
Transformation in Structure and Governance: *National Health Charities Respond to New Challenges and Opportunities*

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Introduction:

Jeff de Cogna, in *The New Work of Governing*, used the phrase '*thrivability imperative*' to describe the need for organizations to go beyond a comfortable status quo and find ways to flourish in this turbulent and complex environment. National health charities are responding to this imperative by tackling tough questions about whether their structures and governance are helping or hindering their ability to achieve their missions and leverage their resources. Some have undergone dramatic and comprehensive change; others have focused on strengthening existing structures to make them work more effectively. But clearly, national health charities are reshaping how they work together, hold themselves accountable, make decisions and ultimately, deliver better programs to those they serve.

With today's environment calling for greater resiliency, structures and governance need the 'capacity to absorb disturbances'; 'fluidity to take up the opportunities of the moment'; and the ability to make 'good decisions in the midst of chaos and change.'

*Adapted from J. Maxwell,
The Philanthropist, 2010*

While many national health charities share similar kinds of mission and outcomes, stakeholders and funding bases, there is a wide variety of structural and governance arrangements. There is no one ideal that should be replicated because there are pros and cons of each option. However, it can be said that they all share the goal of creating and nurturing agile, well-coordinated, efficiently functioning structures and governance that are also able to harness the deep commitment and passion of the grassroots and meet the diverse needs across communities.

This paper summarizes the information and insights gained by interviewing 14 CEO/Executive Directors from national health charities. (*See Appendix A for a list*). They ranged from large to small; from consolidated to more devolved; and from younger to older. The purpose of the study was to identify the most profound trends and forces affecting organizational structures and governance; to describe what is currently in place and any significant changes that have been made in recent years; as well as the drivers of the change and the keys to successful change processes.

The first section, *Understanding the Landscape*, describes the structure and governance of the 14 organizations and federation in five key dimensions. The second section, *Key Forces for Change*, highlights the factors and trends in today's environment that are creating both opportunities and threats for organizational leaders. In the final section, *Building Greater Cohesion and Accountability*, eight case examples illustrate some of the transformational change that is taking place.

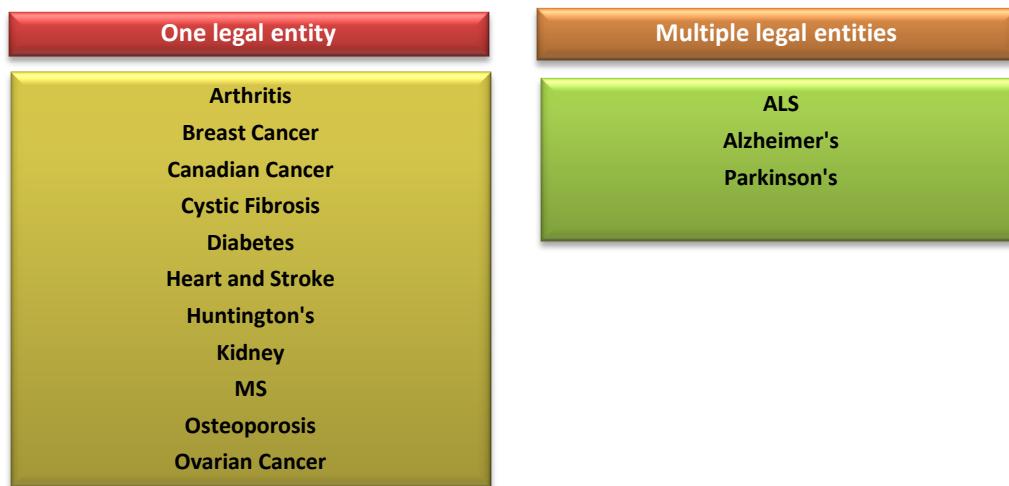
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Understanding the Landscape

The structure and governance of the 14 national health charities in the study vary widely. There is clearly no one model that can be set apart as ideal. But they can be described along a continuum from those that are highly consolidated to those which are more devolved. Because they are so varied, it is more useful to think about the structures and governance in five key dimensions, rather than to describe each organization or federation. The key dimensions are: legal status; where governance resides; staff reporting structures; Board composition; and membership. These dimensions then have impact on how decisions are made; the clarity of accountability; and the complexity of infrastructure.

