Alaska's Community Capacity Review:

A Statewide Public Health System Assessment

2014

HEALTHY ALASKANS 2020

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Executive Summary

Alaska's ability to improve the health status of all Alaskans and achieve health equity depends on a strong, comprehensive public health system. The Alaska Community Capacity Review provides a starting point for launching performance improvement efforts to strengthen the overall capacity of the state's public health system. On May 15, 2014, the Alaska Division of Public Health and the Alaska Native Tribal Health Consortium convened 79 people from across Alaska to participate in the event. Representatives from multiple sectors and geographic regions were brought together to engage in a structured dialogue to evaluate the strengths and identify the gaps of Alaska's public health system. The assessment focused on answering the following questions:

- What are the components, activities, competencies and capacities of our statewide public health system?
- How are the Ten Essential Services (ES) of Public Health provided throughout Alaska?

The National Public Health Performance Standards (NPHPS) State Assessment instrument was used to evaluate the state's current performance against a set of optimal standards within four broad areas, called Model Standards. The standards, when applied across the 10 Essential Services, assure the full scope of public health action is evaluated. Participants consider the activities of all public health system partners, thus addressing the activities of the full range public, private and voluntary entities that contribute to public health in Alaska.

The aggregate scores for the Essential Services, expressed on a scale of 0-100%, where 0% means no activity and 100% means optimal level of activity, were:

ES 1: Monitor health status to identify and solve community health problems	38%
ES 2: Diagnose and investigate health problems and health hazards in the community	58%
ES 3: Inform, educate, and empower people about health issues	39%
ES 4: Mobilize community partnerships to identify and solve health problems	47%
ES 5: Develop policies and plans that support individual and community health efforts	48%
ES 6: Enforce laws and regulations that protect health and ensure safety	63%
ES 7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable	38%
ES 8: Assure a competent public and personal health care workforce	37%
ES 9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services	37%
ES 10: Research for new insights and innovative solutions to health problems	38%

The aggregate scores across the Essential Public Health Services by Model Standards were:

Planning and Implementation	52%
State-Local Relationships	46%
Performance Management and Quality Improvement	34%
Capacity and Resources	44%

Recurrent themes that arose during the assessment include:

- **Defining the public health system:** Participants conveyed a lack of clarity around the definition of Alaska's unique public health system.
- **Collaboration:** Build on strong collaborations among public health system partners to broaden participation in more sectors and enhance connections with rural Alaska.
- **Communication:** Alaska needs creative solutions to improve data and information sharing.
- **Social determinants of health and root causes**: Expand our definition of public health to include the social determinants of health in order to address the root causes of health issues.
- **Fragmentation:** Alaska has strong public health programs, but many operate as silos, increasing competition for resources. Rather than focus on specific health problems, we need to address the conditions required for health.
- **Quality improvement:** Performance Management and Quality Improvement was the lowest rated Model Standard across all of the Essential Services. We need to increase our capacity in this area.
- **Data:** Alaska has many good data systems and a high level of expertise to carryout health status monitoring activities. However, accessibility and utilization of data needs improvement.
- **Workforce recruitment and retention:** Alaska's public health workforce is challenged by the lack of professional expertise in smaller communities, and an aging workforce.
- **Financial needs:** Resources for public health are decreasing, and much of the existing funding is for specific purposes, impacting the ability to work across the spectrum of system support.

To capitalize on Alaska's strengths, address gaps and weaknesses, recommended next steps are:

1. Organize Participation for Performance Improvement
2. Prioritize Areas for Action
3. Explore Root Causes of Performance Weaknesses
4. Develop and Implement Improvement Plans
5. Regularly Monitor and Report Progress

The results of this assessment will be used to:

- Enhance our understanding of Alaska's unique public health system
- Provide opportunities to work collaboratively to develop improvement strategies for implementing Healthy Alaskans 2020
- Provide guidance to key stakeholders and policy makers to strengthen state, regional and local public health systems for a more integrated, effective system
- Identify gaps in the public health system that can be advanced through quality improvement with key partners
- Establish a common baseline for all partners within Alaska's public health system to measure improvement

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Introduction

One of Alaska's greatest strengths is the exceptional quality of the individuals and organizations that make up our public health system; state and local, tribal and government, private and non- profit, traditional and nontraditional. We know we are all interconnected; however, it is a challenge to create and sustain a common vision of healthy Alaskans in healthy communities among this diverse group. Convening public health partners to create a shared understanding of how our state supports public health is an important step to unite our efforts and establish accountability to improve the system as a whole.

On May 15, 2014, the Alaska Division of Public Health and the Alaska Native Tribal Health Consortium convened 79 people from across Alaska to participate in a statewide public health system assessment. Representatives from multiple sectors and geographic regions were brought together in recognition of our shared responsibility for Alaska's comprehensive public health system. Participants engaged in a structured dialogue to evaluate the strengths of Alaska's public health system and to identify gaps. The assessment focused on answering the following questions:

- What are the components, activities, competencies and capacities of our statewide public health system?
- How are the Ten Essential Services of Public Health being provided throughout Alaska?

The results of the assessment will be used to:

- Enhance our understanding of Alaska's unique public health system
- Provide opportunities to work collaboratively to develop improvement strategies for implementing Healthy Alaskans 2020
- Provide guidance to key stakeholders and policy makers to strengthen state, regional and local public health systems for a more integrated, effective system
- Identify gaps in the public health system that can be advanced through quality improvement with key partners
- Establish a common baseline for all partners within Alaska's public health system to measure improvement

> "This experience completely changed my perception of 'public health.' Great experience!"
>
> *Participant evaluation*

What is Public Health?

Public health is "…what we as a society do collectively to assure the conditions in which people can be healthy." (IOM, 1988)[1].

The purpose of public health is to:

- Prevent epidemics and spread of disease
- Protect against environmental hazards
- Prevent injuries
- Promote and encourage healthy behaviors
- Respond to disasters and assist communities in recovery
- Assure the quality and accessibility of services[2]

What does medicine do? Saves lives one at a time. What does public health do? Saves lives millions at a time.

(CDC, 2013)[3]

In the 1988 report, "*The Future of Public Health*," the Institute of Medicine (IOM) defined the three core functions of public health as assessment, policy development, and assurance. As the country was exploring healthcare reform in 1994, the public health sector felt that a better definition and description of public health was needed. The Core Public Health Functions Steering Committee was convened in 1994 to address this need. With representation from national organizations and federal agencies, the committee defined the "Essential Services of Public Health," describing the public health activities that should be provided throughout the United States. These Essential Services continue to provide the framework for public health practices.

Essential Services of Public Health

1. **Monitor** health status to identify and solve community health problems
2. **Diagnose and investigate** health problems and health hazards in the community
3. **Inform, educate, and empower** people about health issues
4. **Mobilize** community partnerships to identify and solve health problems
5. **Develop policies and plans** that support individual and community health efforts
6. **Enforce** laws and regulations that protect health and ensure safety
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable
8. **Assure** a competent public and personal health care workforce
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services
10. **Research** for new insights and innovative solutions to health problems

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[1] Institute of Medicine, Committee for the Study of the Future of Public Health, Division of Health Care Services, *The Future of the Public's Health*, (Washington, D.C.: National Academy Press, 1988)

[2] ,[3]CDC Office for State, Tribal, Local and Territorial Support, "United States Public Health 101,:": November 2013, http://www.cdc.gov/stltpublichealth/docs/usph101.pdf

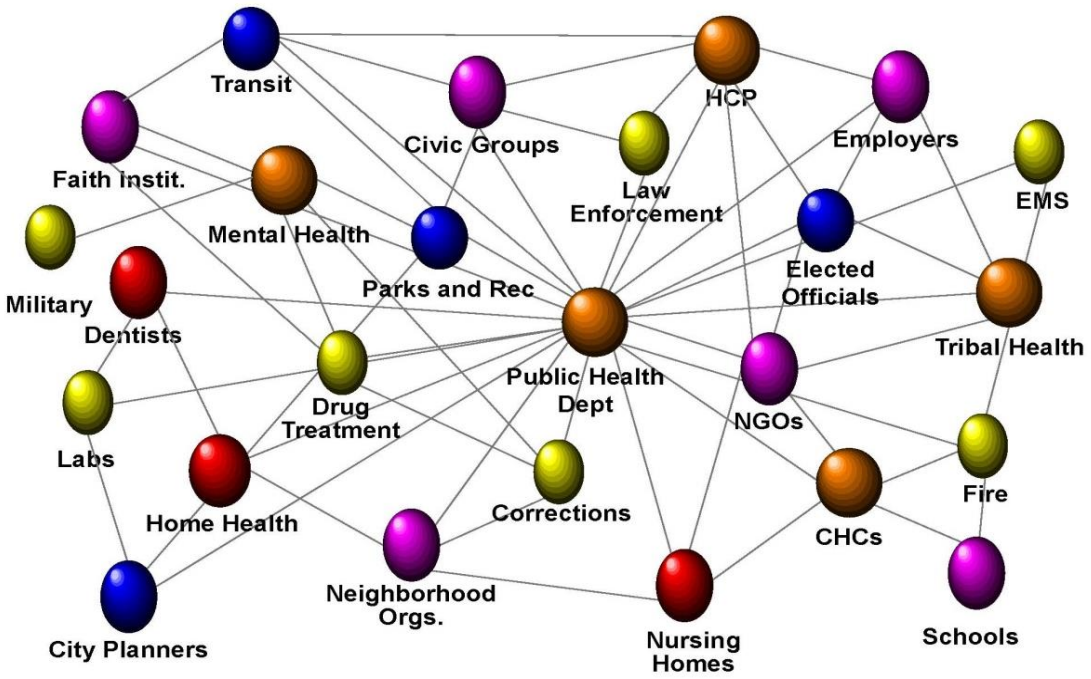
In addition to the Essential Services, the following specific elements are required for a well-functioning public health system[4]:

- Strong partnerships where partners recognize they are part of a public health system
- Effective channels of communication
- System-wide health objectives
- Resource sharing
- Leadership by governmental public health agencies
- Feedback loops among state, local, tribal, territorial and federal partners.

Who are Alaska's Public Health Partners?

The public health system includes all public, private, and voluntary entities that contribute to health and well-being of the public. Entities can include public, private, and tribal healthcare providers. Agencies and organizations involved in public safety, human service and charities, education and youth development, recreation and the arts, economic development and philanthropy, and the environment are all contributors to public health.

Public Health System Partners



[4] CDC Office for State, Tribal, Local and Territorial Support, "United States Public Health 101,": November 2013, http://www.cdc.gov/stltpublichealth/docs/usph101.pdf

What is Alaska's Community Capacity Review?

The Community Capacity Review was conducted as a part of the Healthy Alaskans 2020 (HA2020) initiative. A collaborative effort led by the State of Alaska Department of Health and Social Services and the Alaska Native Tribal Health Consortium, HA2020 has identified 25 critical health priorities for Alaska to address through 2020. We recognize our ability to address these priorities rests on the collective capacity and performance of our public health system at large. A strong, comprehensive system across Alaska will increase the likelihood that all Alaskans have access to an optimal level of public health services. Linking Alaskans to quality public health services is essential to improve health status and achieve health equity.

Alaska used the National Public Health Performance Standards (NPHPS) State Assessment instrument for the Community Capacity Review. The NPHPS is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPS assessment instrument guides state and local jurisdictions in evaluating their current performance against a set of optimal standards. Assessment participants consider the activities of all public health system partners, thus addressing the activities of all public, private and voluntary entities that contribute to public health within the community.

The development of the NPHPS was initiated in 1998 under the leadership of the Centers for Disease Control and Prevention, in strong collaboration with national public health partners. The initial assessment tools (state, local, and governance) were released in 2002, with a second version of each released in 2007. Through December 2011, the tools have been used in an estimated 45 states and by 37 tribal organizations (27 states, 612 local and 254 governance assessments). Version 3 of the assessment tools was revised to reflect current practice, experience from the field, and new public health developments. After three years of being vetted in the field, Version 3 was released in 2013, and is the tool used in Alaska. The NPHPS assessments are the only validated tools of their kind.

