MAPP Evolution: A Blueprint for the Future

February 16, 2021
MAPP Team

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Agenda

• MAPP Evolution Process and Foundational Principles
• Overview of MAPP Framework Revisions
  • The Assessments
  • The Phases
• Forthcoming Resources and Next Steps
• Questions, Answers, and Feedback
MAPP Evaluation Recommendations

Recommendations:

- Develop enhanced training, resources, and guidance for conducting MAPP
- Expand MAPP’s applicability to a broader variety of communities
- Offer MAPP communications resources to enhance stakeholder engagement
- Revise the MAPP framework to address gaps and inefficiencies

Access: [www.naccho.org/mapp](http://www.naccho.org/mapp)
MAPP EVOLUTION Timeline

- **Diagnose**
  October 2019 – May 2020
  - Evaluation
  - Problem diagnosis
  - Foundation setting
  - Environmental scanning

- **Decide**
  June 2020 - August 2020
  - Design Vision
  - Critical decision making
  - Strategy Development

- **Design**
  Sept 2020 – August 2022
  - Design framework
  - Develop training/TA
  - We are here

- **Deliver**
  Sept 2022 – August 2023
  - Pilot test
  - Disseminate
  - Deliver training
  - Deploy resources and supports

Access the Blueprint: [www.naccho.org/mapp](http://www.naccho.org/mapp)
MAPP Evolution: Field Engagement (Fall 2019-Fall 2020)

MAPP Evolution: Guiding Questions
- What is the future vision for MAPP?
- Is it appropriate for health equity to be a central focus of MAPP and, if so, how can health equity be more fully integrated into MAPP?
- How should the MAPP phases and assessments be revised to better meet field needs?
- How can MAPP better facilitate strategic partnership across sectors?
- How can MAPP better foster authentic community engagement?
- How can MAPP better accommodate the needs of varying jurisdictions and diverse CHI stakeholders through a framework and training/technical assistance redesign?

- Cross-sectoral Steering Committee (23 member)
- 8 focus groups
- 6 key informant interviews
- Field survey
- Literature review
- CHA/CHIP analysis
MAPP Foundational Principles

- **Equity** - Encourages shared exploration of the social injustices including structural racism, class oppression, and gender oppression, that create and perpetuate inequities. Mobilizes community action to address these injustices through transformative change to the structures and systems that perpetuate inequities and creates the opportunity for all to achieve optimal health.

- **Community Power** — Actively builds community power to ensure those most impacted by the inequities and actions addressed through CHI are those that guide the process, make key decisions, and help drive action.

- **Inclusion** - Fosters belonging and prevents othering by identifying and eliminating barriers to community participation and ensuring all stakeholders and community members, regardless of background or experience, can contribute to the MAPP process.

- **Trusted Relationships** - Builds connection and trust by honoring the knowledge, expertise, and voice of community members and stakeholders.

- **Strategic Collaboration and Alignment** - Creates a community-wide strategy that appropriately aligns the missions, goals, resources, and reach of cross-sectoral partners to improve community health and address inequities.

- **Data and Community Informed Action** - Identifies priorities, strategies, and action plans that are driven by the community’s voice and grounded in community need as identified through timely qualitative and quantitative data.

- **Full Spectrum Actions** - Encourages community improvement through approaches ranging from provision of direct services to PSE and community power building for supportive communities that enable health and well-being for all.

- **Flexible** - Meets the real-time, evolving, and unique needs of diverse MAPP communities, organizations, and sectors through an adaptable framework.

- **Continuous** - Maintains continuous learning and improvement through iterative community assessment, planning, action, and evaluation cycles.
Health Equity is:
“The assurance of the conditions for optimal health for all people.”

- Camara Jones

Health Inequities are:
“Differences in the distribution of disease, illness, and death that are systematic, patterned, unjust, actionable, and associated with imbalances in power and systems of oppression.”

- Margaret Whitehead

Understanding the Foundations of Inequity

A Country is Born: Foundation of Inequity
- Native genocide
- Chattel slavery

Myth of White Supremacy
- Economic, legal, and social domination, exploitation & oppression
- Racist policies & practices

Inequity
- Modes of power & privilege are entrenched
- Permeate across social identities today – sexual orientation, immigration status, gender, class, etc.
Root Causes of Inequity

“The underlying political, social, and economic systems that create imbalances in power and resources across groups to perpetuate inequities.” Examples include:

- Structural Racism
- Class Exploitation
- Gender inequity
- Heterosexism
Social & Structural Determinants of Health
Power

“Power is the ability to control the processes of agenda setting, resource distribution, and decision-making, as well as to determine who is included and excluded from these processes. Power is not static, but dynamic and relational, shifting as it is exercised across relations between groups and institutions. Power imbalances are reproduced through political, social, and economic systems that were designed to concentrate power among a group of individuals and organizations, while excluding others.”

