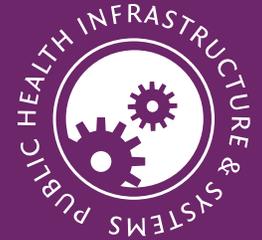


## Integrating Processes for Performance Improvement: The Relationship among Mobilizing for Action through Planning and Partnerships, the National Public Health Performance Standards Program, and Accreditation



With the launch of public health department voluntary national accreditation in September 2011, many local jurisdictions are deciding which standards and improvement processes they should implement in their efforts to advance public health capacity and performance. This document explores the connections among several performance improvement processes and standards, including Mobilizing for Action through Planning and Partnerships (MAPP), the National Public Health Performance Standards Program (NPHPSP), and the Public Health Accreditation Board's (PHAB's) Standards and Measures, in the context of accreditation preparation. Please note that NACCHO has no bearing on decisions made by PHAB and that use of this document in no way implies that a health department will be accredited. This tool is simply meant to show alignment and overlap between MAPP, NPHPSP, and PHAB's standards and measures. While the ultimate goal of accreditation, MAPP, and NPHPSP is to improve public health practice, the focus, immediate outcomes, and processes of these initiatives differ.

- MAPP provides the foundation and framework for users to fulfill several accreditation measures; users need to ensure that consideration is given to specific requirements outlined in the accreditation Standards and Measures.
- The NPHPSP assessment process allows users to learn important information about how well their agencies are performing as part of their local public health systems (LPHS).<sup>1</sup>

Accreditation is both a status and a process. Because the goal is to advance quality, the status is never permanent. As health departments plan for accreditation, it is important to remember that there is no "cut off score." In other words, agencies do not necessarily have to meet every measure perfectly to become accredited.

### What is MAPP and how does it relate to accreditation?

MAPP is a community-wide strategic planning process for improving community health and strengthening the LPHS. Facilitated by public health leadership, MAPP provides a framework that helps communities prioritize public health issues; identify resources for addressing them; and develop, implement, and evaluate health improvement plans. The MAPP process does not create a strategic plan for the local health department (LHD); rather, MAPP results in a strategic plan for the entire community.<sup>4</sup> The outcomes MAPP communities frequently cite include the following:

- Increased visibility of public health;
- New advocates for local public health;
- Increased ability to anticipate and manage change;
- Strengthened partnerships; and
- Strengthened public health infrastructure.



### What is voluntary national accreditation of local health departments?

The goal of voluntary national accreditation is to improve and protect the health of every community by advancing the quality and performance of public health departments.<sup>2</sup> Accreditation has been defined as the following:

1. The development and acceptance of a set of standards;
2. The development and acceptance of a standardized process to measure health department performance against those standards;
3. The periodic issuance of recognition for those agencies meeting the standards; and
4. The periodic review, refining, and updating of the national public health accreditation standards and the process for measuring and awarding accreditation recognition.<sup>3</sup>

The MAPP process, which includes completion of the NPHPSP local instrument, can be instrumental in helping LHDs prepare for accreditation. MAPP is one of the PHAB-referenced frameworks for an agency's community health assessment (CHA) and community health improvement plan (CHIP). Conversely, preparing for accreditation while conducting MAPP can strengthen a community's MAPP process. When approached with an accreditation preparation lens, MAPP, while not an accreditation preparation tool, can help LHDs accomplish many of the activities described in PHAB's Standards and Measures. If an activity included in PHAB's Standards and Measures is not explicitly mentioned in the MAPP guidance, there may be opportunities to augment the process so it can fulfill the needs of both MAPP and accreditation preparation. In some cases, LHDs may consider using the information collected as part of MAPP as a foundation for conducting additional agency-specific accreditation preparation activities. However, using MAPP to prepare for accreditation should not compromise MAPP's focus on the local public health system and its integrity as a community-owned process.

When approaching accreditation preparation and MAPP simultaneously, LHDs must be cognizant of how their interest in using MAPP to prepare for accreditation can be balanced with other partners' needs. The process should be designed to meet the needs of all partners, not just the LHD. Strong facilitation and use of Dialogue<sup>5</sup> throughout a MAPP process can help balance the sometimes contrasting needs of all agencies and community members involved in the process.

## What is NPHPSP and how does it relate to accreditation?



The NPHPSP is a national partnership initiative that developed the National Public Health Performance Standards for state and local public health systems and for public health governing bodies.<sup>6</sup> The NPHPSP local instrument assesses the capacity of the LPHS to provide the 10 Essential Public Health Services (10 EPHS). The instrument helps users answer questions, such as "What are the components, activities, competencies, and capacities of our local public health system?" and "How well are the Essential Services being provided in our system?" The dialogue that occurs in answering these questions helps identify strengths and weaknesses within the system. This information can then be used to improve planning, coordination, and delivery of public health activities. The benefits and outcomes include the following:<sup>7</sup>

- Improved organizational and community communication and collaboration;

- Improved understanding among LPHS partners (including the LHD) of the role of the LHD as a member of the LPHS;
- Strengthened network of partners within the LPHS, which leads to better coordination of activities and resources, and less duplication of services;
- Identified strengths and weaknesses to be addressed in quality improvement efforts; and
- Established standards and benchmark measures for quality improvement.

The NPHPSP local instrument is used to complete the MAPP Local Public Health System Assessment; however, it can also be used as an independent assessment. Some communities complete the NPHPSP local instrument first and then transition into a MAPP process as a means to improve system performance. Other communities complete the NPHPSP local instrument and use the data to inform a variety of quality and performance improvement activities separate from any MAPP effort.