Note: This provides a snapshot in time. Given that a number of health charities are still in flux, they may shift in dimensions.

Dimension 1: Legal Status:



Note: In the case of ALS Society and Parkinson's Society, there are some provincial/regional organizations which are not separately incorporated. MS is one legal entity except for the Quebec Division and some Quebec chapters which retain separate legal status for funding purposes.

The majority of national health charities are one legal entity. In the case of these organizations, the national Board has the authority to establish and close provincial or regional organizations. There is one set of bylaws (*some may have provincial/regional bylaws that are consistent with the national bylaws*) and the national Board policies are enforceable at other levels. Some of the national health charities that are one legal entity choose to operate more like a federation with separately operating provincial/regional organizations.

In the case of health charities which are federated, the national organization and each of the provincial or regional organizations are separate legal entities. While the national organization owns, and can withdraw

the name and trademark, the national organization has no legal authority over those autonomous organizations. The authority is based solely on an agreement to work together and strong facilitative leadership.

Dimension 2: Governance



Note: In the case of ALS Society, Ontario and national have been integrated.

There is a wide variety of governance structures among the national health charities, but they can all be placed on a continuum from those which are highly concentrated, to those which are more shared and dispersed.

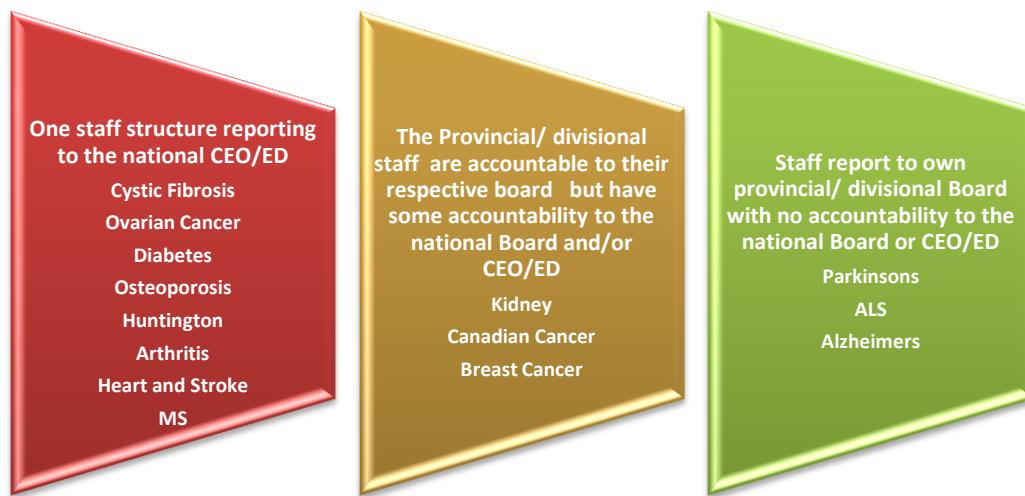
At the more concentrated end of the continuum, governance of the national organization is the responsibility of the national Board. There may be Board committee(s) or separate councils which provide advice and feedback from constituent groups, such as Cystic Fibrosis Canada's Stakeholder Council. The Canadian Diabetes Association, for example, has a Council of Regions which meets once a year and has 2 representatives on the national Board.

At the Heart and Stroke Foundation of Canada and The Arthritis Society governance is the responsibility of the national Board, although there are provincial advisory Boards, which focus on operations and regional relationships. For example, The Arthritis Society has Divisional Advisory Boards that are responsible for establishing operating procedures related to fundraising, promotion, patient care, delivery of educational programs and local advocacy.

In the case of some of the national health charities which are one legal entity, the national Board has chosen to share governance with provincial/regional Boards. In the case of the Canadian Cancer Society, there are separate Division boards which operate within 'Ends' and 'Limitations' set by the national Board. The Kidney Foundation of Canada, with its eight branch Boards, is in the process of adopting a 'One Foundation' mindset with agreed to nation-wide priorities and policies, clarified accountabilities with distinct roles and responsibilities and clear reporting mechanisms.

