

**Strategic Goals & Activities Timeline
California Optometric Association
2011-2014**

Strategic Goal: Engaging and Empowering all California Optometrist to move optometry forward.

A. Activity

Encourage ODs to become glaucoma certified through financial rewards and peer recognition.

Objective Detail

1. Congratulate certified members on the website.
2. Have them stand at HOD.
3. Place articles in magazine about patients.
4. Refer additional ideas for promoting certification to communications committee.

Responsible Parties

Education and Professional Practice Committee.

Timeline

November 2011-December 2012 per agreement with SCCO.

Indication of Success

An increase in COA members that are glaucoma certified.

Status

February 2012

1. Have report from state board (918 certified).
2. Will publish in the next issue of the COA magazine.

Post February 2012

1. COA published articles in its various publications, e.g., *California Optometry*, *COA Member News*, *COA Government Affairs Weekly*, stressing the importance of OD glaucoma certification, how to treat glaucoma and advertising the COA-SCCO glaucoma certification seminars.
2. Glaucoma certification courses offered in partnership with SCCO at OptoWest and Monterey Symposium.

2013

1. Glaucoma certification courses offered in partnership with SCCO at OptoWest and Monterey Symposium.
2. COA published articles in its various publications, e.g., *California Optometry*, *COA Member News*, *COA Government Affairs Weekly*, stressing the importance of OD glaucoma certification, how to treat glaucoma and advertising the COA-SCCO glaucoma certification seminars.
3. Agreed that COA would work with Alcon and Zeiss Meditec as sponsors to pursue a regional education program in 2014 to increase the number of glaucoma-certified doctors who treat glaucoma and to offer glaucoma courses for re-certification. (See "Meet with other CE providers to explore partnership opportunities.")

4. Due to dwindling attendance, the offering of glaucoma certification classes was suspended for COA's 2014 statewide conferences.
5. At the end of 2013, there were more than 1,500 glaucoma certified ODs.

February 2014

1. COA recruited speakers and identified locations for COA-Alcon-Zeiss Meditec-sponsored regional seminars in Northern and Southern California to provide tools for doctors to cost- and practice-efficiently treat glaucoma patients. (See "Meet with other CE providers to explore partnership opportunities.")
2. COA will engage in a year-long campaign to increase the number of doctors of optometry who are glaucoma certified and to enhance the ability of existing certified doctors to treat the disease.
3. The COA HCDS Committee continued to discuss ways to increase glaucoma certifications, including a possible task force to increase awareness among California ODs.

B. Activity

Restructure COA's membership communications and resource information for ease of use and to better serve our members' needs.

Objective Detail

1. Refine communications plan.
2. Develop more resource materials for members and the public-videos. Refer ideas to Communications Committee.

Responsible Parties

Communications Committee; Communications and Social Media Manager.

Timeline

December 2012.

Indication of Success

Developed communications plan that includes tracking methods that will enable COA to monitor whom the communications are reaching.

Status

2011

1. COA hired a new public relations firm to focus on growing COA's social media presence, as well as continue educating the public on eye health and the need for an annual examination by a doctor of optometry.

February 2012

1. Website launched.
2. CE speakers.
3. PR firm making a video.
4. Updated social media pages.
5. Hired a new PR firm.

Post February 2012

1. COA produced the video, *Get Your Eyes Checked, California*, which was posted to various social media outlets to educate the public on vision care and eye health and encourage annual exams with a COA member doctor of optometry. (See "Develop a unified earned media PR Plan for COA.")
2. COA BOT adopted a society liaison responsibility policy to capture the opportunity for both the BOT and society leadership/members to learn from each other the latest on

COA and society activities; seek and gain society input on COA policies, initiatives and other activities; and, have the opportunity to answer questions relative to COA, the society and the profession. (See “Obtain data to identify current and future membership trends and needs” and “Reevaluate current relationships and agreements with societies.”)

3. COA trustees conducted numerous conference calls with society presidents and other society leaders to discuss 2, above. (See “Obtain data to identify current and future membership trends and needs” and “Reevaluate current relationships and agreements with societies.”)
4. COA Facebook, Twitter and YouTube pages restructured and updated. Links to those pages placed on COA website and in every edition of monthly e-*COA Member News*.
5. COA developed and distributed a flyer demonstrating the return on dues investment for various programs and services offered by COA to members. (See “Develop a unified earned media PR Plan for COA.”)
6. COA hired a new communications and social media manager who had an extensive background in social media and formerly was a reporter for a television station. (See “Develop a unified earned media PR Plan for COA.”)
7. Began regular feature in *California Optometry* magazine that addressed the “how to’s” of using and benefiting from social media in a practice.
8. COA added to its “Fact Sheets” found on its website that included co-management with ophthalmologists, PVL’s involvement in California litigation in support of the optometric profession, CLIA waived diagnostic tests.
9. Promoted in COA’s various publications the “Member Resource Center” staffed by an employee with a legal background to which members could contact for optometric practice-related questions.
10. COA developed with its PR firm, Burson-Marsteller, a comprehensive communications plan that primarily focused on growing COA’s social media presence, i.e., Facebook, Twitter, YouTube, that captured societal themes involving optometry, e.g., back to school, allergies, sports, UV, etc. (See “Develop a unified earned media PR Plan for COA.”)
11. The comprehensive communications plan referenced in 10, above, included the tools to capture analytics in COA earned media (free publicity) outreach, i.e., capture age, gender and other demographics of audience reached, peak viewing or interactive times, etc. (See “Develop a unified earned media PR Plan for COA.”)
12. COA Communications Committee members and others responded to media inquiries, participated in television news broadcasts and were interviewed by print and digital press covering numerous topics involving eye health and vision care; those contacts that were videotaped were posted to COA’s YouTube site. (See “Develop a unified earned media PR Plan for COA.”)

