# How to Keep Your Mandated Citizen Board Out of Your Hair And Off Your Back: A Guide for Executive Directors

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## Introduction

In our travels across the nation we have observed many ingenious strategies used by executives and buman service professionals to "contain" and render ineffective their mandated citizen boards. We would like to share these observations with other professionals. In doing so we take the calculated risk that an occasional consumer reader may also learn the techniques and use them to his own advantage.

It requires great understanding and patience for the human service professional to continue to provide impartial scientific guidance to community programs in these days of conflict and chaos. As the latest in a series of fads, the current federally mandated citizen participation on agency policy boards poses a serious threat to efficient and professional operations. However, the wise executive director recognizes that the survival of his/her program will depend upon his/her ability to "manage" his/her citizen board in such a way that interference in the operation of his/her agency is minimized. She/he knows this fad, like many others, will eventually fade away to be replaced by some new contrivance from across the Potomac. In the meantime, the less effect on the organization the better. In this context, the best strategies are those of "containment" i.e., the organization and administration of the consumer board in such a way that legal requirements are met but at the same time the control of real decision-making power remains in the hands of the executive director. These strategies appear to fall into four general categories: Selecting the Right Board Members; Creative Differentiation (or dividing work wisely); Providing Staff Support Services; and Managing Meetings.

# Selecting the Right Board Members

## Nomination

The starting point is to maintain control over the process of nominating and selecting new board members. By preparing a long list of alternative candidates for the nominating committee, staff can help assure that wrong thinkers or likely activists are not considered. The longer the list, the better,

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provided only acceptable consumers are included. Long lists of community members suggest equity and tend to discourage open nominations or review and discussion. If you do not have time to prepare a long list, the other common option is to present a slate of only one candidate per board position. After such a list is presented, you can have a provider board member move quickly that nominations be closed. As a "fail-safe" measure, the skillful director will have the bylaws written in such a way that staff and professionals are actively involved in all stages of the selection process.

#### Selection Criteria

By setting safe selection criteria, either in the bylaws or by informal precedent, the staff and professional leadership can further assure nominations of safe, non-interfering consumers. Key phrases which appear democratic on the surface can be given operational meaning which will support selection of safe consumers. For example, phrases like "thoroughly acquainted with the organizational program" can justify selection of sympathetic community members or neighbors and friends of staff. Phrases like "experienced" or "possessing available time to give to the board" can justify selection of passive retired persons. Often the appropriate kind of retiree makes an excellent board member. They have spare time to participate (looks good on attendance records) but they tend not to be advocates of change.\* The phrases "demonstrated competence" or "demonstrated leadership" can be used to select high-income, well-educated, non-minority consumers who serve on numerous other boards. The words, "objective" and "representative" can be extremely important in avoiding the selection of consumers who are strong advocates for specific groups or causes or who have strong ties to organized consumer groups. If such persons apply for board membership they can be excluded on the grounds that they are "unrepresentative of the general public" or have an "axe to grind."

## **Incremental Testing**

The process of systematically using consumers and providers on task groups and community studies prior to board appointment can be an excellent training device. It assures that they are well indoctrinated about the agency when they become board members. Of course, the process can also serve as an effective way of eliminating those consumers

<sup>\*</sup>As long as you don't mistakenly sign up a Gray Panther!

(and providers) who ask the wrong questions, take belligerent stands on issues, or in other ways tend to be argumentative and disruptive.

# Creative Differentiation

The executive director who knows organizational theory will realize that there are a number of options in organizational design which can be used to limit consumer impact on policy decisions. By carefully dividing responsibility among executive director, board of directors, executive committee, and key staff, the executive can assure maximum control over the influence system. By setting up an imaginative subcommittee structure, the staff leadership can channel consumer participation in directions that will do little harm.

### **Appointing Officers**

A critical rule for a smooth running board is to appoint only professionals and sympathetic consumers to positions of power. Even though by law you may be required to have a majority of consumers on your board you do not have to place them in positions of power and authority. The adept administrator will arrange the appointment procedure in such a way that agency staff control the key appointments. A particularly good strategy is to ensure that sympathetic professionals chair the board and key committees. Consumers are very reluctant to argue with physicians; and professionals generally are quite capable of keeping errant committee members in line. If this option is not available you might try for a status consumer like a bank president or community patriarch who is sympathetic to staff.