The NPHPS tool leads a select group of representatives from throughout the state, tribal, local, regional, private, and public sectors through an evaluation of the 10 Essential Public Health Services. The assessment tool describes optimal performance or the "gold standard" for performance within four broad areas, called Model Standards[5]. The Model Standards are:

1. **Planning and Implementation** – focuses on collaborative planning and implementation of key activities to accomplish the Essential Services.
2. **State-Local Relationships** – examines the assistance, capacity building, and resources that the state public health system provides to local public health systems in efforts to implement the Essential Services.
3. **Performance Management and Quality Improvement** – focuses on the state public health system's efforts to review the effectiveness of its performance and the use of these reviews to continuously improve performance.

[5] CDC, Office for State, Tribal, Local and Territorial Support, National Public Health Performance Standards Model Standards Version 2. http://www.cdc.gov/nphpsp/documents/final-state-ms.pdf

4. **Public Health Capacity and Resources** – examines how effectively the state public health system invests in and utilizes its human, information, organizational and financial resources to carry out the Essential Services.

The standards, when applied across the 10 Essential Services, assure the full scope of public health action is included in the assessment.

Participants weigh each Model Standard by discussing a set of questions that assess measures of performance. Note takers record the main points of the discussion for qualitative analysis. Participants are also asked to rate the degree to which each measure is being met using the following ratings:

Summary of Assessment Response Options

Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.
Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

Alaska's Community Capacity Review Planning Team consulted with the Association of State and Territorial Health Officers, as well as a number of state coordinators to secure technical assistance in conducting the assessment. Based on recommendations from these national and state consultants, participants were solicited from across state, regional, local, and tribal organizations representing infectious and chronic disease, injury and violence prevention, health care providers, public safety and emergency response, social services, transportation, epidemiology, laboratories, schools, faith institutions, youth-serving entities, community development, and environmental health. An invitation list of 92 people was compiled by the Community Capacity Review Planning Team. In order to increase rural representation, travel assistance was offered to rural invitees to defray financial burdens on their organizations.

Input was also sought from content experts who were unable to attend the assessment event. Key informant interviews were conducted by the event co-chairs and several University of Alaska Anchorage Masters of Public Health students from Dr. Gabriel Garcia's Public Health

Research Tools and Methods class. The interviews were aligned with the questions that would be addressed by the workgroups. Responses to key informant interviews were compiled and shared with Community Capacity Review participants the day of the event.

Sixty-nine participants, and 10 facilitators and note takers convened at the Embassy Suites in Anchorage on May 15, 2014. Participants were assigned to one of five workgroups based on their expertise and organizational representation (See Appendix A for a list of participants). Following an initial introductory session, trained facilitators led each workgroup through a series of questions related to two Essential Services assigned to each group. Participants discussed each of the questions for the Essential Service, and then voted on how well the statewide system is meeting each standard using handheld electronic polling devices. (See Appendix B for the full set of questions for all of the model standards and Alaska's performance scores.) Trained note takers captured the main discussion points among participants for later qualitative analysis.

The group reconvened at the end of the day to hear reports on each of the Essential Services. Participants were given the opportunity to share their feedback, as well as complete an evaluation of the event that included information on how they intended to use the information they gleaned from the day (See Appendix C for participant comments).

What is in this Report?

A preliminary Community Capacity Review report with the complete numerical voting results for each Essential Services was released to participants on June 30, 2014. This report presents the overall findings, as well as the recurrent themes from discussions across the five work groups. The summary page for each Essential Service includes:

"Based on today's experience, I will expand my connections to improve my public health work."

Participant evaluation

- A description of the Essential Service
- Alaska's overall score compared to national averages
- A breakout of the average scores for each of the Model Standards
- A summary based on the detailed voting results found in Appendix B
- Key points from a qualitative analysis of the workgroup discussion.

The last section suggests ways in which this report can be used and recommended next steps to support a more effective statewide public health system.

Limitations

The findings in this report are based on the knowledge of those who participated in the process. All responses represent self-assessment of the current capacity and capabilities of the Alaska public health system. The responses to the questions within the assessment instrument are based on processes that utilize input from diverse system participants with different

experiences and perspectives. Some questions had mixed quantitative and qualitative attributes, and often one piece was rated highly while the other rated lower. The NPHPS recognizes this method of gathering of input and development of a response for each question during the assessment incorporates an element of subjectivity.

It should also be acknowledged that the responses reported were only as accurate as the participants' perceptions and the degree to which the participants represented the knowledge and expertise of the public health system. Every effort was made to identify and engage the partners with the best content expertise for specific Essential Service breakout sessions. As noted, experts who were unable to attend were interviewed prior to the event. Compilations of the key informant interviews were distributed to all workgroups, however, how the content of the interviews was incorporated into the discussions varied between groups.

Participant evaluations noted "Excellent gathering of names of the right people," and "Pretty good job of getting broad representation of participants across the public health system…," as well as "…Including more non-Anchorage and (non-)State employees would be good." All participation was voluntary.

The results of the Community Capacity Review are intended to be used for performance improvement of the public health system as a whole and should not be interpreted to reflect the capacity or performance of any single agency or organization.

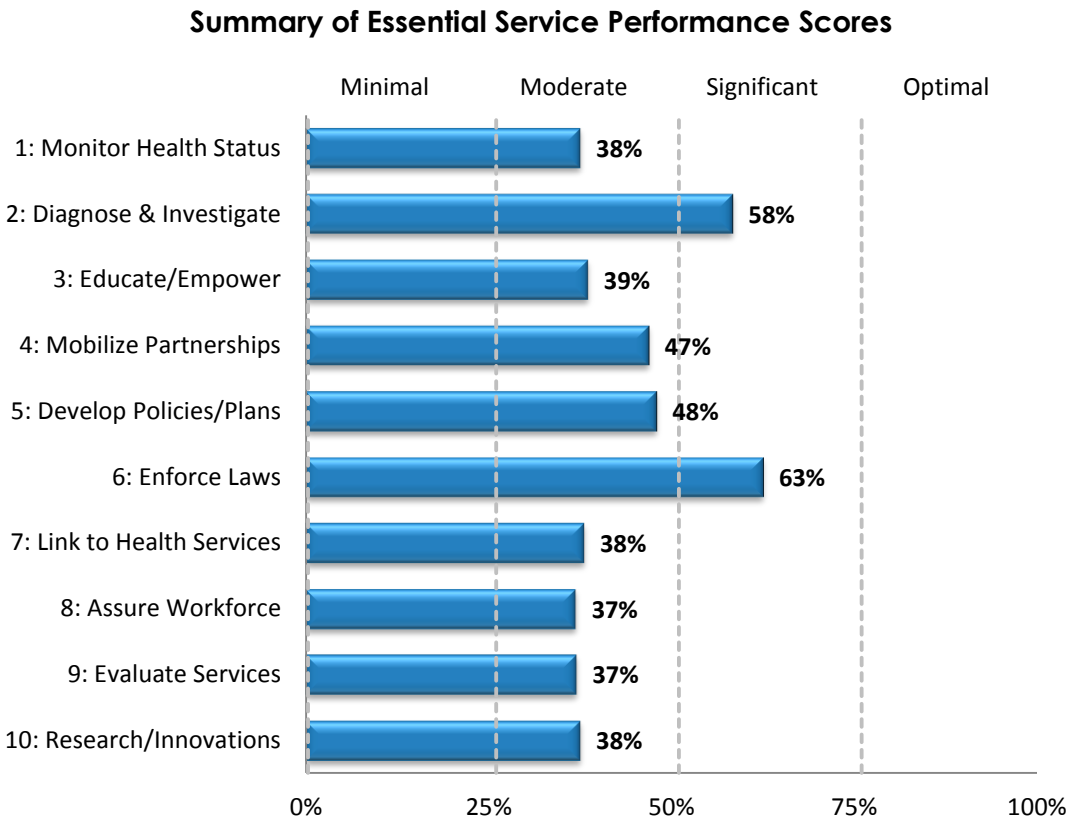
Community Capacity Review Results

The NPHPS tool permits comparison of Alaska's results to an optimal level of performance for public health systems. Both quantitative and qualitative information was collected. The overall qualitative results are included, followed by an overview for each Essential Service, including a comparison of the average Alaska score with the average of all other states' scores. The scores for each Model Standard and key discussion points are also presented.

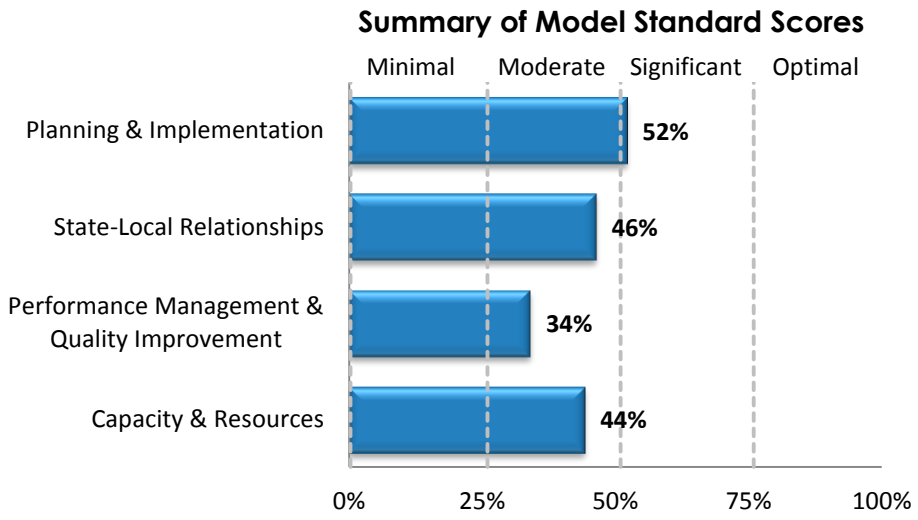
Overall Findings

Based upon the workgroup responses provided via voting during the assessment, an average score is calculated for each of the Essential Service. The scores can be interpreted as the overall degree to which Alaska's public health system meets the optimal performance standards (quality indicators) for each Essential Service. Scores can range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum value of 100% (all activities associated with the standards are performed at optimal levels).

The graph on the next page summarizes all of the Essential Service performance scores. Alaska's performance scores for each Essential Service fall in the middle ranges. The scores for two Essential Services were Significant (51% to 75%); ES 6: Enforce Laws scored the highest at 63%, followed by ES 2: Diagnose and Investigate at 58%. The remaining Essential Services of Alaska's public health system fell in the Moderate range (26% to 50%). None of the Essential Services were rated as No Activity, Minimal or Optimal.



In addition to the overall rating, voting scores are averaged across the four Model Standards for all of the Essential Services, as shown in the graph on the next page. The overall scores for the four Model Standards also fell within the middle range of Moderate to Significant across the 10 Essential Services. Alaska scored the highest for Planning and Implementation (52%), a Significant rating. The lowest score (34%) was for Performance Management and Quality Improvement, within the Moderate range.

