

Marathon County Board of Health
AMENDED January 7, 2020

The meeting will start at 8:15 AM or immediately following the Health and Human Services Committee/Marathon County Board of Health Joint Meeting.

Tuesday, January 12, 2021 at 8:15 AM

**Meeting Location: 1000 Lake View Drive, Suite 100
Wausau, WI 54403**

The meeting site identified above will be open to the public. However, due to the COVID-19 pandemic and associated public health directives, Marathon County encourages Board of Health members and the public to attend this meeting remotely. To this end, instead of attendance in person, Board of Health members and the public may attend this meeting by telephone conference. If Board of Health members or members of the public cannot attend remotely, Marathon County requests that appropriate safety measures, including adequate social distancing, be utilized by all in-person attendees. Persons wishing to attend the meeting by phone may call into the telephone conference beginning five (5) minutes prior to the start time indicated above using the following number. When you enter the telephone conference, put your phone on mute.

Dial +1 312 626 6799 US (Chicago)
Meeting ID: 851 2896 1112
Password: 882227

Committee Members: John Robinson, Chair; Craig McEwen, Vice-Chair; Lori Shepherd, Secretary; Sandi Cihlar; Dean Danner; Kue Her; Tiffany Lee; Corrie Norrbom

Marathon County Mission Statement: Marathon County Government serves people by leading, coordinating, and providing county, regional, and statewide initiatives. It directly or in cooperation with other public and private partners provides services and creates opportunities that make Marathon County and the surrounding area a preferred place to live, work, visit, and do business. (Last updated: 12-20-05)

Marathon County Health Department Mission Statement: To advance a healthy Marathon County community by preventing disease, promoting health, and protecting the public from environmental hazards. (Last updated: 5-7-13)

- 1. Call to Order**
- 2. Public Comment Period**
- 3. Approval of the Minutes of the December 8, 2020 Board of Health Meeting**
- 4. Operational Functions Required by Statute, Ordinance, or Resolution**
 - A. None
- 5. Policy Discussion and Possible Action**
 - A. Update on the Board of Health training session focused on health equity
 - B. Update on formalizing the reporting relationship between the Board of Health and the Health & Human Services Committee

- C. Policy updates from the Wisconsin Association of Local Health Departments and Boards (WALHDAB) and WI Department of Health Services
 - i. Legislative Action Alert regarding Assembly GOP legislative proposal to limit local health officers' authority to manage public health risks on a case-by-case basis
 - ii. Extension of the Governor's Emergency Order #1 Requiring Face Coverings and support for Health Officer's advisement to wear face masks
 - iii. COVID-19 response funding
 - iv. Other
- D. Discuss local efforts to control the spread of COVID-19 in Marathon County
 - i. Health care system and surrounding counties efforts to have a coordinated response to testing and vaccinations
 - ii. Community conversation and engagement initiatives
 - 1. United Way of Marathon County Community Voices Beyond the Virus
 - 2. Communication strategies to build trust in and access to COVID-19 vaccine
 - iii. Other
- E. Report from the Health & Human Services Committee December 15 and January 6 meeting on policy issues impacting public health
 - i. Update on WIPPS proposal "Addressing COVID-19 in Marathon County A Public Dialogue about Our Future"
 - ii. Other
- F. Update on the Start Right program evaluation
 - i. UniverCity application
 - ii. Other evaluation options

6. Educational Presentations/Outcome Monitoring Reports

- A. Update on Marathon County's COVID-19 response efforts and focus for the next 30-60 days
 - i. Update on disease investigation/contact tracing standards
 - ii. Other

7. Announcements

- A. Marathon County Health Department selected 2020 Role Model of Our Core Values

8. Next Meeting Date & Time, Location, Future Agenda Items:

- A. Confirm February 9, 2021 meeting date and determine agenda topics
 - i. Timeline for the identification of Community Health Priorities and the development of the 2022-25 Community Health Improvement Plan

9. Adjourn

FAXED TO: Daily Herald, City Pages,
Marshfield News, Mid-West Radio Group

Signed _____

THIS NOTICE POSTED AT THE COURTHOUSE

Date _____ Time _____

By _____

Date _____ Time _____

Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 715-261-1500 or e-mail infomarathon@mail.co.marathon.wi.us one business day before the meeting.

MARATHON COUNTY BOARD OF HEALTH
Meeting Minutes
December 8, 2020

Present (Via Zoom): John Robinson, Sandi Cihlar, Dean Danner, Kue Her, Craig McEwen, Corrie Norrbom, Tiffany Rodriguez-Lee, Lori Shepherd (Telephone)

MCHD Staff: Joan Theurer, Judy Burrows, Dale Grosskurth, Rachel Klemp-North, Eileen Eckardt, Chris Weisgram

Others Present: Tim Buttke

1. Call to Order

John Robinson called the meeting to order at 7:45 a.m.

2. Public Comment Period

None

3. Approval of the Minutes of the November 10, 2020 Board of Health Meeting

Motion to approve the minutes of the November 10, 2020 meeting made by Sandi/Craig. Motion approved.

4. Operational Functions Required by Statute, Ordinance, or Resolution

A. None

5. Policy Discussion and Possible Action

A. Update on the Board of Health training session focused on health equity along with the WALHDAB October 19 Forum

John Robinson shared he needs to outreach to remaining board members to gather input as to the focus of the health equity training. Joan Theurer shared background information on how board members can become involved in WALHDAB.

B. Update on the 2021 Marathon County and Health Department Budget and implications for the Health Department's COVID-19 response

Joan Theurer revisited the proposal brought forward at the last meeting which proposed reducing the Start Right budget. The resolution at the County Board level failed, and the program will be funded at its current tax level in 2021.

