

# **EVALUATION PLAN**

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### INTRODUCTION AND PROGRAM PROFILE

The United States of America is comprised of fifty geographically, ethnically, culturally and financially diverse states. Each state has an immense responsibility to protect and promote the health of the individuals residing there. With regard to and under the guidance of federal law and regulations, each state is encouraged to enact its own public health plan to provide for and protect its citizens. States have individually developed their guiding health agencies with various models that incorporate a wide range of services including specific initiatives for public health programs. [1].

As the forty-ninth state in the union, Alaska reflects a prime example of a state with enormous challenges in regards to a population dispersed by gigantic geographical variations, limited transportation options in rural areas, cultural diversity in urban areas, extreme financial and economic variations in the population and physical separation from the contiguous U.S. [1]. Alaska presents a unique challenge for public health initiatives directly related to expensive transportation between immensely geographically separated communities, rising costs to deliver health care and an ongoing need for more infrastructure and personnel in public health [2].

Roots of the current health care plan for the state of Alaska, Healthy Alaskans 2030 (HA 2030), emerged from a 1984 document titled *State Health Plan for Alaska, 1984* [3]. Not seen as a guide for action on the health issues, it was more of a collection of policies, laws, goals and objectives that aimed to define the current status of health issues and offer recommendations for the future [3]. Initially, the state was the sole participant in development of health plans for the citizens. Development of the first program designed to capture the status of health in Alaska stemmed from the first version of Healthy Alaskans authored in 1994, titled Healthy Alaskans

2000 [4]. Healthy Alaskans 2010 was formulated by examining crucial missing pieces of early plans, including strategies for monitoring implementation and collecting data [4].

Growth of the state initiative expanded when the State of Alaska Department of Health and Social Services (DHSS) formed a partnership with the Alaska Native Tribal Health Consortium (ANTHC) to offer leadership in the initial development of the state health improvement plan, known as the Healthy Alaskans 2020 (HA 2020) [5]. One of only twelve nationwide tribal epidemiology centers, ANTHC, houses the Alaska Native Epidemiology Center which performs a role in promoting, supporting and analyzing public health wellness and challenges for Alaska Native people through sharing of data with Healthy Alaskans [2, 20]. Specifically, ANTHC's Division of Community Health: wellness and prevention sector participates in coordination of the Healthy Alaskans initiative. This ongoing joint effort strives to support and include communities across the state in the implementation of the identified health objectives which are deemed priorities by all the stakeholders. Healthy Alaskans 2020 streamlined and condensed the strategies and health indicators into a format that was more conducive to interpretation and implementation. For Healthy Alaskans 2030 (HA2030), there are thirty identified leading health objectives representing fifteen health priorities, which are the backbone of the framework guiding the plan for all Alaskans. [4].

As the current co-chairs of the project representing the State of Alaska and ANTHC worked towards finalizing the HA2030 plan, they had identified several areas for improvement that would allow enhancement of the plan's goals, objectives and evaluation process. Development and inclusion of a logic model, along with simultaneous creation of an outcome/process improvement plan for continuous program evaluation were top priorities to enhance HA2030. Ultimately, this project allows the Healthy Alaskans initiative knowledge on how effectively they are delivering their mission "to provide a framework and foster partnerships to optimize health for all Alaskans and their communities", and to engage all the participants in the process of improving the initiative [6]. Throughout the process updates and revisions will be analyzed and shared with the advisory team, the data team, the communication team, the steering committee and all stakeholders.

#### BACKGROUND

As the State of Alaska transitioned into Healthy Alaskans 2030, several key components of an action model design were developed to be included to enhance overall performance and maximize evaluation outcomes. Currently, Healthy Alaskans has an effective tool known as the scorecard for assessing progress on the specific initiatives. This scorecard is able to measure and report progress from baseline data to current status on the identified leading health indicators. An enhancement to this entire collaborative strategic plan was to develop a comprehensive outcome and process evaluation plan to examine the overall effectiveness of the program. Initially, creation of a logic model representing Healthy Alaskans offered a base from where multiple benefits to overall functioning and guidance of future evaluations exists.

Logic models are traditionally designed in the initial stages of program development. Often, the logic model is a diagram that combines the interactions of goals, activities, inputs, outputs and resources to guide the process of implementation, evaluation and ongoing enhancement of a particular program [7]. Strategic planning is a circular, dynamic process which benefits program administrators greatly during ongoing assessment [8]. Usually designed as a graphic type of roadmap, the logic model is known as one of the most valuable tools not only in program planning and administration, but also in program evaluation [9]. A logic model may serve many aspects of a program but must have a key connection to the overall theory of change that is designed, or in other words "…it tell the story of the intervention in a condensed and understandable format" [10 p.77]. Goals for a successful logic model include:

- providing a graphic way for one to understand what the program is wanting to do, how they will do it and what are the overall intended outcomes,
- offering all developers, administrators, participants and stakeholders a way to really see and internalize the program, and
- combines components to form a useful tool to design or guide the program evaluation process. [10].

