



University of Wisconsin-Madison
Division of Extension
Health & Well-Being Institute



ENGAGE WISCONSIN 2025: BRIDGING COMMUNITY HEALTH AND CIVIC PARTICIPATION THROUGH DELIBERATIVE INQUIRY

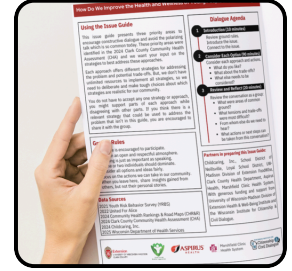
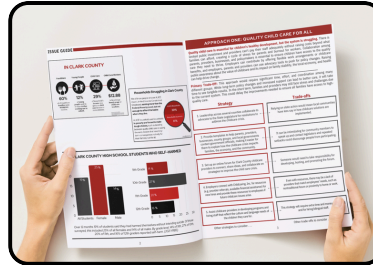


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Prepared for
Wisconsin Institute for Citizenship & Civil Dialogue (WICCD)

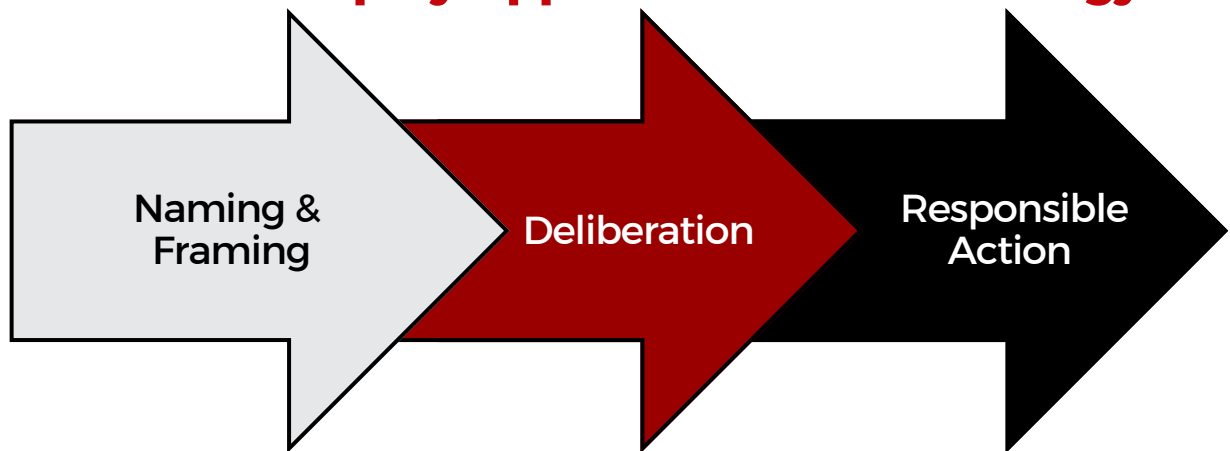
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Project Purpose & Overview

Deliberative Inquiry Approach and Methodology



In Wisconsin, declining civic participation, distrust in government and public health institutions, and disillusionment with policy processes threaten the trust and collaboration needed to address pressing community health issues. Deliberative inquiry offers a way to bridge divides, rebuild trust, and support meaningful community action on complex challenges.

With support from the Wisconsin Institute of Citizenship and Civil Dialogue (WICCD), UW-Madison Division of Extension's Health & Well-Being Institute partnered with the Rock County, Wood County and Clark County Health Departments to pilot a project engaging residents in the Community Health Improvement Plan (CHIP) process. The project included naming and framing issue guides and hosting a series of structured, facilitated dialogues (deliberative dialogues) to identify local priorities and solutions.

Deliberative dialogue creates space for community members to explore different approaches to address issues, consider trade-offs, identify shared values, and find common ground. This process promotes civil discourse and collective action on important health issues.

The goal of this project aligns with WICCD's mission/vision. Deliberative inquiry is a participatory approach that combines systematic research and democratic deliberation to increase civic participation and explore complex issues, enabling community partners, leaders, and elected officials to collaboratively generate insights and actionable solutions. The goal is to develop and sustain a network of Statewide UW-Extension and public health practitioners, encompassing Urban, Rural, and Tribal areas, equipped with the expertise, abilities, and resources to address community health concerns by engaging in civil dialogue using deliberative inquiry methods. Integrating deliberative inquiry into CHIP/CHAs can ensure active community involvement in strategic decision-making processes.

