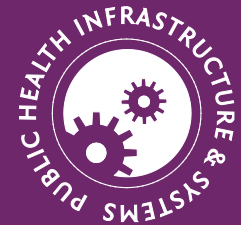


Healthy People 2020-NACCHO Partnership and Mobilizing for Action through Planning and Partnerships: Survey Findings on Connections, Collaborations, and Challenges



Introduction

The National Association of County and City Health Officials (NACCHO) surveyed the participants of the Mobilizing for Action through Planning and Partnership (MAPP) social network site regarding their use of MAPP and *Healthy People 2020* (HP 2020). The MAPP network, an online forum for MAPP communities (<http://mappnetwork.naccho.org/>), is a resource for past, present, and future MAPP communities and provides ways to converse with community partners, meet fellow MAPP users, solicit advice from MAPP mentors, connect with other MAPP communities, and learn about MAPP resources. The goal of the partnership between HP 2020 and NACCHO, now in its first year, is to increase the use of HP 2020 at the local level.

Methodology

The survey, fielded from Nov. 30 to Dec. 30, 2011, was designed to describe the current MAPP activity of participants, assess their views of the impact of MAPP on community health assessment processes and health outcomes, and provide information regarding the use of HP 2020 within community health assessment activities.

The survey was originally sent to all 434 members of the MAPP social network site; 41 national partners were later removed from the denominator, bringing the final denominator to 393 participants. Of these 393 participants, 163 responded, for a response rate of 41.5 percent. Quantitative responses were summarized using the Qualtrics system. Open-ended responses were analyzed to identify themes; NACCHO reviewed all comments. To consolidate reporting, common themes and sample quotes are summarized in this report.

RESPONDENTS

1. What type of organization do you work for?

Answer	Response	%
Consultant	6	4%
Local health department (LHD)	106	65%
Hospital	4	2%
Non-profit, community based organization, or advocacy group	14	9%
Public health institute	6	4%
State health department	13	8%
University	4	2%
Other	10	6%
Total	163	100%

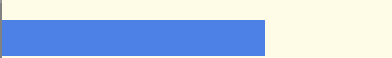



Most respondents (65%) worked LHDs, non-profits (9%), and state health departments (8%). Other organizations included a school system, a housing authority, and a local health council.

2. Have you ever been engaged in a MAPP process in a local community?

Answer	Response	%
No	45	28%
Yes, with one community (please specify)	79	49%
Yes, with multiple communities (please identify the most recent or current MAPP community to answer the MAPP questions below)	36	23%
Total	160	100%









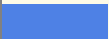

About half (79) of the respondents have been engaged with a MAPP process in one community. An additional 36 had been engaged with multiple communities. The 45 respondents (28%) indicating that they had not been engaged in a MAPP process in a local community skipped the next several questions and continued with question 13.

3. How many times has your community conducted the Mobilizing for Action through Planning and Partnerships (MAPP) process?

Answer		Response	%
This is our first time through the process.		73	67%
This is our second time through the process.		28	26%
This is our third time through the process.		5	5%
This is our fourth time through the process.		3	3%
Total		109	100%

Among the 109 respondents who had some experience with MAPP, 73 (67%) indicated that this was the first time through the MAPP process.

