



## Central Wisconsin Health and Economic Development (CWHEd) Summit Funding and Sustainability Session Notes

### CWHEd Summit Overview

In 2015, the Central Wisconsin Health Partnership (CWHP) convened partners to plan and host a Health and Economic Development Summit for the six counties of the Central Sands agricultural region of Wisconsin: Adams, Green Lake, Juneau, Marquette, Waupaca, and Waushara. The purpose of this Summit was to catalyze collaboration towards the development of regional strategies to improve the health and vitality of rural communities in Central Wisconsin (WI).

As a result of these planning efforts, 155 people registered to attend the day long Summit on August 11, 2015 in Green Lake, WI. Participants from across the six counties represented a broad cross-section of stakeholder groups from the public, private, and community sectors. Afternoon attendees participated in breakout sessions organized by issue area (community development, transportation, workforce development, business development, behavioral/mental health, and sustainability). The breakout sessions used a World Café format, where a table host facilitated small group conversations with the aim of eliciting genuine input and broad perspectives around a focusing question.<sup>1</sup> The final take-aways, referred to as “aha’s,” were later shared with the large group.

This document provides a session description, take-aways, and the raw notes<sup>2</sup> from the issue area conversation on *Funding and Sustainability*. The full Summary Report from the CWHEd Summit is available on the CWHP website.<sup>3</sup>

### Funding and Sustainability Session Description

Central Wisconsin is a melting pot of many organizations with overlapping regions and interests. The boundaries of regions vary by organization and entity, creating a unique (and often blurry) mix of assets and resources.

*Focusing question:*

**How can we maximize our resources and leverage each other’s efforts to achieve shared success?**

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<sup>1</sup> The World Café. “The World Café Method” <http://www.theworldcafe.com/key-concepts-resources/world-cafe-method/> (Accessed September 2015).

<sup>2</sup> The take-aways and raw notes preserve the language used by participants. Any abbreviations introduced, but not defined, were handwritten as such by participants during the session. Digital formatting (e.g., bold, underline, asterisks) is incorporated to maintain participant emphasis from handwritten flip charts and table notes. For example, asterisks are used to indicate items that were starred (\*) in handwritten notes.

<sup>3</sup> [http://www.cwhpartnership.org/uploads/2/1/4/8/21489738/cwhealth\\_and\\_ed\\_summit\\_report.pdf](http://www.cwhpartnership.org/uploads/2/1/4/8/21489738/cwhealth_and_ed_summit_report.pdf)



## Session Take-aways

This section presents the final take-aways, or “aha’s,” from the *Funding and Sustainability* Session small group conversations.

### Group 1 Take-aways

#### Shared Success

- Definition of resources
- Shared history (success / failure)
- Linkage between agencies
- Universal responsibility, diverse roles
- Common models of operation/flow

#### *Another flip chart:*

- Grant Resources –
- Sustainability
- **\*Shared purpose**
- Strategic planning/Sys. Change
- **\*Community buy-in**
- Audit/Evaluate
- **\*Awareness/Community Education**
- Use model programs (template)

### Group 2 Take-aways

#### Maximize and leverage funding

- Inventory of resources
  - Funding
  - Non-funding
- Strategize collectively with stakeholders
- Maximize communication
  - How to communicate best

#### *Another flip chart:*

- Flexibility in using funding and resources to use more effectively
- Break down silos – understand what others are doing
- Build positive culture that leads to success
- Be creative/innovative



### Group 3 Take-aways

#### **Shared success**

- Move **upstream** to systems and funders
- Band **together** in new ways / places to create scale
- **Integrate** efforts, funds, ideas to **reduce barriers**

#### What exists?

- Proximity → potential to share
- Share county interest
- 80% health factors not clinical!

**Value of informal connections to build relationships of organizations**

#### What's missing?

- Coordination
- “Not my job” attitude
- Alternatives

Population served and community buy-in **required**

## Session Notes

This section includes the raw notes from the *Funding and Sustainability* Session small group conversations, as well as any additional individual notes from the moderator and participants.