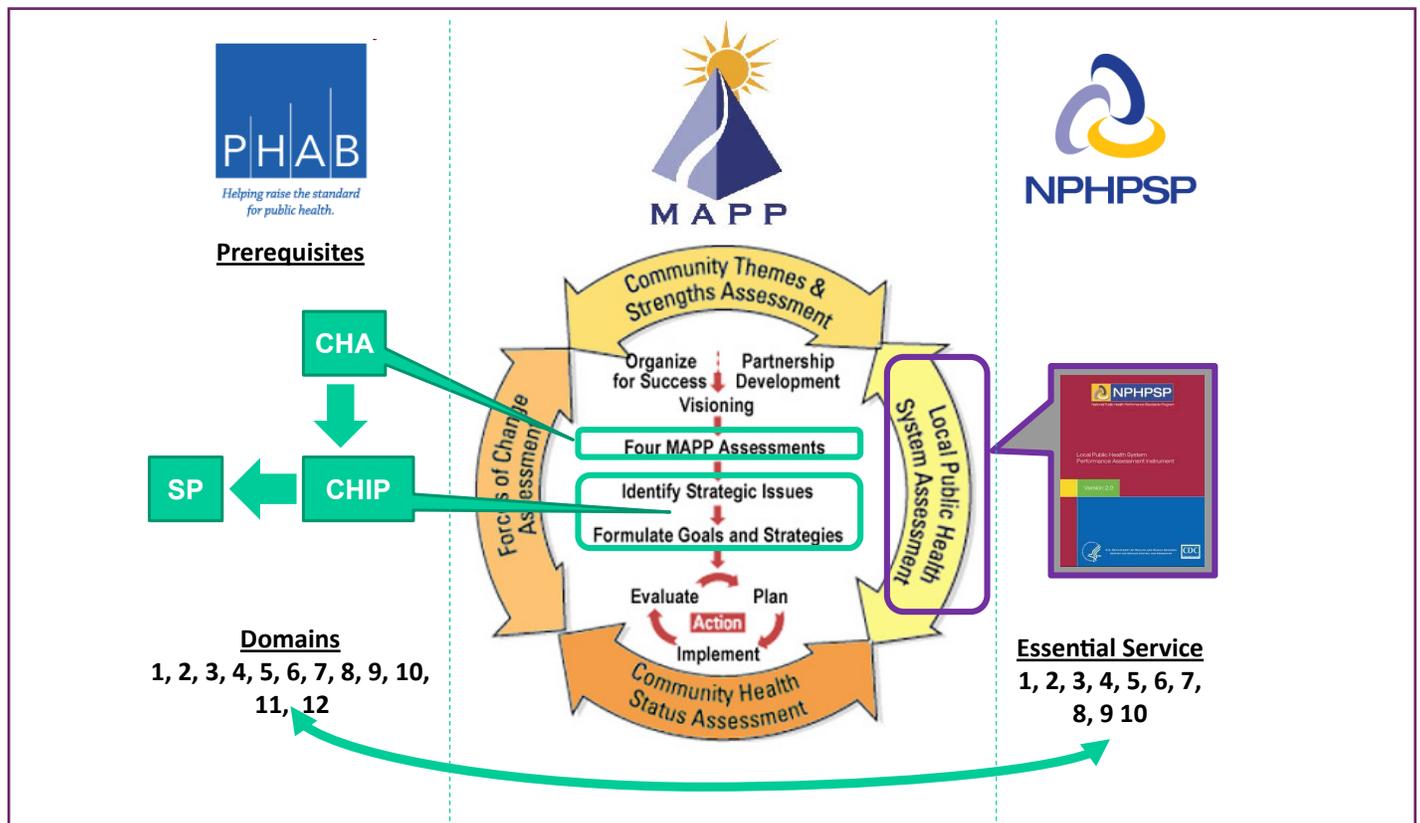
The NPHPSP standards differ from the PHAB Standards and Measures in two fundamental ways. First, the NPHPSP local instrument measures the performance of the entire system, not a single agency. Second, the process used to conduct the assessment is based on consensus answers, whereas documentation of accreditation standards fulfillment will be verified by a PHAB-trained peer review team.

Though NPHPSP focuses on system performance, the NPHPSP process and results can inform accreditation preparation. The dialogue and qualitative data collected during an NPHPSP assessment process can identify LHD strengths and contributions as system partners.

Given that both the NPHPSP and accreditation standards are based on the 10 EPHS, understanding the role of the LHD within the system in providing essential services will provide insight into how well an LHD would meet agency essential service standards. For instance, if the LHD has not conducted a CHA, by participating in the NPHPSP assessment process the LHD may learn that others within the system have collected data relevant to the CHA. The LHD can then build from data collected by system partners rather than starting from scratch. Moreover, the NPHPSP process can identify assets within the system an LHD can benefit from or enhance in preparing for accreditation. For example, completion of the NPHPSP local instrument might reveal that the local school of public health is the only entity within the system providing evidence-based health education. Subsequently, the NPHPSP process can help LHD staff identify opportunities to connect with faculty from a school of public health and learn how to design evidence-based health education programs.

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FIGURE 1



## How can my community leverage MAPP and NPHPSP to prepare for accreditation?

MAPP and NPHPSP are designed to improve the performance and quality of public health systems, while accreditation is designed to improve the performance and quality of public health departments. Both types of improvement efforts are critical to ensuring the public’s health. LHDs and their system partners share responsibility for protecting and promoting the public’s health; however, as the “backbone” of the LPHS, LHDs have the legal authority to protect the public’s health.<sup>8, 9, 10</sup> A system without a strong backbone will have limited success, just as an agency without system partners will have difficulty fulfilling the PHAB Standards and Measures. Accordingly, when used together, MAPP, NPHPSP, and accreditation can reinforce one another and move communities closer to the ultimate goal of improving the public’s health.

