1  PURPOSE & PROCESS

The Academy of Architecture for Health (AAH, or Academy), a Knowledge Community of the American Institute of Architects, has undertaken a broad-based strategic planning process to better understand and serve member needs. Between March and November of 2016 the Academy’s Board consulted the membership – from most active to least involved – via interviews, focus groups, and a membership-wide survey to solicit input on current program value and improving its value proposition.

The Academy Board recognizes that this plan represents a waypoint on the road to the future, since it is clear the future practice of architecture will be profoundly different from today’s practice and will ultimately require a very different Academy. We therefore make changes which will provide a return in the short-, near-, and long-term.

The strategic themes for the next five years for the Academy are focus and discipline in execution while at the same time seeking and embracing the future of professional practice and healthcare delivery.

2  MISSION & VISION

The Mission Statement of the Academy has been updated as a part of this process. The mission outlines the reason for the Academy’s existence:

The AIA Academy of Architecture for Health provides knowledge which supports the design of healthy environments by creating education and networking opportunities for members of – and those touched by – the healthcare architectural profession.

The Academy’s vision, which is what we hope to achieve by executing on our mission:

Together, we will improve the world by serving as the authoritative voice for the design of healthy environments, leading the way to effective future practice, and advocating with those who share our goals.

3  GOALS & OBJECTIVES

The strategic plan is founded in a belief that the Academy must change to meet the times, can improve its offerings and provide the extraordinary membership experience which will keep the organization vital.

4  STRATEGIC FOCUS AREA 1: INITIATIVES

We exist to serve the needs of our members, and so the work we do reflects this core mission. This strategic focus area recommits us to the work of the Academy by reorganizing many of the administrative and governance tasks we perform as separate from our list of initiatives, leaving us with a clear view of our most important work. It also differentiates ‘core’ work – that which is sought and usable by all – from our support for ‘special interests’ which we may also be well positioned to deliver. At our core:

We Provide Networking Opportunities for our members via conferences and events, and

We Educate Our Industries about healthcare architecture. To accomplish these goals,
We Communicate on these topics with our members using a mix of passive and active vehicles.

- Tactic 1 – Focus resources by investing in our strengths.
- Tactic 2 – Look for opportunities to sunset mature and programs of narrow interest to create the space for expansion elsewhere.
- Tactic 3 – Provide opportunities for those with special interests to customize their Academy experience without investing AAH resources.

5 STRATEGIC FOCUS AREA 2: TALENT

If our reason to exist is service to members, then our membership is our most valuable resource. As a volunteer organization, we value the time committed by our members to our mission and desire they find involvement with their Academy among their most rewarding professional experiences. We recognize we serve communities both actively and passively depending upon the members’ level of interest and desired involvement. To keep Academy involvement rewarding to current members and attractive to the next generation of professionals, we will:

Provide clarity to the membership experience to efficiently use member time at whatever level they may wish to commit it,

Provide continuity via a clear pathway for progressive commitment to the Academy and its work by members, and

Empower Committee Chairs to serve as extenders of governance and to complete all tasks associated with their appointment.

- Tactic 1 – Develop a template for committee structure and onboarding process which provides information for prospective members as to time requirements, outlines connections to the Board and AAH leadership and ensures continuity.
- Tactic 2 – Better connect committees and the active members who serve on them with Academy leadership and strategic direction.
- Tactic 3 – Outline and publish the pathway to Board and leadership membership for those interested.
- Tactic 4 – Create common tools and means of access which connect the resources of local component committees and the Academy’s educational and professional resources, enabling the member’s commitment to begin at a local and most accessible level.
- Tactic 5 – Focus recruitment on emerging professionals, thereby securing continuity and visibility among our future leaders.