Increase Capacity, Skills, & Resources

June 2024 Deliberative Inquiry Workshop

1. Moderator Training
2. Naming & Framing Training
3. Deliberative Action

36 Attendees

LTHD, UW-Extension, Health Care, CHR&R, UWPHI, WIPPS, State Agencies: DHS, DPI, Office of Policy & Practice Alignment (DPH & DHS)

33 Counties

Including Oneida Nation

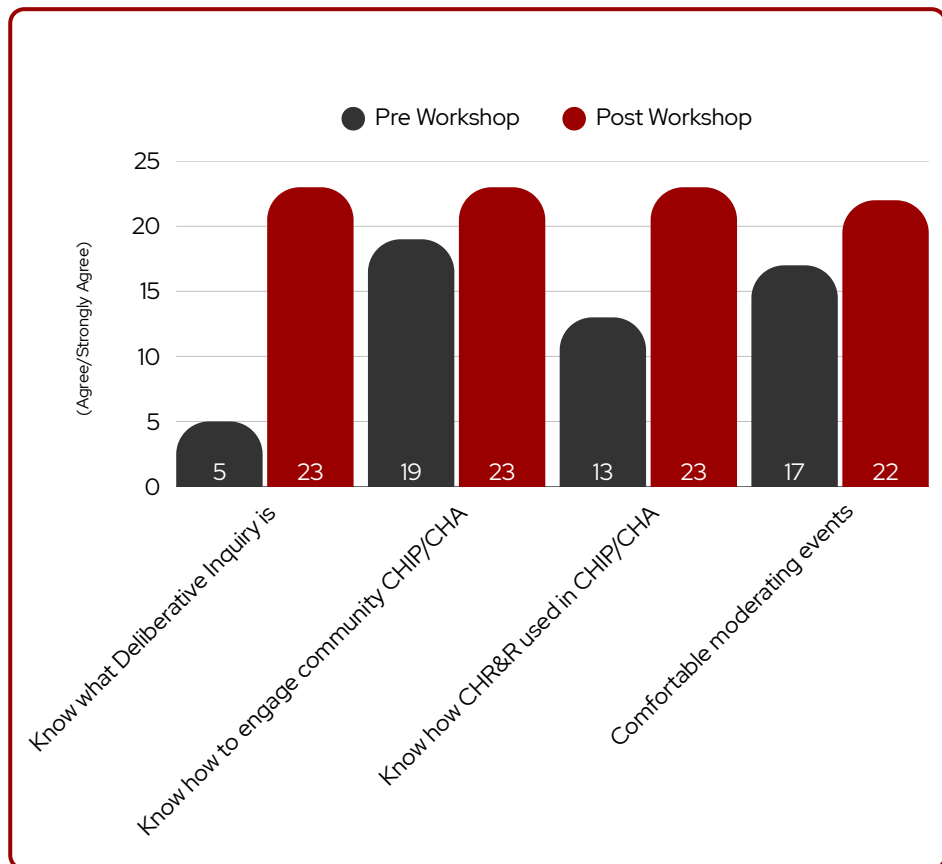
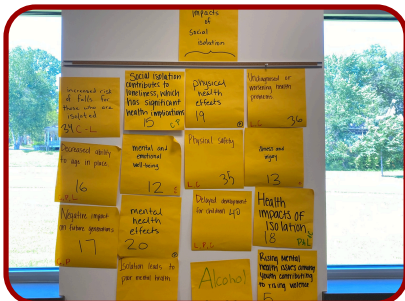
3 Hospital Systems

Marshfield Clinic, Aspirus Health & SSM Health of WI

24 Using the approach

Have used and/or have future plans to use

UW-Extension partnered with the Wisconsin Institute for Public Policy & Service (WIPPS) to adapt WIPPS materials by incorporating a health lens, with a focus on using deliberative inquiry in Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) efforts. Together, they recruited public health practitioners and co-hosted a three-part deliberative inquiry workshop at the UW-Stevens Point at Wausau campus.



