



# COMMUNITY PARTNER ASSESSMENT

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Partner Assessment Tool  
for Mobilizing for Action  
through Planning and  
Partnerships (MAPP) 2.0

**MAPP 2.0**

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# LIST OF ACRONYMS

**ADT** = Assessment Design Team

**CCA** = Community Context Assessment

**CHI** = Community Health Improvement

**CHIP** = Community Health Improvement Plan

**CH[N]A** = Community Health [Needs] Assessment

**CPA** = Community Partner Assessment

**CSA** = Community Status Assessment

**EPHS** = Essential Public Health Services

**LPHS** = Local Public Health System

**LPHSA** = Local Public Health Systems Assessment

**MAPP** = Mobilizing for Action through Planning and Partnerships

**NACCHO** = National Association of County and City Health Officials

**SDOH** = Social Determinants of Health

# OVERVIEW OF THE COMMUNITY PARTNER ASSESSMENT (CPA)

## What is the CPA?

The CPA is an assessment tool developed for Mobilizing for Action through Planning and Partnerships (MAPP) version 2.0. It replaces the Local Public Health Systems Assessment (LPHSA). The CPA allows community partners involved in MAPP to look critically at their (1) individual systems, processes, and capacities; and (2) collective capacity as a network of community partners to address health inequities. Use the CPA to identify current and future actions to address health inequity at individual, systemic, and structural levels.



### *Helpful Background about the CPA*

Learn more about the **history of the CPA** and its predecessor, the LPHSA.



## CPA Goals

*The CPA has five goals:*

1. Describe why community partnerships are critical to community health improvement (CHI) and how to build or strengthen relationships with community partners and organizations.
2. Name the specific roles of each community partner to support the local public health system (LPHS) and engage communities experiencing inequities produced by systems.
3. Assess each MAPP partner's capacities, skills, and strengths to improve community health, health equity, and advance MAPP goals.
4. Document the landscape of MAPP community partners, including grassroots and community power-building organizations, to summarize collective strengths and opportunities for improvement.
5. Identify whom else to involve in MAPP and ways to improve community partnerships, engagement, and power-building.

## Overview of CPA Steps

Table 1 summarizes the CPA steps and who is involved in each step. The core activities are facilitating meetings with all organizations involved and surveying partners to identify organizations' strengths and capacities related to CHI. Collectively, the survey and meeting discussions help partners recognize their relationship to the LPHS and their role in advancing health equity.



### Important Tip

Meet with partner organizations *before* sending them the survey.



**TABLE 1. Overview of CPA Steps and Who is Involved**

STEPS		KEY ACTIVITIES	WHO IS INVOLVED
<b>1</b>	<b>Prepare for CPA</b>	<ul style="list-style-type: none"> <li>• Revisit draft work plan</li> <li>• Identify whom to involve</li> <li>• Adapt CPA Survey tool</li> <li>• Prepare for CPA meetings</li> </ul>	CPA Leads
<b>2</b>	<b>Host Orientation Meetings</b>	<ul style="list-style-type: none"> <li>• Host an initial meeting to orient everyone who will be involved in the CPA and discuss the intended goals, processes, and outcomes</li> <li>• Host a second meeting to begin developing a shared understanding about the LPHS, health equity, and community partnerships</li> </ul>	All CPA participants
<b>3</b>	<b>Administer CPA Survey</b>	<ul style="list-style-type: none"> <li>• Share survey with each organization participating in the CPA</li> <li>• Provide technical support for completing the survey as needed</li> </ul>	One person from each organization participating in CPA
<b>4</b>	<b>Summarize Survey Findings</b>	<ul style="list-style-type: none"> <li>• Tally and summarize survey responses</li> <li>• Describe collective capacities, strengths, and opportunities for growth</li> <li>• Identify who else should participate in MAPP</li> </ul>	CPA Leads with support from Assessment Design Team (ADT) members and others
<b>5</b>	<b>Facilitate Partner Discussion</b>	<ul style="list-style-type: none"> <li>• Facilitate several conversations with CPA partners (about 10–12 hours, such as two all-day meetings, three four-hour meetings, or five two-hour meetings)</li> <li>• Discuss survey findings</li> <li>• Explore topics of power, accountability, and transformative change</li> <li>• Conduct activities to build trust among organizations</li> </ul>	All CPA participants
<b>6</b>	<b>Draft CPA Report and Share with Partners</b>	<ul style="list-style-type: none"> <li>• Summarize high-level findings from the survey and partner discussions</li> <li>• Summarize reflections related to MAPP triangulation themes</li> <li>• Outline next steps in the CPA report</li> <li>• Share the draft with CPA partners</li> <li>• “Ground truth” and revise findings as needed</li> </ul>	CPA Leads with support from ADT members and others
<b>7</b>	<b>Finish and Share CPA Report</b>	<ul style="list-style-type: none"> <li>• Include partner edits</li> <li>• Finish the report</li> <li>• Share findings with appropriate individuals and organizations</li> </ul>	CPA Leads with support from ADT members and others

## Resources Needed to Conduct the CPA

Table 2 shows resources needed to conduct the CPA. These will vary by factors like local context, number of partners, and relationships among participating organizations.

**TABLE 2.** *Overview of Resources Needed to Conduct CPA and Considerations*

RESOURCE	DESCRIPTION	CONSIDERATIONS
<b>Staffing: Coordinator(s) (ADT CPA Lead[s])</b>	Primary CPA point person(s) who schedules meetings, handles details, distributes survey, and collects and analyzes responses	<p>Ideal experience for coordinators:</p> <ul style="list-style-type: none"> <li>Organized and able to develop transparent and inclusive communications infrastructure</li> <li>Very familiar with CPA (e.g., helped develop the CPA plan, read the CPA, and possibly did an LPHSA or CPA)</li> <li>Familiar with CHI</li> <li>Comfortable reaching out, connecting with partners, and holding them accountable to participation agreements</li> </ul>
<b>Staffing: Facilitator(s)</b>	One, or ideally, two co-facilitators that lead all CPA discussions	<p>Ideal experience for facilitators:</p> <ul style="list-style-type: none"> <li>Are coordinator(s) or ADT members with key roles in the CPA who have facilitated conversations (or have mentor support during process)</li> <li>Have trusting relationships with one or more communities experiencing inequities that have been prioritized in MAPP</li> <li>Have experience facilitating diverse groups and navigating conflict, are mindful of racial and other power dynamics, and can create an inclusive, respectful space for all participants</li> </ul>
<b>Meeting Venue</b>	Centrally located and accessible physical space for CPA partner meetings	<ul style="list-style-type: none"> <li>Rotate venues or prioritize venues accessible to partners with fewer resources</li> <li>Ask partners (e.g., church, school, hospital, university) to donate space</li> <li>Seek space where all community partners can sit in a circle</li> <li>Hold virtual meetings as needed</li> </ul>
<b>Translation/ Interpretation</b>	Translation of documents or simultaneous or consecutive interpretation at meetings	<ul style="list-style-type: none"> <li>Offer this service to encourage member participation</li> <li>Determine if service is or is not needed based on needs for linguistic inclusion in different communities</li> <li>Identify which documents to translate in advance and how much interpretation support you need</li> <li>Consider contracting with a community partner to support language access</li> </ul>

## Overview of Resources Needed to Conduct CPA and Considerations (cont'd)

RESOURCE	DESCRIPTION	CONSIDERATIONS
<b>Stipends for Participation</b>	Reimbursement that is ideally offered to all, or at a minimum, people participating on their own time (e.g., not part of paid or salaried work)	<ul style="list-style-type: none"> <li>• Offer stipends or gift cards in appreciation and recognition of time, energy, and participation</li> <li>• Partner with other organizations (e.g., hospitals, universities, clinics, grocery stores) who can offer stipends or gift cards</li> <li>• Prioritize participants and organizations with fewer financial resources</li> </ul>
<b>Enabling Resources</b>	Childcare, meals, transportation	<ul style="list-style-type: none"> <li>• Explore partnering with Head Start, church, or school providers for childcare</li> <li>• Explore partnering with transit agencies or local businesses to fund or support transportation</li> <li>• Seek donations from restaurants, grocery stores, and others to provide meals</li> </ul>

### About Facilitation

Facilitation is a critical skill for achieving collective goals but is often overlooked. A good facilitator can create a safe space for connection, develop a shared vision, and model vulnerability and self-awareness to build trust among partners. An inexperienced facilitator may ignore power dynamics and participants' feelings, worsen racial or social tensions, and discourage participation.

Because the CPA seeks to build relationships and trust among MAPP partners, you should identify an experienced facilitator or build the facilitation skills of current staff.

#### Check out the following resources:

- Community Tool Box **Developing Facilitation Skills**
- Racial Equity Tools **Facilitation and Training Resources**
- Training for Change **Meeting Facilitation Resources**
- Art of Transformative Consulting **Facilitation Resources**
- **RoadMap** directory of trained facilitators
- Trainings on facilitation and conflict resolution by **CompassPoint, AORTA Collective, Interaction Institute for Social Change,** and **Emergent Strategy Ideation Institute**
- Tips for co-facilitation by **Beatrice Briggs** and **LeadStrat**
- Tips for White facilitators of multiracial groups by **Training for Change**



## Connecting the Dots for New Partners

MAPP and the CPA unite many partners to improve community health, including partners who do not necessarily identify as part of the public health or healthcare sector.

As described in Phase I, many factors impacting health and well-being happen outside of the health sector (what we call “root causes of health”). As a coordinator, you should help those outside public health see how their work impacts community well-being and health outcomes and why their involvement in CHI matters.

The CPA can help you articulate each partner’s skills and relevance to improving community health. When adding new partners, consider discussing the following to help them connect their work to MAPP:

**MISSION STATEMENT:** Most government agencies and service organizations have a mission statement that names the importance of physical, social, economic, mental, or community well-being, or peace, safety, connection, stability, or other terms that may broadly connect to public health. Identify overlap among their mission statement, a broad definition of public health, and your goals of health improvement.

**HEALTH OF CLIENTS:** Even if health is not explicitly named as a goal, most businesses and organizations do care about the health and well-being of their clients, patients, or populations. Ask partners about what impacts the health and well-being of the people they serve and explore links to future MAPP work.

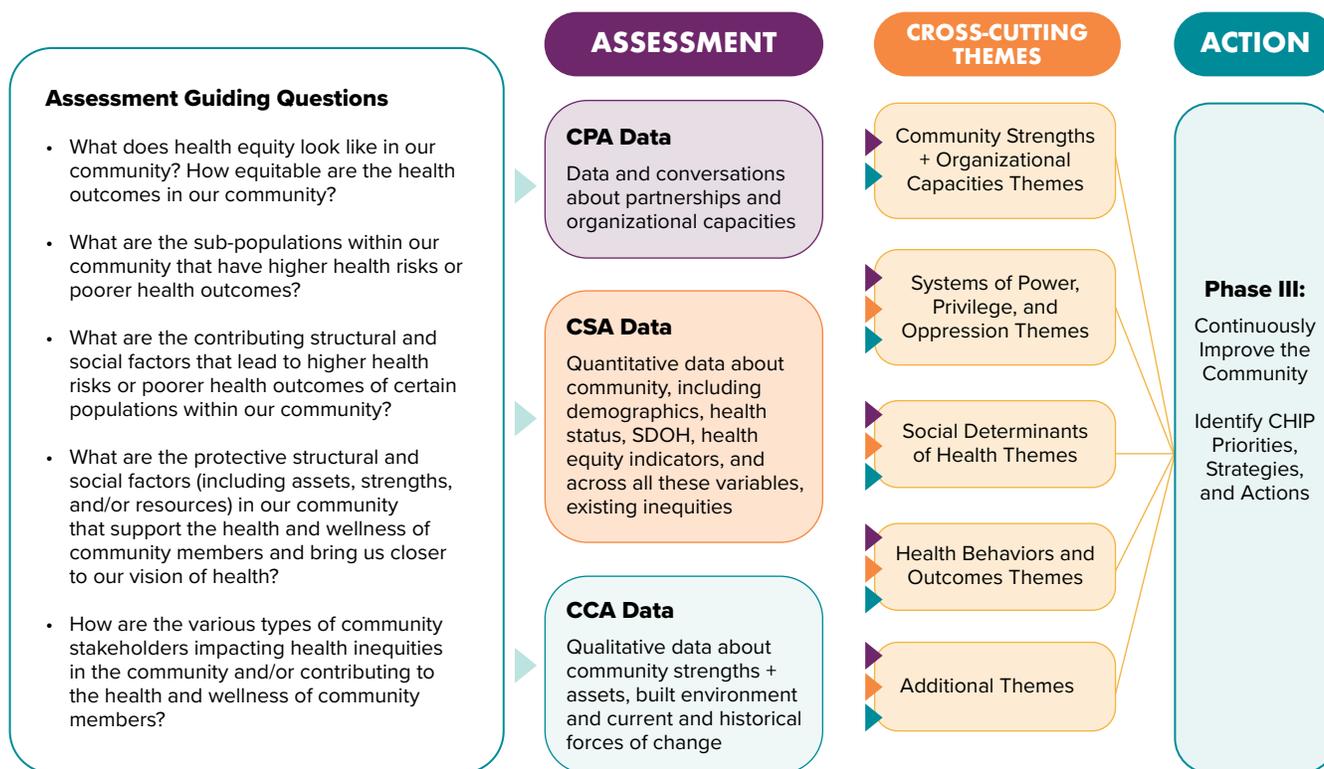
**DATA:** Depending on what type of sector you are approaching (e.g., housing, education, employment), evidence might exist to connect that sector to health outcomes. Check out [countyhealthrankings.org](https://www.countyhealthrankings.org) for local data and an explanation of how the factors connect to health.

**EQUITY:** If your partner focuses on social, environmental, racial, or economic justice, share the MAPP foundational principles and explain how you want to advance health equity through your MAPP process, roles the partner might play, and what they might gain by participating in MAPP.

# How to Use CPA Findings

Figure 1 outlines the relationship among the three MAPP assessment tools: CPA, Community Status Assessment (CSA), and Community Context Assessment (CCA). Together, these assessments identify key CHI themes. As you do the CPA, think about how data may relate to one or more of the four cross-cutting themes.

**FIGURE 1.** Translation of Assessments to Action through Cross-Cutting Themes



Approach seeks to:

- Center lived experience/expertise of communities experiencing inequities produced by systems
- Focus on assets and strengths rather than deficits
- Name power and historical/structural context and how that shapes experiences of privilege and oppression
- Improve functioning, impact and outcomes of systems and services provided

**The Overview of CPA Survey and Discussion Topics (app. B)** outlines how to use topics from the CPA Survey and CPA meeting discussions in later steps of MAPP. Specifically, the table outlines which data will be used in the CPA Summary Report, MAPP Partner Organizational Profiles, CSA, CCA, one or more steps in Phase III of MAPP, or outside of MAPP. Funders, government agencies, the media, or others can also use CPA findings to help identify organizations working on a particular topic, engaging a specific community, or having certain skills or relationships.



## Important Tip

Discuss uses of the CPA data beyond the CPA report with partners *before* administering the survey.

# CONDUCTING THE COMMUNITY PARTNER ASSESSMENT



## Step 1: Prepare for the CPA

### Step 1.1: Revisit Your Workplan and Identify a Co-Facilitator

**Before you begin, review this entire CPA tool, including the CPA Survey and proposed meeting agendas.** Reflect on available resources and identify how to adapt the process for your local context. Revisit your initial workplan developed with your ADT and consider the following:

- Are there other organizations to invite and engage in the CPA?
- Are there other populations or communities to prioritize involving in MAPP activities?
- Are there any changes to timeline or capacities?
- What other resources do you need?

Additionally, partners will have their own priorities and competing timelines. Stay flexible to keep them engaged. Allow ample time to plan and adjust.

If you have not identified CPA facilitators, identify them now. Ideally, you will have two co-facilitators: (1) one who represents the organization(s) coordinating MAPP (or the ADT's CPA lead) and who will provide primary support to the CPA process; and (2) one who brings strong relationships with one or more priority communities to engage in MAPP.

