# **Request for Applications (RFA)*****MAPP 2.0 – Pilot Test of Phases 1 & 2***

# I. Summary Information

Based upon the results of a national evaluation of the Mobilizing for Action through Planning and Partnerships (MAPP) framework, the National Association of County and City Health Officials (NACCHO), in collaboration with national and field experts across sectors, developed a [MAPP Evolution Blueprint](https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp). From this, NACCHO has reached a milestone revising the initial phases of the framework in what we are calling MAPP 2.0. The purpose of this funding opportunity is to field test a portion of the revised MAPP 2.0 handbook materials and new assessments.

Through a competitive application process, NACCHO will select up to five (5) local and/or tribal health departments, providing each up to $20,000, to field test these materials. The project will assess the feasibility and applicability of the guidance and materials in the first sections of the MAPP 2.0 handbook, “Build the CHI Foundation” and “Tell the Community Story”. The second of these includes the Community Status Assessment, Community Context Assessment, and Community Partners Assessment. NACCHO will gather feedback from pilot test sites to incorporate into the materials.

**Application Due Date and Time:** Sunday, October 31, 2021, 11:59 pm EST

**Selection Announcement Date:** Friday, November 12, 2021

**Maximum Funding Amount:** up to $20,000 per community

**Estimated Period of Performance:** March 2022 – July 2022

**Point of Contact for Questions Regarding this Application**: mapp@naccho.org

# II. Description of RFA

## Purpose

NACCHO is looking to fund up to five local and/or tribal health departments to pilot test a portion of the revised MAPP materials. NACCHO will provide a training to selected applicants on the revised materials prior to the implementation period. Recommendations for revisions to the materials provided by participants during the pilot period will inform the final design of the materials.

## Background

Mobilizing for Action through Planning and Partnerships (MAPP) is NACCHO’s flagship framework for community health improvement. MAPP is a community-driven strategic planning process for improving community health. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them.

Following a national evaluation of the MAPP framework, NACCHO is spearheading a MAPP evolution process to adapt the framework and related training and resources to better meet current field needs and trends around community health improvement (CHI) - all focused on advancing health equity. With funding from the Centers for Disease Control and Prevention and Health Resources and Services Administration, NACCHO worked with the field to outline revisions to the framework and develop a multi-year blueprint for conducting a MAPP re-design. Review the [MAPP Evolution Blueprint Executive Summary](https://www.naccho.org/uploads/downloadable-resources/MAPP-Evolution-Blueprint-Executive-Summary-V3-FINAL.pdf) to learn more about the evolution process and proposed revisions.

NACCHO is currently designing and developing the handbook, tools, and assessments for MAPP 2.0, and will pilot test a portion of the materials in Spring 2022. For this pilot testing process, NACCHO will contract with up to five local and/or tribal health departments as grantees. Grantees will be selected through a well-publicized national RFA process to receive up to $20,000 each to participate in a pilot testing process of the revised materials.

NACCHO will pilot test the first two phases of the MAPP 2.0 handbook during this project period. These phases include the following steps. For a complete description of these tools, assessments, and phases, see [Attachment A](#_Attachment_A:_Overview).

|  |  |
| --- | --- |
| **Phase 1: Build the CHI Foundation** | **Phase 2:Tell the Community Story** |
| * Decide to conduct MAPP 2.0
* Stakeholder and Power Analyses
* Establish/revisit CHI Leadership Structures
* Engage and Orient Steering Committee
* Define Community and Develop CHI Mission
* Develop a Community Vision
* Conduct a Starting Point Assessment
* Identify CHI Infrastructure Scope and Priorities
* Develop CHI Plan
* Establish CHI Infrastructure Workgroups
 | * Form the Assessment Design Team
* Design the Assessments
* Conduct the 3 Assessments
	+ Community Context Assessment
	+ Community Partners Assessment
	+ Community Status Assessment
* Triangulate Data and Present to Community and Identify Top Issues
* Develop Issue Profiles through Root Cause Analysis
* Disseminate Community Assessment Findings
 |

This pilot test will not include materials from the third and final phase of the revised framework, “Continuously Improve the Community”. NACCHO will provide a reference document with information about suggested next steps for the CHI process after conducting the assessments, including guidance and resources related to development of the community health improvement plan (CHIP), monitoring and evaluation, and continuous quality improvement.

## Eligibility

Local and tribal health departments are invited to apply for this opportunity. Applicants should plan to either begin facilitating, or be in progress on, a community health improvement process in March 2022, and select MAPP 2.0 materials to pilot test that align with their projected progress by that time. See below for information about selecting materials to pilot test.

NACCHO will select a total of five tribal and/or local health departments that vary in jurisdiction size, geography, and/or governance to pilot test the revised materials. For this usability assessment, health departments with **prior experience in community health improvement are encouraged to apply**. Additionally, NACCHO is seeking health departments with prior experience in the following, either through the work of their department or CHI coalition:

* Conducting a community health improvement process (using MAPP or a different framework)
* Addressing health equity
* Meaningfully engaging the community
* Developing strong cross-sectoral partnerships
* Conducting mixed-methods community health assessments

## Project Activities

**Project Activities**

Selected applicants will be required to review and actively implement a selection of revised MAPP materials to help NACCHO understand their feasibility, applicability, and effectiveness, and to provide suggested revisions. NACCHO staff will prepare the selected sites for the pilot through a training on the revised materials and a kick-off call to discuss the piloting process. NACCHO will also host monthly progress calls with each selected site.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activities\*** | **Date** | **Outcomes** | **Expectations/Deliverables** | **Time Estimate** |
| **Individual Site Kick-off Call** | March 2022 | * Site introductions
* Piloting process and timeline
* Process for submitting feedback
* Technical assistance
 | * 2-3 individuals from the organization attend kick-off call
 | 1 hour |
| **MAPP 2.0 Training (Virtual)** | March 2022 | * Review of MAPP 2.0 process steps
* Review of MAPP 2.0 assessments
* Guidance on resources needed to conduct MAPP 2.0
* Review of implementation timeline
 | * Training attendance (3-5 LHD staff and other essential partners managing the CHI process)
* Staff from LHD who will be largely involved in the CHI process attend training
 | 2 hours |
| **Pilot test MAPP 2.0 materials** | April – July, 2022 | * Implement all selected MAPP 2.0 tools per instructions
* Review steps of the selected MAPP 2.0 phase
* Share implemented tools and/or assessments with NACCHO
* Share feedback on implemented tools and selected phase via surveys, progress calls, and other mechanisms
 | * Monthly progress calls with NACCHO (x4)
 | 4 hours *(1 hr/call)* |
| * Phase feedback survey (x1)
 | 1 hour |
| * Tool/assessment feedback surveys (x1-3)
 | 30-90 minutes*(30 min/survey)* |
| * Completed tools/assessments (x1-3)
 | Est. 4-months per tool or assessment*See* [*Attachment A*](#_Attachment_A:_Overview) |

*\*Activities and timeline are subject to change.*

**MAPP Materials for Pilot Testing**

Pilot test sites are NOT required to implement and provide feedback on all the revised materials for this pilot.

Applicants are asked to select **one** of the two phases (Option A: Build the CHI Foundation or Option B: Tell the Community Story). For their selected phase, they will implement a selection of tools or assessments, and provide feedback on the handbook guidance for that phase. See instructions below for selecting tools or assessments to implement.

“Full implementation” of a tool or assessment will vary based on which tool or assessment is selected. NACCHO will require that some tools or assessments are completed in their entirety for the pilot and will require that others are partially completed (based on time constraints of the pilot testing period). See the table below for details.

