MAPP
Mobilizing for Action through Planning and Partnerships (MAPP)

Mobilizing for Action through Planning and Partnerships

Achieving Healthier Communities *through* MAPP

A User's Handbook

NATIONAL ASSOCIATION OF COUNTY & CITY HEALTH OFFICIALS

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MAPP
MOBILIZING FOR ACTION THROUGH
PLANNING AND PARTNERSHIPS (MAPP)

Mobilizing for Action through Planning and Partnerships

Achieving Healthier Communities *through* MAPP

A User's Handbook

Achieving Healthier Communities through MAPP: A Users Handbook will assist local public health agencies and their communities in implementing Mobilizing for Action through Planning and Partnerships (MAPP). This user's handbook incorporates practical guidance, essential worksheets for each phase of MAPP, and tips and suggestions from sites that have gone through the MAPP process. The MAPP Web site supports the user's handbook, offering in-depth guidance, vignettes on how other users have completed certain phases, and additional references and resources.

Due to the diversity of local public health agencies (LPHAs) and their communities, the handbook was not designed to be a step-by-step or "one size fits all" approach to implementing MAPP. This type of approach will not adequately address the needs of each jurisdiction interested in implementing MAPP. Instead, the handbook identifies steps within each phase of MAPP, provides tips and suggestions for completing each phase, and incorporates the most useful worksheets for advancing through the process. In this way, local jurisdictions can tailor their process to meet their own circumstances while adhering to core elements within the tool.

Additional MAPP Resources

- **The MAPP Web site** (www.naccho.org/project77.cfm) includes guidance, tools, references and resources, and case vignettes.
- **The MAPP Field Guide** is a 24-page booklet that provides an "easy-to-read overview of the process and points readers to the website for more information." May be most useful to persons considering MAPP.
- **The MAPP video** is a promotional tool to engage potential users in the MAPP process.

INTRODUCTION

Mobilizing for **A**ction through **P**lanning and **P**artnerships (MAPP) is a strategic approach to community health improvement. This tool helps communities improve health and quality of life through community-wide and community-driven strategic planning. Through MAPP, communities seek to achieve optimal health by identifying and using their resources wisely, taking into account their unique circumstances and needs, and forming effective partnerships for strategic action.

MAPP is intended to result in the development and implementation of a community-wide strategic plan for public health improvement. For the plan to be realistically implemented, it must be developed through broad participation by persons who share the commitment to and have a role in the community's health and overall well-being. It is unlikely that key implementers will adopt the recommendations of a plan for which they had no input. A community's commitment to implementation of a public health improvement plan will come from the sense of ownership that results from participating in the plan's development.

MAPP focuses on the creation and strengthening of the local public health system — Local public health systems are defined as all entities that contribute to the delivery of public health services within a community. This system includes all public, private, and voluntary entities, as well as individuals and informal associations.

MAPP focuses on strengthening the whole system rather than separate pieces, thus bringing together diverse interests to collaboratively determine the most effective way to conduct public health activities. A MAPP initiative without the perspective of the public health system—both its strengths and the areas needing improvement—will lack community consensus on the capabilities of the local public health system to take action to improve community health. The nurturing and development of a strong community consensus regarding the needs of your local public health system can be a springboard to future collective action.

MAPP uses the* 10 Essential Public Health Services *to define public health activities — The *10 Essential Public Health Services* and other public health practice concepts have been incorporated into MAPP, providing much-needed links with other public health initiatives such as the National Public Health Performance Standards Program. The *10 Essential Public Health Services* provide a useful framework for determining who is responsible for the community's health and well-being. The services reflect core processes used in public health to promote health and prevent disease.

The *10 Essential Public Health Services* are:

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.*

The following principles and elements are integral to the successful implementation of MAPP:

- ***MAPP uses traditional strategic planning concepts within its model***. While many communities have participated in a strategic planning process of some kind, applying such concepts to public health practice within your community can help you to identify and secure resources, match needs with assets, respond to external circumstances, anticipate and manage change, and establish a long-range direction for the community.
- ***MAPP is focused on systems thinking*** to promote an appreciation for the dynamic interrelationship of all components of the local public health system required to develop a vision of a healthy community.
- ***MAPP creates opportunities for public health leadership*** by encouraging community ownership and leadership of public health activities, allowing space for creative and collective thinking that may ultimately produce more innovative, effective, and sustainable solutions to complex problems and issues. MAPP has increased the visibility of public health within communities by implementing a participatory and highly publicized process.
- ***MAPP helps to develop a shared vision*** to form the foundation for building a healthy future.
- ***MAPP uses data*** to inform each step of the process.
- ***MAPP builds on previous experiences and lessons learned by*** anticipating and managing change, seeking opportunities, and utilizing existing resources.
- ***MAPP helps to develop partnerships and collaboration*** to optimize performance through shared resources and responsibility.
- ***MAPP uses dialogue*** to ensure respect for diverse voices and perspectives during the collaborative process.
- ***MAPP encourages the celebration of successes*** to ensure that contributions are recognized and to sustain excitement for the process.

* Public Health Functions Steering Committee. *Public Health In America.* July 1994.

Benefits of Undertaking MAPP

By introducing MAPP to your community, you will:

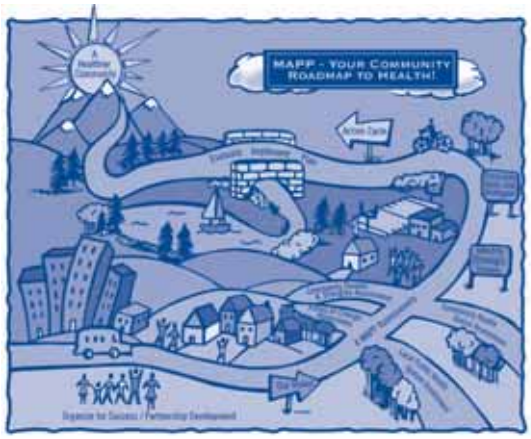
- ***Create a healthy community and a better quality of life.*** The ultimate goal of MAPP is optimal community health—a community where residents are healthy, safe, and have a high quality of life.
- ***Increase the visibility of public health within the community.*** By implementing a participatory and highly publicized process, increased awareness and knowledge of public health issues and greater appreciation for the local public health system as a whole may be achieved.
- ***Anticipate and manage change.*** Community strategic planning better prepares local public health systems to anticipate, manage, and respond to changes in the environment.
- ***Create a stronger public health infrastructure.*** The diverse network of partners within the local public health system is strengthened through the implementation of MAPP. This leads to better coordination of services and resources, a higher appreciation and awareness among partners, and less duplication of services.
- ***Engage the community and create community ownership for public health issues.*** Through participation in the MAPP process, community residents may gain a better awareness of the area in which they live and their own potential for improving their quality of life. Community-driven processes also lead to collective thinking and a sense of community ownership in initiatives, and, ultimately, may produce more innovative, effective, and sustainable solutions to complex problems.

MAPP IN A NUTSHELL

MAPP includes two graphics that illustrate the process communities will undertake. Both graphics display the MAPP process, but in different ways.

- In the **MAPP model**, the phases of the MAPP process are shown in the center of the model, while the four MAPP Assessments—the key content areas that drive the process—are shown in four outer arrows.

- In the illustrated **Community Roadmap**, the process is shown moving along a road that leads to a healthier community.



To initiate the MAPP process, public and private agencies designated as leaders within the community begin by organizing themselves and preparing to implement MAPP (**Organize for Success / Partnership Development**). Community-wide strategic planning requires strong organization and a high level of commitment from partners, stakeholders, and the community residents who are recruited to participate.

The second phase of the MAPP process is **Visioning**. A shared vision and common values provide a framework for pursuing long-range community goals. During this phase, the community answers questions such as "What would we like our community to look like in 10 years?"

The next phase of MAPP involves the four MAPP Assessments listed below. These assessments can be conducted simultaneously or in an order determined by your community:

- The **Community Themes and Strengths Assessment** provides a deep understanding of the issues residents feel are important by answering the questions, *"What is important to our community?" "How is quality of life perceived in our community?"* and *"What assets do we have that can be used to improve community health?"*
- The **Local Public Health System Assessment** (LPHSA) is a comprehensive assessment that includes all of the organizations and entities that contribute to the public's health. The LPHSA answers the questions, *"What are the activities, competencies, and capacities of our local public health system?"* and *"How are the* 10 Essential Public Health Services *being provided to our community?"*
- The **Community Health Status Assessment** identifies priority community health and quality of life issues. Questions answered during the phase include, *"How healthy are our residents?"* and *"What does the health status of our community look like?"*
- The **Forces of Change Assessment** focuses on the identification of forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operates. This answers the questions, *"What is occurring or might occur that affects the health of our community or the local public health system?"* and *"What specific threats or opportunities are generated by these occurrences?"*

Once a list of challenges and opportunities has been generated from each of the four assessments, the next step is to **Identify Strategic Issues**. During this phase, participants identify linkages between the MAPP assessments to determine the most critical issues that must be addressed for the community to achieve its vision.

After issues have been identified, participants **Formulate Goals and Strategies** for addressing each issue.

An important phase of MAPP is the **Action Cycle**. During this phase, participants plan for action, implement, and evaluate. These activities build upon one another in a continuous and interactive manner and ensure the continued success of MAPP activities.

How Do the MAPP Components Relate?

Phase 1:
Organize for Success / Partnership Development

In the first phase of MAPP, participants undertake two critical and interrelated activities:

- Organizing the planning process.
- Developing the planning partnership

The purpose of this phase is to structure a planning process that builds commitment, engages participants as active partners, uses participants' time well, and results in a plan that can be realistically implemented.

The **Organize for Success Phase** will help communities get started. It includes:

- Understanding why MAPP is needed.
- Understanding any relevant prior experiences that the lead organization(s) and potential community participants have had with planning efforts.
- Identifying organizations and individuals that will participate in the process.
- Assessing the expectations or concerns of key participants.
- Outlining a process that fits the needs and concerns of the community.
- Gauging how long the process will take and how much time each participant will be expected to contribute.
- Identifying the resources necessary for carrying out MAPP.
- Determining the availability of staff and technical support.

PROCESS TIPS:

- Recognize previous community experiences to inform the MAPP process.
- Don't rush this phase. It can take a while to get through, and that's okay!
- Many of the steps in this phase can be undertaken simultaneously.

How to Conduct the Organize for Success/Partnership Development Phase

Step 1 — Determine the necessity of undertaking the MAPP process

The lead organization(s) should begin the MAPP process by developing a clear understanding of why such a process is needed. In addition to identifying reasons for initiating MAPP, the lead organizers should also consider the benefits they hope to gain from the process and the obstacles that may be encountered along the way.

Consideration for using the MAPP process may stem from a variety of sources, such as a mandate by the state to use a planning and health improvement tool, change in leadership, a "call" for community health planning and improvement, an external threat, or a general feeling that the time is right. At the end of this section is a worksheet ("Organizing the Planning Effort: Reasons, Benefits, and Sponsorship") that can be used to list and refine the reasons for initiating MAPP.

User Notes:

Step 2 — Identify and organize participants

Select participants that will provide a broad range of perspectives; represent a variety of groups, sectors, and activities within the community; and bring the necessary resources and enthusiasm to the table. Broad community participation via community meetings, focus groups, and other mechanisms, is necessary to ensure that the process results in a community-driven and owned initiative. Give careful consideration to identifying the most appropriate participant(s) from each organization.

Consider the following issues when identifying and recruiting participants for the MAPP process:

- ***Who plays a role in the local public health system?*** It is important to include individuals that have a hand in providing public health services. *The Essential Public Health Services* framework provides a good starting point. *The Essential Public Health Services* reflect core processes used in public health to promote health and prevent disease. Thus, potential participants in the MAPP process would include individuals, organizations, and other entities that contribute to the delivery of one or more of the *Essential Public Health Services.*

TIPS FOR RECRUITMENT AND RETENTION OF PARTICIPANTS

- Seek to engage ALL community members regardless of profession or age.
- Include policy makers.
- Follow-up with key participants; relationships are personal and professional–opportunities to recruit never end. If a key constituent misses, contact them personally.
- Don't expect people to come to you; you'll have to go to them, *frequently*.
- Get input from partners about *their* expected outcomes.
- Tailor participant recruitment strategies based on what works best for your community; some have recruited participants continuously throughout the entire MAPP process, others have attempted to engage all participants during the beginning phases and retain the same participants throughout.

- ***What broad, cross-sectorial participation is needed?*** The MAPP committee should be representative of the overall community. A broad cross-section of residents and organizations is needed for members to be truly representative of the perceptions, interests, and needs of the entire community.
- ***What other criteria do they meet?*** Consider other issues, such as expertise and access to key assets and resources, the need for diversity and inclusiveness, and long-term availability and interest.

The *Essential Public Health Services* will be used in MAPP's Local Public Health System Assessment as a framework for measuring the performance and capacity of the public health system. *Because MAPP results in a strategic plan for improving community health and for creating and strengthening the local public health system, throughout the MAPP process include as many entities as possible that contribute to the Essential Public Health Services.* The "Guidance for Participant Identification" tip sheet (see page 106) may assist in the recruitment effort.

Furthermore, consider and address participants' expectations during this step. Each participant's organizational philosophy, mission, and goals form the basis for expectations—which are often unspoken undercurrents that might influence the planning process in either a positive or negative manner

User Notes:

Step 3 — Design the planning process

Review all of the MAPP phases carefully and develop a timeline and workplan for the process by considering the following questions: *"What steps need to be taken?" "How long will it take?" "What results are we seeking?" "How will we know when we are finished?"* and *"Who will do the work?"* The "Example Timeline/Workplan" at the end of this section (see pages 21-23) shows how the entire process can be conducted over an 18-month timeframe. Tailor the process to specific community needs and concerns.

Furthermore, take into account any additional support that might be needed to implement MAPP and to gather and analyze information. Facilitation is an especially important consideration throughout many of the phases of MAPP. See the "Facilitation within the MAPP Process" tip sheet on page 111 for additional guidance.

User Notes:

Step 4 — Assess resource needs and secure commitment

Participants should identify resource needs and determine sources for meeting those needs. Although the principal resources are time and energy contributed by the participants, a variety of resources will be needed as you move through the various phases MAPP. For this reason, it may be helpful to plan ahead and begin considering the kinds of resources that will be necessary during the different phases of MAPP. Resource needs to consider include staffing, meeting space, report production and printing, and costs associated with information gathering and data collection. Be creative in garnering these resources. Some may be available through in-kind donations from participating organizations.

Securing resources from participating organizations is one of the first tests of commitment to the process. Contributions from participant stakeholders might include donated supplies, meeting space, consulting services, and staff time for data collection or other activities.

The "MAPP Budget Worksheet" (see page 20) offers additional considerations and provides more specific guidance for developing a budget for the planning process.

User Notes:

Step 5 — Conduct a readiness assessment

The information collected in the previous four steps should provide a clear picture of the community's preparedness to begin the MAPP process. Use the "MAPP Readiness Assessment Worksheet" (see page 16) as a final review to ensure that all of the critical elements are in place.

User Notes:

Step 6 — Manage the process

Participants should consider how the process will be managed as it moves along. Meeting and conference logistics, coordinating schedules and activities, circulating materials for review, and clarifying assignments are details that have to be addressed and can make or break the planning process. A common structure that balances participation and manageability is to establish a smaller support group (the core support team) and a larger planning committee (the MAPP committee). Subcommittees—which may be convened as the community proceeds through the MAPP process—can oversee specific activities.

The "Matrix of Participation" and "Roles Within Each Phase of MAPP"—located on the MAPP Web site—can assist with developing a plan to manage the process.

User Notes:

See the MAPP Web site for

- More detailed guidance on the **Organize for Success/Partnership Development Phase**.
- Vignettes from communities engaged in MAPP.

www.naccho.org/project77.cfm

REMEMBER

The following tip sheets for this phase are located in the *Tip Sheets Index:*

"Guidance to Participant Identification"
"Facilitation within the MAPP process"
"Conducting Community Dialogue"
"The Matrix of Participation and Roles Within Each Phase of MAPP"

Readiness Assessment Worksheet

Critical Elements:	Yes	No
Process has strong sponsors	☐	☐
Process has effective champions	☐	☐
Support outweighs opposition	☐	☐
Key resources are budgeted	☐	☐
Core participants are willing/available	☐	☐
There is general agreement on purpose and outcomes	☐	☐
There is general agreement on how to proceed	☐	☐
Scope of the planning effort is reasonable and desired	☐	☐
Staff and technical support have been identified	☐	☐

Desired Elements:		
Purpose and benefits are well-understood	☐	☐
Participants understand strategic planning	☐	☐
All needed resources are in place	☐	☐
Outside technical assistance has been lined up	☐	☐
Participation and organizational structure is clear	☐	☐
Roles and responsibilities are clear	☐	☐
A planning process has been specified	☐	☐
Time frame has been specified in a workplan	☐	☐
A strategic planning proposal has been drafted	☐	☐

Organizing the Planning Effort: Reasons, Benefits, and Sponsorship Worksheet

1. Why are you conducting a planning process? What critical issues do you hope to address?

2. What benefits and results do you expect to achieve?

3. Who is sponsoring the process? What form will sponsorship take?

Organizing the Planning Effort: Barriers Worksheet

BARRIERS	WAYS THEY CAN BE ADDRESSED

What are the potential barriers to a successful planning process? How might they be overcome?

Strengths	Ways they can be used

Organizing the Planning Effort: Strengths Worksheet

What are the potential strengths in a successful planning process? How might they be utilized?

MAPP Budget Worksheet

This worksheet identifies major categories where project costs might be incurred. Possible questions to consider include: *"What is it going to take to carry out the planning process?"* While the answer to this question will vary depending on the unique characteristics and circumstances of the community, common costs within each category are presented below, along with questions for consideration. Be sure to identify in-kind resources to fully document the actual costs of the project and recognize the commitments being made by the participating agencies.

Personnel

Identified project staff must support the efforts of the MAPP committee, subcommittees, and additional community participants. Staff will be needed to obtain requested documents and other information, provide support (e.g., organize meetings, take minutes, or conduct follow-up work), and to organize the participants' work. The first step in completing the personnel budget is to identify staff members that are available or needed to support the process. Questions to consider include:

- Will you need to hire a full-time planner to staff the process?
- Will you need other new full- or part-time staff, such as a secretary, administrative assistant, or an epidemiologist?
- Which staff members from participating organizations will support the planning effort? (Include in the budget only those persons who will be providing staff support to the process, not those who will be participating exclusively as committee or subcommittee members.)

Contractual Costs

Contractual costs may take the form of either consultant agreements or contracts with other organizations to carry out specific components of the effort (such as conducting a community survey, data analysis, an so on). Questions to consider include:

- Are there necessary activities that project staff lack either the time or skill to perform? Could these be carried out by a consultant or another agency?
- Is a consultant needed for a single task (such as data collection or facilitation) or to manage and document the entire process? This will depend, in part, on the availability of existing staff to provide in-kind support.
- Will the consultant be paid by the hour, by project component, or on a flat-fee basis? Agreeing upon a figure based on project component or the total project may eliminate the risk of having to pay a consultant for accruing more hours than anticipated.

- Are there certain partners that can or should carry out a component of the project?

- How and when should facilitation services be brought into the process?

Other Costs

A variety of other costs will likely be incurred throughout the MAPP process. Identify whether these costs will be supported through in-kind contributions or if they will require new sources of funding.

- Meeting space will be needed throughout the MAPP process. Some activities such as community meetings will require large meeting rooms. If participating agencies lack sufficient meeting space to accommodate large meetings, space may need to be rented. To determine space costs, estimate the number of meetings to be held and the length of each meeting.

- Equipment such as computers or fax machines may be needed to create interim reports as well as the final document.

- Funds may be needed to reimburse some participants for travel to and from the planning meetings, including parking, public transportation, or mileage reimbursement.

- Supplies for meetings might include flipcharts, markers, binders for participant materials, and name badges.

- Other items such as books for staff to research and understand a key issue and refreshments for committee meetings may be needed.

- Postage costs are often underestimated. In addition to meeting notices and materials, it is likely that interim and draft reports will need to be mailed.

- Printing/copying costs should be considered for meeting materials, interim and draft reports, and reproduction of the final plan.