2013

1. *COA Member News* featured a “President’s Minute” video of the COA president delivering news and updates of COA activities; in part, this communication medium was added to address younger doctors who gathered information via video.
2. COA trustees conducted conference calls with society presidents and other society leaders to update them on COA activities and obtain information from them on issues. (See “Obtain data to identify current and future membership trends and needs” and “Reevaluate current relationships and agreements with societies.”)
3. COA added to its “Fact Sheets” found on its website that address board certification, employee vacations, sample letters to educate dual eligible patients about their rights to opt out of pilot project, and what ODs need to know about the Affordable Care Act.
4. Promoted in COA’s various publications the “Member Resource Center” staffed by an employee with a legal background to which members could contact for optometric practice-related questions.

5. COA expanded its comprehensive communications plan developed the prior year to reach out to more traditional, targeted media outlets (those read or viewed by women with young children), e.g., local TV stations, general newspapers, online news sources, etc. (See "Develop a unified earned media PR Plan for COA.")
6. COA Communications Committee members and others continued responded to media inquiries, participated in television news broadcasts and were interviewed by print and digital press covering numerous topics involving eye health and vision care; those contacts that were videotaped were posted to COA's YouTube site. (See "Develop a unified earned media PR Plan for COA.")
7. Grew substantially the number of videos produced for both the public and COA membership that included testimonial stories by doctors of optometry dealing with primary care issues, educational video on low vision, "President's Minute" in *COA Member News*, etc. (See "Develop a unified earned media PR Plan for COA.")
8. COA created a robust online Member Media Center that provides informational content, including social media posts, newsletter content, images, etc., for use by members to use in inform their patients and prospective patients about seasonal vision care and eye health issues.
9. COA launched a blog in April 2013 as a 24/7 public vision care and eye health online resource that has to date generated more than 20,000 views worldwide (we can track where the viewer is located) and comments/attention from the public and health care professionals, as well as other blog writers, and serves as a site to which member doctors can direct patients. (See "Develop a unified earned media PR Plan for COA.")
10. COA posted on Facebook and Tweeted live actions and activities from the COA HOD meeting and COA conferences that was beneficial to members who could not be at the events, as well as provided familiar and easy access to COA information in a medium in growing use by members.
11. COA expanded its social media reach to targeted audiences by launching a Pinterest (third largest social media platform in U.S.) page through which members can promote vision care and eye health information using a medium in wide public use.

C. Activity

Obtain data to identify current and future membership trends and needs.

Objective Detail

1. Get summary of data from ASAE survey
2. Prioritize information we will want so we can budget for a survey.
3. Referred to COA Membership Committee for budget recommendation.

Responsible Parties

Membership Committee.

Timeline

Obtain data by December 2012 to implement in 2013.

Indication of Success

Utilization of survey and other demographic data to develop non-member recruitment program. Enhance benefits.

Status

February 2012

1. Killed one survey because we did not know what to ask.
2. Survey done through ASAE.
3. Hired PR Firm.

Post February 2012

1. COA board adopted BOT society liaison responsibility policy to capture the opportunity for both the BOT and society leadership/members to learn from each other the latest on COA and society activities; seek and gain society input on COA policies, initiatives and other activities; and, have the opportunity to answer questions relative to COA, the society and the profession. (See “Restructure COA’s membership communications and resource information for ease of use and to better serve our members’ needs” and “Reevaluate current relationships and agreements with societies.”)
2. COA trustees conducted numerous conference calls with society presidents and other society leaders to discuss 1, above. (See “Restructure COA’s membership communications and resource information for ease of use and to better serve our members’ needs” and “Reevaluate current relationships and agreements with societies.”)
3. The COA Membership Committee reconstituted the COA Employed Optometrist Task Force to explore viewpoints on the co-location model of optometric practice and how COA can attract and retain employed doctors of optometry as members.
4. COA entered into an affinity arrangement to make available to members at a discount merchant card processing and payroll services. (See “Establish beneficial relationships with outside organizations.”)
5. COA hosted 10 town hall meetings involving 18 COA societies to, in part, gain member input on a COA-sponsored measure to redefine optometry, as well as gather information on concerns and needs of doctors. (See “Reevaluate current relationships and agreements with societies.”)