Applicants that select more than one assessment to implement will not necessarily be given preference over other applicants. **Applicants should only choose materials to pilot test that can realistically be completed during the approximately 4-month pilot period.**

Applicants are presented with the following options for selecting materials to pilot test. Applicants must select Option A **OR** Option B and follow the instructions within that option for selecting a tool/assessment(s) to implement.

|  |  |  |
| --- | --- | --- |
| ***Options of Phases and Tools to Review and Pilot Test*** | ***Funding Availability*** | ***Implementation Requirement*** |
| ***Option A******Phase 1: Build the CHI Foundation***1. Select and fully implement **one** of the following tools and provide feedback using surveys and other mechanisms facilitated by NACCHO.
	* Stakeholder and Power Analyses

**OR*** + Starting Point Assessment

**AND**1. Provide feedback on *all* the rest of the materials and tools within the “Build the CHI Foundation” phase via surveys and other mechanisms facilitated by NACCHO. *For an overview of the content included in “Build the CHI Foundation”, see* [*Attachment A*](#_Attachment_A:_Overview)*.*
* I agree
 | $10,000 to implement either the Stakeholder Analysis **OR** the Starting Point Assessment | * Implement either tool that is selected in its entirety
* Submit completed tool and analysis to NACCHO
 |
| ***Option B******Phase 2: Tell the Community Story***1. Select and implement **at least one** of the following assessments and provide feedback using surveys and other mechanisms facilitated by NACCHO.
	* Community Partners Assessment (CPA)
	* Community Context Assessment (CCA)
	* Community Status Assessment (CSA)

**AND**1. Provide feedback on *all* the rest of the materials and assessments within the “Tell the Community Story” phase via surveys and other mechanisms facilitated by NACCHO. *For an overview of the content included in “Tell the Community Story”, see* [*Attachment A*](#_Attachment_A:_Overview)*.*
* I agree
 | $10,000 to implement one (1) assessment, plus $5,000 to implement each additional assessment:* $10,000 for 1
* $15,000 for 2
* $20,000 for 3
 | CPA: * Complete data collection and submit partner responses to NACCHO

CCA: * Complete data collection and develop plan for analysis

CSA: * Complete secondary data collection, and survey development or dissemination
 |

**Description of Tools and Assessments and Guidance for Selecting Materials to Pilot Test**

Applicants should select the materials to pilot test that align with how far they will have progressed in their CHI process by March 2022. The table below provides guidance for selecting materials to pilot. More detail about the resources required to implement each tool/assessment is described in [Attachment A](#_Attachment_A:_Overview).

|  |  |  |
| --- | --- | --- |
| **Tool/Assessment** | **Description** | **Guidance for Selecting to Test** |
| **Option A: Phase 1: Build the CHI Foundation** |
| **Stakeholder and Power Analyses** | Prior to establishing CHI leadership structures, the lead agency conducts a stakeholder and power analysis to understand how stakeholders are impacted by CHI and their relative power and influence in the process. Results will help determine who to prioritize for engagement, how to engage them, and when. These analyses will consider various factors such as a community’s historical context and a structural racism analysis. | Select this tool to pilot test if you:* Will have NOT yet convened a Core/Steering Committee for MAPP by March 2022
* Will have NOT yet confirmed key organizational/community MAPP partners by March 2022
 |
| **Starting Point Assessment** | A formal assessment process to diagnose the community’s CHI starting point across six domains: reflection/CQI on last cycle, partnerships, CHI infrastructure, community engagement, health equity readiness, and leadership support. | Select this tool to pilot test if you:* Will have convened a Core/Steering Committee for MAPP by March 2022
* Will have confirmed their key organizational/community partners in MAPP by March 2022
 |
| **Option B: Phase 2: Tell the Community Story**Health departments should select assessments from Option B to pilot test if they:* Will have convened their Core/Steering committee, partners, and resources for MAPP by March 2022
* Will be ready to conduct a community health assessment beginning in March 2022

See [Attachment A](#_Attachment_A:_Overview) for a complete description of each assessment and the resources required. |
| **Community Partners Assessment** | Replacing the LPHSA, this assessment provides structure for all community partners to look critically within their own systems and processes, reflect on their role in the community’s health and well-being, and understand the degree to which they are addressing or perpetuating health inequities across a spectrum of action ranging from the individual to systemic and structural levels. |
| **Community Status Assessment** | This quantitative assessment quantitatively describes the status of the community, including community demographics, health status, contributing factors (e.g., social/structural determinants), health equity indicators, and across all these variables, existing inequities. For populations where there are no or insufficient data, primary data collection will be conducted. This foundational assessment will elucidate both data gaps and issues/inequities that need to be further explored through other assessments. |
| **Community Context Assessment** | This qualitative assessment digs deeper to understand the inequities identified in the Status Assessment, fills in data gaps, and explores the context of the community through the following domains. Communities may tailor based on their own context. |

## Availability of Funds

NACCHO intends to award up to five (5) local and/or tribal health departments a grant of up to $20,000 each (see p.4 for funding structure) for the activities described in this RFA. The project duration will be from March 2022 through July 2022. All applications must be received by 11:59 pm EST on Sunday, October 31, 2021.

Selected applicant(s) will be notified by November 12, 2021. Awards will be made through a fixed price contractor agreement.

# Requirements for Financial Award

## Allowable Expenses

Funds may not be used for equipment purchases. Per HHS requirements, funds awarded under this RFA are prohibited from being used to pay the direct salary of an individual at a rate in excess of the federal Executive Schedule Level II (currently $199,300).

## Contracting

Agreement with NACCHO’s standard contract terms and conditions is a requirement. No modifications to the terms or contract language will be made. Contractors that cannot agree to NACCHO’s contract language should not apply for this initiative. See [Attachment B: NACCHO Contract Language](#_Attachment_B:_NACCHO) for more information. As part of the application, the contractor/organization will be asked to verify that they have read NACCHO’s standard contract language and have provided a copy to the individual with signing authority at your organization for advanced consideration. It is the responsibility of the selected site to return a signed copy of the contract within 30 calendar days of receipt.

Note: NACCHO has a specific contract template as approved by the State’s General Counsel for applicants from State of FL and TX. Please email us for a copy at mapp@naccho.org should you need it.

Selected LHDs will enter a contract with NACCHO to complete the deliverable(s) specified in the application. NACCHO will issue awards in the form of Fixed Price Contract and pay each awarded Applicants payment in exchange for completion of the assigned scope of work and accepted deliverables. Deliverables will be priced on a tiered system per the instructions above (p.4). NACCHO will provide a payment schedule in accordance with the assigned deliverables (e.g., $5,000 (x2-4) payments, depending on deliverables assigned). Please note: NACCHO reserves the right to make changes to the project timeline and payment schedule if necessary.