Example Timeline/Workplan for the MAPP Process

(SEE NEXT PAGE)

The example timeline/workplan on pages 22-23 uses an 18-month timeframe. The activities included under each phase are examples of activities that could be conducted. As emphasized throughout the MAPP guidance, communities should implement each phase in the way that best meets their community characteristics and needs. The timeline focuses on the *planning* aspect of MAPP; the implementation and evaluation activities (the Action Cycle) should be sustained long after the MAPP timeline on pages 22-23 ends.

The darker shading shows the timeline for each entire phase; the lighter shading underneath shows the timeline for various activities within each phase.

MAPP Phase / Description of Activity	Month (using a 1 year timeline)																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Organize for Success / Partnership Development	■	■	■															
• Determine why the MAPP process is needed	■																	
• Identify, organize, and recruit participants	■	■	■															
• Design the planning process		■	■															
• Assess resource needs		■																
• Conduct a readiness assessment			■															
• Develop a workplan, timeline, and other tools			■															
Visioning			■	■														
• Prepare for and design the visioning process			■															
• Hold visioning sessions				■														
• Celebrate successes and achievements to date				■														
4 MAPP Assessments					■	■	■	■	■	■								
Community Themes and Strengths Assessment					■	■	■	■	■	■								
• Identify subcommittee, approaches, and resources					■													
• Hold community dialogues and focus groups						■		■										
• Develop/disseminate/collect a community survey						■	■	■										
• Conduct interviews with residents / key leaders							■	■	■									
• Compile results/identify challenges and opportunities									■	■								
Local Public Health System Assessment						■	■	■	■	■								
• Prepare for the LPHSA/ establish subcommittee						■												
• Discuss the Essential Services/identify org. activities							■											
• Respond to the performance measures instrument							■	■										
• Discuss results/identify challenges and opportunities									■									

MAPP Phase / Description of Activity	Month (using a 1 year timeline)																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Community Health Status Assessment																		
• Conduct data collection of core indicators																		
• Select and collect additional indicators																		
• Analyze the data / create a health profile																		
• Disseminate health profile																		
• Establish a system to monitor data over time																		
• Identify CHSA challenges and opportunities																		
Forces of Change Assessment																		
• Prepare for the Forces of Change Assessment																		
• Hold brainstorming session with committee																		
• Simplify list / identify threats and opportunities																		
Identify Strategic Issues																		
• Celebrate successes and completion of assessments																		
• Identify potential strategic issues																		
• Discuss issues-why they are strategic and urgency																		
• Consolidate strategic issues																		
• Arrange issues in priority order																		
Formulate Goals and Strategies																		
• Develop goal statements																		
• Develop strategy alternatives and barriers																		
• Explore implementation details																		
• Select and adopt strategies																		
• Draft the planning report																		
• Celebrate successes and recognize achievements																		
The Action Cycle*																		
• Organize for action																		
• Develop objectives and agree on accountability																		
• Develop action plans																		
• Coordinate action plans and implement																		
• Prepare for evaluation / determine the methodology																		
• Gather evidence and justify conclusions																		
• Share results																		

*The Action Cycle should continue after the timeline ends; activities should be incorporated into organizational activities and be sustained throughout the community.

Phase 1:
Organize for Success / Partnership Development

Phase 2:
VISIONING

The second phase of MAPP—**Visioning**—guides the community through a collaborative and creative process that leads to the development of a shared community vision and common values.

A vision is a picture of the future you wish to create. Your vision can help to provide focus, purpose, and direction to the MAPP process and mobilize participants to collectively achieve a shared vision of the future.

How to Conduct the Visioning Phase

Step 1 — Identify other visioning efforts and make connections as needed

The MAPP committee should revisit visioning efforts that have already taken place. If a similar visioning process is in progress or has been completed, make attempts to create links with the MAPP process.

User Notes:

Step 2 — Design the visioning process and select a facilitator

While MAPP strongly recommends a broad-based community visioning process, participants should determine the best approach based on specific community needs and capacity. For example, a committee-based process can be effective method for gathering input from the community. The "Step-by-Step Process for Visioning" tip sheet (see page 29) outlines a simple approach to visioning.

In addition to determining how the visioning process will occur, a facilitator should be selected. The facilitator should possess skill in managing a large group process and should be recognized as a neutral and fair individual. A strong facilitator ensures that the final statements are representative of the entire community.

Once an approach is selected, a small group should be charged with preparing the visioning sessions, identifying and working with a facilitator to design the process, recording the results of the sessions, and drafting the resulting vision and values statements.

User Notes:

Step 3 — Conduct the visioning process

The MAPP committee should move forward with the visioning process. As the process is implemented, ensure that appropriate people are included, that all participants contribute fully to the effort, and focus on broad concepts rather than narrow details.

After the vision is brainstormed, identify common values by compiling the most commonly agreed-upon ideas. The values should be instrumental in guiding participants throughout the remainder of the MAPP process.

User Notes:

Tips from the Field:

- Words are important to the meaning of the vision statement, but don't let the process of creating a statement fall apart over word choice. Make sure to keep the process going.
- The vision statement does not have to be a written statement; it could be a graphic.
- Include your vision on cover sheet of ALL meeting minutes and any other products that are the result of or affiliated with your MAPP process (e.g., posters and banners).
- Include core values.
- Once a vision statement is completed, it should be revisited frequently to keep the ultimate community goal in mind.

Step 4 — Formulate vision and values statements

Next, designate a small group to formulate the vision and values statements based on the outcomes of the visioning session(s).

The vision statement should provide a powerful representation of the ideal future outlined during the visioning process.

The vision and values statement should:

- Emphasize a positive climate.
- Support behaviors that contribute to the achievement of the vision.

The format and length of vision statements can vary widely (See the vignettes that accompany this handbook for sample vision statements). *There is no "right" way to format a vision statement*; however, the final statement should use language indicating future tense, and it should be easy to read, easy to understand, and easy to remember. It should also be compelling, motivational, and inspirational.

Identify ways that the creation of the vision and values statements can be celebrated; this is a major milestone for the community and should be recognized as such.

User Notes:

Step 5 — Keep the vision and values alive throughout the MAPP process

The MAPP committee should identify ways to keep the vision and values statements alive as the community moves through the remainder of the MAPP process. It is important to ensure that the vision statement is not forgotten and that it continues to drive the MAPP effort. In addition to keeping the statement alive, refine the vision and value statements as the community progresses through MAPP.

User Notes:

See the MAPP Web site for:

- Detailed guidance on this phase.
- Vignettes with sample vision statements.

www.naccho.org/project77.cfm

REMEMBER

The following tip sheets for this phase are located in the *Tip Sheets Index:*

"Engaging the Community"
"Conducting Community Dialogue"
"A Step-by-Step Approach to Conducting a Focus Group"

TIP SHEET — A STEP-BY-STEP PROCESS FOR VISIONING

The following is a useful method for structuring community visioning. A similar approach can be used with a committee visioning process. The process details the development of a shared vision, as well as common values.

Preparations

Select a site that can readily accommodate 40-100 persons. Set up the room with participants seated in a circle. This encourages participation by all persons in attendance.

Invitations should be clearly stated and should be sent well in advance to allow full participation. Care should be taken to ensure that the time and place selected for the visioning activity facilitate broad attendance. Carefully consider the venue and schedule and how it will accommodate participants with differing schedules or lifestyles.

Key individuals to support the visioning process include a facilitator who can effectively manage the large group process in a neutral way (see the "Facilitation within the MAPP Process" tip sheet on page 111) and one or two note-takers to record the discussion. Recording is a task that should not be assigned or undertaken lightly. The recorder(s) should be skillful at organizing and synthesizing material and should strive to capture the exact wording—to the fullest extent possible—used by participants. You may also want to designate several individuals to act as observers; these individuals can ensure that everything is on track and can provide suggestions to the facilitator if needed.

Welcome/Introduction

Set the tone of the visioning session by greeting participants when they arrive, arranging for clear signage, and offering light refreshments. Helping people feel comfortable upon arrival and communicating to participants the importance of their presence can go a long way toward building trust and commitment.

The facilitator or a MAPP committee representative should open the meeting with an explanation of MAPP and why a visioning process is important. The list of benefits cited in the MAPP Visioning guidance can be a useful reference. Be sure to emphasize that the goal is to create a shared vision for the community and not a vision for any one organization.

Building Rapport/Icebreaker

After the introduction, a small amount of time should be dedicated to building rapport among the participants. Everyone in the room should be given a chance to introduce themselves. Consider having participants engage in icebreaker exercises; these can help to ease tension and get everyone comfortable. Icebreaker activities might include the following:

1. As people introduce themselves, ask them to state their expectation for the meeting, along with a "fun fact" about themselves to get creative juices flowing and to keep the atmosphere lively.
2. Since all of the participants may not know each other well, participants can be divided into groups of two to four individuals and asked to chat for 10 minutes, then return to the larger group to introduce one another.

Vision Brainstorming and Development

Once participants are comfortable with the topic and with each other, the dialogue should be moved toward discussing a vision for the community. Questions should be formulated beforehand to drive this discussion. Useful visioning questions might include:

1. What does a healthy county mean to you?
2. What are important characteristics of a healthy community for all who live, work, and play here?
3. How do you envision the local public health system in the next five or 10 years?

Responses to these questions should focus on broad concepts, not details. Responses can be collected through brainstorming activities or by writing ideas down and then sharing them. This activity can be organized to gather information through small group processes, or the group as a whole can address the questions.

Possible approaches for brainstorming include:

- Ask each person to write down what she or he believes about healthy communities. Then ask participants to pair up, share their thoughts, and develop a joint list. Participants should clarify each other's ideas and discuss any conflicting information. Then each pair can join another pair and repeat the process. The process is repeated until the entire group is back together.
- Ask each participant to write down her or his ideas. Then, in round-robin fashion, go around the room, posting all ideas on a flip chart (this can be shortened by limiting the number of ideas offered per participant). After all ideas are shared, the group discusses and organizes them.
- Distribute small pieces of paper and ask participants to write down their ideas—one idea on each piece of paper. Then have participants tape their ideas to a wall. A small group then moves the ideas around until common ideas are grouped together. List and discuss the common ideas.

Values Brainstorming and Development

Once ideas have been gathered and there is consensus about the concepts contained in a community vision, the group can move on to identifying common values (this may be done in the second part of the first session, or during a second session). It is strongly recommended that a small task force or staff group draft the actual vision statement.

The values brainstorming process should be similar to that used when creating the vision statement, and can use the same brainstorming techniques. Questions to elicit thoughts on common values include:

1. Taking into consideration the shared vision that has been developed, what are the key behaviors that will be required of the local public health system partners, the community, and others in the next five to 10 years to achieve the vision?
2. What type of working environment or climate is necessary to support participants in performing the above behaviors and in achieving the vision?

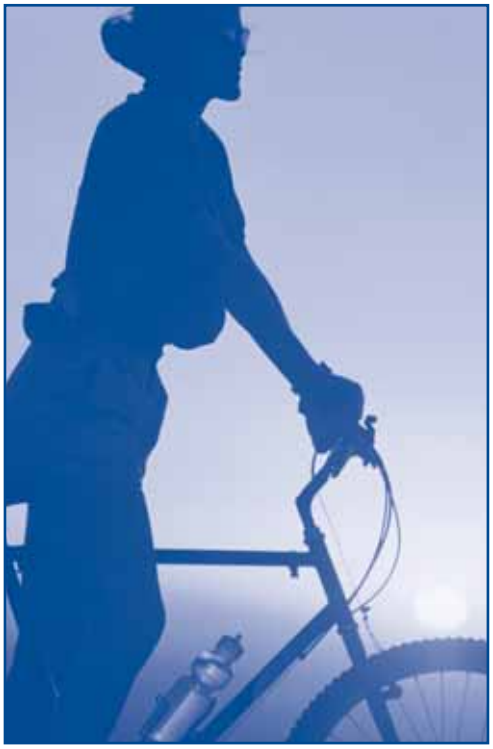
Closing the Session /Check-out

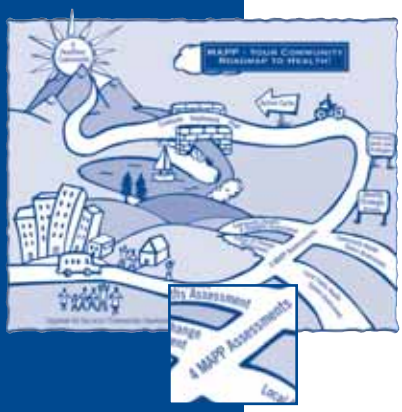
At the end of each session, the facilitator should ensure that everyone is comfortable with the results of the session. Give participants a chance to make final comments or express concerns about the results or the process. This helps to ensure that participants leave the session without feeling frustrated and may also improve future group processes. Close the meeting with a discussion of next steps. Discuss the need for and the timing of future meetings. Make sure that everyone understands the next steps and how follow-up will occur.

Follow-up to the Session

After the visioning session, a small group should compile the results and draft statements for the shared vision and common values. The draft statements should be presented to the visioning group participants through a follow-up session or through other mechanisms. Participants should be given a chance to make minor adjustments.

Once everyone is satisfied, the vision and values should be formally adopted. The statements should then be kept alive through the remainder of the MAPP process. All MAPP materials, such as brochures, leaflets, and reports, should include the statements. References to vision and values statements should be made at the beginning of each MAPP committee meeting.





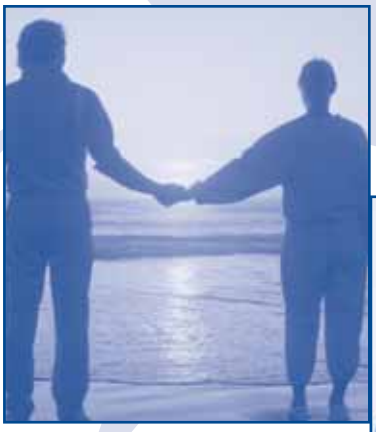
Phase 3:
The Four MAPP Assessments

The four MAPP Assessments form the core of the MAPP process. Only genuine community involvement with these activities can ensure appropriate community ownership of the entire MAPP effort. Results of the assessments will drive the identification of strategic issues and activities of the local public health system and the community for years to come. Therefore, although they may appear to be time-consuming, it is important to take great care in implementing the assessments and ensuring that they are done effectively and with broad participation.

The four MAPP Assessments are as follows:

- The **Community Themes and Strengths Assessment** provides a deep understanding of the issues residents feel are important.
- The **Local Public Health System Assessment** (LPHSA) focuses on the local public health system—all of the organizations and entities that contribute to the delivery of public health services within a community.
- The **Community Health Status Assessment** identifies priority community health and quality of life issues.
- The **Forces of Change Assessment** focuses on identifying forces such as legislation, technology, and other impending changes that effect the context in which the community and its public health system operate.

While each of the assessments alone will yield important information for improving community health, only the collective analysis of all four MAPP Assessments will yield a complete picture of the community. Disregarding any of the four assessments will leave participants with an incomplete understanding of the factors that affect the local public health system and, ultimately, the health of the community.

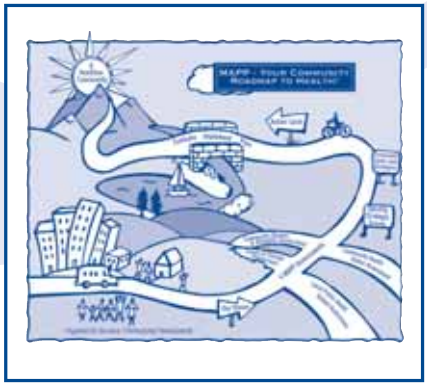


Guidance for implementing the four MAPP Assessments is included in each section. Following are some tips for implementing the assessments in a coordinated and effective fashion.

- **Plan how the assessments will be implemented**. There is no prescribed order in which to carry out the four assessments and some assessments may be conducted concurrently or may overlap. In determining the order, however, the MAPP committee should consider how the findings of one assessment—Community Themes and Strengths, for example—might be used to inform another assessment. It may be beneficial to conduct certain activities of one assessment before beginning another.

- **Promote linkages among assessments**. Although each assessment is conducted for a specific purpose, there are many connections that should be made to promote broader involvement and facilitate linkages. For example, the Community Themes and Strengths Assessment discussions may be useful in identifying additional data indicators for collection in the Community Health Status Assessment, as well as helping to identify potential threats and opportunities for the Forces of Change Assessment.

- **Celebrate successes**. As each assessment is being conducted, identify and recognize achievements. The assessments can be very challenging, and recognition of the hard work of the entire community will go a long way toward strengthening morale and creating excitement for the process. Public recognition can also help to bolster interest within the wider community.



The Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment is a vital part of a community health improvement process. During this phase, community thoughts, opinions, and concerns are gathered, providing insight into the issues of importance to the community. Feedback about quality of life in the community and community assets is also gathered. This information leads to a portrait of the community as seen through the eyes of its residents. Mobilizing and engaging the community may be a daunting task. However, when successful, it ensures greater sustainability and enthusiasm for the process.

How to Conduct the Community Themes and Strengths Assessment

The following steps outline a loose process for initiating the Community Themes and Strengths Assessment. It is especially important to tailor activities to the community's needs, resources, and characteristics.

The Community Themes and Strengths Assessment answers the following questions:

1. "What is important to our community?"
2. "How is quality of life perceived in our community?"
3. "What assets do we have that can be used to improve community health?"

Step 1 — Prepare for the Community Themes and Strengths Assessment

Prepare for the Community Themes and Strengths Assessment by identifying necessary resources and individuals. Individuals proficient in qualitative data collection should be included.

Determine the most effective approaches to gather information from a cross-section of the community. If a community survey will be implemented, consider how that will be developed, disseminated, gathered, and analyzed.

Give strong consideration to gathering information through meetings or mechanisms already established within the community. Identify organizations within the community that have established meeting times and try to get on the agenda of those meetings.

Possible approaches for gathering community perspectives:

- Community meetings (e.g., local Parent Teacher Association (PTA) meetings).
- Engage the community via dialogue.
  - Focus groups.
  - Walking or windshield surveys.
  - Individual discussions /interviews.
  - Surveys.
  - Town hall meetings.

See the "Information Gathering Mechanisms" worksheet (page 39-40) for more detail.

User Notes:

Step 2 — Implement information gathering activities

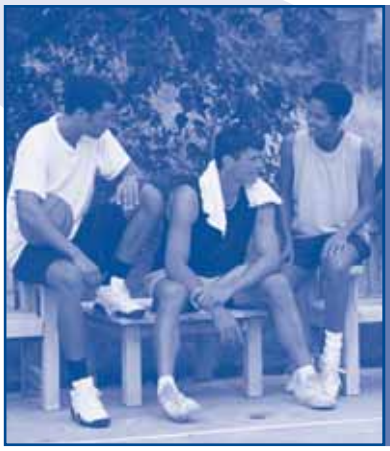
When implementing selected activities, facilitate the broadest participation possible. For methods that require specific meeting times (e.g., community meeting or focus groups), ensure that the logistics—how, when, and where the meetings are held—promote broad participation.

Begin all meetings, focus groups, or discussions with an overview of the MAPP process, a description of community health (as contrasted with personal health) and a statement of the goal of the information gathering mechanism.

Three levels of information gathering should occur during the Community Themes and Strengths Assessment.

- Open discussion to elicit community concerns, opinions, and comments in an unstructured way. Asking open-ended questions ensures that issues of concern and interest to the community are raised.
- Perceptions regarding community quality of life. Questions about quality of life in the community can identify specific concerns. Information on perceptions about quality of life in a community can be gathered through a community survey and/or community discussions. Refer to the "Sample Quality of Life Survey" located in the Tip Sheets Index for an example survey (see page 118).
- A map of community assets. Asset mapping is an important tool for mobilizing community resources. It is the process by which the capacities of individuals, civic associations, and local institutions are inventoried. (See Vignettes on page 127-137 for more information.)

User Notes:



Tips from the field:

- Stay with a core group to develop your ideas.
- Give the community advance notice.
- Allow community members to frame questions.
- Include all sectors of the community in developing the community's themes and strengths.
- Use several different information gathering techniques, since they will reach different audiences and elicit different types of feedback.
- Community health surveys should be customized to your community.
- Plan for and include non-English speaking community participants.

Step 3 — Compile the results of the Community Themes and Strengths Assessment

Those involved in the Community Themes and Strengths Assessment should keep a running list of ideas, comments, quotes, and themes while the activities are being implemented.

After all activities are implemented, compile the results into one central list and share it with the entire community. The worksheet "Community Themes and Strengths – Issues, Perceptions, and Assets," found at the end of this section (page 38) may be helpful during this step.

