## OUR GOAL IS HEALTH EQUITY[[1]](#footnote-1)

## AN OPPORTUNITY FOR EVERYONE TO ACHIEVE THE HIGHEST LEVEL OF HEALTH AND WELLNESS REGARDLESS OF DIFFERENCES IN SOCIAL, ECONOMIC OR ENVIRONMENTAL CONDITIONS

This list was identified in prior meetings as the key factors in moving toward health and wellness for all.

## MEETING PURPOSE

Synthesize and organize draft ideas from October meeting

Formalize teams for taking action

Create concrete plans to direct next steps

## AGENDA AND TOPICS

|  |  |  |
| --- | --- | --- |
| **Time** | **Agenda Item** | **Actions** |
| 12:30pm-1:00pm | Check inReview progress | Review summary and themes from October design meeting |
| 1:00-2:30 pm | Team Development | Review Commitment statements summary, desired team membersDevelop teams and organization plan |
| 2:30pm-3:30 pm  | Action planning | Create concrete plans to guide next 90 days and one-year activity |

# Coalition Summary

## Purpose

1. Community engagement
2. Agency coordination
3. Community resource development
	* Data and impact
	* Collective grantmaking and grant seeking

## Design & Structure

Opposite of a silo:

* Impartial structure without coordination = community foundation
* Systems/structure is set up based on skill/interest in the indicators from “health for all” chart

### Structures:

* **Steering committee ~ guidance and community engagement**
	+ Determine and organize work groups
* **Hub ~ internal coordination and resource development**
	+ Communication / marketing person (PAID position?)
		- Will help work groups get out and access other groups’ work
	+ Grant writer / development person (PAID or volunteer position)
		- Small local groups – ID issues, what’s needed, tell the coalition
	+ Data management and evaluation
* **Action teams based on focus areas ~ agency coordination**

### Meetings

* Steering committee meets quarterly
* Action teams meet on group-determined basis
* Hub meets regularly (monthly?)

## Leadership

* Includes all sectors, need balance of community members, profit, and nonprofit businesses, etc.
* Chairs : Community members, Organizations/agencies
* Work groups / steering committees / task force
	+ Need to be nimble to get things done
	+ Need trustworthy people
	+ Need to get out to smaller towns (use local residents) to address issues

## Engagement Approach

* Identify people with expertise in topic area that would
* Identify people affected by issues. Request their input with a problem and solution from public and follow up (continued care)
* Community statement (without stigma) that embraces the goal of people know what they are and resonates with what we want to achieve (“know your resources”)
* One stop shop for information and referral
* Recruitment of CO population – go to them (existing workplace, faith community, library)
* Include people who use resources to give feedback and address issues

# Commitments Summary

|  |  |
| --- | --- |
| **Interest** | **Votes** |
| Champion | 11 |
| Supporter | 26 |
| Participant | 29 |
| Cheerleader | 9 |
| Not sure | 3 |
| **Focus Areas** | **Votes** |
| 1.    Vibrant Economy | 11 |
| 2.    Empowered and Secure State of Mind | 18 |
| 3.    Clean and Safe Environment | 11 |
| 4.    Family and Child Success in School | 18 |
| 5.    Healthy Choices | 24 |
| 6.    Equal Chance for Health Care | 22 |
| **Hub Work** |  |
| **Steering Group** |  |
|  |  |

### Focus Areas and Interests

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Champion** | **Supporter** | **Participant** | **Cheerleader** | **Not sure** |
| **1.    Vibrant Economy** | 3 | 6 | 5 | 3 | 1 |
| **2.    Empowered and Secure State of Mind** | 4 | 12 | 10 | 3 | 1 |
| **3.    Clean and Safe Environment** | 3 | 5 | 9 | 5 | 0 |
| **4.    Family and Child Success in School** | 4 | 7 | 12 | 3 | 2 |
| **5.    Healthy Choices** | 4 | 10 | 15 | 4 | 3 |
| **6.    Equal Chance for Health Care** | 7 | 13 | 14 | 4 | 2 |

