



COMMUNITY HEALTH DELIBERATIVE DIALOGUES

How Do We Achieve a Healthy Community for All?

Adams, Jackson, and Marinette County Dialogue Summaries

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PROJECT PARTNERS

This project was a collaborative effort among many individuals spanning multiple organizations and agencies. The following organizations partnered this project:

- University of Wisconsin-Madison Population Health Institute
- University of Wisconsin-Madison Department of Family Medicine and Community Health
- University of Wisconsin-Madison Division of Extension
- Wisconsin Public Health Forward/Wisconsin Association of Local Health Departments and Boards
- Adams County Health and Human Services Department
- Jackson County Public Health Department
- Marinette County Health and Human Services Department
- Wisconsin Institute for Public Policy and Service

We are appreciative of the following individuals for their leadership and expertise throughout this project:

- Jen Braun – UW-Madison Division of Extension*
- Karla Gearing – UW-Madison Division of Extension Jackson County*
- Danielle Lemke – UW-Madison Division of Extension Marinette County
- Sheila Michels – UW-Madison Division of Extension Adams County*
- McKenzie Leigel – UW-Madison Population Health Institute*
- Shelly Shaw – UW-Madison Department of Family Medicine and Community Health*
- Joan Theurer – Wisconsin Association of Local Health Departments and Boards
- Cody Przybylski – Adams County Health and Human Services Department
- Tammy Handly – Jackson County Public Health Department
- Dawn Jacobson – Jackson County Public Health Department*
- Molly Bonjean – Marinette County Health and Human Services Department*
- Nicholas Giordano – WIPPS*

*These individuals also served as official moderators, notetakers, and/or observers of the deliberative dialogues.

PROJECT PURPOSE AND OVERVIEW

PURPOSE

For many years in Wisconsin, local health departments have been working alongside partner organizations hosting community conversations to develop a shared understanding of what creates health and well-being, advancing concepts of social determinants of health, and seeking to improve health equity. The COVID-19 pandemic exacerbated the need for a shared understanding of how we make healthy communities for all. Furthering the shared understanding of healthy communities among community decision-makers and the general public is a key strategy to improve health outcomes and close the gap in health disparities, thereby advancing the wellbeing of all residents and the economic vitality of communities.

In furthering these efforts, UW Population Health Institute and Wisconsin Public Health Forward/Wisconsin Association of Local Health Departments and Boards collaborated with the University of Wisconsin-Madison Division of Extension and the Wisconsin Institute of Public Policy and Service (WIPPS) to pilot deliberative dialogue conversations in three Wisconsin counties: Adams, Jackson, and Marinette. The dialogues focused on the topic of *How Do We Achieve a Healthy Community for All?* The purpose of these conversations was to:

- explore deliberative dialogue as a model to help build trust among residents and local community leaders and decision makers—including health officers—around the complex topic of community health;
- listen to both community leaders and residents to understand how they perceive issues of health equity;
- work toward a shared understanding of the importance of equity to advance health and avoid unnecessary health differences across Wisconsin communities; and
- identify lessons learned about the deliberative dialogue approach that, if successful, could be replicated in other communities.

DELIBERATIVE DIALOGUE APPROACH AND METHODOLOGY

Deliberative dialogue (also referred to as public deliberation) is a well-established strategy for fostering community conversations. It is a way for people to weigh together various approaches to solving problems and to find courses of action consistent with what is valuable to the whole community. Sometimes we face issues so severe and complex—especially at the community level—that we cannot resolve them without significant public input. By weighing the drawbacks and benefits of possible actions on an issue of importance by interested members of a community, it is possible to identify shared values, promote civil discourse, and potentially come to common ground.

Deliberative dialogue helps people to consider what they hold valuable about an issue and provides space to weigh options and make choices about how communities can act collectively to address problems. By deliberating together, community members wrestle with the concerns that really matter to them. They learn what they can agree on (and what they cannot). It is this shared sense of what is at stake and where there is common ground for action that serves as the basis for healthy public engagement.

In the fall of 2023, six deliberative dialogues were held in Adams, Jackson, and Marinette Counties on the issue of *How Do We Achieve a Healthy Community for All?* In order to structure the dialogues, the project partners created a detailed issue guide that “named and framed” this topic (see Appendix A). The issue guide was provided to the participants at each dialogue and consisted of background information on the topic, including state and county-level statistics on the factors impacting health outcomes, as well data on population trends, health care spending, life expectancy, mortality. In addition, the issue guide outlined three potential approaches for achieving a healthy community: (1) address systemic barriers – or issues that affect entire communities – and improve access to basic needs; (2) prioritize resources for those with greatest need; and (3) help community members make informed choices.

For each of the three approaches, the issue guide provided possible actions as well as their drawbacks. Trained moderators facilitated discussion by carefully examining each approach, including weighing trade-offs among the action items and

identifying areas of tension as well as common ground. A public note-taker assisted in recording the results of the dialogues. At least one formal observer was present at each dialogue to capture key themes and takeaways as well. Each dialogue was conducted in person and was scheduled for approximately 90 minutes. Health officers and Extension agents in each county collaborated to find a location for the dialogue and to invite the participants.

Two deliberative dialogues were conducted in each county: one with general community members and one with formal decision-makers (hereafter referred to as “community leaders”). Examples of community leaders included, but were not limited to, health officers; board of health members; representatives from the county board of supervisors or local city councils; county and city administrators and staff; UW-Madison Extension agents; state representatives; business representatives; school district superintendents and board members; United Way and other nonprofit representatives; tribal leaders; human service agency directors, etc. As shown in the table below, across all three counties, a total of 75 individuals participated in the dialogues, including 45 community members and 30 community leaders.

Deliberative Dialogues			Participants
Adams	Wednesday, October 4, 2023	Community Members	8
Adams	Wednesday, October 11, 2023	Community Leaders	8
Total			16
Jackson	Wednesday, October 25, 2023	Community Members	21
Jackson	Thursday, November 9, 2023	Community Leaders	14
Total			35
Marinette	Tuesday, October 24, 2023	Community Members	16
Marinette	Monday, October 30, 2023	Community Leaders	8
Total			24
Total - Community Members			45
Total - Community Leaders			30
Total - All Groups Combined			75

In this document we present a general summary of common ground that emerged from each dialogue. This is followed by detailed summary findings from each of the six dialogues. Within each county section, we include a summary of the community member dialogues and the community leader dialogues. The summary was prepared by an independent member of the WIPPS research staff who compiled and synthesized the notes taken during each session by the note-taker and the observer(s). After the summaries were prepared, they were shared back with the moderators, notetakers, and observers to review for accuracy and completeness.

This report does not make systematic comparisons across counties or across dialogues in terms of the specific content of the discussions, nor do we draw conclusions about what participants in one county value relative to another. While each dialogue used a common issue guide, and there are obvious overlaps in themes across the dialogues, we suggest caution comparing the results from each county. Differences in the composition of each group; the manner and order in which topics might have been discussed; the time allotted to specific topics under each approach; and the way notes were captured could impact the content of any given dialogue. For similar reasons, within each county, we recommend reviewing the community member and community leader dialogue summaries separately.

To glean additional feedback about the deliberative dialogue process, at the conclusion of each dialogue, participants were asked to complete a brief 20-question survey about their experience. We also conducted a focus group discussion with the moderators, notetakers, observers, and partners who participated in this project to identify “lessons learned” that will be valuable to conducting future public deliberations on public health issues. The results of the surveys and the focus group are summarized in a separate document, *How Do We Achieve a Healthy Community for All? Participant Feedback and Lessons Learned about the Dialogue Process*.

SUMMARY OF COMMON GROUND

AREAS OF COMMON GROUND – ADAMS COUNTY

Community Members

- Provide more information to community members about health-related behaviors, programs, and benefits; increase access to information. Adams County has resources that are underutilized. It is important to get the word out about opportunities that already exist.
- Lack of transportation is a significant concern and a barrier to accessing health care services and other needs.
- The lack of availability of nutritious foods, especially fresh produce, was a strongly voiced need.
- The lack of access to places to be physically active was noted. There is a need and desire for an expansion of safe walking and exercise spaces, especially for use in winter.
- There was common ground around the value of incentivizing healthy behaviors, but participants discussed challenges related to balancing community responsibility and individual liberty.
- Expanding high-speed internet access, improving the quality and speed of internet, and then increasing familiarity with how to use it, is needed.
- Continue to create a community that cares for one another and leverage this, especially given the aging population in Adams County. This is underscored by the need for younger volunteers.

Community Leaders

- Coordinate efforts and resources. As a community, we need to overcome our silos, work across agencies, and learn to work together to address our challenges. We need to work together across both communities and organizations. Although we believe we have the “community will” to work together, we need to deliberately focus on coordinating our efforts and resources.
- The lack of housing is a serious barrier to healthy community growth. Local government needs to be involved in discussions about zoning for housing in order to loosen restrictions on housing development
- Prioritize childcare services in terms of access, availability, and costs.
- Bring in more mental health professionals into our community to work with youth and adults.
- Provide more opportunities for positive parent-youth interactions. Build a sense of community and belonging.

AREAS OF COMMON GROUND – JACKSON COUNTY

Community Members

- “We all have the same problems—that is our common ground.” Specific areas of concern include:
 - Lack of transportation
 - Safe and affordable housing
 - Broadband access
 - Drug epidemic (crosses all races and ages; drug epidemic affects us all)
 - Lack of education
 - Availability of affordable childcare
 - Needs of our growing elderly population
 - Affordable prescriptions
- Generational racism is present and alive for many people. (“The elephant in the room is racism.”)
- Families and schools should be modeling and teaching behaviors/morals to youth.
- There is an under-utilization of existing resources.
- There is general agreement that kids are our future and there are concerns about support for kids from families and schools.

Community Leaders

- Coordinate efforts and resources. We work “better together.”
- Address the root causes of problems, not just offer services to fix the problem. Families are struggling - how do we get upstream so services are not needed?
- Communicate the availability of resources to community members. Resources that are available are underutilized.
- Address the need for a livable wage. There was common ground around the importance of people having a livable wage in order to make healthier choices. However, there was no agreement on how to achieve this.
- Childcare is an ongoing, major issue that needs to continually be addressed.
- Address the lack of affordable housing, as well as a diversity of housing for people of all income levels.
- Improve transportation.

AREAS OF COMMON GROUND – MARINETTE COUNTY

Community Members

- Help community members change their current methods and thinking to improve the community. Additionally, creating generational change takes time and meaningful effort, so community members need to make changes now and might not be able to see the impact until three generations later.
- Define a long-term goal that can be “stuck to” until it is met. There is a need to come together for long term change/goals, not just selfish reasons.
- Regain community connectedness that has been lost (especially after COVID).
- There is a need for resources and information for those of every income level; and different approaches for different needs.
- Community members should take more responsibility and action to provide help and support based on the needs they see in community.
- Affordable housing is needed in the community but the current pathway to establish and build such housing is blocked by barriers such as bureaucratic red tape and uncooperative landlords.
- Lack of public transportation especially for those in rural areas needs to be addressed.
- Organizations that specialize in addressing certain issues (such as health care navigation, transportation, etc). need to cooperate and coordinate more effectively to make a greater impact for those needing and help.
- All items talked about need to be addressed to make change work (like a snowball effect).

Community Leaders

- Public transportation is needed (but it is hard to receive federal or state funds and support).
- Childcare is needed due to scarcity of options and workers. Consider reframing the issue as a need for more early childhood education.
- Services that support families are needed from early childhood to the elderly.
- The community could be described as very friendly but not very “warm” to outsiders.
- Develop and increase the “web of connectivity.” The web and/or cycle of support individuals have in the community can be both positive and negative depending how strong or weak the relationships are.
- The impact of individualism is large and needs to be understood to address community level issues.
- Multiple organizations must work together to address community needs, including employers.
- Address policy beyond the local level to help facilitate some of the changes needed.
- Small achievements should be noticed and appreciated.

COMMUNITY HEALTH DIALOGUE RESULTS

Adams County – Community Member Session

Dialogue Date	Wednesday, October 4, 2023
Dialogue Location	Adams, Wisconsin
Moderator Name	Eric Giordano (WIPPS); Sheila Michels (UW-Madison Extension Adams County)
Notetaker Name	Sheila Michels (UW-Madison Extension Adams County); Eric Giordano (WIPPS)
Observer Name	Jen Braun (UW-Madison Extension), Shelly Shaw (UW-Madison Department of Family Medicine and Community Health)
Attendees	8 Community Members

Community Member Dialogue Key Discussion Points	
APPROACH 1 – <i>Address systemic barriers</i>	<ul style="list-style-type: none"> ✓ Improve transportation; lack of transportation is a significant concern and a barrier to accessing health care services and other needs. ✓ Increase access to healthy foods and meet the need for healthy food options. ✓ Create more safe walking and exercise spaces and improve access to healthy activities, including in the winter. ✓ Recognize that there is a community culture around alcohol. ✓ Improve clinical care by increasing access to providers and reducing financial barriers. ✓ Provide more information to community members about health-related behaviors, programs, and benefits; increase access to information. ✓ Create a foundation of a more caring community, including opportunities for community involvement and volunteering.
APPROACH 2 – <i>Prioritize resources for those with greatest need</i>	<ul style="list-style-type: none"> ✓ Improve the reliability, accessibility, and availability of broadband services. ✓ Create community centers that provide comprehensive services to a wide range of community members and ensure that the services are utilized. ✓ Improving capacity for language interpretation/translation received limited support. However, the group indicated there is a need for English language learning services in the school and community.
APPROACH 3 – <i>Incentivize healthy behaviors</i>	<ul style="list-style-type: none"> ✓ Efforts to incentivize healthy behaviors may face challenges or push-back from those who favor personal choice or concerns about stigma. Ultimately, individuals will make their own decisions and cannot be forced. Balancing community responsibility vs. individual liberty can be challenging. ✓ Supporting parents/adults and promoting healthy behaviors within the family context may lead to modeling healthier behavior for youth; but it may be challenging. ✓ Create community centers that provide comprehensive services to a wide range of community members and ensure that the services are utilized (topic revisited from Approach 2).

APPROACH 1: ADDRESS SYSTEMIC BARRIERS

Addressing systemic barriers—or issues that affect our entire community—and improving access to basic needs are important components to building healthier communities. According to this approach, communities should emphasize better access to a range of identified needed supports such as housing, transportation, nutritious food, and affordable preventive health care, among other foundational needs that impact the long-term health and wellbeing of residents. Although some of these challenges can be addressed by health providers, most require community buy-in and involve significant changes in how we all work together to create healthier communities. By investing in strategies to minimize barriers to basic needs, this approach suggests that communities can both increase the overall health of community members and decrease long-term health costs.

Improve transportation; lack of transportation is a significant concern and a barrier to accessing health care services and other needs.

- There was significant discussion and agreement within the group about the problem of transportation.
- It was discussed first as a barrier to getting medical treatment but spilled over into a broader discussion of lack of transportation for other services and basic needs.
- One participant who was plugged into a local faith-based group called Faith in Action noted that this organization helps with transportation needs by supplying reimbursement.
- Several participants noted that a part of the transportation problem is the lack of qualified drivers. One person noted, for example, that younger people and other potential workers are not present or interested in helping with driving and other needs.
- Another person pointed out that some services like Medivan and Vio [sp?] are available, but only to those who are Medicaid eligible.
- Another participant mentioned that the local ADRC had a “pick your driver” program in which people with transportation needs could find their own driver, get a ride, and then have that driver be reimbursed. However, this program is available only for seniors and the disabled.
- There is a need for a transportation strategy.
 - Some people can afford to pay.
 - ADRC is a current resource that helps, but how many people know about it?
 - A person can pretty self-sufficient, but every now and then may need support – what about then?

Increase access to healthy foods and meet the need for healthy food options.

- There was significant discussion and agreement about the need for more and better food options.
- The group as a whole acknowledged that obesity was a symptom of this problem, as well as high cholesterol and high blood pressure.
- There was particular emphasis by a few participants about the need for more and better fresh food options.
- One participant mentioned that she continually has problems buying fresh food from the local grocery store and having it go bad very quickly because it had been sitting on a shelf too long. [Others agreed]
- Another participant mentioned that in order to get truly fresh and healthy food, she has to drive 30 to 40 minutes to another community that has a better fresh food selection.
- Others talked about how healthy foods were too expensive locally, complaining that they had to go to multiple locations to find less expensive fresh food (two cited their tendency to go to Kwik Trip for cheaper produce like bananas).
- Some participants discussed how local restaurants lack healthy food options. Most are bars and grills that offer fried foods without nutritious alternatives (e.g., salads). Need incentives for fresh veggie options for restaurants to offer it.
 - Drawback – availability of food for a dinner meal is very limited, so people often go to the bar.
 - All the bad food available, “I put on 30 pounds moving here!”