Discussion on conversations at the County Board meeting and the need to still complete the evaluation of the Start Right program, and explain the need for the program to other County Board Supervisors.

Discussion on including cost effectiveness and return on investment of the Start Right program in the evaluation.

Joan Theurer shared updates on what funding will be available in the first quarter of 2021 for COVID-19 response. Marathon County will receive approximately \$631,000 from the Epidemiology and Laboratory Capacity Building grant, which would fund response efforts through April.

Joan indicated there is adequate funding to have contractual employees stay on board through March or April of 2021, anticipating having a better picture of the funding situation by late January.

C. Overview of Wisconsin Counties Association publication on 'stepped' enforcement process for communicable disease

Joan shared an overview of the handout provided in the packet regarding guidance on enforcement of local health orders from Wisconsin Counties Association. Joan shared how enforcement actions have been carried out previously with response to Tuberculosis cases, human health hazards, and licensing violations.

Joan presented the challenges with stepped enforcement, including having a majority of residents supporting the control efforts, staff resources available to carrying out monitoring and investigation, the County's staffing resources to pursue court action, and the assumption of a long infectious time period to pursue meaningful court action.

John Robinson asked what response the health department has been getting as far as voluntary compliance for isolation and quarantine. Joan shared that the department given the number of cases does not have the capacity to collect the information necessary to monitor quarantine and isolation beyond initial contact tracing.

John Robinson summarized that the stepped enforcement idea is a tool that is available, but may have limited applicability with response to the pandemic.

D. Report from the Health & Human Services Committee December 2, 2020 meeting on policy issues impacting public health

- i. Stepped Enforcement Process Under Administrative Code 145
- ii. Responding to the Housing Needs of our COVID Positive Homeless Population
- iii. Update on Discussions with WIPPS Relative to Community Conversation about COVID-19

Joan Theurer shared the stepped enforcement process was also discussed at the Health and Human Services Committee meeting earlier in the month. Committee members were made aware of housing needs of homeless community members who have COVID-19, and plans were developed to secure housing, utilizing Catholic Charities as a referral source. Protocols are currently being finalized.

A proposal focused on a public dialogue around COVID-19 was presented to the committee by WIPPS. John Robinson shared the goal of the dialogue is to hold a civil discussion in the

community on the response to the pandemic. A work group will finalize the scope of the program by the end of December or January.

- E. Discuss local efforts to control the spread of COVID-19 in Marathon County
 - i. Community engagement initiatives
 - ii. Housing for homeless population in need of isolation and quarantine
 - iii. Influenza and COVID-19 vaccination efforts
 - iv. Other

Judy Burrows provided updates on community initiatives including a live conversation with local health care organization leadership, DC Everest School District, and the health department to give the community a stronger message of what is happening in the community. The intent was to draw attention to the local circumstances. Work with United Way has launched a new campaign with stories from community members on how COVID-19 has impacted them. The campaign is called Community Voices – Beyond the Virus. Community members are asked to go to the associated website and share their stories.

Joan shared that having community conversations outside of the health department will continue to be important.

6. Educational Presentations/Outcome Monitoring Reports

- A. Update on Marathon County's COVID-19 response efforts and focus for the next 30-60 days
 - i. Community testing, disease investigation/contact tracing, vaccination plans, communication to the public, and demands on community resources

Joan Theurer shared coordination among health care providers as far as community testing has been beneficial. Starting this week, Aspirus will be assuming the community testing days at the Emergency Management department, operating 7 days per week. Changes to quarantine timelines are rolling out, as recommended by CDC. New quarantine options include 7 or 10 days within the 14 day quarantine period. Recommendations vary based on individual cases and situations.

The phase one vaccine distribution plan will include long term care facilities in sub-phase 1A, essential workers in sub-phase 1B, and individuals over age 65 in sub-phase 1C. Vaccine manufacturers have requested emergency use approval from the FDA. Work is under way to plan for storage and distribution of vaccine. Local health departments' role in phase 1A will be limited as far as administering vaccine. Weekly planning meetings between the health department, and local health care organizations have started and will look at where gaps exist for vaccine distribution, and who will fill those gaps. Judy Burrows as public information officer will work with communications staff at the health care organizations when it is time to communicate with the public on the roll out of vaccine distribution.

Discussion on communication being planned at the state and federal levels for vaccine safety and effectiveness.

7. Announcements

8. Next Meeting Date & Time, Location, Future Agenda Items:

- A. Confirm January 14, 2021 meeting date and determine agenda topics
 - i. Formalizing the reporting relationship between the Board of Health and the Health & Human Services Committee

9. Adjourn

Motion to adjourn made by Lori Shepherd. Seconded by Corrie Norrbom. The meeting adjourned at 9:25 a.m.

Respectfully submitted,

Lori Shepherd, Secretary
Chris Weisgram, Recorder

DRAFT

**Health Officer Notes
January 2021**

To facilitate diverse perspectives, consider the following questions during the policy discussion.

- Who benefits from or will be burdened by the proposal?
- What are the strategies for mitigation unintended consequences?

Policy Discussion and Possible Action

A. Update on the Board of Health training session focused on health equity

John Robinson, Chair and members will review draft goals and proposed topics for training session.

B. Update on formalizing the reporting relationship between the Board of Health and the Health & Human Services Committee

John Robinson, Chair will share status of the proposed County Board Rule revision concerning the nature and role of the Board of Health.