Your co-facilitator should ideally have the following strengths:

- Is deeply engaged with communities experiencing inequities
- Has experience facilitating group conversations with power and privilege in mind
- Understands MAPP and is excited to engage community members in CHI
- Has good or at least neutral relationships with all CPA partners
- Can navigate power dynamics in large community meetings
- Can work closely with the CPA coordinator(s)/lead(s) to build relationships and trust across the partner organizations

The co-facilitators should work closely to develop agendas for each meeting and identify their roles. They should also debrief after each meeting and use their learnings to shape future meetings. Find more tips and resources about **facilitation** on page 7.



## Step 1.2: Identify and Invite Partner Organizations to Participate in CPA

At this point in MAPP, you have done the Stakeholder and Power Analysis and Starting Point Assessment and developed your MAPP Steering Committee and ADT. These processes have likely helped identify potential MAPP participants.

The CPA formalizes involvement and strengthens relationships among individuals and organizations involved in MAPP. Each organization that participates in CPA activities will explain its strengths and capacities related to CHI. They will also learn how their organization relates to other MAPP partners and to the LPHS.

Review data collected earlier regarding whom to include in your CPA and reflect on that list in relation to the list of **Whose Voices are Included? (app. D)**.

Consider the following:

- Do the demographics of the people and organizations invited to the CPA reflect the demographics of our community?
- How are racial and ethnic minority communities, including Black, Indigenous, and other people of color, represented?
- How are queer, disabled, justice-system involved, poor/working class, undocumented, limited English speaking, immigrant, and other communities experiencing inequities represented?
- What power dynamics could exist related to funding, decision-making, gatekeeping, and politics?
- Which members from each organization might be appropriate to invite (e.g., someone with decision-making power, focused on engagement, familiar with public health, involved in past collaborations, respected by the community)?

Once you have identified people and organizations to invite, invite them formally. See the **Sample CPA Invitation Letter (app. E)**. Consider developing a spreadsheet to track participant responses, including organization names, names of individuals, email, phone number, website, date invited, and status of invitation.

### Can Individuals Take the CPA Survey?

Individuals may participate in the CPA generally but should *not* take the CPA Survey because it identifies *organizational* capacities and strengths.

To adapt the survey for individuals, make a separate survey and integrate findings from the two surveys when analyzing data.

## Step 1.3: Adapt and Pilot the CPA Survey for Your Local Area

The CPA Survey will help you understand a partner organization's capacity and interest. Each CPA partner organization should submit *only one* completed survey to the CPA lead(s).

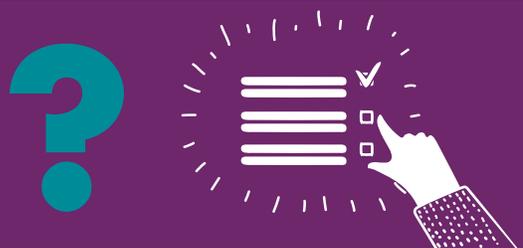
If multiple individuals from the same organization want to take the survey, advise them to do one of the following: (1) identify one person to facilitate a group conversation, download the survey, meet as a group, and discuss the organization's response for each question; or (2) download the survey, have each individual take the survey independently, average the responses, and meet briefly to review the average responses. Then, ask one person to complete and submit the survey to the CPA lead(s) with answers on behalf of the organization.

### About the CPA Survey

The CPA Survey takes 30–45 minutes and includes the following topics:

- About the organization
- Interest in participating in and supporting MAPP
- Demographics and characteristics of clients or members served/engaged
- Topic area focus(es)
- Organizational commitment to equity
- Whom the organization is accountable to
- Organizational capacities related to the 10 Essential Public Health Services (EPHS)
- General capacities and strategies
- Data access and systems
- Community-engagement practices
- Policy, advocacy, and communication

[VIEW THE CPA SURVEY \(APP. J\)](#)



Download the survey and review questions with your ADT. Decide if you need to revise any questions for your local area or if you would like to ask other questions specific to your MAPP community. Consider the following:

- Are there any demographic groups or communities experiencing inequities in your area that are not listed and should be included?
- Are there any terms or recent events that are very relevant to your area and should be explicitly defined or named?
- Are there other questions that should or need to be included in the survey (while being mindful of length to avoid survey fatigue)?

## Language and Political Context



As you review the CPA Survey and CPA activities, you might have to change the language to meet the needs and political climate of your community. For example, some areas may ban county employees from talking about structural racism and health equity, while others have declared racism a public health crisis. Allow enough time to review and edit any CPA activities before working with partners.

### Revising Language

When revising language, do not remove the intent to address structural inequities. If certain forms of oppression do not resonate with your community, consider using a broader term like “inequity.” For example, one community substituted the term “racial inequity” with “inequity” to broaden the

scope of inequities and help community partners identify how other forms of inequities (e.g., class, native sovereignty, religion, and immigration status) impact their community.

Some contexts may need “code-switching,” for example, using the phrase “dominant culture” to describe aspects of **white supremacy culture** in organizations.

When reviewing, consider what guiding questions and data-collection activities you can include in the assessments. Political acceptability may change and grow over time. Words like “power” and “oppression” may not be commonly used, but over time, they could be introduced, discussed, and used.

## Emphasizing Shared Values



Explore whether certain words or values (like “opportunity,” “family,” “access to education,” and “stable jobs”) resonate with your community and emphasize those values. When appropriate, use MAPP’s foundational principles to support discussion.

The **Messaging This Moment Handbook** from the Center for Community Change suggests ways to lead with shared values and outcomes that appeal to both progressive and conservative communities. It also explains how to replace language that focuses on problems and processes. Here are some examples:

EMBRACE	REPLACE
Most of us seek to treat others the way we want to be treated	Our treatment of undocumented immigrants and refugees is horrendous
America is a nation founded on an ideal—that all are created equal	The criminal justice system imprisons African Americans and Latinos at alarming rates
Care, treatment, prevention, medicine, getting and staying well	Coverage, access to coverage
Earn a good living and have a good life	Better wages and benefits
Implementing solutions	Solving problems

## Here are more resources:

- California Health Care Foundation’s **Understanding Asset-Framing** guidelines for lifting community assets and aspirations to avoid stigmatization, stereotyping, and cynicism
- ASO Communication’s **Messaging Guides** on Drug + Opioid Crises, COVID-19, Color-Coded Barriers to Health, and guides on other social determinants of health (SDOH) topics like economic justice, education, and criminal justice
- American Psychological Association’s **language guidelines** for terms to avoid and alternative terms to use when talking about equity, diversity, and inclusion
- The Robert Wood Johnson Foundation’s **American Health Values Survey findings** for ways to talk to politically diverse audiences

You can decide which terms to use during the MAPP process, when to use them, and with whom. Whenever possible, focus on the goal of MAPP—to achieve health equity—even if you need to adjust the language.



Once you have revised the survey, identify one to three Steering Committee or ADT members to pilot test the survey. Have them take the survey in a word processing document and mark any unclear wording. Ask them for feedback about the following:

- *How long did the survey take?*
- *Which questions were difficult or easy to answer?*
- *Did they skip any questions? If so, why?*
- *Were any questions unclear?*
- *How can the survey be improved?*

After piloting the survey and including the proposed revisions, put the survey into an online platform to collect and compile data (e.g., Google Forms, SurveyMonkey, or Qualtrics). The online platform will make it easier to distribute the survey through social media and potentially improve access. If needed, arrange to translate the survey into another language and upload that version, as well.

## Step 1.4: Prepare for Your Meetings

Meet with your co-facilitators and, if appropriate, the ADT, to plan for your CPA orientation and discussion meetings. Check out the **meeting checklist (app. F)** and **table on resources (app. G)**. The **Community Tool Box** offers suggestions about meeting facilitation.

Here are more factors to consider when planning:

### SCHEDULING

- What days and times will work best for different organizations?
- Coordinating meetings with partners may take time due to scheduling conflicts. Would hosting meetings in the evenings or on weekends rather than the workday make them more accessible?

### VENUE AND LOCATION

- Is the location comfortable and familiar to participants?
- How can you minimize feelings of intimidation (e.g., use a community space rather than City Hall)?
- Is the location accessible to a wide range of participants, including people with disabilities, undocumented immigrants, seniors, and caregivers?
- Can the room fit everyone comfortably?
- Is there space to hang chart paper on the walls? Break into small groups and move around? Have snacks, a check-in table, or childcare?



## LOGISTICS

- Can you arrange chairs in a circle to develop a less hierarchical environment and encourage discussion and familiarity?
- Will you need a microphone, A/V equipment, or interpretation equipment?
- What support roles are needed (e.g., sign people in, take notes, coordinate A/V, set-up/take down)? Who can fill those roles (e.g., staff or volunteers)?
- Do you need to orient volunteers who will support the meeting?

## MUSIC AND ENABLING RESOURCES

- To reduce anxiety, consider playing soft background music as the meeting opens and closes and during breaks.
- Offer childcare, snacks or meals, transportation, participant stipends or gift cards, translation/interpretation, and other resources to support participation.

## GROUND RULES

- Consider developing ground rules or group agreements to guide your conversations (see examples in the Appendix on page 86).

## Who can Access Data and how will Data be Used?

As you review and revise the CPA Survey, consider whether responses can and should be confidential.

Be mindful of potential power dynamics—e.g., does the health department or other organization fund one of the community organizations? Are there elected officials, foundations, or others with decision-making power who may lessen their support if an organization reflects honestly on their impact and influence? Will community members involved in community-based organizations have a say in what data are collected and used?

Consider how to both promote honesty and ensure confidentiality for respondents. For example, could the group agree that data will be kept confidential, only the CPA leads will have access to the data, and data will be reported only in aggregate/summary so no organization can be singled out?

If the data were available to all partners, should any questions be revised or take place as discussion and not as part of the survey? Should all CPA partners sign an agreement about how data will be stored, who has access, and how data will be used? The **draft facilitator's agenda (app. H)** for the orientation meeting includes time to discuss this but consider discussing this with your co-facilitators and ADT during planning.

Consider also how data will be used and shared once compiled in the CPA summary. Other organizations and leaders—like foundations, government agencies, and elected officials—may be interested in viewing and using the findings. Discuss with your CPA partners how the data may be used or shared outside of MAPP.



## Step 2: Host Orientation Meetings

Orientation meetings are the first public launch of the CPA. Once you have coordinated meeting details, discuss roles and responsibilities for the orientation meetings with your co-facilitators.

Here are some sample agendas:

OPTION 1: TWO MEETINGS ON SEPARATE DAYS	
<b>First Orientation Meeting:</b> Welcome/Developing Shared Language Duration: 2–2.5 hours	<b>Second Orientation Meeting:</b> Visioning the Public Health System Duration: 2–2.5 hours
<ul style="list-style-type: none"> <li>• Welcome and Introductions</li> <li>• Icebreaker Activity</li> <li>• Overview of MAPP, CPA, and Goals</li> <li>• Group Intentions and Expectations</li> <li>• Activity: Defining Health Equity</li> <li>• Activity: Organizational Activities and EPHS</li> <li>• Next Steps</li> </ul>	<ul style="list-style-type: none"> <li>• Welcome, Recap, and Introductions</li> <li>• Overview of the LPHS</li> <li>• Rich Picture Analysis Activity: What’s Going on in Our LPHS?</li> <li>• Large-Group Discussion</li> <li>• Intro to the CPA Survey</li> <li>• Next Steps</li> </ul>
OPTION 2: ONE COMBINED MEETING   Duration: 5–6 hours	
<ul style="list-style-type: none"> <li>• Welcome and Introductions</li> <li>• Icebreaker Activity</li> <li>• Overview of MAPP, CPA, and Goals</li> <li>• Group Intentions and Expectations</li> <li>• Activity: Defining Health Equity</li> <li>• Activity: Organizational Activities and EPHS</li> <li>• Break/Lunch</li> <li>• Overview of the LPHS</li> <li>• Rich Picture Analysis Activity: What’s Going on in Our LPHS?</li> <li>• Large-Group Discussion</li> <li>• Intro to the CPA Survey</li> <li>• Next Steps</li> </ul>	

Refer to **orientation facilitator meeting agendas (apps. H & I)** for an overview of proposed activities for meetings. If possible, have someone take notes during the meeting and record virtual meetings. If any community partners miss the orientation meetings, follow up with them about the topics covered in the orientation. Do not assume someone can watch the recording or read the notes. All CPA participants should receive the orientation *before* they take the CPA Survey.



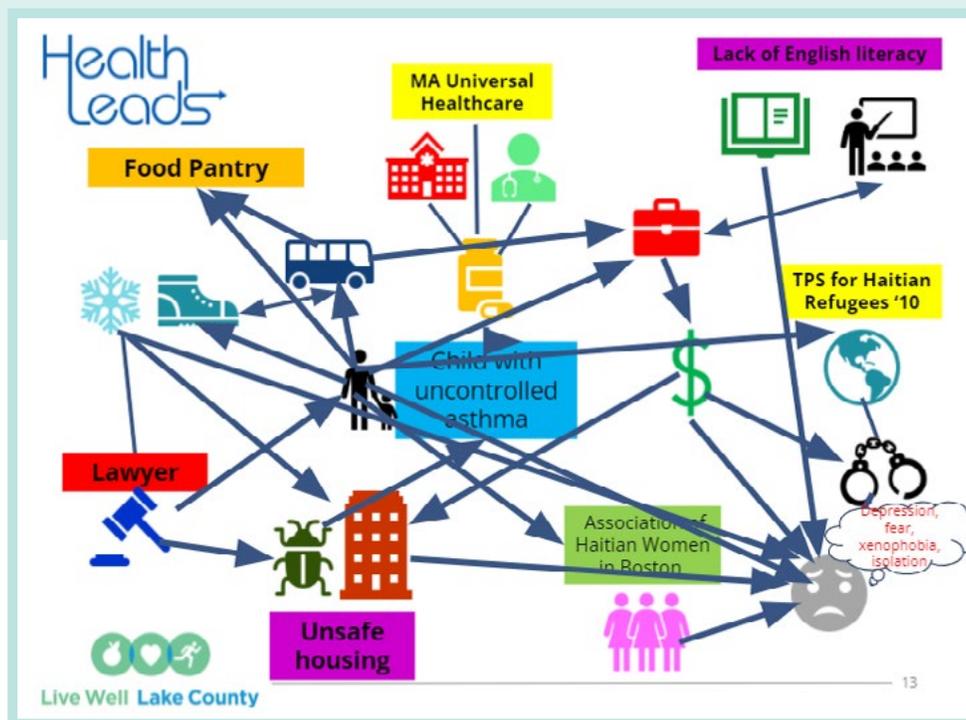
## Using Rich Picture Analysis for Shared Understanding of the LPHS and Community Needs and Resources

In October 2020, Lake County, IL Health Department and Community Health Center (LCHD) did a **Rich Picture Analysis** during their CHI process to achieve the following objectives:

- Solidify the vision and values
- Provide an assessment of the players and characteristics of the LPHS
- Build a shared understanding of the complexity of the LPHS and the differing mental models, views, and experiences of partners

Following orientation, small breakout groups created a rich picture based on one of four prior community health improvement plan (CHIP) priorities: diabetes, obesity, heart disease, and behavioral health. They analyzed strengths, weaknesses, opportunities, and threats (**SWOT**) of one of the 10 EPHS. Each group presented its findings to the larger group. Check out **LCHD's workshop resources** for facilitators' agendas, slides, community vignettes, worksheets, and profiles.

**FIGURE 2.** Sample Rich Picture Analysis from Lake County, IL Health Department and Community Health Center





## Step 3: Administer the CPA Survey

Once you have adapted the CPA Survey for your local context, prepared to distribute it (Step 1.3), and oriented everyone to the CPA process (Step 2), send the survey electronically to all community partner organizations. Give partners two weeks to take the survey and offer to provide technical assistance, e.g., set up a phone call or meet in person to discuss the questions. Monitor which organizations have done the survey and whom you need to follow up with. If needed, recruit other people to follow up with specific individuals.



