



Below you will find the Wisconsin Oral Health Coalition *Rules of Operation*. The Rules of Operation describe the leadership and operational structure of the Wisconsin Oral Health Coalition. This document can be amended by a majority vote of the Steering Committee. If you have any questions, comments or suggestions related to the Rules of Operation, please contact Matt Crespin at Children’s Health Alliance of Wisconsin, 414.390.2193, mcrespin@chw.org

Rules of Operation

Section 1. NAME:

This organization will be known as the Wisconsin Oral Health Coalition.

Section 2. VISION:

By 2005, the Coalition will have created an oral health system that is a model for the nation, measurably improving Wisconsin’s oral health status and access to culturally competent* dental care for children, families and adults.

Section 3. MISSION:

The Coalition, consisting of diverse public and private partnerships, works to create meaningful change to improve oral health and access to care in Wisconsin.

Section 4. WISCONSIN ORAL HEALTH COALITION MEMBERSHIP:

The Wisconsin Oral Health Coalition is comprised of individuals representing themselves and individuals representing institutions, agencies, or organizations. All of these individuals share a common interest in oral health and access to care.

Becoming a Member of Wisconsin Oral Health Coalition:

Individuals who are interested in becoming members can directly request membership. A request for membership must be submitted to the staff of the Wisconsin Oral Health Coalition Steering Committee. In requesting membership, the individual must provide information indicating:

- The name of the institution, agency, or organization the requestor represents, if any
- The address, phone number, and fax number through which the requestor can be contacted
- That the requestor has read and understands the vision, mission, and Rules of Operation of the Wisconsin Oral Health Coalition
- That the requestor had read and agrees to abide by the Wisconsin Oral Health Coalition Conflict of Interest Policy

The Children’s Health Alliance of Wisconsin (CHAW) staff, on behalf of the Wisconsin Oral Health Coalition (WOHC), will process and review all requests for membership and will respond to interested individuals.

37 **Wisconsin Oral Health Coalition Membership Dues:**
38 The Wisconsin Oral Health Coalition does not charge membership dues although contributions
39 are encouraged.

40 **Section 5. STEERING COMMITTEE:**

41 The Steering Committee will manage overall planning and organizational policy setting for the
42 Wisconsin Oral Health Coalition.

43 **Steering Committee Membership and Elections:**

44 The Steering Committee's membership will consist of, at a minimum, one representative from
45 each of the following skill categories: dentist, dental hygienist, public health, dental hygiene
46 education, dental education, advocacy, parent/consumer, community dental health clinics,
47 funding, legislation, medical care and social services.. All of the Steering Committee members as
48 mentioned above must be members of the WOHC. The size of the Steering Committee shall not
49 be less than seven (7), not including non-voting observers such as ex-officio staff and invited
50 advisors.

51 At its own discretion, the Steering Committee may invite advisors to attend the Steering
52 Committee meetings. These advisors are not members of the Steering Committee and will not
53 have any rights or responsibilities associated with being a Steering Committee member.

54 The Steering Committee may alter committee membership as necessary, with a majority vote of
55 the committee.

56 Any WOHC member can apply for membership to the Steering Committee by submitting a letter
57 of intent and a current resume to the Chair of the Steering Committee.

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59 **Steering Committee Membership Terms:**

60 Steering Committee members serve for two years. After serving in a given position for two years,
61 the Steering Committee member is eligible for reelection or re-appointment. In the initial year of
62 Wisconsin Oral Health Coalition, one-half of the Steering Committee members will be elected for
63 a one-year term at the October 2003 Annual meeting. In subsequent years one-half of the
64 Steering Committee members will be elected for two-year terms.

65 **Steering Committee Representative Vacancies:**

66 The Steering Committee will appoint an individual member of the WOHC to replace people who
67 vacate their positions on the Steering Committee.

68 **Steering Committee Member Responsibilities:**

69 The Steering Committee sets administrative policies and oversees the general planning for the
70 Wisconsin Oral Health Coalition. Its responsibilities include, but are not limited to:

- 71 • Approving the formation of Ad Hoc Committees and special task groups
- 72 • Establishing regulations for the administration and operation of Wisconsin Oral Health
73 Coalition
- 74 • Approving the use of the Wisconsin Oral Health Coalition name and logo for sponsorship
75 purposes
- 76 • Approving fund-generating activities
- 77 • Approving the annual budget, if applicable
- 78 • Approving staff-related activities
- 79 • Electing a Chairperson
- 80 • Planning the agenda and activities for the annual general membership meetings
- 81 • Policy development and approval
- 82 • Strategic planning

- 83 • Giving overall direction to Wisconsin Oral Health Coalition efforts and activities
84 • Guiding Wisconsin Oral Health Coalition priorities
85 • Reporting all Coalition activities and Steering Committee members to the membership at
86 annual meeting

87 **Steering Committee Leadership:**

88 The Chairperson of the Steering Committee will serve as the Chair of the Wisconsin Oral Health
89 Coalition. The Chairperson will be elected every two years by consensus or a majority vote of the
90 Steering Committee. Like all Steering Committee positions, the Chairperson term will be for two
91 years.