C. Policy updates from the Wisconsin Association of Local Health Departments and Boards (WALHDAB) and WI Department of Health Services

- i. Legislative Action Alert regarding Assembly GOP legislative proposal to limit local health officers' authority to manage public health risks on a case-by-case basis
- ii. Extension of the Governor's Emergency Order #1 Requiring Face Coverings and support for Health Officer's advisement to wear face masks
- iii. COVID-19 response funding
- iv. Other

Joan Theurer, Health Officer will share legislative action alert, seek support for a Health Officer advisement to wear face masks in the event the Governor's Emergency Order #1 Requiring Face Coverings is not extended, as well as funding updates and implications for the roll-out of vaccines.

D. Discuss local efforts to control the spread of COVID-19 in Marathon County

- i. Health care system and surrounding counties efforts to have a coordinated response to testing and vaccinations
- ii. Community conversation and engagement initiatives
 1. United Way of Marathon County Community Voices Beyond the Virus
 2. Communication strategies to build trust in and access to COVID-19 vaccine
- iii. Other

Joan Theurer, Health Officer will respond to questions regarding the current vaccine efforts and the Health Department's coordination role.

Joan Theurer, Health Officer; Judy Burrows, Community Health Improvement Program Director; and board members will share local efforts underway to support COVID-19 response.

E. Report from the Health & Human Services Committee December 15 and January 6 meeting on policy issues impacting public health

- i. Update on WIPPS proposal "Addressing COVID-19 in Marathon County A Public Dialogue about Our Future"
- ii. Other

January 4, 2021

John Robinson, Chair and Joan Theurer will share status of the WIPPS proposal in furthering communication conversations about COVID-19. Enclosed, find proposal.

F. Update on the Start Right program evaluation

- i. UniverCity application
- ii. Other evaluation options

Joan Theurer, Health Officer will provide an update on the application made to the UniverCity Year for the program evaluation of Start Right. Enclosed, find application submitted. Joan along with Board members will discuss other evaluation options in the UniverCity Year is not a viable option.

Educational Presentations/Outcome Monitoring Reports

A. Update on Marathon County's COVID-19 response efforts and focus for the next 30-60 days

- i. Update on disease investigation/contact tracing standards
- ii. Other

Joan Theurer Health Officer will provide an update on disease investigation/contact tracing standards in light of the activity level occurring in Marathon County.

Announcements

A. Marathon County Health Department selected 2020 Role Model of Our Core Values

Joan Theurer, Health Officer will share the nomination of the Health Department for the Marathon County 2020 Role Model of Our Core Values.

Next Meeting Date & Time, Location, Future Agenda Items:

A. Confirm February 9, 2021 meeting date and determine agenda topics

- i. Timeline for the identification of Community Health Priorities and the development of the 2022-25 Community Health Improvement Plan

Adjourn

Addressing COVID-19 in Marathon County

A Public Dialogue about Our Future

A Proposal from
WIPPS Research Partners



I. PURPOSE

The purpose of this proposal is to provide a **Public Deliberative Inquiry Process** roadmap to support the following goals articulated by Marathon County leaders:

1. Engage county residents in meaningful and civil dialogue to lower the temperature around the highly contentious issue of reducing the spread of COVID-19.
2. Provide a mechanism for productively addressing long-term strategies to mitigate the spread and impact of COVID-19 and potential future pandemics.
3. Provide a transparent public inquiry process, culminating in a series of county-wide public deliberations involving key community leaders as well as the general population.
4. Provide inclusive opportunities to engage local public voices—particularly from underrepresented populations—to share viewpoints regarding COVID-19, its impact on community health, and options for effectively addressing its spread.
5. Engage in a process that builds and (where necessary) begins to restore trust and confidence in public health institutions and evidence-based practices around addressing COVID-19.
6. Engage local leaders in the process to set an example for improved civil discourse around a challenging public issue.
7. Uncover shared values and potential common ground for action.

II. RATIONALE AND EXPECTATIONS

We are at a particularly challenging moment in our nation, state and county regarding the effects of COVID-19 on public health as well as the health of our economy. Unfortunately, rather than bind us together, the pandemic has cleaved us as communities, institutions and even families—mirroring an unhealthy polarization generally in society. As a result, we lack trust in information sources about the spread and impact of COVID-19, in government attempts to address the pandemic, and in one another. Trust is a necessary foundation for any effective interaction between government and the governed, between decision-makers and stakeholders, as well as the foundation for effective collective action regarding such fundamental issues as our physical

and economic health and wellbeing. This project is designed to begin a process of restoring public trust in our institutions and in fellow citizens.

This proposal focuses on a deliberative inquiry process culminating in county-wide public deliberations around the issue of addressing and reducing the public health and economic impacts of COVID-19. Deliberation is a unique form of dialogue that seeks out opposing perspectives, takes into account the importance of factual information, considers the inherent value dilemmas in complex public controversies, and relies on structured discussion and debate to help achieve the critical goal of reasoned judgment. While deliberation encourages greater understanding and respect among diverse groups, it goes a step further than dialogue by asking participants to focus on the costs and consequences of various options and encouraging them to weigh various tradeoffs. Ultimately, deliberation holds out the possibility—and even seeks—common ground, where possible. However, we need to realize that achieving consensus or even a clear majority opinion can be elusive if the issue is still being worked through by residents—particular in a politically divided community. In other words, while it is possible that deliberation might point the community towards some agreed upon actions, if the issue is not ripe for resolution, the most likely result is a series of civil conversations where views are exchanged but without substantial policy direction achieved.

