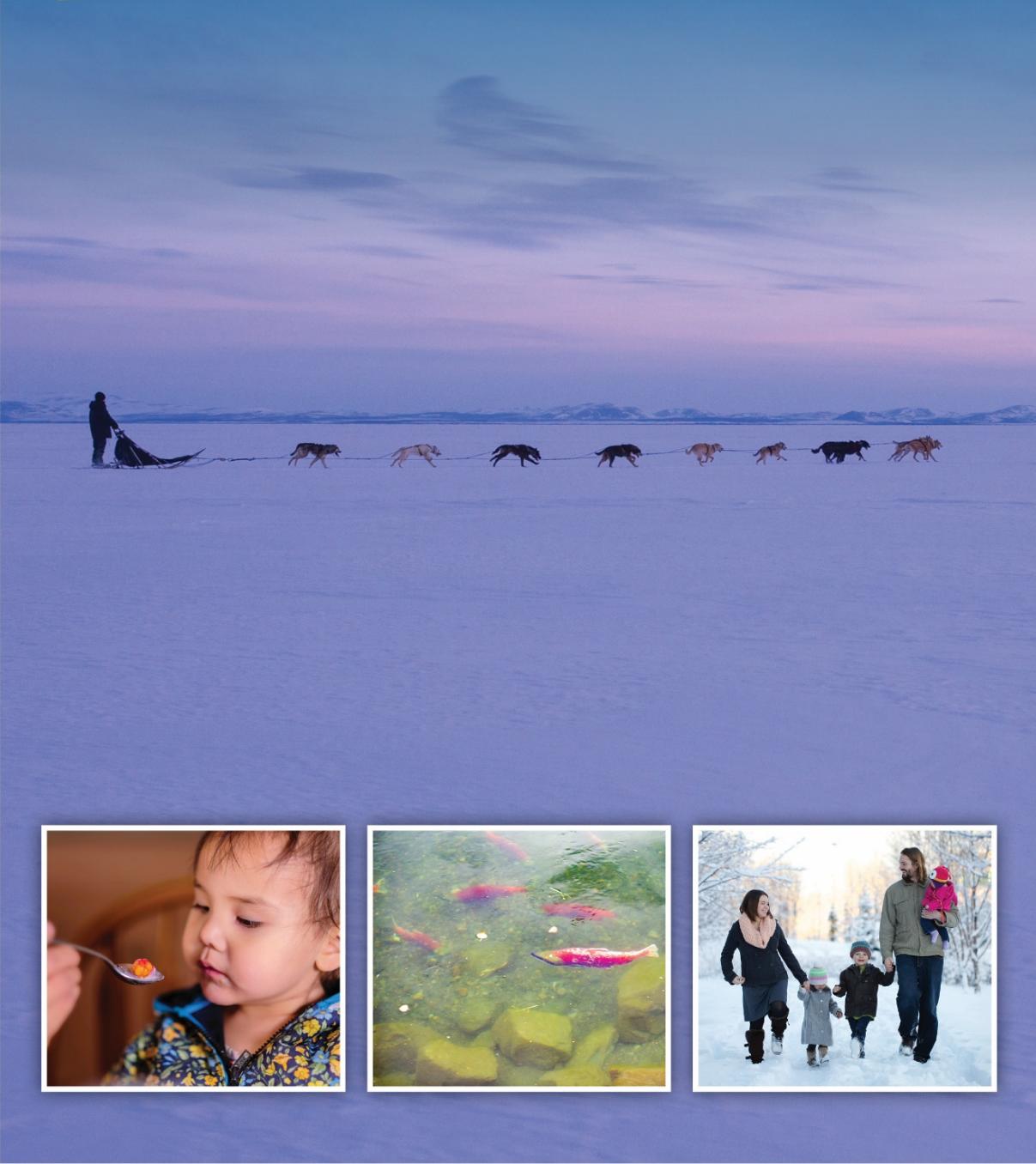




# Alaska's Community Capacity Review:

## 2019 Statewide Public Health System Assessment



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**Special thanks to Jayne Andreen and the 2014 Community Capacity Review team for leaving a well-marked trail of historical knowledge and guidance.**



A joint project of Alaska Department of Health & Social Services and Alaska Native Tribal Health Consortium

## 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 March 14, 2019, the Alaska Division of Public Health (DPH) and the Alaska Native Tribal Health Consortium (ANTHC) convened 59 people from across Alaska to participate in the assessment. Representatives from multiple sectors and geographic regions of Alaska 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 ten ES, assured that the full scope of public health action was evaluated. Participants considered 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 ES, expressed on a scale of 0-100%, where 0% means no activity and 100% means optimal level of activity, were:

<b>ES 1: Monitor</b> health status to identify and solve community health problems	67%
<b>ES 2: Diagnose and investigate</b> health problems and health hazards in the community	73%
<b>ES 3: Inform, educate, and empower</b> people about health issues	47%
<b>ES 4: Mobilize</b> community partnerships to identify and solve health problems	48%
<b>ES 5: Develop policies and plans</b> that support individual and community health efforts	60%
<b>ES 6: Enforce</b> laws and regulations that protect health and ensure safety	49%
<b>ES 7: Link</b> people to needed personal health services and assure the provision of health care when otherwise unavailable	42%
<b>ES 8: Assure</b> a competent public and personal health care workforce	46%
<b>ES 9: Evaluate</b> effectiveness, accessibility, and quality of personal and population-based health services	30%
<b>ES 10: Research</b> for new insights and innovative solutions to health problems	44%

The aggregate scores across the ten Essential Services of Public Healthy Model Standards were:

Planning and Implementation	54%
State-Local Relationships	53%
Performance Management and Quality Improvement	40%
Capacity and Resources	54%

Recurrent themes that arose during the assessment include the following:

- **Collaboration:** There is a need to build on strong collaborations among public health system partners by broadening participation to include more nontraditional partners to help address the social determinants of health.
- **Communication:** Alaska needs creative solutions to improve data sharing, share training and expertise, and develop a centralized location where information regarding existing coalitions are listed to help reduce duplicative efforts and to develop a more unified approach among groups for greater collective impact.
- **Quality improvement:** Performance Management and Quality Improvement was the lowest rated Model Standard across all of the Essential Services. We need to continue 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, sharing and utilization of data needs improvement.
- **Workforce recruitment and retention:** Alaska's public health workforce experiences challenges recruiting and retaining professional expertise in smaller communities, aging workforce and overburdened workload.
- **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 and to address identified gaps, recommended next steps are:

1. Organize a workgroup that is committed to 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 the state health improvement plan, Healthy Alaskans 2030.
- 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.