At the other end of the continuum, federated organizations have a more complex and distributed governance model. For example, the Parkinson Society has multiple governance bodies which include independent provincial Boards as well as the national organization's Board. A separate Parkinson Society Federation Council, comprised of the key senior leadership volunteers of the national organization and each of the provincial organizations, is responsible for oversight of the governance of the federation.

Dimension 3: Staff reporting



Staff reporting structures can be placed on a continuum from, at one end, those which have a consolidated staff structure to those at the other end that have completely autonomous staff structures each reporting to their own respective Board. All those in the study had a combination of staff with a strong volunteer base.

Many of those with consolidated structures still have staff members located across Canada. For example, The Arthritis Society has the national administrative office in Toronto, but also has Executive Directors in six regions. Together with the national CEO, they comprise the senior leadership team. Huntington Society of Canada has a national office in Kitchener, Ontario and professional social workers placed in 11 regional Huntington Disease Resource Centres across Canada along with 13 contract social workers; all provide direct support to HD families. The Canadian Diabetes Association has 11 regional offices, each with a Director.

In the middle of the continuum are those in which the Provincial/regional staff report to their respective Boards, but there is some accountability between those staff and the national CEO/Executive Director and/or Board. For example, at the Kidney Foundation of Canada, Branch Executive Directors are accountable to their respective Boards, but they are also accountable for adhering to consistent operational policies in areas, such as receipting, human resources, accounting and programs. As well, the Branch Executive Directors and Presidents have input into the national Executive Director's performance appraisal based on agreed to performance plan and targets. In the case of the Canadian Cancer Society, a Division CEO reports to his/her respective Board, but the Division Board is accountable to the national Board.

The Canadian Breast Cancer Foundation, which has four autonomous regions, uses a matrix model. Instead of a national CEO, the CEO's from those four regions provide the management leadership for nation-wide work, as well as manage their own operations and delivery of programs. The central office has sixty full time staff, with Vice-Presidents in key areas; they report to the CEO leadership team. The CEO leadership team is accountable to the national Board for nation-wide work and for adhering to pan-Canadian financial systems, IT infrastructure, brand and event standards.

The federated health charities (Parkinson Society, the Alzheimer's Society and the ALS Society), have formed a staff leadership team (e.g. Executive Leadership Team) comprised of the CEOs from the national organization as well as from each of the provinces or regions. This team is responsible for delivering on nation-wide priorities, but each member remains directly accountable to their own Boards. In the case of the Parkinson Society and the Alzheimer's Society the leadership team has agreed to some accountability to a federation council, even though the council isn't a legal entity.

Dimension 4: Board composition



Note: The Parkinson Society Canada Board composition reflects geography but is not comprised of representatives; however, the Parkinson Society Federation Council is comprised only of those representing the partners in the federation. The Multiple Sclerosis Society of Canada in transitioning to a 'competencies-based' board in June 2013.

Among those in the study, board composition falls into two types. One in which the Board is comprised of those with specific competencies and skills, although they reflect geographic diversity. The other type of Board is comprised of those who are directly representing provinces/regions entities, in combination with a smaller percentage of 'members at large'. It is important to note that a 'representative' Board can also be skills-based. In a number of those which do not have representatives from provincial/regional entities, they may have a representative on the Board from a national council or professional committee, such as research or education.

The Canadian Cancer Society does not fit exactly into either type. Each Division nominates three potential Board members. A National Council, comprised of the Chairs of each of the Divisional Boards, then elects

the national Board by selecting one member from each of the Divisional nominees as well as six ‘members at large’. Board members represent the interests of the Divisions, but are not intended to be direct representatives. Similarly, the Canadian Diabetes Association is a hybrid with the majority of Board members selected from the membership along with 2 representatives of the Council of Regions and 2 from ‘professional sections’.

Dimension 5: Voting Membership of the National Organization



There is a wide variety of how membership is defined among national health charities. For example, in the case of Ovarian Cancer Canada, the Board directors are the voting members. Using a different definition of membership, The Canadian Cancer Society has approximately 140 members which are comprised of the Board members of each of the Divisions, with a limitation of 15 members per Division. The Kidney Foundation of Canada’s voting members are all National Directors as well as four delegates named by each of the Branches.

