MAPP 2.0 and PHAB Version 2022 Crosswalk:

Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 and the Public Health Accreditation Board (PHAB) Standards and Measures for Initial Accreditation

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OVERVIEW

With public health evolving to take a more active role in fighting health inequities, the Mobilizing for Action through Planning and Partnerships (MAPP) redesign was perfectly timed to coincide with the evolution of other national public health frameworks and initiatives, such as the 10 Essential Public Health Services, Healthy People 2030, and the Public Health Accreditation Board (PHAB) Standards and Measures Version 2022, which have all shifted to focus on health equity. MAPP is named within the PHAB Standards and Measures Version 2022 as a suitable model that local health departments (LHDs) can use to help achieve various activities required for accreditation due to the framework's focus on equity and alignment with the 10 Essential Public Health Services. This crosswalk highlights areas within the MAPP 2.0 guidance that can be used to meet the required activities, and obtain the required documentation, for the following domains within the PHAB Standards and Measures for Initial Accreditation Version 2022:

- Domain 1: Assess and monitor population health status, factors that influence health, and community needs and assets
- Domain 4: Strengthen, support, and mobilize communities and partnerships to improve health
- Domain 5: Create, champion, and implement policies, plans, and laws that impact health
- Domain 7: Contribute to an effective system that enables equitable access to the individual services and care needed to be healthy

These four domains were selected as the required documentation and guidance for these domains aligns with activities that can be implemented and/or supported through the community health improvement (CHI) process.

HOW TO USE THIS CROSSWALK

Within this crosswalk you will find tables corresponding with the PHAB Standards and Measures within each of the above domains. Each table includes the list of required documentation the health department must provide as evidence for the measure, taken directly from the PHAB Standards and Measures for Initial Accreditation Version 2022, section(s) within the MAPP 2.0 guidance that align with this documentation, the page number(s) to find the MAPP 2.0 guidance which correspond to the digital versions of all MAPP 2.0 documents, and a description of how the MAPP 2.0 guidance aligns with the required PHAB Standards and Measures documentation. **Bolded text** included in the description section of each table below highlights key terms and/or phrasing that is used in the "Guidance" sections for each measure located within the PHAB Standards and Measures for Initial Accreditation Version 2022. It is important to review the "Guidance" sections for each measure within the PHAB Standards and Measures for Initial Accreditation Version 2022 to better understand how sections of MAPP 2.0 and the CHI process support the work that results in the required documentation.

This crosswalk is meant to be used in conjunction with the PHAB Standards and Measures for Initial Accreditation Version 2022 and the following MAPP 2.0 materials, which can be downloaded from NACCHO's Toolbox:

- MAPP 2.0 Handbook – Includes guidance for the three-phase process
- Assessment Tools
    - Starting Point Assessment (SPA) – Tool to reflect on past community health improvement cycles and set goals for the current cycle, used in Phase 1

    - Community Partner Assessment (CPA) – Partner assessment tool, used as part of the community health assessment in Phase 2
    - Community Status Assessment (CSA) – Quantitative assessment tool, used as part of the community health assessment in Phase 2
    - Community Context Assessment (CCA) – Qualitative assessment tool, used as part of the community health assessment in Phase 2
- MAPP Supplemental Tools – Includes worksheets, templates, and reference material to use throughout the MAPP 2.0 process, organized into folders for each tool

Having the PHAB Standards and Measures for Initial Accreditation Version 2022 and the MAPP 2.0 materials available to you to reference as you are going through this crosswalk will allow you to highlight opportunities to use MAPP 2.0 to support obtaining accreditation.

Domain 1: Assess and monitor population health status, factors that influence health, and community needs and assets			
Standard 1.1: Participate in or lead a collaborative process resulting in a comprehensive community health assessment (CHA).			
Measure 1.1.1 A: Develop a community health assessment that must include the elements that are outlined under "Required Documentation."			
Required Documentation	**MAPP 2.0 Section(s)**	**Page #**	**Description**
a. A list of participating partners involved in the CHA process. Participation must include: i. At least 2 organizations representing sectors other than governmental public health. ii. At least 2 community members or organizations that represent populations who are disproportionately affected by conditions that contribute to poorer health outcomes.	MAPP 2.0 Handbook Phase I, Step 2: Establish or Revisit CHI Leadership Structures	43–44	Discusses how various types of organizations and individuals can participate in MAPP through the following groups and committees: • *Core Group* – 2-3 people who do the day-to-day work and dedicates the most time to the CHI process • ***Steering Committee*** – 10-20 people that provide direction and community input and focuses everyone on the vision • ***CHI Infrastructure Workgroups*** – Support foundational resources for MAPP (such as partnership development or funding). • *Assessment Design Team (ADT)* – Leads the implementation of the three assessments during Phase II of MAPP • *Priority Issue Subcommittees* – Oversee the implementation of each priority in the CHIP.
	MAPP 2.0 Handbook Phase I, Appendix B. Stakeholder Brainstorm Toolkit	68–69	Describes of the types of sectors (outside of governmental public health) that you can engage in MAPP. The "Community Services" slice of the *Stakeholder Wheel* on p. 69 notes the types of **community members or organizations that you can engage that represent populations who have lived experience with, or are disproportionately affected by, conditions that contribute to poorer health outcomes**.
b. The process for how partners collaborated in developing the CHA.	MAPP 2.0 Handbook Introduction to MAPP 2.0 Phases and Steps of MAPP 2.0	8–11	Gives an overview of the MAPP 2.0 framework* and outlines all the phases and steps of the MAPP process, including descriptions and suggested frequencies for each step.

			*Note that PHAB includes the following within its guidance: ***The process may follow a national model; state-based model; a model from the public, private, or business sector; or other partnership and community participatory process model. Models could include, for example, Mobilizing for Action through Planning and Partnership (MAPP; NACCHO)***
c. Comprehensive, broad-based data. Data must include: i. Primary data. ii. Secondary data from two or more different sources.	Community Context Assessment, Step 1.4: Choose Your Engagement Methods	19–24	Describes many structured and unstructured qualitative methods that you can use to collect **primary data,** particularly to obtain information on different target populations or answer key questions. These methods include **focus groups**, **community meetings/town halls**, **community dialogues**, **interviews**/discussions, **community asset mapping**, photovoice, and walking/windshield tours. There are also examples of how different jurisdictions have used these methods.
	Full List of Qualitative Methods for MAPP CCA Spreadsheet	N/A	This is an additional resource for various methods you can use to collect **primary data**. You can find this resource in the MAPP 2.0 Supplemental Tools download from the MAPP 2.0 NACCHO Toolbox page. Once you have downloaded the files, this file can be found under the CCA Supplemental Tools folder.
	Community Status Assessment, Step Five: Collect Data	15–17	Describes the difference between **primary and secondary data** and outlines various resources for collecting both **primary and secondary data**.
	Community Status Assessment, Appendix E. Quantitative Data Collection Methods	44–46	Gives a detailed description of the following **primary and secondary data** methods including options for conducting these methods based on your organization's resources and capacity: • **Surveys** • Observations • Extracting Publicly Available Secondary Data (e.g., **BRFSS, Census, American Community Survey**) • **Obtaining Surveillance Data from Health Systems** or Health Departments
	Secondary Data Source List	N/A	This is an additional resource for sources of publicly available data on health behaviors and outcomes, social determinants of health, and systems of privilege, power, and oppression that you can use to collect **secondary data**.

			You can find this resource in the MAPP 2.0 Supplemental Tools download from the MAPP 2.0 NACCHO Toolbox page. Once you have downloaded the files, this file can be found under the CSA Supplemental Tools folder.
d. A description of the demographics of the population served by the health department, which must, at minimum, include: i. The percent of the population by race and ethnicity. ii. Languages spoken within the jurisdiction. iii. Other demographic characteristics, as appropriate for the jurisdiction.	Compendium of State-Level Secondary Data Resources	N/A	This is an additional resource for sources to collect or request publicly available data that will be more localized to your state and jurisdiction. Information on the characteristics of the data (geography, **race/ethnicity, age, and income**) are also included. You can find this resource in the MAPP 2.0 Supplemental Tools download from the MAPP 2.0 NACCHO Toolbox page. Once you have downloaded the files, this file can be found under the CSA Supplemental Tools folder.
e. A description of health challenges experienced by the population served by the health department, based on data listed in required element (c) above, which must include an examination of disparities between subpopulations or sub-geographic areas in terms of each of the following: i. Health status. ii. Health behaviors. f. A description of inequities in the factors that contribute to health challenges (required element e), which must, include social determinants of health or built environment.	Community Status Assessment, Appendix C. CSA Indicator Matrix	38–42	The CSA Indicator Matrix outlines a range of relevant indicators to help understand the status of your community focused on **health status, behaviors**, **and outcomes** (e.g., life expectancy, STD infection rate, smoking and tobacco use, physical inactivity); **social determinants of health** (e.g., walkability index, access to a park, social vulnerability, uninsured, educational attainment); and systems of power, privilege, and oppression or **structural determinants of health** (e.g., income inequality, economic segregation, and employment-population ratio). The indicators are based on criteria relevant to MAPP, the CSA, and evidence-based practices.
	Community Context Assessment, Coding Your Data	33	Coding is the process of **reviewing qualitative data systematically to identify themes**. You can use coding to analyze not only interviews or focus group transcripts but also the results of other qualitative data collection, such as notes from a community meeting or the results of an asset map. ***Health Behaviors and Outcomes*** *(or* ***Health Status****)*, ***Social Determinants of Health***, *and Systems of Power, Privilege, and Oppression* can be used as codes in your coding process when reviewing data from your CCA.
	Community Context Assessment, Connect Assessment Results to Cross-Cutting MAPP Themes	35	Provides an example of how to organize your CCA results into the **cross-cutting MAPP themes**, including ***Health Behaviors and Outcomes***, ***Social Determinants of Health***, and *Systems of Power, Privilege, and Oppression*.

