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
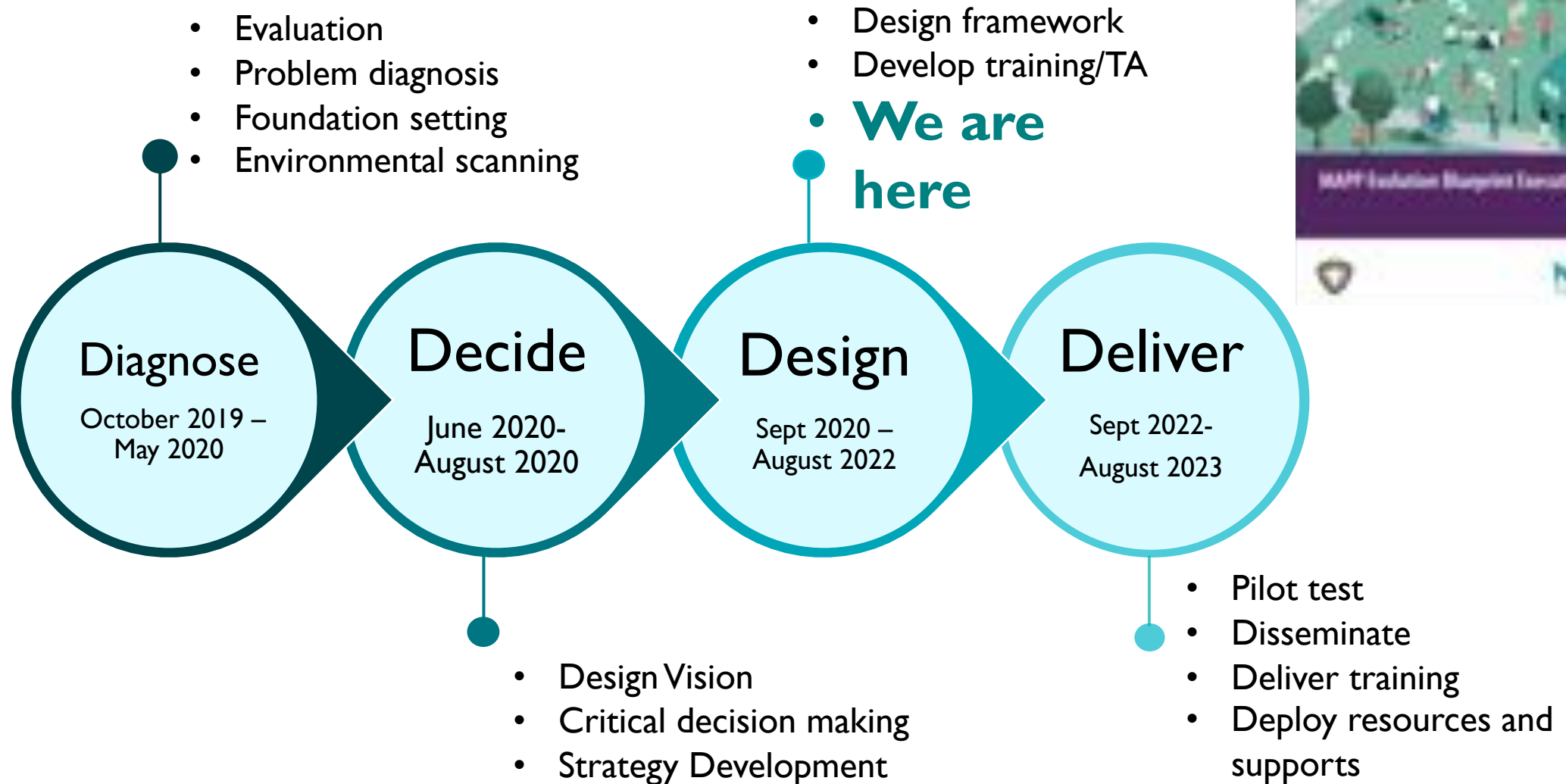- Questions, Answers, and Feedback

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

MAPP Evolution Timeline

- Evaluation
- Problem diagnosis
- Foundation setting
- Environmental scanning

- Design framework
- Develop training/TA
- **We are here**

Diagnose

October 2019 – May 2020

Decide

June 2020- August 2020

Design

Sept 2020 – August 2022

Deliver

Sept 2022- August 2023

- Design Vision
- Critical decision making
- Strategy Development

- Pilot test
- Disseminate
- Deliver training
- Deploy resources and supports

Access the Blueprint: www.naccho.org/mapp

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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

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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.

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Health Equity is:

"The assurance of the conditions for optimal health for all people."
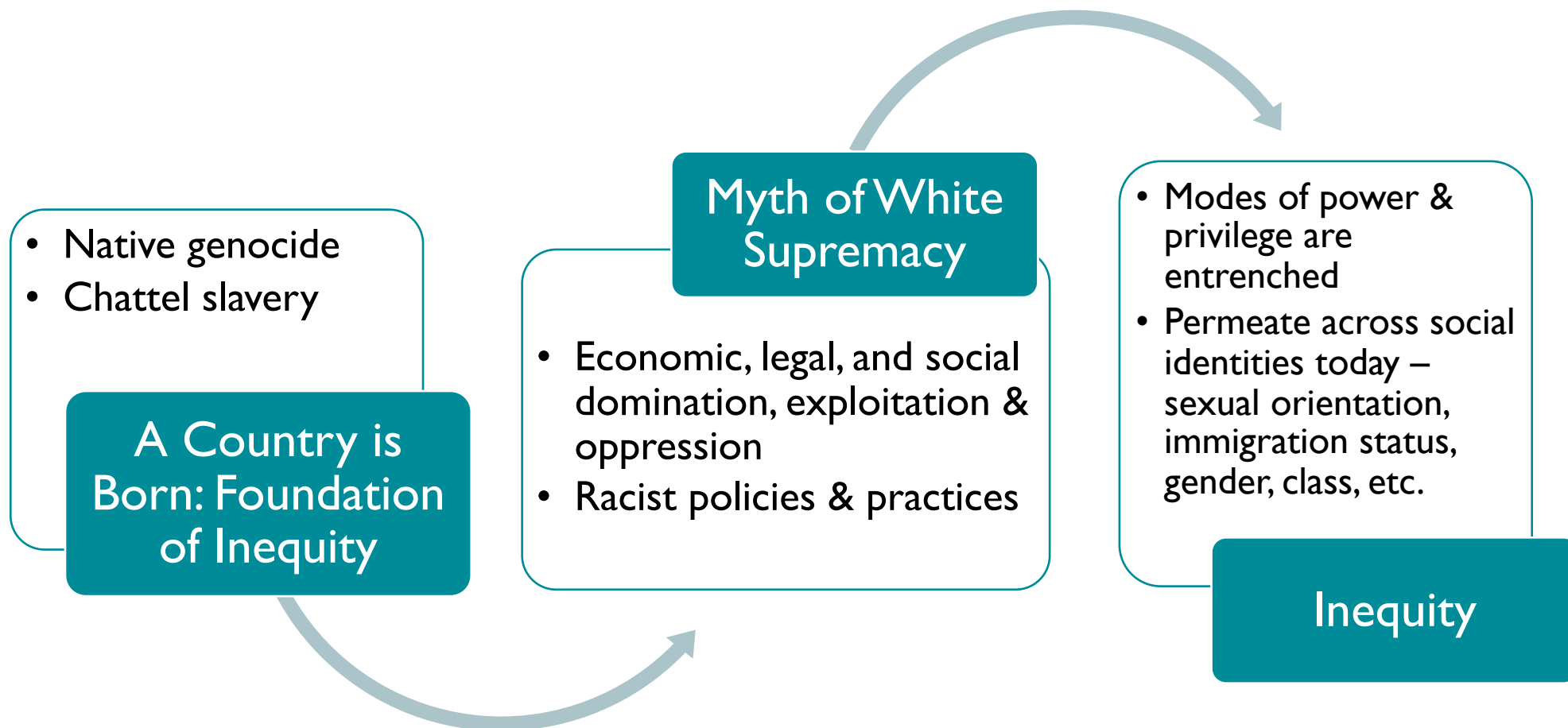
- Camara Jones