## Step 4: Summarize Survey Findings

Once all or most organizations have done the survey, you can begin to compile and analyze the responses. If needed, follow up with individual organizations if data are missing or answers are confusing. If any surveys were done on paper, manually enter that data into the online form or spreadsheet.

For each question, determine the best way to present information in an accessible and easy-to-read format (e.g., pie chart, bar graph, word cloud). Most online survey tools offer a way to visually represent survey responses. Check out these tips for equitable data presentation from the [National Equity Atlas](#) and the [Urban Institute](#). Consider how you want to share qualitative data/text responses to questions in non-identifying ways (e.g., quotes, bulleted lists of responses).

Develop a presentation, report, or both to show the findings. If the document needs to be translated, make the report or presentation succinct. Reflect on the summarized data and what it says about your CPA partners.

Consider the following:

- What strengths do CPA partners have?
- What skills and capacities are present? Which ones are still needed?
- What was surprising? What was expected?

### KEY ELEMENTS OF THE SURVEY SUMMARY

- Brief overview of MAPP
- How data fit into overall MAPP goals and process
- Number of organizations that took the survey
- Summary of responses to each question
- Reflections on these areas:
  - » Topics that organizations focus on (what is covered or not)
  - » Which communities are engaged (who is engaged or not)
  - » Capacities and skills the organizations can offer
  - » Potential areas for shared learning and growth
  - » Remaining questions
  - » Next steps



## Step 5: Facilitate Partner Discussion Meetings

Once you have summarized survey findings, share results with the CPA partners. Together, discuss what you are learning about each other and deepen your understanding of what your area needs to address health inequities and improve community health.

To achieve this, plan a series of meetings to discuss the following topics (refer to Table 3 for more details):

- Organizational Reflections on Mission, Values, and Community Engagement
- Understanding Upstream and Downstream Approaches to Equity
- Organizational Reflection on Equity Practices
- Reflections on the CPA Survey Findings
- Lessons Learned and CPA Next Steps
- (Optional) Transforming Public Narrative: The Story of Self/Us/Now

You might hold two all-day, in-person meetings together (preferred), or spread them over several months (e.g., three four-hour meetings or five two-hour meetings) either in person or virtually. In-person meetings are preferred to build relationships and engagement. If needed, virtual meetings are acceptable and may be more accessible to some participants. Virtual meetings might also require more time to prepare and adapt activities. If meetings are spread over time, use a similar format for each meeting:

- Welcome, Introductions, and Quick Icebreaker (see examples in the Appendix)
- Quick Recap of MAPP/CPA Process and Group Agreements (see examples in the Appendix)
- Activity
- Break
- Activity
- Quick Recap of What was Learned Today
- Closing/Next Steps and Community Announcements

Table 3 offers a suggested order for the CPA partner meetings, proposed agenda for the two CPA orientation meetings, and activities for future meetings. Find more information and materials for the activities in the Appendix. Do not skip the partner meetings. They are an important part of the CPA data-collection process, help to build relationships, and deepen understanding of and collective commitment to CHI.



**TABLE 3**

PROPOSED ORDER	MEETING TOPIC	MEETING OBJECTIVES	ACTIVITIES
1	<b>Orientation: Welcome and Kick-Off</b>	<ul style="list-style-type: none"> <li>• Orient CPA partners to MAPP, CPA process/ timeline, participant expectations, and desired outcomes</li> <li>• Build/strengthen relationships and develop group intentions</li> <li>• Develop a shared understanding of health equity, root causes, and upstream (e.g., focused on policy/systems change) and downstream (e.g., service provision) approaches to improving health</li> </ul>	<p><b>Defining Health Equity Activity</b></p> <p><b>Organizational Activities and EPHS Activity</b></p>
2	<b>Orientation: Intro to LPHS</b>	<ul style="list-style-type: none"> <li>• Build a shared understanding of the players, factors, and complexity of our LPHS</li> <li>• Build a shared understanding of the differing mental models, views, and experiences among CPA partners</li> <li>• Introduce the CPA Survey</li> </ul>	<b>Rich Picture Analysis Activity</b>
<b>Share the CPA Survey Findings with Participants, Give 2-3 Weeks to Take, Then Summarize Findings</b>			
3	<b>Organizational Reflections and Community Engagement</b>	<ul style="list-style-type: none"> <li>• Affirm the importance of health equity to MAPP process and identify how/where organizations’ missions/values align with MAPP health equity</li> <li>• Develop an understanding of MAPP partners’ work and how upstream/downstream their work is, where public funds are allocated, and how both approaches are needed for systems transformation</li> <li>• Name different community engagement strategies used by CPA partners</li> <li>• Explore how MAPP can move toward delegated power-sharing and community ownership of planning and implementation with accountable partnerships</li> </ul>	<p><b>Mission/Values Alignment Activity</b></p> <p><b>On the River Activity</b></p> <p><b>Spectrum of Community-Engagement Practices Activity</b></p>
4	<b>Organizational Equity Practices</b>	<ul style="list-style-type: none"> <li>• Use the Praxis Project’s Working Principles for Health Justice and Racial Equity Organizational Assessment to facilitate conversation and reflection on organizational practices, culture, and commitment to equity</li> <li>• Discuss cultural similarities and differences among CPA partner organizations</li> <li>• Name equity principles that CPA partners would like to practice in MAPP</li> </ul> <p><i>Note: Some questions ask about cultural humility, power and accountability, leadership and workforce development, and values alignment.</i></p>	<b>Instructions to Adapt the Praxis Project’s Self-Assessment Tool</b>

**TABLE 3. Cont'd**

PROPOSED ORDER	MEETING TOPIC	MEETING OBJECTIVES	ACTIVITIES
<b>5</b>	<b>Reflections on CPA Survey Findings and Developing Recommendations</b>	<ul style="list-style-type: none"> <li>Share a draft summary of CPA Survey findings with CPA partners to ground truth and confirm agreements on takeaways from the survey and discussions</li> <li>Discuss what the findings show about CPA partner strengths, skills, capacities, topic area focus, communities engaged, and potential areas for growth</li> <li>Refer to Step 4 in the CPA Guidance for details on what to include</li> <li>Discuss recommendations, next steps, and how CPA data will be used in other parts of MAPP (refer to <b>Appendix B</b>)</li> </ul>	<p><i>Note:</i> Reflections on the survey can happen whenever findings are summarized. They could happen before or after session 3 or 4.</p>
<i>Optional Activity</i>	<b>Public Narrative and The Story of Us</b>	<ul style="list-style-type: none"> <li>Use the “Story of Self, Story of Us, Story of Now” exercise to develop a shared narrative about community health transformation</li> <li>Discuss how MAPP can help shape public narratives</li> <li>Support partners’ ability to tell stories that move others to action</li> </ul> <p><i>Note: This activity is appropriate for groups that have developed shared analysis about the root causes of inequities and commitment to working together. This could be helpful for work outside of the CPA, as well.</i></p>	<p><b>Leading Change Network’s</b> Story of Self activities, examples, and materials</p>

Consider the **Meeting Preparation Checklist (app. F)**. If possible, include a quick evaluation before the meeting ends or distribute a survey afterward to get feedback. Ask participants about their feelings, learnings, and suggestions for improvement. Adjust the agendas as needed to account for more or fewer people, in-person versus virtual activities. Try to build on existing relationships and past MAPP activities.



**Tip: Take Notes and Debrief**

During the meetings, make sure someone is taking notes, capture conversations on chart paper, or record them in some way.

The co-facilitators should debrief promptly after each meeting to reflect on the group discussion and capture quotes, sentiments, agreements, ideas, and next steps. Use the meeting notes and debrief notes to summarize discussion findings. The **Activity Reflection Chart (app. C)** will help you organize thoughts along the MAPP themes and ease your data triangulation later.



## Step 6: Draft CPA Report Findings and Share with Partners

Now that meetings and data collection are done, reflect on your learnings and write a summary of what you are learning.

### *Reflect on Discussion and Learnings*

**Figure 1** on page 9 shows the relationship among the guiding questions for the three assessments, what is collected in each assessment, how data collected from each assessment will be used to describe key themes emerging from MAPP, and how this analysis will inform action steps developed in Phase III.

Use the **Reflection on CPA Data and Themes** table at the end of the Appendix to reflect on what you are learning and what is emerging from the CPA process. Some ideas will have emerged from facilitated meetings, and some may emerge as you review meeting notes and survey findings. Ideally, you would first do this reflection activity with your core facilitation team. Then you would repeat the activity with all CPA partners in an interactive brainstorming activity (e.g., during the CPA Survey Reflections meeting) to get feedback and reflections on core themes.

### *Drafting the CPA Report*

Once you and others have reflected on the themes, begin writing your CPA report. Here is a suggested outline of what to include.

#### **Draft CPA Report Outline**

- Overview of MAPP
- Goals and Intention of CPA
- Methods
  - Describe process and timeline of engaging CPA partners
  - Number of organizations completing the CPA Survey
  - Number of organizations attending the CPA discussions
- About Our MAPP Partner Organizations
  - Demographics of populations served
  - Topic areas of focus
  - Types of services/engagement offered
  - Capacities organizations can offer to support MAPP and improve community health moving forward
- What We are Learning
  - Include quotes and descriptions of what the group is learning about the overarching MAPP themes
    - Community Strengths



- Organizational Capacities
- Systems of Power, Privilege, and Oppression
- Social Determinants of Health
- Health Behaviors and Outcomes
- Other Themes
- Next Steps
  - Describe how the CPA data will be used to inform later steps of MAPP. Refer to the **Overview of CPA Survey and Discussion Topics and How CPA Data Can Be Used (app. B)**.
- Acknowledgments
  - Name the report’s authors, design team, and all CPA partners participating in the survey, meetings, or both
  - Acknowledge staff or others who supported CPA or MAPP generally

## Get Feedback on the Draft Report

Share the draft with your MAPP Steering Committee, participating CPA partners, or both. Ask if the report does the following:

- Captures the discussion and learnings the group had together
- Needs more nuance, framing, or detail
- Should highlight specific views
- Add other next steps

If possible, host a final meeting with CPA partners to discuss the findings and next steps. Take notes on the feedback and decide with co-facilitators how to incorporate it. Be transparent about your decision-making process for including comments.



## Step 7: Finish and Share the CPA Report

Once you have revised the CPA report to include partner feedback, finish and share the report. Give a copy to participating CPA partners.

Depending on the reporting plan developed at the beginning of Phase II, you might give the report to everyone involved in MAPP before moving to the next step (likely the CSA). Or, you might wait until all three assessments (CPA, CSA, and CCA) are done. If your community has a website for your MAPP work, post the CPA report online if appropriate.

# APPENDIX

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# A. History of the MAPP CPA

**The National Public Health Performance Standards (NPHPS) were developed in 2002 to “provide a framework to assess capacity and performance of the local public health system, which can help identify areas for system improvement, strengthen partnerships, and ensure that a strong system is in place for addressing public health issues.”**

The LPHSA was developed as a tool for health departments to evaluate whether they were meeting the NPHPS. The LPHSA sought to answer the following:

- What are the components, activities, competencies, and capacities of our public health system?
- How well are the 10 EPHS being provided in our system?

The LPHSA was one of the assessments conducted by communities facilitating MAPP 1.0. In 2019, NACCHO’s evaluation of MAPP 1.0 found the LPHSA was useful for uniting community partners, understanding individual and collective roles in the LPHS, and identifying needs for systems transformation.

However, the assessment was hard to do and required much tailoring to be relevant to individual communities and to address health equity.

In 2021, NACCHO hired Human Impact Partners (HIP) to help revise the LPHSA into the CPA for MAPP 2.0. The CPA allows all community partners involved in MAPP to look critically at who makes up the LPHS, organizations’ systems, processes, and capacities, and collective capacity to address health inequities.

The CPA identifies and names current and future actions to address health inequities at individual, systemic, and structural levels. The LPHSA was grounded in the **10 EPHS**. While the CPA references these, it also goes beyond to be relevant to community partners outside the health and human service sectors.

Areas that have done the LPHSA and used the tool to build relationships among MAPP partners will see the CPA builds on and refines existing partnerships. In addition, it focuses on equity and meaningful engagement of communities impacted by inequities.

The following table outlines the different guiding questions between the LPHSA and the CPA.

GUIDING QUESTIONS	
LPHSA (Used in MAPP 1.0)	CPA (New Assessment for MAPP 2.0)
<ul style="list-style-type: none"> <li>• What are the components, activities, competencies, and capacities of our public health system?</li> <li>• How well are the 10 EPHS being provided in our system?</li> </ul>	<ul style="list-style-type: none"> <li>• What capacities, skills, and strengths does each organization involved in MAPP bring that could contribute to improving community health and advancing the MAPP goals?</li> <li>• Who is involved in the MAPP process? Who else needs to be involved?</li> </ul>



## B. Overview of CPA Survey and Discussion Topics and How CPA Data Can Be Used

General Topic	Specific Topic of Question or Activity	What is Identified?	Where/How can CPA Data be Used?*						Why Information is Helpful and Other Notes
			(X = likely used, ? = potentially used)						
			CPA Summary	Organization Profile	CSA	CCA	Phase III	Outside MAPP	
<b>QUESTIONS IN THE CPA SURVEY</b>									
About the Organization	Organization type and CHI experience	Experience with CHI, community-led decision-making, type of organization	X	X	X	X	X	X	Identifies the range of organizations participating and their experiences working on CHI or community-led decision-making
Organizational Interest in MAPP	Interest in joining CHI/MAPP	What the organization expects to gain by being involved (increases transparency)	X	X			X	?	Identifies how organizations may benefit from participating in CHI and MAPP
	Organization's strongest assets	Self-perceived strengths and resources	X	X			X	X	Identifies what organizations may offer and how organizations can support MAPP
	Resources for MAPP	Resources organizations can contribute to support MAPP activities	X	?	X	X	X	X	
Demographics of Clients/Members Served/ Engaged	Race/ethnicity Immigrants LGBTQIA+ Other identities	Identifies which populations are served/engaged and which are not	X	X	X	X	X	X	Helps identify which population groups are already being engaged and methods of engagement by organizations, capacities of organization to speak languages other than English, and which groups are not represented
	Priority populations	Identifies whom the organization really focuses on engaging	X	X	X	X	X	X	
	Interpretation and translation	Identifies whether organization has ready access	X	X	?	?	X	X	
	Methods of outreach	Identifies methods used to engage clientele/ community	X	X	X	X	X	X	
	Staffing demographics	Identifies whether leadership, management, and administrative staff reflect demographics of community served	X	?				?	
	Languages spoken	Identifies language capacities of the organization	X	?		?	?	?	

