Mobilizing for Action through Planning and Partnerships

Local Public Health System Assessment

MAPP of the Southern Kenai Peninsula, Alaska

July 2016

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This Assessment was made possible with support from the South Peninsula Hospital Service Area Board, Community Partners, and the Mobilizing Action for Resilient Communities grant. Thank you to the Kachemak Bay Campus and the City of Homer for hosting these assessment discussions.

Local Public Health Assessment Participants

Essential Service 1

Rick Abboud, City of Homer
Bonita Banks, South Peninsula Hospital
Dave Branding, South Peninsula Behavioral Health Center
Lorne Carroll, Homer Public Health Center
Derotha Ferraro, South Peninsula Hospital
Kyra Wagner, Sustainable Homer

Essential Service 2

Melody Barrett, SVT Health & Wellness
Sherry Catterfeld, South Peninsula Hospital
Lorne Carroll, Homer Public Health Center
Alivia Erickson, Homer Public Health Center
Laura Miller, South Peninsula Hospital

Essential Service 3

Bonita Banks, South Peninsula Hospital
Cassandra Chwialkowski, SVT Health & Wellness
Daysha Eaton, KBBI radio station
Derotha Ferraro, South Peninsula Hospital
Janet Mullen, Ninilchik Health Clinic
Catriona Reynolds, Kachemak Bay Family Planning Clinic
Rachel Romberg, South Peninsula Haven House
Gary Thomas, Emergency Responder

Essential Service 4

Bonita Banks, South Peninsula Hospital
Dave Branding, South Peninsula Behavioral Health Services
Lorne Carroll, Homer Public Health Center
Derotha Ferraro, South Peninsula Hospital
Jill Lush, Sprout Family Services
Lisa Talbott, Homer United Methodist Church

Essential Services 5&6

Lorne Carroll, Homer Public Health Center
Sherry Catterfeld, South Peninsula Hospital
Kelly Cooper, Kenai Peninsula Borough Assembly
Leslie Haynes, South Peninsula Hospital
Mike Illg, City of Homer Parks & Recreation
Mark Robl, City of Homer Police Department
Britni Siekanic, South Peninsula Haven House
Grant Smith, US Coast Guard

Essential Service 7

Monica Anderson, SVT Health & Wellness
Dave Branding, South Peninsula Behavioral Health Services
Pete Finneo, Homer Community Food Pantry
Mary Fries, South Peninsula Hospital
Darlene Hilderbrand, Hospice of Homer
Lina LePage, South Peninsula Hospital
Lisa Talbott, Homer United Methodist Church

Essential Service 8

Cindy Brinkerhoff, South Peninsula Hospital
Lorne Carroll, Homer Public Health Center
John Carrico, South Peninsula Behavioral Health Center
Roberta Collier, SVT Health & Wellness

Essential Service 9

Red Asselin, Sprout Family Services
Ivy Betts, South Peninsula Hospital
Lorne Carroll, Homer Public Health Center
Jane Dunn, Kenai Peninsula Borough School District
Susan Drathman, South Peninsula Behavioral Health Services
Lisa Magnuson, SVT Health & Wellness
Joy Steward, Homer Community Foundation
Stephanie Stillwell, Homer Public Health Center
Mike Tupper, South Peninsula Hospital

Essential Service 10

Angela Doroff, Kachemak Bay Research Reserve
Sue Mauger, Cook Inletkeeper
Tim Sheffel, SVT Health & Wellness
Shara Sutherland, South Peninsula Hospital
Lisa Zatz, Nurse Practitioner

MAPP Coordinator

Megan Murphy

MAPP Steering Committee

Rick Abboud/Katie Koester, City of Homer
Lorne Carroll, Homer Public Health Center
Derotha Ferraro/Bob Letson, South Peninsula Hospital
Dave Branding, South Peninsula Behavioral Health Services
Jill Lush, Sprout Family Services
Kyra Wagner, Sustainable Homer
Emily Read, SVT Health & Wellness
Carol Swartz, Kachemak Bay Campus KPC

