Decision-Making Fairness and Consensus Building in Multisector Community Health Alliances

A Mixed-Methods Analysis

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Given their inherently diverse composition and potentially competing interests, a foundational activity of community health alliances is establishing consensus on the vision and strategies for achieving its goals. Using an organizational justice framework, we examined whether member perceptions of fairness in alliances' decision-making processes are associated with the perceived level of consensus among members regarding the alliance vision and strategies. We used a mixed-methods design to examine the relationship between perceptions of fairness and consensus within fourteen multisector community health alliances. Quantitative analysis found the perceived level of consensus to be positively associated with decision-making transparency (procedural fairness), inclusiveness (procedural fairness), and benefits relative to costs (distributive fairness). Qualitative analysis indicated that the consensus-building process is facilitated by using formal decision-making frameworks and engaging alliance mem-

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bers in decision-making processes early. Alliance leaders may be more successful at building consensus when they recognize the need to appeal to a member's sense of procedural and distributive fairness, and, perhaps equally important, recognize when one rather than the other is called for and draw upon decision-making processes that most clearly evoke that sense of fairness. Our findings reinforce the importance of fairness in building and sustaining capacity for improving community health.

Keywords: *decision making, management, mixed methods, consensus building, community health alliances*

ONE OF THE PRINCIPAL barriers to creating a more efficient, effective, and equitable health care system is a fragmented delivery system that undermines coordination and misaligns incentives among stakeholders such as providers, payers, and consumers (Davis 2007; Institute of Medicine 2009). This barrier, along with a growing awareness of its systemic nature and wide-ranging consequences, has led policy makers and practitioners to search for alternative ways to coordinate activities among stakeholders to improve health care delivery, and by extension, the health of local communities (Gamm, Rogers, and Work 1998; Institute of Medicine 2001). Community health alliances have been proposed as one possible solution (Hasnain-Wynia et al. 2003; Shortell et al. 2002). Alliances, often separately incorporated as 501(c)3 entities, are voluntary organizations that bring together a diverse array of stakeholders (including physicians, hospitals, health insurers, employers, government agencies, and consumers) to work collaboratively on health-related issues in a community.

Such a diverse membership, however, can pose significant challenges, such as different goal orientations and competing interests that can impede efforts to coordinate efforts in an effective manner (Tsasis 2009). Therefore, a foundational activity of alliances is establishing consensus regarding their vision, goals, and strategies for achieving these goals (Sofaer et al. 2003). In this study, we defined *consensus* as the perceived level of agreement among alliance members about a particular issue or course of action (Sager and Gastil 2006). In the developmental stages of an alliance, getting members to agree on issues is critical for establishing a basis for action, particularly in voluntary organizations like alliances in which barriers to exit are low (Judge and Ryman 2001; Shortell et al. 2002). Beyond the developmental stages, consensus can increase member participation (Metzger, Alexander, and Weiner 2005) and enhance perceptions of alliance effectiveness (Hasnain-Wynia et al. 2003). In short, consensus on key issues provides a platform for mobilizing members and sustaining momentum on alliance activities. Despite this importance, building consensus is a significant challenge in alliances in

which multisectoral participation makes divergent interests the rule, not the exception (Bazzoli et al. 2003). If alliances are to live up to their potential for coordinating diverse stakeholder activities, stakeholders must understand the barriers to building consensus and the steps that alliances can take to overcome these barriers.

The purpose of this study was to investigate whether member perceptions of fairness in alliance decision-making processes were associated with the perceived level of consensus among members. In the study, we distinguished between consensus regarding the alliance vision and consensus regarding its strategy; *vision* is defined as the sense of purpose that an organization defines for itself, while *strategy* pertains to the decisions and tactical approaches that an organization adopts to achieve specific organizational objectives (Thompson and Strickland 2001). Vision consensus is important for establishing a shared identity among members that transcends their own institutional identities, providing a criterion against which to judge different proposed courses of action, and establishing and sustaining support from key stakeholders (Alexander, Comfort, Weiner, and Bogue 2001). Strategy consensus is a key element in the adoption and implementation of specific initiatives that are used to make the vision a reality. Although both vision and strategy consensus are likely important for alliance success, the rates at which they emerge and the factors that contribute to their respective emergence may differ within alliances.

A mixed-methods design was used to examine the relationship between perceptions of fairness and consensus within fourteen multisector community health alliances across two time periods. The purpose of our quantitative analysis was to establish the presence and form of the relationship between decision-making fairness and perceived level of consensus. This analysis was guided by two questions: (1) Are perceptions of fairness in alliance decision-making processes and outcomes associated with higher perceived levels of consensus? (2) Is the relationship between perceived fairness in decision making and consensus consistent across issues of alliance vision and strategy? The purpose of our qualitative analysis was to complement the results of the quantitative portion of the study by investigating participant attitudes and beliefs about why fairness is important for building consensus. Specifically, we used interviews with alliance members to address two questions about the role of fairness in the consensus-building process: (1) Why are perceptions of fairness important for building consensus? (2) How do alliances employ decision-making practices to facilitate perceptions of fairness and build consensus?