General Topic	Specific Topic of Question or Activity	What is Identified?	Where/How can CPA Data be Used?*						Why Information is Helpful and Other Notes
			(X = likely used, ? = potentially used)						
			CPA Summary	Organization Profile	CSA	CCA	Phase III	Outside MAPP	
Topic Area Focus	Healthy People 2030 topic areas	Provides overview of SDOH topic areas worked on by the organizations	X					X	Helps identify organizations to connect with for SDOH and health outcomes data and potential workgroup participants
	Specific topic areas	Provides detailed overview of topic areas worked on by each organization	X	X	X	X	X	X	
	Health topics	Identifies health topics worked on for potential coordination	X	X	X	X	X	X	
Organizational Commitment to Equity	Shared definitions	Identifies if organization has shared definitions of health equity and equity	X	?			?	?	Allows comparison of definitions and identifies which organizations do or do not have shared definitions
	Internal practices and staff time	Identifies number of staff dedicated to equity and if required in job descriptions	X	?			?	?	Makes transparent organization's commitment to equity and how it is operationalized
Organizational Accountability	Advisory board	Identifies who advises the organization and their powers	X	X		?	X	X	Makes transparent whom organizations are accountable to and identifies opportunities for reporting on CHI activities
	Accountability	Identifies whom the organization is accountable to (e.g., mayor, foundations, shareholders, voters)	X	X		?	X	X	
Organizational Capacities	Types of 10 EPHS Activities	Identifies which of the 10 EPHS strategies organizations are contributing to	X	X			?	?	Names the types of activities, strategies, and capacities that the organizations do and adds context to collective responses within the 10 EPHS framework; names assets the organizations bring
	Core competencies	Makes explicit the organization's core capacities, activities, or strengths	X	X	X	X	X	X	
	General capacities	Identifies other strategies that organizations use to do their work	X	X	X	X	X	X	
	Capacities they want to grow	Names areas that organizations would like to grow/build capacities	X	?				X	Identifies capacity-building interests and alignment that could be used or developed with MAPP partners

General Topic	Specific Topic of Question or Activity	What is Identified?	Where/How can CPA Data be Used?*						Why Information is Helpful and Other Notes
			CPA Summary	Organization Profile	CSA	CCA	Phase III	Outside MAPP	
Data Access and Systems	Assessments	Identifies if organizations have conducted related assessments and can share with MAPP process	X	X	X	X		X	Identifies data collected and processes to build on, reduce duplication; explores whether MAPP can use data (e.g., for CSA or CCA)
	Types of data	Names the types of data that organizations collect and if data can be shared with MAPP	X	X	X	X	X	X	
	Data collection, skills, and health equity lens	Names methods used to collect data, data skills the organization has, and whether it uses health equity lens in data analysis	X	X	X	X		X	Identifies organizational capacities related to data collection that could be leveraged in CSA and CCA
Community Engagement Practices	Types of engagement practices	Places organizations on spectrum of activities for relative comparison and names types of engagement activities used	X	X		X	X	X	Allows for comparison of engagement activities and identifies capacities that could be used in MAPP processes
	Community meeting practices	Names enabling resources organizations use when hosting community meetings	X	X		X	X	X	
Policy, Advocacy, and Communication	Types of policy/advocacy work	Names capacities/strategies used to inform decision-making	X	X		?	X	X	Identifies organizational capacities related to policy, advocacy, and communications that could be used in MAPP to support CHI
	Communications strategies	Names how organization communicates with others and identifies communication infrastructure	X	X		?	X	X	
<b>CPA MEETINGS AND DISCUSSION QUESTIONS</b>									
Orientation Meeting #1	Defining Health Equity	Identifies alignment with proposed definition and helps build consensus for use of definition moving forward	X					X	At the end of each activity or each meeting, complete a table to summarize takeaways from the discussion related to the MAPP themes and any remaining questions or comments to follow up on.
	Organization Activities and Essential Public Health Services	Helps organizations see their activities in relation to EPHS, complements EPHS survey, and deepens understanding of EPHS	X	X			X	X	Refer to this table for sample. If possible, develop the table with CPA partners to get input and confirm agreement.

General Topic	Specific Topic of Question or Activity	What is Identified?	Where/How can CPA Data be Used?*						Why Information is Helpful and Other Notes
			CPA Summary	Organization Profile	CSA	CCA	Phase III	Outside MAPP	
Orientation Meeting #2	Roles in the Local Public Health System	Helps organizations see their roles within the LPHS and that LPHS is more than just healthcare	X	X			X	X	At the end of each activity or each meeting, complete a table to summarize takeaways from the discussion related to the MAPP themes and any remaining questions or comments to follow up on.  Refer to this table for sample. If possible, develop the table with CPA partners to get input and confirm agreement.
Organizational Reflections	Mission/values, Alignment with health equity	Affirms the importance of health equity in MAPP process, identifies how/ where organizations' missions/values align with MAPP's definition of health equity	X	?				?	
	Root Causes, Upstream/ Downstream Work	Develops a collective understanding of MAPP partners' work and which are focused on policy/ systems change and service provision	X	X		X	X	X	
Community Engagement	Spectrum of community engagement	Names community-engagement strategies used by different CPA partners and opens conversation about how to move toward power sharing and community accountability	X	X		X		X	
Organizational Equity Practices	Praxis Project's Self-Assessment	Creates opportunity for self-reflection and discussion about organizational practices to advance equity	X				X	X	
(Optional) Public Narrative	Story of Self, Story of Us, Story of Now activity (optional)	Builds storytelling skills and helps name and share personal and collective motivations for CHI and develop collective narrative about why improving community health is important now	X				X	X	
<p>* "Where/How can CPA Data be Used" indicates where information generated from the CPA Survey or CPA discussions could be used in later steps of MAPP. For example, topic area focus survey data could be used in the following ways: (1) Summarized for all organizations in the CPA summary; (2) Noted in the Community Partner Organizational Profile; (3) Used in the CSA to identify organizations that collect data on specific CSA indicators; (4) Used in the CCA to identify which topics MAPP partners do not have data or expertise on; (5) Used in Phase III to help identify whom should be invited to Issue Workgroups; and (6) Used outside of MAPP by funders, government agencies, or others to identify organizations that work on a particular topic area.</p>									

## C. Activity Reflection Chart to Help Capture Themes

Use this chart 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.

<b>Date:</b>	<b>Today's Topic/Activities:</b>
<b>THEMES</b>	<i>What did we learn from today's discussion about:</i>
<b>Community Strengths</b>	
<b>Organizational Capacities</b>	
<b>Systems of Power, Privilege, and Oppression</b>	
<b>Social Determinants of Health</b>	
<b>Health Behaviors and Health Outcomes</b>	
<b>Other</b>	
<b>Remaining Questions</b>	
<b>Facilitator Notes</b>	

## D. Whose Voices are Included?

Use this list to consider which groups to involve in MAPP. Because these groups experience inequities produced by systems, they can offer views and expertise vital to improving the functioning, impact, and outcomes of systems and services provided. Consider if these communities are present in your area and if or how they could be invited to participate in MAPP.

Population Group	Examples of Groups to Prioritize	List of organizations representing this population group operating in our area	Which populations specifically are represented?	Currently participating in MAPP? (Y/N)	Could be invited to participate in MAPP? (Y/N)
<b>Race/Ethnicity</b>	Black/African American, Native American/ Indigenous, Latinx, Asian American, Pacific Islander, Middle Eastern/ North African, Multiracial				
<b>Gender</b>	Women, transgender, non-binary, gender non-conforming				
<b>Sexuality</b>	Lesbian, gay, bisexual, pansexual, asexual, two-spirit				
<b>Socioeconomic Status</b>	Low-income, moderate income, SNAP recipient, limited transportation				
<b>Education</b>	Schoolchildren, community-college students, high-school dropouts, students receiving free or reduced lunch, college students with loans				

Population Group	Examples of Groups to Prioritize	List of organizations representing this population group operating in our area	Which populations specifically are represented?	Currently participating in MAPP? (Y/N)	Could be invited to participate in MAPP? (Y/N)
<b>Disability</b>	People with the following types of disability: vision, hearing, intellectual, physical, neurological, speech, etc.				
<b>Immigration status</b>	Undocumented, Green Card status, DREAMer, those with limited English proficiency, people newly immigrated to the United States				
<b>Religion/Faith</b>	Muslim, Jewish, Hindu, Sikh, Buddhist				
<b>Insurance status</b>	Medicaid, Medicare, uninsured, other state or local insurance program				
<b>Housing status</b>	People experiencing homelessness (living on the street, living in shelter, unstable housing), residing in low-income housing, living in close contact with others (nursing home, school dormitory)				

Population Group	Examples of Groups to Prioritize	List of organizations representing this population group operating in our area	Which populations specifically are represented?	Currently participating in MAPP? (Y/N)	Could be invited to participate in MAPP? (Y/N)
<b>Criminal-legal system involved</b>	People incarcerated in prisons, jails, or immigrant detention centers; formerly incarcerated individuals; recently released individuals; on probation; foster youth				
<b>Occupation</b>	Unemployed, underemployed, food-industry workers, agricultural workers, janitors, teachers				
<b>Age</b>	Youth, older adults (65+), parents				
<b>Neighborhood</b>	Specific neighborhoods, zip codes, or geographic areas in your area (consider the demographic makeup of that neighborhood, as well)				
<b>Other</b>					

## E. Sample CPA Invitation Letter

Dear [XXXX],

It is my pleasure to invite you and your organization [YYYY] to participate as a community partner in our community health improvement (CHI) process using the Mobilizing for Action through Planning and Partnerships (MAPP) framework. For more information about MAPP, please visit [naccho.org/mapp](https://naccho.org/mapp).

Specifically, we would like to invite your organization to participate in our Community Partner Assessment (CPA). This process will help develop a collective assessment of organizations that are working to improve health and well-being in [name of location/area] or that could play a role. Some organizations who will be involved in this process include [XYZ].

We would like [name of organization] to join the CPA because your organization [name what they bring/be specific about why they are invited—e.g., wanting X population or view represented, related experiences, relationships with the organization].

Participation in the CPA would involve:

- Attending the orientation/kick-off meeting in [date/month]
- Participating in [X] meetings held [monthly, biweekly, etc.] over [x] months
- Completing the Community Partner Assessment Survey (roughly 30–40 minutes)
- Reviewing the draft CPA report
- Communicating with the MAPP coordinating team

In total, participation would require about [X hours over Y months] of one staff person's time. If more than one person from your organization wanted to participate, we would be happy to have up to [recommended two or three] individuals join this process.

Past participants in the MAPP process have said that they appreciated participating because of the opportunities to:

- Network with different organizations, agencies, and potential funders
- Obtain data on issues they work on
- Work with others to advance policy solutions on issues they work on
- Join a collaborative working to improve community conditions and health
- [Add other reasons]

We hope your organization will be interested in participating. Please contact [ZZZZ] for more information and please RSVP by [date].

Thanks so much for your time and consideration.

[Name, organization]

## F. CPA Meeting Preparation Checklist

### Meeting Planning

- Confirmed who will be the facilitator or co-facilitators?
- Developed an annotated or facilitators' agenda with roles?
- Invited specific people to help during the meeting (e.g., facilitate small groups, take notes, check energy, observe if breaks are needed, set up/take down)?
- Decided where and when to hold the meeting?
- Confirmed availability of the physical or virtual space?
- Chosen which decision-making process to use (e.g., majority vote, group consensus, leader's choice)?
- Reviewed and finalized the agenda with the co-facilitators and other members of the ADT who will have key and supporting roles?
- Identified, obtained, and tested any needed equipment?
- Prepared presentation(s) and handouts?
- Confirmed if you need translation/interpretation services?
- Confirmed if you need help setting up or taking down the room?
- Confirmed if you want to have A/V or technical support during your meeting?

### Enabling Services

- If hiring catering, confirmed price, products, and delivery time?
- If receiving snacks, confirmed the plan to pick up, display, and distribute snacks?
- If hiring childcare, confirmed childcare providers, whether toys are needed, and anticipated number of children?
- If providing transportation, coordinated details for pick-up and drop-off?
- If offering stipends, have a clear process for tracking recipients?
- If translating documents, gave materials to the translators with enough time?
- If offering interpretation, will you need microphones and headsets? Identified how many interpreters you need?

### Engagement

- Made a list of invitees?
- Identified who will send the invites by when and confirm invites are sent?
- Sent the preliminary agenda to key participants/stakeholders?
- Sent pre-readings or requests that need advance preparation?
- Followed up with invitees if you need to confirm RSVP?
- Finalized and distributed agenda to participants?
- Verified key participants will attend and know their roles?

## G. Estimated Costs, Considerations, and Where Else to Seek Support

This table discusses potential costs involved in community meetings. The estimated cost per unit will vary by geography, cost of living, etc. Adjust the cost per unit to accurately reflect costs in your area and use the other columns to identify numbers needed, total estimate of support needed, and others who could offer that support.

Item	Estimated Cost per Unit	Number Needed	Total Estimate Needed	Considerations	Who Else could Support?
<b>Facilitator Stipend (if community-based organization leads)</b>	\$50–100/hr			<ul style="list-style-type: none"> <li>In addition to your co-facilitator, will you need small-group facilitators?</li> </ul>	<ul style="list-style-type: none"> <li>Health department, clinic, or hospital staff</li> <li>Staff with local community organizations</li> <li>Translation consultants</li> <li>Others who can help interpret into other language(s)</li> </ul>
<b>Stipends for Community Participation</b>	\$15–100+ /person			<ul style="list-style-type: none"> <li>What is the total number of participants (in focus groups, interviews, other assessment activities)?</li> <li>Prioritize stipends/ gift cards for those will receive no payment for their time over those who can participate as part of paid or salaried work time.</li> </ul>	<ul style="list-style-type: none"> <li>Hospitals, clinics, and universities may have methods to pay</li> <li>Grocery stores, supermarkets, and department stores may have gift card donation</li> <li>Banks, credit unions, foundations, or others may be able to sponsor or donate</li> </ul>
<b>Meeting Space/Venue</b>	Free to \$250+			<ul style="list-style-type: none"> <li>Consider holding meetings during nights or weekends or where people gather (e.g., church, community meetings, schools) to facilitate ease of participation.</li> <li>Consider how reliable Internet access is where participants live and if a video call is possible; if not, consider holding a conference call or smaller meetings.</li> </ul>	<ul style="list-style-type: none"> <li>Churches, mosques, or other religious institutions</li> <li>Schools or recreation centers</li> <li>Community organization hosting regular community meeting</li> <li>Universities or community colleges</li> </ul>
<b>Childcare (1 person)</b>	\$15–50+/hr			<ul style="list-style-type: none"> <li>How many parents and caregivers will attend and how many babysitters will you need?</li> <li>What ages will care be offered for?</li> </ul>	<ul style="list-style-type: none"> <li>Local Head Start or other childcare centers</li> <li>Religious organizations with childcare facilities</li> <li>Others offering childcare</li> </ul>

<b>Snacks/ Meals</b>	\$2–15+ /person			<ul style="list-style-type: none"> <li>• Offer culturally appropriate and, if possible, non-perishable food for participants.</li> </ul>	<ul style="list-style-type: none"> <li>• Local restaurants</li> <li>• Grocery stores</li> <li>• Hospital cafeterias</li> <li>• Schools, universities</li> <li>• Others who might donate or offer meals or snacks at reduced price</li> </ul>
<b>Transportation Stipend</b>	\$3–40+ /person			<ul style="list-style-type: none"> <li>• Where will the meeting be held? Will all need a stipend to arrive or just those who live further away?</li> <li>• What will enable participation, e.g., bus token, taxi, or shared ride?</li> </ul>	<ul style="list-style-type: none"> <li>• Local hospital</li> <li>• Transit agency</li> <li>• Schools</li> <li>• Local businesses who could offer or sponsor transportation</li> </ul>
<b>Translation of Documents</b>	\$20–60/ page			<ul style="list-style-type: none"> <li>• Consider which documents you want translated (e.g., agenda, presentations, fact sheets, executive summary, or whole report).</li> <li>• Consider which languages you need documents translated into.</li> </ul>	<ul style="list-style-type: none"> <li>• Health department or clinic staff</li> <li>• Staff with local community organizations</li> <li>• Interpretation and translation consultants</li> <li>• Others who could help translate document into other language(s)</li> </ul>
<b>Interpretation at meetings</b>	\$40–200/hr			<ul style="list-style-type: none"> <li>• Will you offer simultaneous or consecutive translation?</li> <li>• Will you need interpretation equipment such as headphones and microphone?</li> </ul>	
<b>Technical Analysts</b>	Free to \$5,000+			<ul style="list-style-type: none"> <li>• Consider your data collection and analysis capacity and what support you need to help develop the data-collection instruments (e.g., focus group or interview guide), collect data/take notes, and code and analyze data.</li> </ul>	<ul style="list-style-type: none"> <li>• Faculty or students from a university or college</li> <li>• Community organizations to support the technical components of qualitative data</li> </ul>
<b>Other Resources</b>	TBD			<ul style="list-style-type: none"> <li>• Consider whether you need cameras, recording equipment, coding software, and transcription.</li> <li>• During the meeting, consider if you want someone to help: <ul style="list-style-type: none"> <li>○ Take notes</li> <li>○ Set up/take down</li> <li>○ Support participant engagement</li> <li>○ Check the vibe of the room and pause to acknowledge tensions or address conflict</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Other staff from your organization</li> <li>• University, hospital, or other institution who might have resources and staff, students, or volunteers to help use them</li> </ul>

## H. Draft Agenda: Orientation Meeting #1: Welcome and Kick-Off

*Note: These agendas are full! Skilled facilitators can help keep on time. If possible, allow 2.5 hours for each orientation meeting to cover all needed content.*

### Objectives:

- Orient CPA partners to MAPP, CPA process/timeline, participant expectations, and desired outcomes
- Develop group intentions/ground rules for collaboration
- Build or strengthen relationships among CPA partners
- Develop a shared understanding of health equity, root causes, and LPHS

### Activities:

---

#### 30 MIN: Welcome and Introductions

- Consider having a formal welcome by lead community partner or someone in a position of power (e.g., executive director/chief executive officer)
- For introductions, invite everyone to share their name, pronouns, organization, title, and your selected **icebreaker question (see examples in the Appendix)**. Facilitators should model introductions first and explain **why to share pronouns**.