# Table of Contents

<b>Introduction .....</b>	<b>1</b>
<b>What is Public Health?.....</b>	<b>2</b>
<b>Who are Alaska's Public Health Partners?.....</b>	<b>3</b>
<b>What is Alaska's Community Capacity Review?.....</b>	<b>3</b>
<b>What is in this Report?.....</b>	<b>6</b>
<b>Limitations .....</b>	<b>6</b>
<b>Community Capacity Review Results .....</b>	<b>7</b>
<b><u>Essential Service 1: Monitor Health Status .....</u></b>	<b>10</b>
<b><u>Essential Service 2: Diagnose &amp; Investigate Health.....</u></b>	<b>11</b>
<b><u>Essential Service 3: Inform, Educate, and Empower .....</u></b>	<b>12</b>
<b><u>Essential Service 4: Mobilize Community Partnerships .....</u></b>	<b>13</b>
<b><u>Essential Service 5: Develop Policies and Plans .....</u></b>	<b>14</b>
<b><u>Essential Service 6: Enforce Laws and Regulations.....</u></b>	<b>15</b>
<b><u>Essential Service 7: Link to Health Services.....</u></b>	<b>16</b>
<b><u>Essential Service 8: Assure a Competent Workforce .....</u></b>	<b>17</b>
<b><u>Essential Service 9: Evaluate Services.....</u></b>	<b>18</b>
<b><u>Essential Service 10: Research and Innovations.....</u></b>	<b>19</b>
<b>Recurrent Themes.....</b>	<b>20</b>
<b>How Can We Use the Results of the Alaska Community Capacity Review?.....</b>	<b>21</b>
<b>What are the Next Steps? .....</b>	<b>22</b>
<b>Appendix A .....</b>	<b>24</b>
<b>Appendix B.....</b>	<b>27</b>

# Introduction

One of Alaska's greatest strengths is the exceptional quality of the individuals and organizations that make up our public health system; this includes 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 March 14, 2019, the Alaska Division of Public Health and the Alaska Native Tribal Health Consortium convened 59 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 the state health improvement plan, Healthy Alaskans 2030.
- 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.

"As someone working within one organization among the many that make up Alaska's public health system, I found the CCR process eye-opening in terms of seeing the breadth and depth of the work being accomplished every day in Alaska in the service of improving the public's health. It was impressive to hear about all those different aspects of the system, and it was also good for me to see how the work I do, day in and day out, fits within that broader system.

*Participant comment*

# What is Public Health?

Public health is "...what we as a society do collectively to assure the conditions in which people can be healthy" (Institute of Medicine, 1988)

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.

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

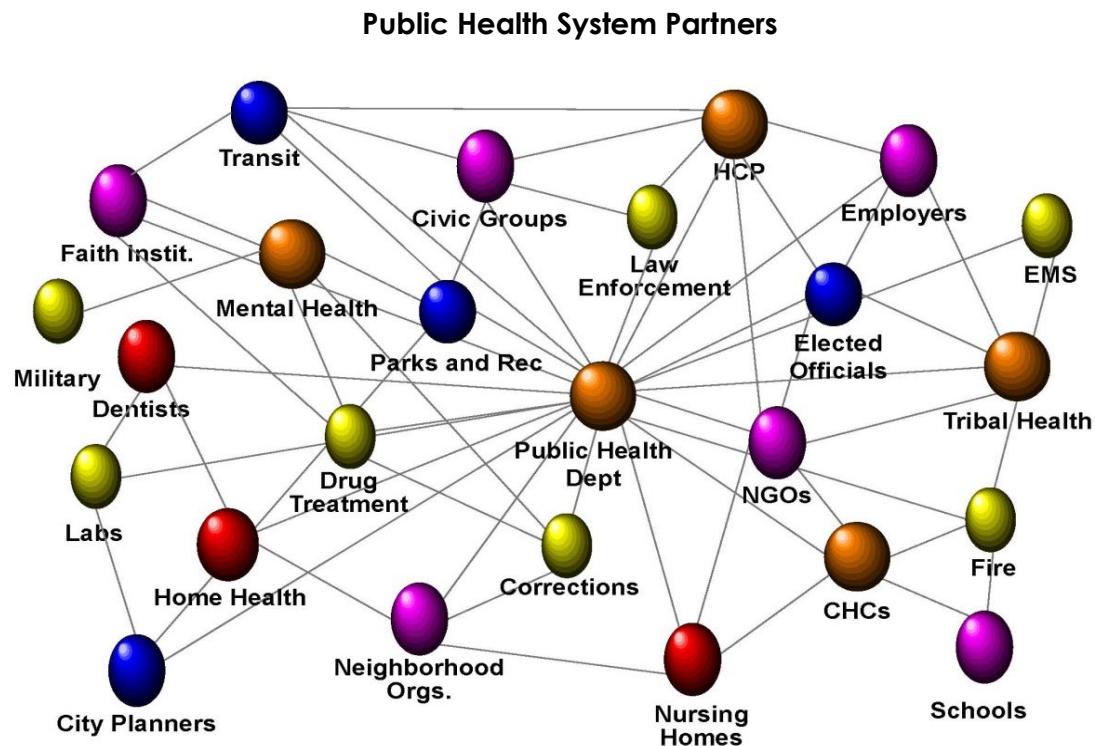
In addition to the Essential Services, the following specific elements are required for a well-functioning public health system:

- 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 the 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.



## What is Alaska's Community Capacity Review?

The Community Capacity Review was conducted as a part of a comprehensive state health assessment that will help inform the next iteration of the state health improvement plan, Healthy Alaskans 2030 (HA2030). A collaborative effort led by the State of Alaska Department of Health and Social Services and the Alaska Native Tribal Health Consortium, the current state health improvement plan, Healthy Alaskans 2020, has identified 25 leading health indicators, or

health priorities for Alaska, to address by 2020. It is acknowledged that our ability to address these priorities rests on the collective capacity and performance of our public health system as a whole. A strong, comprehensive public health 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 utilized the National Public Health Performance Standards (NPHPS) State Assessment instrument for the Community Capacity Review. The NPHPS is a program 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. 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.
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**

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

Community Capacity Review 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 118 people was compiled by the Community Capacity Review Planning Team.

Fifty-nine participants, five facilitators, five note takers and two coordinators convened the Community Capacity Review at the Alaska Native Tribal Health Consortium building in Anchorage on March 14, 2019. 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. After the event, participants were given the opportunity to share their feedback, as well as to complete an evaluation of the event.

## What is in this Report?

This report presents the overall findings of the Community Capacity Review, as well as the recurrent themes from discussions across the five work groups. The summary page for each Essential Service includes:

- A description of the Essential Service
- A breakout of the average scores for each of the Model Standards
- A summary based on the detailed voting results found in Appendix B

"We need to work as a system to address root causes and specific public health problems."

*Participant comment*

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.