2013

1. COA hired a membership development manager to grow membership through membership sales and retention.
2. COA strengthened its relationship with students of optometry by underwriting their attendance at COA House of Delegates, presidents’ council and OptoWest to build awareness and value COA lifetime membership, as well as gain input on their views of the association. (See “Establish beneficial relationships with outside organizations.”)
3. COA BOT approved and recommended that the 2014 COA HOD adopt changes to the COA paraoptometric membership that mirror changes approved by AOA, including the elimination of dues for this class of membership and limitation of the membership eligibility to staff of COA/AOA member doctors and repeal the COA Paraoptometric Section; it is believed that these membership revisions will bring greater value to COA OD membership.
4. COA membership development manager attended an ACA Marketing Workshop and brought back insight into needs of ODs and numerous ideas for recruiting and retaining members.
5. COA trustees conducted conference calls with society presidents and other society leaders to update them on COA activities and obtain information from them on issues. (See “Restructure COA’s membership communications and resource information for ease of use and to better serve our members’ needs” and “Reevaluate current relationships and agreements with societies.”)
6. COA entered into an affinity arrangements to make available to members at a discount the 16 employment law posters required by state and federal law, and provide member discounts on e-mail and social media marketing tools. (See “Establish beneficial relationships with outside organizations.”)
7. COA hosted 10 town hall meetings at COA societies to review COA member benefits and services, provide an update on SB 492, the COA-sponsored measure to redefine optometry, and seek input on needs and issues of concern to them. (See “Reevaluate current relationships and agreements with societies.”)

8. COA ended 2013 with membership nearly breakeven at a loss of 21; there were 2,323 active members and 1,097 student members (at the beginning of the year, there were 740 student members). These results represent the best membership year for COA since 2006.

February 2014

1. COA BOT approved and recommended approval by the 2014 COA HOD of COA Student Section bylaws that were developed with COA student members to address their membership needs and desires.
2. COA conducted in December 2013 a direct mail and e-mail campaign targeting ODs who had never been members and those who had not been a member in the past five years or less. To date, the campaign has resulted in 27 new members accounting for more than \$40,000 in new dues revenue.

D. Activity

Develop a model scope of practice act for California and identify steps to reach our goal.

Objective Detail

1. Present draft.
2. Page will identify locations and times for town hall meetings.

Responsible Parties

Legislative Committee.

Timeline

September 2012

Indication of Success

Discussion and buy in of membership at PCLC.

Status

February 2012

1. Nothing has changed.
2. Presentation of draft pending for March board meeting.

Post February 2012

1. Activities, strategies, potential strategic alliances and draft language developed for measure to be introduced in 2013 to redefine optometry.
2. COA met with the California Academy of Eye Physicians and Surgeons representatives to explore public policy issues with which the organizations could agree.
3. To assure continuity in message and policy direction, the COA BOT agreed to invite the COA Legislation-Regulation Committee chair to all BOT meetings while optometric scope legislation was under consideration.
4. The COA Legislation-Regulation Committee met by conference call weekly on the development of the COA bill to redefine optometry.
5. COA and VSP leadership met to discuss issues with stand-alone plans and areas in which the organizations could work together.
6. COA created a new staff position to coordinate political grassroots activities and political fundraising.
7. COA hosted 10 town hall meetings at COA societies to gain member input on a COA-sponsored measure to redefine optometry.

8. COA Legislative Day, at which the concepts for COA's planned measure to redefine optometry was presented, was one of the best attended in years; Governor Jerry Brown spoke at the event.
9. COA presented planned concept for a bill to redefine optometry to the COA Presidents' Council and Leadership Conference that was broadly accepted.
10. Numerous articles were published in COA publications on how to participate in and the importance of the COA Key Person program to COA's legislative agenda.
11. COA reached out to diabetes groups and other health care organizations that represent rural health to gain support for its planned measure to redefine optometry. (See "Establish beneficial relationships with outside organizations.")

2013

1. COA HOD passed a policy resolution to increase the annual COA Legislative Fund assessment and maintain it in perpetuity until repealed by the COA HOD.
2. Published article in official publication of the California Association of Physician Groups on why to use doctors of optometry to treat medical eye conditions. (See "Establish beneficial relationships with outside organizations.")
3. COA reached out, solicited input and kept in close contact throughout the year with officials at California-located schools and colleges of optometry relative to its bill to redefine optometry. (See "Establish beneficial relationships with outside organizations.")
4. The COA Legislation-Regulation Committee met weekly to discuss developments on COA-sponsored SB 492, which would redefine optometry, seek input on specific issues and ensure consistency in messaging.
5. COA was one of the founders of Californians for Accessible Healthcare, comprised of associations representing pharmacists and nurse practitioners, to educate and gain public support of measures that would expand their scopes of practice to meet the anticipated provider gap with the implementation for federal health care reform. (See "Establish beneficial relationships with outside organizations.")
6. COA reached out to diabetes groups and other health care organizations that represent rural health to gain support for SB 492, sponsored legislation to redefine optometry. (See "Establish beneficial relationships with outside organizations.")
7. COA worked closely throughout the year with AOA government affairs staff in gathering facts, devising arguments and strategies, in advocating for COA-sponsored SB 492. (See "Establish beneficial relationships with outside organizations.")
8. COA worked closely with schools and colleges of optometry throughout the country in pursuing its goal of enacting COA-sponsored SB 492, which would redefine optometry, including the use of expert witnesses from these institutions at various legislative and other hearings. (See "Establish beneficial relationships with outside organizations.")
9. COA Legislative Day was very well attended again and doctors and optometry students met with lawmakers to advocate for COA-sponsored SB 492.
10. COA held its first "Local Legislative Days" during which more than 100 ODs and students of optometry met with their state lawmakers or their staff in district offices to advocate for COA-sponsored SB 492.
11. Numerous articles were published in COA publications and placed on COA social media platforms keeping members and the public apprised of SB 492 developments, seek member and public contact with lawmakers in support of the legislation, and the importance of active involvement in the COA Key Person program to the success passage of the bill.
12. COA produced several videos highlighting real patient stories that served to promoted an expanded role of optometry in the new health care delivery system.
13. COA-sponsored SB 492, which would redefine optometry, passed the state Senate and was made into a two-year bill which means it will be considered by the Assembly in 2014.