Key Forces for Change

CEO/Executive Directors in the study were asked to identify the key forces or trends in today’s environment that are having the most profound effect on organizational structure and governance. Many described an environment which is increasingly complex, highly demanding and in continuous flux. They saw rich opportunity for those organizations that are positioned to be responsive and agile as well as significant threats that must be confronted with creativity and candour. Many of those interviewed felt these forces and trends were placing significant pressure on their organizations and federations to transform. As one CEO noted, it raises questions about whether their structures are “appropriately designed to grapple effectively with rapid change and a tumultuous environment”. Some would support the statement, from the article, *The New Future of Governance*, that “returning to ‘business as usual’ is an illusory option”.

The following are four key trends or forces that have an impact on an organization's or federation's 'thrivability imperative'



Fall-out from Economic Recession

Turbulent financial markets, government debt and slowed economy, is resulting in a crowded and competitive funding and philanthropic marketplace. Given that government provides the 'lion's share' of revenue for the charitable sector, cutbacks mean that more organizations are competing for individual, corporate and foundation support. As one CEO pointed out, "government funding is not coming back anytime soon, so we need to get used to the new reality". National health charities must differentiate themselves with cohesive and powerful branding and a compelling and coordinated case for support. They will need to invest in new ways to raise funds, as traditional fundraising techniques start to plateau, while also maximizing existing programs.

"... the rules of the game are changing significantly in the world of fundraising and philanthropy. As a result, the status quo is no longer sufficient and those organizations that will thrive...will need strong peripheral vision"

KCI: Philanthropy Trends Quarterly, 2012

Conversations with CEO's identified a number of critical questions which emerge from these trends, such as:

- ✚ Do our structures and processes give us the capacity for greater sustainability and financial resilience?
- ✚ Are we positioned to compete aggressively in a challenging market?
- ✚ Are we truly donor-centric in the way we operate?

Expectations for clear accountability, good governance and better performance

Charitable organizations are operating in an environment of increasing scrutiny by funders and donors, regulatory bodies, the media and stakeholders. There has been a growth in ‘watch dog’ and ranking organizations and accreditation programs; CRA is more strident about compliance and oversight; governments are creating more rules and demanding greater transparency; and donors are more discerning. There is very little tolerance for weak accountability, bad governance and poor practice.

Organizational structures, governance and processes are going to need to focus on efficacy, and be nimble and highly responsive.

While there is more information about best practices available to the sector than ever before, the public, and even some government funders and regulators, are not well informed about the way the charitable sector operates. For example, the sometimes obsessive focus on overhead costs, rather than ‘return on investment’, displays a lack of understanding about how charitable organizations support and achieve mission. Given the reality that media news can spawn quickly across Canada, misinformation can

become a significant threat to a national charity unless they are structured to respond quickly, appropriately and consistently.

CEO/Executive Director’s talked about the heavy burden of reporting, often stemming from some government’s minutia-based accountability demands, and the resulting need for streamlined processes for collecting and analyzing accurate information. But they described the Canada Corporations Act as a positive catalyst for change. They felt that it not only forces national charities to look hard at their bylaws, it also provides a good opportunity to review their overall governance practices.

Not only is there a heightened expectation for transparency and best practice, individual donors, volunteers, corporations, foundations, funders and constituents want reliable evidence that demonstrates progress is being made on the mission. It’s not enough anymore to simply tell the story about need; organizations must show how they are generating real impact. These stakeholders are also demanding ‘value for money’ and want to know that the funds entrusted are being put to the most effective use. They expect strong financial and operational management. One CEO noted that it is critical to ‘look at hard costs; to be more deliberate about mission speed; and to find better ways to create efficiencies in operations’. However, it was also stressed that creating efficiencies by cutting costs isn’t the only consideration; it’s also important to find efficiencies through a better deployment of resources.

Donors don’t really care about the intricacies of structure and who has authority over what, as long as there is clear evidence of impact and it’s being accomplished with the appropriate resources.