	Community Context Assessment, Appendix I. Activity Reflection Chart to Help Capture Themes	53	This chart can be used during the CCA to capture any lessons, observations, opportunities, and challenges related to the five **themes** that will be used in data triangulation at the end of Phase II of MAPP including ***Health Behaviors and Outcomes***, ***Social Determinants of Health***, and *Systems of Power, Privilege, and Oppression*.
	Community Partner Assessment, Appendix C. Activity Reflection Chart to Help Capture Themes	32	This chart can be used after each CPA partner discussion meeting to capture what partners are learning about each other, the CHI process, opportunities, challenges, etc. as those learnings relate to the five **themes** that will be used in data triangulation at the end of Phase II of MAPP including ***Health Behaviors and Outcomes***, ***Social Determinants of Health***, and *Systems of Power, Privilege, and Oppression*.
	MAPP 2.0 Handbook Phase II, Step 4.3: Organize Summary Data from the Assessments into Cross-Cutting Themes	110–116	For this step, you will **organize the data from all three assessments under the five cross-cutting themes**, which include ***Health Behaviors and Outcomes***, ***Social Determinants of Health***, and *Systems of Power, Privilege, and Oppression*. This step includes a description of each of these themes as well as a *Developing Cross-Cutting Themes Worksheet* (pp. 114–116) that you can use to brainstorm themes based on data from the three assessments.
g. Community assets or resources beyond healthcare and the health department that can be mobilized to address health challenges. The CHA must address the jurisdiction as described in the description of Standard 1.1.	Community Context Assessment	Various	Two of the questions that the CCA hopes to answer focus on **community assets and resources** (p. 4): • What strengths and resources does the community have that support health and well-being? • What physical and cultural assets are in the built environment? How do those vary by neighborhood? Domain 1: Community Strengths and Assets and Domain 2: Built Environment respond to these overarching questions. (pp. 12–15) As you conduct the CCA, specifically Domains 1 and 2, you will have various opportunities to collect and analyze information on **community assets and resources**.

Domain 1: Assess and monitor population health status, factors that influence health, and community needs and assets			
Standard 1.1: Participate in or lead a collaborative process resulting in a comprehensive community health assessment.			
Measure 1.1.2 A: Ensure the community health assessment is available and accessible to organizations and the general public.			
Required Documentation	**MAPP 2.0 Section(s)**	**Page #**	**Description**
1. Key findings **and** the full community health assessment (from Measure 1.1.1) actively shared with others. One example must show actively informing organizations including those that are **not** members of the community health assessment partnership. The other example must show actively informing the public.	MAPP 2.0 Handbook Phase II, Step 6: Share CH[N]A Findings	129–131	This step of Phase II helps you determine the best ways to bring the data to life and capture the full story of the community and the health and well-being of its residents. This includes a sample CH[N]A report outline, which takes the required documentation from Measure 1.1.1 A into consideration, as well as ideas for additional ways to share your community health assessment such as an online data dashboard, online summary report, **community presentation**, or interactive website.
	Community Status Assessment, Step Nine: Share Results with Your Community	26	Discusses ways you can share results from the CSA with your community and participants such as using methods like **community presentations**, **press releases**, and written reports to provide multiple access points to your findings. It also references considering the channel for your message to reach various types of partners and community members. For example, you might reach local policymakers through **radio or newspapers**, while **social media platforms** might be better to reach youth.
	Community Context Assessment, Step Three: Summarize and Share Data	36–38	Discusses how you can summarize and share the qualitative data collected in the CCA as well as how this data summary can be incorporated into your CH[N]A. Ideally, your CCA summary will be in two forms: (1) a written outline that can easily be copied and pasted into the larger documents and reports; and (2) a visual **presentation**, such as slides, **infographics**, or posters with highlights and quotes from the CCA.
	Community Partner Assessment, Step 6: Draft CPA Report Findings and Share with Partners Community Partner Assessment, Step 7: Finish and Share the CPA Report	24–25	These steps of the CPA discuss how you can draft your CPA report and **get feedback from partners on the report**, as well how to **share the findings of the CPA with participating partners**.

Domain 1: Assess and monitor population health status, factors that influence health, and community needs and assets			
Standard 1.2: Collect and share data that provide information on conditions of public health importance and on the health status of the population.			
Measure 1.2.1 A: Collect non-surveillance population health data.			
Required Documentation	**MAPP 2.0 Section(s)**	**Page #**	**Description**
1. Primary **quantitative** population health data collected for the purpose of understanding health status in the jurisdiction, including: a. Data collection instrument.	Community Status Assessment, Step Six: Develop and Apply Data-Collection Plan	18–20	This part of the CSA, which is the **quantitative** MAPP assessment, provides instructions on how to develop and apply a data collection plan. This includes determining your **data collection instrument(s) (e.g., survey)**.
	Community Status Assessment, Appendix F: Data Collection Plan Template	47	This is a document that can be used to determine the different **data collection instruments** you may develop/use based on what you are measuring/what questions you are trying to answer. This is also provided as an excel file that can be downloaded from the MAPP 2.0 NACCHO Toolbox page. Once you have downloaded the files, this file can be found under the CSA Supplemental Tools folder.
b. Evidence that instrument was used to collect data. Data must provide information about the health status of the population or the factors contributing to the health status.	Community Status Assessment, Step Seven: Organize, Analyze, and Interpret Data	21	The first part of this step in the CSA describes how you should compile and organize data using a data management/monitoring system (e.g., Microsoft Excel, Tableau). This data management/monitoring system should be informed by the data collection instrument(s) and be able to **show evidence that the instrument(s) were used to collect data**.
2. Primary **qualitative** population health data collected for the purpose of understanding health status in the jurisdiction, including: a. Data collection instrument.	Community Context Assessment, Step 1.4: Choose Your Engagement Methods	19–24	Describes many structured and unstructured qualitative methods that you can use to collect primary data, particularly to obtain information on different target populations or answer key questions. These methods include **focus groups**, **community meetings/town halls**, **community dialogues**, **interviews**/discussions, community asset mapping, photovoice, and walking/windshield tours. This includes determining your data collection instrument(s) and links to examples of data collection instruments.
	Community Context Assessment, Step 2.2: Develop Your Assessment Tools	27–32	Describes guidance and resources for commonly used qualitative data collection methods including **focus groups** and **key informant interviews** that can also assist with developing tools to implement these methods.
	Full List of Qualitative Methods for MAPP CCA	N/A	This is an additional resource that contains a full list of qualitative data collection methods (e.g., **surveys**, **community meetings/town halls**, **focus groups**, and **interviews**/discussions) with information on how to

			guidance, additional resources, and tools and data for most resources listed. You can find this resource in the MAPP 2.0 Supplemental Tools download from the MAPP 2.0 NACCHO Toolbox page. Once you have downloaded the files, this file can be found under the CCA Supplemental Tools folder.
b. Evidence that instrument was used to collect data. Data must be collected directly from groups or individuals who are at higher health risk. The collected data must provide information about the health status of the population or the factors contributing to the health status.	Community Context Assessment, Step 3.1: Write Your CCA Summary	36–37	Includes a proposed outline for your CCA summary, which will be useful for sharing the findings of your qualitative data collection. Under the "Summary of Methods" section of the outline, it is recommended that you **provide a description of how and when data collection occurred, which includes information and evidence that the selected instruments were used to collect data**.

Domain 1: Assess and monitor population health status, factors that influence health, and community needs and assets			
Standard 1.2: Collect and share data that provide information on conditions of public health importance and on the health status of the population.			
Measure 1.2.2 T/L: Participate in data sharing with other entities.			
Required Documentation	**MAPP 2.0 Section(s)**	**Page #**	**Description**
1. Participation in data sharing with other entities, by either: a. Providing data to another entity; **or** b. Receiving data from another entity; **or** c. Providing a data use agreement with another entity. The data being shared must include record-level data.	Starting Point Assessment, Section 4: Data and Assessments, Quantitative Assessment Reflection	26–29	This section of the SPA allows you to reflect on the quality of the data used for the last CH[N]A, the indicators and assessment methods used, and key findings from the previous assessments. A portion of this reflection is to think about **which organizations or agencies you share/receive data with**, **the type of data that is shared**, and if it is possible to continue the data sharing relationship in the next CHI cycle.
	MAPP 2.0 Handbook Phase I, Appendix I. Workgroup Suggested Tiered Strategies	86–90	Suggest strategies that will help you plan how to address priorities identified in the Starting Point Assessment. This appendix includes good, better, and best practices on **data sharing and data access**. This includes practices for the quantitative assessment (related to indicators, survey methods, observation methods, and secondary methods), the qualitative assessment (related to populations represented), the systems/partners assessment, and sharing results with the community.