February 2014

1. COA continues to reach out, solicit input and keep in close contact with officials at California-located schools and colleges of optometry relative to its bill to redefine optometry. (See "Establish beneficial relationships with outside organizations.")
2. The COA Legislation-Regulation Committee continues to meet weekly to discuss developments on COA-sponsored SB 492, which would redefine optometry, seek input on specific issues and ensure consistency in messaging.
3. COA continues to work closely with schools and colleges of optometry throughout the country in pursuing its goal of enacting COA-sponsored SB 492, which would redefine optometry. (See "Establish beneficial relationships with outside organizations.")
4. COA continues to publish in COA publications and place on COA social media platforms information, updates and requests for support for SB 492 developments, as well as seek member and public contact with lawmakers in support of the legislation and the importance of active involvement in the COA Key Person program to the success passage of the bill.
5. COA is organizing its second Local Legislative Days during which ODs and students of optometry will meet with their state lawmakers or their staff in district offices to advocate for COA-sponsored SB 492 (more than 80 signed up at this writing).

Strategic Goal: Leveraging our organizational relationships to accomplish our goals.

A. Activity

Meet with the American Optometric Association's (AOA) Meeting Committee to explore synergies before the 2013 meeting in San Diego.

Objective Detail

1. Referral options to Finance and Membership Committees for evaluation.
2. Recommendation by March 19.

Responsible Parties

Board of Trustees President, Education and Professional Practice Committee.

Timeline

We are on the books for a hospitality suite. Final details to be determined.

Indication of Success

An agreement with AOA to offset the financial impact of the 2013 Optometry's Meeting in San Diego.

Status

February 2012

1. Contacted AOA-they have allocated a \$30,000 stipend for the host state. COA could use this money to have a hospitality suite.
2. The cost for a no-host bar would be \$30,962. The cost for a hosted bar would be approximately \$40,000.

2013

1. COA and AOA mutually agreed to not hold a COA-sponsored reception at the 2013 AOA Optometry's Meeting® in San Diego. COA still received \$30,000 from AOA.

B. Activity

Reevaluate current relationships and agreements with societies.

Objective Detail

1. Ask the Executive Committee to identify all of the issues under this item and allocate them to the appropriate committees.

Responsible Parties

Board of Trustees, Education and Professional Practice Committee and Finance Committee.

Timeline

September 2012

Indication of Success

A formal recommendation made to the 2012 President's Council for input.

Status

February 2012

1. There is currently no MOU.
2. Met with state board and learned that there are some societies that do call the board.

Post February 2012

1. COA BOT adopted a society liaison responsibility policy to capture the opportunity for both the BOT and society leadership/members to learn from each other the latest on COA and society activities; seek and gain society input on COA policies, initiatives and other activities; and, have the opportunity to answer questions relative to COA, the society and the profession. In other words, the policy is intended to foster ownership by the societies in their state association. (See "Obtain data to identify current and future membership trends and needs" and "Restructure COA's membership communications and resource information for ease of use and to better serve our members' needs.")
2. COA trustees conducted numerous conference calls with society presidents and other society leaders to discuss 1, above. (See "Obtain data to identify current and future membership trends and needs" and "Restructure COA's membership communications and resource information for ease of use and to better serve our members' needs.")
3. COA hosted 10 town hall meetings involving 18 COA societies to gain member input on a COA-sponsored measure to redefine optometry. (See "Obtain data to identify current and future membership trends and needs.")
4. Published article in *California Optometry* magazine that stressed the value of tripartite membership and COA societies role in serving members.

2013

1. COA trustees conducted conference calls with society presidents and other society leaders to update them on COA activities and obtain information from them on issues. (See "Obtain data to identify current and future membership trends and needs" and "Restructure COA's membership communications and resource information for ease of use and to better serve our members' needs.")
2. COA hosted 10 town hall meetings at COA societies to review COA member benefits and services, provide an update on SB 492, the COA-sponsored measure to redefine optometry, and seek input on issues of concern to them. (See "Obtain data to identify current and future membership trends and needs.")
3. COA sends to its societies monthly Sending monthly to societies information about COA activities, programs and services that can be used by the societies in their newsletters, websites, social media and at their society meetings.

February 2014

1. The COA BOT approved a proposed policy resolution to be presented to the 2014 COA HOD that would formally recognize the annual meeting of the COA Presidents' Council meeting consisting of COA society representatives, create COA Presidents' Council Planning Committee comprised of two COA trustees and four society represents to plan the annual meeting. (See "Modify the PCLC meeting format so that it involves only a 1-night stay.")

C. Activity

Meet with other CE providers to explore partnership opportunities.

Objective Detail

1. Refer to Education Committee for recommendations on how to grow para-optometric education and OD education.
2. Also CPS.

Responsible Parties

Education and Professional Practice Committee.