Some of the questions raised by these forces and trends are:

- *Do our structure and processes help or hinder our ability to respond appropriately, swiftly and consistently to opportunities, threats and challenges?*
- *Have we placed responsibility where there is also authority to make decisions and act?*
- *Does our decision-making lead to the best solutions or the best compromise?*
- *Can we say with unfettered confidence that our structure and processes are using donor and funder dollars wisely?*

Increasing demands for service:

The population is aging; information is more accessible, awareness about health issues is growing and stigma is being reduced. There are also different eligibility requirements and a growing number of therapies and treatments which the public expects to access. These opportunities and challenges are placing a strain on capacity within organizations at the same time as expectations about receiving consistent quality of service, regardless of where people live, is growing.

It's becoming increasingly difficult to keep pace with demands.

Key questions include:

- ✚ Do we have the structure, operations and processes that enhance our capacity to meet greater demand, or do they get in the way?
- ✚ Is it possible to provide the same quality of services and supports across the country?
- ✚ Are we effectively meeting the needs of different communities of interest?

Adapting to generational differences and harnessing new technologies

The different generations, from 'traditionalists' and 'boomers' to 'gen-Xers' to 'millennials', have vastly different values, expectations and styles and it is having a significant impact on the way that national organizations engage and work. Older generations write cheques and trust charities to make good decisions

Our membership numbers are flat, but Face Book is growing.

about how it should be used. Voluntarism is motivated by a strong sense of civic duty and a desire to belong and stay committed to an organization. Younger generations, on the other hand, have different expectations about how to meaningfully contribute; they are changing the nature and longevity of the relationship. These generations are looking for flatter, more agile, structures where they can make things happen quickly and effectively. A number of CEO/Executive Director's observed, however, that many of the organizational structures were designed to only engage an older, not younger, generation.

The rise of new technologies and social media tools is challenging organizations to embrace different ways of connecting and communicating. Interactive websites, integrated databases and online platforms create opportunities to deepen the interactions with stakeholders and engage in richer conversations. But the old way of working in more rigid structures with, for example, communications and fundraising designed as functional areas and a few designated spokespeople, won't be effective. Increasingly stakeholders expect more dialogue and less one way communication; they want easy access to current and reliable information that speaks to their specific needs. There is also an expectation of leaner, quicker feedback loops.

A 20 or 30 year old doesn't have the same interest in being a treasurer at a local chapter; they want to be a part of direct delivery and impact.

Technology is also changing the way people can work together. Programs and services need to be less bound by geography and more oriented to communities that are defined by their specific interests, such as nutritionists or cultural groups. As well, people can collaborate effectively without having to be in one

physical space or have the same resources. As one CEO noted, there is increasing power in coalitions and collaborations, particularly for smaller organizations, as a way to have a stronger voice and more effective impact. So the line between collaborator and competitor is blurring.

However, technology and new ways of working can also pose a threat for large, static organizations. Networks and viral organizations can be formed, restructured or disassembled as needed and with little overhead and traditional infrastructure.

Many of our organizations were designed before there were computers.

Key questions include:

- ✚ How are we redefining traditional concepts of leadership, membership and engagement?
- ✚ Are we utilizing new channels of communication to reach younger people without losing sight of meeting the needs of older generations?
- ✚ Are we using tools properly to collaborate? Are we working collaboratively or in competition?

Building Greater Cohesion and Accountability: Case Examples

The following case examples demonstrate the kind of changes taking place in national health charities. From incremental to transformative change, there is clearly a shift to more cohesive, streamlined structures and governance with better decision-making and greater accountability.

From a Federated Model to a Unified Organization

Heart and Stroke Foundation of Canada

Key Drivers of Change:

- Higher incidence of heart disease and stroke with flat or declining revenue
- Duplication of effort; slow decision-making
- Need for better allocation of resources for impact

In 2008 the Heart and Stroke Foundation CEOs from across Canada undertook a process called *Dream It* which articulated a preferred future for their federation. There was agreement to challenge some of the long standing assumptions about how they worked together and a willingness to explore options. Driven by a vision of more mission impact, growth and innovation, improved supporter-centric approaches, greater efficiencies and an even better place to work, a leadership meeting was held in 2010. The process started by looking at one model in which there was a stronger federation that worked more collectively together and another which was a unified single entity. Participants talked about where decisions would be made, the distinct roles and the relationships both nationally and at the grassroots as well as how each could work. By April 2011 they had made a choice for the more unified structure. A MOU was signed which described the key aspects of a unified single entity and by the summer a Unification Agreement was signed at a Provincial Member meeting, with new bylaws in place by September.

