



# Healthy and Equitable Communities

Strategic Plan 2022-2025

December 2021



Healthy and Equitable Communities Strategic Plan, 2022-2025

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# 1. Introduction

## Acknowledgments

The process to develop this plan occurred during the summer and fall of 2021. This was a time of anxiety and grief for communities and individuals due to the COVID-19 pandemic, and stress on healthcare systems and community responders. The Alaska Division of Public Health (DPH) Healthy and Equitable Communities team is grateful to each person who gave their time and expertise to participate in public meetings, respond to the survey, and provide input to this plan.

## Planning Process and Timeline

The process and timeline for this plan were accelerated by the COVID-19 pandemic and the need to expedite work with Alaska communities to implement strategies to reduce the disproportionate impact of COVID-19 on higher risk communities. Federal funding for the Alaska Initiative to Address COVID-19 Among High Risk, Rural, and Underserved Alaskans<sup>1</sup> awarded to Alaska in June 2021 and ending in May 2023 added momentum to the need to develop and implement this plan.

Community input to this plan is vital and will continue during implementation. The Healthy and Equitable Communities Committee will provide ongoing input and guidance for the implementation of the plan. Figure 1 identifies the main activities in the planning process. Additional detail on the planning approach and activities is included in Appendix A.

Figure 1 Planning Process and Timeline



<sup>1</sup> <https://www.cdc.gov/publichealthgateway/partnerships/COVID-19-Health-Disparities-OT21-2103.html>

## 2. Plan Summary

### Vision

All Alaskans have equitable access to opportunities to lead healthy lives.

### Mission

Partner with Alaska communities to improve conditions that support health and well-being, especially for community members who face significant barriers to better health.

### Goals

1. Expand or develop services to prevent and mitigate COVID-19 among high-risk, underserved groups.
2. Improve health data collection and sharing for high-risk, underserved groups.
3. Build, leverage, and expand workforce, capacity, coalitions, and plans relevant to COVID-19 mitigation for high-risk, underserved groups.
4. Mobilize partners statewide to address root causes related to COVID-19 and other health conditions.
5. Enhance implementation of all other Healthy Alaskans 2030 priority health objectives and strategies with a focus on high-risk, underserved Alaskans.

## 3. Plan Purpose

### A New Kind of Plan for Health

The Division of Public Health’s 2020-2025 Strategic Plan includes an important guiding principle: “Ensure that all Alaskans have full and equal access to opportunities to lead healthy lives.”<sup>2</sup> That requires improving access to the conditions and resources that strongly influence health such as good jobs with fair pay, high quality education, safe housing, safe physical and social environments, and quality health care. While this should ultimately improve everyone’s well-being, the focus of action is on those groups that have been underserved, excluded or marginalized. In Alaska, geography and infrastructure significantly influence access, community conditions, and resources.

Every ten years, the State of Alaska, Department of Health and Social Services, in equal partnership with the Alaska Native Tribal Health Consortium, leads the process of updating the state health improvement plan, *Healthy Alaskans*. This roadmap is composed of 30 leading health objectives, or priorities, each with established targets to achieve over the coming decade. Through a comprehensive and inclusive process, organizations and communities agree to the objectives and targets.

*Healthy Alaskans 2030*, like the DPH strategic plan, includes a strong focus on healthy and equitable communities. All *Healthy Alaskans 2030* objectives must “address health equity and differences in health status and services across different population sub-groups, including racial, socioeconomic, age, gender, disability status, and geographic groups.”<sup>3</sup>

Particularly due to the short-term nature of the federal funding supporting development and implementation of the Healthy and Equitable Communities Strategic Plan, this plan draws heavily from previous efforts like the *Comprehensive Integrated Mental Health Program Plan*, and especially *Healthy Alaskans 2030*. It also builds on Alaska’s experience with the COVID-19 pandemic, providing focus and implementing strategies alongside community partners to build healthy and equitable communities for all Alaskans.

### What Does It Mean to be Equitable?

By ‘equitable’ we mean that everyone has fair and just opportunities to be as healthy as possible. The recent COVID-19 pandemic made more visible the conditions that make some communities and individuals at higher risk for poor health, morbidity (disease) and mortality (death).

National studies have found that coronavirus disease 2019 (COVID-19) has disproportionately affected populations placed at higher risk and who are medically underserved, including racial and ethnic minority groups, and people living in rural communities who are at higher risk of exposure, infection, hospitalization, and mortality. Additionally, racial and ethnic minority groups and people living in rural communities have disproportionate rates of chronic diseases that increase the severity of COVID-19 infection and might experience barriers to accessing testing, treatment, or vaccination against the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which causes COVID-19.<sup>4</sup> Other

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<sup>2</sup> DPH Strategic Plan, 2020-2025

<sup>3</sup> Healthy Alaskans 2030 State Health Assessment, August 2019.

<sup>4</sup> National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities, CDC-RFA-OT21-2103.

potential risk factors identified nationally include age, gender, some medical conditions, poverty and crowding, certain medications, and pregnancy,<sup>5</sup> as well as education, unemployment, and residential segregation.<sup>6</sup> Some people with disabilities might be more likely to get infected or have severe illness because of underlying medical conditions, congregate living settings, or systemic health and social inequality.<sup>7</sup> The same underlying conditions that place particular communities and individuals who belong to these communities at higher risk from COVID-19 also increase risks for other types of poor health outcomes.

In Alaska, rates of hospitalization from COVID-19 have been higher for people who are over the age of sixty, men (380.1 per 100,000), and those who identify as Native Hawaiian and Other Pacific Islander (1648.7), Alaska Native/American Indian (517.7), or Asian (357.6),<sup>8</sup> as compared to statewide (342.3). Rates of COVID-19-related deaths were higher than the statewide rate (48.7 per 100,000 person-years) for Alaskans who were over the age of 60, men (56.9), Native Hawaiian and Other Pacific Islander (161.3), Alaska Native/American Indian (91.1), or Asian (62.7). Underlying medical conditions such as cardiovascular disease and diabetes mellitus have also been associated with higher rates of death.<sup>9</sup> Alaska data are not able to illustrate the other factors identified nationally and listed above due to data limitations. Also, the role of missing data, especially for race and ethnicity, is important to consider. However, we expect risk factors identified nationally are also relevant in Alaska.

Because our vision is that all Alaskans have equitable access to opportunities to lead healthy lives, this plan identifies partnerships and strategies to address the specific conditions and risk factors for those at higher risk of poor health outcomes in Alaska.

## Theory of Change: How do we build healthy and equitable Alaska communities?

A theory of change is the story that tells how we get from our current situation to what we imagine for the future, and the steps along the way. It includes measurable outcomes and strategies to make change and achieve the vision and is based on best practices. A logic model is a picture that describes the story of how we will get from today to achieving our goals in the future.

The logic model in Figure 2 identifies the specific outcomes for the national funding; however, DPH intends to work beyond these specific outcomes. A logic model specific to this plan is in Figure 5. DPH is working with all communities to identify and implement health improvements that communities believe will improve overall health and well-being, particularly for those at higher risk for poor health outcomes due to systemic barriers and the legacy of being underserved in basic needs like housing, clean water access, education and other services. This strategic plan includes the strategies and outcomes identified to date and will be updated over the course of the planning period.

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<sup>5</sup> <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/assessing-risk-factors.html>, accessed November 24, 2021.

