VIEWS FROM THE FIELD
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GRANT MAKERS IN HEALTH

Community Advisory Committees: Collaboration and Shared Learning

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As a result of turmoil in world financial markets and a faltering economy in the United States, economic pressures on communities have intensified the risk of many people being overlooked or ignored; many are not receiving the health care they and their families need. At the same time, health foundations that rely on strong investment portfolios are reeling as they quantify their losses.

Unfortunately during bleak economic times, some institutions retreat to survival mode and, out of necessity or shortsightedness, lose their focus on the people they are obligated to serve. Against this backdrop of the impending economic crisis in the United States, however, some foundations are finding new strategies to reach out to their communities.

Con Alma Health Foundation and Grantmakers In Health (GIH) convened health foundations from across the country in Santa Fe, New Mexico, earlier this year to discuss such strategies for effective foundation-community engagement. All but one of the foundations that attended have a community advisory committee (CAC) as part of its governance structure.[1] "Making the Most Out of Community Advisory Committees," an article that appeared in the Winter 2007 issue of *GIH Inside Stories*, prompted the convening of foundations to discuss the current state of CACs and create a plan for future collaboration and shared learning. The Santa Fe convening followed similar meetings in Missouri and Arizona that brought together CAC leaders.

Consumers Union, the nonprofit publisher of *Consumer Reports* magazine, and Boston-based Community Catalyst developed the blueprint for foundation CACs in an effort to increase the amount and quality of community engagement by foundations and to assist with important assessments of community health needs. Since they were first conceived, CACs now constitute permanent components of over twenty foundations.

Most CACs are separate from foundation governing boards. These CACs have significant community engagement obligations but have neither grantmaking nor fiduciary duties. Absent grantmaking and fiduciary duties, CACs were expected to be able to turn most of their attention to community engagement activities.

Now that foundations with CACs are maturing and looking forward to a second decade, Con Alma Health Foundation and GIH decided it would be helpful to reflect on the results of this experiment. It is difficult to assess precisely the overall success and impact of CACs – some are thriving and others have disappeared – but the foundations attending the meeting shared their strategies for achieving successful community engagement and measuring CAC impact.

Participants embarked upon their investigation by discussing formal structures, usually spelled out in foundation bylaws, that guided their work. While CACs were designed to engage with communities, the terms "community" and "community engagement" were often not fully defined in governance documents. That left CACs, boards of directors, and foundation staff to fill in the gaps. In so doing, some of the inherent tension among these three foundation actors became more acute.

In order to alleviate this tension and achieve community engagement objectives, some CACs and boards decided to work together more actively. Con Alma Health Foundation (New Mexico) and Maine Health Access Foundation board meetings welcome the participation of CAC members. In fact, Con Alma's CAC predated its board. The Missouri Foundation for Health, similarly, has an open-door policy that it opens even further – anyone from the public can attend a foundation board meeting.

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[1] Participants with CACs included Con Alma Health Foundation (New Mexico), the Endowment for Health (New Hampshire), the Maine Health Access Foundation, and Missouri Foundation for Health. CACs at these foundations are separate from each foundation's board of directors. The sole foundation participant without a CAC was the Paso del Norte Health Foundation (Texas).

Exacerbating the board and CAC tensions is the difficulty of effective communications. One participant's CAC is striving for an effective communication strategy, but it has yet to achieve its goal of speaking with one voice. In Maine, the foundation CAC is seeking a unified voice and attempting to integrate itself more fully with the board. CAC members make presentations at each board meeting, effectively reminding board members to call upon the resources, knowledge, and expertise of the CAC. Similarly, frequent evaluation of board and CAC capacity, as well as encouragement for additional collaboration on a variety of projects, was identified as a strategy for alleviating some of the tension that exists between boards and CACs.

A number of participants agreed that foundation boards maintain broader management functions while CACs tackle day-to-day commitments of the foundation. This split, one participant suggested, might help clarify the roles of the two entities.

CACs reported new twists on traditional community engagement strategies. Using traditional listening session methodology, one CAC was actively reaching out to new potential grantees by encouraging its members to visit the most rural parts of the state. Visiting rural "constituents" where they live, rather than requiring them to travel to a large urban center, helped "level the playing field" between foundations and potential grantees. And with CAC members rather than staff or board members moderating such discussions, there is some evidence that grantees and unsuccessful grantseekers are more willing to be forthcoming with criticisms of foundation grantmaking priorities and customer service practices.

A number of participants recommended that CACs become more involved in reporting on access to health care in their communities. By doing so, health-needs assessors, grantmaking foundations, and grantees would establish a symbiotic relationship that would be of benefit to grantees. While there was no time at the conference to discuss a blueprint for such a relationship, participants may attempt to create a workable approach in the future.

Similarly, CAC members recognized room for improvement between foundation and government approaches to health in their communities. One participant recommended increasing CAC awareness of government efforts to assess and address community health needs. In so doing, government and foundation efforts could be leveraged for greater impact.

Impact, specifically measuring impact, was the topic of a half-day discussion at the conference. After acknowledging the enormous difficulties inherent in measuring foundation performance and board performance, participants returned to their governing documents for guidance on developing better effectiveness metrics. The Missouri Foundation for Health and Con Alma Health Foundation have bylaws that require foundation metrics based on "objectively measurable impacts on health." A participant suggested that measuring the effectiveness of CACs, as unique actors within foundation governance structures, was even more difficult.

In order to fulfill the requirements in the foundation's bylaws, the Missouri Foundation for Health CAC spent two full years on an evaluation. A representative from the foundation revealed that the evaluation was very time consuming and would not have been successful without the constant encouragement of one CAC member.

A leader of the Maine Health Access Foundation suggested that there were common matrices to all health foundations and urged the group to begin developing sharable tools. The foundation, she reported, issues a "health report card" every year that other foundations could try to emulate. Along the same lines, another participant suggested that better CAC new member orientation materials be shared among foundations with CACs.

Participants in the conference acknowledged the value of meeting from time to time and pledged to find new methods of staying in touch between meetings. Several participants suggested that they should continue to meet at twice-yearly GIH meetings and at occasional convenings in states whose health foundations have CACs. A representative from Missouri recommended that the group begin to collect comprehensive CAC profiles of participants and reach out to foundation CACs that did not meet in Santa Fe. (Visit www.gih.org to access the "GIH Directory of Health Foundations with Community Advisory Committees.")

The first order of business for foundation CACs, already underway, is to draft a mission statement by which the national group will operate. After that, foundation CACs will work together on CAC and board recruitment matrices, orientation materials, new sources of funding, and other areas of shared interest.

The current economic crisis is challenging funders and the people they serve in dramatic ways and will have both short- and long-term implications for philanthropy and the nonprofit sector – and indeed for all of us. At times like this, the role of CACs in fostering community engagement will be even more important. GIH has indicated its continued support for CACs and has recommended convenings at its *Art & Science of Health Grantmaking* meeting and other events. Member organizations that attended the event in Santa Fe are committed to strengthening bonds among themselves in order to better serve their communities.

If your foundation is interested in learning more about CACs and future convenings, please contact:

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VIEWS FROM THE FIELD *is offered by GIH as a forum for health grantmakers to share insights and experiences. If you are interested in participating, please contact Faith Mitchell at 202.452.8331 or fmitchell@gih.org.*