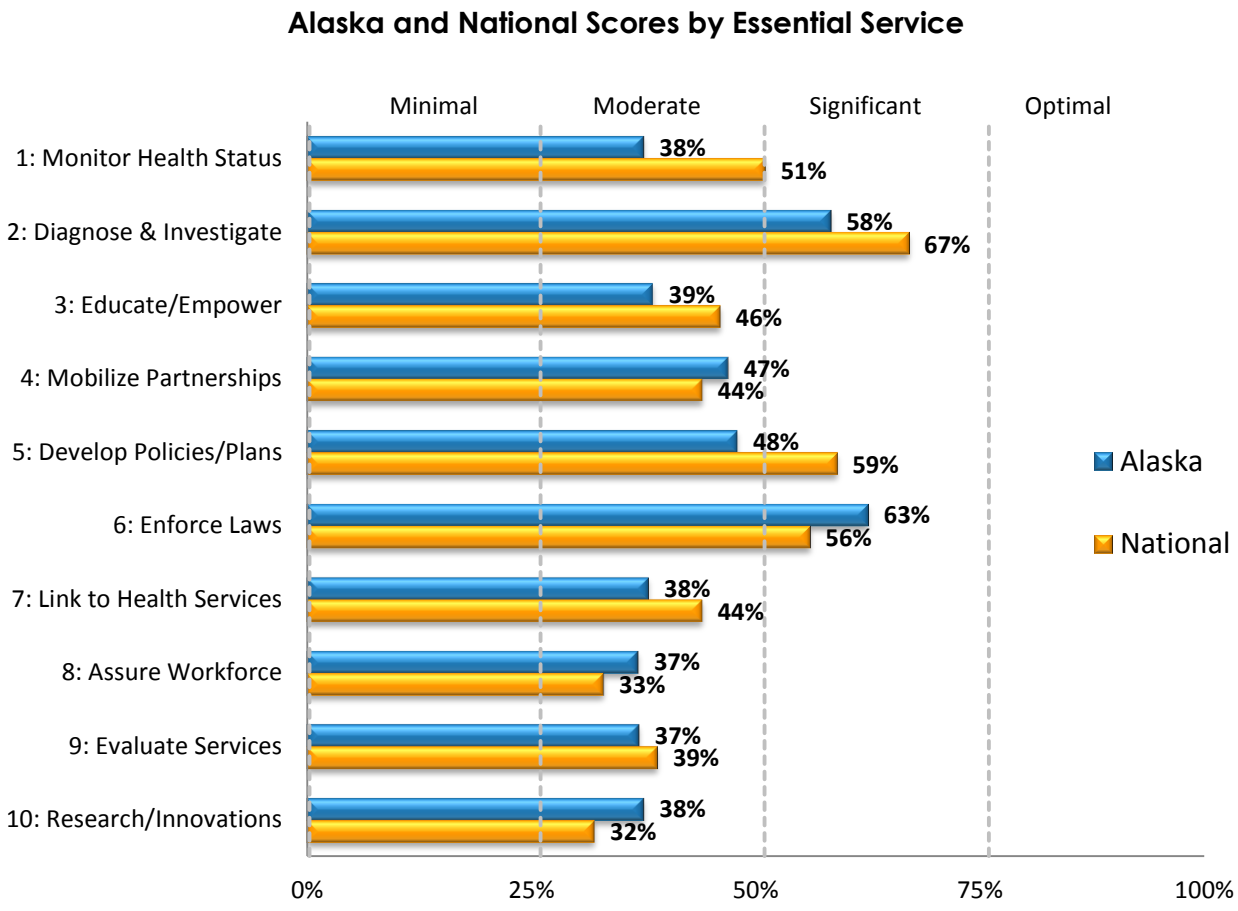


While none of the overall scores by Essential Service or Model Standard fell below Moderate, seven Essential Services had performance scores for some Model Standards in the Minimal range of 25% or less. Five of these scores were for Performance Management and Quality Improvement; one was for State-Local Relationships, and one was for Capacity and Resources.

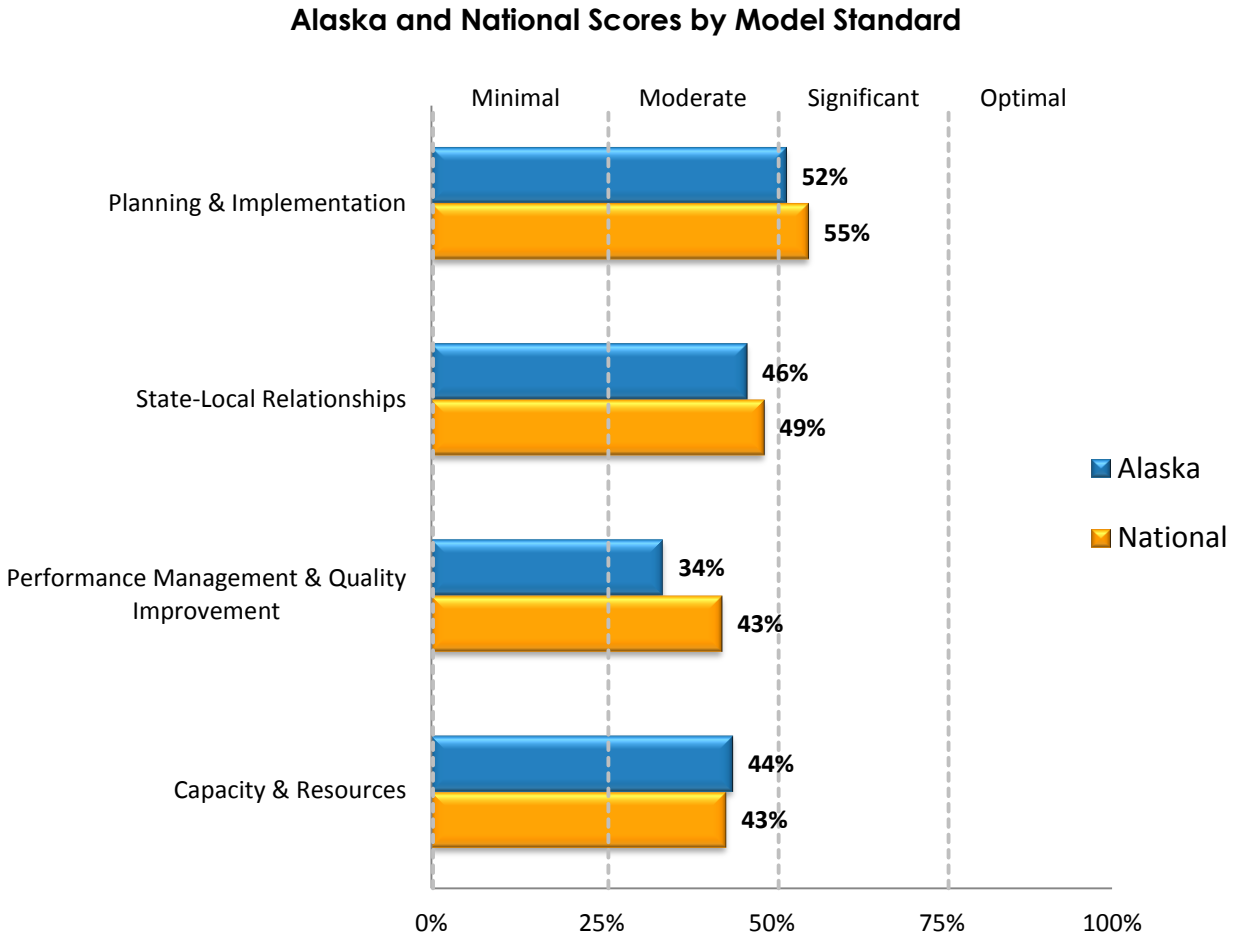
	Model Standards			
Essential Service	Planning & Implementation	State-Local Relationships	Performance Management & Quality Improvement	Resources & Capacity
1. Monitor	Moderate	Minimal	Minimal	Significant
2. Diagnose and investigate	Significant	Significant	Moderate	Significant
3. Inform, educate, & empower	Moderate	Moderate	Moderate	Moderate
4. Mobilize partnerships	Significant	Moderate	Minimal	Moderate
5. Develop policies & plans	Significant	Moderate	Moderate	Moderate
6. Enforce laws	Significant	Significant	Significant	Moderate
7. Link to healthcare services	Significant	Moderate	Minimal	Moderate
8. Assure a competent workforce	Moderate	Moderate	Moderate	Moderate
9. Evaluate	Significant	Moderate	Minimal	Moderate
10. Research	Moderate	Moderate	Minimal	Minimal

Alaska versus National Scores

The graph below highlights Alaska's scores compared to national aggregate results (provided by the Centers for Disease Control and Prevention). Alaska's self-assessment for overall system performance for four of the Essential Services was higher than the national average: ES 4: Mobilize Partnerships; ES 6: Enforce Laws; ES 8 Assure Workforce; and ES 10: Research and Innovation.



The graph below compares Alaska's Model Standards score against the national scores. Alaska's overall score for Capacity and Resources was comparable to the national average (44% compared to 43%). The state's score for Performance Management and Quality Improvement was nine percentage points below the national average (34% compared to 43%).

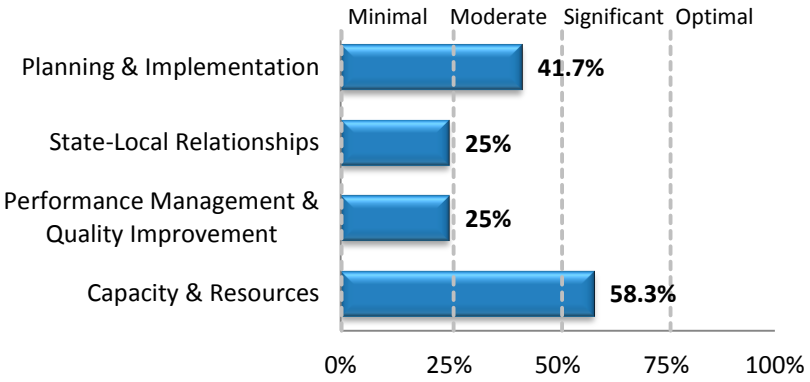


Essential Service 1:
Monitor Health Status

This Essential Service is about:

- Assessment of statewide health status and its determinants, including the health threats and health service needs.
- Analysis of the health of specific groups that are at higher risk for health threats than the general population.
- Identification of community assets and resources to promote health and improve quality of life.
- Interpretation and communication of health information to diverse audiences in different sectors.
- Collaboration to integrate and manage public health related information systems.

Model Standard Scores



Summary:

Alaska's performance in health monitoring was rated as Moderate. This is below the national average by thirteen percentage points, which is the greatest disparity with national averages of any Essential Service. Our professional expertise was noted as a strength. While we have many good data systems in place, participants rated accessibility of data, assisting local entities in interpreting the data, and working together to review the effectiveness and improve our health status monitoring systems as Minimal.

Overall Scores

Alaska:	Nation:
38%	51%

Key Discussion Points:

- Alaska has many good data systems in place, especially for reportable conditions, but we lack a comprehensive approach.
- Organizations work together to provide the functions of local public health systems despite the lack of local public health departments.
- Alaska has a high level of expertise and training related to monitoring health status.
- Alaska partners including tribal organizations, the State, and the Centers for Disease Control and Prevention work together to coordinate and share financial resources.
- Limitations to data systems include problems with maintenance, difficulties in access, and gaps in particular areas such as behavioral health and social determinants of health.
- Rural data is a challenge due to small sample sizes and confidentiality issues.
- The Alaska public health system can improve its performance management by replicating elements of systems that work well in those that need improvement.

Essential Service 2:
Diagnose & Investigate Health Problems & Hazards

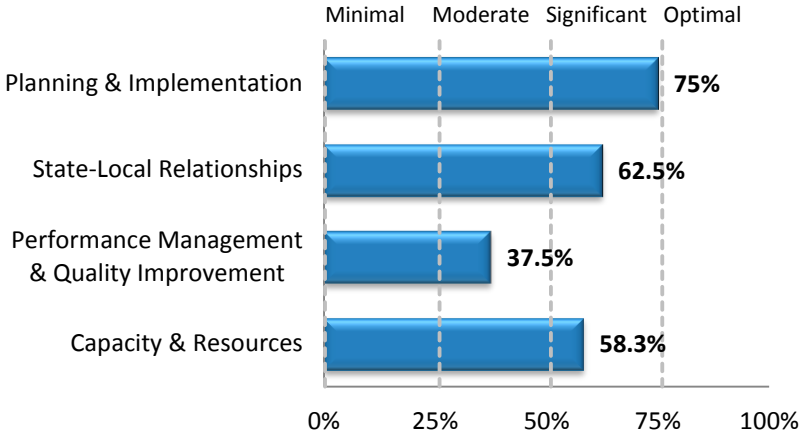
Overall Scores

Alaska:	Nation:
58%	67%

This Essential Service is about:

- Epidemiologic surveillance and investigation of disease outbreaks and patterns of infectious and chronic diseases, injuries, and other adverse health conditions.
- Population-based screening, case finding, investigation, and the scientific analysis of health problems.
- Rapid screening, high volume testing, and active infectious disease epidemiologic investigations.

Model Standard Scores



Summary:

Diagnosing and investigating health problems and hazards is the second highest rated Essential Service for Alaska. One measure within the Planning & Implementation Model Standard was rated as Optimal: surveillance and epidemiology activities. The ability to provide rapid enhanced surveillance and to sustain a well-functioning system were rated as Significant. Alaska's greatest challenge in this Essential Service is Performance Management & Quality Improvement, especially periodic review of effectiveness of the statewide system, which was rated as Minimal.