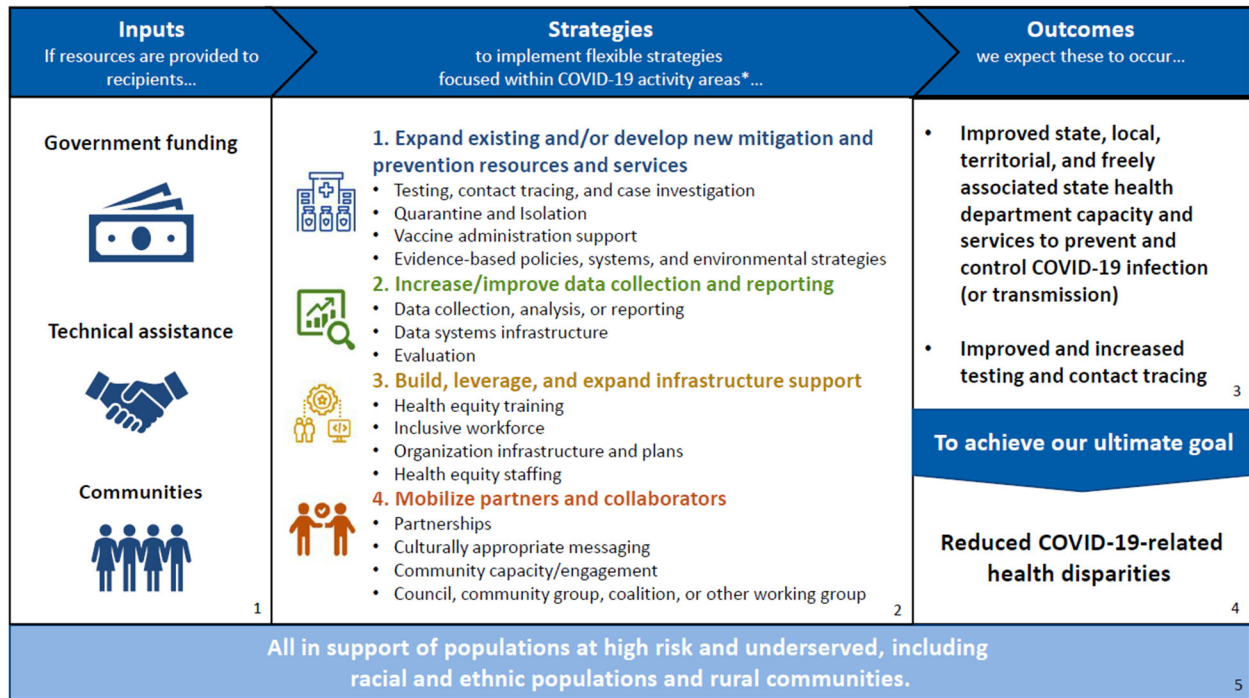
<sup>6</sup> Paul R, Arif A, Pokhrel K, Ghosh S. The association of social determinants of health with COVID-19 mortality in rural and urban counties. *Journal of Rural Health*.2021;37:278–286. <https://doi.org/10.1111/jrh.12557>

<sup>7</sup> <https://www.cdc.gov/ncbddd/humandevlopment/covid-19/people-with-disabilities.html>, accessed November 24, 2021.

<sup>8</sup> COVID-19 Update Hospitalizations, Deaths, and Vaccine Breakthrough Infections through September 2021, Section of Epidemiology, Alaska Division of Public Health.

<sup>9</sup> COVID-19 Deaths — Alaska, January 2020 through September 2021, Section of Epidemiology, Alaska Division of Public Health.

Figure 2 Logic Model for CDC Funding Opportunity<sup>10</sup>



## Impacting Health by Moving Upstream

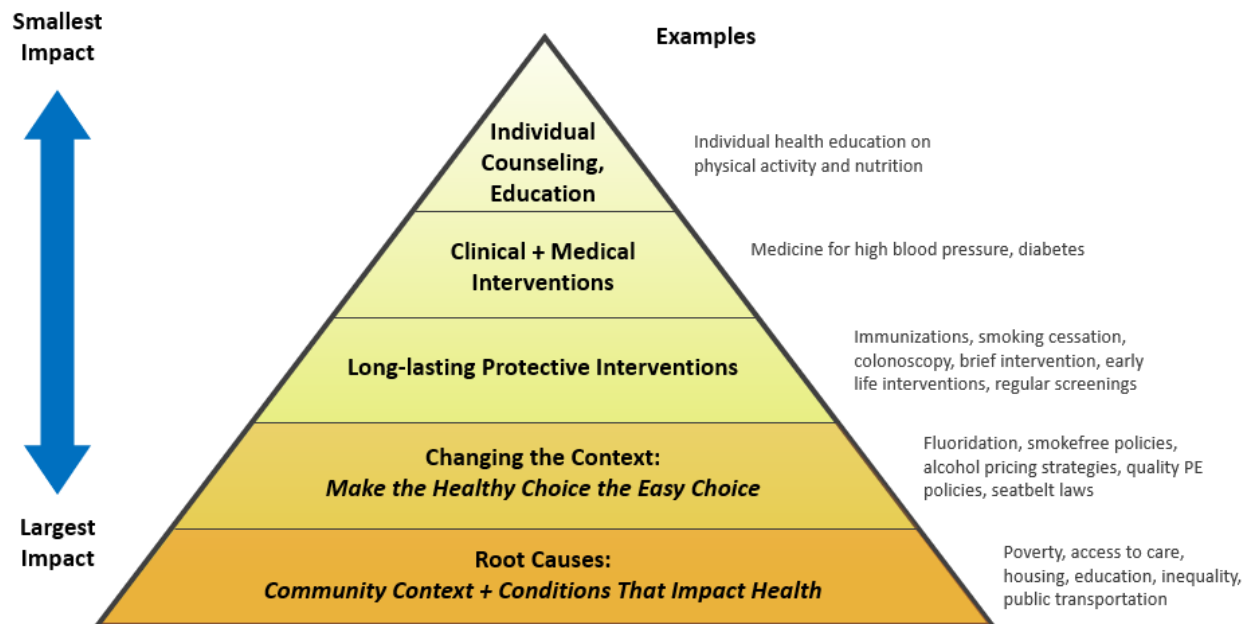
Because every individual’s health is significantly affected by where we are born, grow, live, work, learn and age, interventions that positively change community conditions have the broadest impact.<sup>11</sup> For example, providing clean water and sanitation to an entire community improves the health of all who live there. Figure 3 depicts the different levels of interventions to improve health.

<sup>10</sup> National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities, CDC-RFA-OT21-2103.

<sup>11</sup> A New Way to Talk About the Social Determinants of Health, 2010 Robert Wood Johnson Foundation