Specific models are designed for health-related programs and incorporate the inputs/resources, the program activities, outputs/products, outcomes/changes, program goals and public health goals [10]. An action plan defining the Healthy People 2020 goals shows the integrations of social determinants of health, along with all components of a circular logic model [11].

Figure 1: Circular logic model example [11].



Challenges to logic model development are varied and largely depend on program specifics. A serious concern was that ideally the logic model should be created by more than one person. The best path would ideally engage key stakeholders in a process planned and implemented to design the model in a timely fashion without dissecting the plan or getting bogged down in details. Also, of concern can be lack of a circular or interactive logic model. Forcing a model to be linear is not always the best approach, but this depends on the program. The team should be aware that the model may and should change as the program evolves as it is not meant to be completed and put aside. [7].

Benefits of a logic model are comprehensive and may impact many aspects of the program. By having a conceptual model at their fingertips, program stakeholders and evaluators are able to clearly use scientific methods with their objectives or hypotheses for guidance in all stages of the program [12]. Logic models can also lead to increased communication and collaboration in communities as the visual tool they provide can foster unity in diversity while simultaneously encouraging more investments into the program [13]. A critical function of the logic model is its role in determining strengths and weaknesses of a program based on the desired outcomes and timelines in facilitating the programs designed evaluation.

Logic model development can be approached by three varied types of models as outlined by the W.K. Kellogg Foundation (2004). A theory-based logic model allows the designer to implement the theory of change and is most commonly utilized in development of brand-new programs. This model will allow an overview and is commonly used for grant proposals and in the planning and design phase of a program. A model that examines how the program was implemented is the activities approach model. This subtype allows users to outline what the intentions of the program are and shows one the process of how to do what is proposed. A

project that is seeking investment would benefit from this type of logic model. An outcomes approach model, which would be used in this proposal, offers an opportunity to unite the subcategories of resources and activities with the specific results that are being sought by the initiative or program. This type of model can serve as a time frame to look at impact and is highly beneficial in developing evaluation and results reporting back planning. [13].

Research in review of public health programs has emphasized that using a logic model can effectively and correctly assist in evaluating a program's outcomes. This approach can harmonize how data is utilized in an organized manner. Often programs can delay formation of evaluation plans as they are consumed by the ongoing daily work in the program. It is never too late to begin the process as it will only add crucial and rich information about the programs overall functioning. Evaluation plan tactics and approaches can be directly extracted from the logic model since the logic model serves to encompass priorities of interest, correct data collection methods and offer a basis to derive areas for enhancement or restructuring. Connecting these two components of a program can ensure and validate to the stakeholders that the program is being carried out in the manner that they believed. [14].

The concept of evaluation science has become an integral component of public health programs. Evaluation science encompasses an evidence-based approach to attempting to determine if a specific program is meeting the planned interventions or goals, while simultaneously answering the questions of exactly how and how well they are being performed [15]. Historically and currently defining exactly what evaluation encompasses is seen as challenging as it is judgment created and carried out by groups of people who determine the context of the evaluation [15]. The American Evaluation Association (AEA) reflects upon a definition of evaluation in one of its guiding principles which states: "Evaluators conduct

systematic, data-based inquiries about what is being evaluated" (as cited in Patton, 2018, p. 186). Evaluation science was formed from theory to offer a unique body of knowledge for successful, effective evaluations [15].

Public health programs today are mainly driven by underlying principles built into the social determinants of health. Social determinants of health are comprised of the characteristics of the environment that a person is born in, lives and works in and include: culture, socioeconomic status, neighborhood, environment, health care access and food accessibility [16]. These factors guide the formation and implementation of most public health programs with the aim of changing lives for the better by improving health and social conditions [10]. Programs cannot be considered implemented fully without incorporation of an evaluation, which can be realized as an application of applied research [10]. The complexity of a public health programs attempts to change and improve mental, social, physical and other aspects of society's public health challenges while offering accountability to program stakeholders, policy makers and funders [17]. The Healthy Alaskans 2030 program deserves nothing less than a high-quality comprehensive evaluation plan. HA2030 should be evaluated to answer several key objectives outlined by the CDC (2011):

- 1. Monitor progress toward the program's goals.
- Determine whether the program components are producing the desired progress on outcomes.
- Permit comparisons among groups, particularly populations with disproportionately high-risk factors and adverse health outcomes.
- 4. Justify the need for further funding and support.
- 5. Find opportunities for continuous quality improvement.

