



**MAPP**

MOBILIZING FOR ACTION THROUGH  
PLANNING AND PARTNERSHIPS

# Case Study

## 2001-2004 Columbus, Ohio



### BACKGROUND ON COLUMBUS, OHIO

Columbus is the capital of Ohio and is located in Franklin County. Columbus Public Health (CPH) serves the metropolitan area of Columbus, which includes about 1.2 million residents. Seventy percent of the community in Columbus is white. The minority population is steadily increasing, particularly the Somali, Latino, and Asian communities.

Before implementing MAPP, CPH had been shifting its focus away from primary care services and toward the 10 Essential Public Health Services.<sup>1</sup> CPH leadership wanted to focus on monitoring health status, mobilizing community partnerships, linking people with resources, and assuring a competent workforce.

### PREVIOUS ASSESSMENT AND PLANNING EFFORTS

- CPH staff implemented APEXPH to strengthen personnel management, program management, and evaluation capacities within the health department, and to develop a strategic plan.
- CPH staff had been working toward implementing a strategic planning process for several years prior to becoming a MAPP demonstration site. They had already selected community health indicators and performed a broad health status assessment of Franklin County.
- CPH staff had published the *Community Health Improvement Guide*, which included county-level information on mortality rates, resident health behaviors, health care quality, managed care penetration, and health care access. Community partnerships and input from community residents were used in the creation of the *Guide*.

### FUNDING AND STAFFING

CPH was one of seven health departments that received funding from the Ohio Department of Health in January 2000 to implement the state's Community Health Improvement Cycle. The state grant was for approximately \$250,000 and was the only funding received by CPH to support MAPP activities.

### MAPP PLANNING BODY

The Planning and Preparedness Division of CPH coordinated the MAPP process. Community Partners for Health, a committee that existed before the implementation of MAPP, served as the primary MAPP steering committee. Community Partners for Health included representatives from the business, faith, and public health communities.

2001-2004  
Columbus, Ohio



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# Case Study

## 2001-2004 Columbus, Ohio

### PHASE 1: *Organizing for Success*

- CPH worked in conjunction with the Franklin County Health Department in order to reach out to the city and surrounding metropolitan area.
- CPH staff decided to implement MAPP in smaller, sub-county geographic areas most in need of health improvement. There existed significant geographic differences among the neighborhoods, as well as health disparities specific to the ethnic groups residing in each neighborhood. Neighborhood MAPP committees worked at a grassroots level to address these issues.
- MAPP steering committee oversaw and partnered with neighborhood MAPP committees.
- The health department helped facilitate neighborhood MAPP processes and provided neighborhood committees with statistical information about the health conditions of their residents.
- CPH staff and MAPP steering committee members coordinated four neighborhood MAPP initiatives in Columbus.
  - In North Central, residents had already collaborated to address air quality issues. The residents, at the suggestion of the MAPP Committee, expanded their focus to more broadly address quality of life.
  - The Near East is a vulnerable, low-income neighborhood located near the CPH. A Near East-based coalition merged with MAPP steering committee.
  - The Latino Assessment Initiative (LAI) focused on 29,000 residents of Latino origin who lived in three disparate geographic areas within Columbus.
  - Residents of the South Side community were concerned about the implications of a nearby hospital closing, and decided to utilize MAPP to help identify community needs resulting from the closure.
- CPH staff used the NACCHO *MAPP Field Guide* and PowerPoint presentations to explain MAPP concepts to community partners.

### PHASE 2: *Visioning*

CPH staff hoped MAPP would help the community develop a plan that would address the Essential Public Health Services while uniting existing community initiatives. MAPP steering committee values established ground rules, which included mutual respect, commitment, teamwork, effectiveness, efficiency, and inclusiveness. There was general agreement that each neighborhood would work together to achieve better results, would not duplicate other community efforts, and would assist other community efforts when possible. MAPP steering committee invited representatives from the various neighborhoods to participate in the visioning phase.

### PHASE 3: *The Four Assessments*

Most of the four MAPP assessments were done through the work of multiple committees and subcommittees, and assessments were completed on the neighborhood level.

- Each neighborhood completed its own Community Themes and Strengths Assessment and Forces of Change Assessment.

#### *Community Themes and Strengths Assessment*

- CPH held a community fair to assess general neighborhood interest in health issues and to solicit volunteers interested in participating in MAPP. Students from a local university recruited residents at the fair to complete a modified version of the Quality of Life survey found in the MAPP Online Tool.
- North Central and Near East neighborhood groups also distributed the Quality of Life survey to their residents.
  - In North Central, participants had the opportunity to add questions to the survey. Participants added questions about the quality of air, water, land, and infrastructure.
  - Each neighborhood was divided into ten areas, which were individually sampled.