6 STRATEGIC FOCUS AREA 3: LEADERSHIP

An opportunity and obligation for the Academy is to serve as the credible voice of the healthcare architectural profession and ‘give back’ the knowledge accrued. We will both leverage and serve the broader AIA as well as our passive and active members and the healthcare industry by:

Providing More Knowledge, Easily Accessed, for those we wish to connect (inward-looking),

Connecting with and Influencing Others whether their interest is passive or active and orientation internal or external, and
Serving as the Voice of Healthcare Architecture
within and without, communicating the power of design to inspire and improve health.

- Tactic 1 – Connect the membership by providing a rich base of knowledge either aggressively ‘pushed’ to members or available to be ‘pulled’ from an online library.
- Tactic 2 – Influence the architectural profession and the healthcare industry by maintaining targeted connections where we can serve as the credible voice of healthcare architecture.
- Tactic 3 – Influence government and media in those areas where we are the authoritative voice by communicating how good design can improve health and healthy outcomes.

7 STRATEGIC FOCUS AREA 4: ORGANIZATION/GOVERNANCE

With a firm understanding of the mission, membership and reach of the Academy, we can organize and govern ourselves efficiently and effectively. With an eye to providing greater continuity and consistency of effort, the Board will focus on strategic questions and decision-making, and provide fiduciary oversight of its administrative and operational responsibilities which will be professionally managed. This requires we:

- **Align Academy Governance** better with the delivery of its work on behalf of members,
- **Improve Governance Functionality** by making it more transparent, lean, and supported by strong committees and local components, and
- **Better Connect the Local and National Membership Experience** by providing sufficient value to local component committees that connections and collaboration are facilitated, and

Secure access to the resources required for a sustainable future and optimize investment value.

- Tactic 1 – Recruit and retain a full-time Executive Director in collaboration with the AIA. Job description to include operations and administration of the Academy and active management of committees.
- Tactic 2 – Create an Auxiliary (advisory) Board representing local component healthcare committee chairs for purposes of aligning and leveraging collective efforts around education and networking.
- Tactic 3 – Re-align the Academy Board as a strategic and fiduciary oversight body. Accomplish this, in part, by empowering committees and committee chairs to act while simultaneously improving connection to our strategic direction. This will lead over time (and as the Executive Director position matures) to a different size and composition of Board.
- Tactic 4 – Ensure current and future sources of support (human, financial, relational) and serve as the clearinghouse for development efforts.

8 STRATEGIC FOCUS AREA 5: REINVENTION

The Academy recognizes that architecture is a profession and healthcare is an industry undergoing disruptive change, and that a process of ongoing reinvention will be necessary to remain relevant and useful to future practitioners and care givers. We recognize that many of our most active members will be exiting professional practice over the coming decade, and that what has served this
group well may not help solve the problems of the future. The Academy therefore embraces a long-term project to envision future practice and tune its offerings to the practitioners and industry of tomorrow. The goals of this effort are:

Support Organizational Transformation by creating an initiative outside the traditional association hierarchy,

Provide Extraordinary Services and Support utilizing the media and modes in which future practitioners will seek it, and

Improve Academy Performance by providing only relevant education and networking opportunities on a timely basis.

- Tactic 1: Create shadow Academy, comprising members who have voluntarily joined and provide opportunities for them to connect via virtual and physical means. Charge this group to envision future practice and desirable connections.

With these and other factors in mind, the Academy Board set out to at the same time focus our efforts on what is important today and reimagine the Academy’s future. The strategies, tactics, metrics and timeframes which form this plan provide the roadmap for transformation of our association. We welcome all who share our vision to join us on this journey.

The following materials were developed during the strategic planning process and should be read in concert with this summary:

- SWOT Analysis
- Focus Groups
- Board discussion 7-16-16
- Survey
- Summaries of Task Force Discussions

9 Concluding Statements and Reference Documentation

The Academy of Architecture for Health is built on the shoulders of many of the giants of the healthcare design industry. Its 70+ year history is filled with many firsts, and it has served throughout its existence as the model ‘Knowledge Community’ for the American Institute of Architects. The environment for professional associations in general and ours in particular is very different today than in the past, however, especially in terms of:

1. Time pressures
2. Value expectations