#### **The Executive Committee**

Despite your care in selecting board members, the board meeting must be viewed as a potentially dangerous and volatile setting for decisions which might influence your agency. Large numbers of people are difficult to control, and one can never anticipate the "chemistry" that works between people. Issues have a tendency to get out of hand. Luckily, common practice, if not corporate law, provides a safer turf in terms of the executive committee. With the right bylaws this smaller, hand-picked committee can act between board meetings when necessary and can routinely review all issues to be brought before the board. Obviously, the thinking executive will see that potentially controversial issues go before the Executive Committee rather than the Board (crisis-oriented management is useful here), and that any conflict is resolved before recommendations go to the Board.

# **Standing Committees and Work Groups**

Two simple rules suffice to describe a time-tested rule for control of board members:

- Deliberately create trivial and meaningless committees as well as important standing committees. Flowers and Gifts, Annual Party, Recreation, and Decorations committees are among those which might be added to such committees as Audit and Budget, Community Health Manpower Needs, and Program Development & Policy.
  - Given such alternatives you can selectively appoint

consumer board members to the trivial committees and providers to the important committees. When a consumer of unknown loyalties must be appointed to a crucial committee you can always counterbalance his influence by selecting other powerful members whose allegiances are secure.

# Providing Staff Support Services

The executive may further influence board operations through his/her responsibility to "staff" the board and board committees.

# **Selecting Staff**

It is particularly important to choose technically competent staff who are highly task-oriented. This is the type of staff member who is quick, efficient and gets the job done by him/herself, and who is not going to sit still while a bunch of amateurs tells him/her how to do a job for which she/he has been professionally trained.

The types of staff member you want to avoid are those trained in community organizing and outreach work. They tend to be disruptive to a smooth operating agency by wanting to get many people involved in decision-making (even consumers not on the board). Furthermore, they waste a lot of time just talking. "Process" is a particular hang-up of this type staff. If they are not analyzing what went on in a particular meeting or studying their own group interactions, they are likely to be inciting some consumer somewhere to "take a stand."

## **Board Training**

The best kind of training program is one that is highly content-oriented, abstract and technical—where the flow of information is one way—from an expert to the board members. It is particularly advantageous to program at least half of each board training program (say one day out of a two-day board retreat) with lectures by professors on the history of the American health care system. The next best program is lectures by economists on the economics of the American health care system. This is especially productive when you invite two economists with diametrically opposed views.

The type of training to be avoided is one which raises and allows discussion of sensitive issues of current relevance to the agency. Such issues are best decided in the privacy of one's office with the consultation of a few hand-picked staff and board members. It is also wise to avoid group process-type training, especially that type of training aimed at developing board skills. Such training includes methods of group decision making, consensus-building, conflict and negotiation skills, parliamentary procedure, and leadership skills.

Finally, encourage provider board members (not all, just some key ones) not to attend the board training programs. Since providers, especially MDs, MPHs, MSWs, MBAs and PhDs, already know everything about the delivery system there is no use wasting their valuable time listening to something they already know. Furthermore this strategy creates the impression that providers are above training, and gives the impression that the only group which needs to be changed is the consumer group.

#### **Data Presentation**

The principle of overkill is probably safer and more effective in keeping consumers in the dark than any attempt to withhold information. Overwhelm the board with data, reports, minutes of sub-committees, federal fliers, community agency annual reports, internal memoranda, and even staff correspondence. Charts and tables are helpful, especially if detailed. The more information provided, the more difficult it will be for consumers to learn anything important and the more the executive can point with pride to his/her attempts to inform the board. Also, omissions will be less noticeable. With correct timing, budget requests, decisions on program priorities and other important issues can be slipped by without much attention. Furthermore, when following this policy, the executive will have multiple opportunities to be indignant about consumer ignorance if a question is raised. The proper response is to smile sagely, cross your legs, shake your head, and sigh, "If you would only read your mail."

## The Preparation of Minutes

Naturally staff should be responsible for keeping notes during the meetings and preparing minutes for the signature of the Secretary and Chairperson. The experienced executive will take this role very seriously indeed and will insist on personally reviewing and editing the minutes in draft stage. Small nuances of wording can have a major effect upon meaning so that careful review can keep the record at its most favorable light.

# Managing the Board Meeting

The final but perhaps most important strategy for the resourceful administrator is how she/he schedules, organizes and runs the board meeting itself. The secret of success in this area is sensitive selection, cultivation, and training of the board chairperson. Without her or his active cooperation most strategies will not work.

#### Selective Scheduling and Announcement

Meetings held during a weekday will limit attendance of blue collar workers or women with small children, and other busy consumers. Announcement of specially called meetings or committee meetings can be delayed for certain board members until it is too late for them to make plans to attend (although it is not wise to omit such announcements entirely). Most people will have trouble attending meetings on short notice though will appreciate being considered. Frequent cancellation of scheduled meetings can also limit attendance. This overall strategy has limits because of the effect on attendance records, but it is effective if and when controversial issues arise.