Developing Issue Guides

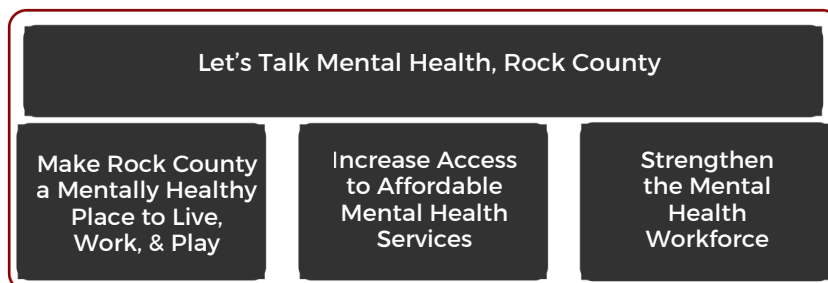
An issue guide is created through a naming and framing process to help people explore options grounded in what matters most to them. It outlines three priority approaches, each with actionable strategies and potential trade-offs, to support thoughtful conversations and reduce polarization. These approaches are based on the Community Health Assessment and other local data, reflecting shared values and diverse perspectives in accessible language.

Framing teams of community partners shaped the guide by surveying stakeholders to identify concerns and values. Over nine weeks, they reviewed data, developed approaches, and aligned content with community priorities.

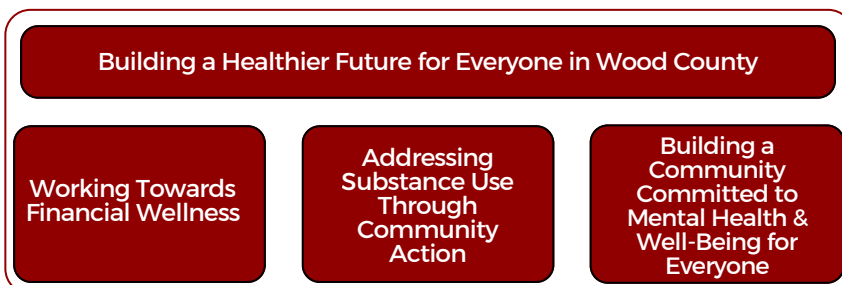
Final guides include ground rules, background on the issue, local data, and the three approaches, all written for use in community dialogues.



UW-Extension, the Rock County Health Department, SSM Health, and the Health Equity Alliance of Rock County (HEAR) collaborated over eight weeks to develop two issue guides, one focused on housing and the other on mental health.



UW-Extension, Wood County Health Department, Healthy People Wood County Coalition, Aspirus and Marshfield Clinic collaborated over five weeks to develop an issue guide on creating a health community.



UW-Extension, Clark County Health Department, Aspirus and Marshfield Clinic formed two teams and developed a guide over twelve weeks on improving health for young people.

Deliberative Dialogues

From Summer 2024 - Spring 2025 nine dialogues were held across Rock, Wood, and Clark Counties, with a total of 89 participants. These two-hour sessions were led by trained moderators who helped participants weigh options, examine tensions, and identify areas of common ground. Public note-takers captured key themes and insights, while observers documented patterns and takeaways.

Participants and facilitators completed post dialogue surveys to share feedback. Results showed that participants appreciated the opportunity to be heard and deliberative dialogues created a respectful space for understanding different perspectives and building common ground around complex community health challenges.



County	When	Locations	# of Dialogues	# of Participants
Rock	Summer/ Fall 2024	Beloit / Janesville	4	57
Wood	Fall 2024	Marshfield / Wisconsin Rapids	3	18
Clark	Spring 2025	Colby/ Neilsville	2	16

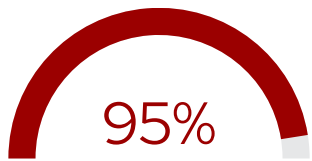
“

“Connection is the opposite of addiction.”

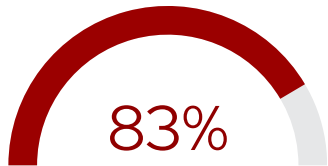
“It’s nice to go places where there are other people who look like me.”

