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Mission Statement: "United Way collaborates with partner agencies to strengthen and improve Health, Education and Income Stability in Southeast Alaska."

United Way of Southeast Alaska

Board of Directors Meeting

Thursday, November 17, 2016

5:15-7:00 PM

United Way of Southeast Alaska 3225 Hospital Drive, Suite 106

Teleconference: (800) 315-6338, Code: 32251#

- I. CALL TO ORDER and INTRODUCTIONS** –Chair Mesdag
- II: APPROVAL OF AGENDA** – Corrections/Additions
- III: APPROVAL OF MINUTES** – Corrections/Additions
October 27, 2016 Board meeting minutes
- IV: PRESENTATIONS** – Introduction of Jacob Cocks – 2016-2017 AmeriCorps Volunteer
- V: COMMITTEE REPORTS**
- Resource Development**
- Finance Committee** – Bill Peters, Treasurer, October Finance Report
Action Item: Approve October Finance Statement as presented
- Campaign Committee** – Bill Peters, Rustan Burton, Mark Mesdag
Juneau Campaign Update – Sara Truitt
Ketchikan Campaign Visit – Mark Mesdag
- Events Committee - Orca Point Dinner Cruise May 3, 2017**
- Governance Committee**
- Board Development Committee** – Mark Mesdag, Warren Russell
Personnel Committee –Bill Peters, Ann Gifford
- VI: STRATEGIC DISCUSSIONS** –
- November - **Health Committee** – Warren Russell, Kendri Cesar, Fred Parady
December - **Income Stability Committee** – Millie Ryan, Bill Peters, Mark Mesdag
February – **Education Committee** – Ann Gifford, Robbie Stell, Kendri Cesar
- VII: New Business** –
- Set Date for Annual Meeting January**
Set Date for January Strategic Thinking session
Over the Edge Fund raising opportunity decision
Accept resignation of Treasurer Bill Peters
- VIII: CHAIR REPORT** – Mark Mesdag
- IX: RESOURCE DEVELOPMENT DIRECTOR REPORT** – Sara Truitt
- X: PRESIDENTS REPORT** – Wayne Stevens
- XI: BOARD MEMBER COMMENTS**
- XII: ADJOURNMENT**

Next Meeting December 15 2016

Vision Statement: "United Way of Southeast Alaska addresses individual needs and improves lives by organizing the caring and collaborative power of our communities" 1

2016 Board Member Attendance

Board Term Ends	First Name	Last Name	1/21	2/18	3/17	4/21	5/19	6/23	7/21	8/18	9/15	10/27	11/17	12/15	% Attend	X's Total
Jan - 2018	Sue	Bill	E		X	X	E	E							40%	2
	Rustan	Burton	X		E	E	E				E	X			29%	2
Jan - 2017	Kendri	Cesar	X		X	X	E	X			X	X			86%	6
Jan - 2017																0
Jan - 2019	Ann	Gifford	E		X	X	X				X	E			71%	5
Jan - 2018	Kellie	Grummett	E		E	E	E								0%	0
Jan - 2018	Rosemary	Hagevig	X		X	E	X	X			E	X			71%	5
Jan - 2018	Joy	Lyon	X		E	E	X	X			X	X			71%	5
Jan - 2019	Mark	Mesdag	X		X	X	X				X	X			100%	7
Jan - 2017	Fred	Parady				X	E	E			X	E			40%	2
Jan - 2017	Bill	Peters	X		E	X	X	E			X	E			57%	4
Jan - 2018	Praveen	Mekala										x			100%	1
Jan - 2018	Warren	Russell	E		X	E	X	X			E	E			43%	3
Jan - 2017	Millie	Ryan	X		X	X	X				X	X			100%	7
Jan - 2019	Robbie	Stell	X		X	X	X	X			E	X			86%	6
Total Board			12	12	12	13	13	12	11	11	11	12	12	12	0	0
Attendance			8		8	8	8	8			7	8	-	-		4
Average Percentage attending			67%		67%	62%	62%	67%			64%	67%	0%	0%	55%	
			X = Attended													
			T = Teleconferenced in													
			E= Excused													
			A=Absent													

**United Way of Southeast Alaska
Board of Directors Meeting**

Thursday, October 27, 2016

5:15-7:00 PM

United Human Services Conference Room 3225 Hospital Drive, Suite 101, Juneau, AK

Board Members in Attendance

Board Members in Attendance					
X	Mark Mesdag - Chair	X	Joy Lyon		Staff
T	Rustan Burton – Past Chair	X	Praveen Mekala	X	Wayne Stevens
E	Ann Gifford– Secretary	E	Fred Parady	X	Sara Truitt
E	Bill Peters –Treasurer	E	Warren Russell		
X	Kendri Cesar	X	Millie Ryan		Guest(s):
X	Rosemary Hagevig	X	Robbie Stell		
Legend: X = present E = excused absence T = teleconference A=absent					

Call to Order and Introductions

Chair Mesdag called the meeting to order at 5:20 PM. A quorum was established with eight members present.

Approval of Agenda

Motion: Board Member Hagevig moved to adopt the agenda as presented. Board Member Lyon seconded the motion.

Chair Mesdag asked if there were any objections to adopting the agenda as presented. Members expressed no objections to the adoption of the agenda as presented.

With no objections, the agenda was adopted as presented.

Approval of Minutes

Motion: Board Member Ryan moved to approve the minutes from the September 27, 2016 Board of Directors meeting. Board Member Lyon seconded the motion.

Motion to approve minutes as presented was approved unanimously.

PRESENTATIONS – Overview of the issue of Adverse Childhood Experiences (ACES) – Joy Lyon

Board member Lyon presented a primer on the issue of Adverse Childhood Experiences (ACES) and ideas on how to overcome the issue in Alaska. She reported on the Kaiser Health corporation study that interviewed 17,000 patients, and correlated their health outcomes with eight issues of early childhood trauma such as abuse, neglect, and toxic stress in the home due to substance abuse, a parent in prison, domestic violence, and other adverse experiences. She showed how the cycle of ACES perpetuates itself, reported on the impact these experiences have on brain development and outlined the impacts these experiences have on a child's ability to succeed in school. Ms. Lyon noted that the issue of ACES impacts all three areas of influence in the work of United Way. Additionally she showed the trailer for the Film "Resilience" that the Education Committee hopes to bring to Juneau in the near future in partnership with Alaska Children's Trust, Juneau Suicide Prevention Task Force and other local non-profits. (NOTE: The film is now scheduled for Tuesday January 17, 2017.)

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United Human Services Conference Room 3225 Hospital Drive, Suite 101, Juneau, AK

Committee Reports

Resource Development

Finance Committee – Treasurer Peters

Chair Mesdag reported on the August Finance statement in the absence of Treasurer Peters, noting that the reports have been updated since the last meeting. The Finance Committee met with our accountant via teleconference on Monday the 24th to review the statements as adjusted. Revenue collections have slowed down from the prior year. Expenses are tracking and remain slightly below the prior year and below budget. Campaign revenue is down slightly and now down from last year. Chair Mesdag noted that the issues that required clarification including the Uncollected Pledge Expense were addressed and adjustments made by the accountant in Anchorage.

Approval of August Finance Statements

Motion: Board Member Stell moved to approve the August Finance Statements as presented. Board Member Hagevig seconded the motion.

Motion to approve August Finance Statements as presented was approved unanimously.

Campaign Committee – Bill Peters, Rustan Burton, Mark Mesdag

Sitka Campaign Visit – Rustan Burton

Past Chair Burton gave a brief overview of the Sitka visit on October 11th and 12th. He and Chair Elect Russell made a presentation to the Sitka Chamber on Wednesday the 12th that was well received. He met with the Publisher of the Sitka Sentinel as well as representatives of First National Bank Alaska and Northrim Bank. He and Chair Elect Russell met with Mark Gorman, Administrator, and Mark Danielson, Human Resource Director, for the City and Borough of Sitka about conducting a workplace campaign. Chair Russell and President Stevens met with representatives of the Hames Corporation and received a positive reception. Additionally, Stevens reported on his meeting with the partner agencies and others about United Way and campaign opportunities. The Day of Caring was well received and community members are looking forward to the event next spring.