4. In this MAPP cycle, what phase or phases of MAPP is your community currently working on? (Check all that apply)

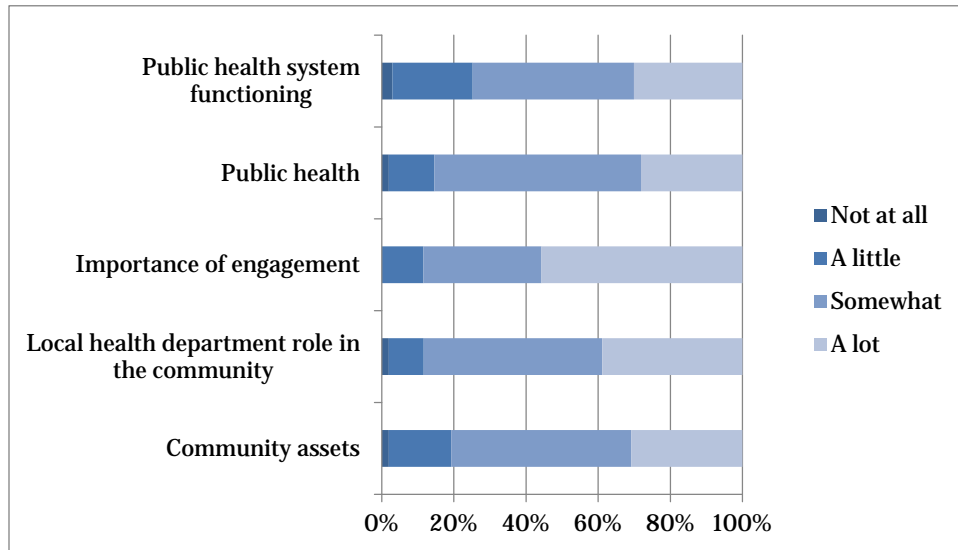
Answer		Response	%
Phase One: Organize for Success/Partnership Development		26	24%
Phase Two: Visioning		24	22%
Phase Three: Community Health Status Assessment		32	29%
Phase Three: Community Themes and Strengths Assessment		23	21%
Phase Three: Forces of Change Assessment		18	17%
Phase Three: Local Public Health System Assessment		23	21%
Phase Four: Identify Strategic Issues		18	17%
Phase Five: Formulate Goals and Strategies		23	21%
Phase Six: The Action Cycle		30	28%
Other		10	9%

n = 109 Check all that apply question; percentages do not total to 100.

Among respondents currently conducting MAPP, fairly equal proportions were engaged in the different phases of MAPP, from 24 percent in Phase One to 28 percent in Phase Six. In the “Other” category, respondents reported everything from “just starting” to “completed” to “all areas in motion at all times.”