Key Discussion Points:

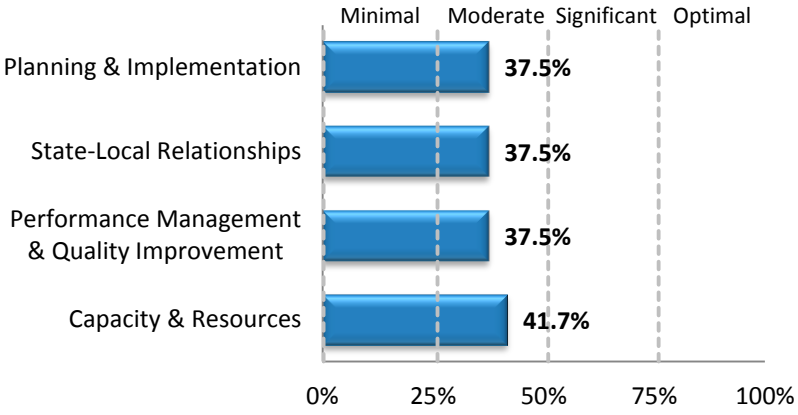
- Alaska has good in-state capabilities based on our existing resources; an example is rapid response.
- We have good partnerships with out-of-state labs, giving us cost effective access to the expertise Alaska doesn't have.
- The lack of adequate resources limits expansion of in-state services such as electronic reporting.
- Organizations are allocating resources independent of one another.
- We need to work as a system to address root causes and specific public health problems.
- Technical assistance requests are responded to, with many trainings offered across the state. However, there is a need for more outreach and understanding of rural communities.
- Evaluation is not consistently conducted throughout the system, although individual programs may conduct their own.

Essential Service 3:
Inform, Educate, and Empower People

This Essential Service is about:

- Health information, health education, and health promotion activities designed to reduce health risks and promote better health.
- Health communication plans and activities such as media advocacy, social marketing, and risk communication.
- Accessible health information and educational resources.
- Partnerships with schools, faith communities, work sites, personal care providers, and others to implement and reinforce health education and health promotion programs and messages.

Model Standard Scores



Summary:

Alaska's ability to inform, educate and empower people about health issues was rated as Moderate, seven percentage points below the national average. Specific measures within the Model Standards rated as Moderate are: maintaining a crisis communication plan, working together to manage and improve our collective performance, and coordinating Alaska's professional expertise. Implementing health promotion/risk reduction programs, providing technical assistance, conducting evaluations, and working together to commit financial resources were rated as Minimal.

Overall Scores

Alaska:	Nation:
39%	46%

Key Discussion Points:

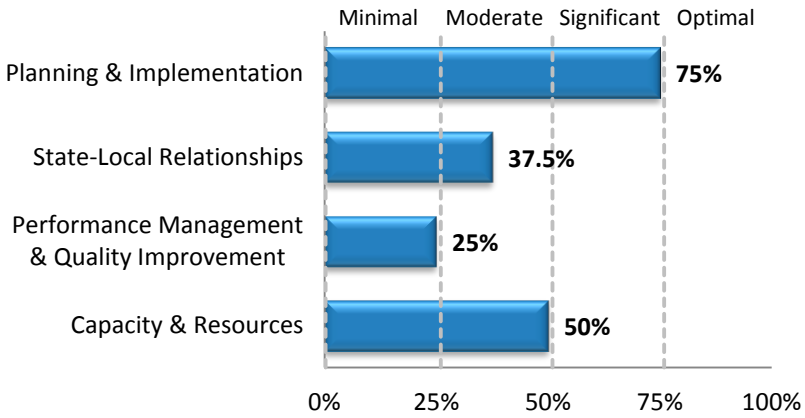
- Alaska has strong partners with good expertise in health promotion.
- Over the last decade, we have improved our evaluation efforts through tools and training, but still have a long way to go.
- It is challenging to connect people to available program resources.
- We need better coordination between programs and organizations, especially with local and nontraditional partners.
- Prevention and education lack adequate funding and are not seen as priorities.
- The public health system can be improved by empowering the public to create a culture of health.
- We can improve and expand our use of technology, (e.g., webinars, social media) and develop Alaskans' health literacy capacity.
- We should incorporate and strengthen social marketing efforts while developing messages in multiple ways to reach the various target audiences.

Essential Service 4:
Mobilize Community Partnerships

This Essential Service is about:

- Building a statewide partnership to collaborate in public health functions and Essential Services to maximize the full range of available human and material resources for improving the state's health status.
- Leadership and organizational skills to convene statewide partners (including nontraditional partners) to identify public health priorities and create effective solutions for state and local health problems.
- Assistance to partners and communities to organize and undertake actions to improve the health of the state's communities.

Model Standard Scores



Summary:

Alaska's ability to mobilize community partnerships was rated as Moderate, comparable to the national average. Specific measures rated Significant were building statewide support for public health issues, and developing and sustaining formal partnerships. Statewide partnerships assist local health systems in community health improvement efforts, but Alaska provides only minimal incentives for broad-based local public health partnerships. Alaska's weakest measures were appraising partnership development and working to improve partnership performance. The state system's commitment of financial resources to sustain statewide partnerships was also rated as Minimal.

Overall Scores

Alaska:	Nation:
47%	44%

Key Discussion Points:

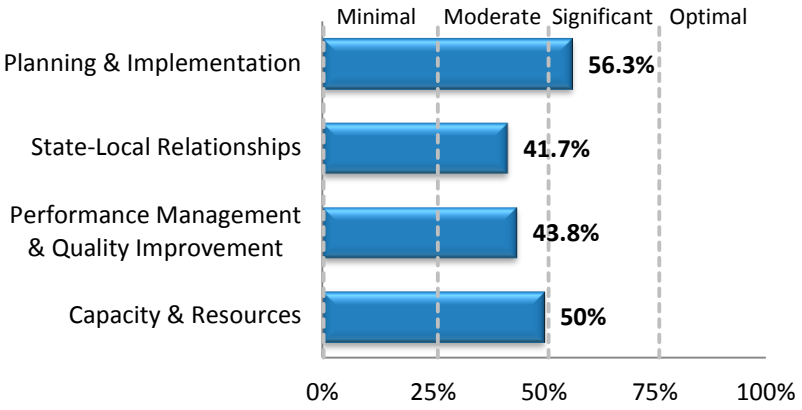
- Alaska has a strong track record of using coalitions to address public health issues, as highlighted by the number of coalitions that were identified in the discussion.
- Coalition development is being encouraged by funders and through initiatives.
- Collective impact is a promising model being introduced in Alaska.
- Many coalitions are grant-driven, which can impact sustainability.
- There is a need to bring in more nontraditional partners to coalitions.
- Staffing and technical assistance is essential to the ability to sustain coalitions.

Essential Service 5:
Develop Policies and Plans

This Essential Service is about:

- Systematic health planning that relies on appropriate data, develops and tracks measurable health objectives, and establishes strategies and actions to guide health improvement at the state and local levels.
- Development of legislation, codes, rules, regulations, ordinances, and other policies to enable performance of the Essential Public Health Services, supporting individual, community, and state health efforts.
- The process of dialogue, advocacy, and debate among groups affected by the proposed health plans and policies prior to adoption of such plans or policies.

Model Standard Scores



Summary:

Alaska's performance in Essential Service 5 is the third highest, although it is over 11 percentage points below the national average. The measure related to all-hazards preparedness plans was rated as Significant, as was professional expertise for planning and policy development. Measures rated as Moderate were other state improvement plan processes; developing policies; and appraisal of health planning and policy development. Providing technical assistance for local community health improvement plans and policy development, committing financial resources, and managing and improving collective statewide planning and policy efforts were rated as Minimal.

Overall Scores

Alaska:	Nation:
48%	59%

Key Discussion Points:

- Alaska has a strong all-hazards preparedness plan involving many agencies and stakeholders which is regularly reviewed and tested.
- The tribal health system provides strong support to health planning and policy development efforts through data, technical assistance, and financial resources.
- Healthy Alaskans 2020 is providing statewide alignment and coordination for health planning and policy development.
- We need to make plans more streamlined and available to the public.
- Plans are developed, but implementation is challenging.
- While statewide public health partners produce and report a lot of data, communities want more local data.
- The public health voice is often absent from local government.
- We need to involve more partners in public health plan and policy development.

Essential Service 6:
Enforce Laws and Regulations

Overall Scores

Alaska:	Nation:
63%	56%

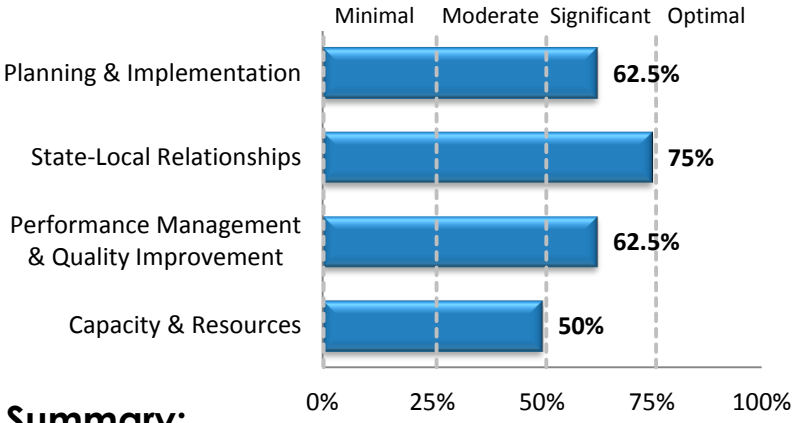
This Essential Service is about:

- The review, evaluation, and revision of laws (laws refers to all laws, regulations, statutes, ordinances, and codes) designed to protect health and ensure safety.
- Education of persons and entities in the regulated environment to encourage compliance with laws designed to protect health and ensure safety.
- Enforcement activities of public health concern, including but not limited to, enforcement of clean air and potable water standards, regulation of health care facilities, safety inspections of workplaces, review of new drug, biological, and medical device applications, enforcement activities occurring during emergency situations, and enforcement of laws governing the sale of alcohol and tobacco to minors, seat belt and child safety seat usage, and childhood immunizations.

Key Discussion Points:

- Alaska has strong voluntary compliance, especially when people know what is expected.
- We think we are doing a good job with training and technical assistance, but we don't always evaluate our efforts.
- Performance management and quality improvement may be more reactionary as opposed to proactive.
- Special interest groups often compete with the broader public health perspective in the development of state laws and regulations.
- Enforcement can be hampered by unclear role definition between state and local governments.
- Funding and implementation planning for enforcement needs to be built in to the initial policy development.

Model Standard Scores



Summary:

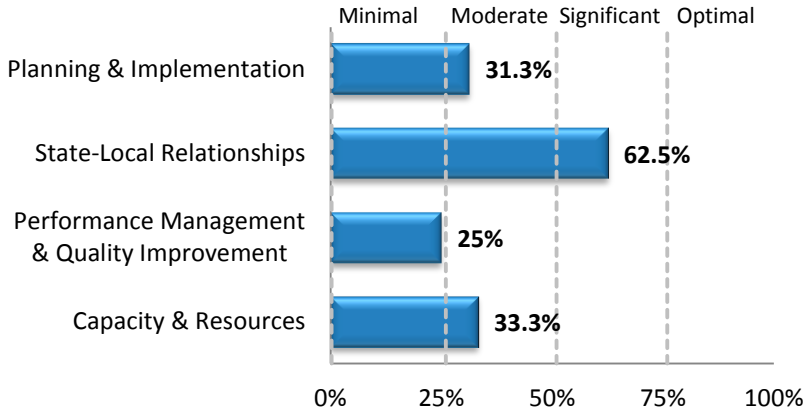
Enforcing laws and regulations is Alaska's highest rated Essential Service, exceeding the national average by more than seven percent. State-local relationships, and planning and implementation are rated as Significant in establishing cooperative relationships between regulatory bodies, and assuring that laws provide adequate authority to protect and contain emergency health threats. Measures rated as Significant were performance improvement in legal, compliance and enforcement efforts, and expertise in reviewing, developing and implementing public health laws. The only Minimal rating was in committing financial resources to enforce public health laws.

Essential Service 7:
Link to Health Services

This Essential Service is about:

- Access to and availability of quality personal health services.
- Access in a coordinated system of quality care which includes outreach services to link populations to care, case management, culturally and linguistically appropriate services, and health care quality review programs.
- Development of partnerships to provide populations with a coordinated system of health care.
- Development of a continuous improvement process to assure the equitable distribution of resources for those in greatest need.

Model Standard Scores



Summary:

Alaska's ability to link people to health services was rated as Moderate, below the national average. Technical assistance to healthcare providers for underserved populations is a strength, rated as Significant. The federal health insurance exchange has increased coverage for some Alaskans, but Alaska does not have a state exchange. The ability to mobilize assets to reduce health disparities and provide technical assistance to local public health systems were rated as Moderate, as was professional expertise. Collective performance management and quality improvement, and commitment of financial resources for personal health care services were rated as Minimal.