Participant evaluations noted, "There was adequate and appropriate representation of participants in this assessment from the various areas of Alaska's public health system." However, others lamented the lack of rural representation. 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

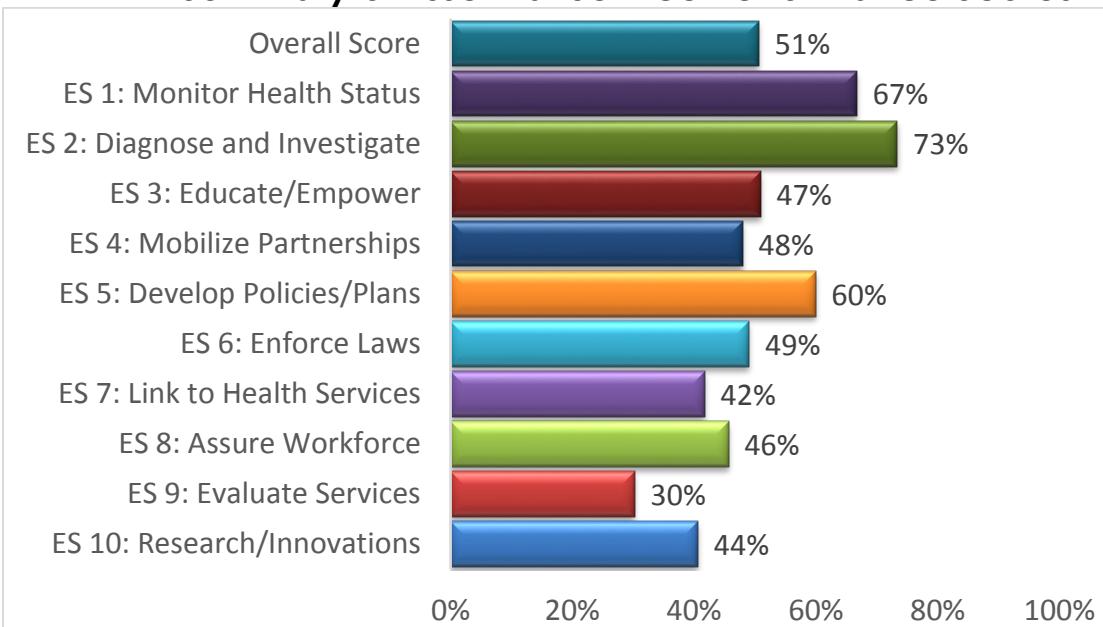
The NPHPS tool permits comparison of Alaska's results to an optimal level of performance for public health systems. Both quantitative and qualitative information was collected. The overall qualitative results are included, followed by an overview for each Essential Service, including a comparison of 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).

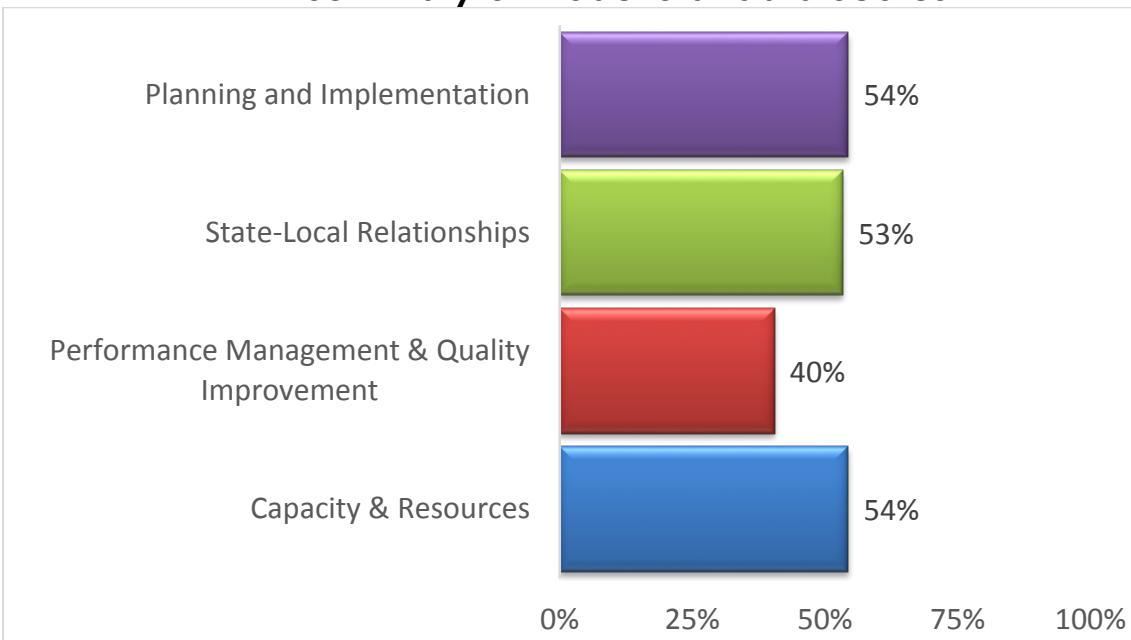
The graph on the next page summarizes all of the Essential Service performance scores. Alaska's performance scores for each Essential Service fall in the middle to high ranges, with the exception of one. There were four Essential Services that were scored as Significant (51% to 75%); ES 2: Diagnose and Investigate scored the highest at 73%, followed by ES 1: Monitor Health Status at 67%. 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.

## Summary of Essential Service Performance Scores



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 fell mostly within the range of Significant across the 10 Essential Services. Alaska scored high for Planning and Implementation (54%), Capacity & Resources (54%), and State-Local Relationships (53%), all Significant ratings. The lowest score (40%) was for Performance Management and Quality Improvement, within the Moderate range.

## Summary of Model Standard Scores



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

### **Model Standards**

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

# Essential Service 1: Monitor Health Status

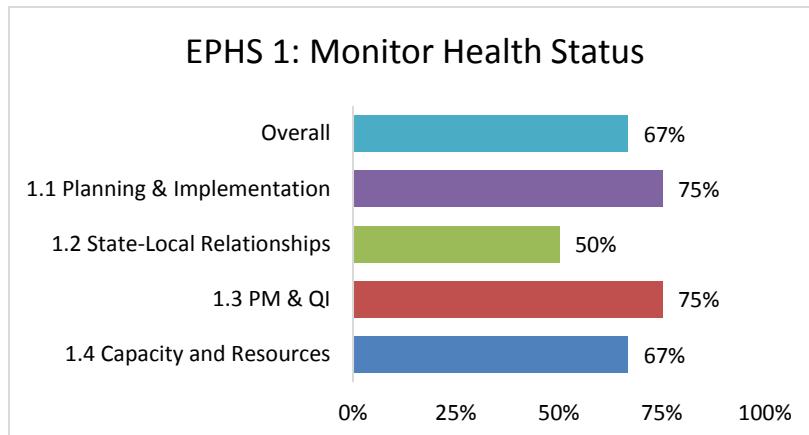
## This Essential Service is about:

- 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.

**Overall Score**

**67%**

## Model Standard Scores



## Summary:

Alaska's performance in health monitoring was rated as having Significant Activity. The professional expertise of Alaska was noted as a strength. While Alaska has many good data systems in place, participants rated accessibility of data, assisting local entities in interpreting the data, sharing resources, and working together to review the effectiveness and improve our health status monitoring systems as areas of needed improvement. The group noted that some key players were not present, which made it difficult to respond to all of the assessment questions. Also noted was the low capacity to handle the vast workload of monitoring health status in Alaska.

## Key Discussion Points:

- Alaska has many good data systems in place, especially for reportable conditions, but lacks a comprehensive approach to disseminate data that is appropriate, accessible and structured.
- There is a need to report information at the community level so it can be more applicable for grants and programs.
- Organizations in Alaska working in public health have positive working relationships.
- Alaska has a high level of expertise and training related to monitoring health status but low level of capacity to get all of the work done.
- Data are often misclassified as data for monitoring instead of data for improvement.
- Public health budgets have decreased leading to lack of support to collaborate.
- Everyone is "squeezing the lemon" the best they can so there is not duplication of effort.
- Alaska partners, including tribal organizations, the State, and the Centers for Disease Control and Prevention continue to work together to coordinate and share financial resources.