- Some agreed that combining a culture that encourages alcohol consumption on top of drinking establishments that lack of food service is an unhealthy mix.
- One participant mentioned that she had asked an establishment owner about offering more healthy menu items and was told, “No one will buy it.”
- One participant said that the only way to overcome this problem is to be aware of your eating habits and to “be an advocate for yourself.” For example, by ordering a wrap (if on the menu) but asking the server if they can adapt the ingredients into a salad instead.
- One participant discussed how when she moved to town, she found herself gaining more weight than ever in a relatively short period of time. She realized that she had been eating out at local restaurants and that the food on the menus was generally not healthy. She said she stopped eating out and promptly lost about 15 pounds. [Others expressed agreement and mentioned similar experiences.]
- Obesity is becoming more prevalent in schools, including starting in kindergarten.
 - Free Breakfast for School /Lunch
 - “...the crap they feed those kids. It’s not healthy food.”

Create more safe walking and exercise spaces and access to affordable, healthy activities, including in the winter.

- Residents experience difficulties getting to the Y for exercise; also there was one comment about how Y membership was too expensive, and thus a barrier to some community members doing exercise.
- There was a lot of agreement that the community could use more safe walking spaces. [This was articulated in the context of residents not being healthy or engaging in healthy behaviors.] One problem people identified is the lack of safe walking spaces
- The idea of safe walking spaces is particularly relevant in the off season [when it is cold, raining, or snowing].
 - Could walk in the gym from 6-7:30 at the school. The weight room used to be open.
 - Sr. Center in Wisconsin Rapids has a walking course and the ADRC in Wisconsin Rapids has a gym.
 - Participants wanted to know if stores (like ACE Hardware) and other places (like schools) would be willing to allow people to walk in the aisles and hallways.

Recognize that there is a community culture around alcohol.

- One of the actions noted in the discussion guide noted reducing alcohol licenses for establishments near schools. One person wondered why this action item was even listed because she believed it was “very obvious” that the community doesn’t want or need alcohol-serving establishments near schools to make it easy for young people to access alcohol. [There seemed to be a silent consensus on that topic.]
- Another said it made sense to reduce alcohol licenses overall.
- One participant verbalized, and nearly everyone acknowledged, that drinking is a very large part of the community culture and that it is hard to escape.
 - Meet at the bar... “Wow, people drink a lot!”

Improve clinical care by increasing access to providers and reducing financial barriers.

- Most participants verbally agreed that there was a serious shortage of health providers and that the local clinics were severely understaffed. One participant noted that one health system clinic only had nurse practitioners on staff.
- Another concern was that some providers do not accept Medicaid. One participant said that because Medicaid was not accepted, she often had to pay out of pocket and that this meant she went to see her provider less than what is normal: “I know missed some visits that I should have gone to.” She worried that because of her situation she might not catch a serious health problem in a timely way.
- Dental health is also a huge concern. “It’s terrible here.”
 - A dental clinic is offered only once a year for one day.
 - To access dentists that accept Medicaid /Medicare, residents have to travel and there is a long wait list.

Provide more information to community members about health-related behaviors, programs, and benefits; increase access to information.

- Some discussed doing more advertising and messaging “to those who need it” about healthy behaviors and lifestyle. Get the word out to advertise available resources.
- Although most agreed with getting information out to others, some discussed that this is also about personal choices and habits. One participant referenced the importance of daily tooth brushing, noting that some people just were not taught to do this.
- Several agreed that it might be helpful to bring back a “community resources guide” that used to be published and distributed [not clear by whom]. This guide included information about exercise, nutrition, health-related programs and many other community resources. It is no longer published, but the group agreed it would be a beneficial resource. “I don’t know all the resources, but people need to know about it.”
- Information access may be online, but some may lack internet access – “I get a lot online; not everyone has internet.”
 - The library has a huge bank of computers.
- Incentivize being healthier. People will feel better. “It starts with a healthy lifestyle.”

Create a foundation of a more caring community, including opportunities for community involvement and volunteering.

- According to one participant, as a community, we need to care more for one another rather than throw more money at problems. Relying too much on government solutions is not the right answer because in most situations “government is a bottomless pit” and does not have a good track record of solving problems. [It is impossible to say whether or not others in the group agreed with the statement concerning the ineffectiveness of government programs. That was articulated by only one participant.]
- Another participant said that “We [as community members] need to take more responsibility for the care of others.” Another participant said that even as community members “need to involve ourselves in helping, we have to figure out how do that without being intrusive in people’s lives.” Meaning, without dictating to them what they must or must not do. “That turns people off.”
- [Note: Based on body language and the comments, there seemed to be general agreement among the group that they do want the community to care more for one another.]
- Seems like the standard procedure is to “throw more money at it.” “We’re throwing money at these issues without significant results.” “We all need to start caring about each other a whole lot more. We’re becoming less and less community oriented.”
- Independence and liberty may be getting “in the way” of us caring for one another.
- Many areas are in dire need for volunteers. We need more community involvement.
- One noted that her husband’s volunteer experience has really opened up his eyes to others and “it’s not pretty.”
- Faith in Action (for example, drives people to grocery stores) – the FIA volunteers are all getting older and now they are the ones in need of the support they have been providing.

➤ APPROACH 2: PRIORITIZE RESOURCES FOR THOSE WITH THE GREATEST NEED

This approach emphasizes reducing unnecessary and avoidable differences in health and wellbeing between groups of people in our communities. Some members of the community are disproportionately impacted in their ability to access health and community services due to who they are, which groups people think they belong to, and where they live. The perceptions of individuals and groups can be positive or negative and can translate into how residents are treated by their community. For example, when people experience a sense of belonging, and feel affirmed in their self-worth, their health decisions and the ability to access supportive services is positively impacted. By contrast, stigmas surrounding addictions, mental health issues, and lower socioeconomic status make it challenging for some to receive the help they need. By focusing on allocating resources according to need, we can ensure that everyone receives services that promote better health outcomes for all.

Improve the reliability, accessibility, and availability of broadband services.

- The first item the group discussed was internet access. This was a lively discussion where participants brought up both positives and negatives.
- The group reviewed data in the issue guide on county health outcomes, which shows 78% of Adams County residents have internet access (22% would be without internet).
- Access to high-speed internet in Adams County varies greatly. One participant shared that where she lives, she has access to only one internet service provider, and their service is slow and of poor quality. Sometimes she has to walk into her yard to be able to use it. She has no alternative provider to choose from -- she must use this provider or not have internet at all.
- There are many “dead spots” in the area/county.
- A participant pointed out that cellular data use slows significantly when weekenders and vacationers are in town and the bandwidth/data needs to be shared more widely.
 - Quality goes down when there are more people around.
- There seemed to be general agreement from the group that quality of internet service matters- as much as access. [Some said that spotty and slow internet availability was a problem.]
- Another participant pointed out that infrastructure work is in progress to expand broadband to rural Adams County, but it is in the beginning phases and not currently under development in certain places where it is needed.
- When asked if the group would be willing to invest in internet services, one participant shared that the town of Rome identified internet access as a need, so they invested in broadband access across the community. Now everywhere you go in the town of Rome, you can get internet. [It wasn't clear whether this was community-wide free Wi-Fi or the availability of cell towers for internet.]
- Discounted internet as well as discounted cell phone service are available through a federal program.
- The public library has multiple computers with internet access, free for anyone with a library card. One participant pointed out that not everyone can easily get to the library.
- One participant shared that having *access* to the internet is only one part of the need. There are also many residents who don't know *how to use* the internet: “it's hard”—especially for the elderly.
 - Another participant added that service providers, in her experience, have been very helpful in teaching people she knows how to use their specific devices. They can be a resource.
- The group also seemed to agree that while internet access/use is a need, it is not the answer to everything.
 - There is a need for human interaction. Sometimes use of the internet could also be isolating – folks may not leave their house and instead just get resources online and miss out on human interaction.
 - There is a generational difference – some generations who are comfortable with the internet will go there first. Other generations prefer human interaction (e.g., phone call) to access information and services.
 - The internet is “a great tool,” but also a great stressor.

- People with the greatest need may not know how to use it.
 - Cell phone: Carriers will teach you how to use your cell phone
 - Library: sponsors classes on how to use it.
 - “It’s hard to learn how to use new things – we’re old.”

Create community centers that provide comprehensive services to a wide range of community members and ensure that the services are utilized.

- Several participants seemed to agree that community centers, especially centers offering comprehensive services (mental health, socialization, education/learning, social services, etc.) would be very helpful and are needed, especially in rural areas (outside of Adams-Friendship, which already has a community center).
 - A comment was noted that a community center can help people access what they need, including socialization, food, etc.
- On the other hand, one participant noted, the centers and opportunities that already exist in Adams County are grossly underutilized. For example, the Aging & Disability Resource Center (ADRC) offers meals and social activities every week, and “only about 20 people utilize it.”
 - ADRC struggles, Extension has funding. People have funding, they’re not using it.
- When talking about community centers, one participant offered that infrastructure (physical buildings) comes to mind. Yet the assets this community has are underutilized. What we need is more sharing of information about what’s available.
- Another issue a participant shared is that timing matters. If a program is available only at certain times of the day, that may not work for everyone. Time is a real reason people don’t access what’s already available.
- A community center need not just focus on elderly. “Our youth is our future and we don’t have that many of them and they’re very important people.”
- Infrastructure is what people think about is community centers. Infrastructure is underutilized.
 - Do a better job on information and what is available.
 - Access to classes, etc. have limited hours, etc.

Improving capacity for language interpretation/translation received limited support.

- The group spent the majority of their Approach 2 time discussing internet access and community centers.
- When asked if there was anything the group wanted to point to in the list of action items as a definite yes/need or, conversely, a definite no, one participant voiced that translation services should not be provided, because “we need one language.” There seemed to be general agreement that learning English as a resident here is important.
- Another participant wondered aloud if we should instead focus on English-as-a-Second-Language services. There were a couple of head nods in agreement to this suggestion.
- One participant noted that “languages and populations change” over time. For example, she and former colleagues had been deliberate about expanding Spanish-language access to clients, and then a group of (Polish? Scandinavian?) people settled there, who spoke no English, and the organization was completely unprepared and unable to serve them effectively. This illustrated that languages in a community may change over time.
- There was limited support for multi-lingual translation, in favor of a “we need one language to talk to each other” approach.

➤ **APPROACH 3: HELP COMMUNITY MEMBERS MAKE INFORMED CHOICES**

This approach builds on the idea that individuals and families are the key decision makers in determining their own health outcomes. An essential component of good health is individual choice, where everyone has the opportunity to accept or refuse healthy life choices, health services, and community resources. Health education, financial literacy, and access to good and up-to-date information are critical to helping people make informed health-related choices. This approach reminds us that it is both the right and the responsibility of individuals and households to decide whether and how to use information to make personal care decisions.

Efforts to incentivize healthy behaviors may face challenges or push-back from those who favor personal choice or concerns about stigma. Meeting basic needs is foundational to helping community members make informed choices. Yet ultimately, individuals will make their own decisions and cannot be forced. Balancing community responsibility vs. individual liberty can be challenging.

- Several participants agreed about the value of incentivizing better health-related behaviors, noting that employers could have a role.
 - A drawback, however, is that some people may resent their employer and/or may feel targeted (stigmatized) if they do not have healthy behaviors.
 - Another participant agreed with the drawback that those who are unhealthy would be stigmatized and choose not to participate.
 - There was some disagreement around the likelihood of stigma and if that is an accurate perception.
- Another person said that ultimately it boiled down to personal choice, and some people default to, “You can’t tell me what to do.”
- In response, one participant noted that the success of internalizing healthy behaviors depends on whom we choose to hang around. What/who you surround yourself with will determine how healthy you are: smoking, drinking, exercise etc. Another participant noted that “we have personal responsibility for healthy choices.” [Most participants nodded or expressed agreement.]
- One participant mentioned that some insurance companies regularly incentivize certain behaviors like wellness checks. However, one participant noted that individuals on Medicaid and Medicare never receive incentives. So, the people who might most need incentives do not receive them, she said. This raises the question of whether Medicare could do more incentives for seniors, especially given the aging population.

Support parents/adults with promoting healthy behaviors within the family context in order to model healthier behaviors for youth (still may be challenging).

- One participant said that just seeing the drawbacks for this approach [that children might not listen to their parents] made her sad because, from her perspective, it was “all too true.”
 - The climate of our culture today is “you can’t tell me what to do and that makes me sad.” This was centered around a sadness about providing resources and investing in teaching parents, yet the kids do not listen.
- While incentivizing is important, context matters. Support education with a sensitivity to access.
 - For example, if kids have a nutrition program on milk and ask for milk at home, but the family can’t afford milk, or no access to fridge or a place to store milk..
- One person agreed that kids needed more information teaching and training around healthy behaviors.
- However, another participant noted that “kids watch what adults do” and that if parents aren’t engaged in healthy behaviors, the children will follow their example. Adults must live examples of health for kids to listen and be healthy. “It’s what you do – not what you say.”
- Another participant agreed and said that this is why the community needs a way “to reach adults first” —otherwise we will never reach their children. [Several people agreed with this statement.] The community has to be able to reach the adult caregiver first because the adults don’t always know how to help youth.

- Teachers can't get very far if parents are modeling poor behavior. "I'd go back to the community center piece – where they can offer parents, kids, etc. support and classes."
- One participant noted that there are teens couch-surfing; what's in their backpacks is what they have to eat.
- Learning healthy behaviors comes from modeling and who you hang out with.

Create community centers that provide comprehensive services to a wide range of community members and ensure that the services are utilized.

- There was some robust discussion around the value of community centers—which followed on from the discussion during Approach 2.
- Nearly all of the participants agreed that community centers were excellent resources and that they would support their creation in communities that do not currently have them.
- Many agreed that community centers should focus on all ages.
- A couple of participants specifically mentioned the value of programming for young people—and the importance of providing more attractive programming for all ages.
- One participant reminded the group that the community center [in which the dialogue actually took place] was largely unused by the elderly despite the many programs and opportunities.]
- Finally, one participant mentioned that alongside teaching principles of healthy behaviors in places like community centers, it would be particularly helpful if people could receive practical help. He suggested, for example, that teaching about healthy eating could be paired with offering food vouchers so individuals could put into practice what they learned.

COMMON GROUND AND REFLECTIONS

Provide more information to community members about health-related behaviors, programs, and benefits; increase access to information. Adams County has resources that are underutilized. It is important to get the word out about opportunities that already exist.

- While there are resources in place that are underutilized, it may be due to lack of awareness; a personal choice not to use; and/or difficulties with access.
- There needs to be a way that people can see what is available, besides on the internet (since some may not have internet access). For example, distribute pamphlets at common locations, mailers etc. There seemed to be a preference among this group for physical (hard) copies of resources and a desire for a comprehensive resource guide like "there used to be."
- There was much cross-sharing of resources within the group (e.g., ADRC meal sites, Faith in Action, where to go for good tasting bread, etc.) – participants shared and learned from each other.
- Another suggestion was to look for ways to bring needed resources to the people (e.g., mobile dentistry and other mobile-medical unit services). This may be especially helpful given transportation challenges. Increasing awareness of currently available mobile services is also important.

Lack of transportation is a significant concern and a barrier to accessing health care services and other needs.

- There was a broad consensus that there is a need—and willingness among this group to invest resources—into expanding options for transportation. If efforts are made to increase awareness of resources, people need to be able to get to them. Transportation is a large issue for seniors in the community - from not being able to get to the affordable grocery store, access medical care, or get to the library. Even with all of the resources that are available, it always comes back to systemic barriers to access them.

The lack of access to places to be physically active was noted. There is a need and desire for an expansion of safe walking and exercise spaces, especially for use in winter.

The lack of availability of nutritious foods, especially fresh produce, was a strongly voiced need by the majority of participants.

There was common ground around the value of incentivizing healthy behaviors, but participants discussed challenges related to balancing community responsibility and individual liberty.

- Instead of using terminology like “programs” when discussing incentives for health behaviors, rephrase to use “services” because of the political stigma of putting money into government “programs.”

Expanding high-speed internet access, improving the quality and speed of internet, and then increasing familiarity with how to use it, is needed.

- There are community members with no internet at home, and while there is access at the library, there may not be transportation to get to the library.

Continue to create a community that cares for one another and leverage this, especially given the aging population in Adams County. This is underscored by the need for younger volunteers.

- It was noted that grandparents lobbied to keep the school open, not the young people [“elders really stepped up for the kids”]. There was discussion of a need for places for young people as well as seniors, with “kids being the future.”
- It seems in some cases, participants’ comments suggested frustration that younger residents are not doing enough for the community - but acknowledging that they are the future of their community.

Reflections on key questions that emerged during the deliberation.

- Instances where there may have been contention were around incentives around health—whether it would be stigmatizing or not, as well as providing resources in Spanish.
- How do we incentivize people to make healthy food choices? [This was borne out of the group consensus that incentivizing healthy nutrition, diet, and food selection was important, but that were unsure what effective incentives might look like.]
- A related question that emerged later in the discussion was: Who will incentivize (and how) programs that promote healthy behaviors? [This question emerged after discussion about incentivizing healthy behaviors in Approach Three. The group was unsure about who bore responsibility for creating incentives and whether this is a matter of personal responsibility. People have a strong distaste for government programs, noting “people don’t mind change, but they don’t like changing.”
- How do we share information about resources effectively when not everyone uses the internet or social media, and not everyone visits the community center(s)?