#### 15 MIN: Overview of MAPP and the CPA

- Introduce MAPP, the goals and intended outcomes of CPA, how CPA information will be used, how CPA can benefit partners, and general timeline
- Include time for quick questions and answers (Q+A)

#### 10 MIN: Group Intentions and Expectations of Involvement

- Develop general ground rules/ways of being with each other and name expectations of participant involvement
- Bring a draft list and ask for edits or have the group generate ideas (refer to **sample ground rules and sample expectations** in the Appendix)

#### 10 MIN: Break/Mingling Time

- Encourage participants to take care of their needs and approach someone they do not know well to learn three new things
- Allow facilitators to regroup, discuss any issues that arose, and get ready for next activity

#### 15 MIN: Activity: Defining Health Equity

#### 30 MIN: Activity: Organizational Activities and EPHS

#### 5 MIN: Closing and Next Steps

- Summarize what was discussed, when the next meeting will be, and next steps. If time allows, quickly evaluate what worked well in the meeting and what to change for the next meeting.

# I. Draft Agenda: Orientation Meeting #2: Understanding the Local Public Health System (LPHS)

## Objectives:

- To assess the players and factors in our LPHS
- To build a shared understanding of the complexity of our LPHS
- To build a shared understanding of the differing mental models, views, and experiences among partners
- Introduce the CPA Survey

## Activities:

---

### 10 MIN: Welcome, Recap of Last Session, and Introductions

### 15 MIN: Presentation on Your LPHS

- Show a diagram illustrating how the public health system is broader than healthcare (Refer to the **Local Public Health System diagram in the Stakeholder Analysis Brainstorm Toolkit**)
- Introduce the **10 EPHS**
- Describe importance of systems thinking and **making mental models explicit**
- Explanation of rich picture analysis activity

### 45 MIN: Small-Group Rich Picture and SWOT Analysis Activity\* (e.g., ideally groups of 3–5)

- Goals: Describe (1) what is going on in our public health system and (2) what are we doing to better the public's health?
  - Each breakout group creates a rich picture based on one of the group's past CHIP priorities or key major health concerns
  - Each breakout group does a SWOT analysis of one of the 10 EPHS

### 30 MIN: Large-Group Discussion

- Each group presents its picture
- Other groups can add factors left unmentioned this far
- Facilitators note themes and build diagram of LPHS

### 10 MIN: Introduce CPA Survey

- Describe why the survey is important for your MAPP process and ask every partner to take
- Ask 1 person per organization to do online or download and do it on paper
- Share timeline—responses due by [date], tallying of results, sharing results in meeting on [date] to discuss findings and lessons learned
- Briefly explain major domains and how data will be used later in MAPP

### 10 MIN: Closing, Next Steps, Community Announcements

*\*Note: Refer to the Lake County Case Study examples and templates on page 19 and in the MAPP 2.0 Tools Folder at [naccho.org/mapp](http://naccho.org/mapp).*

# COMMUNITY PARTNER ASSESSMENT SURVEY



# INSTRUCTIONS FOR SURVEY ADMINISTRATORS

This survey is part of the Mobilizing for Action through Planning and Partnerships (MAPP) Community Partner Assessment (CPA). All organizations involved in the MAPP process take this survey to help name whom they serve, what they do, and their capacities and skills to support their local community health improvement process.

The **Table of CPA Survey and Discussion Topics (app. B)** outlines how each topic explored in the CPA Survey and the discussions at CPA meetings will be used in future steps of MAPP. Please refer to the CPA for details on how to administer the survey.

Because each local area is different, you may need to adapt the survey to your community's demographics. You may remove optional questions.

This survey is for communities with at least 8–10 organizations participating in the CPA. It would be challenging to notice trends and gaps within a group of fewer than eight organizations.

## Tips:

- **Review the entire survey and decide:**
  - Which questions you want to edit.
    - For example, you might revise the language or add options (e.g., a list of languages spoken in your area).
  - Which questions you want to remove.
    - Note whether you might use them in the future for MAPP.
  - Which questions you want to add.
    - If you add questions, pilot test them with a few participants to ensure the question is clear and returns the data you seek.
- **Prepare to send the survey:**
  - Copy and paste the questions into an online platform like Google Forms, SurveyMonkey, or Qualtrics to make it easier to share the survey, collect data, and analyze results.
  - Print paper copies for in-person gatherings, as needed.
  - Include contact information for questions and comments.
- **Define next steps for participants after completing the survey:**
  - Include action items at the end of the survey, in a follow-up email, or as talking points for an in-person meeting.
  - Next steps might include providing contact information and your timeline for data analysis and reporting back to participants.

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# INTRODUCTION

**Note: Please submit only one completed survey per organization.**

Thanks for taking the Mobilizing for Action through Planning and Partnerships (MAPP) Community Partner Assessment (CPA) Survey. This process helps to identify how we will improve our community's health together.

Your organization—and you—are vital to our community's local public health system, even if you do not work in public health or healthcare.

Public health<sup>1</sup> is more than healthcare. Health outcomes are shaped by people's behaviors, ability to access healthcare, living and working conditions, and the institutions, policies, systems, cultural norms, social inequities, and environment that shape our community.

This survey is part of our Community Partner Assessment, which helps us identify the organizations involved in MAPP, whom they serve, what they do, and their capacities and skills to support our local community health improvement process. The CPA helps us name strengths as a community and opportunities for greater impact.

The responses to this survey will be summarized in our Community Health Assessment (CH[N]A). They will be used to develop a Community Health Improvement Plan (CHIP) to improve health in our community.

## *Things to Know...*

- This survey should take 30–40 minutes.
- Your responses will not be identifiable to you or your organization. They will be combined and summarized with all other responses in the CH[N]A report.
- Submit only one completed survey per organization.

# SURVEY QUESTIONS

## A. About Your Organization

This section asks about your organization, including type, interest in participating in MAPP, populations served, topic or focus areas, commitment to equity, and accountability.

### Your Organization

- 1. What is the full name of your organization?**
- 2. Which best describes your position or role in your organization?**
  - a. Administrative staff
  - b. Front line staff
  - c. Supervisor (not senior management)
  - d. Senior management level/unit or program lead
  - e. Leadership team
  - f. Community member
  - g. Community leader
  - h. Other: \_\_\_\_
- 3. Has your organization ever participated in a community health improvement process?**
  - a. Yes
  - b. No
  - c. Unsure
- 4. Has your organization ever participated in or facilitated community-led decision-making around policies, actions, or programs?**
  - a. Yes
  - b. No
  - c. Unsure
- 5. Which of the following best describe(s) your organization? (check all that apply)**
  - a. City health department
  - b. County health department
  - c. State health department
  - d. Tribal health department
  - e. Other city government agency
  - f. Other county government agency
  - g. Other state government agency
  - h. Other Tribal government agency
  - i. Private hospital
  - j. Public hospital
  - k. Private clinic
  - l. Public clinic
  - m. Emergency response

- n. Schools/education (PK–12)
- o. College/university
- p. Library
- q. Non-profit organization
- r. Grassroots community organizing group/organization
- s. Tenants' association
- t. Social service provider
- u. Housing provider
- v. Mental health provider
- w. Neighborhood association
- x. Foundation/philanthropy
- y. For-profit organization/private business
- z. Faith-based organization
- aa.Center for Independent Living
- ab.Other: \_\_\_\_\_

## Organizational Interest in Participating in and Supporting MAPP

### 6. What are your organization's top-three interests in joining a community health improvement partnership:<sup>2</sup>

- a. To deliver programs effectively and efficiently and avoid duplicated efforts
- b. To pool resources
- c. To increase communication among groups
- d. To break down stereotypes
- e. To build networks and friendships
- f. To revitalize low energy of groups who are trying to do too much alone
- g. To plan and launch community-wide initiatives
- h. To develop and use political power to gain services or other benefits for the community
- i. To improve line of communication from communities to government decision-making
- j. To improve line of communication from government to communities
- k. To create long-term, permanent social change
- l. To obtain or provide services
- m. Other: \_\_\_\_\_

### 7. (Optional) Why is your organization interested in participating in a community health initiative?

- a. Access to data
- b. Connections to communities with lived experience
- c. Connections to other organizations
- d. Connections to decision-makers
- e. Connections to potential funders
- f. Positive publicity (e.g., our organization supports community health)
- g. Helps achieve requirements for public health accreditation
- h. Helps achieve requirements for IRS non-profit tax status
- i. Helps achieve requirements for Federally Qualified Health Center (FQHC) status
- j. Helps achieve other requirements
- k. Improving conditions for members/constituents
- l. Other: \_\_\_\_\_

**8. (Optional) Any comments about your organization’s interest in participating in MAPP?**

**9. (Optional) What are your agency’s 1–3 most valuable resources and strongest assets you would like other agencies to know? (i.e., what makes your organization great)?**

**10. (Optional) What resources might your organization contribute to support MAPP activities? (check all that apply) *Note: This question does not commit your organization to support; it only identifies ways your organization \*might\* be able to support.***

- a. I’m unsure
- b. Funding to support assessment activities (e.g., data collection, analysis)
- c. Funding to support community engagement (e.g., stipends, gift cards)
- d. Food for community meetings
- e. Childcare for community meetings
- f. Policy/advocacy skills
- g. Media connections
- h. Social media capacities
- i. Physical space to hold meetings
- j. Technology to support virtual meetings
- k. Coordination with tribal government
- l. Staff time to support community engagement and involvement
- m. Staff time to support interpretation and translation
- n. Lending interpretation equipment for use during meetings
- o. Staff time to support relationship-building between MAPP staff and other organizations (e.g., introductions to government agencies or organizers)
- p. Staff time to support focus group facilitation or interviews
- q. Staff time to help analyze quantitative data
- r. Staff time to help analyze qualitative data
- s. Staff time to participate in MAPP meetings and activities
- t. Staff time to help plan MAPP meetings and activities
- u. Staff time to help facilitate MAPP meetings and activities
- v. Staff time to help implement MAPP priorities
- w. Note-taking support during qualitative data collection
- x. Staff time to transcribe meeting notes/recordings
- y. Other: \_\_\_\_\_

**11. (Optional) Please comment about the items above or other ways your organization can support MAPP:**

## Demographics and Characteristics of Clients/Members Served/Engaged

**12. What racial/ethnic populations does your organization work with? (check all that apply)**

- a. Black/African American
- b. African
- c. Native American/Indigenous/Alaska Native
- d. Latinx/Hispanic
- e. Asian
- f. Asian American
- g. Pacific Islander/Native Hawaiian
- h. Middle Eastern/North African
- i. White/European
- j. Other: \_\_\_\_\_

**13. Does your organization work with immigrants, refugees, asylum seekers, and other populations who speak English as a second language?**

- a. Yes
- b. No
- c. Unsure

**14. Does your organization offer services for transgender, nonbinary, and other members of the LGBTQIA+ community?**

- a. Yes—we provide services specifically for the LGBTQIA+ community
- b. Somewhat—we provide general services and LGBTQIA+ individuals could use those services
- c. No—LGBTQIA+ populations are not welcome
- d. Unsure

**15. Does your organization offer services specifically for people with disabilities?**

- a. Yes—we provide services specifically for people with disabilities
- b. Somewhat—we are wheelchair accessible and compliant with the American Disabilities Act but are not specifically designed to serve people with disabilities
- c. No—our organization is not specifically designed to serve people with disabilities
- d. Unsure

**16. Does your organization work with other populations or groups who are not addressed in the previous questions? For example, groups identifiable by gender, socioeconomic status, education, disability, immigration status, religion, insurance status, housing status, occupation, age, neighborhood, and involvement in the criminal legal system.**

- a. Yes
  - i. If yes, please list these groups: \_\_\_\_\_
- b. No
- c. Unsure

**17. Does your organization have access to interpretation and translation services?**

- a. Yes
  - i. If yes, list what languages are offered? \_\_\_\_\_
- b. No
- c. Unsure
- d. Not applicable

**18. (Optional) Who are your priority populations?**

**19. (Optional) What do you do to reach/engage/work with your clientele or community? (check all that apply)**

- a. We hire staff from specific racial/ethnic groups that mirror our target populations
- b. We hire staff/interpreters who speak the language/s of our target populations
- c. We support leadership development in our target populations
- d. We have leadership who speak the language/s of our target populations
- e. Our organization is physically located in neighborhood/s of our target populations
- f. We receive many clients from our target populations
- g. We receive many referrals from our target populations
- h. We work closely with community organizations from our target populations
- i. We have done extensive outreach to our target populations
- j. Other: \_\_\_\_

**20. (Optional) Does the leadership of your organization reflect the demographics of the community you serve?**

- a. Yes
- b. No
- c. Unsure
- d. Not applicable

**21. (Optional) Does the management of your organization reflect the demographics of the community you serve?**

- a. Yes
- b. No
- c. Unsure
- d. Not applicable

**22. (Optional) Do the administrative/frontline staff and others in your organization reflect the demographics of the community you serve?**

- a. Yes
- b. No
- c. Unsure
- d. Not applicable

**23. (Optional) What languages do staff at your organization speak? (check all that apply)**

- a. English
- b. Spanish
- c. Chinese (Mandarin, Cantonese, Hokkien, etc.)
- d. Tagalog (Filipino)
- e. Vietnamese
- f. French and French Creole
- g. Arabic
- h. Sign language
- i. Other: \_\_\_\_\_

**24. (Optional) In what language/s do you hold public meetings? (check all that apply)**

- a. English
- b. Spanish

- c. Chinese (Mandarin, Cantonese, Hokkien, etc.)
- d. Tagalog (Filipino)
- e. Vietnamese
- f. French and French Creole
- g. Arabic
- h. Sign language
- i. Other: \_\_\_\_\_

**25. (Optional) Please add comments about your organization and the demographics of the community you serve:**

## Topic Area Focus

**26. How much does your organization focus on each of these topics<sup>3</sup>? For each one, select a) A lot, b) A little, c) Not at all, or d) Unsure.**

- i. **Economic Stability:** The connection between people’s financial resources—income, cost of living, and socioeconomic status—and their health. This includes issues such as poverty, employment, food security, and housing stability.
- ii. **Education Access and Services:** The connection of education to health and well-being. This includes issues such as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development.
- iii. **Healthcare Access and Quality:** The connection between people’s access to and understanding of health services and their own health. This includes issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.
- iv. **Neighborhood and Built Environment:** The connection between where a person lives—housing, neighborhood, and environment— and their health and well-being. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and public safety.
- v. **Social and Community Context:** The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and well-being. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration.