## Required Grant Activities Covered by Award

1. Participate in Virtual Kick-Off Call
2. Participate in MAPP 2.0 training
3. Implement all selected tools/assessments of revised MAPP (in accordance with application instructions) and provide feedback on the complete selected phase
4. Report progress and detailed feedback via standardized online surveys provided by NACCHO for each selected tool, phase, and assessment as they are implemented
5. Participate in monthly progress and feedback calls with NACCHO staff
6. Submit completed tools and assessments as they are utilized
7. Collaborate with NACCHO staff and consultants

## Period of Performance

The project period is March 2022 through July 2022. The general timeline is below.

|  |  |
| --- | --- |
| **Activities** | **Timeline** |
| Application Open | October 1 – October 31, 2021 |
| RFA Informational Webinar [Register Here](https://naccho.zoom.us/webinar/register/WN_e2Vs-ENhSIueoqVkrGhioQ)[Submit questions here](http://naccho.co1.qualtrics.com/jfe/form/SV_cYqaUZtzHb57uUm) | October 7, 20211:00 – 2:30 p.m. EST |
| Selected Sites Notified | November 12, 2021 |
| Individual Site Kick-off Calls | March 2022 |
| MAPP Training (Virtual) | March 2022 |
| Pilot test MAPP 2.0 materials | April 2022 – July 2022 |
| End of Project Period, Final invoices submitted | July 31, 2022 |

# Required Application Content and Selection Criteria

To successfully apply for this opportunity, applicants must submit the following:

* Submit application via the online submission form ([access here](http://naccho.co1.qualtrics.com/jfe/form/SV_b7QTQzVaUkiH7zU))
* Budget and budget narrative ([download template here](https://nacchohq-my.sharepoint.com/%3Ax%3A/g/personal/aclayton_naccho_org/EUYXUwJ-99pIv9q3-ZU7pKkBOvgxOCoPHSbdDVCnG3JG2g?e=EoYZDg)), submitted as attachments via the online submission form.

Questions from the application are included below and in [Attachment D: Application Document](#_Attachment_D:_Application). It is recommended that applicants fill their answers into the application document, then copy and paste them into the online submission form linked above.

Applications will be reviewed and scored by NACCHO based on the following criteria. It is NACCHO’s desire to have a diverse set of communities in this cohort. In addition to the criteria below, reviewers will also consider geographic distribution, jurisdictional characteristics, and population size served to ensure diversity in health departments selected.

Note that there is a 250-word limit for each text response.

**Key Terms**

* **Health equity:** The assurance of the conditions for optimal health for all people. Achieving health equity requires valuing all individuals and populations equally, recognizing and rectifying historical injustices, and providing resources, according to need. *Dr. Camara Jones*
* **Health inequities:** 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*
* **Supporting community power building:**  Supporting organizations that center the voices, needs, solutions, and leadership of a community who has experienced power imbalances and health inequities.
1. **Agency Information (5 pts)**
	1. Complete contact information for the lead programmatic and fiscal/contractual points of contact.
	2. ***Note:*** *Applicants are required to designate one main point of contact with whom NACCHO will directly communicate on all matters related to this project, including selection notification. If the agency is selected for the MAPP pilot, this person will be responsible for submitting all deliverables, participating in peer networking conference calls, and completing evaluation activities.*
	3. Health department information: Agency name, full address, approximate population size served, primary type of population served, current number of staff full-time equivalents (FTE), prior grant funding from NACCHO.
2. **MAPP 2.0 Phase Selection for Pilot Test**
	1. Which phase of the revised MAPP 2.0 materials will your organization utilize for the pilot test? Select **one**.
		* Option A: Phase 1: Build the CHI Foundation
		* Option B: Phase 2: Tell the Community Story
	2. If selecting Option A: Review and complete the following:
		1. Select and fully implement **one** of the following tools and provide feedback using surveys and other mechanisms facilitated by NACCHO.
			* Stakeholder and Power Analyses
			* Starting Point Assessment
		2. By selecting Option A, your agency agrees to provide feedback on *all* the rest of the materials within the “Build the CHI Foundation” phase via surveys and other mechanisms facilitated by NACCHO. *For an overview of the content included in “Build the CHI Foundation”, see* [*Attachment A*](#_Attachment_A:_Overview)*.*
	3. If selecting Option B: Review and complete the following:
		1. Select and implement **at least one** of the following assessments and provide feedback using surveys and other mechanisms facilitated by NACCHO.
			* Community Partners assessment
			* Community Context Assessment
			* Community Status Assessment
		2. By selecting Option B, your agency agrees to provide feedback on *all* the rest of the materials within the “Tell the Community story” phase via surveys and other mechanisms facilitated by NACCHO. *For an overview of the content included in “Tell the Community Story”, see* [*Attachment A*](#_Attachment_A:_Overview)
3. **Prior Experience with Community Health Improvement (20 pts)**
	1. Describe the health department’s experience leading and/or participating in a community health improvement process within the last 5 years, including the general roles that the health department has taken (e.g., acting as the lead facilitating organization; participating as a member of a local coalition or collaborative; participating in a local hospital’s community health needs assessment (CHNA) process).
	2. Which of the following CHA/CHIP frameworks has your health department used to guide your CHI process? Select all that apply.
		* + MAPP
			+ AHA Community Health Improvement
			+ County Health Rankings
			+ Other: \_\_\_\_
	3. Describe the continuous quality improvement methods the agency has used throughout a CHI assessment, planning, or implementation process.
	4. *Optional*: Upload the health department’s most recent health assessment and/or health improvement plan, or include a link to it online.
4. **Health Equity Experience and Expertise (20 pts)**
	1. Describe how the health department has worked to promote health equity within their community. Your response could include health equity-centered priorities on previous CHIPs, or previous activities that the health department has participated in to address health inequities.
	2. What framework(s) has the health department utilized to guide its health equity work? Select all that apply.
		* + Healthy People 2030
			+ World Health Organization
			+ Bay Area Regional Health Inequities Initiative (BARHII)
			+ Other:
	3. *Optional:* Include references to published work of the department related to health equity (e.g., health equity report).
5. **Community Engagement (20 pts)**
	1. Describe the health department’s approach to involving community members in CHI work, with an emphasis on opportunities for power sharing and supporting community power-building practices where possible (e.g., examples of the CHI-related activities community members have engaged in, methods used to recruit community members to engage, successes/challenges related to community engagement)
6. **Partnerships [Required only for those applying to Option A: Phase 1: Build the CHI Foundation] (20 pts)**
	1. Describe 1-3 key organizational partnerships of the health department that have been utilized in past CHI processes, and/or that will be utilized during the pilot test.
7. **Data Infrastructure [Required only for those applying to Option B: Phase 2: Tell the Community Story] (20 pts)**
	1. Describe the health department’s resources and expertise available for data collection and analysis for the community health improvement process, including for data related to the root causes of health inequities and/or social determinants of health.
8. **Organizational Capacity (10 pts)**
	1. Describe the organization’s capacity to perform the activities required within the specified timeframe, including estimated staff FTE that will be dedicated to leading the pilot test.
9. **Budget & Budget Narrative (5 pts)**
	1. Provide a detailed, fixed-price per-deliverable budget, including detailed projected costs for the completion of the project. Maximum award is up to $20,000 for each applicant organization (per instructions on p.4 of the RFA).
	2. [**Budget Template:**](https://nacchohq-my.sharepoint.com/%3Ax%3A/g/personal/aclayton_naccho_org/EUYXUwJ-99pIv9q3-ZU7pKkBOvgxOCoPHSbdDVCnG3JG2g?e=EoYZDg)This Excel template outlines the general format in which the budget should be presented. A budget narrative must accompany the budget and indicate the costs associated with each proposed activity. Both the budget and budget narrative must be submitted via the online system.
10. **Response to Draft Contract**
	1. *Selected applicants will enter a firm fixed price contractor agreement with NACCHO. A draft agreement is available in* [*Attachment B*](#_Attachment_B:_Consultant:)*. Review each agreement’s terms and conditions – including provisions related to publications, acknowledgement of federal support, copyright interests, conference, meeting, and seminar materials, and logo use for conference and other materials – with your contracts officer and confirm that, if selected, you will be prepared to enter into the agreement with NACCHO or identify and include any proposed changes with your application. NACCHO reserves the right to accept or decline any proposed changes to terms and conditions. Significant proposed changes, which could affect the agreement’s timely execution, may impact your selection as a successful applicant.*