Nevertheless, there is solid evidence from research on public deliberations that participants *do* learn information from deliberative engagement, including information that is contrary to their opinions. Sometimes people change their opinions in line with this new information.¹ The flipside is that sometimes participant views can become even more entrenched as a result of deliberation. Even if citizens do not change their views during deliberation, they commonly emerge from such processes with a greater appreciation for people who hold opposing viewpoints. And the fact that their own opinions have survived greater scrutiny through a dialogue process means that the opinions should be taken more seriously both by outsiders and by citizens themselves. In other words, deliberative processes help generate respect for people and opinions that are sincerely held, even when there are wide gaps in those opinions.

Additional research suggests that deliberation can cause citizens to become more pro-social, meaning more attuned to and supportive of collective goals of the community.² For example, there is evidence from Deliberative Polls conducted by the Centre for Deliberative Democracy that participants of deliberative processes become more considerate of the needs of others.³

Although in a best-case scenario we would hope that participating residents find common ground for action, another equally valuable characteristic of deliberation is that it can and should explore

¹ See Nabatchi, et al., 2012, *Democracy in Motion*. Luskin et al., 2002, *Considered opinions*; Barabas, 2004, *How Deliberation Affects Policy Opinions*; Fishkin, 2009, *When the people speak*.

² Gastil, et al., 2010, *Is deliberation neutral?*

³ See, for example, Fishkin & Luskin, 2012, *Deliberation and “Better Citizens.”* A study of a public budgeting discussion held in a politically conservative state in the US found that the deliberative process led to residents proposing tax increases. See PytlikZillig et al., 2012, *Trust in Government*. Similar findings have been observed many times over throughout communities, including in Wisconsin.

the importance of self-interest and of negotiating conflicting interests. In sum, by choosing a deliberative inquiry approach, we are trying to thread the needle between these two outcomes. Too much emphasis on self-interest may entrench positions and lead participants to talk past one another. Too much focus on achieving the collective good can lead to minority voices feeling pressure to conform to the views of the majority. Without careful facilitation, privileging one or the other could lead to socially powerful viewpoints dominating the conversations. Such an outcome would lead to the exact opposite of the stated project goals.

WIPPS Research Partners understands that resource and time challenges may impact Marathon County's ability to create a comprehensive public engagement process. For this reason, although we provide an outline of a public inquiry process in this proposal, choices will have to be made around how to use scarce resources to maximize resident engagement and impact. Given the general goals of the project as well as taking into consideration best practices of community engagement, we recommend that this process:

1. Prioritize involvement of key stakeholder groups as well as underrepresented residents who have high stakes and significant interest in the outcome, including residents in rural areas, communities of color, and individuals with low socioeconomic status, among others.
2. Provide training and support for stakeholders and community members to participate in ways in which their voices are heard.
3. Direct available resources toward the activities most needed to maximize public participation.
4. Communicate clearly and transparently to stakeholders and the public about process, goals, and expected outcomes.
5. Remain realistic about what can and cannot be achieved as a result of community deliberations.
6. Recruit the participation of a Feedback Panel of key community stakeholders representing a variety of demographic characteristics and viewpoints to serve as an advisory body to provide feedback on the design, implementation, and assessment of the project.
7. Adopt an inclusive and transparent design process that embraces fidelity to resident concerns and input.
8. Integrate a coherent plan to monitor and evaluate the deliberative inquiry process from start to finish.
9. Generate a report that includes a summary of findings as well as potential common ground for action but *without expectation* that actionable recommendations will be achieved.

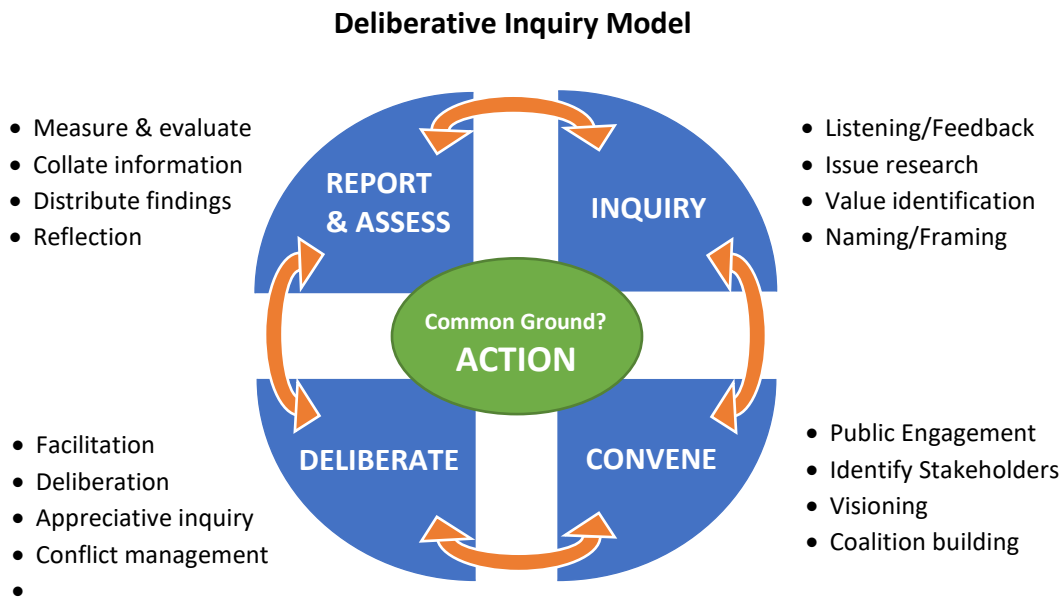
III. DELIBERATIVE INQUIRY PROCESS

Deliberative inquiry is an approach to politics in which citizens, not just experts or politicians, are deeply involved in community problem solving and public decision making. In a deliberation, citizens come together and consider relevant facts and values from multiple points of view; listen to one another in order to think critically about the various options before them and consider the underlying tensions and tough choices inherent to complex public issues; and ultimately seek to come to some common ground for action in the form of a reasoned public judgment.

