



Central Wisconsin Health and Economic Development (CWHED) Summit

Industry and Business Development 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.¹ 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 notes² from the issue area conversation on *Industry and Business Development*. The full Summary Report from the CWHED Summit is available on the CWHP website.³

Industry and Business Development Session Description

Health matters in the workplace: a healthier workforce brings higher productivity, fewer work days missed, and lower health insurance costs. In this breakout, participants explored the effects of health on business operations and ways to foster a healthier population and stronger business sector.

Focusing question:

How can we improve health in our workforce and community?

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

² 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.

³ http://www.cwhpartnership.org/uploads/2/1/4/8/21489738/cwhealth_and_ed_summit_report.pdf



Session Take-aways and Notes

This section includes the final take-aways, or “aha’s,” and raw notes from the *Industry and Business Development Session* small group conversations, as well as any additional individual notes from the moderator and participants.

Notes from Small Group Conversations:

What's possible? Group 1

- Employee driven wellness/community initiatives
- Making employees feel appreciated
 - Mental well being
 - Training
 - Celebrations
- Supporting community initiatives

What's possible? Group 2

- People taking responsibility for their own health
- Education/sharing information
- Communication and motivation
- Incentives

What's possible? Group 3

- Work health and wellness into the workplace (incentives and opportunities)
 - Who cares? Employers, employees, consumers, families
 - Well days – accrued for time at work
- Long term approaches to work place health. Employers, employees, society
 - [Who cares?] Partnerships for small businesses
 - Use of community assets
 - Involve employees in designing strategy
- Rebuilding culture to be more health focused...to put health as a priority.
 - [Who cares?] Society.

Who cares?

- Everyone should



What Exists? What's Missing? Group 1

What exists?	What's missing?
<ul style="list-style-type: none">• Most workplaces are taking initiatives<ul style="list-style-type: none">○ Many using HRAs○ EAP's	<ul style="list-style-type: none">• Culture of health
<ul style="list-style-type: none">• Health training sessions for entire company	<ul style="list-style-type: none">• Fuller collaboration, employers and employees
	<ul style="list-style-type: none">• Not the job of doctors to fix us
	<ul style="list-style-type: none">• Manage stress
	<ul style="list-style-type: none">• Learn from best practice

What Exists? What's Missing? Group 2

What exists?	What's missing?
<ul style="list-style-type: none">• Insurance options	<ul style="list-style-type: none">• Understanding of options
<ul style="list-style-type: none">• Opportunities to understand health literacy	<ul style="list-style-type: none">• Health literacy
<ul style="list-style-type: none">• Personal responsibility	<ul style="list-style-type: none">• Resources (\$)
<ul style="list-style-type: none">• Lack of resources	<ul style="list-style-type: none">• Personal responsibility<ul style="list-style-type: none">○ Lack of clarity○ Easy of understanding

What Exists? What's Missing? Group 3

What exists?	What's missing?
<ul style="list-style-type: none">• Public health• UW extension• Resources	<ul style="list-style-type: none">• Positive PR for social services and law enforcement; Help – Not penalty
<ul style="list-style-type: none">• Evident of ROI for investment in health	<ul style="list-style-type: none">• Acceptance and/or exposure of ROI data
<ul style="list-style-type: none">• Consultants and service providers to create programs	<ul style="list-style-type: none">• Freedom for businesses to do business without overwhelming regulations
	<ul style="list-style-type: none">• Trust in resources
	<ul style="list-style-type: none">• Safe zones to communicate



What is needed most? Group 1

- Changing culture of our communities and businesses
 - Make a priority and a passion!
- Better -> healthier food options
 - Exercise opportunities
- Employers provide leaders in community projects

What is needed most? Group 2

- Personal responsibility
- Motivation

What is needed most? Group 3

- Change in community culture
- Leader investment – change makers
- Deployment of best practices and resources

Notes from Moderator:

What is needed most to affect change?

- Personal responsibility
- Access
- Change in culture to moderation
- Incentives to change behavior and how consumers utilize healthcare

What's possible and who cares?

- Health Insurance
 - Employers hiring employees for less hours due to cost – personal responsibility
 - Education and information on resources

What exists to make it happen and what is missing?