# Submission Information

## Application Process

1. Review the requirements and expectations outlined in this RFA and in [Attachment D: Application Document](#_Attachment_D:_Application).
2. Complete the [Application Document](#_Attachment_D:_Application) with your responses and save a copy for your records.
3. Complete the [Budget Template](https://nacchohq-my.sharepoint.com/%3Ax%3A/g/personal/aclayton_naccho_org/EUYXUwJ-99pIv9q3-ZU7pKkBOvgxOCoPHSbdDVCnG3JG2g?e=EoYZDg) and save a copy for your records.
4. Submit application via the [Online Submission Form](http://naccho.co1.qualtrics.com/jfe/form/SV_b7QTQzVaUkiH7zU) by 11:59 pm EST on Sunday, October 31, 2021. No applications will be accepted by fax, email, or postal mail. Please note:
	1. Applicants will complete the online submission form, which contains the same questions as the Application Document. We encourage you to complete the Application Document in its entirety prior to beginning the online form.
	2. Applicants must upload a copy of the budget template to the online submission form.
	3. Each T/LHD may submit one application only.
	4. As you progress through the online submission form, you will not be able to go back to previous pages to edit your response. If you want to start over on the online application, please clear your browser history and cache and access the form again.
	5. Applicants will be able to download a copy of their responses after submitting via the online form.
	6. If you have any issues accessing or using the online application, please contact mapp@naccho.org.
	7. Incomplete applications or applications received after the deadline will not be considered.
5. Applicants will be notified of their selection status by e-mail to the project point of contact by November 12, 2021.

## Application Timeline (subject to change)

|  |  |
| --- | --- |
| **Application opens for submissions** | October 1, 2021 |
| **Informational webinar** | October 7, 2021[Register Here](https://naccho.zoom.us/webinar/register/WN_e2Vs-ENhSIueoqVkrGhioQ)[Submit questions here](http://naccho.co1.qualtrics.com/jfe/form/SV_cYqaUZtzHb57uUm) |
| **Submission deadline** | 11:59 pm EST on Sunday, October 31, 2021 |
| **Award notification date** | November 12, 2021 |
| **Anticipated project start date** | March 2022 |
| **MAPP training and kick-off calls for selected sites** | March 2022 |
| **Project end date** | July 31, 2022 |

## Applicant Questions and Guidance

NACCHO will support interested applicants to offer guidance and address specific questions about the RFA. Interested parties may contact NACCHO staff via email at mapp@naccho.org to schedule a one-on-one call.

## Funding and Disclaimer Notices:

This project is supported by a grant from the Centers for Disease Control and Prevention (NU38OT000306-04-00). The CDC does not endorse any particular product, service, or enterprise. Views expressed in related products do not necessarily reflect those of CDC, Health and Human Services.

This RFA is not binding on NACCHO, nor does it constitute a contractual offer. Without limiting the foregoing, NACCHO reserves the right, in its sole discretion, to reject any or all applications; to modify, supplement, or cancel the RFA; to waive any deviation from the RFA; to negotiate regarding any application; and to negotiate final terms and conditions that may differ from those stated in the RFA. Under no circumstances shall NACCHO be liable for any costs incurred by any person in connection with the preparation and submission of a response to this RFA.

# Attachment A: Overview of MAPP 2.0 Phases 1 & 2 Steps, Tools & Assessments

See below for information about the materials that are available for this pilot test. The first section of this document includes a description of each individual tool or assessment that pilot test sites can select from to implement. The second section of this document describes each of the steps in Phases 1 & 2 of MAPP 2.0, which the pilot test sites will review and provide detailed feedback on, in addition to implementing their selected tools or assessments. See the RFA for information about selecting materials to pilot test.

# Phase 1: Build the CHI Foundation

Applicants who select Option A: Build the CHI Foundation will select either the Stakeholder and Power Analysis or the Starting Point Assessment to implement fully in the pilot test.

## Stakeholder and Power Analysis

Recommended resources for implementation:

|  |  |  |
| --- | --- | --- |
| **Resources** | **Expertise/Experience** | **Estimated Time Commitment** |
| * 0.5-FTE over 4 months to plan for the analysis, collect data, and analyze results
 | * Knowledge of individuals and organizations in the community who are impacted by or can have an impact on MAPP
* Previous analysis (e.g., CHA, health equity report, etc.), identifying communities experiencing inequities in their locale
 | * Review and prepare for the stakeholder analysis (~3-4 hours)
* Network mapping (~3-5 hours)
* Analyze existing stakeholder information (~5 hours)
* Minimum of 2-3 informational interviews (~1 hour interview, ~2-3 hours analysis; ~1 month to include preparation and scheduling)
* Characteristics reference table (~5-10 hours)
* Stakeholder management (~3-5 hours)
 |

The Stakeholder and Power Analysis in MAPP 2.0 are the very first steps the lead agency takes in the revised process. These tools are being completely revised from the “Circles of Involvement” activities in the original framework.

The steps of the Stakeholder and Power Analysis include the following\*

|  |  |
| --- | --- |
| Establish a working group | Identify individuals from the internal organization to organize and conduct the analysis |
| Brainstorm and network mapping  | Use various tools (e.g., asset classification, case study scenarios, jellybean diagram etc.) to identify stakeholders through a process of visualizing and interpreting connectivity |
| Analyze existing stakeholder information | Analyze existing stakeholder and network information to identify gaps in knowledge, resources, positions, power, etc.  |
| Informational interviews of 2-3 field experts  | Identify and interview experts who know the sector, politics, and players to fill in gaps, extending past the traditional public health system  |
| Develop and analyze a characteristics reference table | Create a concise and systematized reference table to compare stakeholders based on known knowledge and interviews, shaping engagement and management  |
| Determine stakeholder level of engagement and management | Determine how to communicate and work with stakeholders throughout MAPP  |

\**Materials are in development and the steps or process are subject to change.*

The lead agency can use the information in the Stakeholder Analyses to make decisions about:

* Who might be invited to be on the Core and Steering Committee?
* What organizations outside the traditional public health system should we include in the MAPP process?
* What is the best way to engage each of these stakeholders?

A health department that selects the Stakeholder and Power Analysis to pilot can expect to expand their circle of whose voices are included in the MAPP process.

## Starting Point Assessment

|  |  |  |
| --- | --- | --- |
| **Resources** | **Expertise/Experience** | **Estimated Time Commitment** |
| * 0.5-0.75 FTE for 4 months to plan for the SPA, assemble MAPP leadership meetings, collect, and analyze data
* Access to information about:
	+ Previous CHI cycles (resources, partners, implementation)
	+ Funding and resources for current CHI cycle
* MAPP leadership and partners for CHI have been convened and are prepared to begin analyzing resources for CHI
 | * Previous experience facilitating group processes and gathering data/information from partners
* Trusting relationships with partners who will be providing feedback and data for the SPA
 | Estimated time commitment of 4 months to fill out the assessment, schedule and convene MAPP leadership and partners, and gather information from internal health department staff and partners:* Plan to facilitate SPA (~3 hours)
* Fill out portions of the SPA independently (~5-10 hours)
* Gather data from MAPP leadership, internal staff, and partners (~1-1.5 months)
* Synthesize and analyze data (~5-10 hours)
* Minimum of 3 MAPP leadership meetings (with Steering Committee, as appropriate) to review SPA, complete sections together, and interpret results (~3 x 2-hour meetings over 4 months)
 |

The Starting Point Assessment is a formal instrument that the MAPP leadership conducts to gauge their current state and appropriately scope out the CHI process. The SPA guides MAPP leadership through understanding the following:

* **Reflection/Evaluation/Continuous Quality Improvement (CQI) on last cycle:** Conduct a brief evaluation, reflection and CQI exercise based on the last CHI cycle to plan for improvements in the current cycle.
* **CHI infrastructure:** Takeinventory of the resources available to complete the CHI, including staff time, skills, and experience; funding; and data infrastructure, as well as answer key questions to plan how the committees will meet.
* **Community engagement:** Diagnose the CHI collaborative’s relationship with the community ranging from Non-participation to Community Power; inventory existing relationships; identify gatekeepers and community organizers; ability to compensate community members; ability to transfer power; and translation capacity.
* **Leadership support:** Understand level of support from key decision makers and influencers (e.g., Mayor, Health Official, Board of Health)
* **Health Equity:** Assess the CHI collaborative’s level of shared understanding about health equity, as well as the individual readiness of the MAPP coordinator(s), organizational readiness of the core committee, and community readiness for health equity action (e.g., political climate, power dynamics, funding streams).
* **Partnerships**: The strength of partnerships, funding contributed by partners for each CHI phase, and other assets.