Other Significant Contributors

Jayne Andreen
Paige Meadows, MAPP VISTA

Southern Kenai Peninsula Map

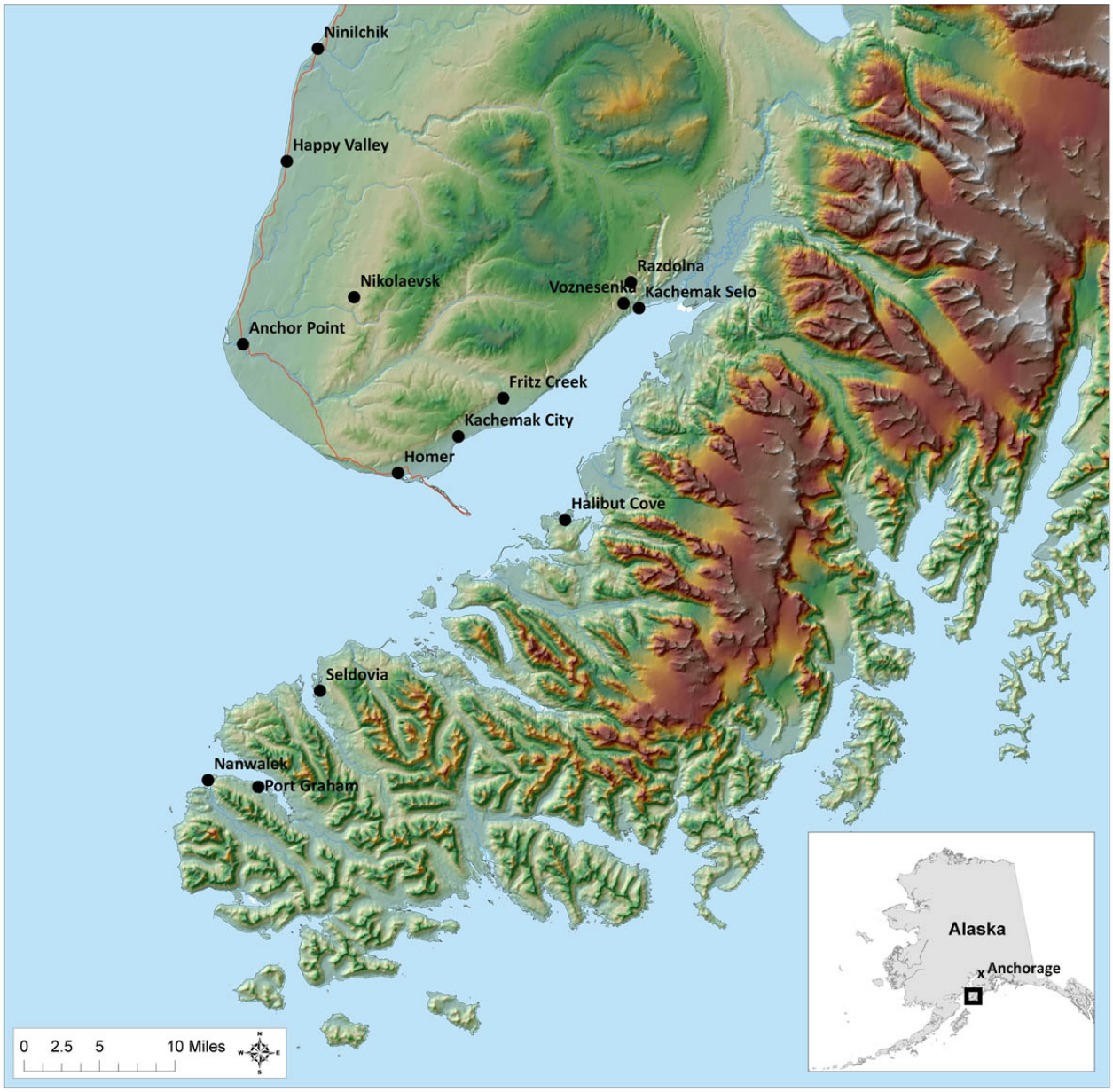


Figure 1. Map of Southern Kenai Peninsula and Communities, AK

Acronyms and Definitions

Acronyms

CHNA: Community Health Needs Assessment

CHIP: Community Health Improvement Plan

KBBI: Kachemak Bay Broadcasting, Inc. 890 am local public radio station

LPHS: Local Public Health System

LPHSA: Local Public Health System Assessment

MAPP: Mobilizing for Action through Planning and Partnerships

NACCHO: National Association of City and County Health Officials

SKP: Southern Kenai Peninsula

SPH: South Peninsula Hospital

SVT: Seldovia Village Tribe

The Center: local name for South Peninsula Behavioral Health Services or SPBHS

UAA-KPC: University of Alaska Anchorage Kenai Peninsula College

Definitions

Public Health: *"…what we as a society do collectively to assure the conditions in which people can be healthy." (Institute of Medicine, 1988).*[1]

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

Community Health Assessment Background

Spearheaded by South Peninsula Hospital in November 2008, over forty organizations gathered in November 2008 to conduct the first collaborative, area-wide Community Health Needs Assessment (CHNA), with the goal of identifying opportunities for health improvement and to serve as a catalyst for community action. The Mobilizing for Action through Planning & Partnerships (MAPP) framework developed by the Centers for Disease Control & Prevention (CDC) and the National Association of City & County Health Officials (NACCHO) was selected to guide the assessment process. Building on the lessons-learned and results from the first and second CHNAs, the third CHNA is composed of the following four separate sub-assessments:

I. Community Themes & Strengths Assessment
Qualitative input from community members to identify the issues they feel are important
   a. Perceptions of Community Health Survey
   b. Wellness Dimension Focus Group Discussions

II. Community Health Status Assessment
Quantitative community health data (representing cultural, economic, educational, emotional, environmental, physical, social, and spiritual wellness) that identifies priority health and quality of life issues

III. Forces of Change Assessment
Identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate

Figure 2. MAPP Framework Flowchart

IV. Local Public Health System Assessment
A standardized performance assessment tool collaboratively developed by national public health partners that measures how well different local public health system partners work together to deliver the 10 Essential Public Health Services. This assessment was conducted during the first and third CHNAs, but not during the second.

Themes are identified from each sub-assessment and compared across all four sub-assessments, thus enabling a holistic review of our community health strengths, needs, and opportunities. Using the combined results/observations from all four sub-assessments, a community process is used to prioritize the opportunities that community members will collaboratively address for the next few years. However, the results from specific sub-assessments can be used independently to inform organizational and community-level opportunities for improvement.

The following responses are the results from the **Local Public Health System Performance Assessment** which follows a standardized national public health process comprised of 10 individual Essential Service (Figure 3) discussions and performance evaluations. The standardized instrument provides benchmarks by which the local public health system can identify strengths, challenges, and short and long-term improvement opportunities. To view all assessments or additional MAPP of the Southern Kenai Peninsula information, please visit www.mappofskp.net. For additional questions, please contact Megan Murphy, MAPP coordinator, at mappofskp@gmail.com or (907) 235-0570.

Local Public Health System Assessment

Local Public Health System Assessment Planning Team

Bonita Banks, South Peninsula Hospital
Lorne Carroll, Homer Public Health
Derotha Ferraro, South Peninsula Hospital
Jill Lush, Sprout Family Services
Paige Meadows, MAPP
Megan Murphy, MAPP
Emily Read, SVT Health & Wellness
Lisa Talbott, Homer United Methodist Church
Kyra Wagner, Sustainable Homer