Background and Conceptual Framework

This section reviews the extant literature on consensus building in alliances and links this literature to the concepts of organizational justice and fairness. The section concludes with a discussion of the hypotheses to be empirically tested in the study.

The Role and Challenge of Consensus Building in Community Health Alliances

The dominant theoretical perspective in the strategic alliance literature has been one of conflict (Das and Kumar 2009). Conflict has been construed as an inherent part of alliances because of goal divergence, partner opportunism, and cultural differences among partners and is one of the primary reasons alliances have failed (Doz 1996; Kale, Singh, and Perlmutter 2000). Thus, one of the fundamental alliance management challenges is fostering consensus among partners while minimizing competition that contributes to conflict (Arino 2001; Weiner, Alexander, and Zuckerman 2000).

Consensus building likely plays an especially important foundational role in community health alliances because of several unique features. First, these alliances consist of diverse types of stakeholders operating in different sectors of the health care industry, which not only reflect different cultural and business norms but can result in significant differences in motivations for participation and governance structures and processes (Alexander, Comfort, and Weiner 1998; Alexander et al. 2001). Some provider groups, for example, may prioritize activities that maximize improvements in quality of care, regardless of cost, while employers may be more interested in quality improvement activities that also help control costs. Similarly, alliance participants may bring uncooperative historical relationships with each other that can act as significant barriers to coordinated activity. Under these circumstances, reaching consensus on key issues may be vital for tempering conflict and competition among stakeholders in ways that can maximize commitment and cooperation.

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Given these issues, we hypothesized that the process by which decisions are made and perceptions of fairness in this process play a key role in building consensus by helping participants determine how they will be treated by the alliance. Similarly, consensus building is likely to be facilitated by decision-making processes that promote participant involvement and give participants a voice in the process such that they feel a sense of ownership and control over the decision-making process (Tyler and Blader 2002, 2003).

Organizational Justice and Types of Fairness

Justice is defined as the quality of being fair and reasonable (Simpson and Weiner 1989). In an organizational context, justice pertains to the rules and social norms that govern decision making about outcome distribution and the processes for determining how outcomes should be distributed (Bies and Tripp 1995). According to organizational justice theory, individuals use justice rules or heuristics to evaluate fair treatment, and the extent to which these rules are satisfied or violated determines perceptions of justice or

injustice, respectively (Rawls 1999). That is, notions of justice and fairness help individuals determine what is expected of them and what they should expect during and from the decision-making process. Thus, a justice framework seemed well suited for exploring how notions of fairness may facilitate or impede an alliance member's willingness to agree on key issues such as vision and strategy.

It has been widely acknowledged that organizational justice is a multidimensional construct, but there has been far less agreement regarding the number of dimensions and corresponding types of fairness (Colquitt 2001; Colquitt, Conlon, Wesson, Porter, and Ng 2001). Scholars generally have agreed, however, on at least two types of fairness: distributive and procedural. *Distributive fairness* is defined as the distribution of benefits, costs, and other outcomes resulting from organizational decisions, while *procedural fairness* is generally defined as an individual's perceived fairness about the formal procedures governing these decisions (Colquitt 2001; Deutsch 1985). The primary justice rules used by individuals to evaluate distributive fairness are equity and equality, while assessments of procedural fairness are based on the principles of opportunity for voice, consistency, bias suppression, and representativeness (Leventhal 1980; Tyler 1994). The primary distinction between procedural fairness and distributive fairness is that whereas distributive fairness refers to the perceived fairness in the amount of something received by organizational members, procedural fairness refers to the means or process by which these amounts are distributed (Folger and Konovsky 1989).

Hypotheses

In an alliance context, distributive fairness refers to the extent to which reward sharing from cooperation is fair in view of each stakeholder's contribution (Luo 2007). The expected distribution of rewards provides an important signal to members about the nature of their relationship with the alliance that may improve an alliance's ability to foster consensus on current and future decisions (Benard 1989; Wandersman and Alderman 1993). Stakeholders who perceive equal or equitable payoff (benefits) relative to their time and resource investment (costs) are less likely to perceive opportunistic behavior on the part of other participants and less likely to engage in opportunistic behaviors themselves (Deutsch 1985). That is, when members feel safe investing their time and believe that their efforts are not being taken advantage of, they may be more willing to engage in the "give and take" that is essential to finding common ground on important issues the alliance may face as it moves forward (Campbell 2008).

Hypothesis 1: Perceived fairness in the distribution of benefits relative to costs resulting from alliance decisions will be

positively associated with perceived consensus regarding the alliance vision.

Hypothesis 2: Perceived fairness in the distribution of benefits relative to costs resulting from alliance decisions will be positively associated with perceived consensus regarding alliance strategies.

Because community health alliances focus on broadly defined, long-term goals that are difficult to measure and demonstrate progress on in the short term (that is, 0–3 years; D'Aunno and Zuckerman 1987; Shortell et al. 2002), participants are likely to find it difficult to evaluate the outcomes of participation, making assessments of distributive fairness somewhat speculative (Doz and Hamel 1998). Under these circumstances, stakeholders look to the fairness of management processes to determine whether an alliance is trustworthy and whether outcomes are *likely* to be fairly distributed (Brockner 2002). Similar to distributive fairness, perceptions of procedural fairness may be used by members to evaluate whether it is safe to invest their time and effort in alliance activities (Tyler and Blader 2002, 2003). Moreover, because fair processes promote member inclusion and participation, they help foster a sense of process control among members that facilitates greater satisfaction with the resultant decision, regardless of the outcome (Basinger and Peterson 2008; Folger and Greenberg 1985).