# Raw Notes

## Participation and roles: Who has a role to play in contributing to better results?

### Which partners are most important to represent your population/concerns?

* Emergency services
	+ Police, Fire, EMS, Campus police
* Social services
	+ Dunn Co Human Services, ADRC, Northwest Connections, Students of Concern Committee, Private groups: Bridge to Hope, Stepping Stones, the Arc
* Churches
* Support groups
	+ AA, Alano, Senior Center
* Education
	+ UW Stout, CVTC, School districts, Private schools, Head Start
* Health care providers
	+ Mayo, Prevea, Marshfield, Reformed, Menomonie Free Clinic
* Government
	+ County, City, Village, Town
* Housing groups / programs
* Community members
	+ Parents and families
	+ Proportional to population (by age, gender, race, income)
* Diverse populations
* Environment groups
	+ Parks and Recreation, nutrition groups, community gardens, farmers markets
* Programming services
	+ Library, BGC, Family Resource Center, The Arc, Positive Alternatives, Arbor Place
* Resources
	+ Dunn County Community Foundation, United Way, Chamber of Commerce
* Connectors ~ via internet and in person
	+ Liaisons
	+ Don Roberts

### Who do you need on board for getting your message out in Dunn County?

* Agriculture community (UW – Extension)
* WI DVR
* Public Defenders Office
* Mental Health / AODA staff / Arbor Place
* Employers and temp agencies
* Public health
* Diversity: Hmong and other ethnicities / religions / economic status / age / populations being served
* Good marketing people – multiple ways, consistent, easy
* Virtual reference hub (online) and actual space for convening
* Themes by year, community campaign to educate the public
* Local hubs by geography and issue (libraries, Algoona Schools, etc.)
* Annual events to convene and celebrate

### What other groups or meetings are already in place that you know are meeting?

* Parent Action Team
* Now Ministries
* DCPFY
* NAMI
* Mental Health Resource Network
* Mental Health for Youth Action Team
* Eat Well Dunn County
* Bridge to Hope
* Support Groups
	+ Sexual assault
	+ Men relationships – HS – college
* In progress
	+ United Way and Chamber: Volunteer Center Collab (online volunteer listing to match volunteers)
* Anyone everyone\* – one stop
	+ \*no hate group
	+ Wikipedia / 211
	+ Menomonie Cares
* Service clubs
	+ Lions, Rotary, Kiwanis, Optimist Club
* New Health and Wellness Center at UW Stout
* Broadband Committee + County Board level
* CJCC – Criminal Justice Coordinating Committee (Sara Benedict, Eric Atkinson, Dennis Smith, Brenna Jasper)
* Dunn Co CCRT

## Purpose: What is the value our coalition can bring to the community?

### Would organizing an umbrella structure for communication, recruitment of partner agencies, informing the public, organizing projects be a useful point of access for you?

* **Community engagement and outreach**
	+ Outreach – umbrella of communication/information (unified)
		- Correct/valid info, not fraudulent scams
		- That we can be whistleblowers about lack of transparency with healthcare costs
		- Reaching people who need services
		- Strength in numbers
	+ Activity – being present
	+ Systems to link volunteers to agencies
	+ Outreach beyond Menomonie to outlying areas
	+ Bring together the whole populations
		- Volunteer registry
		- Community members and agencies working together
	+ Reach everybody
		- Especially those disconnected or without resources
	+ Incentivize people to leave their house to get out of house and be INVOLVED
		- FIND WAYS TO CONNECT TO SMALL COMMUNITIES
			* Coalition providers buffer between churches + state/agencies
	+ Reduce stigma around receiving mental health services
* **Agency coordination**
	+ Coordinate our efforts (one catalogue for health and wellness and recreation)
	+ Linking between agencies for expertise for programs
	+ Identify existing resources, categorize resources
		- Keeping up to date
	+ Coordinating request for state, fed, and foundation grant funding
	+ Central location for data, trends, etc.
	+ Gaps – focus on physical activity, biking example
	+ Direct connection for case managers
	+ Improve communication
* **Community resource development**
	+ Hub – centralize resources
		- Who keeps information current
		- Who/what groups stay in charge, long term
		- Funding – paid staff for accountability – where does funding come from?
	+ Coalitions can provide ADVOCACY for community needs
		- Highlight broadband issues in rural areas – some info models that work in cities don’t work here
	+ Sharing success stories

### Benefits

* Stepping outside comfort zone
* Primary prevention
* Proactive – give people ownership to take care of own health/motivation
* Engage rural Colfax, Wheeler, town newsletters
* Incentive awareness
* Engagement, participation, community wide “blue zones”

### Other functions

* + Paid information specialists
	+ Resource tree / assessments
		- Agencies report staff talent, skills
	+ Permanent board
		- Facilitating funds, if not on “board” how do you implement input/weigh in on decisions
	+ Decision making
		- Individual votes electronically
	+ Track results – progress
		- What worked, what didn’t
		- Continued face to face inter-services

### Draw a picture of what the coalition will look like

|  |  |  |
| --- | --- | --- |
| Mental healthfunding | Community protections / safety | Health efforts |

* Need to diversify the group to include those with needs not just helpers
* Come up with appropriate time lines for services being accessed
* ID issues that providers don’t know much about?
* Formal process to find services/needs GAPS?
* Cross training for agencies – share ideas and resources?