User Notes:

Step 4 — Summarize key findings

The most prominent findings of this assessment should be organized and captured in a brief summary (two to five pages). Consolidating the findings from this assessment will help to organize and identify key themes and strengths as well as assist in addressing crosscutting issues from the other three assessments. This summary will be used both for reporting back to the MAPP committee and for guiding work during the Identify Strategic Issues phase.

User Notes:

See the MAPP Web site for:

- Detailed guidance on Community Themes and Strengths Assessment.
- A sample Community Themes and Strengths Assessment survey from Mendocino County.
- Vignettes from communities that have conducted Community Themes and Strengths Assessments.

www.naccho.org/project77.cfm

REMEMBER

The following tip sheets for this phase are located in the *Tip Sheets Index:*

"Example: Community Health Survey"
"Quality of Life Questions"

Step 5 — Ensure that community involvement and empowerment is sustained

Although the specific activities conducted (e.g., focus groups, windshield surveys) occur on a finite timeline, continue the dialogue that has opened up within the community. When appropriate, record names, mailing addresses, e-mail addresses, and phone numbers of participants, including residents and organizations, in order to build a master list of contacts. Persons on that list are not only candidates for direct participation in the remaining MAPP phases, but are also potential recipients of progress reports and the final plan and may assist in implementation or evaluation during the Action Cycle.

User Notes:

Community Themes and Strengths Assessment – Issues, Perceptions, and Assets

Review the Community Themes and Strengths that have been identified. Identify common themes that have emerged, as well as the solutions or barriers that have been discussed. This will be an important source of information during the Identify Strategic Issues phase.

Record the information on the worksheet below. Continue onto another page if needed.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

Information Gathering Mechanisms for Use in Engaging the Community and Gathering Feedback

Approach	Description	Advantages	Disadvantages / Barriers	Other Considerations
Community Meetings	Broad, inclusive community meeting – often called a "town hall" meeting. Open discussion among a large group of participants. Can be conducted multiple times	• Can reach a large number of people. • Helps to publicize the process as well as get community input.	• Requires a great deal of promotion to get broad community involvement. • Some individuals/groups may dominate the discussion or "pack" the meeting.	Requires a strong facilitator. Discussions can be incorporated into the agendas of already-existing town meetings.
Community Dialogues For a description of this process, see "Tip Sheet – Conducting a Community Dialogue" (page 116).	Smaller (20-35 people) gatherings where all/many sectors of the community are represented. May be conducted with	• Useful for exploring complex issues in greater depth. • Useful for engaging less-enfranchised sectors of the community.	• Some individuals or groups may dominate the discussion. • Group atmosphere may hinder honest opinions.	Requires a strong facilitator.
Focus Groups For a description, see "Tip Sheet – A Step by Step Approach to Conducting Focus Groups" (page 115).	A small group of participants (generally 8-10) that responds to a set number of questions. Useful for providing specific direction and/or reactions to concepts from targeted groups (e.g., identified subpopulations).	• Participants react to ideas together – can build off of each other's comments. • Quick way to hear a variety of thoughts and statements.	• Some individuals may dominate the discussion. • Group atmosphere may hinder honest opinions. • Only a small number of people can realistically participate.	Requires a good deal of preparation and a good facilitator.
Walking or Windshield Surveys See "Clarkston Vignette –Windshield Survey" for a description on the MAPP Web site.	Conducted by driving or walking around the community and taking note of aspects of the community that can be seen with the eyes. Helps to identify assets (e.g., a small pond where children swim that offers a recreation site) or unrecognized issues (e.g.,	• Requires only a small number of people to conduct the survey. • Can bring new awareness of community assets or issues.	• Requires an open mind to identify previously unrecognized assets/ issues.	Fairly easy to conduct, but should not be the only mechanism used for information gathering. Good supplement to other mechanisms.

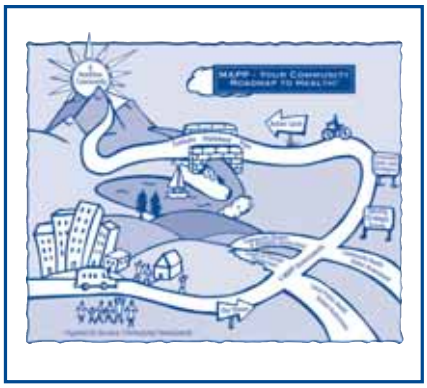
(continued on page 40)

Phase 3: The Community Themes and Strengths Assessment

Information Gathering Mechanisms for Use in Engaging the Community and Gathering Feedback

(continued from page 39)

Approach	Description	Advantages	Disadvantages / Barriers	Other Considerations
Photovoice See "Clarkston Vignette – Photovoice" on the MAPP Web site for a description.	A small group of people (8-10) walks through the community taking pictures of things that strike them. A collective presentation or book is produced with text describing issues and opportunities	• Particularly attractive to youth. • Builds teamwork within group. • Presentations engage larger group. • A picture is worth a thousand words.	• Requires open mind to identify assets and issues. • Some important assets can't be photographed.	Easily done but takes strong mentoring if youth are involved. Good supplement to other mechanisms.
Individual Discussions and Interviews	Individual discussions — through informal discussions or formal interviews — can gather in-depth feedback from representative community members. Can be done with key community leaders or residents representing specific subpopulations.multiple groups.	• Can build awareness of MAPP process. • Gathers in-depth input and feedback in an open setting. • Easy to implement.	• Only a small number of people can realistically participate. • May put undue emphasis on "pet" issues of interviewees.	Fairly easy to conduct, but this should not be the only mechanism used for information-gathering. Good supplement to other mechanisms.
Surveys See "Example Community Survey" (page X).	Can include written, telephone, or in-person surveys. A traditional approach to gathering community input.	• Useful for reaching large numbers of people. • Can scope out issues raised in other areas of the process or can gather open-ended responses.	• Not interactive. • No in-depth feedback on issues. • May not elicit thoughts on a subject of importance if not included in survey. • Respondent bias – hard-to-reach populations often don't respond.	Should not be the only information-gathering mechanism – surveys should be supplemented with one or more of the interactive



Local Public Health System Assessment

The Local Public Health System Assessment (LPHSA) answers the questions:

"What are the components, activities, competencies, and capacities of our local public health system?"

"How are the 10 Essential Public Health Services *being provided to our community?"*

The dialogue that occurs in answering these questions will identify strengths and weaknesses; this information can be used to improve and better coordinate public health activities. In addition, there is a strong educational component to LPHSA, as those organizations that participate in this process learn about their role within the public health system. It is worth considering how this might influence the order in which the assessments are done. If this assessment is done first, be sure to provide ample time to participants to fully understand their role within the local public health system. If this assessment is done later in the process, consider how information gleaned from the other assessments may help inform discussions during this assessment and help participants to better understand their role within the public health system and how that is differentiated from the role of the local public health agency.

The LPHSA focuses on the "local public health system" defined as all entities that contribute to the delivery of public health services within a community. This system includes all public, private, and voluntary entities, as well as individuals and informal associations. The LPHSA uses the *10 Essential Public Health Services* as the fundamental framework for assessing the local public health system.

The *10 Essential Public Health Services* list the 10 public health activities that should be provided in all communities.

The *10 Essential Public Health Services* are:

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.*

*Public Health Functions Steering Committee. Public Health In America. July 1994.

The LPHSA uses the local public health performance standards to assess the local public health system's capacity and performance. The LPHSA's performance assessment using model standards and measures for all of the *10 Essential Public Health Services* together will provide a comprehensive picture of the work of your local public health system.

How to Conduct the Local Public Health System Assessment

When conducting the LPHSA , participants should consider the collective capacities, actitivies, and performance of all organizations within the local public health system. *The National Public Health Performance Standards User's Guide* is a helpful resource for this assessment. To view the guide, visit www.phppo.cdc.gov/nphpsp and click on User's Guide.

Step 1 — Prepare for the Local Public Health System Assessment

Begin by identifying a lead or coordinating group, organization, or subcommittee. This organization is often the health department, but other organizations have played this role in some MAPP communities.

Identify individuals who can serve as the facilitator and recorder for the assessment process. It is a good idea to identify a facilitator early in the process so that he or she will have time to learn about the purpose and content of the assessment instrument. The facilitator should have strong skills in leading group discussions.

Tips from the field:

- A key factor to success is having visible support from the local health official and other community leaders. The active participation of these leaders in the process will emphasize the importance of the effort.
- Clearly outline the timeline for this assessment.
- Share the instrument in advance, so that participants have a chance to look through it and think about their comments and questions.

(See the "Facilitation within the MAPP Process" tip sheet, located in the *Tip Sheet Index* on page 111).

The lead group, including the facilitator and recorders, should review the entire instrument and gain an understanding of the format and content. This preparation will ensure a smoother process in identifying and recruiting participants, orienting the group, responding to the instrument, and discussing the assessment results. Also, consider that this assessment may require one or several meetings with systems partners, which can have an impact on the overall process.

Because the instrument is fairly lengthy and may initially appear daunting, the convening organizations should carefully consider the approach for conducting the assessment. The following questions should be considered:

1. How can we share materials with participants, so that they are fully prepared for the discussions, but are not overwhelmed by a lot of material?
2. How can we structure the discussions so that we get maximum participation without being burdensome to participants' calendars?
3. How do we structure the discussions so that we go through the assessment instrument in a timely and efficient manner, but also allow for open discussion?

Tips from the field:

- Be sure to inform all participants of the *10 Essential Public Health Services*.
- Be aware that speed can pick up as participants become familiar with the instrument and the process for responding.
- Consider starting with an *Essential Service* or indicator that the group may view as "easy" or more straightforward.

For ideas and different approaches to these three questions, see the tip sheet on "Organizing the LPHSA" (page 49).

During this step, you should also begin identifying and selecting representatives from organizations that contribute to the delivery of the *10 Essential Public Health Services* and the health and well-being of the population. Existing coalitions or community committees can provide a good starting point for convening the appropriate partners. Other participants can include the local board of health, hospitals, social service providers, environmental organizations, community-based organizations, the business community, the faith community, representatives from the state level, and many others. Try to strike a good balance between a manageable number of participants and a broadly representative group. More participants can be used if the group is broken into smaller subcommittees to discuss specific *Essential Services*. As you plan meetings, keep in mind that groups with more than 20-25 individuals can be unwieldy. See the "Facilitation within the MAPP Process" tip sheet (page 111) and the "Guidance for Participant Identification" tip sheet (page 106) located in the *Tip Sheet Index* for suggestions on facilitation and participant selection.

User Notes:

Step 2 — Discuss the 10 Essential Public Health Services and orient participants

Once participants are recruited, they should be oriented to the process and the assessment instrument. This can be accomplished through individual orientations as participants are recruited, or at the beginning of the first meeting. The convening organization should share information about the National Public Health Performance Standards Program (NPHPSP) local performance* assessment and its role within MAPP, the *Essential Public Health Services*, the concept of a "local public health system," and the purpose of completing the assessment instrument. The lead organization should emphasize that the purpose of this activity is to better understand public health activities in the community; the assessment instrument is simply a framework and tool for holding the discussions.

At the first meeting, participants may want to begin by discussing the *10 Essential Public Health Services* and how each organization contributes to the delivery of one or more of the *Essential Services*. This discussion will provide information for the completion of the assessment instrument. Some communities have done this by posting flip charts–one for each *Essential Service*–and asking participants to write their organization names and activities as they relate to each service.

A brainstorming session using group charts can be an effective way to undertake this step; see the "Techniques for Brainstorming" tip sheet located in the *Tip Sheet Index* (page 124) for potential ideas.

User Notes:

Step 3 — Discuss and complete the performance assessment instrument

During Step 3, participants should complete the performance standards assessment. The instrument can be found online at www.phppo.cdc.gov/nphpsp/. Click on the link for Local Instrument.

The instrument provides two to four model standards (or descriptions of the "gold standard" for public health activities) under each *Essential Service*. By responding to the questions related to each indicator, participants get a good idea of the activities, capacities, and performance of the local public health system. System partners will need to identify one set of consensus responses to the instrument. The process of identifying these consensus responses will elicit many ideas and comments regarding current public health activities and capacities.

* The National Public Health Performance Standards Program (NPHPS) is a partnership effort to improve the practice of public health, the performance of public health systems, and the infrastructure supporting public health actions. This National Partnership initiative has developed National Public Health Performance Standards for state and local public health systems and for public health governing bodies. These standards represent an optimal level of performance and capacity that needs to exist to deliver the ten Essential Services within a public health system. See the NPHPSP website for further information: http://www.phppo.cdc.gov/nphpsp/

It is important that the facilitator keep the discussion moving along so that the instrument is completed in a timely fashion. Please refer to the *NPHPSP User's Guide* located online at www.phppo.cdc.gov/nphpsp/ for additional examples of how respondents have completed the instruments.

After the discussions are finished, the lead staff can obtain a user ID from CDC and enter the responses online. Once responses to the entire LPHSA tool are submitted, a summary report will be generated within 48 hours. A sample report of what jurisdictions receive can be viewed online at www.phppo.cdc.gov/nphpsp/.

User Notes:

Step 4 — Review the results and determine challenges and opportunities

After completing the instrument, participants should discuss the performance assessment results. The bar graphs and summary information from the CDC-generated report should be helpful in pinpointing areas that require attention. This data from the CDC report should be considered in light of the qualitative comments elicited during the assessment discussions. As this information is discussed and reviewed, strengths, weaknesses, and priorities should quickly become apparent. To assist in identifying priorities, consider gathering participants' perceptions on the priority of each indicator. For example, ask individuals to rate (and then either create an average or a best guess at the consensus point) each of the 32 indicators / model standards OR each of the *10 Essential Public Health Services*. The question posed could be: *"On a scale of one to 10, what is the importance of addressing (e.g., through increased emphasis or resources)* this model standard to our public health system?" Then review the scores for each indicator from the CDC report and determine how it matches up with the importance rankings. Those that are of high importance, yet low performance, should rise to the top in terms of priorities. In fact, these results can be displayed visually, as depicted in "Identifying Priorities" located at the end of this section (page 52).

User Notes:

Step 5 — Summarize key findings

Using the results identified above and through interactive discussion, summarize the challenges and opportunities presented by these findings. Two examples of how this can be done are located at the end of this section.

- **"Local Public Health System Assessment: Challenges and Opportunities" worksheet** shows how indicators can be summarized into challenges and opportunities, as identified in the four quadrants of the priority-setting exercise. The list should be comprehensive enough to include the priority issues identified in the assessment, but short enough (e.g., 10-15 items) for the local public health system to address many of them. Be careful not to include too many indicators under the two "challenges" categories. Consider where indicators or areas of activity can be lumped or consolidated.
- **Example Essential Service "Briefing Sheet"** summarizes the key data from the CDC report, participants' comments from the discussions, and opportunities for action.

The summaries and worksheets will be used both for reporting back to the MAPP committee and for guiding work during the Identify Strategic Issues phase as the community moves forward with the development of a community health improvement plan. The results of the LPHSA will also inform the MAPP committee of the strengths and capacities of the public health system, which can be used in implementing the MAPP Action Plan.

See the MAPP Web site for:

- Detailed guidance for conducting an LPHSA.
- Local Public Health System Performance Measure Instrument.
- Link to the NPHPSP User's Guide.
- NPHPSP Frequently Asked Questions.
- Vignettes from communities that have performed LPHSAs.

www.naccho.org/project77.cfm

The following tip sheets for this phase are located in the *Tip Sheets Index:*

"Guidance to Participant Identification"
"Engaging the Community"
"Presenting Data"

User Notes:

Additional tips for conducting the LPHSA

- Recruit all system partners that are appropriate to assess the public health system. If the entire system is well-represented, then responses will better reflect current activities. Work closely to ensure their full involvement in the assessment process.

- At the beginning, review the methods and process with participants. Allow the group to make suggestions regarding the best way for moving through the instrument efficiently.

- Design a process that keeps the discussion moving and focused on the content of the standards, rather than getting "bogged down" in the questions.

- Track ideas, comments, and potential solutions so that these ideas can be revisited later.

- Think about creative ways to reduce paper shuffling. For example, the instrument can be projected from a laptop to an overhead screen so that all participants can follow the questions easily.

- Consider sharing only the model standards to keep the discussion focused on the overall activities being conducted in the system. The facilitator and recorder can use copies of the full instrument to prompt discussion and track responses to questions. Or, voting on the measures can occur.

- Consider the pros and cons of using different sets of individuals to respond to different sections of the instrument. A process using one large group will promote maximum cross-fertilization of ideas and sharing of information. If small groups are used, be sure that there is a core group present to ensure consistency. Also, present key ideas or discussion points back to the entire group, so that all participants become informed about and make comments on all sections.

Worksheet – Organizing for the Local Public Health System Assessment

In structuring a successful process for using the Local Public Health System Assessment (LPHSA), consider these three questions:

1. How can we share materials with participants so that they are fully prepared for the discussions, but not overwhelmed by material?
2. How can we structure the discussions so that we get maximum participation without being burdensome to participants' calendars?
3. How do we structure the discussions so that we go through the assessment instrument in a timely and efficient manner, but also allow for open discussion?

Question 1: How can we share materials with participants so that they are fully prepared for the discussions, but not overwhelmed by material?
Prior to the discussions, participants should be encouraged to think about their perception of how well the system is operating, conducting public health services, and accomplishing the stated standards. If possible, participants should review materials prior to the meeting in order to limit the amount of reading that occurs during the discussion.

- **Option 1: Provide participants with a copy of the Essential Service(s) that will be discussed during each meeting.** Asking participants to view only one or two services at a time will not overwhelm them. The copies can be used for noting individual perceptions and will help to prepare participants for group discussion.
- **Option 2: Share the full document with all participants at the beginning of the process.** This allows participants to review the entire document and the full breadth of the instrument. It also provides participants with an opportunity to identify which of the *10 Essential Public Health Services* they contribute to most.
- **Option 3: Share only the 32 model standards with participants.** This allows participants to focus on the content of the assessment. Additionally, participants will receive a smaller amount of paper, which may seem less overwhelming.

User Notes or Ideas for Different Approaches:

Question 2: How can we structure the discussions so that we get maximum participation without being burdensome to participants' calendars?
Consider the appropriate setting for your LPHSA. Which will offer the most participation, keep enthusiasm high, and allow for an efficient and timely process?

- **Option 1: Hold a "retreat" where the assessment is done in one sitting** – This can be done in one to one and a half days, and allows for a shorter timeframe to maintain momentum. However, it requires a commitment of time on behalf of all participants that may seem overwhelming.
- **Option 2: Use small groups to address pieces of the instrument** – Small groups can be tasked with specific sections of the instrument (e.g., a group to address *Essential Services* 1, 2, and 3). This tactic allows for the inclusion of expertise, as needed, and can be less overwhelming. However, it can decrease cross-learning, which is a benefit of this assessment. It can also result in less consistency in developing responses. If this approach is used, a kick-off meeting can help to ensure that all groups approach the process in a similar way. A follow-up debriefing meeting can provide the opportunity for all participants to hear the major points from each group.
- **Option 3: Series of meetings** – A series of meetings can be held, addressing several *Essential Public Health Services* at a time. Through this process, a core group can be involved to ensure a consistent process and cross-learning. In addition, individuals with specific expertise can be invited to specific meetings as needed. This is often seen as a manageable process since it gets the work done in small chunks; however, this process may seem tedious to some participants.

User Notes or Ideas for Different Approaches:

Question 3: How do we structure discussions so that we go through the assessment instrument in a timely and efficient manner, but also allow for open discussion?

Regardless of how the meetings are scheduled, participants will need to agree on a process for discussing the assessment instrument and identifying consensus responses.

- **Option 1: Walk through the instrument and questions one by one** – This will allow for a very methodical process. However, it can seem tedious to participants.
- **Option 2: Discuss the model standards with facilitator/recorder judgement on responses** – Provide participants with only the 32 model standards. Participants can discuss each model standard for a set period of time (e.g., 10 minutes) during which the facilitator ensures that the discussion hits all of the key points addressed in the model standard. The facilitator and recorders make judgements on the responses to the questions (asking follow-up questions as needed) based on the discussion. This keeps the interest of participants' high, since the discussion is focused more on content than the process of identifying a response.
- **Option 3: Discuss the model standards with follow-up voting** – Provide participants with the full instruments. Participants discuss each model standard for a set period of time (e.g., 10 minutes) similar to what is described above. After the model standard has been fully discussed, participants vote using color-coded cards or raised hands on the response to each question. Further discussion can occur where there is disparity in responses.