## Essential Service 2: Diagnose & Investigate Health Problems & Hazards

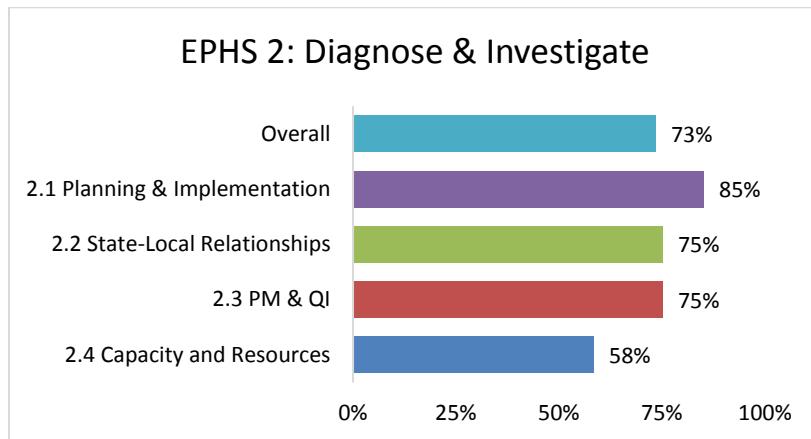
Overall Score

73%

### 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 highest rated Essential Service for Alaska. The ability to rapidly initiate enhanced surveillance when needed for a statewide or regional threat was rated as Optimal. The ability to organize private and public laboratories into a high functioning laboratory system as well as working together to respond to public health threats were also rated in the Optimal range. The group noted that some key players were not present, which made it difficult to respond to all of the assessment questions. Alaska's greatest challenge in this Essential Service is Capacity and Resources, especially the ability for partners to commit financial resources to support the diagnosis and investigation of health problems and hazards.

### Key Discussion Points:

- Alaska has good in-state diagnostic capabilities and expertise but lacks capacity.
- Strong partnerships with out-of-state labs gives us cost effective access to the expertise Alaska doesn't have.
- There continues to be efforts to increase collaboration among partners within the state.
- Alaska lacks a strong monitoring system for emerging threats, radiation, biomonitoring and behavioral health epidemiology.
- Despite its vast geographic size and lack of integrated technology, Alaska does well in responding to emergent issues.
- We need to work as a system to address root causes and specific public health problems.
- Alaska has a robust clinical lab network but is weaker on the environmental side.
- Outreach and communication across the state is strong through [Epidemiology Bulletins](#), nurses and social media.

## Essential Service 3: Inform, Educate, and Empower People

Overall Score

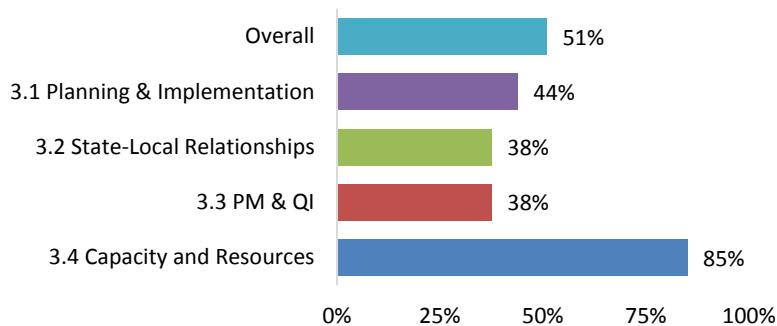
51%

### 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

#### EPHS 3: Educate/Empower



### Summary:

Alaska's ability to inform, educate and empower people about health issues was rated as Moderate. All of the specific measures within the Model Standards were rated as Moderate overall. Within the Model Standards, there were three areas that were scored in the Minimal range. Those include partner organizations performance in maintaining a crisis communications plan to be used in the event of a public health emergency, the support that partners commit to enhancing the ability to develop effective emergency communications capabilities, and the periodic review of the effectiveness of health communications, health education and health promotion services.

### Key Discussion Points:

- A lot of good work is being done around health education and health promotion with strong communication campaigns.
- Although there are some partnerships in health promotion efforts, Alaska needs to focus more on upstream factors that could affect multiple health concerns such as using a harm reduction approach and promoting resiliency.
- There is a need to create Alaska specific evidence based strategies to make promotion efforts more relevant to our communities statewide.
- There needs to be better coordination and alignment between programs and organizations, especially with local and nontraditional partners in Alaska.
- There is strong mobilization of partnerships in the form of coalitions to identify and solve health problems. However, there is little coordination and data sharing among coalitions, causing some duplication.
- Alaska experiences challenges with workforce capacity and with program sustainability to develop and maintain health communications.

## Essential Service 4: Mobilize Community Partnerships

### This Essential Service is about:

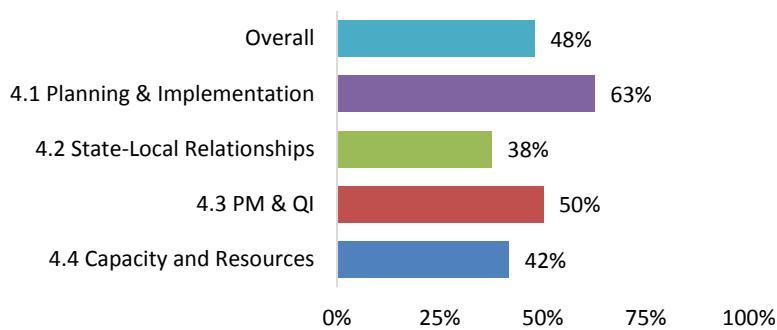
- Building a statewide partnership to collaborate in public health functions and Essential Services to maximize the full range of available human and material resources for improving the state's health status.
- Leadership and organizational skills to convene statewide partners (including nontraditional 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.

Overall Score

48%

### Model Standard Scores

EPHS 4: Mobilize Partnerships



### Summary:

Alaska's ability to mobilize community partnerships was rated as Moderate. It was noted that although we do a good job at mobilizing, we need to improve on coordinating among coalitions and groups that mobilize. One specific measure rated Significant was organizing formal partnerships to identify and solve health problems. Statewide partnerships assist local health systems in community health improvement efforts, but Alaska provides only minimal incentives for broad-based local public health partnerships.

### Key Discussion Points:

- Alaska has a strong track record of using coalitions to address public health issues and there has been a recent trend in the state of coalitions working on social determinants of health.
- Development of results and best practices from successful coalitions needs to be published and shared so that others may learn and benefit from them.
- Stronger implementation of existing plans and alignment with other plans and initiatives is needed.
- Many coalitions are grant-driven and/or underfunded, which can impact sustainability that could hinder longer term impacts and outcomes.
- There is a need to develop and maintain a coalition database to reduce redundancy and to organize efforts among coalitions more easily.
- Funding for adequate staffing and operations is essential to maintain sustainable coalitions. This is currently an important challenge that Alaska faces; partners are willing to commit staff and time but not typically funding for operational costs.