6. Ensure that effective programs are maintained and resources are not wasted on ineffective programs. [17].

Evaluation standards must be considered regardless of which type of evaluation design is chosen. The standards are acknowledged by the broader public health community and are defined by the Joint Commission on Standards for Educational Evaluation [10, 17]. Thirty standards are grouped into four primary categories and serve to lead the evaluation team through their process [17]. Utility, feasibility, propriety and accuracy can answer questions, lead to development of the plan and help determine what ways the team will collect evidence deemed as credible [10, 17]. These concepts should be acknowledged and considered in each step of the development of the evaluation plan and in carrying out an evaluation.

Distinctions in the type of program evaluation employed and, in the steps, taken to evaluate a public health program will be varied and must be tailored to the type of program evaluation desired. A commonly described method in the research literature discusses the technique of beginning with the logic model to plan for evaluation. This approach immediately allows the evaluation team to develop the evaluation questions directly from the logic model. After determining what exactly will be evaluated, the focus turns to figuring out what specific stakeholders will want to know. This is then followed by involving key stakeholders to review and determine what would be most meaningful for them and others involved. Priorities and conciseness are important considerations to achieve success in answering a few questions thoroughly. [13]. The above approach combined and tailored with the CDC's (2011) approach to program evaluation will offer a precise, all-encompassing evaluation plan for HA2030. Incorporating the CDC's (2011) framework for evaluation includes the following guiding steps: engage stakeholders, describe the program, focus the evaluation, gather credible evidence, justify conclusions, ensure use of evaluation findings and share lessons learned.

Options for evaluation designs in public health programs may be used independently or jointly depending on the answers desired. Four types of evaluations are commonly used and include: formative, process, outcome and impact. Each offers a targeted approach to the inquires being sought. Formative and process evaluations focus on development and initiation of a program. Outcome and impact evaluations examine measurable outcomes and effects on participants. [18]. As Healthy Alaskans is a long-established program, an outcome/process evaluation may be the appropriate choice.

An outcome/process evaluation plan will examine effectiveness of a program, and in designing the HA2030 plan, consideration was taken on merging with an impact plan to further investigate the statewide impacts, thus branching out from specific communities. This will reflect on the evaluation questions that were designed with key stakeholders' input. This evaluation plan incorporates information from the logic model, the stakeholder's priorities and directly from the program's outcome objectives [10]. Additional considerations of the evaluation team's experience and the primary resources of personnel, money and materials available were considered in anticipation, preparation and revision of the evaluation questions [10].

As the project was designed and implemented it remained crucial to approach each step with regard to ethical and cultural considerations. The entire framework of Healthy Alaskans and all of the community partners, stakeholders, core team, advisors, coordinators and the people of Alaska are remarkably diverse. Careful consideration to successfully communicate, engage, collaborate, respect privacy and promote teamwork all must be built on a foundation

emphasizing trust and equity. All research and evaluation methods conducted will adhere to defined ethical principles in the field of public health. [10].

# HEALTHY ALASKANS PURPOSE, IMPACTS AND STAKEHOLDERS

Healthy Alaskans strives to improve the health of all Alaskans, address health needs of all citizens in Alaska and have healthy Alaskans living in healthy communities [6]. Desired impacts of the initiative include:

- 1. Health equity for all Alaskans.
- 2. Changes in individual physical and behavioral risk factors (quality of life data).
- 3. Increased initiative and engagement by stakeholders/partners on plan implementation.
- 4. Decreased costs of health care and reduction in early deaths. [6].

There are five categories of stakeholders identified in Healthy Alaskans. Each broad category of

this group presents specific values that are included in the evaluation plan.

Who has a stake?	What do they value?
Alaska Native Tribal Health Consortium (ANTHC)	Providing the highest quality health services in partnership with our people and the Alaska Native Tribal System (2021).
State of Alaska: DPHSS/DPH	Protecting and promoting the health of all Alaskans (2019).
Healthy Alaskans: Partnership State/Tribal Health Initiative	Improving health outcomes through prevention and risk reduction with a particular interest in promoting and ensuring health equity for all Alaskans (2020).
General Public	Individual & family health, access to care, ability to have insurance.
Partner Organizations: Agencies carrying out programs to meet initiatives	Advocating and seeking success for their program's goals and mission.