## Momentum: What would help you make a greater impact?

### How might a coalition support the work you are already doing?

* Buy in by the community
* Promotion and support for needed health services
* Data
* Organize
* Centralize resource requests
* Shift standards
* Peer mentors and support
* Communications – networking
	+ Library, communicate, share info (dunncounty.wixsite.com)
* Joining resources
* Stepping up
* Technology – sharing groups that are meeting
* Funding collaboration
* People to assist families/individuals (filling out paperwork, applications, etc for insurance, housing)
* Help with accessing resources (electronic network to vet questions and paper versions)
* Empower people to take ownership
* Data collection for needed services
* Safety net for community members
* Collection of networks to providers and community
* Outreach services to County communities
* Grouping / collecting professionals who support the needs for educational services (talents to fit)
* Keeping the “human” element in the drive to achieve the needs and outreach
* Communication hub and online resources
* The umbrella will call out the elephants in the room to keep the focus moving forward
* Hub for statistics in our County
* Network to continue to learn new issues and discuss current issues (gaps in services)
* Prevent duplication of services offered
* Support services that provide transportation, internet services, etc. to enable more services

### What is necessary?

* Money – grants
* Broader range of people when planning / solving problems
* One location for (1) people looking for assistance and (2) people/groups that can help
* Track results of efforts
* Data collection (local)
* Collaborate with Stout programs
* Dedicated / Paid staff
* Better communications about who does what in terms of resources
* Volunteer clearing house + agency wishlists
* Connections to UW-Stout ways to inform and connect students to opportunities
* More mental health providers – especially for youth

### Resources we have …

* 211 resource and info line (phone / online)
	+ Google 211 – Wendy from Health contact
* How do we get people to know about available resources??
* Using technology to increase knowledge of resources (Dunn County resource guide, libraries)
* Centralize / promote awareness / update resources / materials

### What could be done?

* DC Community Foundation – **coordinate grants** to cross-agency projects
* Centralized HIPAA release between organizations
	+ Centralized/shared
	+ Client summary
	+ Physician
	+ Food shelf
	+ Insurance
	+ Employed
	+ Highest education
* Create a **211 listing**: inform public and other agencies – could a coalition like this be responsible for updates and improvement? This also results in stats coming back to local listens as to what calls were made
* Time bank system
* Coordinate health assessments and data mining: may be that there are Stout students working on this, Mayo does this, Dunn Co does a needs assessment
* Help get UW Stout’s work/projects ideas out to the wider community
* Get behind the broad band efforts to connect all of us (this has health impacts) – cell phones too!
* Minimize barriers to services (eg insurance, paperwork)
* Support for families to help access services
* + of an organization body to apply for grants
* Central, one-stop place/center to access services
* Transition planning for veterans, young adults, youth, seniors
* Support for people with hidden disabilities – stigma reduction
* Local legal support / barriers to assisting people (HIPAA, immigration)
* Transgender services
* Make a difference with youth
	+ Change the cycle
* Prepare and educate the next generation
	+ Youth educating parents
* Youth intervention activities
	+ Coordination with school districts, where youth spend most of their time
	+ Positive youth programs
* Improve society standards
	+ What is “normal” is not always right
* Work together
	+ Educate community
		- Even those who do not need services now, may need services at some point in their life
	+ Help people plan for the future …
		- What’s next?
		- Think about tomorrow, not just today
	+ More mental health resources, mental health education for community
	+ Outreach for “at risk” (“opportunity”) locations like Wheeler

### How do we reach more/right people?

* Bring 3 to next meeting – divide and conquer
* Diversity needs: tied to transportation, free public services
* Subject matter mentors – KEY COMMUNICATORS
* K-12 community service opportunities
* Volunteer organizations
* PLACE where FREE - communication points
* Chambers EDC’s
* Gas stations
* Non-profit Brown Bags
* Employers
* Tie broadband to HC – health of community
* Invite / get key folks here