Figure 3 Health Impact Pyramid<sup>12</sup>

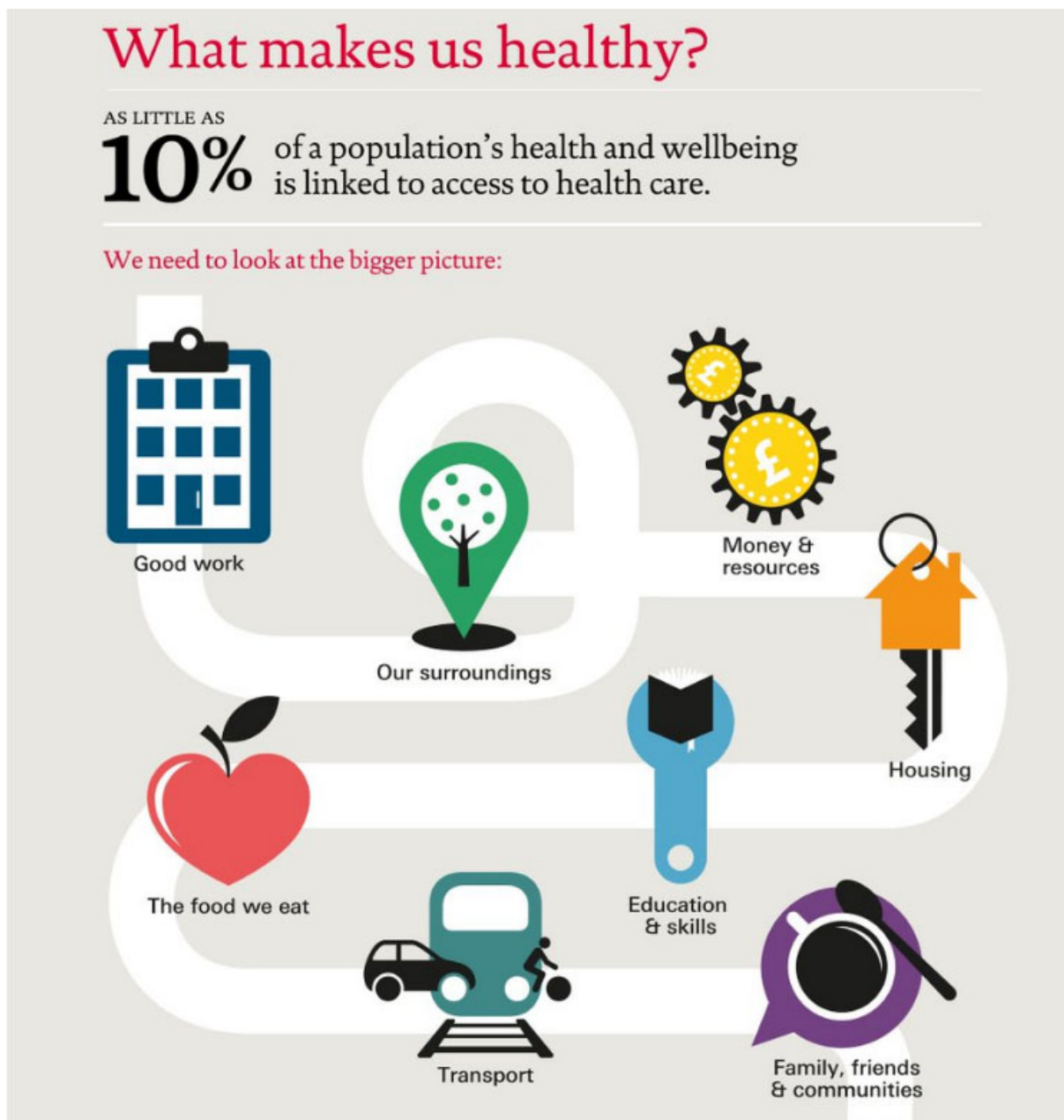


The vision of this plan is that all Alaskans have equitable access to opportunities to lead healthy lives, regardless of their income, education, or racial and ethnic background. As depicted in Figure 4, to reach this vision takes more than access to standard healthcare. What makes us healthy depends on the well-being of our families, our schools and workplaces, access to healthy foods and activity, housing, and employment, being able to gather with friends and family, and being free from discrimination. Seeing health this way expands how we can improve and build well-being in our communities.<sup>13</sup> Many communities are using this approach to improve the health of Americans, especially people with past traumas and other challenges which make them vulnerable to poor health.

<sup>12</sup> Adapted from Frieden TR. A Framework for Public Health Action: The Health Impact Pyramid. *AM J Public Health*. 2010; 100(4): 590-5.

<sup>13</sup> Ibid.

Figure 4 What makes us healthy?<sup>14</sup>



## Key Findings from Public Involvement

The following themes emerged from the input gathered through two public meetings and a web-based survey. In the public meetings held for this planning process in September 2021, participants worked in breakout groups to share responses to the starting question “What does a healthy and equitable Alaska community look like?” and then to identify specific strategies. The public survey asked the same starting question and asked for input on possible strategies and how they could be implemented in Alaska communities. More information on the methods used to engage the public is in Appendix A.

<sup>14</sup> What Makes Us Healthy?, 2019 The Health Foundation. Website: <http://www.health.org.uk/what-makes-us-healthy>

The input received from the public was used to develop the content of the strategic plan. Responses were grouped according to themes and used to draft the sections of the plan. Among all meeting participants and survey respondents there were areas of general agreement, which include:

- Alaska communities should come together to plan for and implement priorities, with members from all community groups represented in decision-making. Local communities should lead, and state government should support, including addressing and removing barriers.
- The importance of improving health through prevention, access to healthy foods, sharing information about nutrition and physical activity, and risk factors associated with obesity and COVID-19.
- All Alaskans should enjoy their constitutional rights and freedoms regardless of their race, religion, political affiliation, or where they live.

The following additional themes were common to one group of survey respondents and all meeting participants.

- All Alaskans should be able to meet their basic needs: housing and sanitation, early childhood and childcare, healthy foods and surroundings, education and employment, and healthcare to meet their needs.
- Everyone needs access to health care that includes behavioral health and prevention; prevention needs to be prioritized and funded.
- Ensure diverse, equitable representation and self-determination in decision-making; identify and overcome structural barriers in order to ensure this.
- Alaskans should treat one another with dignity and respect and honor and welcome diversity.
- Everyone deserves to live free from the burden of racism and other forms of discrimination.
- Support for CDC recommended strategies to address COVID-19, with focus on higher risk groups.

A different set of additional themes emerged from input received from other survey respondents. The most common themes among this group include:

- Individual choice and privacy are fundamental. Government should have a very limited role.
- Make information about treatments for COVID-19 other than those approved by the federal government available and let people choose what is right for them and their families.
- Allow COVID-19 to run its course and build herd immunity.
- Concerns about political ideologies and disagreement with health recommendations from state and federal agencies.

A sample of responses is included in Appendix B.

## 4. Strategic Plan and Logic Model

### Vision

All Alaskans have equitable access to opportunities to lead healthy lives.

### Mission

Partner with Alaska communities to improve conditions that support health and well-being, especially for community members who face significant barriers to better health.

### Goals

1. Expand or develop services to prevent and mitigate COVID-19 among high-risk, underserved groups.
2. Improve health data collection and sharing for high-risk, underserved groups.
3. Build, leverage, and expand workforce, capacity, coalitions, and plans relevant to COVID-19 mitigation for high-risk, underserved groups.
4. Mobilize partners statewide to address root causes related to COVID-19 and other health conditions.
5. Enhance implementation of all other Healthy Alaskans strategies with a focus on high-risk, underserved Alaskans.

#### **Goal 1. Expand or develop services to prevent and mitigate COVID-19 among high-risk, underserved groups.<sup>15</sup>**

##### *Strategy 1-A.*

Work with partners to systematically prioritize, review, and address COVID mitigation communications and interventions to ensure they reach high-risk underserved groups.

##### *Strategy 1-B.*

Work with local and statewide grant makers to use tools such as the Health Equity Index to identify communities for focused funding and engagement.

##### *Strategy 1-C.*

Expand and strengthen the affordability and accessibility of quality early childhood programs.

##### *Strategy 1-D.*

Identify and fund community-led priorities to increase chronic disease prevention through healthy activities and health promotion to increase the percentage of children who meet criteria for healthy weight.

##### *Strategy 1-E.*

Implement evidence-based, trauma-informed practices that create safe and supportive learning environments in schools and support a career and technical education system to prepare the population for Alaska careers.

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<sup>15</sup> Most of the strategies under Goal 1 align with Healthy Alaskans 2030 Priority Health Topics and Health Objectives, <https://www.healthyalaskans.org/wp-content/uploads/2020/10/HA2030-Indicators-Summary.pdf>

*Strategy 1-F.*

Ensure adequate, safe, and affordable housing is available for all Alaskans.

*Strategy 1-G.*

Improve wages and benefits for the Alaskan workforce, so that individuals and families have the income needed to meet the costs of daily living; reduce the number of unemployed and underemployed people in households that fall below the poverty level.

*Strategy 1-H.*

Establish sustainable water and sanitation services in communities where homes are unserved or underserved; promote value engineering and alternative construction methods that may allow for more homes to be fully served with existing funding; prioritize projects that will provide adequate quantities of affordable water and sanitation services to unserved homes; and, ensure homes with existing water and sanitation services continue to function.

*Strategy 1-I.*

Integrate social supports with health care and remove barriers to access; improve access to affordable health care, including behavioral health care, including for those who have financial barriers to care, as well as those who speak Alaska Native languages and other common languages other than English; promote access to preventive healthcare and early intervention services; and improve community and provider education to support integrated services.