Juneau Campaign Update – Resource Development Director, Sara Truitt

Ms. Truitt gave a rundown of campaign presentations within Juneau. She reviewed the campaign locations that have already been completed and noted special attention was being paid to AEL&P, CBJ, Bartlett and the School District to encourage engagement this year. Ms. Truitt also cited the number of presentations on the calendar for November and December up to this point in time.

Ketchikan Campaign Visit – President Stevens

Stevens reported that he, Chair Mesdag and Campaign Co-Chair Peggy Cowan would be visiting Ketchikan on November 8th and 9th. They would be presenting to the Chamber on Wednesday the 9th and are working to schedule meetings with partner agencies and others to discuss United Way and conducting a workplace campaign.

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**United Human Services Conference Room 3225 Hospital Drive, Suite 101, Juneau, AK
Events Committee**

Chair Mesdag reminded members that he would like to get a committee together to work on planning for the Orca Lodge dinner with Allen Marine on May 3rd 2017.

Governance

Board Development Committee – Mark Mesdag, Warren Russell

Chair Elect Mesdag reported that he and Board Member Russell are continuing discussion with a couple of potential board candidates.

Personnel Committee – Bill Peters, Ann Gifford

Committee had no activity to report

VI: STRATEGIC DISCUSSIONS –

Education Committee - Robbie Stell, Ann Gifford, Joy Lyon, Kendri Cesar, Lisa Richardson

Board members Stell and Lyon reported on the Wednesday October 26th meeting. The committee had received a written report from Lisa Worl the Coeur Alaska LEARN UNITED: Reading Tutor Coordinator. She has been communicating with schools and tutors working to get them into the classrooms. The two most noteworthy items besides getting the program going, are 1) we are starting with 30 tutors (we finished our 2015-16 year with 36 tutors) which is natural given the large number and 2) we've a large number of new tutors beginning at Harborview with US Coast Guard employees, 10 of the 12 tutors are USCG. Three tutors will have their tutor training next Wednesday 11/2 with Pamela Garcia.

President Stevens reported to the committee on his conversations with the Juneau Airport, Alaska Airlines and the coordinator of the Reading on the Fly Program.

Board Member Lyon updated the group on the Resilience film showing. She is awaiting word from Trevor Storrs of the Alaska Children's Trust as to availability of the film to show in Juneau. He wants to travel to Juneau to facilitate conversation after the showing.

Income Stability Committee – Millie Ryan, Bill Peters, Mark Mesdag

Health Committee – Kendri Cesar, Warren Russell, Fred Parady

Board Member Cesar reported that the Health Committee will be holding two meetings in the next couple of weeks. The Committee is scheduled to meet with Susan Bell and Laurie Orell of McDowell Group on the work they are doing with health care. Subsequently, the committee will meet with Jayne Andreen who has recently retired from the Department of Health and Social Services. Before retirement, Ms. Andreen was working on the development of a Community Health Improvement Network.

New Business

Report on Doodle Poll of Board Meeting Day and Week report – President Stevens

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President Stevens reported on the outcome of the Doodle poll sent out after the September meeting in which board members expressed a desire to revisit the scheduled meeting day and week.

Board members voted on their preferences for day and week of meeting. A copy of the results was included in the board packet for members review. By a large margin Thursday of the third week was the preferred meeting day. At this time the Third Thursday will remain the standard meeting time.

Events Committee – Orca Point Dinner Cruise

Chair Mesdag asked for volunteers to serve on the events committee and help with the planning for the May 3rd Allen Marine Dinner Cruise to Orca Point Lodge.

Chairs Report – Chair Mesdag

Chair Mesdag thanked all board members for their efforts to develop a regular meeting schedule for the committees. He noted the need for additional board members and encouraged members to bring names forward for consideration.

Resource Development Director Report – Sara Truitt

Resource Development Director Truitt reported on a new fund raising concept called Over The Edge. Volunteers fundraise \$1,000 each to rappel over the edge of a tall building. Proceeds go to the nonprofit that Over The Edge USA (OTE) partners with. Ms. Truitt reviewed the cost to the nonprofit: \$18,750 plus 10% of the funds raised is the cost to the agency; the fundraiser has the potential to bring in \$50-\$100,000, however. The board presented several questions for Ms. Truitt to research. Ms. Truitt noted that we currently have a 30 day noncommittal exclusivity contract with OTE, but that after the 30 days runs out on Nov 26th another nonprofit in Juneau can grab the event. OTE will only work with one nonprofit per location per year. Chair Mesdag noted that the board would prepare to vote on the event at our next meeting on Nov 17.

President's Report

President Stevens reported on the recent trip to Sitka, and provided an update on the planning for the Ketchikan trip on November 8 and 9. He is working on budget development and finalizing work of the FY 16 Audit. He is also putting together plans for the Nonprofit Leadership Council meeting scheduled for December 9. In addition, he reported that he has been working with the Health Committee in preparation for their meetings on November 10 and 15.

Board Member Comments

None

Adjournment

Chair Mesdag adjourned the meeting at 7:00 PM

United⁷ Way of Southeast Alaska

3225 Hospital Drive, Suite 106

Juneau, Alaska 99801

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LIVE UNITED



MINUTES of the Health Committee Meeting

Date of meeting: November 10, 2016 Time: 11:45 am

Place: Capital Café, Baranof Hotel

Members Present (first & last name): Kendri Cesar, Fred Parady

Members absent (excused): Warren Russell, Praveen Mekala

Other persons present: Susan Bell and Laurie Orell with the McDowell Group, Wayne Stevens

Chairperson: Kendri Cesar

ITEMS DISCUSSED; Susan Bell and Laurie Orell with the McDowell Group presented materials to the committee outlining the plethora of projects the McDowell Group had worked on including for the United Way of Mat Su and many other health organizations across Southeast Alaska. Committee members had a wide ranging discussion on the issue of health and how United Way of Southeast might engage in health project that might bring a single focal point to the region from Yakutat to Ketchikan. Health issues discussed included behavioral health, addiction, obesity, and Adverse Childhood Experiences (ACES), all of which impact our other areas of focus Education and Financial Stability.

DECISIONS MADE: None

RECOMMENDATIONS TO BOARD FOR APPROVAL:

Adjourned at: 1:15 pm

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LIVE UNITED



MINUTES of the Health Committee Meeting

Date of meeting: November 15, 2016 Time: 11:45am

Place: Capital Café, Baranof Hotel

Members Present (first & last name): Kendri Cesar, Warren Russell, Praveen Mekala

Members absent (excused): Fred Parady

Other persons present: Jayne Andreen, Wayne Stevens

Chairperson: Kendri Cesar

ITEMS DISCUSSED: Jayne Andreen introduced herself and provided members her background and experience with the Department of Health and Social Services. Ms. Andreen provided background on a project she had worked on prior her retirement from DHHS. She had led an effort to build a Community Health Improvement Network which is a process intended to increase the control communities have over their health and wellbeing. It entails community ownership and action that focuses on changing the social, cultural, political and economic factors that lay the foundation for a community's health. Committee held a wide ranging conversation on how best for United Way to be involved in the issues of Health and what that might look like. There may be grant funds available to help fund the work.

DECISIONS MADE: Committee would like to explore re-energizing the Community Health Improvement Network program. There are individuals across the region whom are interested in the project and could be encouraged to re-engage in the process. Ms. Andreen would be available to assist in leading the process as a contractor. We could use the Community Impact dollars to fund the project.