**27. Which of the following categories does your organization work on/with? (check all that apply)**

- a. Arts and culture
- b. Businesses and for-profit organizations
- c. Criminal legal system
- d. Disability/independent living
- e. Early childhood development/childcare
- f. Education

- g. Community economic development
- h. Economic security
- i. Environmental justice/climate change
- j. Faith communities
- k. Family well-being
- l. Financial institutions (e.g., banks, credit unions)
- m. Food access and affordability (e.g., food bank)
- n. Food service/restaurants
- o. Gender discrimination/equity
- p. Government accountability
- q. Healthcare access/utilization
- r. Housing
- s. Human services
- t. Immigration
- u. Jobs/labor conditions/wages and income
- v. Land use planning/development
- w. LGBTQIA+ discrimination/equity
- x. Parks, recreation, and open space
- y. Public health
- z. Public safety/violence
- aa. Racial justice
- ab. Seniors/elder care
- ac. Transportation
- ad. Utilities
- ae. Veterans' issues
- af. Violence
- ag. Youth development and leadership
- ah. Other: \_\_\_\_\_

**28. Which of the following health topics does your organization work on? (check all that apply)**

- a. Cancer
- b. Chronic disease (e.g., asthma, diabetes/obesity, cardiovascular disease)
- c. Family/maternal health
- d. Immunizations and screenings
- e. Infectious disease
- f. Injury and violence prevention
- g. HIV/STD prevention
- h. Healthcare access/utilization
- i. Health equity
- j. Health insurance/Medicare/Medicaid
- k. Mental or behavioral health (e.g., PTSD, anxiety, trauma)
- l. Physical activity
- m. Tobacco and substance use and prevention
- n. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)/food stamps
- o. None of the above/Not applicable
- p. Other: \_\_\_\_\_

## Organizational Commitment to Equity

29. If your organization has a shared definition of equity or health equity,<sup>4</sup> please copy and paste it below.

30. Please review the following statements. For each one, select a) Agree, b) Disagree, or c) Unsure.

- i. We have at least one person in our organization dedicated to addressing diversity, equity, and inclusion *internally* in our organization.
- ii. We have at least one person in our organization dedicated to addressing inequities *externally* in our community.
- iii. We have a team dedicated to advancing equity/addressing inequities in our organization.
- iv. Advancing equity/addressing inequities is included in all or most staff job requirements.

31. (Optional) Please list staff positions working to address equity and describe what type of equity-focused work they do:

32. (Optional) Please share any comments or questions about your organization's commitment to and practice of equity internally or in the community:

## Organizational Accountability

33. In 1–2 sentences, describe the people impacted by your organization and the work you are doing.

34. Does your organization have an advisory board of community members, stakeholders, youth, or others who are impacted by your organization?

35. To whom is your organization accountable? By accountable we mean whom your organization must report to because they determine or oversee your funding as an organization, determine your priorities, etc. This could be who has power over your organization's decision-making—for example, city government agencies may be accountable to the mayor or city council; a business may be accountable to its shareholders; and an organizing group may be accountable to its members. (check all that apply)

- a. Mayor, governor, or other elected executive official
- b. City council, board of supervisors/commissioners, or other elected legislative officials
- c. State government
- d. Federal government
- e. Tribal government
- f. Foundation

- g. Community members
- h. Members of the organization/association
- i. Customers/clients
- j. Board of directors/trustees
- k. Shareholders
- l. Voters
- m. Voting members
- n. National/parent organization
- o. Other government agencies
- p. Other: \_\_\_\_\_

## B. Organizational Capacities

### Organizational Capacities Related to the 10 Essential Public Health Services

One goal of this assessment is to help describe how each partner organization contributes to your local public health system. Your organization—and you—are vital to our community’s local public health system, even if you do not work in public health or healthcare.

Public health<sup>5</sup> is more than healthcare, and health outcomes are shaped by behaviors, ability to access care, living and working conditions, and the institutions, policies, systems, cultural norms, social inequities, and environment that shape our community.

Organizations working to improve the well-being of individuals, families, and communities through improving housing, education, childcare, workforce development, or other conditions have an impact on the public’s health.

One way to understand, assess, and improve our local public health system is to name how your organizational capacities and activities align with the 10 Essential Public Health Services (EPHS).

The 10 statements below describe activities needed for the public health system (e.g., assessment, communication, community engagement).

#### 36. Please select whether your organization regularly does the following activities. (check all that apply)

- a. **Assessment:** My organization conducts assessments of living and working conditions and community needs and assets.
- b. **Investigation of Hazards:** My organization investigates, diagnoses, and addresses health problems and hazards affecting the population.
- c. **Communication and Education:** My organization works to communicate effectively to inform and educate people about health or well-being, factors that influence well-being, and how to improve it.

- d. **Community Engagement and Partnerships:** My organization works to strengthen, support, and mobilize communities and partnerships to improve health and well-being.
- e. **Policies, Plans, Laws:** My organization works to create, champion, and apply policies, plans, and laws that impact health and well-being.
- f. **Legal and Regulatory Authority:** My organization has legal or regulatory authority to protect health and well-being and uses legal and regulatory actions to improve and protect the public's health and well-being.
- g. **Access to Care:** My organization provides healthcare and social services to individuals or works to ensure equitable access and an effective system of care and services.
- h. **Workforce:** My organization supports workforce development and can help build and support a diverse, skilled workforce.
- i. **Evaluation And Research:** My organization conducts evaluation, research, and continuous quality improvement and can help improve or innovate functions.
- j. **Organizational Infrastructure:** My organization is helping build and maintain a strong organizational infrastructure for health and well-being.
- k. **Unsure**

**37. Are there any other core competencies or strengths not included on the list above that your organization does?**

- a. Yes
  - i. If yes, please list these core competencies/strengths: \_\_\_\_\_
- b. No

**38. (Optional) Of the activities and capacities listed above (including any you added), which do you identify as your organization's top 1–3 core competencies or strengths?**

**39. (Optional) Does your organization have sufficient capacity to meet the needs of your clients/members? For example, do you have enough staff/funding/support to do your work?**

- a. Yes
- b. No
- c. Unsure
  - i. Please elaborate: \_\_\_\_\_

## General Capacities and Strategies

40. Which of the following strategies does your organization use to do your work?<sup>6</sup> (check all that apply)

- a. **Research and Policy Analysis:** Gathering and analyzing data to create credibility and inform policies, projects, programs, or coalitions.
- b. **Social and Health Services:** Providing services that reach clients and meet their needs (including clinical and healthcare services).
- c. **Organizing:** Involving people in efforts to change their circumstances by changing the underlying structures, decision-making processes, policies, and priorities that produce inequities.
- d. **Communications:** Messaging that resonates with communities, connects them to an issue, or inspires them to act.
- e. **Leadership Development:** Equipping leaders with the skills, knowledge, and experiences to play a greater role within their organization or movement.
- f. **Litigation:** Using legal resources to reach outcomes that further long-term goals.
- g. **Advocacy and Grassroots Lobbying:** Targeting public officials either by speaking to them or mobilizing constituents to influence legislative or executive policy decisions.
- h. **Alliance and Coalition-Building:** Building collaboration among groups with shared values and interest.
- i. **Arts and Culture:** Nurturing the multiple skills of an individual through the arts and encouraging connection through shared experiences.
- j. **Campaigns:** Using organized actions that address a specific purpose, policy, or change.
- k. **Healing:** Addressing personal and community trauma and how they connect to larger social and economic inequalities.
- l. **Inside-Outside Strategies:** Coordinating support from organizations on the “outside” with a team of like-minded policymakers on the “inside” to achieve common goals.
- m. **Integrated Voter Engagement:** Connecting organizing and voter-engagement strategies to build a strong base over multiple election cycles.
- n. **Movement-Building:** Scaling up from single organizations and issues to long-term initiatives, perspectives, and narratives that seek to change systems.
- o. **Narrative Change:** Harnessing arts and expression to replace dominant assumptions about a community or issue with dignified narratives and values.
- p. **Other:** \_\_\_\_\_

41. (Optional) One goal of MAPP is to help build the collective capacity of our network and connect partners to help build their capacities. What capacities would you like to grow as an organization, including any mentioned above?

## C. Capacities to Support Community Health Improvement

The following questions ask about your organization's experience collecting data, engaging community members, advocating for policy change, and communicating with the public. Please let us know if your organization does the following tasks and whether your organization could support MAPP by doing that task. Following the set of questions is space for comments or questions.

### Data Access and Systems

**42. Does your organization conduct assessments (e.g., of basic needs, community health, neighborhood)?**

- a. Yes
  - i. If yes, please describe what they assess. \_\_\_\_
- b. No
- c. Unsure

**43. Can you share the assessments you described above with the MAPP collaborative?**

- a. Yes
- b. No
- c. Unsure
- d. Not applicable—My organization does not conduct assessments.

**44. What data does your organization collect? (check all that apply)**

- a. Demographic information about clients or members
- b. Access and utilization data about services provided and to whom
- c. Evaluation, performance management, or quality improvement information about services and programs offered
- d. Data about health status
- e. Data about health behaviors
- f. Data about conditions and social determinants of health (e.g., housing, education, or other conditions)
- g. Data about systems of power, privilege, and oppression
- h. We don't collect data
- i. Other: \_\_\_\_\_

**45. Can you share any of that data with the MAPP collaborative?**

- a. Yes, already being shared
- b. Yes, can share
- c. No
- d. Unsure

**46. How does your organization collect data? (check all that apply)**

- a. Surveys
- b. Focus groups
- c. Interviews

- d. Feedback forms
- e. Photovoice or other participatory research
- f. Notes from community meetings
- g. Videos
- h. Secondary data sources
- i. Electronic health records
- j. Data tracking systems
- k. Other: \_\_\_\_\_

**47. What data skills does your organization have? (check all that apply)**

- a. Survey design and analysis
- b. Secondary data analysis
- c. Needs assessment
- d. Focus group facilitation
- e. Interviewing
- f. Detailed note-taking or transcription
- g. Participatory research
- h. Facilitators of community or town hall meetings
- i. Asset mapping
- j. Mapping/visualization skills
- k. Other quantitative or qualitative methods: \_\_\_\_\_

**48. Does your organization analyze data with a health equity lens or health equity in mind? If Yes or Unsure, please describe:**

- a. Yes
- b. No
- c. Unsure

**49. (Optional) Please add comments about how your organization could support data collection and analysis in the MAPP process:**

## Community-Engagement Practices

**50. (Optional) What type of community-engagement practices does your organization do most often (check one):** *Note: We will explore this more deeply in the CPA partner discussion.*

- a. **Inform:** Provide the community with relevant information.
- b. **Consult:** Gather input from the community.
- c. **Involve:** Ensure community needs and assets are integrated into process and inform planning.
- d. **Collaborate:** Ensure community capacity to play a leadership role in implementation of decisions.
- e. **Defer to:** Foster democratic participation and equity through community-driven decision-making. Bridge divide between community and governance.
- f. **Unsure**

**51. Which of the following methods of community engagement does your organization use most often?**

**(check all that apply):**

- a. Customer/patient satisfaction surveys
- b. Fact sheets
- c. Open houses
- d. Presentations
- e. Billboards
- f. Videos
- g. Public comment
- h. Focus groups
- i. Community forums/events
- j. Surveys
- k. Community organizing
- l. Advocacy
- m. House meetings
- n. Interactive workshops
- o. Polling
- p. Memorandums of understanding (MOUs) with community-based organizations
- q. Citizen advisory committees
- r. Open planning forums with citizen polling
- s. Community-driven planning
- t. Consensus building
- u. Participatory action research
- v. Participatory budgeting
- w. Social media
- x. Other: \_\_\_\_\_

**52. When you host community meetings, do you offer: (check all that apply)**

- a. Stipends or gift cards for participation
- b. Interpretation/translation to other languages including sign language
- c. Food/snacks
- d. Transportation vouchers if needed
- e. Childcare if needed
- f. Accessible materials for low literacy populations
- g. Virtual ways to participate
- h. Not applicable
- i. Other: \_\_\_\_\_

**53. (Optional) Please add comments about how your organization could support community engagement in the MAPP process:**

## Policy, Advocacy, and Communications

### 54. What policy/advocacy work does your organization do? (check all that apply)

- a. Develop close relationships with elected officials
- b. Educate decision-makers and respond to their questions
- c. Respond to requests from decision-makers
- d. Use relationships to access decision-makers
- e. Write or develop policy
- f. Advocate for policy change
- g. Build capacity of impacted individuals/communities to advocate for policy change
- h. Lobby for policy change
- i. Mobilize public opinion on policies via media/communications
- j. Contribute to political campaigns/political action committees (PACs)
- k. Voter outreach and education
- l. Legal advocacy
- m. Not applicable
- n. Unsure
- o. Other: \_\_\_\_\_

### 55. Please review the following statements. For each one, select a) Strongly agree, b) Agree, c) Disagree, d) Strongly disagree, or e) Unsure

- i. Our organization has a strong presence in local earned media (print/radio/TV).
- ii. Our organization has strong communications infrastructure and capacity.
- iii. Our organization has a clear communications strategy.
- iv. Our organization has good relationships with other organizations who can help share information.
- v. Our organization has a clear equity lens that we use for our external communications and engagement work.

### 56. What communications work does your organization do most often? (check all that apply)

- a. Internal newsletters to staff
- b. External newsletters to members/the public
- c. Ongoing and active relationships with local journalists and earned media organizations
- d. Media contact list for press advisories/releases
- e. Social media outreach (e.g., on Facebook, Twitter, Instagram)
- f. Ethnicity-specific outreach in non-English language
- g. Press releases/press conferences
- h. Data dashboard
- i. Meet to discuss narrative and messaging to the public
- j. Other: \_\_\_\_\_

**57. (Optional) If your organization has publicly available materials, are they translated into other languages?**

- a. All publicly available materials are translated into other languages
- b. Most publicly available materials are translated into other languages (e.g., when conducting outreach to various populations or when hosting events for various populations)
- c. Few publicly available materials are translated into other languages (e.g., only when requested)
- d. No publicly available materials are translated into other languages
- e. Not applicable (we do not have publicly available materials)

**58. (Optional) Please describe if and how your organization would like to be involved in or support policy, advocacy, or communications in the MAPP process:**

**59. Please add any questions, comments, or suggestions about the MAPP process and our next steps together to improve community health:**

***Thank You for Completing the CPA Survey!***

Your responses will be used to develop a community health assessment and analyzed with the surveys of other MAPP community partners to help identify our collective strengths and opportunities for improvement.





# ACTIVITIES

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# ACTIVITY: Defining Health Equity

*Estimated Time:* 15 minutes



## Objectives:

- Develop a shared working definition of health equity
- Discuss how the definition of equity is relevant to the MAPP process

## Steps:

### 1. Ask participants to raise their hands:

- How do you define health equity?
- What does health equity mean to you?

### 2. Share the definition of health equity you would like to use in the MAPP process—post on the wall or on a slide. This is the definition from the MAPP 2.0 Glossary, which is a slightly modified definition from **Paula Braveman and colleagues at UCSF:**



*Health equity is defined as, “When everyone has a fair and just opportunity to be as healthy as possible. To achieve this, we must remove obstacles to health—such as poverty, discrimination, and deep power imbalances—and their consequences, including lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare.”*

### 3. Ask participants to raise their hands:

- How many people have seen this definition before?
- How many people see how this definition might be relevant to their work?

*[Note: For all those who don't see its relevance, we hope that in the coming sessions we can help you see your relevance to this. So hang in there...]*

- How many people use this definition in their organization?
- How many people use a definition like this one in their organization? What's different about your definition?

**4. Point out things about the definition such as the following:**

- Health equity requires changing systems—not just healthcare access.
- Health equity involves acknowledging power imbalances past and present—and how those have contributed to health inequities.
- Health inequities are the result of political decisions; advancing health equity requires political will to change current conditions.

