



## Agenda

**September 23, 2022**

Glacier Canyon Conference Center  
Room Tundra E & F  
45 Hillman Rd.  
Wisconsin Dells, WI 53965

- 8:30 – 9:00      **Networking and light breakfast**
- 9:00 – 9:15      **Welcome** – *Nan Peterson, chair*
- Welcome and introductions
  - Approval of minutes from June 10, 2022
- 9:15 – 10:00      **Medicaid and kids health** – Ruth Sullivan, Wisconsin Deputy Medicaid Director
- 10:00 – 10:15      **Networking Break**
- 10:15 – 11:45      **Working together to improve kid's health**
- **Executive Director Update** – Matt Crespin
  - **Outcomes from Board Assessment** – Heidi Warpinski / Julia Stanley
  - **CHAW Strategic Alignments & Advisory Board roles and responsibilities** – Matt Crespin / Nan Peterson
- 11:45 – 12:30      **Action Planning Lunch** – Matt Crespin
- 12:30              **Transition of CHAW Advisory Board Chair and adjourn**

**2023 Advisory Board Meetings (Proposed)**  
**February 17, June 23 and September 22**

**Executive Council** (7:30 a.m. – 8:30 a.m. unless noted)  
**Nov 17, 2022**

**2023 Dates (Proposed) – January 19, March 23, May 18,  
August 10, November 16**

## CHAW Advisory Board Meeting 6.10.22

**Members Present via Zoom:** Dr. Diane Gerlach, Sarah Beversdorf, Jodi Bloch, Ann Boson, Bridget Clementi, Jeremy Levin, Dr. William Lobb, Dr. Todd Mahr, Dr. Dipesh Navsaria, Dr. Thao Nguyen, Antonina Olszewski, Jay Shrader, Julia Stanley, Heidi Warpinski

**Staff:** Matt Crespin, Morgan Conti, Lindsay Deinhammer, Sage Duncan, Brittany Farrell, Tara Goris, Colleen Lane, Jenna Linden, Karen Nash, Joanna O'Donnell, Kathy Schaefer, Natasha Tynczuk and Geeta Wadhwani.

**Members Unavailable:** Ashley Bergeron, Sandi Cihlar, Dr. Kevin Dahlman, Caroline Gomez-Tom, Maria Elena Perez, Nan Peterson, Nikki Stafford, Andrea Swenson, Dr. Ralph Vardis, Brian Vigue

Agenda Topic	Discussion	Action Steps
Welcome	<p>Welcome and Introductions</p> <ul style="list-style-type: none"> <li>● Attendees introduced themselves and shared their Favorite Season as an icebreaker</li> <li>● Approval of minutes from February 18, 2022</li> <li>● Dr. Gerlach shared that Ann Boson (8 yrs on board) and Dr. Dipesh Navsaria (11 yrs on board) are transitioning from their positions on the advisory board. Nan is also leaving the board at the end of her term as chair in September.</li> </ul>	Minutes approved as presented.
Board Assessment	<ul style="list-style-type: none"> <li>● Julia Stanley reported out on behalf of the committee which also includes Heidi Warpinski and Dr. Andrea Swenson and shared the board assessment had a participation rate of 52%. Key themes that were identified and discussed included clarifying the role of advisory board members and improving the onboarding process for new members to ensure expectations are covered.</li> </ul>	<p>Sharing slides with Board members along with the Executive summary.</p> <p>September – Review of staff and Board data &amp; begin to Action Plan.</p>
Executive Director Update- Matt Crespin	<ul style="list-style-type: none"> <li>● Kudos to staff on Accomplishments</li> <li>● We are fully staffed and continue to work remote for the most part.</li> <li>● Employee engagement survey. Working on Q.11 “Providing feedback to each other.” Overall engagement has moved from 4.3 to 4.5 between Fall 2021 and Spring 2022 on a 5 point scale using the Gallup employee engagement Q12 assessment.</li> <li>● Funding updates – Environmental Health awaiting updates on EPA grant submission. Injury Prevention has started a new grant that will engage</li> </ul>	

	parents/caregivers to revise the Sleep Baby Safe curriculum and Medical Home is exploring a new food insecurity grant.	
Injury Prevention and Death Review Initiative Update -	<ul style="list-style-type: none"> <li>● Natasha provided an overview of the Keeping Kids Alive Initiative.</li> <li>● Karen discussed Sleep Baby Safe project and trainings</li> <li>● Mobilizing communities for a Just Response Grant will engage families to update the Sleep Baby Safe trainings.</li> </ul>	
Board composition committee – Dr. Gerlach	<ul style="list-style-type: none"> <li>● Dr. Diane Gerlach gave an overview of what the committee identified as criteria for new Board members. Board reviewed Map of member locations within Wisconsin.</li> <li>● Discussed the optimal number of Board Members.</li> <li>● Determined this committee needs to meet with Heidi’s committee to determine best next steps</li> <li>● Members include Sarah Beversdorf, Geeta Wadhvani, Jody Bloch, Dr. Gerlach</li> </ul>	Committee will meet with Board Assessment committee to determine what the best next step is. Will update the board at the Sept meeting.
Legislative update – Jodi Bloch	<ul style="list-style-type: none"> <li>● Jodi Bloch provided an update on a few federal items including gun violence and the Medicaid unwinding issues. It was noted that the state legislature is in recess but has been called back for a special session by the Governor however will likely not result in any action.</li> <li>● There will be significant changeover in the legislature next January when they reconvene after the November elections.</li> </ul>	
Board Member updates/ announcements	<ul style="list-style-type: none"> <li>● Next meeting is September 23rd and if conditions allow there may be an opportunity to meet in person</li> <li>● Adjourned at 10:49 AM</li> </ul>	To be discussed at next meeting



## **Key Accomplishments and Policy Impact September 23, 2022**

### **Accomplishments**

**Asthma goal: To reduce asthma mortality, emergency department (ED) visits and inpatient hospitalizations through implementation of the *Wisconsin Asthma Plan 2021-2025*.**

- The IPM Institute of North America partnered with the Wisconsin Asthma Coalition (WAC) to present Pest Defense workshops to hundreds of Milwaukee Public Schools (MPS) staff, including school nurses, landscaping and grounds staff, and administrative staff. The workshop included a portion on asthma triggers and the importance of reducing them in the school environment.
- The final report was completed for the anti-idling pilot project that was conducted at 2 MPS schools in partnership with DHS. The report was submitted to the MPS Research Department, as well as the 2 MPS principals involved in the project. The project was also presented on a CDC PI/PM call this summer. We look forward to furthering this anti-idling/air quality work with MPS in the 2022-2023 school year.
- In partnership with DHS and the communications team, a back-to-school asthma messaging campaign was carried out in August. Content focused on the proper use of asthma medications, providing an Asthma Action Plan and any necessary medications to the school prior to the first day of classes, and creating an asthma care team that includes family members/caregivers at home along with school staff.

**Emergency care goal: To reduce child and youth mortality and morbidity resulting from severe illness or trauma by improving pediatric emergency care quality, both before and after the child arrives at the hospital.**

- WI EMSC worked with Alliance communication staff to develop a video highlighting efforts to improve pediatric emergency care by sharing asthma algorithms between Children's Wisconsin and Ascension Columbia St. Mary's. The video features Dr. Christopher Ford, an emergency physician and WI EMSC Advisory Board member. The video will be released later in September.
- WI EMSC has recruited the following hospitals to participate in the Pediatric Readiness Program: Aspirus – Rhinelander, Froedtert – Menomonee Falls, Froedtert – West Bend, Grant Regional Medical Center, HSHS St. Vincent Hospital, Prairie Ridge Health, and Tomah Memorial. The hospitals are working with experts from American Family Children's Hospital, Children's Wisconsin, and WI EMSC to improve pediatric emergency care. The hospitals are currently determining their intervention and implementation plans to address gaps in

pediatric readiness. Common areas of focus include implementing a pediatric nurse coordinator, implementing quality improvement with a focus on pediatric patients, and instituting pediatric policies in the emergency department, such as a triage policy for ill and injured children.