The SPA will be formatted into a spreadsheet or document that the MAPP team can fill out together. The MAPP team can use the document to track their progress through each step of the MAPP process, noting areas for improvement along the way.

# Phase 2: Tell the Community Story – Assessments

Applicants who select Option B: Phase 2: Tell the Community Story will select one, two, or all three of the following assessments to implement in the pilot test. Note that, for each assessment, due to time constraints, pilot test sites will **not** be required to analyze the collected data during the pilot test period.

## Community Partners Assessment

|  |  |  |
| --- | --- | --- |
| **Resources** | **Expertise/Experience** | **Estimated Time Commitment** |
| * 0.5-0.75 FTE for 4 months to coordinate CPA distribution among partners, administer for own organization, convene partners, and collect data.
* 10-30 organizations participating in CPA/MAPP process
* Space, supplies, and snacks for in-person (if possible) gatherings
 | Existing, trusting relationships with:* Community partners who are willing and committed to participate in MAPP
* Organizations working closely with members of communities experiencing inequities and/or those working to build community power
* Leadership and staff in own organization

Previous experience facilitating group processes, ideally with experience addressing power, structural racism, and privilege imbalances in group dynamics | Estimated 3-4 months to facilitate process with partners and gather completed surveys. *If possible/optional:* score/analyze findings, and develop group recommendationsMinimum of:* Two MAPP leadership meetings (in consultation with steering committee and sub-committees, as appropriate) to prepare for assessment, plan for outreach, discuss any revisions needed (~3-4 hours)
* 1-3 full gatherings – virtual or in-person:
	+ A) 1 meeting to kick off/orient
	+ B) *If possible/optional:* 1-2 meetings to analyze findings (~3-6 hours)
* Time for each organization to complete the CPA organizational survey (~3-6 hours)
 |

The Community Partners Assessment (CPA) replaces the Local Public Health System Assessment and increases its utility to understand how organizations and agencies beyond health and human services can collaborate to advance health equity. The CPA will be inclusive of, but not grounded in, the 10 Essential Public Health Services. The CPA gathers the following information about each partner. *Note: The domains within this assessment are subject to change as it is developed.*

* **Health Equity Capacity:** Commitment to health equity and analysis of existing services across a health equity spectrum of action.
* **Community Engagement:** Relationship with, and relative power in, the community; success in meeting community needs; and opportunities for the community to participate in shaping programs.
* **Resources:** Resources to meet community needs and alignment to meet specific sub-populations’ needs.
* **Community Linkages:** Capacity to coordinate with other partners to improve overall quality, efficiency, and effectiveness of programs to address inequities, and how partners build allies with those holding power.
* **Leadership:** Leadership support around improving community health and equity.
* **Workforce:** Workforce skills, capacity, and representation of community demographics.
* **Policy Analysis:** Internal and public policies which support or impede its ability to impact inequities.
* **Data Access and Systems:** Available assessments and data; opportunities for data sharing and transparency; and data infrastructure for ongoing monitoring and evaluation.
* **Forces of Change:** Forces of change impacting its work and future scenario planning to identify uncertainties.

MAPP 2.0 provides guidance to facilitate a meeting for the partners to discuss the results, identify gaps in the local system to address community health, and highlight their strengths to achieve health equity.

## Community Status Assessment

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| --- | --- | --- |
| **Resources** | **Expertise/Experience** | **Estimated Time Commitment** |
| * Funding for:
* Staff: 2.0-3.0 FTE for 4 months
* Survey materials (printing costs, online survey platform, etc.)
* *(Optional)* Incentives (e.g., gift cards) to increase response rates
* Support of the MAPP leadership, sub-committees and partners for survey dissemination
 | * Experience developing surveys and collecting data from primary (e.g., surveys) and secondary sources
 | * Estimated 4 months to prepare for data collection, develop surveys and collect data
* *Optional:* Analyze results and write up findings
* *Note:* A community may choose to use a variety of quantitative data collection methods, but selecting just a few would be appropriate for the 4-month timeframe
* 2-3 meetings with the MAPP leadership and sub-committees to plan for survey dissemination

In estimating time commitment, consider the following for your community:* Primary data collection methods (e.g., surveys) to be disseminated electronically or on paper
* Number of touchpoints with the community to gather data
* Requirement of IRB approval
 |

The Community Status Assessment (CSA) largely aligns with the former Community Health Status Assessment. It quantitatively describes the community, including demographics, health status, contributing factors, health equity indicators, and existing inequities. This foundational assessment will elucidate both data gaps and issues/inequities that need to be further explored through other assessments.

The CSA offers a list of recommended indicators across a spectrum ranging from root causes to health outcomes. Methods for data collection and guidance provided include:

* Secondary data collection from national, state, and local sources – *list of recommended indicators provided*
* Primary data collection to fill in data gaps – *survey templates provided, suggestions for alternative quantitative data collection methods*
* Varied data collection methods and guidance based on resource capacity
* A compendium of secondary data sources organized by state
* Data disaggregation to understand inequities by race, gender, socioeconomic status, etc.

The CSA tool is a critical piece to assessing health equity in the community and identifying methods to achieve it.

# Community Context Assessment

|  |  |  |
| --- | --- | --- |
| **Resources** | **Expertise/Experience** | **Estimated Time Commitment** |
| * 0.5-0.75 FTE staff for duration of project to A) Plan MAPP leadership and sub-committee meetings, recruitment, and qualitative methods B) Recruit, schedule, and facilitate focus groups, interviews, or other methods, *and (optional) C) Analyze and write up findings*
* Incentives to participate in focus groups, meetings, etc. (e.g., $25 gift card)
* Space, supplies, snacks, translation/interpretation, transportation vouchers, childcare for in-person gathering (if possible)
* Translation/interpretation support to engage limited English speakers

*Recommended:** Stipends for community organizations to support outreach and facilitation of qualitative data collection in priority communities

*Optional:** Additional paid facilitator position during duration of data collection for a community member with lived experience to conduct focus groups, interviews, or other methods
 | * Previous experience collecting qualitative data (particularly in facilitating interviews, focus groups, and community dialogues)
* Previous analysis (e.g., CHA, health equity report, etc.), identifying communities experiencing inequities in their locale
* Existing trusting relationships with organizations serving or organizing communities experiencing inequities
 | Minimum of:* 2-3 meetings with MAPP leadership to prepare for assessment, plan for outreach, prioritize topics to collect data on, identify past data sources (e.g., focus groups, interviews) (~10-15 hours)
* 3-6 community focus groups (6-10 people/group) (~2 hours each, ~6-12 hours total)
* Or, another qualitative method (e.g., 10 key informant interviews, ~1 hour each, ~10 hours total)
* 2-3 community meetings to do asset mapping, photovoice, or other generative activities (~2 hours each, 4-6 hours total)
* Develop plan for analysis and data dissemination (~5 hours)
* *Optional:* Analyze qualitative data, write report, and share out.
* *Note:* Communities conducting the CCA do not need to analyze data during the pilot period but should commit to sharing data back with the community afterward.