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

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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.

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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*

Community health improvement efforts that do not account for the root causes will continue to mitigate symptoms of a structural problem

Social & Structural Determinants of Health
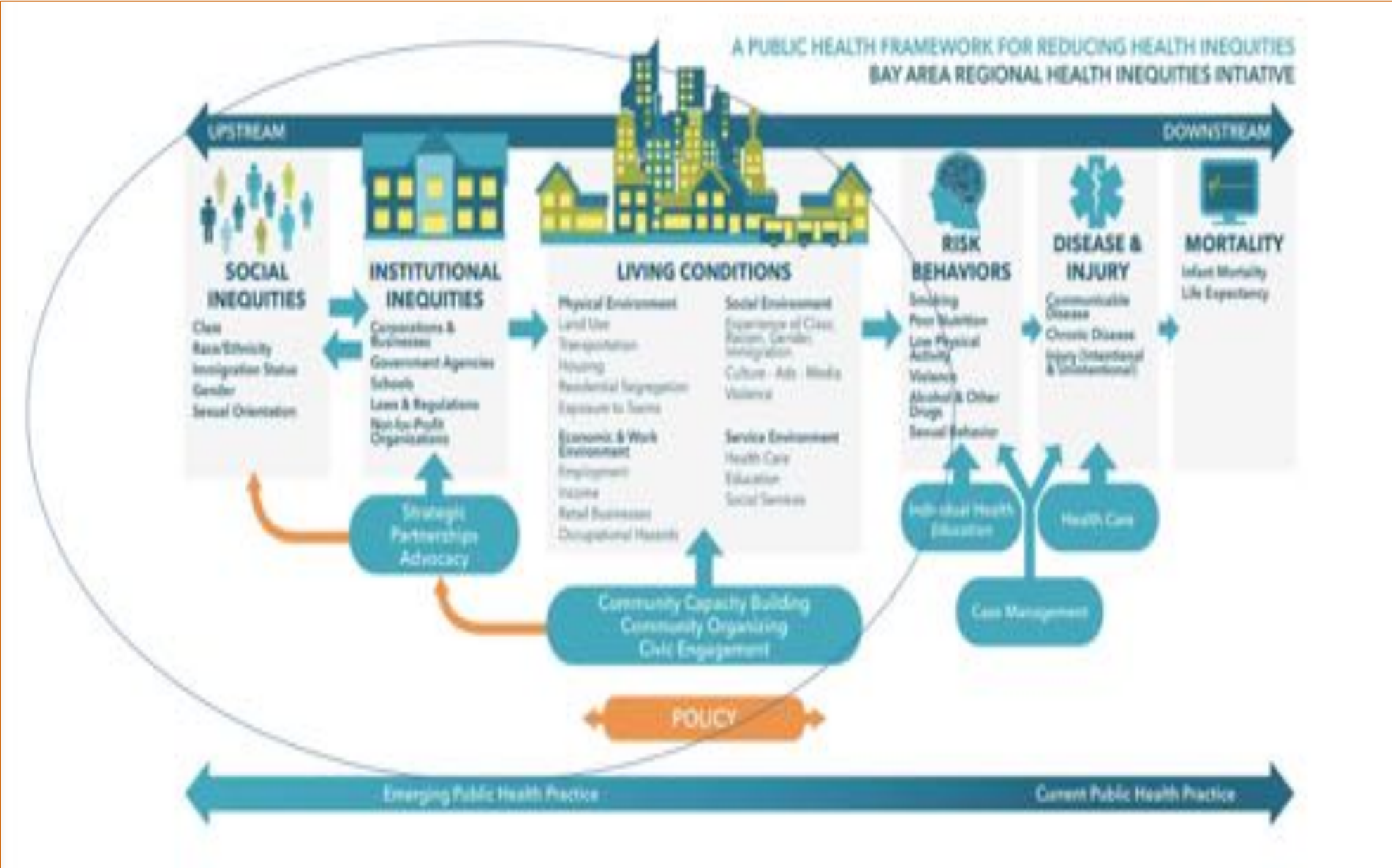
Power

*"**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."*

Adapted from: *VeneKlasen, L, Miller V. (2002). A new weave of power, people & politics: The action guide for advocacy and citizen participation. Oklahoma city: World Neighbors, 2002.*

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?

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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."