Figure 1 shows the connections between PHAB, MAPP, and NPHPSP. As part of the overall intent to improve and protect the health of the public by advancing the quality and performance of public health departments, PHAB requires demonstration of ongoing community health improvement planning processes by LHDs wishing to achieve accreditation. A CHA, a CHIP, and an agency strategic plan are the three prerequisites for PHAB applications. MAPP’s Phase Three, Four

MAPP Assessments, may fulfill the CHA prerequisite. MAPP’s Phases Four and Five, Identify Strategic Issues and Formulate Goals and Strategies, may fulfill the CHIP prerequisite. The CHIP developed during MAPP is a strategic plan for the entire community. To create a strategic plan for the LHD, identify the LHD’s unique role in the CHIP. This may inform the health department’s strategic plan.

The NPHPSP local instrument fulfills one of the four assessments of the MAPP process. The completion of the instrument will inform a robust CHA. There is a shared foundation between PHAB and NPHPSP in that many of the PHAB Standards and Measures were influenced by the NPHPSP.

The following table illustrates how to leverage the MAPP process to support accreditation preparation efforts.<sup>11</sup> Below each standard is a summary of the general contributions a MAPP process can make toward demonstrating the standard. The left-hand column includes LHD accreditation measures, while the right-hand column describes how MAPP or NPHPSP alone can demonstrate or contribute to fulfilling the measure and what additional activities or documentation may need to be built into the MAPP process to address the needs of accreditation preparation. Because NPHPSP and accreditation standards and measures are based on the Essential Public Health Services framework, results from the NPHPSP assessment for a particular essential service will inform a related accreditation preparation measure.

**Standard 1.1: Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment.**

By completing the four MAPP assessments in Phase Three of the process, MAPP communities collect qualitative and quantitative data from a variety of sources. The MAPP process values community input to identify indicators, collect data, and interpret results.

1.1.1 T/L <sup>12</sup>	Participate in or conduct a Tribal/local partnership for the development of a comprehensive community health assessment of the population served by the health department	<p>MAPP is a framework for improving community health and strengthening the LPHS. LHDs typically serve as facilitators of the MAPP process. As the facilitator, the LHD plays an active role recruiting participants during the first phase of MAPP, Organize for Success/Partnership Development. However, collaborative partnerships among LPHS partners and between the LPHS and broader community are essential to every phase.</p> <p>Phase Three of the MAPP process comprises the four MAPP assessments: the Community Health Status Assessment (CHSA), the Community Themes and Strengths Assessment (CTSA), the Forces of Change Assessment (FOCA), and the Local Public Health System Assessment (LPHSA). Building on Phase One of the MAPP process, MAPP recommends partnering with the LPHS and community members to share data sources and analyze data. In this phase a collaborative process should use both quantitative and qualitative data collection through a variety of methods. By completing all four assessments, the LHD and its partners will have collected information on health status, health issues, and community resources. According to the PHAB Standards and Measures, LHDs should do the following:</p> <ul style="list-style-type: none"> <li>• Document participants at MAPP meetings (participants should represent the LPHS and community);</li> <li>• Document processes for regular communication among participants (e.g., meeting agendas, meeting minutes, or copies of e-mails);</li> <li>• Describe the MAPP model as the collaborative process to accomplish this measure; and</li> <li>• Describe the NPHPSP as one of the tools used to gather data.</li> </ul>
1.1.2 T/L	Complete a Tribal/local community health assessment	<p>Each of the four MAPP assessments provides unique qualitative or quantitative information about the community. The CHSA provides information about the health status of the population. The CTSA identifies existing assets and resources to address health issues. The FOCA examines broad forces affecting the community. The LPHSA, fulfilled by completing the NPHPSP local instrument, measures how well the LPHS is providing the 10 EPHS. According to the PHAB Standards and Measures, LHDs should do the following:</p> <ul style="list-style-type: none"> <li>• Write a CHA every five years that includes the data sources and information about how the data were collected, the community's demographic information, the health issues identified by the data and the groups affected by specific health issues, the contributing causes of negative public health outcomes, and the community assets that can address health issues; and</li> <li>• Document how the community will give input to the assessment.</li> </ul>
1.1.3 A	Ensure that the community health assessment is accessible to agencies, organizations, and the general public	<p>MAPP has three keys to success: strategic thinking, community ownership, and inclusion of the LPHS. By focusing on the three keys to success, MAPP communities ensure other agencies, organizations, and the general public participate in the MAPP process including sharing the CHA with those outside of the LHD. According to the PHAB Standards and Measures, LHDs should do the following:</p> <ul style="list-style-type: none"> <li>• Document how the CHA was distributed to the LPHS; and</li> <li>• Document how the CHA was distributed to the community.</li> </ul>

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**Standard 1.2: Collect and Maintain Reliable, Comparable, and Valid Data that Provide Information on Conditions of Public Health Importance and on Health Status of the Population.**

The MAPP process includes community health status data collection and dissemination. MAPP's CHSA guidance provides 11 suggested categories of data; however, MAPP users are encouraged to tailor data collection to fit local needs. Suggested health status data categories include demographic characteristics, socioeconomic characteristics, health resource availability, quality of life, behavioral risk factors, environmental health indicators, social and mental health, maternal and child health, death, illness and injury, infectious disease, and sentinel events.