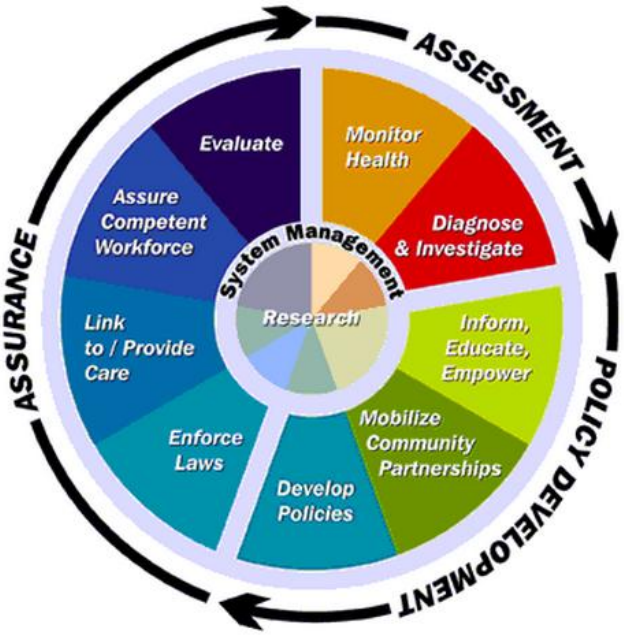


Figure 3. 10 Essential Public Health Services

Public Health 10 Essential Services

Public health is "…what we as a society do collectively to assure the conditions in which people can be healthy (Institute of Medicine, 1988)," and is the guiding principle for our local community health improvement process and efforts. In 1994, a national Core Public Health Functions Steering Committee was formed to address a clear definition and description of public health and create a framework for public health practices. The committee defined the "Essential Services of Public Health" as:

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[2]:

- 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

[2] CDC Office for State, Tribal, Local and Territorial Support, "United States Public Health 1010,": November 2013, http://www.cdc.gov/stltpublichealth/docs/usph101.pdf

The 10 Essential Services provide the framework for the Local Public Health System Assessment by describing the public health activities that should be undertaken in all local communities. Thus, the assessment focuses on the local public health system and all entities that contribute to the health and well-being of the public. These local public health system entities are a network of partners with differing roles, relationships, and interactions that range from public safety, human service and charities, education and youth development, recreation and the arts, economic development and philanthropy, environmental conservation, and more (Figure 4).

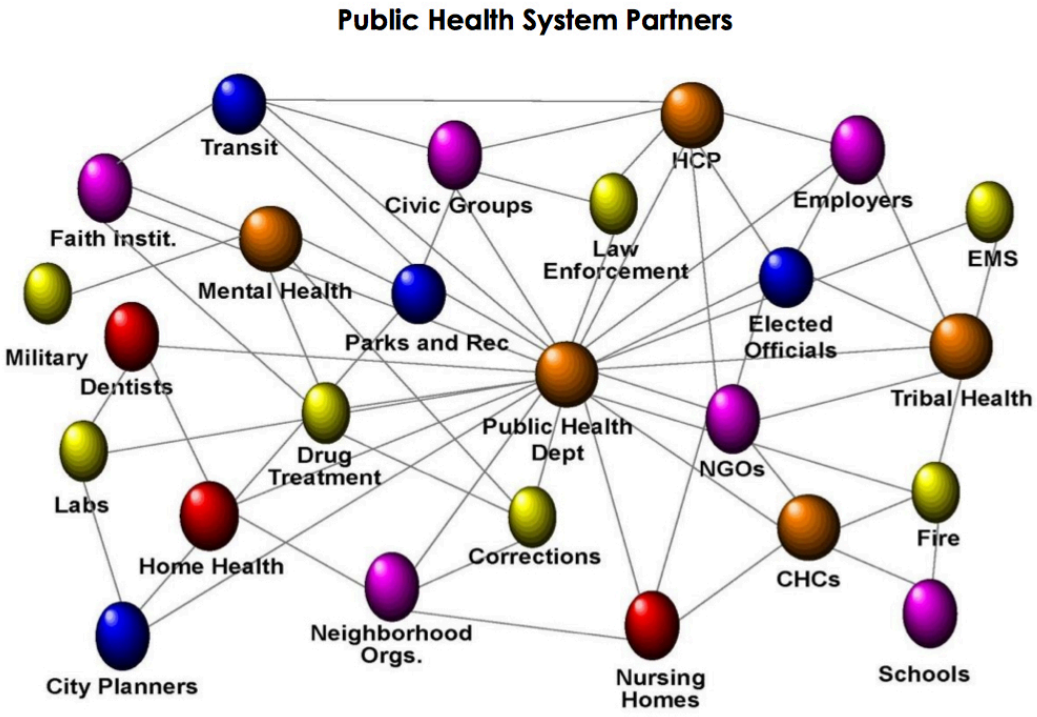


Figure 4. Local Public Health System Partners (Jelly Bean Diagram)

Methods

The Local Public Health System Assessment (LPHSA) planning team reviewed and familiarized themselves with the National Public Health Performance Standards Local Assessment Instrument[3] and associated support materials[4]. Each Essential Service Instrument provides suggested local health

[3] http://archived.naccho.org/topics/infrastructure/NPHPSP/loader.cfm?csModule=security/getfile&pageID=25655

[4] (http://archived.naccho.org/topics/infrastructure/mapp/nphps-version-3.cfm).

system partner participants (Figure 4). The Steering Committee used these lists to brainstorm informed local partners for each of the 10 Essential Service discussions. A doodle calendaring link was sent to all potential participants to determine the best two-day timeframe to host the discussions. All invitees were emailed discussion logistics, their respective Essential Service instrument, and goals of the discussion for context. LPHSA planning team members made personal phone calls and in-person invitations to support the email invitations and participant engagement / RSVPs. The Steering Committee piloted Essential Service One and Four discussions to practice and inform facilitation of discussions with community partners. Over a two-day assessment period, the eight remaining Essential Service discussions were held – two discussions facilitated concurrently. Each discussion was facilitated by a steering member and one notetaker captured strengths, challenges, short and long-term opportunities, and additional scoring or discussion highlights. Keypad polling was used to capture the performance standard votes. The following ratings were used to rate the degree to which each Essential Service's major components or practice areas (Model Standards) are being met:

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

Partners unable to physically participate in the discussions were given the opportunity to provide written input to the Essential Service discussion questions. This input was then shared during the discussions to inform scoring. Steering Committee written input gathered after the discussions might not be reflected in the Essential Service scores, however helps to highlight the breadth of local public health system strengths and challenges. Results were populated directly into NACCHO's LPHSA

interactive excel file and incorporated into this document. MAPP Steering Committee members identified the Essential Service themes that were cross-cutting throughout most or all LPHSA discussions. These cross-cutting themes will be incorporated into the final Community Health Needs Assessment (CHNA) review. The MAPP Steering Committee will focus distribution of LPHSA results to both LPHSA participants and local decision-makers to further equip recipients to take action. This assessment is also publicly available for download off of the MAPP website (www.mappofskp.net/reports).