A federation for more than 50 years now had concentrated policy governance at the national Board and had shifted provincial Boards from governance to advisory. Board committees were collapsed into Governance, Finance and Audit and a Provincial Chairs Advisory Group. A new CEO was hired, replacing the transition CEO, with the responsibilities of running the foundation, overseeing planning and ensuring results are achieved, integrating the organization and oversight of strategic planning. A President, who reports to the CEO, was put in place with the responsibility for mission delivery. While all Provincial CEOs report to the national CEO, they also have a dotted line relationship to their respective Advisory Board. A distributed leadership model is being used to ensure that leadership for programs and projects can come from any province if it is a centre of excellence. There is no desire to build a centralized office. Now 75% of revenues are used for collaborative priorities and 25% flow back to the provinces, based on population, to spend on specific local initiatives.

It's a marathon, not a sprint; operational implementation will take time. We need to make choices based on strong evidence and find some quick wins"

One of the real keys to success was the leadership of the national Board Vice-Chair who was willing to take on the challenge with commitment and passion. He ensured that it was a highly consultative process, with extensive bilateral conversations with provincial chairs. It was a negotiation, not a directive. It was also important to the success that everyone understood that they could move forward, even if all the provinces weren't in agreement. The province of New Brunswick opted out, but has been given a license for now to use the brand and they can purchase programs. Another key to success was that the national CEO, in place from October 2001 to October 2010, was ready to retire and had no vested interest in the outcomes and other key staff from across the country could continue to play important leadership roles.

Moving to Greater Cohesion

Multiple Sclerosis Society of Canada

Key Drivers of Change:

- ***Increased demand for services and research in a challenging economy***
- ***Challenges of clearly identifying where liability and fiduciary responsibilities reside***
- ***Build trust and more efficient decision-making***
- ***Reduce the cost of collective administration and fundraising; strengthen quality and consistency***
- ***Strengthen the Directors at all levels so there is clear 'duty of care and loyalty' to the corporation***

As one legal entity, (except for entities in Quebec that are separate for funding purposes) but with seven regional divisions, 120 chapters and 30,000 members, the MS Society decided in 2011 to undertake an ambitious process to renew the organization. The Society had been operating much like a federation with Division staff reporting to their respective Division Board and with chapters reporting to Boards and operating with great autonomy. The aim was to look at how the organization could do better. An appreciative inquiry approach was adopted which focused on strengths and assets, rather than problems and deficiencies. A highly consultative process was phased over 12 months and led by a Renewal Task Force. Comprised of 18 board volunteers and staff members, its mandate was for transformation; it was asked to "examine all aspects of the MS Society, including the multi-level structure and roles and responsibilities and to enable the MS Society to effectively and efficiently deliver on its mission".

We wanted to figure out how we could be more nimble, without deflating engagement at the grassroots level.

The first phase focused on information gathering and sharing with the intent of soliciting views on core issues facing the MS Society and the ideal vision of how they could be addressed. The purpose of the second phase was to generate potential solutions. Phase Three built on the outcomes of the previous phases, which resulted in a specific scenario of change that was sent out to stakeholders for input. The Task Force then made recommendations to the national Board and in September, 38 recommendations were adopted.

The recommendations reflect significant change for the MS Society. Highlights include: develop a leaner, more unified senior management team; full alignment and integration of staff in one unified MS Society of Canada; reduction in the number and size of offices; continue to realize economies of scale by having Ontario Division, national office and Toronto share an office; assign responsibility and authority to the national Board for the overall budget; implement a capital fundraising campaign; fully unify the management of back-office functions; and establish clear accountability from chapter Boards to Division Boards and Division Boards to the national Board.

The environment provides us with a real impetus for change. If we do not change, we risk our ability to be as effective as possible in delivering on our mission.

