

BUILDING CONSENSUS AROUND A HEALTH FUNDING AGENDA

Consensus building has become a critical means of effective problem solving in our society. It involves informal, face-to-face interaction among representatives of stakeholding groups. Consensus building aims for mutual gain solutions by which all parties develop outcomes that are fairer, more efficient, better informed, and more stable than those arrived at hierarchically or according to a win-lose scenario.

By its very nature foundation work requires consensus building. Most grantmakers shape consensus informally on a daily basis through conference calls, meetings, and other forms of group decisionmaking. Boards must reach consensus on the foundation's mission, funding priorities, and ultimately grants. Staff often must also reach consensus — forged with the participation of community advisory groups, board committees, and funding partners — before bringing grant recommendations to the board.

In response to health foundations' increasing need to be consensus builders, Grantmakers In Health (GIH) and the Consensus Building Institute (CBI) developed a consensus building workshop for health foundations. GIH has offered this workshop twice since 1998. It has been helpful to foundations in learning to provide a neutral setting to address health-related policy and other disputes involving the communities they serve and in reaching consensus internally. Formal consensus building incorporates these four steps:

Separate the people from the problem — Dealing with a substantive problem and maintaining a good working relationship need not be conflicting goals, if the parties are committed and psychologically prepared to treat each separately on its own merits.

Focus on interests not positions — Behind opposed positions lie shared and compatible interests and also conflicting ones. Focusing on compatible interests can move a dialogue forward.

Invent options for mutual gain — To invent creative options (1) separate the act of inventing options from the act of judging them; (2) broaden the options on the table rather than looking for a single answer; (3) search for mutual gains; (4) invent ways of making the decisions easy ones.

Insist on using objective criteria — Objective criteria should be legitimate, practical, and independent of each side's will.

(SOURCE: FISHER AND URY, 1981)

Depending on the complexity of the issue and the foundation's goals, staff and trustees can apply these concepts in numerous ways. Some examples of how health foundations have incorporated the principles of consensus building into their work follow.

PUTTING IT TO THE TEST: VIRGINIA CONSORTIUM FOR HEALTH PHILANTHROPY

In Virginia 16 health foundations formed a networking and information exchange group. Known as the Virginia Consortium for Health Philanthropy (VCHP), its purpose is “to improve the effectiveness of health philanthropy in Virginia through collaboration, cooperation, and communication between health foundations and other key stakeholders and thereby improve the health of the people of the Commonwealth of Virginia.”

According to Kerry Mellette, executive director of the Williamsburg Community Health Foundation and co-chair of VCHP, “It was clear as the group evolved that we wanted to address a specific issue collectively.” By engaging in a consensus building process, VCHP agreed to focus on health care access for children, which was on every member's agenda. This was the first step in what would become a collaboration with myriad layers. Deborah Oswalt, executive director of the Virginia Health Care Foundation, played a significant leadership role in both the Consortium and in the Virginia Coalition for Children's Health, the grantee group that will be administering the program to enroll children in medicaid and the Children's Medical Security Insurance Plan.

Abbott Bailey, program officer for the Arlington Health Foundation, a VCHP member, believes that the biggest challenges to consensus building have been logistical. “Once the foundation executives agreed to a shared agenda, they had to determine how to support the initiative within the context of their own organization's grantmaking parameters.” A key to the success of this venture has been patience. Bailey adds, “It has taken 18 months to get this effort launched, and we are still waiting for most of the foundation boards to approve the recommended grants. However, the impact will be far greater than if each organization attempted this separately.”

Members of VCHP advise others considering a collaborative effort to cultivate leaders with strong consensus building skills. They must be sure that moving the joint agenda forward is a major priority for at least several stakeholders. Moreover, VCHP members assert, “Take on something that is doable, an issue that people are intuitively drawn to. Getting all of the stakeholders involved in the decisionmaking process will take time and patience.”

A MODEST PROPOSAL: THE RAPIDES FOUNDATION

The Rapides Foundation in Alexandria, LA is another example of a foundation that has used consensus building to enhance its grantmaking. The foundation was established in 1994 as the result of a joint venture between Rapides Regional Medical Center and Columbia/HCA. Rapides has a highly active board of directors that includes physicians and community representatives. Trustees are encouraged to continue their professional development by attending regional and national conferences and workshops. Because consensus building is one of the foundation’s precepts, several trustees have attended GIH’s Consensus Building workshops to hone their skills. The expertise taught in these workshops has reinforced practices and processes that the foundation uses both internally and in the community.

Early in its development, through a consensus building process led by an outside facilitator, the Rapides board adopted guiding principles and core values. These principles encompassed the foundation’s desire to be effective, visionary, autonomous, catalytic, and collegial. Moreover, they united the board and guided the foundation through its nascent grantmaking years. Because The Rapides Foundation still owns one-half of the Rapides Medical Center, it faces an ongoing challenge of dually running the philanthropy and the hospital. To ensure that it stays on track in allocating its resources, Rapides is revisiting its mission and guiding principles — again with the assistance of an outside facilitator. According to Rosier, “Because the board took the time early in its inception to build consensus, it manages differences of opinion constructively and efficiently.” He encourages foundations to spend the time up front to build board consensus about the foundation’s mission and goals.

A LESSON LEARNED

An essay on the history and evolution of the Sierra Health Foundation — a foundation formed in 1984 from an HMO sale — offers the following advice on consensus building, especially for new foundations:

Do not make long-term strategic commitments early in the foundation’s development. Allow the board some time to work together, to learn of one another’s interests first. This also gives management and staff time to identify key leaders in the community to work with in developing future ideas.

Begin building consensus by soliciting a wide spectrum of ideas from multiple stakeholders, including community representatives.

Achieve board consensus before investing in high-risk or long-term grantmaking. Otherwise, change in commitment from one or two members could mean the end of a grantmaking program’s support.

(SOURCE: MILBANK MEMORIAL FUND, 1999)

Devoting time and energy to building consensus around crucial decisions may seem like a long and arduous process. Nevertheless, having a clear mission and vision, compelling principles and practices, and a track record for building consensus can increase a foundation’s credibility and ability to make an impact.

ORGANIZATIONS THAT OFFER CONSENSUS BUILDING CONSULTATION AND TRAINING:

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Consensus Building Institute

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BOOKS:

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Milbank Memorial Fund, *New Foundations in Health: Six Stories*, 1999, www.milbank.org.

Susskind, Lawrence. *Consensus Building Handbook*, Sage Publishers, 1999.

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