Results

A total of 51 discussion participants and 8 written responses were gathered to evaluate the Essential Service performance standards of the Local Public Health System Assessment. The overall scores are shown below in comparison to the 2009 LPHSA scores:

Table 1. Essential Service Overall Results – 2009 vs. 2016

	10 Essential Public Health Services	2009 LPHA Overall Results	2016 LPHA Overall Results
1	Monitor Health Status	13%	53%
2	Diagnose and Investigate	56%	90%
3	Educate/Empower	31%	31%
4	Mobilize Partnerships	35%	68%
5	Develop Policies/Plans	31%	50%
6	Enforce Laws	51%	44%
7	Link to Health Services	45%	59%
8	Assure Workforce	34%	75%
9	Evaluate Services	20%	41%
10	Research/Innovation	18%	49%
Overall		33%	56%

Strengths, challenges, opportunities for improvement, and model standard score comparisons of 2009 to 2016 are shown for each of the 10 Essential Services on the following pages.

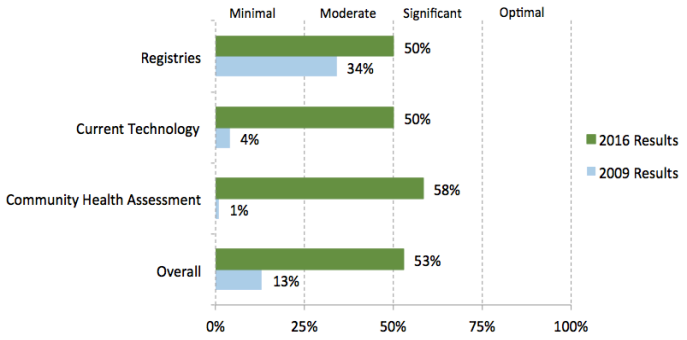
Essential Service 1:

Monitor Health Status

This Essential Service is about:

- Accurately and continually assessing the community's health status.
- Identifying threats to health.
- Determining health service needs.
- Analyzing health needs of groups that are at higher risk than the total population.
- Identifying community assets/resources that promote health and improved quality of life.
- Using appropriate methods and technology to interpret and communicate data to diverse audiences.
- Collaborating with stakeholders to manage multi-sector integrated data systems.

Model Standard Scores



Strengths

a. Increased awareness of the Community Health Needs Assessment (CHNA), accessible online on the MAPP website.
b. Public Health Nurses continuously collect data related to their external priorities; information is ultimately contributed to CHNA.

Overall Scores

2009: 13% 2016: 53%

c. Continuously working toward more sharable data across organizations.
d. Have local-level information to compare against Healthy Alaskans 2020 top 25 indicators.
e. Able to understand community's specific strengths and needs by accessing Southern Kenai Peninsula-specific data from state organizations and compiled census data.

Challenges

a. Not many hard copies of CHNA available for general public; printed format is very dense.
b. CHNA could be better used at community level; most frequently used for organizational purposes (particularly grant writing).
c. Struggle with capacity to maintain ongoing data updates and integrating data into community groups/use.

Opportunities for Improvement

a. Investigate and reach out to registries that exist in/for our area; encourage data submission and use of registries.
b. Focus outreach of CHNA results, sharable measures, and/or community stories/themes. Create more outreach products that provide summaries/more digestible information for the public and organizations.
c. Focus organizational and coalition engagement of CHNA measures to better connect community efforts to measurable impacts.
d. Reinforce use of available but underutilized technologies.

Essential Service 2:

Diagnose and Investigate Health Problems

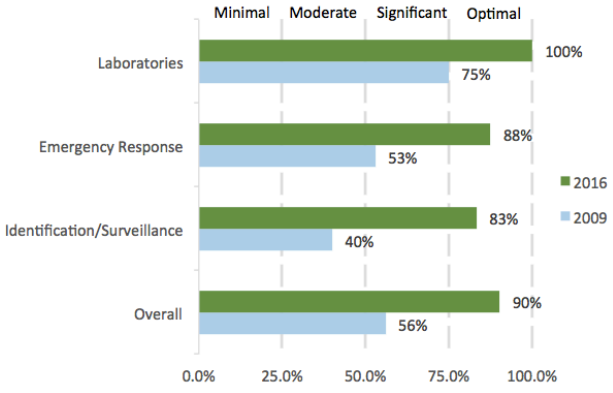
This Essential Service is about:

- Accessing a public health lab to conduct rapid screening and high-volume testing.
- Establishing active infectious disease epidemiology programs.
- Creating technical capacity for epidemiologic investigation of disease outbreaks/patterns.

Overall Scores

2009: 56% 2016: 90%

Model Standard Scores



Strengths

a. Public Health Nursing notified of communicable disease cases within 24 hours.
b. High level awareness of communicable disease cases exists with hospital (SPH) employees and partners.
c. Benefit from strong bonds between community partners.
d. Good coordination between Sections with Division of Public Health.
e. Effective communicable disease reporting and global/emerging health threats monitoring.
f. Frequent reports from state epidemiologic bulletins; ability to keep data flowing horizontally in the community.
g. Communicating infectious disease case reports with Public Health Nursing and state epidemiology department.
h. Local airlines' support (free transportation of medical supplies); state lab resources utilized for communicable disease control.
i. Strong local HAM radio culture.

Challenges

a. Diminishing state resources.
b. Anticipate 20% decrease in Public Health Nursing services FY16-FY17.
c. Coordination between clinics during and after disasters or emergency drills.
d. Lack local resources for all scenarios, but system exists for requesting Borough, State, and Federal resources.
e. Inability to incinerate/destroy samples that are too hazardous to transport.
f. Employee discomfort activating level one Hospital Incident Command System (HICS).
g. Possibilities in delay of support due to environmental and geographic conditions.
h. Unprepared to respond to unforeseen scenarios, such as biological terrorism.