-Elizabeth Fee, introduction to George Rosen, *A History of Public Health*. Johns Hopkins University Press, 1993 (1958): xxxviii.
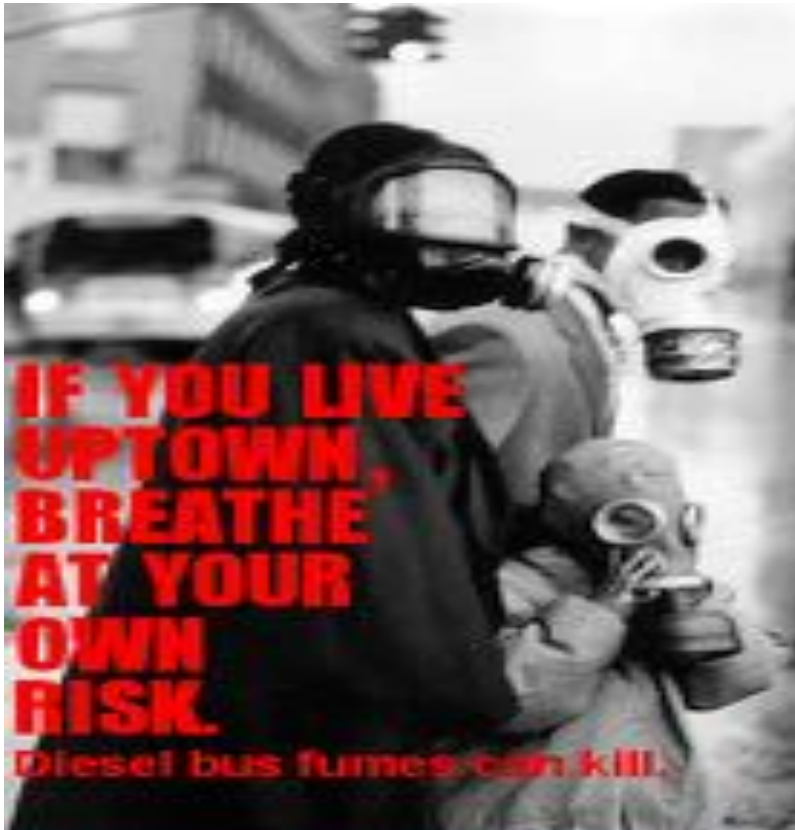

A People and a Nation: A History of the United States, 8th Edition. Boston: Houghton Mifflin, ch 21. NYC Tenement (1900).

POWER AND PUBLIC HEALTH'S ROLE

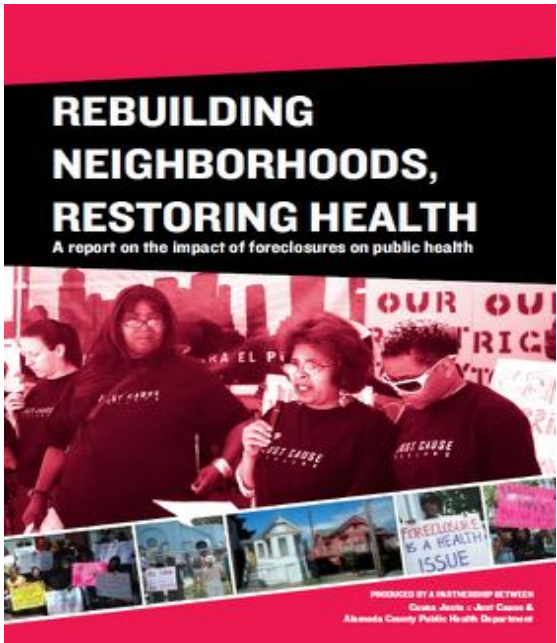Source: MintPress News, #Black Lives Matter, Eric Garner and Michael Brown #Ferguson protests in Seattle on 12/6/14

Source: unitedstatesofmuricacivilrights.weebly.com lunch counter sit-ins

IF YOU LIVE UPTOWN, BREATHE AT YOUR OWN RISK. Diesel bus fumes can kill.
Source: West Harlem Environmental Action, NYC

Source: https://www.theatlantic.com/notes/2016/07/a-single-photo-that-captures-race-and-policing-in-america/490664/

REBUILDING NEIGHBORHOODS, RESTORING HEALTH
A report on the impact of foreclosures on public health
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?

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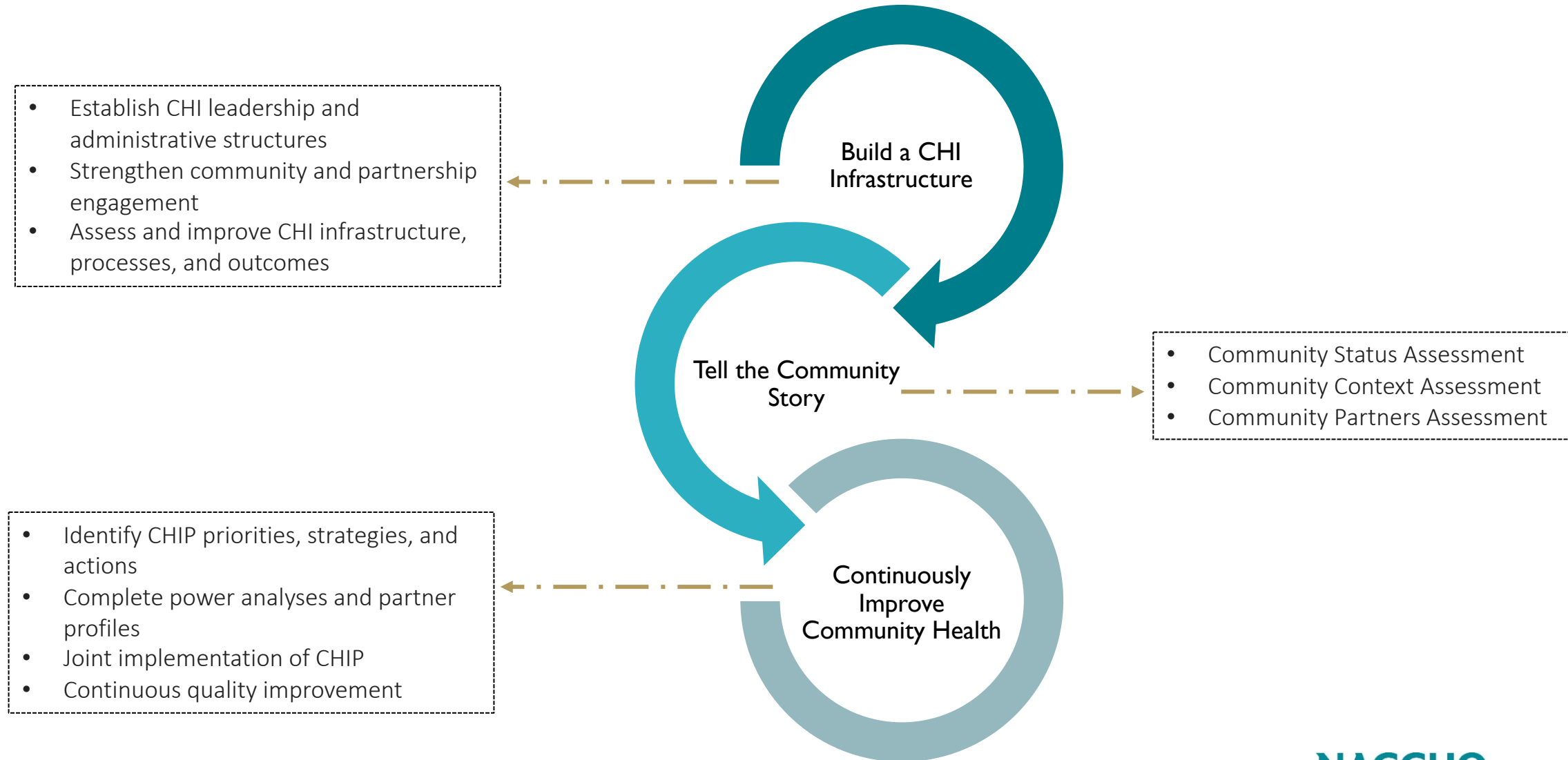- o Workforce resistance
- o Other (*Chat responses*)