	MAPP 2.0 Handbook Phase II, Step 1: Form the Assessment Design Team	95–100	When forming your ADT, you should **consider engaging members who have access to data and data systems and the ability to share data**. This step in Phase II describes a suggested process forming your ADT as well as expertise and resources members should have access to and a charter template to outline roles and responsibilities of all ADT members.
	Compendium of State-Level Secondary Data Resources	N/A	This is an additional resource for sources to collect or request publicly available data that will be more localized to your state and jurisdiction, including different **state managed data systems** (**registries**, **vital records data**, **disease reporting systems**, etc.) You can find this resource in the MAPP 2.0 Supplemental Tools download from the MAPP 2.0 NACCHO Toolbox page. Once you have downloaded the files, this file can be found under the CSA Supplemental Tools folder.

Domain 1: Assess and monitor population health status, factors that influence health, and community needs and assets			
Standard 1.3: Analyze public health data, share findings, and use results to improve population health.			
Measure 1.3.1 A: Analyze data and draw public health conclusions.			
Required Documentation	**MAPP 2.0 Section(s)**	**Page #**	**Description**
1. Conclusions from **quantitative** analysis of data relevant to public health, which include: a. Comparisons. b. The analytic process used. (If the analytic process used is not evident in the example, it could be indicated in the Documentation Form.) c. Conclusions At least some data used in the analysis must be specific to the population served by the health department or a subset of the jurisdiction's population.	Community Status Assessment, Step 7: Organize, Analyze, and Interpret Data	21–22	This part of the CSA, which is the **quantitative** MAPP assessment, provides guidance on how to organize, analyze, and interpret your quantitative data. This includes: • Elements to consider when developing a data-monitoring system, such as **comparisons to state, regional, Tribal, national, and peer data**. • Resources to help you understand how to analyze and interpret data. • **Considerations for disaggregating the data to examine relationships or associations between indicators and other variables of interest (e.g., neighborhood, race/ethnicity, and age).** • Guidance on how to summarize and interpret the results**, developing conclusions from the data**, based on the CSA guiding questions.
	Community Status Assessment, Step 8: Compile Results	23–25	Discusses ways to compile the results to prepare them for sharing out with the community, partners, and key stakeholders. This includes guidance and resources for **data visualization**, which helps to present large amounts of data by putting information in a format audiences can understand (e.g., **tables, graphs, or charts**). Data visualization will also help to show comparisons of the data and conclusions from the data collected.

2. Conclusions from **<u>qualitative</u>** analysis of data relevant to public health, which include: a. The analytic process used. (If the analytic process used is not evident in the example, it could be indicated in the Documentation Form.) b. Conclusions. At least some data used in the analysis must be specific to the population served by the health department or a subset of the jurisdiction's population.	Community Context Assessment, Step 2.3: Analyze and Reflect on Qualitative Data	32–34	This part of the CCA, which is the **<u>qualitative</u>** MAPP assessment, provides guidance on how to process and combine the information that has been collected through qualitative data collection methods (focus groups, key informant interviews, photovoice, townhalls, asset mapping, etc.). This includes understanding how to code the data or review the data systematically to **identify themes**.
	Community Context Assessment, Step 2.4: Connect Assessment Results to Cross-Cutting MAPP Themes	35	Gives examples of how to connect your qualitative data to the **cross-cutting MAPP themes**: • *Community Strengths and Organizational Capacities* – Community strengths, resources, and capacity, and how these elements are supported in the CHI process by partners, stakeholders, and community members. • *Systems of Power, Privilege, and Oppression* – Represent the root causes, or structural drivers, of inequity including the "isms" (racism, capitalism, ableism, nationalism, heterosexism, etc.) and how they impact mechanisms of power (institutions, policy and legislation, narratives, norms and values, culture, etc.) • *Social Determinants of Health* – The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. • *Health Behaviors and Health Outcomes* – Health behaviors are actions people take that affect their health and health outcomes represent how healthy a community is right now.
	Community Context Assessment, Step 3.1: Write Your CCA Summary	36–37	Includes guidance on how to **summarize your qualitative data** in various formats that can be presented to key stakeholders, partners, and community members. This includes a summary outline that recommends highlighting the following: • **Common themes or experiences** shared about each CCA domain (Community Strengths and Assets, Built Environment, and Forces of Change) • Notable differing opinions or views by each CCA domain • **Recommendations to improve conditions and well-being** (e.g., necessary policies, practices, and programs, changes in service delivery, and priority issues) • Actionable next steps to center health equity and build power within the community

Domain 1: Assess and monitor population health status, factors that influence health, and community needs and assets			
Standard 1.3: Analyze public health data, share findings, and use results to improve population health.			
Measure 1.3.2 A: Share and review public health findings with stakeholders and the public.			
Required Documentation	**MAPP 2.0 Section(s)**	**Page #**	**Description**
1. Materials that present key findings or provide a data visualization, which: a. Reference the source of the data.	Community Status Assessment, Step Five: Collect Data – Collecting Data from Existing Sources	15	Discusses how to collect data from existing **secondary data sources** (e.g., **U.S. Census**, BRFSS)
	Secondary Data Source List	N/A	This is an additional resource for **sources** of publicly available data on health behaviors and outcomes, social determinants of health, and systems of privilege, power, and oppression that you can use to collect secondary data. You can find this resource in the MAPP 2.0 Supplemental Tools download from the MAPP 2.0 NACCHO Toolbox page. Once you have downloaded the files, this file can be found under the CSA Supplemental Tools folder.
b. Include at least some data specific to the population or a subset of the jurisdiction's population served by the health department.	Compendium of State-Level Secondary Data Resources	N/A	This is an additional resource for sources to collect or request publicly available **data that will be more localized to your state and jurisdiction**. Information on the characteristics of the data (geography, race/ethnicity, age, and income) are also included. You can find this resource in the MAPP 2.0 Supplemental Tools download from the MAPP 2.0 NACCHO Toolbox page. Once you have downloaded the files, this file can be found under the CSA Supplemental Tools folder.
c. Are designed to be understandable to the public.	Community Status Assessment, Step 8: Compile Results	23–25	Discusses ways to compile the results to prepare them for sharing out with the community, partners, and key stakeholders. This includes guidance and resources for **data visualization**, which helps to present large amounts of data by putting information in a format audiences can understand (e.g., **tables, graphs, or charts**). Data visualization will also help to show comparisons of the data and conclusions from the data collected.
d. Are distributed. (If the distribution is not evident in the example, it may be	MAPP 2.0 Handbook Phase II, Step 6: Share CH[N]A Findings	129–131	Helps you determine the best ways to bring the data to life and capture the full story of the community and the health and well-being of its residents. This includes an **online data dashboard**, online summary report, **community presentation**, or an **interactive website**.

indicated in the Documentation Form.)	MAPP 2.0 Handbook Phase II, Appendix A. Helpful Hints for Presenting Data	134	Encourages communities to present data in multiple ways and gives suggestions on how to **present data in both written reports and oral presentations**.
	Community Status Assessment, Step Nine: Share Results with Your Community	26	Discusses ways you can share results from the CSA with your community and participants, specifically thinking about the source (**community presentations**, press releases, and written reports), message, audience, and channels (radio, newspapers, and **social media platforms**) for sharing the results. There are also additional considerations included in this section for communities thinking of non-traditional ways to share information.
2. Key data findings presented or discussed with external stakeholders. One example must demonstrate the presentation or discussion with the health department's governing entity or advisory board. The data used to develop key findings must include at least some data specific to the population served by the health department or a subset of the jurisdiction's population.	MAPP 2.0 Handbook Phase II, Step 6: Share CH[N]A Findings	129–131	Discusses the importance of **sharing the assessment findings with people who were directly involved in the CHI process**, such as the steering committee and workgroup members, **and people who may not have participated in the process**, such as the community at large and other stakeholders identified through the stakeholder analysis.
	MAPP 2.0 Handbook Phase II, Appendix A. Helpful Hints for Presenting Data	134	Encourages communities to present data in multiple ways and gives suggestions on how to present data in **both written reports and oral presentations**.
	Community Status Assessment, Step Nine: Share Results with Your Community	26	Discusses ways you can share results from the CSA with your community and participants, specifically thinking about the source (**community presentations**, press releases, and written reports), message, audience, and channels (radio, newspapers, and **social media platforms**) for sharing the results. There are also additional considerations included in this section for communities thinking of non-traditional ways to share information.
	Community Context Assessment, Step 3.2: "Ground Truthing" and Revisiting Your Communication Plan	38	Discusses the importance of sharing findings with interview or focus group participants to make sure you reflected their intended meaning. It also discusses including these members within the process of **sharing the findings with other key partners, stakeholders, and community members**.

Domain 1: Assess and monitor population health status, factors that influence health, and community needs and assets			
Standard 1.3: Analyze public health data, share findings, and use results to improve population health.			
Measure 1.3.3 A: Use data to recommend and inform public health actions.			
Required Documentation	**MAPP 2.0 Section(s)**	**Page #**	**Description**
1. Data findings used to inform the development or revision of policies, processes, programs, or interventions that are designed to improve the health of the population. Documentation must identify both the data findings used and the resulting policy, process, program, or intervention.	MAPP 2.0 Handbook Phase II, Step 5: Develop Issue Profiles through Root Cause Analysis	119–128	Discusses how to develop issue profiles of issues identified through the assessment data using root cause analysis methods. Issue profiles are used to orient the steering committee, partners, stakeholders, and community members to the issues that were identified and developed in *Phase II, Step 4: Triangulate Data, Identify Themes, and Develop Issue Statements*. They also connect the issues to the data collected through the assessments. A key section of the Issue Profiles is "**Potential Solutions**" which should be **informed by your priority community indicators, the upstream and downstream metrics that impact the issue, and how these metrics are influenced by each other**. These potential solutions should include upstream and downstream efforts that could impact these upstream and downstream metrics and **can be referred to when developing or revising policies, processes, programs, or intervention that adequately address the issues highlighted from the data**.