The practice of deliberation is the cornerstone of democratic and community politics. Deliberation connects people, even those with conflicting interests, in a way that allows them to make decisions and act in regard to problems or challenging circumstances. Deliberation can also reveal new possibilities for action that individuals alone did not see before.

However, deliberative inquiry is primarily reserved for situations when decisions haven't been made and for which some public judgment is required. Issues for which a decision has already been made—or for which decision makers want public support—are more appropriately presented as problems of advocacy and are best resolved by debate about the merits of respective positions. Deliberative inquiry, by contrast, provides an opportunity for citizens to work through an issue using their collective wisdom and judgment with no predetermined outcomes.

There are four basic phases to the deliberative inquiry model, which is outline in the diagram below: 1) Inquiry, 2) Convene, 3) Deliberate, and 4) Assess and report. Each step consists of multiple steps, the process of which is outlined below.



IV. INQUIRY PHASE

The purpose of the Inquiry Phase is to understand the issues at stake and name and frame them in such a way that ALL stakeholders can “see” their perspective(s) and values fairly represented. A complementary purpose of this phase is to build credibility, legitimacy and trust in the goals, purpose and design of the proposed public engagement process.

A. Recruit Feedback Panel

To help ensure transparency, representative community participation, legitimacy, and fairness of the overall process, we propose the creation of a “panel” of community leaders who represent key demographics and points of view that are broadly reflective of views held in the community. The purpose and tasks of this advisory group include:

1. Provide input on the design and implementation of the deliberative inquiry process.
2. Observe one or more public deliberations to ensure fidelity of process.
3. Provide feedback to the project design, process, findings, assessment, and final report.
4. Serve as public ambassadors for the project and encourage community and resident participation.

B. Gather Viewpoints and Uncover Values

To appropriately name and frame the issue at hand, we must gather information from a variety of stakeholders such as businesses (including small business owners), public health officials, government leaders, non-profit organizations, geographically unique groups (urban, suburban, rural), and the public at large (including underrepresented populations), among others. In other words, we must ensure that a range of voices and perspectives are represented.

This can be accomplished through multiple methods including stakeholder interviews, public listening sessions, and an online questionnaire. Although the process of information gathering need not be scientific for purposes of naming and framing, it *is* important to ensure that those whose voices are often underrepresented, including culturally unique groups, low income groups, and rural residents (to name just a few) are fairly and accurately represented. This is particularly important given the divisiveness surrounding public policy options to address COVID-19 and the potential impact on community health and economic wellbeing.

Although not everyone in the County will participate in the deliberative inquiry process, the goal is to ensure a transparent, well-publicized opportunity for as broad and diverse participation as can be reasonably accommodated given available resources.

C. Naming and Framing⁴

The ultimate purpose of the Inquiry Phase is to collect and collate the concerns and viewpoints of County residents and stakeholders in order to create an issue framework or guide that will be used during the Deliberative Phase of the project to help residents constructively address the issue at hand. If the concerns gathering process is effective and careful attention is paid to the diverse viewpoints in the community, the resulting issue guide will reflect underlying values as well as specific positions that appeal to different segments of the population. Below are the key steps in the naming and framing process:

1. Convene a Naming and Framing team (usually a small group of individuals with experience framing issues and writing ideas for broad audiences)
2. Name and frame the issue using information gathered from the Feedback Panel, online public questionnaire, and stakeholder interviews.

⁴ For a detailed primer on the value and process of naming and framing, see Davis Matthews, *Naming and framing Difficult Issues to make Sound Decisions*, accessed here: <https://www.kettering.org/sites/default/files/product-downloads/CRG%20Naming%20and%20Framing%20FINAL%20Digital%2010-14-16.pdf>.

3. The issue guide typically consists of three approaches to addressing the problem with each approach consisting of multiple potential action items or policy choices and potential tradeoffs or consequences.
4. In the case of addressing COVID-19, it may also be imperative to add appropriate technical or scientific information to the issue guide to ensure residents have a more complete picture as they begin the Deliberative Phase.
5. Once the issue is framed it is helpful to test the frame to ensure it holds up to public scrutiny.
6. We recommend creating a post-forum survey to capture viewpoints of participants.
7. Once named and framed, we are ready to design and print the issue guide for public dissemination.

It is important to note that no framed issue guide is perfect. Instead, the guide is meant to allow multiple stakeholders to find things they value and actions they can support (or reject), with space to provide new ideas. Therefore, as we name and frame issues, it is wise to consider the words of David Matthews, President of the Kettering Foundation, and longstanding advocate of citizen engagement in decision-making:

*The issue guides that result from the framings are like the starters on cars. Their purpose is to jump-start deliberative decision-making. Their job is to be provocative, not comprehensive. People in forums will add their own options and views on advantages and disadvantages, and their contributions are part of what makes deliberation work in any given context.*⁵

Examples of framed issue guides can be found at the National Issues Forum Institute website and through a variety of organizations that form a global network of practitioners and organizations committed to public participation.⁶

V. CONVENING PHASE

The Convening Phase focuses on planning, organizing and populating public deliberations. Key steps include:

A. Identify and Train Facilitators

Constructive and meaningful conversation about wicked problems benefits from a structured dialogue format led by trained facilitators who help ensure that participants stay on track as they deliberate and weigh tradeoffs of policy choices. As part of the convening phase, WIPPS will call on a cadre of trained facilitators in our community who understand and have experience in deliberative dialogue facilitation. In addition, WIPPS has the capacity and experience conducting forums using a virtual format.