- WI EMSC's pilot program, **Children with Special Health Care Needs Preparedness for Emergencies (CAPE)** currently serves Clear Lake/Clayton School Districts covered by Clear Lake EMS; FitchRona EMS; and Hillsboro School District covered by Hillsboro EMS. The program links schools and local emergency medical services to work together to be more prepared to help children in emergency situations. WI EMSC staff have promoted CAPE through EMS Town Halls, conferences and virtual presentations to nursing groups. CAPE is recruiting additional communities for participation – please contact Brittany Farrell ([bfarrell@childrenswi.org](mailto:bfarrell@childrenswi.org)) to refer school or EMS contacts.
- WI EMSC is collaborating for the second year in a row with Illinois, Indiana, Michigan and Minnesota state partnerships to host a two-night virtual Midwest EMSC Symposium Nov. 2-3. Nov. 2 is focused on EMS providers and Nov. 3 is focused on hospital-based providers. Continuing education credits will be offered.

**Grief and bereavement goal: To provide grief and bereavement support and resources to every family that experiences a sudden and unexpected infant death.**

- Infant Death Center (IDC) staff and Keeping Kids Alive staff were invited to present at the 2022 Wisconsin Coroner and Medical Examiner Association (WCMEA) annual conference. This is an opportunity to ensure MEs and Coroners around the state know what resources the IDC has to offer families after a loss as well as the benefits to serving on their county's Child Death Review (CDR) team. While we have often attended in a "vendor" role, we are excited to be able to speak to the entire of group of attendees as presenters.
- IDC staff has been working to encourage the Fox Valley Grief Network to re-form and are pleased that they (finally!) met in September. Erin Hollister, Director of the Center for Grieving Children is leading the effort, and IDC staff will serve as co-lead. The initial meeting included 22 attendees. The first order of business was to rename the group the Northeast Wisconsin Grief Network (NEWGN) because the reach is north of the Fox Valley. This name also mirrors the Southeast Wisconsin Grief Network (SEWGN), which IDC staff are also involved with. We look forward to networking, resource sharing and supporting each other in the difficult work of supporting grieving families.
- The IDC submitted a grant to DHS to continue our statewide grief and bereavement work which includes outreach to families, collaboration with partners, and creation of infant loss resources.

**Injury prevention and death review goal: To maintain Wisconsin's comprehensive death review system, Keeping Kids Alive in WI, that identifies risk factors and circumstances related to fetal, infant and child deaths, and empowers local communities to take action to prevent future deaths.**

- The team has held three of four Keeping Kids Alive Refresher trainings. The training is one strategy used to educate all team members on key components of facilitating and participating in Child Death Review. Members learn the cause for concern, history of fatality review, how to prepare for and conduct review meetings, how to collect information that translates into useful data, and how to use data to inform actionable prevention. The first three Refresher trainings were attended by 83 members of Child Death Review teams

representing 33 counties. In addition members of the Wisconsin CDR Council and the Wisconsin Department of Public Health also attended a Refresher training. An evaluation via Survey Monkey was sent to all participants after each training. More than 36% of attendees responded to the survey. More than 80% reported they felt more prepared for CDR, learned something new and were kept engaged.

- In July, we were invited to present at the Legislative Council Study Committee on Uniform Death Reporting Standards. The purpose of the study committee is to review current protocols for investigating causes of death and reporting deaths, and the uniformity of those standards. The presentation highlighted fatality review and how uniformed death reporting would allow local review teams to collect comprehensive data on childhood fatalities that would lead to actionable prevention and ultimately keep kids alive in Wisconsin.
- The team submitted three grants to DHS in an effort to continue providing technical support to CDR and FIMR teams, analyzing and disseminating SUID data, and expanding efforts to promote the Sleep Baby Safe curriculum.

**Medical home goals: To ensure that all children are screened early. To ensure that children, especially those with special health care needs, receive family-centered, integrated care within a medical home.**

- The team submitted three funding applications to Maternal and Child Health (MCH) in an effort to continue to provide technical assistance and support in the areas of medical home for children with special health care needs, developmental screening and advancing equity in MCH (food insecurity proposal).
- Food Insecurity and Health Pilot:
  - Four focus groups have completed with families from Feeding America EW and Friedens Food Pantry. The goal is to learn how clinics and pantries can work better together. Focus groups with families from Children’s WI will occur this fall.
  - The pilot team applied for a national grant called the BUILD Health Challenge grant. The submission did not receive an invitation for a round two application. We will continue to explore other grant opportunities.
- Developmental Screening:
  - In September and October, a developmental milestone gas station promotion will run at 38 gas stations across the state and highlight the CDC Milestone Tracker app on gas station TV. Target areas include 14 health departments and Tribal Health Centers who are focused on developmental screening as well as areas of the state that were significantly impacted by COVID-19. The creative idea came from staff at Lac Courte Oreilles and the Wisconsin Learn the Signs Act Early Ambassador funded the promotion.
- Care Coordination:
  - We continue our work with eight Tribal Health Centers for the Children and Youth with Special Health Care Needs project. Each of the teams have developed a project based on community-driven priorities many focusing on children’s mental and behavioral health. Examples include: creating calming jars with kids and families to develop coping skills; having a coloring contest for children’s mental health awareness; and working with the school district to hold exercise classes for students identified with behavioral health challenges.

- The Medical Home team is assessing how clinics and health system referral and coordination processes for children and youth with special health care needs. The focus is on children who require early intervention supports or therapies. The assessment process is occurring through conversations with health systems from across the state to learn what is working well, what challenges they are experiencing and how the Medical Home could support in the future.

**Oral health goal: To improve the oral health of children and families by increasing access to preventive oral health programs and follow-up restorative services.**

- Wisconsin Medical Dental Integration Project (WI-MDI):
  - HSHS-Prevea in Green Bay has begun patient care with an integrated dental hygienist at one of their primary care locations.
  - This fall we will compile a WI-MDI implementation guide to support further dissemination and spread to the model.
  - Earlier this summer our project team presented at the American Dental Hygienists' Association annual meeting in Louisville, Kentucky. We shared about the Wisconsin Medical Dental Integration model and how other states can explore integration opportunities in their own communities.
- Wisconsin Seal-A-Smile (SAS)
  - At the end of August we hosted an in-person 2022-23 Seal-A-Smile Kick off meeting in Marshfield Wisconsin. We had over 60 people in attendance, many of whom were attending for their very first time. We were able to share content in the following areas with grantees: SAS program basics, infection control, tele-dentistry, guidance on identifying and reporting child abuse as dental professional and tips for program growth and expansion.
  - For a list of funded SAS programs for the 2022-23 school year- please view [this document](#) on our website.
- Wisconsin Oral Health Coalition (WOHC) and Milwaukee Oral Health Coalition (MOHC)
  - On July 26<sup>th</sup> WOHC, the Wisconsin Association of Free and Charitable Clinics, the Wisconsin Dental Association, Wisconsin Dental Hygienists' Association and the Wisconsin Primary Health Care Association co-hosted the webinar "Understanding the Dental and Dental Hygiene Interstate Licensure Compact" earlier this month. The recording is available [here](#).
  - MOHC continues to compile local dental clinics information for a Milwaukee County Oral Health Access Directory. The directory focuses on access points for patients dependent on Medicaid, or who are uninsured. It will also include local school- based and mobile clinics information.