Timeline

Ongoing

Indication of Success

Identify 1-3 new opportunities.

Status

February 2012

1. Continuing to collaborate with the same institution.
2. Trying to collaborate without others no success to date.
3. Education Committee is looking at border review.

Post February 2012

1. Fifteen Monterey Symposium CE courses were recorded to offer members online.
2. COA offered glaucoma certification classes at OptoWest and Monterey Symposium in cooperation with SCCO.
3. COA offered business class track taught by the Management & Business Academy.

2013

1. Sixteen OptoWest courses were recorded to offer members online.
2. COA offered glaucoma certification classes at OptoWest and Monterey Symposium in cooperation with SCCO.
3. COA created an education and events manager position with instructions to increase the quality, attendance and profit of COA events and meetings.
4. Class offered at Monterey Symposium on ICD-10 delivered by representative from CMS.
5. Approximately 90 paraoptometrics attended Monterey Symposium.
6. COA BOT established an industry relations task force to explore and make recommendations on how COA might work in developing and executing joint educational programs with optometric supply companies. (See "Establish beneficial relationships with outside organizations.")
7. Agreed that COA would work with Alcon and Zeiss Meditec as sponsors to pursue a regional education program in 2014 to increase the number of glaucoma-certified doctors who treat glaucoma and to offer glaucoma courses for re-certification. (See "Encourage ODs to become glaucoma certified through financial rewards and peer recognition.")

8. COA promotes throughout the year numerous webinars hosted by AOA, CMS and others on issues of importance and interest to ODs and their staff.

February 2014

1. COA recruited speakers and identified locations for COA-Alcon-Zeiss Meditect-sponsored regional seminars in Northern and Southern California to provide tools for doctors to cost- and practice-efficiently treat glaucoma patients. (See “Encourage ODs to become glaucoma certified through financial rewards and peer recognition.”)

D. Activity

Develop a unified earned media PR Plan for COA.

Objective Detail

1. None.

Responsible Parties

Communications Committee.

Timeline

Ongoing

Indication of Success

A plan that taps into the relationships that our members have with members of the media.

Status

February 2012

1. Plan developed.
2. Plan facilitation is ongoing.

Post February 2012

1. COA produced the video, *Get Your Eyes Checked, California*, which was posted to various social media outlets to educate the public on vision care and eye health and encourage annual exams with a COA member doctor of optometry. (See “Restructure COA’s membership communications and resource information for ease of use and to better serve our members’ needs.”)
2. COA hired a new communications and social media manager who had an extensive background in social media and formerly was a reporter for a television station. (See “Restructure COA’s membership communications and resource information for ease of use and to better serve our members’ needs.”)
3. COA Facebook, Twitter and YouTube pages restructured and updated. Links to those pages placed on COA website and in every edition of monthly e-COA *Member News*. (See “Restructure COA’s membership communications and resource information for ease of use and to better serve our members’ needs.”)
4. COA developed with its PR firm, Burson-Marsteller, a comprehensive communications plan that primarily focused on growing COA’s social media presence, i.e., Facebook, Twitter, YouTube, that captured societal themes involving optometry, e.g., back to school, allergies, sports, UV, etc., many of which were picked up by the press. (See “Restructure COA’s membership communications and resource information for ease of use and to better serve our members’ needs.”)
5. The comprehensive communications plan referenced in 4, above, included the tools to capture analytics in COA earned media (free publicity) outreach, i.e., capture age, gender and other demographics of audience reached, peak viewing or interactive times, etc., that were used to target social media sites, publications and the press in soliciting coverage on topics that demonstrated a high interest as measured by the analytics. (See “Restructure COA’s membership communications and resource information for ease of use and to better serve our members’ needs.”)

6. COA Communications Committee members and others responded to media inquiries, participated in television news broadcasts and were interviewed by print and digital press covering numerous topics involving eye health and vision care; some of the requests from the media came from the solicitation of coverage and some came from a greater awareness of COA by the media. (See “Restructure COA’s membership communications and resource information for ease of use and to better serve our members’ needs.”)

2013

1. COA expanded its comprehensive communications plan developed the prior year to reach out to more traditional, targeted media outlets (those read or viewed by women with young children), e.g., local TV stations, general newspapers, online news sources, etc., that resulted in the publication or reference to COA-generated content and interviews of doctors of optometry. (See “Restructure COA’s membership communications and resource information for ease of use and to better serve our members’ needs.”)
2. COA Communications Committee members and others continued responded to media inquiries, participated in television news broadcasts and were interviewed by print and digital press covering numerous topics involving eye health and vision care; like the prior year, some of the requests from the media came from the solicitation of coverage and some came from a greater awareness of COA by the media. (See “Restructure COA’s membership communications and resource information for ease of use and to better serve our members’ needs.”)
3. Grew substantially the number of videos produced for both the public and COA membership, including testimonial stories by doctors of optometry dealing with primary care issues, an educational video on low vision, etc. (See “Restructure COA’s membership communications and resource information for ease of use and to better serve our members’ needs.”)
4. COA launched the COA Vision Blog in April 2013 as a 24/7 online public vision care and eye health resource that has generated to date more than 20,000 views worldwide (we can track where the viewer is located) and comments/attention from the public and health care professionals, as well as other blog writers, and serves as a site to which member doctors can direct patients. (See “Restructure COA’s membership communications and resource information for ease of use and to better serve our members’ needs.”)
5. The COA Facebook page hit a landmark 3,000 “likes” as a result of Burson-Marsteller’s campaign and in-house efforts; the COA Twitter account reached 2,400 tweets and 2,400 followers and comments on the COA Vision Blog have been steadily growing.