Using a Health Equity Lens

Where do we start?

Who is at the table?

How do we engage authentically?

Questions and Reactions

The Revised MAPP Phases

| Alignment Across Revised and Historical MAPP Phases	
Historical MAPP Framework	Revised MAPP Framework
Phase 1: Organize for Success Phase 2: Visioning	Phase 1: Build the Community Health Improvement (CHI) Infrastructure
Phase 3: Conduct the Assessments • Community Health Status • Local Public Health System • Community Themes and Strengths • Forces of Change	Phase 2: Tell the Community Story • Community Status • Community Partner • Community Context
Phase 4: Identify Strategic Issues Phase 5: Develop Goals & Strategies Phase 6: The Action Cycle	Phase 3: Continuously Improve the Community

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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

Build a CHI Infrastructure

Tell the Community Story

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

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

Continuously Improve Community Health

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The Community Status Assessment (CSA)

The CSA should quantify a community's status across a range of indicators

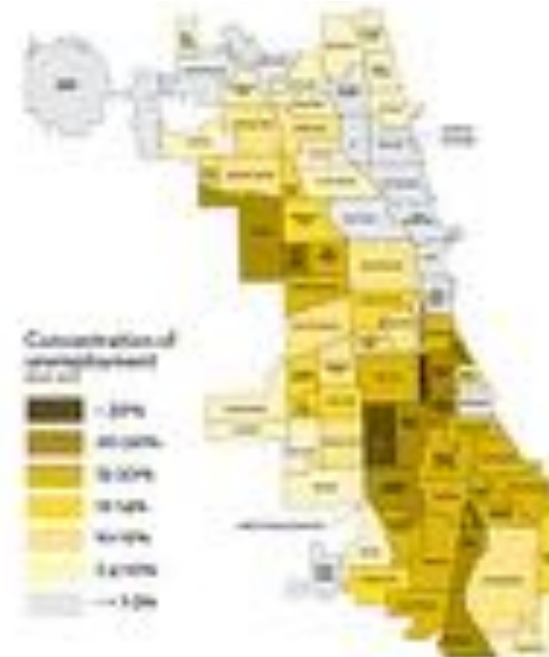# Power of Data to Focus on Root Causes
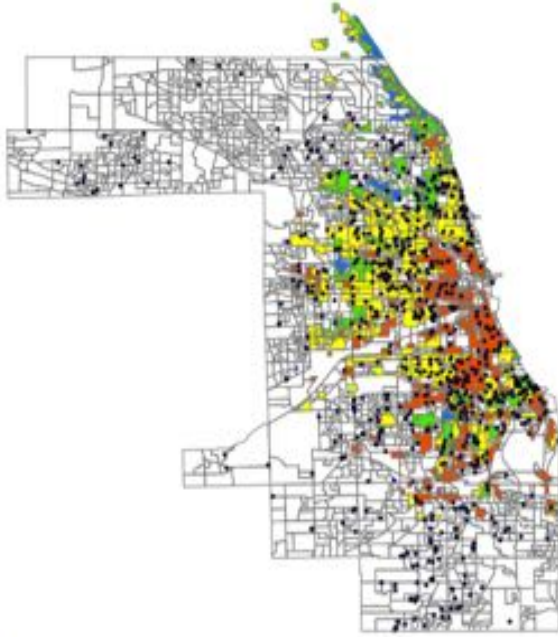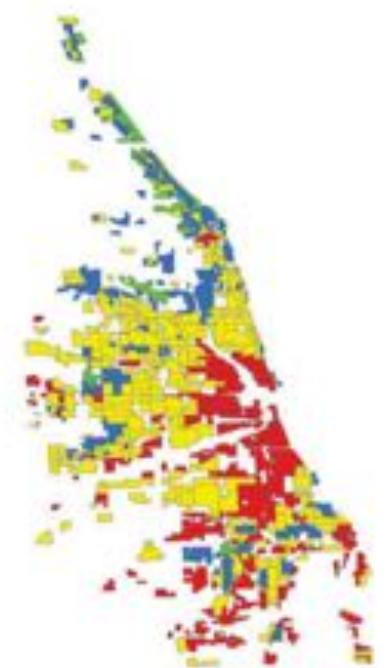

Cook County Total COVID19 Deaths 3/16/20 - 6/16/20

Concentration of Blacks

Concentration of Unemployment

Historical Redlining Map of Chicago

Health outcome → **Living Conditions / SDOH** → **Structural Root Causes**

The Community Status Assessment: NACCHO Guidance

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.

Black Doctor Dies of Covid-19 After Complaining of Racist Treatment
"He made me feel like a drug addict," Dr. Susan Moore said, accusing a white doctor of downplaying her complaints of pain and suggesting she should be ...
🔗 nytimes.com

Now that the neighborhood is nice, why do I have to move?

LIMITS OF THE BIOMEDICAL PARADIGM: MISSING CONTEXT

Source: Mark Henle, photographer, copyright Phoenix Newspapers, Inc.

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?