Est. 3-4 months to plan, coordinate, and conduct qualitative data findings |

The Community Context Assessment digs deeper to understand the inequities identified in the Status Assessment. It provides rich perspectives and strengths-based data from those with lived experience, as well as a deep analysis of historical, systemic, and structural information which elucidate the root causes of inequities identified in the CSA. It builds on MAPP’s former Community Themes and Strengths Assessment, digging deeper to understand inequities, fill in data gaps, and explore the context of the community through the following domains, which communities may tailor based on their own context. *Note: The domains within this assessment are subject to change as it is developed.*

* **Lived experience:** The perceptions, insights, values, culture, and priorities of those experiencing inequities
* **Community Member Strengths**: Strengths and assets possessed by community members (e.g., skills, education, job experience) which may be leveraged or built upon so that community members may be active participants in the MAPP process
* **Built Environment**: Asset mapping of the built environment within neighborhoods experiencing the greatest inequities (e.g., public transit, complete streets, library)
* **Forces of** Change: Exploration of forces of change and how they impact communities through the lens of those with lived experience (e.g., factory closing, political climate)
* **Historical Analysis**: Research of the community’s history to understand the institutional and structural root causes of disparate outcomes and existing systems and policies that perpetuate the inequities.
* **Structural Racism Analysis**: Exploration of modern-day forms of structural racism and oppression that continue to maintain the power structures that perpetuate inequities.

**Overview of Steps within MAPP Phases 1 & 2**

This document describes all the steps within Phase 1: Build the CHI Foundation and Phase 2: Tell the Community Story of MAPP 2.0. These are the steps within the revised handbook that pilot test sites will be required to review and provide feedback on. They also include the tools and assessments that pilot test sites will select from to implement.

Each table below describes the phase’s steps, frequency of each step, description of their components, and the tools that NACCHO is developing to facilitate the processes. The details of these elements are subject to change.

##

**Phase 1: Build the CHI Foundation**

Phase 1: Build the CHI Foundation sets the stage for the MAPP collaborative with a heavy emphasis and guidance around building strategic relationships and foundation setting with new and existing partners. This involves an analysis of the power and influence of various stakeholders to strategically develop the MAPP leadership structures and stakeholder engagement throughout the process; cultivating a common understanding of the mission and vision of the MAPP collaborative and the foundational principles of MAPP, including health equity concepts; and conducting a formal assessment of current CHI infrastructure across pre-defined domains in a Starting Point Assessment to strategically scope the MAPP process based on readiness and resources, and to evaluate and improve the MAPP process and its impact on health equity over time.

*\*Indicates new step not reflected in the historical MAPP framework*

|  |  |  |
| --- | --- | --- |
| Step and Frequency | Description | NACCHO Guidance/Tools  |
| Decide to Conduct MAPP 2.0 *Year 1* | MAPP 2.0 may not be right for every community. This step allows the lead agency to assess its needs against MAPP processes (e.g., cross-sectoral partnership building, community engagement, health equity approach) and underlying foundational principles. | * List of considerations (e.g., baseline equity focus, cross-sectoral, timeframe)
 |
| Lead Agency Conducts Initial Stakeholder and Power analyses \**Year 1, then ongoing* | Prior to establishing CHI leadership structures, the lead agency conducts a stakeholder power analysis to understand how stakeholders are impacted by CHI and their relative power and influence in the process. Results will help determine who to prioritize for engagement, how to engage them, and when. These analyses will consider various factors such as a community’s historical context and a structural racism analysis.  | * CHI stakeholder analysis (SA) tool
* Power analysis tool linked with SA tool
 |
| Establish/Revisit CHI Leadership Structures *Year 1, revisit members annually* | Based on the initial stakeholder/power analysis, the lead agency will identify/revisit the CHI Core Committee (1-3 sponsors who devote initial resources and keep the process moving) and Steering Committee (broader group of stakeholders who can support the CHI infrastructure, including those with resources, local funders/philanthropy, community members, and critical sectors). | * Communications tools/methods to engage CHI Core and Steering Committees, tailored by the audience
* Roles and responsibilities of each committee
* Team charter templates
 |
| Engage and Orient Steering Committee *Year 1, and ongoing orientation of new partners* | Initial onboarding to MAPP 2.0 to establish a baseline understanding of foundational concepts around CHI, health equity, and community engagement. This would involve a series of methods including jargon-free didactic content and facilitated methods to allow each member to lend their voice.  | * Discussion, activity, and facilitation tools
 |
| Define Community and Develop the CHI Mission \**Year 1, revisit mission every 5 years* | In CHI, the community is typically defined as the entire jurisdiction served by the public health department with partners focusing on a subset of that population. This step will allow leadership to collectively define the community and how each target population will benefit from the broader CHI process. A mission statement will also be developed to identify the purpose and scope of the CHI coalition/collaborative.  | * Facilitation guidance and templates for defining the community and developing a mission statement
 |
| Develop a Community Vision *Year 1, revise every 5 years* | *Develop a collective long-range (15+ year) vision which imagines transformative change where all community members have a fair and just opportunity for health and well-being.* | * Facilitation methods for developing a CHI vision statement
 |
| Conduct a Starting Point Assessment \**Annual, ongoing CQI* | A formal assessment process to diagnose the community’s CHI starting point across six domains: reflection/CQI on last cycle, partnerships, CHI infrastructure, community engagement, health equity readiness, and leadership support. ***Described in more detail below.*** | * Starting Point Assessment instrument and suggested methods for each domain
 |
| Identify CHI Infrastructure Scope and Priorities, and Develop CHI Plan*Revise annually, ongoing monitoring* | Based on the results of the Starting Point Assessment, scope the CHIP process, identify priorities for strengthening CHI infrastructure, and develop a CHI plan. The framework will provide tiered guidance based on varying levels of resources, partnerships, and CHI experience. Strategies to improve both community engagement and move further upstream through every step of the CHI process are integrated into the CHI plan. This step recognizes that not every community is positioned to address root causes of inequity through CHI but establishes a baseline to build capacity to do this work over time.  | * Tiered guidance aligned with results of Starting Point Assessment
 |
| Establish CHI Infrastructure Workgroups \**Year 1, revisit membership annually* | Workgroups will be comprised of Core and Steering Committee Members. Each workgroup will focus on addressing a CHI infrastructure priority from those listed above, such as community engagement, data capacity, funding streams, etc. Workgroups will actively work to build these foundational elements of CHI Infrastructure throughout the phases, and integrate this work into each step, where appropriate. | * Recommended list of CHI Infrastructure Workgroups and associated strategies to build each element of CHI infrastructure
* Accountability mechanisms
 |

**Phase 2: Tell the Community Story**

Phase 2 results in a comprehensive community health assessment and emphasizes the need for a more complete, accurate, and timely understanding of community health and well-being. The revisions maintain the need for data and information from several perspectives including qualitative and quantitative sources. However, the revisions add a heavy emphasis on understanding health inequities through the revised assessments which include a community status assessment to look at indicators ranging from downstream outcomes, social determinants, and root causes; a community partners assessment (replacing the LPHSA) to understand the capacity of a broad range of sectors and partners to achieve health equity; and a community context assessment which provides rich perspectives and strengths based data from those with lived experience, as well as a deep analysis of historical, systemic, and structural information which elucidate the root causes of inequity. This phase will also be more ongoing than in the historical framework to ensure a more accurate picture of the community and more timely and responsive action. To streamline the assessments, *Forces of Change* from the historical framework have been integrated across all three revised MAPP assessments.