February 2014

1. The COA Facebook page surpassed 4,000 “likes” and the COA Twitter account grew to 2,600 followers.
2. The increased visibility of COA’s menu of social media outlets and its blog has contributed to COA’s higher placement in various search engines as a source of information on vision care and eye health.

E. Activity

Establish beneficial relationships with outside organizations.

Objective Detail

1. Present at HOD.

Responsible Parties

HCDS, Legislation/Regulation and Communication Committees.

Timeline

Ongoing.

Indication of Success

1. Create a list of target organizations that includes desired outcomes for strategic relationships.
2. Identify existing relationships within COA membership.
3. Assign COA members as liaisons when appropriate.
4. Develop and disseminate a template on how to get involved and guidelines for establishing relationships.

Status

February 2012

1. Plan is developed and being implemented.

Post February 2012

1. COA distributed a form at COA HOD asking delegates if they were members of specific health care-related organizations for purposes of establishing relationships (only five forms returned).
2. COA agreed to co-sponsorship a measure with the California Academy of Eye Physicians and Surgeons requiring insurance companies to refill eye drop medication prior to the prescription's predicted days of use.
3. COA met with the California Academy of Eye Physicians and Surgeons representatives to explore public policy issues with which the organizations could agree.
4. COA and VSP leadership met to discuss issues with stand-alone plans and areas in which the organizations could work together.
5. Worked with a host of trade associations to successfully enact Senate Bill 1186 which reduced statutory damages and provided litigation protections for doctors of optometry and others who timely corrected construction-related accessibility violations for those with disabilities.
6. COA met with officials from the California Association of Physician Groups and the California Primary Care Association about getting access to medical panels and use of ODs in providing medical eye care.
7. COA worked to establish mutually beneficial relationships with diabetes groups and other health care organizations that represent rural health. (See "Develop a model scope of practice act for California and identify steps to reach our goal.")
8. The COA Health Care Delivery Systems Committee initiated meetings with insurance carrier and regulatory agency officials on a variety of topics dealing broadly with patient access.
9. COA participated at the Insure the Uninsured Project (ITUP) Conference attended by health care stakeholders that affords COA the opportunity to learn about the latest developments and network and develop relationships with a wide range of health care stakeholders.
10. COA entered into an affinity arrangement to make available to members at a discount merchant card processing and payroll services. (See "Obtain data to identify current and future membership trends and needs.")
11. COA executive director initiated and successfully established ongoing relationships with AOA staff at all levels and officers that have resulted in increased mutually beneficial communication and coordination of activities and programs, as well as working through opportunities and challenges before the profession and its associations.
12. COA executive director encouraged the establishment of mutually beneficial, ongoing relations between COA staff and their counterparts at AOA that has resulted in ongoing consultative dialog, coordination of activities and programs, idea sharing, and speedy resolution of member concerns.

13. COA communicated closely with AOA – though never reached agreement – on the issue of stand-alone plans within the context of federal health care reform.
14. COA executive director submitted agenda items and actively participated in quarterly state affiliate executive director conference calls with AOA and AOA BOT liaison conference calls intended to share information, build cooperation and bolster relationships.

2013

1. COA published article in official publication of the California Association of Physician Groups on why to use doctors of optometry to treat medical eye conditions. (See “Develop a model scope of practice act for California and identify steps to reach our goal.”)
2. COA reached out, solicited input and kept in close contact throughout the year with officials at California-located schools and colleges of optometry relative to its bill to redefine optometry. (See “Develop a model scope of practice act for California and identify steps to reach our goal.”)
3. COA entered into an affinity arrangements to make available to members at a discount the 16 employment law posters required by state and federal law, and provide member discounts on e-mail and social media marketing tools. (See “Obtain data to identify current and future membership trends and needs.”)
4. COA executive director submitted agenda items and actively participated in quarterly state affiliate executive director conference calls with AOA and AOA BOT liaison conference calls intended to share information, build cooperation and bolster relationships.
5. COA BOT established an industry relations task force to explore and make recommendations on how COA might work in developing and executing joint educational programs with optometric supply companies. (see “Meet with other CE providers to explore partnership opportunities.”)
6. COA strengthened its relationship with students of optometry by underwriting their attendance at COA House of Delegates, presidents’ council and OptoWest to build awareness and value COA lifetime membership. (See “Obtain data to identify current and future membership trends and needs.”)
7. COA President Dr. Fred Dubick was a featured speaker at graduation ceremonies for the three California-located schools and colleges of optometry.
8. COA met with Marsh on the topic of independent physician associations (IPAs) and their inclusion of doctors of optometry.
9. COA executive director and associate executive director attended a state affiliate executive orientation program at AOA that afforded the opportunity to learn more about AOA, its operations and member programs, and establish and cement relations with staff across the entire association.
10. COA is one of the founders of Californians for Accessible Healthcare, comprised of associations representing pharmacists and nurse practitioners, to educate and gain public support of measures that would expand their scopes of practice to meet the anticipated provider gap with the implementation for federal health care reform. These relationships are anticipated to benefit COA in future legislative efforts as well. (See “Develop a model scope of practice act for California and identify steps to reach our goal.”)
11. COA met with VSP officials several times to discuss potential projects of mutual benefit, including COA’s use of VSP mobile clinics at health fairs, the providing to COA by VSP of portable lanes of equipment for use at health fairs; and, a grant to fund a COA staff position to develop and coordinate COA-sponsored eye care health fairs and to coordinate requests by third parties for COA to participate in local eye care “screening” events.