Hypothesis 3: Perceived fairness in alliance decision-making processes will be positively associated with perceived consensus regarding the alliance vision.

Hypothesis 4: Perceived fairness in alliance decision-making processes will be positively associated with perceived consensus regarding alliance strategies.

Methodology

In the following sections we provide detailed information about the study context, how the data were collected, the measures used to operationalize the study constructs, and how these measures were analyzed to test the study hypotheses.

Study Context

The study was part of a larger investigation of *Aligning Forces for Quality* (AF4Q), a Robert Wood Johnson Foundation (RWJF) program designed to help communities across the United States improve the quality of health care for the chronically ill. At the time

of data collection, there were fourteen participating alliances representing a broad range of areas throughout the United States: Cincinnati, Ohio; Cleveland, Ohio; Humboldt County, California; Kansas City, Missouri and Kansas; Maine; Memphis, Tennessee; York, Pennsylvania; Detroit, Michigan; Minnesota; western New York; western Michigan; Puget Sound, Washington; Willamette Valley, Oregon; and Wisconsin.

Data Collection

Quantitative data were drawn from two rounds of an Internet-based survey of alliance members. The survey was fielded in each location twice, with each administration occurring over a four-week period. The first round of the survey was fielded from April 2007 to December 2007; the second round was fielded from October 2008 to October 2009. Specific survey dates for the first round were selected so that each alliance was surveyed at a similar baseline point (six months after joining the AF4Q program), and the second-round survey was administered at similar intervals (eighteen months after the first-round survey). The first-round response rate was 47.8 percent (570 of 1,191 possible respondents), and the second-round response rate was 48.5 percent (623 of 1,283 possible respondents). Notably, only a small number of members completed surveys in both rounds (174 members), limiting the effective panel size. After removing observations due to item-specific missing data, our final analytic sample, across both survey rounds, was 745 alliance members.

Qualitative data were collected with semi-structured, face-to-face interviews at each of the alliance sites from July 2006 through February 2007. A total of 275 individuals were interviewed (average = 20 per alliance; range = 15–26), representing a broad cross-section of stakeholders in each alliance, including insurance executives, hospital executives and practicing physicians, consumer organization representatives, government representatives, local employers, consumers, and alliance staff. Each interview lasted approximately one hour and was tape-recorded and transcribed in full.

Measures

Consensus outcomes. Our two outcome variables were the perceived level of consensus among alliance members regarding (1) the vision of the alliance and (2) the best strategies to achieve its priorities. Two survey items asked respondents to indicate to what extent they agreed or disagreed that "the members of the Alliance have a clear and shared vision of health in our community" and "the Alliance members are in agreement on the best strategies to achieve our priorities." Both items were measured on a five-point scale ranging from "Strongly disagree" (scored as 1) to "Strongly agree"

(scored as 5). Because each outcome variable consisted of only one ordinal item and may be more sensitive to measurement error, we collapsed the five response categories into three response categories: (1) Strongly disagree/Disagree; (2) Neither agree nor disagree; and (3) Agree/Strongly agree. This categorization also allowed us to pursue an ordinal logistic modeling strategy while reducing the likelihood of a level of the outcome variable having sparse data, which can negatively affect the proportional odds assumption of ordinal logistic models (Okhuysen and Bechky 2009). Score tests testing the proportional odds assumption subsequently supported this categorization over the original scaling.

Decision-making fairness predictor variables. Three fairness variables were constructed from thirty-four survey items (Table 1) using exploratory factor analysis (EFA). Responses to all items were measured on a five-point scale ranging from "Strongly disagree" (scored as 1) to "Strongly agree" (scored as 5). Using scree tests and an eigenvalue greater than one cutoff criterion (Kaiser, 1960), the EFA yielded four factors. Based on two of these factors, we constructed two procedural fairness variables by averaging across the items with factor loadings greater than 0.60.[1] We labeled these two variables (1) transparency ($\alpha = 0.86$) and (2) inclusiveness ($\alpha = 0.88$). The third fairness variable, distributive fairness, was based on the remaining two factors that encompassed twenty-two items related to alliance member perceptions of the benefits and costs of participating in the alliance. Once again, both variables were constructed by averaging across the items with factor loadings greater than 0.60, and both variables demonstrated good internal consistency: perceptions of benefits ($\alpha = 0.92$); and perceptions of costs ($\alpha = 0.79$). To more closely reflect the concept of distributive fairness, our final analytic variable was constructed by subtracting a respondent's average perception of costs from his or her average perception of benefits.[2]

Control variables. Multivariate analysis controlled for a member's role in the alliance, stakeholder type, and participation/time devoted to the alliance. One dummy variable indicating second-round responses was also included to account for changes that occurred between the two survey periods. Descriptive statistics for the study variables are included in Table 2.