“You ALL did a great job. Thank you for caring and being a part of solutions.”

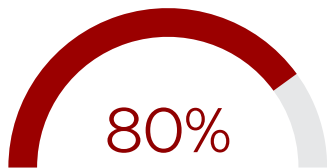
“I love that that the health department is facilitating this effort in an organized way with key housing experts, thank you!”



Valued the input provided by **other participants** (quite a bit/a great deal)



Said participating in the dialogue made them **want to talk more** to fellow community members about the issues



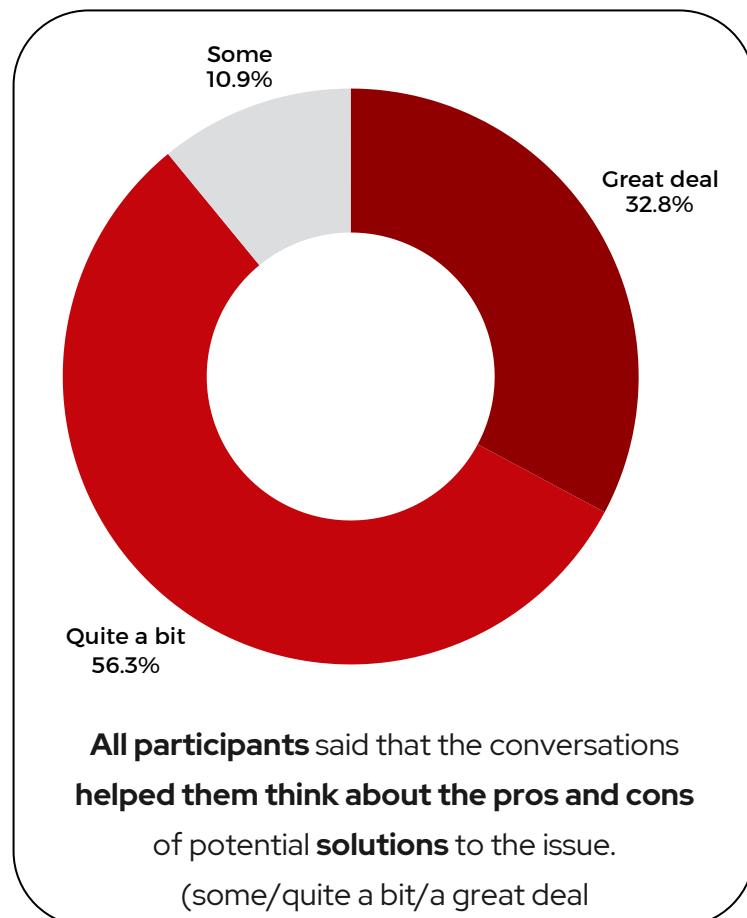
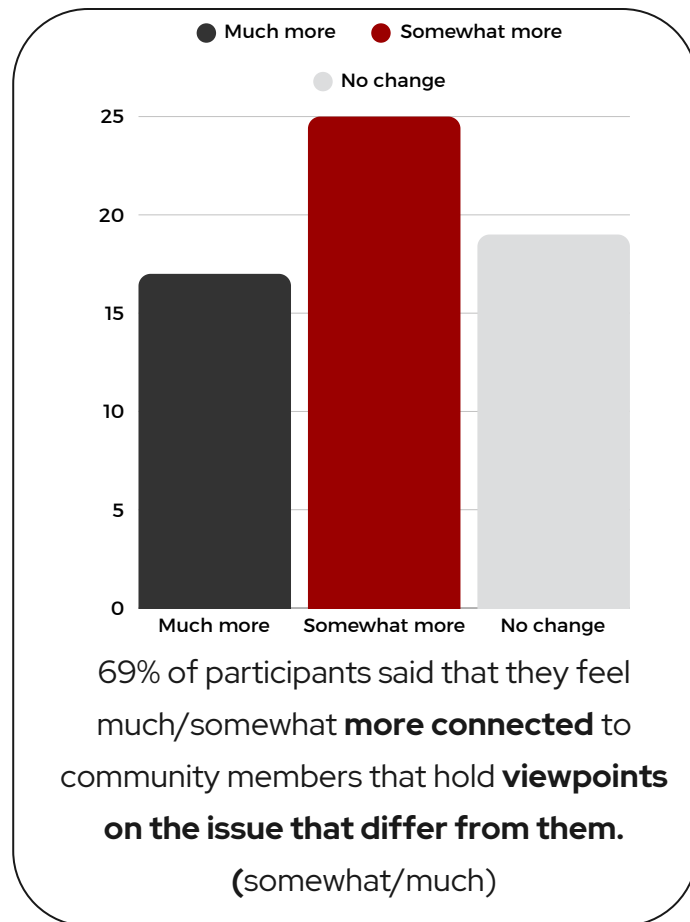
More **confident** their community could **engage in civil conversations** about challenging topics (somewhat /much)

