UWMF Board of Directors

July 22, 2020, 4:00 - 6:00 PM

https://uwhealth.webex.com/uwhealth/onstage/g.php?
MTID=e6140d6485390708ac81e18210ed7c061

Meeting number: 120 297 4158 // Password: 072220


**ADVANCE MEETING MATERIALS ARE POSTED FOR REFERENCE. OCCASIONALLY, THE POSTED MATERIALS DO NOT REFLECT CHANGES MADE SHORTLY BEFORE OR DURING BOARD MEETINGS. THE FULL BOARD MINUTES ARE THE OFFICIAL RECORD OF FINAL BOARD ACTION**
# Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4:00 PM</td>
<td><strong>I. Call to Order of Board Meeting</strong></td>
<td>In this session, Dr. Alan Kaplan would welcome everyone to the Board Meeting.</td>
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<tr>
<td>4:00 PM</td>
<td><strong>II. Welcome Dr. John Frohna, UWMF President and UWMF Board Vice Chair</strong></td>
<td>An introduction to Dr. John Frohna's role and responsibilities as the President of UWMF and the Board Vice Chair.</td>
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<td>Attachment - Dr. John Frohna Biography</td>
<td>Attachments related to Dr. John Frohna's biography are available for reference.</td>
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<tr>
<td>4:05 PM</td>
<td><strong>III. Consent Agenda</strong></td>
<td>The Consent Agenda includes approval of previous meetings' minutes and agendas.</td>
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<td>Attachment - Open Session Minutes from May 27, 2020</td>
<td>Minutes of the open session held on May 27, 2020 are available for review.</td>
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<tr>
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<td>Attachment - UWMF Compensation Development Committee Vice Chair</td>
<td>Minutes of the open session held on May 27, 2020 are available for review.</td>
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<td></td>
<td>Regional Division, Inc. - Appointment of Corporate Officers</td>
<td>The appointment of corporate officers for Regional Division, Inc. is discussed.</td>
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<td>(Material to be added in advance of meeting)</td>
<td>This section is reserved for material to be added in advance of the meeting.</td>
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<tr>
<td>4:06 PM</td>
<td><strong>IV. UW Heath Anti-Racism: A Vision for a New Normal</strong></td>
<td>Ms. Shiva Bidar-Sielaff presents a vision for a new normal related to UW Heath Anti-Racism.</td>
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<tr>
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<td>Presentation - UW Health Anti-Racism: A Vision for a New Normal</td>
<td>A presentation on UW Health Anti-Racism: A Vision for a New Normal is discussed.</td>
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<tr>
<td>4:28 PM</td>
<td><strong>V. Closed Session</strong></td>
<td>Confidential strategic matters requiring a closed session are discussed, including review and approval of closed session meeting minutes, and discussion of UW Health CEO performance assessment.</td>
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<tr>
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<td>(Materials Available To Members Only)</td>
<td>This section is reserved for confidential information available to members only.</td>
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<tr>
<td>5:58 PM</td>
<td><strong>VI. Return to Open Session</strong></td>
<td>The meeting returns to the open session.</td>
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<td>5:59 PM</td>
<td><strong>VII. ACTION: FY21 UW Health Enterprise Capital and Operating Budgets (July - December 2020)</strong></td>
<td>Dr. Alan Kaplan recommends endorsing the approval of the FY21 UW Health Enterprise Capital and Operating Budgets as discussed in closed session.</td>
</tr>
<tr>
<td>6:00 PM</td>
<td><strong>VIII. Adjourn</strong></td>
<td>The meeting concludes with the adjournment.</td>
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Attachment

BIO

Dr. John Frohna
Dr. John Frohna is the UW Medical Foundation President and UW School of Medicine and Public Health Vice Chair for Education in the Department of Pediatrics.

He earned his undergraduate and medical degrees from the University of Wisconsin, and then competed his combined Internal Medicine-Pediatrics residency at the University of Michigan and St. Joseph Mercy Hospital in Ann Arbor, MI. He also served as a chief resident in pediatrics.