**MAPP**

MOBILIZING FOR ACTION THROUGH  
PLANNING AND PARTNERSHIPS

- The Near East neighborhood also organized an immunization day at the Afrocentric Extension Center. Throughout the day, residents were asked to complete the survey.
  - The survey included questions about how residents perceive their current health status and about their opinions regarding health care in their neighborhood.
  - Information from the survey was compiled into a Health Neighborhood Report outlining the community's themes and strengths.
- The Latino community provided information for this assessment through a series of six focus groups.
  - The focus groups were conducted in the three areas of Columbus that are the focus of LAI.
  - The focus groups were conducted mostly in Spanish.

**LESSON LEARNED:** It was challenging to translate the Quality of Life survey so that the questions resonated with the Latino community.

- The North Central and Latino communities developed a how-to guide together to help other neighborhoods complete this assessment. This was helpful in guiding the process in other neighborhoods.

**LESSON LEARNED:** CPH staff realized it would have been helpful to include information on identifying and engaging neighborhood partners, as discussed in John McKnight's *A Guide to Local Association*, in the how-to guide.

- CPH developed a Healthy Neighborhood report outlining the Near East's community's themes and strengths. The report was then distributed to members of the Near East community.

**LESSON LEARNED:** Modifying the Quality of Life survey resulted in an instrument that reflected the culture in each neighborhood.

### *Forces of Change Assessment*

- This assessment was completed in each of the different neighborhoods.
- Rather than hosting formal discussions to brainstorm some of the conditions that could impact health in each neighborhood, the assessment was used as an opportunity to discuss and address a single major threat to community health in each neighborhood. For instance, MAPP steering committee worked with one neighborhood to help residents understand the impact of a hospital closure, and to encourage them to mobilize in response to the closure to ensure necessary services remained available to them.
- The assessment was also used to gain community input into how the community should distribute federal funds provided to address health issues in designated empowerment zones.
- In working with the Latino community, CPH staff noticed dramatic disparities in Hispanic Medicaid utilization rates.
  - As a result of the assessment, the MAPP steering committee<sup>2</sup> for the North Central community submitted a grant to develop an intervention in the Latino community that would focus on health screenings in a neighborhood setting.
  - The North Central Board began collaborating with Americorps to expand the Medicare utilization surveys to cover 600 additional homes.



# Case Study

## 2001-2004 Columbus, Ohio

### Local Public Health System Assessment (LPHSA)

- This assessment was completed on a citywide, as opposed to a neighborhood, level.
  - CPH staff and MAPP steering committee members developed their own interview instrument to assess the status of the local public health system.
    - The contents of the instrument were similar to the NPHPS tool.<sup>3</sup> The 10 Essential Public Health Services were categorized into three groups: assessment (including monitoring health status and diagnosing/investigating health problems); assurance (including enforcement of laws and regulations, creating links between people and personal health services; assuring a competent workforce, and evaluating effectiveness, accessibility and quality of services); and policy development (including mobilizing partnerships; informing, educating and empowering people, and developing policy and plans to support community health efforts). These three groups reflect the Institute of Medicine's three core public health functions.
    - Interviews were designed around the model standards for each indicator. Interviews included broad discussions about how Columbus compared to the optimum level of service for a given indicator and a percentage rating scale.<sup>4</sup>
    - These interviews focused on how the local public health system compared to the model standards, and on what percentage of the local public health system's achievements could be attributed to CPH and Franklin County Health Department.
    - A graduate student from a local university, together with a CPH staff member, interviewed stakeholders representing public health professionals, immigrants, businesses, health care providers, educators, insurers, government leaders, foundations, advocacy groups, faith-based organizations, evaluators, among others.
    - Each interviewee was provided clear definitions of public health terminology.
    - Based on an interviewee's expected knowledge base, and to minimize the time needed for each interview, interviewees were assigned
- specific sections of the survey. Therefore, some responded to all sections of the survey, whereas others responded to only a few sections.
- Supplementing the results from stakeholder interviews, CPH staff also completed the state mandated Ohio State Performance Standards.
    - The state quality improvement standards program is less detailed than the NPHPS and is completed every year by local public health departments and the state health agency in Ohio.
  - CPH staff did not conduct the Local Public Health System Assessment according to the MAPP tool guidelines and their method was not tested for validity or reliability. Consequently, they were not able to submit their data to the Centers for Disease Control and Prevention (CDC) for analysis.
    - CPH staff analyzed the LPHSA data, dividing the interview responses into three groups according to the type of interviewee: providers, funders, and general public.
    - By assigning numeric values to the information gained in the interviews, CPH concluded that the local public health system in Columbus was doing fairly well in the areas related to assessment, achieving 60%-80% of an optimally functioning system, with the local health departments contributing 63%-75% of the effort.
  - CPH staff compiled the information from the LPHSA into a report that included background on the assessment's purpose and the MAPP process.
    - The report outlined the ways in which the instrument used in Columbus differed from the NPHPS Local Instrument.
    - The report was shared with the interviewees, community partners, and health department staff.