## 2023 CHAW Budget Overview

Initiative	Revenue	Expenses	Variance
Asthma (9969)	\$110,900.00	\$110,900.00	\$0.00
EMSC (8867)	\$289,000.00	\$289,000.00	\$0.00
MCH / IDC (9957)	\$409,082.00	\$659,659.00	(\$250,577.00)
Medical Home (8707)	\$270,000.00	\$350,347.00	(\$80,347.00)
OH / WOHC-QI (9967)	\$62,500.00	\$62,500.00	\$0.00
OH / SAS (8713)	\$1,100,000.00	\$1,100,000.00	\$0.00
OH / MDI (8866)	\$100,000.00	\$100,000.00	\$0.00
<b>Totals</b>	<b>\$2,341,482.00</b>	<b>\$2,672,406.00</b>	<b>-\$330,924.00</b>

Required 75%match (MCH, MH)= \$350,000.00  
 CW Foundation Contribution = \$47,800.00

## CHAW Advisory Board Evaluation

### Executive Summary – Board Survey Results

In the spring of 2022, Advisory Board members received a survey. The survey focused on four topic areas, including:

- Strategic orientation
- Operational effectiveness
- Relationship cultivation
- Member engagement

Thirteen members of the Advisory Board completed the survey (out of 25) resulting in a 52% response rate.

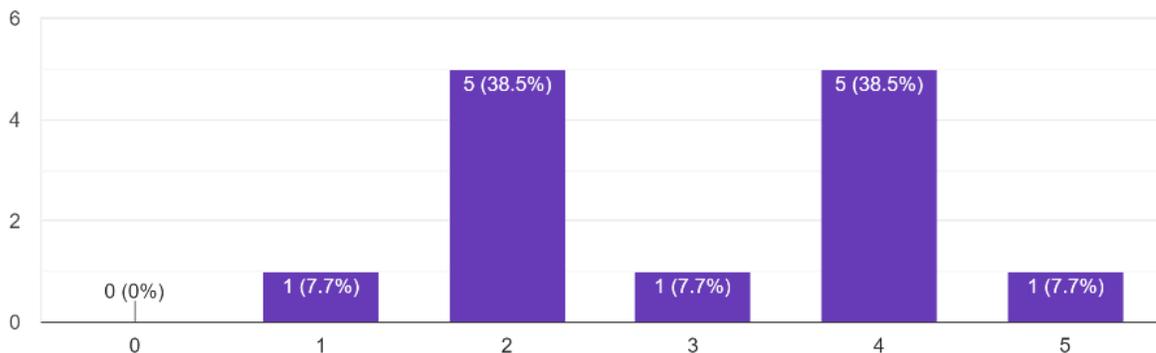
Highlights from the survey are outlined below.

#### Strategic Orientation

This section of questions gauges effectiveness and perception of CHAW’s mission, vision, and board objectives. While 92% of respondents generally or strongly felt that CHAW had a clear, focused, and relevant mission, this decreased to 69.5% of respondents feeling similarly about the clarity, focus and relevancy of CHAW’s vision.

When asked whether the Advisory Board consistently updated and monitored the mission, vision, and key strategies of CHAW, the responses were much less strong with 46.5% strongly or generally agreeing, 7.7% somewhat agreeing, and 46% somewhat or fully disagreeing.

5. The Advisory Board consistently updates and monitors the organization's mission, vision, and key strategies. (0=Not Sure, 1 = Disagree, 2 = Som...hat Agree, 4 = Generally Agree, 5=Strongly Agree)  
13 responses



## Operational Effectiveness

Questions in this section are focused on the understanding of roles, responsibilities, and expectations, the diversity of experience represented, opportunities to participate, and the structure and efficiency of board meetings and communications.

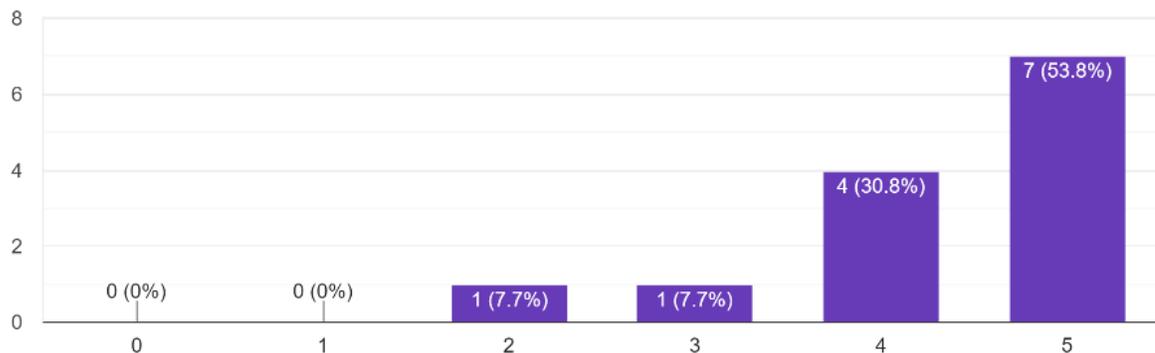
Highlights of this section include:

- A strong sense of support for the frequency, content, and communication around Advisory Board meetings.
- Lack of understanding of the roles and responsibilities of Advisory Board members.
- Members bring a clear understanding of key issues affecting children in the state and their communities.

Satisfaction with board meeting communication, frequency, and the quality of meetings was strong. Eighty-five percent of respondents generally or strongly agreed that meetings were efficient and effective, while 92.3% were satisfied or very satisfied with communication and materials provided in advance of Advisory Board meetings.

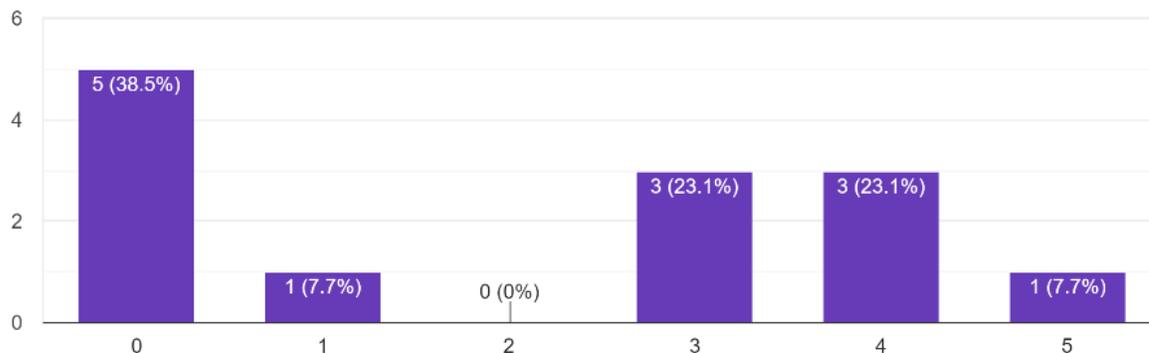
14. Advisory Board and committee meetings are run efficiently and effectively (e.g. start and end on time and ensure all voices are heard...ewhat Agree, 4 = Generally Agree, 5=Strongly Agree)

13 responses



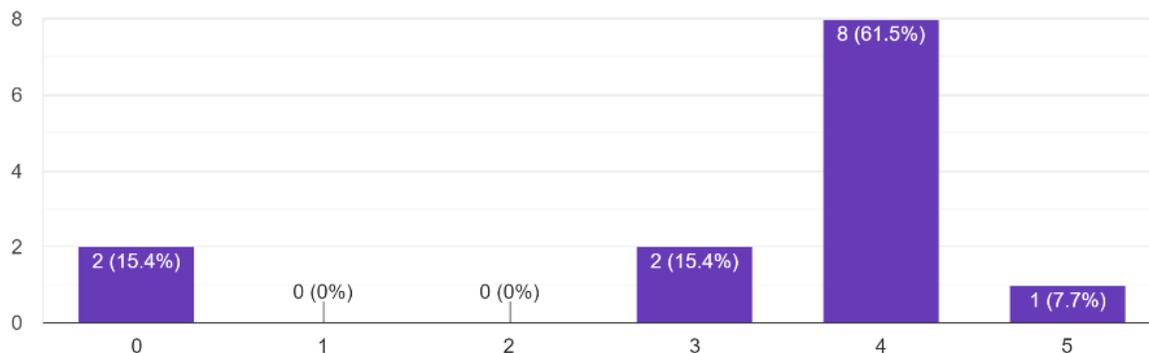
Members indicated a lack of clarity around their understanding of the availability of the documentation of Advisory Board roles and responsibilities (69.3% general/strong agreement and 30.8% uncertain or disagree), clear communication of the expectations of Advisory Board members (38.5% general/strong agreement and 38.5% uncertain or disagree), and finally an awareness of a process for onboarding new Advisory Board members (30% general/strong agreement and 38.5% uncertain or disagree).