His career has focused on medical education at the local and national levels. He is a Professor (CHS) of Pediatrics and Medicine at UW Health, and practices primary care.
Attachment

UWMF Compensation Development Committee Vice Chair
The UWMF Executive/Governance Committee unanimously approved, via written consent dated July 13, 2020, the recommendation that Dr. J. Carter Ralphe fill the current Vice Chair, UWMF Compensation Development Committee (CDC) vacancy.

Dr. Ralphe has been an active and valued participant with the UWMF CDC as well as with the physician compensation plan guidelines (CPG) development initiative. The Vice Chair provides general chair duties when the Chair is not available and participates in committee meeting preparations.

The appointment coincides with the UWMF CDC Chair’s term and would end December 31, 2021.

**UWMF Compensation Development Committee**

**Proposed Vice Chair**

| Dr. J. Carter Ralphe | Vice Chair | Term Ends 12/31/21 |
Anti-Racism: A Vision for a New Normal

Shiva Bidar-Sielaff
Chief Diversity Officer
July 2020
Anti-Racism: A Vision for a New Normal

Background
Community Health Needs Assessment Framework

Health Outcomes
- Length of Life (50%)
- Quality of Life (50%)

Health Factors
- Health Behaviors (30%)
  - Tobacco Use
  - Diet & Exercise
  - Alcohol & Drug Use
  - Sexual Activity
- Clinical Care (20%)
  - Access to Care
  - Quality of Care
- Social & Economic Factors (40%)
  - Education
  - Employment
  - Income
  - Family & Social Support
  - Community Safety
- Physical Environment (10%)
  - Air & Water Quality
  - Housing & Transit

We are using the framework of the UW-Madison Population Health Institute County Health Rankings model to understand what contributes to health outcomes and think broadly about areas for community health improvement.
### Our Current Work

#### Internal
- Voluntary computer based training
- Limited in-person/interactive training
- Internal messaging (signs, buttons)
- Employee Resource Groups
- Updating clinical policies

#### Internal & External
- Career pathways educational programs
- Direct community giving & partnerships
- Community Health Implementation Strategy focused on eliminating disparities in Black maternal child health
Where we are headed
# The Path To Becoming An Anti-racist, Multicultural Institution

<table>
<thead>
<tr>
<th>Monocultural</th>
<th>Multicultural</th>
<th>Anti-racist</th>
<th>Anti-racist Multicultural</th>
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<tbody>
<tr>
<td>Racial and Cultural Differences Seen as Defects</td>
<td>Tolerant of Racial and Cultural Differences</td>
<td>Racial and Cultural Differences Seen as Assets</td>
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<tr>
<td><strong>Exclusive</strong></td>
<td><strong>Passive</strong></td>
<td><strong>Symbolic Change</strong></td>
<td><strong>Identity Change</strong></td>
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<tr>
<td>A Segregated Institution</td>
<td>A “Club Institution”</td>
<td>A Multicultural Institution</td>
<td>An Anti-Racist Institution</td>
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We are here

Our Vision
Vision, Path and Goals

Our Vision

**UW Health is a leader in dismantling racism in ourselves, in our system and in our community**

Our Path

- **Identity Change**
  - Local/Internal
  - Create a culture of anti-racism and inclusion

- **Structural Change**
  - Regional/Community
  - Deliver healthcare that is equitable and inclusive

- **Fully Inclusive**
  - National/Advocacy
  - Reduce health inequities by addressing social determinants of health

Proprietary
Anti-Racism: A Vision for a New Normal

Strategies
Two Phases of Implementation

PHASE 1
Building the Foundation

• The work we will do in the next 12 months
• Four key strategies
• Adding human resources and infrastructure to DEI department
• Broad initiatives supporting DEI department’s work
• Identifying and developing future strategies

PHASE 2
Sustain and Grow

• Three-year strategic plan
• Sustain foundational strategies
• Develop additional strategies
PHASE 1
Building the Foundation

• The work we will do in the next 12 months
• Four key strategies
• Adding human resources and infrastructure to DEI department
• Broad initiatives supporting DEI department’s work
• Identifying and developing future strategies

Broad initiatives supporting the DEI department’s work:

• Review and make recommendations to organizational financial investments from an equity perspective. - Senior Team
• Review and make recommendations to create equity within our supply chain. - Supply Chain
• Review and make recommendations to improve recruitment and retention of employees of color. - HR
• Actively support healthcare related public policy that addresses systemic racism. - Government Relations
We have developed four foundational strategies to move us toward our vision and goals:

1. Expand Professional Development and Training Programs
2. Demonstrate Leadership Support of Providers and Staff of Color
3. Integrate Equity Tools into Decision-making and Operational Process
4. Goal Focused Investment of Time and Money into Communities of Color

Proprietary
Strategy 1: Expand Professional Development and Training Programs

Goals Impacted

- Create a culture of anti-racism and inclusion
- Deliver healthcare that is equitable and inclusive
- Reduce health inequities by addressing social determinants of health

Key Tactics

- Training for all leaders on implicit bias
- Cascading goals
  - Require each leader to complete two micro-learnings or one interactive training
- Professional development and training templates
- Tailor training plan for department
- Turnkey professional development tools and models available for all departments to implement

Ensure leaders are trained to recognize bias and empowered to reduce the negative impact of racism on their actions and on our organization.
Strategy 2: Demonstrate Leadership Support of Providers and Staff of Color

Goals Impacted
- Create a culture of anti-racism and inclusion
- Deliver healthcare that is equitable and inclusive
- Reduce health inequities by addressing social determinants of health

Ensure providers and staff of color receive the support needed to successfully navigate challenges

Key Tactics
- Accelerate growth of our Employee Resource Groups through intentional support by leaders:
  - Leaders cascade information and supporting ERG participation
  - Support of ERG voices and initiatives
  - Connect the CEO to the work of ERGs
  - Support for additional ERGs
- Work with HR to improve processes for providers and employees of color to report issues and receive support
- Clearly communicate internally and externally our discriminatory behavior policies and practices
Strategy 3: Integrate Equity Tools into Decision-making and Operational Process

- Create a culture of anti-racism and inclusion
- Deliver healthcare that is equitable and inclusive
- Reduce health inequities by addressing social determinants of health

Create standard equity tools that guide leaders through a process of reflection and evaluation to mitigate unintended consequences of bias in decision making in daily tasks, project implementation, policy creation & strategic planning

Key Tactics

- Create equity tool templates tailored to meet our organizational needs
- Develop and deliver training on use of equity tools
- Integrate and embed tools into tasks across the institution through ongoing training, consultation and assistance
- Begin to develop equity lens competencies
Strategy 4: Goal Focused Investment of Time and Money into the Communities of Color

Create a culture of anti-racism and inclusion
Deliver healthcare that is equitable and inclusive
Reduce health inequities by addressing social determinants of health

We need to continue to invest in and partner with organizations improving health and well-being in communities of color. This is essential to address centuries-long disinvestments that have greatly contributed to racialized health inequities.

Key Tactics

- Make investments aligned with Board- approved Community Health Needs Assessment and DEI focus areas
- Increase funding to allow transformation-sized gifts to key partners
- Continue trust-based unrestricted contributions
- Fund multi-year gifts to allow partners to build stable organizations
- Seek more input from partner organizations and decision-making led by people of color
Two Phases of Implementation

PHASE 2
Sustain and Grow

- Three-year strategic plan
- Sustain foundational strategies
- Develop additional strategies
  - Workforce diversity, local supplier diversity, increasing financial investments

Proprietary
Anchor institutions are large place-based organizations that are deeply rooted in their local geographies and that play an integral role in the local economy. Anchor institutions are often located in or adjacent to inner city neighborhoods and represent opportunities for creating shared value.

Anchors include universities, hospitals, and medical centers, but can also include local government organizations, community foundations, sports teams, arts and cultural organizations, and large corporations.
Anti-Racism: A Vision for a New Normal

Resources
Resources

• Financial Investment
  • $1.4 million total
    • $400,000 for additional DEI staff and resources
    • $1 million for direct community investment
Questions & Discussion

Thoughts on the goals and strategies?
Is the resource investment appropriate at this time?
Thank you