*\*Indicates new step not reflected in the historical MAPP framework*

|  |  |  |
| --- | --- | --- |
| Step and Frequency | Description  | NACCHO Guidance/Tools  |
| Form the Assessment Design Team *Year 1, update as needed* | Recruit a team representative of the community that will be responsible for coordinating the design, implementation, and interpretation of the assessments. This team should be comprised of necessary expertise including lived experience, data collection/analysis, health equity/SDOH data needs, and/or a gateway to access data within priority populations.  | * Considerations for Assessment Design team recruitment, including engagement of community members
* Assessment Team Charter Template
 |
| Design the Assessments*Year 1, update annually* | Design the assessments including selecting priority indicators, identifying quantitative and qualitative data collection methods, developing instruments, ensuring the assessments are conducted with appropriate rigor, resolving gaps in the data, and identifying a broad set of cross-sectoral partners that may provide data access across all assessments, etc. This step is informed by results of the Starting Point Assessment in Phase 1 to determine scope based on available resources.  | * List of recommended indicators
* Tiered guidance
 |
| Conduct the 3 Assessments | **Community Partners Assessment** – *Every 3 years*Replacing the LPHSA, this assessment provides structure for all community partners to look critically within their own systems and processes, reflect on their role in the community’s health and well-being, and understand the degree to which they are addressing or perpetuating health inequities across a spectrum of action ranging from the individual to systemic and structural levels*.***Community Status Assessment** – *Year 1, update ongoing, revisit indicators every 3 years*This assessment quantitatively describes the status of the community, including community demographics, health status, contributing factors (e.g., social/structural determinants), health equity indicators, and across all these variables, existing inequities. For populations where there are no or insufficient data (e.g., Native American, LGBTQ+), primary data collection will be conducted. This foundational assessment will elucidate both data gaps and issues/inequities that need to be further explored through other assessments. **Community Context Assessment** *– Year 1, then ongoing*This assessment digs deeper to understand the inequities identified in the Status Assessment, fills in data gaps, and explores the context of the community through the following domains. Communities may tailor based on their own context. | * Formal Community Partners Assessment Survey Instrument (\**communities may adapt*)
* Facilitation guidance
* Tailored communications tools, by sector, to engage partners broadly
* **Status Assessment:** Detailed, tiered guidance including methods with varying levels of rigor
* **Context Assessment:** Tailorable data collection instruments and recommended methods/guidance for understanding each domain
 |
| Triangulate Data and Present to Community and identify top issues*Year 1, update every 3 years* | Look across the three assessments to identify cross-cutting themes and develop a comprehensive understanding of the community through data triangulation. Summarize and present data to the community broadly with outreach to populations experiencing health inequities and collectively interpret findings to identify the top issues that the community faces.  | * Templates for data triangulation, presentation, storytelling
* Facilitation guidance
* Community engagement guidance
 |
| Develop Issue Profiles through Root Cause Analysis \**Year 1, update every 3 years* | The CHI Leadership Committees and System Partners convene to discuss the findings and develop Issue Profiles of the top issues identified in the previous step, including descriptions/contributors of the problem, root cause analysis, a suite of priority community indicators that tie together up and downstream metrics, and assets to address the issues. | * Issue Profile templates
* Facilitation guidance
* Root Cause Analysis tools
 |
| Disseminate Community Assessment Findings*Year 1, update every 3 years* | Use the data across the three assessments and Issue Profiles to develop and disseminate a Community Assessment findings. The findings can be disseminated through a physical report and/or virtually through another format such as a website. Develop a State of the Community Report annually.  | * Repository of vetted CHAs
* State of Community Template
* Alternative methods for data dissemination
 |

# Attachment B: NACCHO Contract Agreement

****
**Click** [**here**](https://nacchohq-my.sharepoint.com/%3Ab%3A/g/personal/aclayton_naccho_org/Eac2SJ83jA1NmOigITsnJtQBcpfoXDACMpt9847ewF9OYw) **to access the full contractor agreement template.**

# Attachment C: Budget and Budget Narrative Template

**Click** [**here**](https://nacchohq-my.sharepoint.com/%3Ax%3A/g/personal/aclayton_naccho_org/EUYXUwJ-99pIv9q3-ZU7pKkBOvgxOCoPHSbdDVCnG3JG2g?e=OwrNxV) **to download the budget template****.**

# Attachment D: Application Document

## Instructions

* **APPLICATIONS MUST BE SUBMITTED THROUGH THE** [**ONLINE SYSTEM (link)**](http://naccho.co1.qualtrics.com/jfe/form/SV_b7QTQzVaUkiH7zU)
* All questions contained in this document are identical to those in the online system
* Please insert your responses into this document so that you can save a copy
* Copy your responses from this document into the online application
* Once you progress to a new page of the online application, you will not be able to go back to edit older responses. If you want to start the online application over again, you should clear your browser history and cache, and open the application link again.
* You will be able to download a copy of your online responses prior to submission
* **APPLICATIONS ARE DUE VIA THE ONLINE SYSTEM BY 11:59 pm ET ON OCTOBER 31, 2021.** Email questions to mapp@naccho.org.

## Application Overview

Be sure to complete each section of the application below:

1. Agency Information
2. Project Requirements
3. Background, Need, Resources, and Expected Outcomes
4. Sustainability
5. Additional Questions

|  |
| --- |
| COVER LETTER / AGENCY INFORMATION |
| Name and e-mail address of the person completing this application. This person will only be contacted if there are immediate questions related to the submitted application. |       |
| Contact Information for designated project point of contact\*\*Per RFA: Applicants are required to designate one main point of contact with whom NACCHO will directly communicate on all matters related to this project, including selection notification. If the agency is selected for the MAPP 2.0 Pilot, this person will be responsible for submitting all deliverables, participating in peer networking conference calls, and completing evaluation activities. | Name:       |
| E-mail:       |
| Phone:       |
| Contact information for designated lead fiscal/contractual point of contact: | Name:       |
| E-mail:       |
| Phone:       |
| Tribal/Local health department (T/LHD) name: |       |
| T/LHD full address: |       |
| T/LHD City and State, Postal Code: |       |
| Approximate population size served by T/LHD (number): |       individuals  |
| Primary type of population served by T/LHD (*select all that apply*): |

|  |  |
| --- | --- |
| [ ]  Frontier [ ]  Rural[ ]  Suburban | [ ]  Urban[ ]  Other (specify):  |

 |
| Current number of staff: | full-time equivalents (FTEs) |
| In the last 24 months (October 2019 – October 2021) has your T/LHD received any grant funding from NACCHO? (*Note: this information is for tracking purposes and has no bearing on review and selection*). | [ ]  Yes[ ]  No |
| If yes, provide a general description, dates and approximate amount of each separate grant funding received.  |       |
| Does your agency confirm that, if selected, you will be prepared to enter into the agreement with NACCHO per NACCHO’s terms and conditions, or identify and include any proposed changes with your application?*Selected applicants will enter a firm fixed price contractor agreement with NACCHO. A draft agreement is available in Attachment B of the RFA. Review each agreement’s terms and conditions – including provisions related to publications, acknowledgement of federal support, copyright interests, conference, meeting, and seminar materials, and logo use for conference and other materials – with your contracts officer.**NACCHO reserves the right to accept or decline any proposed changes to terms and conditions. Significant proposed changes, which could affect the agreement’s timely execution, may impact your selection as a successful applicant.* | [ ]  Yes[ ]  No |

|  |
| --- |
| MAPP 2.0 PHASE SELECTION for Pilot Test |

|  |  |
| --- | --- |
| Which phase of the revised MAPP materials will your organization utilize for the pilot test? ***Select one.*** | * Option A: Phase 1: Build the CHI Foundation
* Option B: Phase 2: Tell the Community Story
 |
| ***If selecting Option A:*** Review and complete the following | * Select **one** of the following tools to implement fully and provide feedback on using surveys and other mechanisms provided by NACCHO.
	+ Stakeholder and Power Analyses
	+ Starting Point Assessment