Opportunities for Improvement

a. Clarify, update and share primary and back-up contact list of emergency response personnel.
b. Strengthen local emergency coalition mtgs.
c. Regularly practice emergency scenarios.
d. Develop process for post-incident debriefing and identifying improvement opportunities.
e. Improve communication.
f. Ensure staff retention and secure workforce.

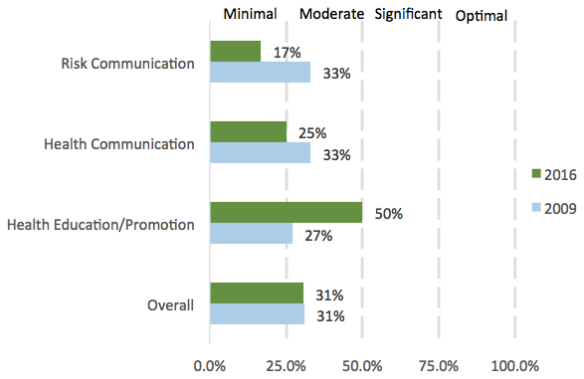
Essential Service 3:

Inform, Educate, and Empower People

This Essential Service is about:

- Creating community development activities.
- Establishing a social marketing and targeted media public communication plan.
- Providing accessible health information resources at community levels.
- Reinforcing health promotion messages/ programs with healthcare providers.
- Working with joint health education programs.

Model Standard Scores



Strengths

a. School system info distribution channels.
b. Media access to local experts.
c. Diverse community groups effective at identifying problems/brainstorming ideas.
d. Radio station reaches outlying populations.
e. Communication between organizations.

Challenges

a. Hard to be inclusive with outlying populations.
b. Many social barriers between communities.

Overall Scores

2009: 31% 2016: 31%

c. Lack of funding, decreased state budget.
d. Lack of health communication plan; underutilizing tactics like social media/texting.
e. Difficult to report/communicate on sensitive issues such as suicide and domestic violence.
f. Lack of agency spokespeople for media, and inaccessibility of paper documents.
g. Inadequate number of available public information officers.
h. Differing procedures for emergency preparedness accreditations.
i. Lack of available staff to develop and communicate emergency preparedness plans between organizations and the borough.

Opportunities for Improvement

a. Strengthen communication/collaboration with different agencies/organizations.
b. Develop standard communication plan(s) for health education.
c. Develop media relations.
d. KBBI community advisory board outreach.
e. Increase community participation in Public Information Officer (PIO) training.
f. Upgrade technology and emergency preparedness contact information.
g. Host PIO class with stakeholders.
h. Develop emergency preparedness training for local staff.

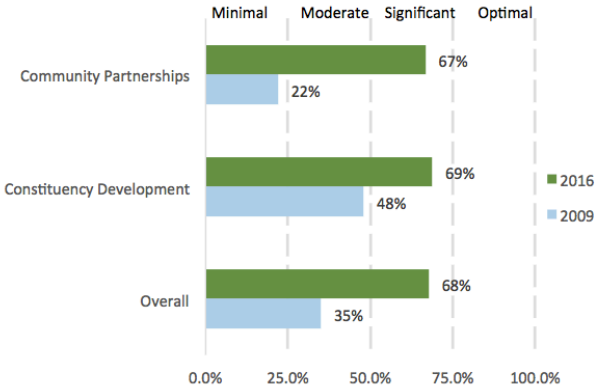
Essential Service 4:

Mobilize Community Partnerships

This Essential Service is about:

- Convening and facilitating partnerships among groups and associations.
- Undertaking defined health improvement planning process and health projects.
- Building a coalition to draw on the full range of potential human and material resources to improve community health.

Model Standard Scores



Strengths

a. Numerous community meetings to discuss local wellness issues.
b. Health assessment highlights populations that are not well represented.
c. Many "points of entry" to engage in community health.

Overall Scores

2009: 35% 2016: 68%

d. Broad definition of health makes it easier to invite diverse participants.
e. Activities occurring in all 8 dimensions of health (but could be better aligned).

Challenges

a. Low awareness of CHNA and its contents; downloadable version is available but not as user-friendly.
b. Geography is a barrier for engagement.
c. "Organizational silos" due to limited, mission-focused budgets.
d. Missing many community sectors in health improvement coordination, planning and collaboration.

Opportunities for Improvement

a. MAPP outreach to outlying communities.
b. Offer a variety of time options to maximize participation.
c. Identify key partners not engaged.
d. Advocate for organizations that can allocate resources or build capacity in (outlying) communities to address root issues.
e. Take better advantage of teleconferencing and virtual participation tools.
f. Conduct a gap analysis within each of the 8 Wellness Dimensions.

Essential Service 5:

Develop Policies and Plans

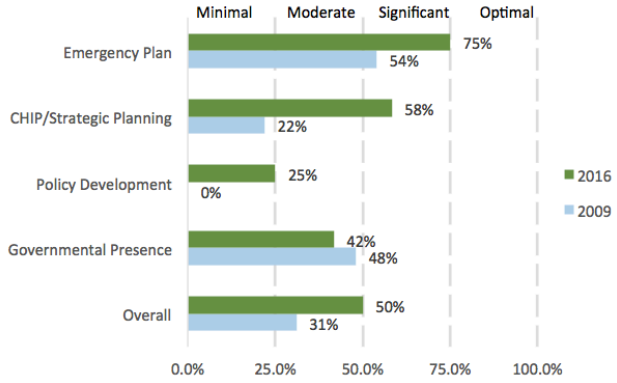
This Essential Service is about:

- Ensuring leadership development at all levels of public health.
- Ensuring systematic community-level and state-level health improvement planning.
- Developing and tracking measurable health objectives as part of a continuous quality improvement plan.
- Establishing joint evaluation with health care system to define consistent policies.
- Developing policy and legislation to guide the practice of public health.

Overall Scores

2009: 31% 2016: 50%

Model Standard Scores



Strengths

a. Public health nurses work to ensure provision of 10 Essential Services.
b. Strong community volunteer base (vs. formal government presence).
c. Division of Public Health is working towards accreditation standards thus holding up standards of excellence.
d. Local providers can access state services to help promote community health.
e. Effective relationships with state partners to help deliver 10 Essential Services.