NOTETAKER AND OBSERVER IMPRESSIONS

[Each X below indicates the notetaker and observer(s) impressions of the group dynamics. X = one individual response.]

Thinking overall about today’s dialogue, how much *disagreement* was there among the participants?

None	A little	Some	Quite a bit	A great deal
<input checked="" type="checkbox"/> XX	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking overall about today’s dialogue, how much *common ground* was there among the participants?

None	A little	Some	Quite a bit	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> XX	<input checked="" type="checkbox"/> X

Thinking overall about today’s dialogue, how much do you think the participants considered perspectives or viewpoints that they hadn’t considered before?

Not at all	A little	Some	Quite a bit	A great deal
<input type="checkbox"/>	<input checked="" type="checkbox"/> XX	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/>

Thinking overall about today's dialogue, how much do you think the participants valued the input provided by their fellow participants?

Not at all	A little	Some	Quite a bit	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> XX	<input checked="" type="checkbox"/> X

During today’s dialogue, how did participants with *differing* views act toward one another?

Very disrespectful	Somewhat disrespectful	Neutral	Somewhat respectfully	Very respectfully
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> XXX

During today’s dialogue, how did participants with *similar* views act toward one another?

Very disrespectful	Somewhat disrespectful	Neutral	Somewhat respectfully	Very respectfully
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> XXX

Process notes:

- Several individuals dominated the conversation and it was challenging to more quiet participants in.
- We could highlight some of the data in the framing.
- Participants gravitated towards individual-level rather than systems-level perspectives.
- The schedule allotted 105 minutes, but the sessions were advertised as 90 minutes.
- There were questions at the end around what will be the “action” from the conversation. While that was not the overall goal of the dialogue, the health officer was very receptive and indicated that the conversation was eye opening and that they would bring this back to their team.
- There was energy and enthusiasm around how to get the list of resources available out to the public.

COMMUNITY HEALTH DIALOGUE RESULTS

Adams County – Community Leader Session

Dialogue Date	Wednesday, October 11, 2023
Dialogue Location	Adams, Wisconsin
Moderator Name	Sheila Michels (UW-Madison Extension Adams County); Eric Giordano (WIPPS)
Notetaker Name	Eric Giordano (WIPPS); Sheila Michels (UW-Madison Extension Adams County)
Observer Name	Jen Braun (UW-Madison Extension), Shelly Shaw (UW-Madison Department of Family Medicine and Community Health)
Attendees	8 Community Leaders

Community Leader Dialogue Key Discussion Points	
APPROACH 1 – Address systemic barriers	<ul style="list-style-type: none"> ✓ Improve transportation; lack of transportation is a significant concern and a barrier to accessing health care services and other needs. ✓ Increase safe, affordable housing for all, as this is a high need in Adams County. ✓ Increase access to healthy foods and meet the need for healthy food options. ✓ Provide more information to community members about health-related behaviors, programs, and benefits; increase access to information. ✓ Create a foundation of a more caring community, including opportunities for community involvement and volunteering.
APPROACH 2 – Prioritize resources for those with greatest need	<ul style="list-style-type: none"> ✓ Improve the reliability, accessibility, and availability of broadband services. ✓ Increase access to affordable childcare. ✓ Prioritize increasing the availability of mental health providers and access to mental health services. ✓ Provide assistance to those transitioning from jail or prison back to the community, particularly housing and job skills. ✓ Address concerns about the county’s workforce needs more broadly. ✓ Improve capacity for language interpretation/translation.
APPROACH 3 – Incentivize healthy behaviors	<ul style="list-style-type: none"> ✓ Efforts to incentivize healthy behaviors may face challenges or push-back from those who favor personal choice or concerns about stigma. Meeting basic needs is foundational to helping community members make informed choices. Yet ultimately, individuals will make their own decisions and cannot be forced. Balancing community responsibility vs. individual liberty can be challenging. ✓ There is a need for civil discourse and more community unity and less “attacking.”

APPROACH 1: ADDRESS SYSTEMIC BARRIERS

Addressing systemic barriers—or issues that affect our entire community—and improving access to basic needs are important components to building healthier communities. According to this approach, communities should emphasize better access to a range of identified needed supports such as housing, transportation, nutritious food, and affordable preventive health care, among other foundational needs that impact the long-term health and wellbeing of residents. Although some of these challenges can be addressed by health providers, most require community buy-in and involve significant changes in how we all work together to create healthier communities. By investing in strategies to minimize barriers to basic needs, this approach suggests that communities can both increase the overall health of community members and decrease long-term health costs.

Improve transportation; lack of transportation is a significant concern and a barrier to accessing health care services and other needs.

- “Transportation is HUGE.”
- People can’t get to appointments, and when discharged from the hospital and ER, they cannot get home. Although the transportation discussion was relatively brief agreed that lack of transportation was a serious issue.
- Hospitals cannot get people home. There are many things that have been tried unsuccessfully. Local transportation support from the churches helps, but not all people know about these services and there have been many communication issues between the church, the drivers, and community members. If you are not part of the networks, you are not aware of the services.

Increasing safe, affordable housing for *all* is a high need in Adams County.

- The group looked at the statistical information and pointed out that the population is rapidly aging.
- One person highlighted that the community has invested in low-income housing, but neglected to build middle-income housing. Multiple others agreed with head nods.
- One participant shared that housing is the strongest barrier they face in attracting and keeping employees. New hires want to work here, want to move here, but cannot find housing. They get tired of commuting and leave. Others agreed with this assessment. It was noted that the community cannot attract new teachers because there are no homes available.
- Another person described how difficult it has been to bring developers to the city (Adams) and the village (Friendship), noting that zoning restrictions are “too tight.”
- The state has incentives for builders to build and revitalize “main street,” but local zoning issues can be a problem for new development. It was also noted that some people do not necessarily want new things in their community.
- It is a challenging problem to solve here, one participant shared, as Adams County is “income-poor and at the same time, property-rich.”
- Housing costs—and assessed values of existing homes—have risen *significantly* in recent years. For example, a participant shared that a valued at \$160,000 5 years ago is now priced at \$350,000. Increases in housing costs are pricing people out, which is difficult for the large and growing aging population (especially in Rome).
- Another person discussed the issue of existing homes being utilized as Vacation Rental by Owner (VRBO) homes (or Air BnB), where those same homes used to be used as a primary residency. People are not selling their houses, but instead of using the home as a primary residence, it is being used as vacation rental property.
- One participant added that land access here is also a huge issue, due to zoning regulations and “logistics, logistics, logistics.” They argued that the county, villages and towns can and should address zoning to permit and incentivize more home building for mixed income levels.

Increase access to healthy foods and meet the need for healthy food options.

- Residents face challenges in finding healthy food, yet the county has agricultural resources.
- The farming community is becoming more diverse. People are curious about food, food systems, and farm to school. Agriculture is a huge part of the community.

- The problem, according to one participant, is a disconnect between the abundance of foods we have (from the agricultural industry, which is strong in Adams County) and the people living here who need it.
- Another problem, this participant added, is that farm workers must have off-farm income to be financially viable. There is a need for better living wages in agriculture.
- One participant pointed out one of the positives locally is that the farming community is becoming more diverse.
- Another person shared that existing community norms do not create a demand for nutritious foods.
- Another participant wondered aloud about FoodShare recipients and the choices people are making (i.e., that personal choice and responsibility play an important role).
- A participant described the line of cars at our monthly mobile food pantry as consistently and extremely long, anecdotally longer than in any other community served by Second Harvest Food Bank, demonstrating the high need here for food. Cars are lined up around the block on the day they come in and there may not be enough for those at the end of the line.
- Another person mentioned that the food service director at Adams-Friendship Area School District took great strides to ensure that students had access to foods they could prepare at home with just hot water. There are many homes where they do not have access to appliances needed to cook a variety of foods.
- Someone shared that the local school district has such a high percentage of students who qualify for free and reduced-price school lunch that the entire district qualifies for a waiver so that all students, regardless of income, get free breakfast and lunch at school.
- While there is a food pantry at school, it needs to be only non-perishable foods that can be cooked with only hot water which limits healthy options.
- Free/reduced lunch is available for all students and there is a high percentage of students on free and reduced lunch (providing breakfast and lunch to every kid in the community). The need is REALLY high.
- There is work to (re-)explore farm-to-school programs, to get local, fresh foods in our local schools.
- There was some disagreement on whether access or choices is responsible for poor nutrition choices. But both are issues.
- It is a community norm to eat very unhealthily. The County government can't make direct allocation to food pantries, but there is a bill floating around for local counties to have more control over their state money to deal with food issues in their community. What choices are folks making on food share?
- Land access for people that may want to farm is very limited.
- Grocery store access is really hard.

Provide more information to community members about health-related behaviors, programs, and benefits; increase access to information.

- A question was posed: How do you get resources to be systemic? There was mention of the importance of building better “networks” among organizations and individuals. This ended up as a recurring theme—that information needs to get out to people, but not everyone is getting information from the same sources and therefore it is hit or miss for many residents.

Crave a foundation of a more caring community, including opportunities for community involvement and engagement.

- Community engagement has been a real challenge. Getting people involved and interested and how it affects them is a challenge.
- A positive: Our local school district is a sort of “hub” in the community. And they have a relatively high graduation rate. How do we capitalize on that? The school is a “great piece of glue for the community” and the relatively high graduation rate was seen as a positive.
- Parents are the most influential people for those 15 and under; they need to be more involved with kids’ lives, besides just around athletics
- We have to start working collaboratively – one person mentioned a need to hold more meetings like this (where leaders from various agencies and institutions come together to work on solutions).

➤ **APPROACH 2: PRIORITIZE RESOURCES FOR THOSE WITH THE GREATEST NEED**

This approach emphasizes reducing unnecessary and avoidable differences in health and wellbeing between groups of people in our communities. Some members of the community are disproportionately impacted in their ability to access health and community services due to who they are, which groups people think they belong to, and where they live. The perceptions of individuals and groups can be positive or negative and can translate into how residents are treated by their community. For example, when people experience a sense of belonging, and feel affirmed in their self-worth, their health decisions and the ability to access supportive services is positively impacted. By contrast, stigmas surrounding addictions, mental health issues, and lower socioeconomic status make it challenging for some to receive the help they need. By focusing on allocating resources according to need, we can ensure that everyone receives services that promote better health outcomes for all.

Improve the reliability, accessibility, and availability of broadband services.

- There was broad agreement that broadband should be available to all.
- One participant stated, “Broadband should be treated like electrification was last century.”
- However, other participants noted [and nearly everyone agreed] that access to quality internet is also a problem.
- The internet is unreliable in this area, some explained.
- One participant shared that during COVID virtual schooling, her household had three subscriptions to internet services in the hope that on any given day one of them would be working.
- This led to the comment, broadly agreed to, that internet services are expensive, which can be a barrier for many who need access. It was also noted that some of the challenges are related to income, but some are related to the geographic location of where someone lives.
- School closing messages are received because of cell phones.
- Only 60% of students have access to a usable internet connection; could not call remote learning “online instruction,” called alternative instruction because of the lack of broadband service. Some needed to rely on “packet pickup” to do work offline.
- This is also an economic issue as the cost is high and people (especially professionals) do not want to live where they cannot have internet access.

Increase access to affordable childcare.

- One participant came out in very strong support of prioritizing childcare. [At least two others nodded their head in agreement.] There appeared to be broad agreement on the importance of this issue.
- The person argued that lack of childcare options was both a local as well as a statewide problem. They further articulated that this was a critical workforce issue, meaning that if Wisconsin and Adams County cannot provide adequate childcare, they will struggle to attract workers. [for example, teachers]
- A second person said that lack of childcare was the second-most identified concern of new employees at the Adams-Friendship school district (after housing).
- This has been a very huge issue, including affordability and availability, as there are limited centers. This is one of the most common complaints for potential new hires, there are no childcare options. There are also many grandparents serving as childcare. This has meant more screen time, second hand smoke, and junk food for young people. “We are a child care desert.” [for people who do not have relatives for child care]

Prioritize increasing the availability of mental health providers and access to mental health services.

- Mental health issues may be driving many of the other issues that the county is facing.
- There is a considerable need for services, yet there are issues with shortages and funding. The school has funds to bring resources in, but cannot find the people to assist. There are no provider locations within the county, and when looking outside of the county, no one is willing/able to partner for these services since providers in other locations are already busy. The agencies they have worked with in the past have full caseloads in their own communities, so they don’t have the capacity to send providers to Adams.

- This same person said that they have had a little more success contracting with telehealth services, yet nothing has been consistently available.
- Another participant noted that the same recruitment concerns around mental health professionals exist within the health system that serves the area.
- Another participant thought it might be cheaper and more practical to hire paraprofessionals to take on some of the mental health work. There should be a role for people who may not have formal education but have life experience, which can benefit people going through difficulties related to addictions and mental health issues. She suggested greater collaboration and creativity in providing assistance to those in need.
- Two participants noted that regulations prohibited having non-certified people handling mental health issues in both schools and medical settings.

Address concerns about the county's workforce needs more broadly.

- There are workforce needs in general, including childcare providers, teachers, multi-lingual services, and mental health support. Para-professionals have to be licensed to be in the schools.
- Professional development in working professionals – how do you justify cost of programming if there are only a few folks that will sign up.

Provide assistance to those transitioning from jail or prison back to the community, particularly housing and job skills.

- There was general agreement around the importance of providing assistance to those transitioning from jail or prison to help get them back on their feet and avoid recidivism.
- Housing was specifically mentioned as a key need.
- Another critical need is receiving training in workforce skills.
- Professional development opportunities are very limited. There was a program in jails where you could get a certificate in certain areas (ex. dairy program) but it is no longer available as the cost cannot be justified.
- Inmates are unable to connect to services when they come out; no systems in-place.
- One person mentioned the barrier of driver's license revocation and the lengthy process to have driving privileges restored. It is a challenge to search for and find a job for those who have no transportation. If they have no job, the chances of recidivism are high.
- There was a suggestion that some state/legislative intervention might be necessary to expedite the review and restoration of driving privileges for the recently incarcerated.
- Some mentioned post-jail/prison programs to help people get back on their feet. Another person mentioned that very few people took advantage of these programs, so there were lingering questions around whether the impact is significant enough to warrant the investment.
- One participant also noted that the existing local re-entry program only serves those who are released from jail and do not serve those recently released from prison. In other words, they said, "we do not have the systems or resources in place to deal with [the formerly incarcerated prison population] at the local level."
- Wood County is a little different than Adams County, as it is harder to connect people with employment when there are no jobs, mental health services, and there are no systems in place to play that "goalie" role at the jail.

Improve capacity for language interpretation/translation.

- One participant noted that the community has reached a tipping point regarding need for interpretation and translation services due to a growing Spanish speaking population. The same person also said that the schools have dedicated funds for this purpose but that they cannot find adequately qualified individuals. A position has been posted for two years, with zero applicants. As a result, they are "cobbling together" interpreting services from students, parents and others who happen to be on hand.
- University systems are not graduating people to assist with language interpretation and translation.

➤ APPROACH 3: HELP COMMUNITY MEMBERS MAKE INFORMED CHOICES

This approach builds on the idea that individuals and families are the key decision makers in determining their own health outcomes. An essential component of good health is individual choice, where everyone has the opportunity to accept or refuse healthy life choices, health services, and community resources. Health education, financial literacy, and access to good and up-to-date information are critical to helping people make informed health-related choices. This approach reminds us that it is both the right and the responsibility of individuals and households to decide whether and how to use information to make personal care decisions.

Efforts to incentivize healthy behaviors may face challenges or push-back from those who favor personal choice or concerns about stigma. Meeting basic needs is foundational to helping community members make informed choices. Yet ultimately, individuals will make their own decisions and cannot be forced. Balancing community responsibility vs. individual liberty can be challenging.