<p><b>1.2.3 A</b></p>	<p>Collect additional primary and secondary data on population health status</p>	<p>MAPP guidance instructs users to collect CHSA data from a variety of sources, including state or local databases, previously conducted health assessments or reports that include data, and local organizations that may collect hard-to-find data.<sup>13</sup> According to the accreditation standards, the scope of assessment is broad and “includes collection of information by other state, local and Tribal departments, health agencies, and partners on communicable disease (food/water/air/waste/vector-borne), injuries (including needle-stick injuries), chronic disease/disability and morbidity/mortality for the purpose of analysis and use in health data reports”:<sup>14</sup></p> <ul style="list-style-type: none"> <li>• Primary data include communicable disease reports, healthcare provider reports of occupational conditions, community surveys, registries, focus groups, and other methods for qualitative data.</li> <li>• Secondary data include data from other governmental departments, such as law enforcement, Bureau of Labor and Statistics, and workers’ compensation bureaus.</li> </ul> <p>According to the PHAB Standards and Measures, LHDs should document aggregated primary and secondary data collected, along with sources of both, and document standardized data collection instruments that collect data in two different program areas.</p>
<p><b>1.2.4 L</b></p>	<p>Provide reports of primary and secondary data to the state health department and Tribal health departments in the state</p>	<p>Step four of the CHSA is to “organize and analyze the data; develop a compilation of the findings; and disseminate the information.”<sup>15</sup> According to the PHAB Standards and Measures, LHDs should document distribution of reports of primary and secondary data to the state health department and Tribal health departments in the state.</p>



**Standard 1.3: Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health**

Phase Three of MAPP comprises four complementary assessments, including a CHSA. Each of the four assessments included in the MAPP process yields data that are analyzed to identify local challenges and assets. All MAPP assessments include community or LPHS partner input. To complete the assessment phase, data must be exchanged among the different LPHS partners involved, and a community health profile must be disseminated to the broader community.

**Standard 1.4: Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs or Interventions.**

Data collected during MAPP's assessment phase are used to identify the strategic issues (Phase Four) that form the basis of the health improvement plan.

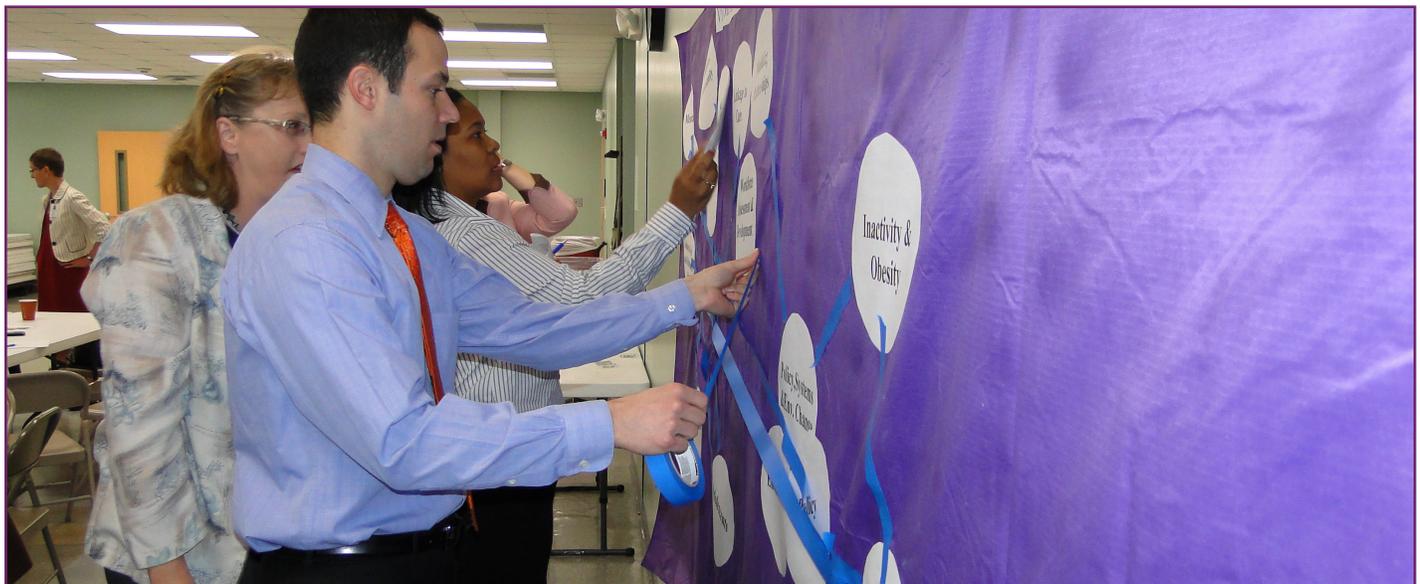
1.4.1 A	Use data to recommend and inform public health policy, processes, programs, and/or interventions	MAPP Phase Four, Identifying Strategic Issues, identifies the fundamental policy choices or critical challenges that must be addressed to achieve the community's vision. This phase builds on the results of the previous MAPP phases including the data collected by the four MAPP assessments. <sup>16</sup> According to the PHAB Standards and Measures, the LHD should "document that the public health data has been used to impact the development of policy, process, program, or intervention or the revision or expansion of an existing policy, process, program, or intervention." <sup>17</sup> This documentation includes the data used to inform public health policy, processes, programs, or interventions. Examples may include meeting minutes, changes to the LHD website, documented program improvements, or a revised policy.
1.4.2 T/L	Develop and distribute Tribal/community health data profiles to support public health improvement planning processes at the Tribal or local level	According to the accreditation standards, health profiles must include a broad array of assessment indicators, supported by primary and secondary data. A health data profile is not a comprehensive health assessment. It may be an overview of a specific disease or of health issues for a specific population. In Phase Three of the MAPP process, the CHSA gathers data to analyze and identify community health issues. The CHSA provides a list of core indicators and communities are encouraged to select data elements important to the local community. 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. <sup>18</sup> According to the PHAB Standards and Measures, health data profiles must be completed at least every five years, and distribution to community groups and key stakeholders must be documented.