Domain 4: Strengthen, support, and mobilize communities and partnerships to improve health.			
Standard 4.1: Engage with the public health system and the community in promoting health through collaborative processes.			
Measure 4.1.1 A: Engage in active and ongoing strategic partnerships.			
Required Documentation	**MAPP 2.0 Section(s)**	**Page #**	**Description**
1. A collaborative activity to address a specific public health issue or population that builds on an ongoing partnership with another organization. In addition to the example of the collaborative activity, the Documentation Form or other documentation must also include the following to demonstrate each example arose from an ongoing collaboration: a. Name and brief description of the partner organization. b. Description of how long the partnership has been in place.	MAPP 2.0 Handbook MAPP Phase III, Step 3: Set Up Priority Issue Subcommittees	143–145	Discusses **developing subcommittees, which include community members, partners, and stakeholders, to address each priority issue** that has been identified for the CHIP. This subcommittee is responsible for developing the action plan and assigning the implementation process or the selected strategies related to their priority issue. During this part of MAPP, you will **re-visit partnerships that have been established throughout the MAPP process** to determine who to engage. This will include those partners identified and involved in the Stakeholder and Power Analysis, Community Partner Assessment, Assessment Design Team, MAPP Steering Committee,

c. Description of intentional actions taken to maintain the ongoing relationship. d. A brief description of how the example provided demonstrates that this is a collaborative activity that builds on the ongoing partnership. The health department must document 1 collaborative activity from each of two relationships with different organizations.			and other subcommittees and/or workgroups that have been established.
	MAPP 2.0 Handbook MAPP Phase III, Step 4: Create Community Partner Profiles	146–149	Includes creating partner profiles for each partner that is selected to be on a priority issue subcommittee to be able to further **understand their values, mission, available resources, and programmatic efforts related to the priority issue**. This profile is completed by both the MAPP Core Group and the community partner.

Domain 4: Strengthen, support, and mobilize communities and partnerships to improve health.			
Standard 4.1: Engage with the public health system and the community in promoting health through collaborative processes.			
Measure 4.1.2 A: Participate actively in community health coalition(s).			
Required Documentation	**MAPP 2.0 Section(s)**	**Page #**	**Description**
1. Active participation in a current, ongoing community coalition that addresses multiple population health topics or in two coalitions that each address a single health topic or population. Documentation must include: a. Purpose or intended goals of the coalition, including how they address disparities or inequities. b. Representatives from multiple sectors. c. Participation of community members. d. Modes and frequency of interaction. (If the modes and frequency of interaction is not evident in the example, it could be indicated in the Documentation Form.) The health department must actively participate in the coalition, although the coalition may be convened or facilitated by a representative of another community organization or agency.	MAPP 2.0 Handbook MAPP Phase I, Step 2: Establish or Revisit CHI Leadership Structures	43–44	Discusses how to develop a diverse core group and steering committee of **community members and partner organizations** to direct the process. The MAPP Steering Committee would be most aligned with a community coalition that addresses multiple population health topics as it **represents a community's populations and organizations and includes people with resources, community members, and people from the local public health system (representing multiple sectors)**.
	MAPP 2.0 Handbook MAPP Phase I, Step 4: Establish Administrative Structures for MAPP	49–51	Discusses how to formalize partnerships and organizational commitments to MAPP. This includes **establishing written agreements, bylaws, or policies establish shared understanding of exactly how each partner will contribute to MAPP**. These can outline how the coalition will continue to operate throughout the MAPP process. This includes **expectations through the development and implementation of the CHIP, which focus on various population health topics, and expectations for modes and frequency of interaction, which can be outlined in a Memorandum of Understanding (MOU).**
2. Strategies implemented through the work of the coalition(s) from Required Documentation 1.	MAPP 2.0 Handbook MAPP Phase III, Step 6: Select CHIP Strategies	154–157	Discusses how to **identify strategies** along the health equity action spectrum to achieve the desired outcomes for addressing the identified priority issues.

Both examples could be provided from the same coalition if multiple coalitions are provided above.	MAPP 2.0 Handbook MAPP Phase III, Step 7: Develop Continuous Quality Improvement Action Planning Cycles	158–166	Discusses how to develop action plan including SMARTIE (Specific, Measurable, Achievable, Relevant, Timebound, Inclusive, and Equitable) objectives for each strategy, measures, timelines, and a plan-do-study-act cycles that details the needed milestones and responsibilities of the MAPP team and subcommittee members. Developing SMARTIE objectives and measures will allow your coalition to **understand how strategies are being implemented and determine their success**.
	MAPP Strategy Bank	N/A	This is an additional resource that **houses a repository of evidence-based, model, or otherwise vetted strategies** submitted by MAPP communities and searchable by topic area for inclusion in a CHIP. Topic areas are aligned with the MAPP Health Equity Action Spectrum and include Root Cause – Structural Level, Root Cause – Institutional Level, Social Determinants Level, and Individual Level. This resource can be accessed on the Virtual MAPP Network. Information on how to join the MAPP Network to access the Strategy Bank can be found at naccho.org/mapp.

Domain 4: Strengthen, support, and mobilize communities and partnerships to improve health.			
Standard 4.1: Engage with the public health system and the community in promoting health through collaborative processes.			
Measure 4.1.3 A: Engage with community members to address public health issues and promote health.			
Required Documentation	**MAPP 2.0 Section(s)**	**Page #**	**Description**
1. Strategy implemented to promote active participation or eliminate barriers to participation among community members.	MAPP 2.0 Handbook MAPP Phase I, Step 1: Do a Stakeholder and Power Analysis	27–42	Step 4 of the Stakeholder and Power Analysis – Analyze Stakeholders and Prepare for Their Engagement – allows communities to **understand the type of decision-making power that community members may have in relation to the MAPP process**. **This can be revisited in selecting CHIP strategies that are led by community members in Phase III**.
	MAPP 2.0 Handbook MAPP Phase III, Step 2: Do a Power Analysis of Each Issue	139–142	Allows communities to a**ssess how each priority issue is influenced by people and institutions**, including the factors that caused or led to the issue. This can help you **understand the type of decision-making power community members have in relation to specific population health issues, which can be used when selecting CHIP strategies that are led by community members in Phase III**.

Domain 5: Create, champion, and implement policies, plans, and laws that impact health.			
Standard 5.1: Serve as a primary and expert resource for establishing and maintaining health policies and laws.			
Measure 5.1.1 A: Maintain awareness of public health issues that are being discussed by those who set policies and practices that impact on public health.			
Required Documentation	**MAPP 2.0 Section(s)**	**Page #**	**Description**
1. Evidence that the health department stays informed of the public health issues that are being discussed by the health department's governing entity or advisory board, elected officials, or other individuals or entities that set policies and laws that impact public health or the health department.	MAPP 2.0 Handbook MAPP Phase I, Step 1: Do a Stakeholder and Power Analysis	27–47	**Governing entities, advisory boards, elected officials**, and other individuals or entities that set policies and laws that impact public health should be analyzed within the Stakeholder and Power Analysis. It is important to **understand the power that these stakeholders have in relation to the MAPP process and how larger systems, such as policies and laws impact the community, community health, and MAPP**. This can be further explored in the *Exploring Power – Decision-Makers and Targets Activity* on page 40. It is also important to **understand the political resources that these individuals and entities have access to, including policy changes that they are advocating for that impact MAPP**.
	MAPP 2.0 Handbook MAPP Phase II, Step 4.3: Organize Summary Data from the Assessments into Cross-Cutting Themes	110–116	During the data triangulation process, communities are encouraged to identify cross cutting themes that highlight data from the three assessments. One category that themes can fall into includes *Systems of Power, Privilege, and Oppression* which would include themes that **highlight data related to policy and legislation that impact community health**.
	MAPP 2.0 Handbook MAPP Phase III, Step 4: Create Community Partner Profiles	146–149	Partnerships are critical to implementation of the CHIP, and the priority issue subcommittees should include partners who are strategically aligned with the priority issues and should include **governing entities, advisory boards, elected officials**, and other individuals or entities that set policies and laws that impact public health. Community Partner Profiles will allow you to **analyze these partners and determine their current interventions, programs, and activities, which could include policies and laws, that impact the priority issue**.
	MAPP 2.0 Handbook MAPP Phase III, Step 5: Develop Shared Goals and Long-Term Measures	150–153	When developing goal statements for your priority issues it is important to think about **barriers to achieving potential goals, which could include different policy and legal barriers related to policies or laws that have a direct effect on community health**.