92 Only current members of the Steering Committee will be eligible to be elected as Chairperson.

93 On behalf of the WOHC Steering Committee, Children’s Health Alliance of Wisconsin will fulfill the
94 following responsibilities:

- 95 • Membership Database Coordinator
96 • Meeting Notes Record-Keeping Coordinator
97 • Public Relations Coordinator
98 • Fundraising/Budget Coordinator
99 • Coordinate a minimum of four Steering Committee meetings per year by phone
100 conference or in person
101 • Coordinate and facilitate the WOHC Annual Meeting
102 • Coordinate/Lead all legislative activity
103 • Maintain communication with members through CHAW website and email notice
104 • Distribute a monthly WOHC Message Board via email

105 At the Steering Committee’s discretion, it may assign other members to coordinate other key
106 functions of the Wisconsin Oral Health Coalition management.

107 **Steering Committee Meetings:**

108 The Steering Committee will meet a minimum of four times each year. Special meetings of the
109 Steering Committee may be called at any time by the Chairperson or at the request of a majority
110 of members of the Steering Committee. The Chairperson will preside at all meetings of the
111 Steering Committee unless the Chairperson designates someone else on the Steering Committee
112 to serve as the facilitator.

113 **Steering Committee Quorum:**

114 For the purposes of voting, the presence in person or via conference call of 51% of the voting-
115 eligible Steering Committee membership will constitute a quorum at any given Steering
116 Committee meeting.

117 **Steering Committee Voting:**

118 Decisions will be made by consensus when possible. In the event of inability to reach consensus,
119 the majority vote of the voting-eligible members attending a meeting will be the action of the
120 committee. Proxy voting will be permitted only when the proposed action has been presented to
121 the Steering Committee prior to the meeting.

122 **Steering Committee Staff:**

123 The Wisconsin Oral Health Coalition staff member will serve as an ex-officio member of the
124 Steering Committee.

125 **Section 6. AD HOC COMMITTEE FORMATION:**
126 The formation of Ad Hoc Committees may be initiated by the Steering Committee or by any group
127 of at least five (5) members, but must be approved by the Steering Committee.

128 **Ad Hoc Committee Membership:**
129 Any Wisconsin Oral Health Coalition member may serve on any Ad Hoc Committee. It is the
130 responsibility of the Ad Hoc Committee's Chair to inform the Steering Committee of which
131 members are active participants in the Committee.

132 **Ad Hoc Committee Responsibilities**
133 Each Ad Hoc Committee is responsible for:

- 134 • Electing a chair
- 135 • Developing an annual plan of activities
- 136 • Implementing the activities of its annual plan
- 137 • Reporting its progress at General Membership Meetings
- 138 • Submitting notices, minutes, and updates to the Steering Committee
- 139 • Communicating regularly with the central office of the Wisconsin Oral Health Coalition

140 **Ad Hoc Committee Leadership:**
141 Prior to the Annual Meeting, the Steering Committee will confirm the Committee Chair, elected by
142 the committee, for each of the Ad Hoc Committee meetings

143 **Ad Hoc Committee Terms:**
144 The Committee Chair will serve a two-year term and will be eligible for reelection.

145 **Ad Hoc Committee Accountability:**
146 The Standing Committees are accountable to the Steering Committee and ultimately, to the
147 general membership.

148 **Ad Hoc Committee Vacancies:**
149 When a vacancy occurs in positions of Committee Chair, the Standing Committee must replace
150 the individual in the vacant position within 60 days

151 **Ad Hoc Committee Meetings;**
152 Ad Hoc Committees will hold meetings, with the frequency and location determined by each
153 Committee. Notices for these meetings will be sent to all members of each Committee. Minutes of
154 the Committee meetings must be kept and sent to the Steering Committee's staff or Record-
155 Keeping Coordinator for the official records of the Wisconsin Oral Health Coalition.

156 **Ad Hoc Committee Decision Making:**
157 Each Ad Hoc Committee is authorized to establish its own methods for and rules of decision-
158 making. The Standing Committees are welcome to use the consensus or Quorum and Majority
159 rules designated for the Steering Committee, but they are not required to do so.

160 **Section 7. GENERAL MEMBERSHIP ANNUAL MEETINGS:**
161 The Wisconsin Oral Health Coalition will conduct one general membership meeting called the
162 WOHC Annual Summit in the spring. The Summit will include updates and information sharing
163 among the general membership and election of Steering Committee members.