**Goal 2. Improve health data collection and sharing for high-risk, underserved groups.**

*Strategy 2-A.*

Identify and develop key groups or organizations to collect, analyze and report on data through materials tailored to diverse audiences.

*Strategy 2-B.*

Collaborate with community groups who represent people at higher risk of COVID-19 and who are underserved to share meaningful data and information and identify local strategies to support health.

*Strategy 2-C.*

Promote best practices for improving coordinated data collection, analysis, and dissemination.

**Goal 3. Build, leverage, and expand workforce, capacity, coalitions, and plans relevant to COVID-19 mitigation for high-risk, underserved groups.**

*Strategy 3-A.*

Engage people with diverse kinds of lived experience to educate leaders and community members about barriers faced by people whose circumstances make them vulnerable to poor health and identify potential solutions.

*Strategy 3-B.*

Develop diverse advisory groups that include local leaders, community members, and people with diverse kinds of lived experience.

*Strategy 3-C.*

Increase understanding among community members, leaders, and key workforces, of root causes that lead to higher risks for poor outcomes among Alaskans for COVID-19 and other health issues.

*Strategy 3-D.*

Support communities to bring people together to overcome distrust and find common ground towards improved health and well-being.

*Strategy 3-E.*

Increase funding and reduce barriers to funding partnerships with communities and community-based organizations, building on community strengths; ensure new projects and initiatives are integrated and coordinated with existing programs.

*Strategy 3-F.*

Convene and maintain the Healthy and Equitable Communities Committee to support implementation of the strategic plan.

*Strategy 3-G.*

Educate health and public health workforce about the conditions and history of Alaska communities.

*Strategy 3-H.*

Build and expand health and public health workforce including hiring trusted community members and community health workers from diverse communities.

*Strategy 3-I.*

Work with employers of public health and health care workforce to enable hiring policies and practices to include qualified people of diverse backgrounds and experiences.

*Strategy 3-J.*

Increase Alaska-based recruitment and retention for public health and health care careers and support higher education through loan repayment.

**Goal 4. Mobilize partners statewide to address root causes related to COVID-19 and other health conditions.**

*Strategy 4-A.*

Provide public education about staying healthy and preventing illness and disease, and reduce stigma associated with accessing care, using content and formats that reach underserved Alaskans at higher risk for COVID-19.

*Strategy 4-B.*

Develop and distribute plain language media messaging for COVID-19 prevention to counter misinformation and build trust, including materials in languages common in Alaska communities other than English.

*Strategy 4-C.*

Improve dissemination of Healthy Alaskans 2030 and engagement with local communities.

Strategy 4-D.

Promote policy, systems, and environmental changes designed to improve community conditions.

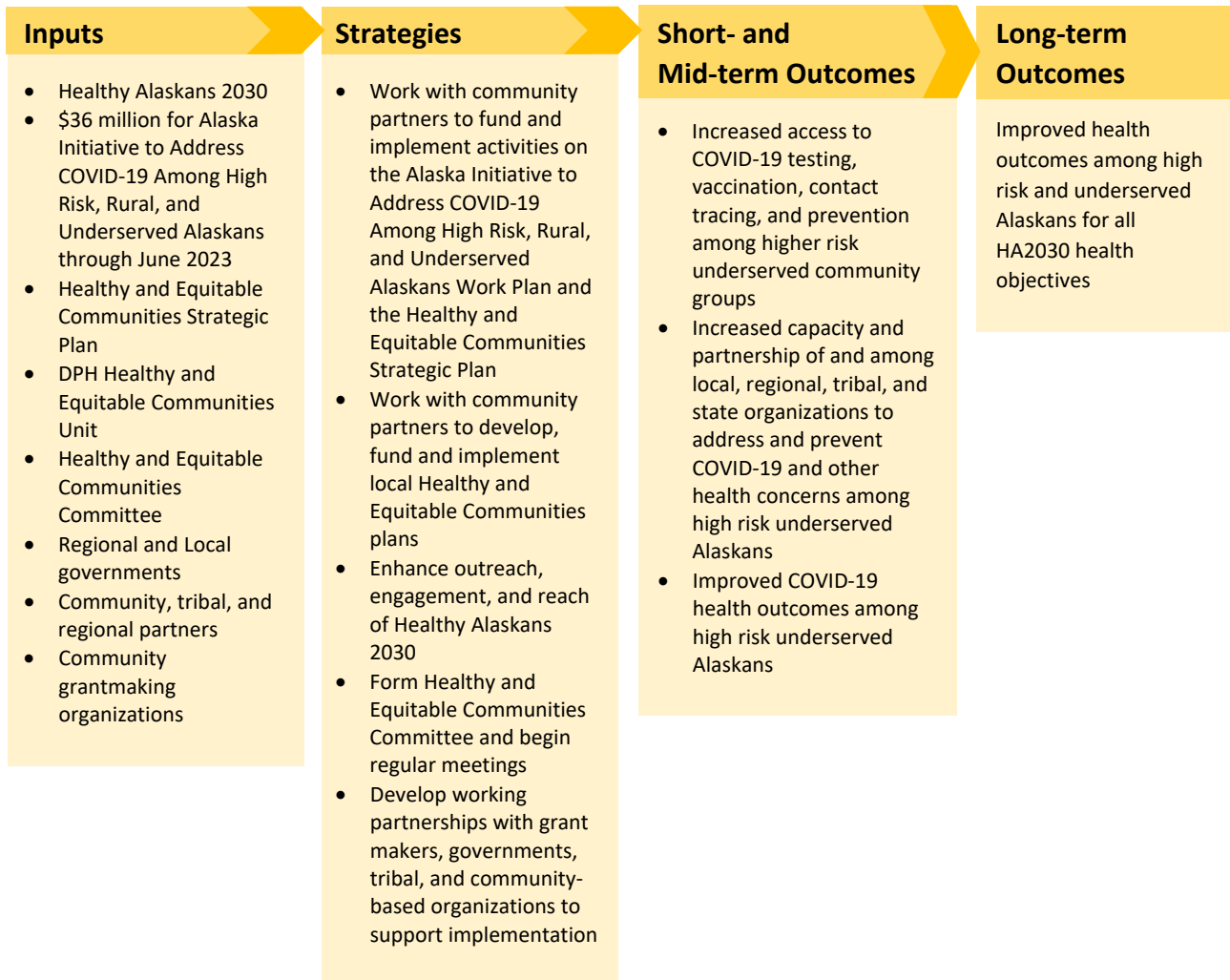
**Goal 5. Enhance implementation of all Healthy Alaskans 2030 priority health objectives and strategies with a focus on high-risk, underserved Alaskans.**

Each of the 30 Healthy Alaskans 2030 priority health objectives has implementation strategies and actions. This plan will align implementation of these strategies. Visit the Healthy Alaskans 2030 website for the current list of implementation strategies and actions for each health objective.