- When discussing this topic, the first comment, following a deep breath, was that this approach is “the heaviest lift.” There was general consensus that we need the systems in place (such as those discussed in Approach 1) first. In other words, it was hard to see the value of simply providing information for people to make informed choices when they lacked basic needs such as transportation, quality housing, a living wage, etc.
 - “How do you shake the money tree to accomplish these things. I don’t know that we can accomplish these things.”
- When reviewing the actions and drawbacks, one participant asked, defeated: “How did we get to this place?” And “Where is the support?” This person commented on how important a sense of belonging is in a community like this and there has been a loss of the sense of belonging in the community.
- There was general agreement that resources and community supports are necessary -- for those who choose to use them – but “we can’t make them” do any of these things to improve individual and family health. There may be an assumption that people can make decisions as long as they have resources available. One participant affirmed that it is important people can make their own choices. This same person said it’s challenging because people say they want certain things, yet they don’t act in ways that support that supposed want.
- Provide resources so that people can have the option whether they want it now or not, especially for young people so that they stop the generational cycle of poverty.
- There was discussion of how to have state help, yet still have liberties. Some problems will never be solved, some people want to change things and some do not. Allowing people to make their own choices is great, but at some point, we have to step in.
 - Referring to problems: “We can sit around the table and we’ll never solve them. Allowing people to make their own choices is super important. But [there are] some points where as a society we have to say ‘this has gone too far’ and we have to step in.”
 - They gave the example of having to demolish a home that was not safe to occupy, even though the person living there would have been content to stay there. That occupant had a history of declining offers of support services.
- Some parents say that the school has “an agenda” so they will not work with the school on their student’s issues and don’t want to get involved and so the school has to keep dealing with the problems and issues alone, but then the parents get upset because of the outcomes.
- Another participant talked about trying to reach out to school youths’ parents. They are “making some gains” with connecting to parents and repairing the “us vs. them” issue from COVID. One noted that lots of people were “against the school” during COVID and they are still repairing relationships with parents.
 - Lots of “us vs. them” with families – that’s improving.
 - School district is working really hard to expand horizons and expand awareness of choices; healthy behaviors are a big part of educators’ roles.

There is a need for civil discourse and more community unity and less “attacking.”

- Another participant commented that the spreading of false information and attacking each other “has to stop.” There was agreement from the group that we need more civil discourse. Another participant added their desire to see/build more social-emotional intelligence.
 - “We’re moving further away from belonging in this community.”
 - “You can’t sell equity, but you can sell a sense of belonging.”
- The group reaffirmed that they want to see unity among community leaders. It will be important, they said, to “get on the same page” around many of the issues raised in the dialogue.
- One person highlighted the need to expand opportunities for youth to learn and engage in positive experiences, and many agreed with lively head nods. This was referenced in the context of the importance of the community providing more engaging activities for both youth and their parents in order to improve overall family wellbeing.

NOTE: Before we wrapped up, when asked if there were any other action items the group wanted to discuss, one participant shared that they like the idea of health care peer advocates. They reiterated a point they made earlier that we need people with lived experience in the spaces to help and support others going through the same struggles. There are many retired people in the neighborhood, including retired nurses, who may want to be health advocates. This is an untapped resource. Some liked the idea of engaging community members as advocates (maybe not experts).

COMMON GROUND AND REFLECTIONS

As a community we need to overcome our silos, work across agencies, and learn to work together to address our challenges. We need to work together across both communities and organizations.

- Although we believe we have the “community will” to work together, we need to deliberately focus on coordinating our efforts and resources.
- Community leaders need unity. “It’s a struggle but the work gets easier when you’re on the same page.”

The lack of housing is a serious barrier to healthy community growth. We need to get local government involved in discussions about zoning for housing in order to loosen restrictions on housing development.

We need to prioritize childcare services in terms of access, availability, and affordability.

We need to bring in more mental health professionals into our community to work with youth and adults.

During the wrap-up, one person suggested that the community could and should provide more opportunities for positive parent-youth interactions. [Others agreed.]

- Because parents are naturally the greatest influence on their children, we need to prioritize more positive settings and events to support this interaction. Youth sports is one obvious example, but it could be a variety of activities and events. For instance, one participant mentioned family fun nights or other similar types of family activities. [There was general agreement from others that this would be a positive action step.]
 - Are there other ways for parents to be more involved with their kids (including those who may not be involved in sports)?
 - How can school communicate “not from on high” and “we know better” but be supportive of youth.
 - Women’s night out is a great event and a place to provide support
- Volunteer organizations in the community are really strong, but there is a need to coordinate.

There is a need to build a sense of community and belonging. People talking to each other in person.

Everyone wanted to improve economic development—which is a “win” for the entire community.

NOTETAKER AND OBSERVER IMPRESSIONS

[Each X below indicates the notetaker and observer(s) impressions of the group dynamics. X = one individual response.]

Thinking overall about today's dialogue, how much *disagreement* was there among the participants?

None	A little	Some	Quite a bit	A great deal
<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking overall about today's dialogue, how much *common ground* was there among the participants?

None	A little	Some	Quite a bit	A great deal
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Thinking overall about today's dialogue, how much do you think the participants considered perspectives or viewpoints that they hadn't considered before?

Not at all	A little	Some	Quite a bit	A great deal
<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking overall about today's dialogue, how much do you think the participants valued the input provided by their fellow participants?

Not at all	A little	Some	Quite a bit	A great deal
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

During today's dialogue, how did participants with *differing* views act toward one another?

Very disrespectful	Somewhat disrespectful	Neutral	Somewhat respectfully	Very respectfully
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

During today's dialogue, how did participants with *similar* views act toward one another?

Very disrespectful	Somewhat disrespectful	Neutral	Somewhat respectfully	Very respectfully
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Process notes:

- One final comment is that we needed to hear from more diverse voices because we did not have representation from many groups in either deliberative dialogue event. One person noted that everyone that was in the citizen group was all white, older, English speakers. Where were the members of tribal communities?

COMMUNITY HEALTH DIALOGUE RESULTS

Jackson County – Community Member Session

Dialogue Date	Wednesday, October 25, 2023
Dialogue Location	Jackson County DHHS, Black River Falls, WI
Moderator Name	Eric Giordano (WIPPS)
Notetaker Name	Shelly Shaw (UW-Madison Department of Family Medicine and Community Health))
Observer Name	Dawn Jacobson (Jackson County DHHS) and Karla Gearing (UW-Madison Extension)
Attendees	21 Community Members

Community Member Dialogue Key Discussion Points	
APPROACH 1 – Address systemic barriers	<ul style="list-style-type: none"> ✓ Improve transportation; lack of transportation is a significant concern and a barrier to accessing health care services and other needs. ✓ Increase safe, affordable housing for all, as this is a high need in Jackson County. ✓ Prevent substance use/misuse, including by increasing education in school settings. ✓ Provide paid job training programs and certifications to enhance employability. ✓ Recognize the need for a “livable wage.” ✓ Some community problems were exacerbated by the COVID-19 pandemic. ✓ Increase access to affordable day care. ✓ Improve clinical care by making health care more affordable. ✓ Provide more information to community members about health-related behaviors, programs, and benefits; increase access to information and reduce community polarization.
APPROACH 2 – Prioritize resources for those with greatest need	<ul style="list-style-type: none"> ✓ Improve the reliability, accessibility, and availability of broadband services. ✓ Increase access to affordable childcare. ✓ Prevent drug use/misuse and make treatment more affordable and accessible (both substance use and mental health services). ✓ Increase awareness of and use of available resources for seniors. ✓ Recognize the racism that exists in the community.
APPROACH 3 – Incentivize healthy behaviors	<ul style="list-style-type: none"> ✓ Incentivize healthy behaviors. ✓ Support parents/adults with promoting healthy behaviors within the family context in order to model healthier behaviors for youth (still may be challenging). ✓ Encourage kids to be active and help parents see the importance of kids being active and engaging in extracurricular activities. ✓ Consider ways to increase buy-in, care, take action, and take advantage of available programs.

APPROACH 1: ADDRESS SYSTEMIC BARRIERS

Addressing systemic barriers—or issues that affect our entire community—and improving access to basic needs are important components to building healthier communities. According to this approach, communities should emphasize better access to a range of identified needed supports such as housing, transportation, nutritious food, and affordable preventive health care, among other foundational needs that impact the long-term health and wellbeing of residents. Although some of these challenges can be addressed by health providers, most require community buy-in and involve significant changes in how we all work together to create healthier communities. By investing in strategies to minimize barriers to basic needs, this approach suggests that communities can both increase the overall health of community members and decrease long-term health costs.

Improve transportation; lack of transportation is a significant concern and a barrier to accessing health care services and other needs.

- Transportation was a significant concern. It is difficult to address other needs until transportation is addressed.
 - There are no buses and taxi services are limited and there is no Lyft or Uber.
- This limits the ability to get a job or access healthcare.
 - There is “no way to get to a doctor appointment if you can’t drive.”
 - “You can’t access jobs, healthcare, etc. without transportation.”
 - There are no buses; the community used to have a bus, but it is no longer available.
 - Taxi does not have a good schedule and it is expensive. For example, getting a taxi, it can take two hours to go get groceries and an hour back. Another shared that to get to the Mission and back was \$33 when she was without a vehicle and it’s hard to ask for help.
- People are having to find creative means for transportation.
 - Interfaith caregivers do provide some support, but most dialogue participants were not aware of this.
- A ride share program could be “a great option.” One participant mentioned that “We could brainstorm a lot of creative solutions to this, and we could pool resources.”
- Another shared that mental health issues in individuals complicates their transportation access.
- County board members and others know transportation is a big issue, but don’t do anything to address it and are not willing to listen to the community concerns.
- Most of the voices expressed were related to the city of Black River Falls, but it is important to note that other communities in the county also lack transportation options. Taxi service is only available in Black River Falls.

Increase safe, affordable housing for all, as this is a high need in Jackson County.

- Affordable housing is a need, as nothing is available. Even when available, it isn’t adequate.
- “Nothing is available” and “Housing sucks.”
- Long waiting list for Ho-Chunk members
 - Action item regarding affordable housing was supported. One participant just moved back to Black River Falls with her four kids and she has to live with her mom and brother in a trailer as nothing in the area is affordable. Even being Native there is no housing available, the waitlist is two years long and you have to fill out the form every six months to stay on the list.

Prevent substance use/misuse, including by increasing education in school settings.

- There is a lack of education related to the drug epidemic; prevention needs to start at a young age to educate children, as it is all around.
- There is considerable access to drugs near schools; there is a need for education on this in schools.
- Reduce liquor and tobacco licenses, especially near schools; there are too many options for obtaining these products but not enough done to educate.
 - “The children are hurting as they don’t know right from wrong.”
 - “Parents are choosing cigarettes over milk for their children.”

- Need to teach morals/values in schools and bring back teaching of basic skills like sewing, cooking, welding, woodcraft—“these have all gone away.”
 - “Schools are not held accountable for teaching morals. It needs to start at home, but schools play a role also.”
- According to one participant, 630 students are “behind” academically—this is a big challenge.
- Kids need emotional support tools at schools—this will keep them out of jail.

Provide paid job training programs and certifications to enhance employability.

- There was agreement among participants for the need for paid job training and certification programs, along with the need to address education.
 - Without education you are “stuck.”
 - A “one-stop place” for education and job skill training is needed.
- Others brought up that some resources exist in this area (Western Dairyland, Ho-Chunk Services), but people are not aware of or are choosing not to access them.
 - The library sponsors a day for Western Dairy Land and no one shows up. “How do we get people to pay attention to and use resources we have?”
- Another said that a rideshare program would help keep people employed.

Recognize the need for a “livable wage.”

- There is a financial “cliff” for assistance that provides disincentives for seeking employment given the risk for losing benefits.
 - The poverty line at \$21,000 “kicks you off all assistance once you get a job.” Minimum wage is \$7.25 and that isn’t “livable” and “is not sufficient.”
 - One individual describes recently getting new job where he makes \$16 an hour and is now losing resources. He will no longer be able to be enrolled in CCS due to finding employment. He feels he worked very hard to get himself set up with resources and to be able to better his life and is now losing those resources just as he is getting started since he accepted a job.

Some community problems were exacerbated by the COVID-19 pandemic.

- “Problems got worse overall with COVID.”
 - “People got lazy” relying on resources provided during pandemic.
 - People didn’t get jobs because they didn’t need to due to government resources.
- COVID support has created a lack of accountability; parents don’t want to work anymore ... they got used to getting government support during COVID. There are plenty of job openings, but people don’t want to work.

Increase access to affordable day care.

- The group agreed that there is a community need for affordable day care. There are long waiting lists and financial assistance is limited to those who are very low income. A person earning a low wage that is above poverty level (but still not truly livable) is not eligible for childcare funding which makes it pointless to attempt to work ... can’t afford the childcare to be able to do that.

Improve clinical care by making health care more affordable.

- Residents can’t afford preventive care and it is hard for hard for small businesses to support preventive care.

Provide more information to community members about health-related behaviors, programs, and benefits; increase access to information and reduce community polarization.

- Several participants agreed that there is a lack of knowledge and awareness about available resources and how to access them.
- “We’re cliquy.” Three communities exist: “In our community there are three groups: those that are “in,” those that are “not in,” and the Ho-Chunk community. Somehow, we need to bring these communities together.”

➤ APPROACH 2: PRIORITIZE RESOURCES FOR THOSE WITH THE GREATEST NEED

This approach emphasizes reducing unnecessary and avoidable differences in health and wellbeing between groups of people in our communities. Some members of the community are disproportionately impacted in their ability to access health and community services due to who they are, which groups people think they belong to, and where they live. The perceptions of individuals and groups can be positive or negative and can translate into how residents are treated by their community. For example, when people experience a sense of belonging, and feel affirmed in their self-worth, their health decisions and the ability to access supportive services is positively impacted. By contrast, stigmas surrounding addictions, mental health issues, and lower socioeconomic status make it challenging for some to receive the help they need. By focusing on allocating resources according to need, we can ensure that everyone receives services that promote better health outcomes for all.

Improve the reliability, accessibility, and availability of broadband services.

- There was considerable agreement and support for improving broadband access.
 - “[I am] ...always losing service.”
- If internet service was more reliable, it would improve residents’ ability to get online jobs and access other services, including Alcoholic Anonymous and Narcotics Anonymous.
 - The group discussed that there are recovery services available. The current president of the Ho-Chunk Nation and the director of health are not going to support funding the opioid epidemic.
- In this rural area the Mission doesn’t get good service. Brightspeed [internet provider] is poor quality and not having reliable internet limits income possibilities.

Increase access to affordable childcare.

- There was considerable agreement about the need to prioritize and subsidize quality childcare; this is big issue that needs to be addressed and making childcare more affordable and accessible should be a priority.
- There is a waitlist and there are not a lot of affordable options.
- It is especially hard for single parents.
- Improving child care options can help with kids’ development and decrease parents’ stress.
- Serving those with the greatest need – participant said prioritizing child care is a huge need.
- Two participants verbally mentioned that childcare is “a huge need.”

Prevent drug use/misuse and make treatment more affordable and accessible (both substance use and mental health services).

- “It’s here and it’s bad.” [Referring to drugs and the interstate location of the county as a “drug corridor.”]
- It is important to teach kids strategies to stay away from drug use; participants raised questions about the effectiveness of youth education programs like the DARE program.
 - Two members referred to it fondly; others asked, “Did it work?” and at least two members said it did not.
 - One person said it only made them more curious about drugs and how to get them.
 - But most seem to agree that it was important to educate kids when they are young and to engage with the school board.
- There is a need for peer recovery coaches.
- Tribal Action plan is not addressing this and currently, the tribal program related to drugs is stalled; the community needs to do more.
- There is a high need for AODA/mental health care that is affordable in Jackson County (although general care is unaffordable as well).
 - “Everyone needs help.”
 - Some can’t afford to go in for appointments so they ignore issues that should be addressed.

- Government run centers /programs are good; “Maybe we’re ready for privately run centers?”
 - One participant shared that she believes private companies have come into town to try to help residents with substance use problems access treatment, but they have not been able to. It may be time to revisit this, as there is a need for more support and resources. Government needs to get on board and realize we need more than just the public agencies addressing this.

Increase awareness of and use of available resources for seniors.

- There are lots of resources available to seniors that appear to be underutilized; participants discussed whether the underutilization is due to residents choosing not to use services or if it is due to a lack of awareness (or both).
 - “It seems to feel like it is a choice [not to use services] many times.”
 - “Folks don’t always call.”
 - “[They]...don’t like the help they’re getting; they (the seniors) are impatient.”
 - ADRC is a great resource that has a great newspaper with lots of information, but it has many services that are not used.
- Senior citizens have concerns about income and questions about benefits
- Long-term care and assisted living resources are in great need. Access is a struggle due to lack of availability; residents may need to move in order to get healthcare resources.
- Losing the B-HOME medical supply store has been a big loss to the community
- Transportation is a huge need among seniors, even in a medical emergency.

Recognize the racism that exists in the community.

- “Place” and “opportunity” matter for our kids, especially those who are not white.
- “Seeds of Diversity” training helped increase understanding of others.
- Although strides have been made, racism is still a problem in this community.

APPROACH 3: HELP COMMUNITY MEMBERS MAKE INFORMED CHOICES

This approach builds on the idea that individuals and families are the key decision makers in determining their own health outcomes. An essential component of good health is individual choice, where everyone has the opportunity to accept or refuse healthy life choices, health services, and community resources. Health education, financial literacy, and access to good and up-to-date information are critical to helping people make informed health-related choices. This approach reminds us that it is both the right and the responsibility of individuals and households to decide whether and how to use information to make personal care decisions.

Incentivize healthy behaviors.