10. The Advisory Board has effective processes for identifying, cultivating, and integrating new Board members. (0=Not Sure, 1 = Disagree, ...hat Agree, 4 = Generally Agree, 5=Strongly Agree)  
13 responses



The composition of Advisory Board members was believed to be strong in terms of having an understanding of the most important state and community health needs for children (84.5% generally/strongly agree). The diversity of Advisory Board membership was perceived by 69.2% of respondents to be reflective of the needs of the organization (generally/strongly agree).

9. The Advisory Board's composition reflects the diversity of background, expertise, and other resources needed by the organization. (...what Agree, 4 = Generally Agree, 5=Strongly Agree)  
13 responses



Comments of Advisory Board members in this section indicated a sense that meetings were informative. Several members indicated that they were “unsure if (they were) making a meaningful difference.”

## Relationship Cultivation

This section seeks to understand the perception of Advisory Board members' relationship with the Executive Director, staff, and their relationship with fellow Advisory Board members.

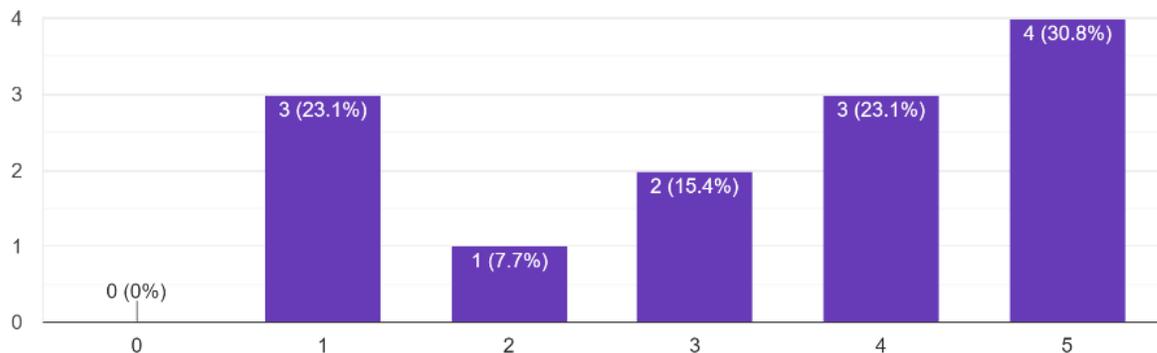
Advisory Board members indicate a strong relationship between the Advisory Board and the Executive Director. This is illustrated by 92.3% of respondents generally/strongly agreeing that the group has a constructive and respectful relationship with the Executive Director. Similarly, other relationships rated strongly, including:

- 84.6% of respondents believed the Advisory Board had a constructive and respectful relationship with CHAW staff (generally/strongly agreed).
- 92.3% of respondents believed that they had a constructive and respectful relationship with the Executive Director (generally/strongly agreed).

Feedback about the relationship between the Advisory Board and CHAW staff indicated confusion over this connection. Fifty-four percent of respondents said these roles were clear (generally/strongly agree), 15.4% somewhat agreed, and 30.8% somewhat disagreed/disagreed).

25. How my role and the role of the CHAW Staff connect is clear to me. (0=Not Sure, 1 = Disagree, 2 = Somewhat Disagree, 3 = Somewhat Agree, 4 = Generally Agree, 5=Strongly Agree)

13 responses



Overall, respondents felt that their interactions with staff were very helpful (84.7%) and positive.

Comments on relationship cultivation focused on more meaningful interactions with the CHAW staff and the ability to impact both Advisory Board and CHAW initiatives. Feedback on the virtual meeting format was mixed with some indicating that it was easier to participate, while others expressed a loss of informal interactions which impacts relationship building.

## Member Engagement

This final section of the survey focused on individual level perception of one's role on the Advisory Board including understanding the purpose of the board, knowledge about CHAW programs and services, the ability to provide feedback, and whether the Advisory Board meets expectations.

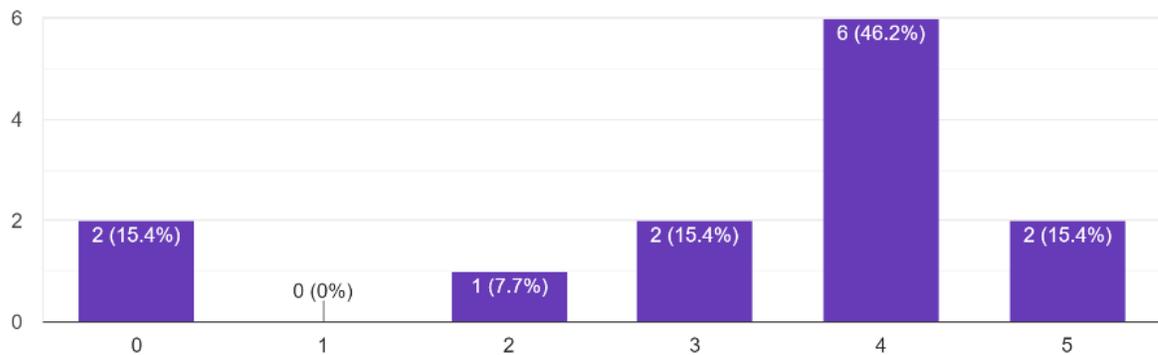
Key themes in this section include:

- A lack of understanding of one's role as an Advisory Board member.
- A sense of ineffectiveness in serving CHAW well.
- A strong commitment to CHAW (84.7% of respondents agreed/strongly agreed that they were committed to and interested in CHAW).

There is a moderate level of uncertainty regarding the Board's perception of it fulfilling its purpose for CHAW with 15.4% somewhat agreeing and 23% somewhat disagreeing or unsure.

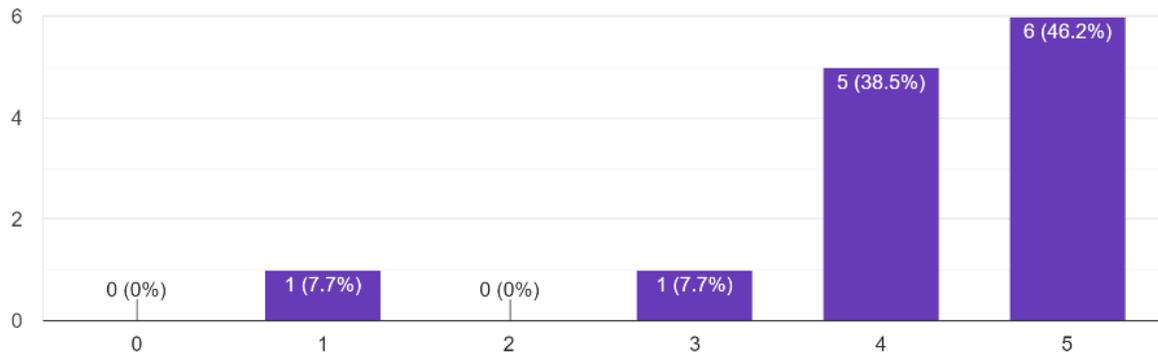
36. The Advisory Board is fulfilling its purpose for the organization. (0=Not Sure, 1 = Disagree, 2 = Somewhat Disagree, 3 = Somewhat Agree, 4 = Generally Agree, 5=Strongly Agree)

13 responses



Advisory Board members felt that their experience was satisfying, with 84.7% agreeing/strongly agreeing that their commitment was rewarding.