The Community Context Assessment: NACCHO Guidance

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

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LIVE POLL

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
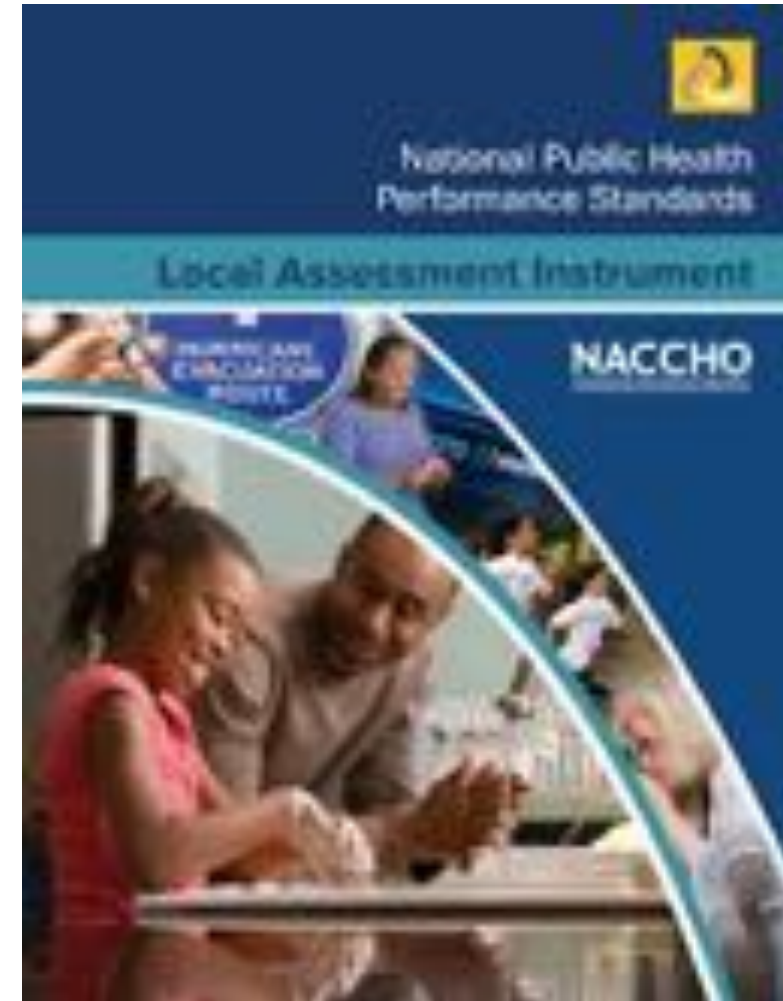
Community Partners Assessment (CPA)

Community partner organizations look critically at their own systems and processes to better understand how they are addressing or perpetuating health inequities
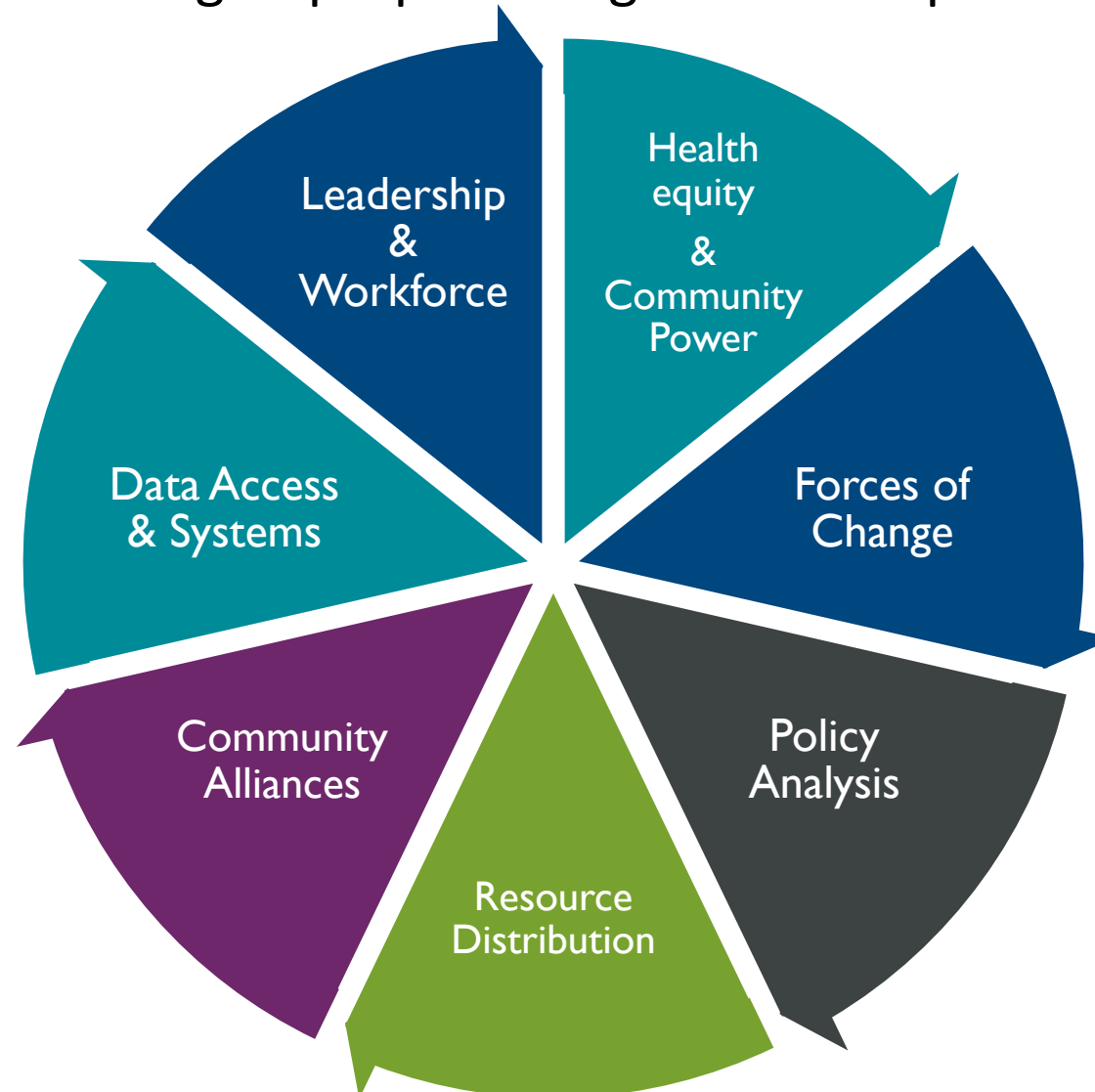
Community Partners Assessment (CPA): NACCHO Guidance

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

From Narrative to Policy

Crack Epidemic

Opioid Epidemic

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

	Clinical Care	Social Needs	Social Determinants	Root Causes
The data you collect…	• 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
… impacts the actions you take	• 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

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

1. Build a CHI Infrastructure

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

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BUILD CHI INFRASTRUCTURE

1. Build a 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 *

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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