**LESSON LEARNED:** The interview method provided an opportunity for community partners to learn about the variety of services needed for a public health system to meet the community's needs, and encouraged partners to work with CPH in coordinating public health efforts. However, the interview method did not allow for cross-learning among the different partners. Collectively completing the NPHPS Local Instrument would have provided more opportunities for community partners to learn from each other.

#### *Community Health Status Assessment*

- A set of key health status and health risk behavior indicators were developed and collected at the neighborhood level.
- MAPP steering committee developed a format and a publication-timing schedule for a Community Health Status report including content recommendations for health report updates.
- Ambulatory care information and community injury report data were also collected for inclusion in the Community Health Status reports.

#### *PHASE 4: Identifying Strategic Issues*

- Strategic issues were identified only in the North Central neighborhood
- Comparing data collected from each assessment, CPH staff noticed that the health issues identified in the Community Themes and Strengths Assessment and LPHSA matched statistical data previously collected by the health department for the *Community Health Improvement Guide*.
- MAPP steering committee members were given summaries of assessment data and reached consensus on strategic issues for the North Central neighborhood through a series of meetings.

#### *PHASE 5: Formulating Goals and Strategies*

- Members of the North Central neighborhood committee were involved in formulating goals and strategies.
- The North Central neighborhood committee decided to apply for grant funding before formulating goals and strategies. A representative from a funding organization was invited to participate in this process, to help determine what kinds of interventions would be fundable.

- The North Central neighborhood committee submitted two grant proposals for funds to address heart health and exercise. The proposals focused on engaging local businesses and combating chronic disease. Both proposals were funded. Assessment information was critical for providing empirical information and for utilizing residents to carry out grant activities.

**LESSON LEARNED:** Due to the neighborhood-level focus of MAPP in Columbus, it was relatively easy to get the business community involved in the MAPP process and to get them to provide some monetary support.

#### *PHASE 6: Action Cycle*

- Since North Central received external funding, this neighborhood moved into the action cycle.
- Neighborhood residents 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.
- MAPP steering committee implemented chronic disease interventions.
- The programs reached over 300 residents in the neighborhood.
- It was difficult to keep neighborhood participants engaged in the MAPP process once North Central entered the Action Cycle. As grant funding came to a close, the North Central neighborhood decided they were finished with the MAPP process.

**LESSON LEARNED:** As the community became the driving force in implementing action steps, it became difficult for CPH staff to maintain its voice within the process.

# Case Study

## 2001-2004 Columbus, Ohio



### MAPP OUTCOMES AND BENEFITS

- CPH staff found MAPP to be most useful in terms of formulating and implementing strategic plans for health improvement within their communities.
- MAPP helped community members understand what is being done and what they can do to improve health within their communities.
- MAPP provided a logical model through which the larger community could help neighborhood residents understand what needs to be accomplished to ensure the public's health.
- The process resulted in the procurement of external funding for one neighborhood.
- CPH created a Division of Community Health specifically to engage community members and agencies/organizations in addressing health issues from a resident perspective.

### LESSONS LEARNED

- Without health department leadership, it is difficult to communicate with community members about the iterative nature of MAPP and to maintain community engagement through a second round of the process.
- Time and resources are needed to allow a health department representative to be highly involved the MAPP process.
- Without the health department representative's involvement, the actions of the neighborhood became uncoordinated.
- CPH staff believe they would have been more successful in implementing MAPP in the Latino community had they picked one geographic area within the Latino community and better focused their efforts on developing broad-based support and leadership within that neighborhood.
- The MAPP process needs several champions in order to be successful and sustainable.

### REFERENCES

For copies of tools and resources CPH developed for the MAPP Process, visit the MAPP Clearinghouse at [www.naccho.org/topics/infrastructure/MAPP/clearinghouse.cfm](http://www.naccho.org/topics/infrastructure/MAPP/clearinghouse.cfm).

### ENDNOTES

<sup>1</sup> [www.cdc.gov/od/ocphp/nphpsp/EssentialPHServices.htm](http://www.cdc.gov/od/ocphp/nphpsp/EssentialPHServices.htm)

<sup>2</sup> The group was called the North Central Health Advisory Board. It was formed with representatives from all neighborhoods in the North Central area plus health organizations, businesses, EPA, and an activist environmental group.

<sup>3</sup> Visit [www.naccho.org/topics/infrastructure/NPHSP.cfm](http://www.naccho.org/topics/infrastructure/NPHSP.cfm) for information on the NPHSP program and tools, or see [www.cdc.gov/od/ocphp/nphpsp/Documents/Local\\_v\\_1\\_OMB\\_0920-0555.pdf](http://www.cdc.gov/od/ocphp/nphpsp/Documents/Local_v_1_OMB_0920-0555.pdf) for the local instrument referenced in the above paragraph.

<sup>4</sup> For a copy of the interview tool, contact NACCHO staff at [mapp@naccho.org](mailto:mapp@naccho.org).



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