# PROGRAM ACTIVITIES, GOALS AND RESOURCES

Ongoing strategies, activities and indicators developed in the HA logic model serve as guides to perform the program evaluation. Key activities included are:

1. Ongoing development of framework for Healthy Alaskans: updated with evaluation findings.

- 2. Identify and strategize key indicators with strategies that are evidence based.
- 3. Collaborate with key community partners.
- 4. Encourage activities for achieving strategies and key partners to implement.
- 5. Continuous monitoring and sharing of progress.

Resources required to implement the evaluation plan will be comprised of:

- In kind personnel and project support from Alaska Native Tribal Health Consortium (ANTHC) and State of Alaska (SOA) Department of Health and Social Services (DHSS);
   Division of Public Health (DPH)
- Original Healthy Alaskans (HA) framework
- HA scorecard data
- Historical outcomes
- Community partnerships
- Community interest surveys
- Listening sessions and interviews
- Workgroups
- Public comment

#### **CREATION OF THE LOGIC MODEL**

Design of an outcome/process approach logic model for Healthy Alaskans 2030 connects crucial components of the health improvement program for the people of Alaska. Outcomes are directly linked to the activities that are currently being implemented and reviewed to examine them for a causal relationship. Each aspect of the programs initiatives is highlighted in order to examine if the effectiveness is reflected in the desired results. This reflects the basis for an overview of the logic model and offers the benefit of a model to use for each subcategory in the initiatives if further dissection or definition is desired in the future. [13]. The model for this project was developed with the guidance of the W. K. Kellogg's Logic Model Foundation Guide (2004). The process was unique in that it was designed retrospectively since the program had been implemented in 2011 [2].

The logic model immediately served as a guide in the initiation of creating an evaluation plan for Healthy Alaskans. This logic model was initiated by the MPH student, reviewed and edited with the two co-chairs of the program and then presented to the advisory team for final revisions and approval. As this was a retrospective developmental process the concern of having only one individual develop the plan was thoroughly addressed, but given the unique situation, moving backwards also offered provisions to include team members, although in a different manner than traditionally performed.

Evaluation questions stem from the short and long-term outcomes outlined by the logic model. To truly examine the program's effectiveness or lack thereof, these must be examined. The challenge is to limit the questions to a number that is reasonable to complete, given time, budget and personnel resource.

# LOGIC MODEL: HEALTHY ALASKANS Alaska's state health improvement initiative: action model to strengthen communities & empower individuals



## **EVALUATION FOCUS AND PURPOSE**

Merging outcome and process evaluation can possibly provide enhancement and insights that may not be discovered with only one type of evaluation. As Healthy Alaskans has already been collecting data, it is reasonable to begin a process evaluation, which may in turn uncover possible recommendations for future objectives. [10].



[17].

This evaluation plan serves to fulfill several key purposes including:

- To determine if the Healthy Alaskans initiative is achieving its mission to 'provide a framework and foster partnerships to optimize health for all Alaskans and their communities'.
- To afford participants an opportunity to assert their input and comments about HA and how to improve it.
- To discover ways for continuous improvement of the initiative.
- To ensure that effective programs are maintained and resources are not wasted on ineffective programs [17].
- To justify the need for ongoing funding and support from partners.

Included are one outcome focused and three process focused evaluation questions that were developed and critically analyzed for effectiveness, ability to perform with current resources and achievable in a realistic time frame. Many other theoretical components were considered for evaluation, yet these four questions were narrowed down with consultation from key advisory team members.

Evaluation questions to be answered:

- 1. Were SHIP strategies and actions implemented to meet priorities and objectives?
- 2. Have targets for leading health objectives shown changes in life and health quality for

Alaskans?

- 3. Are key partners and advisory team engaged?
- 4. What are we doing to engage key partners and advisory team?

Evaluation Type	Core Concept	Evaluation Question	Measure or Indicator	Methods	Sources
Process	Health status of Alaskan people.	Were SHIP strategies and actions implemented to meet priorities and objectives?	Number of current strategies and actions being implemented for each objective.	Quantitative: Data Review of records.	Community partners programs
Outcome	Health status of Alaskan people.	Have targets for leading health objectives shown changes in life and health quality for Alaskans?	For each of 30 health objectives what percent are improving over a ten-year period? For each objective's target how close is it to the current status?	Quantitative Data Review of scorecards: univariate analysis	Data from scorecards

# **EVALUATION MATRIX OVERVIEW**

Process	Commitment & Involvement	Are key partners and advisory team engaged?	How is the partnership functioning statewide and on internal team?	Collaboration Assessment Tool (CAT) data analysis of survey: multivariate analysis	Survey
Process	Collaboration	What are we doing to engage key partners and advisory team?	Do partners feel part of an effective collaborative effort?	Collaboration Assessment Tool (CAT) data analysis of survey: multivariate analysis	Survey

# METHODS FOR DATA COLLECTION

Each evaluation question has specific parameters for data evaluation. Designing the questions, type of evaluation, measures/indicators and methods was guided by the CDC's *Introduction to Program Evaluation for Public Health Programs* [21]. This framework guided the team through creating a logic model that became the basis from which to extract the evaluation questions. Qualitative and quantitative methods will be employed to analyze the data collected with data analysis software chosen by the evaluation team.