	MAPP 2.0 Handbook MAPP Phase III, Step 6: Select CHIP Strategies	154–157	When developing strategies for your priority issue goals **consider how taking on policy change can address the root causes of health inequities**. Questions that you should ask when brainstorming CHIP strategies related to policy include: • Does the strategy address policies or practices that affect inequities? • Does the strategy target policy and environment to better address the root causes of inequity? As with goals, you also want to **think about potential legal or policy obstacles for your CHIP strategies**.
	MAPP 2.0 Handbook MAPP Phase III, Step 7.1: Develop SMARTIE Objectives	159–161	MAPP 2.0 encourages communities to develop SMARTIE objectives for their CHIP goals. SMARTIE objectives are Specific, Measurable, Achievable, Relevant, Timebound, Inclusive, and Equitable. The "Inclusive" portion of your SMARTIE objective should **showcase how traditionally marginalized people—particularly those most impacted—are brought into processes, activities, and decision/policymaking in a meaningful way**.

Domain 5: Create, champion, and implement policies, plans, and laws that impact health.			
Standard 5.1: Serve as a primary and expert resource for establishing and maintaining health policies and laws.			
Measure 5.1.2 A: Examine and contribute to improving policies and laws.			
Required Documentation	**MAPP 2.0 Section(s)**	**Page #**	**Description**
1. A review of a current or proposed policy or law shared with those who set or influence policy. Each review must include:	MAPP 2.0 Handbook MAPP Phase I, Step 1: Do a Stakeholder and Power Analysis	27–47	**Governing entities, advisory boards, elected officials**, and other individuals or entities that set policies and laws that impact public health should be analyzed within the Stakeholder and Power Analysis. It is important to **understand the power that these stakeholders have in relation to the MAPP process and how larger systems, such as policies and laws impact the community, community health, and MAPP**. This can be further explored in the *Exploring Power – Decision-Makers and Targets Activity* on page 40. It is also important to **understand the political resources that these individuals and entities have access to, including policy changes that they are advocating for that impact MAPP**.

	MAPP 2.0 Handbook MAPP Phase III, Step 4: Create Community Partner Profiles	146–149	Partnerships are critical to implementation of the CHIP, and the priority issue subcommittees should include partners who are strategically aligned with the priority issues and should include **governing entities, advisory boards, elected officials**, and other individuals or entities that set policies and laws that impact public health. Community Partner Profiles will allow you to **analyze these partners and determine their current interventions, programs, and activities, which could include policies and laws, that impact the priority issue**.
	MAPP 2.0 Handbook MAPP Phase III, Step 5: Develop Shared Goals and Long-Term Measures	150–153	When developing goal statements for your priority issues it is important to think about **barriers to achieving potential goals, which could include different policy and legal barriers related to policies or laws that have a direct effect on community health**.
a. Consideration of evidence-based practices, promising practices, or practice-based evidence.	MAPP 2.0 Handbook MAPP Phase III, Step 6: Select CHIP Strategies	154–157	When adopting strategies for your CHIP goals, you may need to adopt a new strategy if the current work does not help accomplish your goals. Rather than creating an entirely new strategy, reference reputable sources to adopt an **evidence-based practice** that has been shown to be effective at addressing the priority issue. Reference resources like the National Institutes of Health's Evidence-Based Practices, Programs, and Resources.
	MAPP Strategy Bank	N/A	This is an additional resource that houses a repository of **evidence-based**, model, or otherwise vetted strategies submitted by MAPP communities and searchable by topic area for inclusion in a CHIP. Topic areas are aligned with the MAPP Health Equity Action Spectrum and include Root Cause – Structural Level, Root Cause – Institutional Level, Social Determinants Level, and Individual Level. Root Cause – Structural Level strategies refer to any actions that seek to address the underlying social, **political and economic systems** that lead to hierarchies of privilege and oppression, imbalances in power and resultant social injustices. This resource can be accessed on the Virtual MAPP Network. Information on how to join the MAPP Network to access the Strategy Bank can be found at naccho.org/mapp.

b. Assessment of the impacts of the policy or law on equity.	MAPP 2.0 Handbook MAPP Phase III, Step 6: Select CHIP Strategies	154–157	When adopting strategies for your CHIP goals, an existing strategy may not meet the needs of the community and address the goal. In this case, you could develop a new intervention. For each strategy that is not evidence-based, you should perform an **impact assessment or racial equity impact assessment (REIA)**. This assessment will help you **understand the impact of the strategy on different groups and how a proposed action or decision will likely affect different racial and ethnic groups**. Your impact assessment should consider how laws or policies correct injustices that have contributed towards higher health risks or poorer health outcomes among subpopulations.
	MAPP 2.0 Handbook MAPP Phase III, Step 6.1: Brainstorm Strategies	156	When developing strategies for your priority issue goals **consider how taking on policy change can address the root causes of health inequities**. Questions that you should ask when brainstorming CHIP strategies related to policy include: • Does the strategy address policies or practices that affect inequities? • Does the strategy target policy and environment to better address the root causes of inequity? As with goals, you also want to think about potential legal or policy obstacles for your CHIP strategies.
	MAPP 2.0 Handbook MAPP Phase III, Step 7.1: Develop SMARTIE Objectives	159–161	MAPP 2.0 encourages communities to develop SMARTIE objectives for their CHIP goals. SMARTIE objectives are Specific, Measurable, Achievable, Relevant, Timebound, Inclusive, and Equitable. The "Inclusive" portion of your SMARTIE objective should showcase **how traditionally marginalized people—particularly those most impacted—are brought into processes, activities, and decision/policymaking in a meaningful way, and you must understand how law/policies have a disproportionate impact on these groups to be able to do this.**
c. Input gathered from stakeholders or strategic partners. Documentation must include both the review and how it was shared.	MAPP 2.0 Handbook MAPP Phase III, Step 6.2: Prioritize Strategies	156–157	**Input on strategies related to implementing or adjusting policies and laws can be gathered from community stakeholders and strategic partnerships** when prioritizing which strategies to include in the CHIP. Prioritization techniques that can be used with stakeholders and strategic partners such as the Nominal Group Technique, are included in NACCHO's Guide to Prioritization Techniques.

Domain 5: Create, champion, and implement policies, plans, and laws that impact health.			
Standard 5.2: Develop and implement community health improvement strategies collaboratively.			
Measure 5.2.1 A: Engage partners and members of the community in a community health improvement process.* *Note that PHAB includes the following within its guidance: ***The health improvement process could be a national model; state-based model; a model from the public, private, or business sector; or other participatory process model. National models include, for example, Mobilizing for Action through Planning and Partnerships (MAPP, developed for local health departments but can be used in state health departments)***			
Required Documentation	**MAPP 2.0 Section(s)**	**Page #**	**Description**
1. A collaborative process for developing the community health improvement plan (CHIP), which includes: a. A list of participating partners involved in the CHIP process. Participation must include: i. At least 2 organizations representing sectors other than public health. ii. At least 2 community members or organizations that represent populations that are disproportionately affected by conditions that contribute to health risks or poorer health outcomes.	MAPP 2.0 Handbook Phase II, Step 1: Form the Assessment Design Team	95–100	The Assessment Design Team is responsible for all aspects of Phase II of MAPP, which include triangulating data from the three assessments to identify themes and develop issue statements, and to develop issue profiles through a root cause analysis. **This team should include partners, stakeholders, and community members. This includes organizations representing sectors other than public health, and community members or organizations that represent populations that are disproportionately affected by conditions that contribute to health risks or poorer health outcomes.**
	MAPP 2.0 Handbook MAPP Phase III, Step 3: Set Up Priority Issue Subcommittees	143–145	Your CHIP priority issue subcommittees direct the CHIP by identifying shared goals, long-term measures, and strategies for their assigned priority. They also develop CQI action plans for the issues. Revisit the stakeholder analysis, past subcommittees, CPA, and the power analysis to help determine who should be on each subcommittee. Consider including the following: • **Those most affected by the priority issue and/or who represent populations that are disproportionately affected by conditions that contribute to health risks or poorer health outcomes**. • Organizations and systems that perpetuate the issue or need, including **those representing sectors other than public health**. • Those who directly and indirectly address the issue, including those representing sectors other than public health. • Those charged with carrying out activities, interventions, and actions related to the issue, including those representing sectors other than public health. • Organizations and institutions that serve or otherwise interact with those groups, including those representing sectors other than public health.

b. Review of information from the community health assessment.	MAPP 2.0 Handbook MAPP Phase II, Step 5: Develop Issue Profiles through Root Cause Analysis	119–128	Discusses how to **develop issue profiles of issues identified through the community health assessment data using root cause analysis methods**. Issue profiles are used to orient the steering committee, partners, stakeholders, and community members to the issues that were identified and developed in *Phase II, Step 4: Triangulate Data, Identify Themes, and Develop Issue Statements*. They also connect the issues to the data collected through the assessments. **Issue profiles should be used in the process to determine which priorities will be addressed in the CHIP**.
c. Review of the causes of disproportionate health risks or health outcomes of specific populations.	MAPP 2.0 Handbook MAPP Phase II, Step 5: Develop Issue Profiles through Root Cause Analysis	119–128	Issue profiles should include priority community indicators representing data from the three assessments that support the issue. What indicators from these assessments were highlighted? How are these indicators represented in your root cause analysis? **How do these indicators, and related indicators from other highlighted topics, tie together upstream and downstream metrics**? Refer back to the health equity action spectrum to understand where these indicators and their metrics fall on the spectrum. Think of the core categories you organized your themes under in *Phase II, Step 4.3: Organize Summary Data from the Assessments into Cross-Cutting Themes*: • ***Systems of Power, Privilege, and Oppression*** • ***Social Determinants of Health*** • *Health Behaviors and Health Outcomes*
d. Process used by participants to select priorities. The CHIP process must address the jurisdiction as described in the description of Standard 5.2.	MAPP 2.0 Handbook MAPP Phase III, Step 1: Prioritize Issues for the CHIP	136–138	At the end of Phase II, the community developed a set of strategic issues based on CH[N]A findings. The next step is to **prioritize the strategic issues, using the issue profiles developed at the end of Phase II. This process is outlined in the first step of Phase III**. Prioritization allows the community to narrow down the issues to a manageable number so it can target resources, use existing efforts, and develop achievable goals and strategies to address community needs. This process ensures that the CHIP addresses the most critical needs of the community. The **steps of the prioritization process** include the following: 1. Review Issue Profiles and Determine Whom to Involve 2. Determine Criteria for Prioritization 3. Determine Prioritization Method(s)* 4. Validate Priorities