**AND*** Provide feedback on *all* the rest of the materials within the “Build the CHI Foundation” phase via surveys and other mechanisms facilitated by NACCHO.
* I agree
 |
| ***If selecting Option B:*** Review and complete the following | 1. Select **at least one** of the following assessments to implement and provide feedback on using surveys and other mechanisms provided by NACCHO.
	* Community Partners Assessment
	* Community Context Assessment
	* Community Status Assessment

**AND**1. Provide feedback on *all* the rest of the materials within the “Tell the Community Story” phase via surveys and other mechanisms facilitated by NACCHO.
* I agree
 |

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| EXPERIENCE AND RESOURCES |
| **Please respond to the following questions. Note that there is a 250-word limit for each.** |
| **Prior Experience with Community Health Improvement** |
| * Describe the health department’s experience leading and/or participating in a community health improvement process within the last 5 years, including the general roles that the health department has taken (e.g., acting as the lead facilitating organization; participating as a member of a local coalition or collaborative; participating in a local hospital’s community health needs assessment (CHNA) process)
* Which of the following CHA/CHIP frameworks has your health department used to guide the process? Select all that apply.
* MAPP
* AHA Community Health Improvement
* County Health Rankings
* Other: \_\_\_\_
* Describe the continuous quality improvement methods the agency has used throughout a CHI assessment, planning, or implementation process.
* *Optional*: Upload the local health department’s most recent community health assessment and/or community health improvement plan, or include a link to it online
 |
| **Health Equity Experience and Expertise** |
| * Describe how the health department has worked to promote population health equity within their community. Your response could include health equity-centered priorities on previous CHIPs, or previous activities that the health department has participated in to address health inequities.
* What framework(s) has the health department utilized to guide its community health improvement and/or health equity work? Select all that apply.
* Healthy People 2030
* World Health Organization
* Bay Area Regional Health Inequities Initiative (BARHII)
* Other:
* *Optional:* References to published work of the department related to health equity (e.g., health equity report)
 |
| **Community Engagement** |
| * Describe the health department’s approach to involving community members in CHI work, with an emphasis on opportunities for power sharing and supporting community power-building practices where possible (e.g., examples of the CHI-related activities community members have engaged in, methods used to recruit community members to engage, successes/challenges related to community engagement)
 |
| **Partnerships [Required only for those applying to Option A: Phase 1: Build the CHI Foundation]**  |
| * Describe 1-3 key organizational partnerships of the health department that have been utilized in past CHI processes, and/or that will be utilized during the pilot test.
 |
| **Data Infrastructure [Required only for those applying to Option B: Phase 2: Tell the Community Story]** |
| * Describe the health department’s resources and expertise available for data collection and analysis for the community health improvement process, including for data related to the root causes of health inequities and/or social determinants of health.
 |
| **Organizational Capacity** |
| * Describe the organization’s capacity to perform the activities required within the specified timeframe, including estimated staff FTE that will be dedicated to leading the pilot test.
 |

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| --- | --- |
| BUDGET AND BUDGET NARRATIVE |  |

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| --- |
| * Provide a detailed, fixed-price per-deliverable budget, including detailed projected costs for the completion of the project. Maximum award is up to $20,000 for each applicant organization (per instructions in p.4 of the RFA)
* [**Budget Template:**](https://nacchohq-my.sharepoint.com/%3Ax%3A/g/personal/aclayton_naccho_org/EUYXUwJ-99pIv9q3-ZU7pKkBOvgxOCoPHSbdDVCnG3JG2g?e=EoYZDg)This Excel template outlines the general format in which the budget should be presented. A budget narrative must accompany the budget and indicate the costs associated with each proposed activity. Both the budget and budget narrative must be uploaded to the online platform where indicated.
 |
| Selected applicants will enter a firm fixed price contractor agreement with NACCHO. A draft agreement is available in Attachment B of the RFA. Review each agreement’s terms and conditions – including provisions related to publications, acknowledgement of federal support, copyright interests, conference, meeting, and seminar materials, and logo use for conference and other materials – with your contracts officer and confirm that, if selected, you will be prepared to enter into the agreement with NACCHO or identify and include any proposed changes with your application. NACCHO reserves the right to accept or decline any proposed changes to terms and conditions. Significant proposed changes, which could affect the agreement’s timely execution, may impact your selection as a successful applicant. |

|  |
| --- |
| PROJECT REQUIREMENTS |

NACCHO has proposed a timeline of activities that each agency in the pilot test will complete. Please note whether you anticipate any challenges participating in the virtual trainings or in completing deliverables by the deadlines indicated in the table below.

|  |  |
| --- | --- |
| **Date** | **Event** |
| March 2022 | Individual Site Kick-off Call |
| March 2022 | MAPP 2.0 Virtual Training |
| April 2022 – July 31, 2022 | Pilot testing and review of all selected materials, including:* Complete all selected handbook tools or assessments
* Submit completed tools or assessment documents to NACCHO
* Submit assigned feedback surveys
* Participate in monthly progress calls
 |
| July 31, 2022 | Project period ends |

All field test sites will agree to the following as requirements for the project:

* Designate one main point of contact from the tribal/local HD with whom NACCHO will directly communicate on all matters related to this project, including notification of selection/non-selection.
* Identify at least one additional team member who is directly involved in the CHI process who will participate in the pilot.
* Have 2-3 individuals who are leading the MAPP pilot at your T/LHD participate in a Virtual Kick-off Call with NACCHO staff
* Have 2-3 individuals who are leading the MAPP pilot at your T/LHD participate in a MAPP 2.0 training
* Submit feedback surveys for each selected tool of revised MAPP, as they are completed
* Complete the Phase 1 or Phase 2 survey, as the phase is completed
* Participate in monthly progress calls with NACCHO staff
* Submit deliverables to NACCHO by the end of the project period and allow selected deliverables to be posted to NACCHO’s website to serve as examples for the field.

Anticipated challenges:       (or write “none”)

The T/LHD agrees to complete all requirements by the given deadlines if selected for the MAPP Pilot

[ ]  I agree

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| ADDITIONAL QUESTIONS |
| How did your agency hear about this funding opportunity (select all that apply)? | [ ]  NACCHO website[ ]  PI Compass e-newsletter[ ]  Forwarded to me by a colleague[ ]  Other, please specify (e.g., state public health association, state health agency, etc.):       |
| **PI Compass** is NACCHO's performance improvement e-newsletter. This newsletter features resources and events under the performance improvement umbrella, including the areas of accreditation, quality improvement, performance management, CHA/CHIP, and health equity. **If you are not yet signed up, we encourage you to do so to stay apprised of the updates outlined above. Visit:** [**http://www.naccho.org/pi**](http://www.naccho.org/pi) |