Analytic Strategy

We used two generalized estimating equation models (GEEs) to quantitatively test the study hypotheses. Generalized estimating equations are extensions of general linear models that can account for correlated data structures that arise due to clustering (members within alliances) and repeated measurements over time (members over two time periods). Another advantage of GEEs is their ability to deal with categorical outcomes such as our outcome variable.

Table 1. Survey Items by Question and Factor Loadings (Rounds 1 and 2 Combined)

	Factor			
Survey Questions and Items	*1*	*2*	*3*	*4*
Alliances may differ considerably in their style of decision making. Please indicate the degree to which you feel each statement below accurately describes the dynamics of the Alliance's decision-making process.				
The Alliance has standard procedures for making decisions.	0.11	0.32	−0.07	0.78
The decision-making process used by the Alliance is open and clear to all alliance members.	0.18	0.43	−0.06	0.76
The Alliance decision makers willingly collaborate and cooperate with each other.	0.29	0.66	−0.14	0.42
Decisions by the Alliance are made in a timely manner.	0.20	0.53	−0.18	0.58
In both formal and informal discussions, the Alliance decision makers say what they mean and mean what they say.	0.26	0.62	−0.27	0.34
Serious differences of opinion among the Alliance members are rare.	0.11	0.57	−0.15	0.26
In many alliances, conflicts among alliance members are not uncommon. Consider what usually happens when there is a disagreement or conflict among members of your alliance. Based on your experience to date, how likely is it that:				
When the Alliance members disagree they will ignore the issue pretending it will "go away" (reverse scored).	0.13	0.73	−0.24	0.06
All points of view will be carefully considered in arriving at the best solution to the problem.	0.29	0.70	−0.31	0.23
All of the Alliance members will work hard to arrive at the best possible solution.	0.29	0.72	−0.26	0.18
Everyone contributes from their experience and expertise to produce a high-quality solution.	0.31	0.65	−0.32	0.19
Disagreements between members of the Alliance are ignored by the alliance leadership (reverse scored).	0.18	0.61	−0.11	0.14
Each member of the Alliance involved in a conflict will give in a bit and settle on a compromise.	0.23	0.65	−0.18	−0.01
Alliance participation may bring benefits and costs. Please indicate if you think you or your organization has realized the following benefits from your participation.				
Developing collaborative relationships with other organizations.	0.75	0.28	−0.18	0.06
Helping my organization move toward its goals.	0.71	0.23	−0.27	0.15
Getting access to target populations with whom we've previously had little contact.	0.68	0.15	−0.10	0.16
Being perceived as a leader in the community.	0.76	0.22	−0.10	0.04
Raising the public profile of my organization.	0.75	0.17	−0.06	0.08
Increasing my professional skills and knowledge.	0.72	0.22	−0.26	0.03
Staying well informed in a rapidly changing environment.	0.73	0.23	−0.33	0.07
Getting access to key policy makers.	0.73	0.12	−0.11	0.11
Increasing my sense that others share my goals and concerns.	0.71	0.24	−0.31	0.08
Getting support for policy issues my organization feels strongly about.	0.72	0.15	−0.25	0.18
Learning about specific services/programs available in the community.	0.68	0.11	−0.26	0.19

(*Continued*)

Table 1. (Continued)

	Factor			
Survey Questions and Items	*1*	*2*	*3*	*4*
Alliance participation may bring benefits and costs. Please indicate if you think you or your organization has experienced the following concerns from your participation.				
The Alliance activities do not reach my organization's primary constituency.	−0.34	−0.09	0.43	−0.33
My organization doesn't get enough public recognition for our work in the Alliance.	−0.24	0.02	0.51	−0.47
My skills and time are not well used.	−0.38	−0.29	0.57	−0.34
My (or my organization's) opinion is not valued.	−0.38	−0.38	0.55	−0.22
The Alliance is not taking any meaningful action.	−0.39	−0.35	0.55	−0.29
I am often the only voice representing my viewpoint.	−0.26	−0.29	0.53	−0.15
The actions or positions of the Alliance have been an embarrassment for my organization.	−0.23	−0.42	**0.65**	−0.01
The burden of attending the Alliance meetings is too high.	−0.19	−0.20	**0.76**	−0.05
The financial burden of participating in the Alliance activities is too high.	−0.15	−0.17	**0.75**	−0.12
The Alliance is competing with my organization.	−0.17	−0.23	**0.72**	−0.02
My organization would be better served if another staff member or volunteer from my organization participated on the Alliance.	−0.17	−0.26	**0.63**	0.03
Cronbach's alpha (α)	0.92	0.88	**0.79**	0.86

Note: Bolded loadings indicate items retained for the final analytic variables (that is, above 0.60).

Our qualitative data analysis used a holistic case study design (Yin 1994). Because we were interested in generalizing across alliances, we focused on common themes across alliances rather than differences between them. All transcripts were first coded with predefined, macro-level themes such as "goals/vision" and "consensus." Next, all passages with a consensus code were collated into a report, resulting in 252 pages of text. In the third step, three of the study investigators independently reviewed the same subset of interviews (20 pages of interviews) while looking for references to fairness and its role in the consensus-building process, followed by a meeting to discuss questions about whether a passage clearly related to fairness and whether its linkage to consensus was evident. In the fourth step, the study investigators reviewed their own full set of transcripts for references to fairness and its role in the consensus-building process. Finally, each investigator wrote a short memo that identified and described the emergent themes observed in their respective interviews that were used to identify common perspectives across alliances.