			5. Share Results **Descriptions of prioritization techniques are included in NACCHO's Guide to Prioritization Techniques.*

Domain 5: Create, champion, and implement policies, plans, and laws that impact health.			
Standard 5.2: Develop and implement community health improvement strategies collaboratively.			
Measure 5.2.2 A: Adopt a community health improvement plan (CHIP), which includes all things elements listed under "Required Documentation" listed below.			
Required Documentation	**MAPP 2.0 Section(s)**	**Page #**	**Description**
a. At least two health priorities.	MAPP 2.0 Handbook MAPP Phase III, Step 1: Prioritize Issues for the CHIP	136–138	The goal of this step is to use the findings from the three assessments in Phase II and the issue profiles, to collectively **identify three to five priority issues** for the CHIP. MAPP 2.0 suggests community focus on no more than five issues to include in their CHIP to best maximize community resources, funding, partnerships, etc. to address the most prioritized issues.
b. Measurable objective(s) for each priority.	MAPP 2.0 Handbook MAPP Phase III, Step 7.1: Develop SMARTIE Objectives	159–161	MAPP 2.0 encourages communities to develop **SMARTIE objectives** for their CHIP goals. SMARTIE objectives are Specific, **Measurable**, Achievable, Relevant, Timebound, Inclusive, and Equitable. By setting SMARTIE objectives, the priority issue subcommittee can communicate better about the desired outcome, **track progress**, and establish accountability.
c. Improvement strategy(ies) or activity(ies) for each priority.	MAPP 2.0 Handbook MAPP Phase III, Step 6: Select CHIP Strategies	154–157	When developing strategies for your CHIP, consider choosing **evidence-informed** strategies that have been shown to work and are good for a community will increase the possibility of success. Reference reputable sources to adopt an **evidence-based practice** that has been shown to be effective at addressing the priority issue. Reference resources like the National Institutes of Health's Evidence-Based Practices, Programs, and Resources. In addition, you can reference evidence-based practices such as NACCHO's Model Practices Database, **The Community Guide, National Prevention Strategy, and Healthy People 2030**.

	MAPP Strategy Bank	N/A	This is an additional resource that houses a repository of **evidence-based**, **model, or otherwise vetted strategies** submitted by MAPP communities and searchable by topic area for inclusion in a CHIP. Topic areas are aligned with the MAPP Health Equity Action Spectrum and include Root Cause – Structural Level, Root Cause – Institutional Level, Social Determinants Level, and Individual Level. This resource can be accessed on the Virtual MAPP Network. Information on how to join the MAPP Network to access the Strategy Bank can be found at naccho.org/mapp.
i. Each activity or strategy must include a timeframe and a designation of organizations or individuals that have accepted responsibility for implementing it.	MAPP 2.0 Handbook MAPP Phase III, Step 7.4: Develop the Action Plan	163–165	An action plan translates objectives into specific activities that MAPP participants will carry out. The action plan should include the following: • Specific activities • **Names of implementers** • **Timeframes** • Needed resources • Evaluation duties The first step in developing the action plan is to assign accountability. Collective action requires that people be committed to the process, vision, and goals. **By always providing clear guidance on roles, responsibilities, and expectations, you help people know how they are going to be accountable**. Check in periodically with people assigned to tasks to see what challenges they are facing and how to overcome those challenges. Once you have identified accountability for each objective, participating organizations should identify how they can incorporate the goals, strategies, and objectives into their organizational plans. Use the *90-180 Day Implementation Worksheet* (pp. 164-165) to develop the workplan for your priorities that will include the above elements.
ii. At least two of the strategies or activities must include a policy recommendation, one of which must be aimed at alleviating causes of health inequities.	MAPP 2.0 Handbook MAPP Phase III, Step 6.1: Brainstorm Strategies	156	When developing strategies for your priority issue goals **consider how taking on policy change can address the root causes of health inequities**. Questions that you should ask when brainstorming CHIP strategies related to policy include: • Does the strategy address policies or practices that affect inequities? • Does the strategy target policy and environment to better address the root causes of inequity? As with goals, you also want to think about potential legal or policy obstacles for your CHIP strategies.

	MAPP 2.0 Handbook MAPP Phase III, Step 7.1: Develop SMARTIE Objectives	159–161	MAPP 2.0 encourages communities to develop SMARTIE objectives for their CHIP goals. SMARTIE objectives are Specific, Measurable, Achievable, Relevant, Timebound, Inclusive, and Equitable. The "Inclusive" portion of your SMARTIE objective should **showcase how traditionally marginalized people—particularly those most impacted—are brought into processes, activities, and decision/policymaking in a meaningful way**.
d. Identification of the assets or resources that will be used to address at least one of the specific priority areas.	MAPP 2.0 Handbook MAPP Phase III, Step 1.2: Determine Criteria for Prioritization	136–137	When selecting your 3-5 priority issues that will be a part of your CHIP, it's important to have criteria related to the **availability of resources (time, funding, staffing, equipment) to address the issue**.
	MAPP 2.0 Handbook MAPP Phase III, Step 4: Create Community Partner Profiles	146–149	Includes creating partner profiles for each partner that is selected to be on a priority issue subcommittee to be able to further understand their values, mission, **available assets and resources**, and programmatic efforts related to the priority issue. The profile asks partners to describe their current programs, services, or interventions related to the priority issue, and it asks them to identify resources that can assist with addressing the CHIP priority issue.
	MAPP 2.0 Handbook MAPP Phase III, Step 5: Develop Shared Goals and Long-Term Measures	150–153	When developing shared goals for the priority issue, communities should think about **the resources that are available to address the priority issue**.
	MAPP 2.0 Handbook MAPP Phase III, Step 6.1: Brainstorm Strategies	156	When choosing criteria for prioritizing strategies, think about **resources**: • Can the community access the resources needed for the strategy? • How well does this align with the existing work and focus of partners on this subcommittee? When brainstorming strategies, think about the following question: What are the **strengths of the community and partners around the priority issue**?
	MAPP 2.0 Handbook MAPP Phase III, Step 7.4: Develop the Action Plan	163–165	An action plan translates objectives into specific activities that MAPP participants will carry out. The action plan should include the following: • Specific activities • Names of implementers • Timeframes • **Needed resources** • Evaluation duties

			Use the *90-180 Day Implementation Worksheet* (pp. 164-165) to develop the workplan to outline potential collaborators who can contribute resources or assist with implementation and list out any resources needed.
e. Description of the process used to track the status of the effort or results of the actions taken to implement CHIP strategies or activities. The CHIP must address the jurisdiction as described in the description of Standard 5.2.	MAPP 2.0 Handbook MAPP Phase III, Step 8: Monitor and Evaluate the CHIP	167–168	This step **outlines the following monitoring and revision process that can be used to track progress on CHIP strategies or activities**: • Involving all who are responsible for implementing the CHIP, such as the priority issue subcommittees. • Clear roles and responsibilities of the partners in the process (e.g., what data they should collect, when they should collect data, and how they should share data). • Regular meetings to review and revise the CHIP. • Scheduled and ongoing data review, information-sharing, and discussion of progress toward the goals of the CHIP.

Domain 5: Create, champion, and implement policies, plans, and laws that impact health.			
Standard 5.2: Develop and implement community health improvement strategies collaboratively.			
Measure 5.2.3 A: Implement, monitor, and revise as needed, the strategies in the community health improvement plan in collaboration with partners.			
Required Documentation	**MAPP 2.0 Section(s)**	**Page #**	**Description**
1. Community health improvement plan (CHIP) activity or strategy implemented. Examples must be from different health improvement plan priority areas. The Documentation Form must indicate to which CHIP strategy or activity the example applies. If the plan was adopted less than a year before it was submitted to PHAB, the health department may provide implementation from an earlier CHIP. (Documentation must demonstrate the linkage between the activities or strategies and the prior CHIP. Although the prior CHIP may be more than 5 years old, the implementation must have occurred within 5 years.)	MAPP 2.0 Handbook MAPP Phase III, Step 8: Monitor and Evaluate the CHIP	167–168	MAPP 2.0 encourages communities to use the Plan-Do-Study-Act cycle to monitor progress toward CHIP goals of each strategic issue and allow for course correction as needed. This step covers the Do-Study-Act portion of the cycle and outlines the following monitoring and revision process that can be used to track progress on CHIP strategies or activities: • Involving all who are responsible for implementing the CHIP, such as the priority issue subcommittees. • Clear roles and responsibilities of the partners in the process (e.g., what data they should collect, when they should collect data, and how they should share data). • **Regular meetings to review and revise the CHIP.** • **Scheduled and ongoing data review, information-sharing, and discussion of progress toward the goals of the CHIP** You can monitor the impact of your CHIP in several ways, depending on the capacity and resources available. Sharing the results of the CHIP with community members regularly is critical so they know whether the time and resources invested into the process were effective. As your resources