## Decision Making and Leadership

### How could decisions be made that keep all stakeholders engaged and ensure forward progress continues?

* Quarterly for steering group
* Action teams meet more regularly
* Internal, external, resource allocation
* Resource requests, pass-thru
* Purpose: communicate to the community what resources are available
* Leadership function
	+ Determine and organize work groups
	+ Communication / marketing person (PAID position?)
		- Will help work groups get out and access other groups’ work
	+ Grant writer / development person (PAID or volunteer position)
		- Small local groups – ID issues, what’s needed, tell the coalition
* Interest work groups
	+ Health care professionals
	+ Safety
	+ Business
	+ Agencies
	+ Faith
	+ Educators
	+ Environment
	+ Food supply
* Networking and consensus building
	+ Quid pro quo –
		- definition of agency – buy in and pay out
		- Definition of boundaries
	+ Dues?
	+ Potency (do) / permission (allow) / protection (block)

### Leadership questions

* Will funding be available to support a leader of the coalition?
* Will there be a host organization?
	+ Dunn County Health or Community Foundation?
* What is our approach?
	+ Preventative approach
	+ Involve our population
	+ Census decision making
	+ Informal advisory board
* Brochure with helpful phone #s
* One call number
* Get the info out to the schools
* Dunn County not just Menomonee

### Success factors

* Progress has to be evident, impact charted, communicated
* People need to identify with the coalition
* Prevent alienation by communicating why decisions are made
* Make sure a lot of people feel represented
* Progress vs listening to all voices cannot let exhaustive feedback delay action
* Are the people making the decisions representative of the whole? (ensure diversity)
* Share success: to people receiving services, what does success look like to them?
* We need to tell stories in a way they can understand. Will bring more to the table
* Explain the statistic or data with a story
* How can we create community conversation put all the mechanisms are resource intensive
* Has to meet individual member goals ~ consistent
* Really rigid structure, e.g. working on obesity vs health behaviors such as keeping people active
* Identifying gaps, then gather resources, whole coalition acting together
* Success could be charted by bringing in money or resources capacity building
* Must leverage what we already have, move people in a unified direction
* How can we use data for needs assessment to change what we are doing?
* Data
	+ Must be more than just information sharing
	+ Using data to determine greatest needs / narrow focus
	+ Determine what data is available
	+ What is attainable / measurable goals?
	+ Collect “useful” data to drive further decisions

## Charters and Structure

### How often, when, where should meetings occur?

* Time
	+ Shifting the times
	+ Move meetings around the county
	+ Working groups on particular issues
	+ Steering team/group
		- Foundation serve as organizer
	+ Meeting quarterly as steering group
	+ 2x year stakeholder meetings
	+ Work groups meet monthly – depending on projects/needs
	+ Structure based on mission, goals – use health survey to guide
	+ Talk about logistics – what resources are needed to build/maintain a structure?
* Community hub
	+ Virtual
	+ Local
* Groups
	+ Steering Committee
		- Includes all sectors, need balance of community members, profit, and nonprofit businesses, etc.
		- Schools, churches, law enforcement, environment, profit-businesses, non-profit, citizen/community member, hospital/clinic, club/organization, city or county council member, etc.)
		- Board of directors?
		- Bring interested parties to the table
	+ Smaller groups
	+ Communication (internal)
	+ Resources coordinated “hub”
	+ External communication with community
* Needs:
	+ Place, sponsorships for meetings, how often to meet?
* Design
	+ Mission
	+ Vision
	+ Elevator speech and action plan
	+ Resources for all (birth – youth – adults – seniors)
	+ Opposite of a silo
		- Impartial structure without coordination = community foundation
		- Systems/structure is set up based on skill/interest in the indicators from “health for all” chart
		- Leadership roles – identify stakeholders
		- How often is it updated?
			* Annual
			* Short term + long term committees
		- Chairs
			* Community members
			* Organizations/agencies
		- Community engagement input
		- Mobility – no wrong door
		- Outreach methods
		- Identification in title
		- Steering committee and chair
		- What groups are missing, who is not at the table?
* Work groups / steering committees / task force
	+ Need to be nimble to get things done
	+ Need trustworthy people
	+ Need to get out to smaller towns (use local residents) to address issues
	+ Need a list of who is a resource on what (database that is searchable) start with today’s attendees
* Elevator speech
	+ We are an organization that educates people about the services / resources available to improve their health and to those around them within the community. We are an umbrella organization that helps agencies coordinate and collaborate their resources and services. We hope to leverage new and existing funding sources to address our health needs in the community
* Interactions
	+ Complete list of upcoming meetings and agenda
	+ Ability to drop in and out
	+ Educating the youth/parents in schools
	+ Neighborhood block grants, community members decide what they need; giving them power
		- Empowerment = giving them choices
* Central planning group to spread the word to interested others
* Share how to help – like work groups
* Meet regularly and report back
* Have people get on agendas of like minded groups (like CCRTs)
* Goals/work groups based on focus areas
* Central planning helps set theme for year and gets that out to the smaller area communities
* Where
	+ If 211 is defunded – make our own?
	+ List of physical spaces that could host a group like ours
		- Library, ALANO, recreation center, Menomonie Family Learning Center, Town halls, churches, schools, Community Services Bldg
* How often?
	+ Leadership team will determine task groups will determine but regular meetings are important (at least monthly)
	+ Important to have agenda + time limits, assignments to complete before next meeting (action plan)