Overall Scores

Alaska:	Nation:
38%	44%

Key Discussion Points:

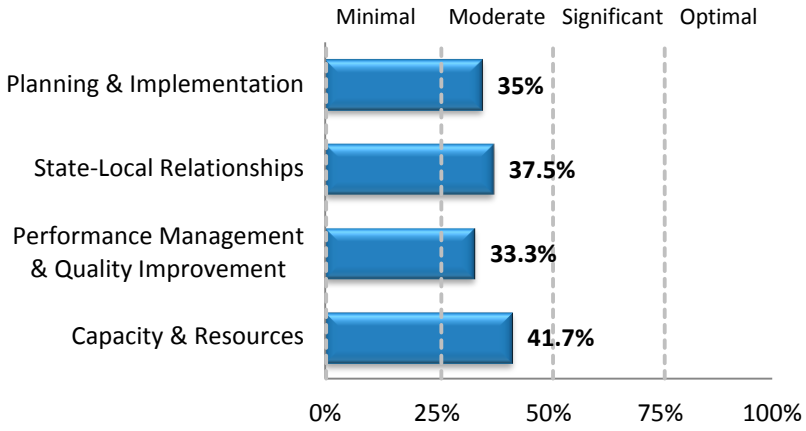
- Alaska has strong examples of community needs assessments and population-specific health and disability needs assessments.
- Care coordination within certain organizations is strong. Patient-centered medical home is a pilot project to increase care coordination.
- We can improve care coordination among providers, capitalizing on systems we already have.
- Alaska has the professional expertise to link people to needed services, but maintaining the workforce continues to be a challenge.
- Regional allocation of resources impacts smaller communities, which are often dependent on itinerant services or must travel long distances to receive them.
- Large gaps in access remain. The federal health insurance exchange has increased coverage for some Alaskans, but Alaska does not have a state exchange.
- Hospitals and community health centers are the safety net for the gap population that could be served by Medicaid expansion, with no additional resources allocated for higher utilization.

Essential Service 8:
Assure a Competent Workforce

This Essential Service is about:

- Education, training, development, and assessment of health professionals to meet statewide needs.
- Efficient processes for credentialing technical and professional health personnel.
- Adoption of continuous quality improvement and life-long learning programs.
- Partnerships among professional workforce development programs.
- Continuing education in management, cultural competence, and leadership development programs.

Model Standard Scores



Summary:

Assuring a competent workforce is Alaska's lowest rated Essential Service, although it is almost four percentage points higher than the national average. All four performance standard areas were rated as Moderate. Activities rated as Minimal include developing a statewide plan for the population-based workforce, and supporting life-long learning. Other activities rated as Minimal are assisting local public health systems in workforce planning, evaluating personnel entering the workforce, and having professional expertise needed for workforce development.

Overall Scores

Alaska:	Nation:
37%	33%

Key Discussion Points:

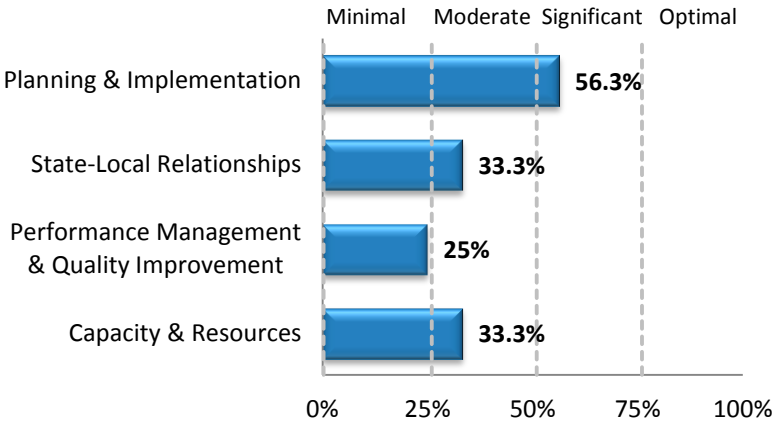
- Alaska has strong education programs and partnerships, such as Providence hospital's $1,000,000 donation to UAA's Nursing Program.
- Alaska Health Workforce Coalition and Alaska Health Education Center provide good planning and coordination for healthcare professions, while other public health professions need attention.
- Many workforce assessments provide enumeration but few assess quality, and they aren't always incorporated into long-term strategic planning.
- The growth of the Alaska Native workforce can be encouraged through early and continuing education, and mentorship of Community Health Aides.
- Alaska has a high level of public health expertise, but staffing shortages. Succession planning is needed to address an aging workforce.
- The healthcare workforce loan repayment program provides important financial support in maintaining the primary care workforce, and Alaska would benefit from expansion.
- Technology issues and policies that restrict travel limit access to training in remote areas.

Essential Service 9:
Evaluate Services

This Essential Service is about:

- Evaluation and critical review to determine program effectiveness and to provide information necessary for allocating resources and reshaping programs for improved efficiency, effectiveness, and quality.
- Assessment of and quality improvement in the state public health system's performance and capacity.

Model Standard Scores



Summary:

Evaluating Alaska's public health services and system was rated as Moderate, comparable to the national average. Significant strengths were in planning and implementation, specifically evaluating population-based health services and seeking certifications, accreditation, licensure. Overall state-local relationships were rated as Moderate, but sharing of state-level performance evaluations with local public health partners was rated Minimal. Aligning and coordinating evaluation efforts across the system were rated as Moderate. Other system weaknesses were reviewing the effectiveness of evaluations, managing and improving the collective evaluation performance, and promoting a systematic quality improvement process. Committing financial resources and having the professional expertise to carry out evaluation were also rated as Minimal.

Overall Scores

Alaska:	Nation:
37%	39%

Key Discussion Points:

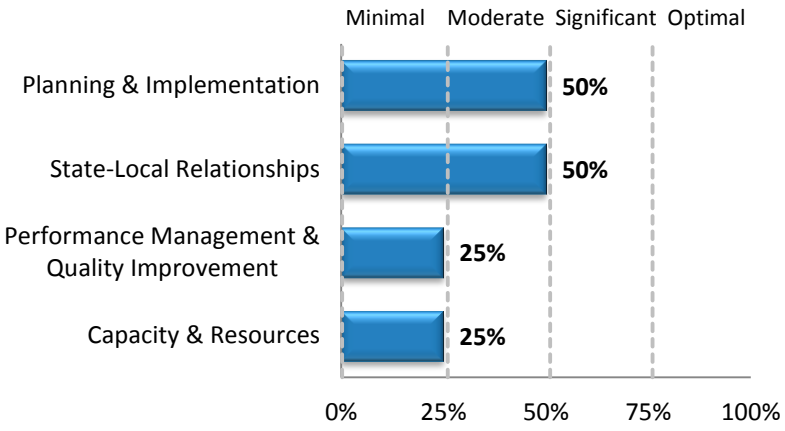
- HA2020 provides a set of indicators that will be tracked throughout the decade, and data to support evaluation.
- Alaska Division of Public Health has incorporated accountability and consistency through strategic planning, and implementation of consistent performance standards and measures.
- Large organizations have more resources and greater capacity to conduct evaluation and data analysis, while smaller organizations may lack staffing and expertise.
- Capacity and expertise could be strengthened with increased collaboration with universities.
- Clarity and consistency of data could be improved by strategies to create more uniform benchmarks and indicators, as well as standards of data collection and reporting.
- A vast amount of data is compiled, but not always accessible. One strategy to improve accessibility is more online publishing.

Essential Service 10:
Research and Innovations

This Essential Service is about:

- A full continuum of research ranging from field-based efforts to foster improvements in public health practice to formal scientific research.
- Linkages with research institutions and other institutions of higher learning to identify and apply innovative solutions and cutting-edge research to improve public health performance.
- Internal capacity to mount timely epidemiologic and economic analyses and conduct needed health services research.

Model Standard Scores



Summary:

Alaska's research and innovation efforts were rated as Moderate, over five percentage points above the national average. Specifically, technical assistance to support local public health system research was rated as Significant. Working together to review public health research activities, as well as managing and improving the collective research performance were rated as Minimal. Other system weaknesses rated Minimal were commitment of financial resources, coordination across the system, and professional expertise to carry out research activities.

Overall Scores

Alaska:	Nation:
38%	32%

Key Discussion Points:

- Alaska's research community has good state partners and a significant level of federal funding. Many successful health improvement research projects have been completed.
- Alaska's ability to provide technical assistance has grown.
- Public health research priorities are not always data driven.
- Lack of state funding for research limits Alaska's ability to leverage federal research grant funds. Competition for federal funds affects the ability of partners to align and coordinate efforts.
- We need to develop stronger relationships with local communities as partners in research.
- Dissemination and application of research findings on some topics needs improvement.
- Performance management and quality improvement can be strengthened by more collaboration among the public health partners.
- When approval from multiple IRBs is required, research can be improved by coordinating the process.

Recurrent Themes

Themes arising from discussions within each Essential Service Workgroup are presented in the Essential Service summary pages. The following section describes characteristics and qualities of the Alaska public health system that were noted across the Essential Services.

Definition of the Public Health System

A consistent question participants had is how to define Alaska's public health system, both statewide and locally. One of the unique aspects of Alaska's public health infrastructure is the important role that tribal health organizations play. One participant stated, "What is called 'the public health system' is not a system at all, but a loose aggregation of entities with some association with health.'" What constitutes the local public health system is especially difficult to understand because most communities lack public health authority. Participants stressed the importance of broadening the concept of the public health system to involve sectors beyond those typically included, such as behavioral health. We also need to empower individuals and communities to create a culture of health for all of Alaska.

Collaboration

Alaska's public health partners work well together and collaborate in many areas. We can strengthen our system through building on successful collaborations and broadening participation to more sectors and with more connections to rural Alaska. Specific recommendations pertained to involving nontraditional partners in employment, housing, transportation and public safety, for example. Working more closely with rural communities has the potential to improve cultural competency and responsiveness to local needs.

Communication

The importance of communication was raised in every group. Communication fosters connections in a public health system that often feels like a patchwork. Enhancing awareness of each other's work can facilitate greater cooperation and collaboration. Creative solutions are needed to improve data and information sharing. Effective communication of health information is a central function of public health, but outdated websites, inconsistent use of various communication tools, and a fragmented system make this area challenging throughout Alaska's public health system.

Social Determinants of Health and Root Causes

We need to expand our definition of public health to include the social determinants of health in order to identify and address the root causes of Alaska's health issues. Such factors as alcohol and substance abuse, lack of affordable housing, poverty and education need to be included in our public health assessment to better understand the underlying issues and effectively improve all Alaskans' health.

Fragmentation

Alaska's public health partners work well together with many strong public health programs throughout the state. Despite this, many areas of the system operate as separate silos. This increases competition for resources, and impacts our ability to address the root causes underlying health issues. We need to move beyond a focus on specific health problems to address the conditions required for health. Local public health systems need the support of practical technical assistance available to communities. One suggestion is to focus on developing wellness coalitions as opposed to topic specific groups.

Quality Improvement

Performance Management and Quality Improvement (Model Standard 3) was consistently rated the lowest, and was rated as Minimal for five of the Essential Services. Participants recognized the need for increased efforts across all public health programs. Improving effectiveness of all Essential Services will require broad commitment to integrating Performance Management and Quality Improvement in our work. In addition to strengthening our system by using successful examples from organizations and programs, we need to increase our efforts to communicate these successes across the state.

Data

Alaska has many good data systems, and a high level of professional expertise to carry out health status monitoring activities. Improvements are being made to increase access to current data, as well as to provide localized data when possible. Several factors impact Alaska's access to and utilization of data. One factor is that funding is not always built into program development to support evaluation. Another factor is that local communities and smaller organizations are dependent on technical assistance from other state public health partners. Communities want more local data, which is challenging because of small population sizes and limitations to data collection. One means of addressing this could be through increased technical assistance in understanding different ways to utilize data. Participants recommended improving the dissemination of and access to data through up-to-date websites and outreach, especially to rural Alaska.

Workforce Recruitment and Retention

We have good expertise throughout our public health workforce, but recruitment and retention is a concern across the board. The aging of the workforce means that we will need to replace a lot of the expertise we currently have. Getting professional expertise out to smaller communities is challenging.