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**Standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness.**

Phase Three of MAPP includes completion of four different assessments. The comprehensive assessment dataset collected as part of MAPP can inform the design, implementation, and evaluation of health education and health promotion activities.

<p><b>3.1.1 A</b></p>	<p>Provide information to the public on protecting their health</p>	<p>MAPP provides all the information needed to create a formal report based on the results from the CHSA, including information on community health risk, health status, healthy behaviors, and health needs. Step four of MAPP's CHSA includes developing a community health profile. This measure differs from a CHA because it focuses on general health education information such as healthy behaviors and activities. According to the PHAB Standards and Measures, LHDs should document examples of each of the following:</p> <ul style="list-style-type: none"> <li>• Information on community health risks, health behaviors, prevention, or wellness, including date, information provided, to whom, the program area, and for what purpose;</li> <li>• How the target population was engaged in providing input to the educational material/message; and</li> <li>• The steps taken to provide a consistent message with the state, Tribal, and other health departments.</li> </ul>
<p><b>3.1.2 A</b></p>	<p>Implement health promotion strategies to protect the population from preventable health conditions</p>	<p>In Phase Five, communities develop goals and strategies. Goals set a common direction and understanding of the anticipated end result. Strategies communicate how the community will move in that direction.<sup>19</sup></p> <p>In Phase Six, communities enter an iterative cycle of planning, implementation, and evaluation. Step two of the Action Cycle includes developing measurable objectives for each strategy identified during the previous phase.<sup>20</sup> During the evaluation portion of this phase, strategies, goals, and action plans are assessed and evaluated. Evaluation results are then used to improve existing processes and help create new strategies and activities.<sup>21</sup> According to the PHAB Standards and Measures, LHDs should document implemented health promotion strategies, how input was gathered from the community, and collaborations around strategies.</p>



**Standard 3.2: Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.**

Frequent and open communication among LPHS partners and between the LPHS and broader community is central to every phase of MAPP. Throughout the process, users collect information and disseminate findings either through formal reports (e.g., planning report completed and disseminated during step six of the Formulate Goals and Strategies phase) or through dialogue and consensus building (e.g., NPHSP local instrument completed as part of the assessment phase).

<p><b>3.2.4 A</b></p>	<p>Make information available through a variety of methods</p>	<p>MAPP guidelines for engaging the community include providing participants with information they need to participate in a meaningful way and communicating to all stakeholders how input affects the decisions made.<sup>21</sup> This applies to all phases of the MAPP process, including the sharing of data from the assessment phase. According to the PHAB Standards and Measures, LHDs should maintain a website with current information on health emergencies, reportable conditions, health data, public health laws, program activities, and links to other public health agencies. LHDs should also document two examples of methods of how they make public health information available to the community</p>
<p><b>3.2.5 A</b></p>	<p>Provide accessible, accurate, actionable, and current information in culturally sensitive and linguistically appropriate formats for populations served by the health department</p>	<p>MAPP values the participation of community members in the process. It is considered essential for obtaining a complete understanding of the community's needs and interests and the development and implementation of workable strategies to address public health concerns.<sup>22</sup> Community members should have a say in the MAPP process, which is implemented by stakeholder ownership. During the assessment phase, demographic data can be collected. According to the PHAB Standards and Measures, LHDs should capture community demographic data, a list of interpretation, translation, or specific communication services, staff or technology devices to meet ADA requirements, and culturally appropriate materials (e.g., other languages, low reading level).</p>



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**Standard 4.1 B: Engage with the Public Health System and the Community in Identifying and Addressing Public Health Problems through Collaborative Processes.**

In the facilitator role, the LHD is charged with maintaining the core principles of MAPP, which are strategic planning; systems thinking; community ownership and stakeholder investment; shared responsibility and working toward a shared vision; comprehensive data informs each step of the process; the process builds on previous experience, partnerships, celebration of successes; and a focus on the local public health system. Please note that the facilitation role should not be confused with the “owner” or “leader” of the process. An LHD should not be the driver of a MAPP process. Conversely, the community and public health system partners should drive the process.

<p><b>4.1.1 A</b></p>	<p>Establish and/or actively participate in partnerships and/or coalitions to address specific public health issues or populations</p>	<p>As facilitator of a MAPP process, the LHD is responsible for supporting the collaborative nature of MAPP throughout the process. Phase Six of MAPP, known as the Action Cycle, requires LPHS partners to collaborate to address the community’s health priorities as identified in the CHIP.<sup>23</sup> According to the PHAB Standards and Measures, LHDs should document the following:</p> <ul style="list-style-type: none"> <li>• Two examples of ongoing collaborations that address a particular public health issue;</li> <li>• List of partners in each collaboration; and</li> <li>• Description of a process used to mobilize the community.</li> </ul>
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**Standard 4.2 B: Promote the Community’s Understanding of and Support for Policies and Strategies that will Improve the Public’s Health.**

One of the primary tenants of the MAPP process is open and continuous communication between the LPHS and the broader community. The process achieves open communication by engaging a broad cross-section of the community throughout the process; disseminating the results of each of the assessments and an encompassing planning report to all community members; and engaging in the NPHPSP Local Public Health System Assessment, which allows LPHS partners to inform and educate each other through dialogue and consensus building.