Table 2. Descriptive Statistics (Rounds 1 and 2 Alliance Surveys)

	Round 1	*Round 2*
Variable		
Perceived Consensus		
Vision ($\overline{X}/\sigma_{\overline{X}}$)[a,b]	3.83/0.07	3.82/0.07
Strategy ($\overline{X}/\sigma_{\overline{X}}$)[a,b]	3.42/0.06	3.44/0.08
Decision–Making Fairness		
Transparency (procedural) ($\overline{X}/\sigma_{\overline{X}}$)[a,b]	3.52/0.05	3.59/0.07
Inclusiveness (procedural) ($\overline{X}/\sigma_{\overline{X}}$)[a,b]	4.09/0.05	3.99/0.05
Benefit-cost difference (distributive) ($\overline{X}/\sigma_{\overline{X}}$)[a,b]	1.93/0.10	1.87/0.08
Control Variables		
Role in the Alliance		
Leader (*n*/%)	437/78.5%	450/76.0%
Staff (*n*/%)	46/8.31%	53/9.0%
Other role (*n*/%)	74/13.4%	88/15.0%
Stakeholder Type		
Insurer (*n*/%)	95/16.4%	64/10.9%
Employer (*n*/%)	62/10.7%	88/15.0%
Provider (*n*/%)	207/35.7%	188/32.0%
Government (*n*/%)	61/10.5%	47/8.0%
Consumer organization (*n*/%)	34/5.9%	53/9.0%
Other organization (*n*/%)	121/20.8%	147/25.1%
Time Devoted to Alliance		
0–5% (*n*/%)	327/58.7%	326/55.8%
5–25% (*n*/%)	180/32.3%	199/34.1%
25–100% (*n*/%)	50/9.0%	59/10.1%

[a]Means ($\overline{X}$) estimated using PROC SURVEYMEANS to account for complex sample survey design.
[b]Standard error of the mean ($\sigma_{\overline{X}}$), defined as the standard deviation of the sampling distribution of the mean ($\sigma/\sqrt{N}$), is reported instead of the standard deviation because of the complex sample survey design.

Results

In this section we first present the results of the quantitative analysis followed by the results of the qualitative analysis. For the quantitative analysis, we separate our presentation into two sections corresponding with the two types of consensus considered—vision consensus and strategy consensus.

Quantitative Results

Vision Consensus. Our first hypothesis was that perceived fairness in the distribution of benefits relative to costs would be positively

Table 3. GEE Regression Results

	Vision Consensus		*Strategy Consensus*	
	B (SE)	*OR (95% CI)*	*B (E)*	*OR (95% CI)*
Intercept 1	−2.49 (0.79)**	–	−4.13 (0.75)***	–
Intercept 2	−1.07 (0.77)	–	−2.13 (0.72)***	–
Decision-Making Fairness				
Transparency (procedural)	0.17 (0.10)	1.19 (0.98–1.44)	0.42 (0.09)***	1.52 (1.27–1.82)
Inclusiveness (procedural)	0.60 (0.17)***	1.83 (1.30–2.57)	0.49 (0.17)**	1.63 (1.17–2.27)
Benefit-cost difference (distributive)	0.66 (0.11)***	1.94 (1.56–2.42)	0.85 (0.10)***	2.33 (1.91–2.86)
Controls				
Role in the Alliance				
Staff (referent)	–	–	–	–
Leader	−0.49 (0.40)	0.61 (0.28–1.32)	−0.71 (0.40)	0.49 (0.21–1.11)
Other role	−0.81 (0.43)	0.44 (0.19–1.03)	−0.79 (0.41)	0.45 (0.20–1.01)
Stakeholder Type				
Insurer (referent)	–	–	–	–
Employer	−0.21 (0.31)	0.81 (0.44–1.50)	−0.17 (0.30)	0.84 (0.47–1.51)
Provider	−0.16 (0.22)	0.85 (0.55–1.32)	−0.17 (0.22)	0.84 (0.55–1.30)
Government organization	0.05 (0.41)	1.05 (0.47–2.37)	−0.17 (0.36)	0.84 (0.41–1.73)
Consumer organization	−0.53 (0.37)	0.59 (0.28–1.22)	−0.07 (0.36)	0.93 (0.46–1.90)
Other organization	−0.27 (0.28)	0.76 (0.44–1.31)	−0.32 (0.28)	0.71 (0.41–1.23)
Time Devoted to Alliance				
0–5% (referent)	–	–	–	–
5–25%	−0.22 (0.19)	0.80 (0.55–1.16)	−0.06 (0.17)	0.94 (0.67–1.31)
25–100%	0.21 (0.70)	1.23 (0.31–4.84)	−0.35 (0.52)	0.77 (0.26–2.27)
Time (1 = Round 2)	0.19 (0.21)	1.21 (0.81–1.81)	0.08 (0.15)	1.08 (0.81–1.44)
N	746		706	

$^{**}p < 0.01$; $^{***}p < 0.001$.

associated with the level of consensus perceived by members regarding an alliance's vision, and our regression results support this hypothesis (Table 3). Respondent' perceptions of the benefits relative to costs were positively and significantly associated with vision consensus (OR = 1.94, 95 percent CI = 1.56–2.42). Our third hypothesis suggested that perceived fairness in alliance decision-making processes would be positively associated with the level of consensus perceived by members regarding an alliance's vision. In partial support of this hypothesis, our analysis found that agreement regarding

the alliance vision was greater when members believed that the alliance's decision-making processes were more inclusive (OR = 1.83, 95 percent CI = 1.30–2.57).