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EVALUATION: INTEGRATING METRICS

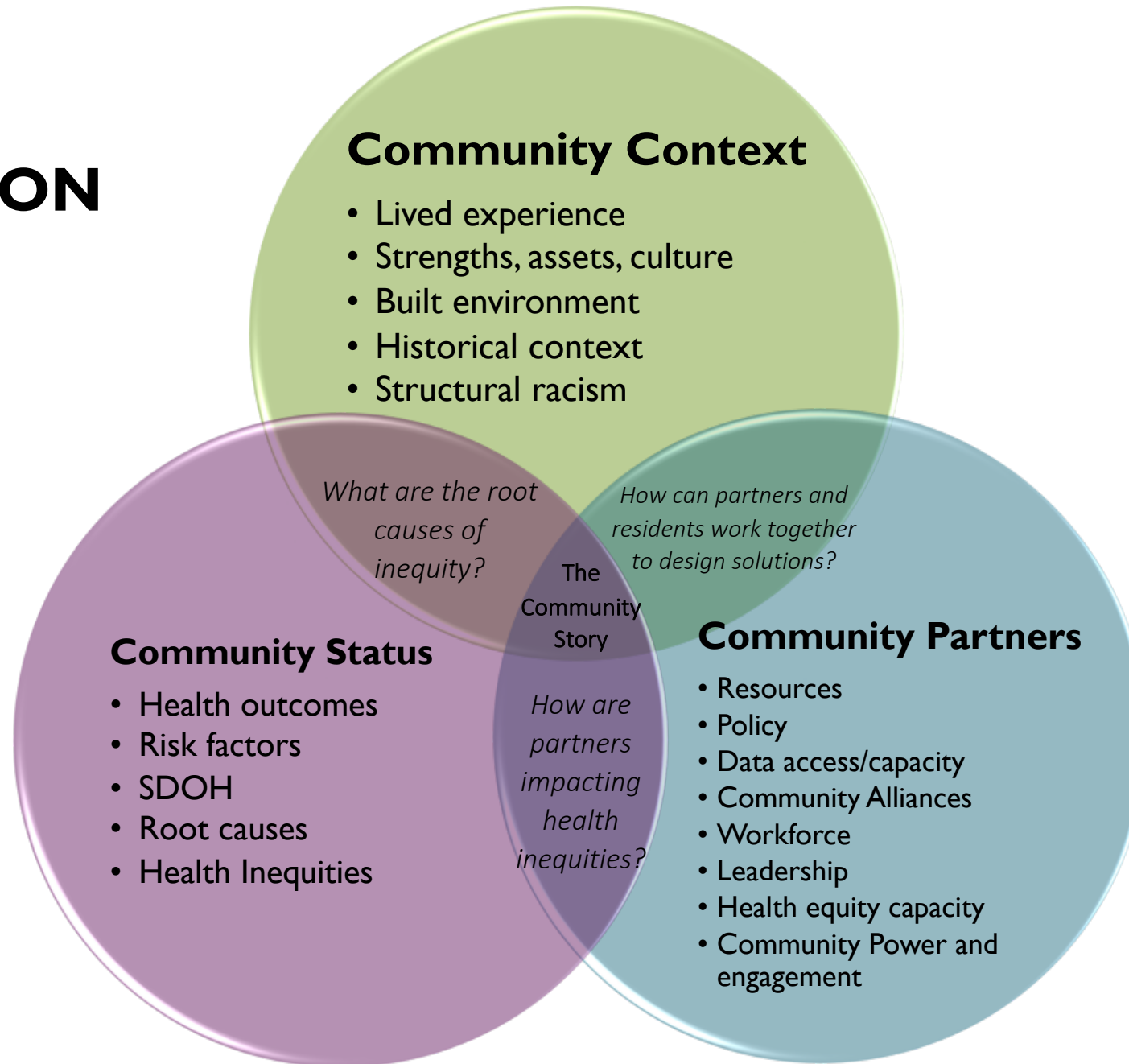| Category	Process Metric	Outcome Metric
CHI Resources	- # of grant applications submitted - # of community foundations engaged - # blended/braiding funding mechanisms	- Total $ dedicated to CHA - Total $ dedicated to CHIP implementation
Partnerships	- # of partners in support of MAPP process - # of 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

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*

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DATA TRIANGULATION

Community Context
- Lived experience
- Strengths, assets, culture
- Built environment
- Historical context
- Structural racism

What are the root causes of inequity?

How can partners and residents work together to design solutions?

The Community Story

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

How are partners impacting health inequities?

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

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Phase 3: Continuously Improve the Community