⁵ The Kettering Foundation is a nonprofit operating foundation rooted in the American tradition of cooperative research. Kettering's primary research focuses on what it takes to make democracy work as it should—in other words, what people can do collectively to address problems affecting their lives, their communities, and their nation. For more information, visit <https://www.kettering.org/about>.

⁶ Examples of framed issue guides can be accessed here: <https://www.nifi.org/en/nifi-materials>.

B. Organize Deliberative Forums

If we are to move the needle on helping to improve the divisive climate around the issue of appropriate responses to a pandemic, we must convene deliberative forms “where the people are,” as opposed to where we want them to be. Special attention will have to be paid to both urban and rural, for example, to ensure a wide representation of voices and perspectives. We will need to be thoughtful about where to host deliberations and how to invite people to come to the table. Especially in an environment where face-to-face interactions are dangerous to public health, we must be prepared to hold these events in a virtual format. But this begs the question of how to encourage participation by populations who are skeptical about masking and who may be “turned off” by virtual meetings. Here again, access to a Feedback Panel of trusted community leaders can help provide legitimacy to the process.

C. Public Engagement Campaign

Perhaps the biggest challenge of the deliberative inquiry process is bringing people together who have strongly competing views and who maintain a high level of emotional commitment and intensity about the “correctness” of their point of view and/or the fallacy of differing viewpoints. Although election season is slowly winding down, the notion of “winning” as the most important political outcome is still in the forefront of our minds. This will undoubtedly mean a high level of skepticism of the value of coming together to have difficult conversations, especially with those who do not think as we do. On the other hand, studies consistently reveal that people believe policy issues are more readily “solvable” at the local level. And despite seemingly never-ending political conflict in the foreground, local communities manage to get things done. Nevertheless, sponsors and organizers of this project will have to call on a variety of allies and stakeholders across the aisle to help invite and convince community members to come to the table.

For this reason, the project will require a credible and meaningful public communications campaign endorsed by key organizational partners and community leaders who can convince residents to see the value of participating in deliberations. Asking our partners and allies to share these opportunities through email and social media is a key part of an effective public communications plan. In addition, we propose using traditional media sources, op-ed articles, and social media to keep the project at the forefront of public consciousness. This, in turn, will help encourage participation in the deliberative forums.

VI. DELIBERATION PHASE

The Deliberative Phase of the project consists of the following components:

A. Convene Deliberative Forums

We recommend holding a significant number of deliberative events. Although there is no “magic” number, holding more deliberative events increases overall participation. This is particularly important in a large county with a diverse population spread over a large area. Project organizers will consult with public health officials and local leaders across the County to determine the safest and most effective way to convene forums, whether virtual, face-to-face, or some combination.

B. Facilitation and Data Collection

At each forum, a trained facilitator and notetaker helps moderate and capture the highlights of the conversation. Usually, a third observer captures themes, common ground, tensions, agreements and disagreements. If a post-forum survey or deliberative poll is used, this data is also collected. All quantitative and qualitative data will be collated, analyzed, and presented in user-friendly report distributed to community leaders and the public at the conclusion of the Deliberative Phase.

VII. REPORTING AND ASSESSMENT PHASE

A. Collate and Analyze Data

It is difficult to predict what outcomes will emerge from the deliberative forums, especially whether or not there will be common ground for action. Regardless, it is important to collect, collate and analyze available data in the form of qualitative outcomes from forums, including recurring themes, tensions, common ground, and other relevant viewpoints. In addition, we propose to use a post-deliberation poll to gain a snapshot of where people are with respect to COVID-19-related issues *after* participating in a forum. Other data we will seek to collect includes what information (and information sources) people find most and least credible.

B. Generate a Findings Report

Although we are not using random sample techniques to populate the deliberative forums, we believe that it is important to report out what was said and learned as accurately as possible. A comprehensive report will be created based on the data collected and will be made freely available to the public online as well as to community leaders.

C. Assess the Process

Process assessment is critical and we will create an assessment rubric consisting of categories including (but not limited to) the following:

1. The extent to which the project met stated goals.
2. Whether and to what extent the deliberative process itself was perceived as transparent.
3. The breadth and effectiveness of communication of the project, including opportunities for public participation throughout Marathon County.
4. The extent to which the deliberations involved diverse residents from the County that reflect the actual distribution of residents (based on multiple factors including geography, race/ethnicity, gender, income status, etc.)
5. A list of takeaways, including successes, areas of concern, and challenges that impacted the project process and outcomes.

We will seek input from the Feedback Panel as well as Marathon County leaders. WIPPS Research Partners will also conduct a self-assessment.

D. Presentation on Process and Outcomes

In consultation with Marathon County, WIPPS Research Partners will plan to present results of the project to various audiences as needed.

VIII. PROJECT COSTS

A. Project Management and Feedback Panel

Recruit and Manage Feedback Panel	Cost Estimate
Project management, including meetings with County leaders, project team members, and panelists.	\$2,000
TOTAL	\$2,000

Is this expense necessary?

Project management is an essential expense as is communication with project team members from the county as well as the stakeholder Feedback Panel.

B. Gather Viewpoints and Uncover Values

Gathering Data/Values	Cost Estimate
Design upload and manage the online questionnaire	\$500
Conduct 25 key stakeholder interviews	\$3,500
TOTAL	\$4,000

Is this expense necessary?