Strategy Consensus. Our second hypothesis predicted that perceived fairness in the distribution of benefits relative to costs would be positively associated with the level of consensus regarding alliance strategies. Respondents' perceptions of benefits relative to costs were positively and significantly associated strategy consensus (OR = 2.33, 95 percent CI = 1.91–2.86), indicating strong support for this hypothesis. Our fourth hypothesis was that perceived fairness in alliance decision-making processes would be positively associated with consensus regarding an alliance's strategies, and our results also provide strong support for this hypothesis. Members who perceived a higher degree of transparency (OR = 1.52, 95 percent CI = 1.27–1.82) and inclusiveness (OR = 1.63, 95 percent CI = 1.17–2.27) in alliance decision-making processes were associated with higher perceived levels of agreement regarding the alliance's strategy.

Open and transparent decision-making processes helped members see the alliance as a neutral forum in which different perspectives could be candidly discussed.

Qualitative Results

Our purpose in analyzing interview data from alliance members was to complement our quantitative questions of "if" and "how much" by assessing why the concept of fairness is important in the consensus-building process and how alliances are employing decision-making practices to foster perceptions of fairness and build consensus. The results of this analysis are organized around these two questions and the main themes that emerged within these questions.

Why Is Fairness Important in the Consensus-Building Process? Establishes a climate of engagement and exchange. A recurring theme among members was the importance of open and transparent decision-making processes for establishing a climate where (often divergent) ideas about health and health care improvement could be freely exchanged. Open and transparent decision-making processes helped members see the alliance as a neutral forum in which different perspectives could be candidly discussed and members could be confident that their ideas would be given due consideration. Similarly, a number of members described divergent opinions about alliance activities and noted that conflicts are often inevitable; however, these same members were quick to point out that the neutral climate within an alliance can promote consensus on issues by keeping members engaged in open and honest dialogue about these issues (see Exhibit 1, theme 1).

Facilitates congruence between types of decisions and decision-making processes. A number of members suggested that different issues may require appeals to different types of fairness, highlighting the contingent

Exhibit 1. Themes and Representative Quotations from Alliance Participants

Why is fairness important in the consensus-building process?

Theme 1: Establishes a climate of engagement and change

"So there's really divergent points of view about the sequencing of the activities and the timing of the activities, and the role of the Alliance as a convener in a multistakeholder world is really to try and find a middle ground that is reasonable and that doesn't disengage either group from the process. . . . So we're trying to tread very carefully and make our processes and our discussions very open and transparent so that people with divergent points of view can come to the table and share them."

Theme 2: Facilitates congruence between types of decisions and decision-making processes

a. "We can come together and talk about some of these things, but now when we start talking about what does it mean to align around a set of objectives and what part you contribute to that and how you streamline, I think that's where some of the challenges will come in, to get efficiencies so that everybody isn't doing it their way."

b. "And so I think one of our problems [is that] we still, and we always will, look at the problem and its solution through our own lens. And I think that's probably the hardest thing, because there's so much dialogue before you can get other people to really understand your perspective. That's probably the biggest challenge."

How do alliances employ decision-making processes to facilitate perceptions of fairness and build consensus?

Theme 3: Build a formal framework for decision making

"We started to piece together a framework. These people see themselves as stakeholders in this process. I think they all have a pretty clear picture now of where they fit in and how they fit in. But what are they actually going to do? You know, what behaviors, what are we asking of them, and what are they asking of us? . . . And now we're in the process of working this with them so they actually see, 'What are my behaviors? What are my tactical steps to participate in this practice, to help the goals of this grant?'"

Theme 4: Begin building fairness early

a. "Well, I think the effectiveness and the strengths are that the people know each other really well and have collaborated on the vision for the grant proposal, went through a whole process together so that it was very inclusive of a lot of stakeholders from the very beginning so that nothing that's on the work plan was developed by some small group in a back room and then other people think oh, well wait a minute, what are we doing?"

b. "Operationally it takes a lot longer to do something that requires multistakeholder consensus than it would be if you had a bunch of employers doing it autonomously. . . . It takes us a lot longer to work our way through a project, but once we get to the end it is endorsed by everybody. So, we don't really think of it as giving up a lot in the long run; in the short run it's far more time consuming."

nature of decision making and the role that fairness can play in facilitating congruence between different types of decisions and how those decisions proceed. Members indicated that early alliance discussions often focused on issues of vision and purpose, which typically included discussions of (often contested) domains of activity. Decisions related to vision often proceeded slowly and somewhat linearly. An important concern among members during these early discussions was how an alliance's goals align with his or her own organization's goals, which often elicited members' assessments of the fairness and equity of outcomes. Consistent with our quantitative results, a number of members commented that achieving consensus around issues of vision was easier, relatively speaking, than reaching consensus on strategy (Exhibit 1, theme 2a).