The Arthritis Society

It took courage on the part of our leadership volunteers and staff to tackle some tough issues and find a better way.

While The Arthritis Society was one legal entity, it had evolved into a loose federation with multiple levels of decision-making and accountability across the country. There were double line reporting for provincial Executive Directors to the national and their own Board; there were 10 independent Boards, each with its own bylaws; and decisions were being made locally that legally bound the national corporation. It was clear to the new CEO and national Board that work was required and so a change process was initiated in 2009 that has led to a stronger, more integrated organization. A number of changes were made which included consolidating the regions and creating one line reporting to the national CEO. The national Board had been reduced from 30 to 18, but the change process also restructured provincial governance Boards to an advisory function. Now the organization is fully mobilized around shared priorities and the Senior Leadership Team from the national office and divisional executives meet regularly to share and coordinate activities. Work continues to realign key functions, strengthen governance and to integrate information technology capacity across the country;

Creating Clearer and More Coherent Decision-making and Authority

Kidney Foundation of Canada

While the Kidney Foundation is one legal entity, the internal structure, culture and processes operate closer to a federated model. There is a national Board as well as Branch Boards and Executive Directors report to each of their respective Boards. In order to find ways that the organization could work more effectively, the foundation undertook a comprehensive governance review spearheaded by the national Board. After exploring different models, such as the matrix approach, it was agreed to keep the current structure but establish greater collaboration and tighter accountabilities.

In essence we changed very little structure, but focused on establishing clearer roles, responsibilities and accountabilities and moved toward a more cohesive ways of working together.

Key Drivers of Change:

- Align responsibility with authority
- Better manage risk within a multi-layered organization
- Empower within clear goals and parameters

A *One Foundation* mindset was made central to the way the organization operates and a ‘Balanced Score Card’ approach was used to keep a collective focus on targets and priorities. The national Board decided to be a governance Board by applying the principles of the Policy Governance Model. Standing committees were reduced from 17 to 5. There are also much stronger linkages between the national and branch Boards.

Executive Directors from branches across Canada report to their respective Boards. A senior management forum plays a key role in Foundation-wide operations, including exchange of information; providing input on governance policies; establishing significant operating policies, procedures and practices; fostering cooperation; and making recommendations to the national Executive Director. The plan is for National Office department directors to ensure KFOC has appropriate Foundation-wide operational policies in each director’s area, with significant policies approved by the senior management forum. The National Executive Director and the Branch Boards are ultimately responsible for

monitoring adherence to the national Board’s policies and for reporting to the national Board on variances. There is also a dual involvement in performance appraisals between the national and branch Executive Directors.

Improving Governance

Cystic Fibrosis Canada

At an AGM last spring, CF Canada was focused on better governance practice. The impetus for change came from a better understanding about the risk of liability held by Board members, concern about the size of the Board and the need to ratchet up revenue development and ensure there is a solid return on investments for donors. As a result of the change process, the member approved the reduction of the national Board from 33 representatives of Chapters to 10 members who are selected against a skill matrix and with clearer responsibilities such as revenue development. The Board is now moving to policy governance to ensure that there is a crystal clear distinction between governance and operations. A Stakeholder Council was also formed to provide input and advice to the Board. At the same time, staff was restructured based on three pillars – marketing and revenue development; research, innovation and partnership; and advocacy.

We put in place a lot of change, but it wasn't for the sake of change. We needed to be sure that everyone knew why we were doing it, even if they didn't agree. You never can communicate too much through a change process.

Strengthening Cohesion Through Collective Strategic Planning and Policy Governance

Canadian Cancer Society

By 2009, the National Cancer Institute of Canada (*the research “arm” of the Canadian Cancer Society*) had integrated into the Canadian Cancer Society to create a stronger alignment between research, mission, brand and fundraising. A growing willingness to work as one organization, along with other initiatives to

We believe that a flotilla of ships, not an oil tanker, is an effective structure. But it needs a shared sense of direction and strong coordination to make it powerful.

create more cohesion, prompted the Society in February, 2009, to undertake a comprehensive and highly consultative nation-wide planning process. The intent was to generate a greater impact on the fight against cancer by capitalizing on its history, reputation and the strengths of all 11 separate parts of the Society. Now armed with a clear and shared vision, mission, values aspirations, strategic priorities and desired results, the Society is able to monitor its collective progress in achieving them. Because it was designed as a framework, rather than a detailed set of directives, the provincial Divisions are given a lot of latitude in how they achieve the priorities and strategies. An annual *Impact Report*, developed in consultation with the Executive Leadership Team (comprised of the national President & CEO, Division ED/CEO's and national VP's) provides evidence of compliance with the shared policy governance and synthesizes the Society's key achievements.