40. I find serving on the Advisory Board to be a satisfying and rewarding experience. (0=Not Sure, 1 = Disagree, 2 = Somewhat Disagree, 3 = Somewhat Agree, 4 = Generally Agree, 5=Strongly Agree)  
13 responses



Overall, the Advisory Board members indicated that they enjoyed working with multiple stakeholders from across the state to assist children in Wisconsin. Suggestions for improvement focused on increased opportunities for meaningful involvement in the work, greater discussion, and input on initiatives.

## CHAW Advisory Board Evaluation

### Executive Summary – Staff Survey Results

A survey on Advisory Board Engagement was emailed to staff in Fall of 2021. Of the 14 staff invited to participate, 13 completed the survey (93% response rate). The survey was administered through Google Forms. Main findings are highlighted below, followed by full description of findings.

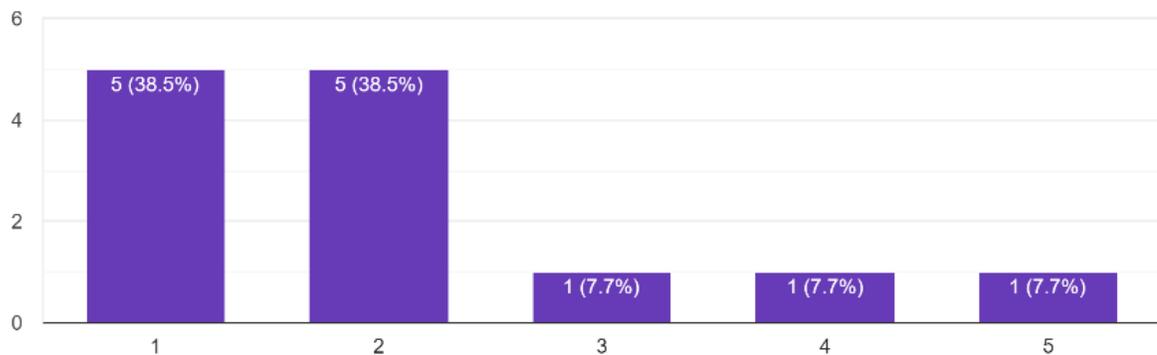
- Staff have an understanding of the board, but not necessary how the board relates to their work.
- Staff view the advisory board as a source of consultation, oversight, and ambassadorship with external organizations/groups.
- The virtual settings permits more staff to attend advisory board meeting, but limits the development of relationships.
- Staff members would like more interaction and opportunities to connect with the advisory board and more clearly defined roles.

### Board Interaction

A majority of staff report not interacting or having minimal interaction with members of the advisory board (77% of respondents). When asked how helpful is the interaction with the advisory board for their work, the majority indicated it was not at all health (31%). three staff members reported that this questions was not applicable for them – all of whom reported they had no interaction with the advisory board in the first question. When asked to describe their interactions with the advisory board, one staff member mentioned not having any interactions, five individuals mentioned interactions at advisory board meetings, two mention interaction at board meetings and follow-ups with board members outside of the meetings, and five individuals mention a consultation-type of interaction with board members, including one who mentioned outreach for expansion and growth, mentoring and collaboration.

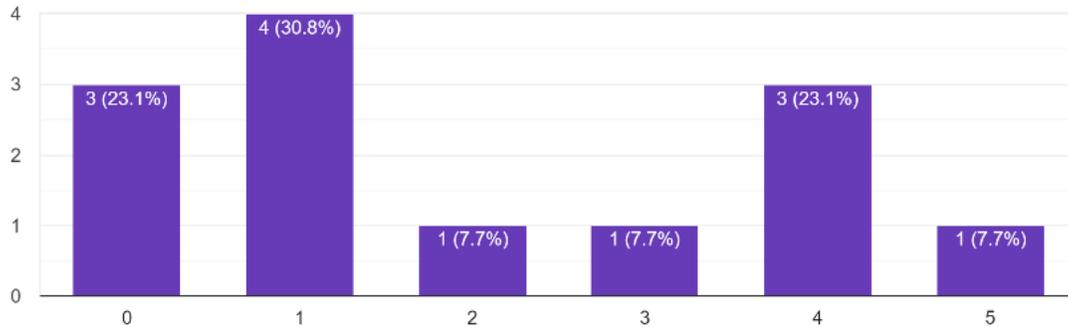
1. How often do you interact with members of the Advisory Board? (1=Not at all – 5=All the time)

13 responses



2. How helpful is your interaction with the Advisory Board for your work? (0=NA; 1=Not at all – 5=Very helpful)

13 responses

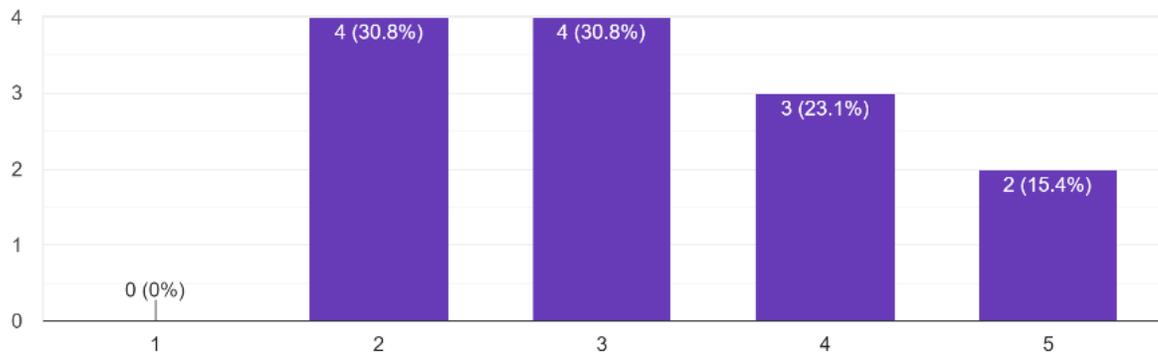


### Role of the Advisory Board

A majority of the staff report understanding the role of the advisory board for CHAW (62% agree or strongly agree). However, how their role and the role of the advisory board intersect is less clear to staff, with tied responses for disagree or neither agree nor disagree to how my role and the role of the advisory board connect is clear to me (31% and 31% respectively). Guiding the work of CHAW was mentioned by six staff members when asked what role the advisory board has on their work; being a resource for CHAW was mentioned by two individuals; raising awareness was mentioned by three individuals; oversight was mentioned by two individuals; participating in subcommittees was mentioned by one individual; and one individual mentioned that the advisory board does not directly affect their position. The majority of staff are not frequently recommending others interact with advisory board members: the majority of staff responded in the middle, halfway between not at all and all the time (46%), followed by not at all (31%).