### Notes from Attendees:

#### Group 1

- Know your resources – inventory
  - Funding
    - Ex: tri county, economic development
    - Collaborative → schools
    - Grants
    - Housing loans
  - Non funding
    - Other
    - Expertise/talents
- Stakeholders
  - Planning ahead → strategizing collectively (e.g., broad band) and seeing areas that intersect → targeted impact → focusing efforts
  - Encourage capital outlay issues



Group 2

- Flexible funding and resources
  - Use of this/what we have more effectively
- Breaking down silos
  - Understanding what others around you are doing and knowing how to connect them together
- Build culture - cross training
- Being create and innovative
  - E.g.,: CCS, peer-specialists, parent-peer specialists, job skill training
- Buy in, incentives

Group 3 Question 1: Funding & Sustainability

-Think outside boundaries

-Funding and sustainability = resources (human, physical, \$)

Shared Success	
(1)	<ul style="list-style-type: none"> <li>• Collaboration at system level               <ul style="list-style-type: none"> <li>○ Awareness of others</li> <li>○ Move upstream!</li> <li>○ <b>Informal networks</b></li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>• Few organizations here – how to develop?</li> </ul>
(2)	<ul style="list-style-type: none"> <li>• Add agencies together to build a base for capacity building</li> </ul>
	<ul style="list-style-type: none"> <li>• Look for <b>what else</b> we can do together</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Scale</b> to find added benefit</li> </ul>
(3)	<ul style="list-style-type: none"> <li>• Integrate funding – e.g., mental health and substance abuse</li> </ul>
	<ul style="list-style-type: none"> <li>• Overcome sense of competition</li> </ul>
	<ul style="list-style-type: none"> <li>• Family centric work break silos to build connections</li> </ul>
	<ul style="list-style-type: none"> <li>• Break silos to build connections -&gt; common Q to make referrals</li> </ul>
	<ul style="list-style-type: none"> <li>• Shared language</li> </ul>
	<ul style="list-style-type: none"> <li>• Identify gaps between providers to find new solutions</li> </ul>
	<ul style="list-style-type: none"> <li>• Find solutions from other places (Uber for rural cases) -&gt; car sharing taxi service</li> </ul>

Who is here?

- County
- City
- Businesses
- Community groups

“aha’s”

- United front!
- Move upstream to system
- Add PPL-> scale
- Integrate to reduce barriers



### Group 3 Question 2: What exists? What is missing?

-Bring together separate groups (e.g., VA and regular health)

What exists?

- Join county efforts, shared vision for community -> shared effort and success
- Proximity to one another (even though distant from others)
- Next to us are other big resources that **together** we could leverage
- The 80% of factors outside of clinical care

What is missing?

- Coordination
- Attitudes prevent collaboration: “that’s not my job”, competition “this is mine”
- **Alternatives** to adverse behavior – what else can be done if not sitting on couch playing video games?

What could be done here?

- Starts with conversation
  - seek other successes
  - recognize the needs
  - bring in other ideas
- \*Engagement
  - Get voice and participation of target community members (youth, elderly, poor, unhealthy, etc.)?
- \*Help people define success for themselves!
- Informal connections don’t always bridge gaps between disparities (health, race, social, etc.)

### Additional notes (page 1/1)<sup>4</sup>

Share vision of region

- Shared services (region home visiting program, evidence based, around prevention, reaching families with young children) and other services (psychiatric services, clinical services, substance abuse services, drug courts, DEC teams, etc.)
  - -> use peer specialists
- Getting our workforce ready
  - Expand JOBS program, DVR programming, meaningful W2/job center programs, etc.
  - Using thrift stores for access, job coaching, to low income people – job sites??
  - Which means we’ll need to pay staff a wage/benefits which will make them stay (w2/job center staff have very high turnover)
- Start providing intensive services to people in jail
- NACC for shared psychiatric, detox, behavioral health services center -> use CAP/ Columbia – Adams Electric Economic Development \$ to help businesses thrive there

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<sup>4</sup> Group not specified.



Single Post-it Note Question 1

What's missing?

- Shared language
- Shared vision, led by the population being served – What do they want?

Other Post-its

*Post-it 1*

- Building
- Linking funding together
- Developing Uber model in the rural area

*Post-it 2*

- Work force profiles by county for region 18-64 year olds so business and economic development know the needs, how does this link to workplace wellness