RECOMMENDATIONS TO BOARD FOR APPROVAL:

Adjourned at: 1:15 pm

Community Health Improvement White Paper

Good health begins with healthy communities where residents have access to safe streets, healthful foods, and clean air and water. A growing body of research is finding that strong social network and communities provide a protective quality for health. A community with strong support systems and social trust provide a more healthful environment for working and playing.

Community health improvement is a process intended to increase the control communities have over their health and wellbeing. It entails community ownership and action that focuses on changing the social, cultural, political and economic factors that lay the foundation for a community's health.

As identified in Healthy People 2020, community-based programs play a key role in:

- Reinventing disease and injury
- Improving health
- Enhancing quality of life

We know that our health is influenced at many levels; by our personal preferences and behaviors, by the organizations and institutions we interact within, the environment around us, and the policies that shape our lives and society. Because so many of these influences are inter-related, community-based programs can connect our schools, worksites, health care facilities and communities to provide greatest potential of improving our health and wellness.

As reflected in Alaska's Community Capacity Review, 2014, Alaska has a unique statewide public health system. Most of our communities lack local public health departments. The State's Section of Public Health Nursing is often the local "face" of public health. We also have an extensive tribal health system, providing services through 13 regional health corporations. Funding for local health initiatives is often siloed, intended to focus on a specific health issue such as obesity, sexually transmitted diseases, suicide prevention, family violence, and cancer. This requires a patchwork of services that is often spread across multiple organizations at the local level. Because funding is competitive, grants generally require some type of assessment to determine the level of need within the community. These grants also will often require some type of local coalition or task force to help inform the effort.

While federal and state funding will continue to be authorized by health categories, there is an increasing recognition that we must support communities in determining their own priorities, based on teamwork and collaboration, with a solid foundation of data. The State of Alaska and the Alaska Native Tribal Health Consortium recognized this need when they developed Healthy Alaskans 2020 (HA2020). It is a statewide collaborative initiative that is aimed at improving the health of all Alaskans with a vision of Healthy Alaskans in Healthy Communities. Healthy Alaskans 2020 provides a framework to support the work of partners and stakeholders statewide who are actively engaged in improving the health of Alaskans. Working with a myriad of partners, HA 2020 has completed a comprehensive statewide assessment resulting in the prioritizing of 25 health objectives to be addressed through 2020. The success of HA 2020 is

attributed to the creation and support of partnership, as well as the compilation and presentation of the best available data on health status, health factors and health priorities.

The challenge is bridging this statewide effort to local community health improvement efforts. The Community Health Improvement Collaborative is a statewide initiative made up of public and private entities that provide support to communities in conducting comprehensive needs assessment and improvement plans. The CHI Collaborative's vision is:

An Alaska where its communities and statewide entities use the community health needs assessment and improvement processes to drive effective local and statewide systems change to improve the lives of all Alaskans.

This will be accomplished by helping communities across Alaska engage in community health improvement by facilitating community health needs assessment, access to data sources, access to process tools, and access to Peer-to-Peer assistance/sharing to improve the health of Alaskans through effective systems change and the broad use of Community Health Needs Assessments results.

Sources

Lin, N. Building a network theory of social capital. In N. Lin, K. Cook, & R.S. Burt, (Eds.), *Social capital: Theory and research*, (pp.3-29). New York: Aldine de Gruyter.

<http://www.massgeneral.org/cchi/about/>

Labonté R. and Laverack G. (2008) Health promotion in action: from local to global empowerment

Baum, F. (2008) Foreword to Health promotion in action: from local to global empowerment

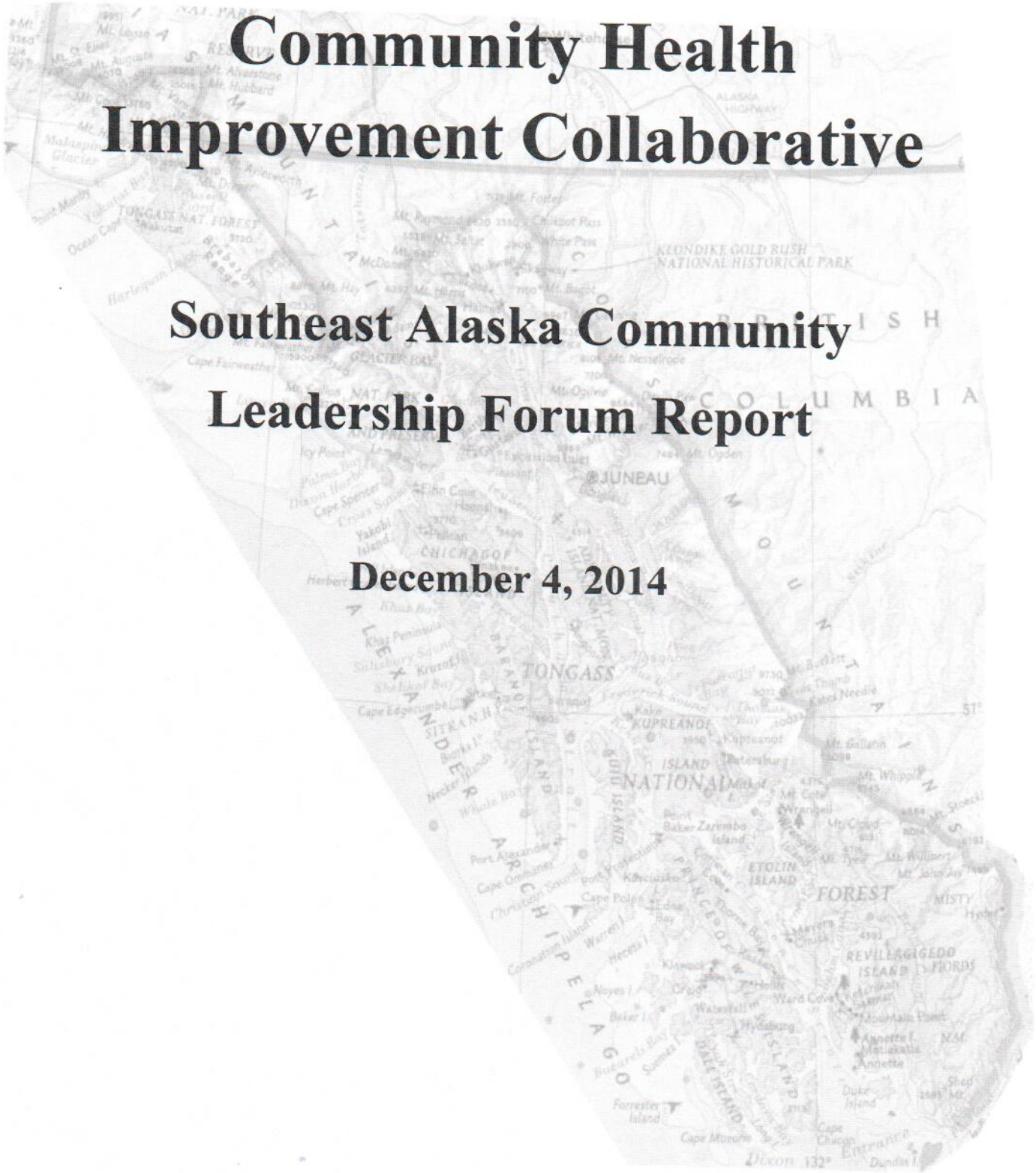
Waisbord S. (2005) Five key ideas: coincidences and challenges in development communication, in Hemer, O. and Tufte, T. (eds) *Media and Glocal Change: Rethinking Communication for Development*, Nordicom and CLASCO

Concept of 'Accompaniment' taken from the Malaria Community Competence methodology
www.malariacompetence.org

Community Health Improvement Collaborative

Southeast Alaska Community Leadership Forum Report

December 4, 2014



Introduction

Good health begins with healthy communities where residents have access to safe streets, healthful foods, and clean air and water. A growing body of research is finding that strong social networks and communities provide a protective quality for health. A community with strong support systems and social trust provide a more healthful environment for working and playing.