Challenges

a. Individual organizations have own statutes/ regulations, but system as a whole does not.
b. No true local health department or community group monitoring larger community health picture (specifically policies needed and enforcement).
c. Creation of policies is more reactionary.
d. Lack of current resources (and likely loss of additional financial resources) creates difficulty delivering Essential Services.

Opportunities for Improvement

a. Revise Homer's Climate Action Plan.
b. Local organizations to incorporate findings of CHNA and goals of CHIP into their organizational strategic plans.
c. Community coalitions and workgroups to better incorporate local data into their strategies and measure for impact.
d. Create a health advisory board that looks at the CHNA and/or larger health picture. Incorporate hierarchy of health needs to prioritize specific policies needed to support well-being in our communities.

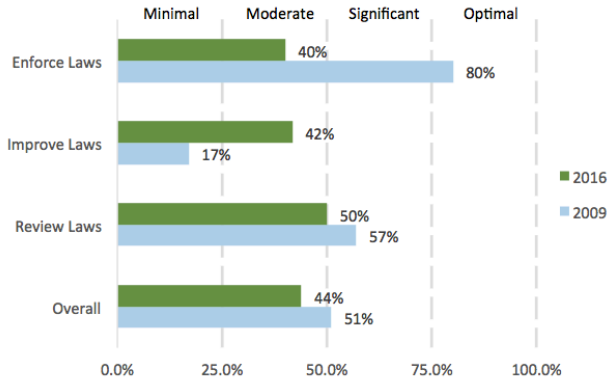
Essential Service 6:

Enforce Laws and Regulations

This Essential Service is about:

- Enforcing sanitary codes.
- Protecting drinking water supplies and enforcing clean air standards.
- Monitoring quality of medical services.
- Following up on hazards, preventable injuries, and exposure-related diseases.
- Reviewing new drug, biologic, and medical device applications.

Model Standard Scores



Strengths

a. City is nuclear-free zone.
b. Citizens actively engage/participate in making laws and quickly respond to serious problems.
c. Existing laws and regulations support public health (i.e., disease reporting).
d. An established network meets regularly to discuss issues and review laws related to domestic violence.

Overall Scores

2009: 51% 2016: 44%

Challenges

a. Individuals do not wish to be regulated.
b. Unequal access to legal resources/counsel allows for laws to be manipulated.
c. Poor issue prioritization that would help align focus and be proactive in efforts.
d. Department of Environmental Conservation understaffed, hard to reach; weak clean air standards, no dust or air quality monitoring.
e. No rules or regulations exist to control herbicide spraying, climate taxes, or protect drinking water.
f. Lack of resources to address root causes of unhealthy behaviors; unable to address only from policy level.
g. Stigmas that create reluctance around reporting certain violations; perceived lack of action by justice system; few advocates to help people navigate systems.
h. No laws or regulations to address obesity (plus challenging to enforce).
i. City, borough, state and federal boundaries create hurdles in creating/enforcing policies.

Opportunities for Improvement

a. Set health policy priorities at a public level so everyone understands how/why decisions are made.
b. Educate people on how to effectively get involved in decision-making; encourage early involvement and the use of correct systems to proactively effect change.
c. Work toward a more informed, competent workforce.

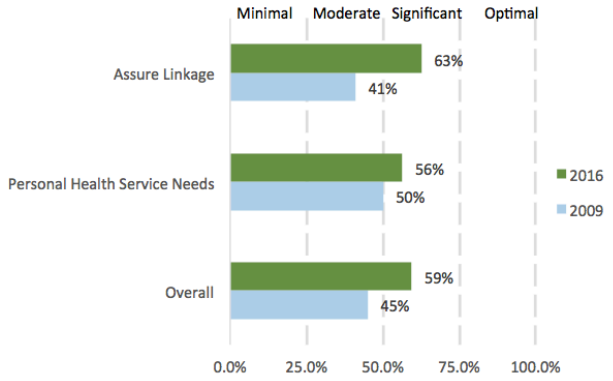
Essential Service 7:

Link to Health Services

This Essential Service is about:

- Ensuring effective entry for socially disadvantaged/vulnerable persons into a coordinated system of clinical care.
- Providing culturally/linguistically appropriate materials/staff to ensure service link for special population groups.
- Ensuring ongoing care management.
- Ensuring transportation services.
- Orchestrating targeted health education/ promotion and disease prevention to vulnerable population groups.

Model Standard Scores



Strengths

a. Many gatherings of key community groups to discuss barriers.
b. Trained Veteran's Affairs assistants at SVT Health and Wellness and other agencies.
c. Awareness of need for care coordination.
d. Home health welcomed in Russian homes.
e. Multiple Medical Homes.

Challenges

a. Poor job addressing chronic illnesses with services (unhealthy food at food pantry).

Overall Scores

2009: 45% 2016: 59%

b. Bureaucracy/discomfort with technology overwhelming for patients/clients.
c. Limited awareness of resources.
d. Transportation support needed.
e. Limited in-home/live-in care.
f. Limited funding.
g. No integrated Electronic Medical Records.
h. Lack of care coordination limits ability to stay current on rules, programs, etc.
i. Decreased food pantry donations.
j. Outdated resource books/manuals.

Opportunities for Improvement

a. Food pantry to work with hospital dietician to address healthy food offerings.
b. Investigate grant opportunities for care coordinator(s).
c. Focus on discharge planning and assessing patients that are readmitted.
d. Signed 'release of information' authorization to facilitate connections between service providers.
e. Use food pantry as assumed audience needing, but not receiving, resources. Invite service providers to food pantry to enroll people in programs.
f. Integrate primary care/behavioral health.
g. Improve care coordination meetings.
h. Review Independent Living Center resource manual; investigate grant to update if need.
i. Increase proactive outreach and use of resources (such as community group mtgs).
j. Run trolley to health fair.
k. Put social work in the homes.