## Essential Service 5: Develop Policies and Plans

Overall Score

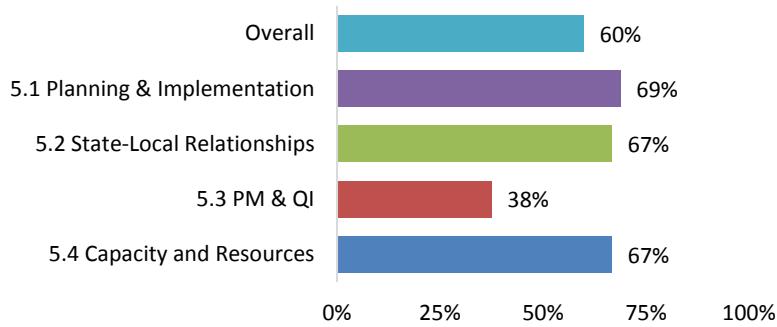
60%

### 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

#### EPHS 5: Develop Policies/Plans



### Summary:

Alaska's performance in Essential Service 5 is the third highest. The measure related to development of a state health improvement plan used to guide collective efforts in Alaska to improve health was rated as Optimal. Also rated Optimal were measures related to technical assistance in developing all hazards preparedness plans, and committing financial resources to health planning and policy development efforts. Measures rated as Minimal were systematic review of progress towards health improvements across the state, using a health in all policies assessment approach, and managing collective performance in statewide planning and policy development.

### Key Discussion Points:

- The state health improvement plan, [Healthy Alaskans 2020](#), is providing statewide alignment and coordination for health planning and policy development. HA2020 measures are starting to make their way into policy.
- We do excellent with planning, but our work on policy might not be as strong as it could be.
- Reports are developed, but often there is no coordinated effort to put policy into action and to implement the plans.
- There needs to be connectivity among plans.
- While statewide public health partners produce and report a lot of data, communities want more *local, actionable* data.
- We need to involve more partners in public health planning and policy development.
- There are a lot of great plans made, but they rarely reach the legislature. Often there is a lack of understanding of how to advance plans into policy.

## Essential Service 6: Enforce Laws and Regulations

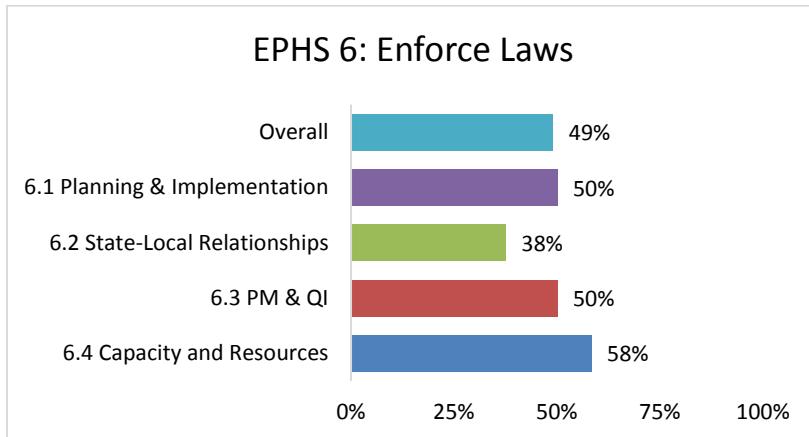
Overall Score

49%

### 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 things like clean air and potable water standards; regulation of health care facilities, safety inspections of workplaces, review of new drug, biological, and medical device applications; and enforcement of laws governing the sale of alcohol and tobacco to minors, seat belt and child safety seat usage, and childhood immunizations.

### Model Standard Scores



### Summary:

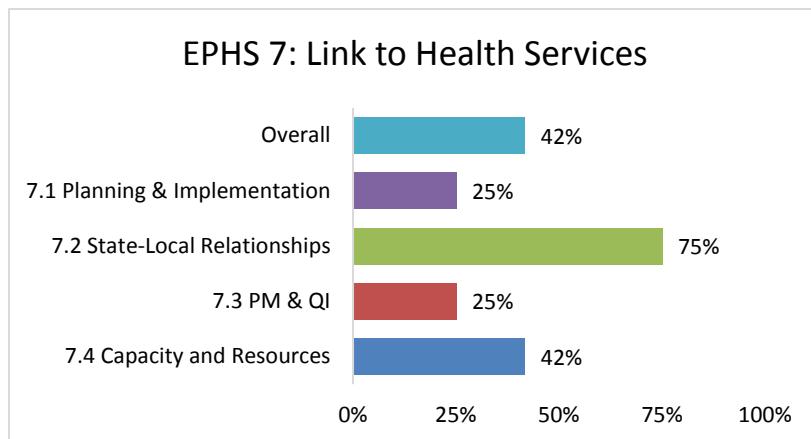
Enforcing laws and regulations is rated moderate overall with noted areas for growth in communication and development of stronger state-local relationships. While Alaska has the capacity to communicate planning and implementation information, a more systematic process would enhance public health impact and align actions between state and local agencies. Partners acknowledged that stress related to financial resources hinders provision of technical assistance. There is a need to establish cooperative relationships between regulatory bodies and local agencies during the development phase of law and policies to assure that there is adequate authority, planning and implementation to protect and contain emergency health threats.

## 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. Technical assistance is available to individual organizations and providers but it is not incorporated into the statewide public health system as a whole. The federal health insurance exchange has increased coverage for some Alaskans, but Alaska has little to no activity in establishing and maintaining a statewide health insurance exchange. The ability to mobilize assets to reduce health disparities and provide technical assistance to local public health systems are minimal due to lack of resources available. Collective performance management and quality improvement for personal health care services were rated as Minimal.

### Overall Score

**42%**

### Key Discussion Points:

- Alaska public health system partners do well assessing individual workforce areas but not the system as a whole.
- Care coordination among providers, and across organizations could be enhanced by capitalizing on systems we already have such as the Electronic Data Interchange (EDI), which allows health care professionals immediate access to secure patient information when they are seen by multiple providers.
- Care coordination does not occur across different healthcare sectors and rural Alaska suffers from large disparities in services to link people to care as compared to urban Alaska/Anchorage.
- Alaska has the professional expertise to link people to needed services, but there are not enough experts to meet needs.
- Sharing of organizational resources is minimal unless funds were allocated for a collaborative project.
- Large gaps in access to care remain.
- Rural organizations and community members have financial and geographic barriers to participating in the legislative process that impacts access to care.

## Essential Service 8: Assure a Competent Workforce

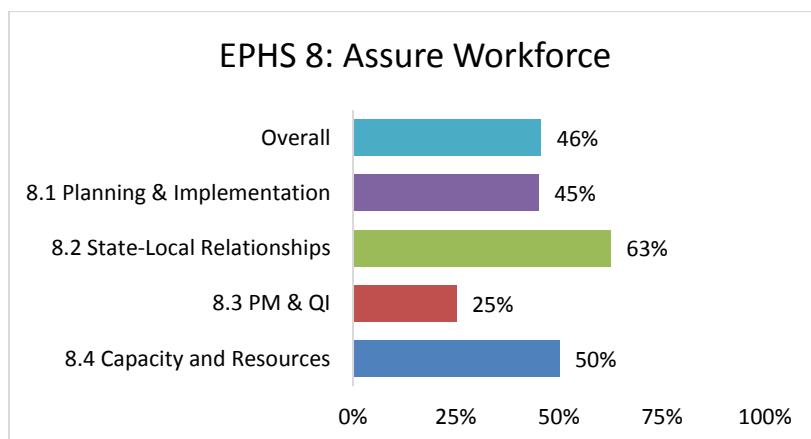
Overall Score

46%

### 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.
- W** Partnerships among professional workforce development programs.
- Continuing education in management, cultural competence, and leadership development programs.