Process evaluation serves to determine if the program has been able to carry out the interventions thus answering key processes such as:

- 'Documenting and describing program inputs and activities,
- Identifying program implementation, strengths and weaknesses,
- Disentangling different components of a complex initiative,
- Assessing beneficiaries and their level of participation' [10].

For commitment, involvement and collaboration in Healthy Alaskans, the Collaboration Assessment Tool (CAT) survey will be implemented. This will allow for direct collection of data and a tool to perform a multivariate analysis by exploring relationships between responses submitted. [19]. This type of outreach survey to all collaborators involved should reflect on a wide range of information being collected to see how well participation and implementation is occurring statewide. There will be an initial survey to partners to collect data. Determination of how often follow up should occur with the partner assisting with implementation.

The approach for the process evaluation of the question considering if State Health Improvement Plan (SHIP) strategies and actions were implemented to meet objectives will involve an extensive data review of partner programs. This will entail analysis of demographic data in the programs that are targeting specific indicators. An example taken from the 30 objectives may present as 'Does this program serve to assist or empower youth ages 14-18 in obtaining a high school diploma?' (with an evidence-based strategy or action) which would answer to the indicator of 'What percentage of the population aged 18-24 have a high school diploma?'. Evaluation team members will determine which specific questions will be employed for each partner organization, depending on what indicator they are targeting.

Outcome evaluation of the thirty categories within the fifteen priority health topics will be analyzed with univariate analysis of the current status as related to the improvement goal. Each indicator will use the existing variable to ask the question. For example: 'Percentage of population (age 18-24 years) with a high school diploma.' will then be examined to find out if the current percentage matches the target. The variable being obtaining a high school diploma or not. Each category for each health topic and objectives can be analyzed this way. The evaluation team will design each question to reflect the variable being analyzed.

Evaluation will be primarily driven by the Healthy Alaskan co-chairs, the proposed consultant with the Collaborative Assessment Tool and input from key advisory team members with evaluation experience. Data analysis software and dissemination of results in specific formats of charts, graphs or chosen media, as well as the timeline, will be determined by the evaluation team given the resources available. Challenges and limitations have been outlined and are related to time, resources and scope of an entire state health initiative plan that is so grand that there are many opportunities that remain untouched for possible future exploration. The logic model and the evaluation plan serve as guides for the present version of Healthy Alaskans. It is understood that necessary amendments and revisions may occur at any time, by the co-chairs and advisory team, in order to serve the purpose of the initiative and the people of Alaska. The evaluation team may need to design a budget inclusive of available resources.

#### CONCLUSION

Throughout the evaluation process careful consideration shall be encouraged of the standards from the Joint Commission on Standards for Educational Evaluation, which include utility, feasibility, propriety and accuracy [10]. This means that the findings of the evaluation will be shared in a format that is useful to all stakeholders; that the actual evaluation is able to occur without interfering with program delivery within the budget and resources available; that all rights of participants are considered with regard to ethical standards and that the qualitative and quantitative data results are thoroughly reviewed and reflect the evaluation [10]. In turn, these standards will show validation on the entire process and should theoretically be replicable [17]. Initial interpretation of evaluation data should be approached with consideration for principles of validity, reliability and sources of possible bias [17]. Results of evaluation findings will be incorporated into the annual work plan of Healthy Alaskans with proposed updates to evaluation planning at the half way point in 2025. The process will remain fluid in terms of timeframes, dissemination of results and questions chosen for analyzation. For example, the Collaboration Assessment Tool may be implemented for baseline data sooner than the data collected on the initiatives, which may need the full ten years of collection.

Promoting active participation in the CAT survey will be crucial to obtain meaningful and significant data to guide future collaboration and partnership. Communication about the evaluation process should be offered to all stakeholders and key partners in a concise and timely manner. The logic model and evaluation plan for Healthy Alaskans will serve as retrospective foundational building blocks to guide and ensure Alaskans have the best and most effective plan to promote and improve all social determinants of health, which is more meaningful now more than ever.

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