<p><b>4.2.1 A</b></p>	<p>Engage with the community about policies and/or strategies that will promote the public’s health</p>	<p>The NPHPSP Local Public Health System Assessment included as part of MAPP’s assessment phase allows the LHD to educate LPHS partners regarding its role in delivering EPHS 5, “Develop policies and plans that support individual and community health efforts.” In addition, a successful MAPP process is a community-owned process. As such, the policies and activities that are developed as part of MAPP are developed by, and therefore supported by, the community. Guidance in MAPP’s Action Cycle indicates that each participating organization’s staff should be well informed about the process and the action plans that are being implemented.<sup>24</sup> The implementation phase presents an opportunity to educate and reengage any participants whose participation may have been more focused on earlier phases. According to the PHAB Standards and Measures, LHDs should document two examples of engagement with a particular population affected by a policy or strategy to promote the public’s health (e.g., town meeting minutes, call for review, and input in the local newspaper).</p>
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**Standard 5.1: Serve as a Primary and Expert Resource for Establishing and Maintaining Public Health Policies, Practices, and Capacity.**

Through MAPP, LHDs and their LPHS partners collectively establish, promote, and maintain public health policies. The assessment phase, which includes use of the NPHPSP local instrument, and Phase Four, Identify Strategic Issues, specifically address policy issues. Phase Four of MAPP culminates in collectively identifying strategic issues based on the community’s vision and the comprehensive dataset collected during the assessment phase. In the MAPP guidance, strategic issues are defined as “those fundamental policy choices or critical challenges that must be addressed in order for a community to achieve its vision.”<sup>25</sup> Additionally, the NPHPSP assessment process facilitates cross-learning between the LHD and its LPHS partners regarding the system’s current capacity to deliver EPHS 5, “Develop policies and plans that support individual and community health efforts.

<p><b>5.1.2 A</b></p>	<p>Engage in activities that contribute to the development and/or modification of public health policy</p>	<p>After completing Phase Three, the Four MAPP Assessments, the LHD will be positioned to provide policymakers with sound, science-based, current public health data to use for creating public health policy. According to the PHAB Standards and Measures, within the last two years LHDs should document two of these three items:</p> <ul style="list-style-type: none"> <li>• Informational materials (e.g., issue briefs, media statements, talking points, fact sheets, white papers);</li> <li>• Records of LHD staff providing official department public testimony; or</li> <li>• LHD staff participation in an advisory or work group appointed by the governing entity, elected officials, or the health department director.</li> </ul>
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**Standard 5.2: Conduct a Comprehensive Planning Process Resulting in a Tribal/State/Community Health Improvement Plan.**

MAPP is a community-driven strategic planning process for improving community health. Once engaged, communities begin their MAPP process with visioning. Four complementary assessments are included in Phase Three, the Four MAPP Assessments. During Phase Three, MAPP users collect information about the community’s health status, community assets, threats and opportunities present in the community, and the capacity of the LPHS to provide the 10 EPHS. Following the assessment phase, MAPP communities analyze their assessment data and identify strategic issues. Communities then develop goals and strategies for each of their strategic issues. The Action Cycle involves developing measurable outcome objectives for each identified strategy.<sup>26</sup> Although the MAPP framework has a community-driven focus, these components are the foundation of any health improvement planning process.

<p><b>5.2.1 L</b></p>	<p>Conduct a process to develop community health improvement plan</p>	<p>During Phase One, the facilitating organization recruits community partners and stakeholders from throughout the LPHS and broader community to participate in MAPP. The facilitating organization may target specific organizations by tailoring messages about how the process will benefit their organizations. For example, many LPHS partners decide to participate in the process because their organizations are interested in collecting data similar to the data collected in MAPP’s assessment phase. The NPHPSP local instrument included in Phase Three provides another opportunity to recruit a diverse group of LPHS partners to engage in MAPP.</p> <p>According to the PHAB Standards and Measures, LHDs should document the following:</p> <ul style="list-style-type: none"> <li>• A completed community health improvement planning process (PHAB lists MAPP as a model that can fulfill this documentation);</li> <li>• Broad participation by community partners;</li> <li>• Information from CHAs;</li> <li>• Issues and themes identified by the community;</li> <li>• Identification of community assets and resources; and</li> <li>• A process to set community health priorities.</li> </ul>
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**Standard 5.2: Conduct a Comprehensive Planning Process Resulting in a Tribal/State/Community Health Improvement Plan** *continued*

5.2.2 L	Produce a community health improvement plan as a result of the community health improvement process	<p>Step six of the Formulate Goals and Strategies phase is to draft and widely disseminate the planning report.<sup>27</sup> According to the PHAB Standards and Measures, MAPP users should create a formalized CHIP dated within the last five years that includes the following:</p> <ul style="list-style-type: none"> <li>• Community health priorities, measurable objectives, improvement strategies, and performance measures with measurable and time-framed targets;</li> <li>• Policy changes needed to accomplish health objectives (MAPP strategic issues are defined as “fundamental policy choices or critical challenges that must be addressed in order for a community to achieve its vision.”<sup>28</sup> Accordingly, MAPP strategic issues will likely address policy changes needed to accomplish health objectives);</li> <li>• Individuals and organizations that have accepted responsibility for implementing strategies;</li> <li>• Measurable health outcomes or indicators to monitor progress; and</li> <li>• Alignment between the CHIP and state and national priorities.</li> </ul>
5.2.3 A	Implement elements and strategies of the health improvement plan, in partnership with others	<p>During the Action Cycle, all MAPP participants should be involved in implementing a minimum of one strategy.<sup>29</sup> Implementation of strategies during the Action Cycle requires broad community participation and collaboration among LPHS partners. According to the PHAB Standards and Measures, the LHD should document the following:</p> <ul style="list-style-type: none"> <li>• Reports of actions taken related to implementing strategies to improve health; and</li> <li>• Two examples of how the plan was implemented.</li> </ul>
5.2.4 A	Monitor progress on implementation of strategies in the community health improvement plan in collaboration with broad participation from stakeholders and partners	<p>In the Action Cycle, MAPP guidance indicates that MAPP users should evaluate strategies, goals, and action plans.<sup>30</sup> Results of these evaluations are used to improve existing processes and help create new strategies and activities.<sup>31</sup> According to the PHAB Standards and Measures, LHDs should make sure their documentation addresses the following:</p> <ul style="list-style-type: none"> <li>• Evaluation reports on progress made in implementing strategies in the community health improvement plan including: <ul style="list-style-type: none"> <li>• Monitoring of performance measures; and</li> <li>• Progress related to health improvement indicators; and</li> </ul> </li> <li>• Revised health improvement plan based on evaluation results.</li> </ul>