Our interviews also suggested that as an alliance's vision took shape and became more firmly established, issues of strategy became more prominent and the path forward was less clear. Members noted that there were often several approaches to pursuing an alliance's objectives, and different stakeholders often held different opinions about the best strategies to pursue those objectives. Thus, in contrast to decisions about vision, strategy-related decisions tended to proceed in an iterative, trial-and-error fashion, with alliances often returning to key assumptions. During this process, especially in the early stages, when decision-making processes had not had a chance to coalesce, a fundamental barrier to consensus building was the narrow, parochial perspective often taken by members (Exhibit 1, theme 2b). Yet, it is during this period of strategy formulation that perceptions of fairness, particularly procedural fairness, may have played their most important role in facilitating consensus. Members who perceived decision-making processes as fair were more willing to reflect on and question their own assumptions, which in turn opened up opportunities for organizations to learn from each other and leverage each other's experiences.

How Do Alliances Employ Decision-Making Processes to Facilitate Perceptions of Fairness and Build Consensus? Build a formal framework for decision making. According to our interviews, a formal decision-making infrastructure helped build members' perceptions of fairness by making decisions transparent and ensuring that decisions and actions were undertaken in a consistent manner. For example, several members indicated that the use of a formal framework helped build member confidence in the decision-making process by ensuring that decisions were not being made on an ad hoc basis. Likewise, members suggested that a formal framework provided a tangible guideline for navigating decisions, with recognizable markers of expected behaviors that helped reduce opportunistic behaviors that might compromise efforts to build fairness (Exhibit 1, theme 3).

Begin building fairness early. Members of our study also noted the importance of instilling a sense of transparency and inclusiveness in the early stages of planning and development. Transparency helped build trust among members by demonstrating how issues would be dealt with and decided upon, while inclusiveness promoted cohesion among members. Early decisions represented important opportunities to begin building this cohesion and trust because expectations and excitement about alliance activities were often high during this formative "honeymoon" period. Furthermore, the manner in which decisions were made during this time set the tone for decision-making processes in the future (Exhibit 1, theme 4a). At the same time, our results suggest that inclusiveness in the early stages of alliance activities may come at the expense of decision-making expediency. Thus, alliance leaders were challenged

to balance exclusiveness and expediency during decision making with broad representation and the sense of fairness that such inclusion engenders (Exhibit 1, theme 4b).

Discussion

Overall, our findings indicate that perceptions of decision-making fairness play an important role in building consensus among alliance members. Our quantitative analysis found that perceptions of fairness were significantly associated with the perceived level of consensus and that these relationships existed for decisions related to both vision and strategy. According to our qualitative results, fair decision-making processes seem to be especially important for building consensus because they help nurture a culture of exchange among alliance members that fosters trust and members' beliefs that their ideas will be treated respectfully. In an alliance context, this kind of open communication is critical because it allows members to work through issues collectively, promotes member buy-in, and sustains support for decisions over the long term (Campbell 2008). Likewise, open communication helps sustain consensus by identifying potential conflicts in early discussions, thereby preventing minor conflicts from escalating into major fallouts that might derail the entire decision-making process (Cairns and Harris 2011).

A formalized decision-making process may help harness the strengths of this lateral structure, coalesce members' perceptions about important alliance issues, and help members more clearly define their roles in the decision-making process.

Our findings also suggest that formalizing the decision-making process may help facilitate consensus. Although some might think that the voluntary, nonhierarchical structure of most alliances would demand a similarly structured, informal decision-making process, our findings suggest that this may not be the case. Instead, our study suggests that a formalized decision-making process may help harness the strengths of this lateral structure, coalesce members' perceptions about important alliance issues, and help members more clearly define their roles in the decision-making process. Our findings also draw attention to the fact that there is no one best way to achieve this formalization. Instead, members reported a number of different ways that alliances formalize the decision-making process. For example, some alliances depended upon organizational by-laws or policies and procedures to define who could make certain types of decisions, such as an executive committee, while others relied upon external consultants to facilitate the decision-making process. Thus, prescriptions about appropriate decision-making processes should be balanced against the unique contextual circumstances that make some approaches preferred over others.

Notably, our findings also indicate that, despite the importance of fairness for fostering consensus, achieving consensus is more difficult for issues related to strategy. Our quantitative analysis shows that perceptions of consensus on issues of strategy were lower, on average, than issues of vision, differences that were consistent over

the two time periods in the study. Our qualitative findings indicate that issues of fairness and equity become more salient in the process of operationalizing an alliance's broad-based vision into more tangible, strategic decisions. As a result, strategy-related decisions are often more conflict laden and entail more back-and-forth discussion, which can significantly delay the consensus building process. Together, these findings highlight the difficulty that alliances face when building a foundation for coordinated action, especially as they transition from broad-based decisions about vision to more nuanced, strategy-related decisions.