# **Extended Meeting Times**

Another useful ploy for times of uncertainty or stress on a board is development of a deliberate endurance contest between staff and recalcitrant board members. Meetings running from 7:00 pm to 2:00 am several nights in a row are not unheard of. After all, staff can take the next morning off while most board members will have to work a full day before returning to a board meeting. While some board members may object, the argument that the issues are urgent for community health, requiring serious dedication from all, is usually effective.

# Setting the Agenda

Arrange the agenda in such a way that discussion of important, basic issues is postponed until the end of a long meeting when the board is tired and anxious to go home. The beginning of the agenda should be filled with meaningless generalities and trivial details. For example, the first item on the agenda is usually the approval of the minutes of the previous meeting; without real effort a resourceful administrator can stimulate an extensive discussion of the wording of the minutes. Parkinson established the tendency of boards to focus on the more tangible and minute issues. All you have to do is encourage and feed this tendency in order to use up most of the available meeting time.

#### **Avoiding Confrontation**

The operating procedures and norms of the board should be such that disagreements, differences of opinion, conflicts, etc., are muted, suppressed and not brought out into the open. If and when confrontation does arise, the chairperson has several options to control it, including: "There seems to be no real disagreement here, only difficulty in communication, let me restate the issue"; "Time is getting short, can we move on?"; "There does seem to be an issue to be resolved here. With your agreement I'll refer it to the Standards Committee for further study." Strive for harmony and consensus so that any board member who becomes rancorous or hostile in advocating an issue appears to violate the group norms.

#### **Use of Professional Jargon**

Using technical terminology and jargon, especially bureaucratic alphabet soup (HMO, PSRO, CHP, HEW, etc.) creates the impression of an inside and outside group. The insiders are those that know and understand the jargon (mainly staff and some providers); the outsiders are usually too embarrassed to ask what the terms mean and thus display their ignorance. This technique is usually good for the first six to twelve months of a consumer board member's tenure. There is a sophisticated version of the jargon game which can be hauled out in the presence of precocious consumers: use of the word "Title" followed by some random number. At almost every meeting of health or human service professionals, somebody mentions a Title 1, or Title 6, or Title 10, or Title 20. Virtually nobody understands what these titles refer to, including the person saying them. Thus, embarrassing questions might be answered by explaining that: "Guideline 5A of Title XIX provides that we consider such issues in the WPPA. When we've gotten the MBOs we will do this and give you feedback after that."

#### **Modified Roberts Rules**

Formal discussion controlled by Roberts Rules is usually the method of choice for reducing dialogue to a minimum during board meetings. Yet, to be too exact in this opens the door for an imaginative consumer to read the book himself and insist on due process. Small improvements of the rules, such as accepting a call for the question to limit debate (without the required two-thirds vote) can move issues through, especially when a simple majority is assured. Allowing motions to be informally restated without clarification gives the staff a great deal of leeway in editing. Ignoring the need for a quorum (when the right people are present) or pointing it out (when the wrong people are present) can sometimes prevent

an unfavorable vote on issues important to professionals or staff.

#### Conclusion

This list of strategies is not all-inclusive, but contains those most commonly seen in human service agency boards. Perhaps readers can add to the list from their own experience. The most important point to remember is that multiple opportunities exist to reduce consumer impact on agency policy and operations. Perhaps some day the mandate for citizen participation will be relaxed, but in the meantime it should be viewed as a challenge to the imaginative executive.

# **Professional Study Mission to Japan**

Dr. George Reader, Chairman of the Department of Public Health, Cornell University Medical College will lead a two-week mission to study the "Organization and Financing of Health Services in Japan" during September 5-20, 1979.

The study group will meet with officials of the Japanese Ministry of Health, the Japan Medical Association and health care administrators. There will be a one-day seminar on "The Health Care System in Japan" as well as visits to various of health facilities.

The trip has been organized by staff of the Health Studies Program of the Cornell University New York State School of Industrial and Labor Relations and the Department of Public Health of Cornell University Medical College in cooperation with the Technology Transfer Institute of Tokyo and New York City.

The study mission will be limited to 20 health care providers and their spouses. For further information, contact Cynthia K. Hosay, Cornell-NYSSILR, 3 East 43rd Street, New York, NY 10017, phone (212) 697-2247; or Rak Hun Choi, Technology Transfer Institute, 60 East 42nd Street Suite 1043, New York, NY 10017, phone (212) 682-0052.

TTI, with offices in New York, Tokyo, Los Angeles, and London, has sponsored more than 500 fact-finding trips abroad in the past ten years.