Community Power in MAPP

“... participation without the redistribution of power is an empty and frustrating process for the powerless. It allows powerholders to claim that all sides were considered, but it makes it possible for only some of those sides to benefit. It maintains the status quo.”

- Sherry Arnstein

In your past MAPP efforts, consider:

- How was community input gathered?
- What narrative was told with the CHA data?
- Was community input reflected in final decisions?
- Did strategies honor community culture, strengths, and assets?
- Was the CHIP developed and implemented for the community or with the community?
- How was the community compensated for their participation in the MAPP process?
PUBLIC HEALTH AND SOCIAL REFORM

“When the history of public health is seen as a history of how populations experience health and illness, how social, economic, and political systems structure the possibilities for healthy or unhealthy lives, how societies create the preconditions for the production and transmission of disease, and how people, both as individuals and as social groups, attempt to promote their own health or avoid illness, we find that public health history is not limited to the study of bureaucratic structures and institutions but pervades every aspect of social and cultural life. Hardly surprisingly, these questions direct attention to issues of power, ideology, social control, and popular resistance.”

POWER AND PUBLIC HEALTH’S ROLE


Source: West Harlem Environmental Action, NYC

Source: Just Cause & Alameda County Public Health Department

**Live Poll**

What have you experienced as the greatest challenges in addressing health equity through your CHI process?

- Absence of an effective public narrative
- Limited knowledge/experience in addressing root causes of health inequities (e.g., structural racism, voter suppression)
- No dedicated funding/staff to cultivate health equity action
- Lack of political support and a base
- Fear of politics and conflict
- Workforce resistance
- Other (*Chat responses*)
Where do we start?

Who is at the table?

How do we engage authentically?

Using a Health Equity Lens
Questions and Reactions
MAPP Framework Revisions: The Assessments
## The Revised MAPP Phases

### Alignment Across Revised and Historical MAPP Phases

<table>
<thead>
<tr>
<th>Historical MAPP Framework</th>
<th>Revised MAPP Framework</th>
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</thead>
<tbody>
<tr>
<td>Phase 1: Organize for Success</td>
<td>Phase 1: Build the Community Health Improvement (CHI)</td>
</tr>
<tr>
<td>Phase 2: Visioning</td>
<td>Infrastructure</td>
</tr>
<tr>
<td>Phase 3: Conduct the Assessments</td>
<td>Phase 2: Tell the Community Story</td>
</tr>
<tr>
<td>• Community Health Status</td>
<td>• Community Status</td>
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<tr>
<td>• Local Public Health System</td>
<td>• Community Partner</td>
</tr>
<tr>
<td>• Community Themes and Strengths</td>
<td>• Community Context</td>
</tr>
<tr>
<td>• Forces of Change</td>
<td>• Community Context</td>
</tr>
<tr>
<td>Phase 4: Identify Strategic Issues</td>
<td>Phase 3: Continuously Improve the Community</td>
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<tr>
<td>Phase 5: Develop Goals &amp; Strategies</td>
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<tr>
<td>Phase 6: The Action Cycle</td>
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</tbody>
</table>

- Community Themes and Strengths
- Forces of Change
- Community Status
- Community Partner
- Community Context
The Revised MAPP Framework is Continuous

- Establish CHI leadership and administrative structures
- Strengthen community and partnership engagement
- Assess and improve CHI infrastructure, processes, and outcomes

Tell the Community Story

- Community Status Assessment
- Community Context Assessment
- Community Partners Assessment

Build a CHI Infrastructure

- Identify CHIP priorities, strategies, and actions
- Complete power analyses and partner profiles
- Joint implementation of CHIP
- Continuous quality improvement

Continuously Improve Community Health

NACCHO
The Community Status Assessment (CSA)

The CSA should quantify a community’s status across a range of indicators.
Power of Data to Focus on Root Causes

Cook County Total COVID19 Deaths 3/16/20 - 6/16/20

Concentration of Blacks

Concentration of Unemployment

Historical Redlining Map of Chicago

Health outcome

Living Conditions / SDOH

Structural Root Causes
By December 2021, new NACCHO CSA Guidance will include:

- Recommended indicators
- Centralized repository of secondary data
- **Tiered** Guidance:
  - Primary data collection methods
  - Data access and sharing
  - Data analysis and visualization
- Supplemental Tools
The Community Context Assessment (CCA)

The CCA is designed to understand a community’s lived experience, environment, culture and assets, and unique history.