### Model Standard Scores



### Summary:

Assuring a competent workforce in Alaska was rated as Moderate. There are many strengths that can be built upon, such as partnerships, innovative educational opportunities, community based work experiences and resource sharing. Performance management and Quality improvement are rated Minimal with these tasks being performed in silos and results not shared across organizations. Other activities rated as Moderate are capacity and resources as well as planning and implementation. Alaska demonstrates strength in sharing expertise at the university level including unique experts with an Alaska perspective. While we do not have professional health care schools, strong educational and continuing education opportunities exist.

- Alaska has strong education partnerships such as the [Alaska Native Science & Engineering Program](#), the Washington, Wyoming, Alaska, Montana and Idaho ([WWAMI](#)) program, and the [ANTHC/Alaska Pacific University](#) affiliation.
- The state has very innovative programs such as the [Community Health Aide](#), [Behavioral Health Aide](#) and the [Alaska Dental Therapy Education programs](#), the distance delivered [UAA Master's degree of Public Health program](#), and continued innovative use of telemedicine.
- The [UAA Nursing program](#) has an ambitious action plan to double its graduation rate by 2020 through outreach to tribal health organizations and communities to increase program participation based on regional need.
- The growth of the Alaska Native workforce through the ANTHC/APU affiliation and mentorship of Community Health Aides is a strength.
- The [State Division of Public Health](#) is seeking accreditation status with the national Public Health Accreditation Board, which requires minimum levels of workforce development criteria.
- Alaska is reliant on federal funds to support workforce

## Essential Service 9: Evaluate Services

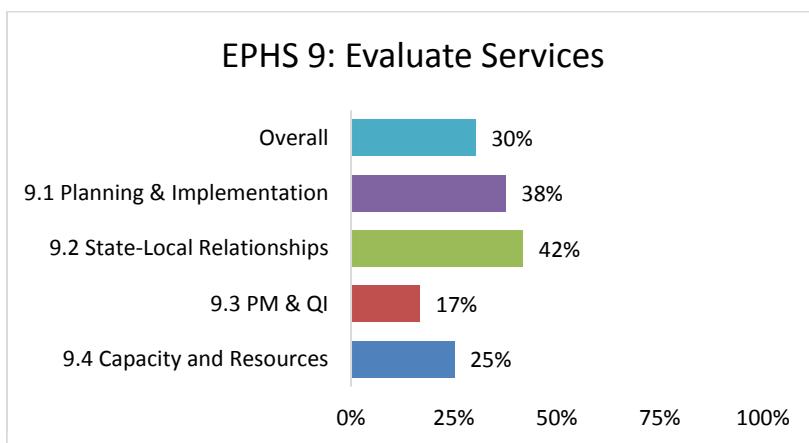
Overall Score

30%

### 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 with no score in the service area higher than 42%. It is the lowest rated Essential Service for Alaska. Strengths were in planning and implementation specifically around assistance for accreditation and licensure; however, it was noted that evaluation technical assistance is lacking, and existing evaluation efforts are mostly siloed and reactive. Committing financial resources to align and coordinate evaluation efforts across the system is rated as Minimal, as there is little funding for evaluation. Also noted was that there are pockets of excellence in evaluation but there is not capacity for professional expertise on evaluation activities. Alaska has much work to do in the area of active management and improvement of collective performance in evaluation activities, which was rated as having No Activity.

### Key Discussion Points:

- [Healthy Alaskans 2020](#) and the Tribal Health Quality Collaborative are strengths but may be the only attempt to promote systematic quality improvement for the state public health system in Alaska.
- Partners provide assistance with accreditation and licensure when asked.
- ANTHC provides assistance for accreditation and licensure with tribal health partners.
- The State Division of Public Health is currently working on Accreditation with the [Public Health Accreditation Board](#).
- We need to work together to build the value proposition of evaluation.

## Essential Service 10: Research and Innovations

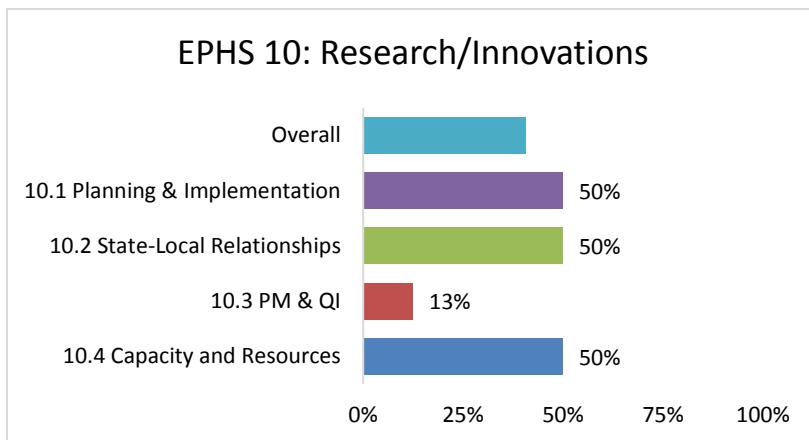
Overall Score

41%

### 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. Technical assistance to support local public health system research and having the professional expertise to conduct research were 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, as well as assistance to local public health systems to use their research findings. Alaska has much work to do in the area of managing and improving collective performance in research and innovation as that was rated as having No Activity.

### Key Discussion Points:

- Alaska's research community is well represented in the peer-reviewed literature.
- The state university system also has strong numbers of research studies and research centers for general population research.
- There are strong collaborations between tribal and nontribal entities in research.
- Strengthening data sharing agreements would enhance research opportunities and use of research results.
- Alaska has unique challenges that impact our competitive edge for federal funding (population, impact, capacity to effectively conduct scale up research).
- Lack of state funding for research limits Alaska's ability to leverage federal research grant funds.
- Alaska needs to allocate time to develop stronger relationships with local communities as partners in research.
- Performance management and quality improvement in this area can be strengthened by more collaboration among the public health partners.

## **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.

### **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, engaging more nontraditional partners to help address the social determinants of health, and strengthening connections between rural Alaska and the rest of the state. Working more closely with rural communities has the potential to improve cultural competency and responsiveness to local needs. 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 of 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.

### **Communication**

Communication fosters connections in a public health system that often feels like a patchwork. Sharing our work with one another will enhance partnerships and 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.

### **Quality Improvement**

Performance Management and Quality Improvement (Model Standard 3) was rated the lowest of all the Model Standards, and was rated as Minimal for four 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 data collection, analysis and evaluation. Another factor is that local

communities and smaller organizations are dependent on technical assistance from 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 - Capacity**

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.