Community health improvement is a process intended to increase the control communities have over their health and wellbeing. It entails community ownership and action that focuses on changing the social, cultural, political and economic factors that lay the foundation for a community's health.

As identified in Healthy People 2020, community-based programs play a key role in:

- Preventing disease and injury
- Improving health
- Enhancing quality of life

We know that our health is influenced at many levels; by our personal preferences and behaviors, by the organizations and institutions we interact within, the environment around us, and the policies that shape our lives and society. Because so many of these influences are inter-related, community-based programs can connect our schools, worksites, health care facilities and communities to provide the greatest potential of improving our health and wellness.

As reflected in Alaska's Community Capacity Review, 2014, Alaska has a unique statewide public health system. Most of our communities lack local public health departments. The State's Section of Public Health Nursing is often the local "face" of public health. We also have an extensive tribal health system, providing services through 13 regional health corporations. Funding for local health initiatives is often siloed, intended to focus on a specific health issue such as obesity, sexually transmitted diseases, suicide prevention, family violence, and cancer. This requires a patchwork of services that is often spread across multiple organizations at the local level. Because funding is competitive, grants generally require some type of assessment to determine the level of need within the community. These grants often require some type of local coalition or task force to help inform the effort.

While federal and state funding will continue to be authorized by health categories, there is an increasing recognition that we must support communities in determining local priorities, based on teamwork and collaboration, with a solid foundation of data. The State of Alaska and the Alaska Native Tribal Health Consortium recognized this need when they developed Healthy Alaskans 2020 (HA2020). It is a statewide collaborative initiative that is aimed at improving the health of all Alaskans with a vision of Healthy Alaskans in Healthy Communities. Healthy Alaskans 2020 provides a framework to support the work of partners and stakeholders statewide who are actively engaged in improving the health of Alaskans. Working with a myriad of partners, HA 2020 has completed a comprehensive statewide assessment resulting in the prioritizing of 25 health objectives to be addressed through 2020. The success of HA 2020 is

attributed to the creation and support of partnership, as well as the compilation and presentation of the best available data on health status, health factors and health priorities.

The challenge is bridging this statewide focus to local community health improvement efforts. The Community Health Improvement Collaborative (CHI Collaborative) is a partnership of the State of Alaska, the Alaska Native Tribal Health Consortium, the Federal Reserve Bank of San Francisco and other state and regional organizations that support and promote community coalition building, needs assessment, improvement planning and implementation. It includes public health, behavioral health, primary care, and funding organizations such as United Way and a regional foundation. The CHI Collaborative vision is:

An Alaska where its communities and statewide entities use the community health needs assessment and improvement processes to drive effective local and statewide systems change to improve the lives of all Alaskans.

This will be accomplished by helping communities across Alaska engage in community health improvement by facilitating community health needs assessment, access to data sources, access to process tools, and access to peer-to-peer assistance/sharing to improve the health of Alaskans through effective systems change and the broad use of community health needs assessments results.

Sources

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<http://www.healthypeople.gov>

<http://hss.state.ak.us/ha2020/>

Southeast Alaska Pilot Project

The CHI Collaborative recognized the need to learn how to support communities by directly interfacing with community leaders. A pilot project was initiated over the summer of 2014 to work with community leaders in Southeast Alaska. The pilot project planning committee developed a list of potential participants from throughout the region. The list identified potential leaders from hospital personnel, city administrators, elected officials, business owners, local wellness coalitions, tribal health and tribal government, educators, public health nursing and community health centers. Of the resulting list, 28 people were invited to participate in an all-day meeting on December 4, 2014. The Alaska Mental Health Trust Authority provided travel assistance. Fifteen people were able to attend representing 11 of the Southeast communities. Key informant interviews were also conducted with an additional five people, increasing representation to a total of 13 communities.

The meeting was held on December 4, 2014. It was designed to gather information on what is most needed by communities to move forward with their health improvement efforts, as well as to develop networking and mentoring opportunities. The group received an orientation on basic information related to community health needs assessments and improvement planning followed by an opportunity to break into small groups to share information about their communities.

The meeting then turned to the formal assessment process. Following a format used for the statewide public health system assessment conducted in May 2014, participants were asked a series of questions over four areas:

- Organizing/Coalition Development
- Assessment/Evaluation
- Plan Development
- Implementation

The questions focused on community function, as well as how statewide organizations support these efforts. Participants rated each question by the degree each question was being addressed in their community using handheld voting devices based on the following ratings:

Summary of Assessment Response Options

Extremely Well Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significantly Well Activity (51-75%)	Greater than 50% but no more than 75% of the activity described in the question is met.
Moderately Activity (26-50%)	Greater than 25% but no more than 50% of the activity described in the question is met.
Minimal Activity (1-25%)	Greater than zero but no more than 25% of the activity described in the question is met.
No Activity (0%)	0% or absolutely no activity.

The participants were given time to discuss the voting results and their perceptions after each question. Two note takers captured the main discussion points for later qualitative analysis.

The final agenda item for the day was discussion on next steps this group would like to see occur to support Southeast Alaska community health improvement efforts.

What is in this report?

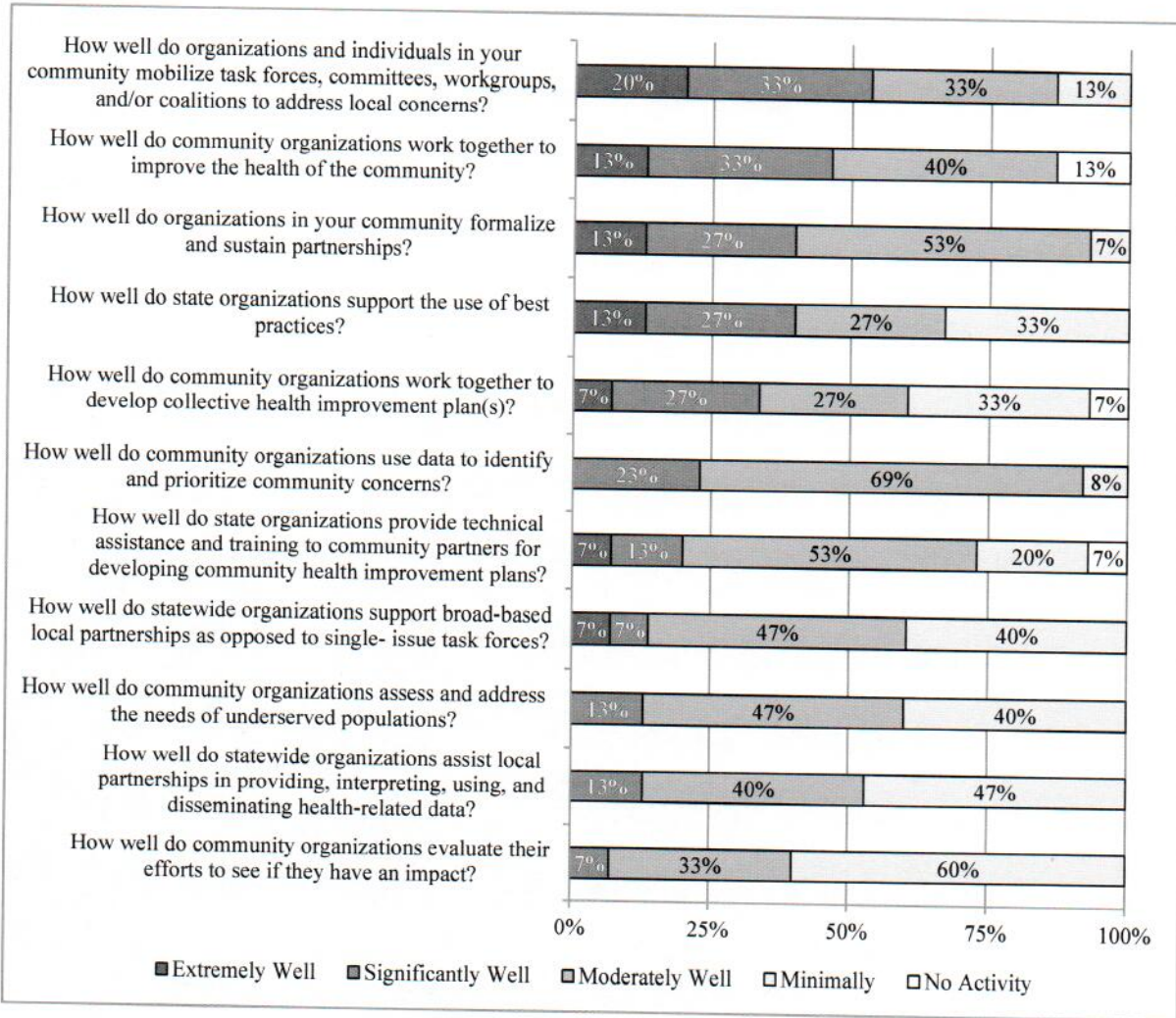
This report includes the findings from the meeting with an overall ranking of how participants rated the eleven questions and the average scores for each of the four topic areas. Each topic area is addressed including the rating results, strengths, challenges and recommendations.