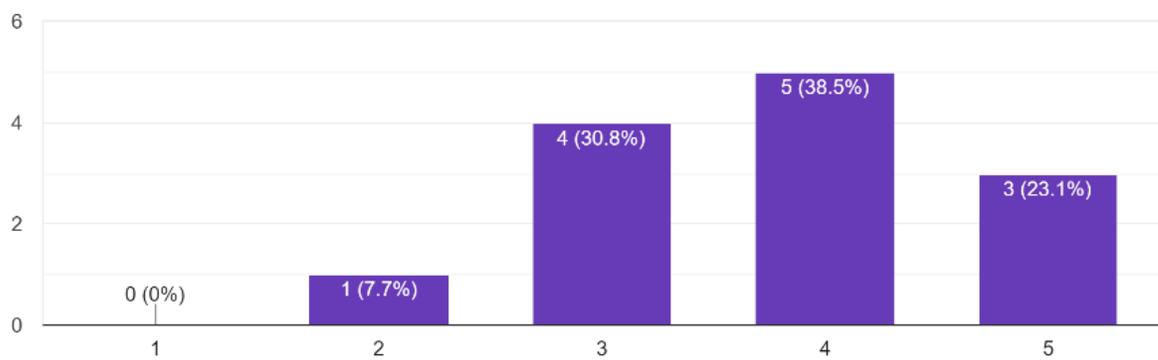
5. How my role and the role of the Advisory Board connect is clear to me. (1=Strongly disagree – 5=Strongly agree)

13 responses



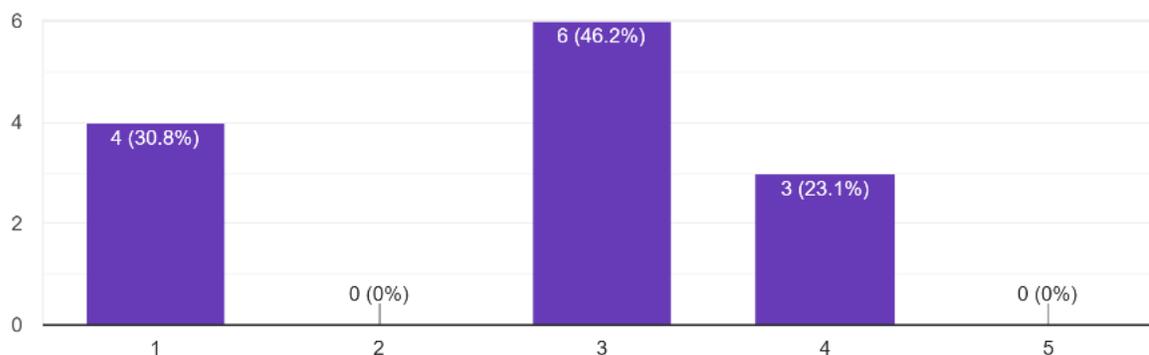
4. I understand the purpose of the Advisory Board for my organization. (1=Strongly disagree – 5=Strongly agree)

13 responses



7. I recommend others within the organization connect with the Advisory Board / Advisory Board members. (1 = Not at all – 5 = All the time)

13 responses



### Virtual Meetings

An open-ended question was asked regarding how virtual advisory board meetings influenced staff's interaction with the advisory board. Four people mentioning being virtual did not change their interaction with the advisory board; one person mentioned it being easier to see everyone in the virtual setting; two people mentioned that the virtual setting enabled them or additional staff to attend the advisory board meetings; seven individuals mentioned less interaction or no longer having interaction with advisory board members due to the virtual meeting, resulting in challenges building relationships.

### Advisory Board Meeting Expectations

Most staff agree that the advisory board is meeting their expectations (58% agree or strongly agree). The majority of staff also agree that the advisory board fulfils its purpose for CHAW (62% agree or strongly agree). When asked what ways the advisory board is meeting their expectations, staff reported: they don't have any expectations (2 individuals); the board provides feedback/advise (4 individuals); provide an opportunity to share information and stay connected (2 people); commitment to the vision of the Alliance and moving our work forward (1 person); very responsive to email requests in between meetings. The Board members treat all members of CHAW staff with respect and kindness (1 person); and many members are highly engaged and participate in work outside of the AB and EC meetings; members provide strategic direction for our work (1 person).

When asked in what ways is the advisory board not meeting your expectations staff indicated several components. Four people did not report any expectations or the advisory board not meeting expectations. The other suggestion are as follows:

- Sharing more about how Board members support CHAW outside of Board meetings would be helpful. Attending meetings does not equate to fulfilling the role of a Board member.
- The Board is a wealth of information, expertise and represents a broad group of organizations. Might there be opportunities for the Board to serve, in part, as a sounding Board? I am not sure

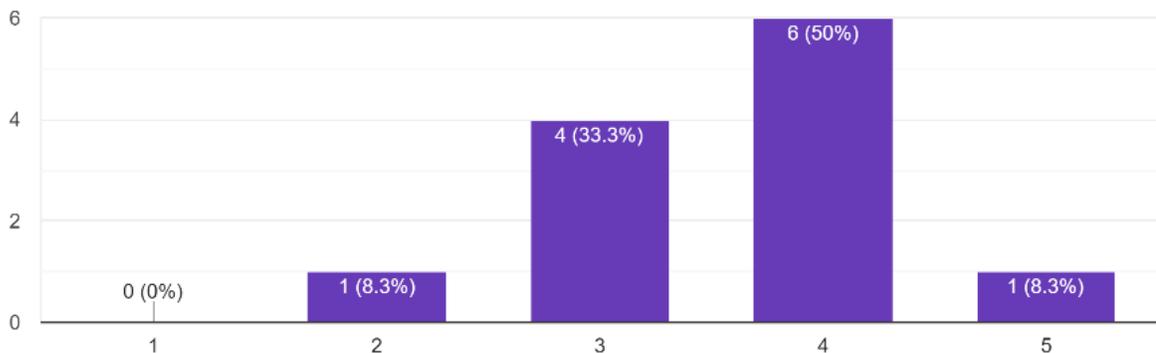
how to engage with the Board (outside of meetings), and would be interested to learn how the Board would like to be engaged, and if they would want to be more engaged in our work vs. hearing updates on what we are focused on. I think the Board needs to engage in discussions about public policies and what role/position CHAW would take going forward

- Could be helpful to connect us with key contacts within health systems to potentially enroll in our various initiative efforts
- Perhaps more interaction; only interaction is during Advisory Board meetings. This is challenging as these are volunteer positions and members have other priorities.
- Would love to see greater participation in calls for subcommittees, more engagement and collaboration to assist programmatic growth within their networks. Not get too focused on the operational aspects of the Alliance in their role as a board member.

While staff had several points of feedback for the advisory board, the majority of staff report being unable to provide feedback on the operation of the advisory board for CHAW (54% disagree or strongly disagree that they are able to provide feedback on the operation of the advisory board for the organization). Other comments from staff regarding the advisory board included having advisory board members show interests in all CHAW initiatives, clarifying how the advisory board should be involved in staff's work, it would be helpful to better understand the make-up of our board and what organizations and areas of the state they represent to allow for further partnership development if needed, more sharing and collaboration, and look for opportunities to engage with staff across the entire board.

