate comparisons were made using repeated-measures mixed-model analyses using SAS software (SAS version 9.3 and JMP pro version 10, SAS Institute, Inc., Cary NC). Statistical significance was identified at alpha=<0.05.

**Results Comparison between invitees and respondents: non-response bias**
Forty six out of 337 cases responded to the survey and 96 out of 337 controls responded. To test for a non-response bias, we compared the characteristics of the responding cases and controls. There was no significant difference between those invited and those responding by specialty, age, gender, race, ADA years, VDA years, and component.

**Characteristics of Cases and Controls**
Table 1 describes characteristics of the 142 respondents. For the questions asking about ADA/VDA membership years, the question to a current member was worded as “… years you have been a … member” while the question to a non-member was worded as the number of years “when you discontinued your membership.” This resulted in the years for the cases were lower than those for the controls. Twenty-four percent of the current member respondents had reinstated their VDA membership (23 out of 96) and nine respondents indicated financial considerations as a reason.

**Questions to Cases/non-members**
The most common non-renewal reason (63%) was that the dues are too expensive (Figure 2). However, more than half checked multiple reasons. Of the 29 people who found dues too expensive, nine also checked that “ADA/VDA did not meet my expectation” or that “I can get ADA/VDA member benefits elsewhere without paying my dues.” Nine percent of the respondents to the survey are also members of the Academy of General Dentistry.

To the question of what changes would get them to renew, over half of those responding indicated that they wished to be able to join only selected levels of the tripartite (Figure 3).

**Core service performance: most influencing membership benefits**
For both members and non-members, the following items have higher mean influence scores than the other items: journal subscriptions, discounts for CE, and legislative efforts (indicated with asterisk, Figure 4). No difference in the core ser-
Table 2. I agree with ADA/VDAs views on political issues such as midlevel providers and dealing with insurance companies.

<table>
<thead>
<tr>
<th>Response</th>
<th>Cases (non-members)</th>
<th>Controls (members)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Yes</td>
<td>17</td>
<td>37</td>
</tr>
<tr>
<td>No</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>I am not very aware of</td>
<td>22</td>
<td>48</td>
</tr>
<tr>
<td>ADA/VDAs view on legislative and regulatory issues.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>46</td>
<td>95</td>
</tr>
</tbody>
</table>

(Note: chi-square p-value = 0.0026)

Figure 1. Questions to non-renews: What made you decide not to renew your ADA/VDA membership?
vice performance between members and non-members was found ($P = 0.0476$). The items influenced membership renewals independent of each other ($P < .0001$).

**Opinions regarding membership dues and organized dentistry**

Current members indicate "yes" 59% (95%CI = 48.9 to 68.3%) of the time whereas only 16% (95% CI = 7.7 to 28.8%) of non-members respond this way ($P < .0001$). Both members and non-members were then asked about a reasonable dues level and these responses are summarized in Figure 5. The final section asked questions about organized dentistry. Members are twice as likely to agree with the political views of VDA/ADA (Table 2).

**Discussion/Conclusions**

Both members (Controls) and non-members (Cases) perceived dues to be expensive. They may perceive the dues "expensive" compared to other organizations or compared to benefits received in exchange for the dues. Competition with other professional organizations may have affected the non-renewal. ADA/VDA need to determine how to position it from other competitors and communicate the member benefits’ values compared to those of the competitors to justify the dues.

To improve member retention, ADA/VDA need to focus on the most influential member benefits such as journal subscriptions, discounts for CE, and legislative efforts. Flexible options in membership would likely empower the members if the current tripartite bylaws allow it. Clear communication about where the dues were used to the members will help justify the dues and increase transparency.

**Conclusions**

To better retain their members and market share, ADA/VDA need to realize the increase in consumerism and competition in the professional organization membership market and approach the membership retention by listening to the customers’ (member dentists) diverse demands, carefully repositioning ADA/VDA among the competitors, and effectively communicating the member benefits in exchange for the membership dues. Also this study identified the most influential member benefits so that the ADA/VDA can focus their resources more strategically.

**Acknowledgment**

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**References**


Figure 3. Core Service Performance
How much did each benefit influence you to decide whether or not to renew ADA/VDA membership? (VAS: 1-100)

(Items with * indicates that there is a significant difference between control means and cases means.)

Figure 4. Opinions about membership dues
If the current tripartite dues prohibit you from renewing your membership with ADA/VDA, what would be the reasonable dues to maintain your membership?