Limitations

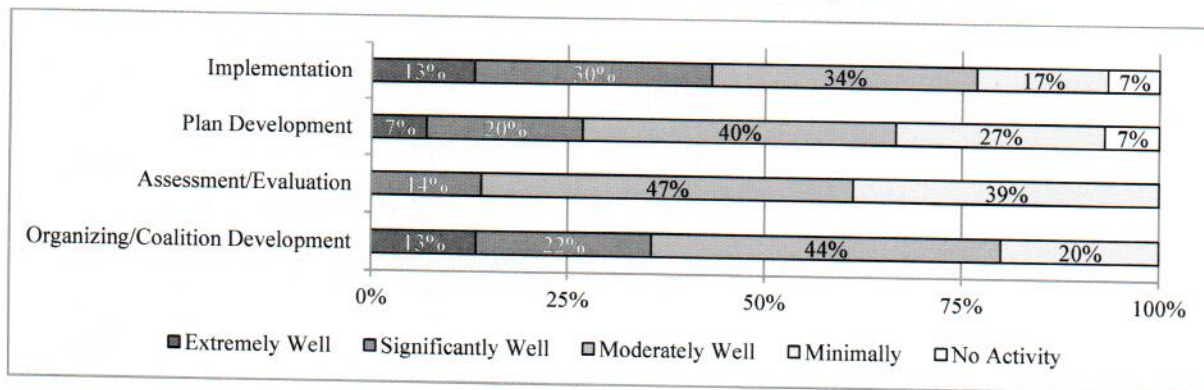
The findings in this report are based on the knowledge of those who participated in the process. All responses represent self-assessment of the current capacity and activity of communities in Southeast Alaska, as well as the level of support and assistance these communities receive from state organizations. The responses to the questions are based on and only as accurate as the diverse participants' perceptions and experiences. Every effort was made to identify and engage partners with knowledge about their communities. Compilation of key informant interviews was presented to the participants at the beginning of the voting and discussion. The results should not be interpreted to reflect the capacity or performance of any single organization or community.

The results of the meeting will be used to inform a strategic plan by the CHI Collaborative.

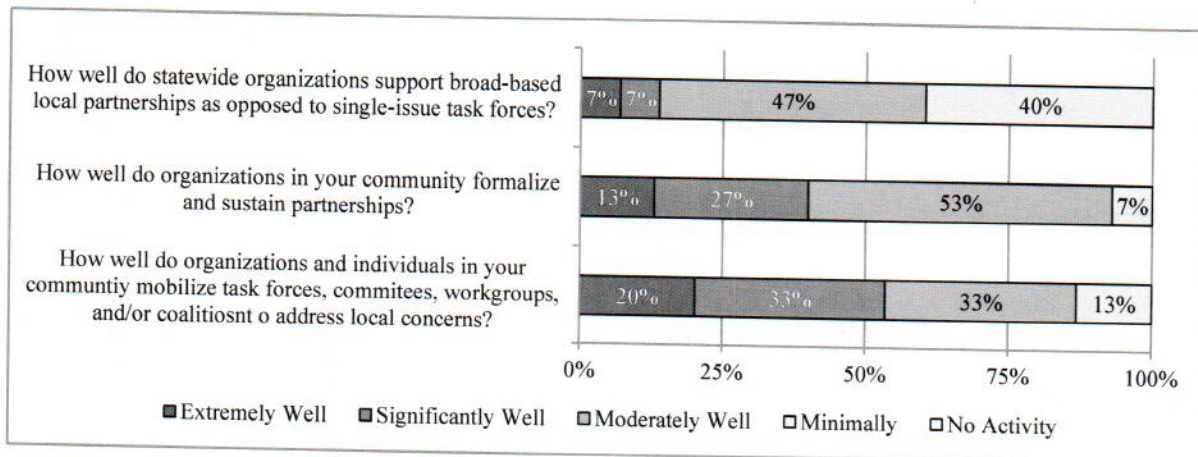
Overall Findings by Question Ranked from Highest to Lowest Rated



Average Percentage of Votes by Category



Organizing/Coalition Development



The Organizing/Coalition Development averaged responses were the second highest of the four categories. An average of 33% of participants' responses across the three questions was rated as being conducted extremely or significantly well. As is reflected, participants saw their communities as strongest in mobilizing their efforts, with 53% rating their communities at extremely or significantly well. This rating decreased somewhat when it came to formalizing and sustaining these efforts. State organizational support for broad-based local partnerships, however, was only rated at 14% for being conducted extremely and significantly well.

Strengths

- Existing relationships and collaboration occur in smaller communities.
- Southeast Alaska communities have the ability to pull people together to create partnerships.
- Some of the communities have been able to succeed because they have designated staff to support the partnerships.
- Some of the statewide entities provide positive support in the form of training, funding, and having opportunities to develop expertise.
- Local training was found to be especially helpful, and can increase the number of local volunteers.
- Participants recognized that a broad-based approach as opposed to single issues allow for community norms, values and nuances to be incorporated into local efforts.

Challenges

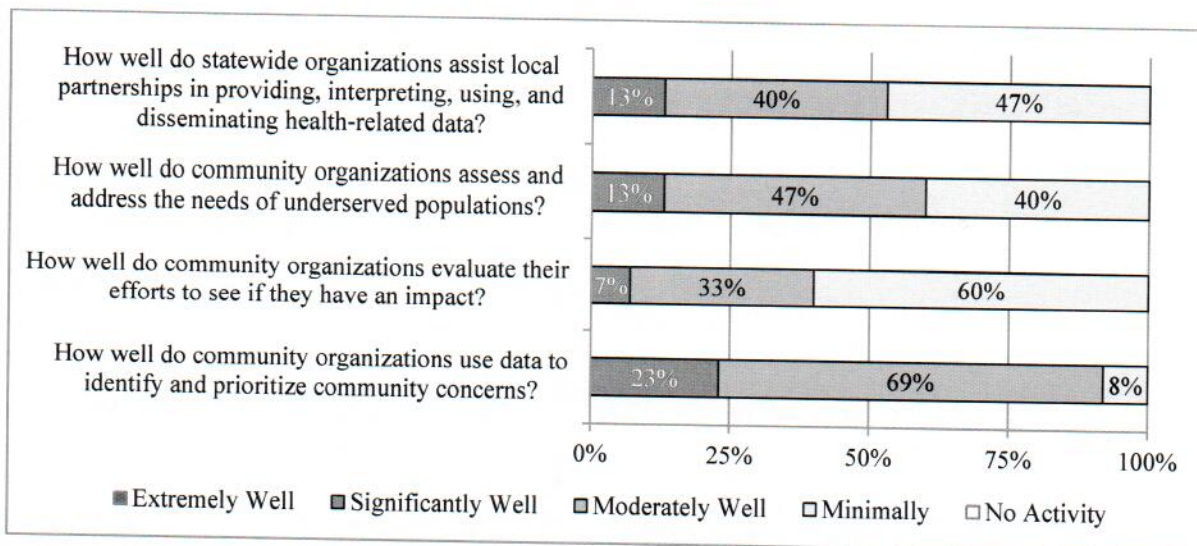
- Volunteer burnout occurs when the same people are tasked for multiple efforts.
- Efforts are hampered when people lack a shared understanding of the issues.
- It is difficult to maintain focus and effort when transitioning from planning to implementation.
- Staff and leadership turnover result in a lack of consistency and historical knowledge.
- Funding is difficult to find except for siloed, single issue initiatives.