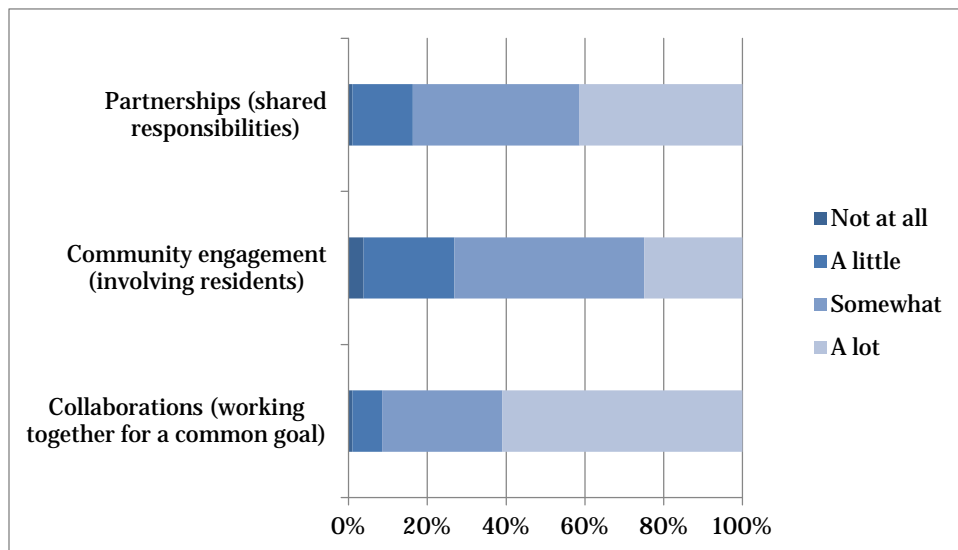
OPINIONS

5. In your opinion, to what extent have MAPP processes contributed to improved community knowledge of:



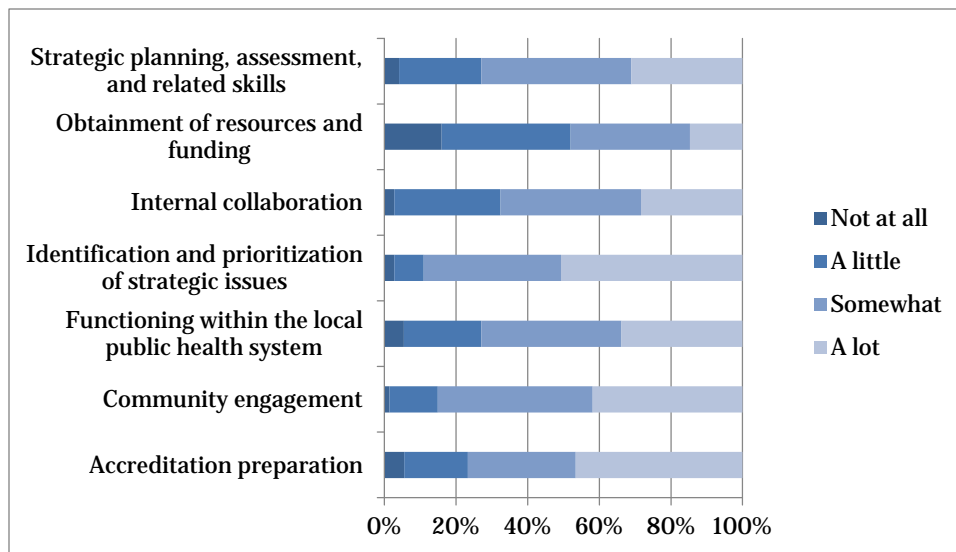
Most respondents to the item (current users of MAPP, n=104) indicated an opinion that MAPP contributes to improved community knowledge in all areas, with the highest impact shown in the importance of engagement and LHD role in the community.

6. In your opinion, to what extent have MAPP processes contributed to improved local public health system:



Most respondents to the item (64 out of 105, or 61%) indicated an opinion that MAPP processes contributed a lot to improved local public health system collaborations. Less than half (41%) indicated an opinion that MAPP processes contributed to improved partnerships, where partnerships were defined as shared responsibilities. Only one in four indicated an opinion that MAPP processes contributed to community engagement, where community engagement was defined as involving residents.

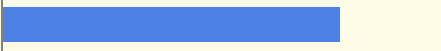

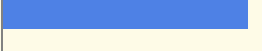
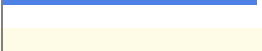



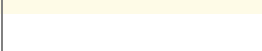

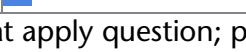


7. In your opinion, to what extent have MAPP processes contributed to improved local health department:



This question was fielded only to LHDs currently involved in MAPP (n = 75). Among this group, about half of the respondents indicated an opinion that MAPP processes contributed a lot to identification and prioritization of strategic issues and to accreditation preparation.

HEALTH STATUS













8. What types of health status factors, risks, and indicators is your MAPP process tracking? (Check all that apply)

Answer		Response	%
Behavioral risk factors		81	76%
Chronic disease prevalence and incidence measures		82	77%
Environmental health factors		59	56%
Infectious disease measures		61	58%
Injury incidence measures		45	42%
Maternal and child health outcome measures		67	63%
Mortality rates		59	56%
Quality of life measures		64	60%
Social determinants of health measures		64	60%
Social and mental health outcome measures		58	55%
Other		14	13%
None		7	7%

n = 106 Check all that apply question; percentages do not total to 100.

Most commonly mentioned “Other” factors being tracked were agricultural safety issues and systems-related issues, including growing partnerships, strengthening access to data, and training on social determinants of health.

9. In what areas are you seeing improvements that may be related to MAPP processes? (Check all that apply; provide detail in text boxes.)

Answer		Response	%
Behavioral risk factors		21	26%
Chronic disease prevalence and incidence measures		20	24%
Environmental health factors		14	17%
Infectious disease measures		10	12%
Injury incidence measures		5	6%
Maternal and child health outcome measures		17	21%
Mortality rates		5	6%
Quality of life measures		12	15%
Social determinants of health measures		18	22%
Social and mental health outcome measures		13	16%
Other		25	30%
None		22	27%

n = 106. Check all that apply question; percentages do not total to 100.

A total of 82 respondents also gave details regarding ongoing efforts within each topic area. A list of the types of comments for each topic area follows:

Behavioral risk factors: Identified substance abuse problem and a coalition formed; perceptions of substance abuse among youth assessed; exercise and nutrition opportunities; Footsteps to Fitness Program; improved opportunities for healthy lifestyles such as walking maps and designating no smoking in some public places; smoking prevention.

Chronic disease prevalence and incidence: Partnerships related to chronic disease; Stanford Chronic Disease Program; school employee wellness; increased physical activity.

Environmental quality: Adopted planning and zoning ordinances; identified community needs; improved air quality.

Infectious diseases: Free flu shots; sexually transmitted infections (STIs); teen STIs.