## Engaging the Whole Community

### How can we engage all aspects of our community?

* Attend meetings and bring a few (3) guests
* Identify current needs to be presented
	+ Use surveys to identify the needs
* Identify different groups, sub-groups, cultures, etc. that we need to participate
* Timing of the coalition meetings that fit our community’s needs (ie pm vs am)
* Meeting places / venues to fit their needs (ie not just in Menomonie)
* Action teams: focus on out reaching
* What is our elevator speech?
* How does it benefit someone? (“what’s in it for me?”)
* Need opportunities for the community to tell us their story and needs and what they can offer to the coalition and other coalitions
* Include them in statement making
	+ Board/voting
	+ Cross section of people
	+ Regular meetings with agenda and time
	+ Assign goals and work toward those for next meeting
* Keep people engaged with separate work groups
	+ By interest and with chair in each group
	+ Goals for each group
	+ Evaluation and reviewing goals
	+ Celebrate goals when reached
	+ Engaging people by making a difference
	+ Maintain funding and involvement and commitment
* See a difference, continue to fight for funding – need more support
* Recommendations
	+ Identify people with expertise in topic area that would
	+ Identify people affected by issues. Request their input with a problem and solution from public and follow up (continued care)
	+ Community statement (without stigma) that embraces the goal of people know what they are and resonates with what we want to achieve (“know your resources”)
	+ One stop shop for information and referral
	+ Recruitment of CO population – go to them (existing workplace, faith community, library)
	+ Include people who use resources to give feedback and address issues

### How do we interact include everyone?

* Take the meeting to them (ie 1 month in each town)
* Address each communities needs (use individual community survey)
* How do we find the needs and get people to participate?
* Evening meetings (after 6:30 pm)
* Find a central location in each community for meetings (ie library)
* Addressing the obstacles why ppl can’t come (ie watch children)
* Going to the leaders of our cultures (ie Hmong, farmers, etc.)
* Ask the individual areas what works best for them (ie fliers for township meeting)
* Find that one person that can reach out to diverse populations
* Online resource guide
	+ Enhance
	+ Update
	+ Evaluation
* Central in person location
* Resources for families
* Grandmother program to support mothers to support children – create community
* Community centers to connect

### How would you like to interact with the coalition?

* Referral from – some populations in Dunn Co don’t have internet – need intra-agency ROI firm
* Public process for awareness of opportunity (input, resources, communication)
* Dedicated staff person / place to answer the phone – make connection / referral / take suggestion
* Define community more explicitly
	+ Balance between recruits and outreach
	+ Put elephants in the room (politicians, subject matter mentors, stakeholders, targeted audiences)
	+ Train the trainer (harness to engage rural, diverse populations)

### Should we have a centered hub or diffused services?

* Central hub with multiple places and ways to diffuse information
* Going forward
	+ Some central/smaller core committee that would report to the whole
	+ Smaller groups working on specific topics/action items
	+ Helping groups/agencies see their value in participating see role they play
1. Citation on Health Equity: Brennan Ramirez LK, Baker EA, Metzler M. Promoting Health Equity: A resource to Help Communities Address Social Determinants of health. Atlanta: U.S. Department of Health [↑](#footnote-ref-1)