

**ADA 2008 SURVEY  
EXECUTIVE SUMMARY**

Between 1/9-31/2008, a survey was administered to all members of the American Dermatological Association. The survey was composed of 24 questions. Of the over 300 members surveyed, 187 responses were received. The following is a summary of the responses to the survey. A printout of the survey is available at the registration desk.

**1. Regarding the venue for the ADA meetings, rank the following in order of preference.**

Resort > alternating resort and city > city hotel

**2. Rate following cities for possible city hotel meetings:**

- a. Great location: Napa/Sonoma > than San Francisco > New York City > Chicago > Boston > Seattle > Hawaii > San Diego
- b. Not great but would probably attend: Washington, DC > Boston > San Diego > Seattle > Chicago
- c. Might attend: Miami > Salt Lake City
- d. Not acceptable: Pittsburgh > Las Vegas > Orlando > San Antonio > Dallas > Minneapolis

**3. In the next 5 years, should the ADA hold an international meeting?**

Yes – 58%, No - 25%, Unsure - 18%

**4. If you answered yes to Question 3, rate the following cities:**

Florence (63%), Barcelona (60%), Paris (59%), Vancouver (53%), Rome (51%), Edinburgh (50%), Venice (50%), London (47%), Prague (47%)  
Not acceptable: Seoul, Jerusalem/Tel Aviv, Beijing, Singapore

**5. What would be your preferred time of the year for ADA meeting?**

Great time: Between Labor Day and Thanksgiving (43%)  
Not acceptable: Between Thanksgiving and Christmas (58%); Between the first of January and the AAD Annual Meeting (52%)

**6. Should the meetings encourage more family/children-friendly activities?**

No -54.7%, Yes - 45.3%

**7. If you answered yes to Question 6, can you suggest ways that the ADA can be more family/children friendly?**

- provide day camp/children activities
- have more family activities
- provide site selection with children-friendly activities.

**8. If you are a new member of the ADA (inducted between 2000-2007) please answer the following questions:**

- a. Did you have a clear understanding of the history and function of the ADA prior to induction?  
Yes - 51.96%, No - 25.49%.
- b. Did you attend the new members breakfast? Yes -70.3%, No - 6.93%
- c. If you attended the new members breakfast, did you find it informative? Yes - 61%, No - 10%
- d. Did you feel appropriately welcomed at your first meeting? Yes -78.2%, No - 0.99%

**9. Can you suggest ways to make new members feel more welcomed and engaged?**

- Connect old and new members at various activities
- Random seating at all functions
- Assign mentors
- Identify new members by badge; de-identify board of directors and officers
- Continue new member presentations and breakfast
- Have nominators take new members under wing

**10. How many meetings of the ADA have you attended in the past 10 years?**

1-4: 65.92%, 5-6: 16.76%, 7-10: 15.64%

**11. If you do not regularly attend the ADA meetings, why? Choose all applicable answers.**

Too expensive: 45.04%

Don't like the venues: 32.8%

Scientific program not interesting: 12.21%

Other Comments:

- Poor time of year
- Not invited to be on program
- Conflicts with other professional obligations

**12. Which of the following would consider as viable cost-reducing strategies for the ADA meetings? Choose all applicable answers.**

Less expensive venues: 61%

Eliminate or reduce the number of group meals: 40%

Eliminate or reduce some of the social functions and activities: 33%

Obtain outside support for the meeting: 42%

**13. If you feel that the ADA should see outside support for its activities, which strategies would you support?**

Seek and accept contributions from the pharmaceutical and medical device industry: 69%

Publish proceedings of the meeting for sale: 28%

Other Suggestions:

- Industry donations at \$3,000-\$5,000 per company – do not invite the company
- Solicit (rich) members for an endowment fund or lectureship fund

**14. Would you prefer to maintain the same format for the meeting even it means raising the registration fee or annual dues?**

Yes - 36%  
No 27%  
Not sure - 36%

**15. If you are in favor of obtaining pharmaceutical and device company support, which specific types of support would you accept? Choose all applicable.**

Unrestricted educational grants: 95%  
Sponsorship of certain activities: 59%  
Sponsorship of meal and/or social functions: 50%

**16. If you in favor of pharmaceutical and device company support, would you agree to allow representatives from the companies to come to the meeting?**

Yes - 39%, No - 35%, Unsure - 37%

*See printout at registration desk for answers to 17-20 and 24.*

**17. What is your perception of the ADA?**

- Social/networking
- Exclusive club
- A great organization
- Leadership group
- Struggling to find an identity and relevance
- Think tank, not sure (only organization in Dermatology that brings together all types of leaders)
- History (present)

**18. What is the ADA's role in dermatology in the 21<sup>st</sup> century?**

- Leadership/generate leaders
- Needs redefining
- Think tank
- Networking
- Ideal it should be IOM for Dermatology (IOD) with physician papers on current issues that are timely and relevant
- Unsure

**19. If the ADA could accomplish one goal/year, what would it be for each of the following years?**

**20. How can the ADA ensure the fostering leadership in Dermatology?**

**21. Is “social or professional networking” a sufficient goal for the ADA?**

Yes – 42%, No – 35%, Unsure -23%

**22. How do you perceive your primary role in dermatology currently (2008)?**

Medical dermatology 49%

Administrative 23%

Surgical/procedural dermatology 20%

Investigative dermatology 15.5%

Dermatopathology 10.6%

Pediatric dermatology 9%

Other 13%

**23. What is your age?**

51-60 years 46%

61-70 years 32%

40-50 years 12%

Greater than 70 years 9%