Injury incidence: Crash incidence study.

Maternal and child health: Reduced teen pregnancy, robust energy around infant mortality reduction since it was identified as a health priority in our last MAPP cycle; informed professional about the public's opinion on highest community concerns; pre-term birth rates.

Mortality rates: Child Fatality Review Task Force

Quality of life: Trails and livable communities; community input regarding needs; collaborations to improve community access to healthy foods.

Social determinants of health: Forces of change assessment related to economic outlook; local public health system working to increase access to underserved; increased collaboration between diverse groups.

Social and mental health: Partnering with other human service agencies; identifying gaps in service; improved access to psychiatric care.

ASSESSMENT AND PLANNING PROCESSES














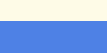
10. In what phases of MAPP has *Healthy People* been useful? (Check all that apply.)

Answer		Response	%
Phase One: Organize for Success/Partnership Development		15	15%
Phase Two: Visioning		16	16%
Phase Three: Community Health Status Assessment		51	52%
Phase Three: Community Themes and Strengths Assessment		18	18%
Phase Three: Forces of Change Assessment		9	9%
Phase Three: Local Public Health System Assessment		9	9%
Phase Four: Identify Strategic Issues		27	28%
Phase Five: Formulate Goals and Strategies		28	29%
Phase Six: The Action Cycle		11	11%
We have not used <i>Healthy People</i> for the MAPP process.		25	26%

n = 98 Check all that apply question; percentages do not total to 100.

Among the respondents who have conducted MAPP in a local community, about one-half (52%) reported using *Healthy People* for community health assessment. Other areas where respondents indicated frequent use of *Healthy People* were related to identifying strategic issues and formulating goals and strategies. One-fourth (26%) of the respondents to this item had not used *Healthy People* for the MAPP process.

11. Which of the following topics are included in your Community Health Improvement Plan (CHIP)? (Check all that apply.)

Answer		Response	%
Access to Health Services		32	31%
Clinical Preventive Services		17	17%
Environmental Quality		16	16%
Injury and Violence		15	15%
Maternal, Infant, and Child Health		19	18%
Mental Health		24	23%
Nutrition, Physical Activity, and Obesity		36	35%
Oral Health		15	15%
Reproductive and Sexual Health		17	17%
Social Determinants		14	14%
Substance Abuse		18	17%
Tobacco		20	19%
Other		10	10%
None		0	0%
We have not yet reached the CHIP phase of MAPP		59	57%

n=103 Check all that apply question; percentages do not total to 100.

Among the MAPP communities, 57 percent (or 59 respondents) indicated that they had not yet reached the CHIP phase of MAPP.

The items listed for this question correspond to the 12 Leading Health Indicators (LHIs) in HP 2020. The top three LHIs included in the CHIP phase of MAPP were Nutrition, Physical Activity, and Obesity; Access to Health Services; and Mental Health.

Respondents also had the option of listing other items in their CHIPs. The following items were provided:

- Farm safety issues
- Risk factors for heart disease
- Healthcare reform preparation and new advisory role to LHD
- Access to data, partnerships
- Crime, suicide
- Awareness of services, systems linkages, and collaborations
- Teenage pregnancy
- Access to healthy food choices
- Access to care

These responses suggest that the connection between the topical categories may be unclear to some at the local level—for instance, the teenage pregnancy option could have been included in the maternal and child health category. More education on identifying specific items through the website may be useful.

12. What technical assistance from NACCHO would be most useful to your MAPP community?

A total of 78 respondents commented. The following is a sampling of their responses, grouped into five categories: resources and lessons learned, how to engage partners, financial assistance, NACCHO mentorship, and *Healthy People*.

Resources and lessons learned

- Sample CHIPS and presentations about using MAPP to complete a CHIP
- Lessons learned from other communities, potentially creating a virtual “learning community” among key stakeholders from neighboring areas
- More examples of reports from communities who have undergone this process
- Posting more prime examples of CHIPs throughout the nation
- How to do surveys and focus group discussions
- Webinars with experiences from other communities is helpful
- Template for CHIP that meets Public Health Accreditation Board standards
- Sharing the success of others
- More enhanced online resource library and tools
- The MAPP peer network is a really great tool and I want to see that continue – it helps especially when NACCHO staff are monitoring and promoting
- More assessment examples
- General information on experiences of other MAPP communities contemplating the second iteration
- Templates to guide producing final documents/summaries for each phase of MAPP completed