We don’t “complain” of racist treatment. WE RECEIVE IT. Amplify her story. Then do something about it.
The National Institutes of Health spent over $80 million studying the genetics of the Pima Indians to understand why they had the highest rates of diabetes in the world.

They found nothing.

Why?

Source: Unnatural Causes: Is Inequality Making Us Sick?
By December 2021, NACCHO will offer guidance in assessing:

- Lived experience
- Strengths and Assets
  - Human
  - Social
  - Political
  - Financial
  - Cultural
  - Built Environment
  - Natural
- Forces of Change
- Historical Analysis
- Structural Racism Analysis
What support would your community most need to complete the CCA?

- Facilitating community conversations around health equity
- Reaching populations experiencing inequities
- Assessing community strengths and assets
- Understanding community history which led to inequities
- Exploring modern-day forms of structural racism and oppression that perpetuate inequities
- Other (chat responses)
REPLACING THE LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

Rationale:

- Most frequently skipped or modified
- Resources intensive
- Scoring and facilitation limitations
- Not broadly applicable
- Need for more integrated and actionable data
- Not equity centered
Community partner organizations look critically at their own systems and processes to better understand how they are addressing or perpetuating health inequities.
COMMUNITY PARTNERS ASSESSMENT (CPA): NACCHO GUIDANCE

By December 2021, NACCHO will offer tools and guidance to conduct the CPA:

• Formal assessment instrument(s)
• Associated guidance:
  • Facilitation
  • Scoring methods
  • Analysis methods
  • Integrating results
  • Identifying action
Community Context
- Lived experience
- Strengths, assets, culture
- Built environment
- Historical context
- Structural racism

Community Status
- Health outcomes
- Risk factors
- SDOH
- Root causes
- Health Inequities

Community Partners
- Resources
- Policy
- Data access/capacity
- Community Alliances
- Workforce
- Leadership
- Health equity capacity
- Community Power and engagement

The Community Story
What are the root causes of inequity?
How are partners impacting health inequities?
How can partners and residents work together to design solutions?
From Narrative to Policy

**Policies**
- Anti-Drug Abuse Act of 1986
- Violent Crime Control and Law Enforcement Act (1994)

**Impact on Equity = More Inequity**
- Higher rates of incarceration and longer sentences for people of color

**Policies**
- Comprehensive Addiction and Recovery Act
- SUPPORT for Patients and Communities Act

**Impact on Equity = Systemic Change**
- Increased access to drug treatment, drug diversion, and trauma-informed care
## Data Informs Action

The data you collect... impacts the actions you take.

<table>
<thead>
<tr>
<th>Clinical Care</th>
<th>Social Needs</th>
<th>Social Determinants</th>
<th>Root Causes</th>
</tr>
</thead>
</table>
| • Utilization rates  
• Diabetes rates | Social needs screening of patients/high utilizers:  
• Access to public transportation  
• Access to grocery stores | By race, place, etc.  
• Access to public transportation  
• Access to grocery stores | • Segregated neighborhoods  
• Neighborhood disinvestment  
• Mass incarceration |
| • Diabetes case management  
• Insulin | • Home delivered meals for Medicare/Medicaid patients  
• Transportation vouchers | • Cross-sectoral collaboration  
• Complete streets initiative  
• Policy advocacy | • Power sharing  
• Civic participation  
• Community organizing |
Questions and Feedback
MAPP Revisions: The Phases
The Revised MAPP Phases

1. Build a CHI Infrastructure
   - Establish CHI leadership and administrative structures
   - Strengthen community and partnership engagement
   - Assess and improve CHI infrastructure, processes, and outcomes

2. Tell the Community Story
   - Community Status Assessment
   - Community Context Assessment
   - Community Partners Assessment

3. Continuously Improve Community Health
   - Identify CHIP priorities, strategies, and actions
   - Complete power analyses and partner profiles
   - Joint implementation of CHIP
   - Continuous quality improvement