Continuously Improve Community Health

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

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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 **imbalances**? 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)
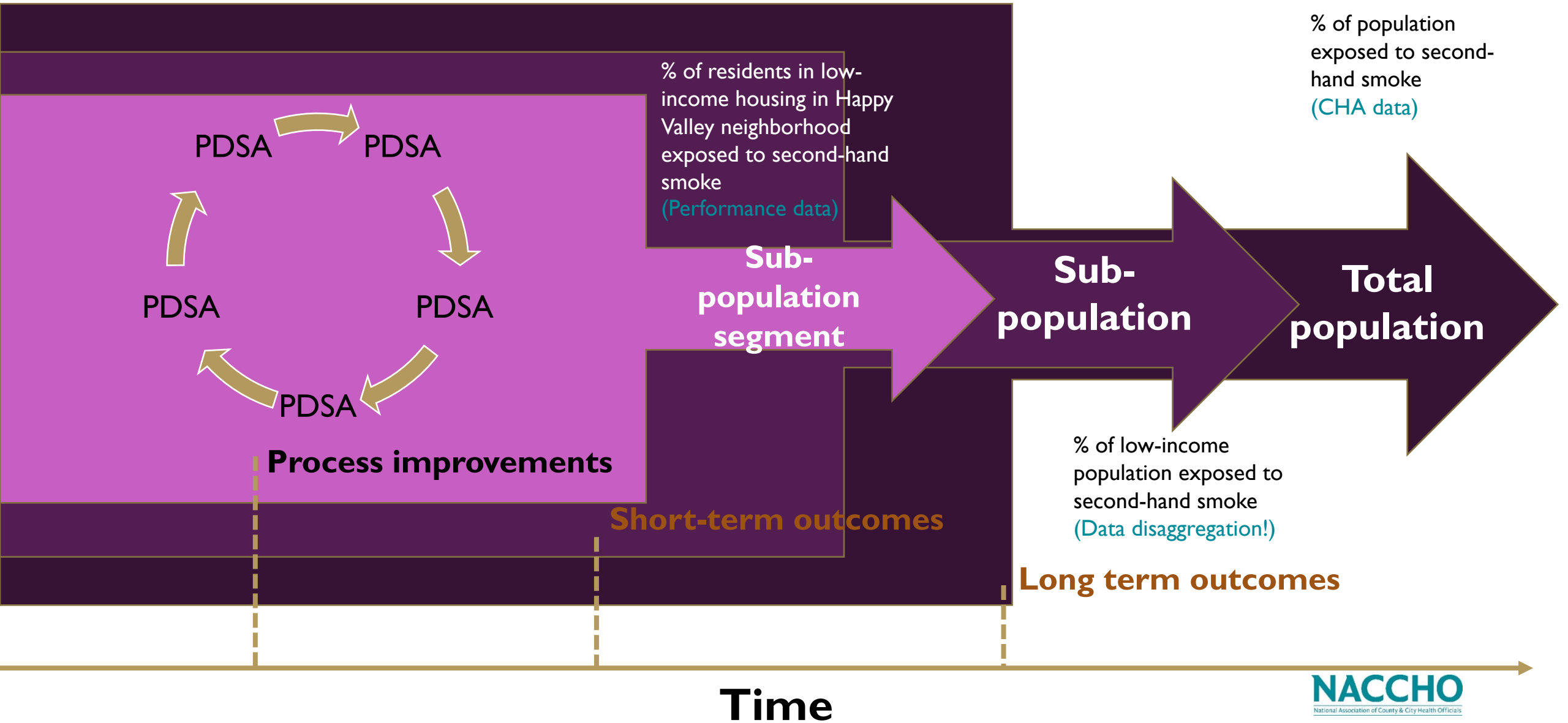- Selection of an evidence-based or promising strategy
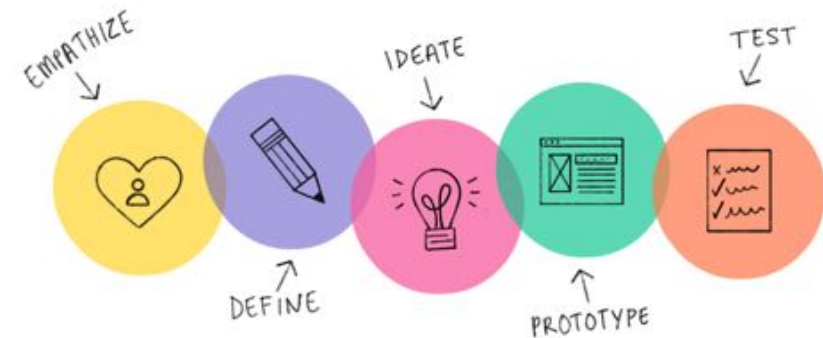
FULL SPECTRUM ACTION: STRATEGY BANK (PROTOTYPE)

Search:	Clinical Care (Individual)	Social Needs (Individual)	Social Determinants (Community)	Root Causes (Societal)
Topic Area (Chronic Disease-Diabetes)	• 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
Partners	• Health centers • Hospitals • Health department • Pharmacies • Insurance companies • Community members	• Healthcare • Health departments • Local businesses • Department of transportation • Community members	• City planners • Parks and rec • Advocacy groups • Chambers of Commerce • Community members	• Community organizers and leaders • Grassroots organizations • Elected officials • Community members

Transactional ←-------------------→ Transformational

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Linking QI with Population Health Outcomes

PDSA → PDSA → PDSA → PDSA → PDSA (cycle)

Process improvements

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

Sub-population segment

Short-term outcomes

% of low-income population exposed to second-hand smoke (Data disaggregation!)

Sub-population

Long term outcomes

% of population exposed to second-hand smoke (CHA data)

Total population

Time

RAPID CYCLE IMPROVEMENT ACROSS THE SPECTRUM
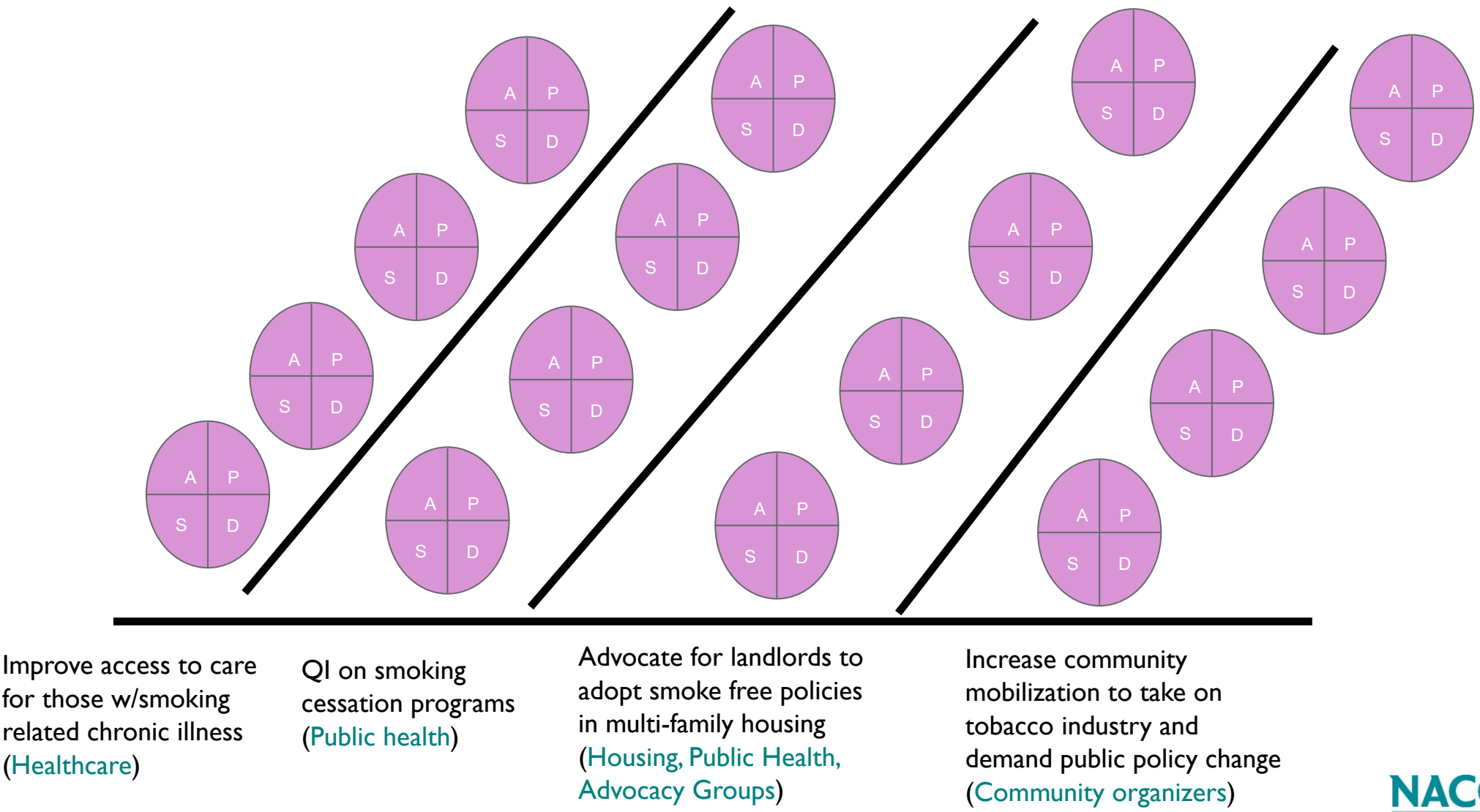
Live Poll

