

CWHP Training Strategic Planning - Report Out Notes

May 29, 2019

Summary:

Group Commitments

- Strategic plan will be about internal CWHP practices – including operationalizing health equity for CWHP
- Mission and vision need to be revised. Identity of CWHP needs to be articulated before the group moves forward with strategic plan
- Strategic plan must include a common goal(s) that everyone is working toward

Immediate Action Steps

- At the next CWHP large group meeting – CWHP will engage an external facilitator (likely Jessica from UW Extension in Waupaca County) to begin addressing the group commitments
- CWHP will begin conducting 1:1's with each other

Attachments: Toolkits and Powerpoint

Report Out: What can health equity look like in Central Wisconsin?

- A place where jobs pay livable wages and people who live and work there have access to the things, they need to live healthy (including transportation, housing, etc.) and most importantly power over their own circumstances.
- Everybody would have what they need in the way that they need it. Access to whatever is specifically needed, leveling of the playing field – engagement between all levels of decision-making, data – what is really needed to prioritize and measure, education/awareness of what HE is and how it manifests in the community.
- Representatives would look like the community – currently, county boards don't look like the community or have the same lens.
- Internal policies – currently agencies have less than ideal benefit packages, paid leave, etc.
- Equitable funding streams – states around us putting more dollars into prevention.
- Access to resources, breaking the cycle of poverty – people don't feel like they have the will or opportunity to break the cycle.
- Power over own circumstances

Report Out: World Café

- What needs to be accomplished for this planning process?
 - Objectives and indicators
 - Accountability
- What does it mean to be successful in this process?
 - Mission and vision are critical
 - Health in all Policies in all counties - with implementation plans
 - Group identity
 - Clear definitions and shared language
 - Shared goals and shared values
 - Buy in
 - Identified measures
 - Regional and individual identities
 - Accountability
 - Strategies that community members can also participate in
- Local context and dynamics

- Honor the challenges and assets as well as the individual/distinct identities in each county
- Reality that the county board members are setting the agenda
- Haves/have nots – weekenders, retirees, people that live here. Help people see a shared identity
- Community/agency readiness
- Language needs to resonate with people who live here
- Migrant, Amish, faith, generational poverty, aging
- Assumptions related to familial history/negative narrative
- Social connectedness – many opportunities for seniors and veterans but a gap for parents and young people. These counties are covered by Boys and Girls Clubs + United Ways but they don't have any physical presence.
- Who do we need to engage? Why?
 - People living on the margins; we can learn a lot from them and do our jobs better
 - The act of engagement is a way to shift power
 - Buy in internally/decision-making. What about people who aren't our direct allies? How are we engaging decision makers? Some of them may be very resistant. Building common ground.
 - Also need to engage ourselves – we need to have a shared agenda. Action step – what is this group agreeing to? Who is in on the plan? Can we come to a commitment on this? Uncertainty on who to engage if we aren't sure what we are engaging people into.

Collective Discussion: What is it that we are all agreeing to?

- Need common indicators for how we hang together
- Passing health in all policies in all counties – as one way to get to health equity – will draw us out of the traditional tables we sit at. Even if the county boards don't adopt HiAP – opportunity to advance some portion of policy levers.
- Are we looking at this as a CWHHP strategic plan? Yes – a broad plan
- Old mission and vision – they're old. An evolution. New mission, vision, values need to have longevity. Framing beyond health equity – improve access to resources and increase access to what folks need.
- Clarify the relationship between Health Department & Health and Human Services and each departments' role in this work.
- Start internal in order to do it externally
- This process is meant to articulate what this group is evolving into – CWHHP identity and agreed upon guideposts or goals. Goals for advancing and operationalizing health equity that can be put into practice internally, based on local context.
- Not top down – we all need to be engaged. We all need to find meaning in this work.
- Need to explore what the current structure is supporting or doing well.
- Beyond the programs we are working on now – at tables we're not currently at because we are doing SDoH and doing equity work.
- The space where we can come together and have these conversations. Spread in our region what is working – as a value.
- This isn't a project that we are working on. Inherently a part of the work we are doing.
- Internal practices of how we operationalize health equity
- We're talking about the health of our regions. The Why, our linked fates, data tells us our communities are experiencing challenges – those impact our entire region.
- Lack of clarity were experiencing in this room will be what we experience with community.