- Employers can incentivize workers to engage in healthy behaviors.
- Ho-Chunk Nation provides discounts on insurance premiums with exercise program, etc.
- Needs to start early in life and build healthy habits.

Support parents/adults with promoting healthy behaviors within the family context in order to model healthier behaviors for youth (still may be challenging).

- Encourage parents and guardians to talk to children about health; encourage and support parents/guardians to promote healthy behavior in children. A lot of the problems that occur regarding drugs and eating better start at home. There was a lot of agreement that family plays critical role
 - So many problems start at home; family plays a huge role.
 - Parents need to take responsibility for electronics, morals, drugs, etc.
 - Building healthy habits and morals is important.
 - Kids are not properly dressed for school, not sleeping, lack morals.
 - Also schools are not enforcing rules related to dress code, morals, electronics, etc.
 - Also schools not teaching basic life skills (sewing, cooking).
 - Proper dress, what happened to standards?
 - Need to minimize phone and electronics as early as Pre-K.
- There is a need for life skills for parents - this class exists in Ho-Chunk community but not outside the tribe.
 - Ho-Chunk Nation offers programs to parents, as do other organizations in town.
 - Could more cognitive skills be added into elementary program – how to handle peer pressure, how to handle grief – could this prevent a lot of problems later in life?
 - Seeds of Diversity group – was a group that took place several years ago. In 2017 there was a diversity group involved with the downtown that helped decision makers make more informed decisions about the experiences of Ho-Chunk Nation members.
 - Extension offers programs
- Ensure kids are well fed before school.

Encourage kids to be active and help parents see the importance of kids being active and engaging in extracurricular activities.

- Kids are not signing up for sports; only seven kids signed up for 7th grade basketball. What does this say about the upcoming families and children? It isn't just a decrease in opportunities—it is a decrease in interest in sports and other activities.
- How can we reach parents? Everyone is so glued to their phones and electronics. Is it encouraged at home??
 - This was a conversation mover.
- How much are parents encouraging their kids to get off electronics? Alma Center used to be the best place to learn, not anymore. elementary kids have phones already.
- Drugs are start in elementary school for some kids.

Consider ways to increase buy-in, care, take action, and take advantage of available programs.

- There was discussion of how to get people to buy in and take advantage of programs and to get people to care and take action, especially when people are dealing with a lot on their plates. How do you get this information out? How do we get more people to care?
- Are there laws that can be passed to increase accountability?
 - Policies don't hold schools accountable for First Nations' kids' achievement in schools.
 - Schools are not making a difference for ALL of our kids.
 - Only two out of 88 Ho-Chunk Nation middle school students are passing mathematics testing in the school district.
 - Ho-Chunk Nation children are moved to the alternative school.
 - "She knows how we feel but nothing gets done." [referring to the superintendent]
 - People should show up at school board meetings, they are the third Monday of the month.
 - There should be partnerships with Ho-Chunk Nation community.
 - Is there something the community can do to start moving in that direction?
- The TCO (Tiger Community Organization) is a way to get involved in the school district and offers positive opportunities for involvement.
- Get a hold of local prevention coalitions and apply for grant funding to help move change.
- One participant noted that at the Food Pantry, the elderly ladies asked the young gentlemen receiving the food weekly to come early and help move bigger boxes and they never came. They were unwilling to help but show up every week for food. Also, there were issues where people were trying to barter food pantry items at a bar for other things.



COMMON GROUND AND REFLECTIONS

"We all have the same problems – that is our common ground."

- Lack of transportation – a problem for many residents
- Safe and affordable housing
- Broadband access
- Importance of family / schools for modeling and teaching behaviors/morals
- Drug epidemic – crosses all races and ages; drug epidemic affects us all
- Education
- Affordable childcare
- Elderly
- Affordable prescriptions

Generational racism is something that is present and alive for many people; racism still exists. "The elephant in the room is racism."

There is an under-utilization of existing resources.

There is general agreement that kids are our future and there are concerns about their support from families and schools.

- Importance of family and schools as models
- "Get back to basics" (e.g., turn off cell phones; support family values like hard work).
- The family unit is where we can start prioritizing health choices.

NOTETAKER AND OBSERVER IMPRESSIONS

[Each X below indicates the notetaker and observer(s) impressions of the group dynamics. X = one individual response.]

Thinking overall about today's dialogue, how much *disagreement* was there among the participants?

None	A little	Some	Quite a bit	A great deal
<input type="radio"/>	<input checked="" type="radio"/> XXX	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking overall about today's dialogue, how much *common ground* was there among the participants?

None	A little	Some	Quite a bit	A great deal
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> X	<input checked="" type="radio"/> XX

Thinking overall about today's dialogue, how much do you think the participants considered perspectives or viewpoints that they hadn't considered before?

Not at all	A little	Some	Quite a bit	A great deal
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> X	<input checked="" type="radio"/> XX	<input type="radio"/>

Thinking overall about today's dialogue, how much do you think the participants valued the input provided by their fellow participants?

Not at all	A little	Some	Quite a bit	A great deal
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> XXX

During today's dialogue, how did participants with *differing* views act toward one another?

Very disrespectful	Somewhat disrespectful	Neutral	Somewhat respectfully	Very respectfully
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> X	<input checked="" type="radio"/> XX

During today's dialogue, how did participants with *similar* views act toward one another?

Very disrespectful	Somewhat disrespectful	Neutral	Somewhat respectfully	Very respectfully
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> XXX

Process comments

- The conversation was open, flowing, and accepted by all. Only two participants didn't say anything until asked—an incredible amount of participation and willingness from the community to have their voice heard. The participants were invested in the conversation and showed engagement by all looking at the person as they were talking, either nodding a head or taking a note to build the conversation. There was no talking over anyone or interrupting or an urgency to end the dialogue. One individual shared that they came only to listen and was encouraged to hear the group prioritizing the needs of kids.
- Another shared that there are programs out there to help but it can be discouraging to jump through all the hoops.
- Also shared that we need to protect the kids from consequences of substance use.

COMMUNITY HEALTH DIALOGUE RESULTS

Jackson County – Community Leader Session

Dialogue Date	Thursday, November 9, 2023
Dialogue Location	Jackson County DHHS, Black River Falls, WI
Moderator Name	Eric Giordano (WIPPS)
Notetaker Name	Shelly Shaw (UW-Madison Department of Family Medicine and Community Health)
Observer Name	Karla Gearing (UW-Madison Extension); Jen Braun (UW-Madison Extension)
Attendees	14 Community Leaders

Community Leader Dialogue Key Discussion Points	
APPROACH 1 – Address systemic barriers	<ul style="list-style-type: none"> ✓ Improve transportation; lack of transportation is a significant concern and a barrier to accessing health care services and other needs. ✓ Increase safe, affordable housing for all, as this is a high need in Jackson County. ✓ Increase access to healthy foods and meet the need for healthy food options. ✓ Create one-stop job centers; provide paid job training programs and resources like childcare and transportation to enhance employability. ✓ Recognize the need for a “livable wage.” ✓ Increase access to affordable child care; create or subsidize more child care centers.
APPROACH 2 – Prioritize resources for those with greatest need	<ul style="list-style-type: none"> ✓ Increase access to affordable childcare. ✓ Prevent drug use/misuse and make treatment more affordable and accessible (both substance use and mental health services). ✓ Improve local partnerships between the county and the Ho-Chunk Nation. ✓ Recognize the racism that exists in the community and the “gender gap.”
APPROACH 3 – Incentivize healthy behaviors	<ul style="list-style-type: none"> ✓ Efforts to incentivize healthy behaviors may face challenges or push-back from those who favor personal choice or concerns about stigma. Ultimately, individuals will make their own decisions and cannot be forced. Balancing community responsibility vs. individual liberty can be challenging. ✓ Continue efforts to increase mental health crisis support services.

APPROACH 1: ADDRESS SYSTEMIC BARRIERS

Addressing systemic barriers—or issues that affect our entire community—and improving access to basic needs are important components to building healthier communities. According to this approach, communities should emphasize better access to a range of identified needed supports such as housing, transportation, nutritious food, and affordable preventive health care, among other foundational needs that impact the long-term health and wellbeing of residents. Although some of these challenges can be addressed by health providers, most require community buy-in and involve significant changes in how we all work together to create healthier communities. By investing in strategies to minimize barriers to basic needs, this approach suggests that communities can both increase the overall health of community members and decrease long-term health costs.

Improve transportation; lack of transportation is a significant concern and a barrier to accessing health care services and other needs.

- Lack of transportation options is another extremely important issue raised by the group.
- There was consensus that with no bus service and only one taxi service (which they said was hit and miss in any given week due to lack of staffing), it was extremely hard for people with lower income to get where they need to go.
- People are waiting long hours for taxi service (limited hours), friends, SWAP and Sell Facebook sites, neighbors.
- Some mentioned that the Jackson County Interfaith Volunteers provided rides for the elderly. However, these services were only available to the elderly.
- One person mentioned a specific gap of transportation options for people in wheelchairs.
- Lack of transportation also affected food delivery for agencies serving place bound people. One participant heard, “I could not get to the food pantry, no transportation.”
- Everyone lamented the long wait for taxis—and some mentioned that the taxi service was literally in and out of business from week to week.
- One person commented that the community needed to be more proactive and creative in sharing the word about available transportation resources, for example, by advertising at the county fair, at apartment complexes, and at the Boys and Girls Club, to name a few.
- Another person mentioned that it is important to also think about transportation needs beyond the downtown area.
- One person said that as a landlord, he took personal responsibility for giving lower class tenants rides.
- Others acknowledged that the only reliable mode of transport for some is through family, friends, and the like.
- A representative from the Ho-Chunk Nation Health Department said that lack of transportation is consistently mentioned as a priority need in their Community Needs Assessment. Ho-Chunk contracts with community-based organizations to support transportation needs, but they are not always reliable.
- However, a member of the Jackson County Public Health Department staff said they find nearly the opposite when they do their needs assessment. Meaning, although transportation is consistently mentioned as a problem, it is always ranked as a lower priority. This does not come to the top of the Community Needs Assessment (CNA) in Jackson County, but to community members, this was a top issue.
- Another person mentioned that there was also a lack of awareness of what transportation services ARE available. We need to improve communication and awareness, according to several members of the group. Even though there are a few resources out there - people do not know about them. How can we get information out?
 - Community resource fairs - good way to get info out.
- If we know it is a problem, whose job is this to help fix it? One person said the city government. In Southwest Wisconsin there is a collaboration with public health and HHS to build a fleet with volunteer organizations, and this could be a solution. Community based solutions.

Increase safe, affordable housing for all, as this is a high need in Jackson County.

- This issue of affordable housing was also a big topic of discussion.
- Nearly all agreed that there was an acute housing shortage across the board: for low income as well as mid-level housing options.
- For example, one participant mentioned (and others agreed) that no one is building low-income housing.
- Another participant echoed this concern and mentioned that the costs of supplies as well as supply chain deficiencies—combined with the prospect of lower rent—made it a poor return on investment for builders.
- Others agreed and said they saw no positive solution for resolving the housing shortage.
- This lack of housing contributed to the homeless problem according to two individuals.
- One person referred to a new 96-unit apartment building for which there were over 200 applicants.
- Another person noted that even that apartment building is NOT a low rent space. She said that people with middle class jobs like hers could not even afford to live there.
- This overall lack of housing was impacting workforce development in terms of attracting workers to the area. At least several people agreed with this assessment and there was general overall consensus that this was a serious problem. It is hard to recruit professionals since there is nowhere to live and rent is too expensive.
- Housing and transportation are the two biggest issues to tackle. There is a need to get more housing and it is creating a homelessness issue.

Increase access to healthy foods and meet the need for healthy food options; reduce food insecurity.

- Another concern raised by members of the group was the lack of affordable healthy food for some members of the community.
- Families that do not qualify for SNAP cannot afford produce (refer to ALICE report; income and availability of nutritious food is limited for ALICE households). Has there been any federal attempts to raise the poverty limit?
- Another remarked about the lower quality of nutritious food in the Blackwater area.
- Local pantries were providing supplemental help for some families, but the more nutritious food goes away in the winter.
- One person mentioned a program that was having impact elsewhere in Wisconsin known as Feed My People food bank. In particular, the Ho-Chunk tribe was in the early stages of exploring a partnership with this organization.
- Second Harvest was also noted as a resource trying to help improve access to nutritious food.

Create one-stop job centers; provide paid job training programs and resources like childcare and transportation to enhance employability.

- One individual really like the idea of creating one-stop job centers and said that she thinks training in specific skills would be a good thing.
- After another person talked about the critical need for childcare and a third person mentioned the lack of private transportation services (such as taxis), this same participant who made the comment in the previous bullet said she had an idea: what if a job center serves as a business incubator for childcare businesses and/or transportation businesses (like Lyft). In addition, people could be trained at this job center with requisite job skills and certifications needed to work in the childcare or transportation industry.
- One participant pushed back against this idea because she said that the problem is not missing skill set, it is depressed wages. As a result, she said, a job center would not attract people either to start a business in these areas or become trained as a worker unless there was some significant increase in wages.
- A second person chimed in that this was symptomatic of a broader underlying trend of inadequate wage across the board for many country residents.
- There was discussion about planning for a school sponsored child care center.

Recognize the need for a “livable wage.”

- There was broad agreement that wages were much too low for a large portion of the population in Marinette County.
- Specific examples of important jobs in demand which had low wages included child care workers and nursing assistants.
- When asked directly, at first no one had any solution for this problem.
- However, one participant chimed in that she had heard about a program in Madison in which Epic and local foundations had pooled resources to support a limited number of families with lower socioeconomic status. They would each receive \$500 per month of guaranteed income. According to the participant, and contrary to popular belief, the program had a big positive impact on the recipient families. They had better overall mental health and they were actually very likely to be employed, among other positive indicators. They also found that more people were employed at the end than the beginning. The extra money helped to stabilize life for employment.
- There is value in monetarily supporting families so that they can get grounded to improve their quality of life, mental health, and overall employability.
- Others mentioned that the problem is not just childcare, but there is a need for a livable wage for all areas – for example, in-home care providers. One offered that it is worth increasing taxes to address childcare, however, nursing assistants need a livable wage too. We need a community wide livable wage addressed, as many people are working two – three jobs just to try to make ends meet.

Increase access to affordable child care; create or subsidize more child care centers.

- Nearly everyone agreed with the need for more childcare services in the community. This was perceived as a serious deficit—meaning there are not a lot of available slots for working families with children. All agreed that the cost of childcare was also extremely expensive.
- Most of the group was on board with this idea even when the moderator pressed about the tradeoff of having a higher tax burden.
- When pressed about whether or not there were any workable strategies, one person mentioned that the County was exploring a tax levy approach which some other communities were using. The idea was to raise a specific tax levy that would go towards subsidizing county child care services. This could have a tremendous impact on a wide swath of the population. She said that for the moment this was only being discussed and had not been formally agreed to.
- Investing in childcare impacts the entire workforce and this is a community issue so everyone should share the burden.
- Question: Is the childcare problem due to a lack of training or is it due to low wages and lack of healthcare?
- Can the federal poverty level be addressed federally?

APPROACH 2: PRIORITIZE RESOURCES FOR THOSE WITH THE GREATEST NEED

This approach emphasizes reducing unnecessary and avoidable differences in health and wellbeing between groups of people in our communities. Some members of the community are disproportionately impacted in their ability to access health and community services due to who they are, which groups people think they belong to, and where they live. The perceptions of individuals and groups can be positive or negative and can translate into how residents are treated by their community. For example, when people experience a sense of belonging, and feel affirmed in their self-worth, their health decisions and the ability to access supportive services is positively impacted. By contrast, stigmas surrounding addictions, mental health issues, and lower socioeconomic status make it challenging for some to receive the help they need. By focusing on allocating resources according to need, we can ensure that everyone receives services that promote better health outcomes for all.

Increase access to affordable childcare.

- There was a lot of group support for increasing access to childcare. Childcare is a struggle. Can the major organizations in the community come together to address?
- This is a huge part of the family budget, according to one participant [others agreed].
 - “Childcare takes a lot of people’s checks...even if you have a good job and can afford the cost.”
- All also agreed that it is hard to find a steady childcare provider.
- One participant wondered if schools could support childcare. They had visited another community (in Marinette County) where the public school worked with families and other organizations to offer childcare, which employees and families appreciated. This streamlined drop off and kept kids in the public schools over time.
- It was agreed that the county needs more day care services. It was suggested that schools across the county collaborate. Could schools also collaborate with the county since parents who work need daycare?

Prevent drug use/misuse and make treatment more affordable and accessible (both substance use and mental health services).