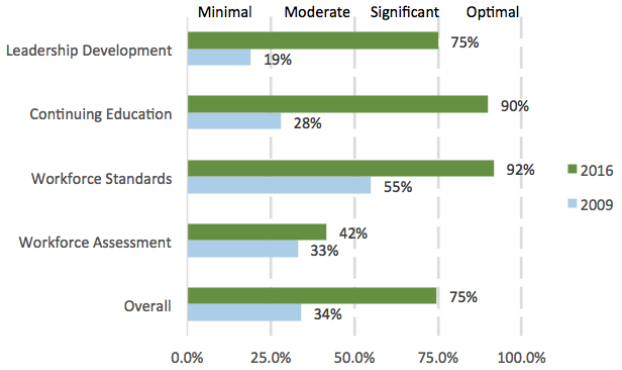
Essential Service 8:

Assure a Competent Workforce

This Essential Service is about:

- Educating, training, and assessing personnel to meet community needs for public and personal health services.
- Establishing efficient processes for professionals to acquire licensure.
- Adopting continuous quality improvement and lifelong learning programs.
- Establishing active partnerships with professional training programs to ensure community-relevant learning experiences.
- Continuing education in management/ leadership development for administrative/executive personnel.

Model Standard Scores



Strengths

a. Beautiful, welcoming community; appealing lifestyle; short work commutes.
b. Delineated recruitment, hiring, and evaluation processes through legal and professional requirements.
c. Common core competencies for direct service providers that are aligned through Alaska and national organizations.

Overall Scores

2009: 34% 2016: 75%

d. Opportunities to offer personal leadership skills to the community.
e. Training opportunities, including cultural competency, offered within organizations.
f. Nursing, CNA, and allied health degree and State license programs through local UAA-KPC campus.
g. Public lecture series, personal enrichment, and professional development classes through local UAA-KPC campus.

Challenges

a. Must look outside community for professionals; lack of focus on racial or ethnic diversity; lack of local professional development opportunities.
b. High cost of living makes it challenging to recruit and retain needed workforce.
c. Lack of interagency discussion re: needs.
d. No community-wide competencies.
e. Lack of informal or formal mentoring.
f. Limited entry points for leadership/training in AK Native and Old Believer populations.
g. No local workforce assessment completed.
h. Lack of student housing.

Opportunities for Improvement

a. Investigate commonalities of core competencies between agencies that could help consolidate resources.
b. More apprenticeship or mentoring opportunities to develop local leaders, with a focus on representing cultural diversity.
c. Increase collaboration and creativity in response to decreased funding.

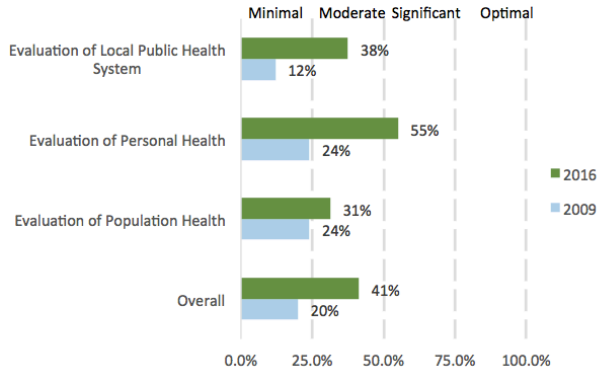
Essential Service 9:

Evaluate Services

This Essential Service is about:

- Assessing program effectiveness through monitoring and evaluating implementation, outcomes, and effect.
- Providing information necessary for allocating resources, reshaping programs.

Model Standard Scores



Strengths

a. Agencies actively seek information about community, coordinate with providers to meet needs.
b. Large organizations (ie, South Peninsula Hospital) evaluate themselves well.
c. Contained and well-known population of healthcare consumers/providers.
d. Involved/collaborative community sectors.

Challenges

a. Individual organizations evaluate themselves well, but system itself does not.
b. Lack of substance abuse treatment.
c. Lack of diversity; same people, same ideas.
d. Providers do not share common language.
e. Fundraising efforts target same businesses/individuals over and over.

Overall Scores

2009: 20% 2016: 41%

f. Services being eroded due to state budget.
g. Need for shared objective data.
h. Difficult to provide consistent services to hard-to-access outlying communities.
i. Lack of funding, resources, and sustainability.
j. Numerous assessments inadequately result in action.

Opportunities for Improvement

a. Obtain objective data from providers using appropriate population-based metrics.
b. Investigate census data to determine what populations are enrolled in various services to identify gaps.
c. Better utilize statewide health profiles.
d. Improve interagency communication to share information and services available.
e. Share evaluations between organizations.
f. Involve substance abuse/treatment providers.
g. Customize Local Public Health Assessment for the area and use as evaluation tool.
h. Host community resource fair.
i. Consider door-to-door outreach.
j. Better utilize existing partnerships.
k. Secure/maintain competent workforce to ensure resources to properly network.
l. Develop shared language between agencies to better share data and measurements.
m. Develop large-scale evaluation tool, including clinics becoming Patient-Centered Medical Homes.

Essential Service 10:

Research and Innovations

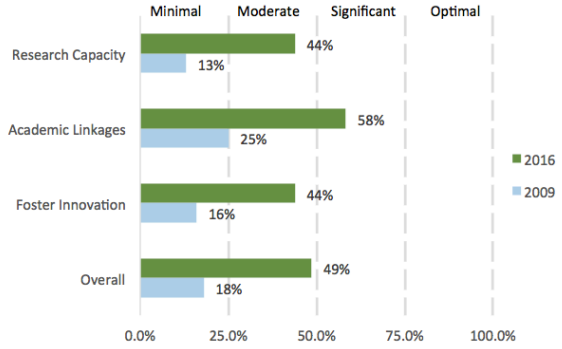
This Essential Service is about:

- Establishing a full continuum of innovation, ranging from practical field-based efforts to fostering change in public health practice and encouraging new directions in research.
- Linking with institutions of higher learning and research.
- Creating internal capacity to mount timely epidemiologic and economic analyses and conduct health services research.