> We need to "fund and support broad-based (not issue specific) community health improvement processes."
>
> *Participant evaluation*

Financial Needs

Resources for public health are decreasing in all areas, and sustainability is a universal concern. Even where grant funding is available, funding allocation to specific purposes leads to fragmentation, impacting partners' ability to work across the spectrum of system support. Funding allocated to support integrated capacity development is needed.

How Can We Use the Results of the Alaska Community Capacity Review?

The primary purpose of Alaska's Community Capacity Review is to promote continuous improvement to enhance system performance. This report is designed to facilitate communication and sharing among programs, partners, and organizations, based on a common understanding of how a high performing and effective statewide public health system can operate. This shared frame of reference will help build commitment and focus for setting priorities and improving public health system performance. The Alaska Community Capacity Review can be used to:

Enhance our understanding of Alaska's unique public health system
The Community Capacity Review has afforded Alaska with a clearer perspective of our larger, multi-faceted public health system. With a better understanding of the complexity of public health in Alaska, statewide, regional and local partners can identify their own roles within the system and utilize the identified performance strengths to address our gaps.

Provide opportunities to work collaboratively to develop improvement strategies for implementing Healthy Alaskans 2020.
Through Healthy Alaskans 2020, evidence-based health improvement strategies have been prioritized by groups of subject matter experts to help reach the goals for Alaska's 25 health priorities. Successful implementation of those strategies depends on the capacity of the public health infrastructure to perform essential public health services. Investment is needed to address gaps identified by the Community Capacity Review, particularly to enhance the alignment of public health partners around health improvement goals.

Provide guidance to key stakeholders and policy makers to strengthen state, regional and local public health systems for a more integrated, effective system.
The Community Capacity Review has identified both strengths and gaps throughout Alaska's public health system. As was stressed throughout the assessment, we need to use our strengths to contend with the challenges and gaps in the system. In times of decreasing finances, it is important that every effort is made to use resources wisely. Stakeholders and policy makers are encouraged to work together in using the Community Capacity Review as a guidepost for dedicating resources to strengthen the Alaska public health system. Through a greater awareness of communication, collaboration, and connectedness, we can build a better system working from our successes and strengths.

Identify gaps in the public health system that can be advanced through quality improvement with key partners.
The State of Alaska Division of Public Health and the Alaska Native Tribal Health Consortium, as sponsoring organizations, are committed to incorporating the Alaska Community Capacity Review into their own strategic planning and performance improvement activities. Other public health partners can use the results to clarify their role in the system and determine how to make system improvements. Existing coalitions, task forces, and work groups addressing

specific topics or broad issues can also use the Community Capacity Review to inform their quality improvement efforts.

Establish a common baseline for all partners within Alaska's public health system to measure improvement
The Community Capacity Review results show how Alaska's public health system measures up to an optimal level of performance. Rather than striving to meet minimum expectations, we can use the standards for continuous quality improvement. We hope for ongoing commitment among partners to replicate the statewide public health system review on a regular 4 to 5 year cycle.

What are the Next Steps?

The Community Capacity Review results are the starting point for launching performance improvement efforts to strengthen the overall capacity of the state's public health system. The National Public Health Performance Standards offer guidance on how to develop performance improvement plans to capitalize on strengths, address gaps and weaknesses identified after the Community Capacity Review.[6]

1. **Organize Participation for Performance Improvement.**
   Leadership support and an organizational structure for success are crucial. The structure should ensure the participation needed to achieve the goals. The scope and vision for improvement should be well defined and be manageable within the resources available. Performance improvement efforts should capitalize on existing structures.

2. **Prioritize Areas for Action**
   Participants should review the graphs, charts, and summaries in the Preliminary report, as well as the information in this report. The group should discuss the results, putting the data into context, and then set priorities. Barriers to priority-setting also may need to be addressed.

3. **Explore Root Causes of Performance Weaknesses**
   Once priorities are decided, devising strategies for improvement requires an analysis of the root causes of the problems. Performance issues such as policies, leadership, funding, incentives, information, personnel, or coordination should be explored in depth.

4. **Develop and Implement Improvement Plans**

[6] CDC Office for State, Tribal, Local and Territorial Support, "National Public Health Performance Standards; Strengthening Systems, improving the Public's Health,": http://www.cdc.gov/nphpsp/documents/nphpsp-factsheet.pdf

Action plans should reflect participants' agreement on the most compelling priorities to address, organizations responsible for leading the effort, goals and measurable objectives, and action steps with a timeline.

5. **Regularly Monitor and Report Progress**
   Monitoring and communicating progress in a continuous cycle promotes accountability, helps sustain momentum, and informs decision-making responsive to results.

Appendix A

Community Capacity Review Participants

Workgroup 1

Essential Service 1: Monitor health status to identify community health problems
Essential Service 2: Diagnose and investigate health problems and health hazards in the community

Facilitator: Cheley Grigsby, Alaska Division of Public Health, Section of Women, Children and Families
Note Taker: Romy Mohelsky, MPH, ANTHC Community Health Services, Alaska Native Epidemiology Center

Leanne Barske	Municipality of Anchorage, Health & Human Services, Community Health Nursing
Jennifer L. Eastman, PhD	Alaska Division of Public Health, Public Health Labs
Andrea Fenaughty, PhD	Alaska Division of Public Health, Chronic Disease Prevention & Health Promotion
Toni Hackney	Alaska Division of Public Health, Public Health Nursing
Terry Hamm	Alaska Division of Behavioral Health
Carol Jones, PhD	Alaska Department of Environment Conservation
Joseph Klejka, MD	Yukon Kuskokwim Health Corporation
Mary McEwen, MPH	Alaska Division of Public Health, Health Planning and Systems Development
Phillip Mitchell, MS	Alaska Division of Public Health, Vital Statistics
Alan Parkinson, PhD	Centers for Disease Control & Prevention, Arctic Investigations Program
Ellen Provost, DO, MPH	ANTHC, Alaska Native Epidemiology Center
Margaret Young, MPH	Alaska Division of Public Health, Women, Children and Families
Gary Zientek, MD	Alaska Division of Public Health, Medical Examiner's Office

Key Informants:

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Katherine Ross, Alaska Division of Public Health, Public Health Labs

Bernard Jilly, PhD, MT, Alaska Division of Public Health, Public Health Labs

Michael Cooper, MD, MS, Alaska Division of Public Health, Section of Epidemiology

Workgroup 2

Essential Service 3: Inform, educate, and empower people about health issues
Essential Service 4: Mobilize community partnerships to identify and solve health problems

Facilitator: Jimael Johnson, Alaska Division of Public Health, Women, Children and Families
Note Taker: Carolyn Gove, MPH, ANTHC Community Health Services, Public Health Improvement Collaborative

Kathy Allely, MPH	Alaska Division of Public Health, Chronic Disease Prevention & Health Promotion
Lisa DH Aquino, MHS	Alaska Division Public Health, Office of the Director

Fiona Brosnan	ANTHC, Marketing & Communications
Michelle Cassano	American Diabetes Association
Diane Casto, MPA	Alaska Division of Behavioral Health, Prevention and Early Intervention
Jordis Clark	School Nurses Association
Denise Daniello, MA	State of Alaska, Alaska Commission on Aging
Christine DeCourtney, MPA	ANTHC, Community Health Services, Cancer Program
Karen Doster	ANTHC, Community Health Services, Tobacco Program
Aftan Lynch	Ketchikan Wellness Coalition
Joe McLaughlin, MD, MPH	Alaska Division of Public Health, Epidemiology
Fatimaah Menefee	Municipality of Anchorage, Health & Human Services
Patricia Owen, MCHES	Alaska Department of Education and Early Development
Martha Giffin Pearson, MA, MPA	Southeast Alaska Regional Health Corporation
Carma Reed	US Housing & Urban Development
Kimberly Stryker	Alaska Department of Environmental Conservation
Randi Sweet, MBA	United Way of Anchorage
Jaylene Wheeler	ANTHC, Community Health Services, Injury Prevention Program
Linda Worman, D.N., RN	Alaska Division Public Health, Public Health Nursing

Key Informants:

Elizabeth Freeman, Alaska Division of Public Health, State Medical Examiner's Office

Deborah Erikson, Alaska Health Care Commission

Tim Struna, RN, MPH, Alaska Division of Public Health, Public Health Nursing

Susan Mason-Bouterse, Alaska Division of Public Health, Health Planning and Systems Development

Workgroup 3

Essential Service 5: Develop policies and plans that support individual and community health efforts
Essential Service 6: Enforce laws and regulations that protect health and ensure safety

Facilitator: Kirsten Kolb, MHA, MSPR, ANTHC, Office of Strategy & Innovation
Note Taker: Desirae Roehl, ANTHC, Community Health Services, Community, Environment & Safety

Tony Barrett	Municipality of Anchorage, Health & Human Services, Food Safety & Sanitation
Lauren Driscoll, AICP	Mat-Su Borough, Planning Department
Ken Helander, MA	American Association of Retired Persons
Kelly Henriksen, JD	Alaska Department of Law, Attorney General's Office
Marcia Howell, JD	Alaska Injury Prevention Center
Marie Jackman, MPA	Alaska Primary Care Association
Andy Jones	Alaska Division Public Health, Emergency Preparedness
Jill Lewis	Alaska Division Public Health, Office of the Director
Emily Nenon	American Cancer Society
Barbara Propes	State of Alaska, Office of the Lieutenant Governor

Emily Read, MS	ANTHC, Community Health Services, Public Health Improvement Collaborative
Rhonda Richtsmeier, RN, MN	Alaska Division Public Health, Public Health Nursing
Edward (Ted) Smith	ANTHC, Community Health Services, Emergency Preparedness Program

Key Informants:

Deborah Erikson, Alaska Health Care Commission

Jay Butler, MD, ANTHC, Community Health Services, Office of the Director

Workgroup 4

Essential Service 7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable
Essential Service 9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services

Facilitator: Laura Kolasa, RN, Alaska Division of Public Health, Section of Public Health Nursing
Note Taker: Sheli Delaney, MA, Alaska Division of Public Health, Section of Public Health Nursing

Barbara Berner, EdD, APRN, FNP-BC, FAANP	UAA, School of Nursing
Cindy Christensen	Alaska Division of Health Care Services, Medicaid Office
Charles Fagerstrom, MBA, MPH	ANTHC, Health System Networking
Becky Hultberg	Alaska State Hospital and Nursing Home Association
Linnea Johansen, MPH	Providence Health and Services Alaska
Doreen Leavitt	North Slope Borough, Department of Health
Rebecca Madison, MT(ASCP), MBA, CLDir	Alaska e-Health Network
Marcy Rein, MPH	Mountain Pacific Quality Health
Nancy Merriman, MPH, MBA, RD	Alaska Primary Care Association
Rebekah Morisse, RN, MPH	Alaska Division Public Health, Women, Children and Families
Jerrine Regester	Alaska Division Public Health, Office of the Director
Kerre Shelton	Alaska Division Public Health, Office of the Director
Mark Walker, LCSW	Alaska Island Community Services

Key Informants:

Shellie Smith, MBA, Alaska Division of Public Health, Section of Health Planning & Systems Development Improvement Program

Kate Slotnick, RN, MPH, Alaska Division of Public Health, Public Health Nursing

Workgroup 5

Essential Service 8: Assure a competent public and personal health care workforce
Essential Service 10: Research for new insights and innovative solutions to health problems

Facilitator: Kalani Parnell, ANTHC, Office of Strategy & Innovation, Organizational Development
Note Taker: Catherine B. Koepke, MS, CPHRM, University of Alaska MPH Student

Pat Carr, MPH	Alaska Division Public Health, Health Planning and Systems Development
David D'Amato	Alaska Primary Care Association

Denise Dillard, PhD	SouthCentral Foundation, Health Research
Tom Hennessey, MD, MPH	Centers for Disease Control & Prevention, Arctic Investigations Program
Rhonda Johnson, DrPH, MPH, FNP	UAA Master's in Public Health Program
Jared Parrish, MS	Alaska Division Public Health, Women, Children and Families
Terry Powell	ANTHC, Institutional Review Board
Jana Shockman, RN, CCRN-CSC	Alaska Nurses Association
Viola Smith, MHA/MBA, THRP	ANTHC, Human Resources
Jeffrey Smith, RS, MS, DAAS	ANTHC, Environmental Health & Engineering
Tim Thomas, MD	ANTHC, Community Health Services, Clinical & Research Services

Key Informants:

Victorie Heart, MS, RN, ANTHC Community Health Services, Community Health Aide/Practitioner Program