- There is a very long wait to access mental/behavioral health and substance use treatment—the two are interrelated. As a result, people’s situations often get worse (overdose, severe illness, and death) before they can get the help they need.
 - There are six to eight month waiting lists when people are ready to enter treatment.
 - When an individual is in crisis they are still waitlisted. Sometimes that results in the individual’s circumstance getting worse.
- One participant said that more services are needed, particularly to address drug overdoses.
- Another participant noted that it is hard for recovering addicts to come back to the community after incarceration or after participating in a treatment program—too easy to get engaged in old bad habits with people who are enablers. One participant who used to work for the criminal justice system noted that Jackson County was in the process of bringing on board a new mental health coordinator at the jail. This is an important “win” because it provides support for incarcerated folks as they transition back into the community. It also reflects a change in mindset about how to improve outcomes. Stigma is an issue (it is a small county). It is harder to stay in recovery if you cannot stay in your community.
- One participant discussed the importance of the availability of life-saving drugs to combat overdoses. Fortunately, Narcan is now being made available at some public locations for free thanks to state funding.
 - Legislation has passed the Assembly to make more money available for Narcan, but the Senate is not yet on board. Some fear that it encourages drug use.
 - In September, a committee was created at the State level to address substance use.
 - Additional legislation is being proposed for “Recovery Schools” which provides behavioral health support in Wisconsin schools. [Uncertain about status of this legislation.]
 - One participant suggested legislation to get Narcan available in schools. But DPI has a concern regarding liability for school nurses.

- Officers carry four Narcan doses, as one dose does not usually work.
- Narcan is available for free at Jackson County DHHS. “No questions asked.”
- Narcan is available through nasal spray over the counter.
- Six students died last year in WI schools due to Fentanyl overdose.
- There is a need to increase the accessibility of mental health and substance use providers in Wisconsin and to incentivize providers staying in-state; school psychology is a huge need. Wisconsin incentivizes mental health professionals to come and stay by forgiving 25% of school loans each year for a period of service.
- Another participant noted that there is still a severe shortage of behavioral health professionals, citing the statistic that there are eight jobs posted for every one position hired.
- No local therapists for mental health or addiction.

Improve local partnerships between the county and the Ho-Chunk Nation.

- One participant discussed the importance of better intentional partnerships between Jackson County and the Ho-Chunk nation—particularly their respective health departments and school systems.
- There “too many parallel systems for the betterment of all.” We need to build trust between the two government systems.
- It is vitally important to “avoid viewing programs as fixes rather than supplemental” to addressing problems. [The implication is that Jackson County government typically assumes it doesn’t need to help the Ho-Chunk because they already have services—but there are not enough resources to cover all of the needs; therefore, the Ho-Chunk services should be seen as supplemental, not as primary.]

Recognize the racism that exists in the community as well as the “gender gap.”

- One participant said that an unspoken but important factor in Jackson County is persistent racism—which is manifested by the lack of diverse teachers in the schools. A couple of other participants agreed.
- One participant said that there were no teachers of color 15 years ago. He advocated for more diversity. More people need to stand up to promote diversity in teaching and other vocations.
- One participant wondered if treatment of people and dissemination of resources differs across diverse populations. Referring to the earlier community member dialogue, one of the community leaders paraphrased a community member’s comment: “In this community, you are either in, out, or you are Ho-Chunk.” How can this be addressed for the populations that may need more help?
- Ho-Chunk: Just revamped Ho-Chunk leadership at health department which create new opportunities.
 - Need better relationships w/ partners
 - Better intentional partnerships with referral processes within the general community and the Ho-Chunk Nation; there are many parallel services/systems but they are not integrated.
 - Not enough staff to provide services.
 - It took a long time to get a meeting with the Ho-Chunk legislature. With regard to Sovereign Government, it is hard for them to rely on or trust local/state/federal governments given their history.
- Gender disparities are also present in the workforce in Jackson County.
 - Another participant discussed the problem of a lack of men working in service-oriented jobs, including in libraries, social service agencies and some health care roles.
 - Libraries are 80-90% female staffed.
 - Human Services has 80 employees and three of those are males.
 - Volunteer caregiver support group shared that female workers are predominant around the state in caregiving support.
 - Other participants agreed that this issue was related to low wages combined with the cultural norm for men to be the “primary breadwinner.” If wages in these professions do not support our cultural ideal of a breadwinning wage, there is a tendency for men not to embrace these careers.
 - Having a sexist society doesn’t do anybody any good. Male social workers and librarians are needed.

➤ APPROACH 3: HELP COMMUNITY MEMBERS MAKE INFORMED CHOICES

This approach builds on the idea that individuals and families are the key decision makers in determining their own health outcomes. An essential component of good health is individual choice, where everyone has the opportunity to accept or refuse healthy life choices, health services, and community resources. Health education, financial literacy, and access to good and up-to-date information are critical to helping people make informed health-related choices. This approach reminds us that it is both the right and the responsibility of individuals and households to decide whether and how to use information to make personal care decisions.

Helping community members make informed choices requires improved communication.

- The theme of improved communication carried over from the conversation during Approach One. Participants agreed that the action items in Approach rely heavily on improving communication across the board by community organizations, schools, government, etc. towards residents, including individuals and families. Communication needs to be better so that people are aware of available resources and can access them.
- One participant wondered if the proposed actions in Approach 3 are “big enough” to address the underlying causes for poor health choices and outcomes. This approach puts the responsibility on the individual. We want them to have autonomy, but they also need assistance. It is government’s responsibility to help reduce barriers.
- In general, participants did not have much to say about this approach. Most agreed with the proposed action items in general but noted that they were dependent on residents getting and receiving appropriate information. And this, in turn, is dependent on community organizations working together to provide adequate information [hearkening back to the conversation during Approach 2].

Efforts to incentivize healthy behaviors may face challenges or push-back from those who favor personal choice or concerns about stigma. Ultimately, individuals will make their own decisions and cannot be forced. Balancing community responsibility vs. individual liberty can be challenging.

- There were mixed feelings about who is responsible for improving health-related behaviors.
- On the one hand, participants agreed that personal autonomy is important. However, they also agreed that the community has an important role in communicating information and in reducing barriers to access.
- One person reminded the group that expectations should not be too high concerning individual behavior: “If people could do better, they would.” We should therefore be more empathetic.
- The concern about these action items “is that they only work on one person at a time” as opposed to systemic solutions.
- This approach puts the responsibility on community members to improve their own health and takes the responsibility off of the service agencies.
 - There are easier things that can be done short-term for individual people, but with how big the issues are there needs to be a more systematic approach with a larger impact.
- What is healthy anymore? Families have so much going on that they are unable to make healthy choices.
- It was also noted that some services aren’t available to some people, so this impacts personal choices.
 - For example: Not having the right food access is an issue.
- Most agreed that “Good things are happening” and we are making at least some limited progress. However, the community absolutely still need to work on reducing stigmas surrounding better health behaviors generally.

Continue efforts to increase mental health crisis support services.

- Wisconsin is moving towards de-stigmatization of and more engagement with mental health.
- We need to emphasize more availability of the least restrictive settings for those in mental health crises.
 - For example, we need to invest in tools for law enforcement to offer mobile crisis services.
 - Another emphasized the importance of mobile crisis support services for substance use issues.
 - People with mental health issues are not criminals. They need mental health services, not arrest or jail.



COMMON GROUND AND REFLECTIONS

We work “better together” [an idea which had broad agreement].

- In the actions of the approaches, there was agreement that Jackson County is making small steps in many of these areas. Examples include broadband access and mental health support at the jail (exit coordinator). But still a long way to go.
- We should think more along the lines of integration of services rather than parallel services.
- Similarly, we need to think of existing services (particularly with regard to the Ho Chunk Nation, VA services, etc.) as supplemental, not as replacement services. Need to get past the tendency toward “siloed services.”

Families are struggling - how do we get upstream so services are not needed? Need to address the root causes, not just offer services to fix the problem.

Everyone also agreed that the community needs to do better communicating the availability of resources to community members (though one person expressed concern that there will be an increase in demand for services if we do this too well). Resources that are available are underutilized.

- How do we communicate the services that are available to the community? And there is not staff to support more services. Resources need to be there before we tell them about the resources.
- There was common ground about the importance of communicating resources that are available to specific groups (e.g., the elderly, varying abled, etc.)
- One source of dissemination of information should be schools because of the natural connection to parents and families.

There was common ground around the importance of people having a livable wage in order to make healthier choices. However, there was no agreement on how to achieve this [nor any concrete ideas].

Childcare is an ongoing issue that needs to continually be addressed. They acknowledged that childcare is a major issue that needs to be addressed and there were some concrete suggestions presented.

There was common acknowledgement around a lack of affordable housing as well as a diversity of housing for people of all income levels.

There was also commonality of the importance of improving transportation.

- Representative from the Ho-Chunk nation said that they could do a better job of filling some gaps.
- How can both health departments work together to address transportation together?

Parking Lot items

- One question that arose for which no one had a ready answer: Is there any movement at the federal level to consider changing the federal poverty limit and/or changing the income threshold at which benefits can be received?
- There were some questions about the status of legislation being introduced in Wisconsin related to Narcan funding and distribution as well as School Recovery programs.

NOTETAKER AND OBSERVER IMPRESSIONS

[Each X below indicates the notetaker and observer(s) impressions of the group dynamics. X = one individual response.]

Thinking overall about today's dialogue, how much *disagreement* was there among the participants?

None	A little	Some	Quite a bit	A great deal
<input checked="" type="checkbox"/> XX	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> X	<input type="checkbox"/>

Thinking overall about today's dialogue, how much *common ground* was there among the participants?

None	A little	Some	Quite a bit	A great deal
<input type="checkbox"/>	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> X

Thinking overall about today's dialogue, how much do you think the participants considered perspectives or viewpoints that they hadn't considered before?

Not at all	A little	Some	Quite a bit	A great deal
<input type="checkbox"/>	<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> X	<input type="checkbox"/>

Thinking overall about today's dialogue, how much do you think the participants valued the input provided by their fellow participants?

Not at all	A little	Some	Quite a bit	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> XXX	<input type="checkbox"/>

During today's dialogue, how did participants with *differing* views act toward one another?

Very disrespectful	Somewhat disrespectful	Neutral	Somewhat respectfully	Very respectfully
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> XX

During today's dialogue, how did participants with *similar* views act toward one another?

Very disrespectful	Somewhat disrespectful	Neutral	Somewhat respectfully	Very respectfully
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> XX

Process Notes:

- One unique outcome of this dialogue is that leaders began to discuss concrete plans to collaborate around some of the issues raised during the dialogue. For example, a Ho-Chunk representative publicly invited a County Board member to meet. Afterwards, contact information was exchanged and a plan to meet was established. [Other similar conversations also took place.]
- There was significant overlap between the common ground articulated by both the leader and the community member groups. The leaders agreed almost unanimously with what the community members had said.
- Conversation and energy at first was slow going but picked up as the dialogue progressed.
- Participants were supportive of initiatives that had been taken so far to address some of the issues and there was common ground around continuing to collaborate.
- They emphasized that new initiatives and supplemental services were not a replacement for primary services.
- Communicating resources that are available to people was extremely important to the group.

COMMUNITY HEALTH DIALOGUE RESULTS

Marinette County – Community Member Session

Dialogue Date	Tuesday, October 24, 2023
Dialogue Location	Marinette, Wisconsin
Moderator Name	Eric Giordano (WIPPS)
Notetaker Name	Nicholas Giordano (WIPPS)
Observer Name	Jen Braun (UW-Madison Extension) and Molly Bonjean (Marinette County DHHS)
Attendees	16 Community Members

Community Member Dialogue Key Discussion Points	
APPROACH 1 – Address systemic barriers	<ul style="list-style-type: none"> ✓ Improve transportation; lack of transportation is a significant concern and a barrier to accessing health care services and other needs. ✓ Increase safe, affordable housing for all, as this is a high need in Marinette County. ✓ Increase access to healthy foods and meet the need for healthy food options; reduce food insecurity. ✓ Recognize that there is a community culture around alcohol, but reducing liquor licenses may not be an effective solution. ✓ Create one-stop job centers; provide paid job training programs and resources like transportation to enhance employability.
APPROACH 2 – Prioritize resources for those with greatest need	<ul style="list-style-type: none"> ✓ Improve the reliability, accessibility, and availability of broadband services. ✓ Help underserved populations and improve general community education and communication about the needs of certain populations. ✓ Ensure residents with substance abuse use disorders have access to supportive services, especially housing and other resources. ✓ Address the root causes of community problems, especially childhood trauma. ✓ Improving capacity for language interpretation/translation received limited support compared to increasing individuals’ English language and literacy skills.
APPROACH 3 – Incentivize healthy behaviors	<ul style="list-style-type: none"> ✓ Help community members make informed choices by providing accurate information on healthy behavior choices, improving communication, and increasing awareness of available community resources. ✓ Support parents/adults with promoting healthy behaviors within the family context in order to model healthier behaviors for youth (still may be challenging.) ✓ Increase the role of community health workers or healthcare peer advocates to help individuals navigate health systems and basic needs services in safe setting.

APPROACH 1: ADDRESS SYSTEMIC BARRIERS

Addressing systemic barriers—or issues that affect our entire community—and improving access to basic needs are important components to building healthier communities. According to this approach, communities should emphasize better access to a range of identified needed supports such as housing, transportation, nutritious food, and affordable preventive health care, among other foundational needs that impact the long-term health and wellbeing of residents. Although some of these challenges can be addressed by health providers, most require community buy-in and involve significant changes in how we all work together to create healthier communities. By investing in strategies to minimize barriers to basic needs, this approach suggests that communities can both increase the overall health of community members and decrease long-term health costs.

Improve transportation; lack of transportation is a significant concern and a barrier to accessing health care services and other needs.

- Many people cannot drive and there are not many options besides driving oneself.
- One participant mentioned how there is currently only one working taxi in the area available to help transport people and there are no longer public buses. It seemed this fact was frustrating and disappointing for this individual.
- Another participant mentioned how rural individuals, especially those living in the northern parts of the county, face difficulties reaching available resources such as the job center, which places a further economic burden to just pay for transportation to find a job or access healthcare resources.
- One participant thinks there should be more publicly funded transportation for doctor's visits, but they were uncertain if such resources were already available.
- One participant noted that taxi services exist, but that they have a habit of not showing up on time (and sometimes not at all) thus resulting in individuals waiting long periods of time outside in the cold and bad weather.
- Others noted that there is no Uber or Lyft in the community. Therefore, there was general agreement there needs to be more publicly funded and supported transportation services to meet people's basic needs.
- Transportation is not just a local issue; it spans two counties and there a lot of rural areas in need. Most resources are in two larger cities on opposite ends of the counties.
- There is no "Commission on Aging" to offer transportation for a donation.
- Huge issue: some people accessing food pantries come in their wheelchairs.

Increase safe, affordable housing for all, as this is a high need in Marinette County.

- One participant expressed how they believe there needs to be more affordable housing available in the community, especially as rent rates are continually rising.
- One participant mentioned how there are several plots of empty land that the city/county is willing to donate for free to builders to support this type of affordable housing, but no one seems interested in taking up the offer. City offers incentives to construction companies to build (for example, by giving land to build housing), but builders will not come. It is a larger issue.
- One noted that rent has doubled, generating a concern that people will have no place to go and winter is coming.
- Someone stated they didn't like the word choice of "low income" housing referenced in the issue guide and preferred the term "affordable housing" because the former creates a stigma towards those in need. This can result in less support in the community for making affordable housing more available.
- It was mentioned by one participant that besides affordable housing, there is a need for more emergency housing for individuals facing addiction, homelessness, and crises. The current shelter space for those in need is not enough, resulting in many people being unable to find any kind of shelter. Where do people live today when they are homeless? There is no shelter space with openings. Many individuals agreed with the idea that there is a need to support more emergency housing in the community.

Increase access to healthy foods and meet the need for healthy food options; reduce food insecurity.

- There is a need to increase community awareness of resources. For example: some residents want to share produce from their gardens, but don't know where they can donate it. Someone mentioned how an effort should be made to reach out and connect with local farmers like those whose produce is grown at home but cannot be officially classified as organic produce to donate their crops to those in need. However, they also indicated that there is currently a lack of information about how and where to donate these crops and more effort needs to be made to create better channels of communication to see this idea implemented.
- There is a need for education: we can tell people they need to eat healthy, but people might not know how to cook vegetables. One participant noted that having healthy food options is not enough. They asked a series of related questions about addressing food deserts: "How do we educate everyone to use healthy food? How do we help individuals to have a nutritious diet? How do we help individuals develop lifetime habits surrounding their eating?" People don't understand what living a healthy life is or how to do it over time. The large drinking and binge drinking problem was noted as an example of lack of awareness of healthy lifestyles.
 - Several other participants agreed that education around using healthy food was as important as access to that food. One participant mentioned that there are some efforts to help address/answer the questions posed above by organizations such as Extension, but they are not enough. More concentrated effort should be applied to educate community members. How do we let people know how to use these foods?
- What are small gains/wins we can achieve? For example: we don't necessarily need to establish a new grocery store in a food desert, but can we start a food share table or community garden instead?
 - A suggestion was to prioritize transportation instead of companies coming to food deserts because if people have transportation, they can make it to stores to get food. Need to prioritize actions. For example, if we build a grocery store, we first need transportation for people to get to it.
- One participant expressed how one possible solution to food deserts is increased support for food share programs which would allow individuals to donate homegrown produce to those in need.
- Another participant echoed the previous idea by saying gardeners in the area are a potentially untapped resource who often have an overabundance of vegetables. Currently they just give away extra produce to family and friends, but they would like to be able to donate to others if possible.
- One participant said that share programs are already seen in churches.
- Another participant noted that the local food pantry does accept donated produce items grown by local farmers but admitted there might be a lack of awareness of this information in the community and that current outreach efforts to spread this information are not reaching enough community members.
- One individual who works closely with the food pantry expressed that they are willing to take in fresh produce grown by community members, but that current demand is so high they quickly run out.
- One individual shared a story about how someone they knew was unable to even afford a tomato because of its high price which to them demonstrates how healthier food options are often too expensive for individuals living on a lower income to afford.
- A suggestion given by one participant would be to support community and public gardens, which could help address the lack of healthy food options for individuals in need. Local churches have food sharing programs and pantries and exist, but people do not know where they are at.
- There is a large pantry that offers fruit, veggies, milk and dairy. Demand right now is very high.