Overall Scores

2009: 18% 2016: 49%

Model Standard Scores



Strengths

a. Local support for research projects.
b. Organizations partner well with higher learning institutions.
c. Leadership supports research/innovation.
d. Use of community spaces to share information with public.
e. Many local internship/educational opportunities.
f. Multiple connections through many agencies to state and national institutions.
g. Organizational access to technology.
h. Institutional knowledge of long-term residents.

Challenges

a. Electronic Medical Records that don't "talk" to each other.
b. Low health literacy. Parents opting kids out of school health education programs.
c. No local epidemiology department.
d. Many economic barriers to research. Low funding, not enough capacity.

Opportunities for Improvement

a. Community engagement in health and linking the community with sciences.
b. Starting early to build health literacy.
c. Improve existing health programs in schools. Health 'round tables' with students and nurses.
d. Increase options (such as telemedicine) to connect with health professionals.
e. Make learning more accessible to more people by investing in online platforms.
f. Develop collaborative group (research council) to prioritize community-level research questions.
g. Explore opportunities for organizations and individuals to partner on research.
h. Prioritize research and services by developing a health pyramid that ensures basic needs are met first before working up to address quality of life issues.

Recurrent Themes

The following themes were identified by the MAPP Steering Committee as consistent topics or qualities that arose across most or all Essential Services.

Accessibility of Data

Accessing information, specifically data and appropriate technology to support data-sharing, surfaced across Essential Services as both a strength and challenge. In regards to the Community Health Needs Assessment, there is still uncertainty on what data to prioritize, collect and monitor although all information is shared in an interactive format in one location on the MAPP website. Fragmentation of efforts (silos) and different reporting systems reinforce challenges to accessing, using, and reporting data consistently and making these available to the community. Creative ideas are still needed to improve data and data-sharing across partners and with the public.

Communication

Communication was consistently identified as a strength of public health system partners, however, one that could continually be improved upon. There are many levels of communication needed to strengthen collaboration, community awareness, and community engagement. There are also many opportunities for articulating and clarifying shared communication processes and goals within organizations and across partners.

Caring Community

A consistent strength articulated across Essential Services was our strong community involvement. There is a high level of community activism and support, people come together easily and quickly, are invested, and have the ability to talk about things.

Geography

Geography poses a challenge to our Southern Kenai Peninsula community as it is difficult to reach and meaningfully engage with outlying populations. Distance, cultural diversity, and uncertain budgets all impact the effective delivery of Essential Services in the entire region.

Collaboration/Coordination

MAPP's community health improvement efforts reinforce the importance of collaboration. Collaboration and networking is valued by partners and has influenced the expectations in which local

public health system partners engage and work together.

Capacity

Workforce retention and recruitment were commonly identified as important components of sustainability and effective delivery of Essential Services. They both pose a challenge in our area and are more challenged with state fiscal issues. State budget changes also directly impact the capacity of organizations and the local public health system's ability to fulfill Essential Services.

Community-Level Plans / Health Board

It was consistently noted that our local public health system does not have a defined local health department nor a local health board and that the existence of such an entity could enhance our ability to develop, implement, and evaluate community-level processes and goals for improvement. By maintaining a community-level perspective to inform plans, policies, and strategies, this body could support alignment of community partners to more effectively deliver the Essential Services.

Proactivity

With budgetary changes to state, regional, and local programs, it is clear that organizations need to be adaptive, collaborative, and innovative to support Essential Service delivery. While improved collaboration was repeatedly identified as a strategy for resource-sharing and service delivery, being proactive was also identified as critical. Reactivity might prevent opportunities from being identified.

How to Use Results

The primary role of the Local Public Health System Assessment is to promote continuous improvement and enhance system performance. By supporting a common understanding of how a high performing and effective local public health system can operate, this sub-assessment can be used to facilitate communication and sharing among programs, partners, and organizations. This sub-assessment can provide a shared frame of reference and understanding to help build commitment and focus for setting priorities and improving public health system performance.

Specifically, local community partners can begin by using the aforementioned cross-cutting themes and the identified opportunities for improvement within each Essential Service to develop and prioritize organizational and/or community-level improvement actions.

Appendix A: Essential Service Overall and Model Standard Results – 2009 vs. 2016

Model Standards by Essential Services	2009 Performance Scores	2016 Performance Scores
ES 1: Monitor Health Status	**13%**	**53%**
1.1 Community Health Assessment	1%	58%
1.2 Current Technology	4%	50%
1.3 Registries	34%	50%
ES 2: Diagnose and Investigate	**56%**	**90%**
2.1 Identification/Surveillance	40%	83%
2.2 Emergency Response	53%	88%
2.3 Laboratories	75%	100%
ES 3: Educate/Empower	**31%**	**31%**
3.1 Health Education/Promotion	27%	50%
3.2 Health Communication	33%	25%
3.3 Risk Communication	33%	17%
ES 4: Mobilize Partnerships	**35%**	**68%**
4.1 Constituency Development	48%	69%
4.2 Community Partnerships	22%	67%
ES 5: Develop Policies/Plans	**31%**	**50%**
5.1 Governmental Presence	48%	42%
5.2 Policy Development	0%	25%
5.3 CHIP/Strategic Planning	22%	58%
5.4 Emergency Plan	54%	75%
ES 6: Enforce Laws	**51%**	**44%**
6.1 Review Laws	57%	50%
6.2 Improve Laws	17%	42%
6.3 Enforce Laws	80%	40%
ES 7: Link to Health Services	**45%**	**59%**
7.1 Personal Health Service Needs	50%	56%
7.2 Assure Linkage	41%	63%
ES 8: Assure Workforce	**34%**	**75%**
8.1 Workforce Assessment	33%	42%
8.2 Workforce Standards	55%	92%
8.3 Continuing Education	28%	90%
8.4 Leadership Development	19%	75%
ES 9: Evaluate Services	**20%**	**41%**
9.1 Evaluation of Population Health	24%	31%
9.2 Evaluation of Personal Health	24%	55%
9.3 Evaluation of Local Public Health System	12%	38%
ES 10: Research/Innovations	**18%**	**49%**
10.1 Foster Innovation	16%	44%
10.2 Academic Linkages	25%	58%
10.3 Research Capacity	13%	44%
Average Overall Score	**33%**	**56%**
Median Score		**51%**