LOGIC MODEL: HEALTHY ALASKANS

ALASKA'S STATE HEALTH IMPROVEMENT INITIATIVE: ACTION MODEL TO STRENGTHEN COMMUNITIES & EMPOWER INDIVIDUALS

Guiding principles: Health Equity :: Transparency :: Quality of Life :: Partnerships :: Strengthen Communities/Empower Individuals :: Scientific Data & Local Cultural Knowledge

INPUTS

- Partnership between ANTHC & State of Alaska, community partners, steering team, advisory board, core team & stakeholders.
- HA original framework, previous scorecard data & historical outcomes.
- Tribal (ANTHC) & State of Alaska funding in personnel and in-kind project support.
- *Community interest surveys, listening sessions & interviews
  *Workgroups: LHI, target setting, strategies & actions
  *Public comment

STRATEGIES/ ACTIVITIES/ INDICATORS

- Ongoing development of framework for HA: updated with evaluation findings.
- Identify and strategize key indicators with strategies that are evidence based.
- Collaborate with key community partners.
- Encourage activities for achieving strategies & key partners to implement.
- Continuous monitoring and sharing of progress.

OUTPUTS

- Scorecards measuring change, improvement or no progress (evidence-based data).
- Publications on HA State of AK website, HA on ANTHC website, IBIS, SHIP, CCR, SHA, scorecard data, evaluations.
- Ongoing support to key partners with training & technical assistance.

OUTCOMES

Short

- Review & publish new state health improvement plan.
- Implementation of SHIP strategies & actions to meet indicators.
- Implement evaluation plan.
- Implement key partners & advisory team engagement assessment.

Long

- Achieve established targets for each leading health indicator for noted changes in life & health quality for all Alaskans.
- Engaged key partners furthering evidence-based initiatives.
- Increased skill sets of public health providers & community partners.
- Up to date publication of current scorecards & indicators.
- Continuous outcome evaluation process.

IMPACTS

- Health equity for healthy Alaskans in healthy communities.
- Changes in individuals physical & behavioral risk factors as indicated by increased quality of life data.
- Increased initiative by partners on program implementation.
- Decreased costs of health care & reduction in early deaths.

Assumptions

*community investment in HA
*resources available
*cultural/ethical approaches
*participation level

External Factors

*social demographic changes
*economic funding
*political climate/laws/policies
*geography
*public health emergencies
*leadership changes