12. COA developed relationships with diabetes groups and other health care organizations that represent rural health in general, and more specifically to gain support for SB 492, sponsored legislation to redefine optometry. (See “Develop a model scope of practice act for California and identify steps to reach our goal.”)
13. COA worked closely throughout the year with AOA government affairs staff in gathering facts, devising arguments and strategies in advocating for COA-sponsored SB 492. (See “Develop a model scope of practice act for California and identify steps to reach our goal.”)
14. COA developed relationships with schools and colleges of optometry throughout the country in pursuing its goal of enacting COA-sponsored SB 492, which would redefine optometry, including the use of expert witnesses from these institutions at various legislative and other hearings on this measure. (See “Develop a model scope of practice act for California and identify steps to reach our goal.”)
15. COA included with its annual members’ dues billing a solicitation for donations to the AOA PAC.
16. COA participated at the Insure the Uninsured Project (ITUP) Conference attended by health care stakeholders that afforded COA the opportunity to learn about the latest developments and network and build relationships with a wide range of health care stakeholders.
17. Working with numerous state and local government officials and businesses, including Assembly Member Roger Dickinson, Sacramento Councilman Jay Schenirer, Sacramento City College Puentes Club, Modern Optical, J&J Optical, VSP, Lion’s Club, Oak Park Community Center, CDF Firefighters Local 2881 and Sacramento Area Firefighters Local 522, COA hosted a vision health fair in October in Sacramento at which more than 100 patients seen.
18. The COA Health Care Delivery Systems Committee initiated meetings with insurance carrier and regulatory agency officials on a variety of topics dealing broadly with patient access.
19. COA establish a relationship with Amy Krause, assistant chief counsel, division of licensing at the Department of Managed Health Care (DMHC), and engaged in discussions with her regarding the requirement by the California Health Benefit Exchange Board that all qualified health plans (QHP) must include a sufficient number of doctors of optometry in their provider networks.
20. COA had an exhibit table, hosted a reception and spoke of the benefits of lifetime COA membership at the AOSA Western Regional Conference at SCCO attended by optometric students and faculty of the three California optometric schools and colleges.

February 2014

1. COA continued its discussions with VSP officials several times to discuss potential projects of mutual benefit, including COA’s use of VSP mobile clinics at health fairs and the providing to COA by VSP of portable lanes of equipment for use at health fairs.
2. COA continues to foster relationships with officials at California-located schools and colleges of optometry relative to its bill to redefine optometry. (See “Develop a model scope of practice act for California and identify steps to reach our goal.”)
3. COA continues to foster relationships with schools and colleges of optometry throughout the country in pursuing its goal of enacting COA-sponsored SB 492, which would redefine optometry. (See “Establish beneficial relationships with outside organizations.”)
4. COA is working with AOA to link to COA website to AOAExcel Career Services and paraoptometric pages to create easier access and expand 24/7 online resources for COA members.

F. Activity

Develop a budget proposal for the California-wide summit (meeting with VSP, colleges, etc to talk about optometry)

Objective Detail

1. Referred to the Executive Committee to identify purpose for the summit or to kill this idea.

Responsible Parties

Board of Trustees and Finance Committee.

Timeline

December 2012

Indication of Success

1. Board of Trustees needs to further define purpose and goals.
2. Finance Committee will establish budget.

Status

February 2012

1. None.

Post February 2012

1. COA decides not to pursue a California-wide summit.
2. COA and VSP leadership meet to discuss issues with stand-alone plans, coordination of vision with medical eye care and areas in which the organizations could work together.

Strategic Goal: Restructure to improve the organization.

A. Activity

Modify the PCLC meeting format so that it involves only a 1-night stay.

Objective Detail

1. Make it happen.
2. Evaluate it.

Responsible Parties

PCLC Committee

Timeline

Complete.

Indication of Success

Increased attendance at PCLC. Enhanced motivation, networking and discussion of issues among attendees.

Status

February 2012

1. Complete except for evaluation.

Post February 2012

1. The COA PCLC held a one-day meeting at the Southern California College of Optometry. Attendance was lower than previous years.

2013

1. The COA HOD rejected a proposal to substitute the 2013 PCLC with town hall meetings, quarterly BOT liaison conference calls with society leaders and quarterly COA staff conference calls with society leaders.
2. The COA HOD approved a policy resolution to hold the 2013 COA Presidents' Council during the 2013 COA Monterey Symposium, invite society presidents and presidents-elect to the meeting and change the name from "Presidents' Council and Leadership Conference" to "Presidents' Council."
3. The 2013 COA Presidents' Council meeting was held for a half day during the 2013 COA Monterey Symposium.