- Funding requirements are sometimes designed for larger communities, making it difficult to fit the needs of smaller populations, and inadequate training.

Recommendations:

- Communities need to build larger, more diverse volunteer bases.
- Community efforts need to recognize and create the flexibility for the different skills and levels of participation that community people bring to an effort.
- Access to outside facilitation and assistance, as well as dedicated staffing are key to community success.
- Longer, more in-depth and on-site training that is tailored to the specific community provides the level of support needed by each community.

Assessment/Evaluation



Assessment and Evaluation was the lowest rated category throughout the day. None of the four questions was rated as being conducted extremely well by any of the participants, and all of the questions were rated at moderately or minimally implemented between 77% and 93% of the time.

Strengths

- This occurs more consistently when it is required by a grant.
- The Division of Behavioral Health (DBH) was specifically cited for the assistance they have provided communities in walking them through data collection, analysis, interpretation and utilization.
- Other state programs have provided resources such as the Rural Hospital Flexibility Program, which has assisted some of the hospitals in their assessment efforts.

Challenges

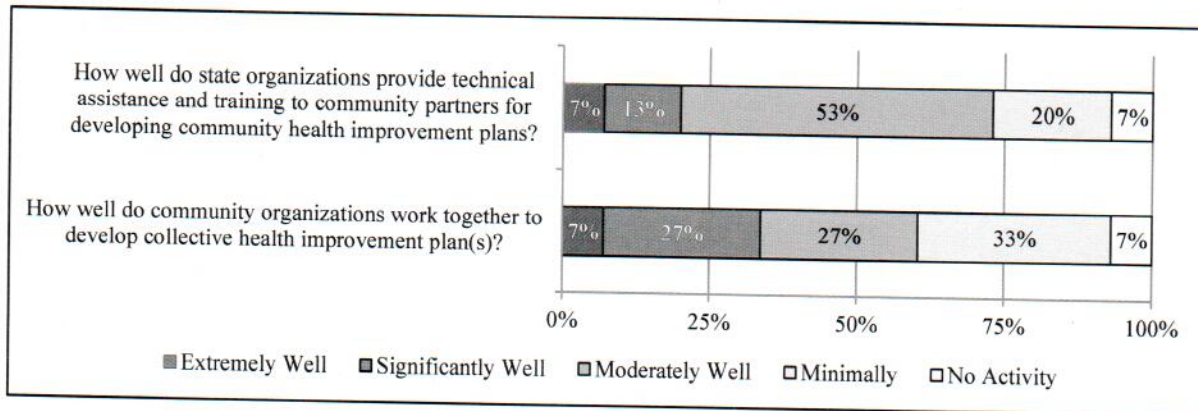
- Communities do not know where to ask for assistance or where to find data.
- There is a lack expertise and available staff resources for local data collection.
- Even when data is available, people become overwhelmed by it, and do not understand what is it or how to use it.
- Data is not available at local level. Small populations make it difficult to get reliable measures.
- Even when there is data, the decisions are usually made by a popularity vote.
- It is difficult to identify good measures, especially when looking for long-term outcomes.
- Outcome evaluation occurs but only when driven by outside sources.
- Evaluation is not adequately funded, diverting resources from needed service provision.

- Underserved populations are not actively incorporated into assessment and implementation, which is necessary to make the services relevant for them.

Recommendations

- Communities need access and resources for data, including easily usable data websites, training and technical assistance on how to interpret and use the data.
- Communities need to engage people in data gathering, as well as educating them on the importance of having and using data.
- Develop a website that includes a compilation of existing community needs assessments, as well as archives past efforts for communities' to reference.
- Replicate what the DBH did by contracting with the University to assist communities with their data analysis. DBH showed communities what and how to collect data, which allows grantee communities the opportunity to build their local capacity.

Plan Development



Plan Development ranks third of the four categories, with an average rating of 27% of the responses to both questions as being conducted extremely or significantly well. Participants rated their communities as working together to develop collective health improvement plans at 24% significantly or extremely well. The state organizations were rated in providing technical assistance and training on plan development at extremely or significantly well by only 20% of the participants.

Strengths

- The Prince of Wales Health Network was cited as an example of how a coalition can have significant success in working together, solving problems, sharing data, and being less competitive.
- Participants recognized the importance of trust growing when participants are able to see success of meeting shared goals.
- Emergency Preparedness was cited for providing excellent support and training to communities in developing local emergency response plans.

Challenges

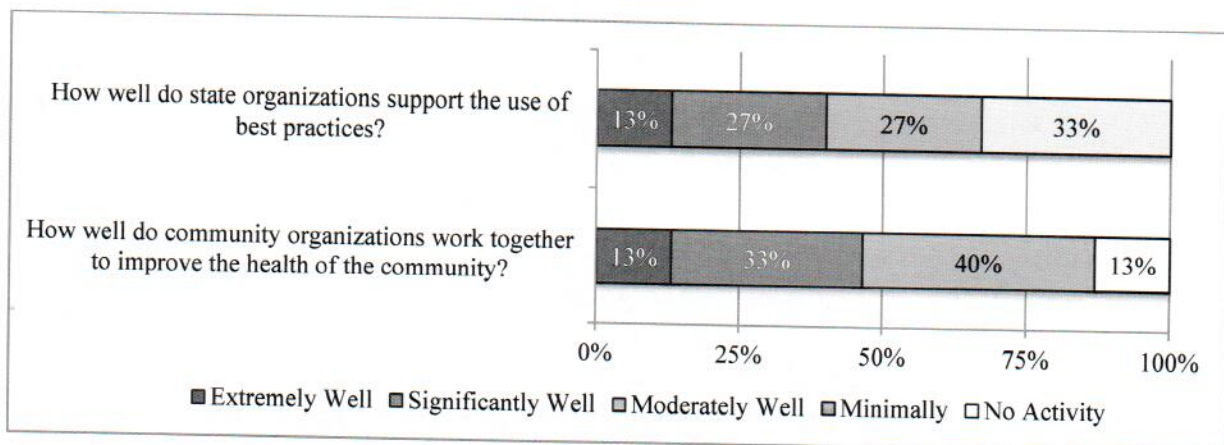
- Local politics can polarize a community, making it difficult for groups to develop collective/cross-organizational plans.
- There is a lack of support for community health needs assessments, particularly related to new Affordable Care Act requirements.

Recommendations

- Groups need to develop core values and be accountable to the group.
- Successful community efforts are best led by charismatic leaders.
- It is important to allow adequate time and opportunity to develop relationships.

- A key to successful plan development is having dedicated staff to coordinate and to keep the lines of communication open.
- Face-to-face meetings can play an important role in strengthening planning efforts, especially at the beginning.