How to engage partners

- How to get community partners engaged in the process—right now everyone is in [his or her] silos and getting people to the table is virtually impossible
- Ideas for attracting more participants
- Does NACCHO have examples or stories from the field around creating new partnerships within the local public health system?
- Tips on sustaining the work and partnerships
- Tips and tools for how to talk about MAPP so that the average person understands, gets excited, and is motivated to get involved
- How to motivate a community that has been stuck in a phase for a year

- How to get community to see the benefits of the MAPP process
- How to convince hospitals to participate
- Selection of participants in the MAPP process

Financial assistance

- Sorry to say...money
- We don't have funds to assist with facilitation of our Local Public Health System Assessment.
- More grants to support specific projects such as preparing and conducting a CHIP process
- Funding to assist with the process
- Unfortunately, the effort for a large community is expensive and we don't have the resources.
- Funding resources

NACCHO mentorship

- Having an e-mail contact at NACCHO to help connect to other users
- Guidance with process
- NACCHO has been incredibly helpful in helping us talk through challenges we've experienced at various stages, providing facilitation support, and brainstorming about how to launch each phase.
- It would be ideal to have a NACCHO representative here in our county that could help galvanize the effort and put a face with the process.
- It would be helpful to have a mentor at NACCHO that could help us with this process or who we could consult when needed.

Healthy People

- Help in understanding, interpreting, and using HP 2020 goal, measures
- How to link HP 2020 to the MAPP process would be useful
- How to use *Healthy People* in the MAPP process

HEALTHY PEOPLE

13. What parts of *Healthy People* have you used? (Please include any uses of *Healthy People* in MAPP or any other public health efforts—check all that apply)

#	Answer	Response	%
1	Consortium and partners information	10	7%
2	Implementation tools and resources	16	11%
3	Leading health indicators	83	58%
4	Topics and objectives	50	35%
5	Other	2	1%
6	Have not used <i>Healthy People</i>	46	32%

n=143

Over half of all respondents (58%) to this item indicated that they had used the leading health indicators, and 35 percent said they had used the topics and objectives. However, almost one-third (32%) indicated that they have not used *Healthy People*.

14. Please tell us more about how you and other system partners are using *Healthy People*.

A total of 44 respondents commented. The following is a sampling of their responses, grouped into three categories: community health assessment (CHA), CHIP, and internal LHD uses.

CHA

- Our community has always used the *Healthy People* indicators and goals each year we have done a CHA.
- A comparison between *Healthy People* goals and selected indicators where we have data on county residents is one set of information used to answer the question, “How healthy is our county?”

- We are in the assessment phase of MAPP and we are using data from *Healthy People* for comparison purposes. We will likely utilize *Healthy People* throughout the CHIP phase, as well.
- Using [HP 2020] in Community Benefit Inventory for Social Action (CBISA) to collect data for hospitals' assessments
- Comparison data to mark progress toward Healthy Buffalo County 2020
- Health department and hospital are using [HP 2020] as part of assessment process.
- We used *Healthy People 2010* goals as a benchmark...to compare our local stats in the summary report for our 2009 Community Health Status Assessment. We used HP 2020 goals and objectives around health equity to help inform initial discussions with our Health Equity Action Team.
- For now, we are using it to assist in the identification of community indicators for our Quality of Life Indicator System and local CHA.
- We are still in the early phases of collecting and gathering indicators and comparing them to *Healthy People* goals.
- We used the *Healthy People* logo in our CHA/CHIP, where we referred to HP indicators/objectives.

CHIP

- We are working to prioritize the indicators we review during the health status assessment, based on *Healthy People* LHIs.
- We plan to use HP 2020 more in our strategic planning process and our CHIP process.
- *Healthy People* is referenced in action cycle planning in setting specific objectives.
- We are hoping that in Healthy NJ 2020 the use of data-based measures (rather than a lot of developmental ones) will help us make the needle move.
- Using *Healthy People* as benchmarks and measurement tools for prioritized health indicators.
- Selecting/prioritizing strategic directions; strategy formulation
- Our health department is using *Healthy People* for program planning and performance management benchmarks and standards.
- We hope to ensure a closer link between local and county-based planning efforts and the HP objectives. We have already begun to make the linkages during public presentations etc.