User Notes or Ideas for Different Approaches:

Identifying Priorities

Importance
(Scale of 1-10 as queried to participants in Step 4)

High	A Highly Important Low Current Status	B Highly Important High Current Status
Low	D Low Importance Low Current Status	C Low Importance High Current Status
	Low	**High**

Current Status
(Scale of 1–100 as reported in the CDC report)

Your action plan can be triggered by considering where the various indicators fall within the box. For example:

- **Items appearing within box A** should be considered for additional attention since you have identified them as highly important yet little is currently being done.
- **Items appearing within box B** are successes since they are highly important and the current status is high.
- **Items appearing within box C** need to be viewed as potential areas to cut since they are of low importance and their current status is high.
- **Items appearing within box D** are things of low importance and low status and do not need your attention.

Local Public Health System Assessment Challenges and Opportunities

Review the results of the Local Public Health System Assessment. Identify challenges and opportunities that have emerged. Record the information on the worksheet below. For each category, be sure to list relevant indicator numbers as well as a brief summary of the issue area.

This activity is being done well. We need to maintain our current level of effort in this area. (Success – maintain effort)	
Indicator Numbers	Summary of Opportunity

This activity is being done well. We can withdraw some resources from this activity to devote to some of the higher priority activities. (Success – cut back resources)	
Indicator Numbers	Summary of Opportunity

This activity requires improvement. More activity needs to be done in this area. (Challenge – requires increased activity)	
Indicator Numbers	Summary of Challenge

This activity requires improvement. Better coordination needs to occur among partners. (Challenge – requires increased coordination)	
Indicator Numbers	Summary of Challenge

Example Briefing Sheet for One of the *10 Essential Public Health Services*

Health Care District of Spring County Planning Committee
Essential Public Health Service #1

Monitor Health Status to Identify Community Health Problems

This service evaluates to what extent the local public health system (LPHS) conducts regular community health assessments to monitor progress towards health-related objectives. This service is measured by whether or not the LPHS gathers information from community assessment activities and compiles the data into a Community Health Profile (CHP). This service is also measured by how well the LPHS utilizes current technology to manage, display, analyze, and communicate population health data. Finally, this service is measured by whether or not the LPHS develops, maintains, and regularly contributes to health-related registries in order to track health-related events such as disease patterns and vaccine coverage rates.

Scoring Analysis

Overall Essential Public Health Service #1 Score	**47**
1.1 Population-Based Community Health Profile	14
1.2 Access to and Utilization of Current Technology	30
1.3 Maintenance of Population Health Registries	96

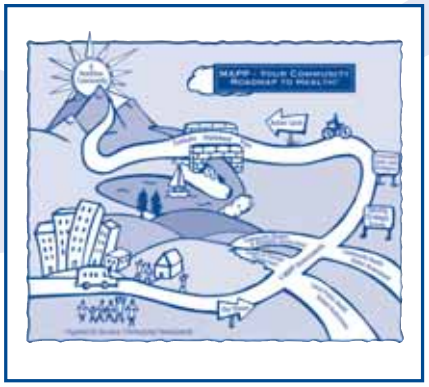
This service ranked 7th overall and is one of the weaker *Essential Public Health Services* for Spring County. Indicator 1.1, which measures the population-based community health profile (CHP), is one of the overall weakest scoring indicators. One of the key discussion points for this indicator was the lack of a comprehensive community health profile, which is reflected in the scoring. The score for indicator 1.2 was also weak, since the lack of a CHP means the county lacks certain data and thus lacks the technology used to track or analyze the data. Results indicate that Spring County scored well on the maintenance of population health registries, which suggests that the local health department is doing a good job of maintaining these.

Workshop Participant Comments

- A comprehensive health profile does not exist because an overall health assessment has not been conducted on a regular basis in Spring County. It should be noted that Spring County does have several agencies and organizations that conduct community assessments for specific population groups or targeted diseases.
- There is an absence of coordination to define local community health priorities in Spring County.
- Information/data is often not always shared; some information is reported due to state mandates, however this information is not always used in the decision-making process.
- Health resources have not been concentrated in the mental health and substance abuse areas.

Possible Action Steps

Develop a comprehensive community health profile (CHP). In order to do this, the LPHS will have to determine A) who the responsible entity is for developing the CHP; B) how buy-in is to be achieved in the process; C) how the process is organized so that the CHP is used to direct/guide budget decisions; and D) how often the profile will be updated.



Community Health Status Assessment

The Community Health Status Assessment (CHSA) answers the questions: *"How healthy are our residents?"* and *"What does the health status of our community look like?"* During this assessment, information regarding health status, quality of life, and risk factors in the community is gathered and analyzed.

The CHSA is a crucial component of the MAPP process in that the data gathered serves as the foundation for analyzing and identifying community health issues and determining where the community stands in relation to peer communities, state data, and national data. Because assessment is a core function of public health agencies, it may be appropriate for the local health department to play a lead role.

The CHSA provides a list of core indicators (data elements) for 11 broad-based categories (listed below). Communities are encouraged to select additional indicators.

Categories of Data Collected in the CHSA:

Who are we and what do we bring to the table?	What are the strengths and risks in our community that contribute to health?	What is our health status?
1. Demographic Characteristics	4. Quality of Life	7. Social and Mental Health
2. Socioeconomic Characteristics	5. Behavioral Risk Factors	8. Maternal and Child Health
3. Health Resource Availability	6. Environmental Health Indicators	9. Death, Illness and Injury
		10. Infectious Disease
		11. Sentinel Events

How to Conduct the Community Health Status Assessment

Step 1 — Prepare for the Community Health Status Assessment

Participants should begin by reviewing the CHSA steps and determining if additional participants should be recruited. Recruitment of new participants should focus on those who will help to ensure access to data, provide for epidemiological analyses of data, and facilitate community ownership of the completed health status profile. In addition, since it is critically important that data be monitored long-term, select a number of members who can participate in future years.

In some communities, it may make sense to pool financial resources and subcontract the data collection and analysis to a private consultant, one of the partners, or a university. The state health agency may also be able to assist by providing data or helping with analysis.

User Notes:

Step 2 — Collect data for the core indicators on the CHSA indicator list

Since data collection can be time-intensive, begin the process early. Consider beginning data collection during the Organize for Success phase. Attempt to collect a minimum of five years of trend data to analyze trends over time. Comparison data—state, national, and peer community data—should also be collected during this phase.

Things to remember when collecting data:

- Collecting and analyzing a broad range of data is time consuming. To address this challenge, begin collecting data as early in the MAPP process as possible.
- Data collection and analysis is resource-intensive. Collaboration among local public health system partners helps utilize resources more effectively.

Below are some suggestions for identifying data sources for indicators:

- **Use state or local databases**. Many CHSA core indicators may already have been collected by local or state agencies.
- **Access previously conducted health assessments or reports that include data**. Collect health assessments conducted by community coalitions, hospitals, health departments, and other organizations. These data can provide useful benchmarks for identifying trends and can also offer tips on where to find current data.
- **Identify participants who may have access to data through their organizations**. For example, a hospital representative may be useful in gathering hospitalization or admissions data, while law enforcement representatives may have access to data for the crime or violence-related indicators.

- **Identify volunteers to track down hard-to-find data**. Gathering data can be hard work. For example, several of the indicators in the Health Resource Availability category require information on licensed providers. A volunteer may be needed to establish contact with the state's licensing entity to gather the information.
- **Consider whether new sources need to be established**. For example, sources for injury data could include hospital admission records, the YM/WCAs, private sector recreation businesses, and insurance companies.

User Notes:

Step 3 — Identify locally-appropriate indicators and collect the data

Participants should review the extended indicator list and discuss the need for other indicators. The selection of locally-relevant indicators helps to better describe the community's health status and quality of life in terms that are of particular interest to the community. Additional indicators might be selected related to community interest in a specific topic, demographics in the area (e.g., an aging population), or information found in the core indicators (e.g., the need to look closer at cancer rates or environmental health issues).

Some communities will be particularly interested in considering additional environmental health indicators.

User Notes:

Step 4 — Organize and analyze the data; develop a compilation of the findings; and disseminate the information

At a minimum, data should be analyzed using demographic, socioeconomic, and mortality measures. Additionally, analyzing data according to age, gender, racial, and population subgroups offers crucial insight into health disparities.

Individuals with epidemiology expertise, computer skills, and statistics experience should help with data analysis. Small jurisdictions may want to contact the state health agency or academic institutions for assistance. Sparsely populated communities and neighborhoods also face the unique challenge of interpreting "low numbers or incidence" into usable information. For suggestions on how to address this issue, see the tip sheet "Data Issues in Jurisdictions with Small Populations" at the end of this section (page 63).

Once the data are analyzed, a compilation of the findings or a "community health profile" should be developed. The community health profile should include visual aids, such as charts and graphs that display the data in an understandable and meaningful way. See the tip sheet "Presenting Data" located in the *Tip Sheet Index* on page 122 for more information.

Tips from the field:

- Look for existing resources.
- Build on what the community has already done.
- Use graphs and pictures to present the data.
- Recognize and appreciate the difference between data that are statistically significant and those that are important to the community.

Finally, the community health profile should be disseminated and shared with the community. Develop a proactive dissemination strategy, including promoting the information through the media (newspapers, local television, or radio stations); using grassroots connections to disseminate the profile to certain segments of the population; and presenting information to elected officials or town leaders.

User Notes:

Step 5 — Establish a system to monitor the indicators over time

During this step, a system for monitoring the previously selected indicators should be established. This helps to ensure that continuous health status monitoring occurs and establishes baseline data upon which future trends can be identified. This system will also be instrumental in identifying the results of the MAPP process and evaluating the success of MAPP activities.

Other elements of monitoring the system to consider:

- Frequency of data collection.
- Quality of data.
- Continuing comparisons to peer, state, or national data.
- The need to modify or add indicators.
- Methods for maintaining the data systems.
- Communication mechanisms to assist in keeping the monitoring system in place, updating data, identifying changes in data, and coordinating between entities.

Keep in mind that it is important to modify or add to the indicators over time. The monitoring system should be responsive to new information that arises from the other three MAPP Assessments and from the selection of strategic issues.

User Notes:

Step 6 — Identify challenges and opportunities related to health status

The CHSA should result in a list of challenges and opportunities related to the community's health status. Review data findings to identify challenges such as major health problems or high-risk behaviors, and opportunities such as improving health trends. Ideally, the final list will include 10-15 community health status issues that will be more closely examined in the **Identify Strategic Issues** phase of MAPP.

Questions for participants to consider when examining the CHSA results are:

1. Does this health problem affect a large number of people, have serious consequences, show evidence of wide disparity between groups or increasing trends, and is it susceptible to proven interventions?
2. Does the issue have broad implications for potential long-term health improvements?
3. By addressing this issue, is there potential for a major breakthrough in approaching community health improvement?
4. Is this issue one that has been persistent, nagging, and seemingly unsolvable?
5. Does this issue identify a particular strength that can be replicated throughout the community?
6. Is ongoing monitoring of this issue possible?

User Notes:

Step 7 — Summarize key findings

Examine the data that have been complied into the "community health profile" and develop a list of the most compelling issues associated the data findings from this assessment. The most prominent findings of this assessment should be organized and captured in a brief summary (two to five pages). Consolidating the findings from this assessment will help to organize and identify key challenges and opportunities related to health status as well as assist in recognizing crosscutting issues from the other three assessments. This summary will be used both for reporting back to the MAPP committee and for guiding work during the **Identify Strategic Issues** phase.

User Notes:

See the MAPP Web site for:

- Detailed guidance on conducting a Community Health Status Assessment.
- An Extended Indicator List.
- Vignettes from communities that have conducted Community Health Status Assessments.

www.naccho.org/project77.cfm

REMEMBER

The following tip sheets for this phase are located in the *Tip Sheets Index:*

"Presenting Data"
"Quality of Life Questions"
"Sample Community Health Survey"

Tip Sheet — Data Issues in Jurisdictions with Small Populations

Data collection is an integral part of the assessment function of public health. The challenge is to collect and convert data into useful information that provides a composite picture of the community's health. Many states have improved data systems and are regularly supplying data to local health departments for their jurisdictions. If such data are not available from state agencies, the process will require time, people, community resources, and possibly consultants who can analyze and convert data into an easily understood format.

Sparsely populated or small communities face the challenge of translating low numbers or incidence into usable information. Low numbers or incidence can produce unstable rates that fluctuate greatly from year to year. In addition, a "snapshot" view of one year may not adequately represent the true status of the community's health. Also, smaller communities may not have access to individuals with expertise in data analysis. For these reasons, the collection and analysis of data may be an especially large barrier to community health assessment in communities with small populations.

Statistical Instability

There are two potential ways to avoid or address the statistical instability faced by jurisdictions with low populations. Such communities may consider one of the following approaches.*

- Combine multi-year data (e.g., data for three years). A drawback to this option is that looking at multi-year data limits the ability of the jurisdiction to monitor program interventions and identify new trends. Rolling year averages (e.g., looking at data for 1997-2000 one year, and 1998-2001 the following year) may overcome this drawback and should be considered.

- Expand the geographic area by conducting a regional health assessment in collaboration with neighboring jurisdictions. A drawback to this option is that the community may then be looking at geographical areas over which it has no control. Analyzing data at the regional level may also mask interesting local variations in the data.

Both of these approaches increase the number of events under analysis. It is recommended that all indicators be based on 20 or more events (e.g., infant deaths, low birth-weight infants, etc.) In general, the higher the number of events, the more stable the data. Confidentiality issues must also be considered when the number of events is small.

* American Public Health Association. Healthy Communities 2000: Model Standards. Washington, DC: 1991, pp. 458-459

Other Data Considerations

The following tips may be useful to small or rural communities that do not have access to epidemiological expertise in data analysis.

Data should be considered in light of the following questions: What are the sources of these data? Are the sources reliable? What are the issues raised by the data? Are key pieces of information missing and can they be obtained? Are there any other considerations regarding the health issue that need to be taken into account when analyzing the data? Can a summary statement be made about the numbers?

Consider the following issues:

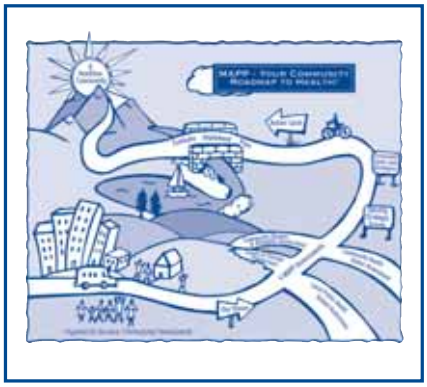
- The manner in which data are collected is very important. In analyzing communicable disease information, consider the reporting system that exists in the state or locality and the kind of data that would be produced.

- Consider the sampling frame used in gathering the data to ensure that all special high-risk populations are included. For example, university populations should be included when looking at youth issues, while nursing home or retirement communities should be included to get a valid rate for aging issues.

- Consider time-related issues, such as the amount of time it may take for a program intervention to show results, when looking at certain health issues or diseases. For example, a decrease in cancer rates may be indicative of the success of program interventions that took place many years earlier.

- Years of Potential Life Lost (YPLL) is an indicator that can provide additional information about the important causes of premature death in a community. For example, consider the number of deaths due to injuries in a community. Although the actual number of deaths due to injuries might be low, the impact of this problem could be highlighted if the YPLL is high (indicating that deaths due to injuries cause a disproportionate loss of potential productivity in younger populations).

- Consider that a substantial change in a single indicator (e.g., number of cancer deaths increasing from 20 to 30 over one year) may not necessarily represent a trend or pattern. While troubling to the community, this may be a normal variation in reporting. Situations like this may present an opportunity to engage the community in the science of epidemiology. Exploring risk factors may increase the participants' appreciation for health planning, health assessments, and related activities.



Forces of Change Assessment

The **Forces of Change Assessment** is aimed at identifying forces—such as trends, factors, or events—that are or will be influencing the health and quality of life of the community and the work of the local public health system.

- **Trends are patterns over time**, such as migration in and out of a community or a growing disillusionment with government.
- **Factors are discrete elements**, such as a community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway.
- **Events are one-time occurrences**, such as a hospital closure, a natural disaster, or the passage of new legislation.

During the **Forces of Change Assessment**, participants answer the following questions:
"What is occurring or might occur that affects the health of our community or the local public health system?" and *"What specific threats or opportunities are generated by these occurrences?"*

How to Conduct the Forces of Change Assessment

The following three steps don't always follow a linear format; it may be necessary to work back and forth between the steps to develop a list and then whittle it down.

Step 1 — Prepare for the Forces of Change Assessment

To prepare for the brainstorming session, provide each member of the MAPP committee with a copy of the "Brainstorming Worksheet" (see page 69). Ask them to review the worksheet and begin thinking about the major forces that affect public health or the community.

It is strongly recommended that everyone participating in the MAPP process participate in the brainstorming session so that a diversity of perspectives is represented. If the current group does not reflect sufficiently diverse perspectives, additional participants should be recruited.

Examples of Forces of Change:

- State and federal legislation.
- Rapid technological advances.
- Changes in the organization of health care services.
- Shifts in economic and employment forces.
- Changing family structures and gender roles.

User Notes:

Step 2 — Convene a brainstorming session to identify forces of change

Next, hold a brainstorming session to identify Forces of Change. Depending on the size of the group and the amount of time scheduled for the brainstorming session, this step can be completed using either a large group brainstorming process or iterative small group processes. Through facilitated and structured brainstorming discussions, participants should share ideas from their individual "Brainstorming Worksheets", identify new forces, and develop a comprehensive list.

Tips from the field:

- This may be a good assessment to do first, as it gets people motivated and thinking about the big picture.
- Include key stakeholders.
- Have fun. Allow this exercise to energize people.
- Don't only focus on the threats; there are opportunities as well.
- You are not done when you think you are; the nature of this phase is that it changes.

Review local newspaper clippings, national demographics, or recent events to stimulate the brainstorming process. For additional brainstorming techniques, see the "Forces of Change Brainstorming Worksheet" on page 69.

Once a comprehensive list of forces has been developed, review and discuss each item on the list. During the discussion, consolidate and organize like forces into groups or categories. Items on the list may need to be deleted, added to, or further refined.

User Notes:

Step 3 — Identify potential threats and opportunities for each force of change

Participants should begin this step by reviewing the identified forces, and for each, identify associated threats and opportunities for the community and the local public health system. In some cases, a force might only be identified with a threat, while in other instances, it may be perceived as both a threat and an opportunity.

User Notes:

Step 4 — Summarize key findings

The most prominent findings of this assessment should be organized and captured in a two or three page summary. This summary will be used both for reporting back to the MAPP committee and for guiding work during the **Identify Strategic Issues** phase.

Some of the findings from the **Forces of Change Assessment** may be unique but may also have emerged during the other assessments. It may be useful to create broader categories of related forces to help consolidate findings from this assessment. This will help organize and identify findings, as well as address crosscutting issues from the other three assessments. The categories listed in the "Forces of Change Brainstorming Worksheet" may help serve as a useful guide.

User Notes:

Refer to the MAPP Web site for:

- Detailed guidance for conducting the Forces of Change Assessment.
- Vignettes from communities that have identified their Forces of Change.

www.naccho.org/project77.cfm

REMEMBER

The following tip sheets for this phase are located in the *Tip Sheets Index:*

"Facilitation within the MAPP process"
"Conducting Community Dialogue"
"Possible Techniques for Brainstorming"

Forces of Change Brainstorming Worksheet

The following two-page worksheet is designed for MAPP committee members to use in preparing for the Forces of Change brainstorming session.

What are Forces of Change?

Forces of Change include trends, events, and factors.

- Trends are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- Factors are discrete elements, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway.
- Events are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

What Kind of Areas or Categories Are Included?

Be sure to consider any and all types of forces, including those that are:

- Social
- Economic
- Political
- Technological
- Environmental
- Scientific
- Legal
- Ethical

How To Identify Forces of Change

Think about forces of change outside of your control that affect the local public health system or community.

1. What has occurred recently that may affect our local public health system or community?
2. What may occur in the future?
3. Are there any trends occurring that will have an impact? Describe the trends.
4. What forces are occurring locally? Regionally? Nationally? Globally?
5. What characteristics of our jurisdiction or state may pose an opportunity or threat?
6. What may occur or has occurred that may pose a barrier to achieving the shared vision?