Recognize that there is a community culture around alcohol, but reducing liquor licenses may not be an effective solution.

- One of the actions noted in the discussion guide noted reducing alcohol licenses for establishments near schools. One participant was in favor of adopting this measure but expressed it is more of a community culture issue as there is too much emphasis on drinking as part of the community's identity.

- However, one participant disagreed with this action as they believe that reducing liquor licenses has little effect compared to the other actions mentioned in improving community health.
- Most participants agreed with the idea that reducing liquor licenses would probably not be an effective action. One articulated reason is because the culture of the community was still largely supportive of consuming alcohol and that alcohol is readily available for young people whether near schools or not.
- Reducing liquor licenses does not address the drug usage.
- The group did not see the need to reduce the number of liquor licenses. They believe people will get liquor if they want to. [one observer included in their notes that: “Reducing retail access is an evidence-based practice to reduce underage drinking.” It was not clear from the notes if this was their observation or if the group discussed this.]

Create one-stop job centers; provide paid job training programs and resources like transportation to enhance employability.

- One participant thought investing in one-stop job centers would be beneficial as it would increase employment opportunities and provide economic support to individuals to help pay for their health care costs.
- At least two participants mentioned how the current job service locations are too spread out.
- One participant expanded on the previous idea when they mentioned how there is a physical divide in available job source resources due to the river separating Marinette from Menominee. They believe that there needs to be more cooperation and collaboration between job center resources found in different areas. - the problems don't stop and solutions don't end if we do not collaborate. There is a need to look at Marinette and Menominee as one community.
- Overall group consensus seemed in favor of consolidating job center resources to one physical location and creating more connections between currently available resources.
- Transportation is a barrier to going to all of these services.

➤ APPROACH 2: PRIORITIZE RESOURCES FOR THOSE WITH THE GREATEST NEED

This approach emphasizes reducing unnecessary and avoidable differences in health and wellbeing between groups of people in our communities. Some members of the community are disproportionately impacted in their ability to access health and community services due to who they are, which groups people think they belong to, and where they live. The perceptions of individuals and groups can be positive or negative and can translate into how residents are treated by their community. For example, when people experience a sense of belonging, and feel affirmed in their self-worth, their health decisions and the ability to access supportive services is positively impacted. By contrast, stigmas surrounding addictions, mental health issues, and lower socioeconomic status make it challenging for some to receive the help they need. By focusing on allocating resources according to need, we can ensure that everyone receives services that promote better health outcomes for all.

Improve the reliability, accessibility, and availability of broadband services.

- At the beginning of the dialogue, there was group agreement with the need to increase broadband access to rural areas.
- One participant in particular mentioned how increased broadband access is necessary in today's society, especially post-COVID. From their perspective, most jobs, health care (such as making appointments), education, and even the court system rely on reliable internet access. "It is not a 'want', it is a need! Covid taught us this!"
- Another participant agreed that there is more reliance of virtual information than ever before, but rural residents are excluded because they cannot access these virtual resources. People cannot access expanded services offered by companies if they do not have broadband.
- One participant supported increasing broadband access to rural residents but recognized it might be costly. In their opinion, current resources and support for the postal service should be reallocated to further promote broadband access. They believe that the postal service should be cut down to once-a-week delivery.

Help underserved populations and improve general community education and communication about the needs of certain populations.

- It was mentioned by a participant that sometimes blame, resent, and divide arises in communities when there is too much focus on treating certain [disadvantaged] groups. When this person worked with a hospital system which had special programs for the local indigenous community in South Dakota, some community members pushed back on these programs. There needs to be more education in the community on why certain needs should receive more attention, but they also recognized that it is a very sensitive and complex issue with no easy solution.
- Another participant agreed that help is needed for disadvantaged groups and believed the community should support efforts to communicate with and target specific groups in need.
- One participant suggested that the community needs to increase its education, events and exposure to these underserved groups.
- Should we be more concerned about the stigma of any groups? Yes - is a big deal and getting them to feel welcome is a positive step to help them feel welcome. Lots of agencies / coalitions etc. that come together over certain issues - many recognized that stigma is an issue and they have done a good job to reduce stigma. But there is still a ways to go, that is just one piece of the puzzle.

Ensure residents with substance abuse use disorders have access to supportive services, especially housing and other resources.

- People need support systems so they do not go back to using after being in the system. For example, there is no supportive housing for those going through or in recovery. It can be difficult to go to other communities then have to try to come back and transition back to their community.

- One participant agreed with the idea that there needs to be a better support system for those struggling with drug abuse. Another participant also supported this idea and pointed out how there is no transitional housing for those facing drug addiction. As a result, these individuals must go to other locations and communities to find the help they need. Because there are no local supportive housing options available, reentry into their home community for those recovering from drug abuse can become difficult.
- Another individual expressed how there is a need for the local community support to contribute to and help create the housing opportunities mentioned above.
- One individual expressed support for increasing affordable and supportive housing, but they believe the problem is caused and perpetuated by red tape around local housing laws and policies while simultaneously there is no motivation for local landlords to support this type of housing.
 - When considering whether the community/local government can do anything to help with housing issues, the answer was yes, they have seen smaller communities create housing opportunities for their systems. Local governments need to look for and apply for funding.
 - Red tape to get people into affordable housing is a barrier.
 - Landlords do not always meet standards to be reimbursed. Need to work with landlords to increase standards.

Address the root causes of community problems, especially childhood trauma.

- One participant brought up the following question which they argued needed to be addressed before trying to find solutions: “What are the root causes to problems in the community?” They strongly believed that the community needs to address the root causes over the surface solutions and fixes. One example they mentioned as a root cause is childhood trauma. Need to address trauma, including adverse childhood experiences (ACEs).
- Another participant agreed with the idea mentioned above. They think there is a need to teach critical thinking skills and have more conversations with children. A potential idea to promote critical thinking would be giving children more exposure to opportunities and different experiences. Some people are not critical thinkers; there is a need to have those people involved to help move efforts forward to help with this need to be more exposed to opportunities to use critical thinking.
- Need to address more root causes of issues by focusing on prevention.

Improving capacity for language interpretation/translation received limited support compared to increasing individuals’ English language and literacy skills.

- One participant mentioned an anecdotal story about how their daughter-in-law serves as a translator in North Carolina and charges a large fee for her services. This participant went on to say that supporting translation services is very expensive, so instead felt the community should encourage and support individuals to increase their English language and literary skills. This would be more efficient and economical for them and for the community.

➤ APPROACH 3: HELP COMMUNITY MEMBERS MAKE INFORMED CHOICES

This approach builds on the idea that individuals and families are the key decision makers in determining their own health outcomes. An essential component of good health is individual choice, where everyone has the opportunity to accept or refuse healthy life choices, health services, and community resources. Health education, financial literacy, and access to good and up-to-date information are critical to helping people make informed health-related choices. This approach reminds us that it is both the right and the responsibility of individuals and households to decide whether and how to use information to make personal care decisions.

Help community members make informed choices by providing accurate information on healthy behavior choices, improving communication, and increasing awareness of available community resources.

- One participant stated that good information results in better health outcomes.
- Another individual said that investing in and supporting overall literacy is essential to comprehend what information and resources are available.
- One participant thought there needs to be continued support and money put into libraries (and other resources) that help those in the lower income brackets. They argued that decreased funding in these public resources meant that many community members would lose access to vital assets. As a community, we need to support our libraries. Libraries offer many services especially to those with no broadband for access to services.
- One individual thought that there should be subsidized information promotions about healthy behaviors and community resources through different sources such as TV, radio, and public service announcements. In response, one participant thought that TTV announcements would not be efficient as there are too many network options whereas social media would help reach targeted audiences more effectively.
- One participant mentioned how there was already some similar information being provided through different organizations. They mentioned how the campaign against smoking was effective because no one in their peer age group now smokes.
- One participant thought that a way to potentially support more promotion of information on healthy behaviors, available resources, etc., would be incoming money from lawsuits surrounding the Opioid Crisis, however, they also were unsure of how this money would be received and used.
- There are systems in place, but people are not always doing their best to access them or try to use them. One participant thought there needs to be more ownership and investment from individuals in understanding how health care works and what potential providers are available. They gave an example of people coming into the hospital not even knowing the name of their physician. To them, they think individuals need support and guidance, but they also need to put in effort as well.
- It was mentioned that there are not enough psychiatrists, psychologists and other mental health providers in rural areas, which is problematic.

Increase the role of community health workers or healthcare peer advocates to help individuals navigate health systems and basic needs services in safe setting.

- We need navigators for everything. Several examples related to the need for “navigators” were noted.
 - Could do better in getting out health insurance information - navigation systems. For example, there were three financial counselors when Obamacare was launched and they are still there today.
 - Have a cancer center navigator.
 - Professionals also need to be aware of the full scope of services as well so they can advise others.
- One participant expressed how health insurance guidance and education is needed.
- Another participant echoed the previous statement and added that there are financial counselors available at the local hospitals such as for those dealing with a cancer diagnosis.
- In response to a comment made about the need for increased accurate information and financial literacy resources, one participant mentioned that there are not enough groups and organizations to help navigate every challenge and unique situation that may arise.

- There was overall agreement that the entire process of navigating health insurance and finding relevant information needs to be made easier and more readily available.
- There was overall agreement that community health workers can help guide and inform community members about available resources.
- It was mentioned that community health workers can help take the burden off of physicians by becoming the point of contact and guide to needed community resources.
- There was consensus in the group that there needs to be some kind of central hub for information, both physical and online, to help guide and educate community members on how to navigate the health care system and insurance as well as available resources.
- One person mentioned that there is an online central hub of information which is the 211 website and number.
 - There was some support for this idea, but also some important questions that need to be answered. How do we know that it can be maintained? How do we know that the right people who know the answers are at the hub?
 - Used to have informal hubs or networking groups that were connected - do not have that community connection anymore. 211 is important, but it would be a great opportunity to create a comparable physical hub where people can go for help and information.
- The community has very few mental health providers.

Support parents/adults with promoting healthy behaviors within the family context in order to model healthier behaviors for youth (still may be challenging).

- Encourage and support parents and guardians to talk to their children about positive health behaviors
- It was mentioned that socioeconomic status creates barriers and differences in mindset or mentality regarding how to talk about or the willingness to talk about positive health behaviors.
 - Another person added to the previous statement, saying that the community needs more input from those directly impacted by barriers rather than making assumptions to make sure their needs and concerns are being addressed.
 - One person thought that shame comes into play when trying to get disadvantaged or underserved groups to speak out and express their concerns.
 - Another participant thought that teaching and using trauma informed care would be beneficial to address those disproportionately affected.
- One participant then brought up the concern, “Who takes responsibility for helping and encouraging parents to talk about positive health behaviors?” One person thought that there needs to be more household support for and responsibility taken by those in the home to make sure children are learning healthy behaviors.
 - Another person pushed back on the previous idea. They think it could be more of a generational difference as different generations approach teaching behaviors in a different manner, resulting in differences in opinion regarding how healthy behaviors should be taught at home. [It seems they believed different approaches work for different parents depending on their age, background, etc.]
 - One participant thought that parents need to be responsible for teaching healthy behaviors through their own actions.
- There has been a loss of foundational values in homes. The community has lost leaders/teachers/guiders in their home (the parents are not as responsive). We need to show kids how be healthy, not just give them the information is writing or talk to them. Adults need to be healthy so kids know what healthy is or start education earlier so kids know.
- There is a large issue with broken homes: 300 bags a week are being sent home with food for kids, as parents do not feed kids. There are challenges with foster families, not enough homes, abuse, grandparents leaving - this is becoming generational.
- A lot falls on the schools and nonprofit organizations.

COMMON GROUND AND REFLECTIONS

Community members can change their current methods and thinking to improve the community. But creating generational change takes time and meaningful effort.

- Community members need to make changes now but might not see the impact until three generations later.
- Family dynamics and the family unit itself has changed over time, such as more single parent households or households with grandparents raising grandchildren. Because of these changes to the family structure, new solutions and approaches are required to best address existing challenges.

Connectedness of community has been lost (especially after COVID) and needs to be regained.

- Many individuals are disconnected from the community which can make it hard to get them access to the information and resources they need. There has been a loss of community trust, including between residents and the community itself. People do not trust others' motives.
- It was mentioned that even just having one or two trusted individuals to rely on would make a difference.

Because it can take generations to make change, we need to define a long-term goal that can be “stuck to” until it is met. There is a need to come together for long term change/goals, not just for selfish reasons.

- Family dynamics have changed—fewer traditional families. So how do we make them aware?
- One person brought up that this dialogue illustrates how the issues found in the community must be addressed at several levels at the same time such as different approaches for different income levels. This also means addressing several root issues that lead to “surface” problems.
- It was mentioned that the community should think about and try to accomplish the “small wins” rather than trying to make large changes too quickly, which take too much time and hinder change from happening. There is also a need to celebrate small wins, even if we cannot achieve the huge goal.

We need resources and information for those of every income level; and different approaches for different needs.

- One overall theme was that the community currently lacks the ability to connect people in need to the resources and services they seek, especially underserved populations. We have resources and services but lack the ability and “know how” to connect with these services/resources.
- One potential solution that many supported was having a central hub (physical and online) where people can go.
- There was an overall theme that there needs to be more efforts to raise awareness of resources found in the community as many community members (including some present) are unaware.

Community members should take more responsibility and action to provide help and support people in need.

- Individuals should not be passive in their community but should try to address self-identified needs in the community rather than just complaining or being complacent.

Affordable housing is needed in the community but the current pathway to establish and build housing is blocked by barriers such as bureaucratic red tape and uncooperative landlords.

- Many participants agreed that the community needs more emergency housing and shelters as there are not enough for the need that is present in the community. There are multiple types of housing needs and therefore tangible need for different forms of housing. Landlords note that it is a hassle to go through the government. No incentive to help the one in need when there is a line of people ready to rent or buy.

There is lack of public transportation which must be addressed, especially for those in rural areas.

Organizations that specialize in addressing issues such as health care navigation, transportation, etc. need to cooperate and coordinate more effectively to make a greater impact for those needing their guidance and help.

- All items talked about need to be addressed in concert to make change work (like a downhill snowball effect.)

NOTETAKER AND OBSERVER IMPRESSIONS

[Each X below indicates the notetaker and observer(s) impressions of the group dynamics. X = one individual response.]

Thinking overall about today’s dialogue, how much *disagreement* was there among the participants?

None	A little	Some	Quite a bit	A great deal
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking overall about today’s dialogue, how much *common ground* was there among the participants?

None	A little	Some	Quite a bit	A great deal
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Thinking overall about today’s dialogue, how much do you think the participants considered perspectives or viewpoints that they hadn’t considered before?

Not at all	A little	Some	Quite a bit	A great deal
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking overall about today’s dialogue, how much do you think the participants valued the input provided by their fellow participants?

Not at all	A little	Some	Quite a bit	A great deal
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

During today’s dialogue, how did participants with *differing* views act toward one another?

Very disrespectful	Somewhat disrespectful	Neutral	Somewhat respectfully	Very respectfully
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

During today’s dialogue, how did participants with *similar* views act toward one another?

Very disrespectful	Somewhat disrespectful	Neutral	Somewhat respectfully	Very respectfully
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Process notes:

- Someone stated they didn’t like the word choice of “low income” housing referenced in the issue guide and preferred the term “affordable housing” because the former creates a stigma towards those in need. This can result in less support in the community for making affordable housing more available.
- Participants noted that most actions, in all three approaches, require some education.

