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STATEMENT OF POLICY

Mobilizing for Action Through Planning and Partnerships (MAPP)

Policy

The National Association of County and City Health Officials (NACCHO) recommends the Mobilizing for Action through Planning and Partnerships (MAPP) process as a framework for community health assessment and improvement planning.

NACCHO recommends that local, state, and national public health system partners work together to increase the knowledge and understanding of the utility of MAPP and develop the capacity of all communities to implement MAPP.

Justification

MAPP is a community-driven strategic planning process to achieve health equity. MAPP provides a structure for communities to assess their most pressing population health issues and align resources across sectors for strategic action. It emphasizes the vital role of broad stakeholders and community engagement, the need for policy, systems, and environmental change, and alignment of community resources toward shared goals. The process results in a community health [needs] assessment (CH[N]A) and a community health improvement plan (CHIP).

MAPP is one of the most widely used and reputable community health improvement (CHI) frameworks in the field. NACCHO created it in 2001 in response to a national charge to shift from traditional program and organizational strategic planning to a community-owned, systems approach that considers the complex and evolving challenges faced uniquely by public health.^{1,2} Over the years, NACCHO, the Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA) have updated MAPP to align with national strategies. In 2023, MAPP 2.0 was released, which included updates such as incorporating principles of health equity and community engagement, reducing the number of phases and assessments, and adding supplemental tools to the process.

MAPP helps local public health system partners shift their focus from operational, day-to-day planning to long-term strategic planning; from assessing needs to identifying assets and resources; and from a medically oriented model to a broad definition of health that considers the social determinants of health and root causes of inequity. MAPP uses the CH[N]A to uncover not only what inequities exist but also why they exist, through the collection and analysis of quantitative and qualitative data on root causes of health inequities and their influence on the SDOH, risk behaviors, and health outcomes. This approach is summarized through the MAPP 2.0 Theory of Change and the Foundational Principles³, which are: equity; flexible; continuous; community power; inclusion; trusted relationships; data and community informed action; strategic collaboration and alignment; and full spectrum actions. This design enables

communities to achieve Public Health 3.0, which calls for the health department to act as the “Community Health Strategist” and bridge multi-sector partnerships and leverage data and resources to align and build integrated systems to address the social determinants of health.⁴

MAPP aligns resources across stakeholders to work toward a common vision of improved community health and seeks to engage *all* of the local public health system, including any organization which contributes to the health of a community. These community organizations can identify strengths and weaknesses within the local public health system, opportunities for collaborative alignment, data collection and sharing, and participation in the CHIP. Community members are also involved in every step of MAPP.

MAPP can support a variety of organizations to meet their individual standards and requirements, as well. For example, to meet accreditation standards, local health departments are required through the Public Health Accreditation Board (PHAB) to develop and implement a community health assessment and community health improvement plan, demonstrate community engagement, and work with a broad range of community partners to address population health. In addition, tax-exempt hospitals can use MAPP to comply with IRS rulings to meet a “Community Benefit Standard.” The Community Benefit Standard requires that tax-exempt hospitals assess their community needs (i.e., conducting a CHNA) and develop implementation plans to address those needs (i.e., CHIP) (ACA § 9007(a) (amending 26 U.S.C. § 501(r)(4)). Similarly, health centers that receive tax exemption status are also required to conduct community health assessments and could follow the MAPP process (Section 330).

MAPP is adaptable for each community, allowing for modification of which steps of MAPP are completed, and how, depending on a community’s resources, experience, partnerships, and readiness.

Communities cited the following benefits of the MAPP process:

- Facilitates engagement from multiple sectors to identify factors and actions that impact morbidity and mortality;^{5,6}
- Structures community engagement to incorporate diverse perspectives from populations most impacted by adverse health outcomes;^{5,6}
- Identifies community priorities beyond health outcomes and biological or behavioral risk factors;⁴
- Provides direction and buy-in for policy, systems, and environmental change;⁵
- Generates progress toward health equity by addressing the social determinants of health;⁵
- Creates opportunities to develop new local partnerships and collaborations;
- Increases public recognition of the importance of health departments and their role as chief health strategists;⁶
- Improves transparency around long-term planning to address health disparities;
- Highlights opportunities around quality data collection and usage;⁶
- Increases the visibility of public health in the community, and
- Contributes to obtainment of resources and funding.⁷

References

1. The Disarray of Public Health. Institute of Medicine (US) Committee for the Study of the Future of Public Health. Washington (DC): National Academies Press (US); 1988. Access: <https://www.ncbi.nlm.nih.gov/books/NBK218222/>
2. The Future of the Public's Health in the 21st Century. Institute of Medicine (US) Committee on Assuring the Health of the Public in the 21st Century. Washington (DC): National Academies Press (US); 2002. Access: <https://www.ncbi.nlm.nih.gov/books/NBK221239/>
3. Mobilizing for Action through Planning and Partnerships (MAPP) 2.0. (2023). National Association of County and City Health Officials.
4. Delsalvo KB, Wang YC, Harris A, Auerbach J, Koo D, O'Carroll P. Public Health 3.0: A Call to Action to Create a 21st Century Public Health Infrastructure. Office of Assistance Secretary. Prev Chronic Dis. 2017; 14:170017.
5. Evaluation of NACCHO's Mobilizing for Action through Planning and Partnerships (MAPP) Framework. (2019). MidAmerica Center for Public Health Practice, University of Illinois at Chicago.
6. Outcome Evaluation of the NACCHO MAPP Program. (June 2009) TCC Group.
7. Healthy People 2020-NACCHO Partnership and Mobilizing for Action through Planning and Partnerships: *Survey Findings on Connections, Collaborations, and Challenges*. (February 2012). The National Association of County and City Health Officials.

Record of Action

Proposed by NACCHO MAPP Workgroup

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