Also, consider whether or not forces identified were unearthed in previous discussions.

1. Was the MAPP process spurred by a specific event such as changes in funding or new trends in public health service delivery?
2. Did discussions during the Local Public Health System Assessment reveal changes in organizational activities that were the result of external trends?
3. Did brainstorming discussions during the Visioning or Community Themes and Strengths phases touch upon changes and trends occurring in the community?

Forces of Change Brainstorming Worksheet

(Page 2)

Using the information from the previous page, list all brainstormed forces, including factors, events, and trends. Continue onto another page if needed. Bring the completed worksheet to the brainstorming session.

1. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

Forces of Change - Threats and Opportunities Worksheet

List the major categories identified in Step 2 of the Forces of Change phase in the left-hand column ("Forces"). Then, for each category, identify the threats and opportunities for the public health system or community created by each. Continue onto another page if needed.

Forces (Trend, Events, Factors)	Threats Posed	Opportunities Created

Phase 3:
Forces of Change Assessment

Phase 4: Identify Strategic Issues

Phase 4:
Identify Strategic Issues

Once the four MAPP Assessments have been completed, the next step is to use the findings to identify strategic issues. It is in this phase that participants determine which issues are critical to the success of the local public health system and its vision of improved community health.

What is a strategic issue?

Strategic issues are those fundamental policy choices or critical challenges that must be addressed in order for a community to achieve its vision.

Strategic issues are the foundation upon which strategies are developed. They should build on the results of the previous MAPP phases and will reveal what is truly important from the vast amount of information that has been gathered. Strategic issues represent the most compelling findings that emerge when all of the MAPP Assessments are considered together. Identifying strategic issues can be compared to pouring the assessment findings into a funnel—what emerges is a distilled mix of issues that demand attention.

Strategic Issues:

- Represent a fundamental choice to be made by the community and local public health system leaders.
- Usually center around a tension or conflict to be resolved.
- Might be addressed in many different ways.
- Must be something that the local public health system can address.
- Should relate to more than one of the four MAPP Assessments.

How to identify strategic issues

Step 1 — Review and discuss findings from previous MAPP phases

To date, MAPP participants have developed a shared vision and common values, have conducted the four MAPP Assessments, and have summarized major findings from these assessments. During this step, participants will consider this information in the aggregate for the first time. A review of the vision and values along with the summaries of assessment findings should lead to a discussion about both the crosscutting and most prominent findings from the assessments, as well as gaps between the current state of affairs in their community (as reflected in the assessments) and the vision they are working to attain. Organization of background materials is critical to helping participants understand the key findings quickly while also providing them access to more detailed information that might answer questions that arise during the discussion.

User Notes:

Step 2 — Brainstorm potential strategic issues

In a facilitated session, either integrated with or subsequent to the initial discussion in Step 1, participants should respond to the question, *"Which issues suggested by the assessment findings must be addressed in order to achieve the vision?"* As participants discuss this question, they should try to identify where results converge. Consider using the "Strategic Issues Relationship Diagram" at the end of this section (page 77) to see how findings converge to affect the achievement of the vision. Each potential strategic issue should be phrased as a question on the first part of the "Strategic Issues Identification Worksheet," located at the end of this section (page 78).

Consider this example:

Vision: Includes accessible services for all populations, particularly the most vulnerable.

- *Community Themes & Strengths Finding*: Community members face cultural barriers to care.
- *LPHS Assessment Finding*: Assurance of needed personal health services only partially meets outreach and linkage standards.
- *Community Health Status Finding*: Data reveal 15 percent of community residents lack health insurance.
- *Forces of Change Finding*: State funding cuts have caused health care providers to reduce hours.

Strategic Issue: *How can our community ensure access to personal health care services?*

User Notes:

Step 3 — Develop an understanding about why an issue is strategic

Participants should discuss each issue to confirm that it is truly strategic. This discussion will help to separate strategic issues from other problems, such as those that may be more operational in nature, or those that might be easily remedied with the provision of additional resources. Strategic issues are more challenging than this. Participants must understand the context of issues in order to best determine how they should be addressed. This understanding should provide insight into the dynamics of each issue.

As reflected in the example above, each of the findings identified in the four MAPP Assessments point to one aspect affecting an issue. By considering findings from multiple assessments together, the understanding of the issue is likely to be more comprehensive. Record information about each issue under question two of the "Strategic Issues Identification Worksheet" at the end of this section (page 78).

User Notes:

Step 4 — Determine the consequences of not addressing an issue

Strategic issues have significant consequences for the community and the public health system. Failure to address these issues may eventually result in the realization of an external threat, lost opportunities, the lingering or worsening of an identified problem, and ultimately failure to achieve the community vision. Consider each strategic issue and ask, *"What are the consequences of not addressing this?"* The consequences of each strategic issue should be specified in part three of the "Strategic Issues Identification Worksheet" at the end of this section (see page 78).

TIPS from the Field:

- Take time to organize assessment findings at the beginning of this phase.
- Balance the need for information with the need to be concise.
- Be open to issues that may not at first seem clearly related to health.
- This activity can be effectively done in a retreat-like atmosphere.

User Notes:

Step 5 — Consolidate overlapping or related issues

At this point, a large number of strategic issues may have been identified. In order to provide a manageable focus for developing strategies, these issues should be consolidated. Examine all the issues identified from the worksheets together. How are they related? Do they share causes or influences that make them strategic? What are the consequences of not addressing them? Can strategic issues be combined without losing a key perspective? It is suggested that a community should have no more than twelve strategic issues; the fewer, the better.

User Notes:

Step 6 — Arrange issues into an ordered list

Finally, the strategic issues should be ordered into a list reflecting which issues should be addressed first. Considerations such as whether there are issues with immediate consequences, or if there are timelines or upcoming events that may help or hinder addressing an issue, will influence the order of your list. Possible orders include:

Logical order — Present issues in the sequence in which they should be addressed. This is particularly useful if the resolution of one issue is contingent upon resolution of another.

Impact order — How important are the consequences of a particular issue? How complex is an issue? Resolving easier issues first can build the momentum, teamwork, and consensus that can lead to solutions for more complex, controversial issues.

Temporal order — Resolve issues according to a timeline, using information such as coordination with upcoming events.

User Notes:

S ee the MAPP Web site for:

- More detailed guidance for conducting the **Identify Strategic Issues** phase of MAPP.
- Vignettes from communities that have identified their Strategic Issues.

www.naccho.org/project77.cfm

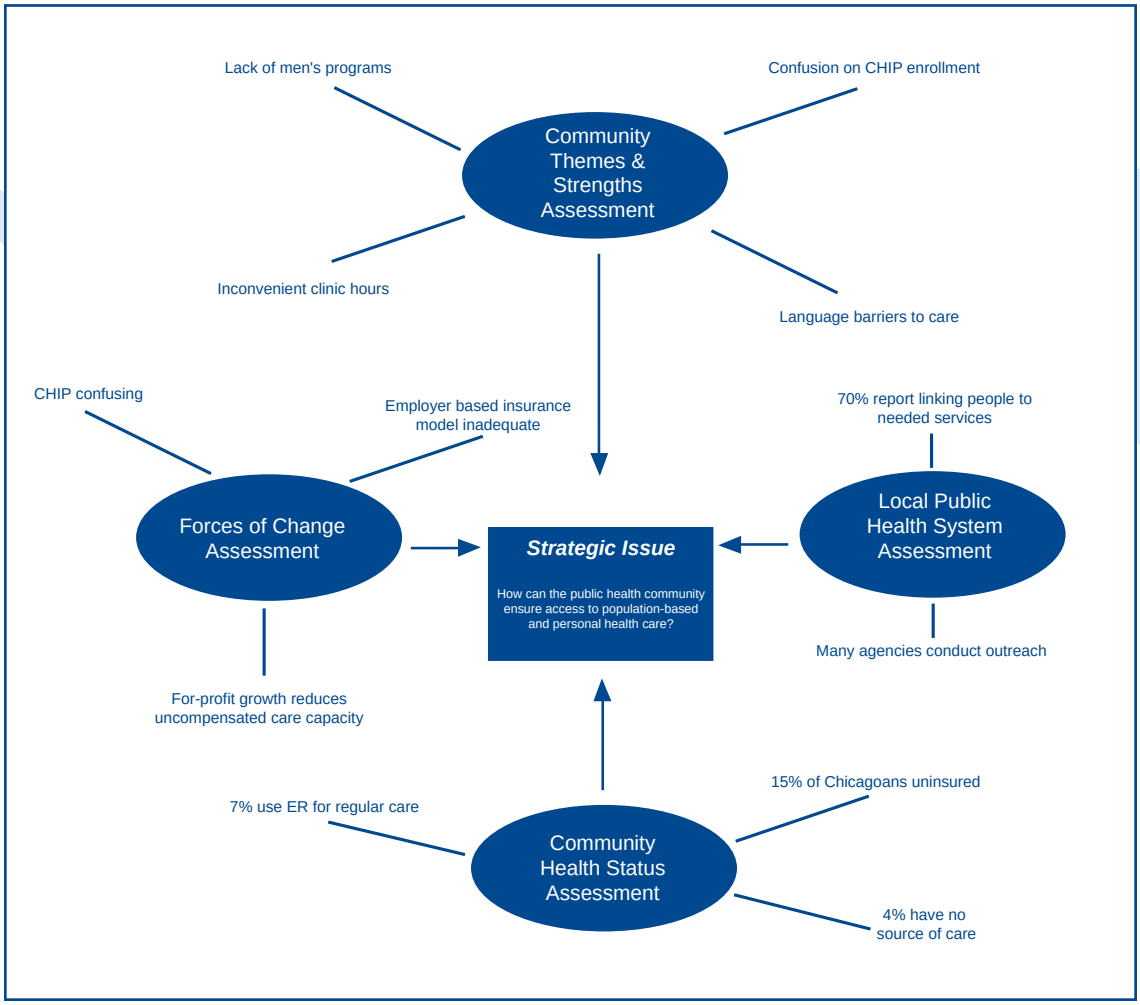
R **EMEMBER**

The following tip sheets for this phase are located in the *Tip Sheets Index:*

"Facilitation within the MAPP process"
"Conducting Community Dialogue"
"Presenting Data"

Strategic Issues Relationship Diagram - Example

Relationship to Vision: Accessible Services



Strategic Issues Identification Worksheet

Strategic issues are the fundamental policy choices facing an organization's or system's vision, mandates, values, services, clients, resources, or operations.

1. **Identify the strategic issue. Phrase the issue as a question. (Example: *How can the public health community ensure access to population-based and personal health care?*)**

2. **Why is this an issue? What convergence of external opportunities and threats, system strengths and weaknesses, health status findings or community themes makes this an issue?**

3. **What are the consequences of not addressing this issue?**

Phase 5:
Formulate Goals and Strategies

During this phase, goals and strategies are developed for each of the strategic issues identified in the previous phase.

Goals set a common direction and understanding of the anticipated end result. **Strategies** communicate how the community will move in that direction. Together, goals and strategies provide a connection between the current reality (what the public health system and the community's health looks like now) and the vision (what the public health system and community's health will look like in the future). In providing a focus for future action, strategies lead to coordinated action by addressing the complexity of seemingly complicated problems. The emphasis on action also serves a critical role in linking planning to implementation.

Questions for the Community

Goals — What do we want to achieve by addressing this strategic issue?
Strategies — How do we want to achieve it? What action is needed?

How to Formulate Goals and Strategies

Step 1 — Develop goals related to the vision and strategic issues
The initial step of this phase of MAPP is to develop goals and strategies based on the participants' vision. The vision statement may have several components and may, therefore, require several goals and strategies.

Next, review the strategic issues that were developed in the prior phase and identify goals that will be achieved when those issues are resolved. Goal statements should reflect a relationship between strategic issues and vision elements. The vision presents, in the broadest sense, what the public health system wants to achieve. Strategic issues must be resolved for this to be realized. This step may be best accomplished by a small group that later presents its results to the larger group for discussion.

Example

Strategic Issue: How can the community ensure access to population-based and personal health care services?

Goal: All persons living in our community will have access to high-quality, affordable health care.

Strategy: Develop the capacity to provide culturally and linguistically appropriate services.

User Notes:

Step 2 — Generate strategy alternatives

During this step, participants should consider and identify potential strategies for achieving each goal and for achieving the community vision. This step may best be completed through small group work, with participants volunteering for groups based on their interest in a particular goal.

The task in this step is not to pick the best course of action, but to generate several strategies the community may select from to reach the vision. For example, if the goal is increased access to health services, possible strategy alternatives are outlined below.

Goal: All persons living in our community will have access to high-quality, affordable health care.

Strategy Alternative: Establish a community ombudsman program for city or county private services.

Strategy Alternative: Strengthen coordination among local public health system partners to eliminate gaps in service and improve referral mechanisms among providers (e.g., between mental health and primary care).

Strategy Alternative: Increase awareness of available services through the development of an online directory of area public health and health care organizations.

Strategy Alternative: Develop the capacity to provide culturally and linguistically appropriate services.

Strategy Alternative: Increase education and outreach efforts so that all residents are aware of the population-based and personal health care services available in the community.

Whether as a small group or as the entire group overseeing MAPP, participants should brainstorm and develop strategy alternatives, as well as identify barriers (Step 3). Be sure to build upon past strategies that have worked. The "Strategy Development Worksheet" (see page 86) can be used to record the information brainstormed by the group.

User Notes:

Step 3 — Consider barriers to implementation

Consider how realistic each strategy alternative is by examining barriers that may interfere with implementation. Barriers may take the form of insufficient resources, lack of community support, legal or policy impediments to authority, or technological difficulties. Barriers will not necessarily eliminate strategy alternatives; however, they should alert the community to obstacles that may be encountered if that alternative is pursued.

As described in Step 2, the identification of barriers may also be accomplished through small group work. It is important to note that the group that identified the strategies should be the same group identifying potential barriers.

User Notes:

Tip from the field:

- Try to strike a balance between motivating groups to develop strategies that will achieve a "break through" and having manageable plans—it's a difficult balance.

Step 4 — Consider implementation details

Next, outline details related to implementing each strategy alternative. Participants should explore issues such as needed activities, timelines, participation, and resources. At this time the group is not actually conducting implementation planning, but rather thinking broadly about how each strategy alternative could be implemented. This lays the groundwork for the next phase – the **Action Cycle**.

At this time the group may want to reconsider membership in the small groups, depending upon the types of strategy alternatives and goals that have been developed. Including key implementers in the relevant small groups ensures not only the appropriate application of expertise, but also that stakeholder interests are well represented.

User Notes:

Step 5 — Select and adopt strategies

Selecting strategies is the next step and usually requires choosing among alternatives. The best choice(s) should be clear after the above steps have been completed. When selecting strategies, be particularly alert to those that are intended to address urgent issues or can be implemented quickly. Being able to see accomplishments achieved through the process provides clear evidence of value to participants.

To make strategy selection more systematic, less complex, and possibly less subject to debate, agree upon selection criteria at the onset. One set of criteria commonly used in public health program planning is the **PEARL** test.** The **PEARL** test was designed specifically to test the reality and feasibility of a proposed strategy.

Once the strategies are selected, participants must now adopt them. Strategies may be adopted in their entirety or in stages. Be aware that some strategies may never garner complete agreement among all participants. Agree on what is currently possible recognizing that some issues, even after much deliberation, may be too contentious to find common ground.

The PEARL acronym is defined as follows:

- **P**ropriety — Is a strategy consistent with the *Essential Services* and public health principles?
- **E**conomics — Is the strategy financially feasible? Does it make economic sense to apply this strategy?
- **A**cceptability — Will the stakeholders and the community accept the strategy?
- **R**esources — Is funding likely to be available to apply this strategy? Are organizations able to offer personnel time and expertise or space needed to implement this strategy?
- **L**egality — Do current laws allow the strategy to be implemented?

User Notes:

**GE Pickett and JJ Hanlon. Public Health Administration and Practice, 9th Ed. St Louis: The C.V. Mosby Company, 1990. pp. 226-227.

Step 6 — Draft the planning report

The final step is to develop a draft planning report.

It should be noted that the planning report is not an implementation plan. Rather, it is a plan outlining broad strategic courses of action about which that the community has reached consensus.

Once the document is complete, the entire MAPP committee should adopt it. Plan adoption can be seen as a formal close to the planning process and a time to celebrate the hard work of the previous phases. Participant organizations should also be encouraged to adopt the plan to show their organizational support. Finally, disseminate and share the plan with the community.

User Notes:

See the MAPP Web site for:

- Detailed guidance on conducting the Formulate Goals and Strategies phase of MAPP.
- Vignettes from communities that have adopted goals and strategies.

www.naccho.org/project77.cfm

REMEMBER

The following tip sheets for this phase are located in the *Tip Sheets Index:*

"Conducting Community Dialogue"
"Possible Techniques for Brainstorming"

Strategy Development Worksheet

1. Based on your review of the vision and strategic issues, what are the apparent goals?

2. What broad alternatives might members of the public health system pursue?

3. What are the barriers to realizing these alternatives?

4. What implementation details accompany each strategy alternative?

Strategy Development Matrix

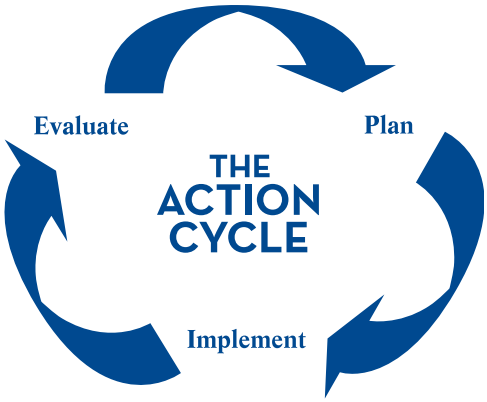
Goals	Strategies	Barriers	Implementation

Phase 6:
The Action Cycle

The **Action Cycle** can be summarized as follows:

- ***Planning*** — Determining what will be done, who will do it, and how it will be done.
- ***Implementation*** — Carrying out the activities identified in the planning stage.
- ***Evaluation*** — Determining what has been accomplished.

Each of these activities builds upon the others in a continuous and interactive manner. The strategies identified in the previous phase form the foundation for the **Action Cycle.**



During this phase, the efforts of the previous phases begin to produce results, as the local public health system develops and implements an action plan for addressing the strategic issues.

Planning for Action

In planning for implementation, participants must be clear about what is being done, by whom, and with what measurable result. Care should be taken to ensure that objectives are:

- Valid and reliable.
- Clearly measurable.
- Directly associated with the achievement of the strategy.
- Responsive to changes in expected results.

Objectives should also:

- Provide timely feedback at a reasonable cost.
- Link performance to the expected improvement.
- Tighten rather than diffuse accountability.

How to Plan, Implement, and Evaluate your Action Plan

Step 1 — Organize for action

The first step in this phase is organizing for action. If key participants—those who will play a role in implementing and evaluating strategies—are not currently involved in the MAPP process, they should be recruited to participate.

Give careful thought to how implementation activities will be overseen. While specific organizations or groups will be accountable for each objective, there should also be an entity responsible for ensuring that the MAPP process is sustained. The group overseeing implementation oversees the function of assuring sustainable implementation.

Tips from the Field:

- One of the most common failings in collaborative planning is ambiguity about who is responsible for what. Make sure that everyone is on the same page about who is doing what and when.
- Continue to engage new people and organizations throughout the process.
- Identify opportunities that can serve as celebratory events—an art contest, a picnic, etc. These events keep people engaged.
- Empower community members to move the plan forward.
- Maintain accountability linkages to the action planning committee or entity.
- Encourage regular check-ins as the action plan is implemented.

How work will be completed and how connections will be made throughout the planning and implementation process should also be determined. In order to assure sustainable implementation the following questions should be considered:

1. What do we expect from the leaders of this process in terms of commitment, presence, coordination, and so on?
2. What kinds of communication mechanisms need to be in place among participants (including quality, frequency, breadth, and depth)?
3. What products should result from evaluation and monitoring activities (e.g., evaluation model, reports, recognition, etc.)?

User Notes:

Step 2 — Develop objectives and establish accountability

For successful implementation, it is important to know where you are headed, who has agreed to be responsible for getting you there, and how you are going to get there. To accomplish this, MAPP participants should develop a measurable outcome objective or set of outcome objectives for each identified strategy.

Attempt to achieve consensus on accountability through dialogue. It will go a long way towards building the foundation for sustainable implementation.