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
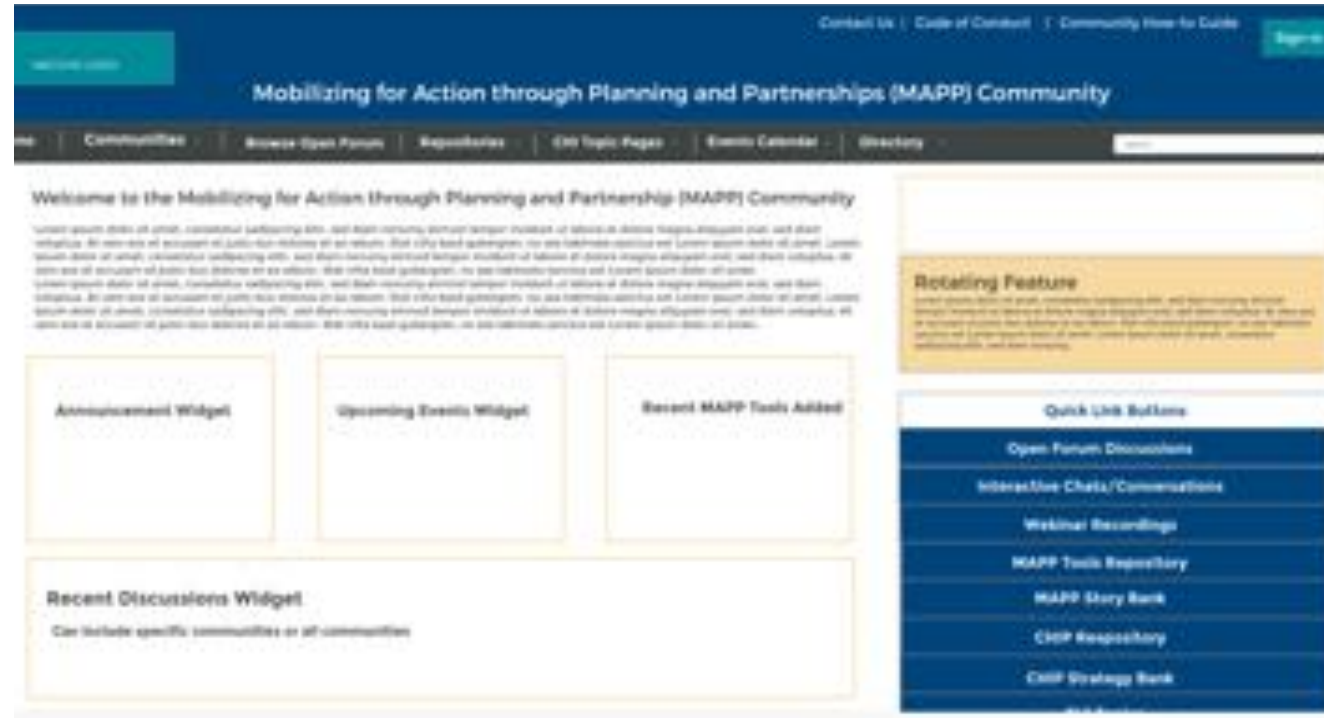- I'm not sure – I have mixed feelings

Questions and Feedback

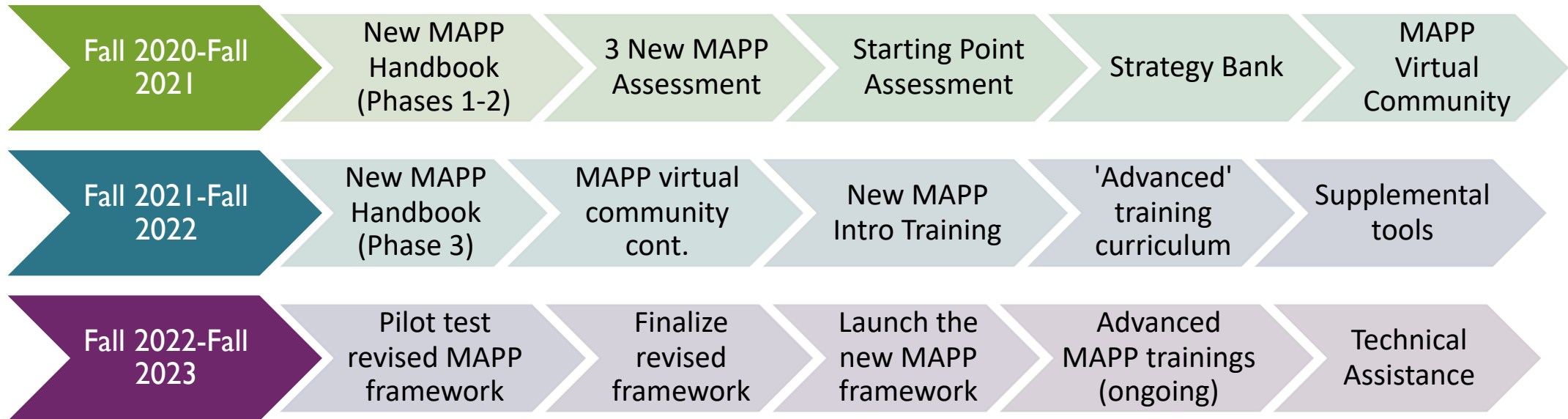# MAPP Evolution: Next Steps

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

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Thank you!

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