- Insurance benefits options

Notes from Attendees:

What's possible? Group 1

- Annual HRA
- Monthly celebrations and game – BD, anniv.,
- Role model – healthy choices
- If we care about each other
- Insurance + Monetary
 - Health testing through insurance company
 - Coordin. between employers and insurance
 - Incentives/Penalties
 - Optional vs. forced
 - High deductible plans
- Comm. Interventions



- Support healthy communities
- Well-being – mental health
 - Flex to abilities
 - Respectful/disrespectful
- Ergonomics
 - Adjustable work stations
 - Computers
- Making employees feel good
- Job training

What's possible? Group 2

- Cutting back hours to avoid paying health care
- Working less hours for Badger Care
- Education – options other than Badger Care
- “House of cards”
- Personal responsibility in our own health
- Who should be responsible for educating the public?
- Resources – why don't we know about all that is offered?
- Division of responsibility
- Public services - accessible to the public?
- New access to health insurance
- Improve education on resources
- Advocating yourself

What's possible? Who cares? Group 3

- How can we improve health in our workforce? Well days
- What's possible and who cares? Well days rather than sick days – accrue well days for every 90 days
- Paying for contribution rather than time?
- FDL schools, school facilities for fitness gatherings
- Standing desks
- Nutrition and fitness programs and facilities on site during the day
- Health and wellness programs and challenges
- Medical facilities on campuses of businesses
- Insurance, employees, families
- Partnering small businesses with larger businesses for health and wellness programs

What exists that could make it happen? Group 1

- Most work places are making the initiative
 - EAP
 - Health training sessions for entire company
- Aware of Wellness Services
- Stress is a huge factor
 - Need health care providers to partner with businesses and deal with stress
- For profits can learn better employee appreciation from non-profits



What is missing? Group 1

- Understanding that it's not just the healthcare industries to keep us healthy. It's a group effort
- Steady continuous healthy lifestyles – changing mindset and culture
- Fuller recognition that it takes a collaboration between employer and employee

What Exists? What's Missing? Group 2 - *Additional notes:*

What exists? What's missing?	
• Insurance benefits exist	• Access
• Insurance options	• Collaboration
• Stretched too thin	• Doing the right thing - ease
• Lack of resources for both employees	• Personal responsibility
	• Understanding of benefit terms
	• Health literacy
	• Lack of choice

What exists to make this happen? What's missing? Group 3 – *Additional notes:*

What exists?	What's missing?
• Catalyst	• Service providers
• ROI – evidence (applied)	• Extension offices who are resources not enforcement
• Someone to deal with moral problems	• Positive perception of services as resource rather than law enforcement
• Safe places to speak or connect people to resources	• Evidence of ROI for health in the workplace
• Safety from penal government attitudes	• Drug task forces
• Faith based or community based efforts to deal with personal issues	• Message that social services and law enforcement are there to help

What exists? What is missing?⁴

- Managing stress in workplace

What is needed most? Group 3

- Owners/Managers on board
- Positive thinking
- Proof
- Best practices with shared info
- Employee initiation/courage
- Self-discipline
- Summary for how to implement best practices
- Small businesses
- Community culture
- Chamber programs
- Creating role models
- More one on one interaction

⁴ Group not specified.



Improve health in workforce. How do we improve health in the workforce?

Additional Notes from Attendees:

What exists to make it happen and what is missing?

- Public health can go into work places
- Connect more than physical health/faith
 - Break down barriers – make safe zones
- UW Extension and Aging
- Big barrier to businesses is regulations
 - Don't want to bring government in (PH) because of false sense of "policing"
- Gov't agencies (HHS/Sheriff's Dept.) need to communicate positive "helping" message to overcome misconceptions of the public thought.

What is needed most for change?

- Leader investment
- Proof – deployment
- Best Practices
- Self-discipline
- Change in community culture

How do we improve health in the workforce?

- "Well Days" work for 90 days straight and earn a day off
 - Use in conjunction w/ sick days as to not punish those with chronic illness.
- Rebuild culture to help with working at home or work with those who prefer different environments
- Provide wellness programs with incentives
- Work with walk-in clinics
- Have work outs as a part of the work day
- Offer other programs
 - Nutrition
 - Finance
- Affordable Care Act Revision – costs keep going up
- Engage employees in benefits decision making
- Better and healthier food options
- Exercise opportunities
- Employers provide leadership
- More year round options for farm-to-fork food options for busy people
- Better fast options for busy hectic lifestyles
- Better, safer ways for recreational options in the communities