Streamlining Federations

Parkinson Society of Canada

As a disparate federation, key leaders in the Parkinson Society recognized the importance of working more effectively together and embarked on a change journey. It began with a shared vision of what could be achieved by working together, and after extensive debate and dialogue, arrived at a clearer, more cohesive governance and operational structure and processes.

One of the key outcomes was the development of a formal agreement and operational guidelines, signed by the national organization and all provincial/regional organizations. While not legally binding, it clearly laid out principles, key roles and responsibilities, accountabilities, decision-making processes and protocols. Another key outcome was to establish a separate Federation Council, comprised of the Chairs from the national Board and all provincial/regional organizations, with the responsibility for the governance of the federation. This allowed the national Board to focus its attention on the national organization and to recruit for the specific skills required to govern it. An Executive Leadership Team (ELT) of all the CEO's from the 11 partners was formed to operationalize the nation-wide priorities and work. It also meant that the national office staff members weren't the sole 'gatekeepers' of work that the federation partners wanted to achieve together. Another step taken to separate responsibilities, was to hire a staff who acts as the liaison and support to the Federation Council and ELT. The national office also recognized that it needed to show what it was achieving for provincial organizations and uses the language of 'mutual accountability' to put a clear value on its work and the work of the provincial/regional organizations.

Separation of the governance of the national organization and the federation meant there wasn't the same conflict of allegiance that can happen with national Board members representing the interests of their respective provinces.

ALS Society Canada

Challenging economic times over the last few years prompted the national ALS board and the separately incorporated Ontario board to have conversations about ways in which they could achieve more alignment and greater efficiencies. After a relatively short and intense change process, in which leaders were driven to think openly and creatively about alternative structures, a number of structural and governance changes were put in place. One of those changes was to combine the national and Ontario organizations into one by dissolving Ontario. At the same time, the new Board was

All conversations need to come back to what will deliver more and better mission for the people we serve.

shifted from 25 representatives of provincial organizations to a competency-based Board of 12 plus representatives from the Federation Council, Ontario Client Services Council and Research Council. A Federation Council of representatives from all federation partners was created to advise the national Board on federation issues and interests. A partnership agreement is now being revised to reflect the changes and clearly lay out roles and responsibilities across the whole federation.

In Conclusion

Conversations with CEO/Executive Directors provided some valuable insights about effective change processes, which included the following keys to success:

- Put mission, not power and authority, at the centre
- Start with a vision of what can be achieved and hold onto it through the process
- Think about timing and ensure there is real urgency
- Pay attention to the current culture and the culture you want in the future
- Create the time and space for real reflection and create an environment which allows people to speak the truth
- Give people a sense of hope of what is to be gained, rather than a focus on what is to be lost
- Think about assets and possibilities, not just problems and deficiencies
- Recruit champions who are key influencers
- Intentionally set the pace of change balancing speed with buy-in
- Appreciate the difference between involving people and engaging them
- Make evidence-based, objective decisions
- Understand that not everyone will be onside
- Put the proper resources in place to do it right
- Avoid ambiguity
- Communicate, communicate, communicate...

Appendix A: List of Participating Charities

ALS Society Canada

Alzheimer's Society of Canada

The Arthritis Society

Canadian Breast Cancer Foundation

Canadian Cancer Society

Cystic Fibrosis Canada

Canadian Diabetes Association

Heart and Stoke Foundation of Canada

Huntington Society of Canada

Kidney Foundation of Canada

Multiple Sclerosis Society of Canada

Osteoporosis Canada

Ovarian Cancer Canada

Parkinson's Society Canada