**5. Ask what people observe or note about this definition and if there are any clarifying questions, reactions, or comments about using this definition.**

**6. Ask if partners are OK with “trying on” this definition for now and revising later if needed. Any concerns?**

**7. Edit the definition if needed and confirm we will try on this definition for the next few meetings and see if we need to change it later.**

**8. Use the **Activity Reflection Chart (app. C)** to capture key learnings and quotes from this activity’s discussion related to the MAPP analysis themes. Document any remaining questions or content to follow up on. Thank participants for their collective work together.**



# ACTIVITY: Organization Activities and the Essential Public Health Services (EPHS)

*Estimated Time:* 30 minutes

## Objectives:

- Introduce the 10 EPHS and how they relate to MAPP partners' collective work to promote community well-being
- Identify the main activities each MAPP partner does

## Steps:

### 1. Pre-activity:

- Create 11 chart paper pages—one for each of the 10 EPHS and one for “Other”—and hang them around the room. If virtual, create slides.
- Bring different color sticky note pads for different types of organizations—e.g., yellow for healthcare partners, blue for government partners, green for community organizations, and purple for others

### 2. Introduce the 10 EPHS.

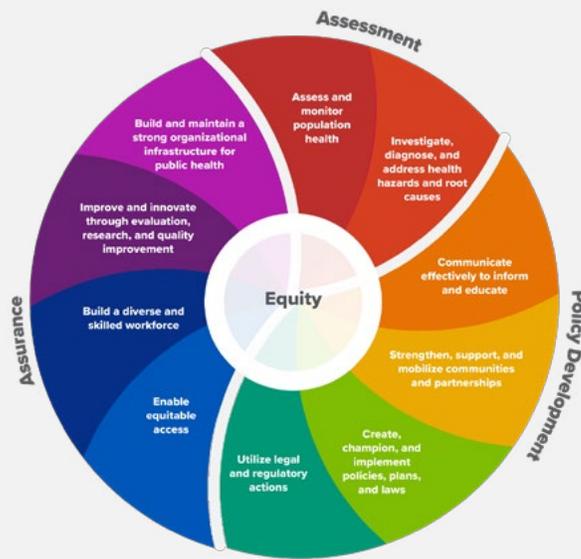
- Print the handout below and quickly review the **full description**<sup>30</sup> of the 10 EPHS with participants, highlighting one or two examples from each service

### 3. Give each participant a stack of sticky notes of the color that corresponds to their organization type and invite them to brainstorm the main activities their organization does. For example:

- Provide clinical services to patients?
- Connect residents with housing opportunities?
- Organize residents to advocate for policy change?
- Collect customer satisfaction data?
- Each activity should be written on a separate sticky with the organization's name
- Each organization should aim to identify 5–10 activities

### 4. Invite participants to place their sticky notes on the chart paper under the EPHS that they think best corresponds to that activity, or in “Other” if they do not think it fits.

### 5. Once everyone has posted their sticky notes, invite people to walk around to view all papers. Invite people to group similar sticky notes together and move sticky notes they think belong to another category to the bottom of chart pages.



6.

After the walk, ask:

- What do we observe or note about these charts? What do these diagrams tell us about our community's current work and capacity to meet the 10 EPHS?
- Should any sticky notes be moved to or from the Other page?
- Are there other organizations missing that do work to support the 10 EPHS that this chart does not represent?
- Is there a category or categories that could capture the "Other" activities?
- Any other questions, comments, or concerns?

7.

Use the **Activity Reflection Chart (app. C)** to capture key learnings and quotes from this activity's discussion related to the MAPP analysis themes. Document any remaining questions or content to follow up on. Thank participants for their collective work together.

### Option for Adaptation

If you think this activity would be hard for participants to do, you could adjust it. Use the five domains of social determinants of health for **Healthy People 2030** instead of the 10 EPHS as categories for CPA partners to name how they connect with public health. Here is an example from **Mesa County (CO)'s Community Health Needs Assessment**.

## HANDOUT: Activity Examples for Each of the 10 Essential Public Health Services

### **1 ASSESSMENT: My organization conducts assessments of living and working conditions and community needs and assets. Examples include:**

- Needs assessments
- Community needs and assets
- Qualitative data-collection skills (e.g., facilitate focus groups, interviews)
- Qualitative data-analysis skills/capacities (e.g., NVIVO, coding)
- Quantitative data-collection skills (e.g., develop/ administer surveys, clean data sets)
- Data synthesis and reporting
- Basic quantitative data-analysis skills (e.g., summarize data in tables/ spreadsheets)
- Advanced quantitative data-analysis (e.g., epidemiology and biostatistics skills)
- Monitoring health data
- Monitoring living and working conditions (e.g., social determinants of health)

### **2 INVESTIGATION OF HAZARDS: My organization investigates, diagnoses, and addresses health problems and hazards affecting the population. Examples include:**

- Real-time epidemiological analysis of acute outbreaks, emergencies, and hazards
- Containment and mitigation activities
- Public health laboratory and technology capabilities

### **3 COMMUNICATION AND EDUCATION: My organization works to communicate effectively to inform and educate people about health or well-being, factors that influence well-being, and how to improve it. Examples include:**

- Communications/outreach
- Education
- Translation/interpretation into other languages
- Narrative change work
- Health literacy
- Risk communication
- Social media networks
- Peer-to-peer networks
- Earned media outreach and connection

### **4 COMMUNITY ENGAGEMENT AND PARTNERSHIPS: My organization works to strengthen, support, and mobilize communities and partnerships to improve health and well-being. Examples include:**

- Community engagement
- Community mobilization
- Community organizing
- Coalition building
- Coalition leadership
- Mutual aid partnership

### **5 POLICIES, PLANS, LAWS: My organization works to create, champion, and implement policies, plans, and laws that impact health and well-being. Examples include:**

- Policy development
- Plan development (e.g., strategic, comprehensive, or business plan)
- Policy and legal analysis
- Policy advocacy
- Lobbying

**6 LEGAL AND REGULATORY AUTHORITY:** My organization has legal or regulatory authority to protect well-being and/or leverages or uses legal and regulatory actions to improve and protect the public's health and well-being. Examples include:

- Legal representation and defense
- Enforcement
- Licensing
- Credentialing
- Zoning

**7 ACCESS TO CARE:** My organization provides healthcare and/or social services to individuals and/or works to ensure equitable access and an effective system of care and services. Examples include:

- Healthcare
- Social services
- Behavioral and mental health services
- Health insurance
- Preventative services
- Translation/interpretation in care settings
- Cultural competency or diversity, equity, and inclusion (DEI) trainings to providers
- Access to care (e.g., help clients navigate barriers)

**8 WORKFORCE:** My organization supports workforce development and can help build and support a diverse and skilled public health workforce. Examples include:

- Educating young people
- Training young people
- Educating and training public health workforce
- Leadership development
- Equitable hiring and retention practices
- Equity-oriented human resources policies
- Re-entry skills building, job training, and job placement

**9 EVALUATION AND RESEARCH:** My organization conducts evaluation, research and/or continuous quality improvement and can help improve or innovate public health functions. Examples include:

- Evaluation
- Quality improvement
- Research evidence-based practices
- Document promising practices
- Policy impact evaluation and monitoring

**10 ORGANIZATIONAL INFRASTRUCTURE:** My organization is helping build and maintain a strong organizational infrastructure for public health. Examples include:

- Equitable and strategic resource allocation
- Resource development (e.g., fundraising, investments)
- Governance and leadership
- Systems assessment/analysis
- Power analysis

# ACTIVITY: Rich Picture Analysis

*Note: Do this activity after you have discussed with your partners the 10 EPHS and how individual community members navigate the public health system.*

**Estimated Time:** 1.5–2 hours

## Objectives:

- Assess the players and factors in our LPHS
- Build a shared understanding of the complexity of our LPHS
- Build a shared understanding of the various mental models, views, and experiences of our partners

## Materials:

- Slide deck to introduce concepts and activity
- Electronic or printed copies of Health Vignettes
- Chart paper, sticky notes and markers, or shared Jamboard/Miro board or online space to draw

## Steps:

### PRE-ACTIVITY PREPARATION

- 1. Identify 3–6 priority health outcomes you would like the group to work with.** They could be previous CHIP priorities, strategic plan priorities, or recent health concerns. Select enough outcomes to assign 4–8 people per outcome.
- 2. For each priority health issue, develop a short vignette (description) of a fictional (but realistic) person experiencing that health issue and the conditions that impact their health and well-being.**
  - a. For example, you might include the fictional person’s age, gender, zip code or neighborhood, race/ethnicity, health status, disabilities, diet, education, employment and housing status, health care/insurance coverage, and other information. Refer to the **Lake County Behavioral Health Vignette** template for an example, available in the MAPP 2.0 Tools Folder at [naccho.org/mapp](http://naccho.org/mapp).
  - b. For each priority issue, pick one of the 10 EPHS that closely relates to the issue and include it in the description.
- 3. Prepare for small groups.** Identify a facilitator for each priority area and review the activity with them. Decide whether each participant will select a priority area or be randomly assigned to one.

#### 4. Prepare talking points or a brief presentation to introduce the rich picture analysis activity.

The introduction should include the following:

- a. Description of the activity
- b. Example of what it could look like
- c. Description of why it is important to make mental models for each priority issue
- d. Explanation of why it is also important to think at a systems level about the priority issues

Refer to the **Lake County presentation** in the MAPP 2.0 Tools Folder at [naccho.org/mapp](http://naccho.org/mapp) as an example.

- #### 5. If meeting in person, have each priority issue group sit together.
- If meeting virtually, develop an online workspace for each group, such as developing an online slide deck and assigning one slide to each group.

## ACTIVITY

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### 1. Introduce the activity

- a. Describe the activity, show an example of what it looks like, and name why making mental models and thinking at a systems level are important.
- b. Remind everyone of the 10 EPHS activity you did in the previous session and encourage people to think broadly about public health as they conduct the rich picture analysis.
- c. Invite and answer questions.

### 2. Break into small groups

- a. Break into small groups, one for each health topic. If a group has more than eight people, divide it into 2–3 smaller groups, all with the same health topic area.

### 3. Small-Group Activity #1

*The goal of this activity is to identify the wide variety of factors that impact the health priority issue, starting with individual level (downstream) factors and working toward root causes (upstream).*

- a. Briefly recap that the group is going to build a diagram, using pictures, words, or drawings to show all the factors and conditions influencing the health of the person described in the vignette.
- b. Review the vignette and ask if your group wants to add or change any descriptions.
- c. Start with downstream, immediate factors that impact the priority health issue. Ask the group to name the individual behaviors and choices that impact a person's risk for, or protection from, the health issue.
  - i. For example, overeating foods with high calories or low nutritional density and lack of sleep contribute to obesity.
- d. Write each response on a sticky note and post it on the diagram.
- e. Invite the group to name and describe the factors that affect whether someone will make those choices or have those behaviors.
  - i. For example, high stress contributes to lack of sleep.

- f. Use the 5 Why's approach to identify the root causes of the priority health issue. Ask, "Why did this happen?" (e.g., why isn't the person getting sleep?) and keep asking "Why" again and again until you reach the root cause (e.g., housing or job insecurity). Download the 5 Why's tool from the MAPP 2.0 Tools folder at [naccho.org/mapp](http://naccho.org/mapp).
- g. Add more sticky notes and arrows until your diagram shows all factors impacting that one health outcome for your priority health issue.

4.

#### Small-Group Activity #2

- a. After the diagram, do a SWOT analysis (Internal Strengths and Weaknesses, External Opportunities, and Threats) on one of the preselected 10 EPHS. Refer to Lake County **SWOT template** as an example, available in the MAPP 2.0 Tools Folder at [naccho.org/mapp](http://naccho.org/mapp).
- b. Show participants the SWOT table and explain they are going to fill out all four quadrants.
- c. Go back to your priority health issue discussion to help you identify the strengths, weaknesses, opportunities, and threats.
- d. Reflect on the activity as a small group:
  - i. *What stands out from this activity? What did they learn?*
  - ii. *What was challenging? What was easy?*

5.

#### Large-Group Review and Report Back/Discussion

- a. If time allows, do the following extra activities:
  - i. Have each group briefly (2 minutes) share their rich picture Analysis diagram and 2–3 highlights from their SWOT analysis
  - ii. Walk around the room, allowing everyone to review the others' exercises
- b. Invite participants to add factors that have not been mentioned to the rich picture or SWOT analyses
- c. Facilitate a brief discussion to explore:
  - i. *What are we observing?*
  - ii. *What are some strengths and opportunities the community has to advance health?*
  - iii. *What are some weaknesses and challenges?*
  - iv. *What are we learning about what's needed to improve community health?*
  - v. *(Optional) How would these analyses differ if most participants were community members experiencing health inequities?*

6.

Use the **Activity Reflection Chart (app. C)** to capture key learnings and quotes from the discussion related to the MAPP analysis themes. Document any remaining questions or content to follow up on. Thank participants for their collective work together.

## POST-ACTIVITY

Document the group's work by taking pictures of the rich picture analyses or building them into an electronic format (if they were hand-drawn). You can use the images throughout other steps in MAPP.

# ACTIVITY: Organizational Mission and Values Alignment with Health Equity

**Estimated Time:** 20–30 minutes

## Objectives:

- Affirm the importance of health equity to the MAPP process
- Identify how and where organizations' mission and values align with MAPP's definition of health equity
- Acknowledge different levels of knowledge and experience with health equity in the group
- Affirm the goal is to over time develop a shared understanding of how everyone can advance equity

## Steps:

1. Post the definition of health equity (on a wall or slide).
2. Give each person a sticky note (physically if in person or on a slide if virtual) and decide whether you want them to write their organization's name on the note or not. (Organizations may prefer to keep their responses somewhat anonymous).
3. Create a spectrum (on the wall or virtually on a slide) with “Strongly Disagree” on one end, “Neutral” in the middle, and “Strongly Agree” on the other end.
4. Explain you will read a statement and give everyone a minute or so to place their sticky note on the spectrum, then you will ask for volunteers to explain why they placed their sticky note where they did.
  - a. Acknowledge there are no wrong answers, and a range of responses is likely.
  - b. Encourage people to be honest about how aligned or not their organization is when responding to questions because it helps MAPP facilitators realistically assess where organizations are collectively.
5. Statements:
  - a. *My organization is a values-driven organization.*
  - b. *My organization is a profit-driven organization.*
  - c. *My organization's mission aligns with this definition of health equity.*
  - d. *My organization's values align with this definition of health equity.*
  - e. *My organization is just starting to explore the concept of equity.*
  - f. *My organization has a shared definition of equity that is understood by most staff.*
  - g. *The people that my organization engage or serve are very concerned about equity.*
  - h. *Staff at my organization regularly discuss diversity and inclusion.*
  - i. *Staff at my organization regularly discuss structural racism and other forms of oppression.*
  - j. *Staff at my organization regularly discuss power and community organizing.*

6.

**Discussion Prompts:**

- a. After questions *a* and *b*: Ask if they notice an inverse relationship of responses. If yes, why is that?
- b. After questions *c–f*: Ask what are we noticing about organizations' familiarity with the definition and concept of equity?
- c. After question *g*: Ask why are they concerned about equity? Why not?
- d. After questions *h–j*: Ask what topics are regularly discussed in your organizations?

7.

**Once you have done the statements, ask:**

- a. *What are we observing from where people are placing their sticky notes?*
- b. *What surprised people?*
- c. *What questions are emerging?*

8.

**Acknowledge there does not have to be full alignment about the activities that organizations do—in fact, it is better if activities are diverse.** But there should be some shared interest in advancing health equity because that is a core goal of MAPP.

9.

**Return to the definition of health equity. Do people have questions or comments about this?**

10.

**Use the [Activity Reflection Chart \(app. C\)](#) to capture key learnings and quotes from this activity's discussion related to the MAPP analysis themes.** Document any remaining questions or content to follow up on. Thank participants for their collective work together.



# ACTIVITY: On the River: CPA Partners, Root Causes, and Upstream versus Downstream Work

*Note: This activity overlaps with the 10 EPHS activity described previously. If time allows, do both activities together to re-use sticky notes from the brainstorm.*

**Estimated Time:** 30 minutes

## Objectives:

- Introduce the concepts of root causes of inequities and upstream versus downstream work
- Develop an understanding of MAPP partners' work and how upstream (e.g., focused on policy/systems change) or downstream (e.g., service provision) their work is, and how both approaches are needed
- Discuss how public funds are allocated along the spectrum



*Image Source: This image is from the Goodhue Department of Health and Human Services - Public Health Division. It shows an On the River Activity they did virtually with CPA partners in June 2022.*

## Steps:

1.

### Pre-activity

- Develop a spectrum that shows upstream at one end and downstream at the other. Draw it on one big piece of paper or on a slide, if virtual.

**Downstream** ----- **Upstream**

- Bring different color sticky note pads and assign one color per organizational partner type.
  - For example, one color for healthcare partners, another color for government partners, a third color for academic partners, a fourth for community-based organizations, and a fifth for other partners

2.