<https://www.healthyalaskans.org/alaska-health-priorities/strategies-actions/>

## Logic Model

Figure 5. Alaska Healthy and Equitable Communities Logic Model

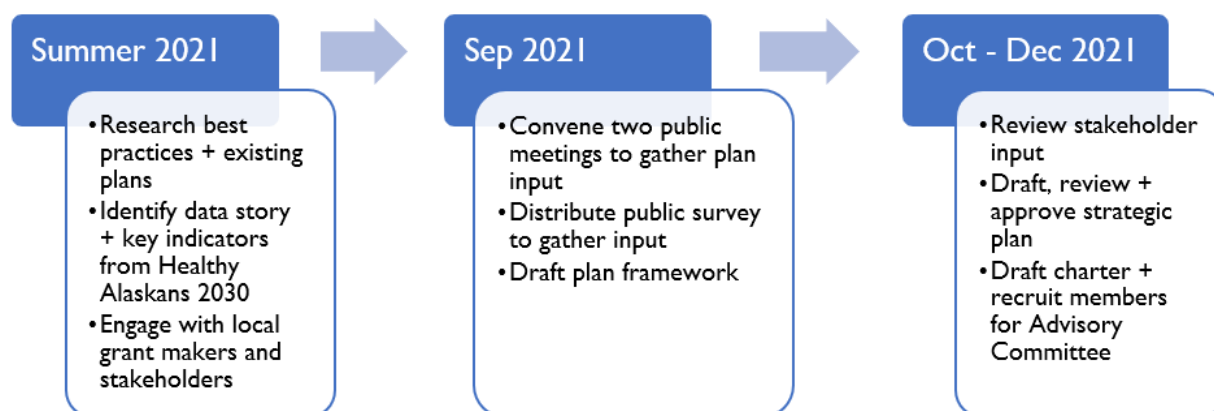


# Appendix A: Method and Approach

## Overview

The Division of Public Health (DPH) contracted with Agnew::Beck Consulting and three subcontractors to provide convening support and subject matter expertise: International Data Systems (IDS), an Alaska Native-owned and -operated subsidiary of Kijik Corporation; Alaska Black Caucus (ABC), a statewide nonpartisan organization dedicated to assert the constitutional rights of African Americans in Alaska; and Alaska Literacy Program’s Peer Leader Navigators (ALP PLN), who are specially trained bilingual and multilingual people in Anchorage who find and evaluate reliable information to help people find the services they need. These three organizations are led by and serve diverse communities in Alaska and bring a wealth of understanding of health disparities and their causes, community-driven approaches, and broad networks within Alaska communities. Agnew::Beck provided the backbone functions of contracting, project management, primary point of contact with DPH, support with data gathering and analysis, facilitating strategic planning, survey development, and plan drafting. Team members guided and shaped the project, provided facilitation in planning sessions, reviewed and helped finalize the plan.

Figure 6 Project Schedule



## Best Practices Review

Numerous locales have adopted equivalents to this Healthy and Equitable Communities Strategic Plan. While there is no one set of best practices around implementing a healthy and equitable communities framework, there are common themes that emerge from different implementation approaches. The consultant team reviewed other planning efforts and provided the results to DPH.

## Public Engagement

Recognizing that an inclusive process is critical to creating a plan that reflects the diverse needs of Alaska’s communities, the planning team conducted a public engagement approach to collect input, priorities, and feedback on what is most needed to create healthy and equitable Alaska communities.

## Healthy Alaskans 2030

The planning process for Healthy Alaskans 2030, Alaska’s Health Improvement Plan is built from multiple rounds of public engagement, including surveys, conferences, focus groups, and community listening



sessions. Themes and findings from the outreach process informed creation of the *Healthy Alaskans 2030* State Health Improvement Plan, 30 health objectives and the strategies and actions outlined to make positive improvement on each objective. Healthy Alaskans 2030 strategies and actions have been incorporated in this plan.

Figure 7 Healthy Alaskans 2030 Process



## **Grantmakers Meeting**

DPH convened philanthropy foundations and other funding partners who operate in Alaska at a public meeting on May 18, 2021, to introduce the project and solicit interest in partnering with DPH to distribute a significant portion of the CDC grant funds to community-based organizations, as part of implementing this strategic plan. Twenty-six representatives and other individuals participated and discussed how to work together, how to sustain the work, and how to engage with local communities. This publicly-noticed meeting was conducted virtually; slides, polling results, and notes were shared with all invited.

The conversation focused not only on where and how the funds should be spent, but also about the need to make the process of soliciting and selecting awardees equitable and transparent: foundations and other partners described their own efforts to rethink philanthropy and grantmaking, recognizing the need for inclusive representation among board and staff, and removing barriers in funding processes that favor larger and more experienced organizations, which can perpetuate lack of access to funding opportunities and communities left out of the process.

## **Public Meetings**

In part due to the challenges of the ongoing COVID-19 pandemic for in-person meetings, and because videoconferencing allows for statewide participation, two virtual public meetings were held in September 2021. The goal of the meetings was to gain input from diverse participants and invite their thoughts on what makes a healthy and equitable community. The agenda for both meetings was the same, allowing greater opportunity to participate.

The two statewide Healthy and Equitable Communities public meetings were held in September 2021. There were 58 participants in the first meeting and 50 in the second meeting. The meetings were advertised through social media and through community partners. Participants were also encouraged to participate in the public survey described below.

## **Healthy and Equitable Communities Committee**

DPH is finalizing a charter for this team, which will focus on implementation of this plan, and will begin recruitment once this plan is finalized.

## **Public Survey**

### *Method*

The consultant team worked with DPH staff to draft a survey that included the same questions asked in public meetings, with additional questions related to possible strategy areas. The survey was shared through a web link that was sent out through social media channels and by email to all those invited to the public meetings. All were encouraged to forward the link and share it with others. The survey was open from September 15 to October 5, 2021.

### *Responses*

361 survey responses were received and analyzed. The survey instrument solicited text-based responses; survey analysis focused on grouping similar text responses to identify themes and priorities. The demographics of survey respondents are included on the following pages.

Figure 8 Alaska Healthy and Equitable Communities Survey Question 7: What region do you live in?

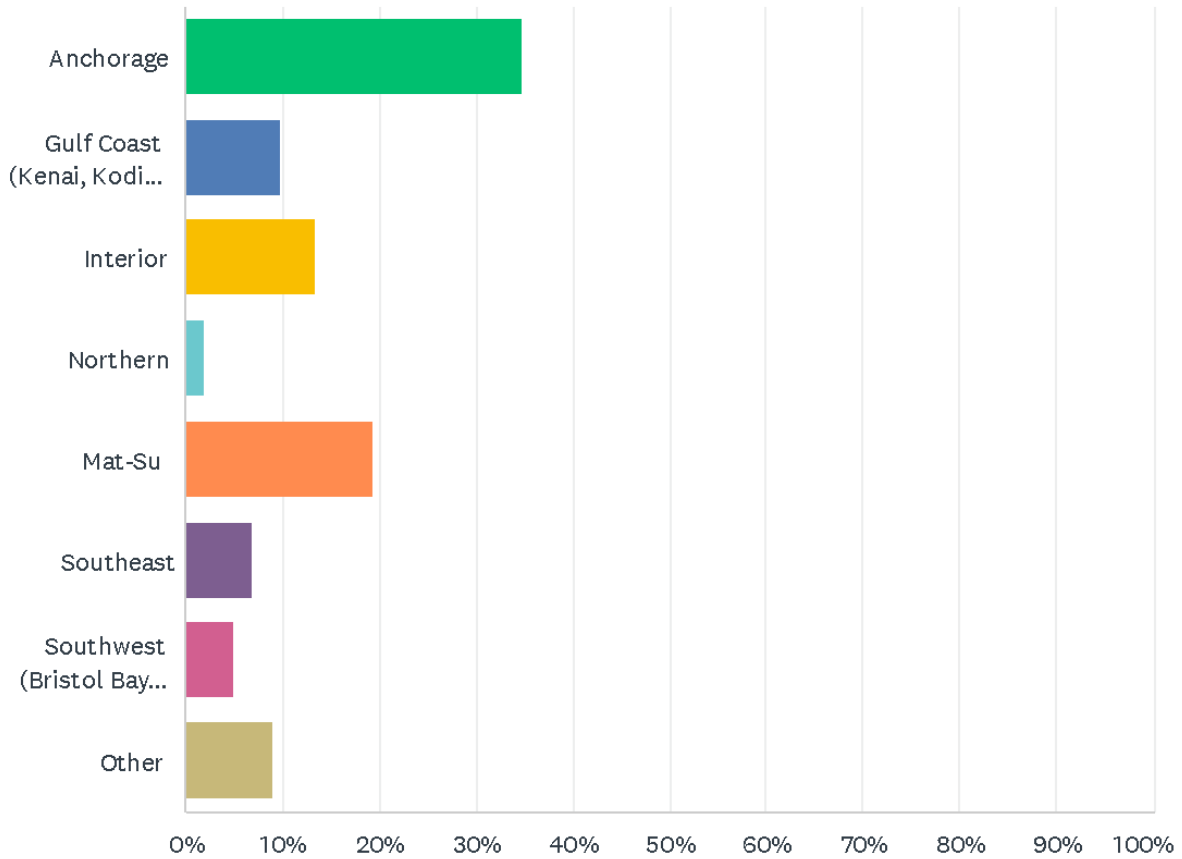


Table 1 Responses to Question 7

Answer Choices	Responses, Percentage	Responses, Number
Anchorage	34.8%	86
Gulf Coast (Kenai, Kodiak, Prince William Sound)	9.7%	24
Interior	13.4%	33
Northern	2.0%	5
Mat-Su	19.4%	48
Southeast	6.9%	17
Southwest (Bristol Bay, Y-K, Aleutians)	4.9%	12
Other	8.9%	22
<b>Total</b>	<b>100%</b>	<b>247</b>

Figure 9 Alaska Healthy and Equitable Communities Survey Question 8: What best describes the sector you work in?