Implications for Practitioners

These findings have a number of implications for alliance leaders and advocates. First, the findings reinforce the notion that consensus building is a process, not an event. Thus, alliance leaders need to remain vigilant in their attention to decision-making activities that facilitate consensus well beyond any "honeymoon" period. In a similar vein, the translation of an alliance's vision into strategic and operational terms is an essential step in building capacity and sustaining alliance activity over the long term, yet our findings suggest that consensus regarding strategy may be more tenuous than vision consensus. It seems that the detailed nature of the strategic decision-making process and the potential for conflicting opinions during these discussions may make consensus on these types of decisions more susceptible to dissolution and potentially undermine efforts to implement strategic initiatives. Thus, it is imperative that alliance leaders and members devote the time, attention, and resources needed to build and maintain consensus beyond issues of vision.

It is imperative that alliance leaders and members devote the time, attention, and resources needed to build and maintain consensus beyond issues of vision.

Our findings also suggest that one of the ways that alliance leaders can enhance perceptions of consensus is to cultivate fairness by using decision-making processes that are transparent and inclusive. In the case of our alliances, this was often achieved by formalizing the decision-making process and by engaging alliance members early in decision-making processes. Finally, our findings suggest that alliance leaders may have a number of devices at their disposal to build consensus among alliance members. The real challenge may be balancing these options or determining when to employ a particular tactic. For instance, a theme that emerged in our qualitative analysis was the need to build broad-based participation using unique relationship strategies while maintaining a consistent and unbiased process that builds and maintains perceptions of fairness among members. Different expectations for participation, for example, often require alliance leaders to tailor their communication strategies (for example, content, medium, frequency) to different types of stakeholders, yet these efforts must be consistent in their emphasis on soliciting the input of these stakeholders.

Likewise, findings indicating that perceptions of consensus are enhanced when there is congruence between the type of decision at hand (vision versus strategy) and the type of fairness that is appealed to (distributive versus procedural) highlight the contingent nature of consensus building in alliances. In sum, our results indicate that alliance leaders may be more successful at building agreement among alliance members when they recognize the need to appeal to a member's sense of procedural and distributive fairness, and perhaps equally important, recognizing when one is called for over the other and draw upon decision-making processes that most clearly evoke that sense of fairness.

Limitations and Opportunities for Future Research

The study's findings should be interpreted in light of several considerations. First, our focus in the study was on multisectoral alliances participating in a large, community health improvement program and therefore may not be representative of all types of alliances. Although we believe many of the issues faced by these alliances are likely to exist for most types of alliances, future research can build on this study by examining whether our findings hold true for other types of alliances. Similarly, future research may want to consider whether these findings differ for alliances in different developmental stages or life cycles.

Second, the study focused on the perceived level of general consensus among alliance participants rather than the actual achievement of consensus on specific decisions. We believe that in many cases the perception of consensus may be a necessary and even sufficient condition to act as a springboard for alliance activity. Nevertheless, future research may build upon this study by examining in more detailed fashion whether perceptions of fairness are associated with consensus on specific decisions and examining whether perceptions of fairness are associated with the degree of consensus achieved on issues.

Finally, it should be noted that our measures of fairness were not the same as those established in the traditional organizational justice literature. This difference was due, in part, to the unique nature of alliances—including voluntary participation, collaborative governance mechanisms, and diffuse and unspecified rewards—that create unique opportunities and challenges as compared to more traditional organizations. For example, many of the established fairness items pertain to hierarchical employment relationships between an employee and the organization (for example, "To what extent did your raise give you the full amount you deserved?"; Folger and Konovsky 1989) that do not exist within the alliances we studied. We believe the face validity of the items used in our analysis warranted their inclusion. We also believe that our qualitative assessment

provided a more direct assessment of the presence and role of decision-making fairness in building consensus and provided additional support for our quantitative findings.

Conclusion

The study's findings reinforce the importance of fairness in building and sustaining capacity for improving community health. Although little empirical research has focused explicitly on consensus-building processes in alliance contexts, a number of studies have found open and transparent leadership and management processes positively associated with intermediate alliance outcomes, such as level of members' participation and degree of internalization of alliance goals within a member's home organization (Metzger et al. 2005; Weiner, Alexander, and Shortell 2002). Consistently positive results across studies underscore the importance of fairness in alliances and suggest that the use of fair and consistent processes can have far-reaching effects on alliance activities.

Notes

1. There is some debate about the appropriate cutoff criterion for retaining items. Therefore, we reestimated models using scales based on a relaxed cutoff criterion of 0.4 and a more conservative cutoff criterion of 0.6. Results from these models did not differ substantially in terms of their direction, magnitude, or statistical significance. However, because many items included in the factor analysis were cross-loaded on other factors, we opted for the more conservative cutoff criterion to preserve more distinct factors (Costello and Osborne 2005).

2. We diagnosed whether common method variance was an issue using Harman's single-factor test (Podsakoff, MacKenzie, Lee, and Podsakoff 2003). If CMV is present, then either a single factor will emerge from a factor analysis of all study variables or one factor will account for the majority of the covariance among the measures. Five factors emerged in our unrotated factor solution, and the most variance explained by a single factor was 15 percent, suggesting that CMV was not a significant issue for the study.

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