LHD internal uses

- I have been using *Healthy People* to develop goals and objectives for grants to fund programs. [We are using HP 2020 as] a reference for LHD programs in developing performance standards.
- Writing core competencies into job descriptions for annual evaluations

15. What problems are you experiencing with *Healthy People 2020*? (Check all that apply)

Answer	Response	%
Challenges with website	5	6%
Change from more rigorous <i>Healthy People 2010</i> targets	6	8%
Concerns with using leading health indicators	3	4%
Difficulty in applying national initiative to local problems	23	29%
Difficulty in communicating importance to partners	14	18%
Lack of objectives related to social determinants	10	13%
Lack of Spanish language <i>Healthy People</i> materials	5	6%
Limited evidence-based practices/resources	17	21%
Not yet using <i>Healthy People 2020</i>	7	9%
Related data are hard to find	8	10%
Other	5	6%
None	29	36%

n=80

Over one-third (36%) of respondents indicated no problem using HP 2020; an additional nine percent indicated that they were not yet using it. The most frequently reported problems were difficulty applying national initiative to local problems, limited evidence-based practices and resources, and difficulty communicating importance to partners.

16. Please tell us more about any problems you and/or other system partners have experienced using *Healthy People 2020*.

A total of 19 respondents contributed comments to this (text box only) item. Among the concerns that they detailed were the following:

Change from HP 2010 to 2020

- Changes between HP 2010 and HP 2020 require us to go back and significantly revamp our local dashboard, which with limited budgets is difficult to accomplish.
- HP 2020 is a new animal as compared to 2010. We are struggling regarding which indicators to use, because there are now so many. Also, some indicators do not translate to the 2010 measures. The 2010 format is simpler, and we'd prefer to use those measures, especially since they haven't even been reached yet, but we are afraid that we'd appear "behind" or "lazy" by using the 2010 schema when it's nearly 2012.

Data difficulties

- There are not very many indicators where we can find timely, valid data to evaluate the health of our residents compared to the HP 2020 goals.
- Local data are difficult to find. State-based vital statistics are embarrassingly outdated.
- In trying to establish the targets for our county, we do not always have data at the county level that match the HP 2020 targets.
- Sometimes the goals are not realistic for our state; sometimes we have already achieved the national goals.
- Frequently there has been insufficient evidence on the measures I have evaluated.
- Some indicators are not yet defined.

General comments

- Our problem continues to be the availability of resources.
- It seems like we've been waiting for HP 2020 for a long time and thus have been slow to use it as the ready resource. We're still learning.
- HP 2020 is not engineered to be a local tool—it is interesting and helpful to know the national stage, but it is not helpful in local activities in that it doesn't provide an integrated portal through which peer localities can find each other and make real comparisons to peer groups of counties or even states for that matter....It also does not link users to enough best practices or local approaches but rather broad policies and not translated real steps to effect meaningful change in the community.
- We utilize the indicators to plan our programs, but some of the indicators are not specifically in the scope of what we do at our LHD. We try to focus on those that we can address and look at other resources in the community for those that we do not address.

Rural concerns

- Would like more resources and evidence-based practices that can apply to rural populations.
- Most information in *Healthy People* is related to urban/suburban area; we are a rural community.

Conclusion

The survey found that most respondents (72%) were currently engaged in MAPP activities. Among those currently conducting MAPP activities, most respondents thought that MAPP processes have contributed a lot or somewhat to improved community knowledge of public health, to local public health system collaborations, and (for LHD respondents only) to improved LHD processes. About one in four respondents currently conducting MAPP saw improvements in behavior risk factors that may be related to MAPP processes. Respondents also had many suggestions regarding technical assistance from NACCHO that would be useful to their MAPP communities. Among all respondents, two in three had used *Healthy People*; most (58%) had used the LHIs. Findings on the current use and challenges related to HP 2020 suggest the need for the development of educational materials on the application of HP 2020 in CHA and CHIP at the local level.

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To learn more about the partnership between NACCHO and HP 2020, visit www.naccho.org/topics/infrastructure/healthy-people/.



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The mission of the National Association of County and City Health Officials (NACCHO) is to be a leader, partner, catalyst, and voice for local health departments in order to ensure the conditions that promote health and equity, combat disease, and improve the quality and length of all lives.

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