Appendix B

Alaska Community Capacity Review Questions and Performance Scores

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems		**37.5%** moderate
1.1	**Model Standard: Planning and Implementation**	**41.7%** moderate
1.1.1	How well do SPHS partner organizations maintain data collection and monitoring programs designed to measure the health status of the state's population?	50% moderate
1.1.2	How well do SPHS partner organizations make health data accessible in useful health data products?	25% minimal
1.1.3	How well do SPHS partner organizations work together to maintain a data reporting system designed to identify potential threats to the public's health?	50% moderate
1.2	**Model Standard: State-Local Relationships**	**25.0%** minimal
1.2.1	How well do statewide SPHS partner organizations assist (e.g., through training, consultations) local public health systems in the interpretation, use, and dissemination of health-related data?	25% minimal
1.2.2	How well do partner organizations in the SPHS work collaboratively to regularly provide local public health systems with a uniform set of local health-related data?	25% minimal
1.2.3	How well do SPHS partner organizations provide technical assistance in the development of information systems needed to monitor health status at the local level?	25% minimal
1.3	**Model Standard: Performance Management and Quality Improvement**	**25.0%** minimal
1.3.1	How well do SPHS partner organizations work together to review the effectiveness of their efforts to monitor health status?	25% minimal
1.3.2	How well do SPHS partner organizations actively manage and improve their collective performance in health status monitoring?	25% minimal
1.4	**Model Standard: Public Health Capacity and Resources**	**58.3%** moderate
1.4.1	How well do SPHS partner organizations work together to commit financial resources to health status monitoring efforts?	50% moderate

1.4.2	How well do SPHS partner organizations align and coordinate their efforts to monitor health status?	50% moderate
1.4.3	How well do SPHS partner organizations collectively have the professional expertise to carry out health status monitoring activities?	75% significant
ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards		**58.3%** moderate
2.1	**Model Standard: Planning and Implementation**	**75.0%** significant
2.1.1	How well do SPHS partner organizations operate surveillance and epidemiology activities that identify and analyze health problems and threats to the health of the state's population?	100% optimal
2.1.2	How well do SPHS partner organizations maintain the capability to rapidly initiate enhanced surveillance when needed for a statewide/regional health threat?	75% significant
2.1.3	How well do SPHS partner organizations organize their private and public laboratories (within the state and outside of the state) into a well-functioning laboratory system?	75% significant
2.1.4	How well do SPHS partner organizations maintain in-state laboratories that have the capacity to analyze clinical and environmental specimens in the event of suspected exposure or disease outbreak?	75% significant
2.1.5	How well do SPHS partner organizations work together to respond to identified public health threats?	50% moderate
2.2	**Model Standard: State-Local Relationships**	**62.5%** significant
2.2.1	How well do SPHS partner organizations provide assistance (through consultations and/or training) to local public health systems in the interpretation of epidemiologic and laboratory findings?	75% significant
2.2.2	How well do SPHS partner organizations provide local public health systems with information and guidance about public health problems and potential public health threats (e.g., health alerts, consultations)?	50% moderate
2.3	**Model Standard: Performance Management and Quality Improvement**	**37.5%** moderate
2.3.1	How well do SPHS partner organizations periodically review the effectiveness of the state surveillance and investigation system?	25% minimal

2.3.2	How well do SPHS partner organizations actively manage and improve their collective performance in diagnosing and investigating health problems and health hazards?	50% moderate
2.4	**Model Standard: Public Health Capacity and Resources**	**58.3%** significant
2.4.1	How well do SPHS partner organizations work together to commit financial resources to support the diagnosis and investigation of health problems and hazards?	50% moderate
2.4.2	How well do SPHS partner organizations align and coordinate their efforts to diagnose and investigate health hazards and health problems?	50% moderate
2.4.3	How well do SPHS partner organizations collectively have the professional expertise to identify and analyze public health threats and hazards?	75% significant
ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues		**38.6%** moderate
3.1	**Model Standard: Planning and Implementation**	**37.5%** moderate
3.1.1	How well do SPHS partner organizations implement health education programs and services designed to promote healthy behaviors?	50% moderate
3.1.2	How well do SPHS partner organizations implement health promotion initiatives and programs designed to reduce health risks and promote better health?	25% minimal
3.1.3	How well do SPHS partner organizations implement health communications designed to enable people to make healthy choices?	25% minimal
3.1.4	How well do SPHS partner organizations maintain a crisis communications plan to be used in the event of an emergency?	50% moderate
3.2	**Model Standard: State-Local Relationships**	**37.5%** moderate
3.2.1	How well do statewide SPHS partner organizations provide technical assistance to local public health systems (through consultations, training, and/or policy changes) to develop skills and strategies to conduct health communication, health education, and health promotion?	25% minimal
3.2.2	How well do statewide SPHS partner organizations support and assist local public health systems in developing effective emergency communications capabilities?	50% moderate

3.3	**Model Standard: Performance Management and Quality Improvement**	**37.5%** moderate
3.3.1	How well do SPHS partner organizations periodically review the effectiveness of health communication, health education and promotion services?	25% minimal
3.3.2	How well do SPHS partner organizations actively manage and improve their collective performance to inform, educate and empower people about health issues?	50% moderate
3.4	**Model Standard: Public Health Capacity and Resources**	**41.7%** moderate
3.4.1	How well do SPHS partner organizations Work together to commit financial resources to health communication and health education and health promotion efforts?	25% minimal
3.4.2	How well do SPHS partner organizations Align and coordinate their efforts to implement health communication, health education, and health promotion services?	50% moderate
3.4.3	How well do SPHS partner organizations collectively have the professional expertise to carry out effective health communications, health education, and health promotion services?	50% moderate
ESSENTIAL SERVICE 4: Mobilize Partnerships to Identify and Solve Health Problems		**46.9%** moderate
4.1	**Model Standard: Planning and Implementation**	**75.0%** significant
4.1.1	How well do SPHS partner organizations mobilize task forces, ad hoc study groups, and coalitions to build statewide support for public health issues?	75% significant
4.1.2	How well do SPHS partner organizations organize formal sustained partnerships to identify and to solve health problems?	75% significant
4.2	**Model Standard: State-Local Relationships**	**37.5%** moderate
4.2.1	How well do statewide SPHS partner organizations provide assistance (through consultations and/or trainings) to local public health systems to build partnerships for community health improvement?	50% moderate
4.2.2	How well do statewide SPHS partner organizations provide incentives for broad-based local public health system partnerships (instead of only single-issue task forces) through grant requirements, financial incentives and/or resource sharing?	25% minimal

4.3	**Model Standard: Performance Management and Quality Improvement**	**25.0%** minimal
4.3.1	How well do SPHS partner organizations review their partnership development activities?	25% minimal
4.3.2	How well do SPHS partner organizations actively manage and improve their collective performance in partnership activities?	25% minimal
4.4	**Model Standard: Public Health Capacity and Resources**	**50.0%** moderate
4.4.1	How well do SPHS partner organizations commit financial resources to sustain partnerships?	25% minimal
4.4.2	How well do SPHS partner organizations align and coordinate their efforts to mobilize partnerships?	75% significant
4.4.3	How well do SPHS partner organizations collectively have the professional expertise to carry out partnership development activities?	50% moderate
ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Statewide Health Efforts		**47.9%** moderate
5.1	**Model Standard: Planning and Implementation**	**56.3%** significant
5.1.1	How well do SPHS partner organizations implement statewide health improvement processes that convene partners and facilitate collaboration among organizations to improve health and the public health system?	50% moderate
5.1.2	How well do SPHS partner organizations develop one or more state health improvement plan(s) to guide their collective efforts to improve health and the public health system?	50% moderate
5.1.3	How well do SPHS partner organizations have in place an All-Hazards Preparedness Plan to guide their activities to protect the state's population in the event of an emergency?	75% significant
5.1.4	How well do SPHS partner organizations conduct policy development activities?	50% moderate
5.2	**Model Standard: State-Local Relationships**	**41.7%** moderate

5.2.1	How well do SPHS partner organizations provide technical assistance and training to local public health systems for developing community health improvement plans?	25% minimal
5.2.2	How well do SPHS partner organizations provide technical assistance in the development of local all-hazards preparedness plans for responding to emergency situations?	75% significant
5.2.3	How well do SPHS partner organizations provide technical assistance in local health policy development?	25% minimal
5.3	**Model Standard: Performance Management and Quality Improvement**	**43.8%** moderate
5.3.1	How well do SPHS partner organizations review progress towards accomplishing health improvement across the state?	50% moderate
5.3.2	How well do SPHS partner organizations review new and existing policies to determine their public health impacts (e.g. using a Health in All Policies impact assessment approach)?	50% moderate
5.3.3	How well do SPHS partner organizations conduct formal exercises and drills of the procedures and protocols linked to its All-Hazards Preparedness Plan and make adjustments based on the results?	50% moderate
5.3.4	How well do SPHS partner organizations actively manage and improve their collective performance in statewide planning and policy development?	25% minimal
5.4	**Model Standard: Public Health Capacity and Resources**	**50.0%** moderate
5.4.1	How well do SPHS partner organizations work together to commit financial resources to health planning and policy development efforts?	25% minimal
5.4.2	How well do SPHS partner organizations align and coordinate their efforts to implement health planning and policy development?	50% moderate
5.4.3	How well do SPHS partner organizations collectively have the professional expertise to carry out planning and policy development activities?	75% significant
ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety		**62.5%** moderate
6.1	**Model Standard: Planning and Implementation**	**62.5%** significant

6.1.1	How well do SPHS partner organizations assure that existing and proposed state laws are designed to protect the public's health and ensure safety?	50% moderate
6.1.2	How well do SPHS partner organizations assure that laws give state and local authorities the power and ability to prevent, detect, manage, and contain emergency health threats?	75% significant
6.1.3	How well do SPHS partner organizations establish cooperative relationships between regulatory bodies and entities in the regulated environment to encourage compliance and assure that laws accomplish their health and safety purposes (e.g. the relationship between the state public health agency and hospitals)?	75% significant
6.1.4	How well do SPHS partner organizations ensure that administrative processes are customer-centered (e.g., obtaining permits and licenses)?	50% moderate
6.2	**Model Standard: State-Local Relationships**	**75.0%** significant
6.2.1	How well do SPHS partner organizations provide technical assistance and training to local public health systems on best practices in compliance and enforcement of laws that protect health and ensure safety?	75% significant
6.2.2	How well do SPHS partner organizations assist local governing bodies in incorporating current scientific knowledge and best practices in local laws?	75% significant
6.3	**Model Standard: Performance Management and Quality Improvement**	**62.5%** significant
6.3.1	How well do SPHS partner organizations review the effectiveness of their regulatory, compliance and enforcement activities?	50% moderate
6.3.2	How well do SPHS partner organizations actively manage and improve their collective performance in legal, compliance, and enforcement activities?	75% significant
6.4	**Model Standard: Public Health Capacity and Resources**	**50.0%** moderate
6.4.1	How well do SPHS partner organizations commit financial resources to the enforcement of laws that protect health and ensure safety?	25% minimal
6.4.2	How well do SPHS partner organizations align and coordinate their efforts to comply with and enforce laws and regulations?	50% moderate
6.4.3	How well do SPHS partner organizations collectively have the professional expertise to review, develop, and implement public health laws?	75% significant

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable		**38.0%** moderate
7.1	**Model Standard: Planning and Implementation**	**31.3%** moderate
7.1.1	How well do SPHS partner organizations assess the availability of and access to personal health services in the state?	50% moderate
7.1.2	How well do SPHS partner organizations collectively take policy and programmatic action to eliminate barriers to access to personal health care?	25% minimal
7.1.3	How well does SPHS organizations work together to establish and maintain a statewide health insurance exchange to assure access to insurance coverage for personal health care services?	0% no activity
7.1.4	How well do SPHS organizations mobilize their assets, including local public health systems, to reduce health disparities in the state?	50% moderate
7.2	**Model Standard: State-Local Relationships**	**62.5%** significant
7.2.1	How well do SPHS partner organizations provide technical assistance to local public health systems on methods for assessing and meeting the needs of underserved populations?	50% moderate
7.2.2	How well do SPHS partner organizations provide technical assistance to providers who deliver personal health care to underserved populations?	75% significant
7.3	**Model Standard: Performance Management and Quality Improvement**	**25.0%** minimal
7.3.1	How well do SPHS partner organizations work together to review the quality of personal health care services?	25% minimal
7.3.2	How well do SPHS partner organizations work together to review changes in barriers to personal health care?	25% minimal
7.3.3	How well do SPHS partner organizations actively manage and improve their collective performance in linking people to needed personal health care services?	25% minimal
7.4	**Model Standard: Public Health Capacity and Resources**	**33.3%** moderate
7.4.1	How well do SPHS partner organizations work together to commit financial resources to assure the provision of needed personal health care?	25% minimal