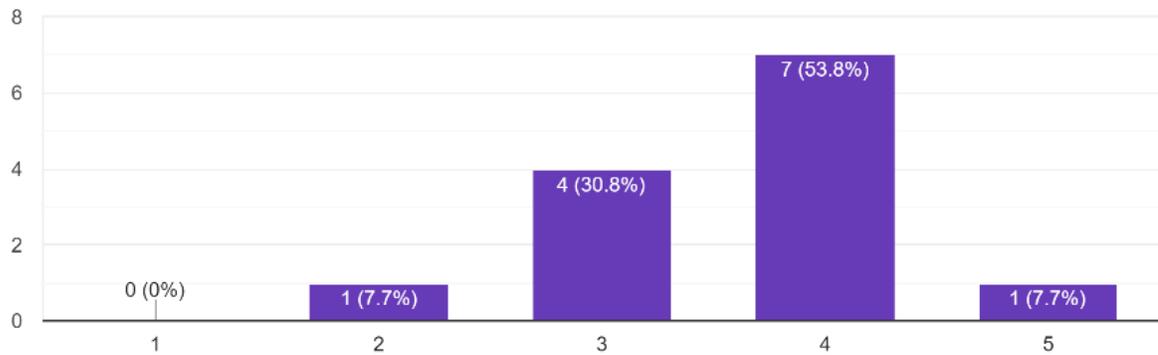
9. The Advisory Board meets my expectations. (1=Strongly disagree – 5=Strongly agree)

12 responses



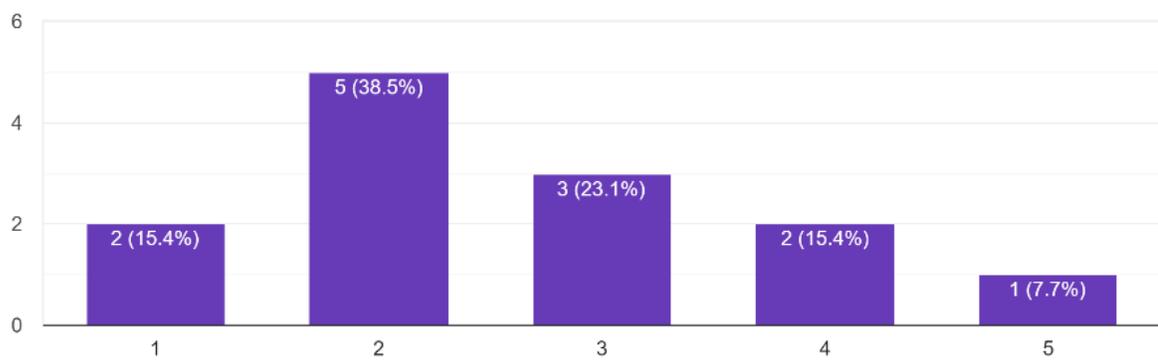
10. The Advisory Board is fulfilling its purpose for the organization. (1=Strongly disagree – 5=Strongly agree)

13 responses



11. I am able to provide feedback on the operation of the Advisory Board for the organization. (1=Strongly disagree – 5=Strongly agree)

13 responses



# **RULES OF OPERATION OF THE ADVISORY BOARD OF CHILDREN'S HEALTH ALLIANCE OF WISCONSIN**

## **ARTICLE I**

### **Identity**

Children's Health Alliance of Wisconsin (Alliance) is a program of Children's Hospital of Wisconsin, Inc. (CHW), created to serve as a voice for children's health, raise awareness, mobilize leaders, impact public health and implement programs with demonstrated outcomes. CHW serves as the fiscal agent and programmatic home for the Alliance.

## **ARTICLE II**

### **Mission, Vision, and Values**

#### **A. Mission**

To ensure Wisconsin children are healthy, safe and able to thrive.

#### **B. Vision**

Children's Health Alliance of Wisconsin is the recognized leader who acts as catalyst to inspire and champion innovative approaches that nurture the health and well-being of Wisconsin's children.

#### **C. Values**

Children's Health Alliance of Wisconsin holds the following in highest regard:

- a. The health and well-being of every child in Wisconsin
- b. The role of families and communities in nurturing healthy children
- c. Our work is accomplished and optimized by the facilitation of strategic alliances
- d. The results are meaningful and sustainable

## **ARTICLE III**

### **Advisory Board Membership**

The membership of the Alliance Advisory Board will be individuals with a commitment to child health issues, representing families, adolescents, government agencies, hospitals, public and private health care providers, business professionals, community agencies, advocates and others.

#### **A. Advisory Board**

A Member of the Advisory Board (Advisory Board Member) is an individual or representative of an organization who is nominated by the Executive Council and confirmed by the Advisory Board.

##### **Section 1 - Responsibilities of Advisory Board Members:**

- a. Travel to and participate in approximately three board meetings per year, held throughout the state of Wisconsin. (Advisory Board Members who are unable to attend a minimum of two yearly meetings will be asked to recommit for the next year board membership.)
- b. Review agenda and supporting materials prior to Advisory Board and committee meetings.
- c. Actively participate in the work plan of the Alliance.
- d. Initiate and maintain contact with other Advisory Board Members. Discuss matters of concern with Advisory Board Chair and/or Executive Council.
- e. Promote the Alliance to the community and help to establish new relationships, where appropriate.
- f. Suggest possible nominees to the Advisory Board who can make significant contributions to the organization.

- g. Commit the necessary time to become familiar with issues that come before the Advisory Board.
- h. Provide timely, candid, and constructive praise, criticism, advice and comments to the Advisory Board and staff.
- 1. Review the Alliance's budget submitted to CHW annually. Know the budget and take an active part in monitoring it.
- J. Assist Alliance staff by providing timely responses to requests.
- k. Complete a periodic Advisory Board Member self-evaluation, surveying the operations, functions, engagement and good stewardship of the Executive Council and Advisory Board.

**Section 2 - Responsibilities of the Advisory Board:**

- a. Provide oversight for all activities of the Alliance.
- b. Recommend Alliance policies and objectives.
- c. Engage in strategic planning for the Alliance.
- d. Provide input into the performance evaluation of the Executive Director.
- e. Delegate Advisory Board responsibilities to the Executive Council.

**Section 3 - Advisory Board Composition**

- a. The Advisory Board will target a membership of approximately 30 members.
- b. Ex-Officio members of the Advisory Board are the CHW representative, the Division of Public Health grant monitor and the Executive Director. All ex-officio members have voting status, but may choose to abstain.
- c. Advisory Board members will be diverse in geography, background, ethnicity and gender.

**Section 4 - Qualifications of Advisory Board Members**

Advisory Board Members shall be persons who have shown an active interest in and commitment to the purposes and objectives of the Alliance.

**Section 5 - Term of Office**

- a. Advisory Board Members shall be appointed to hold office for a term of two (2) years and may be renewed up to four (4) consecutive terms.
- b. The Executive Council may nominate Advisory Board Members to serve additional terms beyond the four terms.
- c. Advisory Board Member term status will be reviewed and confirmed yearly during the fall Advisory Board meeting.
- d. The Executive Director shall send notification at the end of each individual Advisory Board Member's two-year term. A Member can choose to renew their term at this time if the maximum terms have not been reached.
- e. New Advisory Board members who join the Board at a time other than the fall meeting will initiate their first full term the following fall.

**Section 6 - Nominations**

- a. Individuals and organizations may submit names to the Executive Council or an Ad Hoc Nomination Committee. Prior to candidates being submitted to the Advisory Board, the Executive Director shall share potential candidates with CHW to confirm their endorsement.
- b. Executive Council shall submit final candidates to the Advisory Board for approval.

### **Section 7 - Resignation**

- a. An Advisory Board Member may resign at any time by submitting his or her resignation in writing or electronically to the Executive Director.

### **Section 8 - Removal**

- a. An Advisory Board Member may be removed from office with or without cause by the action of the Executive Council whenever, in its judgment, the best interests of the Alliance will be served thereby.

### **Section 9 - Meetings**

- a. The Advisory Board shall meet three times per year at a location recommended by the Executive Director.
- b. In order to accommodate Advisory Board Member travel requirements, the location of these meetings will be voted on by Advisory Board Members.
- c. Minutes shall be taken at each meeting and presented for approval at a subsequent meeting.

### **Section 11 - Compensation**

Advisory Board Members shall receive no compensation for their services as Advisory Board Members. However, Advisory Board Members may receive reimbursement for reasonable expenses incurred in connection with organizational matters, provided such reimbursement is authorized by the Executive Director.

### **Section 12 - Financial Support for Member Meeting Attendance**

Funds may be available to support transportation and lodging for Advisory Board members upon request to the Executive Director.

## **B. Executive Council**

The Executive Council members are Advisory Board Members elected to facilitate the operational work of the Advisory Board.