COMMUNITY HEALTH DIALOGUE RESULTS

Marinette County – Community Leader Session

Dialogue Date	Monday, October 30, 2023
Dialogue Location	Marinette, Wisconsin
Moderator Name	Eric Giordano (WIPPS)
Notetaker Name	Nicholas Giordano (WIPPS)
Observer Name	McKenzie Leigel (UW-Madison Population Health Institute)
Attendees	8 Community Leaders

Community Leader Dialogue Key Discussion Points	
APPROACH 1 – Address systemic barriers	<ul style="list-style-type: none"> ✓ Improve transportation; lack of transportation is a significant concern and a barrier to accessing health care services and other needs. ✓ Address alcohol access for youth; recognize that there is a community culture around alcohol. ✓ Increase awareness of and understanding of the Federally Qualified Health Center as a way to help address systemic barriers to health care.
APPROACH 2 – Prioritize resources for those with greatest need	<ul style="list-style-type: none"> ✓ Increase access to affordable childcare. ✓ Continue current efforts to improve the reliability, accessibility, and availability of broadband services. ✓ Improve capacity for language interpretation/translation and language support for non-native English speakers.
APPROACH 3 – Incentivize healthy behaviors	<ul style="list-style-type: none"> ✓ Increase the role of Community Health Workers (CHW), especially for aging population ✓ Helping community members make informed choices requires improved communication and increased awareness of available resources. ✓ Support and strengthen families.

APPROACH 1: ADDRESS SYSTEMIC BARRIERS

Addressing systemic barriers—or issues that affect our entire community—and improving access to basic needs are important components to building healthier communities. According to this approach, communities should emphasize better access to a range of identified needed supports such as housing, transportation, nutritious food, and affordable preventive health care, among other foundational needs that impact the long-term health and wellbeing of residents. Although some of these challenges can be addressed by health providers, most require community buy-in and involve significant changes in how we all work together to create healthier communities. By investing in strategies to minimize barriers to basic needs, this approach suggests that communities can both increase the overall health of community members and decrease long-term health costs.

Hard to get the community invested when they can't immediately see outcomes. [Significant agreement here.]

Improve transportation; lack of transportation is a significant concern and a barrier to accessing health care services and other needs.

- One participant mentioned that the community needs better public transportation infrastructure that is easily accessible. Currently, there are many elderly patients who struggle with getting to appointments and depend on robust volunteer efforts to get there.
- One participant echoed the previous statement saying that many students rely on taxis just to get to school.
- Another participant the struggles of one-car-families that need to transport kids to school *and* get to work.
- One participant mentioned how they went to a local meeting talking about health care and transportation, but many participants, especially those representing businesses, felt like their needs and concerns were not heard.
- One participant talked about how there is a new bus route that is being opened between Wisconsin and Michigan that is designed to help people get to health appointments. [Most participants had not heard of this before because it is just getting launched. There was some indication that a local health system was underwriting the program.]
- “We don’t have a walkable city,” so public transportation would be amazing for all ages, abilities, sober/non sober, employers/employees, childcare—especially transportation outside of regular business hours.
 - How do you fund this? Who uses these services?
- One participant was disappointed and discouraged—feeling like the community is not being heard on this issue.
- Another participant suggested that things are starting to get tackled, but it’s slow.

Address alcohol access for youth; recognize that there is a community culture around alcohol.

- Overall, there was agreement that community members lack education on the current laws surrounding minors and alcohol, and more efforts should be made to motivate community members to learn about them.
- One participant suggested that perhaps mandated education would help.
- Another participant agreed that education surrounding laws concerning alcohol access would be beneficial and argued that mandates might be the only way to actualize real change.
- Another participant thought that there should be larger focus on the next generation, which would help start to change the culture surrounding alcohol. [Lots of agreement on addressing alcohol use with the rising generation.
- One participant thought that there needs to be efforts to address how the community views and incorporates alcohol into its culture.
 - The community should shift focus away from offering beer at community events.
 - Another participant pointed out that implementing the above strategy would cause community attendance to decrease. Alcohol sales and tents at public events are important to local organizations.
 - One participant was hesitant to completely adopt the idea to stop selling alcohol at community events which are traditional big money makers for local organizations.
 - What does this attitude say about the community?

- It was mentioned that the community should add more non-alcohol alternative events, especially kid friendly/focused.
- In response, a participant thought that small changes could be made and conversations need to be started now. The community should be asking itself, “Does this make sense?”
- One participant again mentioned how other states like Minnesota do not sell alcohol at community events, and therefore alcohol is less visible overall.
- A participant mentioned that efforts to raise awareness about selling alcohol at community events should be focused more on those who are not purchasing it openly—they may be more receptive.
- Another participant pushed back on this idea, expressing how the target should be *all* community members and to encourage change by exhibiting better modeling.
- Efforts to address alcohol use could include having parent education events and changing current policies/laws at restaurants that allow parents to offer alcohol to minors.
 - One participant mentioned how other states do not allow parents to offer alcohol to minors and found it shocking that Wisconsin does. One participant disagreed because business interests might conflict and make it less feasible.
 - Another participant believes the community needs to reduce parents’ ability to offer alcohol to children. [There was overall agreement with this statement by other participants.]
 - Another participant mentioned how drinking is part of Wisconsin culture with its unofficial motto “Drink Wisconsin-ably.”
 - One participant was concerned about regulating parents’ ability to offer alcohol to minors, suggesting instead more subtle approaches, which would be beneficial in the long run. For instance, we should encourage healthy conversations versus telling people what people can or cannot do, which would have the opposite intended effect. “Raising awareness would lead to conversation over conflict.”
- A participant mentioned that implementing “beer fridge laws” that purposefully lock refrigerators in the garage would reduce minors’ access to alcohol.
- Another participant brought up how increasing insurance rates for restaurants that serve alcohol might improve the ability for minors to access alcohol.
- One issue mentioned was how those dealing with sobriety or who prefer not to drink feel excluded and not as socially connected when alcohol becomes central to community events. There is “othering” with alcohol culture—a sense that folks that are sober don’t have a social life.
- It was mentioned that Wisconsin is too lenient on its laws on drinking and driving as it takes four to five OWIs before suspension of license which allows more people to continue “bad” behavior.
- There was support for reducing liquor licenses.
- Agreement that when it comes to alcohol use, common sense doesn’t always prevail.

Increase awareness of and understanding of the Federally Qualified Health Centers (FQHCs) as a way to help address systemic barriers to health care.

- The FQHC model might be the answer to addressing systemic barriers. This model includes providing dental and mental health resources (and other services) to qualified individuals. There needs to be efforts to raise awareness and have better collaboration with established providers to implement this model effectively. For example, many people, including leaders, are not aware of the local Clinic.
- It was mentioned that some health systems misunderstand the FQHC model and how to effectively collaborate.
- It is important to make sure that the community is aware of the FQHC and how they collaborate with local health systems.

There was recognition of the need to increase access to healthy foods and meet the need for healthy food options, including reducing food insecurity.

- One participant expressed concern about food deserts and thought food share programs could help address this problem; more efforts should be made to purchase locally and give to clients in need.

➤ APPROACH 2: PRIORITIZE RESOURCES FOR THOSE WITH THE GREATEST NEED

This approach emphasizes reducing unnecessary and avoidable differences in health and wellbeing between groups of people in our communities. Some members of the community are disproportionately impacted in their ability to access health and community services due to who they are, which groups people think they belong to, and where they live. The perceptions of individuals and groups can be positive or negative and can translate into how residents are treated by their community. For example, when people experience a sense of belonging, and feel affirmed in their self-worth, their health decisions and the ability to access supportive services is positively impacted. By contrast, stigmas surrounding addictions, mental health issues, and lower socioeconomic status make it challenging for some to receive the help they need. By focusing on allocating resources according to need, we can ensure that everyone receives services that promote better health outcomes for all.

Increase access to affordable childcare.

- One of the most intensely discussed issues during the conversation about Approach 2 was childcare. All agreed that availability is scarce, with long waiting lists, and prohibitive costs. One participant noted that some parents have to sign up when they first find out they are pregnant because there is a two year wait to get a slot. Another participant noted that there are less than 12 childcare providers in the area and that many more are needed.
- Childcare is second biggest issue besides finding workforce, according to one participant. There is no second and third shift childcare availability. Another participant mentioned that many families face a difficult decision between working or staying at home with their child [at least several agreed with this statement.]
 - According to one participant, for some families, the cost of childcare makes it not even worth working.
 - Another participant said that sometimes working more and earning more money leads to loss of childcare and insurance as they no longer qualify for certain federal or state programs.
- It was noted that employers alone cannot solve the issue of childcare and that it will take the entire community to work together to find solutions. There was general agreement on this point.
- One participant said that maybe there should be subsidies in place to support childcare. When pressed, they suggested that local government could provide such subsidies.
- Another participant mentioned that payment and salary for childcare workers should also be increased to incentivize more people to enter the childcare workforce. There were several head nods. However, when pressed, no one had specific ideas about how that might occur.
- There was overall agreement that more childcare would lead to needed growth in the overall workforce.
- One participant said she had been to a conference where one community had emphasized the importance of early childhood education rather than childcare/daycare needs. It seems a shift in focus/wording caught the imagination of community leaders that instead of “paid babysitting” they were supporting quality caregivers who were providing early childhood development instead through education. By shifting the language and intent, she argued, it might increase more community support. Overall, the group liked this idea.
 - One participant brought up that supporting early childhood education would require more certification, which may be a potential drawback.
 - There was agreement that supporting early childhood education would lead to better preparation for children in schools in the long term.
- Another participant reiterated that addressing the childcare issue would require community collaboration and innovative funding models (for example, combining community and state) and would need an organizational leader to help guide the process. There is data from public health supporting this need – however there isn’t capacity for public health to lead on this.
- One participant suggested that Marinette could adopt an approach used by Tri-Share in the Upper Peninsula where 1/3 of childcare is covered by parents, 1/3 by grants, and 1/3 by the employer.

[See <https://www.michigan.gov/mwc/initiatives/mi-tri-share-child-care>]

Continue current efforts to improve the reliability, accessibility, and availability of broadband services.

- The issue of broadband access was brought up, but it seems like currently the county is working on this issue due to investments during COVID. According to the public health officer, this issue will be resolved in the next three years.
- Question on how the broadband access is in this county? It's underway, but not currently great. Is it there (infrastructure) is the first issue; is it affordable is second? School districts are also helping solve the device disparity by providing iPads.

Improve capacity for language interpretation/translation and language support for non-native English speakers.

- It was brought up that there is a growing ELL population in the county and thus increased need for interpreters.
- Someone mentioned that currently there are virtual/telephonic translation options available. but there may be an increased need for in-person translation in the future as ELL populations grow.
- One person said that banking options are limited especially for those who speak only Spanish.
- Another person mentioned that virtual interpreting is great, but the feeling of belonging to the community is decreased as a result. In person options would connect people more to the community.
- Even some of the forms that community members fill out at public service agencies are only in English, according to one participant.
- There seems to be a recent increase in employers looking to recruit more foreign workers, making this issue even more important to address.
- One participant brought up the question, "Do foreign workers get the food, culture, and support they may need while they are here?"
- The school district has done a good job to prepare for it, referencing posters in multiple languages. Employers will need to get behind this as well. Some resources (health care, schools) are already happening but they're mostly virtual. In person would be great to move into. Places like a bank, a business will also need to have options like this too.
- Some comments were relevant to concepts of "belonging/othering."
- While 96% of the population is white, those 4% matter.

➤ APPROACH 3: HELP COMMUNITY MEMBERS MAKE INFORMED CHOICES

This approach builds on the idea that individuals and families are the key decision makers in determining their own health outcomes. An essential component of good health is individual choice, where everyone has the opportunity to accept or refuse healthy life choices, health services, and community resources. Health education, financial literacy, and access to good and up-to-date information are critical to helping people make informed health-related choices. This approach reminds us that it is both the right and the responsibility of individuals and households to decide whether and how to use information to make personal care decisions.

Increase the role of Community Health Workers (CHWs), especially for the aging population.

- The participants agreed that there needs to be more community health workers to needs, especially for elderly. There is a lack of awareness regarding available resources, which CHWs could help address.
- One participant was confused why more organizations do not have more community health workers.
- In response, another participant expressed how difficult it is to fill basic RN positions which oversee community health workers, as well as filling CHW positions.
- Other agencies or organizations seem able hire for jobs with higher pay, but the pay for CHWs is too low to attract more workers. And currently, there is not enough money to make salaries more competitive with other regions such as Southeast Wisconsin. These factors prevent positions from being filled.
- One participant mentioned that the need for CHWs was only going to increase due to the coming “silver tsunami.” As a result, they said, the area will face an even smaller overall workforce to address larger demand.
- Another mentioned that other entry positions found in the community, such as at Kwik Trip, pay about the same amount as CHW positions, and there is less responsibility and/or stress in non-health-related jobs because.
- Another participant mentioned that Michigan reimburses community health workers but Wisconsin does not. As a result, some potential CHWs might be working across the river/border.
 - CHWs as part of wraparound services with FQHC which helps with funding
 - Michigan Medicaid does reimburse (another innovative funding opportunity)
- Another participant said that many people do not see the value of CHWs until they personally need their help and services. She suggested more awareness of the need for CHWs.
- One participant brought up the idea that there have been changes in community culture which makes it difficult to help the aging population. In their opinion, youth no longer are as invested in taking care of their elders, while the elderly are also not asking for help.
- One participant thought that the community needs more providers and navigators specifically to help the aging population. We should, therefore, focus on CHWs as a means to support elderly needs.

Helping community members make informed choices requires improved communication and increased awareness of available resources.

- It was mentioned that there is overall lack of family support, and family members are hesitant to step in and guide loved ones through their health struggles.
- Another person pointed out that the community has many resources available, but residents in need do not always use them. There is a perception of a lack of resources, but there are resources that are not being utilized.
- All agreed with the suggestion that more education efforts are needed.
- One participant who works in the ER said that Emergency Department case managers are helping guide patients, which is good, but that others need to take on this responsibility to assist people in non-emergency situations.

Support and strengthen families.

- Families need to be supported and strengthened. This means helping families with a wide range of issues, from childcare to helping elderly family members.

- There was overall agreement that families can create self-inflicted barriers—they sometimes “circle the wagon” instead of directly addressing health issues. We need to balance preserving autonomy and choice while still providing needed support and guidance.
- Community members have a hard time having conversations about when to start having important conversations about health. For example, family members do not talk about what might happen if someone develops Alzheimer’s and the keys need to be taken away. As one participant put it, “We need to have conversations about having conversations.”
 - Support can look very different (helping vs being passive) for each family.
 - How do you have specific hard conversations when things are good?
- Individualism as a root value—people don’t want to ask for help or offer help to others.



COMMON GROUND AND REFLECTIONS

Public transportation is needed, but our small city size makes it hard to receive federal or state funds and support.

More childcare is needed due to scarcity of options and workers. However, we might consider reframing it as needing more “early childhood education.”

Services that support families are needed from early childhood to the elderly.

- The group acknowledged that different definitions of family must be taken into account, and that support for families extends beyond blood relationships.

The community could be described as friendly but not very “warm” to outsiders.

- “If you’re not from here, it’s hard to connect with people here.”
- Relationships need to be prioritized.
- The community needs to consider how it “others” individuals intentionally and unintentionally. There is a need to better understand the “other.”
- Considering “othering” and “belonging” is a theme around alcohol use, childcare and workforce issues.

The web and/or cycle of support individuals have in community can be both positive and negative depending how strong or weak the relationships are. But overall we need to develop and increase the “web of connectivity.”

It seems that the impact of individualism on the community is large and needs to be understood to address community level issues.

We need multiple organizations to collaborate together to address community needs. Additionally, there needs to be consideration of where employers fit into the picture as they need to be equal partners, not just passive observers.

- Opportunities for innovations and collaboration (particularly in funding models to solve issues).
- Policy advocacy training may be a good step. Could Public Health host?
- We should ask state and local representatives: “What does it mean” when they say they support childcare, etc.?

There is a need to address policy beyond just the local level to help facilitate some of the changes mentioned—this includes state level policies.

Small wins can lead to small gains; not everything can be addressed right away and the small achievements should be noticed and appreciated.

NOTETAKER AND OBSERVER IMPRESSIONS

[Each X below indicates the notetaker and observer(s) impressions of the group dynamics. X = one individual response.]

Thinking overall about today's dialogue, how much *disagreement* was there among the participants?

None	A little	Some	Quite a bit	A great deal
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking overall about today's dialogue, how much *common ground* was there among the participants?

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Thinking overall about today's dialogue, how much do you think the participants considered perspectives or viewpoints that they hadn't considered before?

Not at all	A little	Some	Quite a bit	A great deal
<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking overall about today's dialogue, how much do you think the participants valued the input provided by their fellow participants?

Not at all	A little	Some	Quite a bit	A great deal
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

During today's dialogue, how did participants with *differing* views act toward one another?

Very disrespectful	Somewhat disrespectful	Neutral	Somewhat respectfully	Very respectfully
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

During today's dialogue, how did participants with *similar* views act toward one another?

Very disrespectful	Somewhat disrespectful	Neutral	Somewhat respectfully	Very respectfully
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Process Notes:

None