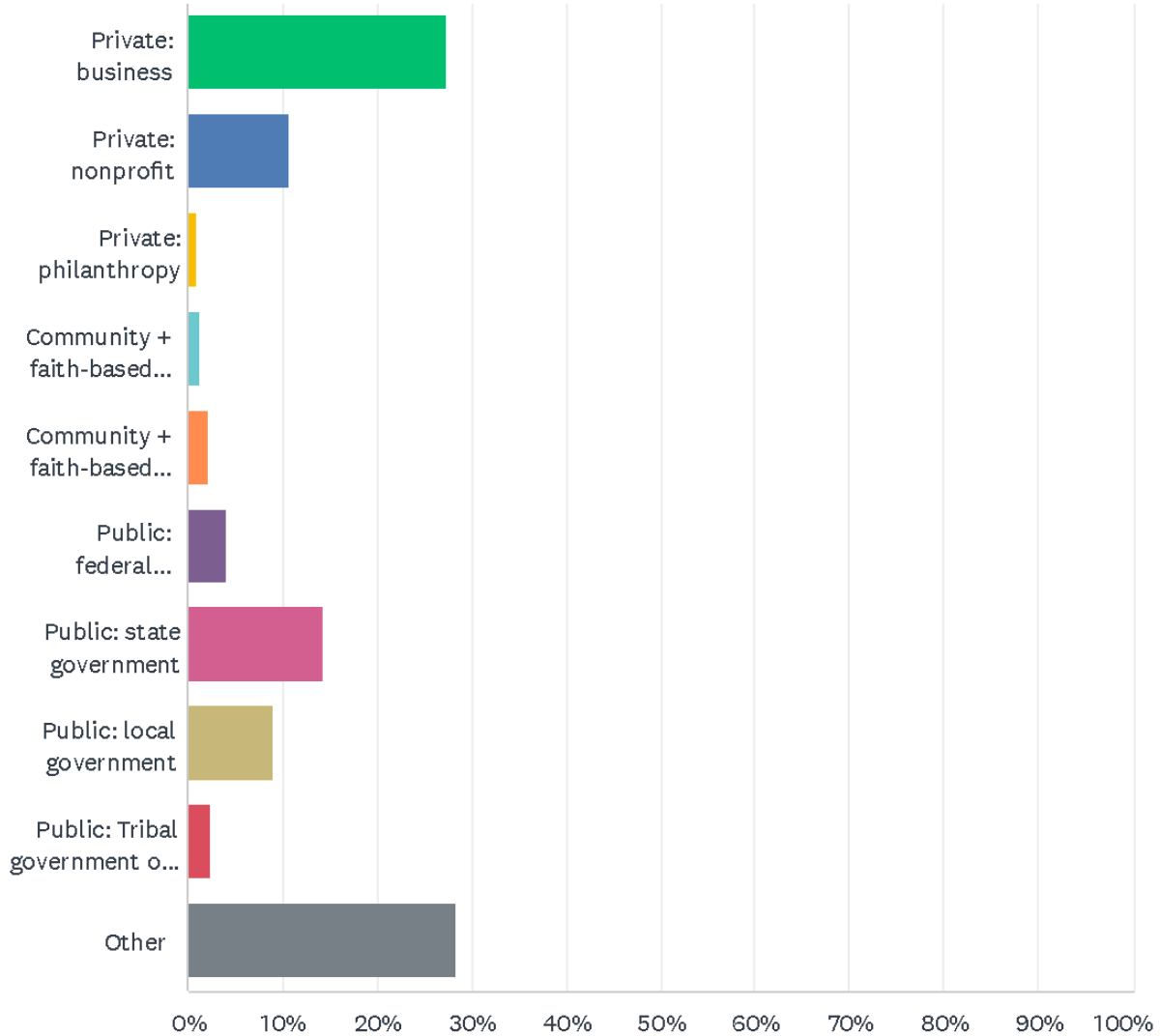


Table 2 Responses to Question 8

Answer Choices	Responses, Percentage	Responses, Number
Private: business	27.2%	67
Private: nonprofit	10.6%	26
Private: philanthropy	0.8%	2
Community and faith-based groups: staff	1.2%	3
Community and faith-based groups: volunteer	2.0%	5
Public: federal government	4.1%	10
Public: state government	14.2%	35
Public: local government	8.9%	22
Public: Tribal government or organization	2.4%	6
Other	28.5%	70
<b>Total</b>	<b>100%</b>	<b>246</b>

Figure 10 Alaska Healthy and Equitable Communities Survey Question 9: What role(s) do you have in your community? Choose all that apply.

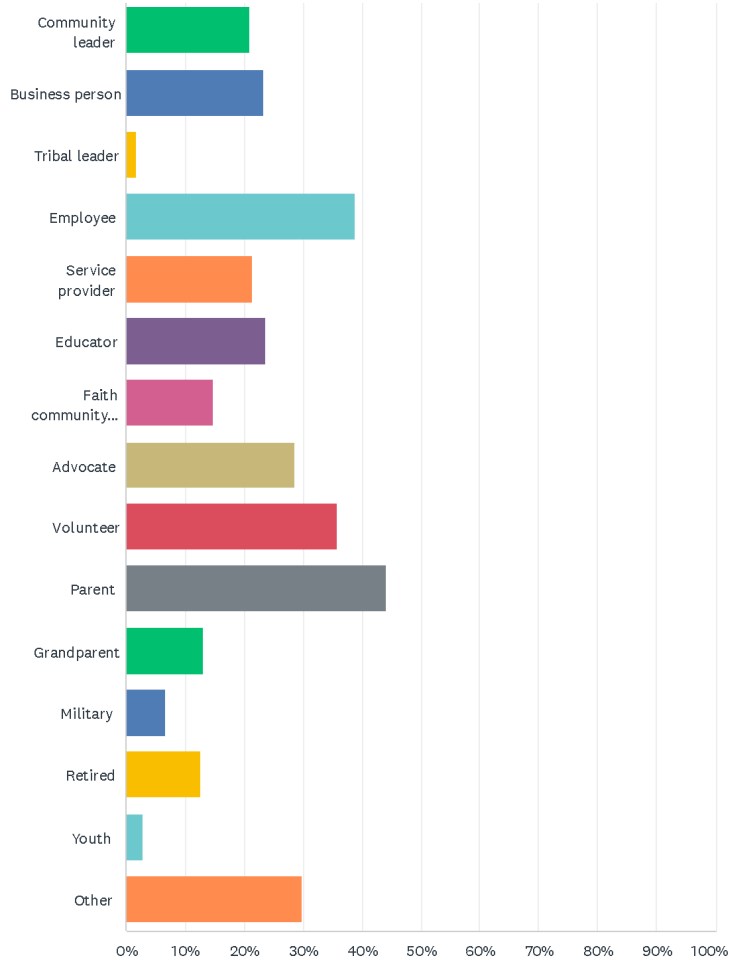


Table 3 Responses to Question 9

Answer Choices	Responses, Percentage	Responses, Number
Community leader	20.8%	51
Business person	23.3%	57
Tribal leader	1.6%	4
Employee	38.8%	95
Service provider	21.2%	52
Educator	23.7%	58
Faith community member/leader	14.7%	36
Advocate	28.6%	70
Volunteer	35.9%	88
Parent	44.1%	108
Grandparent	13.1%	32
Military	6.5%	16
Retired	12.7%	31
Youth	2.9%	7
Other	29.8%	73
<b>Total</b>	<b>100%</b>	<b>245</b>

## **Implementation Phase**

Going forward, while the new strategic plan has been created and adopted by the State of Alaska, the plan will serve as a living document that can guide ongoing engagement with communities, Tribes, organizations and individuals across the state to collaborate on achieving the goals and strategies laid out in this document. A Healthy and Equitable Communities Committee will support implementation of this plan, and implementation workgroups will bring together partners to focus on implementation of specific strategies.