### **Section 1 - Responsibilities**

As delegated by the Advisory Board, the Executive Council shall act in the best interests of the Alliance.

- a. Participate in, four to five (4-5) Executive Council meetings annually, via teleconference or in person.
- b. Participate as a full Advisory Board Member, as addressed in Article III, Section A.

### **Section 2 - Powers**

As delegated by the Advisory Board, the Executive Council shall have certain reserved powers as stated below:

- a. Input and recommendation to CHW of appointment and termination of the Executive Director with or without cause.
- b. Recommendation to the Advisory Board for the appointment of new Advisory Board members.
- c. Recommendation to the Advisory Board for the removal of Advisory Board Members with or without cause.

- d. Amendment or restatement of these Rules of Operation to be approved by the Advisory Board and CHW.
- e. Issues delegated to the Executive Council shall be decided through majority vote.

**Section 3 - Qualifications of Executive Council**

Qualifications are the same as Advisory Board Members, See Article III, Section 4.

**Section 4 - Number of Members**

- a. The Executive Council shall target a membership of ten (10). The Executive Council, at a minimum, shall include the Advisory Board Chair, Vice Chair, CHW representative and other Advisory Board Members at-large.
- b. Ex-Officio members of the Executive Council include the CHW representative, the Division of Public Health grant monitor and the Executive Director. All ex-officio members have voting status, but may choose to abstain.

**Section 5 - Term of Office**

- a. A slate of candidates for Executive Council will be presented to the Advisory Board by the Executive Council.
- b. Members shall be elected to the Executive Council by a majority vote of the Advisory Board during the fall meeting.
- c. Each Executive Council member will serve a renewable, one-year Term, for a maximum of eight years, unless additional terms are recommended by the Executive Council and approved by the Advisory Board.

**Section 6 - Meetings**

- a. The Executive Council shall meet as often as needed or requested by the Executive Director, targeting four to five times per year.
- b. Minutes shall be taken at each meeting and presented for approval at a subsequent meeting.

**Section 7 - Action by Member**

The Executive Council when taking action with respect to the Alliance shall act through a majority vote of its Members.

**ARTICLE IV**

**Officers**

The Advisory Board shall have one Chair, one Vice Chair, and other officers as deemed necessary.

**A. Advisory Board Chair**

**Section 1 - Duties**

- a. Shall preside at all meetings of the Advisory Board and Executive Council, and perform such other functions as may from time to time be delegated to him or her by the Advisory Board.
- b. Shall appoint Committee Chairs, work groups and Advisory Board designated committees and shall fill any vacancy occurring therein.
- c. Shall be an ex-officio member of all committees of the Alliance.

**Section 2 - Term**

- a. The Board Chair is nominated by the Executive Council and elected by the Advisory Board.

- b. Serves a two-year term. May be re-elected to a second term as Chair.
- c. May continue on the Advisory Board and be re-appointed to the Executive Council after term as Chair expires.

## **B. Vice-Chair**

### **Section 1 - Duties**

- a. The Vice-Chair shall discharge the Board Chair's duties in the event of the Board Chair's absence or disability.
- b. The Vice-Chair shall also perform such other functions as may from time to time be delegated to him\her by the Advisory Board.
  - i.

### **Section 2 -Terms**

- a. Nominated and elected by the Advisory Board.
- b. Serves a two-year term. May be re-elected to a second term as Vice-Chair.
- c. Becomes primary candidate for Board Chair immediately following term as Vice Chair.

## **C. Executive Director**

The Executive Director shall be the "Chief Executive Officer" of the Alliance reporting to CHW and the Executive Council and subject to control of the Advisory Board, and shall in general supervise and control all of the affairs of the Alliance.

### **Section 1 - Duties**

- a. Shall carry out the essential job functions as described in the CHW job description for Alliance executive director. Shall take all necessary steps to conform to all applicable federal, state and local laws.
- b. Shall implement the policies of the Advisory Board for the control and effective use of the resources of the Alliance.
- c. Shall have authority to sign, execute and acknowledge, on behalf of the Alliance, all documents or instruments necessary or proper to be executed on behalf of the Alliance or which shall be authorized by resolution of the Advisory Board or by CHW.
- d. May attend any meetings of any committee or delegate attendance to another Alliance staff member.
- e. In general, shall perform all duties incident to the office of Executive Director and such other duties as may be prescribed by the Executive Council from time to time.
- f. Shall be responsible for keeping the Advisory Board informed of the current status of the Alliance's operations.
- g. Shall advise and make recommendations to the Advisory Board concerning the present and contemplated activities of the Alliance.
- h. Shall assure the Advisory Board is properly represented to employees, the Executive Council and the general public.
1. Shall represent the Alliance in education, advocacy and public policy matters, and in doing so, will utilize the following guidelines:
  1. Act in accordance with the mission of the Alliance and specific grant objectives or work plans for each Alliance initiative.
  11. Initiate communication and provide information to the Executive Council or Advisory Board on legislative matters that may or may not be directly related to an Alliance initiative, but impact the Alliance mission, and seek guidance prior to taking action.

111. Periodically update the Executive Council and Advisory Board on education and advocacy actions related to the Alliance mission.

**D. Succession Plan**

The Alliance Executive Council will review and approve a succession plan developed by Alliance staff and CHW. The succession plan should be implemented upon the departure of the executive director.

**E. Resignation of Officers**

Any officer may resign at any time by given written notice to the Advisory Board. Such resignation shall take effect at the time specified therein or, if no time is specified, then upon receipt of the resignation and, unless otherwise specified therein, acceptance of such resignation shall not be necessary to make it effective.

**F. Removal of Officers**

Any officer may be removed from office by the action of CHW or of the Executive Council whenever in its judgment, the best interests of the Alliance will be served thereby, without prejudice to the contract rights, if any, of the officer so removed.

**G. Officer Vacancies**

A vacancy occurring in any elected office for any reason may be filled for the unexpired portion of the term of said office by the action of the Chair of the Board.

**ARTICLE V  
General Provisions**

**A. Instruments, Bank Accounts, Checks and Drafts, Loans, Securities.**

Children's Hospital of Wisconsin, Inc. as Fiscal Agent shall establish policies and procedures with respect to execution of all financial transactions. Notwithstanding the foregoing, no loans may be made to any officer or director, directly or indirectly.

**B. Fiscal Year**

The fiscal year of the Alliance shall end on December 31.

**ARTICLE VI  
Miscellaneous**

**A. Committees**

There are no "standing" committees. The Advisory Board Chair appoints committees as needed.

**ARTICLE VII  
Non-Discrimination**

The services and activities of the Alliance shall at all times be conducted on a non-discriminatory basis without regard to color, national origin, sex, religious preference or creed, age or physical impairment or handicap (except in the case of eligibility of participation in health care programs restricted by their nature to persons of certain sex, age or physical characteristics).

**ARTICLE VIII**  
**Amendment**

The Rules of Operation of the Alliance may only be amended, repealed or restated by the Executive Council with CHW approval. Dated this 9<sup>th</sup> Day of December 2021.



\_\_\_\_\_  
Advisory Board Chair – Nanette Peterson  
Children’s Health Alliance of WI

Attest:



\_\_\_\_\_  
Executive Director – Matt Crespin  
Children’s Health Alliance of WI

A Resolution approving the contained amendments to the original Rules of Operation established in 2002 for the Alliance was adopted by a majority vote of the Advisory Board of the Alliance at a meeting duly called and held on February 18, 2022 .



\_\_\_\_\_  
Advisory Board Chair – Nanette Peterson  
Children’s Health Alliance of WI

Attest:



\_\_\_\_\_  
Executive Director – Matt Crespin  
Children’s Health Alliance of WI

These amended Rules of Operation were approved by Children’s Hospital of Wisconsin, Inc. on

TBD  
Children's Hospital of Wisconsin , Inc.