164 **General Membership Meeting Notice:**
165 Notices for these meetings will be sent to all members no less than 21 days prior to the meeting

166 **General Membership Meeting Agenda:**
167 Creating the agenda for the annual meetings will be the responsibility of the Steering Committee.
168 All General Membership Meetings will include progress reports from Standing Committees. At the
169 Annual Meeting, elections will be held for positions of the Steering Committee.

170 **General Membership Meeting Recording:**
171 Until further notice, Children’s Health Alliance of Wisconsin will be responsible for keeping
172 records of the General Membership Meetings and for disseminating General Membership
173 Meeting proceedings.

174 **Section 8. REPRESENTING THE WISCONSIN ORAL HEALTH COALITION:**
175 It is the responsibility of the Wisconsin Oral Health Coalition Chairperson, or chairperson
176 designee, to speak on behalf of and distribute written information about the Wisconsin Oral
177 Health Coalition to the press, government officials, and to any other person seeking information
178 about the Wisconsin Oral Health Coalition for official and/or public purposes. No member shall
179 speak on behalf of the Wisconsin Oral Health Coalition without prior approval from the
180 Chairperson.

181 **Section 9. AMENDMENTS TO THE RULES OF OPERATION:**
182 Recommendations for amendments to the Rules of Operation may arise from the Steering
183 Committee or from a majority vote at the Annual Meeting. Such recommendations will be
184 distributed to the general membership 21 days prior to the Annual Meeting for review and
185 comment. Any approved changes become effective immediately following the Annual Meeting at
186 which they are approved.

187 **Section 10. EFFECTIVE DATE OF RULES OF OPERATION:**
188 The Wisconsin Oral Health Coalition Rules of Operation were approved and adopted on February
189 19, 2003. The Rules of Operation may be reviewed and revised as recommended by the
190 Wisconsin Oral Health Coalition Steering Committee at the first Annual Meeting 2003 or at
191 subsequent annual meetings in accordance with the most current adopted Rules of Operation.

192 **Section 11. POLICY STATEMENTS:**

193 ***Policy Statement #1—Not applicable as of September 15, 2005***
194 ***Committee Meeting Attendance***

Policy #1 Approved 4-09-03

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197 Active members of the Coalition are expected to be members of one of the Standing Committees
198 of the WI Oral Health Coalition. As an active member of the Coalition, and as a member of a
199 committee, the member is expected to attend a minimum of 50% of the committee meetings,
200 either in person or via conference call. Commenting to the committee chair regarding the agenda
201 or sending proxy votes on issues identified in the meeting agenda will fulfill the meeting
202 attendance policy.

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204 In the event of member inability to fulfill active membership, it is requested that the member
205 resign their membership from the committee.

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207 The Steering Committee Chair will contact the committee member to clarify the membership
208 intent if the member does not contact the Steering Committee Chair.

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Policy Statement #2—
Procedure for Establishing Coalition Policy Statements

Policy #2 approved 4-29-03

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Revision approved 9-23-04
Revision approved 9-15-05

The Coalition exists to educate and advocate for improved oral health for all Wisconsin citizens and will recommend changes and program improvements to fulfill its mission:

“The Coalition, consisting of diverse public and private partnerships, works to create meaningful change to improve oral health and access to care in Wisconsin”.

The following procedure will be used to establish policy statements that represent the Wisconsin Oral Health Coalition.

1. *The Coalition member interested in seeing an improvement in a particular policy or programmatic issue will provide a written description of the issue to the Steering Committee Chair in order for the issue to be considered. The Chair will then include the issue on the next Steering Committee meeting agenda.*
2. *After discussion, the Steering Committee Chair will recommend that the issue be considered by the Steering Committee in its current form. Approval by a majority of the Steering Committee members will establish the issue as WOHC policy effective that same day.*
3. *The Steering Committee, acting in good faith, will report new policy statements to the General Membership Coalition at the Annual Meeting.*
4. *Coalition members are encouraged to use the information provided by the Coalition to advance their efforts to improve the delivery of oral health services throughout Wisconsin.*

**Policy Statement #3—
Email/Fax Voting on Issues**

Policy #3 Approved 4-09-03
Revision Approved 9-15-05

Email will be an acceptable format for voting on issues that are too urgent to wait for Steering Committee meetings.

The email or fax will be sent via the Steering Committee Chair who will announce the issue with the day and time deadline for response to the voting.

Email votes will be tabulated by name in the minutes of the next Steering Committee meeting.

Contact Person:

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*Cultural Competence refers to a set of attitudes, skills, behaviors and policies that enable organizations and staff to work effectively in cross-cultural situations. It reflects the ability to acquire and use knowledge of the health-related beliefs, attitudes, practices, and communication patterns of clients and their families to improve services, strengthen programs, increase community participation, and close the gaps in health status among diverse population groups. Cultural competence also focuses attention on population-specific disease prevalence and treatment efficacy. (Provider’s Guide to Quality & Culture, <http://erc.msh.org>)