NACCHO
BUILD CHI INFRASTRUCTURE

Steps

• Conduct stakeholder and power analysis *
• Establish and orient leadership structure
• Define mission* and vision
• Conducting a Starting Point Assessment *
• Scope and plan the CHI process
• Coordinate CHI workgroups *
The Starting Point Assessment (SPA)

The SPA is a formal assessment to diagnose the community’s MAPP starting point across the following domains:

- Reflection/CQI on the last cycle
- Partnerships
- CHI Infrastructure
- Community engagement
- Health equity
- Leadership support
# Evaluation: Integrating Metrics

<table>
<thead>
<tr>
<th>Category</th>
<th>Process Metric</th>
<th>Outcome Metric</th>
</tr>
</thead>
</table>
| CHI Resources     | - # of grant applications submitted  
                     - # of community foundations engaged  
                     - # blended/braiding funding mechanisms | - Total $ dedicated to CHA  
                     - Total $ dedicated to CHIP implementation |
| Partnerships      | - # of partners in support of MAPP process  
                     - # of grassroots representatives engaged | - # of partners dedicating resources to MAPP process |
| CHA               | - # of sectors with established data sharing agreements | - % of CHA indicators disaggregated  
                     - % of CHA indicators that improved over last 3 years |
| Community Power   | - # of populations inexperience inequities engaged in MAPP | - Grant $$ directed to grassroots efforts  
                     - # decisions made by community reps |
| CHIP Development  | - # of CHIP strategies implemented  
                     - # strategies focused on SDOH  
                     - # strategies focused on root causes | - % of CHIP priority selection votes given to community reps |
| CHIP Implementation | - % of MAPP partners with relevant CHIP priorities integrated into organizational plans | - # of CHIP objectives met  
                     - 5000 additional black voters registered in primary election |
PHASE 2: TELL THE COMMUNITY STORY

Steps

• Form the assessment design teams
• Design the assessments
• Conduct the assessments *
  • Community Status
  • Community Context
  • Community Partners
• Share and interpret the data with community
• Develop priority issue profiles - data triangulation*
• Disseminate findings*
Community Context
- Lived experience
- Strengths, assets, culture
- Built environment
- Historical context
- Structural racism

Community Status
- Health outcomes
- Risk factors
- SDOH
- Root causes
- Health Inequities

Community Partners
- Resources
- Policy
- Data access/capacity
- Community Alliances
- Workforce
- Leadership
- Health equity capacity
- Community Power and engagement

The Community Story

What are the root causes of inequity?

How are partners impacting health inequities?

How can partners and residents work together to design solutions?
Phase 3: Continuously Improve the Community

Steps

- Prioritize Issues for CHIP
- Conduct power analysis on each priority *
- Establish sub-committees
- Create community partner profiles*
- Develop Shared Goals/Long-term Measures
- Develop Strategies
- Continuous quality improvement action planning cycles *heavily revised
- Ongoing monitoring and evaluation

Guiding principles:

- CQI and Rapid cycle improvement
- Community power building
- Full spectrum action
- Integrated metrics
CHIP PRIORITIES: POWER ANALYSIS

• **Who** has power and **what kind**? What power do you yield?

• **How** is power wielded (e.g., controls who can speak, final decision maker, access to info/resources, gatekeeping)? What are the **benefits**?

• Do you see power **imbalance**s? If so, how would adjusting some of those imbalances have a benefit?

• **How would it feel** to share or confer your power to fix those imbalances? To be given additional power?

• What might it look like to **shuffle that power** around to make your team’s work more equitable (e.g., decision-making processes, hiring practices, resource distribution, program implementation, marketing / outreach, board makeup, agenda setting)?
COMMUNITY PARTNER PROFILES

Strategic Collaboration and Alignment - Creates a community-wide strategy that appropriately aligns the missions, goals, resources, and reach of cross-sectoral partners to improve community health and address inequities.
CHIP Strategy Selection: Not Business as Usual

• Rapid cycle improvement on existing work
• Design of a new and innovative strategy (Rapid cycle planning, design thinking)
• Selection of an evidence-based or promising strategy
# Full Spectrum Action: Strategy Bank (Prototype)