2. An annual review of progress made in implementing all strategies and activities in the community health improvement plan (CHIP). If the plan was adopted less than a year before it was submitted to PHAB, the health department may provide (1) an annual review from a previous plan or (2) detailed plans for the annual review process. 3. Revisions to the community health improvement plan (CHIP) based on the review in Required Documentation 2 (above). If the plan was adopted less than a year before it was submitted to PHAB, the health department may provide (1) revision of an earlier plan or (2) detailed plans for a revision process.			allow, **consider developing an online data dashboard to report on the CHIP, which could include interactive reports, mapping features, and visualizations**. If resources do not allow for a data dashboard, even **a regularly updated webpage or document with updates on implementation** will do. Ongoing monitoring of the implementation of the strategies and short-term outcomes is important. **By monitoring and revising the CHIP strategies as they are implemented, you can ensure they are being applied as intended for the best possible outcome**. When implementing (DOING) CHIP strategies or activities, STUDY the results of your intervention to determine whether it was effective and what contributed to that success. ACT on those results by deciding to adapt, adopt, or abandon any element of the intervention. Make only those changes to the intervention that are backed up by data or evidence-based strategies. You should fully evaluate or summarize the CHIP every three to five years to determine whether the strategies are meeting the goals.

Domain 5: Create, champion, and implement policies, plans, and laws that impact health.			
Standard 5.2: Develop and implement community health improvement strategies collaboratively.			
Measure 5.2.4 A: Address factors that contribute to specific populations' higher health risks and poorer health outcomes.			
Required Documentation	**MAPP 2.0 Section(s)**	**Page #**	**Description**
1. A policy or procedure that demonstrates how health equity is incorporated as a goal into the development of programs that serve the community. 2. Implementation of one strategy, in collaboration with stakeholders, partners, or the community, to address factors that contribute to specific	MAPP 2.0 Handbook MAPP Phase III, Step 6: Select CHIP Strategies	154–157	To address root causes of inequity, try to focus strategies on the systems and policies that contribute to health. Additionally, identify any community-driven solutions. **As you identify and develop strategies, think about what institutions or organizations could apply the policy or practice**. Prioritize actions that will uplift the community and provide measurable progress. Trying to address equity without taking on policy change can enable health disparities. **Use effective strategies to address root causes of health inequities**.
	MAPP Strategy Bank	N/A	This is an additional resource that houses a repository of **evidence-based**, model, or otherwise vetted strategies submitted by MAPP communities and searchable by topic area for inclusion in a CHIP. Topic areas are aligned with the

populations' higher health risks and poorer health outcomes, or inequities. The documentation must define the health department's role in the strategy as well as the roles of stakeholders, partners, or the community.			MAPP Health Equity Action Spectrum and include Root Cause – Structural Level, Root Cause – Institutional Level, Social Determinants Level, and Individual Level. Root Cause – Structural Level strategies refer to any actions that seek to address the underlying social, **political and economic systems** that lead to hierarchies of privilege and oppression, imbalances in power and resultant social injustices. This resource can be accessed on the Virtual MAPP Network. Information on how to join the MAPP Network to access the Strategy Bank can be found at naccho.org/mapp.
	MAPP 2.0 Handbook MAPP Phase III, Step 6.1: Brainstorm Strategies	156	When brainstorming strategies, it is important to think about the following: • ***Community Readiness***: Will community stakeholders support this strategy? • ***Influence***: Can community stakeholders carry out the strategy? • ***Resources***: Can the community access the resources needed for the strategy? ○ How well does this align with the existing work and focus of partners on this subcommittee? • What are the strengths of the community and partners around the priority issue?
	MAPP 2.0 Handbook MAPP Phase III, Step 7.4: Develop the Action Plan	163–165	Action plans may be organization-specific or call for **collective action from several organizations** within the priority issue subcommittee. This plan also establishes **how progress will be measured, evaluated, and adjusted**. The first step in developing the action plan is to assign accountability. Collective action requires that people be committed to the process, vision, and goals. By always providing clear guidance on roles, responsibilities, and expectations, you help people know how they are going to be accountable. **Check in periodically with people assigned to tasks to see what challenges they are facing and how to overcome those challenges**. Once you have identified accountability for each objective, **participating organizations should identify how they can incorporate the goals, strategies, and objectives into their organizational plans**.
	MAPP 2.0 Handbook MAPP Phase III, Step 8: Monitor and Evaluate the CHIP	167–168	You can monitor the impact of your CHIP in several ways, depending on the capacity and resources available. No matter what method you choose, **all partners need to contribute to updating data on the suite of metrics identified in the action plan**. With the potential for **cross-cutting goals, strategies, and**

			activities, subcommittee chairs and the core group should communicate to ensure activities are ongoing and barriers are being addressed.

Domain 7: Contribute to an effective system that enables equitable access to the individual services and care needed to be healthy.			
Standard 7.1: Engage with partners in the health care system to assess and improve health service availability.			
Measure 7.1.1 A: Engage with health care delivery system partners to assess access to health care services through a collaborative assessment that includes the elements listed below under "Required Documentation."			
Required Documentation	**MAPP 2.0 Section(s)**	**Page #**	**Description**
a. A list of partners that were involved, which must include primary care and behavioral health providers.	MAPP 2.0 Handbook Phase I, Step 2: Establish or Revisit CHI Leadership Structures	43–44	Discusses how to develop a diverse core group and steering committee of **community members and partner organizations** to direct the CHI process using MAPP.
	MAPP 2.0 Handbook Phase I, Appendix B. Stakeholder Brainstorm Toolkit	68–69	Describes of the **types of sectors (outside of governmental public health)** that you can engage in MAPP. The "**Healthcare**" slice of the *Stakeholder Wheel* on p. 69 to note the **types of clinical primary care and behavior health providers** that you can engage.
b. Review of data on populations who lack access or experience barriers to care.	Community Status Assessment, Step 4: Identify Indicators to Inform the CSA	12–14	Indicators are measures that describe community conditions (e.g., poverty rate, insecure housing rate, food insecurity, life expectancy at birth, heart disease mortality rate) now and over time. Indicators help to answer the question: *How are we doing on community conditions we care about?* They can also help tell a story about your community across levels of influence: individual, family, organizational, community, policy, and systems. To tell the full story across these different levels, aim to include indicators of the following: • *Health status, behaviors, and outcomes* • ***Social determinants of health*** • *Systems of power, privilege, and oppression* Healthcare Access and Quality is category that is included under SDOH in the *CSA Indicator Matrix* on pp. 37–42 that includes **indicators and metrics related to access to care for primary care and mental health providers**. **This data should be stratified by geography (state, county, census tract, and, where applicable, neighborhood and Tribal area) and demographics (race/ethnicity, age, sex, and income) to highlight disparities and what populations lack access to care**.
	Community Status Assessment, Step 5: Collect Data	15–17	Once you have identified indicators, collect data to help understand the status of your community and track changes over time. You can **collect data from existing sources**. *Refer to the Secondary Data Source List** for a list of sources of data on health behaviors and outcomes, social determinants of health, and systems of

			privilege, power, and oppression. Specific data sets related to Healthcare Access and Quality include Health Professional Shortage Areas (HPSA) and Medically Underserved Area/Population (MUA/P). **If collecting new data, consider how to engage diverse community members** throughout the data-collection process to deepen understanding of community and cultural contexts and help identify any issues related to language, culture, identity, and more. Page 17 includes various considerations that your community can implement to honor community and cultural context. **You can find this resource in the MAPP 2.0 Supplemental Tools download from the MAPP 2.0 NACCHO Toolbox page. Once you have downloaded the files, this file can be found under the CSA Supplemental Tools folder.*
c. Review of data on the availability and gaps in services.	Community Status Assessment, Step 7: Reflect on the CSA	29	When your CSA is done, reflect on the process and findings and summarize challenges and opportunities that emerged. In creating a list of challenges and opportunities, the ADT and individuals/stakeholders should examine the CSA findings and ask the following: • How are you actively exploring systems of privilege, power, and oppression? Where could you have explored data at a systems level to understand root causes? • How do the CSA findings reflect issues that affect large numbers of people or significantly impact a small number of people, have serious consequences, or show evidence of wide inequity between populations? • How should the issues identified in the CSA be addressed through programs, policies, or practices? • **How do the CSA findings highlight local data that reflect assets/gaps in your community?**
	Secondary Data Source List	N/A	This is an additional resource for **sources of publicly available data** on health behaviors and outcomes, social determinants of health (SDOH), and systems of privilege, power, and oppression that you can use to collect secondary data. The SDOH tab contains links to the **American Community Survey (ACS)** and data on Health Professional Shortage Areas (HPSA) and Medically Underserved Areas/Populations (MUA/P). There is also a link to **CDC PLACES: Local Data for Better Health** under the Health Behaviors_Outcomes tab. You can find this resource in the MAPP 2.0 Supplemental Tools download from the MAPP 2.0 NACCHO Toolbox page. Once you have downloaded the files, this file can be found under the CSA Supplemental Tools folder.

d. Conclusions drawn about the causes of barriers to access to care. Primary care and behavioral health care must each be considered within the assessment.	MAPP 2.0 Handbook MAPP Phase II, Step 4.3: Organize Summary Data from the Assessments into Cross-Cutting Themes	110–116	During the data triangulation process, communities are encouraged to **identify cross-cutting themes that highlight data from the three assessments**. One category that themes can fall into includes Social Determinants of Health (SDOH) which would include themes that highlight data related to the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. This includes **Healthcare Access and Quality which includes highlighting data about access to healthcare and barriers to access**.
	Phase II, Step 5: Develop Issue Profiles through Root Cause Analysis	119–128	Using a root cause analysis method can help your community **understand the linkages between downstream health issues (ex. limited access to care) and more upstream causes (ex. disinvestment in minority communities)**. MAPP 2.0 includes guidance on how to conduct two types of root cause analysis methods to look at issues related to the community's health and well-being – the fishbone diagram and 5 Whys. These can help your community **determine systemic barriers to access to care** after all data from your assessments has been collected.