**Standard 5.3: Develop and Implement a Health Department Organizational Strategic Plan.**

While MAPP is not an internal agency strategic planning process, its function as a community-wide strategic planning process enables LHDs and other partners to use the data collected as part of MAPP to inform internal, agency-focused strategic plans. Essentially, the community-wide strategic plan created as part of MAPP serves as the overarching plan that LHDs and other partners can use to inform their agency's internal strategic plan. Further, MAPP's Action Cycle guidance suggests that MAPP committees institutionalize strategies by having each participating organization identify how the goals, strategies, and outcome objectives can be incorporated into their organizational mission statements and plans.<sup>40</sup> Using this approach, the LHD and its LPHS partners can leverage the community-wide plan in a similar way, resulting in a public health system that has component parts that are all focused towards the same goals.

5.3.1 A	Conduct a department strategic planning process	<p>The first five phases of MAPP constitute a community-wide strategic planning process. LHDs can review the community-wide strategic plan and identify the unique role the LHD will play. According to the PHAB Standards and Measures, LHDs should document activities that support the strategic planning process and contain the following items:</p> <ul style="list-style-type: none"> <li>• Membership of the strategic planning group; and</li> <li>• The strategic planning process steps (e.g., number of meetings, duration of planning process, and the methods used for review of major elements by stakeholders).</li> </ul>
5.3.2 A	Adopt a department strategic plan	<p>In Phase Five, step six requires MAPP communities to draft a planning report. According to the PHAB Standards and Measures, LHDs should document the agency strategic plan dated within the last five years that includes:</p> <ul style="list-style-type: none"> <li>• Mission, vision, and guiding principles/values (a community-wide vision and shared values are developed during Phase Two of MAPP);</li> <li>• Strategic priorities (Phase Four of MAPP culminates in collectively identifying strategic issues based on the community's vision and the comprehensive dataset collected during the assessment phase);</li> <li>• Goals and objectives with measurable and time-framed targets (during Phase Five, communities formulate goals related to the vision and strategic issues and generate associated strategies);</li> <li>• Identification of external trends, events, or factors that may impact community health or the health department;</li> <li>• Assessment of health department strengths and weaknesses; and</li> <li>• Link to the health improvement plan and quality improvement plan.</li> </ul>
5.3.3 A	Implement the department strategic plan	<p>Phase Six focuses on implementing the MAPP strategic plan and includes evaluating the strategies, goals, and action plans developed during the latter phases of MAPP. Therefore, strategies, goals, and action plans that are included as part of both the MAPP strategic plan and the LHD's internal strategic plan will be evaluated as part of the MAPP Action Cycle. LHD staff involved in MAPP should understand their role in implementing elements of the MAPP strategic plan. However, the LHD will need to educate all LHD staff on both the internal strategic plan elements that overlap or align with the MAPP strategic plan and those that do not. LHDs should document annual reports of progress towards goals and objectives contained in the organization's strategic plan, including monitoring and conclusions on progress toward meeting targets. LHDs that use the MAPP strategic plan to inform their own strategic plan will have well-developed partnerships and communication avenues available for widely disseminating their agency's plan.</p>

**Standard 7.1: Assess Health Care Service Capacity and Access to Health Care Services.**

The NPHPSP local instrument involves convening members of the LPHS to conduct an assessment of the LPHS's capacity to deliver the 10 EPHS. Through a process of dialogue and consensus-building, the LHD and its LPHS partners identify current system capacity for delivering each of the 10 EPHS, including EPHS 7: "Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable."

7.1.1 A	Convene and/or participate in a collaborative process to assess the availability of healthcare services	Completing the NPHPSP local instrument involves convening and participating in a collaborative process to assess the availability of healthcare services. According to the PHAB Standards and Measures, LHDs should document their participation in assessing the availability of healthcare services with LPHS partners and the description of partnerships to share data for healthcare access planning.
7.1.2 A	Identify populations who experience barriers to health care services	<p>EPHS 7 includes identifying populations with barriers to personal health services; identifying personal health service needs of populations with limited access to a coordinated system of clinical care; and ensuring the linkage of people to appropriate personal health services through coordination of provider services and development of interventions that address barriers to care (e.g., culturally and linguistically appropriate staff and materials, transportation services).<sup>33</sup> By achieving broad community involvement in this assessment, LHD and LPHS partners gain knowledge regarding the quality and accessibility of services. According to the PHAB Standards and Measures, LHDs should document the following:</p> <ul style="list-style-type: none"> <li>• Reports of healthcare needs of the population; and</li> <li>• Description of the process(es) used to identify program gaps and barriers to accessing health services.</li> </ul>
7.1.3 A	Identify gaps in access to health care services	<p>Using the NPHPSP local instrument to assess delivery of EPHS 7, LPHS partners are asked to identify and discuss gaps and redundancies in service provision. Additionally, MAPP's CHSA includes a Health Resource Availability category with core and extended indicators that help to assess the capacity and distribution of the healthcare workforce. When examined collectively, data from each of these assessments will help identify gaps in access. According to the PHAB Standards and Measures, LHDs should document use of the NPHPSP local instrument and the gaps in access to healthcare services identified during the assessment. Reports must include the following:</p> <ul style="list-style-type: none"> <li>• Assessment of capacity and distribution of healthcare providers;</li> <li>• Availability of healthcare services;</li> <li>• Identification of causes of gaps in services; and</li> <li>• Results of periodic surveys of access.</li> </ul>

As evidenced by the table above, MAPP's explicit focus on community engagement, strategic planning, and the LPHS may help LHDs achieve many of the PHAB Standards and Measures. However, contributions will depend heavily on the strategic issues and accompanying goals and strategies identified by the implementing community. Throughout the accreditation preparation process, LHDs should make connections to and draw alignment with any existing community health improvement planning activities in the community.

