

MINUTES
Prince of Wales Health Network
Strategic Planning Meeting
June 14-15, 2010

Present: Millie Schoonover (City of Craig), Michele Budd (PeaceHealth), Peter Rice (PeaceHealth), Donna Miller (SEARHC), David Vastola (SEARHC), Frank Sutton (SEARHC), Colleen Watson (Public Health), David McCandless (AICS), Esther Hammerschlag (POW Health Network), Terry Hill (National Rural Health Resource Center)

Absent: Mark Walker (AICS)

Prioritization of network strategies

Network strategies were reviewed and prioritized as follows. Emphasis was placed on where the network could provide the most value to its members.

4=highest priority, 3=high priority, 2=medium priority, 1=low priority, 0=the network should not do.

Communication and Agency Collaboration	3.8
Behavioral Health	3.2
Community Health Education	3.0
Maternal/Child Health and Youth Development	3.0
Elder Services	2.4
EMS	2.2
Professional Education	1.8
HIT/Telehealth	1.6
Recruitment & Retention	1.0

These scores reflect priorities for the network, not the individual organizations. Although a lower score indicates lower priority for the network, it does not mean that members view an area as unimportant. It is an indicator that the network has lower potential value to its members in these areas. This will be used in pursuing future funding opportunities and prioritizing resources. The lower priority strategies will continue to be integrated into ongoing network projects.

Network Vision

A draft vision created at the September, 2009 planning retreat was discussed. The importance of including a healthcare provider-community partnership in the vision statement was discussed.

Community Advisory Group and Community Engagement

Different aspects of engaging the community were discussed, including representation of all city governments with POWCAC as a possible tool, the challenge of general lack of interest/engagement by community members, and the need to target topics to specific populations and supplement that with community forums.

Measuring Network Effectiveness

Ways to measure network effectiveness and communicate it to the community were discussed. Balanced scorecard technology was recommended by Terry.

Network Membership & Partnerships

- City of Craig membership beyond April, 2011 was discussed. Since the City no longer operates the clinic, membership will need to be re-structured such that all city governments on POW have an equal voice. Possible structures were discussed.
- The need for more local representation on the Steering Committee was discussed. Suggestions included a local consumer, a representative of local businesses, a representative of the local governments, and/or an additional local provider.
- Additional partnerships were discussed, including the Chamber of Commerce, Southeast Conference, the local HIT regional extension center, POWCAC, Southeast AHEC, and the planning group of the 6 Southeast hospitals.

Network Formalization

Pros and cons of network incorporation were discussed. There was agreement with the concept of formalizing the Network, as it would improve the fundraising potential for the Network. However, more information is needed prior to proceeding including costs, employment status for the Network Director, and liability insurance. Network incorporation will be further discussed at the August meeting.

Funding/Sustainability

There is a need for core funding to keep the structure of the network intact, as well as additional funding to supplement specific objectives. Different options for funding were discussed, including a second Rural Health Network Development grant, funding from the State DBH to support continued behavioral health planning, the Alaska Mental Health Trust, the Denali Commission, Medicare Flex funding, Network Outreach grants (for FY 2012), contracts to provide services, and member dues. It will be important to make sure any grants received match the Network's priorities.

Youth Development/Child-Maternal Health

Objectives were identified for the new youth development and child/maternal health component. It was also suggested to have a consultant perform a comprehensive community assessment.

Use of Remaining Consulting Funds

The best use for remaining consulting funds was discussed. It was agreed it would be best to set aside these dollars for help with grant writing, and/or a no cost extension at the end of the initial grant period.

Elder Care Assessment

A market analysis was completed this spring. Whether or not to proceed with a financial feasibility study for an assisted living facility was discussed. More questions need to be answered first about whether an assisted living facility would be the best option for POW, or if there are other services that could more effectively be improved/expanded upon.