Step 2. Develop Objectives and Establish Accountability

Review the Strategies and Goals → **Develop Measurable Outcome Objectives for each Strategy** → **Agree on Accountability**

Agree on Responsible Parties (Groups, Organizations, agencies) for Each Objectivel

Once accountability for each objective is identified, institutionalize the strategies by having each participating organization identify how the goals, strategies, and outcome objectives can be incorporated into their organizational mission statements and plans.

User Notes:

Step 3 — Develop action plans

The outcome objectives must now be translated into specific action plans and activities to be carried out by the participants. Action plans should be organization-specific or call for collective action from a number of organizations. Please refer to the example action plan at the end of this section for guidance (see page 97).

Each outcome objective may generate a number of specific impact and process objectives that will direct the development of activities in the workplan. The tip sheet "Description of Terms Used in Objective-Setting" (see page 96) describes the different types of objectives that may be related to a strategic goal.

Next, assign specific tasks for developing a workplan and a budget for the activities to the agencies, organizations, or groups who have agreed to be responsible and accountable for specific outcome objectives.

User Notes:

Implementation

With agreed-upon priority goals, related outcome objectives and a system of accountability, and the appropriate action plans, the participants in MAPP are ready to achieve results.

Step 4 — Review action plans for opportunities for coordination

Participants should review the action plans to identify common or duplicative activities and seek ways to combine or coordinate the use of limited community resources. Identification of opportunities to coordinate should not end here. As activities are implemented, groups or organizations assigned specific activities should continue to look for opportunities to connect to other action plans or build upon available resources.

User Notes:

Step 5 — Implement and monitor action plans

All MAPP participants should be involved in implementing a minimum of one strategy. Furthermore, participants should regularly consider whether other organizations or individuals should be brought on board to more effectively implement the strategies.

Each participating organization's staff should be well informed about the process and the action plans that are being implemented.

Consider the use of media outlets as a way to educate the community about the strategies and the progress that is being made on an ongoing basis. See the MAPP Web site for a tip sheet on "Engaging the Media" for suggestions.

User Notes:

Evaluation

The evaluation process described below is based on a framework developed by the Centers for Disease Control and Prevention Evaluation Working Group. Other evaluation frameworks may be used with equal success.

Two types of evaluation should occur:

Evaluation of the entire MAPP Process – The implementation of MAPP should be evaluated to identify areas or activities that worked well and those that didn't.

Evaluation of each strategy –The strategies, goals, and action plans should each be assessed and evaluated.

Step 6 — Prepare for evaluation activities

When preparing for evaluation, consider the following:

- ***Who needs to be involved***? Consider other stakeholders that should be involved. These may include individuals who manage or work on the activity being implemented, or people who will be affected by its implementation.
- ***What is being evaluated***?
  - —***Strategies.*** Participants should identify and describe the activity or strategy being evaluated.
  - —***Entire MAPP Process.*** Participants should frame the evaluation of the entire MAPP process. Evaluation of MAPP should address issues such as level of community engagement, comprehensiveness of participation, and results and activities from each phase of MAPP.

User Notes:

Step 7 — Focus the evaluation design

This step involves developing the evaluation framework. The evaluation team should select: the questions that the evaluation will answer; the process for answering these questions; the methodology to be used in collecting answers; a plan for carrying out the evaluation activities; and a strategy for reporting the results of the evaluation. Common questions include:

- How well was the activity performed?
- How effective was the activity?
- How well did the activity meet our stated goals?
- What could be changed to improve the activity next time?

User Notes:

Step 8 — Gather credible evidence and justify conclusions

Participants should collect data to answer the evaluation questions developed during the previous step. Once credible data are gathered, participants then should decide what the data indicate. Did the activity do what it set out to do? How effective was it?

Recommendations and implications of the evaluation need to be based on an analysis of the data gathered, not just the team's opinions or feelings about how the activity was implemented.

User Notes:

Step 9 — Share lessons learned and celebrate successes

Finally, share the results with others. Evaluation results can improve existing processes and help create new strategies and activities. Also, celebrate the successes. Use frequent, ongoing, and creative approaches to celebrate successes and recognize the efforts of the community. Continuous celebration and recognition of the hard work will go a long way toward sustaining momentum and keeping the process alive.

User Notes:

See the MAPP Web site for:

- Detailed guidance on conducting the **Action Cycle** phase of MAPP.
- Vignettes from communities that have conducted an **Action Cycle.**

www.naccho.org/project77.cfm

Additional tip sheets for this phase include:

"Guidance to Participant Identification"
"Participant Selection Worksheet"
"Engaging the Community"
"Facilitation within the MAPP process"
"Possible Techniques for Brainstorming"

Tip Sheet
Description of Terms Used in Objective-Setting

Outcome Objective – The level to which a health or LPHS problem should be reduced within a specified time period.

1. Long Term
2. Realistic
3. Measurable

Outcome objectives should relate directly to strategic goals. These are statements about *how much* and w*hen* the program should affect the health or LPHS problem.

The desired outcome objective is the quantitative measurement of the health or systems problem at some future date and is something that the program can and should accomplish.

Example: By 2010, reported rubella incidence in the United States will be less than 500 cases per year.

Impact Objectives – The level to which a direct determinant or risk factor is expected to be reduced within a specified time period.

1. Intermediate (1-5 years)
2. Realistic
3. Measurable

Impact objectives relate directly to risk factors or determinants of the health or LPHS problem. These are statements about *how much* and *when* the program should affect the determinant.

Impact objectives are quantitative measurements of determinants at some future date.

Example: 90 percent of the school age children in the United States will have been immunized against rubella by December 31, 2005.

Process Objective – Action statements aimed at affecting one or more of the contributing factors that influence the level of risk factors and determinants.

1. Short term (usually one year)
2. Realistic
3. Measurable

Example: Increase the proportion of school districts that are effectively enforcing the school entry immunization law from 75 percent to 90 percent by October 31, 2002.

Example Action Plan

Goal: All persons living in our community will have access to high-quality, affordable health care.

Strategy: Develop the capacity to provide culturally and linguistically appropriate services.

Outcome Objective: By 2010, increase to 50 percent the proportion of health care providers serving the community that are culturally and linguistically-competent.

LPHS Action Plan Process Objective (collective action plan overseen by the LHD)

1. Create an incentive program to attract minority health professionals to the area.
2. Establish a program to train the existing workforce in specified languages.

Hospital Action Plan Process Objective

1. Improve interpreter services available to clients through the hiring of bilingual providers or through subscription to a telephone assistance language line (e.g., AT&T Language Line).

TIP SHEETS

SOME THOUGHTS ABOUT MAPP...

Benefits of Undertaking MAPP:

- ***Create a healthy community and a better quality of life***. The ultimate goal of MAPP is optimal community health — a community where residents are healthy, safe, and have a high quality of life.

- ***Increase the visibility of public health within the community.*** By implementing a participatory and highly publicized process, increased awareness and knowledge of public health issues and greater appreciation for the local public health system as a whole may be achieved.

- ***Anticipate and manage change.*** Community strategic planning better prepares local public health systems to anticipate, manage, and respond to changes in the environment.

- ***Create a stronger public health infrastructure***. The diverse network of partners within the local public health system is strengthened through the implementation of MAPP. This leads to better coordination of services and resources, a higher appreciation and awareness among partners, and less duplication of services.

- ***Engage the community and create community ownership for public health issues.*** Through participation in the MAPP process, community residents may gain a better awareness of the area in which they live and their own potential for improving their quality of life. Community-driven processes also lead to collective thinking and a sense of community ownership in initiatives, and, ultimately, may produce more innovative, effective, and sustainable solutions to complex problems.

See the MAPP Web site for:

References and resources.
Other tools available:
- MAPP List-serve
- MAPP Video
- MAPP Field Guide

www.naccho.org/project77.cfm

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TIP SHEET 1
Matrix of Organized Participation and Roles within Each Phase of MAPP

Below is a matrix that depicts the type of participation recommended for each phase of MAPP. The following terms are used:

- ***Core Support Team*** — A small group of individuals from the lead agencies responsible for organizing the process and moving it forward. Often this includes the primary individual(s) that provide staff support to the committee, the facilitator, and the committee chair.

- ***MAPP Committee —*** The committee that provides guidance throughout the entire process. This should be a broad group comprised of representatives from many sectors, including community residents. It is recommended that this be comprised of 15-20 individuals, although many communities have successfully convened committees of up to 30 individuals.

- ***Subcommittees —*** For several phases of MAPP, specifically the MAPP Assessments, it is recommended that subcommittees be designated to oversee the work that is being done. The subcommittee should include representation from the MAPP committee. Other individuals from outside the MAPP Committee may be recruited for their expertise, skills, or knowledge. Generally, subcommittees are comprised of 5-8 individuals, but some phases (such as the MAPP Assessments) may require larger membership.

- ***Community —*** Broad community participation is a vital concept throughout the MAPP process. While residents should be recruited to participate on the MAPP committee, phase activities should include ways of gaining broader community participation. This will ensure that the community's input is a driving factor throughout the MAPP process and that the community ultimately feels ownership in the final results.

MAPP Phase	Organization and Roles in Each Phase			
	Core Support Team	MAPP Committee	Subcommittees	Community
Organize for Success/ Partnership Development	• Get the process "off the ground." • Organize and plan the process. • Identify resources. • Conduct readiness assessment. • Recruit membership for the committee.	• Committee is convened during this phase. • Members provide input into other recruits. • Approve plan for MAPP process (as determined by Core Support Team). • Identify additional resources.	None recommended.	• Community residents should be recruited to participate in committee. • Broader community should be made aware of the new initiative.
Visioning	•Plan visioning sessions. • Ensure facilitation and work with the facilitator. • Summarize the results of the meeting(s). • Draft vision and values statements.	• Oversee and participate in the Visioning phase. • Develop a plan for gaining broad community participation and identify community representatives.	None recommended, however, some committees may want to designate a subcommittee to conduct the activities identified for the core support team.	Broad community participation is essential. • Announcements should be made broadly through community mechanisms (media, etc.). • Visioning session logistics should promote broad community participation.
Community Themes and Strengths Assessment	• Support Committee and Subcommittee activities.	• Oversee subcommittee activities. • Provide recommendations for gaining broad community participation. • Participate in activities as needed.	• Subcommittee to oversee activities is recommended. • Identify appropriate activities and plan how to undertake them. • Oversee implementation of activities. • Compile results.	Broad community participation is essential. • Announcements should be made broadly through community mechanisms (media, etc.). • All activities should promote broad community participation.

MAPP Phase	Organization and Roles in Each Phase			
	Core Support Team	MAPP Committee	Subcommittees	Community
Local Public Health System Assessment	• Support Committee and Subcommittee activities.	• Participate in Essential Services Orientation session. • Respond to performance measures instrument. • Discuss results/identify challenges and opportunities.	• Subcommittee may be convened to oversee LPHSA. • Prepare for LPHSA activities and ensure effective implementation. • Ensure facilitation/ recording of all sessions.	• Community participation should occur through the committee, but additional community participants can be recruited if desired.
Community Health Status Assessment	• Support Committee and Subcommittee activities. • Assist with collection and analysis of data, compilation of community health profile, and dissemination/presentation of results to community.	• Oversee subcommittee activities. • Identify sources for data. • Select locally-appropriate indicators. • Provide input into Community Health Profile development.	• Subcommittee, with expertise in data, should oversee the CHSA. • Collect and analyze data. • Compile Community Health Profile. • Present/disseminate results to community.	• The Community Health Profile should be presented to and disseminated throughout the community. • Community participation should occur through the committee, but additional community participants may be recruited if desired.
Forces of Change Assessment	• Prepare for and plan brainstorming session(s). • Ensure facilitation and work with the facilitator.. • Summarize and compile the results of the meetings.	• Entire committee should participate in brainstorming session(s). • Identify threats and opportunities for each force.	None recommended, however, some committees may want to designate a subcommittee to conduct the activities identified for the core support team.	Community participation should occur through the committee, but additional community participants may be recruited if desired.

MAPP Phase	Organization and Roles in Each Phase			
	Core Support Team	MAPP Committee	Subcommittees	Community
Identify Strategic Issues	• Prepare compilation of results from four MAPP Assessments. • Staffs meeting(s) at which strategic issues are identified. • Summarize the results of the meeting(s).	• Entire committee should participate in meeting(s) at which strategic issues are identified and analyzed.	Small groups can be charged with specific tasks.	None recommended.
Formulate Goals and Strategies	• Staff meeting(s). • Prepare information to assist in developing strategies and goals. • Summarize the results of the meeting(s). • Draft the planning report.	• Entire committee should participate in meeting(s) at which strategies and goals are selected and confirmed. • Oversee development of the planning report and adopt the plan.	None recommended, although if desired, small groups may be formed to discuss each strategic issue in-depth and identify the goals, strategies, and barriers.	Community buy-in of strategies and goals should occur.
The Action Cycle	• Provide support to assure process sustains itself and action occurs. • Recruit additional participants as needed.	• Oversee action planning, implementation, and evaluation. • Oversee recruitment of additional participants as needed.	• Subcommittee(s) should be formed to oversee implementation and evaluation. • Small groups may be formed to oversee action plans for each strategy.	• Broad community awareness of implementation. • Community participation in action plan implementation.

TIP SHEET 2
Participant Selection Worksheet

Participant Selection Worksheet			
Name	**Area Represented**	**Essential Service Provided**	**Other Criteria Met**
Robert Healthy	Community: Oak St. Block Club	Inform people about health issues	Availability; interest

TIP SHEET 3
Guidance for Participant Identification

MAPP is intended to result in the development and implementation of a community-wide strategic plan for public health improvement. Therefore, for the plan to be realistically implemented, it must be developed through broad participation by persons who share the commitment to and responsibility for the community's health and overall well-being. It is unlikely that key implementers will simply adopt the recommendations of a plan for which they had no input. The commitment to implementation will come from the sense of ownership that results from participating in the plan's development.

Framework for Participant Selection

Consider the following issues when identifying and recruiting participants for the MAPP process:

- ***Who plays a role in the local public health system?*** It is important to include individuals that have a hand in providing public health services. *The Essential Public Health Services* framework (described below) provides a good starting point.
- ***What broad, cross-sectorial participation is needed?*** The MAPP Committee should be representative of the overall community. A broad cross-section of residents and organizations is needed for members to be truly representative of the perceptions, interests, and needs of the entire community.
- ***What other criteria do they meet?*** Consider other issues, such as expertise and access to key assets and resources, the need for diversity and inclusiveness, and long-term availability and interest.

Identifying Possible Participants through the Essential Public Health Services

The *Essential Public Health Services* provide a useful framework for determining who is responsible for the community's health and well-being. The services reflect core processes used in public health to promote health and prevent disease. Thus, potential participants in the MAPP process would include individuals, organizations, and other entities that contribute to the delivery of one or more of the ten services identified below.

- Monitor health status to identify community health problems.
- Diagnose and investigate health problems and health hazards in the community.
- Inform, educate and empower people about health issues.
- Mobilize community partnership to identify and solve health problems.
- Develop policies and plans that support individual and community health efforts.
- Enforce laws and regulations that protect health and ensure safety.
- Link people to need personal health services and assure the provision of health care when otherwise unavailable.
- Assure a competent public health and personal healthcare workforce.
- Evaluate effectiveness, accessibility and quality of personal and population-based health services.
- Research for new insights and innovative solutions to health problems.

The *10 Essential Public Health Services* will be used further in MAPP's Local Public Health System Assessment as a framework for measuring the performance and capacity of the public health system. Because MAPP results in a strategic plan for improving community health and for creating and strengthening the local public health system, all entities that contribute to the *10 Essential Public Health Services* should be included throughout the process.

Identifying a Broad Cross-Section of Representation

The following is a list of groups, sectors, and types of organizations that should be considered for participation in the MAPP process. Benefits of inclusion and other considerations are also detailed.

Community representatives: The participation of community members in the MAPP process is essential, not only for obtaining a complete understanding of the community's needs and interests, but also for the development and implementation of workable strategies. In addition to receiving public health services, community members may participate in the delivery of the *10 Essential Public Health Services*; for instance, informing others about health issues. Community representatives might best be defined as residents and/or consumers of public health services. Representatives might be identified through outreach to clubs and other neighborhood organizations or from the clientele of local providers. It is important to distinguish community representatives from representatives of community-based providers who, while important, may bring a formal provider perspective to the process. Seek diverse representation and new viewpoints, being careful not to limit participation to those who typically represent a community.

Governmental agencies: In addition to the local public health authority or board of health, other agencies contribute to the health of a community. Other governmental agencies may address such issues as aging, social services, environmental protection, mental health, substance abuse, sanitation, and economic development. Including these organizations in the MAPP process helps to more broadly establish and enforce policies that protect the community's health and leverage resources.

Medical care providers: Medical care providers might be represented through local hospitals; health systems; community health centers; emergency medical services; managed care organizations; and professional associations representing nurses, physicians, etc. Participation in the MAPP process increases these representatives' awareness of and appreciation for traditional public health activities, fostering a stronger integration of medical care and public health services.

Education: The MAPP process may benefit from participation by local schools and institutions of higher learning. Outside of the family, schools are one of the few institutions with regular and sustained access to young people. Schools often contribute directly to the essential public health services and can provide the larger public health community with access to this important population. The relationship between education, economic opportunity, and health status suggests that schools are an important partner in the MAPP process. Finally, institutions of higher education, such as community colleges, universities, schools of public health, nursing, and medicine, contribute to several *Essential Public Health Services* related to assuring a competent workforce, evaluation of services, and research.

Criminal justice: In many communities, the criminal justice and law enforcement systems are valuable partners for public health. The increasing recognition of violence as a public health issue, coupled with the longstanding concerns about substance abuse, provide points of common interest for the public health and criminal justice systems. Additionally, correctional health programs are a vehicle for the delivery of public health services, while community policing programs may provide a mechanism for further community engagement. Other possible participants might come from the local court system and sheriff's office.

Environmental organizations: While public health work is often prompted by environmental factors (e.g., asthma and lead poisoning), representation from environmental organizations is sometimes overlooked in participatory and collaborative public health initiatives. Appropriate representatives might be found in community-based and non-governmental agencies, forest services, and fish and wildlife departments.

Faith community: In many areas, the faith community can be a powerful force for broadly disseminating public health messages and engaging residents in healthy behaviors. In addition to neighborhood churches and synagogues, representatives of larger religious membership organizations might be included in the MAPP process.

Business community: By providing employment and economic livelihood, businesses play a critical role in community health and well-being. Through employee wellness programs, worksite safety initiatives, and other activities, the business community contributes to the delivery of some essential public health services. The need for productive and healthy employees and reduced health care costs should provide the business community with incentive to participate.

Philanthropy: Local foundations might participate on the MAPP Committee as supporters of public health services and programs. Through its participation, the philanthropic community becomes aware of the needs and preferred strategies identified through the process and also recognizes that efforts in the community are being coordinated. The knowledge gained through the MAPP process may then be used to encourage subsequent grant-making efforts.

Other Participants: Other organizations or sectors may also be appropriate for participation in the MAPP process. These might include policy and advocacy organizations and coalitions that focus on specific or broader public health issues. Consider representatives that, while not explicitly focused on public health, have the potential to contribute to the health of the community. These might include organizations concerned with issues such as job training, youth development, housing, community economic development, etc. Finally, consider inviting representatives from the media. These individuals may provide valuable advice and input throughout the process and may be helpful in disseminating information and engaging the community.

TIP SHEET 4
Engaging the Community

Principles and Guidelines for Community Engagement

The following core principles and guidelines provide the basis for involving community residents in the MAPP process:**

Principles:

- People should have a say in the decisions that affect their lives.
- A public participation process, by definition, belongs to all the stakeholders, including future generations.

Guidelines:

- This process must provide participants with the information they need to participate in a meaningful way.
- The public participation process should address the interests needs (time, venue, etc.) of the largest possible number of participants.
- The public participation process should seek out and facilitate the involvement of all stakeholders.
- The public participation process should communicate to all stakeholders how input affects the decisions made.

** Customized from the following reference: Public Participation and Accountability Subcommittee, National Environmental Justice Advisory Council. The Model Plan for Public Participation. Washington, DC: Nov 1996.

The Importance of Community Participation

Creating healthy communities and strong local public health systems requires a high level of mutual understanding and collaboration. To accomplish this, communities must find ways of working together that create stronger connections throughout the community and provide access to the collective wisdom necessary to address community concerns.