### Center the group

- Describe public health's **upstream/downstream metaphor**:

*The river metaphor has been used widely in public health to describe the tension between population-level prevention versus emergency response and individual health care services. It goes something like this...*

*One day, Kai was walking along a river and saw someone drowning. Kai pulled them out, gave them CPR, and gave some medications to help with the pain. Then another person was drowning. Kai pulled that person out, as well, and gave the same treatment. As more people floated by in the river, Kai recruited their friends to help resuscitate and treat the drowning people. They set up tents and became very effective in saving people one by one.*

*Eventually, Kai headed upstream to find out where all the people were coming from. Kai discovered a broken bridge. People were falling through the bridge and into the water. There were no signs announcing the hole, no tape or ropes to guard the hole, and no people redirecting traffic. Kai worked with others near the bridge to put a sign in an accessible language telling people to be careful and blocking off the hole. Meanwhile, they raised funds to fix the bridge and solve the drowning problem.*

*As noted by the National Collaborating Centre for Determinants of Health, "The story illustrates the tension between public health's protection mandates to respond to emergencies (help people caught in the current), and its prevention and promotion mandates (stop people from falling into the river)."*

- Present the Bay Area Regional Health Inequities Initiative's **upstream/downstream diagram** and introduce the concept of root causes of health inequities
  - Consider using Camara Jones' "Gardeners' Tale" via **article** or **video**, or the **Groundwater Approach** to help describe root causes of inequities

**3. Introduce the activity**

- Explain the group is going to create a map showing the upstream and downstream work each organization does by plotting activities on the spectrum.
- Ask for questions or comments.

**4. Give each participant a stack of sticky notes of the color assigned to their sector and invite them to brainstorm the main activities that their organization does.**

- For example: provide clinical services to patients, connect residents with housing opportunities, organize residents, collect customer satisfaction data.
- Each activity should be written on a separate sticky note with the name of their organization.
- Each organization should aim to identify 5-10 activities.

**5. Invite participants to place their sticky notes on the spectrum where they believe the activity belongs.**

**6. Once everyone has posted their sticky notes, invite people to walk around to view the sticky notes along the spectrum.** As they are viewing the different activities, invite people to group similar sticky notes together.

**7. After the walk, ask:**

- *What do we observe or note about these charts? Do you notice any trends or patterns?*
- *Should any sticky notes be moved further upstream or downstream? Why?*
- *What does this chart tell us about our community's work to address root causes of health inequities?*
- *What other organizations that we work with can be placed along this spectrum?*
- *Where do you think most government spending goes? Private spending?*
- *What might happen if more funds were allocated upstream?*
- *Any other questions, comments, or concerns?*

**8. Acknowledge this chart will be typed and shared with the group in the next meeting.** Use the **Activity Reflection Chart (app. C)** to capture key learnings and quotes from this activity's discussion related to the MAPP analysis themes. Document any remaining questions or content to follow up on. Thank participants for their collective work together.

# ACTIVITY: Spectrum of Community-Engagement Practices

*Estimated Time:* 30 minutes

## Objectives:

- Name different strategies CPA partners use for community engagement
- Explore how MAPP can move toward delegated power sharing and community ownership of CHI plan/process with accountable partnerships with government, private sectors, and others

## Steps:

1. Print copies of the **Spectrum of Community Engagement to Ownership** diagram (page 2).
2. On a large wall, hang signs for each category (ignore, inform, consult, involve, collaborate, and defer to).
3. Invite participants to review the diagram and read this paragraph from Rosa Gonzalez:

*With the exception of [ignore], each of the steps along the spectrum are essential for building capacity for community collaboration and governance. Communities must be informed, consulted, and involved; but through deeper collaboration we can unleash unprecedented capacity to develop and implement the solutions to today's biggest crises...*

*To achieve racial equity and environmental justice, we must build from a culture of collaboration to a culture of whole governance, in which decisions are driven by the common good. Whole governance and community ownership are needed to break the cycle of perpetual advocacy for basic needs that many communities find themselves in. **Developmental stages allow us to recognize where we are at, and set goals for where we can go together through conscious and collective practice, so key to transforming systems.***

4. Ask if there are questions and explain you will do a “move with your feet” exercise to identify the types of community-engagement practices that organizations in the collaborative tend to use for different scenarios. You will read statements, and the person should move to the category of engagement that best reflects their organizations’ practices.



**5.** Acknowledge there are many reasons why organizations may use different engagement strategies, which you can explore in the small-group discussion following the spectrum activity. Request that people answer the questions for their *organization*—not for themselves—even if they would prefer to rate themselves otherwise. If the statement does not apply, ask people to step to the side.

**6.** Read each of the following statements twice and pause 30–45 seconds to allow people to decide where they want to stand. Then give participants 15–20 seconds to see where everyone else is standing.

*Statements - First Round:*

My organization tends to use this category of community engagement...

- the most often.
- during crises/emergencies.
- during staff meetings.
- during member or client engagement.
- when doing strategic planning.

**7.** Ask the group what did we just observe from this exercise? Are there certain situations where a type of engagement is more common or less common?

Continue the activity and again remind participants to answer for their organization's practices, not what they personally would do or would like to do.

*Statements - Second Round:*

My organization tends to use this category of community engagement...

- with communities of color.
- with White communities.
- with youth.
- with seniors/elders.
- with leaders of other organizations.
- with elected officials.
- with funders.

**8.** Again ask the group what did we just observe from this exercise? Why are these categories of engagement used with different populations? What are we learning?

9.

To further digest this activity, break into small discussion groups by sectors, e.g., government agencies, community-based organizations, businesses. Ask one person to take notes and another to help facilitate and report back. Reflect on the following questions:

- *In your experience, what role(s) do community residents play in your organization? For example, do they contribute in planning processes, review documents, collect feedback, or participate in decision-making?*
- *How does information flow for impacted communities in your city/region? What is contributing to information flow? What is hindering it?*
- *When is it appropriate for impacted communities to be consulted? What should impacted communities in your area be consulted on?*
- *What does it take for residents of impacted communities in your community to have a real voice in the decision-making that impacts them? What are the examples?*
- *Where are there opportunities for meaningful collaboration between impacted communities and local government to develop solutions to racial and environmental injustices?*
- *What can you do now to lay the groundwork for community ownership?*  
[Check out more discussion questions in the **Spectrum of Community Engagement to Ownership**.]

10.

Use the **Activity Reflection Chart (app. C)** to capture key learnings and quotes from this activity's discussion related to the **MAPP analysis themes**. Document any remaining questions or content to follow up on. Thank participants for their collective work together.

**Note:** If your MAPP partners have time and capacity, do the full activities listed in the **Spectrum of Community Engagement to Ownership** discussion guide. This could come after the CPA assessment or MAPP to continue discussion and evaluation among partners about how you are engaging the community.

Individual organizations could also use this tool to reflect on their community-engagement practices and conduct the activities with staff, members, clients, and others from their organization.

# ACTIVITY: Using the Praxis Self-Assessment Tool

*Note: This activity is an adaptation of the Praxis Project's Working Principles for Health Equity and Racial Justice Organizational Self-Assessment. The purpose of their assessment is "for organizations or programs to reflect on the ways in which they embody health justice and racial equity in practice, and identify opportunities for growth and improvement." Download the assessment.*

**Estimated Time:** 1.5–3 hours, depending on which activities you do

## Objectives:

- Reflect on organizations' practices, culture, and commitment to equity
- Discuss cultural similarities and differences among CPA partner organizations
- Name equity principles CPA partners would like to practice in MAPP

## Framing:

1. Explain the purpose of this activity is to create time to reflect on organizations' practices, cultures, and commitment to equity.
2. Acknowledge there is a diversity of organizations in the room and not all organizations explicitly share values related to equity, community power, or systems transformation.
3. However, despite this diversity, everyone has information to share about internal practices we can try as individuals, within our organizations, within coalitions or networks, and through our MAPP partnerships.
4. Acknowledge the process of pursuing equity is equally as important as the outcomes. This is an opportunity to identify what we want to practice.
5. Revisit the group agreements and affirm lessons may be shared but individual stories should remain confidential.
6. Once complete, use the **Activity Reflection Chart (app. C)** to capture key learnings and quotes from this activity's discussion related to the MAPP analysis themes. Document any remaining questions or content to follow up on. Thank participants for their collective work together.

## Options:

- **Individual/Small-Group Reflections:** Have each person read through the principles and note which ones they do regularly, which they would like to do but don't practice, and which they have questions or comments about. Break into partners or trios and share general reflections. Report general reflections back to the large group.

- **Small-Group Roundtables:** Make small groups related to the five topic areas (described on the following pages). People may choose which group they want to join, or a facilitator can randomly assign them to groups. Small groups should discuss the corresponding questions for the topic area. Assign a note-taker and a reporter to share with the full group. If time permits, have people rotate to do at least two or all five groups.
- **In-Person or Virtual Survey:** Administer the assessment as a survey to all CPA partners (refer to **Self-Assessment tool** for paper version). To administer a virtual assessment, add questions to an online survey tool or form (e.g., Mentimeter, Google Forms, SurveyMonkey). Tally and share results. Break into small groups for discussion about observations, questions, and practices they would like to use in MAPP. Report back to the large group.
  - Note: The Praxis Project can partner with your organization to administer and facilitate the self-assessment. For a small fee, they will collect your programs' responses anonymously and provide aggregate results.
  - If each MAPP partner organization has capacity, consider having all staff or multiple people from each organization (e.g., from a team, program, leadership) take the assessment and convene internally to discuss results. As the Praxis Project notes, "Discrepancies between individuals' scores will highlight opportunities to create shared understanding within a program."



### *Potential Reflection Questions for All Principles*

- Does your organization regularly practice these principles? Why or why not?
- Are there practices you would like to see your organization adopt?
- Which principles can we commit to bringing into/modeling in MAPP?



## Praxis Project's Working Principles for Health Equity and Racial Justice

*Note: Copied from [www.thepraxisproject.org/resource/2020/principles-self-assessment](http://www.thepraxisproject.org/resource/2020/principles-self-assessment)*

**Indicators of Acting with Care:** *Meaning the organization proceeds thoughtfully and deliberately, seeking to understand, build trusting relationships and lead with love*

- 1. Our organization or program intentionally establishes timelines that enable us to build relationships and trust with community partners.*
- 2. We conduct formal or informal risk assessments to prevent any potential unintended harm on historically disinvested communities for every project or program.*
- 3. Our policies and programs are evaluated by their impact, not their intentions.*
- 4. Our organization's actions - not just our mission statement - explicitly address bias and stigmatized statuses that are based on privilege, class, race, ethnicity, immigration status, gender, identity, and ability.*

**Indicators of Inclusivity:** *Meaning those most affected by inequities are in the best position to define the problem, design appropriate solutions and define success.*

- 5. Members of impacted communities are leading the decision-making process of issues that directly affect their community, and/or are supported in developing their capacity to lead the process.*
- 6. Members of impacted communities are meaningfully represented in all levels of our organization through institutionalized policies (i.e. inclusive recruitment, interview, hiring and retention processes).*
- 7. We intentionally identify and name the differential impact that policies have on different communities and individuals due to varying experiences of oppression (i.e. recognizing that certain financial benefits do not reach undocumented communities; limitations of voting policies among formerly incarcerated individuals, etc.).*
- 8. We recognize and respect community partners' identities through intentional inclusivity.*

**Indicators of Authentic Community Collaboration:** *Meaning that authentic community collaboration builds dignity and allows for all sides to be considered, integrated, and recognized. Solutions should be co-designed, co-implemented, and co-measured/evaluated.*

- 9. Our organization has a clear, shared understanding of who our prioritized community is that we serve.*
- 10. We adjust and tailor our policy solutions to accommodate the priorities of the groups we are working with.*
- 11. Our decision-making processes value lived experience as much or greater than professional experience.*
- 12. We have implemented and used processes for transparency and communication with our community partners.*

13. *We intentionally assess and remove barriers to participation in our organizational activities.*
14. *We provide financial and logistical compensation for all community member participation.*

**Indicators of Indicators of Sustainable Solutions:** *Meaning that solutions should be community-driven, build community capacity and resident knowledge, deepen relationships, increase programmatic capacity, build lasting infrastructure and ensure respect for all.*

15. *The majority of our funding is dedicated to asset-based programming (i.e. supporting healthy births, healthy eating, investment in positive community attributes) vs. deficit-based programming (i.e. prevention or reduction of negative-perceived community attributes).*
16. *Our organization or program redistributes the majority of our resources, power and opportunities directly back to the communities we are serving.*
17. *Our solutions address the root causes of issues facing the community (not behavior change within communities experiencing disparities).*
18. *The majority of our funding specifically develops and supports community infrastructure (creating/building organizational capacity, professional development, etc.) vs. service delivery.*

**Indicators of Commitment to Transformation:** *Meaning that all participants can learn from one another, reflect on their own structures and practices, and find areas to continuously improve organizational culture and practices.*

19. *Our organization or program intentionally establishes timelines that include space for self-reflection and peer-to-peer feedback.*
20. *We have established accessible channels for feedback from community members and partners.*
21. *When we receive feedback, we discuss it and make appropriate organizational changes in response.*
22. *We regularly assess our organizational operations and processes for power dynamics, health justice and racial equity.*
23. *We have an established accountability system (i.e. regular check-ins or report-outs to our constituents) in place to ensure our work is consistently aligned with our community's values.*

# Sample Icebreaker Questions



- What's one way your family/community/culture cooks rice?
- What's a new skill or hobby you've learned in the last couple years?
- What's your relationship-building super power?
- What's your alter ego if *Alter Ego = Mood + Last Thing You Ate*?
- What's a piece of advice you'd give your younger self?
- If you were to get a tattoo soon, what would you get?
- How would you describe your mood right now if you described it as weather?
- What are you doing these days to unwind?
- What brought you joy in the last couple weeks, no matter how big or small?
- "Gimme Gimme"/Show 'n Tell: grab something near you to show and tell.
- What's one thing about your city/town you're proud of?
- What does home feel like to you?
- If you were a potato, how would you like to be cooked?
- What's your kickball "walk-out song"?
- If you were an animal (besides human), what would you want to be and why?
- What's your favorite neighborhood you've ever lived in?

## Sample Group Intentions/Group Agreements

- One microphone/one voice (one person speaks at a time)
- Take space, make space (be aware of how much space you are using in the meeting)
- Listen to what others are saying and doing
- Co-create a supportive space for taking risks
- Assume good intentions, address impact
- If you don't know, ask
- Confidentiality—lessons leave, stories stay (the Vegas rule)
- Be responsible for your own participation

For more activities related to group agreements, check out the [National Equity Atlas](#) or [Seeds for Change](#) resources.

## Sample Expectations of Involvement

- Each organization will have at least one person, and a maximum of three people, participating in each CPA/MAPP meeting. Ideally, those are the same three people who participate throughout the CPA process and staff do not change.
- Each organization will try to miss no more than three meetings and will review notes/meeting summaries to catch up if they miss a meeting.
- Each organization commits to completing the CPA Survey promptly.
- Each organization commits to helping identify and apply the suggestions emerging from the MAPP collective, and the CPA, as they relate to their work and capacity.
- Each organization commits to learning more about power, reflecting on power dynamics within their organization, and being willing to address power imbalances among CPA partners.

# Reflection on CPA Data and Themes

MAPP Themes	What did We Learn from the Survey?	What did We Learn from Discussions?	Key Quotes	Remaining Questions	More Notes
Community Strengths*					
Organizational Capacities*					
Systems of Power, Privilege, and Oppression					

MAPP Themes	What did We Learn from the Survey?	What did We Learn from Discussions?	Key Quotes	Remaining Questions	More Notes
Social Determinants of Health					
Health Behaviors and Outcomes					
Other Themes					

*\* Note: In the next steps of MAPP, Community Strengths and Organizational Capacities will be collapsed together as a theme for reflection and data triangulation. However, the CPA reflection separates these to fully capture each category.*

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For more information about HIP, please visit [www.humanimpact.org](http://www.humanimpact.org).

For questions or comments about the CPA, please contact the MAPP team at [mapp@naccho.org](mailto:mapp@naccho.org).



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