Community Understanding

Respondents indicated the dialogue helped them understand health issues facing their community better. Additionally, nearly all said that they **valued the input** provided by the other participants **and** want to talk more with their fellow community members about the issues discussed.

Encouraging Thoughtful Deliberation

All of participants reported that the conversations helped them think (a about the pros and cons of potential solutions to the issues discussed. Additionally, most respondents **felt more confident than before** that their community could engage in **civil conversations** about these challenging topics.



100%

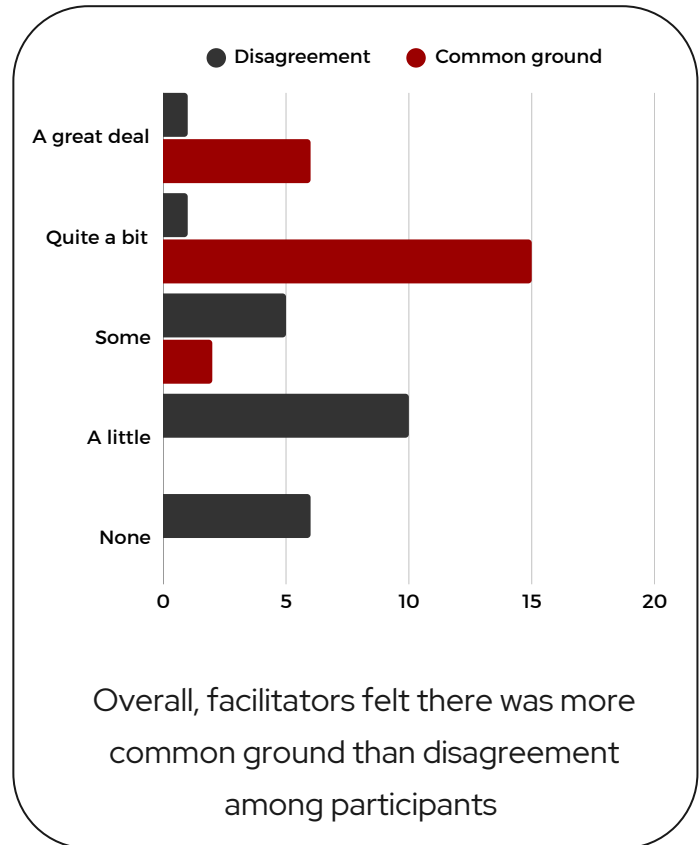
Thought participants valued the input provided by **other participants** (a little/some /quite a bit/a great deal)

100%

Said that participants **considered perspectives** or viewpoints they **hadn't considered before** (a little /some quite a bit/a great deal)

100%

Though participants with **differing views acted respectfully** toward one another (neutral/ somewhat/very)



Information Gathered Effectively

Facilitation teams echoed participants positive feedback through a facilitator post-survey, with **100% reporting** that the information gathered during the dialogues would be helpful in guiding the **development of the CHIP** and in generating actionable insights to address health priorities (a great deal/quite a bit/somewhat). Furthermore, **all facilitators** rated the deliberative format as effective (slight/moderate/very/extremely) in fostering meaningful participation and dialogue among community members.

Challenges

Facilitators noted some challenges. Time was a consistent challenge, with sessions often feeling rushed, especially when starting late or covering too many strategies. Some discussions drifted toward problem-solving rather than focusing on gauging common ground or support. Participants occasionally needed help understanding strategy language or the dialogue's purpose. Engagement varied, highlighting the need for facilitation that encourages quieter voices. Post-dialogue synthesis and prioritization also needed more time or tools, like consensus polling, to identify common ground.