Implementation



Implementation efforts averaged responses were the highest of the four categories. An average of 43% of participants' responses across the two questions was rated as being done extremely or significantly well. Participants rated their communities as second highest across the eleven questions for working together to improve the health of the community at 46% for being conducted extremely and significantly well. State agencies were rated at 40% for extremely and significantly supporting the use of best practices, which was the highest rating for the questions asking about how state organizations support and assist community efforts.

Strengths

- Communities do a very good job of taking action and working together when there is a crisis.
- There are top-level administrators who understand and support the importance of planning and collaboration.
- Some communities have grants that require other organizations to participate, which help guide the process and encourage sharing resources.
- The State understands the challenges in implementing evidence-based practices while incorporating traditional knowledge.

Challenges

- It is difficult to get people enthused before a crisis happens. It is easier for communities to be reactive rather than proactive.
- Plans often lack joint ownership across multiple organizations.
- It is difficult to track who is doing what, who has resources, and determine when there is duplication of services.
- Sharing resources can be challenging across organizations; who manages it, who reports to whom?

Recommendations

- It is important to expand the definition of public health to include the traditional health and health care entities, as well as non-traditional partners. This includes transportation, local planners, education, and the business community to name a few.
- Communities recognize the importance of effective leadership to set the tone and channel discussion to keep people moving forward.
- The state needs to provide more training and direction on implementing evidence-based practice, as well as expanding the incorporation of more traditional knowledge into best practice efforts.
- The State needs to improve sharing information about successes across the state, as well as provide training on how communities can implement those practices.

Next Steps

Although each community is different, participants recognized the commonalities between their efforts to improve the health of their communities. Participants acknowledged the need for ongoing training and discussion across the region. The group members expressed appreciation for having been able to learn so much in a day that they can take back to their communities, and expressed the desire to have this type of meeting in every community. Participants were also interested in being able to review the report of the meeting.

The group expressed an interest in continuing this discussion as a group. The first meeting, to be scheduled for mid-January, will be used to:

- Review a draft of the report
- Identify key topics for future meetings
- Begin developing an inventory of existing plans to be housed on the United Way of Southeast Alaska website. This will be used to identify shared goals that could provide opportunities to encourage shared resources.

Attachment A

Community Health Improvement
Southeast Alaska Leadership Forum Attendees
December 4, 2014
Juneau, Alaska

Mischa Chernick
PeaceHealth Ketchikan Medical Center
Ketchikan, Alaska

Mark Gorman
City and Borough of Sitka
Sitka, Alaska

Shelley Hjort
Petersburg Medical Center
Petersburg, Alaska

Candy Keown
Hoonah Indian Association
Hoonah, Alaska

Kimberly Kilkenny
Petersburg Mental Health
Petersburg, Alaska

Nancy Knapp
SEARHC Contractor
Sitka, Alaska

Joy Lyons
Association for the Education of Young
Children, Southeast
Juneau, Alaska

Kris Reed
Wrangell Medical Center
Wrangell, Alaska

Shannon Silverthorn
PeaceHealth Medical Group – POW
Craig, Alaska

Karen Stepanenko
Inlet Café
Pelican, Alaska

Betty Stidolph, RN, ACM
Bartlett Regional Hospital
Juneau, Alaska

Mark Walker
Alaska Island Counseling Service
Wrangell, Alaska

Colleen Watson
Craig Public Health Center
Craig, Alaska

Jaquie Wetherbee
Helping Ourselves Prevention Emergencies
Craig, Alaska

Gary Williams
Organized Village of Kake
Kake, Alaska

Attachment B

Planning Committee Members

Jayne Andreen
Alaska Division of Public Health – Section of Health Planning and Systems

Lisa Aquino
Healthy Alaskans 2020

Pat Carr
Alaska Division of Public Health – Section of Health Planning and Systems

Nathan Johnson
Providence Health and Services

Aftan Lynch
Ketchikan Wellness Coalition

Susan Mason-Bouterse
Alaska Division of Public Health – Section of Health Planning and Systems

Jeannie Monk
Alaska State Hospital & Nursing Home Association

Craig Nolte
Federal Reserve Bank of San Francisco

Emily Read
Alaska Native Tribal Health Consortium

Kate Slotnick
Alaska Division of Public Health – Section of Public Health Nursing

Shellie Smith
Alaska Division of Public Health – Section of Health Planning and Systems Development

Wayne Stevens
United Way of Southeast

Attachment C

Meeting Pre and Post Knowledge Survey

Question	Options	Number of responses	
		Pre	Post
1) A community health needs assessment has to focus on health issues only.	TRUE		
	FALSE	15	15
2) Community health needs assessment should only be performed by health officials (such as midlevel practioners, doctors, nurses)	TRUE		
	FALSE	15	15
3) I know where I can find data on my community's health status	strongly disagree		1
	disagree	5	
	agree	9	9
	strongly agree	1	5
4) How often does the IRS require a community health needs assessment be performed?	a) not a requirement	8	1
	b) As needed	2	1
	c) Once every year		
	d) every 3 years	5	13
5) A community health needs assessment has to include the following:	a) a diverse group of people	2	1
	b) School district and other data		
	c) A ranking of concerns	1	
	d) All of the above	12	14
6) The results of a community health needs assessment should be shared with everyone in the community through a variety of modalities.	TRUE	15	14
	FALSE		1
7) Community health assessments should never be done in conjunction with another nearby community.	TRUE	2	2
	FALSE	13	13
# of correct responses	4 of 6	4	0
	5 of 6	7	6
	6 of 6	4	9

Attachment D

Exit Questions

What is something you learned today?
We are all in this together, whether small or larger community.
The availability of statewide and regional resources that are available for community health improvement.
Access to resources - sites for data.
We (communities) all face the same problems. There are few people with/and wearing many hats.
I learned that there is a lot of data that I am unaware of. I also learned that there is a huge benefit to meeting face-to-face.
The banks want to loan money to underserved and needy health organizations.
Ideas for new partnerships.
SE AK is very fortunate in having so many people who are so committed to the "health" of their communities! Overall, we are doing well working with our state organizations.
The directions many communities are going and the level of commitment everyone has.
Key factors in success-communication, transparency, collaboration.
Lots is being done in SE around community health improvement planning.
That other locations in SE AK are dealing with similar challenges in making their community healthy.
That the community hospital has done a CH needs assessment!
That all SE communities are engaged in a collaborative health partnership.
Were you surprised by anything you heard today? No/Yes, if so, please describe
Improved collaboration in planning, strategy, implementation and review, and importance of increased relationships with the vulnerable/underserved populations.
Yes, 40% of health is related to socio-economic issues.
No.
Need to bring more and different people to the table "not just the usual" but think out of the box.
How poorly the US compares to 16 other developed nations. How does Alaska compare to the other states?
So many things.
The #'s that show us how unhealthy Alaskans are, as far as support for the underserved.
No.
Interesting commonalities in all communities, our community is not alone in challenges.
In the introduction, that the US is so far behind other developed countries in health indicators. The wealth of resources available to use (handouts at the end) will be helpful.
No.
I can't remember now. I'll remember later when I think or when I read the minutes or my notes.
I was surprised by how similar the bigger cities in SE are to some of the villages. Every community is also unique.