February 2014

1. The COA BOT approved a proposed policy resolution to be presented to the 2014 COA HOD that would formally recognize the annual meeting of the COA Presidents' Council meeting consisting of COA society representatives, create COA Presidents' Council Planning Committee comprised of two COA trustees and four society represents to plan the annual meeting. (See "Reevaluate current relationships and agreements with societies.")

B. Activity

Publish the 2011-2014 Strategic Plan.

Objective Detail

1. None.

Responsible Parties

Communication Staff

Timeline

Complete

Indication of Success

Website and COA Magazine to include an update on progress.

Status

February 2012

1. Complete

C. Activity

Modernize/Restructure delivery/method of the HOD.

Objective Detail

1. Talk to Membership Committee chair about how to bring relevance.
2. Movses to convene a task force to recommend options.

Responsible Parties

Board or Task Force select a focus group of young OD's to discuss possible options to formulate change to the annual business meeting.

Timeline

End of 2012.

Indication of Success

To be determined by Task Force.

Status**February 2012**

1. Ongoing

Post February 2012

1. COA task force recommended and COA BOT adopted proposal to combine the COA House of Delegates with OptoWest as a single event to be held once a year beginning in 2014.
2. COA HOD passed a policy resolution to reorganize the COA HOD meeting to primarily address matters of major concern to COA and its members, which included policy resolutions, bylaws amendments, budget and financial oversight, legislation, board member elections and any other matters of major significance to optometry in California.

2013

1. COA HOD policy resolution adopted in 2012 implemented at the 2013 COA HOD meeting which, among other things, had reference committees review in advance for clarity and conformity to laws and COA rules proposed bylaws amendments and policy resolutions; all proposed bylaws amendments and policy resolutions were introduced, debated and as determined by the HOD voted upon on the floor of HOD during the first day of the meeting giving all delegates, alternates, members in attendance and guest the opportunity to hear and debate the issues presented, presentations outside the areas called for in the 2012 policy resolution were eliminated generally.
2. COA HOD approved a policy resolution to revise the process for reviewing past policy resolutions adopted by the COA HOD to limit that review to only those resolutions the COA BOT, societies or members believe warrant a review. These new procedures were put in place at the 2013 COA HOD meeting.

February 2014

1. COA BOT approved the separation of the COA HOD from OptoWest and approved the next six years of COA HOD meetings dates and locations. Those annual meetings of members will be a one-day event held on a Saturday with a one-day continuing education seminar for ODs and paraoptometric held the following Sunday.

D. Activity

Align AOA and COA dues to match the bylaws by the next HOD.

Objective Detail

1. Wait until after AOA acts.
2. Delegates to AOA convention will discuss AOA's action and the effect it will have on COA dues.
3. Report to membership committee about the implications of AOA's bylaws change.
4. If AOA changes its bylaws decide how COA will act.

Responsible Parties

Finance Committee.

Timeline

HOD 2013.

Indication of Success

Same dues structure as AOA. Dues schedule becomes less convoluted and more manageable.

Status**February 2012**

Deferred until after AOA votes on its bylaws amendment this summer.

2013

1. COA HOD passes bylaws amendments that more closely align COA membership classifications with AOA membership classifications as revised by AOA in 2012.
2. COA HOD enacts a policy resolution that revised membership dues more closely aligned with AOA member dues as revised by AOA in 2012; the resolution also served to place the entire COA member dues schedule in one policy resolution for easier reference.

E. Activity

Restructure the Nominating Committee transferring the authority to the Board of Trustees. This will require a Bylaws Amendment.

Objective Detail

1. Have conference call dialogue prior to next board meeting.

Responsible Parties

Board of Trustees/Task Force.

Timeline

HOD 2013.

Indication of Success

1. Bylaws amendment passed by the HOD.

Status**February 2012**

1. Recommendation put off.
2. Page has contacted AOA and gotten nominating committee bylaws. Page has nominating committee procedures from non-healthcare organizations and other information.
3. This information not yet shared with the rest of the board.

Post February 2012

1. COA BOT appointed the COA Task Force on COA Nominating Committee Restructuring to review and make recommendations for restricting the nominating committee and the process for COA trustee and officer nominations.
 - The COA BOT adopted proposed bylaws amendments and policy resolutions recommended by the COA Task Force on COA Nominating Committee Restructuring to restructure and improve the process by which leaders are evaluated and selected by the COA HOD to bring out the best qualified candidates, which included placing the essential duties of the COA Nominating Committee in the bylaws to bring greater consistency and stability to the nomination process; set forth in writing the process for evaluating applicants that increased the perception and reality of an objective and fair process; required the committee actively recruiting qualified applicants; made the entire candidate evaluation and nomination process transparent to all involved, i.e., applicants, nominating committee, HOD, general membership; expanded the eligible society appointments to include all society officers or COA standing committee members who have served in one of those capacities in the past five years to create a greater pool of

potential appointments with contemporary knowledge of COA, the societies and the issues; provides that the committee present a slate of all the candidates it determines meet the qualifications and ability to carry out the responsibilities of the position regardless of the number of positions open.

2013

1. COA HOD enacted the COA BOT-recommended bylaws amendment and policy resolution relating to the COA Nominating Committee structure and candidate evaluation process.

February 2014

1. The COA Nominating Committee employed the new procedures and processes adopted by the 2013 COA HOD in recruiting, evaluating and recommended to the COA HOD candidates for COA officers and trustees.