Naming and Framing Insights

The naming and framing process was seen as both highly valuable and resource intensive. While participants appreciated the resulting issue guides, they felt the process was complex and time-consuming, especially the “concern behind the concern” work. Some felt underprepared to independently lead N&F and would prefer Extension to continue leading this portion. Several suggested simplifying or streamlining this step, especially in resource-limited health departments.

Lessons Learned

UW–Extension is working to adapt the deliberative inquiry process so that it is practical for local and Tribal health departments to use independently—and with minimal support—as part of their CHA/CHIP efforts.

Several key lessons have emerged:

- Health departments needed more support than anticipated. The facilitation, coordination, and content guidance required were greater than expected.
- The naming and framing process took longer than planned. Its duration depended on several factors, including group composition, commitment, community and issue-specific expertise, and scheduling constraints.
- The in-person workshop structure was challenging. The two-day, in-person training followed by a half-day virtual session felt rushed for both facilitators and participants. Balancing time commitments with fiscal resources proved difficult. It became clear that attending a single workshop is not sufficient for participants to independently implement the deliberative inquiry process without additional support.
- Virtual tools required trial and error. The naming and framing process was conducted virtually using platforms like Canva, Padlet, and Google Docs. These tools were adapted for each group based on feedback and experience.
- Recruitment methods varied in effectiveness. Health departments used a range of approaches—email invitations, phone calls, social media, and local coalitions. The most diverse participation came from broader outreach strategies such as Facebook, which brought a wider range of perspectives into the dialogues.
- Incentives and accommodations mattered. UW–Extension used supplemental funding to offer \$50 gift cards as reimbursement for participants' time and community expertise. Health departments also provided food and, in some cases, childcare. Without these supports, recruitment would have been significantly more difficult.

Recommendations

Based on these experiences, we recommend the following for future implementation:

1. Anticipate and plan for a higher level of support to guide health departments through the full deliberative inquiry process.
2. Allow adequate time for the naming and framing process, with flexibility to adjust based on group capacity and context.
3. Redesign workshop formats to be less time-intensive and more flexible, including developing virtual modules that participants can complete on their own schedules.
4. Do not expect workshop attendance alone to prepare participants to facilitate the process without follow-up support or coaching.
5. Use adaptable, user-friendly virtual tools, and be prepared to shift based on participant comfort and accessibility.
6. Prioritize inclusive recruitment methods, such as social media outreach, to reach broader and more diverse audiences.
7. Secure funding to compensate participants for their time and expertise through stipends or gift cards.
8. Provide logistical support—like food, transportation, and childcare—to reduce participation barriers.
9. Build in feedback mechanisms to continuously improve the tools, training formats, and facilitation strategies.
10. Incorporate tools for consensus-building at the end of the session, such as quick polls or dot voting, to prioritize strategies.

Future Efforts



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Developing Accessible Learning Tools

Through Summer 2025, UW-Extension will collaborate with an instructional designer to develop an online learning module introducing deliberative work. This module will include a decision-support tool to help users assess whether the deliberative approach fits their specific context. Preliminary work is already underway, with completion expected in September 2025.

Adapting Guides for Local Use

In addition, issue guides created through this process will be reviewed and adapted by a cross-sector team from across the state to ensure they reflect Wisconsin-specific contexts. While each community is unique, our deliberative dialogues have revealed common themes across issues. The adapted guides will be designed for further customization by individuals to meet the needs of their local communities.

Building Capacity and Sustaining the Work

To sustain this resource intensive approach, future efforts will include in-depth training and workshops for health department staff and community partners most suited to lead this work, particularly those in education, outreach, or community engagement roles. These trainings will focus on building practical facilitation skills, understanding the Naming & Framing process, and managing the time and coordination demands involved. Long-term sustainability will also require dedicated funding to support staffing, community incentives, and continued access to mentorship and tools. Investing in the right people, resources, and support systems is essential to embed deliberative inquiry as an ongoing practice in community health improvement efforts.