## **Financial Needs - Capacity**

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 and implement the state health improvement plan, Healthy Alaskans 2030**

As the state health improvement plan, Healthy Alaskans 2020, transitions into the next iteration, Healthy Alaskans 2030, the results of the Community Capacity Review may be used to help inform that process. 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.

**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 involved in taking action for public health system improvements 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 actionable priorities, setting benchmark dates for progress. 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**

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:** Amie Haakenson, Alaska Native Tribal Health Consortium

**Note Taker:** Nanette Star, Alaska Native Tribal Health Consortium

Andrea Fenaughty, PhD	Alaska Division of Public Health
Bernie Jilly, Ph.D., MT(ASCP), HCLD(ABB)CC	Alaska Division of Public Health
Bill O'Connell	Department of Environmental Conservation
Deborah Hull-Jilly, MPH, CLS	Alaska Division of Public Health
Jackie Engebretson	Alaska Native Tribal Health Consortium
Katherine Ross	Alaska Division of Public Health
Margaret Young, MPH	Alaska Division of Public Health
Melissa Castaneda	Alaska Native Tribal Health Consortium
Mike Brubaker	Alaska Native Tribal Health Consortium
Rosa Avila, PhD	Alaska Division of Public Health
Ted Smith	Alaska Native Tribal Health Consortium

### 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:** Cheley Grigsby, MPH, Alaska Division of Public Health

**Note Taker:** Romy Mohelsky, MPH, Alaska Native Tribal Health Consortium

Allison Natcher, MPH	Alaska Division of Public Health
Ashley Peltier	American Lung Association, Alaska
Brenda Moore-Beyers	Christian Health Associates
Celia Jackson	American Red Cross, Alaska
Lisa Aquino	Catholic Social Services
Marcia Howell	Safe Alaskans
Panu Lucier	THREAD
Sean Armstrong, RN	Alaska Division of Public Health

### 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:** Jennifer Summers, Alaska Native Tribal Health Consortium

**Note Taker:** Desirae Roehl, Alaska Native Tribal Health Consortium

Elana Habib	OSMAP
Eve Van Dommelen	Food Bank of Alaska
Hillary Strayer	Alaska Native Tribal Health Consortium
Jessica Gillespie	American Red Cross
Jill Lewis	Alaska Division Public Health
Jon Zasada	Alaska Primary Care Association
Kelli Toth	Alaska Division of Public Health
Nancy Merriman	Alaska Primary Care Association
Vickie Knapp	Matsu Health Services

### 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:** Taija Revels, MPH, CPH, Alaska Native Tribal Health Consortium

**Note Taker:** Sharnel Vale, Alaska Native Tribal Health Consortium

Barbara Pennington, MSN, RN, NCSN	Alaska Division of Public Health
Crystal Meade	Alaska Native Tribal Health Consortium
Jamie Walker	Alaska Division of Healthcare Services
Joe Sarcone	Centers for Disease Control and Prevention
John Trainor, PhD, MPH, CPH	Southcentral Foundation
Michael Baldwin	Alaska Mental Health Trust Authority
Nathan Johnson	Providence Hospital
Trevor Stors	Alaska Children's Trust
Tricia Franklin, MPH	Alaska Division of Public Health

## 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:** Jessica Harvill, Alaska Division of Public Health, Epidemiology

**Note Taker:** Kristen Mitchell, Alaska Native Tribal Health Consortium

Abby Struffert	American Cancer Society
Ammie Tremblay	UAA Nursing Program
Carin Meyer	Alaska Job Corps
Denise Dillard	Southcentral Foundation
Gabe Garcia, PhD, MA, MPH	UAA, MPH Program
Jared Parrish, PhD	Alaska Division of Public Health
Lauren Sheard	Alaska Area Health Education Center
Liza Root	Alaska Primary Care Association
Terry Powell	Alaska Native Tribal Health Consortium

## Appendix B

### Alaska Community Capacity Review Questions and Performance Scores

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems		<b>67% Significant</b>
<b>1.1</b>	<b>Model Standard: Planning and Implementation</b>	<b>75% Significant</b>
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?	75% Significant
1.1.2	How well do SPHS partner organizations make health data accessible in useful health data products?	50% Moderate
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?	100% Optimal
<b>1.2</b>	<b>Model Standard: State-Local Relationships</b>	<b>50% Moderate</b>
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?	50% Moderate
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?	75% Significant
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
<b>1.3</b>	<b>Model Standard: Performance Management and Quality Improvement</b>	<b>75% Significant</b>
1.3.1	How well do SPHS partner organizations work together to review the effectiveness of their efforts to monitor health status?	75% Significant
1.3.2	How well do SPHS partner organizations actively manage and improve their collective performance in health status monitoring?	75% Significant
<b>1.4</b>	<b>Model Standard: Public Health Capacity and Resources</b>	<b>66% Significant</b>
1.4.1	How well do SPHS partner organizations work together to commit financial resources to health status monitoring efforts?	75% Significant

1.4.2	How well do SPHS partner organizations align and coordinate their efforts to monitor health status?	75% Significant
1.4.3	How well do SPHS partner organizations collectively have the professional expertise to carry out health status monitoring activities?	50% Moderate
<b>ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards</b>		<b>73% Significant</b>
2.1	<b>Model Standard: Planning and Implementation</b>	85% 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?	75% Significant
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?	100% Optimal
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?	100% Optimal
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?	50% Moderate
2.1.5	How well do SPHS partner organizations work together to respond to identified public health threats?	100% Optimal
2.2	<b>Model Standard: State-Local Relationships</b>	75% 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?	50% Moderate
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)?	100% Optimal
2.3	<b>Model Standard: Performance Management and Quality Improvement</b>	75% Significant
2.3.1	How well do SPHS partner organizations periodically review the effectiveness of the state surveillance and investigation system?	100% Optimal

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
<b>2.4</b>	<b>Model Standard: Public Health Capacity and Resources</b>	<b>58% Significant</b>
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?	75% Significant
2.4.3	How well do SPHS partner organizations collectively have the professional expertise to identify and analyze public health threats and hazards?	50% Moderate
<b>ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues</b>		<b>47% Moderate</b>
<b>3.1</b>	<b>Model Standard: Planning and Implementation</b>	<b>44% Moderate</b>
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?	50% Moderate
3.1.3	How well do SPHS partner organizations implement health communications designed to enable people to make healthy choices?	50% Moderate
3.1.4	How well do SPHS partner organizations maintain a crisis communications plan to be used in the event of an emergency?	25% Minimal
<b>3.2</b>	<b>Model Standard: State-Local Relationships</b>	<b>37.5% Moderate</b>
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?	50% Moderate
3.2.2	How well do statewide SPHS partner organizations support and assist local public health systems in developing effective emergency communications capabilities?	25% Minimal

<b>3.3</b>	<b>Model Standard: Performance Management and Quality Improvement</b>	<b>37.5% Moderate</b>
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
<b>3.4</b>	<b>Model Standard: Public Health Capacity and Resources</b>	<b>67% Moderate</b>
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?	75% Significant
3.4.2	How well do SPHS partner organizations Align and coordinate their efforts to implement health communication, health education, and health promotion services?	75% Significant
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
<b>ESSENTIAL SERVICE 4: Mobilize Partnerships to Identify and Solve Health Problems</b>		<b>48% Moderate</b>
<b>4.1</b>	<b>Model Standard: Planning and Implementation</b>	<b>62.5% Significant</b>
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?	50% Moderate
4.1.2	How well do SPHS partner organizations organize formal sustained partnerships to identify and to solve health problems?	75% Significant
<b>4.2</b>	<b>Model Standard: State-Local Relationships</b>	<b>37.5% Moderate</b>
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