Successful community-driven processes offer:

- ***Inclusiveness*** — All of the stakeholders must be genuinely included throughout the process.
- ***Comprehensiveness*** — Every aspect of the issue must be addressed. Many initiatives fail due to approaches that are too shallow or narrow.
- ***Local Ownership*** — Linking expertise and "common knowledge" leads to sustainable policies and ensures that each participant has a genuine sense of ownership and responsibility.

To develop a truly community-driven initiative, genuine community involvement is required at every stage of the process. Technical expertise is not adequate for creating healthy communities and strong public health systems. Technical knowledge does not address the essential questions of what values and vision to pursue and what issues are important for community health. For that, the wisdom that can only be generated through community dialogue is needed.

The following are just a few of the benefits of community engagement in MAPP:

- Connecting and communicating with community members **creates a truly community-driven process**.
- **Ongoing community resident commitment and participation** builds ownership in the process and its outcomes.
- Community engagement and empowerment through the MAPP process may **benefit community involvement in other community initiatives**.
- Community-driven processes lead to collective thinking and ultimately may produce **more innovative, effective, and sustainable solutions** to complex problems.
- Community residents and subpopulations may gain a **better awareness of themselves, the area in which they live, and their own potential for improving their quality of life.**

TIP SHEET 5
Facilitation within the MAPP Process

Facilitation is an important component of many of the MAPP phases. The facilitator moderates discussions during the visioning sessions, as well as at the town hall meetings, focus group sessions, and other activities outlined in the **Community Themes and Strengths Assessment**. The facilitator also moderates discussions regarding the results of the data analysis during the **Community Health Status Assessment** and encourages the free expression of ideas during brainstorming activities in the **Forces of Change Assessment**.

Facilitators must be effective at drawing participants out, involving everyone in the discussions, and helping the group to reach consensus. Given the importance of such an individual, how does a MAPP committee identify this person?

Several types of individuals can be tapped to play the role of the facilitator. The advantages and disadvantages of different types of facilitators are outlined below, along with some criteria for selecting an effective facilitator.

What to Consider in Selecting a Facilitator

Selecting the right facilitator is an important leadership function of the committee overseeing the MAPP process. In identifying and selecting a good facilitator, the MAPP committee should consider the questions below. The community's resources will also have an impact, as many communities may not have the resources to retain a consultant to serve as facilitator. In such cases, individuals from neutral organizations within the community or volunteers from neighboring communities could fill this important role.

Questions to consider in identifying a facilitator:

1. Perceived Neutrality and/or Fairness

- Is this person perceived as being neutral?
- Are there any individuals, organizations, or population groups that may feel uncomfortable with this person acting as facilitator?

2. Skill level in Facilitation and Managing Large Group Processes

- Is this person effective at managing large group processes?
- Is he/she able to ensure that all participants have a chance to speak?
- Is he/she effective at keeping individuals from dominating the discussion and protecting participants from personal attacks?
- Can he/she get the group to acknowledge and deal effectively with conflict?

3. Understanding of the MAPP Process

- Does he/she understand and agree with the purposes of the MAPP process? The facilitator needs to be an effective advocate for MAPP as well as being capable of moving the process forward.
- Will he/she organize—or suggest strategies for organizing—information that is generated from sessions?

Finding a Good Facilitator

Facilitators can be identified from many sectors within or outside of the community. The facilitator may or may not be involved in the MAPP process. In some communities, it may make sense to use the chair of the MAPP committee or another MAPP committee member as the facilitator. An external facilitator may also be considered. An external facilitator may be a consultant or a volunteer from a neutral organization either within the community or from the outside. United Way chapters may be useful in identifying a facilitator; some chapters even conduct facilitator training. Community colleges and universities are yet another good resource for facilitators. External facilitation can help to minimize internal politics, turf issues, distrust between organizations, and other issues.

Types of Facilitators	Advantages	Disadvantages
Individual involved in the MAPP process, such as the committee chair, health official, or another member of the MAPP committee	• Familiarity with the process and the various individuals involved. • Familiarity with unique dynamics within the community. • Knowledge of the kinds of outcomes needed.	• May have preconceived notions that affect facilitation. • May not be seen as being neutral or fair.
External facilitator	• Seen as being neutral – minimizes internal politics, turf issues, distrust between organizations.	• May require financial resources, depending on the type of external facilitator. • May not have necessary knowledge of the community
Individual not directly involved in the MAPP process, from within the community	• Familiarity with unique dynamics within the community. • An individual not associated with the MAPP Committee will be seen as being more neutral.	• May have preconceived notions about the community and public health issues that affect facilitation. • May not be seen as being neutral or fair, given that they have ties to the community.
Outside consultant	• Will likely bring appropriate skills to the process. • Can be dismissed if skills do not meet requirements.	• Requires financial resources, which communities may not have.
Individual not involved in MAPP, from outside the community/non-consultant (e.g., state health department employee, individual from a neighboring community)	• Likely, will not require financial resources. • Is knowledgeable about the region, but also not so connected as to seem biased.	• State-level person may bring a sense of state-local hierarchy to the process.

Working with the Facilitator

Once a facilitator has been selected, the core support group and MAPP committee should work closely with the facilitator. Coordination with the facilitator may include the following:

- Ensure he/she understands the goals and objectives of each session or discussion and the results that need to come out of the sessions.
- Agree on what the facilitator will do versus what support staff will do. This is especially important for consultants who serve as facilitators; specifics should be included in a written contract.
- Evaluate how sessions are run to ensure that the facilitator is effective. If issues arise, work them out immediately so that the process is not negatively affected.
- Discuss with the facilitator how participants should be engaged before, during, and after the process. The facilitator should be aware of all aspects of the MAPP process, so that he/she can share important information as it arises during session discussions.
- Work with the facilitator in analyzing and compiling the results of each discussion. The facilitator should play an important role in preparation and follow-up.

TIP SHEET 6
A Step-by-Step Approach to Conducting a Focus Group

Below is a brief outline of the eight steps recommended in focus group research. MAPP recommends the use of focus group resources or guidebooks to ensure effective implementation.

1. Decide if focus groups are the right tool for you to get the information you need. Focus groups are useful if: the discussion among participants will help provide insight, the group atmosphere will stimulate honest response, the discussion can be limited to well-defined topics, and the logistics can be managed.
2. Determine who should participate in your focus group(s). Consider factors such as social class, life cycle, user and nonuser status, age, culture, literacy/formal education, etc.
3. Draft a screening questionnaire to help recruit and place participants.
4. Develop a topic guide. There are four primary stages of the focus group discussion; the topic guide should follow this basic flow:
   - ***A. Introduction*** – The moderator provides an overview of the goals of the discussion and introductions are made. (Approximately 10 minutes.)
   - ***B. Rapport Building Stage*** – Easily answered questions are asked to encourage participants to begin talking and sharing. (Approximately 10 minutes.)
   - ***C. In-depth Discussion*** – The moderator focuses on the main questions in the topic guide, encouraging conversation that reveals participants' feelings and thoughts. (Approximately 60 minutes.)
   - ***D. Closure*** – The moderator summarizes the impressions or conclusions gathered and participants clarify, confirm, or elaborate on the information. (Approximately 10 minutes.)
5. Design forms for the moderator and note taker to use. The moderator may want a summary sheet with a reminder of key information about participants. The recorder (which all focus groups should have) can use forms with the focus group questions on it or another option is a two-column format organizing comments and quotes in one column and observations and interpretations in the second.
6. Draft a self-evaluation form. The self-evaluation form can help the moderator to improve his/her skills over time.
7. Practice a focus group discussion in advance so that everything will run smoothly. Then, conduct the focus group(s), being sure to tape them so that everything is captured.
8. Organize your notes for the focus group report. After conducting the focus group(s), the moderator and note-taker should review notes to fill in gaps and ensure accurate and complete information has been gathered. Keep a list of participants who were at the focus group sessions (i.e., have a sign-in sheet) so that you can keep them informed about next steps and gather additional feedback.

*** Academy for Educational Development. A Skill-Building Guide for Making Focus Groups Work. Washington, DC: 1995.

TIP SHEET 7
Conducting a Community Dialogue

The following process is a useful method for structuring community dialogue.

Preparing for the Dialogue

Select a site that can readily accommodate 20-35 persons. The room should be set up with participants seated in a circle. This encourages participation by all persons in attendance.

Notification should be clear and given in a timely manner so as to avoid confusion. Care should be taken that the time and place facilitate as broad attendance as possible. In some communities, several different venues and schedules will be required to engage stakeholders with differing schedules or lifestyles.

Beginning the Dialogue

Set the tone prior to opening the dialogue session by greeting participants when they arrive, arranging for clear signage, and offering light refreshments. Helping people feel comfortable upon arrival and communicating to participants the importance of their presence can go a long way toward the challenging work of building trust and commitment.

Open the meeting with an explanation of MAPP and why dialogue is important. The meeting should then be turned over to the facilitator(s). Skilled facilitation will play a particularly large role in helping to create an environment of trust, commitment, and openness at the outset. It will also provide for timely introduction of dialogue skills and practice when required.

Checking-in is a very simple way of breaking tension and encouraging broad participation. This may be as simple as beginning the meeting with a question such as "Why is this meeting important to you?" or "What needs to happen here today in order for this meeting to be a success?" and allowing each person in the room to introduce themselves and briefly respond. The value is to honor the various voices that are present in the room, rather than allowing the meeting agenda to drive the outcome. Observing a similar protocol at the end of the meeting (check-out) helps to bring closure and ensures that all voices have an opportunity to be heard.

Note: This information incorporates information from two resources:

* Coalition for Healthier Cities and Communities. Healthy People in Healthy Communities: A Dialogue Guide. Chicago, IL: 1999
* Daniel Martin. The Spirit of Dialogue. International Communities for the Renewal of the Earth: 1999.

Content of the Dialogue

A trained facilitator will broadly frame the focus of the group and help important themes and issues to emerge. For instance, a dialogue around quality of life issues or the mapping of community assets may stimulate participants' ideas of community assets. Through discussion, participants will be able to identify areas of agreement and disagreement. As new insights emerge, they should be captured and clarified.

Follow-up and Sustaining the Dialogue

Sustain the dialogue over time by using sign-in sheets to facilitate follow up, summaries of brainstorming or other types of sessions, and possible outside information sources. For example, the Community Health Status Assessment may reveal some data that is surprising to the community and having that data clearly available in a timely way will make the community dialogue more productive. In all likelihood, this responsibility will fall to a lead agency or community partner at the outset, but as the process continues, the participants will increasingly assume this role.

TIP SHEET 8
Quality of Life Questions

The following information is generally collected through a community survey, which can be conducted by telephone, in person, or by mail. This information may also be collected through focus groups, informal discussions, or other community gatherings.

Record the responses to the 12 questions below. If gathering the information through a survey, consider eliciting responses through a Likert scale (i.e., a scale of 1–5 with 1 being low and 5 being high.)

If gathering the information in-person (e.g., via focus groups, informal discussions, or other mechanisms), use open-ended questions. Engage the community in an in-depth discussion about the 12 questions. Explore the following issues for each question:

1. What is the preferred future?
2. What is the current reality?
3. What are the gaps, leverage points, or strategic opportunities?

Total # of Community Residents Surveyed: ____

Quality of Life Questions	Likert Scale Responses (1 to 5, with 5 being most positive)
1. Are you satisfied with the quality of life in our community? (Consider your sense of safety, well-being, participation in community life and associations, etc.) [IOM, 1997]	
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.) [IOM, 1997]	
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	
4. Is this community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for the elderly living alone, meals on wheels, etc.)	
5. Is there economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)	
6. Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, the mall. Do neighbors know and trust one another? Do they look out for one another?)	
7. Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, organizations) during times of stress and need?	
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	
9. Do all residents perceive that they—individually and collectively—can make the community a better place to live?	
10. Are community assets broad-based and multi-sectoral?	
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	
12. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments?	

TIP SHEET 9
Example Community Health Survey

Please take a minute to complete the survey below. The purpose of this survey is to get your opinions about community health problems in (name of jurisdiction). The (name of jurisdiction) Community Health Committee will use the results of this survey and other information to identify the most pressing problems that can be addressed through community action. If you have previously completed a survey, please disregard this request.

Remember… your opinion is important! Thank you for taking the time to provide it. If you have any questions, please contact us (see contact information on back).

1. In the following list, what do you think are **the three most important factors for a "Healthy Community?"** (Those factors that would most improve the quality of life in this community.)

Check only three:

- ☐ Good place to raise children
- ☐ Low crime / safe neighborhoods
- ☐ Low level of child abuse
- ☐ Good schools
- ☐ Access to health care (e.g., family doctor)
- ☐ Parks and recreation
- ☐ Clean environment
- ☐ Affordable housing
- ☐ Arts and cultural events
- ☐ Excellent race relations
- ☐ Good jobs and healthy economy
- ☐ Strong family life
- ☐ Healthy behaviors and lifestyles
- ☐ Low adult death and disease rates
- ☐ Low infant deaths
- ☐ Religious or spiritual values
- ☐ Other_____

2. In the following list, what do you think are **the three most important "health problems" in our community?** (Those problems that have the greatest impact on overall community health.)

Check only three:

- ☐ Aging problems (e.g., arthritis, hearing/vision loss, etc.)
- ☐ Cancers
- ☐ Child abuse / neglect
- ☐ Dental problems
- ☐ Diabetes
- ☐ Domestic Violence
- ☐ Firearm-related injuries
- ☐ Farming -related injuries
- ☐ Heart disease and stroke
- ☐ High blood pressure
- ☐ HIV / AIDS
- ☐ Homicide
- ☐ Infant Death
- ☐ Infectious Diseases (e.g., hepatitis, TB, etc.)
- ☐ Mental health problems
- ☐ Motor vehicle crash injuries
- ☐ Rape / sexual assault
- ☐ Respiratory / lung disease
- ☐ Sexually Transmitted Diseases (STDs)
- ☐ Suicide
- ☐ Teenage pregnancy
- ☐ Other _____

3. In the following list, what do you think are **the three most important "risky behaviors" in our community?** (Those behaviors that have the greatest impact on overall community health.)

Check only three:

- ☐ Alcohol abuse
- ☐ Being overweight
- ☐ Dropping out of school
- ☐ Drug abuse
- ☐ Lack of exercise
- ☐ Poor eating habits
- ☐ Not getting "shots" to prevent disease
- ☐ Racism
- ☐ Tobacco use
- ☐ Not using birth control
- ☐ Not using seat belts / child safety seats
- ☐ Unsafe sex
- ☐ Other_____

TIP SHEET 10
Presenting Data

The MAPP process will generate a great deal of data. It is important that the data are well understood throughout the community. Presenting data in a clear and concise manner helps emphasize the important findings and results of the MAPP Community Health Status Assessment process.

Data can and should be presented in variety ways. These include:

- Written updates of the process (e.g., newsletters, reports, and summaries of findings).
- Presentations made to the community and media.
- The maintenance of an open and public process.

Presenting Data in Written Reports

(newsletters, reports, and summaries of findings)

Helpful Hints:

- Use an attractive and colorful layout. Newsletter templates for most popular word processing programs are available online or on start-up CD-ROMs accompanying the program.
- Keep the community and media updated throughout the process. Consider launching a newsletter or publishing information in a report.
- Highlight only the important facts or findings. Don't waste space on minute details.
- Use clear, simple charts. The easier they are to understand, the better.
- Summarize major findings in as many places as possible.
- Write in a clear, simple style that can be understood by readers without a public health background.
- Acknowledge community perceptions of public health. If there is a specific area of interest, address it.
- Know your audience. Carefully select visual aids and language that will be understandable and interesting to participants.
- Double check all data and information presented. Incorrect data can affect the perceived credibility of the presenter and of the entire process.

Oral Presentations

Helpful Hints:

- Keep presentations **brief** — less than 30 minutes per issue.
- Invite special interest groups and representatives from all community organizations.
- Cover only the highlights. What is unusual, either in number or by trend? What finding may be of particular concern to the community?
- Use visual aids that highlight only important information. Clear, simple charts get the point across better than numbers.
- Stimulate interaction. Encourage discussion about areas of specific interest.
- Be organized. Have information on hand that may be of interest to participants.
- Use everyday language. Scientific or statistical jargon is unnecessary and confusing.
- Keep it simple. Be clear and concise.
- Summarize. Spend the last two minutes reviewing the major findings so that participants don't get lost among all the facts.
- Give participants summary handouts and fact sheets.
- Check equipment in advance to ensure that it functions properly. Have back-ups available in case of equipment failure.
- Use maps of geographic areas to show what the information means to different communities or neighborhoods.

TIP SHEET 11
TECHNIQUES FOR BRAINSTORMING

Brainstorming Golden Rule: Do Not Criticize an Idea

Some brainstorming techniques include:

- ***Round-Robin Method (or Nominal Group Technique)*** — Participants write down all of the forces of change that come to mind (or responses to a specific question). The facilitator or group leader then generates a master list of forces by calling on each member in a round-robin fashion. Each member is asked to briefly state one item on his or her list, until all ideas have been presented. The group leader records these items on a flip chart, using the members' own words. This step may be time-consuming in large groups, but may be shortened by limiting each member to a specific number of ideas. Only after all ideas are presented does the group discuss them. After discussion, the group organizes, clarifies, and simplifies the material. Items should be combined or grouped logically.

- ***A Customization of the Snow Card Technique*** — Participants write down all of the forces of change that come to mind on small pieces of paper, such as index cards or adhesive notepaper. If desired, the facilitator can ask participants to write down ideas for several identified questions or categories. Participants then post their ideas on the wall (the facilitator can do this, if anonymity is important). The facilitator or a small group of individuals then moves the ideas around, trying to categorize like ideas together. Through this process, multiple categories emerge. The group leader presents the categories to the group, at which time participants have an opportunity to add new ideas to the list or make suggestions for reorganization.

MAPP Vignettes

Vignettes from MAPP Users

VIGNETTE
Columbus, Ohio
2001-2003

Columbus is the capitol of Ohio, with a population of 711,000 in a metropolitan area of 1.2 million people. In many ways, the Columbus Health Department serves a community of 1.2 million because a number of its programs are county-wide: tuberculosis; sexual health; and the Women, Infants, and Children (WIC) program are some examples. The population is primarily split between whites (approximately 70 percent) and blacks (approximately 25 percent), but there is a rapidly increasing Somali, Latino, and Asian population. In fact, Columbus has the fastest growing Somali population in the United States. The increasing immigrant population poses public health challenges because of the different notions of health and differences in language.

In 1999, the Columbus Health Department presented to the community a disturbing picture of community health. Heart disease mortality was increasing in Columbus while the state of Ohio and similar cities throughout the U.S. were seeing decreases. The same was true for the other top five causes of death: cancer, stroke, chronic obstructive pulmonary disease, and diabetes. The diabetes mortality rate for Columbus was three times the national average. There were also serious disparities between white and African American mortality rates in all disease categories. This was accompanied by equally disturbing health behavior data. Fifty-six per cent of the population of Columbus is overweight, one in four smokes, and fewer than six of 10 residents engage in regular exercise.

Forums held to announce the community health status attracted attention from many community leaders and led to discussions involving schools, faith-based organizations, businesses, voluntary agencies, and philanthropic organizations. One of the objectives of these forums was to find a structured way to engage all partners in finding ways to work together to improve the health of Columbus citizens.

One of the initiatives that evolved from these discussions eventually led to the selection of Columbus as a pilot site for MAPP. We were a desk-top review site for APEX-CPH (which later became MAPP); the agency representatives working on this review became our core group for implementing MAPP. In the early stages of MAPP, Columbus was supported by a Health Systems Improvement grant from the Ohio Department of Health. The grant supported a half-time coordinator, a part-time epidemiologist, and support staff. The proportion of this funding devoted to MAPP activities was about $65,000. This was helpful in terms of staffing and resources for materials and printing. The grant ended about six months into the process. Beginning in July of 2001 the process became a health department activity with some support from community partners.

Just prior to MAPP, Columbus had selected indicators of community health and performed a broad assessment of the health status of Franklin County. The health department had also completed publication of a *Community Health Improvement Guide* that included information on mortality rates, health behaviors, health care quality, managed care, and health care access. Development of the health improvement guide

was a partnership process with considerable input from residents in the community and many revisions based on the input received.