7.4.2	How well do SPHS partner organizations align and coordinate their efforts to provide personal health care?	25% minimal
7.4.3	How well do SPHS partner organizations collectively have the professional expertise to carry out the functions of linking people to needed personal health care?	50% moderate
ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce		**36.9%** moderate
8.1	**Model Standard: Planning and Implementation**	**35.0%** moderate
8.1.1	How well do SPHS partner organizations work together to develop a statewide workforce plan that guides improvement activities in population-based workforce development, using results from assessments of the workforce needed to deliver effective population-based services?	25% minimal
8.1.2	How well do SPHS organizations work together to develop a statewide workforce plan(s) that guides improvement activities in personal health care workforce development, using results from assessments of the workforce needed to deliver effective personal health care services?	50% moderate
8.1.3	How well do SPHS partner human resources development programs provide training to enhance the technical and professional competencies of the workforce?	50% moderate
8.1.4	How well do SPHS partner organizations assure that individuals in the population-based and personal health care workforce achieve the highest level of professional practice?	25% minimal
8.1.5	How well do SPHS partner organizations support initiatives that encourage life-long learning?	25% minimal
8.2	**Model Standard: State-Local Relationships**	**37.5%** moderate
8.2.1	How well do SPHS partner organizations assist local public health systems in planning for their future needs for population-based and personal health care workforces, based on workforce assessments?	25% minimal
8.2.2	How well do SPHS partner organizations assist local public health system organizations with workforce development?	50% moderate
8.3	**Model Standard: Performance Management and Quality Improvement**	**33.3%** moderate
8.3.1	How well do SPHS partner organizations review their workforce development activities?	50% moderate

8.3.2	How well do SPHS academic-practice collaborations evaluate the preparation of personnel entering the SPHS workforce?	25% minimal
8.3.3	How well do SPHS partner organizations actively manage and improve their collective performance in workforce development?	25% minimal
8.4	**Model Standard: Public Health Capacity and Resources**	**41.7%** moderate
8.4.1	How well do SPHS partner organizations commit financial resources to workforce development efforts?	50% moderate
8.4.2	How well do SPHS partner organizations align and coordinate their efforts to effectively conduct workforce development activities?	50% moderate
8.4.3	How well do SPHS partner organizations collectively have the professional expertise to carry out workforce development activities?	25% minimal
ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services		**37.0%** moderate
9.1	**Model Standard: Planning and Implementation**	**56.3%**
9.1.1	How well do SPHS partner organizations routinely evaluate population-based health services in the state?	75% significant
9.1.2	How well do SPHS partner organizations evaluate the effectiveness of personal health services in the state?	50% moderate
9.1.3	How well do SPHS organizations evaluate the performance of the state public health system?	25% minimal
9.1.4	How well do SPHS partner organizations seek appropriate certifications, accreditation, licensure, or other third-party evaluations and designations of high-performing organizations?	75% significant
9.2	**Model Standard: State-Local Relationships**	**33.3%** moderate
9.2.1	How well do SPHS partner organizations provide technical assistance (e.g., consultations, training) to local public health systems in their evaluation activities, including evaluations of population-based and personal health services and the local public health system?	50% moderate

9.2.2	How well do SPHS partner organizations share results of state-level performance evaluations with local public health systems for use in local planning processes?	25% minimal
9.2.3	How well do SPHS partner organizations assist their local counterparts to achieve certifications, accreditation, licensure, or other third-party designations of high-performing organizations?	25% minimal
9.3	**Model Standard: Performance Management and Quality Improvement**	**25.0%** minimal
9.3.1	How well do SPHS partner organizations work together to regularly review the effectiveness of their evaluation activities?	25% minimal
9.3.2	How well do SPHS partner organizations actively manage and improve their collective performance in evaluation activities?	25% minimal
9.3.3	How well do SPHS partner organizations promote systematic quality improvement processes throughout the state public health system?	25% minimal
9.4	**Model Standard: Public Health Capacity and Resources**	**33.3%** moderate
9.4.1	How well do SPHS partner organizations work together to commit financial resources for evaluation?	25% minimal
9.4.2	How well do SPHS partner organizations align and coordinate their efforts to conduct evaluations of population-based and personal health care services?	50% moderate
9.4.3	How well do SPHS partner organizations collectively have the professional expertise to carry out evaluation activities?	25% minimal
ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems		**37.5%** moderate
10.1	**Model Standard: Planning and Implementation**	**50.0%** moderate
10.1.1	How well do SPHS partner organizations organize research activities and disseminate and use innovative research findings in practice, through the work of active academic-practice collaborations?	50% moderate
10.1.2	How well do SPHS partner organizations participate in and conduct research to discover more effective methods of improving the public's health?	50% moderate

10.2	**Model Standard: State-Local Relationships**	**50.0%** moderate
10.2.1	How well do SPHS partner organizations provide technical assistance to local public health systems in research activities?	75% significant
10.2.2	How well do SPHS partner organizations assist local public health systems in their use of research findings?	25% minimal
10.3	**Model Standard: Performance Management and Quality Improvement**	**25.0%** minimal
10.3.1	How well do SPHS partner organizations work together to review their public health research activities?	25% minimal
10.3.2	How well do SPHS partner organizations actively manage and improve their collective performance in research and innovation?	25% minimal
10.4	**Model Standard: Public Health Capacity and Resources**	**25.0%** minimal
10.4.1	How well do SPHS partner organizations work together to commit financial resources to research relevant to health improvement?	25% minimal
10.4.2	How well do SPHS partner organizations align and coordinate their efforts to conduct research?	25% minimal
10.4.3	How well do SPHS partner organizations collectively have the professional expertise to carry out research activities?	25% minimal
OVERALL SCORE (Average)		**44.1%** moderate
Median		**41.7%** moderate

Appendix C

Alaska Community Capacity Review Participant Comments

At the close of the event, 36 written evaluations were collected. This represents 52% of group participants, excluding facilitators, note takers, and event staff. The responses to two of the questions are included here, grouped by common theme.

What are some immediate steps that can and need to take place to strengthen Alaska's statewide public health system, as well as mitigate the gaps?

Public Health System Partnerships

- More outreach, more stable, strong partnerships. Need to have a larger "reach" to include broader areas – jobs, housing, public safety.
- What is called "the public health system" is not a system at all, but a loose aggregation of entities with some association with health. Many of those entities don't see themselves as part of a "public health system." If you want to build a system, effort needs to be put into building a unified vision of public health system in Alaska. Should include extensive outreach and communication.
- More active engagement of partners representing other public sectors including housing, transportation, employment, and other social determinants of health related organizations.
- Bring in those parts of the state public health system that don't identify themselves as such or who too often get left off the invite list at the state level also at the local, though to a lesser degree.
- Need to communicate better with everyone about the scope of public health. The need to work together, see ourselves as having roles in public health.
- We need a broader definition of "public health," we need to include – alcohol/drug abuse, lack of affordable housing, lack of transportation, lack of food, etc., before we can truly address public health hazards we need to look at root causes.
- This assumes we have a system – if it is a system it is pretty fractured. How we truly develop a system should be the focus.
- Great to see some tribal health people represented but needs to be much more from rural Alaska.
- Scope of activities considered "public health" is so broad that we are overreaching and spreading ourselves too thin (esp. financially). Need to refocus the scope and purpose of State public health responsibilities and goals. Law enforcement, housing, poverty seem out of place and not a Health and Social Services focus or true Division of Public Health focus.
- Engage non-traditional groups (jellybean diagram) as part of public health.
- Communicate the larger message of public health to the stakeholders of the "jellybean" map. Improvement of collaboration of various parts of the systems. Multiple ES commented on "silos."

- If everyone worked to strengthen 1 partnership in a measurable way of importance to his/her work that would be a start to mitigating gaps.
- Look at collaboration where possible.
- Involve other cultures and populations at the table inform the public about what public health is…
- Perhaps a full TV/radio campaign on "I am Public Health!" would have everyone from social workers, public health nurses, State, Municipal, Alaska Native Tribal, assembly members, bus drivers, school administration, normal citizens saying "I am Public Health." At the end it would was "We are Public Health."

Communication

- Better communication.
- Communication skill sets between public health professionals to other public health partners. Also between public health partners and the community.

Data-related

- Share data (whenever possible) with each other. Try to work collaboratively, not against (in competition) each other.
- Do a better job of communicating the data monitoring resources we make available.
- Sustainability support. Release of data. Reduction of silos.
- Increase access to data, sharing data and information, more partnerships.
- Be better about communicating data, results, info making data available – or at least easier to find - access.

Advocacy

- Increase advocacy for increased resources and interest in collaborative prevention activities. Combine collaboration between public health and clinical practice, between research and practice, and between all partners.
- Leadership to promote public health. Advocacy for public health resources.
- Shared monitoring or viewing of comprehensive health status. Define in-state indicators to align with healthcare language so it is clear. Convince the government powers of the necessity to increase and improve health in Alaska.

Focus on Local Communities

- Local community plans, resource alignment actions.
- Focus on the community more than performance of the system operations.
- More practical outreach to local-level departments of public health service.
- Look at other states' models of strong local health officers, Board of Health, Commission models to see what would work to strengthen local "champions" or sponsors for promoting public health programs.
- Fund permanent local/regional public health educators/prevention specialists (community coordinators).

Broaden Focus

- Reduction of silos.
- Look at supporting wellness coalitions rather than single subject topics.
- Fund and support broad-based (not issue specific) community health improvement processes.

Other

- More performance management, quality improvement across all 10 Essential Service. Most shared this as the weakest area.
- Measuring outcomes (vs outputs) across Essential Services using common metrics. Today's sharing will help.
- Sustainability.
- Develop the definition of health threats even further. Set some goals to address system weaknesses.
- We need doctors, qualified and willing and ready to "COME" to Alaska.
- I think the "educate and inform" piece can act as the link between our strong network and the weaker link to services.
- Better care, coordination, funding to support this activity.
- Statewide learning opportunities to share best practices for partnerships/coalitions.

What is one thing you can/will do differently based on today's experience?

Healthy Alaskans 2020

- Utilize HA2020 more vigorously. "I am public health" ideas promoted. Health is not done to you.
- Use more HA2020 indicators to inform my view on where programs I work with can interact with the State.
- Follow up on invitation to present at a conference; build a HA2020 "meeting in a box."
- Work with public health department and state level on issues like transit and Healthy Alaskans 2020.
- Push for continued funding of Healthy Alaskans 2020. Share data with more policy makers.

Partnerships

- Attempt to close gaps in relationships with other organizations. Explore lines of communication.
- Do better, more intentional partnering – also bring information forward to our senior management.
- Look for opportunities to increase partnership communications, share experiences in developing system measures for effective evaluation.
- Make sure to do what I can to bring additional public health partners into feeling and believing they are part of the larger public health system in Alaska.
- I'm glad we are doing this. We all need to collaborate tribal non-tribal.

- Continue to build on professional relationships.
- Learn more about how my agency works collaboratively with other partners.
- Better partnering.
- Expand my connections to improve my public health work.
- Try to figure out how to get more involved with State of Alaska.

Definition of Public Health

- This experience completely changed my perception of "public health." Great experience!
- To continue to come to the table and express the need to expand the definition of public health to include substance use, poverty, etc. – as eventually these will lead to other health issues.
- I have a better understanding of various entities their causes related to public health. Can pass that information on to better emphasize their roles.

Essential Services

- Share the state assessment document with others. Use the 10 Essential Service categories to evaluate current work.
- Pay more attention to the Essential Services. Want to use findings to shape some specific projects.

Other

- Communicate public health messages using diverse models to people of different ages, culture, learning styles.
- Build on new (and old) methods to share resources and opportunities.
- Add Division of Public Health jobs to the Rural Health Career Partnership website even though many jobs are not actually in rural AK. We still need them on the radar screen.
- Think about how statutes and regulations affect local actors and partner providers.
- Look at job duties as customer service – seek feedback from "customers" to improve relationships and communication.
- Try to utilize/research other available materials so we don't duplicate efforts.

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