## Topic Area (Chronic Disease - Diabetes)

<table>
<thead>
<tr>
<th>Search:</th>
<th>Clinical Care (Individual)</th>
<th>Social Needs (Individual)</th>
<th>Social Determinants (Community)</th>
<th>Root Causes (Societal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Topic Area</td>
<td>• Diabetes case management</td>
<td>• Home delivered meals for Medicare/Medicaid patients</td>
<td>• Complete streets initiative</td>
<td>• Power sharing</td>
</tr>
<tr>
<td>Chronic Disease-</td>
<td>• Insulin</td>
<td>• Transportation vouchers</td>
<td>• Policy advocacy</td>
<td>• Civic participation</td>
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<tr>
<td>Diabetes)</td>
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<td>• Referral programs</td>
<td>• Attracting local grocers</td>
<td>• Community organizing</td>
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<td></td>
<td></td>
<td></td>
<td>• Farmers markets</td>
<td></td>
</tr>
<tr>
<td>Partners</td>
<td>• Health centers</td>
<td>• Healthcare</td>
<td>• City planners</td>
<td>• Community organizers and leaders</td>
</tr>
<tr>
<td></td>
<td>• Hospitals</td>
<td>• Health departments</td>
<td>• Parks and rec</td>
<td>• Grassroots organizations</td>
</tr>
<tr>
<td></td>
<td>• Health department</td>
<td>• Local businesses</td>
<td>• Advocacy groups</td>
<td>• Elected officials</td>
</tr>
<tr>
<td></td>
<td>• Pharmacies</td>
<td>• Department of transportation</td>
<td>• Chambers of Commerce</td>
<td>• Community members</td>
</tr>
<tr>
<td></td>
<td>• Insurance companies</td>
<td>• Community members</td>
<td>• Community members</td>
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<tr>
<td></td>
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</tbody>
</table>

## Transactional

- Diabetes case management
- Insulin
- Diabetes case management
- Insulin
- Home delivered meals for Medicare/Medicaid patients
- Transportation vouchers
- Referral programs
- Complete streets initiative
- Policy advocacy
- Attracting local grocers
- Farmers markets
- Power sharing
- Civic participation
- Community organizing

## Transformational

- Complete streets initiative
- Policy advocacy
- Attracting local grocers
- Farmers markets
- City planners
- Parks and rec
- Advocacy groups
- Chambers of Commerce
- Community members
- Community organizers and leaders
- Grassroots organizations
- Elected officials
- Community members
LINKING QI WITH POPULATION HEALTH OUTCOMES

- % of residents in low-income housing in Happy Valley neighborhood exposed to second-hand smoke (Performance data)
- % of population exposed to second-hand smoke (CHA data)
- % of low-income population exposed to second-hand smoke (Data disaggregation!)

Process improvements
Sub-population segment
Total population
Short-term outcomes
Long term outcomes

Time
Rapid Cycle Improvement Across the Spectrum

- Improve access to care for those with smoking related chronic illness (Healthcare)
- QI on smoking cessation programs (Public health)
- Advocate for landlords to adopt smoke free policies in multi-family housing (Housing, Public Health, Advocacy Groups)
- Increase community mobilization to take on tobacco industry and demand public policy change (Community organizers)
**Live Poll**

How are you feeling about the proposed MAPP revisions discussed today?

- I am excited to incorporate the revisions into our community’s process
- I am hesitant to apply the revisions to our CHI work but would give it a try with NACCHO and field guidance
- I don’t think my community will implement MAPP in the future
- I’m not sure – I have mixed feelings
Questions and Feedback
MAPP Evolution: Next Steps
**Upcoming Resources!**

- MAPP Virtual Community (Spring 2021)
- New MAPP Handbook Content – Phases 1&2 (Summer 2021)
- MAPP Strategy Bank (Summer 2021)
- Draft Starting Point Assessment (Fall 2021)
- Community Status Assessment Guide (December 2021)
- Community Context Assessment Guide (December 2021)
- Community Partners Assessment Instrument and Guide (December 2021)
**MAPP Evolution Next Steps**

- **Fall 2020-Fall 2021**: New MAPP Handbook (Phases 1-2), 3 New MAPP Assessment, Starting Point Assessment, Strategy Bank, MAPP Virtual Community
- **Fall 2021-Fall 2022**: New MAPP Handbook (Phase 3), MAPP virtual community cont., New MAPP Intro Training, 'Advanced' training curriculum, Supplemental tools
- **Fall 2022-Fall 2023**: Pilot test revised MAPP framework, Finalize revised framework, Launch the new MAPP framework, Advanced MAPP trainings (ongoing), Technical Assistance
Thank you!

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