## Appendix B: Selected Quotes from Meetings and Survey Respondents

Below is a sample of quotes and paraphrased summaries from the community meetings and statewide survey, representing the wide variety of responses and perspectives captured during public engagement.

### Question: “What does a healthy and equitable Alaska community look like?”

Responses to this open-ended question informed development of the vision and mission statements.

- Equitable is every person having their needs met at whatever level they are at. No one lacks for basic needs, wherever you are.
- A community that includes those with disabilities; our basic needs should be met, and we need social engagement, interaction, and intellectual development.
- Alaska Native people speaking Indigenous languages, practicing ceremonies, and sharing gifts with one another, using land-based intelligence about how to be healthy and support one another. Non-Indigenous people valuing, supporting, and believing Alaska Native people, respecting our knowledge, our science, and our place in our lands; and learning some of our language and culture.
- A healthy community is reflective of held identities, sexual orientations, and gender identities where we no longer see disparities in access to resources for the LGBTQ+ community.
- A community where all members can access health care regardless of immigration status or education level.
- All people receive meaningful health information and treatment.
- Workforces in Alaska communities should look like the people in the community: teachers, forestry workers, healthcare providers, pilots, and all workers.
- A healthy community invests in children having access to opportunities in education and safe supportive environments.
- Where people are safe in their workplaces.
- A healthy and equitable community practices the value shared with me by an Alaska Native Elder of "absolute belonging."
- All people see themselves represented around decision-making tables.
- A healthy and equitable (fair) community means passing on traditional culture to the next generation, that way it can be preserved. I see so many elders who hold back their lessons. They've been hiding some of the golden information because of the way they were treated back in the day - taken from their homes, forced to learn/adapt to a whole new American/religious lifestyle, forbidding their cultural languages. It's now time for them to join in reigniting their traditional ways of life and passing it all onto the younger folks. That is how they will heal. Our youth need to be taught the language and practices of the land we step foot on. I'm young and wish to see more programs out there that will help tie us with our ancestors and the elders we have left on this earth. That's FAIR or equitable to us, as Native Alaskans.

- A healthy and equitable (financial) community means cutting some ties to welfare hand-outs and making jobs and opportunities more accessible to our people.
- Good question: reduction in crime, cleaner streets, lower fuel costs.
- All Alaskans have access to what they need to thrive.
- A healthy and equitable Alaska community means preventative programs. Community wide programs on managing finances, substance use prevention, and community centers. A healthy community looks out for one another, and provides resources such as affordable childcare, community outreach programs, parenting classes, substance use recovery support.
- Healthy communities have high vaccination rates to protect citizens from diseases and easy access to medical care and healthy food; are designed for healthy living at home, work, and school; and provide good mental health resources. Often, this also means it is safe and easy to walk, bike, and play in parks and community spaces and equitable housing.
- The words “healthy” and “equitable” could apply to my Alaskan community if housing was possible for all in our harsh climate, and the importance of holistic care was recognized by health and other service providers, as well as the grantors that fund many of the social services here.
- A healthy community looks like all people having the same opportunities available regardless of race, religion, or political affiliation. It looks like people enjoying the freedoms we have in America. It looks like people being able to get all the information that’s out there without censorship so they can make their own intelligent decisions.
- All communities free from excessive government oversight, allowing individual citizens to make their own choices regarding health, family, and privacy.
- To me it means freedom of speech, freedom of choice, and common sense in taking care of yourself, your family and supporting the community in which you live.
- Equitable is not something I would want Alaska to aspire to. It is a loaded term full of political bias. We can all be treated equally as far as opportunity to, for instance, availability of vaccines. But to me, equitable means you have to take something away from someone forcefully (maybe against their will) and give it to someone else to somehow make everyone the same. That is not reality. We will never live in an equitable world except by the hands of tyrants and the overwhelming use of the power of the state. We will lose our freedom with this endeavor.
- Healthy means thriving, balanced, and in tune with the land. Freedom of choice and thought, and the pursuit of life, liberty and happiness for all who live here.
- I don't think you're asking the right questions of the right people. Want to have serious conversation about health and equity? Stop enforcing poverty. Stop telling people they have to accept low wage jobs from unappreciative and sometimes abusive bosses.
- Healthy and equitable are completely separate concepts. A healthy community encourages healthy practices such as eating nutritious foods and exercising. An equitable community is one in which all members are treated the same under the law.
- Educating the public to take care of themselves. To live healthy lifestyles. Prevention is the best policy. Teach people that this fast and processed food is killing them. The best thing a person can do for this pandemic is to build up their immune system and get some exercise. That’s the best way to decrease symptoms.
- There’s a tremendous need for mental health care in our state which is sorely lacking. Teenagers are stressed and suicidal with dangerous behaviors. Boredom and depression is a real issue for



those without the financial means to go places and do the same things others can which brings us to the financial inequity. Unfortunately, there's no middle class anymore and ever increasing low income.

- Making sure that we don't just get through the pandemic, but we come through it stronger and better aligned for everyone to be better off. Each community needs to find a way to identify areas of need and address needs with a comprehensive plan for thriving communities.

## Question: “What changes can we make to make our communities healthy and equitable?”

Responses to this open-ended question informed development of the goals and strategies. The most common responses to this question are shared below, grouped with similar responses.

### **Reduce the burden of COVID-19 among high-risk groups**

- Coordinate vaccination, quarantine and isolation, and access to prevention and treatment services.
- Update COVID-19 response plans to prioritize most at-risk communities.
- Expand testing and contact tracing.
- Access to adequate, affordable healthcare, closer to communities individuals live in. Specialty care is difficult to access in rural communities.
- Focus on vaccinations and masking.
- Let people know where testing and vaccines can be found, then let them take the initiative to use those resources. We cannot make people do it.
- Coordinate vaccination and follow up as appropriate. Provide access to treatment services for those opting to not vaccinate.
- For example, during COVID, someone who needs to go to the ER but needs language assistance doesn't receive the same response and resources that someone who looks different or speaks better English receives.
- Wash your hands, take vitamins D, C, zinc, quercetin, lose weight, exercise, and get plenty of sleep. No government program can take the place of common sense and time-honored actions.
- Get rid of masks and contact tracing. Students are missing school unnecessarily. Get people to exercise more. Obesity is a huge factor that contributes to death in COVID patients.
- Leave people alone to make their own health choices.

### **Improve community conditions to support health.**

- Address social and health factors that increase risk of COVID-19.
- Enhance local/regional infrastructure capacity to address COVID-19 and promote health.
- Build partnerships to align public health, housing and social supports, and healthcare sectors.
- Develop pilot projects to connect individuals with higher risks with social services.
- Address social determinants for health. Use CDC funds to support them like sustainable housing. Flexibility for how it is used. Trust communities to use the funds to address issues and not make them so restrictive and hard to use.
- Use real examples of race-based inequities such as only 7 percent of white households in Alaska have incomes at or below the Federal Poverty Line while Alaska Native/American Indian households account for 24%, Pacific Islander households 20% and Black households 14%.