Significant issues identified by residents were:

1) ***Readability***- Community members recommended that the report be written in such a way that it might be read and understood at low reading levels. Fourth grade was the recommended level.
2) ***Positive tone***- The report should not sound like a doomsday report, as many things were working well. The report should be uplifting while pointing out areas for change.
3) ***Resources***- The report needed to include places people could go for help with specific health issues.
4) ***Feedback***- The report needed to provide a way for people to comment on the information included and to join the project.

Collaborating on the report provided a great jumping off point for MAPP. While working on a concrete project, the group came to know and trust each other and the report provided a success to point to when moving forward. This gave the group the basis for developing the vision, mission, and values of the project. The core MAPP team had already decided that Columbus was more than one neighborhood and that each neighborhood had unique assets and challenges in many areas including health. With this in mind, representatives from various neighborhoods in Columbus were invited to participate in MAPP. The core team remained but many others were added to make the committee representative of the community. Visioning began with a small group and gradually expanded until all committee members and many agency directors (not on the committee) of agencies represented had input and gave approval for the project vision, mission, and values.

Vision: "Partnering to achieve improved health and quality of life by listening and taking strategic action."

Mission: "Quality health care is a right for every member of the community."

Our values included: mutual respect, commitment, teamwork, being effective and efficient, and being inclusive.

Neighborhood Focus

North Central

When heath status indicators were analyzed, it became clear that significant geographic and ethnic disparities existed in Columbus. The committee made a decision to implement MAPP in smaller geographic areas. Some of these areas were represented on the committee and the representatives were interested in the health of the residents in their areas. The area described as North Central Columbus was trailing Columbus and Franklin County in a number of health status indicators. The MAPP committee adopted this area as the first MAPP site and set about doing a Quality of Life Assessment, a Forces of Change Assessment, and a Health Status Assessment. The other smaller community suggested was the Latino community located in three geographic areas of Columbus. This community proved to be difficult to address as

one entity because of the geographic and ethnic diversity (e.g., people from many regions of Latin America).

Due to air quality concerns, a group of residents in North Central had already come together to actively address the health of their community. This group accepted an invitation to be part of the MAPP initiative. The MAPP committee helped facilitate their proceedings and provided the necessary statistical information for them to understand some of the health conditions facing their residents and themselves. The MAPP committee's first proposal was that their focus be broadened from air quality to quality of life. MAPP partners would assist them in addressing issues that arose from the various assessments. The MAPP Quality of Life tool was modified to reflect the culture of the neighborhood and to include environmental factors- there were questions about air, water, land, and infrastructure. Residents were recruited to complete the survey with a student from a local university. The neighborhood was divided into 10 areas, and each area was sampled. Health issues identified matched statistical data: chronic diseases, smoking, and lack of exercise. This neighborhood moved to an action plan very quickly and wrote for two grants to address heart health and exercise. Both proposals were funded.

Residents of North Central participated in a heart health project conducted under the direction of the American Heart Association and in an exercise program held at elementary schools and recreation centers. These programs reached over 300 residents. Most participants succeeded in lowering their cholesterol, increasing exercise times, and eating healthier. Some of the programs have proved sustainable because aerobics instructors were trained from the neighborhood and they continue to provide this opportunity after grant completion.

The Local Public Health System Assessment

The MAPP committee decided to approach this phase as a community-wide assessment. The committee was not able to bring all stakeholders together at one time to review each standard and indicators. With the involvement of a graduate student from the Ohio State School of Public Health, the MAPP committee interviewed 41 stakeholders representing public health professionals, immigrant community members, business persons, health care providers, educators, insurers, government leaders, foundations, advocacy groups, faith community leaders, evaluators, community based organizations, and agencies. The interviews were designed around the model standards for each indicator. For analysis the interviewees were divided into three groups: providers, funders, and general public. Next, the *10 Essential Public Health Services* were categorized as Assessment (monitor, diagnose), Assurance (enforce, link, competent workforce, and evaluate), or Policy Development (mobilize, inform, develop policy).

Using these broad categories the committee concluded that as a system, Columbus was doing fairly well in the areas related to Assessment; achieving 60 percent to 80 percent of what is needed and public health is contributing 63 percent to 75 percent of the investment. The system was not doing as well in the area of Assurance. Sixty percent of this function was being accomplished and public health contributes 50 percent of the effort. In Policy Development Columbus was at 59 percent of where it

should be and again public health contributed 50 percent of the effort. In the area of Research the public health system was at 58 percent of the model standard and the local public health agency provided only 41 percent of the investment. The interviewees perceived that public health was good at partnering with academic institutions and not as effective in fostering a good environment for innovation and initiating research studies.

Other Neighborhoods of Focus for Columbus

The Latino Community

Columbus' Latino community is growing. There are now over 26,000 residents of Latino origin living and working in Columbus. Working with the Ohio State School of Public Health and the Ohio Hispanic Coalition, the MAPP team conducted six focus groups in this community. Two groups from each of three geographic regions where people of Hispanic origin are living in Columbus. The MAPP committee learned relevant information from the focus groups but was not able to engage the Latino community. The community is very diverse and the added dimension of being located in different geographic areas led to difficulty in bringing people together to focus on a process of corporate interest.

Near East- 2003/2004

The health department is now under new leadership. MAPP is being implemented in a different way. The decision to focus on neighborhoods has been reinforced. The MAPP oversight committee has been asked to consider Near East Columbus (a vulnerable low income neighborhood) as a focus area. The committee has been integrated into a Near East-based coalition and is in the process of developing an implementation model that can be replicated in other neighborhoods. They are in the **Organizing for Success** phase in the Near East.

Integrating MAPP

MAPP is perceived as a tool that can be utilized to facilitate a number of community engagement activities as well as informing departmental strategic planning. The Columbus Health Department is now utilizing MAPP guidelines and concepts to develop a departmental strategic plan. MAPP concepts have also been used to perform one-dimensional community assessments in Columbus. The health department has been able to utilize the MAPP principles of Dialogue, Systems Thinking, and Strategic Thinking to help a community understand and respond to a hospital closure. Surveys were developed and meetings were initiated based on MAPP components in the **Organizing for Success** and the **Community Themes and Strengths** assessments. Columbus receives Empowerment Zone funding from the federal government. MAPP principles helped the community know how to best allocate those funds to address agreed upon community health issues. Community partners used data analysis, dialogue, and partnerships and collaboration to bring community representatives to a shared vision of how the funds would be used to impact recognized health issues.

The best use of the MAPP model is to formulate and implement strategic plans for health improvement in communities. However the philosophy and foundational elements of the MAPP tool can be extrapolated to help address many public health issues and bring public health expertise to the table to assist in community improvement in the broad sense.

VIGNETTE
San Antonio, TX
2001-2004

Overview of MAPP Process in San Antonio and Bexar County

San Antonio was selected as a demonstration site for the MAPP process in April of 2001. The San Antonio Metropolitan Health District (SAMHD) agreed to serve as facilitator of the process. In 2001, SAMHD and several public health partners agreed to target the MAPP process to the entire county. SAMHD dedicated a portion of time from three staff positions to carry out the responsibilities within MAPP from April 2001 to December 2002. In December 2002, SAMHD secured funding for a full time special project manager to take on MAPP.

Background of the San Antonio Metropolitan Health District

SAMHD is the single public health agency charged by state law, city code and county resolution with the responsibility for public health programs in San Antonio and unincorporated areas of Bexar County. Although the health district is a city/county organization, administrative control is under the City of San Antonio and the district operates as a city department. The health district employees approximately 700 positions, and operates an annual budget of approximately $39,500,000. SAMHD provides a wide variety of services including: preventive health services, health code enforcement, clinical services, environmental monitoring, animal care, disease control, health education, dental health, and maintenance of birth and death certificates.

Phase 1: Organize for Success and Partner Development

On April 9-10, 2001 representatives from NACCHO and the Centers for Disease Control and Prevention (CDC) made a site visit to San Antonio to offer suggestions for getting the project underway and to meet some of the community leaders that would participate. Representatives from the following agencies were able to meet with the site visit team and would eventually become part of the MAPP Core Planning Team.

Annie E. Casey Foundation
Barrio Comprehensive Community Health Center
Bexar County Community Health Collaborative
City of San Antonio, Dept. of Community Initiatives
El Centro Del Barrio Community Health Center
San Antonio Independent School District
San Antonio Metropolitan Health District
University Health System (the Bexar County Hospital District)
United Way of San Antonio and Bexar County

During the visit, members of the SAMHD Advisory Board of Health were also introduced to the project and unanimously indicated an enthusiastic support for the effort. In addition, the assistant city manager, who has oversight responsibility of SAMHD, also met with the visitors and favored the project.

Since the implementation of MAPP would require funding, efforts began to secure the needed resources. It was determined that three staff from the health district would spend time with the project as needed and would lead the Core Planning Team. In addition, the Core Planning Team from the health district met with the Bexar County Community Health Collaborative, a local non-profit organization, to discuss partnership opportunities for completing a vital piece of the MAPP Assessments, the **Community Health Status Assessment**. The Bexar County Community Health Collaborative planned to conduct a community health assessment that would provide valuable behavioral health data to the MAPP Assessments.

The main work on the MAPP process was postponed until the community health assessment was started. Meanwhile, staff from the health district continued to make presentations about MAPP to the community in an effort to enlist partnership support. Finally, on April 2, 2002, almost a year after the site visit, a meeting of the Core Planning Team convened and the project was fully underway. Despite this lengthy start up period, most of the other pilot sites in the country were at a similar stage. Apparently, the development of local funding and preparing the community for this undertaking requires some months to achieve.

Phase 2: Visioning

The second phase of MAPP, **Visioning**, guides the community through a collaborative and creative process that leads to a shared community vision and common values. Vision and values statements provide focus, purpose, and direction to the MAPP process so participants can achieve a common vision of the future. They also provide a common framework throughout the subsequent phases.

On April 2, 2002 the Core Planning Team met to discuss common community health values and a health vision for the San Antonio metropolitan area. In addition, the group made an effort to draft a mission statement for the local public health system. The local public health system includes all organizations and entities within the community that contribute to the public's health. This concept represents a major departure of the MAPP process from earlier community health improvement planning tools. The idea is that the public health agency (e.g., San Antonio Metropolitan Health District) accounts for only a small fraction of the public health efforts that occur in a community. Hospitals, clinics, community-based organizations, schools, churches and many other entities contribute significantly to preventing disease, prolonging life, and promoting physical health and mental health. Therefore, the focus of MAPP is to bring together as many public health partners as possible for the development of a community health improvement plan.

From the meeting of the core planning team on April 2 and another meeting on May 21, the following vision and value statements were drafted:

Community Vision:

A safe, healthy and educated community in which all individuals can achieve their optimum physical, cultural, social, mental and spiritual health—today, tomorrow, and en el futuro.

Community Values:

1. Our children should have a loving family capable of caring for their physical, mental, emotional and spiritual needs.

2. Our community should be supportive of the efforts of families to rear healthy and well-adjusted children.

3. Our residents should be equipped with the knowledge, education and means to adopt healthy behaviors and lifestyles.

4. As we reach adulthood, we should all take ultimate responsibility for maintaining our own physical, mental, emotional, and spiritual health.

5. Everyone in our community should have access to quality, affordable health care.

6. Our community values quality education, meaningful job skills, and plentiful employment opportunities as the means to ensure a reasonable standard of living, health, and well-being.

7. All residents have a right to personal safety, both inside and outside the home.

8. Air, water, and food in our environment will meet or exceed federal standards.

9. Our community values a sense of celebration, leisure activities, green space and recreational areas that support and encourage people of all ages to socialize and engage in physical exercise.

10. All residents should have a clean, uncrowded, appropriately ventilated, and structurally sound place to live that is conducive to good health.

11. Our residents value partnerships and collaborative efforts that maximize community resources in promoting and assuring community health.

12. Our community will ensure a caring environment that provides for the sick and the disabled, and engages the elderly in life affirming activities.

13. Our community supports the principle of environmental justice—the belief that no population should be forced to shoulder a disproportionate burden of negative health and environmental impacts of pollution or other environmental hazards.

14. Our community promotes improved health for all residents through reoccurring assessment of our local public health system and the encouragement of community input.

In addition, the Core Planning Team worked on a purpose/mission statement for the local public health system. Three versions were drafted, but this effort was not finalized. The following is an amalgamation of the purpose/mission statements presented to date:

Purpose/Mission:
To promote good health and quality of life for all Bexar County residents by:

1) Preventing and controlling disease, injury, and disability.
2) Encouraging healthy behaviors and lifestyles.
3) Protecting the environment.
4) Ensuring accessible, affordable, and effective health care through the efficient utilization of available resources.

Phase 3: The Four MAPP Assessments

The MAPP process requires four different assessments in order to obtain the necessary information for a community health improvement plan. A description of each assessment, along with the efforts made to complete them is outlined below.

Community Health Status Assessment (CHSA):

The CHSA answers the question, *"How healthy are our residents?"* The results of the CHSA provide the MAPP Core Planning Team with important statistical information regarding the key health indicators of the community. Health issues are identified through the compilation of local health data, as well as the assessment of changes over time, differences among population subgroups, or comparisons to peer, state, or national data.

The CHSA was conducted in two parts. The first part was performed by the Bexar County Community Health Collaborative (BCCHC) as noted earlier, and focused on behavioral health data. BCCHC contracted with a team of public health and academic professionals from the University of Texas School of Public Health, University of Texas Health Science Center, and Our Lady of the Lake University to perform the assessment. To augment this data the San Antonio Metropolitan Health District contributed the second part of the CHSA, the annual health profiles report. This report compiles valuable information about the overall population through careful analysis of birth and death records, communicable disease reports, school statistics and a host of other sources. The combined CSHA effort was started in December 2001 and finalized in September 2002.

On October 3, 2002, the CHSA was presented to the San Antonio City Council and distributed to key community leaders and public health partners. In addition, a press conference was held on that same day to provide the information to the community. It is now available on the SAMHD and BCCHC Web sites and can be accessed online at www.sanantonio.gov/health/Profiles/index.asp

Forces of Change Assessment:

During this assessment, participants answer the following questions: *"What is occurring or might occur that affects the health of our community or the local public health system?"* and *"What specific threats or opportunities are generated by these occurrences?"* The **Forces of Change** assessment results in a comprehensive, but focused, list that identifies key forces and describes their impacts.

The Core Planning Team performed the **Forces of Change Assessment** during its meeting on June 25, 2002. To complete the assessment, a professional facilitator led the team in a brainstorming session that resulted in a matrix of "Forces" that affect the community. The "Forces" were listed as either: Events, Factors, or Trends. In addition, the Core Planning Team identified opportunities and threats for each of the "Forces" identified. The matrix of "Forces" can be viewed online at www.sanantonio.gov/health/mapp/Forces%20of%20Change%20Assessment.xls

Local Public Health System Assessment (LPHSA):

This assessment answers the questions, *"What are the components, activities, competencies, and capacities of our local public health system?"* and *"How are essential public health services being provided to our community?"* It focuses on the local public health system- all organizations and entities within the community that contribute to the public's health.

The Core Planning Team chose to use the National Public Health Performance Standards Survey (NPHPSS) to complete the LPHSA. This extensive questionnaire was developed by the Public Health Practice Program Office of the Centers for Disease Control and Prevention. Beginning in July 2002, 30 "key informants" from various local health agencies were asked to assist in completing the survey. The Core Planning team organized a series of work-sessions to complete each section of the NPHPSS, and invited key informants to participate in the work sessions as appropriate. Once the survey was completed it was submitted to the Centers for Disease Control and Prevention for analysis. The report can be viewed online at www.sanantonio.gov/health/mapp/Local%20PH%20System%20Assessment%20Analysis%20from%20CDC.pdf

Community Themes and Strength Assessment:

This assessment answers the questions: *"What health and health-related issues are important to our community?"*, *"How is the quality of life perceived in our community?"*, and *"What assets do we have that can be used to improve community health?"* During this phase, community thoughts, opinions, and concerns are gathered, providing insight into the issues of importance to the community. Feedback about quality of life in the community and community assets is also gathered. This information leads to a portrait of the community as seen through the eyes of the residents.

The MAPP tool provides two short surveys for this assessment. One focuses on community health and the other solicits input on quality of life. These were combined into a brief (28 question) survey that was distributed throughout the community. Responses were obtained from residents who attended community meetings, health fairs and similar venues. Also, the survey was mailed to contact persons of neighborhood associations.

Moreover, community input on quality of life and health issues was obtained from focus groups convened for the CHSA. All of this information is used to gain a glimpse of those health and quality of life issues that are important to the community at large. The results of the Community Themes and Strengths survey are provided in a brief PowerPoint presentation that can be found online at www.sanantonio.gov/health/mapp/Community%20Themes%20and%20Strengths.ppt.

Phase 4 – Identifying Strategic Issues

The San Antonio Metropolitan Health District began phase 4, **Identifying Strategic Issues**, in October 2002 and completed it in December 2002. For this phase, the MAPP Core Planning Team of twelve was expanded to a full community work group with over 100 individuals invited to participate. In addition, the effort was renamed "Alliance for Community Health in San Antonio and Bexar County (Alliance)" in order to develop more local interest and to indicate that the process was moving quickly toward a collaborative action cycle. The participants invited represented a variety of agencies such as hospitals, clinics, community-based organizations, schools, churches and many other entities that contribute significantly to preventing disease, prolonging life, and promoting physical health and mental health.

The first step of Phase 4 was to organize a meeting of the Alliance to present the results of the four MAPP Assessments. During this meeting, held on October 22, 2002, each of the 60 participants received copies of the written reports from all of the assessments and surveys. In addition, the San Antonio Metropolitan Health District displayed several posters summarizing the findings of each of the assessments. Staff from the San Antonio Metropolitan Health District also delivered detailed presentations on the findings from each of the assessments.

The second step was to reconvene the Alliance to begin identifying the strategic issues. The San Antonio Metropolitan Health District invited professional facilitators from United Way of San Antonio and Bexar County to conduct the meetings. The facilitators worked together with staff from the San Antonio Metropolitan Health District to develop the agenda activities, based on the MAPP process. The first meeting was conducted on November 15, 2002. During this meeting the facilitators assisted the Alliance in compiling a list of key challenges that must be overcome in order for any community health planning effort to succeed.

On December 10, 2002, over 60 members of the Alliance met again with United Way facilitators for a five-hour work session. In the morning, the group compiled a list of assets that the Alliance can draw on in order to accomplish the community vision and values. In the afternoon, the Alliance developed a list of strategic issues that must be addressed in a community health improvement plan. In order to remain focused on the assessment findings, the summary posters were displayed throughout the room at both meetings.

The Alliance identified six strategic issues that must be addressed in order to achieve the vision. The strategic issues are, *"How do we affect public policy?"*; *"How do we track change?"*; *"How do we encourage healthy lifestyles?"*; *"How do we promote a sense of community?"*; *"How do we assure access to care?"*; and *"How do we provide a safe environment?"*.

Both the November and December meetings were facilitated using group facilitation methods from **ToP® Technology of Participation**. Information on ToP® facilitation and consulting services can be found at www.ica-usa.org/top/copfcs.html. The ToP® techniques helped the Alliance come to consensus when identifying the strategic issues, key challenges, and assets. The success of Phase 4 can be attributed to the effectiveness of the ToP® techniques and facilitators, and to the dedication of the many public health partners in the Alliance. The report from the November and December meetings can be found at www.sanantonio.gov/health/mapp/overview.asp, under the heading "Identify Strategic Issues."

Phase 5: Formulate Goals and Strategies

During this phase, the Alliance members formed committees for each of the strategic issues, and were tasked with formulating goals and strategies. Between February 2003 and February 2004 the committees each met on a monthly basis to develop the goals and strategies. Each committee's goals and strategies were then compiled into a Community Health Improvement Plan (CHIP). This plan provides a connection between the current reality and the vision, and provides a comprehensive picture of how local public health system partners will achieve a healthy community. The Community Health Improvement Plan can be viewed online at www.sanantonio.gov/health/mapp/strategic.asp?res=800&ver=true.

Phase 6: The Action Cycle

This phase of the MAPP process is currently underway in San Antonio. The Strategic Issue Committees are each working to carry out the goals and strategies outlined in the CHIP, and each continues to enlist new partners to assist in implementation. The Alliance continues to meet on a quarterly basis to receive updates on the progress of the CHIP. The Alliance seeks to develop a stronger infrastructure over the next year, in order to help ensure the success of the committees, and to ensure sustainability of the process.

User Notes:

User Notes:

MAPP

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