Domain 7: Contribute to an effective system that enables equitable access to the individual services and care needed to be healthy.			
Standard 7.1: Engage with partners in the health care system to assess and improve health service availability.			
Measure 7.1.2 A: Implement and evaluate strategies to improve access to health care services.			
Required Documentation	**MAPP 2.0 Section(s)**	**Page #**	**Description**
1. Collaborative implementation of a strategy to assist the population in obtaining health care services.	MAPP 2.0 Handbook MAPP Phase III, Step 6: Select CHIP Strategies	154–157	When developing strategies for your priority issue goals consider selecting strategies that align with the focus areas and resources of partners in the subcommittee, using the community partner profile. To meet this requirement, look specifically at your healthcare system, **community-based organization, primary care provider, behavioral health provider, oral health provider, community health worker, and/or community health representative partners**.
	MAPP 2.0 Handbook MAPP Phase III, Step 7.4: Develop the Action Plan	163–165	An action plan translates objectives into specific activities that MAPP participants will carry out. The action plan should include the following: • Specific activities • **Names of implementers** • Timeframes • Needed resources • Evaluation duties The first step in developing the action plan is to assign accountability. **Collective action** requires that people be committed to the process, vision, and goals. By always

			providing clear guidance on roles, responsibilities, and expectations, you help people know how they are going to be accountable. Check in periodically with people assigned to tasks to see what challenges they are facing and how to overcome those challenges. Once you have identified accountability for each objective, participating organizations should identify how they can incorporate the goals, strategies, and objectives into their organizational plans. Use the *90-180 Day Implementation Worksheet* (pp. 164-165) to develop the workplan for your priorities that will include the above elements.
	MAPP 2.0 Handbook MAPP Phase III, Step 8: Monitor and Evaluate the CHIP	167–168	MAPP 2.0 encourages communities to use the Plan-Do-Study-Act cycle to monitor progress toward CHIP goals of each strategic issue and allow for course correction as needed. This step covers the Do-Study-Act portion of the cycle and outlines the following monitoring and revision process that can be used to track progress on CHIP strategies or activities: • **Involving all who are responsible** for implementing the CHIP, such as the priority issue subcommittees. • **Clear roles and responsibilities of the partners in the process** (e.g., what data they should collect, when they should collect data, and how they should share data). • **Regular meetings to review and revise the CHIP.** • **Scheduled and ongoing data review, information-sharing, and discussion of progress toward the goals of the CHIP** You can monitor the impact of your CHIP in several ways, depending on the capacity and resources available. As your resources allow, **consider developing an online data dashboard to report on the CHIP, which could include interactive reports, mapping features, and visualizations**. If resources do not allow for a data dashboard, even **a regularly updated webpage or document with updates on implementation** will do.
2. Evaluation findings of a strategy to increase access to health care, which must include collection of feedback from patient population(s) who were the focus of the strategy.	MAPP 2.0 Handbook MAPP Phase III, Step 8: Monitor and Evaluate the CHIP	167–168	Ongoing monitoring of the implementation of the strategies and short-term outcomes is important. By monitoring and revising the CHIP strategies as they are implemented, you can ensure they are being applied as intended for the best possible outcome. **When implementing (DOING) CHIP strategies or activities, STUDY the results of your intervention to determine whether it was effective and what contributed to that success. This should include gathering feedback by those who are the target population of the strategies within your CHIP. Sharing the results of the CHIP with community members regularly is critical so they know whether the time and resources invested into the process were effective**. ACT on those results by deciding

The evaluation must relate to one of the examples in Required Documentation 1.			to adapt, adopt, or abandon any element of the intervention. Make only those changes to the intervention that are backed up by data or evidence-based strategies. You should fully evaluate or summarize the CHIP every three to five years to determine whether the strategies are meeting the goals.

Domain 7: Contribute to an effective system that enables equitable access to the individual services and care needed to be healthy.			
Standard 7.2: Connect the population to services that support the whole person.			
Measure 7.2.1 A: Collaborate with other sectors to improve access to social services.			
Required Documentation	**MAPP 2.0 Section(s)**	**Page #**	**Description**
1. Multi-sector implementation of an effort to improve access to social services or to integrate social services and health care.	MAPP 2.0 Handbook MAPP Phase III, Step 6: Select CHIP Strategies	154–157	When developing strategies for your priority issue goals consider selecting strategies that align with the focus areas and resources of partners in the subcommittee, using the community partner profile. To meet this requirement, look specifically at your **healthcare system, social service, and behavioral health provider partners**.
	MAPP 2.0 Handbook MAPP Phase III, Step 7.4: Develop the Action Plan	163–165	An action plan translates objectives into specific activities that MAPP participants will carry out. The action plan should include the following: • Specific activities • **Names of implementers** • Timeframes • Needed resources • Evaluation duties The first step in developing the action plan is to assign accountability. **Collective action** requires that people be committed to the process, vision, and goals. By always **providing clear guidance on roles, responsibilities, and expectations**, you help people know how they are going to be accountable. Check in periodically with people assigned to tasks to see what challenges they are facing and how to overcome those challenges. Once you have identified accountability for each objective, participating organizations should identify how they can incorporate the goals, strategies, and objectives into their organizational plans. Use the *90-180 Day Implementation Worksheet* (pp. 164–165) to develop the workplan for your priorities that will include the above elements.
	MAPP 2.0 Handbook MAPP Phase III, Step 8: Monitor and Evaluate the CHIP	167–168	MAPP 2.0 encourages communities to use the Plan-Do-Study-Act cycle to monitor progress toward CHIP goals of each strategic issue and allow for course correction as needed. This step covers the Do-Study-Act portion of the cycle and outlines the

			following monitoring and revision process that can be used to track progress on CHIP strategies or activities: • **Involving all who are responsible** for implementing the CHIP, such as the priority issue subcommittees. • **Clear roles and responsibilities of the partners in the process** (e.g., what data they should collect, when they should collect data, and how they should share data). • **Regular meetings to review and revise the CHIP.** • **Scheduled and ongoing data review, information-sharing, and discussion of progress toward the goals of the CHIP** You can monitor the impact of your CHIP in several ways, depending on the capacity and resources available. As your resources allow, **consider developing an online data dashboard to report on the CHIP, which could include interactive reports, mapping features, and visualizations**. If resources do not allow for a data dashboard, even **a regularly updated webpage or document with updates on implementation** will do.

Domain 7: Contribute to an effective system that enables equitable access to the individual services and care needed to be healthy.			
Standard 7.2: Connect the population to services that support the whole person.			
Measure 7.2.2 A: Collaborate with other sectors to ensure access to care during service disruptions.			
Required Documentation	**MAPP 2.0 Section(s)**	**Page #**	**Description**
1. Collaborative strategy to ensure continuity of access to needed care during service disruptions.	Community Context Assessment, Step 1.1: Review the CCA Domains and Guiding Questions	11–16	One of the primary domains within the CCA is Forces of Change, which uses a health equity lens to identify forces that can affect the community and local public health system. It can **focus on occurrences in the past, present, or future, including forces in the past that contribute to structural inequities**. Answering the following guiding questions for this domain will assist in developing strategies that acknowledge forces that can contribute to disruptions to the delivery of services: • **What is occurring or might occur that affects the health of your community or local public health system?** (These can be both things within your community and things in the larger societal and economic context of your community.) • Which communities are disproportionately impacted by forces of change? How and why are they disproportionately impacted?

			• How does historical and structural context (e.g., broken treaties, exclusionary policies, dehumanizing practices, or history of resistance and community organizing) shape the forces of change today, and who benefits from current conditions? • How have climate change and COVID-19 changed conditions in your community? • What have health departments done to help?
	Community Context Assessment, Appendix K. Forces of Change Brainstorm and Discussion Activity	60–63	This activity can be used to explore the guiding questions of the Forces of Change domain of the CCA and seeks to meet the following objectives: • Identify forces of change including **trends, factors, and events currently or historically at play in your community that impact community health and well-being** • Develop a shared understanding of how forces of change may differentially impact different populations in your community because of historical and structural inequities • Name potential strengths, weaknesses, **opportunities**, and threats related to specific forces of change
	MAPP 2.0 Handbook MAPP Phase III, Step 6: Select CHIP Strategies	154–157	When developing strategies for your priority issue goals consider **selecting strategies speak to the unique factors and dynamics that make up a community** (culture, history, environments, locations, resources, assets, and **challenges**) **to ensure the strategy resonates with people. This includes forces of change that can disrupt the delivery of services.**