What are some specific steps that can and need to take place to strengthen assistance to communities who are working to improve their health?
Enhancing communications and awareness.
Compile list of all organizations required assessment/reports and their cycles.
Continued energy and positivity.
Go within my community and be involved in more meetings, listening, to see beyond just the hospital.
Get data. Resources - financial. Mediator.
The meetings will be great. Sharing information is important.
The state department heads are also meeting: community health. Like get Public Health, Prevention & Behavioral Health at the table.
Maybe more help with the " process" of developing a community health needs assessment?
More collaboration.
Community involvement/awareness of goals.
Continual work to ensure improvement, etc.
Communication, collaboration, and identifying needs of all community populations.
1) training/webinar on CHI and how to engage underserved and key affected populations in setting priorities. 2) How to set up performance frameworks when communities determine priority projects, like the CTG projects.
I was going to say, provide Alaska data sources and health resources, but *Presto* you provided them!
What is one thing you can/will do differently based on today's experience?
Re-energized to reach out more back at home.
Connect more frequently with community partners
Not be too scared to bring my opinion to the table
1) Share a debrief of the day with our MAPP leaders. 2) be mindful to engage underserved populations in planning for health services. 3) encourage our SE early childhood partners to link with local community health partnerships.
Join the local health coalition
Not feel like we are the only ones with a problem
Be more supportive of our community health planning initiatives
Make sure to involved underserved, don't assume you are meeting their needs
More collaboration with other communities.
Widen my connections to include more of those who are often silent (aka the "young adult" crowd and others who may not be heard from as often in gathering data)
Invite transportation and elected officials and business to the table.
Contact more groups into the community when there are health meetings. Share info and ask for collaboration
I will work on getting more in-depth with the needs of my communities health.

Attachment E

**Community Health Improvement Pilot Project Gathering
Agenda
December 4, 2014
310 Main Street, Room 115
Juneau, AK 99801
8:30 am – 4:30 pm**

Meeting objectives:

- Gather information on what is most needed by communities to move forward
- Develop networking/mentoring opportunities

- 8:30 **I. Introductions, welcome, meeting goals**
- 9:15 **II. Laying the ground work**
- 10:00 BREAK**
- 10:15 **III. Community sharing exercise**
- 11:00 **IV. Assessing how communities are doing and what they need**
- a. Community Partnerships**
- 1) How well do organizations and individuals in your community mobilize task forces, committees, workgroups, and/or coalitions to address local concerns?
- 2) How well do organizations formalize and sustain partnerships?
- 3) How well do statewide organizations support broad-based local partnerships as opposed to single- issue task forces?
- 12:00ish LUNCH**
- 1:15 **V. Continued**
- b. Assessment**
1. How well do community organizations share data to identify community concerns?
2. How well do community organizations evaluate their efforts?
3. How well do community organizations assess and address the needs of underserved populations?
4. How well do statewide organizations assist local partnerships in

providing, interpreting, using, and disseminating health-related data?

c. Plan development

1. How well do community organizations work together to develop collective health improvement plan(s)?
2. How well do state organizations provide technical assistance and training to community partners for developing community health improvement plans?

2:45 VI. BREAK

3:00 IV. Continued

d. Implementation

1. How well do community organizations work together to improve the health of the community?
2. How well do state organizations support the use of best practices?

e. Evaluation

1. How well do state organizations provide technical assistance (e.g., consultations, training) to communities in their evaluation activities?

3:45 V. Next steps

4:00 VI. Resources

4:15 VII. Wrap-up



MINUTES of the Education Committee Meeting

Date of meeting: October 26, 2016 Time: Noon

Place: AEYC Conference Room

Members Present (first & last name): Ann Gifford, Joy Lyon, Robbie Stell

Members absent (excused): Lisa Richardson, Kendri Cesar

Other persons present: Wayne Stevens

Chairperson: Ann Gifford

ITEMS DISCUSSED: We received a written Reading Tutor update from Lisa Worl, Reading Tutor Coordinator. She has been communicating with schools and tutors working to get them into the classrooms. The two most noteworthy items besides getting the program going, are 1) we are starting with 30 tutors (we finished our 2015-16 year with 36 tutors) which is natural given the large number and 2) we've a large number of new tutors beginning at Harborview with US Coast Guard employees, 10 of the 12 tutors are USCG. Three tutors will have their tutor training next Wednesday 11/2 with Pamela Garcia.

Reasons for the loss of tutors ranged from change in work schedule, personal illness, recent childbirth, and newly added responsibility of caring for aging, ill parent. Lisa explained that she mentioned this only to highlight that some turnover is inevitable and they do not appear to be program related losses.

Reading on the Fly Program. Stevens updated the committee on his conversations with the Juneau Airport, Alaska Airlines and the coordinator of the program.

Joy Lyon updated the group on the Resilience film showing. She is awaiting word from Trevor Storrs of the Alaska Children's Trust as to availability of the film to show in Juneau. He wants to travel to Juneau to facilitate conversation after the showing.

DECISIONS MADE: Next meeting set for Tuesday, November 29 at noon at AEYC.

RECOMMENDATIONS TO BOARD FOR APPROVAL:

Adjourned at: 1:10 pm

November 14, 2016

United Way of SE Alaska
3225 Hospital Drive, Suite 106
Juneau, AK 99801

Attn: Mark Mesdag, Board Chair

Re: Resignation from the board

Mark,

This letter serves as notice to vacate my board seat at the end of this calendar year. As we have discussed, with the creation of the new Rotary Club I am unable to make future board meetings – as noted with my absence in October; and at the November/December meetings this year.

Please know this has been a difficult decision for me, as I truly embrace all that United Way does for our community and the greater community of SE Alaska.

My best to you, the other board members and of course Wayne and Sara; I look forward to the accomplishments yet to come for the agency as a result of the hard work of all. It has been a pleasure serving with all of you these past three years.

Regards,

Bill Peters
peters.juneau@gmail.com
(907) 723-9711

Presidents Report for November 17, 2016

Meetings

- 10/28 – Lunch w/ Patrick Ryland Wells Fargo & Dawn Wesley THRHA re financial stability ideas
- 10/30 – Board orientation Praveen Mekala
- 11/1 – Phone conversation w/Erin Kirkland Reading on the Fly Program, Rotary meeting
- 11/2 – BBBS Luncheon
- 11/4 – Alaska Miners Assoc meeting, Coeur Alaska Community Advisory board meeting, lunch w/Mark Mesdag, meeting with Peggy Cowan * & Mark Mesdag re Ketchikan trip planning
- 11/8 – Ketchikan trip see itinerary attached
- 11/9 – Ketchikan trip see itinerary attached
- 11/10 – Health Committee meeting
- 11/14 – Faith Lee AmeriCorps on boarding, Foraker Public Policy teleconference
- 11/15 – Health Committee meeting, Christy Ciambor Coast Alaska underwriting discussion
- 11/16 – 12/4 out of office

Worked on following tasks –

- Campaign planning
- Campaign presentation
- Ketchikan Campaign Kickoff presentation
- 2016 Audit
- FY 2017 Budget

Events attended

- 11/2 – BBBS luncheon

Itinerary for Ketchikan November 08 & 09, 2016

November 08, 2016

7:22 am - Depart Juneau AS flt 60

8:27 am - Arrive Ketchikan

9:30a – Renee Schofield, TSS 120 Carlanna Lake Rd.

10:30 am -

11:00 am –

12:15 pm - Lunch w/ Ketchikan Partner Agencies, Best Western Landings Board Room

1:45pm – Aubree Kline, Big Brothers, Big Sisters 2417 Tongass Ave, Suite 202A

2:30 pm - Jaimie Palmer and Amanda Painter Allen Marine 5 Salmon Landing Suite 215

3:30 pm – Kevin Gadsey, Ketchikan Wellness Coalition 602 Dock St. Suite 108

4:30 pm – Christena Williams, Publisher, Ketchikan Daily News

November 09, 2016

9:15 am - P/U Mark Mesdag, Peggy Cowan and Jayne Andreen from Alaska flt 60

9:45am – Robert Boyle, Superintendent Ketchikan School District

10:30 am -

11:15 am - First City Forum KTKN Kent Colby 526 Stedman St.

11:45 am - Chamber Presentation – “The Business of Giving/How the United Way Impacts Ketchikan”

1:45 pm – Christa Bruce

2:30 pm - Doug Ward Alaska Shipyard

3:00 pm – catch 3:15pm ferry to airport to return Car and check bags

4:46pm - Depart Ketchikan flt 67 Arr Juneau 7:13pm