<b>4.3</b>	<b>Model Standard: Performance Management and Quality Improvement</b>	<b>50% Moderate</b>
4.3.1	How well do SPHS partner organizations review their partnership development activities?	50% Moderate
4.3.2	How well do SPHS partner organizations actively manage and improve their collective performance in partnership activities?	50% Moderate
<b>4.4</b>	<b>Model Standard: Public Health Capacity and Resources</b>	<b>42% Moderate</b>
4.4.1	How well do SPHS partner organizations commit financial resources to sustain partnerships?	50% Moderate
4.4.2	How well do SPHS partner organizations align and coordinate their efforts to mobilize partnerships?	50% Moderate
4.4.3	How well do SPHS partner organizations collectively have the professional expertise to carry out partnership development activities?	25% Minimal

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Statewide Health Efforts		<b>60% Significant</b>
<b>5.1</b>	<b>Model Standard: Planning and Implementation</b>	<b>69% Significant</b>
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?	100% Optimal
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
<b>5.2</b>	<b>Model Standard: State-Local Relationships</b>	<b>67% Significant</b>

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?	50% Moderate
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?	100% Optimal
5.2.3	How well do SPHS partner organizations provide technical assistance in local health policy development?	50% Moderate
<b>5.3</b>	<b>Model Standard: Performance Management and Quality Improvement</b>	<b>37.5% Moderate</b>
5.3.1	How well do SPHS partner organizations review progress towards accomplishing health improvement across the state?	25% Minimal
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)?	25% Minimal
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?	75% Significant
5.3.4	How well do SPHS partner organizations actively manage and improve their collective performance in statewide planning and policy development?	25% Minimal
<b>5.4</b>	<b>Model Standard: Public Health Capacity and Resources</b>	<b>67% Significant</b>
5.4.1	How well do SPHS partner organizations work together to commit financial resources to health planning and policy development efforts?	100% Optimal
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?	50% Moderate
ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety		<b>49% Moderate</b>
<b>6.1</b>	<b>Model Standard: Planning and Implementation</b>	<b>50% Moderate</b>

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?	50% Moderate
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)?	50% Moderate
6.1.4	How well do SPHS partner organizations ensure that administrative processes are customer-centered (e.g., obtaining permits and licenses)?	50% Moderate
<b>6.2</b>	<b>Model Standard: State-Local Relationships</b>	<b>37.5% Moderate</b>
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?	25% Minimal
6.2.2	How well do SPHS partner organizations assist local governing bodies in incorporating current scientific knowledge and best practices in local laws?	50% Moderate
<b>6.3</b>	<b>Model Standard: Performance Management and Quality Improvement</b>	<b>50% Moderate</b>
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?	50% Moderate
<b>6.4</b>	<b>Model Standard: Public Health Capacity and Resources</b>	<b>58% Moderate</b>
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?	100% Optimal

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable		<b>42%</b> Moderate
<b>7.1</b>	<b>Model Standard: Planning and Implementation</b>	<b>25%</b> Minimal
7.1.1	How well do SPHS partner organizations assess the availability of and access to personal health services in the state?	25% Minimal
7.1.2	How well do SPHS partner organizations collectively take policy and programmatic action to eliminate barriers to access to personal health care?	50% Moderate
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?	25% Minimal
<b>7.2</b>	<b>Model Standard: State-Local Relationships</b>	<b>75%</b> 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?	75% Significant
7.2.2	How well do SPHS partner organizations provide technical assistance to providers who deliver personal health care to underserved populations?	75% Significant
<b>7.3</b>	<b>Model Standard: Performance Management and Quality Improvement</b>	<b>25%</b> 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
<b>7.4</b>	<b>Model Standard: Public Health Capacity and Resources</b>	<b>42%</b> 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?	50% Moderate

7.4.2	How well do SPHS partner organizations align and coordinate their efforts to provide personal health care?	50% Moderate
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?	25% Minimal
ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce		<b>46%</b> Moderate
<b>8.1</b>	<b>Model Standard: Planning and Implementation</b>	<b>45%</b> 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?	50% Moderate
8.1.5	How well do SPHS partner organizations support initiatives that encourage life-long learning?	50% Moderate
<b>8.2</b>	<b>Model Standard: State-Local Relationships</b>	<b>62.5%</b> Significant
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?	50% Moderate
8.2.2	How well do SPHS partner organizations assist local public health system organizations with workforce development?	75% Significant
<b>8.3</b>	<b>Model Standard: Performance Management and Quality Improvement</b>	<b>25%</b> Minimal

8.3.1	How well do SPHS partner organizations review their workforce development activities?	25% Minimal
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
<b>8.4</b>	<b>Model Standard: Public Health Capacity and Resources</b>	<b>50%</b> <b>Moderate</b>
8.4.1	How well do SPHS partner organizations commit financial resources to workforce development efforts?	25% Minimal
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?	75% Significant
<b>ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services</b>		<b>30%</b> Moderate
<b>9.1</b>	<b>Model Standard: Planning and Implementation</b>	<b>37.5%</b> <b>Moderate</b>
9.1.1	How well do SPHS partner organizations routinely evaluate population-based health services in the state?	25% Minimal
9.1.2	How well do SPHS partner organizations evaluate the effectiveness of personal health services in the state?	25% Minimal
9.1.3	How well do SPHS organizations evaluate the performance of the state public health system?	0% No Activity
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?	100% Optimal
<b>9.2</b>	<b>Model Standard: State-Local Relationships</b>	<b>42%</b> <b>Moderate</b>

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?	25% Minimal
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?	0% No Activity
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?	100% Optimal
<b>9.3</b>	<b>Model Standard: Performance Management and Quality Improvement</b>	<b>17% Minimal</b>
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?	0% No Activity
9.3.3	How well do SPHS partner organizations promote systematic quality improvement processes throughout the state public health system?	25% Minimal
<b>9.4</b>	<b>Model Standard: Public Health Capacity and Resources</b>	<b>25% Minimal</b>
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?	25% Minimal
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		<b>44% Moderate</b>
<b>10.1</b>	<b>Model Standard: Planning and Implementation</b>	<b>50% Moderate</b>
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
<b>10.2</b>	<b>Model Standard: State-Local Relationships</b>	<b>50% Moderate</b>
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
<b>10.3</b>	<b>Model Standard: Performance Management and Quality Improvement</b>	<b>25.0% Minimal</b>
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?	0% No Activity
<b>10.4</b>	<b>Model Standard: Public Health Capacity and Resources</b>	<b>50% Moderate</b>
10.4.1	How well do SPHS partner organizations work together to commit financial resources to research relevant to health improvement?	50% Moderate
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?	75% Significant
<b>OVERALL SCORE (Average)</b>		<b>51% Moderate</b>