- Stop focusing on COVID and focus on overall health such as ways to reduce obesity.
- Coordinate efforts to support families with children across the state.
- Realize how this sort of survey is like fighting a fire with a measuring cup of water.
- What more can we do to help our kids that are depressed and thinking about suicide after COVID happened?
- We need to understand the conditions that created that inequity to not keep addressing the symptoms. We need to speak to and articulate why the inequities exist in the first place.
- Resolving food insecurity would be an indicator of a healthy community, also individuals should have access to health care where they are at. We expect certain populations to access it the same way as those with more resources, transportation is a huge barrier.
- Developing an integrated system of support and response, so people know where to go to get the help that they need. Depending on where you are you may or may not have access, have to go somewhere to get it, then you are sent back to where you were. Need to develop more virtual support, decrease stigma with getting help, look at the environment our kids are growing up in.
- Universal Medicaid. State with 3rd largest rate of uninsured children. Feds would cover 90%. Redesign school districts for a centralized health services many entities do not have the infrastructure.
- Medicaid, increase # of providers that accept it.
- The poorest people who need childcare do not apply as they cannot afford it.
- Groups will identify a new issue, but do not take the opportunity to see who else is addressing the issue. There is a way to be more collaborative and connected. How can we bring our resources to connect with other resources?
- De-criminalize substance use disorder. Provide treatment not incarceration and provide family strengthening and treatment not separation and foster care for families.
- Remove barriers for justice-involved Alaskans to reintegrate in their communities. Create equitable access to housing, employment, peer support and childcare.
- Remove barriers to education and higher education.
- Appreciate the importance of systems and society: not just individual choices. Systems thinking. How environment, systems, family experience, trauma, other aspects impact our health.
- Make investments to address problems that are caused by how the system is set up. Do the analysis and the systems changes needed to make local programs effective. Invest at the community-level to increase access to needed supports.
- Increase understanding of why disparities and inequities exist. Teach the history of Alaska so Alaskans understand colonization and its impact on Alaska Native communities, and how Alaska Native people have resisted and thrived to this day. Share the stories of communities who have long histories in Alaska but who are often not talked about such as the Filipino community, the African American community, and people from the Pacific Islands. Increase fluency in speaking about our history and why disparities exist. Our white family need to speak up so BIPOC community are not always the ones raising these issues and putting ourselves in harm's way.
- Stop excluding people from health care and supports because of immigration status.
- Wages are low so many families work multiple full-time jobs with little paid leave; they can't afford to miss work if their child gets COVID or if they're sick. They often can't navigate the systems. Expand Peer Leader Navigators to all communities. People working in fish processing,

in crowded kitchens, they are off the radar and need trusted people to help. Make schools hubs for communities to access testing, vaccines, and healthcare. Bring social workers into schools and embed community health workers.

- Intergenerational approach, not just about the individual, but about communities and families – adverse community experiences.

### **Build community partnerships and leadership.**

- Collaborate with community groups who represent people at higher risk of COVID-19 to share meaningful data and information and identify local strategies to support health.
- Develop diverse advisory groups that include local leaders and community members.
- Increase funding and create funding partnerships with community-based organizations.
- Community mapping and building enough shared knowledge and community resources so that people can help one another.
- Ask whether there was community buy-in, community-developed solutions, and whether the need has been identified internally. Not great if one provider comes, without having done that, and just say “we know what’s needed.” Better to have that process built in, also built into the scoring [for funding].
- Increase percentage of contractors with the state that are led by people of various communities (people of color, races, ethnicities, genders, income groups). More equity in non-profit world, make a prerequisite to have minorities on the board to help decide where the money goes.
- Making sure voices of everyone is heard, we have large group and everyone has different expertise, how do we share expertise in a way that everyone benefits?
- Fund communities to reinforce our strengths.
- Partner with Tribal health to host listening circles.
- Keep government out of healthcare decisions.
- Ensure the "local leaders and community members" actually have relevant lived experience with systemic barriers including racism, poverty, mental health, housing insecurity, etc.
- Encourage personal responsibility.
- Pay members from diverse communities to participate in advisory groups/coalitions to expand and elevate voices.
- Let free citizens be responsible for their own safety and protection based on their own individual circumstances.
- Use as much existing infrastructure and community groups as possible. Does not make sense to create new groups.
- Let Alaskans work with their own communities without CDC \$\$ driving the agenda.
- So much of the time the people who have the power and control make the decisions of what values are the right values. How do you overcome that and bring along those in power?
- Include people with lived experience. People who experience inequities, discrimination first-hand. Need people who are making decisions – politicians, insurance companies – more transparency with health care cost and the health care industry in general. Allow individuals to make decisions for themselves with transparency.
- Engage Tribal Elders and leaders to message to communities to share stories of how Alaska Native people were affected by and survived epidemics to build hope and share information.

- Funders can build trust with more reciprocal relationships with communities. Build into the scoring criteria understanding what the community wants. Ask about the strengths and what is already happening. Be transparent about systems and brave in calling out injustice.
- Who should be involved in the work? The people most impacted – representation matters.
- Funding and community capacity and input takes time.
- Educate policymakers and leaders, help people with lived experience learn how to advocate.
- Sharing on the experiences of rural/small village community members and how it impacts and influences mental health.
- How do we move from discussion to action? Alaska being the place, not relying on other 49 to lead the way on embracing diversity. If we focus on the “individuality” then the whole will suffer.

### **Expand and diversify community health care workforce.**

- Educate health care providers.
- Build and expand health workforce including hiring trusted community members and community health workers.
- Expand and create a public health nursing residency program.
- Review and update State hiring practices and procedures.
- Hire diverse people. Hire people who know multiple languages. Hire competent people who don't have degrees. Give people hiring opportunities that you would normally screen out of the process before they can show you the impact their involvement would have.
- Start pre-nursing courses in high schools.
- Hope the healthy and equitable communities team is diverse.
- Standardize and change State of Alaska recruiting policies and practices. Increase on-the-job training and make minimum qualifications more expansive to bring in people with diverse backgrounds and experiences to do the work. Move to “competency-based recruitment.”
- Support the SHARP program to increase recruitment and retention.
- We need racial equity training across different workforces. We need more representation of a variety of lived experiences. We need to engage community members and compensate them. We need to examine our application processes and remove barriers.
- Employers and organizations need to educate their workforce about the conditions and the history of Alaska communities. This should be required by funders to ensure that people coming into communities to work understand who we are, our history and our stories.

### **Build trust and share accessible, accurate data and health information.**

- Provide public education about staying healthy and preventing illness and disease.
- Identify and develop key groups or organizations to collect, analyze and report on data through materials tailored to diverse audiences.
- Support creation of Healthy Alaskans 2030 healthy and equitable communities profiles, reports, and annual scorecard.
- Develop and distribute plain language media messaging for COVID-19 prevention to counter misinformation and build trust; create outreach materials in Alaska Native languages and in other common languages in Alaska communities.

- Really hard to just change minds, share data or facts, also challenging when not everyone has the same value system.
- Instead of funding based on population or equally by region, instead looking at the Health Equity Index to allocate funding.
- Being good stewards of the data; protecting it, but also sharing it back as appropriate.
- The problem is that there is now a distinct lack of trust for the CDC and governmental authorities. This strategy will cause a deeper divide than what Alaska is already experiencing.
- Plain language messaging for COVID-19 prevention.
- Need relatable understandings and explanations of the data.
- Somehow make it safe for vax-hesitant people to share their concerns, so people aren't siloed into camps. And some people's doctors have told them they shouldn't get it because of their specific case. Maybe create programming, posters, etc. that welcome everyone's voices without judgment. Maybe a talking circle with community members, healthcare providers, etc.
- Equity requires some level of empathy of different objectives.
- Need to change how we talk about issues – how to communicate with people who think differently.
- Remove stigma associated with accessing healthcare; remove perceptions about "dirty diseases" that people "did to themselves" such as HIV, Hep C, Type 2 Diabetes; develop honest, trusting healthcare environments.