Although these two components are not absolutely necessary to effectively name and frame an issue guide, there are tradeoffs to consider regarding process legitimacy, transparency, and credibility. The online questionnaire is the most efficient and cost-effective means to obtain viewpoints and values of the community necessary to name and frame an issue guide. In particular, encouraging public involvement in this early step will signal to the public that their voice matters.

The stakeholder interviews are less essential from the perspective of obtaining information that could otherwise be gleaned from the online questionnaire. However, conducting key stakeholder interviews is instrumental to other key goals as follows:

1. Ensures that key stakeholder viewpoints are consulted and their views included in the naming and framing process.
2. Lends transparency, credibility and legitimacy to the project by publicly involving high profile community leaders with diverse points of view.
3. Uses the interviews as a recruitment tool for populating the Feedback Panel.

C. Naming and Framing

Naming/Framing	Cost Estimate
Collate and analyze interview data	\$1,000
Analyze survey data	\$1,000
Research and curate appropriate data around COVID-19 and its impact on public health and the economy	\$1,000
Name and frame issue guide	\$3,000
TOTAL	\$6,000

Is this expense necessary?

The core element of this phase is naming and framing the issue guide. It is difficult to cut corners here because the guide is the foundational basis for the Deliberative Phase of the project. However, it is possible to forego the analysis of the questionnaire and interview data, particularly if either or both are eliminated from the overall process. However, the tradeoff of eliminating both is a decrease in public engagement early in the project, which could affect transparency, credibility, and public participation in the Deliberative Phase. Probably the most obvious opportunity to reduce costs is in the research and curation of COVID-19-related facts and information. This data could be provided by the Department of Public Health and other county sources.

D. Identify and Train Facilitators

Preparing Facilitators	Cost Estimate
Recruit and train facilitators	\$1,000
Facilitator/note-taker stipends (non-WIPPS staff)	\$1,000
TOTAL	\$2,000

Is this expense necessary?

There is tremendous value in having multiple facilitators for a public facing project. In fact, it is a best practice to have at least two trained facilitators at each deliberation. This funding is minimal yet important.

E. Organize, Convene, and Facilitate Deliberative Forums

The number of deliberative events (in-person or online) is to be determined by WIPPS Research Partners in consultation with the County. We recommend fifteen (15) groups of 10-12 participants each for a total of 150-180 participants representing diverse backgrounds.

Deliberative Forum Expenses	Cost Estimate
Organize and manage 15 deliberative online forums: IT	\$1,000
Organize communications/registration for online forums	\$1,000
WIPPS Marketing/Public communications/social media	\$1,000
Forum facilitation (WIPPS staff)	\$4,000
Forum notetaking/data collection	\$1,000
TOTAL	\$8,000

Is this expense necessary?

Convening and facilitating the deliberative forums are at the heart of the project. These costs are therefore considered necessary to the project.

F. Post-Forum Data Collation, Analysis and Report

Data Collation/Analysis and Report	Cost Estimate
Collate and analyze deliberative forum data	\$3,000
Report write-up	\$2,000
TOTAL	\$5,000

Is this expense necessary?

At the conclusion of the deliberations, researchers will collect, collate, and analyze the data from the forum, including the post-forum survey, and will write a qualitative report incorporating the findings. WIPPS Research Partners will present findings to and debrief the County and other key stakeholders. Although these tasks are essential to the project, we could scale back the scope of the analysis and findings.

G. Deliberative Inquiry Process Assessment

Project assessment will be carried out at no additional cost and we intend to share the assessment findings as part of the project report.

H. Other Potential Expenses

The costs outlined above do not include additional resources which may be needed such as:

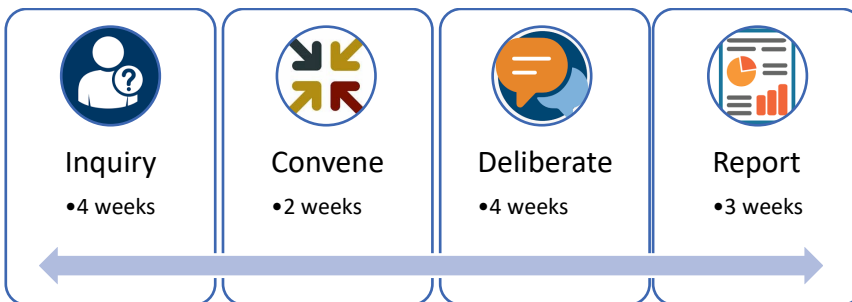
1. Graphic design needs for an issue guide or placemat.
2. Additional advertising to encourage public participation in the deliberation sessions.
3. Assistance for low-income and other vulnerable populations to support participation.

I. Total Expenses

TOTAL PROJECT EXPENSES	\$27,000
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IX. NEXT STEPS

This proposal is purposely meant to serve as a “working” draft and WIPPS Research partners invites feedback on any aspect herein. Although we have purposely avoided a specific timeline due to the changing landscape around COVID-19, we have provided a minimalist version of a timeline below. This is also negotiable depending on needs.