Whether implemented as part of MAPP or implemented alone, the NPHPSP assessment process helps LHDs learn important information about how well their agencies are functioning as part of the LPHS. The qualitative data gathered during the NPHPSP assessment process may inform accreditation preparation improvement efforts for all measures referenced in the table above.

Referencing PHAB's standards and this guidance document while conducting a MAPP process, which includes completion of the NPHPSP local instrument, will help communities and agencies understand areas where the MAPP process may make significant contributions to accreditation preparation and where to focus additional efforts. The PHAB standards include specific information regarding documents that demonstrate whether a standard has been met. Referencing this guidance during the Organize for Success phase and throughout a MAPP process can provide valuable insight about which activities to document and what information to record. Agencies for whom accreditation preparation is a priority may find that using the standards alone to more rigorously assess agency capacity and determine areas for agency improvement is more appropriate.

Accreditation preparation can be approached from many different vantage points, using many different tools and processes. Whether an LHD selects an agency-focused preparation process, or uses an agency-focused process in combination with a system tool, the goal is the same: performance improvement en route to improving the health of all communities.

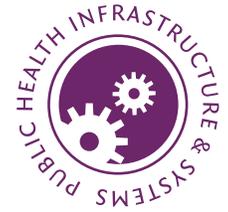
*To learn more about the MAPP process, visit [www.naccho.org/mapp](http://www.naccho.org/mapp) or contact Mary Kate Allee, Assessment and Planning Senior Program Analyst, at 202-507-4190 or [mallee@naccho.org](mailto:mallee@naccho.org). For more information about accreditation preparation, visit [www.naccho.org/accreditation](http://www.naccho.org/accreditation) or contact Jessica Solomon Fisher, Accreditation, Preparation, and Quality Improvement Director, at 202-507-4265 or [jfisher@naccho.org](mailto:jfisher@naccho.org).*

## References

1. The local public health system comprises many organizations, individuals, and agencies that contribute to protecting and improving local public health. Members of the local public health system include Emergency Medical Services (EMS), public and private schools, veterinarians, hospitals, and non-profit organizations.
2. Public Health Accreditation Board (PHAB) website home page, accessed 5/24/2012: [www.phaboard.org](http://www.phaboard.org).
3. Public Health Accreditation Board (PHAB) Acronyms and Glossary of Terms Version 1.0, PHAB website, accessed 5/4/2012: <http://www.phaboard.org/wp-content/uploads/phab-acronyms-and-glossary-of-terms-version-1.0.pdf>.
4. As shown on pages 11–13 of this document (Standard 5.1.2–5.3.4), some LHDs have used the data from a MAPP process to inform their internal agency strategic plan.
5. Dialogue is the art of “thinking together.” It involves transcending individual perspectives to discover a larger resolution: a “We” result. National Association of County and City Health Officials (NACCHO) website, accessed 3/30/2009: [www.naccho.org/topics/infrastructure/dialogue/overview.cfm](http://www.naccho.org/topics/infrastructure/dialogue/overview.cfm).
6. “National Public Health Performance Standards.” CDC website, accessed 5/24/2012: [www.cdc.gov/od/ocphp/nphpsp/](http://www.cdc.gov/od/ocphp/nphpsp/).
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10. Gostin, L. (2000). *Public Health Law: Power, Duty, Restraint*. New York/Berkeley: Milbank Memorial Fund/University of California Press.
11. The information in this table draws largely on discussions of the 2008–2009 National MAPP Workgroup and the work of past MAPP Workgroup member Alan Kalos of the Northern Kentucky Independent District Health Department.

12. "A" refers to standards and measures shared by state, tribal, and local health departments; "L" refers to standards and measures applicable to only the LHD. 33. Ibid. 72
13. National Association of County and City Health Officials. (2004). *Mobilizing for Action through Planning and Partnerships, Achieving Healthier Communities through MAPP, A User's Handbook*. Washington, DC: National Association of County and City Health Officials. Pages 57–59. 34. Ibid. 90
14. Public Health Accreditation Board (PHAB) Standards & Measures Version 1.0, PHAB website, accessed 5/29/2012: <http://www.phaboard.org/wp-content/uploads/phab-standards-and-measures-version-1.0.pdf>. 35. Ibid. 85
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24. National Association of County and City Health Officials. (2004). *Mobilizing for Action through Planning and Partnerships, Achieving Healthier Communities through MAPP, A User's Handbook*. Washington, DC: National Association of County and City Health Officials. Page 56. 39. Ibid. 95
25. Ibid. 80 40. Ibid. 90
26. Ibid. 90 41. Ibid. 44
27. Ibid. 95
29. Ibid. 109–110
30. Ibid. 106–108
31. While the creation of a formalized Community Health Improvement Plan (CHIP) is not required in the MAPP process, MAPP provides all the information needed to create a formal CHIP.
32. National Association of County and City Health Officials (2004). *Mobilizing for Action through Planning and Partnerships, Achieving Healthier Communities through MAPP, A User's Handbook*. Washington, DC: National Association of County and City Health Officials. Page 92.

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