X. CONTACT INFORMATION

WIPPS Executive Director	Research Partners Director	Marathon County Liaison
Eric Giordano 385-223-0932 egiordano@uwsa.edu	Sharon Belton 715-302-8483 sbelton@uwsa.edu	Name Phone Email

PROJECT DESCRIPTION FORM



Complete this form for each proposed project.
E-mail completed forms to gavin@co.marathon.wi.us by December 1, 2020

Project Title	Marathon County Start Right Program: A Smart Investment for Future Generations	
Project Sponsor Authorizes project, provides resources, removes obstacles	<i>Name</i>	Joan Theurer
	<i>Email address</i>	Joan.theurer@co.marathon.wi.us
	<i>Phone number</i>	715-261-1903
	<i>Communication preference</i>	Email or Phone (time sensitive)
Project Lead Main point of contact for faculty and students.	<i>Name</i>	Joan Theurer
	<i>Email address</i>	Joan.theurer@co.marathon.wi.us
	<i>Phone number</i>	715-261-1903
	<i>Communication preference</i>	Email or Phone (time sensitive)
Oversight Committee Who else from the community or your local government should be involved?	<i>Name</i>	Marathon County Board of Health Marathon County Health & Human Services Committee
	<i>Meeting schedule</i>	Marathon County Board of Health 2 nd Tuesday of each month at 7:45 AM Marathon County Health & Human Services Committee 1 st Wednesday of each month at 4:00 PM
Project Description What questions need answering? What goals need to be achieved? Why do this now? What has already been tried?	The Start Right Program began as a pilot in Athens in 1994, becoming a county-wide service in 1999. Marathon County has been seen as pioneer for home visiting, being one of ten counties selected by the State of Wisconsin Department of Health Services to pilot the Prevention of Child Abuse and Neglect (POCAN) grant from 1999 to 2010. The Start Right Program has two major program components: Start Right First Steps Prenatal Care Coordination that includes postpartum services for high risk births not served prenatally; and Start Right Step by Step Home Visiting.	

In 2007-2008, a comprehensive evaluation and redesign of the Start Right Program occurred to ensure alignment with state and national best practices and benchmarks. Prior to this, Start Right First Steps Prenatal Care Coordination was part of a statewide research study published in 2010. In addition, an evaluation study was completed in 2003 among the ten pilot counties participating in the Prevention of Child Abuse and Neglect (POCAN) state grant, which included Start Right Step by Step Home Visiting. The Step by Step Home Visiting program is in the process of being accredited by Healthy Families of American with a site visit scheduled for the spring of 2021.

For 2021, the county's tax levy investment in the Start Right program is estimated at \$1,138,113 of the program's total budget of \$1,606,183. Since 1994, Marathon County Health Department contracts with Children's Service Society of WI to deliver the home visiting services program component. Of the \$1,138,113 tax levy, \$448,113 is allocated to Start Right First Steps Prenatal Care Coordination and postpartum services with the balance of \$690,000 supporting the Start Right Step by Step Home Visiting and Family Resource Center services.

Issues: During the 2020 budget process in the fall of 2019, a number of policy issues were raised regarding the Start Right Program that included:

- Marathon County Government with finite tax levy is tasked with determining how to fund competing program priorities; Start Right is not a mandated county service.
- Marathon County Board of Supervisors have a varied level of understanding as to the value of investing in the Start Right Program and there does not appear to be consensus around what results would be meaningful.
- Marathon County Board of Supervisors, the Marathon County Board of Health and the Start Right program staff do not have a common language for measuring and communicating results.

In the winter of 2020, a program assessment plan was developed with the intended goals. The plan was developed to:

1. Review state and national best practices known to support at women for poor birth outcome and comprehensive home visiting services for at risk families in relationship to the Start Right program component services.
2. Review the Start Right program services design and outcome data in relationship to state and national studies.
3. Review the Start Right program services outcomes in relationship to state and national benchmarks for Medicaid Prenatal Care Coordination and Comprehensive Home Visiting Programs.
4. Determine the benefit of past and continued investment of tax levy in Start Right program services.

Initial work began during the winter of 2021 to realign program outputs and outcomes into a Results Based Accountability framework. Plan products were not completed due to the Marathon County Health Department redirecting resources to respond to the COVID-19 pandemic.

<p>Final Deliverable (s)</p> <p>What should students produce? Report? Video? Spreadsheet? Presentation?</p>	<p>Written report along with a presentation (could be video).</p>
<p>Project Implementation</p> <p>What would successful implementation of this project look like in the community?</p>	<p>Primary objective for the project is to produce a report that speaks to the return of tax levy investments for the Start Right program by service component; specifically the short-term and long-term return on investments. Secondary objectives include:</p> <ol style="list-style-type: none"> 1. Develop a common language among Marathon County policy makers for measuring and communicating the Start Right Program results. 2. Ensure the Start Right Program is keeping with national and state best practices for Medicaid Prenatal Care Coordination and Comprehensive Home Visiting programs. 3. Ensure the Start Right program’s design and program performance measures are aligned with state studies on the effectiveness of Medicaid Prenatal Care Coordination and Home Visiting programs. 4. Ensure the Start Right program performance measures are aligned in relationship to state and national benchmarks.
<p>Project Budget</p> <p>How much could the community allocate to project implementation?</p>	<p>Marathon County Health Department and Children’s Service Society of WI (partner contracted organization) is has a long history of being committed to ensuring program services are keeping with best practices. Evaluation findings with resulting recommendations would be incorporated into a program quality improvement plan.</p>
<p>Data</p> <p>What information can the community share with students? What information should students collect?</p>	<p>Marathon County Health Department and Children’s Hospital of WI (partner contracted organization) has over 10 years of aggregate program output and outcome data. Non-aggregate data (that by client) could be made available based on the nature of the request and length of time for look back.</p> <p>Data and information to be collected under this project is to inform objectives outlined in the Project Implementation section. Refer to Marathon County Health Department 2018 Annual Report for example of data currently being reported on to the community and policy makers (pages 27-33)</p> <p>https://www.co.marathon.wi.us/Portals/0/Departments/HLD/Documents/MCHD_AnnualReport.pdf?ver=2019-06-19-144325-907</p>